TIPS FOR SUCCESSFUL FAX REPORTING

Your time is valuable. Everyone at the Florida Abuse Hotline is committed to making the reporting process as convenient as possible. The following tips are provided to assist you in making reports of abuse, neglect, abandonment, and exploitation. When sending a fax to the Florida Abuse Hotline, consider the following:

- Use the Department of Children and Families' form when possible (a copy is contained in this packet). It is designed to help you provide the required information.
- If you cannot use the Department's form, please send a concise description of the situation. Be sure to include the following information:

    - Victim name, possible responsible person, or alleged perpetrator names.
    - Reporter name (required for mandatory reporters of child abuse/neglect).
    - Complete addresses for subjects, including a numbered street address, apartment or lot number, city, state, and zip code.
    - Telephone numbers, including area code. Please indicate if the phone number is for a cell phone.
    - Dates of birth or approximate ages.
    - Social Security numbers, if available.
    - A brief, yet concise, description of the abuse, neglect, abandonment, or exploitation, including physical, mental or sexual injuries, if any.
    - Names and telephone numbers and/or addresses of witnesses and others involved.
    - A brief description of the victim's disability or infirmity (required for vulnerable adults).
    - The relationship of the alleged perpetrator to the victim.

- Please print or write in a legible manner. Type, if at all possible.
- Do not use profession specific language; i.e., "fx" for fracture.
- Do not send copies of medical notes, case files, arrest reports, etc.
- **Always call 800-96ABUSE in emergency or critical situations.** The time required to process a fax may be longer than the time required to process information given in a telephone call. This could delay assistance to victims.

FLORIDA ABUSE HOTLINE Fax Transmittal Form
To Report Abuse/Abandonment/Neglect/Threatened Harm/Exploitation
Fax Number: 1-800-914-0004

TO LEARN MORE ABOUT REPORTING ABUSE, READ THE DEPARTMENT OF CHILDREN AND FAMILIES BROCHURE:

REPORTING ABUSE OF CHILDREN AND VULNERABLE ADULTS.

REPORTER INFORMATION

This information is required for professionally mandated reporters - Please refer to Chapters 39 and 415, Florida Statutes.

Your Last Name: _____ Your First Name: _____ Today's Date: _____

Your Occupation: _____ Agency: _____ Fax #: _____ Phone #: _____

Work Address: _____ City: _____ Zip Code: _____ County: _____ State: _____

Alternate Contact Person: _____ Title: _____ Phone #: _____

VICTIM INFORMATION

If the victim is a child, list other children and adult household members in the home. If any household members have a disability, describe the disability in the DESCRIPTION OF INCIDENT section on page 2; if the victim is an adult, include how his/her ability to care for or protect self is impaired.

Current Location/Address: _____ City: _____ Zip Code: _____ County: _____ State: _____

Home Address: _____ Apt/Lot# _____ City: _____ Zip Code: _____ County: _____ State: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

LAST NAME	FIRST NAME	DOB	SEX	RACE	SSN	IS THIS PERSON A VICTIM?
(1)						☐ Yes ☐ No
(2)						☐ Yes ☐ No
(3)						☐ Yes ☐ No
(4)						☐ Yes ☐ No
(5)						☐ Yes ☐ No

PERSON(S) RESPONSIBLE FOR ALLEGED ABUSE, NEGLECT, ABANDONMENT, THREATENED HARM OR EXPLOITATION

NAME	DOB	SEX	RACE	SSN	RELATIONSHIP TO VICTIM
(1)					
(2)					
(3)					

DESCRIPTION OF INCIDENT

Please describe what happened, when and where the incident occurred, the frequency of occurrence, and a description of injuries and/or threat of harm.

WHAT happened?

Description of injuries/threat of harm:

WHEN and WHERE did the incident occur?

Additional Addresses (e.g. day-care, school)

Where will the victim be for the next 24 hours?

Does anyone in the household have any disabilities?

Are there any dangers to a protective investigator?

FOR ADULT VICTIMS ONLY: Describe how the adult victim's ability to care for or protect self is impaired.

OTHER INDIVIDUALS

Please list others who might be aware of the abuse/abandonment/neglect/threatened harm/exploitation of the victim.

NAME	RELATIONSHIP TO THE VICTIM	ADDRESS	HOME PHONE	WORK PHONE

DO NOT SEND COPIES OF MEDICAL NOTES, CASE FILES, ARREST REPORTS, OR SIMILAR DOCUMENTS.

POISON CONTROL

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

Call 1-800-222-1222

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

You can also have access to a lot of useful information on their website:

http://www.fpicn.org

Procedure for Emergency Response

Purpose: This procedure establishes guidelines for responding to emergencies.

Procedure:

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

II. Never leave an ill or injured individual unattended.

A. Have someone else call a parent/guardian and/or 911.
B. Have someone notify the school administration or designee of a serious accident or illness.

III. **Do not** move an injured individual or allow the person to walk, unless the environment is considered unsafe.

A. Bring help and supplies to the individual.
B. Other school staff or responsible adults should be enlisted to help clear the area of students who may congregate following an injury/altercation.

IV. If necessary, institute CPR or Rescue Breathing.

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

VI. 911 should be called immediately for the following:

A. Breathing problem
B. Bleeding - severe or difficult to control
C. Anaphylactic reaction (shock)
D. Burns – serious or covering large area
E. Head, neck or back injury
F. Concern about heart problem
G. Diabetic coma or insulin reaction
H. Drug overdose
I. Unconsciousness (beyond fainting)
J. Serious limb injury or amputation
K. Penetrating injury or impalement
L. Foreign object in throat

VII. Guidelines for 911 calls:

A. Anytime an emergency medication is given (i.e. Epipen/Epipen Jr./Auvi-Q Auto-Injector, Glucagon, Diastat)
B. Anytime delegated in the Emergency Health Care Plan
C. Anytime delegated by the Registered School Health Nurse and/or the parent/guardian

Note: Always notify school administration or designee and employee's supervisor of emergency situation and 911 calls.

VIII. AED use - Refer to AED Guidelines

Automated External Defibrillators (AEDs)

Definition

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

Why AEDs in Schools?

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

What are the Chances the School will need a Defibrillator?

- The risk of cardiac arrest in high school athletes is ~.5 to 1.0 per 100,000 athletes.
- The risk in the adult population 35 years of age and older is ~1/100 to 1/200.
- The leading cause of death in adults 35 to 40 is sudden cardiac arrest.
- The adult risk is100 to 200 times the estimated risk in children and adolescents and those under 35.

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

LEGAL SUPPORT FOR THE PROGRAM

There are three levels of support for the use of AEDs in Santa Rosa County School District. They the Federal Cardiac Arrest Survival Act, the State of Florida Good Samaritan Laws and the Santa Rosa County School District Board Policy.

Federal Cardiac Arrest Survival Act

Federal Statute No. 768.1325 states, "…any person who uses or attempts to use an automated external defibrillator device on a victim of a perceived medical emergency, without objection of the victim of the perceived medical emergency, is immune from civil liability for any harm resulting from the use or attempted use of such device…"

In addition, any person who acquired the device is immune from such liability, if the harm was not due to the failure of such acquirer of the device to:

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

Florida Good Samaritan Laws

401.2915 and 768.13 Florida Statutes protect:

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

Santa Rosa County School District Board Policy

Policy Number 3.24 reads: The School Board authorizes the use of defibrillators in a perceived medical emergency and as authorized by the provisions of 401.2915, F.S. Statutory authority is established through 1011.41, 1001.42, F.S. Laws implemented include 401.2915, 768.1325, 1001.42, FL.S.

AED ADVISORY COMMITTEE

Membership

In collaboration with the Santa Rosa County School District Health Advisory Committee, an advisory committee ensures due diligence in choosing equipment, developing policies and procedures, and fosters coordination with the first responder community. Committee members included representatives from:

- Santa Rosa County School District
- Florida Department of Health
- Santa Rosa Emergency Operations Center
- Life Guard Ambulance Service
- Pediatric Services of America
- American Heart Association

Committee Tasks

1. Write the professional protocol for use.
2. Establish medical oversight of the program.
3. Exercise due diligence in selection of the unit through the bid process
    a. Ease of use
    b. Pediatric capabilities
    c. No history of recalls!
    d. Compatibility with emergency responders
    e. Price
    f. Self-checking maintenance
    g. Warranty, battery life, display case and alarm capability
    h. Ready kit for CPR & CPR prompts
    i. Replacement costs for battery and electrodes
    j. Company response to maintenance issues
    k. Negotiations for additional resources (replacement pads, CPR Ready Kits, Trainer Units, Tracking Software for Certifications, etc.)
4. Determine location and number of units needed
5. Generate funds (and provide ideas of alternative funding sources)
6. Install units with appropriate signage
7. NOTIFY AND UPDATE LOCATION INFORMATION TO EMS (part of the 911 response call system for each school and work location)
8. Organize the maintenance plan
9. Generate guidelines
10. Provide training opportunities
    a. Adults
    b. Students
11. Monitor program (incident reporting, adjustments to program, etc.)

SELECTION OF THE UNITS

The units that we have purchased are safe for children as young as age 1 (following the American Heart Association Guidelines).

- The Santa Rosa County School Districts Risk Management and Maintenance Departments, Santa Rosa County Emergency Operations Center, Rural Metro Ambulance Service, the Department of Health, and Pediatric Services of America participated in the selection committee for purchase of the units. Units are compatible with the equipment used by Rural Metro Ambulance Service and are in compliance with the Santa Rosa County AED Program.

INSTALLATION OF UNIT

- A specialist from Cardiac Science visited each school to conduct a site assessment for determining the appropriate location for the units. Determining factors in the selection of the site included: central location, accessibility at all times (no locked doors) and ideally no more than 3 minute walk from any location, secure, located near a telephone, available to several staff members trained in both CPR and the use of the AED. Areas of the facility with large numbers of high-risk individuals receive priority in placement.

- Santa Rosa Emergency Operations Center (911) has a list of the locations of the units. If a 911 call is received from the school, 911 operators will provide information to the caller about the location of the unit.

- CONTACT THE DIRECTOR OF STUDENT SERVICES FOR PERMISSION TO MOVE THE LOCATION OF UNITS.

PROTOCOL FOR USE

Indications for AED use:

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

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

Steps for AED Use:

1. Assess for unresponsiveness.
2. If victim is unresponsive, call 911 and retrieve the AED.
3. Begin CPR.
    a. Open the airway, and check for breathing.
    b. If the victim is not breathing, give 2 breaths.
    c. Check for signs of circulation, if there are no signs of circulation, attach the AED and proceed with AED operation.
        i. If a second rescuer is available, CPR chest compressions and ventilation should be performed. Open the READY KIT for Universal Precautions and administer CPR:
            1. All Victim Ratio: 30 compressions: 2 ventilations for single and multiple rescuers.
4. Remove the AED from the wall-mounted case. NOTE: The alarm will sound when the AED is removed. Someone other than the responder should turn the alarm off.
5. Operate the AED
    a. Open the case by pressing on the blue button above the arrow. The unit will activate automatically.
    b. Listen for oral directions. The first direction will be, “Tear open package and remove pads. Peel one pad from plastic liner.”
    c. Attach the AED pads to the victim’s bare chest following the directions on the package.
    d. Follow verbal instructions.
        i. If SHOCK is indicated, the AED will instruct the rescuer to push the SHOCK button. The unit will warn the responder to be sure everyone is clear of the victim before pushing the SHOCK button.
        ii. If no SHOCK is advised and victim is not breathing, open the AED Ready Kit, begin UNIVERSAL PRECAUTIONS, and administer CPR chest compressions and ventilations.

1. All Victim Ratio: 30 compressions: 2 ventilations.

e. Follow instructions of AED to either SHOCK or perform chest compressions and continue CPR until further medical assistance is available by Emergency Medical Services (EMS).

NOTE: Additional directions for CPR administration and Universal Precautions may be found in the blue Emergency Medical Flip Chart.

Special Situations in AED Use:

1. AED adult electrode pads are used for victims 8 years old or older weighing more than 25 Kg (approximately 55 pounds).
2. AED pediatric electrode pads may be used on children or infants up to 8 years old or up to 55 lbs. (25 kg). If the child appears older or larger, use the adult defibrillation electrodes. The pediatric electrode pads are stored in the back pocket of the AED marked, "spare electrodes."
3. If the victim is in water or covered in water, they must be moved from the source of water or the water dried from the bare chest before the AED pads are placed.
4. If the victim has an implanted Pacemaker (noted by a raised lump about half the size of a deck of cards usually on the left side of the upper chest or abdomen), place the AED pad at least 1 inch to the side of the implanted device.
5. AED pads should not be placed over transdermal medication patches. Remove the medication patch before placing the AED pad to the victim's chest.

Equipment Care:

1. The Access AED has adult pads connected to the unit. Pediatric pads are stored in the back pocket of the carrying case.
2. Once the pads are used, they must be replaced by a new set.
   a. Life Guard Ambulance will replace pads used during an emergency response.
   b. If additional pads are needed, notify the Director of Student Services (983-5052) to request additional pads.
3. Life Guard Ambulance Services has a connector cable for downloading the medical response information from the AED.
4. The AED should not leave the Santa Rosa County School District location where it has been assigned.
5. If the AED unit is moved, immediately notify the Director of Student Services (983-5052). (The location of each unit is shared with the Emergency Operations 911 Center.)
6. Additional information on maintenance may be found in the AED Guidelines Document.

REPORTING AN INCIDENT

For every incident when the AED is removed from the storage case and applied to a victim, the following steps should occur.

AFTER the victim has received the necessary care and the incident has been "resolved,"

1. **Immediately contact the Santa Rosa Division of Emergency Management.**
   - Brad Baker (850) 983-5360 or
   - Rick Shuster (850) 983-5355

   The Emergency Management office will need to make arrangements to come to the school to "download" the information stored on the AED unit that records exact details from the event. The Emergency Management office will come to the school or work location to retrieve the information so that the unit will not be removed from the site.

1. Complete the SRCDS AED Incident Reporting Form (found on the last page of this document)
2. FAX the form to Santa Rosa Division of Emergency Management
   a. FAX: (850) 983-5352)
3. FAX a copy to the Director of Student Services
   a. FAX: (850) 983-5577
4. FAX a copy to Risk Management
   a. FAX: (850) 983-5009
5. Maintain a copy of the form in the School Health Clinic
6. Mail original form to:
   Brad Baker, Operations Chief
   Santa Rosa Division of Emergency Management
   4499 Pine Forest Road
   Milton, FL. 32583

DESCRIPTION OF UNIT

- A shock *cannot* be administered to an individual that does not have an irregular heartbeat.
- The operating manual can be found on the CD Rom that is stored in the back pocket of the case. The name of the CD Rom is "Quick Start Tool Kit." The manual contains detailed information on safety, instructions for use, data management, maintenance, troubleshooting, and technical data. The CD Rom also includes a 5-minute demonstration video.
- Instructive prompts guide the rescuer through each step of the rescue through intuitive voice commands and descriptive text display.
- The unit monitors patient progress and will administer more than one shock – if necessary.
- The unit is safe to use with pacemakers. The unit detects pacemaker pulses for both unipolar and bipolar pacemakers.
- The device actually measures a patient's impedance and makes a decision of what the shock should be. For example, an 11-year-old would receive 176 joules. The pediatric pads will reduce defibrillation energy to a patient to 50 joules. The variable emergency range is 105-360 joules.
- Software inside of the unit records all relevant data related to each use.
- There are two sets of pads in each unit for Pre-K and Elementary schools – one designed for children and one for adults. The pediatric pads are used for ages 1-8 and are stored in the front pocket marked, "spare electrodes."
- For Middle and High schools there are adult pads only.
- CPR supplies are included in a "ready kit" that is attached to the case.

Maintenance

- A CD Rom provided inside the case of the unit covers basic maintenance issues such as: installing the battery, pads, the Rescue Ready Indicator, Audible Maintenance Indicator and After a Rescue Attempt Directions.
- AUDIBLE ALARM: An audible alarm sounds when the unit is removed from the case. There are two keys for the audible alarm system with each AED unit. In locations where students are present,
    - REMOVE BOTH KEYS FROM THE CASE AND STORE THE KEYS IN 2 SEPARATE LOCATIONS.
    - The general guidelines are that the alarm may be disarmed (using one of the keys) after the initiation of an event. ***The key to disarming is to not delay the response***. The person responding to an incident with the AED unit should not be concerned about turning the alarm off.
- WARRANTY AND BATTERY: Cardiac Science has a 7-year warranty on the main unit (an extended life lithium battery) and a 4-year battery warranty. The replacement cost of the battery to the school in 4 years will be approximately $300.00 (estimated cost based on the 2004 purchase price, this cost may be slightly higher.)
- MAINTENANCE CHECKS: The Cardiac Science unit performs daily self-checks. The self-test confirms that the battery, electronics, and pre-connected pads are fully functional.
- LOGGING MAINTENANCE CHECKS: School Health Technicians will perform a weekly check and log it on their weekly activity sheet.

    - There is a light on the upper right side of the unit. When the light is green, the unit is ready – the battery has an adequate charge, the pads are properly connected and are functional, and the integrity of the internal circuitry is good.
    - If the light is red, a maintenance check is required. Check the AED pads, battery and/or call customer service. (888) 466-8686. If the red light comes on, there is also an audible alert every 30 seconds until the lid is opened, or the battery power is depleted. Opening and closing the lid will deactivate the beep. If the next automatic self-test does not correct the error, the beep will be reactivated.
- ADMINISTRATIVE COMPLEXES MAINTENANCE CHECKS: Two individuals per working location should be assigned the responsibility of monitoring the AED unit for maintenance issues.
- Maintenance issues should be called into: 1-888-466-8686, customer ID #31640. The maintenance number should be posted on the display case at all times.

TRAINING

Santa Rosa County School District Schools are encouraged to provide 3 levels of training:

1. Awareness
2. CPR/AED Certification
3. Train the Trainer Certification

Awareness

Every adult and student on campus should be aware of the location of the AED unit(s) and their intended use. The units are stored in highly visible white cases in easily accessible locations. During the 2005-06 school year, additional signs indicating the location of the unit were added. Schools are encouraged to provide a variety of awareness activities, including but not limited to:

- Instructional television "spots"
- Posting information on fire drill exit maps
- Announcing the availability of the unit before large meetings/gatherings
- Providing written certification of a responsible person for after-hour, sports events and field trips
- A CD Rom inside the front case of the unit provides a video demonstration for how to perform a rescue (Choose training video and click on the "start the video" icon.) The video is 5 minutes long. The school site safety team may decide to ANNUALLY use the demonstration with all teachers and staff on the campus.

CPR/AED Certification - Adults

Effective during the 2004-05 school year, all Cardio Pulmonary Resuscitation (CPR) training will include the use of AEDs. All School Resource Officers (SROs) and School Health Technicians are CPR/AED trained. School personnel are encouraged to participate in CPR/AED and Emergency First Aid Training opportunities. The number of individuals trained in CPR/AED and First Aid will be tracked yearly as part of the Individual School Plan for Emergency Management.

Train the Trainer Certification

As funding permits, the School District will provide opportunities for personnel to receive training as certified trainers. Those individuals will be asked to provide additional trainings for school personnel. Employees of the Santa Rosa County School District who receive the CPR/AED Train the Trainer course will offer annual trainings for a minimum of 3 years.

The school may want to pursue additional community resources to provide certification courses on the campus. Resources may include, but not be limited to:

1. Life Guard Ambulance Services
2. Local Fire Departments
3. American Red Cross
4. American Heart Association
5. Parents or Business Partners

Precautions/Critical Concepts

- Wet conditions – Make sure the patient and environment are dry.
- Metal surfaces – Make sure the patient is not touching any metal surfaces.
- Combustible materials or hazardous (explosive) environment – Remove the patient, if possible, from an area that presents a hazard.
- Do not touch the patient while the AED is assessing, charging, or shocking the patient (voice prompts on the machine repeat this warning.)
- If the patient has an internal pacemaker/defibrillator, position the pad one hand's width (approximately 5 inches) from the pacemaker/defibrillator site. If the patient has any medication patch, remove the patch.
- Never defibrillate while moving the patient.

CONTACT INFORMATION

REPORT AN INCIDENT	**SR Division of Emergency Management: 983-5360 or 983-5355**
Maintenance Issues	**1-888-466-8686** **Customer ID #31640**
General Questions about Policy	Director of Student Services 983-5052
To order additional units or accessories	Cardiac Science 1900 Main Street, Suite 700 Irvine, CA 92614 1-800-965-1440 FAX: 1-866-445-5711 **Customer Service: 1-800-991-5465**
Additional Information on the Company and the unit	http://www.cardiacscience.com/
American Heart Association Emergency Cardiovascular Care Committee: Response to Cardiac Arrest and Selected Life-Threatening Medical Emergencies: The Medical Emergency Response Plan for Schools.	http://circ.ahajournals.org/cgi/content/full/109/2/278

Distribution List for Guidelines

All updated versions of the Guidelines will be posted on the Secure Web site for Santa Rosa District Schools. Distribution of Guidelines includes, but not be limited to the following individuals.

1. School-based Administrators
2. Deans
3. Work site Administrators/Managers
4. Health Teachers
5. P.E. Teachers
6. School Health Technicians
7. Department of Health
8. Pediatric Services of America
9. Life Guard Ambulance Services
10. Santa Rosa Emergency Operations Center
11. Trainers at the School Site
12. School Improvement/Advisory Councils
13. Grade Level Chairpersons
14. American Heart Association

SRCDS AED INCIDENT REPORTING FORM

FOR SUBMISSION TO THE SANTA ROSA DIVISION OF EMERGENCY MANAGEMENT, RISK MANAGEMENT, AND STUDENT SERVICES

DIRECTIONS

1. AFTER RESOLUTION OF EVENT, **IMMEDIATELY CALL BRAD BAKER, OPERATIONS CHIEF AT THE SANTA ROSA DIVISION OF EMERGENCY MANAGEMENT OFFICE: 983-5360.** If you cannot reach Brad Baker, call Rick Shuster: 983-5355.
2. **Complete the form** (below),
3. **FAX** the form to Santa Rosa Division of Emergency Management at (**850) 983-5352**
4. **FAX** a copy to the Director of Student Services at **(850) 983-5577**
5. **FAX** a copy to Risk Management at **(850) 983-5009**
6. Maintain a copy of the form in the School Health Clinic
7. Mail original form to:

   Brad Baker, Operations Chief
   Santa Rosa Division of Emergency Management
   4499 Pine Forest Road
   Milton, FL. 32583

**********AED INCIDENT REPORT **********

1. School Name:_____
2. Date of Incident: _____/_____/_____ (Mo. / Day / Yr.)
3. Estimated Time of Incident ___:___a.m. / p.m.
4. Patient Gender: Male ( ) Female ( ) Estimated Age of Patient: _____
5. Was this a witnessed collapse of the patient? Yes ( ) No ( )
6. Was the patient complaining of anything prior to collapse? Check all that apply:
   Difficulty Breathing ( ) Chest Pain ( ) No signs or symptoms ( ) Drowning ( )
   Electrical Shock ( ) Injury ( )
7. Prior to applying AED pads was the Patient:
   a. Breathing Yes ( ) No ( )
   b. Pulse Present Yes ( ) No ( )
8. Was CPR started prior to 911 arrival Yes ( ) No ( )
9. Was an AED connected prior to 911 arrival Yes ( ) No ( )
10. Was this done by a bystander or a trained CPR/AED person? (bystander) (trained)
11. Was the AED turned on? Yes ( ) No ( )
12. Did the AED deliver a Shock? Yes ( ) No ( )
13. If yes, how many Shocks were delivered? _____
14. Name of Person operating AED._____

Upon 911 arrival:

15. Was a pulse present? Yes ( ) No ( )
16. Was breathing present? Yes ( ) No ( )
17. Was patient responsive? Yes ( ) No ( )

18. Report completed by: (PRINT NAME)_____

19. Signature: _____

20. Title: _____ Phone Number: _____

Procedure for Nursing: Catheterizations

Purpose: This procedure establishes guidelines for nurses to ensure proper insertion of a catheter into the bladder, using sterile technique, for the purpose of draining urine.

Equipment:
- Non-sterile gloves
- Waterproof pad
- Sterile catheter of appropriate size
- Sterile catheterization kit: gloves, povidone-iodine swabs, water, lubricant, towels, syringe filled with 3-5 ml sterile water
- Drainage basin
- Trash can
- Adequate lighting

Procedure:

I. Verify student's *Emergency Health Care Plan*/physician's orders for urinary catheterization.

II. Preparing for catheterization

A. Wash hands.
B. Gather supplies and set up clean work area.
C. Don non-sterile gloves.
D. Clean the genital area then rinse and dry area.
E. Remove gloves and wash hands.
F. Establish sterile work area and open sterile catheterization kit.
G. Position student and place sterile pad under student.
H. Put on sterile gloves, using appropriate technique.
I. Test balloon, if indwelling catheter will be used.

III. Catheterization

A. Cleanse area around the urethral opening as per parent/guardian and/or physicians instructions.
   1. For females: spread labia with non-dominant hand and use dominant hand to clean from anterior to posterior.
   2. For males: hold penis with non-dominant hand and while retracting foreskin, use dominant hand to clean meatus, in an outward circular motion.
B. Continue to hold penis or spread labia with non-dominant hand (this hand is now contaminated). Using dominant sterile hand, gently insert lubricated catheter into the urethral meatus while keeping the catheter end in the drainage basin or specimen cup positioned carefully near the student.
C. After urine flow ceases, gently remove catheter. Dry area, and make student comfortable.

D. If indwelling catheter is being used, insert catheter as directed above. Then inflate the balloon with approximately 5cc (or as ordered) of sterile water. Gently withdraw catheter slightly to ensure that proper position in the bladder has occurred. Attach to urinary drainage bag and tubing. Tape the catheter to the thigh of the female or to the lower abdomen of male. Secure the tubing properly.
E. Dispose of used supplies properly. Clean work area and store equipment properly.
F. Remove gloves and wash hands.

IV. Documentation

A. Procedure performed
B. Catheter size
C. Amount of sterile water used for balloon inflation
D. Appearance of urine: amount, color, clarity, odor, and presence of sediment
E. Signs and symptoms of urinary tract infection
F. Student response to procedure

V. Special considerations

A. Length of insertion of the catheter depends upon the size of the student. Insert up to two-three (2-3) inches in a female and six (6) inches in a male.
B. Never force catheter against resistance.
C. Ensure proper gravity drainage of urine, and prevent urine backflow by keeping drainage bag lower than the bladder.

Procedure for Nursing: Gastrostomy Tubes (G-Tubes) and Jejunostomy Tubes (J-Tubes)

Purpose: This procedure establishes guidelines for School Health Nurses to provide G/J tube care that will prevent infection of the insertion site and to prevent trauma to the surrounding tissue and to mechanically feed the student and to maintain nutrition and fluid balance.

Procedure: I. G/J tube care

A. Equipment needed:
   1. Irrigation syringe (syringe with luer lock adapter or piston syringe)
   2. Hydrogen peroxide, as ordered by the physician
   3. Normal saline
   4. Distilled water
   5. Sterile gauze
   6. Clamp or rubber band
   7. Cotton tip applicators
   8. Tape
   9. Stomahesive
   10. Non-sterile gloves

B. Suspension
   1. Insert irrigating tip syringe into G/J tube; suspend syringe.
   2. Syringes must be cleaned after every use and changed as needed or per parent/guardian request.
   3. Tape 2 x 2 gauze over top of syringe.

C. Clamping
   1. Clamp with a 4 x 4 gauze using a rubber band, C-clamp or plug.
   2. Secure tube under clothing.

D. Care of skin around stoma:
   1. Clean skin around insertion site and proximal portion of tube as specified by parent/guardian or physician.
   2. Apply ointments per parent/guardian or physician request.
   3. Apply dressing as needed. Use uncut sterile gauze with plastic or paper tape. Otherwise, basic site care uses a stomahesive wafer and nipple. Nipple must be the type with a base so it can be taped to the wafer. Then, the G/J tube is taped to the nipple. Fold back tape ends on itself to make tape removal easier. **No tape should be on the skin.** Warm the wafer in your hand prior to applying it, or hold the wafer in place for a minute after applying to help it adhere.

E. Stomahesive may be placed around the insertion site by:
   1. Cutting a hole slightly larger than the tube in the middle of a two-three (2-3) inch circle.
   2. Removing backing from sticky side of stomahesive and placing on skin. Make sure there are no wrinkles or creases in the stomahesive. This should be changed weekly or as necessary. Tape nipple to stomahesive. Then, tape the G/J tube to the nipple. This secures the tube and keeps the potential for leakage at a minimum.

F. Check the patency of the tube.
G. Chart the condition of the skin at insertion site.

II. Feedings

A. Equipment needed:
   1. Syringe, appropriate size for irrigation
   2. Female adaptor, if needed
   3. Sterile 2 X 2 and paper tape (if syringe is to be suspended)
   4. Clamp
   5. Saline or water, if needed for aspiration
   6. Gauze tape, if needed for suspension
   7. Ordered feeding, warmed to room temperature
   8. Chux or clean towels
   9. Pacifier, if needed
   10. Measuring cup
   11. Clean basin
   12. Non-sterile gloves
B. Gather equipment.
C. Wash hands.
D. Measure feeding.
E. Position student on right side, or in sitting position.
F. Position the chux/towel and measure the ordered amount of normal fluid; irrigate, clamping the catheter to prevent spills. Use 5-10cc syringe for irrigation.
G. If aspiration is to be done, aspirate; measure aspirant; and place it in a small measuring cup. Remove plunger from the large syringe; attach to the G-tube, suspend and unclamp. Return any aspirant if ordered. Pour the formula into the syringe and allow feeding to flow in by gravity. Never force or push with the plunger.
H. Measure the amount of irrigant and aspirant (if aspiration was done); record the difference between the two and document.
I. Cover the suspended syringe with a 2 X 2 and tape in place. If tube is not to be left suspended, cover the end after wiping with alcohol and apply with a 2 X 2 or 4 X 4 and hold in place with a rubber band.
J. Remain with the student during the feeding.
   1. Observe for distention, overflow, vomiting and/or hyperactivity.
K. Checking residuals
   1. If residual is greater than 100ml, withhold feeding and notify parent/guardian.
   2. If residual is less than 100ml, proceed with feeding.
L. Flush tube per parent/guardian or physician instructions.
M. Documentation
   1. Note type, amount and length of feeding.
   2. Note how the student tolerated the feeding.

Procedure for Nursing: Tracheostomy Care - Tube Changing/Cleaning

Purpose: This procedure establishes guidelines for School Health Nurses to maintain airway patency, prevent infection, and promote cleanliness while performing tracheostomy care.

Procedure:

I. Equipment

A. Tracheostomy care kit: Two (2) bowls/trays, cotton tipped swabs, pipe cleaners, non-abrasive cleaning brush, trach ties or holder, gauze pads
B. Clean trach dressing (optional)
C. Water soluble lubricant
D. Non-sterile gloves and appropriate protective gear (gown, mask, and goggles)
E. Sterile normal saline for suctioning (optional)
F. Hydrogen peroxide or soap/water for cleaning stoma
G. Scissors (optional)
H. Forceps or tweezers (optional)
I. Emergency equipment: obturator, extra trach tubes in same size and one smaller, suction equipment, oxygen source, and ambu bag and oxygen source if available

II. Assessment

A. Explain procedure to student.
B. Assess condition of stoma for redness, swelling, character of secretions, granulation, presence of purulence, or bleeding.
C. Assess condition of skin under ties or holder.
D. Assess respiratory status.
E. Suction prior to initiating trach cleaning.

III. Trach tube cleaning/changing procedure

A. Check specific student's *Emergency Health Care Plan* orders for trach tube cleaning instructions.
B. Wash hands.
C. Gather equipment and set up in clean work area near student.
D. Don gloves and (optional) protective gear.
E. Stabilize neck plate with one hand.
F. Use gauze and other hand to turn inner cannula counterclockwise until catch is released (unlocked).
G. Gently slide cannula out using outward and downward arch.
H. Place cannula in bowl of half-strength peroxide.
I. Unwrap suction catheter and suction outer cannula of tracheostomy.
J. Have student take deep breaths or use ambu bag to deliver oxygen if available.
K. Pick up inner cannula and scrub gently with cleaning brush.
L. Use pipe cleaners to clean lumen of inner cannula thoroughly.

M. Run inner cannula through peroxide mixture.
N. Rinse inner cannula with saline.
O. Using gauze and pipe cleaner; dry inner cannula thoroughly.
P. Slide inner cannula into outer cannula using a smooth inward and downward arch and rolling inner cannula from side to side with fingers.
Q. Hold neck plate stable with other hand and turn inner cannula clockwise until catch (lock) is felt and dots are in alignment.
R. Discard materials and remove gloves.
S. Wash hands.

IV. Document the following:

A. Procedure performed
B. Assistance utilized
C. Type and size of tracheostomy tube/inner cannula
D. Characteristics of tracheal secretions
E. Suctioning and ambu bag used
F. Dressing applied
G. Condition of stoma site
H. Student's tolerance of procedure, including assessment of breath sounds, character of respirations, and any changes in vital signs

V. Special Considerations

A. Due to the ever present risk of accidental decannulation, be prepared to call 911 at all times, and make certain there is a telephone in close proximity prior to beginning procedure.
B. Never clean a trach tube alone unless it is an absolute emergency and no assistance is available.
C. Always have an ambu bag with a face mask source available in the event of an emergency (decannulation, respiratory distress). *Refer to Go Bag -Emergency Equipment.*
D. If decannulation occurs and unable to insert new trach tube, attempt to reposition student's head and neck by turning slightly backward or forward, and then try to reinsert tube. If the tube will not enter, try to reinsert the old tube or use a tube of the next smaller size. If still unable to insert tube, place the tip of a large suction catheter in the stoma and cut the catheter off approximately six (6) inches above the stoma. DO NOT LEAVE CATHETER UNSECURE. Notify the physician immediately. DO NOT LEAVE THE STUDENT ALONE.
E. A small towel, blanket, or pillow placed under the shoulders of the student may help facilitate exposure of the stoma area.
F. For trach emergency *Refer to Trach Emergencies Rapid Recognition and Response.*

Note: Plastic tracheostomy tubes without inner cannula should only be cleaned and re-used in accordance with the manufacturer's approved procedure and if you have a physician order for the procedure. Plastic tracheostomy tubes can become progressively stiffer over three 3 to four 4 months of use and may develop splits or cracks. Inspect tubes for cracks or tears before insertion.

Trach Emergencies - Rapid Recognition and Response

I. Trach Displacement/Decannulation?

A. Rapid Recognition:
1. Tube not midline
2. Tube partially out
3. Tube totally out
4. Air leaks at trach site

B. Rapid Response:
1. Without spending much time, quickly attempt to realign trach. If at any time you are unsure or have any difficulty
2. Replace with same size trach. If there are any difficulties inserting same size trach
3. Replace with smaller size trach
4. Secure trach ties
5. Administer trach suctioning
6. Provide oxygen if available
7. If there is no improvement or if distress continues, call 911
8. While awaiting EMS arrival:
   a. Maintain patent airway
   b. Provide oxygenation
   c. Continue assessing airway, breathing, and circulation
   d. Start CPR if necessary

II. Obstruction/Aspiration?

A. Rapid Recognition:
1. Student cannot breath
2. Spasmodic coughing
3. Cannot pass suction catheter
4. Food, liquid, vomitus, or secretions in tube
5. Unable to ventilate
6. Air leaks at trach site

B. Rapid Response:
1. Suction trach
2. Instill saline and suction trach
3. Replace with same size trach. If there are any difficulties inserting same size trach;
4. Replace with smaller size trach
5. Secure trach ties
6. Administer trach suctioning
7. Provide oxygen if available
8. If no improvement, or if distress continues; call 911
9. While awaiting EMS arrival:
   a. Maintain patent airway
   b. Provide oxygenation
   c. Continue assessing airway, breathing, and circulation
   d. Start CPR if necessary

III. Pulmonary Problems?

A. Rapid Recognition
1. Decreased breath sounds
2. Absent breath sounds
3. Quick cyanosis
4. Coughing
5. Trach not obstructed
6. Fever

B. Rapid Response:
1. Provide oxygen if available
2. Administer medications (nebulizer) as per physician order
3. Suction trach
4. Instill saline and suction trach
5. Replace with same size trach. If there are any difficulties inserting same size trach;
6. Replace with smaller size trach
7. Secure trach ties
8. Administer trach suctioning
9. If no improvement, or if distress continues; call 911
    a. While awaiting EMS arrival:
    b. Maintain patent airway
    c. Provide oxygenation
    d. Continue assessing airway, breathing, and circulation
    e. Start CPR if necessary

Whenever student stabilizes from any type of trach emergency or care is assumed by EMS notify parent/guardian, supervisor, and school administration or designee.

TRACH GO BAG/EMERGENCY EQUIPMENT

Check off	Supplies	Key Points
	Ambu Bag/mask/trach adapter	Must be with student at all times; a device used to assist with providing supplemental oxygen or rescue breathing when needed
	CPR barrier device	Back up if Ambu fails
	Oxygen if ordered	Provides supplemental oxygen
	Portable suction machine	Allows the ability to suction anywhere; ensure the battery is charged before transport of student
	Suction catheters	Have several extra catheters in case change is necessary
	Same size trach: _____ Same size trach with obturator and trach ties (syringe if cuffed trach)	Spare trach, obturator and trach ties in place ready for emergency insertion
	Smaller size trach: _____ Same size trach with obturator and trach ties (syringe if cuffed trach)	Spare trach, obturator and trach ties in place ready for emergency insertion if unable to reinsert same size trach
	Blunt scissors	To cut trach ties in the event of an emergency trach change
	Bulb syringe x 2	Label one for nose and one for trach to be used for visible secretions
	Sterile saline if ordered	Used during suctioning to thin secretions
	Towel roll	Place under shoulders to promote maximum visualization and straightens the airway
	Water soluble lubricant	Helps tube go into the stoma more easily
	Gloves	Personal protection equipment
	Tissue	Useful to wipe secretions outside trach, nose, and mouth
	Passive condenser	Thermavent and artificial nose used for humidification and keeping dust particles or cold air out of trach tube
	Emergency numbers	911, parent/guardian, supervisor, administration or designee
	Portable phone	Portable radio or phone to be used in case of an emergency

Purpose of Go Bag:

Ensures that necessary emergency airway supplies are always immediately available to maintain artificial airway clearance. Supplies may vary according to the students medical needs/physician orders.

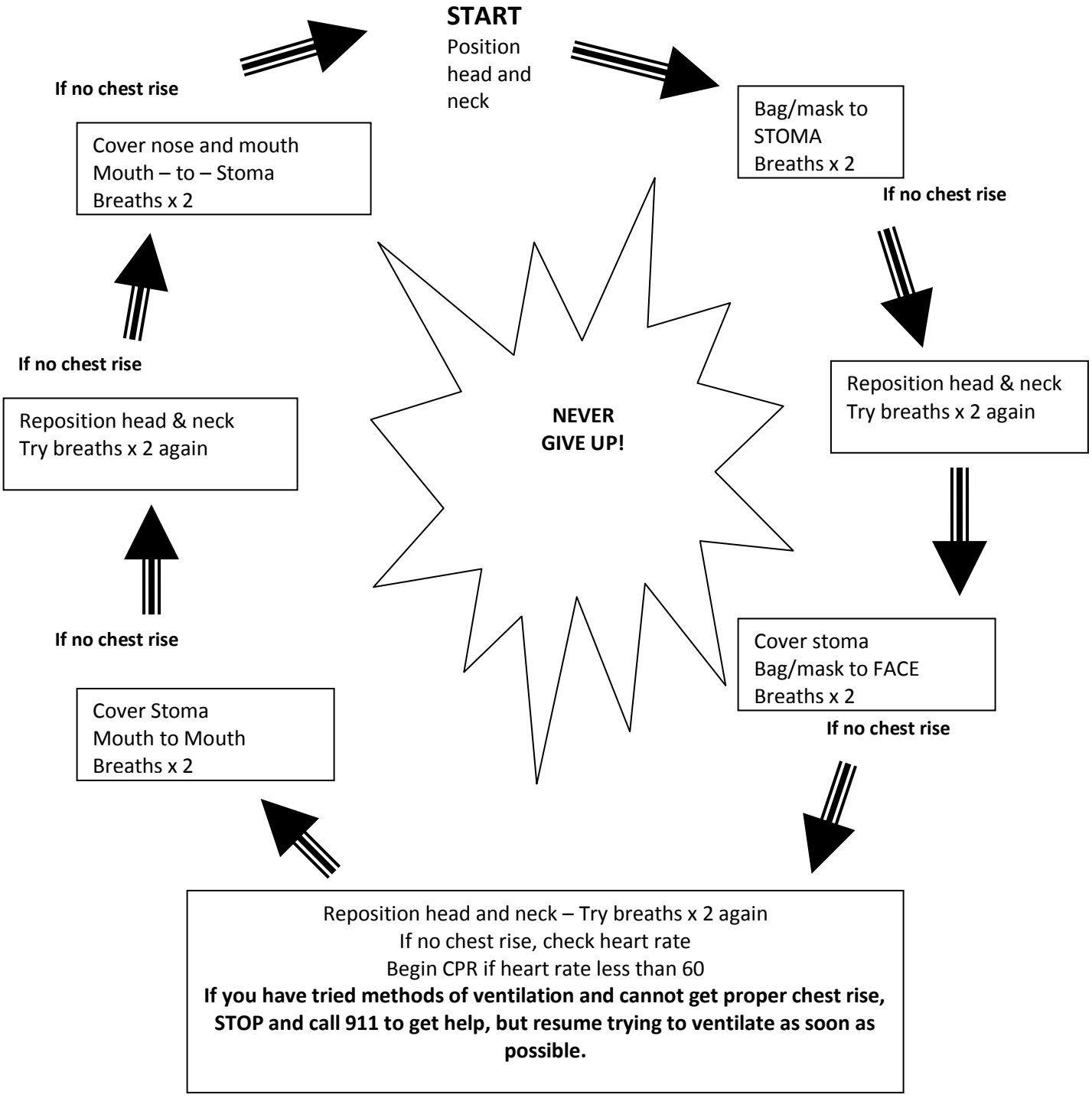
Nursing Recommendations: Verify presence and contents of the bag, contact parent/guardian for any missing supplies, and document corrective action taken.

*** At any time a common trach can become a full blown emergency and care must be provided wherever the student is located. The equipment in the "Go Bag" must accompany the student at all times (at school, during transport, outside school building, and during all outings).**

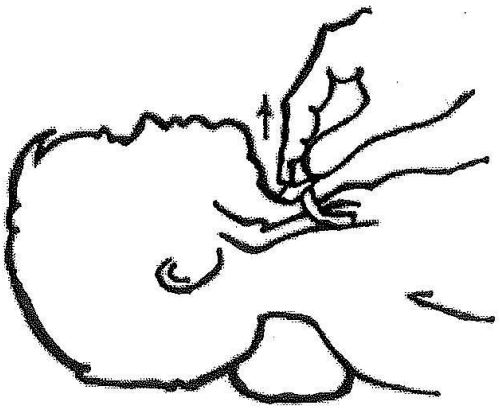
Ventilation When the Trach is Out and Cannot Be Reinserted

Try each method of ventilation until you see chest rise. If one method does not work, try the other, and continue to try in an alternating pattern until EMS arrives.

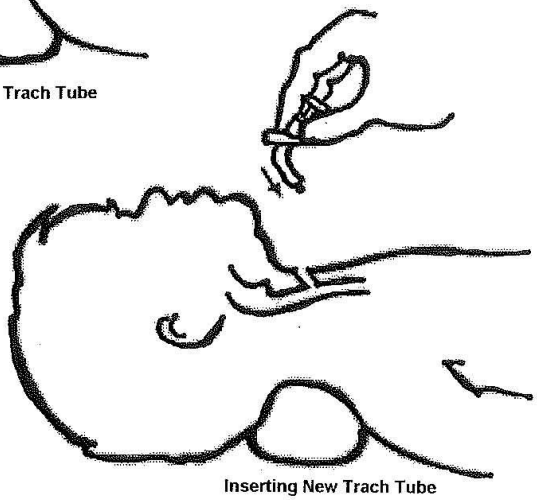
*If you are not alone delegate someone to call 911.



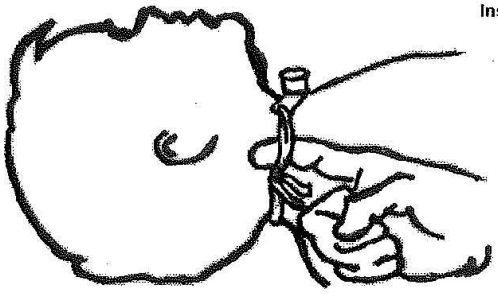
AIRWAY POSITIONING



Removing Old Trach Tube



Inserting New Trach Tube



Secure Trach Ties

Procedure for Nursing: Suctioning the Trach Tube

Purpose: This procedure establishes guidelines for School Health Nurses to maintain airway patency, prevent infection, and promote cleanliness while suctioning the tracheostomy tube.

Procedure: I. Objective: maintain airway patency by assisting in the removal of secretions

II. Indications for suctioning include:

A. Difficulty in the work of breathing
B. Sounds of mucous in the tracheostomy tube that cannot be cleared with cough
C. Presence of adventitious breath sounds
D. Increased stridor and/or respiratory rate not caused by activity
E. Frequent coughing
F. Nasal flaring
G. Restlessness
H. Irritability
I. Crying
J. Skin color changes

III. Equipment needed:

A. Suction machine with connecting tubing
B. Suction catheter (sterile or non-sterile based technique)
C. Cup or jar with sterile, normal saline or distilled water (or clean water, based on technique used)
D. Sterile saline for insertion into tracheostomy tube, if ordered by physician
E. Ambu bag
F. Oxygen, if available
G. Clean or sterile gloves based on technique
H. Personal Protective Equipment (PPE) as appropriate

IV. Suctioning procedure (CLEAN technique)

A. Check student's *Emergency Health Care Plan* for specific tracheostomy suction instructions
B. Wash hands
C. Gather equipment and set up and clean work area
D. Don appropriate PPE and place glove on suctioning hand
E. Turn suction machine on. Suction pressure should not exceed 120 mm Hg and should be checked before suctioning, at least once per shift
F. Attach suction catheter to suction tubing using clean technique. If the catheter has been used previously, suction water from the cup before suctioning the tracheostomy tube

G. Determine the length of the catheter to be inserted in the tracheostomy tube prior to suctioning (a tracheostomy tube in the same size as the one in the child may be used to measure the exact depth to insert the catheter)
H. Instill prescribed amount of sterile saline into tracheostomy tube to help loosen secretions (only if physician has ordered for thick secretions)
I. Insert the catheter by gently twirling or rotating in a “rapid pass” method; apply suction while the catheter is being inserted; to prevent tracheal trauma, do not insert the suction catheter any further than the length of the trach tube
J. As the catheter is removed, continue to apply intermittent suction as the catheter is gently rotated; complete suctioning in five (5) seconds or less
K. Administer breaths with the ambu bag and oxygen, if required
L. Suction enough water from the cup or jar to clear the secretions from the catheter after each suction. After suctioning is completed, rinse the catheter with water, shake off excess water and store the catheter wrapped in a clean towel
M. Turn off suction machine and oxygen
N. Clean work area and store supplies properly
O. Remove gloves and wash hands
P. Document procedure – refer to *Documentation* section below

V. Suctioning procedure (STERILE technique):

A. Follow the same procedure as for the *CLEAN technique*, except use sterile gloves and a sterile catheter and maintain sterile technique throughout the procedure

VI. Documentation

A. Color, odor, and amount of secretions
B. Breath sounds and respiratory effort before and after suctioning
C. Depth used to insert catheter
D. Use of hyperventilation or hyperoxygenation
E. Time of procedure
F. Tolerance of procedure
G. Teaching
H. Technique (CLEAN vs. STERILE)

COMMUNICABLE DISEASE GUIDELINE

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

Definitions: **Bacteria** - unicellular microorganisms

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

Communicable period - the time or times during which an infectious agent may be transferred directly or indirectly from an infected person to another person, from an infected animal to a person, or from an infected person to an animal, including orthropods

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

Contamination - the presence of an infectious agent on a body surface, in clothes, bedding, toys, surgical instruments or dressings, or other inanimate articles or substances, including water and food

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

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

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

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

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

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

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

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

Reservoir (of infectious agents) - any person, animal, arthropod, plant, soil or substance (or combination of these) in which an infectious agent normally lives and multiplies, on which it depends primarily for survival, and where it reproduces itself in such a manner that it can be transmitted to a susceptible host

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

1. **Direct Transmission:** direct and essentially immediate transfer of infectious agents to a receptive portal of entry through which human or animal infection may take place
2. **Indirect Transmission:** indirect transfer of infectious agents through contaminated inanimate materials or objects
3. **Airborne:** the dissemination of microbial aerosols, suspensions of particles in the air, to a suitable portal of entry, usually the respiratory tract

Vector - any agent (person, animal, or microorganism) that carries and transmits a disease (e.g., mosquitoes are vectors of malaria and yellow fever)

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

Procedure:

I. For disease-specific guidelines, including recommendations regarding exclusion from school, *Refer to Communicable Disease School Manual.*

II. Students who are deemed to have a communicable disease and are excluded from school may typically be required to wait 24 hours after cessation of symptoms to return. Give Healthy Students Handout to parent/guardian. This page may be reproduced and sent home with a parent/guardian picking up an ill child from school.

III. Complete the Communicable Disease Tracking Report for assigned school at the onset of five (5) or more students (not in the same family) seen in the School Health Clinic with the same or similar health symptoms. Send Communicable Disease Tracking Report to Santa Rosa County Health Department epidemiologist by email and send a copy to assigned Santa Rosa County Health Department School Health Nurse. Do not include student names in email report.

SANTA ROSA COUNTY COMMUNICABLE DISEASE TRACKING REPORT

School: _____

Report Prepared By: _____

Record the following information at the onset of five (5) or more students with similar symptoms.
Mark an X in the box for the symptoms present per student.
Submit this form by the end of the school day to Deborah Price at Deborah_Price@doh.state.fl.us
Notify your School Health Registered Nurse (RN) Date: _____

Teacher	Student Grade	Fever	Cough	Sore Throat	Headache	Runny Nose	Vomiting	Nausea	Sent Home

Use of Communicable Disease Parent/Guardian Notification Letters in the School Setting

Objective: There are two public health purposes for sending parent/guardian notification letters regarding communicable disease in the school setting:

1. Case-finding
2. Prevention for spread of disease

1. After receiving notification of a reportable disease or a cluster of illness/symptoms in a school, the Epidemiology Program will recommend to School Health Staff whether a pre-approved, standard, disease specific letter should be sent to parents/guardians of a classroom of students. The recommendation is based on established disease guidelines specific to Santa Rosa County Health Department, hereinafter referred to as SRCHD, Epidemiology Program protocols.
    A. The Epidemiology Program will consult with the SRCHD Administrator/Medical Director or designee prior to recommending a school-wide letter distribution. The SRCHD Public Information Officer will be alerted.
    B. If there is anything unusual about the symptomology/disease presentation (i.e. age and number of students affected, media interest, rare disease, fatality, etc.), the SRCHD Administrator/Medical Director or designee must be notified and will authorize content and level of communication. The SRCHD Public Information Officer will be alerted.
    C. The disease specific Fact Sheet may be copied on the reverse side of the parental notification letter. School Health Nurses will use the Fact Sheet as a guide for talking points regarding the specific disease when fielding school-based questions.
    D. Standard letters for common communicable diseases or symptomology will be pre-approved by the SRCHD Administrator and the Assistant Superintendent of Schools and will not require additional review prior to the recommended distribution. Any non-standard letter will be reviewed by the SRCHD Administrator and the Assistant Superintendent of Schools prior to distribution.
2. After a decision is made to send a letter, the School Health Supervisor will notify the School Principal, Assistant Superintendent of Schools and School Health Nurse. The School Health Nurse will notify the School Health Technician at the facility.
3. SRCHD Epidemiology Program will archive any letter distributed per their recommendation and maintain the file for three (3) years.
4. If the Epidemiology Department recommends notifying only the risk population (i.e. unvaccinated, pregnant, immuno-compromised), the School Health Nurse will facilitate identifying the individuals to receive the notification. The School Health Supervisor will alert the School Health Nurse of the planned limited notification.
5. A School Health Nurse may independently distribute pre-approved letters for non-reportable diseases, with appropriate fact sheets, to the parent/guardian of an individual student. These letters and Fact Sheets are located in the School Health Communicable Disease Manual. However, any cluster of illness/symptoms or single cases of reportable diseases must be referred to the Epidemiology Program for investigation and determination of need for classroom notification letters.
6. If the Santa Rosa County School District , hereinafter referred to as SRCSD, desires to send a parental notification that has not been recommended by the SRCHD Epidemiology Program, the following practice will be followed:
    A. Assistant Superintendent will notify the School Health Supervisor of intent to distribute letter.
    B. The School Health Supervisor will notify the Epidemiology Program of SRCSD's intent to distribute letter.
    C. SRCHD will offer consultative services to School District to assure that factual information is provided in the letter.
    D. SRCSD will send the notification under SRCSD letterhead. It is appropriate to copy the SRCHD fact sheet on the reverse side of the parent/guardian letter, if the School District so desires.

Attention Parent/Guardian:

As you take your child home sick from school please be reminded that there are some things you can do to help all of our students stay healthy.

1. If your child has had a fever, vomited or had diarrhea within 24 hours, don't send them to school until they are symptom free for 24 hours.
2. For many illnesses your child needs to be treated with antibiotics for 24 hours **before** returning to school (i.e. strep throat, pink eye).
3. Check with your health care provider **before** sending a child to school that has discolored nasal discharge (i.e. greenish color).

We appreciate your help in our efforts to keep our students healthy, happy, and ready to learn.

Attention Parent/Guardian:

As you take your child home sick from school please be reminded that there are some things you can do to help all of our students stay healthy.

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