

School Health Policy and Procedure Manual

for

Santa Rosa County School District



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Santa Rosa County School District Health Introduction

Purpose: This manual is the product of a joint effort by the Santa Rosa County Health Department, Santa Rosa County School District, and Pediatric Services of America, Inc., a Georgia corporation, d/b/a PSA Healthcare, hereinafter referred to as PSA. Through this partnership, we strive to ensure the students of the Santa Rosa County School District are receiving the highest level of health care in order to meet their educational objectives. This manual is a resource book that contains basic information, guidelines, and protocols utilized by the Santa Rosa County School District, PSA Health Care Staff, and the staff of the Santa Rosa County Health Department.

This manual is intended to:

- Serve as a resource for appropriate practices that relate to school health
- Serve as a tool for orienting new school personnel

Goals:

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

Procedure for Confidentiality and *HIPAA* Compliance

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

Definitions: *HIPAA* - *Health Insurance Portability and Accountability Act*

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

- Procedure:**
- I. All records that are generated by School Health Staff concerning student care or services will be treated confidentially and will comply with *HIPAA* policies.
 - II. Staff will discuss information with appropriate personnel only. Accessibility to student records are to be limited to authorized staff.
 - III. Notify school administration or designee whenever a request to provide records has been received.
 - IV. Reasonable measures will be taken to ensure the security of records against loss, defacement, tampering, and unauthorized use. Records will be stored in a manner that minimizes the possibility of damage from fire and water.
 - V. Additionally, it is each employee's responsibility to ensure that he/she does not breach student confidentiality as per *HIPAA* policies. Examples include, but are not limited to:
 - A. Take extreme care to ensure that no one can overhear discussion of student information other than the authorized person(s) to whom you are relaying this information (both in face-to-face and telephone conversations).
 - B. In School Health Clinics where the public may come in, take precautions to ensure that charts and other written information are not seen by visitors.
 - C. When copying forms that contain multiple names, always blacken out the names that are not pertinent.

****School Health Staff will not give out their computer passwords unless needed for continuity of care or further School Health Clinic services.***

Procedure for Management of School Health Records

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

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

Cumulative Health Record - (DH3041) a school district document containing an individual student's health information, as required by law, including but not limited to: Student Immunization Record, Student Physical Exam, health screening results, referrals and follow-up, health history including chronic conditions, Emergency Health Care Plan, Authorization for Medication Administration Form or special procedures, student medication and procedure records, and documentation of health emergencies occurring at school

Need to Know - health Information that cannot be shared by School Health Staff unless the individual has a legitimate educational interest

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

Confidential Nursing Record - A Confidential Nursing Record of student health information including documentation of nursing assessments/interventions, School Health Clinic care and statutorily protected health information

Secured Area - a room with a reliable locking system and doors that are locked at all times when unoccupied

Information Custodian - the individual designated responsible for securing the information sets for the purposes of protecting confidentiality, data integrity and appropriate access as detailed in the position description

Procedure: School Nurse Office sites will maintain a reliable locking system to the office door when unoccupied. The School Health Nurse will maintain a system for locking confidential student information within the office.

I. Cumulative School Health Record

- A. According to Florida Administrative Code 64F-6, personnel authorized by School Board Policy shall maintain Cumulative School Health Records on each student in the school. The Cumulative School Health Records are stored within the student education records with limited access by designated staff. The Cumulative School Health Records will contain the following documentation including but not limited to:

1. Student Physical Exam (DOH 3040)
2. Student Immunization Record (DOH 680)
3. Growth and development documentation forms
4. Student birth certificate
5. Student Emergency Health Care Plan

II. Student Emergency Health Card

An Emergency Health Card will be collected for each student at the beginning of the school year and stored in the health room or front office as designated by the school administration or designee.

- A. It is important that the card is checked for up-to-date telephone numbers and physician/dentist contacts, as well as parent/guardian signature. The school staff does not have parental/guardian permission to offer first aid or any other comfort measures without a parent/guardian signature on this card.
- B. The Emergency Health Card serves as permission for mandated health screenings for students in specific grades and as a release for communication with other providers for continuity of care.
- C. If a health condition is identified, add the condition to the high risk/health concerns list and notify the School Health Nurse. The School Health Nurse will evaluate the need for an Emergency Health Care Plan (EHCP).

III. Student screening records

- A. The School Health Nurse will utilize an individual screening record for each student screened, to be filed in the Cumulative School Health Record upon completion of documentation; or the School Health Nurse may document screenings on the Cumulative School Health Record.
- B. The student screening record will document results of health screenings, notes on referrals and notes on referral follow-up.

IV. School Health Nurse screening Referral Follow-Up Logs

- A. The School Health Nurse will maintain a Referral Follow-Up Log for each school to track school health screening referrals to completion.
- B. The Referral Follow-Up Logs will be maintained in a locked area when not in use by the School Health Nurse.
 1. Locked within the School Health Nurse Clinic
 2. Locked within the trunk of the car out of obvious sight when traveling

V. School Health Nurse Emergency Health Care Plan Logs

- A. The School Health Nurse will maintain an Emergency Health Care Plan Log for each assigned school to track the health care plans written.
- B. The Emergency Health Care Plan Log will be maintained in a locked area when not in use by the School Health Nurse
 1. Locked within the School Health Nurse Clinic
 2. Locked within the trunk of the car out of obvious sight when traveling

VI. Confidentiality

- A. Any information placed in a student Cumulative School Health Record is confidential and should not be released without written consent from the parent or guardian. Access to the Cumulative School Health Record should be limited to those with a need to know as per School Board Policy.
- B. Confidential or sensitive information (i.e. student discussing suicidal thoughts, pregnancy, STD's, tuberculosis, etc.) is not to be recorded on the student Cumulative School Health Record. This information should be kept confidential and stored in a secure location. This record will serve as documentation indicating that the situation has been addressed as well as protecting sensitive information.

VII. PSA Records Management

- A. During the school year, all records will be maintained in a confidential manner as dictated by HIPAA regulations.
 - 1. Always keep computer screen turned so parents/guardians/students cannot read information pertaining to other students.
 - 2. Close all notebooks and logs when leaving the School Health Clinic. The School Health Clinic should be locked at night.
- B. At the completion of the school year, each School Health Technician will be responsible for packing and storing their records.
 - 1. All records must be kept for a minimum of seven (7) years
 - 2. Check with the school administration or designee as to where they would like the records to be stored
 - 3. Place all forms, in sections, in a box large enough to hold all of the forms. Use divider tabs to mark the sections: Daily Activity Logs, Medication Sheets, Medication Intake Forms, etc.
 - 4. Be sure to clearly mark the box with the school year on at least two (2) sides.

Procedure for Appropriate Dress Code

Purpose: This procedure establishes guidelines to define dress code expectations for staff. Professional grooming, attire and hygiene are required of all PSA and Health Department staff.

Procedure: I. Identification

- A. All RN's, LPN's, and School Health Technicians are to wear approved name badges obtained through PSA, Santa Rosa County Health Department, or Santa Rosa County School District.
 - 1. Name badges should be visible on the front of the scrub top or jacket at all times.

II. Clothing

- A. School Health Staff must wear closed toe shoes, with socks, at all times while working in the School Health Clinic. No sandals, flip flops, or heeled shoes are permitted.
- B. Scrub tops and pants that are clean and wrinkle free are permitted. Cotton slacks and nice shirts/blouses are permitted if worn under a lab jacket with appropriate name badges.
- C. Jeans are only permitted on days that it is approved by the school, such as "Casual Fridays".
- D. No shorts, sleeveless/backless shirts, tank tops, sexually suggestive apparel, or sweats are permitted.
- E. School Health Nurses must wear lab jackets/coats while in the schools.

III. Accessories and miscellaneous

- A. Perfume and cologne should be used in moderation when working with students; they are not permitted when working with medically fragile children.
- B. Avoid jewelry such as long earrings and chains that small children may pull.
- C. Fingernails should be neat and clean and not excessively long.
- D. Visible tattoos and piercings must be covered or removed. Facial, neck or heavy tattoos are discouraged.

Procedure for Clinic Communication

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

Procedure: I. Reporting injuries

- A. Injury to student - An *Incident Report* will need to be completed and turned in to the school administration or designee for any student that visits the School Health Clinic due to an injury resulting in loss of consciousness, excessive bleeding, use of emergency medications, broken bones, 911 calls, etc. The School Health Clinic Staff is only required to complete the sections of the report that are pertinent to the care that they provided, to include phone calls and follow-up made by the School Health Technician/School Health Clinic Staff. The school staff that was in charge of the student at the time of the injury is responsible for initiating the incident report and ensuring its completion and submission to the principal or designee.
- B. Injury to PSA Staff - Any event that causes injury to PSA Staff while on duty must be communicated to the PSA School Health Supervisor. PSA will generate a PSA Injury/Incident Report that must be sent to the corporate office within 24 hours of the injury.
 - 1. Examples of reportable employee injuries/near injuries include, but are not limited to:
 - a. Musculoskeletal injuries from overexertion
 - b. Accidental trauma from a slip, trip, or fall
 - c. Exposure to bloodborne pathogens or other potentially infectious material
 - d. Inhalation of harmful smoke or fumes
- C. Sharps Injuries - In keeping with the requirements related to record keeping, a Sharps Injury Log will be maintained at the PSA main office for all PSA Staff injuries and at the Santa Rosa County Health Department for all Health Department Staff injuries.
 - 1. If you have a sharps injury, you must report the following information to be included on the Employee Report of Injury or Near Injury.
 - a. The type and brand of device involved in the incident
 - b. The environment of care where the exposure incident occurred
 - c. The event during which the exposure occurred
 - d. The affected body part
 - e. Presence of safety device

II. Communication to the Health Department School Health Registered Nurse

- A. Inform the Health Department School Health Registered Nurse of the following:
 - 1. Students that have documentation or affirmation of any reportable disease. Refer to Communicable Disease School Manual.

2. Students you think may need to have an Emergency Health Care Plan written.
3. Repeated admissions; same child three (3) or more days in a row to the School Health Clinic with symptoms or illnesses you think needs follow-up.

III. Communication and education materials to parent/guardian

- A. Only previously approved form letters can be given out in the School Health Clinic. These are for the sole purpose of education.
- B. No letters of mass communication to parents/guardians will be created by School Health Technicians or School Health Nurses until reviewed and approved by the school administration or designee and/or the Director of Student Services.
- C. School Health Clinic Staff are permitted to draft letters of information if requested; however, the letters must be signed and approved by the appropriate person(s) before dissemination.

***Approved information does include any materials from the [Communicable Disease School Health Manual](#).**

IV. Communication to school staff

- A. Communication of any **unnecessary** information to teachers, aides, secretaries, etc. of students' medical information is a *HIPPA* violation.
- B. School staff may receive student medical information on a "need to know" basis only and for the continuity of care for that student.
- C. Other than appropriate school staff, unless the individual is a parent/guardian or health care provider (EMS, family physician, etc.), School Health Clinic Staff are not permitted to give out information about a student.

Santa Rosa County School Health Procedure for Hand Washing

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

Procedure: I. Indications for washing hands

- A. Wash hands with soap and water when:
 - 1. Visibly dirty or contaminated
 - 2. Visibly soiled with blood or other body fluids
 - 3. Following use of the restroom
 - 4. Before eating
 - 5. Before/after student care
 - 6. After contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings
 - 7. Prior to handling medication

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

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

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

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

Procedure for Observing Universal Precautions

Purpose: The purpose of this procedure is to establish guidelines for observing Universal Precautions as it pertains to the school health environment.

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

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

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

- Procedure:**
- I. In the presence of blood or body fluids, the provider must use appropriate PPE for the conditions.
 - II. Wash hands thoroughly before and after all procedures.
 - III. Sterile disposable supplies are to be used whenever possible. Items which touch only the intact skin (e.g., blood pressure cuffs) rarely, if ever, transmit disease. These items should be cleaned between patient uses. Should this equipment become contaminated with blood or body secretions, it should be cleaned with a 1:10 bleach solution or a chemical germicide.
 - IV. Students will not share personal supplies, even disposables, such as lancets or nebulizer treatment tubing. Used lancets will be disposed of after use - *Refer to Biohazard Waste Management*. Care should be taken when removing lancets from device to avoid needle stick. Use mechanical control device (i.e., hemostat) as necessary. Nebulizer tubing will be cleaned, allowed to air dry, and then stored in a clear plastic bag labeled with the student's name.
 - V. Work surfaces will be decontaminated immediately (or as soon as feasible) after any spill of blood or other infectious materials, and whenever the surfaces are visibly contaminated. Use an approved disinfectant or a 1:10 bleach solution or chemical germicide.
 - VI. If an occupational exposure occurs, (i.e. needle stick or splash of blood or body fluids to a mucous membrane such as the eyes or mouth) immediately wash or rinse the area with copious amounts of water, and soap if possible. Contact your immediate supervisor and follow your organization's *Exposure Control Plan*. For school faculty and staff, provide first aid and then refer to the school administration or designee.

Procedure for Biohazard Waste Management

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

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

Examples of items that can be considered Biohazardous Waste:

blood saturated gauze or cotton balls, tissue saturated with bloody nasal secretions, any porous material saturated with body fluids

Examples of items not to be considered Biohazardous Waste:

Band-Aids, cotton balls for finger-sticks, blood glucose strips, gloves, catheters, any non-porous item that cannot be saturated with body fluids

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

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

Procedure: I. All non-sharp biohazard waste will be disposed of directly into red bags or a rigid waste container, usually a red waste receptacle, identified with the biohazardous symbol.



II. All used sharps will be placed immediately into a puncture-resistant, leak-proof sharps container. Do not exceed the fill line as established by manufacturer or other authority.



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

- IV. When filled, sharps containers will be labeled with site and date, their covers secured and taped, and then placed in a red bag. Red bags, when filled will be picked up by the school custodial service. The custodial service will place the red bags in the onsite biohazardous waste storage container in their custodial storage room. All biohazard waste is picked up by an independent contract provider monthly or as needed.
- V. To request a new sharps container contact the Director of Student Services at the Berryhill Administrative Complex, 850-983-5052.

Procedure for Vital Signs

Purpose: This procedure establishes guidelines for obtaining and appropriately documenting vital signs: blood pressure, temperature, pulse (heart rate), respirations, and oxygen saturation.

Definitions: Vital signs are indicators to how the body is functioning.

TPR - the abbreviation for temperature, pulse, and respirations

BP - the abbreviation for blood pressure

VS - the abbreviation for vital signs, which includes TPR and blood pressure

Oxygen saturation - the amount of oxygen in the blood stream

- Procedure:**
- I. Temperature – The normal body temperature of a person varies depending on gender, recent activity, food and fluid consumption, and time of day.
Fever – A temperature of *100.0 F* and over is considered a fever.
 - A. Take temperature using approved thermometer. A digital thermometer is the preferred choice in the School Health Clinic setting. (Follow manufacturer's instructions.)
 - B. Document your reading on the Daily Activity Log under "*Actions*".
 - C. If fever is questionable, have the child lie down and repeat in 5-10 minutes, document temperature rechecks before calling parent/guardian.
 - D. If child has a fever call parent/guardian for student pick-up.
 - E. Do not give medication unless previously authorized.
 - F. *Refer to Vital Signs* for temperature ranges.
 - II. Pulse – The pulse rate is a measurement of the heart rate, or the number of times the heart beats per minute. As the heart pushes blood through the arteries, the arteries expand and contract with the flow of the blood.
 - A. Children and adolescents: the radial or carotid pulse is counted for one (1) full minute.
 - B. Infants: the apical pulse is counted for one (1) full minute.
 - C. Take the pulse before taking the student's temperature, as use of the thermometer may cause the student to cry and increase the heart rate.
 - III. Respirations – The respiration rate is the number of breaths a person takes per minute. Respiration rates may increase with fever, illness, and with other medical conditions. When checking respirations, it is important to also note whether the student is having difficulty breathing.
 - A. Obtain respiratory rate by auscultation with a stethoscope or visualizing respiratory expansion of the chest or abdomen for one (1) full minute.
 - B. In older children, count the respirations for 30 seconds and multiply by two (2).

- IV. Blood Pressure – Blood pressure is the force of the blood pushing against the artery walls. Each time the heart beats, it pumps blood through the arteries, resulting in the highest blood pressure as the heart contracts. Two numbers are recorded when measuring blood pressure. The higher number, or systolic pressure, refers to the pressure inside the artery when the heart contracts and pumps blood through the body. The lower number, or diastolic pressure, refers to the pressure inside the artery when the heart is at rest and is filling with blood. Both the systolic and diastolic pressures are recorded as "mm Hg" (millimeters of mercury). This recording represents how high the mercury column is raised by the pressure of the blood.
- Obtain blood pressure using the appropriate size cuff on the student's arm.
 - The cuff must cover 2/3 of the length of the upper arm.
 - The blood pressure should be taken when the student is at rest as hyperactivity may increase the reading by as much as 50 mm Hg.
- V. Oxygen Saturation
- This assessment is not a standard assessment. O₂ saturations are only to be obtained when dictated in the student's *Emergency Health Care Plan*.
- VI. Documentation
- Document the VS (TPR and BP) on the Daily Activity Log or a School Health Nurse Progress Note.
- VII. Chart of "Normal" Vital Signs for Children

Normal Vital Signs for Children

	Infant	Toddler	School-Age	Adolescent
Heart Rate	120-160	80-130	70-110	60-100
Respiratory Rate	25-40	20-35	15-25	10-20
Systolic Blood Pressure	60-90	70-100	90-110	95-130
Diastolic Blood Pressure	30-55	45-65	50-70	60-80

<http://www.kidsgrowth.com>

Procedure for Common Symptom Management/First Aid

Purpose: This procedure establishes guidelines regarding the most common symptoms seen in the School Health Clinic:

Bites/Stings	Blisters	Breaks/Strains
Burns	Diarrhea/Vomiting	Heat Exhaustion
Nose Bleeds	Rashes	Stomach Pain
Tick	Tooth Loss/Injury	Wound Care/First Aid

Additionally, this procedure establishes guidelines to ensure safe and effective delivery of care to students who have or are at risk for impaired skin integrity. A comprehensive approach to wound care will include assessment, prevention, care, treatment, and education.

Procedure: I. Bites and/or Stings

- A. Animal bites (bites from the following animals can carry rabies and may need medical attention: dog, bat, opossum, raccoon, fox, coyote, and cat).
 - 1. Wear disposable gloves when exposed to blood or other body fluids.
 - 2. Wash bite area with soap and water; hold under running water for 2-3 minutes.
 - 3. If bite is from a snake, hold the bitten area still and below the level of the heart. Call the nearest Poison Control Center **1-800-222-1222**.
 - 4. If the bite is large and gaping or bleeding uncontrollably and profusely, control bleeding, call EMS.
 - 5. Notify school administration or designee and parent/guardian.
- B. Human bites
 - 1. Parent/guardian of the student who was bitten and of the student who was biting should be notified that their child may have been exposed to blood from another student. An *Incident Report* must be completed.
 - 2. Notify the School Health Nurse and appropriate school personnel.
- C. Stings
 - 1. If available, follow student's *Emergency Health Care Plan*.
 - 2. Assess the student carefully for:
 - a. Difficulty breathing
 - b. A rapidly expanding area of swelling, especially around the lips, mouth or tongue
 - c. A history of allergy to stings
 - 3. If available, administer physician and parent/guardian approved medications for that student. *Remember, if emergency medications (Epipen/Epipen Jr., Auvi-Q Auto-Injector, Glucagon or Diastat) are administered, you always call EMS!*

II. Blisters (blisters heal best when kept clean and dry)

- A. Gently wash area with soap and water.
- B. If blister is broken, apply clean dressing to prevent further rubbing.
- C. If blister is not broken, do not break blister.
- D. If infection is suspected (drainage, redness, swelling), notify the parent/guardian.
- E. Document all assessments and care given.

III. Breaks/Strains

- A. Treat all injured body parts as if they could be fractured/broken.
- B. Assess the injured body part for:
 - 1. Pain in one area
 - 2. Swelling
 - 3. Feeling “heat” in the injured area
 - 4. Discoloration
 - 5. Limited movement
 - 6. Bent or deformed bone
 - 7. Numbness or loss of sensation
- C. Rest injured part by not allowing student to put weight on it or use the injured part.
- D. Gently support and elevate the injured part.
- E. Apply ice, covered with a cloth or paper towel, to minimize swelling.
- F. After period of rest, recheck injured part:
 - 1. If pain is gone and the student can move or put weight on injured part without discomfort, and there is no presence of numbness or tingling, then the student can return to class.
 - 2. If pain, swelling, or numbness continues, notify the parent/guardian.
 - 3. Document all assessments and care given.

****Always notify parent/guardian when student becomes injured at school.***

****Don't forget to initiate/complete your section of the Incident Report.***

P.R.I.C.E.	
Five things you can do to encourage the healing of a child's strain/sprain injury in the first three (3)days:	
P	<u>Protect</u> the injured from further aggravation and stop activities that may make things worse.
R	<u>Rest</u> the injured part but keep it mobile so long as it is comfortable to do so.
I	Apply <u>ice</u> packs to the affected area as soon as possible. Use crushed ice or bag of frozen peas wrapped in a damp towel. Leave on for 10-15 minutes, repeat every two (2) hours.
C	<u>Compress</u> the area using a bandage to cover the injured area and eight (8) inches to either side. Make sure bandage is not too tight.
E	<u>Elevate</u> the injured part above the level of the heart when possible and remove any compression bandages during elevation.

IV. Burns

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

- A. First degree burns are superficial and may cause mild swelling, pain, and usually redness. Causes may include: scalding from hot water/steam, sunburn, etc. Treatment as follows:
 - 1. Remove rings, bracelets, or any constricting jewelry before swelling occurs.
 - 2. Place burned area under cool running water, apply ice packs or cool compresses for 15 minutes or until pain/heat subsides,
 - 3. Cover burn with a dry, sterile or clean dressing.
 - 4. Do not apply any type ointment, cream, salve, etc.
 - 5. Notify parent/guardian.
- B. Second degree burns are deeper than first degree burns, and may split or blister the skin layers. The skin will be red or mottled in appearance; the skin may also appear wet or shiny. They are usually very painful, may cause blisters, and may cause a considerable amount of swelling over a period of time. Causes may include: hot liquids, flash burns from gasoline, sunburn, etc. Treatment as follows:
 - 1. Remove rings, bracelets or any constricting jewelry before swelling occurs.
 - 2. Place burned area under cool running water, apply ice packs or cool compresses for 15 minutes or until pain/heat subsides; always cover ice packs or compresses before placing them on the skin/burn. Never apply ice directly to the skin/burn.
 - 3. Cover burn loosely with a dry, sterile or clean dressing. Avoid fluffy cotton or material that may get lint in the wound.
 - 4. If arms or legs are burned, elevate them above the level of the heart.
 - 5. Do not apply any type of ointment, cream, salve, etc.
 - 6. Do not attempt to break blisters or remove tissue.
 - 7. Notify parent/guardian and recommend that the student be seen by a physician. Notify school administration or designee.
- C. Third degree burns destroy all layers of the skin and extend into deeper tissues. This type of burn is usually painless due to the destruction of nerve endings. These burns appear dry and white or black and charred. Third degree burns are most frequently caused by ignited clothing, immersion in hot water, contact with flames, fire or electricity, etc. Immediate treatment as follows:
 - 1. Remove rings, bracelets, or any constricting jewelry or clothing before swelling occurs.
 - 2. Cover burn with a cool, moist sterile bandage, clean moist cloth, or moist towel.
 - 3. Do not attempt to remove garments that are clinging or sticking to the skin.
 - 4. If arms or legs are burned, elevate them above the level of the heart.
 - 5. Do not apply any type of ointment, cream, salve, etc.
 - 6. Call 911 and notify parent/guardian and school administration or designee.
 - 7. Keep student warm, calm, and reassured.
 - 8. If necessary, treat student for shock or administer CPR.

D. Chemical Burns

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

E. The Eye

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

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

V. Diarrhea and Vomiting: may be the result of illness, injury, food poisoning, pregnancy, heat exhaustion, or over exertion. Always wear disposable gloves when handling blood or body fluids.

- A. Apply a cool, damp cloth to the student's face or forehead.
- B. Have a bucket available.
- C. Have student lie down on his/her side.
- D. Do not give foods or medications.
- E. Call parent/guardian for student pick-up.
- F. Inform parent/guardian that child should remain at home for 24 hours after last vomiting or diarrhea episode.

VI. Head injury

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

- A. Mild head injury: The forehead and scalp have an abundant blood supply. As a result, any injury to these areas often results in bleeding, swelling, or bruising.
 1. Treatment for cuts or lacerations:
 - a. Maintain universal precautions.
 - b. Clean area with soap and water (do not clean area if large amount of bleeding is present).

- c. Stop bleeding by applying firm pressure to the wound with sterile gauze or a clean cloth. If a skull fracture or skull penetration is suspected do not apply direct pressure to the wound or remove any object or debris from the wound.
 - d. If dressing becomes soaked, add more dressings (do not remove original dressing).
 - e. Notify school administration or designee. Notify parent/guardian of injury and need for medical advice. Call 911 immediately for any potentially serious head injury.
- 2. Treatment for bleeding under the skin "goose egg", bruising or swelling:
 - a. Immediately apply ice for 15 - 20 minute intervals for the first 24 hours (do not apply ice directly to the skin).
 - b. Notify parent/guardian of injury.
 - c. Seek medical advice if any other symptoms present.
- B. Two classifications of a head injury:
 - 1. Closed head injury: any injury to the brain or structures within the skull that is not caused by a penetrating injury.
 - 2. Open head injury: any injury to the brain or structures within the skull that is caused by a penetrating injury.
- C. Types of brain injuries:
 - 1. Concussion: This is the most common type of traumatic brain injury. It is any injury that temporarily affects normal brain function.
 - 2. Contusion: bruising of the brain tissue.
 - 3. Hemorrhage: bleeding inside the skull
 - 4. Hematoma: bleeding that causes a blood clot to form inside the skull.
- D. Minor head injury:
 - 1. A minor head injury may cause the brain to have trouble working normally for only a short period of time. It is often caused from a blow to the head from falling, bumping heads, or sports injury. Signs and symptoms may include one or more of the following:
 - a. Brief loss of consciousness
 - b. Sense of being "dazed" or seeing "stars"
 - c. Mild to moderate headache
 - d. Blurred vision
 - e. Dizziness
 - f. Temporary loss of balance
 - g. Nausea or vomiting
 - h. Change in mood
 - i. Trouble thinking, or concentration
 - j. Ringing in ears
 - k. Drowsiness or decreased amount of energy
 - l. Irritability
 - 2. Treatment:
 - a. Notify school administration or designee. Notify parent/guardian of injury and need for medical advice. Call 911 immediately for any potentially serious head injury.
 - b. Keep the student lying down, still, and quiet until symptoms resolve or until medical help arrives.
 - c. Prevent movement of the neck and spine.
 - d. Maintain universal precautions.
 - e. If the student is vomiting, roll the head, neck, and body as one unit to prevent choking.

- f. Stop bleeding by applying firm pressure to the wound with sterile gauze or a clean cloth. If a skull fracture or skull penetration is suspected do not apply direct pressure to the wound or remove any object or debris from the wound.
- E. Severe head injury:
 1. A severe head injury may involve symptoms lasting from several minutes, days, or longer. The student may suffer from severe and sometimes permanent neurological deficits or may die from a severe head injury. They are often caused by a forceful impact from objects, falls, motor vehicle accidents, or sports injury. Signs and symptoms may include one or more of the following:
 - a. Confusion
 - b. Slurred speech
 - c. Mood and personality changes
 - d. Drowsiness, weakness
 - e. Inability to move arm or leg
 - f. Loss of balance
 - g. Loss of consciousness for more than one (1) minute
 - h. Severe headache
 - i. Sensitivity to light
 - j. Vomiting more than once
 - k. Severe head or facial bleeding
 - l. Clear or bloody fluid draining from nose, mouth, or ears
 - m. Changes in or unequal size of pupils
 - n. Seizures
 - o. Black and blue discoloration below the eyes or behind the ears
 - p. Slow breathing rate
 2. Treatment:
 - a. Call 911 immediately for any potentially serious head injury. Notify school administration or designee, parent/guardian, and follow-up with immediate supervisor after emergency is resolved.
 - b. Keep the student lying down, still, and quiet until medical help arrives.
 - c. Prevent movement of the neck and spine.
 - d. Maintain universal precautions.
 - e. If the student is vomiting, roll the head, neck, and body as one unit to prevent choking.
 - f. Stop bleeding by applying firm pressure to the wound with sterile gauze or a clean cloth. If a skull fracture or skull penetration is suspected do not apply direct pressure to the wound or remove any object or debris from the wound.
 - g. Perform CPR if needed.

VII. Heat exhaustion - strenuous activity in the heat may cause heat-related illness.

- A. Observe student for the following symptoms:
 1. Red, hot, dry skin
 2. Weakness and fatigue
 3. Cool, clammy hands
 4. Vomiting
 5. Loss of consciousness
 6. Profuse sweating

7. Headache
 8. Nausea
 9. Confusion
 10. Muscle cramping
- B. Remove student from heat to a cooler place.
 - C. If student is not vomiting or confused, and student is awake and fully alert, give clear fluids in small amounts.
 - D. If student begins to get confused or loses consciousness; place on his/her side to protect airway.
 1. Look, listen, and feel for breathing.
 2. If child is not breathing, start CPR and have someone call EMS.
 - E. Attempt to cool child by placing wet towels on him/her with room temperature water not ice water.

VIII. Nose Bleeds

- A. Put on gloves when handling blood or body fluids.
- B. Place student in a forward sitting position (do not lean head backwards) or you may have the student lie down with head raised up on a pillow.
- C. Ice can be placed on the back of the neck and/or the bridge of the nose.
- D. Do not place foreign objects in the child's mouth or nose.
- E. Apply constant pressure to bridge of nose.
- F. Encourage mouth breathing and discourage nose blowing, repeated wiping or rubbing.

IX. Rashes

- A. Rashes can have many causes including: heat, infection, illness, reaction to medications, insect bites, dry skin, or skin irritations
- B. Some rashes may be contagious; always wear disposable gloves when in contact with any rash.
- C. Document:
 1. Location
 2. Color
 3. Raised or flat appearance
 4. Size of lesion/area (compare to coins, i.e. dime, quarter size, etc.)
 5. Exudate - Is anything draining from the rash? Describe amount, color, and odor of drainage.
 6. Presence of other symptoms (i.e. fever, headache, diarrhea, sore throat, vomiting)
- D. Because of the probability of rashes being contagious, a student with a rash of unknown origin should be picked up by the parent/guardian and advised to get a medical assessment.
- E. If you suspect that the student has a heat rash, have him/her rest and cool down; if rash disappears, the student may return to class.
- F. Students with diagnosed eczema can apply medicated creams (or call home for them) and return to class after application.

X. Stomach Pain

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

- B. Instruct the student to lie down in a room with privacy.
- C. Take the student's temperature (note that a temperature of 100 degrees Fahrenheit or greater is a fever).
- D. If the student has fever or vomiting, contact parent/guardian for pick-up.
- E. If no fever or vomiting accompanies the stomach ache, allow student to rest for 15-20 minutes.
 - 1. If student feels better he/she may return to class.
 - 2. If stomach ache persists or becomes worse contact the parent/guardian to inform them of the student's condition.

XI. Tick

- A. Please remember that the role of the School Health Technician does not allow for invasive procedures.
- B. If a tick can be visualized, call the parent/guardian and explain that the child has an apparent tick that will need to be removed.
- C. The parent/guardian has the option of:
 - 1. Coming to the School Health Clinic to attempt removal of the tick themselves.
 - 2. Taking the child to his/her physician to ensure complete removal.

XII. Tooth Loss/Injury

- A. Loose teeth (non-permanent)
 - 1. In order to not cause any tissue tearing/damage, do not pull loose teeth.
 - 2. Provide student with a container to place tooth in once it comes out.
 - 3. Have student rinse out mouth with cold water.
- B. Knocked out or broken permanent teeth
 - 1. Find tooth: If tooth is dirty, clean it gently by rinsing with water. Do not scrub or brush the tooth.
 - 2. The tooth must not dry out! The following steps are listed in order of preference (within 15-20 minutes).
 - a. Place tooth gently back in socket and have student hold it in place.
 - b. Place tooth in glass of skim milk or low fat milk.
 - c. Place tooth in normal saline.
 - d. Instruct student to spit into a cup and then place tooth in the spit.
 - e. Place tooth in a glass of water.
 - 3. Apply a cold compress to face to minimize swelling.
 - 4. Contact parent/guardian; student should be seen by a dentist within 60 minutes.

XIII. Wound Care/First Aid

- A. Observe any wound for the following:
 - 1. Location of the wound
 - 2. Size
 - 3. Color, odor, texture, and approximate amount of drainage (exudates)
 - 4. Condition of skin surrounding the wound and the edges of the wound
 - 5. Current or previously used treatments and their results

6. Amount of time the wound has been known to exist
- B. Care and treatment of wounds
 1. Always wear disposable gloves when exposed to blood or body fluids.
 2. Use wet gauze to wash the area with soap and water to remove dirt. Rinse under running water; pat dry, and apply clean gauze dressing and/ or bandage.
 - a. The only approved cleaning agent for wounds in the School Health Clinic is antiseptic soap and water!
 - b. Vaseline ointment is permitted to be used on lips only.
- C. After gentle cleansing, the open wound can be covered with a bandage to prevent contamination of the wound.
- D. If the wound is large and unable to be adequately covered, the parent/guardian may need to seek medical care for the student.
- E. Documentation
 1. Clearly document your assessments and care given.

****Always notify parent/guardian of any incident/injury and the care given!***

Procedure for Head Lice

Purpose: This procedure establishes guidelines for School Health Nurses, School Health Clinic Staff, and school personnel to meet the health needs of a student or staff member experiencing anaphylaxis in the school environment.

Definition: Head lice are wingless insects spending their entire life on human scalp and feeding exclusively on human blood.

School Board Policies 4.5036 and 5.5033, for head lice infestation:

A student who has been sent home with head lice and/or nits should return to school, free of head lice and/or nits, within 3 (three) calendar days; absences from school during the three calendar days will be excused. For each occurrence of head lice and/or nits, absences beyond 3 (three) calendar days will be unexcused.

- A. Teacher or school personnel will identify student showing head lice/nit symptoms (continuous itching, presence of nits or lice).
- B. School personnel will refer student with head lice/nit symptoms to School Health Technician.
- C. School Health Technician will examine the student to determine if head lice/nits are present.
- D. If head lice/nits are present student will be removed from class. Parent/guardian of student will be notified and will be responsible to pick student up from school and begin treatment for removal of head lice/nits.
- E. If head lice/nits are not present student may return to class.
- F. Following a positive check, the student may not return to class or school until they have been cleared by the onsite School Health Technician or School Health Nurse.
- G. Students testing positive are not permitted to ride bus until cleared.

****Do not send out forms or documentation regarding head lice/nits unless you have documented approval from your school administration or designee! Refer to [Communicable Disease School Manual](#) for Lice Fact Sheet to be distributed in the School Health Clinic.***

HEAD LICE “TIPS FOR PARENT/GUARDIAN”

If the children in your life get head lice (“Pediculosis humanus capitis”), do not panic. Head lice can be prevented and cured. Just follow these tips:

- Head lice are transmitted among children when they share their hats and combs. Teach children to never use anyone else’s hat or comb. Head lice are also transmitted through bedding. The lice crawl but do not jump or fly directly from one child to another.
- A lice infestation is not a sign of poor hygiene. Children from every socioeconomic level get head lice. They are most common in girls and least common in African-Americans. When you become aware that your children have head lice, do not embarrass them.
- When screening for head lice infestations, remember that female lice lay their eggs, or “nits,” in the hair. The nits adhere to the base of the hair shaft and hatch within three days to two weeks. Look for the nits along the nape of the neck and the hairline behind the ears. You will occasionally also find them in the eyelids or eyelashes.
- To distinguish between nits and dandruff, remember that nits are oval in shape, have smooth edges, and are grey in color. They are obvious to the naked eye but get no larger than a sesame seed. Dandruff is irregular in shape and does not adhere to the base of the hair.
- Head lice feed off of human blood. Their activities cause intense itching. Teach children not to scratch to prevent a secondary bacterial skin infection.
- When you suspect that a child has head lice, inspect the hair. Parents/guardians should take responsibility for removing the nits and lice. The best technique is to:
 - Brush the hair and divide it into sections.
 - Go through the hair, section by section, with a fine tooth “lice” comb, which is available at the drugstore. Use a strong light.
 - Look for the nits at the nape of the neck and behind the ears. They adhere to the shaft of the hair. Comb out the nits and lice and discard them by wrapping them tightly in several layers of newspaper or in a plastic bag that can be closed tightly.
- Lice live about 30 days on the human body and lay about 100 eggs in a lifetime. By the time a parent/guardian finds lice on a child’s head, the lice are probably also in pillows and carpets in the child’s environment. Vacuum all pillows and carpets with which the child has contact. Wash all bedding with detergent and hot water. Set your dryer on “hot.”
- Prevent further lice infestation by:
 - Regular inspections of children’s heads for nits
 - Preventing children from sharing hats and combs
 - Keeping children’s hair brushes and combs clean
 - Hanging each child’s coat separate from the others with hats tucked down into sleeves

SANTA ROSA COUNTY SCHOOL BOARD

Rev 7/24/2007

DISMISSAL NOTICE

63-06-06

Pediculosis Form (For Elementary Students)

Dear _____,

Your child, _____ who is a student at

_____ School has been assessed as having head lice and/or nits (pediculosis) and is being temporarily dismissed from school. Treatment shampoo can be purchased at any drug store without a prescription. If you have Medicaid or Health Insurance for medications, you may wish to get a prescription for treatment from your child's doctor. *(Instructions are furnished with any of the treatments.)*

Your child may not return to school until they have been cleared by the onsite School Health Technician.

School Board policy and recommended treatment procedures for head lice and/or nits are listed below.

Principal: _____ Date: _____

School Board Policy 4.5036: Head Lice Infestation.

A student who has been sent home with head lice and/or nits should return to school, free of head lice and/or nits, within 3 (three) calendar days; absences from school during the three calendar days will be excused. For each occurrence of head lice and/or nits, absences beyond 3 (three) calendar days will be **unexcused**.

RECOMMENDED TREATMENT FOR HEAD LICE

1. Follow instructions carefully on treatment shampoo label. Chemical based and natural shampoo products are available.
2. Use thumb, forefinger, and/or metal comb to pick or pull nits (eggs) from each hair while using bright light source.
3. Wash any articles coming into contact with the head (combs, brushes, hats, coats, towels, bed linen, etc.) with hot soapy water.
4. Vacuum thoroughly carpeted areas and upholstered furniture.