

PARENT HANDBOOK ON SCHOOL HEALTH



Broward County Public Schools Health Education Services (754) 321-2274

**PARENT HANDBOOK
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GENERAL INFORMATION

Parent Information Packet

The following information is to assist you as the parent/guardian in meeting the health requirements for your child while in school. If you have any questions please feel free to contact your child's school.

Medical Examination

All students entering a Broward County School for the first time must have a medical exam performed within one year of registration. The medical exam should be documented on *Florida Department of Health Form 3040* **or** on the provider's office/medical facility official stationery, completed, signed and dated by the healthcare provider.

Health Conditions

Please inform the school:

If your child is out sick with a communicable illness, e.g. rash, meningitis, pink eye, fever

If your student has any health conditions such as:

- Diabetes
- Allergic reactions
- Seizures
- Asthma
- Any other health condition

To care for your child safely at school we need the following information:

- An *Authorization for Medication/Treatment Form* completed by the physician and parent for any medication or treatment to be given at school.
- Updates & changes in your child's health condition
- Emergency contacts (names and phone numbers)

Medication Administration-See attached letter *Medication Administration during school hours*

- If your child needs to take prescription medication at school or on a field trip, we need an *Authorization for Medication/Treatment* form completed by your healthcare provider and signed by you, the parent/guardian. Efforts should be made to administer over the counter medications at home.
- If your child has diabetes, a *Diabetic Medication/Treatment Authorization* form needs to be completed by your healthcare provider. There is also a separate *Insulin Pump Medication/Treatment Authorization* form that needs to be completed by your healthcare provider for students who receive insulin via an insulin pump
- **Parents** must transport and deliver **ALL** medications to school staff in the original, labeled container. Plan ahead for field trips if your child needs medication on an overnight trip that he/she may not normally take at school.

Immunizations

- Enclosed is the list of all required immunizations must be done for your child to attend school. If you are not sure which immunizations are required, you can contact your school for information.

Routine screenings, such as vision, scoliosis, hearing, BMI are done according to state laws for certain grades

- If you do not wish for your child to participate in any of these screenings you need to inform the school in writing (see enclosed form). Please follow-up if you get a letter indicating your child did not pass a screening.

Open Airways Asthma Program (Elementary Parents only)

- If your child is asthmatic and in grades 3, 4 or 5, there is a program is available through the American Lung Association, to provide training and educational resources. Please contact your child's school for more information.

REQUIRED IMMUNIZATIONS

For K - 12 STUDENTS:

VACCINES	DOSES
<ul style="list-style-type: none"> Diphtheria Tetanus Pertussis (*DTP or DTaP) 	<p>Five doses If 4th dose was given <u>on</u> or <u>after</u> the fourth birthday, <u>only</u> four doses required. If five doses are given, fifth dose must be given between the ages of 4 and 6 years.</p>
<ul style="list-style-type: none"> Oral Polio Vaccine (OPV) 	<p>Four doses If 3rd dose was given <u>on</u> or <u>after</u> the fourth birthday, <u>only</u> three doses required. If four doses are given, fourth dose must be given between the ages of 4 and 6 years.</p>
<ul style="list-style-type: none"> Measles, Mumps, Rubella (MMR) 	<p>Two doses The first MMR must have been given no sooner than 4 days prior to the child's first birthday or anytime after first birthday.</p>

ADDITIONAL IMMUNIZATIONS REQUIREMENTS FOR SELECTED GRADES:

In addition to the immunizations listed above for K-12 students, the following grade levels also require these additional immunizations

VACCINES	GRADES
<ul style="list-style-type: none"> Hepatitis B (completed series) Tetanus Diphtheria (Td) booster* 	<p>Pre-K, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 7, 8, 9, 10, 11, 12</p>

*The Td (tetanus diphtheria) booster is required at 11-12 years of age, if at least 5 years have passed since the last dose of *DTP or DTaP. If a dose of Td was given after tetanus diphtheria immunization at ages 4-6 and before the routine booster at ages 11-12, then the Td booster is not required.

VARICELLA

Effective with the 2001/2002 school year, children entering, attending, or transferring to Florida public and private schools and preschools are required to have completed the varicella vaccine series if in a grade shaded in the chart below. The “X” indicates the year the requirement becomes effective.

Grade	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14
Pre-K	X												
K	X												
1		X											
2			X										
3				X									
4					X								
5						X							
6							X						
7								X					
8									X				
9										X			
10											X		
11												X	
12													X

Varicella vaccine is NOT required if there is a history of varicella disease documented by the health care provider in the space provided on the DH 680 form. The health care provider may document disease based on physical documentation or parental recall when completing the DH 680 form.

TEMPORARY MEDICAL EXEMPTION

(Florida Department of Health Form 680 - Part B)

The health care provider may issue a temporary medical exemption when a child is not fully immunized and cannot receive any additional vaccines at that time. For example, the student has received two of a series of three shots. The student may attend school only if he/she presents a Temporary Medical Exemption (Form 680 - Part B).

- **The school is responsible for keeping track of each student's Temporary Medical Exemption (Form 680 - Part B).**
- Four to six weeks before Form 680 - Part B (Certificate of Temporary Medical Exemption) expires, the school should return the original Form 680 to the parent for the physician to update. This procedure allows the form to be reused and assists the physician or clinic in tracking the child's immunization history. **A photocopy of the form should be retained by the school until the original Form 680 is returned.** If the updated form is not returned by the expiration date, the child is out of compliance and should be excluded from school until the appropriate immunizations are given.
- School personnel can utilize TERMS A06 screen to generate monthly printouts of students' immunization records, to track the number of shots completed and their expiration dates.

EXPIRATION DATE:

- **This is the date when the child is past due for his/her next shot - after this date, the form is no longer valid.** The child must return to the physician or clinic BEFORE the expiration date to receive the immunization needed. At that time, the physician is to indicate the date(s) the immunization(s) was/were given, cross out the old expiration date and add a new expiration date above the crossed-out date. If, for some reason, the immunization cannot be given, the physician is to cross out the old expiration date and fill in a new date. **In both cases, the new expiration date is to be initialed by the physician.** All temporary certificates **MUST** have expiration dates, physician signature and the dates (month/day/year) of all doses of vaccine the student has received.
- Students with no documentation of live measles vaccine may only be admitted **after they receive the first MMR and obtain a temporary medical exemption for the second dose** of measles vaccine. The second dose should be scheduled no less than thirty days but no more than ninety days later.

PERMANENT MEDICAL EXEMPTION

(Florida Department of Health Form 680 - Part C)

This section of the Form 680 is used for any student who is NOT FULLY IMMUNIZED, but for medical reasons cannot receive one or more vaccines. Physician must list the vaccine(s) contraindicated and specific reasons for **each** vaccine that is not administered. For those vaccines administered, the physician must list the type, dose and date of the vaccine.

RELIGIOUS EXEMPTION

(Florida Department of Health Form 681)

This form is only used for a child who is NOT IMMUNIZED because of his/her family's religious tenets or practices. It cannot be used to exempt a particular vaccine. Florida Department of Health Form 681 will NOT be issued to sanction partial immunization. Form 681 is to be issued ONLY by county health departments. The form must have the county health department stamp, signature of the county health department director/administrator or their authorized designee and date the form is issued. Florida Department of Health Form 681 will be kept on file at the school to help with the exclusion of susceptible children during outbreak conditions. A student transferring within the state does not need to obtain a new Form 681.

HOMELESS AND TRANSFER STUDENTS

All homeless students and students transferring into a Broward County School for the first time can be given a 30 day grace period to get their health exam and immunizations. At the end of the 30-day period, homeless and transfer students must have met all the health requirements for registration. They can be excluded from school until the requirements are met after the 30-day grace period.

IMMUNIZATION AND RECORD REQUIREMENTS

FOR CHILDREN ENTERING OR ATTENDING SCHOOL, CHILD CARE, FAMILY DAY CARE, AND/OR PRESCHOOL

Forms Required for Immunization Documentation:

- Department of Health Form 680 (Blue Form)
- Ask your doctor, clinic or county health department to fill out the Department of Health Form 680 for you. Do not forget to take your child's immunization record with you
- Bring completed original copy of the Department of Health Form 680 to the school.

Immunizations Required for Preschool Entry (age-appropriate doses as are medically indicated).

- Diphtheria-Tetanus-Pertussis Series
- Haemophilus Influenzae Type B (HIB)
- Hepatitis B (effective in 2001-2002 school year)
- Measles-Mumps-Rubella (MMR)
- Polio Series
- Varicella (effective in 2001-2001 school year)

Immunizations Required for Kindergarten Entry:

- Diphtheria-Tetanus-Pertussis Series
- Hepatitis B Series
- Measles-Mumps-Rubella (two doses of Measles vaccine, preferably as MMR)
- Polio Series
- Varicella (effective in 2001-2002 school year)

Immunizations Required for 7th Grade Entry:

Hepatitis B Series (if not already given)

Second Dose of Measles Vaccine (if not already given)

Tetanus-Diphtheria Booster

Immunizations Required for Child Care and/or Family Day Care

(up –to-date for age):

- Diphtheria-Tetanus-Pertussis
- Haemophilus Influenzae Type B
- Measles-Mumps-Rubella
- Polio
- Varicella (effective July 2001)

For more information, contact your County Health Department or private physician. The main phone number for the Broward County Health Department is (954) 467-4943.

LOCATING YOUR CHILD'S IMMUNIZATION RECORD

Where can I obtain a record of my child's immunization history?

- The health care provider (doctor) or county health department that administered your child's immunizations should maintain a record of the vaccination history.
- If for any reason you cannot obtain the record from the immunization provider, try contacting the school or child-care facility that your child most recently attended. Depending upon the length of time since your child's attendance, they may have a record on file.

How do I contact the County Health Department?

- A list of each county health department in Florida (including the phone number and location) can be found on the Department of Health's Immunization Web site. The Broward County Health Department main office phone number is (954) 467-4943.

Can the State Health Office provide me with a copy of my child's immunization record?

- Immunization records are not available through the State Health Office.
- Requests for a child's immunization record should be made through the county health department or private health care provider (doctor).

NOTE: Implementation of a statewide, computerized immunization registry is underway and, in the very near future, vaccination records for county health department clients will be available (to authorized system users only) through a central database. Eventually, the registry will expand to include the immunization records of children receiving their immunizations from private physicians as well. At that point, health care providers who are authorized immunization registry users will be able to access the records.

What if I cannot locate my child's immunization record prior to entry in a school or childcare facility?

- If you are attempting to enroll your child in a school or childcare facility and have not located the immunization record, age-appropriate immunizations will be required.

For more information, contact your county health department for private health care provider. The main phone number for the Broward County Health Department is (954) 467-4943.

MENINGOCOCCAL VACCINES

WHAT YOU NEED TO KNOW

1 What is meningococcal disease?

Meningococcal disease is a serious illness, caused by a bacteria. It is a leading cause of bacterial meningitis in children 2-18 years old in the United States.

Meningitis is an infection of fluid surrounding the brain and the spinal cord. Meningococcal disease also causes blood infections.

About 2,600 people get meningococcal disease each year in the U.S. 10-15% of these people die, in spite of treatment with antibiotics. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories have an increased risk of getting meningococcal disease.

Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why *preventing* the disease through use of meningococcal vaccine is important for people at highest risk.

2 Meningococcal vaccine

Two meningococcal vaccines are available in the U.S.:

- **Meningococcal polysaccharide vaccine (MPSV4)** has been available since the 1970s.
- **Meningococcal conjugate vaccine (MCV4)** was licensed in 2005.

Both vaccines can prevent **4 types** of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many

people who might become sick if they didn't get the vaccine.

Both vaccines work well, and protect about 90% of those who get it. MCV4 is expected to give better, longer-lasting protection.

MCV4 should also be better at preventing the disease from spreading from person to person.

3 Who should get meningococcal vaccine and when?

MCV4 is recommended for all children at their routine preadolescent visit (11-12 years of age). For those who have never gotten MCV4 previously, a dose is recommended at high school entry.

Other adolescents who want to decrease their risk of meningococcal disease can also get the vaccine.

Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease:

- College freshmen living in dormitories.
- Microbiologists who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

MCV4 is the preferred vaccine for people 11-55 years of age in these risk groups, but MPSV4 can be used if MCV4 is not available. MPSV4 should be used for children 2-10 years old, and adults over 55, who are at risk.

How Many Doses?

People 2 years of age and older should get 1 dose. (Sometimes an additional dose is recommended for people who remain at high risk. Ask your provider.)

MPSV4 may be recommended for children 3 months to 2 years of age under special circumstances. These children should get 2 doses, 3 months apart.

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Some people should not get meningococcal vaccine or should wait

- Anyone who has ever had a severe (life-threatening) **allergic reaction to a previous dose** of either meningococcal vaccine should not get another dose.
- Anyone who has a severe (life threatening) **allergy to any vaccine component** should not get the vaccine. Tell your doctor if you have any severe allergies.
- Anyone who is **moderately or severely ill** at the time the shot is scheduled should probably wait until they recover. Ask your doctor or nurse. People with a **mild illness** can usually get the vaccine.
- Anyone who has ever had **Guillain-Barré Syndrome** should talk with their doctor before getting MCV4.
- Meningococcal vaccines may be given to pregnant women. However, MCV4 is a new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed.
- Meningococcal vaccines may be given at the same time as other vaccines.

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What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Mild problems

Up to about half of people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a fever.

Severe problems

- Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.
- A few cases of Guillain-Barré Syndrome, a serious nervous system disorder, have been reported among people who got MCV4. There is not enough evidence yet to tell whether they were caused by the vaccine. This is being investigated by health officials.

6

What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

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How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC's National Immunization Program website at www.cdc.gov/nip
 - Visit CDC's meningococcal disease website at www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm
 - Visit CDC's Travelers' Health website at www.cdc.gov/travel



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

SCHOOL BOARD OF BROWARD COUNTY
HEALTH EDUCATION SERVICES
PHONE 754-321-2272

Dear Parent/Guardian,

This year the school district will be performing the following health screenings on students:

Vision – Kindergarten, first, third and sixth grades

Hearing – Kindergarten, first and sixth grades

BMI (height and weight) – First, third and sixth grades

Scoliosis – Sixth grade

If your child is tested, and the results are not in the “normal” range for the particular test, you will be notified by letter. If you receive one of those letters, it is recommended that you take your child to a doctor or healthcare provider for an evaluation.

If you want your child to participate in the screenings for his/her grade, no action is required. If you **DO NOT** want your child to participate in any or all of the screenings, please complete the bottom portion of this letter and return it to your child’s school.

If you have any questions, please feel free to call Health Education Services at 754-321-2272

Student’s Name _____ Date of Birth _____

School _____ Grade _____

I **DO NOT** WISH TO HAVE MY CHILD PARTICIPATE IN THE FOLLOWING SCREENINGS:

(Check the ones that apply)

VISION _____

BMI _____

HEARING _____

SCOLIOSIS _____

Parent/Guardian Signature

Date

PARENT INSTRUCTIONS
FOR
STUDENTS REQUIRING MEDICATION ADMINISTRATION DURING SCHOOL

If your child needs to take medications while at school, including field trips, the following procedures need to be adhered to:

1. A completed *Authorization for Medication/Treatment Form** needs to be on file at the school. **This form is only valid for 12 months.** Your child's healthcare provider must clearly document the name of the medication, the amount and time to be given and any special instructions for administering the medication on the *Authorization for Medication/Treatment Form*. If your child needs to keep a medication with him/her at all times, as in the case of an inhaler, the healthcare provider must also state that on the *Authorization for Medication/Treatment Form* and that he/she has been trained in the proper procedure for self administering the medication.
2. The student's healthcare provider and parent/guardian must sign the form.
3. The parent/guardian must bring the medication to the school (students are not permitted to bring medications to and from school). The medication must be in the original container from the pharmacy. It must be labeled with the child's name, the name of the medication and the amount to be given. The school's designee will count the medication upon receipt and then keep it in a locked cabinet in the school clinic.
4. The principal's designee trained in medication administration will administer the medication to your child each day while at school.
5. If the medication order changes or is discontinued, the parent needs to provide the school with a new *Authorization for Medication/Treatment Form*, completed by the healthcare provider.
6. If your child needs to have a medication administered on a field trip that he/she would not normally take while in school (i.e. field trip extends past normal school hours), the parent needs to have an *Authorization for Medication/Treatment Form* completed by the healthcare provider. Trained school personnel will administer the medication.
7. If you need additional copies of the forms, you can go to the website www.browardschools.com. Select departments, student support services, Health Education and then forms.

*There is a separate *Diabetes Medication/Treatment Authorization Form and Insulin Pump Medication/Treatment Authorization Form* that needs to be completed for students requiring medication and/or treatments for Diabetes while in school.

AUTHORIZATION FOR MEDICATION / TREATMENT

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____
School: _____ **Phone #:** _____ **Fax#:** _____

Allergies: _____

Diagnosis: _____

MEDICATION	DOSAGE & ROUTE	FREQUENCY	SPECIFIC TIMES	SPECIAL INSTRUCTIONS/ SIDE EFFECTS

TREATMENTS DURING SCHOOL HOURS

Treatment Plan: _____

PROCEDURE	TYPE	MEDS / FEEDING AMOUNT	FREQUENCY SPECIFIC TIMES	RATE / FLOW
Catheterization				
Feedings	<input type="checkbox"/> G-Tube <input type="checkbox"/> J-Tube <input type="checkbox"/> NG-Tube <input type="checkbox"/> Special			
Suctioning	<input type="checkbox"/> Oropharynx <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Deep <input type="checkbox"/> Surface			
Tracheostomy	<input type="checkbox"/> Tube Replacement <input type="checkbox"/> Care (Cleaning)			
CPT				
Oxygen				
Misting				
Nebulizer Tx				
Pulse Oximeter				

Are any of the above procedures required for emergency care ? YES NO, **IF "YES"**, specify:

List any procedures the student has been trained on and is competent to perform _____

List any limitations / precautionary measures that should be considered; e.g. physical education, outdoor activities, transporting, lifting, moving, special devices / equipment : _____

AUTHORIZATION FOR MEDICATION / TREATMENT – Page 2

List any emergency precautions / health emergencies that should be anticipated for this student; e.g. allergy triggers, diabetic reactions, etc.) : _____

There are no extraordinary emergency medical services available at school. Since only CPR and first aid are available until 911 arrive, is this adequate for student survival? YES NO, **IF "NO"**, specify:

Physician's Name (Printed)

Physician's Signature

Physician's Telephone & Fax Numbers

Physician's Office Address

Date Completed

This information will be obtained by School Board District Personnel

PARENTAL PERMISSION FOR MEDICATION / TREATMENT
(TO BE COMPLETED BY THE STUDENT'S PARENT / GUARDIAN)

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____
School: _____ **Phone #:** _____ **Fax#:** _____

I grant the principal or his / her designee the permission to assist or perform the administration of each medication or treatment / procedure to or for my child during the school day including when he/she is away from school property for official school events.

NOTE:

- **Medications must be supplied in the original container.** Ask the pharmacist to divided the medication into two completely labeled containers, providing one for home and one for school.
- Only medications / treatments authorized by a physician may be administered by school personnel.
- It is your responsibility to notify the school when there is a change in medication / treatment regimen.

Parent / Guardian Name (Printed)

Signature of Parent / Guardian

Date Signed

Home Phone Number

Work Phone Number (Include Ext. if any)

Other numbers where you may be reached during school hours (Include cellular phone and beeper)

HEAD LICE (PEDICULOSIS) PARENT INFORMATION

Dear Parent:

There has been a significant rise in the incidence of head lice both nationally and here in Broward County. About 10 million Americans get head lice each year. Anyone can get head lice. Most parents have the impression that only persons who are unclean become infected with head lice. This is not true. Lice infestations are a common problem effecting children of every social status in every part of the country.

School Board Policy 5012, states that all students with an infestation or contagious disease must be excluded from school. Students must be NIT FREE BEFORE RETURNING TO SCHOOL.

What are head lice?

Head lice are small grey/brown wingless insects. Lice cannot jump, leap or fly. They use the hooks on their legs to move rapidly through the hair. Because lice themselves move so rapidly, they are often difficult to see. Young ones may appear to look like a speck of dirt on the scalp, whereas, older ones will clearly look like an insect. They are almost paper thin and like to stay behind the ears or at the nape of the neck but they can be found anywhere on the head. The eggs are called nits. The nits are small pearly white specks about the size of a typewritten comma. These nits will hatch and become lice in approximately 7 to 10 days. They attach to the hair shafts close to the scalp usually at the nape of the neck or behind the ears but often all over the head if the case has gone untreated for any length of time. Often parents confuse the nits with dandruff, however, the nits will not loosen or flake off when you brush the hair with your fingers or nails. The hooks on the legs of the lice keeps them from being brushed or washed out of the hair with regular shampoo. Therefore, a special lice killing shampoo is needed to treat this problem. If the top covering of the egg case is not broken, no medicated shampoo or rinse can kill the louse in the egg. The lice must be killed and the nits must be removed. In order to eliminate this problem STUDENTS MUST BE NIT FREE IN ORDER TO RETURN TO SCHOOL.

How do you get head lice?

- Direct contact with an infested person's head/hair.
- Indirectly by sharing personal items such as combs, brushes, hats, helmets, scarves, ribbons and barrettes.
- Indirectly through contact with infested clothing, furniture, car seats, bedding, telephones and headsets.

What are the signs and symptoms?

Many affected children have no symptoms. A few itch and scratch. If your child scratches excessively his/her head, especially at the base of the head near nape of the neck, please check for head lice. If you find head lice or nits (eggs), DO NOT PANIC.

How do I check for head lice?

- Check hair in good light or use a magnifying glass.
- Nits are commonly found at the back of neck and above the behind ears. With a clean applicator, part hair carefully, beginning at back of neck and around ears. Discard applicator after use. If nits are not found in these areas, continue to inspect the rest of the hair.
- Do not confuse dandruff for nits. Attempt to pull article from hair shaft, if it remains attached, suspect nits/head lice.

What is the usual treatment for head lice?

- Apply a special medicated shampoo for head lice or special medicated rinse for head lice and follow instructions on label. Take care not to get medication in eyes. The shampoo or rinse kills lice and most of the nits but does not remove them.
- Wash head only. Do not wash hair in a shower or tub because the pesticide in the shampoo or rinse can be absorbed more easily by the body. Keep eyes covered.
- Rinse hair well in clear warm water, as directed on shampoo or rinse instructions.

AFTER RINSING:

- Pour a solution of 1/2 water, 1/2 vinegar on hair. Wrap head in towel and keep towel on for 20 minutes. Vinegar causes the nits to swell up and become loose.
- Rinse hair well in clear water.
- Keeping hair moist, part hair in 5 to 6 small sections, remove nits from section with fine tooth comb, toothbrush or nylon net. Comb from base of hair shaft outward. Remove all nits. Pick nits out of hair with fingers if not removed by comb. Place nits on a paper towel, wrap the paper towel and place in a sealed trash or garbage bag.

HAIR MUST BE NIT FREE BEFORE STUDENT CAN RETURN TO SCHOOL.

- A repeat treatment will be necessary 7-10 days after the initial application.
- Check all members of the family and apply same treatment if lice are found.

IMPORTANT: The routine use of the medicated shampoo as a preventive measure is not effective and is NOT recommended and indeed could be harmful.

What is the treatment of the personal items and the environment?

Clean Personal Items:

- All personal head gear (hats, helmets, etc.), scarves, coats, towels and bed linen should be cleaned by machine washing in hot water (130⁰ F) and then dried using the hot cycle of a dryer for at least 20 minutes.
- Clothing, bedspreads, blankets, pillows, or stuffed animals that cannot be washed should be dry cleaned or sealed in a plastic bag for a period of two weeks or sprayed with a product specifically designed for this purpose.
- Personal combs, brushes, barrettes, clips and pony tail holders should be cleaned by soaking in hot water (above 130⁰ F) for 5 to 10 minutes.
- Furniture, rugs, floors and baseboards, hampers, headboards and mattresses must be thoroughly vacuumed and the **vacuum bag must be disposed of in a sealed plastic bag.**
- Treat your car - vacuum carpet and seats.
- Use rubbing alcohol or over the counter germicide to wipe off phones, headsets, helmets or any other item that may have come into contact with the child's head.

How can I prevent reinfestation?

- Nits are like weeds - just when you think you've got them all, another one shows up! Because of this, you must check your child's head several times after treatment and daily for about 10 days. If you don't do this, one nit could hatch and start the process all over. Inspect all family members head daily for at least two weeks. Use the same treatment if necessary for other infested family members.
- Lice and nits can live up to 30 days off a human host. The infested person may have been rid of lice but can be reinfested by other infected family members.
- Continue cleaning the environment to help remove the chance for reinfestation.
- Sprays not recommended.

Do I need to notify anyone when I suspect my child has head lice?

Yes. School, parents of your child's close friends should be notified that their child may also be infested. This is particularly important if the children have slept together or participated in activities involving frequent body contact, such as wrestling, ballet classes, football, car

pooling, etc. Also, notify your day care center, baby sitter or after-school care provider.
Don't be embarrassed.

Do I need to be with my child upon their return to school?

Yes. Parents are expected to accompany students to school for reinspection by school staff/nurse before a student may re-enter school.

Head lice can affect any person regardless of race or gender and does not denote uncleanliness. They are found all over the country but they are the biggest problem in warm climates.

Frequently Asked Questions by Parents of Children with Diabetes

What should parents tell the school if their child has diabetes?

Parents need to have their child's healthcare provider fill out the school district forms developed specifically for students with diabetes. Some of the local pediatric endocrinologists have the forms in their offices. Forms can also be obtained from schools or from the district's web page. To obtain the forms from the web page, go to www.browardschools.com. Choose Departments, Health Education Services and then forms. From the pull down menu, select Diabetes Medication/Treatment Authorization. If a child uses an insulin pump, the health care provider will also need to complete the Insulin Pump Medication/Treatment Authorization. When the healthcare provider has completed the forms, the parent needs to sign them and take them to their child's school.

What services does the school district provide to students with diabetes?

Students with diabetes should be able to participate in all activities at school unless there is a health care provider's recommendation to the contrary. The district will provide training for school staff (teachers, cafeteria workers, bus drivers, etc.) regarding diabetes, guidelines for what needs to be done for the student, how to recognize signs of high and low blood sugars, what to do for the student with a high or low blood sugar and any other services the student may need while in school. When a student is not able to perform all necessary interventions, trained personnel will be provided to assist the student until the staff can safely assume supervision of the student with diabetes. The type of staff (paraprofessional, nurse, etc.) is determined on a case by case basis.

How can parents obtain health services for their child while in school?

Parents should bring the completed Diabetes Medication/Treatment forms to the school and request a meeting to arrange for services at school. The school would then contact Health Education Services to arrange for staff training and assistance. Parents should also request a Section 504 plan be developed, if special accommodations are needed for their child.

Is there a cost to parents for the services the school provides?

No.

What is the parent's responsibility?

Parents are responsible for transporting, providing and maintaining all medications, supplies, equipment and snacks needed by their child. If the child is on an insulin pump, the parent should provide the school with the number of carbohydrates in the meals/snacks so that the correct calculations can be made for the student's bolus.

What should parents do if they run into problems getting assistance for their child?

Parents should ask to speak to the principal or his/her designee. If parents are unable to resolve their concerns at the school level or need additional information, they may also contact Health Education Services, Nursing Department at 754-321-2272.



PROCEDURES FOR STUDENTS WITH DIABETES

MANAGEMENT PROCEDURES FOR DIABETIC STUDENTS

PLANNING MEETING

The principal/designee arranges a joint meeting with involved school personnel including the student's teachers, the assigned school nurse/health care professional and the student's parent/guardian at the beginning of each school year for known diabetic students or when a student is diagnosed with diabetes.

The purpose of the meeting is to discuss any change in the student's health status, the self-administration of insulin and glucose testing, the use of certain foods to elevate blood sugar levels, a health history, emergency care needed, any health related information necessary to assist the student and determine how school staff will handle emergencies and receive inservice education.

All involved teachers, substitutes and bus drivers should be informed of the student's condition and any physical limitations and should receive diabetes training. This training is necessary for all school staff that has contact with the student.

The principal/designee should develop a plan on how the health information will be conveyed to substitute teachers.

The health care professional (assigned school nurse) will develop a child-specific Individualized Health Plan (IHP). School 504 liaison will develop a Section 504 plan with assistance from a designated health care professional.

The principal/designee can contact Health Education Services for assistance with this process.

Principals should request a "sharps box", in writing, from the Risk Management Department so that students may properly dispose of used sharps (needles) when using a blood glucose testing device or meter for testing blood sugar levels and for properly disposing of needles after injecting insulin. Not all students testing blood glucose levels use devices that require disposal of a needle. Some have retractable needles, which are reused and disposed of at home. The principal should arrange through Risk Management, for in-service of school staff on the proper use of the sharps box, its proper storage, location and pick-up requirements.

PARENT/GUARDIAN'S RESPONSIBILITY

It is the parent's responsibility to transport, provide and maintain all medications, supplies, equipment and snacks needed by the student. This can be done on either a weekly or monthly basis. Supplies needed are blood glucose monitoring equipment

with test strips, lancets and extra batteries, insulin and syringes and extra tubing and batteries for students on insulin pumps as well as snacks and glucose tabs or gel.

Parents are responsible for having the student's healthcare provider complete the *Diabetes Medication Authorization/Treatment Form*. If the student is using an insulin pump, then they must also have the physician/healthcare provider complete the *Insulin Pump Medication/Treatment Authorization Form*. These forms must also be signed by the parent/guardian. All sections of the forms need to be completed. **Diabetic students do not need to complete the standard *Authorization for Medication/Treatment Form*. They only need to complete the above mentioned forms.**

DIABETIC STUDENTS MEDICATION AUTHORIZATION/TREATMENT FORM

The healthcare provider should:

State the specific time frame in which the student should check his/her blood glucose level.

Identify symptoms of high or low blood glucose levels specifically demonstrated by each diabetic student.

Specify any limitations in physical activity.

Note food that the student may need to eat when the blood sugar level is low. The student may then be allowed to keep the specified foods in his/her possession at all times.

State if the student is able to test his/her blood glucose and administer own insulin.

Other forms to be used for students with diabetes are the *Insulin Pump Medication/Treatment Form*, *Diabetic Student Medication Log*, *Diabetes Emergency Care Plan*.

PHYSICAL EDUCATION

Diet and exercise are extremely important, in maintaining control over diabetes. Regular exercise is important and there should not be a need to avoid or alter a diabetic student's participation in physical education. The student may need to check his/her blood glucose level and/or eat a snack prior to recess or physical education.

The Physical Education staff is to be informed if the physician/healthcare provider has stated the student has any physical limitations. Staff should be aware of students with diabetes and what to do should an emergency arise.

Students with diabetes should have juice or other type of fast acting glucose source (glucose tablets or gel) with them when participating in recess and/or physical education.

STORAGE OF SUPPLIES

Needles and syringes should be kept locked in a cabinet where they are not easily accessible to students. This may be in the clinic or the classroom.

Students who self-administer their insulin may keep insulin and syringes with them at all times.

Blood glucose monitoring equipment may be kept with the student. If the students wish to do so, they may perform all diabetes related care in the classroom.

FIELD TRIP

The following procedures should be followed, when students with diabetes go on a field trip:

If field trip extends past typical school hours, parent/guardian must have the physician/healthcare provider complete another *Diabetes Medication Authorization/Treatment Form* with specific instructions for blood glucose testing meter, insulin administration and special foods during a scheduled field trip. Otherwise, the form on file at the school needs to be followed.

A student with a *Diabetes Medication Authorization/Treatment Form* that reflects that he/she is incapable of self-administering insulin or using a blood glucose testing device/meter during a field trip will have a plan of action developed by a health care professional to assist in meeting the needs of the student. Plan of action will specify emergency care and identify trained school personnel/health professional to assist/accompany the student on field trips. It is always recommended to allow the parent of a diabetic student to accompany the student on an overnight field trip, provided the parent is able and/or willing to do so. If there are any questions or concerns, contact Health Education Services at 754-321-2272.

BUDDY SYSTEM

The best practice for a diabetic student is for the school to assign the student a buddy who can serve as a runner in times of an emergency. This can be particularly helpful for lunch, physical education, or outdoor activities. Teachers may wish to rotate buddies. If a student is experiencing a low blood glucose reaction, help should come to the student whenever possible. An adult should be with the student at all times when he/she is having a low blood glucose reaction. This is an emergency situation and requires immediate attention. Do not send students with diabetes who are not feeling well to the office or health room. Have the appropriate person come to where the student is at that time.

EMERGENCY CARE PLAN/CRISIS MANAGEMENT/HEALTH CONCERNS

The student's healthcare provider should document any emergency care that the student may need on the *Authorization for Medication /Treatment Form*. The physician/healthcare provider should identify the student's symptoms of high and/or low blood glucose reactions and methods to treat them and prevent unnecessary emergencies. The physician/healthcare provider should state what time of day the student should test blood glucose levels.

The student should be encouraged to wear an identification bracelet for emergency purposes.

Some diabetic student's blood glucose levels may alter their personalities. Diabetic students may exhibit severe mood swings or their energy levels may vary drastically. School personnel should be made aware of what they may observe in the student with a high or low blood glucose level, as well as what interventions to administer for each specific situation.

INSULIN PUMP

The insulin pump, which is the size of a beeper, is like a small computer and needs to be programmed in two methods, basal and bolus. The **basal rate** is the amount of insulin delivered continuously. The **bolus rate** means the amount of insulin one takes to cover the food consumed and for high blood glucose levels. Therefore, every time the student eats a snack or meal, he/she needs to check his/her blood sugar and then program the pump to deliver the correct amount of insulin.

The pump must be worn at all times. If the pump becomes completely dislodged, apply a bandaid to the site and notify parent/guardian immediately. If tubing is disconnected, student may reconnect it. You must notify the parent/ guardian that tubing was disconnected and reconnected by the student and should be changed. Exercise or increased activity may warrant increased food intake without taking extra insulin. Students using an insulin pump are still susceptible to high and/or low blood glucose levels.

It is the parent's responsibility to provide the school with the number of carbohydrates in the food that the student will possibly eat for the day. School personnel or the student will calculate the amount of insulin for the student's bolus based on the student's blood sugar and amount of food.

The parent/guardian is responsible for providing the school with an *Insulin Pump Medication/Treatment Authorization Form* and all supplies needed for pump.

INSERVICE

At the initial meeting with the parent/guardian, the health care professional (assigned school nurse) and the classroom teacher, should discuss a plan of action for in-service on diabetes for the appropriate school staff and the specific information needed to assist the diabetic student. The assigned school nurse should plan to provide scheduled inservice education to the involved school personnel including teachers, bus drivers, and school food service personnel.

The "ABCs of Diabetes Students At Risk" program arranges in-service education for the school staff on diabetes and the specific information needed to assist the diabetic

student. The principal can arrange for this in-service by contacting Health Education Services at 754-321-2272.

SELF-MEDICATION PROCEDURES

1. Each student must have a completed *Diabetes Medication Authorization/Treatment Form and Insulin Pump Medication/Treatment Authorization Form* (if on an insulin pump) on file. These forms will state if the student is able to independently monitor blood glucose levels and administer insulin, if they need supervision to perform these tasks, or if the tasks must be done for the student.
2. The physician/healthcare provider must also indicate the time the blood sugar should be tested and the corrective action to be taken and what food the student should be allowed to store and eat when the blood sugar level needs to be adjusted.
3. The assigned school nurse or healthcare professional should in-service the school staff, including school food service workers and bus drivers on the signs and symptoms of high and low blood glucose levels and the appropriate treatment for each situation. Even when a student is able to check his/her blood glucose levels and administer insulin, staff need to receive training to assist student should an emergency arise. At times of severe low blood sugars the student may not be able to perform the necessary tasks.

BLOOD GLUCOSE TESTING AND MONITORING IN THE CLASSROOM SETTING

1. Student must have a completed *Diabetes Medication Authorization/Treatment Form and Insulin Pump Medication/Treatment Authorization Form* (if on insulin pump) stating the student is able to check his/her blood glucose levels and administer insulin without supervision.
2. Blood glucose monitoring and insulin administration may occur in the health room or the classroom. If the student is unable to self-administer insulin, then the principal needs to designate someone to assist the student with the administration of insulin. Non-medical principal designees can supervise or assist students with insulin administration via pump or insulin pen after appropriate training has been completed by the assigned school nurse. When a student is able to self-administer insulin, there should be a designee to monitor the process.

3. Documentation of blood glucose levels and insulin administration should be maintained on the Student's *Medication Log For Diabetics*. They should also be documented on the *Daily Diabetic Log* and a copy given to the parent at the end of each week.
4. Follow physician/healthcare provider's guidelines in student's IHP. If glucose levels are above or below physician/healthcare provider's guidelines, follow corrective procedures.

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
HEALTH EDUCATION SERVICES 754-321-2272
Diabetes Medication/Treatment Authorization**

Student's Name: _____ Date of Birth: _____ Date: _____
 School Name: _____ Grade _____ Homeroom _____

CONTACT INFORMATION

Parent/Guardian #1: _____ Phone Numbers: Home _____
 Work _____ Cellular/Pager _____
 Parent/Guardian #2: _____ Phone Numbers: Home _____
 Work _____ Cellular/Pager _____
 Physician/Healthcare Provider: _____ Phone Number _____
 Other Emergency Contact: Phone Number: Home _____
 Relationship: _____ Work/Cellular/Pager _____

EMERGENCY NOTIFICATION: Notify parent/guardian of the following conditions *If unable to reach parent/guardian: Notify healthcare provider and emergency contact listed above*

- Loss of consciousness or seizure (convulsion) immediately after Glucagon given and 911 called.
- Blood sugars in excess of _____ mg/dl
- Positive urine ketones.
- Abdominal pain, nausea/vomiting, diarrhea, fever, altered breathing, or altered level of consciousness.

BLOOD GLUCOSE MONITORING: At school: Yes No Student has been trained by Healthcare Professional Yes No
 To ordinarily be performed by student: Yes No Type of Meter: _____

Time to be performed: Before breakfast Before PE/Activity Time
 Mid-morning (before snack) After PE/Activity Time
 Before lunch Mid-afternoon
 Dismissal As needed for signs/symptoms of low/high blood glucose
 Place to be performed: Clinic/Health Room Classroom Other _____

OPTIONAL: Target Range for blood glucose: _____ mg/dl to _____ mg/dl

INSULIN INJECTIONS DURING SCHOOL: Yes No Student has been trained by Healthcare Professional Yes No
 If yes, can student determine correct dose? Yes No Draw up correct dose? Yes No Give own injection? Yes No
Insulin Delivery: Syringe/Vial Pen Pump (If pump worn, use "Insulin Pump Medication/Treatment Plan")

Standard daily insulin at school: Yes No
 Type: _____ Dose: _____ Time to be given: _____

Calculate insulin dose for carbohydrate intake: Yes No
 If yes use Regular Humalog Novolog
 _____ #unit(s) per _____ grams Carbohydrate
 Add carbohydrate dose to correction dose

Correction dose of Insulin for High Blood Sugar: Yes No
 If yes, Regular Humalog Novolog Time to be given _____
 Time to be given: _____

Determine dose per sliding scale below:	Use formula
Blood sugar: _____ Insulin Dose: _____	Blood Glucose -
Blood sugar: _____ Insulin Dose: _____	_____ ÷
Blood sugar: _____ Insulin Dose: _____	_____ =
Blood sugar: _____ Insulin Dose: _____	units of insulin

OTHER ROUTINE DIABETES MEDICATIONS AT SCHOOL: Yes No

Name of Medication	Dose	Time	Route	Possible Side Effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXERCISE, SPORTS, AND FIELD TRIPS:

Blood glucose monitoring and snacks as indicated.
 Easy access to sugar-free liquids, fast-acting carbohydrates, snacks, and blood glucose monitoring equipment.
 Child should not exercise if blood glucose level is below _____ mg/dl OR if _____

MANAGEMENT OF HIGH BLOOD GLUCOSE (over _____ mg/dl)

4 Usual signs/symptoms for this student:

- Increased thirst, urination, appetite
- Tired/drowsy
- Blurred vision
- Warm, dry, or flushed skin
- Nausea/Vomiting
- Other _____

Indicate treatment choices:

- Sugar-free fluids as tolerated
- Check urine ketones if blood glucose over _____ mg/dl
- Notify parent if urine ketones positive.
- May not need snack: **call parent**
- Frequent bathroom privileges
- See **"Insulin Injections: Extra Insulin for High Blood Glucose"**
- Other _____

MANAGEMENT OF LOW BLOOD GLUCOSE (below _____ mg/dl)

4 Usual signs/symptoms for this child

- Change in personality/behavior
- Pallor
- Weak/shaky/tremulous
- Tired/drowsy/fatigued
- Dizzy/staggering walk
- Headache
- Rapid heartbeat
- Nausea/loss of appetite
- Clammy/sweating
- Blurred vision
- Inattention/confusion
- Slurred speech
- Loss of consciousness
- Seizures
- Other _____

Indicate treatment choices:

- If student is awake and able to swallow,***
give _____ grams fast-acting carbohydrate such as:
- 4oz. Fruit juice or non-diet soda or
 - 3-4 glucose tablets or
 - Concentrated gel or tube frosting or
 - 8 oz. Milk or
 - Other _____

Retest Blood Glucose 10-15minutes after treatment
 Repeat treatment until Blood Glucose over 80mg/dl
 Follow treatment with snack of _____
 if more than 1 hour till next meal/snack or if going to activity (i.e. P.E. or recess)
 Other _____

**If student is vomiting or unable to swallow, administer Glucose gel or Glucagon
 (See below for specific directions)**

IMPORTANT!!

If student is unconscious or having a seizure, presume the student is experiencing a low blood glucose level and:

Call 911 immediately and notify parents / guardian.

Glucagon _____ mg IM (injection) should be given by trained personnel

Glucose gel 1 tube can be administered inside cheek and massaged from outside while waiting for help to arrive, or during administration of Glucagon by any trained staff member at scene.

Student should be turned on his/her side and maintained in this "recovery" position till fully awake.

Comments _____

Physician /Healthcare Provider Signature: _____ Date: _____

Physician/Healthcare Provider Name _____ Phone Number _____

I grant the principal or his/her designee or a licensed nurse (RN/LPN) permission to assist with or perform the administration of each prescribed medication, including insulin either by injection or pump, and treatments/procedures for my child during the school day. This includes when he/she is away from school property for official school events. I have reviewed, understand and agree with the medications/treatments prescribed by the physician/healthcare provider on this form. *It is my responsibility to notify the school if there is a change in the medication/treatment plan prior to its expiration date.*

Parent/Guardian Signature: _____ Date: _____

LOCATION OF SUPPLIES/EQUIPMENT: To be completed by school health personnel.

Blood glucose testing equipment: _____ Insulin administration supplies: _____

Glucagon emergency kit: _____ Glucose gel: _____ Ketone testing supplies: _____

Fast-acting carbohydrate: _____ Snack foods: _____ 19

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
 HEALTH EDUCATION SERVICES (754-321-2272)
 INSULIN PUMP MEDICATION/TREATMENT AUTHORIZATION

Student Name: _____ Date of Birth: _____ Pump Make/Model _____
 Pump Resource Person: _____ Phone/Beeper Number _____ (see basic diabetes plan for parent phone #)
 Child Lock on? Yes No How long has student worn an insulin pump? _____
 Blood Glucose Target Range: _____ Pump Insulin: Humalog Novolog Regular
 Insulin: Carbohydrate Ratios: _____
 Student to receive insulin bolus for carbohydrate intake *immediately before or* _____ minutes before eating.
 Lunch/Snack Boluses Pre-programmed? Yes No Times _____
 Insulin Correction Formula for Blood Glucose Over Target: _____
 Extra pump supplies furnished by parent/guardian: infusion sets reservoirs batteries dressing/tape insulin insulin syringes/pen

STUDENT PUMP SKILLS	NEEDS HELP?	IF YES, TO BE ASSISTED BY AND COMMENTS:
Independently count carbohydrates	Yes No	
Give correct bolus for carbohydrates consumed	Yes No	
Calculate and administer correction bolus	Yes No	
Recognize signs/symptoms of site infection	Yes No	
Calculate and set a temporary basal rate	Yes No	
Disconnect pump if needed	Yes No	
Reconnect pump at infusion set	Yes No	
Prepare reservoir and tubing	Yes No	
Insert new infusion set	Yes No	
Give injection with syringe or pen, if needed	Yes No	
Troubleshoot alarms and malfunctions	Yes No	
Re-program basal profiles if needed	Yes No	

MANAGEMENT OF HIGH VERY/HIGH BLOOD GLUCOSE: *Follow instruction in basic diabetes medical management plan, but in addition:*
 If blood glucose over target range _____ hours after last bolus or carbohydrate intake, student should receive a correction bolus of insulin using formula:
 Blood glucose - _____ ÷ _____ = _____ units of insulin

- If blood glucose over 250, check urine ketones.
 1. **If no ketones**, give bolus by pump and recheck in 2 hours
 2. **If ketones present or** _____, give correction bolus as an **injection** immediately and contact parent or healthcare provider.

- If two consecutive blood glucose readings over 250 (2 or more hours after first bolus given)
 1. Check urine ketones
 2. Give correction bolus as an injection
 3. Change infusion set
 4. Call Parent

MANAGEMENT OF LOW BLOOD GLUCOSE *Follow instructions in basic Diabetes Care Plan, and in addition:*

If low blood glucose recurs without explanation, notify parent and/or diabetes provider for potential instructions to suspend pump.

If seizure or unresponsiveness occurs:

- Call 911 immediately (or designate another individual to do so).
- Treat with Glucagon (see basic Diabetes Medical Management Plan).
- Stop insulin pump by:
 - Placing in "suspend" or stop mode
 - Disconnecting at pigtail or clip
 - Cutting tubing
- Notify parent/guardian
- If pump was removed, send with EMS to hospital.

ADDITIONAL TIMES TO CONTACT PARENTS

Soreness or redness at infusion site Insulin injection given
 Detachment of dressing/infusion set out of place Other _____
 Leakage of insulin

Effective date of Pump plan: _____
 Physician/Healthcare Provider Signature: _____ Date: _____
 Physician/Healthcare Provider Name: _____ Phone Number: _____
 Parent's Signature: _____ Date: _____

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
HEALTH EDUCATION SERVICES (754-321-2272)
EMERGENCY CARE PLAN FOR DIABETICS**

Students Name _____ Date _____
 Parent/Guardian Name _____ Phone _____
 Work Phone _____ Cell Phone _____
 Emergency Contact _____ Phone _____
 Work Phone _____ Cell Phone _____

LOW BLOOD SUGAR (HYPOGYLCEMIA)	
IF STUDENT EXHIBITS ANY OF THE FOLLOWING:	DO THESE:
IF CHILD IS UNCONSCIOUS OR HAVING A SEIZURE	<p>Call 911 immediately and notify parent/guardian</p> <p>Administer Glucagon _____mg by injection <i>(To be done by trained personnel only)</i></p> <p>(Glucose gel can be administered inside cheek and massaged from outside while waiting for help to arrive, or during administration of Glucagon)</p> <p>Student should be turned on his/her side and maintained in the "recovery" position till fully awake.</p>
Change in personality/behavior Weak, shaky, tremulous Tired, drowsy, fatigued Dizzy, confused Headache Rapid heart rate Nausea, loss of appetite Clammy, sweating Blurred vision Slurred Speech	<p>Check Blood Glucose level If within Target Range: _____ to _____ Observe child until symptoms are gone. You should recheck blood glucose level if child not improved in 30 minutes.</p> <p>If blood glucose level below _____ Give <u>one</u> of the following sources of sugar:</p> <ul style="list-style-type: none"> • 4oz of Juice or Regular soda • 2 to 4 glucose tabs • Glucose get or cake frosting • 8 oz milk <p>Recheck blood glucose 15 minutes after treatment.</p> <p>Repeat above treatment if blood glucose below _____ If blood glucose not above _____ after second treatment notify parent</p>

HIGH BLOOD SUGAR (HYPERGLYCEMIA)

IF STUDENT EXHIBITS ANY OF THE FOLLOWING:	DO THESE:
Extreme thirst Headache Abdominal pain Nausea Increased need to use the bathroom	<p>Check Blood Glucose level If within Target Range: _____ to _____ Observe child until symptoms are gone. You should recheck blood glucose level if child not improved in 30 minutes</p> <p>If blood glucose above _____</p> <ul style="list-style-type: none"> • Drink 8-16 oz of water or DIET soda <u>every hour</u> • Use restroom as often as needed • Be allowed to carry water bottle with them <p>If blood glucose above _____</p> <ul style="list-style-type: none"> • Check urine ketones • If urine ketones are moderate or large call parent immediately! Do not allow exercise. • Administer insulin if ordered <p>If student exhibits nausea, vomiting, stomachache or lethargy contact parent ASAP.</p> <p>If none of the physical symptoms above are present student may return to class.</p>

HES 3/04

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
HEALTH EDUCATION SERVICES (754) 321-2272
PARENT/GUARDIAN AND SCHOOL RESPONSIBILITIES

Student Name _____

Date _____

Parent/Guardian Responsibilities:

The Parent/Guardian will provide the school with the following:

- Diabetes Medication/Treatment Authorization Form (completed and signed by physician and parent/guardian)
- Emergency phone numbers where they can be reached at all times
- Back up emergency contacts and phone numbers
- Student's snack and meal schedule
- Meter to test blood glucose with test strips and lancets
- Glucose tabs or gel and glucagon kit if needed for treatment of extremely low blood glucose
- Insulin and syringes
- Snacks and juice for treatment of low blood sugar
- **If student is on an insulin pump the parent will also provide**
 - Extra infusion set and reservoir
 - Insulin and syringes
 - Extra batteries for pump
 - Amount of carbohydrates in snack and lunch each day

School Responsibilities:

The school will be responsible to provide the student with the following:

- Training for all staff who will be involved with student during the school day
- Implementation of a 504 plan
- Appropriate place for student to keep supplies
- Place to test blood glucose and administer insulin considering student's preference (clinic versus classroom)
- Trained staff to assist student as needed with blood glucose testing and insulin administration
- Trained staff to administer Glucagon in accordance with student's Diabetes Medication/Treatment Authorization Form.
- Trained staff who will be able to provide treatment for blood glucose levels which are outside the targeted range in accordance with the student's Diabetes Care Plan
- Permission for student to eat snack in classroom and on the bus
- Permission for the student to have access to water and bathroom as needed

Parent(s)/Guardian Signature

School Signature

PROCEDURES FOR STUDENTS WITH ASTHMA

DEFINITION

Bronchial asthma is a chronic airway disorder with narrowing of the large and small airways in the lungs from bronchial muscle spasm, edema (excessive accumulation of fluids in the lungs), and inflammation in the bronchial wall. The result is the production of thick mucus which decreases air exchange, causes breathing difficulties, and if untreated can cause respiratory distress and death.

BACKGROUND

Asthma is a chronic airway disorder, which causes a student to have trouble breathing. This trouble may occur frequently throughout the school year in the form of an asthmatic episode or "attack." Episodes range from mild to severe. Most often, with mild episodes, the airways will open in a few minutes. However, some episodes last much longer and the student needs immediate assistance to prevent more severe episodes from happening. **Episodes can usually be managed and brought under control if basic procedures, including immediate medications, are followed.**

Asthma is not contagious. It is characterized by excessive sensitivity of the lungs to various stimuli. Each student reacts differently to these stimuli which include: respiratory infections and colds; allergic reactions to pollen, mold, animal dander, feathers, dust and food; vigorous exercise; exposure to cold air or sudden temperature changes; air pollution; fumes or strong odors; cigarette smoke; excitement, stress and strong emotions. In many situations these stimuli can either be reduced, removed or controlled.

More than 2.5 million students have diagnosed or "hidden," undiagnosed, asthma in our nation's schools. It accounts for 25% of annual school absenteeism due to chronic diseases, causes approximately 8000 deaths per year, and appears most severe after a student is 8 years old. **Asthma cannot be cured, but it can almost always be controlled.** Students with severe asthma can become incapacitated, and in some instances asthma is fatal. Therefore, it is most important that school personnel understand how to properly assist a student with asthma.

SIGNS AND SYMPTOMS

- Wheezing
- Non-productive coughing
- Shortness of breath
- Rapid breathing
- Tightness in the chest
- Inability to speak and a feeling of suffocation
- Pneumonia, bronchitis, and chronic respiratory infections

Breathing difficulty is caused by three types of reactions in the air passages of the lungs: muscles inside the walls of the airways tighten and constrict; the inside walls of the airways swell up; and the swollen walls give off mucus which clogs the airways causing the student to struggle to breathe in or out.

MANAGEMENT:

A. MEETING OF PRINCIPAL'S TEAM

- The principal/designee arranges a joint meeting with the student's teacher(s), the assigned school nurse, and the student's parent/guardian at the beginning of each school year.
- The purpose of the meeting is to discuss any change in the student's health status, current medications and their side effects, health history, triggers, apparent times/seasons of episodes, emergency care needed, any health related information necessary to assist the student, how school staff will handle emergencies and inservice education.
- The registrar should make sure that asthma is noted on the student's health frame information. Get several different phone numbers to call in emergencies, i.e. mother, father, doctor, aunt, uncle, grandparents, etc.

B. TRIGGERS/SCHOOL ENVIRONMENT

- Common triggers are: allergens, cleaning products, dusts, weather, air pollution, exercise, infections, nighttime, emotions, tobacco smoke, colognes, perfumes, and hair sprays. A student may also have additional unique triggers.
- Parents should list the student's asthma triggers. School personnel should make every possible effort to remove or reduce triggers from the student's school environment. This may include, but not be limited to, frequent changing of the air conditioner filters, restricting pest control spraying to after school hours or on weekends, assisting students to follow dietary restrictions or eliminating pets in a specific classroom.
- Whenever possible, minimize the use of carpets and rugs, stuffed animals, dressing/play areas, odorous colored markers, dust making chalk, fuzzy cotton or wool blankets, scented soaps, odorous wall paints, and strong smelling cleaning agents such as chlorine bleach.

C. MEDICATION AUTHORIZATION FOR STUDENTS

- The parent must be given an *Authorization for Medication/Treatment Form* for all medication that must be given during school hours.
- Should a physician prescribe the use of a metered dose inhaler, he/she needs to complete the *Authorization for Medication /Treatment Form* and state that the student has been trained in the proper use and administration of the inhaler. According to Florida Statute 1002.20, the student should be allowed to keep the inhaler in his/her possession if the student has been trained to use it. Otherwise, it should be kept in a locked medicine cabinet in the health room clinic.
- Should a physician prescribe the use of a nebulizer for breathing treatments, he/she needs to complete the *Authorization for Medication /Treatment Form* and state that the student has been trained in the proper use of the nebulizer. If the student has not been trained, school staff will need to be trained to assist the student with the nebulizer treatment.
- Parents are responsible for providing all supplies, medication and equipment needed.

D. PHYSICAL EDUCATION

- Each student with asthma has a different capacity to exercise. Running can trigger an episode in over 80% of students with asthma. Swimming seems to be the least asthma producing sport. Warm up exercises often help ward off episodes caused by activity. Students should learn to pace themselves. Bronchodilator medications used before exercise can help prevent most episodes. Most students can participate fully in physical activities. Have the student's physician state on the *Authorization for Medication /Treatment Form* if the student should administer a medication prior to Physical Education or recess.
- The physician should also state any of the student's limitations, such as avoiding prolonged running, or avoiding sports in cold or extremely hot weather.

E. FIELD TRIPS

Students wishing to participate on a field trip must have *Authorization for Medication/Treatment Form* for any medication needed during a scheduled field trip. If the student needs a nebulizer during a field trip a the *Authorization for Medication/Treatment Form* should indicate that the student is trained to do the procedure. Otherwise, school personnel will need to be trained to assist the student with the nebulizer treatment.

F. BUDDY SYSTEM

The best practice of school personnel for an asthmatic student is to assign the student a buddy who can serve as a runner in times of an emergency. This can be particularly helpful for lunch, physical education, or outdoor activities. Teachers may wish to rotate buddies.

G. EMERGENCY CARE PLAN/CRISIS MANAGEMENT/HEALTH CONCERNS

- The student's healthcare provider should indicate on the *Authorization for Medication/Treatment Form* any emergency care that may be needed by the student. He should write down information that can help prevent unnecessary emergencies such as, "the student is asymptomatic when going into upper respiratory distress, and will have a gray/blue colored lip."
- Staff should be alerted as to what symptoms to look for in order to prevent upper respiratory distress. Early detection of symptoms and an appropriate response can prevent the need of a 9-1-1 experience.
- Some students are on such potent medications that their personalities may have severe mood swings or their energy levels may vary drastically. Teachers should be made aware of possible side effects and to whom these observations should be reported.

H. HOSPITAL HOMEBOUND/DUAL ENROLLMENT

If a student has a history of frequent absences, then the school should have the parent consider filling out an application for dual enrollment in the hospital homebound program. Most parents will know the season when their child has the greatest number of asthmatic episodes. By planning for dual enrollment at the beginning of the year, a parent can be reassured that the student will be assisted in keeping up with the student's core courses.

I. INSERVICE

- At the initial meeting with the parent, the school nurse and the classroom teacher, a plan of action should be discussed about inservice on asthma for the appropriate school staff and the specific information needed to assist the specific student. The assigned school nurse should plan to provide scheduled inservice education to school personnel including teachers, clerical staff, bus drivers, and food service personnel.
- The "Open Airways For Schools" program by the American Lung Association provides an asthma health education program to help children, teachers and parents become more knowledgeable about asthma and learn ways to better control it. The principal or assigned school nurse can arrange for this inservice by contacting Health Education Services at 754-321-2272.

OPEN AIRWAYS FOR SCHOOLS

Open Airways for Schools is a school-based asthma education program for children in the third, fourth and fifth grades.

The program is designed to empower children to self manage and/or take more responsibility for their disease. Research has shown that children, ages 8-11 are capable of carrying out many activities to manage their asthma.

The course is composed of four-40 minute group lessons, held at school during the day. The approach is interactive with group discussion, stories, games role-play and handouts to take home for parents to increase family communication about asthma.

Benefits of the program are:

- Increased attendance
- Children become more confident in their ability to handle asthma.
- Children exert greater influence on their parents' asthma management decisions.
- Children experience fewer and less severe episodes of asthma.
- Children take more steps to manage their asthma.

To implement Open Airway for your students you will need to:

- Develop a list of the children with Asthma and/or Reactive Airway Disease (RAD).
- Contact the American Lung Association and ask for their permission slip, which is customized to your school.
- Once permissions are returned, designate an area where the American Lung Association's Health Educator may meet with the students.

Nothing further is needed. The American Lung Association provides all the educational materials and equipment, such as, Peak Flow Meters. If interested please contact The American Lung Association at 954-524-4657 or Health Education Services at 754-321-2272.

Additionally, faculty in-service is available on asthma discussing the recognition of symptoms and handling emergency situations.

PARENT/GUARDIAN INSTRUCTIONS FOR MEDICALLY FRAGILE / COMPLEX REVIEWS



If your child has complex medical problems and may need assistance while in school, they should be referred to the Medical Fragile Review Committee. The information provided will be utilized to determine your child's school placement, educational and medical needs.

You are asked to:

1. Sign the Release of Information form and return it to the school contact where your child will be attending school.
2. Complete the LIST OF PHYSICIANS form with the names and addresses of ALL physicians currently caring for your child. Input from these key physicians is crucial in assigning the appropriate level of care for your child.
3. Give the completed List of Physicians form to the school contact.
4. Occasionally, as a parent, you are more successful at quickly obtaining the information needed if you present it directly to the health care provider. If you, as a parent, would like to deliver the forms to the physician(s), as opposed to our office sending them out, please have the school inform Health Education Services so we do not send forms to the healthcare provider(s).
5. Submit to each physician a Physicians Information Packet, as given to you by the school contact, and request he/she complete the forms as soon as possible.
6. Request that the physicians return the completed packet, as soon as possible, by mail (or Fax 754-321-2743) :

School Board of Broward County
Clinical Nursing Supervisor
Health Education Services- 7th Floor
600 SE 3rd. Avenue
Fort Lauderdale, FL 33301

PHYSICIAN INFORMATION PACKET INCLUDES:

1. Medically Complex/Fragile Student Review Committee Physician's Report
2. Broward County Public Schools Authorization for Medication & Treatment Form



What is Florida KidCare?

It's health insurance for children, from birth through age 18, who do not have insurance. Joining Florida KidCare is based on income and family size. For example, a family of 4 whose income is approximately \$38,700 (based on annual gross income) can qualify for the reduced cost premium of \$15/\$20 a month per household.

Why is Florida KidCare so important?

Children with health insurance are more likely get the care they need, get the shots they need, miss fewer days of school, and see their own doctor and nurse who know them.

What does it cost?

Some families pay \$15/\$20 per month. Many families pay nothing at all (if they qualify for KidCare Medicaid).

How do families enroll in Florida KidCare?

Complete a current application and mail it in along with required documents; no face-to-face appointments are necessary. The information they provide on the application will be reviewed and the child(ren) may be enrolled in the appropriate program based on income and needs of the family/household.



For an application or more information about Florida KidCare: Contact the local KidCare Coordinator, **Rebecca Miele**, at the Broward County Health Dept, (954) 467-4885.

Florida KidCare

