



MANUAL

FOR

SCHOOL HEALTH FACILITATORS

Miami-Dade County Public Schools

Division of Student Services

Comprehensive Health Services

Oral Health, Refugee and Immigrant Health, and Infectious Disease Control



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Please refer to the Comprehensive Health Services website for updated material
<http://comprehensivehealthservices.dadeschools.net>

ACKNOWLEDGEMENTS

The primary purpose of a School Health Program is to promote, improve and maintain the health of the school age youth. Such a program should include adequate supervision of the physical, mental, emotional and social aspects of school life. It also should include instruction in health to assist the student in developing desirable health behaviors, knowledge, attitudes, and practices. The health of the school child is influenced by the teaching and environment of the school, by the program of public health in the community and by the direct services received. If the School Health Program is to succeed, it is important that private physicians, public health personnel and the school coordinate their activities in a cooperative effort.

Some portions of this guide have been taken from Florida State Department of Education Manuals and acknowledgement is made to all who contributed to the development of those manuals. Special appreciation is extended to the Miami-Dade County Health Department (M-DCHD), the Miami-Dade County medical community, and the members of the Miami-Dade County School Health Medical Advisory Committee for their continuing support and advice in all matters concerning the health and well-being of the school-aged child.

INTRODUCTION

This handbook has been planned as a suggested guide for school health facilitators to aid them in carrying out their assignment in developing and maintaining an effective school health program.

The program calls for a coordinated effort on the part of many people--teachers, administrators, custodial and cafeteria staff, public health personnel, parents, health professionals from the community, and others--if the program is to function adequately. Each school can develop workable plans through studying and analyzing the pertinent health problems of its pupils and community. This can be accomplished within the limits of available staff, time, and facilities.

This Handbook provides the informational guidelines which the school health facilitators and advisory committees will need to develop implementation procedures which can be successfully put into action.

School Health Program: The school procedures that contribute to the understanding, maintenance, and improvement of the health of pupils and school personnel, including health services, health education, and healthful school living.

School Health Services: The school procedures which are established to (a) appraise the health status of pupils and school personnel; (b) counsel pupils, parents, and other persons involved concerning screening findings; (c) recommend the follow-up corrections of remedial defects; (d) help prevent and control disease; (e) provide emergency care for the sick or injured; and (f) help plan for the health care and education of handicapped children.

Health Appraisal: That phase of school health service which seeks to assess the physical, mental, emotional and social health status of the individual pupils and school personnel through such means as screening tests, observations, medical, dental and psychological examinations, health histories and parent-teacher-nurse conferences.

School Health Counseling: The procedures by which teachers, nurses, physicians, guidance personnel and others interpret to pupils and parents the nature and significance of a health probe and assist them in formulating a plan of action which will lead to solution of the problem.

School Health Education: The process of providing learning experiences for the purpose of influencing knowledge, attitudes and behaviors relating to individual, family, and community health.

Healthful School Living: A term which designates the provision of a safe and healthful environment, the organization of a healthful school day, and the establishment of interpersonal relations favorable to the best emotional, social and physical health of pupils.

School Health Programs

Miami-Dade County Health Department

Cooperative Consultation/Observation
(FSS coordinator, medical provider, counselor)
Refer for appropriate services (dental, vision, medical)

Miami-Dade County Public Schools

Cooperative Consultation/Observation
(school counselor, FSS coordinator, agency)
Refer student for counseling services.

Comprehensive Health Services Division of Student/Career Services

School Health Medical Advisory Committee

Health Education

- Body Structure, Function and Growth
- Personal Fitness and Body Care
- Environmental Protection Education
- Prevention and Control of Disease
- Human Growth and Development
- Sexually Transmitted Diseases
- Family and Community Life
- Food and Nutrition
- Emotional and Social Health
- Child Abuse Prevention
- Safety and First Aid
- HIV/AIDS

School Health Services

- Health Screenings
- Health Counseling and Follow-up
- Emergency Care and First Aid
- Provisions for Individual Needs
- Correction of Remedial Defects
- Prevention and Control of Disease
- Alternative School Programs

Healthful School Living

- School/Classroom Environment
- Playground and Equipment
- Lunchroom Facilities
- Accident/Fire Prevention
- Disaster Preparedness
- Sanitation and Health Practices
- Functional Health Station

School Board Rules

6Gx13- 5D-1.021

Welfare

SCHOOL HEALTH SERVICES PROGRAM

The Florida School Health Services Act of 1974 authorized the development and implementation of the School Health Services Plan which is a joint responsibility of the Department of Health and The School Board of Miami-Dade County, Florida. The primary purpose of the School Health Services Program is to provide learning experiences and health services that will help the student and the family develop and maintain sound health practices throughout their lives. The objectives of this program include the pro-motion of health, the prevention of disease and injury, and the provision of an optimal educational environment. The Superintendent of Schools shall establish such procedures as are necessary to provide for cooperative efforts in this area and for implementation of statutes pertaining to health programs to be provided in the schools.

I. School Health Facilitator

Each school shall have a health facilitator appointed by the principal who works with the principal, faculty, public health nurse, and other resource persons in the implementation of an effective health program. Responsibilities of the facilitator are outlined in the **Handbook for School Health Facilitators**.

II. Entrance Requirements

The Office of Comprehensive Health Services, in cooperation with the Department of Health, will develop and distribute annually the appropriate procedures for the implementation of the Florida School Health Services Plan.

The requirements of the Florida School Health Services Plan, in accordance with the amended School Health Services Act of 1974, are as follows:

A. Physical Examination

The Florida School Health Services Plan provides that all children of school age shall have health examinations performed at appropriate intervals by their family physicians or by physicians provided by public health agencies. This health examination shall be administered within twelve (12) months prior to initial entry into a Florida school. Parents of all students are to present evidence of health examination on the appropriate **School Entry Health Exam** (DH 3040) prior to initial entrance into a Miami-Dade County Public School. Parents, who, for economic reasons, are unable to have their children examined by a private physician, may obtain a health examination from the Department of Health or neighborhood health centers.

To be considered complete, the school health exam must include a tuberculosis clinical screening and appropriate follow-up.

Students transferring into the Miami-Dade County Public Schools from another school within the State of Florida who have a completed health examination form as part of their school record need not be re-examined.

The School Entry Health Exam (DH 3040) shall be attached to the Cumulative School Health Record (DH 3041) and filed as part of the Cumulative Record Folder.

B. Immunization

1. The Florida School Health Services Plan requires each child entitled to initial entrance into a Florida public school to present a Certificate of Immunization (DH 680 - Part A) from a licensed practicing physician or a county health officer prior to the child's entry into school.

2. Children admitted to school with temporary certification, Certificate of Immunization (DH 680-Part A-1 or A-2), shall be excluded from school attendance if additional certification is not presented on or before the expiration date noted on the temporary certificate.

The principal is responsible for monitoring the status of students admitted with temporary certification. Two weeks prior to the expiration date, letters should be sent to parents alerting them to impending exclusion.

3. The Plan further provides that any child shall be exempt from immunization upon written request of the parent or guardian stating an objection to such immunization on religious grounds, Religious Exemption Certificate (DH 681), or upon written certification, Certificate of Immunization (DH 680 - Part C), by a competent medical authority. It is understood that children with medical or religious exemptions will be subject to exclusion from school during any communicable disease epidemic.

4. Each student is required to have on file a Florida Certificate of Immunization (DH 680) or an exemption for attendance in a public school in Miami-Dade County for grades Pre-K through 12. Students who do not meet this requirement will be subject to temporary exclusion from school until proper documentation is presented. The Certificate of Immunization shall be attached to the Cumulative Health Record (DH 3041) and filed as part of the student's Cumulative Record Folder.

C. Tuberculosis Clinical Screening

Each student shall have proof of a tuberculosis clinical screening and appropriate follow-up prior to initial enrollment in any grade in a Miami-Dade County Public School. This screening is to be administered at the time of the Student Health Exam and within twelve (12) months prior to initial enrollment in any grade in a Miami-Dade County Public School. If the screening indicates that a follow-up skin test is needed, a student can be admitted but only with a health provider's statement that the student is free of communicable tuberculosis and can attend school.

III. Health Appraisal and Information

A. The Cumulative School Health Record

The Cumulative School Health Record (DH 3041) is supplied by the

Department of Health. It is the responsibility of personnel within the individual school to initiate this form, including all identifying data. This record is to be retained permanently as a part of the student's Cumulative Record Folder. Results of periodic screening tests, follow-up services, and notations of significant injuries and illnesses are to be promptly and accurately recorded on this form by authorized school and public health personnel.

B. Health Screening

1. Heights and weights shall be taken and recorded at least once a year in grades Pre-K through 5, preferably during the first eight weeks of each school year, under the supervision of school and/or health personnel. Heights and weights are to be recorded on the Cumulative School Health Record (DH 3041).

2. Vision screening shall be done annually for each student in grades Pre-K, kindergarten, 1, 3, 6, and 10 with the use of, but not limited to the Snellen Eye Chart, under the supervision of school and/or health personnel. Any student who, at any time during the school year, appears to have a vision problem shall be referred to the school public health nurse, for vision testing. The results of the vision screening and follow-up are to be recorded on the Cumulative School Health Record (DH 3041).

Parents of students who fail the vision screening test are to be notified and referred to private eye specialists or to the school public health nurse.

3. Audiometric screening will be performed annually on all students in grades Pre-K, kindergarten, 1, 2, 3, 6, and 10 under the supervision of school and/or health personnel. Any student who, at any time during the school year, appears to have a hearing loss will be referred to the school speech/language pathologist for audiometric screening or to a certified audiologist for audiometric testing.

Parents of students who fail the audiometric test are to be notified and referred to private physicians, to the Conservation of Hearing Clinic, Jackson Memorial Hospital, or a certified audiologist. The results of the audiometric screening and follow-up are to be recorded on the Cumulative School Health Record (DH 3041).

4. Provide vision and audiometric screening and follow-up services for all new students entering Miami-Dade County Public Schools in the remaining elementary grade levels.

5. Other types of health screening shall be conducted in accordance with the Florida Health Services Plan.

Parents of students who fail any of the health screening tests are to be notified in writing and referred to appropriate health care specialists.

C. Teacher-Nurse Conferences

Teacher-nurse conferences, initiated by the public health nurse, will be scheduled in grades Pre-K through 5 at least once a year and whenever necessary in the secondary schools. The purpose of such conferences is

to review teacher observation and health information regarding individual students to determine the need for referral, follow-up, or special study.

IV. Health Station

Each school shall provide physical facilities for the implementation of the Florida School Health Services Plan. This space (clinic) shall be equipped to provide to students emergency aid, temporary relief, and other health services program activities.

V. Medication

School personnel may assist students in the administration and/or dispensing of prescribed medication to students in compliance with the following procedures approved by the Department of Health:

A. When there exists a long-term or chronic illness or disability that requires maintenance-type medicine and where failure to take prescribed medication could jeopardize the student's health and when the medication schedule cannot be adjusted to provide for administration at home.

B. When there is a written treatment plan signed by a licensed physician and a consent form signed by the parent or guardian attached to the student's Cumulative School Health Record (DH 3041) for each type of medication prescribed. This treatment plan shall explain the necessity for the prescribed medication to be provided during the school day.

C. All medicine shall be received and stored in original containers. When the medication is not in use, it shall be stored in its original container in a secure fashion under lock and key in a location designated by the principal.

D. The assistance in the administration of prescribed medication to students shall be done by the school principal or his/her trained designee.

E. School personnel will maintain and keep current a list of students receiving medication during school hours, including name of medication, dosage, purpose, and usual time of administration. At the time a student receives medication, the following must be recorded: time, date, and by whom administered.

F. Authorization forms which include the physician's treatment plan, the necessity for medication, and the consent of the parent or guardian for assisting students in the administration of prescribed medication by school personnel will need to be filed only one time during a school year. The parent or guardian shall advise the school authorities, in writing, when a change of medication is required. A change in medication by the directing physician during the school year will require a renewal of the authorization

forms.

G. There shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.

H. Orientation and training of personnel assisting students in the administration of prescribed medication will be done yearly or as necessary by the school nurse.

VI. Emergency Services

A. First Aid

Instructions provided by the Department of Health shall be posted in every health station (clinic) within the school. These instructions shall be followed by all school and health personnel in administering first aid.

B. Student Injuries

Emergency first aid shall be administered to injured students. The emergency rescue service shall be called for students involved in serious injuries. The Office of Risk and Benefits Management shall be responsible for formalizing the administrative reporting procedures concerning student injuries.

C. Emergency Information Card

The emergency information card, which is on the back of the Student Data Card, shall be updated annually, at each school center, for each student, noting contact person, family physician, allergies, significant health history and permission for emergency care.

D. Emergency Care Providers

It is required that each school shall have at least two individuals who are certified emergency care providers and their names shall be posted in several areas throughout the school.

VII. Communicable Disease Control

Suspected cases of communicable disease shall be reported promptly to the respective REGIONAL Center by the school principal or designee. Under Florida Statutes, the Department of Health has supervision over matters pertaining to public health, including that of school children. Laws, rules and regulations relating to contagious or communicable diseases and sanitary matters must not be violated. In case of an epidemic of a communicable disease among the students of a school, the Superintendent of Schools cooperates with the County Health Officer in accordance with the rules and regulations prescribed by the State of Florida.

VIII. Sanitation

The Department of Health is required to inspect public schools to ensure that health and sanitation standards established by the state are being followed. School personnel shall cooperate with the Department of Health inspectors in establishing and maintaining optimum standards of sanitation and health. Health and sanitation inspections of school buildings and grounds will be conducted a minimum of twice each year. Inspections of the kitchens and cafeterias will be conducted a minimum of four times a year.

Principals are responsible for ensuring that prescribed sanitation and health standards are established and followed throughout the year. Any problems should be brought to the attention of the Department of Safety, Environment and Hazards Management.

6Gx13- 5D-1.05

Welfare

STUDENT SAFETY AND HEALTH PROTECTION

I. General Responsibilities

Students are to be furnished safeguards to reduce or eliminate accidents and injuries. All employees responsible for supervision of students and student activities are to take precautions to protect the life, health and safety of every student. Students are required to wear safety devices and protective clothing and will take such safeguards as are necessary to reduce or eliminate accidents and injuries. Refusal or failure by a student to use or wear such devices, or protective clothing or equipment, shall be grounds for appropriate disciplinary action, including prohibiting the student from participation in class activities.

II. Specific Protection and Accident Reporting Responsibilities

A. Eye Protective Devices

Florida Statute 232.45 requires eye protection devices to be worn by students, teachers, and visitors when involved in an activity likely to cause injury to the eyes.

B. Hair Protection

In educational activities involving rotating machine parts and/or flame, students' hair is to be appropriately banded, tied or placed under headgear or cover to protect the hair from becoming entangled or from catching fire.

C. Foot Protection

Bare feet, sandals or footwear exposing the feet, are not permissible during activities requiring foot protection, such as chemical laboratory work, shop work, photo processing, and other appropriate activities.

D. Other Protection

In those educational activities requiring wearing of gloves, aprons, respirators or protective clothing, and other safety devices to protect against spillage of harmful liquids, vapors and dusts, the appropriate devices, clothing, or equipment are to be provided to students who must utilize or wear them properly.

E. Accident and Injury Reports

In the event a student is involved with an accident or injury, a student accident report will be completed pursuant to the Office of Risk and Benefits Managements Procedures Manual.

6Gx13- 5D-1.05

Welfare

INJURIES TO STUDENTS

In case of injuries, principals should contact the parents immediately. Where parents are not available, a relative or family friend as stated on the student information card should be contacted. In case neither parent nor other contact is available; the family physician should be contacted, when name is available. In extreme emergency, dial the emergency 911 telephone number immediately.

6Gx13- 5D-1.06

Welfare

STUDENT ACCIDENT INSURANCE

Student insurance is designed primarily to furnish a low cost accident policy to the students of the Dade County Public Schools. The Board approves the sale of student accident insurance for the convenience of students and parents. Enrollment forms are to be provided students upon request. There may be some variation from year to year in the policy and its general coverage. The Board does not accept any responsibility for policy interpretation or claims payments. No attempt should be made to interpret the policy for a parent or student and all questions should be referred to the insurance carrier. All student injuries occurring as a result of school activities are to be reported as prescribed in Administrative Directives, Series 9. Where student accident insurance is involved, the prescribed report, together with a claim form should be provided the parent. For accidents not occurring at school only a claim form should be provided the parent on request.

Medication Administration at School



Miami-Dade County Health Department



Purpose

This handbook has been prepared for school personnel who will be designated to administer medication to students. The intent of this handbook is to meet the requirements stipulated by State Law 232.46.

F.S. 232.46

Administration of medication by school district personnel

- (1) Notwithstanding the provisions of the Nurse Practice Act, chapter 464, school district personnel shall be authorized to assist students in the administration of prescription medication when the following conditions have been met:
 - (a) Each district school board shall include in its approved school health services plan a procedure to provide training to the school personnel designated by the principal to assist students in the administration of prescribed medication.
 - (b) Each district school board shall adopt policies and procedures governing the administration of prescription medication by school district personnel. The policies and procedures shall include, but not be limited to, the following provisions:
 1. For each prescribed medication, the student's parent or guardian shall provide to the school principal a written statement which shall grant to the principal or his designee permission to assist in the administration of such medication and which shall explain the necessity for such medication to be provided during the school day, including any occasion when the student is away from school property on official school business. The school principal or his trained designee shall assist the student in the administration of such medication.
 2. Each prescribed medication to be administered by school personnel shall be received and stored in its original container. When the medication is not in use, it shall be stored in its original container in a secure fashion under lock and key in a location designated by the principal.
- (2) There shall be no liability for civil damages as a result of the administration of such medication when the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.

ADMINISTRATION OF MEDICATION IN SCHOOL

Some of the common side effects of medications are listed below. Persons administering medication should be aware of these signs and symptoms and look for them in the children who

receive medication at school. In general, if there is any question that the child may be experiencing any of these signs or symptoms, the drug should not be administered. Parents should be notified immediately.

Medication Side Effects:

General:

Itching, rash, excessive perspiration, chills, dryness of mouth, nose and throat, and fatigue.

Gastro-intestinal:

Nausea, vomiting, constipation, diarrhea, loss of appetite.

Central Nervous System:

Dizziness, headache, irritability, nervousness, twitching, convulsions, sleepiness, confusion, disturbed coordination.

Cardiovascular:

Tachycardia (rapid heart beat), palpitations, bradycardia (very slow heart rate)

Respiratory:

Wheezing, difficulty breathing

Genito Urinary:

Frequent voiding, difficult or painful voiding.

School Board Rule # 6GX13-5D-1.021

School Board rule 6GX13-5D-1.021 states that school personnel may assist students in the administration and/or dispensing of prescribed medication in compliance with the following procedures:

- Prior to giving medications, the person administering medications should read and be familiar with this medication handbook.
- All medications shall be administered by the school principal or his/her designee.
- Medications may be administered by the school principal or his/her designee when there exists an illness or disability that requires maintenance-type medication and when failure to take prescribed medication could jeopardize the student's health and when the medication administration schedule cannot be accommodated before or after school.
- If the parent/guardian has completed the Medication Authorization Form correctly and has met the requirements of the District, it is the obligation of the school to see that the student is medicated at the appropriate time indicated on the Medication Authorization Form.
- Only the parent/guardian should deliver medications and pick up unused medications.

Medication Policy

- Every attempt must be made by the student's parent and physician to have medications administered at home during non-school hours. When this is not possible, a completed Medication Authorization Form must be provided for **each** medication to be administered during school hours.
- No medication may be administered by school personnel unless the parent presents the school with a completed Medication Authorization Form, signed by the physician and parent.
- The Medication Authorization Form must be **renewed each school year** and placed in the student's cumulative folder.
- Any changes in the type, dosage or frequency of medication administered will require a new Medication Authorization Form to be completed.
- The Medication Authorization Form must be current. Place expiration date in red at the top or bottom of the Authorization Form. This makes a quick reference.
- For medications that are terminated, draw a line through the authorization form with the date discontinued. The Medication Authorization Form should be filed in the student's Cumulative Health Record (*HRS-H Form 3041*).
- In an emergency situation a Medication Authorization Form can be faxed to the physician and returned by fax to the school. A copy should be made of the form, as fax copies fade. An original must be obtained from the physician and include parent/guardian signatures within 24 hours in order to continue administering the medication.
- Every time a medication is given, all School Board employees will use the universal medications safety precautions, known as ***The Five Rights of Medication Administration: the right drug, the right dose, the right time, the right route (mouth inhaler, suppository, etc.), and the right student.***
- Always wash hands before administering medications.
- If there is any question concerning the medication, contact the parent, physician, or pharmacy **before** administration. Poison control information center may be consulted (1-800-222-1222) if needed.
- Medications are to be brought to school by the student's parents or guardians.
- Medications are not to be transported on a school bus, unless student is accompanied by trained personnel or parent/guardian.
- Non-prescription (over the counter) medication must be received in its **original container** and labeled with the student's name. A completed and signed Medication Authorization Form must accompany each over the counter medication.
- Prescription medication must be received in a **pharmacy labeled** container with the following information:

- a) student's name
- b) physician's / nurse practitioner's name
- c) pharmacy's name and phone number
- d) name of medication
- e) directions concerning dosage and administration
- f) date of prescription
- g) expiration date

**MEDICATION PROTOCOL AT SCHOOL
PARENT RESPONSIBILITIES**

Prescription Medication:

- An Authorization for Administration of Prescription Medication form must be filled out by the physician, and signed by the parent.
- A separate authorization form must be filled out for EACH medication administered.
- Changes in medication require a new authorization form signed by the physician and parent.
- Medication must be in the original pharmacy-labeled bottle.
- A minimum 3-day supply of medication may be accepted.
- A responsible adult must deliver and pick-up the medications in the school clinic.
- Communicate any medications changes directly to clinic staff.
- It is the parents' responsibility to administer early A.M. medications at home.
- When medication is discontinued or school year ends, pick-up all unused medication within one week. Unclaimed medications will be destroyed.
Non Prescription Medication: should be handled in the same manner as prescription medication.
- An Authorization for Administration of Non-Prescription Medication form must be filled out by the parent and physician.
- A separate authorization form must be filled out for EACH medication administered.
- Non-prescription medication must be in the original bottle with the manufacturer's label.
- When medication is discontinued or school year ends, pick-up all unused medication within one week. Unclaimed medications will be destroyed.

Storage Labeling of Medications

- Medications must be stored in a locked cabinet in the health room clinic. (A locked desk drawer is not an acceptable location) If medication must be refrigerated, it should be stored in a sealed box in a locked refrigerator in the health room clinic.
- Medication **must be kept in the prescription container** in which it was dispensed with date, dosage, name of drug, student's name, physician's name, pharmacy name and phone number clearly marked.
- The cap of the container should always be replaced tightly to prevent exposure to air and bacterial growth.
- Medication that changes color, appearance, or has an odor, should not be given. Notify the parent(s)/guardian immediately.
- Refrigerated medications **should not** be kept in the refrigerator door.
- Food should not be stored in the same refrigerator as medications.

Handling and Disposal of Prescription Medications Expired and Unused

All unused/discontinued and unclaimed medications must be disposed of properly according to applicable Federal Statute and Local Laws.

Implement the following procedure prior to the end of each academic year and/or when a student withdraws:

- Notify parents/guardians of the remaining unused prescription / discontinued medications by **letter** (see sample attached).

The parents/guardians should respond either "yes" they will pick up the remaining medications or "no" they **do not** wish to pick up the medications. The response letter is to be returned to the principal. A detailed listing of every medication must be prepared (*see attached chemical / disposal form*).

- For medication that is no longer being given, a note must be sent home to parents to pick up unused medications.
- After 2 attempts to contact parent/guardian to pick up unused medication, medications may be disposed of at school.
- Wasting of medications at school must be witnessed by another staff member and documented on the medication log (including medication name, quantity wasted, date and 2 signatures).
- No medication should remain in the school's locked medicine cabinet at the end of each school year except for the year round schools. See procedure for proper disposal of medications.

SCHOOL LETTERHEAD

Date _____

To the parents/guardian of _____:

Dear _____

Your child was enrolled at _____ School and received medications. It has been noted there are some unused/discontinued medications. Any unclaimed medications will be disposed of by the end of each school year. Please return the bottom portion of this letter expressing your wishes concerning this unused medication.

Thank you for your cooperation in this matter.

Sincerely,

_____ I will pick up the unused/discontinued medication within ten days.

_____ I do not wish to pick up the medication, the school has my permission to dispose of the medication(s).

Student's name

Signature of Parent/Guardian

School

Date

RETURN THIS PORTION TO YOUR CHILD'S SCHOOL

Five Rights of Medication Administration

1. *The Right Student*

- The principal's designee should make a list of students needing medications and their classroom assignments. Alternates for the principal's designee should know these students.
- A picture of children receiving medications should be attached to medical authorization.
- Each teacher / teacher substitute should have a list of students, by name and time of administration, which require medications. The list needs to be available for a teacher substitute.
- Check the full name of the student. Always check and double check the name of the medication on the bottle with the name on the Medication Authorization Form, the name of the student on the medication log and the full name of the student standing in front of you. **Always check at least three times.**
- Don't be in a hurry. Even if you know the student, have the student say their full name.
- **Never permit the student to obtain medication from the medication cabinet.** Never give the medication bottle to the student. Give the correct dose by putting it into the hand of the student.
- Watch student take the medication.
- A copy of the Medication Authorization Form should accompany any student who is participating in a school sponsored field trip. If the trip includes overnight travel, the physician should complete a Medication Authorization Form to address the specific time a medication is required for the anticipated duration of the trip.

2. *The Right Medication*

- Only administer the prescribed medication which is in its **original container**, is clearly marked with the student's name, name of drug, dosage, time/frequency, route, name of prescribing physician and date of prescription. Check the prescription against the Medication Authorization Form.
- Medications may be dispensed only in the dose ordered on the Medication Authorization Form. Each dose given to a student should be documented on the medication log.
- When receiving medication from a parent/guardian, the principal's designee should pour out the medication (*tablets/pills*) onto a clean piece of paper and count the medication in front of the parent. This number should be placed on the medication log and initialed by both parties. If liquid, note the number of ounces. Be sure a clean, disposable, measured container is available for each liquid medication dose.

- Be sure the Medication Authorization Form is current. The Medication Authorization Form must be renewed each school year. Place expiration date in red at top or bottom of the Medication Authorization Form. This makes a quick reference.
- A new Medication Authorization Form is not necessary when a student transfers to another Dade County Public School. Give the parent a copy of the Medication Authorization Form until the student's records are received.
- Report to the parent/guardian the presence of any change in appearance of any medication and do not use any medication with any abnormalities, i.e., two different looking tablets in same container.
- Check the spelling of each medication on each Medication Authorization Form against the spelling on the prescription bottle, and re-check the name of the student.
- When giving a medication, keep from being distracted.
- Check the medication at least three times:
 - when removing the medication from its container
 - when placing it in the student's hand
 - when replacing it into the cabinet
- When giving over-the-counter medications, be sure to check expiration date on bottle. Do not give if outdated.

3. The Right Dose

- The designee should make sure the right dose is in the bottle and that all pills are the same.
- Do not use any medications that appear altered, i.e., discolored or not the same type in the bottle.
- Only administer medications that are in the original container, which is clearly marked with the student's name, dose, time(s) to be given and physician's name.
- Medications may be dispensed **only** in the dose ordered on the Medication Authorization Form.

4. The Right Time

- Never administer a medication more than **one half hour before or after** the scheduled time without checking with the doctor, pharmacist or parents first.
- If student arrives at school late, check with parent/guardian if the student has had medication or when student had their last dose.

- Be certain the Medication Authorization Form has the proper date and time for administration of medication.
- Advise parent of any dose is missed by calling the parent and/or send a note home with the student.

5. *The Right Route*

- When a medication is prescribed, the physician has determined the best route and time for administration of the medication.
- Do not undo capsules, unless advised on the Medication Authorization Form, signed by the physician or medical provider.

Administration Techniques

- Always wash hands carefully before and after giving medications.
- Follow the label directions carefully including any precautions stickers.
- Record all medications immediately on the **Student Medication Log**. Date and initial each entry, with time given. The Student Medication Log and the Medication Authorization Form are to be kept together in a medication binder or folder.

Oral Medications

1. *Special Note:* Oral liquid medications are frequently prescribed by the “teaspoon” as a dosage. A calibrated medicine cup is preferable for making this measurement. Measure medication with calibrated cup and dispose of cup immediately after use. **Always measure carefully!!**
2. Oral medications are always given with the child sitting up.
 - a) Measure the medication or remove the correct pills from the bottle. Check name again against the bottle.
 - b) Hand it to or assist the child in putting it in the mouth.
 - c) Make sure the medicine is swallowed – check the mouth.
 - d) Always follow with **water** unless otherwise directed.
 - e) If a tablet must be broken in half, this should be done by the parent before bringing the medication to school.
 - f) Tablets should be crushed only after checking with the doctor. Don’t mix medicines together without checking.
 - g) If the child vomits after the medication, call parents and give them the time interval, and document it on the cumulative health folder.
 - h) Observe students for immediate reaction/side effects to medication.
 - i) Discard used medication cup.
 - j) Record medication on forms.

Ear Drops

1. Double check to make sure the medicine is being put in the correct ear.
2. Lay the child on the opposite side.
3. Pull up and back on the ear and put in the drops.
4. Leave the child on his/her side for a few minutes.
5. Wipe off any medicine that runs out.
6. Offer student a Kleenex/tissue.

Eye Drops

Instillation of eye drops is a sterile technique necessary to prevent the introduction of bacteria into the eye.

1. Make sure you are putting the medication into the correct eye in the correct manner.
2. Wash your hands.
3. Have the student lie down and extend the neck back over a pillow.
4. Have the student close his/her eyes.
5. Do not put in medication if the child is crying.
6. Rest your hand on the child's forehead. Gently pull the lid down.
7. Apply drops or salve without touching the container tip to the eye, skin or anything else.
8. If you contaminate the end of the tube by touching it, squeeze out a small amount of medicine on a gauze pad or cotton tipped applicator and start over.
9. Offer tissue to student.
10. Keep the student in position for one minute.
11. Observe for side effects.
12. Wash your hands when finished.

Topical Medications

1. Wash hands and wear gloves.

2. Apply to a clean skin surface.
3. Always use cotton tipped applicators or tongue depressors to apply salves and ointments, never use your fingers.
4. Cover the site with gauze or an adhesive bandage if indicated.

Nose Drops

1. Position the student lying down with the neck extended back over a pillow.
2. The student should keep this position for several minutes.
3. Observe closely for choking or vomiting.

Inhaled Medications

1. Inhaled medications should be dealt with on an individual basis. Contact the parent/school nurse if you have questions.
2. A metered dose inhaler (*MDI*) is a device used to deliver asthma medication directly to the lungs. In order to carry and inhale, a student must have a written notation on the Authorization for Medication Form, that the student has been trained in its usage and signed by the student's parents/legal guardian and physician/nurse practitioner. In order to ensure effective administration of the medicine, a spacer should always be used with an MDI. The following steps should be performed:
 - a. Remove the cap from the inhaler and hold the inhaler upright.
 - b. Shake the inhaler for 30 seconds; place the inhaler in the spacer.
 - c. Tilt the head back slightly and breathe out.
 - d. Open mouth and put lips around spacer.
 - e. Press down on inhaler to release medication and start to breathe in slowly.
 - f. Breathe in slowly. (*3 to 5 seconds*)
 - g. Hold breath for 10 seconds to allow medicine to reach deeply into lungs.
 - h. Rinse spacer after each use.
 - i. Repeat puffs as directed. Waiting 2-4 minutes between puffs may permit the second puff to penetrate the lungs better.
 - j. Have student rinse mouth.
3. If a student requires inhaled medication more than twice in any school day, notify parent.

Self-Medication Procedures

- Students with asthma, diabetes and hypersensitivity to bee stings / insect bites require special procedures. They often require life saving medications or procedures that can be taught to the student so that they can become self-sufficient.

- Because these chronic disorders affect the student for his/her lifetime, it is in the student's best interest to become self-sufficient in managing their medication and/or health procedure as soon as possible.
- The goal of the District is to facilitate these students in practicing self-medication and self-care so long as the following criteria is met:

Asthma

1. Each student must have a completed Medication Authorization Form on file stating that the student has been trained by his/her physician to use a hand-held inhaler and/or a nebulizer for the treatment of asthma.
2. The physician must write on the Medication Authorization Form that the student must carry the hand-held inhaler on his/her person depending on the student's age and ability, or remain in a locked medicine cabinet in the health room clinic. Medication must be labeled with the student's name on the inhaler.
3. If a student requires therapy from a nebulizer machine during school hours, the physician must state that he/she has trained the student on how to properly use the nebulizer. The medication to be used in the nebulizer must be pre-measured for accurate use in school. The student must use the nebulizer in the health room, and the parent or guardian should demonstrate the proper use of the nebulizer to the appropriate staff, who may have to provide assistance to the student in administering the medication.

Procedures for Students Having Allergic Reactions/Anaphylaxis to Insect Bites or Stings, Foods and Other Allergies

1. Allergic Reactions/Anaphylaxis to insect and bee stings, food and other allergies is a potentially life-threatening situation. *Anaphylaxis* can be fatal within minutes if not quickly and properly treated. It is the responsibility of the student's parent/guardian to provide the school with a self-injecting kit or Epi Pen.
2. A student with allergic reactions to bee stings or insect bites must have a completed Medication Authorization Form on file, stating that the student has been trained to use the self-injecting emergency Epi Pen and therefore, may carry this on his/her person. The Epi Pen should always be in a place immediately accessible by the student or responsible adult and any other instructions that must be done as part of the emergency care for this student. It is preferable if a student can perform a self-injection because this can be a life long problem.
3. The student must be aware of the adverse consequences of using the Epi Pen including using it on other students.
4. Parent/guardian or physician should set up an immediate training program for staff that has contact with the student, especially the classroom teacher, physical education teacher, principal or designee for administering medication, the bus driver and any special teacher who works with the student.

5. Training should include, but not be limited to: symptoms of anaphylaxis, how to administer, immediate emergency measures, how and when a repeat injection is necessary, calling 9-1-1, calling parent/guardian, side effects of epinephrine; discussion of legal implications; the need for monitoring the student; expiration date and dosage of the Epi Pen. If the parent is unable to train the staff at schools, the office of Comprehensive Health Services should be contacted at 305-995-1235.
6. Maintain a list of students with severe allergic reactions. Copies of this list should be given to all teachers, administrative school staff, and the school nurse if your school has been assigned one.
7. School staff should be made aware of 9-1-1 procedure.
8. Emergency contact cards should be completed and placed in an obvious location with current information.
9. Periodically, the principal should have the playground, fields and buildings inspected for beehives, wasp nests and red ant colonies. These should be properly treated and removed as soon as possible.
10. All school-based staff should know that the swarming season for bees and wasps in South Florida is between October and June. Therefore, no time is a safe time for a student with this type of allergy.
11. Caution should be taken with any classroom science project that will use any bees, wasps or insects.
12. All children who have experienced systematic reactions to stings or bites should wear a med-alert tag or bracelet stating their sensitivity.

Allergic Reactions

An allergic reaction to certain medications can occur even if the child has been using medication previously without complications.

- Carefully observe student for adverse reactions after giving medications.
- Call parent / physician immediately if any of the symptoms below occur.
- Notify principal or designee.
- Stay with child until help arrives or symptoms improve.
- If the child is taken to the emergency room send the medication container and emergency information with the person accompanying the child.

Allergic Reactions that require immediate attention:

Rash
Itching

Diarrhea
Nausea

Behavioral Changes
Vomiting

Life threatening allergic reactions:

Swelling around the mouth
Breathing problems
Choking
Bluish color of the skin
Abdominal cramps

Call 9-1-1

Medication Documentation

- The Medication Authorization Form must be checked carefully for name of medication, dosage, time, physician and parent signatures, expiration date, before you begin administering medications.
- Each school must maintain a Student Medication Log that shows the time, date and name of student to whom medication was administered at school.
- The Student Medication Log and the Medication Authorization Form are to be kept together in a binder or folder and in a locked space in the health room where medication is being administered.
- The individual medication log must be maintained in the student's cumulative folder after medication has been completed or at the end of the year.
- If a medication dose is omitted for any reason, notify the parent/physician as soon as possible. Document on medication log. Send note home with the student if the parent/guardian could not be reached by phone.
- Follow procedure for missed medication.

Forms To Have On Hand

- Student Health Folder
- Medication Authorization Form
- Student Medication Log
- Student Emergency Contact Card
- Posted Emergency Card Listing:
 - 9-1-1
 - Poison Control Number (1-800-222-1222)
 - Names of First Aid Providers
 - Names of CPR Providers

Medication Errors

A. Medication Errors include:

1. Wrong Medication
2. Wrong Dosage
3. Wrong Time
4. Missed Dose

B. If a medication error occurs, always:

1. Notify your principal/principal's designee.
2. Notify the parent/legal guardian.
3. If the error involves giving the **wrong medication or dosage**:
 - a. Contact Poison Control Center 1-800-222-1222 for possible adverse side effects.
 - b. Inform your school nurse if applicable.
 - c. It may be necessary to contact the student's physician.
 - d. Keep the student under observation for possible adverse reactions until the situation has been resolved.
 - e. If in doubt call 9-1-1.
 - f. Complete medication error forms.
4. If the error involves a **late/missed dose**:
 - a. Call the parent/guardian for recommendation on how to proceed.
 - b. It may be necessary to contact the student's physician.
 - c. Document on medication log.

C. Anyone can make a medication error, even the most careful nurses, but there are some positive steps a caregiver can take to minimize the possibility of a medication error. These include:

1. Take your time! Don't allow yourself to be rushed.
2. Concentrate on what you are doing. Avoid distractions.
3. Work with one student at a time.
4. Check the identity of the student and the medication three times before administering it.
5. Log the medication immediately.

Reasons for Contacting Parents

- Any questions regarding medication instructions.
- Failure of the child to receive the medication for any reason (*i.e., vomiting, refusal, forgot, out of medicine, spilled last dose*).
- Any error in the administration – **contact parent immediately.**
- Any change in behavior or physical status, which might be attributed to the medication. Check Medication Log for side effects.

- Changes in appearance of medication or expiration of medication.

Reason for Contacting Physician

- Parent not available to answer urgent question.
- Any question not answered satisfactorily by the parent.
- Immediately, if signs of medication reaction become apparent.

Medication Administration Checklist

- Determine which students are to receive medications daily. Make a notebook to hold:
 1. Student Medication Log
 2. Authorization for Medication Form
 3. Medication Administration at School: A Handbook for School Personnel
- Identify the student positively, check the label.
- Wash your hands.
- Measure carefully, checking the label and student identity a second time.
- Double check the bottle with the student, a third time.
- Administer the medication.
- Log medication immediately.
- Replace the medication in the cupboard and lock.
- Wash your hands.

Bio-hazardous Waste / Sharps Procedures

- All biomedical waste shall be identified and segregated from other solid waste at the point of origin (school site). A bio-hazardous waste plan is on file at each of your schools. If you have questions or cannot find this plan please call the Director of Safety, Environment and Hazards Management at (305) 995-4900.
- Sharps shall be segregated from all other waste and discarded directly into a sharps container. Criteria for the containment, labeling and storage of sharps should be addressed in the bio-hazardous waste plan at your schools. If you have questions or cannot find this plan please call the Director of Safety and Hazards Management at (305) 995-4900.

Field Trip – Procedures for Medication Administration

1. The goal of the district is to facilitate students with special medical needs to be allowed to participate in all school activities. The following criteria must be met.
 - a. The student must have a completed Medication Authorization Form on file with the physician's signature and parental signature. A copy of the form should accompany the student who is participating in the field trip.
 - b. The principal's designee should accompany student(s) on the field trip and be trained in Procedures in Medication Administration.
 - c. The medication to be administered must be signed out by the principal's designee on the medication log and witnessed by the principal or his/her designee.
 - d. The medication must be kept safely with the principal's designee in a labeled medicine container with the student's name, prescription information and the physician's name and phone number provided by the parent/guardian.
 - e. Medication that needs to be refrigerated should be kept in a sealed/taped container in a cooler device.
 - f. Prior to administering medications, the principal's designee will use the universal medications safety precautions, known as The Five Rights of Medication Administration: the right drug, the right dose, the right time, the right route (mouth, inhaler, etc.), and the right student.
 - g. Always cleanse hands before administering medications.
 - h. Medication given to the student must be witnessed by a school board employee.
 - i. Documentation should be completed by returning to the health room following the fieldtrip and signing your name, indicating the time the medication was administered.

2. Supplies Needed:
 - a. Copy of completed Medication Authorization Form
 - b. Medication
 - c. Handi-wipes
 - d. Drinking cups
 - e. Drinking water
 - f. Calibrated medicine cup (liquids only)

SAMPLE REPORT OF MEDICATION ERROR

Name of School

Date and Time of Error

Name of Student

Birth Date

Name and Position of Person Administering Medication

Prescribed Medication / Dosage / Route / Time

Describe error and circumstances leading to error:

Describe action taken:

Persons notified of error:

	Name	Date	Time
Principal			
Parent			
Physician			
School Health Coordinator			
Phone:			
Other			

Signature (person completing report)

Date Completed

Follow-up information if applicable (to be completed by School Health Coordinator):

Original: School Health Coordinator
Copy: Principal



AUTHORIZATION FOR MEDICATION

NAME OF STUDENT _____ SCHOOL _____

TREATMENT PLAN (to be completed by physician)

DATE _____

DIAGNOSIS _____ PHYSICIAN _____

_____ ADDRESS _____

MEDICATION & DOSAGE _____ PHONE NUMBER _____

SIDE EFFECTS _____ ALLERGIES _____

PURPOSE OF MEDICATION _____

DIRECTION FOR ADMINISTRATION BY SCHOOL PERSONNEL _____

NOTE: If the medication is to be administered for an extended period of time, see paragraph F on the reverse side.

Signature of Physician

PARENTAL PERMISSION (to be completed by parent or guardian)

DATE _____

My permission is hereby granted to the School Principal or his/her specified delegated personnel to administer prescribed medication to my _____
Relationship

Name of Student

NOTE: If the medication is to be administered for an extended period of time, see paragraph F on the reverse side.

Signature of Parent or Guardian

FM-2702E Rev. (11-00)

School personnel may administer and/or dispense medication to students in compliance with the following procedures approved by the Dade County Department of Public Health:

- A. When there exists a long-term or chronic illness or disability that requires maintenance type medicine and where failure to take prescribed medication could jeopardize the student's health and when the medication schedule cannot be adjusted to provide for administration at home.
- B. When there is a written treatment plan signed by a licensed physician and a consent form signed by parent or guardian attached to the student's Cumulative School Health Record (HRS-H Form 3041) for each type of medication prescribed. This treatment plan shall explain the necessity for the prescribed medication to be provided by during the school day.
- C. All medicine shall be received and stored in original containers. When the medication is not in use, it shall be stored in its original container in a secure fashion under lock and key in a location designated by the principal.
- D. The assistance in the administration of prescribed medication to students shall be done by the school principal or his/her trained designee.
- E. School personnel will maintain and keep current a list of students receiving medication during school hours, including name of medication, dosage, side effects, purpose and usual time of administration. At the time a student receives medication, the following must be recorded: time, date, and by whom it was administered. It is suggested this information be placed on a medication log. (Sample A)
- F. Authorization forms which include the physician's treatment plan, the necessity for medication, and consent of parent or guardian for assisting students in the administration of prescribed medication by school personnel will need to be filed only one time during a school year. The parent or guardian shall advise the school authorities, in writing, when a change of medication is required. A change in medication by the directing physician during the school year will require a renewal of the authorization forms.
- G. There shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.
- H. Orientation and training of district personnel assisting students in the administration of prescribed medication will be conducted, as necessary, by the Department of Health. The orientation will include medication policies and procedures, student's medical problems, the medication, its purpose, side effects, expected results and administration, the delivery, storage and proper care of medication.



AUTORIZACION PARA LA ADMINISTRACION DE MEDICAMENTOS

NOMBRE DEL ESTUDIANTE _____ ESCUELA _____

TRATAMIENTO (para ser llenado por el medico)

FECHA _____	_____
DIAGNOSTICO _____	NOMBRE DEL MEDICO _____
_____	DIRECCION _____
MEDICINA Y DOSIS _____	TELEFONO _____
EFFECTOS SECUNDARIOS _____	ALERGIAS _____

RAZON DEL MEDICAMENTO _____	
INSTRUCCIONES AL PERSONAL ESCOLAR PARA LA ADMINISTRACION DEL MEDICAMENTO,	

IMPORTANTE: Si el medicamento se debe suministrar por un periodo largo de tiempo, vease al dorso las instrucciones bajo la letra F.

_____ FIRMA DEL MEDICO

AUTORIZACION DE LOS PADRES (para ser llenada por el padre o tutor)

FECHA _____

Por [a presente, doy mi permiso al director de la escuela o la persona designada a su efecto para suministrar el medicamento prescrito a mi _____

PARENTESCO

_____ NOMBRE DEL ESTUDIANTE

IMPORTANTE: Si el medicamento se debe suministrar por un periodo largo de tiempo, vease al dorso las instrucciones bajo la letra F.

_____ FIRMA DEL PADRE O TUTOR

FM-2702S Rev. (11-00)

El personal de la escuela puede ayudar en la administracion de medicamentos a los estudiantes que lo requieran y cumplir de esta manera con los procedimientos adoptados por el Departamento de Salud Publica del Condado de Dade.

- A. Cuando la enfermedad o, la incapacidad es cronica o de larga duracion y se requiere suministrar un medicamento; cuando el no proveer dicho medicamento puede poner en peligro [a salud del estudiante y cuando las horas para administrar dicha medicina no pueden alterarse fuera de las horas escolares.
- B. Cuando existe archivado en el expediente escolar del alumno (HRS-H Form 3041) un plan medico debidamente firmado por un medico y una declaracion de consentimiento escrita por los padres o tutores. Este plan debe explicar la necesidad para recibir ese medicamento durante horas escolares.
- C. Toda la medicina que se reciba debe mantenerse en su envase original. Cuando la medicina no este siendo suministrada, Debera guardarse en su envase original, bajo llave y en un lugar seguro e indicado por el director.
- D. La administracion del medicamento prescrito al estudiante se llevara a cabo por el director o por la persona designada a su efecto.
- E. El personal de la escuela debe mantener al dia una lista con los nombres de los estudiantes que reciben medicamentos durante las horas escolares, el nombre de la medicina, la dosis a seguir, efectos secundarios, razon del medicamento y cuando debe suministrarse. En el momento en que al estudiante se le da la medicina debe anotarse la hora, fecha y que persona lo ayuda. Se sugiere que toda esta informacion debe registrarse en un diario de medicamentos. (Adjunto A)
- F. La documentacion que comprende el plan medico, el consentimiento del padre o tutor y [a autorizacion para suministrar la medicina debe ser archivada una sola vez durante el curso escolar. El padre o tutor le avisara por escrito a la escuela cuando sea necesario cambiar el medicamento. Un cambio del medicamento ordenado por el medico requiere una renovacion de toda la documentacion.
- G. No existe ninguna responsabilidad en caso de una accion legal por daños y perjuicios si la administracion de dicho medicamento ha sido efectuada por una persona que ha actuado con la cordura y la prudencia que cualquier otra persona hubiese empleado en circunstanacias semejates.
- H. El entrenamiento y las sesiones de orientacion al personal del distrito involucrado en ayudar a los estudiantes a recibir sus medicamentos, se efectuara cuando sea necesario, por el Departamento de Salud. Esta orientacion debe incluir los procedimientos a seguir con los medicamentos, problemas de salud del estudiante, los medicamentos, objetivos y efectos secundarios, resultados y la administracion, entrega, custodia y cuidado de los medicamentos.



OTORIZASYON POU MEDIKAMAN

NON ELÈV LA: _____ LEKÒL LA _____

PLAN TRETMAN (fè doktè a ranpli fòm sa a)

DAT _____ (Doktè)

KI MALADI LI SOUFRI _____
_____ (A drès)

REMÈD AK DÒZ PRESKRI _____

KI EFÈ YO _____ (Nimewo Telefòn)

_____ (Alèji)

REZON POU MEDIKAMAN AN _____

KÒMAN POU ANPLWAYE LEKÒL LA BAY REMÈD LA

NÒT: Si yo dwe bay medikaman an pou lontan, li paragraf F ki nan do fèy la. _____ (Siyati Doktè)

PÈMISYON PARAN (pou paran oswa gadyen an ranpli)

DAT _____

Mwen bay direktè lekòl la oswa moun li deziyen a pèmasyon pou bay remèd doktè preskri pitit mwen an

_____ (Lyen Parante)

_____ (Non elèv la)

NÒT: Si yo dwe bay medikaman an pou lontan, li paragraf F ki nan do fèy la. _____ (Siyati paran an oubyen gadyen an)

FM-2702H Rev. (11-00)

Anplwaye lekòl kab bay oubyen ede elèv yo pran medikaman selon pwosedi sa yo Depatman Sante Piblik Dade County apwouve.

- A. Lè genyen yon maladi k ap dire lontan oubyen yon maladi kwonik oubyen andomajman ki mande pou elèv la kontinye pran medikaman e lè li pa pran medikaman doktè yo preskri a sa kab lakoz sante l deteryore e lè orè pou l pran medikaman an pa ka ajiste pou l pran l lakay li.
- B. Lè genyen yon plan tretman ki egziste e yon doktè lisansye siyen l e yon paran oubyen gadyen siyen yon fòm pou bay konsantman l klase nan dosye sante (HRS-H Form 3041) lekòl la pou chak kalite medikaman ki preskri. Plan tretman sa a dwe eksplike nesosite pou yo bay elèv la medikaman an pandan jounen lekòl la.
- C. Nou dwe pote tout remèd vini lekòl la nan boutèy yo te vann li a orijinal nan. Lè nou pap sèvi ak medikaman an nou ap konsève li nan boutèy li e plase li nan yon bifèt A kle nan yon kote direktè a endike.
- D. Se administratè a oubyen yon anplwaye direktè a chwazi k ap ede nan bay elèv yo remèd ki preskri.
- E. Anplwaye lekòl la ap kenbe yon lis ajou sou timoun k ap pran medikaman nan lè lekòl la, lis la ap genyen non medikaman an dòz la, efè medikaman an, rezon pou medikaman an e tou lè pou yo bay elèv la medikaman an. Lè yon elèv vin pran medikaman anplwaye a dwe make sa nan dosye a: lè a, dat la, e ki moun ki te bali medikaman an. Nou sijere pou enfòmasyon sa yo klase nan lis medikasyon an.
- F. Fòm otorizasyon ki gen plan tretman doktè a, nesosite pou medikaman an, e konsantman paran an oubyen gadyen an pou anplwaye lekòl bay pitit yo medikaman ki preskri dwe ranpli e klase l nan yon sèlfwa pandan ane lekòl la. Paran oubyen gadyen an dwe avèti otorite yo nan lekòl la, a lekri, lè doktè a mande pou fè chanjman nan medikaman an. Yon chanjman doktè a fè nan medikamn an pandan ane lekòl la kab lakoz yo renouvle fòm otorizasyon an.
- G. Nou pa responsab domaj sivil kòm rezilta paske yon moun te bay timoun nan medikaman sa a, kote moun nan te bay medikaman an kòm yon responsablite dòdinè A prekosyon li ta va pran nan nenpòt oubyen nan sikonstans parèy.
- H. Lè li nesèsè Depatman Sante ap ofri oryantasyon antrenman pou anplwaye distri a ede elèv yo nan ba yo medikaman preskri. Oryantasyon an ap kouvri règleman, pwosedi, pwoblèm medikal elèv la, medikaman an, rezon pou li, efè li, ki rezilta yo espere paske elèv la ap pran medikaman an, resevwa medikaman an, kòmman pou konsève li e prekosyon pou yo pran ak medikaman an.

Miami-Dade County Public Schools – MEDICATION LOG				
Name of Student:			Medication:	
Address:			Dosage:	
Tel/Home Contact:			Time:	
Classroom/Home Room:			Side Effects:	
Received:			Allergies:	
Record of Administration				
Medication	Dose	Date/Time	Signature of person Administering	Comments

Glossary

Drug:

Any substance taken by mouth, injected into a muscle, the skin, a blood vessel, or applied topically to treat or prevent a disease or condition.

Prescription Medication:

Those medications whose use in the treatment of a physical condition and/or illness is required to be authorized in writing for a given period of time, and in specific dosages, by a licensed physician / nurse practitioner.

Non-Prescription Medications / Over-The-Counter-Medications:

Medications which may be purchased by the general public for treatment of physical conditions and/or illnesses without the authorization of a licensed physician/nurse practitioner shall include, but not be limited to all forms of pills, tablets, capsules, lozenges, liquids, creams, etc., that may be taken internally or applied to the body.

Standardized Abbreviations

A.S.	left ear
ASA	aspiring-acetylsalicylic acid
ASAP	as soon as possible
A.U.	both ears
bid	twice a day
B.I.D.	twice daily
cap	capsule
dil	dilute
DR	doctor
elix	elixir
ETH	elixir terpin hydrate
FeSo ₄	ferrous sulfate
freq	frequency
gt	one drop
gtt	two or more drops
H (hr)	hour
hr	hour
IM	intramuscular
inh	inhalation
inj	injection
L	left
L	liter
LLE	left lower extremity
MOM	milk of magnesia

O ₂	oxygen
O.S.	left eye
O.U.	both eyes
oz	ounces
p.c.	after meals
po, per os	by mouth
prn (pronata)	as necessary; as needed, as desired
q	every
qd	every day
q2h	every two hours
q3h	every three hours
q4h	every four hours
qh	every hour
qid	four times a day
qod	every other day
qt	quart
rle	right lower eyelid
rt	right
rue	right upper eyelid
RUE	right upper extremity
s	without
stat	at once, immediately
subling	under the tongue; sublingual
supp	suppository
syr	syrup
tab	tablet
tbsp	tablespoon
tid	three times a day
tsp	teaspoon
ue	upper eyelid
ung	ointment

1. **This is a working document. Additional information will be forthcoming.**
2. **Refer to the facilitator manual for current forms (*medication log, authorization form, parent letter*).**

SCHOOL HEALTH FACILITATOR

Rationale: School Board Rule 6Gx13-5D-I.O21 states:

School Health Facilitator

Each school shall have a health facilitator appointed by the principal who works with the principal, faculty, public health nurse, and other resource persons in the implementation of an effective health program. Responsibilities of the facilitator are outlined in the **Handbook for School Health Facilitators**.

This plan for improving school health programs is an outgrowth of the cooperation between the State Department of Education and the Department of Health and Rehabilitative Services. It is requested that a faculty member be designated as school health facilitator. It is recommended that this person serve in an advisory capacity to the principal and give continual attention to the school health program.

The teacher should be constantly on the alert for the changing appearance or behavior of students. The daily observation should be conducted by the classroom teacher/s in the school and by the parents in the home. The continual observation of the child in school, home, or during play periods, constitutes an important phase of the overall health appraisal program.

Selection

Experience with the health facilitator plan indicates that certain special qualifications are needed to enable the facilitator to function effectively. Since properly qualified individuals are not available in every school, it is suggested that:

1. The principal designate a faculty member interested in health, who is as well qualified as possible in this field, to serve as school health facilitator.
2. The school administrator should provide opportunities during the school day for the facilitator to improve himself/herself on the job.
3. State and local health department and school officials provide individual consultation, printed materials, and intensive in-service educational opportunities for the facilitator.

Duties and Responsibilities

The school health facilitator is responsible for all the functions and activities delegated to him/her by the principal and generally give guidance and direction in the development and operation of the school health program. Some of the duties may be as follows:

1. Serves as the principal's representative in all matters pertaining to the health of the school-age child, whether they are of a school or community nature.
2. Guides and counsels student health committees.
3. Evaluates, with the assistance of others, school health activities and problems such as the program of health instruction, safety hazards, and safety practices; environmental factors, such as water supply, waste disposal, lighting, and ventilation; the school lunch program; and the working relationships of the health, science, home and family living, physical education and after school programs.
4. Assists teachers and other staff members in securing sound and appropriate health education materials.
5. Explores ways of making the health services more meaningful, giving special attention to making them more educational.
6. Makes suggestions and recommendations to the principal concerning health problems, health needs, and methods of improvement.

School Health Committee

Rationale: Each individual, elementary, middle and senior high school should establish a school health committee to be concerned with the health challenges, issues and/or concerns occurring or is a potential threat in the school and the local community.

Membership: Members of the committee should be appointed by the school principal or elected by the faculty. And as a general rule, particularly the school health facilitator as well as the majority of the members should come from the school staff as listed:

- Principal, ex officio
- School Health Facilitator
- CPR/First Aid Certified Staff Members
- Physical education instructor
- Public Health Nurse or other medical provider on site
- Cafeteria manager/representative
- Head custodian/representative
- Classroom teacher
- School parent
- Student
- Health or science teacher
- School counselor
- Social Worker

Other individuals other than school staff may be added to the committee and asked to serve as consultants when considered necessary. This practice of calling in outside consultants for a specific problem will allow the school to make intelligent decisions. For example, dental health problems would indicate participation by a local dentist or dental hygienist.

Meetings: Subsequent to the organizational meeting the school health committee should meet as often as desirable or appropriate. A minimum of three meetings a year, fall, winter and spring is recommended, with other meetings called as needed or indicated by special health or safety problems.

Purpose: The basic purpose of the school health committee is to assist the principal or his delegated representative in conducting a program of school health from which the students will derive maximum benefits.

1. Coordinate and implement Health Education Program with local Health Care Providers
2. Look at ways to assist the school health nurse and others with the various screenings programs
3. Observe and discuss daily safety inspections and observations procedures with teachers
4. Study safety features of the school buildings and grounds and recommend needed improvements for accident prevention
5. Discuss opportunities and methods for integrating and correlating health teaching and other subjects
6. Planning such special health projects as dental health week, food and nutrition survey, sight conservation programs, fire prevention, pedestrian safety, etc.
7. Providing for in-service health education for teachers
8. Arranging for participation of custodial personnel in special training courses
9. Discuss opportunities and methods for integrating and correlating school lunch experiences with health teaching
10. Encourage students participation in health-related poster and essay contest activities as well as field trips to community sites of a health or environmental nature

Resources:

1. Resources will be sent periodically to every school as available. Resources will be those listed below but are not limited to these:
 - a. Safety Bulletins. Every elementary school is sent the American Automobile Association through the Office of Driver's Education and Safety. Subjects covered include pedestrian, bicycle and electrical safety.
 - b. Health Bulletins from the Health Department, community health-related agencies, commercial agencies, etc. They would include items covering various appropriate health topics and health concerns.

- c. Health articles of interest to educational staff from various health journals and magazines
 - d. Other Health-Related Materials are distributed to every school as they become available.
2. For assistance with special material, please call Comprehensive School Health Office at (305) 995-1235.

<http://comprehensivehealthservices.dadeschools.net>

HEALTH STATION INFORMATION

Rationale: School Board Rule 6Gx13-5D-I.O2I School Health Services Program states the following:

Health Station

Each school shall provide physical facilities for the implementation of the Florida School Health Services Plan. This space (clinic) shall be equipped to provide to students emergency aid, temporary relief, and other health services program activities.

This *is* further mandated in Section 402.32F.S. Rule IOD-80.03 number 6

Location: This health station should be located in the administrative wing and should be accessible to the main office where supervision could be supplied by office staff, if needed or desirable.

Equipment and Supplies:

1. Each health station should be equipped with a bathroom, soap, sink with running water, two cots, and a folding screen usable for isolating patients.
2. Provisions for height-weight screening should be made. Two yardsticks placed end-to-end or a flexible measuring tape fastened to a convenient wall and the weight scale placed nearby.
3. The recommended list of first aid supplies (see pg.42)

Utilization of Health Station:

The health station is used only for the purpose for which it is designed, namely, to provide students emergency aid, temporary relief, and other health-related services. Storage, office, lounge, etc., should not interfere with the primary purpose of the health station.

EMERGENCY HOME CONTACT INFORMATION

The card, which is to be accurately and promptly completed, **at time of registration**, is found on the reverse side of the student assignment card. The middle two lines entitled "Student Health Data" should be utilized in explaining any pertinent student health data which should be known *in* an emergency (diabetic, allergies, etc.). These health conditions, if serious, should also be flagged on the cumulative record.

School Board Rule 6Gx13-SD-I.O5, INJURIES TO STUDENTS states:

In case of injuries, principals should contact the parents immediately. Where parents are not available a relative or family friend as stated on the student information card should be contacted. In case neither parent nor contact is available, the family physician should be contacted, when name is available. In extreme emergency, police or Emergency Rescue Squad should be called immediately.

10D-84.17

MEETING EMERGENCY HEALTH NEEDS

1. a) An emergency information card, updated annually, shall be completed for each student noting contact person, family physician, allergies, significant health history and permission for emergency case: Specify Authority S.402.32(8) F.S.

The emergency home contact information relies upon the correct completion of the care shown above. It is a vital link of communication between school and home in emergencies such as illness, injury or other crisis.

**MIAMI-DADE COUNTY HEALTH DEPARTMENT
APPROVED FIRST AID SUPPLIES FOR HEALTH STATIONS**

A current edition of "Standard First Aid Personal Safety" prepared by the American Red Cross should be kept in the health station at each school.

For Emergency Clean-up: (Use Powder-free Non-Latex rubber gloves)

Applicators, 6"

Band-Aids, telfa, assorted sizes

Bandages: 3" Kling Gauze pads, sterile 2" x 2" Gauze pads, sterile 4" x 4" Sanitary Napkins

Bandage, triangular

Basin, water

Cotton balls, non-sterile in wide mouth covered jars

Cups, paper

Flashlight

Plastic sandwich bags

Paper, examining table roll, 18" x 200'

Pins, safety

Scissors, bandage

Soap, liquid

Tape, adhesive: ½ ", 1"

Thermometer: (digital) axillary thermometer

Tongue blades, in covered jar

Antidotes and First Aid for Poisoning.

- An **Emergency** always exists if someone swallows a poison. Do not delay contacting hospital, physician or poison control center to obtain advice concerning first aid measures. If necessary, summon police or emergency medical personnel for assistance. Keep telephone numbers immediately available. Even after emergency measures have been taken, always consult a physician or poison control center. A delayed reaction could be fatal.
- Vomiting is **never recommended** as first aid. Never try to induce vomiting by putting fingers in a child's throat or by administering syrup of ipecac. Only induce vomiting if instructed to do
- Never try to "neutralize" a poison with an acid or base. Call for advice.
- If poison is from a container, take container to medical facility treating patient. If pills were taken, take all pills/containers to medical facility.
- If a poisoning has occurred or is suspected contact a poison control center immediately. **1-800-222-1222** . Poison control centers are a free service and are available 24 hours a day, 365 days a year.
- If physician, Poison Control Center or other medical personnel cannot be reached by phone, child should be taken to an emergency

The following represents substances most frequently encountered by children, and first aid measures that may be initiated while medical help is being summoned.

Substance	First Aid	Substance	First Aid
Medications (overdoses) Aspirin, Tylenol, Motrin etc. cough and cold medications prescription medications, vitamins, sleeping pills etc.	Give nothing. Call Physician or Poison Control Center immediately.	Wild mushrooms	All wild mushrooms are potentially toxic and child should be taken to an emergency room immediately.
Household cleaning agents Household bleach, ammonia, furniture polish, all purpose cleaners, dishwashing detergents, soaps, fabric softeners, degreasers etc.	Give 4-6 oz water. Keep child in upright sitting position for if vomiting occurs spontaneously. Call physician or Poison Control Center immediately.	Plants/ Wild berries	All plants are potentially toxic. Call physician or poison control center immediately if any plant, flower or berry is ingested.
Hydrocarbons Gasoline, turpentine, mineral spirits, furniture polish, lighter fluid, automotive oils/grease.	Give 4-6 oz water. Call physician or poison control center. Never induce vomiting.	Insect bites: Bees, wasps, spiders, scorpions, ants, etc. bites/stings	Wash area well with soap and water, remove stinger if visible. Apply antibacterial ointment and contact physician or poison control center. If generalized rash, wheezing, respiratory difficulties develop, call 911.
Pesticides Bug sprays, rat poisons, weed killers, moth balls, insect repellents.	Give 4-6 oz water. Call physician or poison control center.	Snake bites	Immobilize the bitten area. Remove clothes and jewelry from the area. Do not try to remove any venom. Call Physician or poison control center. Do not try to catch the snake.
Cosmetics Creams, makeup, sun tan lotions, perfumes, cologne, soap, hair products, deodorant, diaper rash ointment.	Give 4-6 oz water. Call physician or poison control center.	Eye Exposures.	Every eye exposure should be irrigated with warm, running water for 15 minutes. Once initiated, contact physician or poison control center for further advice. Do not use any eye drops (may contain chemicals). Do not use any eye cups for rinsing; use running water only.
Other household toxins. Vinegar, baking soda, cigarettes, alcoholic beverages, table salt.	These can be very harmful to children when ingested. Call poison control center immediately	Skin exposures	Wash with running water and soap for 15 minutes. Call physician or poison control center once irrigation has been initiated.

KEEP CALM—DO NOT PANIC—CALL FOR HELP

Physician's Office Phone _____ Physician's Home Phone _____ Pharmacy Phone _____

Hospital _____ Police _____

Emergency, Dial: 9-1-1
Poison Control Center: 1-800-222-1222

First Aid Procedures/CPR

FIRST DEGREE BURNS: damage the outer layer of skin.

CHARACTERISTICS:

1. Redness
2. Mild pain
3. Swelling

TREATMENT:

1. Immediately submerge the affected part in cold water.
2. Place under cold running water or use cold wet cloths until the pain decreases.
3. Cover with a clean, dry gauze dressing for protection.

SECOND DEGREE BURNS: go through to the second layer of skin.

CHARACTERISTICS:

1. Blisters
2. Rough, red skin
3. Swelling
4. Extreme pain

TREATMENT:

1. Immerse in cold water or have cold, wet cloths applied to it immediately.
2. Gently blot area dry. Don't rub/blister could break, opening it to infection.
3. Cover wound with dry, sterile bandage.
4. If burn is located on arm or leg, keep limb elevated as much as possible.

Second degree burns should heal within a few weeks.

THIRD DEGREE BURNS: less painful than second degree burns because the nerve cells in the affected tissue are actually destroyed, but the damage is greater. The burn goes through to the third layer of skin.

CHARACTERISTICS:

1. Whitish or Charred Appearance

TREATMENT:

1. Do not remove any clothing near or at the site of the burn
2. Do not apply cold water or medication to the burn.
3. Place clean, dry cloths (strips of a clean sheet) over the damaged area.
4. If burns are on arms or legs, keep the limbs elevated above the level of the heart.
5. If victim has burns on face, check frequently to make sure he is not having difficulty breathing.
6. Get victim to a hospital at once.

CUTS

1. Cleanse thoroughly with soap and warm water, carefully washing away any dirt.
2. Apply direct pressure to wound until bleeding stops.
3. Put sterile bandage on wound.
4. If cut is deep, get to a doctor as quickly as possible.

ABRASIONS (SCRATCHES):

1. Wash thoroughly with soap and warm water.
2. If it bleeds or oozes, bandage it to protect it from infection.

SIGNS OF AN INFECTED WOUND:

1. Swelling
2. Redness
3. Pain
4. Fever
5. Presence of pus

ANIMAL RELATED WOUNDS

1. All animal bites should be reported to the Environmental Health and Food Control Section, Miami-Dade County Health Department, 305-324-2409. This will enable the health department to rule out rabies as a hazard to the victim and help control biting animals.
2. All bites, including human bites, or other injuries should be promptly cleansed with mild soap and water, preferably warm water.
3. The patient should be referred to his/her physician to determine if immunization or special treatment is necessary.

SNAKEBITES

1. Get the victim away from the snake.
2. Check the snakebite for puncture wounds. If one or two fang markings are visible, the bite is from a poisonous pit viper.
3. Remember what the snake looks like. The doctor will need to know this to provide the proper treatment.
4. Keep the victim calm, lying down, and with the bitten arm or leg below the level of his heart to slow the blood flowing from the wound to the heart. The more the victim moves, the faster the venom spreads through the body.
5. Clean the wound. Be sure to wipe away from the bite. This keeps any venom on the unbroken skin around the bite from being wiped into the wound.
6. Watch for general symptoms (i.e. sharp pain, bruising, swelling around the bite, weakness, shortness of breath, blurred vision, drowsiness, or vomiting).
7. Get the victim to the hospital as soon as possible.

If any of the above mentioned symptoms occur within 30 minutes from the time of

the bite, and you are over two hours away from medical help, tie a constricting band (3/4 to 1 1/2 inches wide) two inches above the bite or above the swelling. The band needs to be loose enough to slip a finger underneath it. The band slows blood flow away from the bite, keeping the venom from reaching the heart. The band must be applied within 30 minutes after the time of the bite to be effective. If the swelling spreads, move the band so that it is two inches above the swelling.

POISONING

POISON IVY, POISON OAK, AND POISON SUMAC

SIGNS:

1. Rash
2. Blistering
3. Swelling
4. Burning
5. Itching

TREATMENT:

1. Remove any contaminated clothing.
2. Wash the affected area of skin thoroughly with soap and cool water to remove any poisonous residue. Be sure the water used to clean the area does not spread poison by running over other parts of your body. Using a washcloth could also spread the poison.
3. Rinse the area with rubbing alcohol.
4. Apply calamine lotion to the area to relieve itching and burning.
5. If the victim develops a fever for several days or experiences an excessive amount of inflammation, irritation, oozing, or itching, he/she should be treated by a doctor.

SPRAINS

SIGNS OF A SPRAIN:

1. Affected joint begins to swell immediately
2. Joint may also turn black and blue due to the escaped blood from torn blood vessels
3. Victim will experience excruciating, shooting pains at the time of the injury because many nerves are injured in a sprain

TREATMENT:

1. **ICE** treatment
2. Thermotherapy (applying moist heat) promotes healing but should not be applied to a muscle or ligament injury for at least 24 hours because heat will increase the swelling. After the swelling has gone, you should alternate applying cold compresses and moist heat to the injury.
3. To treat the injury with warm, wet packs, place a water-dampened towel in a

microwave oven for about 30 seconds. Check to make sure the towel is not too hot before placing it on the skin. If a microwave oven is not available, run a towel under very hot tap water, wring it out, and apply it to the injury.

4. A sprained arm should be placed in a sling. Most sprains take at least 6-8 weeks to heal.

REST--Avoid using the affected part to avoid further discomfort or injury. Gradually rebuild your exercise program once the injury has healed.

ICE--Apply ice (bags with crushed ice, cold packs, etc.) to the injured area for the first 24 to 48 hours to prevent or reduce swelling.

COMPRESSION--Wrap an elastic bandage around the injured area to secure the ice in place. Do not wrap it so tightly that the circulation is cut off. After 10-15 minutes, loosen the bandage and remove the ice. Ice may be reapplied for 15-20 minutes every one or two hours for the first six hours after the injury. As long as the injury is swelling, continue to apply ice 3-4 times a day.

ELEVATION--Elevate the injured area above the level of the heart to slow the blood flow to the injury.

BLEEDING

EXTERNAL BLEEDING:

1. Apply direct pressure. Place a clean, folded cloth over the injured area and firmly apply pressure. If blood soaks through, do not remove it. Instead, cover that cloth with another one and continue to apply pressure to the wound for 7-10 minutes. If the bleeding is from the ear, place a clean bandage over the ear, lay the victim on his side, and allow the blood to drain out through the bandage.
2. Elevate the injury. Position the wounded part of the body above the level of the heart if possible while you apply direct pressure.
3. Know the pressure points. If direct pressure and elevation do not sufficiently slow the blood flow, find a pressure point. Large arteries found close to the skin's surface supply blood to the head and to each arm and leg. The most common pressure points used during first aid are located in the upper arms and in the creases above the upper legs. Apply pressure to the closest pressure point to the wound so that the artery is pressed between your fingers and the bone directly behind the artery. If using the pressure point on a leg, you may need to use the heel of your hand instead of your finger.
4. Resort to a tourniquet. On very rare occasions everything listed above may fail. To prevent the victim from dying, you should apply a tourniquet. Once a tourniquet is applied, it should not be loosened or removed until the victim has reached medical help. Use a tourniquet **ONLY** if everything listed above has failed. If you use a tourniquet, write down somewhere on the victim the time it was applied, so medical personnel will know how long it has been in place.

INTERNAL BLEEDING:

Internal bleeding results when blood vessels rupture allowing blood to leak into body cavities. It could be a result of a direct blow to the body, a fracture, a sprain, or a bleeding ulcer. If a victim receives an injury to the chest or abdomen, internal bleeding should be suspected. He will probably feel pain and tenderness in the affected area.

Other symptoms to watch for:

1. Cold, clammy skin
2. Pale face and lips
3. Weakness or fainting
4. Dizziness
5. Nausea
6. Thirstiness
7. Rapid, weak, irregular pulse
8. Shortness of breath
9. Dilated pupils
10. Swelling or bruising at the site of injury

The more symptoms that are experienced, the more extensive the internal bleeding is.

WHAT TO DO FOR THE VICTIM:

1. Check for an open airway and begin rescue breathing if necessary.
2. Call for medical help as soon as possible and keep the victim comfortable until help arrives.
3. The victim may rinse his mouth with water, but DO NOT give a victim of internal bleeding anything to drink

CONVULSIONS

A convulsion (violent, involuntary contraction or muscle spasm) can be caused by epilepsy or sudden illness. Convulsions, or seizures, are not likely to cause death unless the victim stops breathing. The victim should be checked by medical personnel.

SYMPTOMS:

1. Victim's muscles become stiff and hard, followed by jerking movements
2. He may bite his tongue or stop breathing
3. Face and lips may turn a bluish color
4. May drool excessively or foam at the mouth

WHAT TO DO:

1. Clear all objects away from the victim and place something soft under his head
2. Do not place anything between his teeth or in his mouth

3. Do not give the victim any liquids
4. If the victim stops breathing, check to see that the airway is open and begin rescue breathing
5. Stay calm and keep the victim comfortable until help arrives.

Most convulsions are followed by a period of unconsciousness or another convulsion.

HEATSTROKE

1. Cool the body of a heatstroke victim immediately.
2. If possible, put him in cool water; wrap him in cool wet clothes; or sponge his skin with cool water, rubbing alcohol, ice, or cold packs.
3. Once the victim's temperature drops to about 101 F, you may lay him in the recovery position in a cool room.
4. If the temperature begins to rise again, you will need to repeat the cooling process.
5. If he/she is able to drink, you may give him some water.
6. **DO NOT GIVE A HEATSTROKE VICTIM ANY KIND OF MEDICATION.**
7. You should watch for signs of shock while waiting for medical attention.

MIAMI-DADE COUNTY PUBLIC SCHOOLS CPR TRAINING

In April of 1976, representatives of The Dade County School Board and the American Heart Association (AHA) of Greater Miami formed a Task Force to plan and coordinate a program to demonstrate the feasibility of integrating CPR training in the Health Education high school curriculum.

On June 28, 1978, The Dade County School Board voted to support the AHA's CPR program in the senior high schools and to incorporate CPR training in the curriculum of Dade's twenty-six high schools by 1982. Financial support was committed by the School Board for the ongoing maintenance of training equipment and for teacher release time to attend the CPR instructor training workshops. The AHA voted to commit financial support for instructor training programs for teachers and for the initial provision of training equipment at each participating high school prior to June of 1987. This financial support was discontinued as of July 1, 1987.

The general, long-range goal of this program is to ensure that students graduating from high school in Miami-Dade County are able to successfully perform basic CPR (one-man rescuer) and the obstructed airway maneuver in medical emergencies. The program is designed to allow the teaching of two-man rescuer, pediatric CPR and the infant resuscitation technique on an optional basis. Training for performance skills in CPR by the AHA standards is to be integrated into the curriculum at all of Miami-Dade County's high schools and alternative/technical senior high schools. Although students will initially be tested in CPR during the tenth grade, a retraining program has been

developed for eleventh and twelfth grade students.

Health /Life Management Skills (H/LMS) teachers are required to take the CPR Instructor Course offered by the Miami-Dade County Public Schools (M-DCPS) Division of Life Skills and Special Projects. Certification and re-certification courses are scheduled once per academic school year. Substitute coverage and master plan points are provided to all teacher participants. H/LMS teachers may contact Mr. Louis Lazo, Health Education Specialist, at (305) 995-1237 for further information. For additional basic CPR training workshops, M-DCPS personnel are encouraged to contact the AHA headquarter office at 1-800-242-8721 or the local AHA office at (305) 856-1449.

Adult CPR

AIRWAY

"**A**" is for AIRWAY. If the victim is unconscious and is unresponsive, you need to make sure that his airway is clear of any obstructions. The breaths may be faint and shallow - **look, listen** and **feel** for any signs of breathing. If you determine that the victim is not breathing, then something may be blocking his air passage. The tongue is the most common airway obstruction in an unconscious person.

With the victim lying flat on his back, place your hand on his forehead and your other hand under the tip of the chin (Figure 1). Gently tilt the victim's head backward. In this position the weight of the tongue will force it to shift away from the back of the throat, opening the airway (Figure 2).

If the person is still not breathing on his own after the airway has been cleared, you will have to assist him breathing.

BREATHING

"**B**" is for BREATHING. With the victim's airway clear of any obstructions, gently support his chin so as to keep it lifted up and the head tilted back. Pinch his nose with your fingertips to prevent air from escaping once you begin to ventilate and place your mouth over the victim's, creating a tight seal (Figure 1).

As you assist the person in breathing, keep an eye on his chest. Try not to over-inflate the victim's lungs as this may force air into the stomach, causing him to vomit. If this



1. Tilt head



2. Open airway



1. Give two breaths

happens, turn the person's head to the side and sweep any obstructions out of the mouth before proceeding.

Give **two** full breaths. Between each breath allow the victim's lungs to relax - place your ear near his mouth and listen for air to escape and watch the chest fall as the victim exhales (Figure 2).

If the victim remains unresponsive (no breathing, coughing or moving), check his **circulation**.



2. Let victim exhale

CIRCULATION

"C" is for CIRCULATION. In order to determine if the victim's heart is beating, place two fingertips on his carotid artery, located in the depression between the windpipe and the neck muscles (Figure 1), and apply slight pressure for several seconds.

If there is no pulse then the victim's heart is not beating, and you will have to perform chest compressions. *When teaching BLS Hearstaver, pulse check is not taught to lay rescuer. Simply check for signs of motion throughout the body.*



1. Carotid artery

COMPRESSIONS

When performing chest compressions, proper hand placement is very important. To locate the correct hand position place two fingers at the sternum (the spot where the lower ribs meet) then put the heel of your other hand next to your fingers (Figure 1).

Place one hand on top of the other and interlace the fingers (Figure 2). Lock your elbows and using your body's weight, compress the victim's chest. The depth of compressions should be approximately 1½ to 2 inches - remember: **2 hands, 2 inches** (Figure 3). If you feel or hear slight cracking sound, you may be pressing too hard. Do not become alarmed and do not stop your rescue efforts! Damaged cartilage or cracked ribs are far less serious than a lost life. Simply apply less pressure as you continue compressions.

Count aloud as you compress **15** times at the rate of about 3 compressions for every 2 seconds. Finish the cycle by giving the victim **2** breaths. This process should be performed four times - 15 compressions and 2 breaths - after which remember to check the victim's carotid artery for pulse and any signs of consciousness.



1. Locate sternum



2. Proper hand placement

If there is no pulse, continue performing 15 compressions/2 breaths, checking for pulse after every 4 cycles until help arrives.



3. Two hands, two inches

If you feel a pulse (i.e. the victim's heart is beating) but the victim is still not breathing, **rescue breaths** should be administered, one rescue breath every five seconds (remember to pinch the nose to prevent air from escaping). After the first rescue breath, count five seconds and if the victim does not take a breath on his own, give another rescue breath.

Review

In case of an emergency you may be the victim's only chance of survival. Until an ambulance arrives and professional assistance is available, you can increase that chance by 40% simply by remembering and effectively administering Cardio Pulmonary Resuscitation.

1. Check for responsiveness by shouting and shaking the victim. Do not shake or move the victim if you suspect he may have sustained spinal injury.
2. Call 9-1-1.
3. Remember your A-B-C:
 - Airway: tilt the head back and lift the neck to clear the airway.
 - Breathing: pinch the victim's nose and give 2 breaths, watching for the chest to rise with each breath.
 - Circulation: if there is no pulse, perform 15 chest compressions - 2 hands, 2 inches.
4. Check for pulse and if necessary perform the cycle again.

CHILD CPR

According to the American Heart Association's guidelines Child CPR is administered to any victim under the age of 8. Although some of the material in the next lesson may seem repetitive, we strongly recommend that you do not skip ahead as there are crucial distinctions that apply to children's rescue efforts.

The first thing to remember about Child CPR is this: in children cardiac arrest is rarely caused by heart failure but rather by an injury such as poisoning, smoke inhalation, or head trauma, which causes the breathing to stop first. And since children are more resilient than adults statistics have shown that they tend to respond to CPR much better if administered as soon as possible.

If the child is unresponsive and you are alone with him, start rescue efforts **immediately** and perform CPR for at least 1 to 2 minutes before dialing 9-1-1. Before you call an ambulance, immediately check the victim for responsiveness by gently shaking the child and shouting, "Are you okay?" **DO NOT** shake the child if you suspect he may have suffered a spinal injury.

If the child is clearly unconscious, remember your A-B-C and check the child's airway.

Child CPR

AIRWAY

"A" is for AIRWAY. A child's breaths may be extremely faint and shallow - **look, listen** and **feel** for any signs of breathing. If there are none, the tongue may be obstructing the airway and preventing the child from breathing on his own.

Exercise extra caution when you open the victim's air passage using the head tilt/chin lift technique (Figure 1). This will shift the tongue away from the airway.

If the child is still not breathing after his airway has been cleared, you will have to assist him in **breathing**.

BREATHING

"B" is for BREATHING. If the child remains unresponsive and still not breathing on his own, pinch his nose with your fingertips or cover his mouth **and** nose with your mouth creating a tight seal, and give two breaths (Figure 1). Keep in mind that children's lungs have much smaller capacity than those of adults. When ventilating a child, be sure to use shallower breaths and keep an eye on the victim's chest to prevent stomach distention.



1. Look, listen, and feel for breaths



Figure 1

If this happens and the child vomits, turn his head sideways and sweep all obstructions out of the mouth before proceeding. After you've administered the child two breaths and he remains unresponsive (no breathing, coughing or moving), check his **circulation**.

COMPRESSIONS

When performing chest compressions on a child proper hand placement is even more crucial than with adults. Place two fingers at the sternum (the bottom of the rib cage where the lower ribs meet) and then put the heel of your other hand directly on top of your fingers (Figure 1).

A child's smaller and more fragile body requires less pressure when performing compressions. The rule to remember is **1 hand, 1 inch**. If you feel or hear slight cracking sound, you may be pressing too hard. Apply less pressure as you continue.



1. Proper hand placement

Count aloud as you compress **five** times, followed by **one** breath. Perform this cycle 20 times - five chest compressions followed by one breath - after which remember to check the victim's carotid artery for pulse as well as any signs of consciousness. **DO NOT FORGET TO DIAL 9-1-1.**

Review

Children's CPR is given to anyone under the age of 8. The procedure is similar to that for adults with some minor but important differences.

1. Check for responsiveness by shouting and shaking the victim. Do NOT shake the child if he has sustained a spinal injury.
2. Remember your A-B-C:
 - Airway: tilt the head back and lift the neck to clear the airway.
 - Breathing: pinch the child's nose or cover his mouth and nose with your mouth making a tight seal, and give two breaths, watching for the chest to rise with each breath.
 - Circulation: if there is no pulse, administer 5 chest compressions - 1 hand, 1 inch.
3. Continue to perform CPR for 1 to 2 minutes before dialing 9-1-1.
4. Check for pulse and if necessary perform the cycle again, checking for pulse every minute.

Infant CPR

According to generally accepted guidelines, Infant CPR is administered to any victim under the age of 12 months.

Infants, just as children, have a much better chance of survival if CPR is performed immediately. If you are alone with the infant, do not dial 9-1-1 until after you have made an attempt to resuscitate the victim.

Check the infant for responsiveness by patting his feet and gently tapping his chest or shoulders. If he does not react (stirring, crying, etc.), immediately check his **airway**.

Infant CPR

BREATHING

"B" is for BREATHING. Cover the infant's **mouth and nose** with your mouth creating a seal, and give a quick, gentle puff from your cheeks.

Let the victim exhale on his own - watch his chest and listen and feel for breathing. If he does not breathe on his own, again place your mouth over his mouth and nose and give another small puff (Figure 1).

If the infant remains unresponsive (no crying or moving), immediately check his **circulation**.



1. Puff from the cheeks

CIRCULATION

"C" is for CIRCULATION. An infant's pulse is checked at the brachial artery, which is located inside of the upper arm, between the elbow and the shoulder (Figure 1).

Place two fingers on the brachial artery applying slight pressure for 3 to 5 seconds. If you do not feel a pulse within that time, then the infant's heart is not beating, and you will need to perform chest compressions. When teaching BLS Hearstaver, pulse check is not taught to lay rescuer. Simply check for signs of motion throughout the body.



1. Brachial artery

COMPRESSIONS

An infant's delicate ribcage is especially susceptible to damage if chest compressions are improperly performed; therefore it is important to use caution when rescuing an infant.

Place three fingers in the center of the infant's chest with the top finger on an imaginary line between the infant's nipples. Raise the top finger up and compress with the bottom two fingers (Figure 1). The compression should be approximately ½ inch deep - remember, ½ hand (2 fingers), ½ inch.



1. Infant hand placement

Count aloud as you perform **five** compressions and follow up with **one** breath. Repeat this cycle 20 times before checking the infant for breathing and pulse.

REMEMBER TO DIAL 9-1-1.

If there is no pulse, continue administering 5 compressions/1 breath until an ambulance arrives. If at any point the infant regains a pulse but still does not breathe on his own, give him one rescue breath every three seconds.

Review

Infant CPR should be administered to any victim under the age of 12 months. The procedure is as follows:

1. Check for responsiveness by patting the infant's shoulders or chest.
2. Remember your A-B-C:
 - Airway: an infant's head should be tilted into the "sniffer position". Do not overextend an infant's neck as this may close off the airway.
 - Breathing: cover the infant's nose and mouth with your mouth and use gentle puffs, breathing from your cheeks, not your lungs.
 - Circulation: check for pulse at the brachial artery, in the infant's inside upper arm. If there is none, perform five compressions - 2 fingers (approximately ½ the size of a hand), ½ inch.
3. Perform rescue efforts for 1 to 2 minutes before dialing 9-1-1.
4. Continue performing rescue efforts, checking for pulse every minute until help arrives.

It is critical to remember that dialing 911 may be the most important step you can take to save a life.

9-1-1 REMINDER

If someone besides you is present, they should dial 911 immediately. If you're alone with the victim, try to call for help **prior to starting CPR on an adult** and **after a minute on a child**. Before we learn what to do in an emergency, we must first emphasize what not to do:

- DO NOT leave the victim alone.
- DO NOT try make the victim drink water.
- DO NOT throw water on the victim's face.
- DO NOT prompt the victim into a sitting position.
- DO NOT try to revive the victim by slapping his face.



Provide operator with:
1. Your location
2. Your phone number
3. Type of emergency
4. Victim's condition

Always remember to exercise solid common sense!

When faced with an emergency situation we may act impulsively and place ourselves in harm's way. Although time should not be wasted, only approach the victim after determining that the scene is safe: always check for any potential hazards before attempting to perform **CPR**

Manual Resuscitator



Bag and Mask Valve

- **Used for Emergency Breathing**
- **Can Provide 100 % Oxygen When Attached to Oxygen Cylinders**
- **Provides Fuller and Deeper Breaths Than Regular Breaths**
- **Tight Seal Around The Mask is Required To Prevent Leaks**
- **Used By Most EMTs and Paramedics/Hospital Facilities**

Laerdal Pocket CPR Brier Mask





CONTROL OF COMMUNICABLE DISEASES IN SCHOOL

A Guidebook for School Personnel

Division of Student Services
Comprehensive Health Services



List of Diseases (Communicable Diseases Reporting Guidelines)

*Varicella-Chicken Pox

The Common Cold

Conjunctivitis (Pink Eye)

* Diphtheria

Fifth Disease

* Food borne Diseases

Hand, Foot & Mouth Disease

Head Lice (Pediculosis Capitis)

* Hepatitis A

* Hepatitis B

Herpes Simplex

HIV Infection and AIDS

Hookworm

Impetigo “Florida Sores”

Influenza (Flu)

* Kawasaki Disease

* Lyme Disease

* Malaria

* Meningitis (Bacterial)

* Meningitis (Viral)

Infectious Mononucleosis

* Mumps – vaccine preventable

* Pertussis (Whooping Cough) - vaccine preventable

Pinworm Infection (Enterobiasis)

Ringworm (Tinea)

* Rubella (German Measles) – vaccine preventable

* Measles (Rubeola) – vaccine preventable

*Scabies

Sexually Transmitted Diseases

Streptococcal Disease/Scarlet Fever/Strep Throat

* Tuberculosis (TB) – vaccine preventable

***Call Comprehensive School Health Services to report these Communicable Diseases (305-995-1235)**

Sample

(This memorandum is routed to all schools and appropriate cc's at the beginning of each year)

MEMORANDUM

TO: All Principals

FROM: Deborah Montilla, Administrative Director
Division of Student Services

SUBJECT: COMMUNICABLE DISEASE CONTROL INFORMATION: SCHOOL, REGION, AND DISTRICT OFFICES

These guidelines represent the procedures and activities to be followed in suspected communicable disease control situations in a school. NOTE: Prompt and accurate reporting permits health officials to exercise necessary precautions to prevent the spread of disease.

If a child suspected of having a communicable disease, or the principal is so advised by the parent or physician, the principal should follow the procedures outlined below:

Step 1: If a child suspected of having a communicable disease is in school, the principal should isolate the child, notify parents to pick up the child, and recommend that medical advice be sought.

Step 2: If it is confirmed through documentation from a physician or medical provider, that the student has a reportable communicable disease, the principal must immediately notify the Department of Comprehensive Health Services (CHS) at 305-995-2564, giving student's name date of birth, home phone number, home address, and the name of the suspected communicable disease. Reportable communicable diseases are indicated in the Miami-Dade County Public Schools' document entitled "Control of Communicable Disease in School.

Step 3: The CHS staff will call the Department of Health, Office of Epidemiology and Disease Control at 305-470-5660. The Department of Health will either conduct an investigation, or confirm the communicable disease diagnosis. If any action is indicated, the Department of Health will contact both the principal and the CHS office to inform as to the recommended procedures which should be followed. It is the responsibility of the Department of Health to follow up on the report of communicable diseases to prevent other persons from becoming ill with the reported disease.

Step 4 The school principal should report any recommend procedures to their regional center office. The CHS office will notify the district office of a confirmed case of a communicable disease, when indicated.

Step 5 If the Department of Health advises that a letter should be sent home, the Department of Health will provide the letter in English, Spanish, and Haitian Creole, where necessary. The Department of Health will identify contacts (parents, school staff) who should receive the letter.

If the school principal is aware of or anticipates excessive concerns among the parents about a particular disease, or condition for which the Department of Health has not recommended that a letter be sent home to parents, and the principal feels that notification would be desirable from a community relations standpoint or for clarification or informational purpose, then the principal should recommend through the Department of Comprehensive Health Services that a letter be sent to parents. Letters to parents concerning communicable disease issues should only be sent upon recommendation by the Department of Health. Questions concerning parental notification may be directed to the Department of Comprehensive Health Services, at 305-995-1235.

A child, who has been absent with a confirmed communicable disease, should be readmitted to school only with a health care provider's written statement that he/she is no longer contagious.

INFECTION CONTROL AND PERSONAL HYGIENE

It is recognized that personal hygiene measures are part of creating a healthy environment. Personal hygiene skills are essential to the development of good life long healthy habits.

All school staff should be alerted to dangers of infections from bodily fluids. It is important to remember that any person could potentially have disease-carrying organisms in their body fluids, even if they have no signs or symptoms of illness.

Consequently, the following recommendations should be followed in all situations, and not just those involving an individual known to have an infectious disease. This is called using Universal Precautions. Getting into the habit of using universal precautions prevents possible accidental exposure.

Appropriate handling of blood and body fluids must be adhered to in order to prevent cross-infection control in schools. School nurses, custodians, bus drivers, school aids, designated health facilitators and teachers should be particularly alert to the proper techniques in handling and disposal of materials.

There are protective measures, primarily within the responsibility of the individual, by which to promote health and limit the spread of infectious diseases, generally those transmitted by direct contact.

When assisting a student or fellow staff member, always use universal precautions. Gloves should be worn whenever the possibility of direct contact with any body fluid from another person is anticipated.

The school nurse should be used as a resource person in establishing and implementing personal hygiene goals.

For generations, hand washing with soap and water has been considered a measure of personal hygiene. Good hand washing techniques are imperative in the school setting.

According to the Centers for Disease Control and Prevention, the single most important thing we can do to keep from getting sick and spreading illness to others is to wash our hands.

The following information is steps to follow in washing your hands:

- Wet your hands and apply soap.
- Rub your hands together vigorously, and scrub all surfaces.
- Continue for 20 seconds.
- Rinse well under running water.
- Dry your hands using a paper towel or air dryer.
- If possible, use your paper towel to turn off the faucet.

VARICELLA – ZOSTER INFECTIONS CHICKEN POX AND SHINGLES

DESCRIPTION:	It is a very contagious disease caused by the varicella-zoster virus.
SIGNS AND SYMPTOMS:	Early signs and symptoms usually begin with mild fever followed by the occurrence of small blisters filled with clear fluid, usually located on the scalp, face and trunk. Scabs form later.
INCUBATION PERIOD	Incubation period may be from 10-21 days, usually 13 to 17 days.
PERIOD OF COMMUNICABILITY:	Persons with chicken pox are contagious from one to two days before rash appears until all blisters have developed scabs. Chickenpox scabs are not contagious.
MODE OF TRANSMISSION:	Spread by direct contact or through the air from an infected person coughing or sneezing.
PREVENTION:	Chicken pox can now be prevented by vaccination. Those who have not been vaccinated may reduce the spread of the disease by covering the mouth and nose when sneezing and coughing, and by avoiding contact with draining chicken pox sores.
IMPLICATIONS FOR SCHOOL:	<p>School attendance recommendation: Exclusion from school is required until patient's illness is non-communicable. Other children in the family may attend school but should be closely monitored by the teacher and excluded immediately at the first sign of illness.</p> <p>Single or sporadic cases of chicken pox do not have to be reported.</p>

THE COMMON COLD

DESCRIPTION:	The common cold is a mild disease of the nose and throat that is caused by a virus.
SIGNS AND SYMPTOMS:	Symptoms of the common cold include sneezing, sore throat, stuffy nose, headache, burning and/or watery eyes, chills, aches, and cough. Fever is uncommon in children over three years old and rare in adults.
INCUBATION PERIOD:	The incubation period usually is 2 to 3 days but occasionally is up to 7 days.
MODE OF TRANSMISSION:	Transmission usually occurs by person-to-person contact, usually by inadequate hand washing after contact with drainage from nose and throat. It can also spread through coughing and sneezing.
PREVENTION:	Good hygiene is the best way to prevent the spread of the common cold. Always cover your mouth and nose when sneezing. Practice good hand washing, and always wash your hands before eating. Keep your hands away from, and out of, your mouth, eyes and nose to prevent spreading germs.
IMPLICATION FOR SCHOOLS:	<p>Students who have a cold only need to be excluded from school for the following reasons:</p> <ol style="list-style-type: none">(1) Fever greater than 101°F(2) Student who is too ill or uncomfortable to adequately function in a classroom.(3) Continual cough that brings up a lot of mucous.

CONJUNCTIVITIS (PINK EYE)

DESCRIPTION:	Conjunctivitis is the inflammation of the lining of the eyelid. It can be caused by bacteria, viruses, or allergy.
SIGNS AND SYMPTOMS:	The eyes are itchy and irritated with swollen lids. Often the white part of the eye looks pink. The person will also experience light sensitivity, excessive tearing, redness, pain and pus or drainage which can become crusty and make the eyelids stick together.
INCUBATION PERIOD:	The incubation period will depend on what is causing the infection. Bacterial infections have an incubation period of 24 to 72 hours. Viral infections have an incubation period of 12 hours to about 3 days.
PERIOD OF COMMUNICABILITY:	During the course of active infection, and up to 14 days after onset, depending upon the cause of the infection.
MODE OF TRANSMISSION:	Conjunctivitis can be transmitted through contact with contaminated fingers, clothing, bed linens, and by direct facial contact.
PREVENTION:	Good hand washing is the most important way to prevent the spread of infection. Teach students and staff to always wash their hands before and after touching their eyes. Towels, wash cloths, pillow cases and make-up should not be shared. Teach children to keep their hands out of their eyes.
IMPLICATIONS FOR SCHOOLS	Students should be sent home at once and the parents notified immediately. Students need to be excluded from school until the day after medical treatment has begun. A student may need to be reevaluated if symptoms persist.

DIPHThERIA

DESCRIPTION:	Diphtheria is a very serious bacterial infection of the nose and throat.
SIGNS AND SYMPTOMS:	Early signs and symptoms are low-grade fever and sore throat, with white or grayish membranes in the throat, and or tonsils, and swelling of the neck.
INCUBATION:	Incubation period is 2 to 7 days
PERIOD OF COMMUNICABILITY:	Period of communicability is usually between 2 and 4 weeks.
MODE OF TRANSMISSION:	Diphtheria is usually spread through airborne route or through contact with saliva or nasal secretions of an infected person.
PREVENTION:	Can be prevented by following current immunization guidelines.
IMPLICATIONS FOR SCHOOLS:	Any illness suspicious of diphtheria should be immediately reported to Miami-Dade County Public Schools' Department of Comprehensive Health Services at 305-995-1235.

FIFTH DISEASE

(Erythema Infectiosum/Human Parvovirus Infection)

DESCRIPTION:	Fifth disease is a mild rash illness that occurs most commonly in children.
SIGNS AND SYMPTOMS:	The ill child typically has a “slapped-cheek” rash on the face and a lacy red rash on the trunk and limbs. Occasionally, the rash may itch. An ill child may have a low-grade fever, malaise, or a “cold” a few days before the rash breaks out. The child is usually not very ill, and rash resolves in 7 to 10 days.
INCUBATION PERIOD	A susceptible person usually becomes ill 4 to 14 days after being infected with the virus, but may become ill for as long as 20 days after infection.
MODE OF TRANSMISSION:	The virus is probably spread from person to person by direct contact with respiratory secretions. This can occur through coughing, sneezing, speaking or sharing utensils or drinking cups.
PERIOD OF COMMUNICABILITY:	A person infected with fifth disease is contagious during the early part of the illness, before the rash appears.
PREVENTION:	There is no vaccine or medicine that prevents infection. Frequent hand washing is recommended as a practical and probably effective method to decrease the chance of becoming infected. Pregnant women who may have been exposed to fifth disease should consult with their physicians.
IMPLICATIONS FOR SCHOOLS:	Although no strict criteria for exclusion from school can be established, it is recommended that students stay home during the period when fever and tiredness are present, and until initial rash has faded. Doctor’s note stating the child may return to school may be requested. Single or sporadic cases of fifth disease do not have to be reported.

FOODBORNE DISEASES
(Shigella Salmonella, Campylobacter, E. Coli, etc.)
(Food Poisoning)

DESCRIPTION:	There are more than 50 different food borne diseases. Most of these diseases are infections caused by a variety of bacteria, viruses, and parasites that can be food-borne. The most common food-borne diseases include shigella, salmonella, campylobacter, and E.coli.
SIGNS AND SYMPTOMS:	These diseases usually infect the gastrointestinal tract, causing symptoms such as nausea, vomiting, diarrhea, and abdominal cramps.
INCUBATION:	Depends on the organism
MODE OF TRANSMISSION:	By ingesting contaminated food or beverages.
PERIOD OF COMMUNICABILITY:	Depends on the microorganism.
PREVENTION:	Give special attention to good personal hygiene, hand washing, especially before eating and after using the bathroom, environmental cleaning and sanitation, especially during food preparation.
IMPLICATIONS FOR SCHOOLS:	Exclude student from school. Student must have a doctor's note to return. Suspected cases of food poisoning are to be reported to the Department of Comprehensive Health Services at 305-995-2564, Miami-Dade County Public Schools' Department of Food & Nutrition at 305-995-3230, and the Miami-Dade County Public Schools' Department of Safety, Environment, and Hazards Management, at 305-995-4900. <u>When there is more than one case, it must be reported to the Miami-Dade County Health Department at 305-470-5660..</u>

HAND, FOOT & MOUTH DISEASE (COXSACKIE VIRUS A)

DESCRIPTION:	A mild disease caused by a virus. It is a common illness of infants and children.
SIGNS AND SYMPTOMS:	It is characterized by fever, sores in the mouth, poor appetite, malaise, and rash with blisters.
INCUBATION PERIOD:	The usual incubation period is 3 to 7 days.
MODE OF TRANSMISSION:	The disease is transmitted through direct contact with nose and throat secretions, fluid from blisters and stool. It can also be spread if the infected person coughs, or sneezes within and enclosed area. Fever is often the first symptom of HFMD. A person is most contagious during the first week of the illness.
PREVENTION:	Preventative measures include frequent hand washing, especially after diaper changes, disinfection of contaminated surfaces by household cleaners.
IMPLICATIONS FOR SCHOOLS:	Exclude from school while fever persists and until lesions are healed.

HEAD LICE (PEDICULOSIS CAPITIS)

DESCRIPTION:	Lice are light gray insects that lay eggs or “nit” in hair, especially at the nape of the neck and about the ears. The life cycle of the head louse has three stages: egg, nymph, and adult
SIGNS AND SYMPTOMS:	Early signs may be itching caused by the bite of the louse (insect) and red bite marks and scratch marks may be observed on the scalp and neck. The presence of nits (eggs) attached to the hair shaft close to the scalp may exist in the absence of itching.
INCUBATION PERIOD:	The incubation period from laying eggs to hatching of the first nymph is 6 to 10 days. Mature adult lice capable of reproducing do not appear until 2 to 3 weeks later.
MODE OF TRANSMISSION:	Lice spread only when they crawl from person to person directly or when they crawl onto shared personal items; i.e., combs brushes, hats, bedding, etc.
PERIOD OF COMMUNICABILITY:	A person is infectious as long as lice or nits remain on their head or clothing.
PREVENTION:	Contact the Department of Comprehensive Health Services for information on prevention (305-995-1235).
IMPLICATIONS FOR SCHOOLS:	Exclude any students with lice or nits until satisfactorily treated and there are NO NITS found in the hair.

HEPATITIS A

DESCRIPTION:	Hepatitis A is an acute, self-limited viral illness spread primary through food or water contaminated with feces.
SIGNS AND SYMPTOMS:	Early signs and symptoms are fatigue, nausea, jaundice (yellowing of skin and eyes), loss of appetite, abdominal pain, and dark urine. Itching and clay-colored stools may appear. Jaundice often not visible in children, but occurs in about 70 % of symptomatic adults.
INCUBATION PERIOD:	Incubation period is 15 to 50 days (median of 28 days)
MODE OF TRANSMISSION:	The most common mode of transmission is person-to person from fecal contamination and oral ingestion. Most infection and illness occurs in the community-wide epidemics within families or in food borne outbreaks.
PERIOD OF COMMUNICABILITY:	Period of communicability is from two weeks prior to the onset of jaundice or laboratory abnormalities until one week after.
PREVENTION:	Universal Precautions, especially enforcing strict hand washing techniques. Ensure that all bathrooms are properly supplied with soap, paper towels, and toilet paper.
IMPLICATIONS FOR SCHOOLS:	Exclude from school for one week after symptoms appear and until jaundice has disappeared. Any suspected case of Hepatitis A must be reported to the Department of Comprehensive Health Services at 305-995-1235.

HEPATITIS B

DESCRIPTION:	A viral infection transmitted primarily through blood and body fluids of infected persons.
SIGNS AND SYMPTOMS:	Fatigue, loss of appetite, fever, nausea, and jaundice (yellowing) of the skin and whites of eyes, dark-colored urine, and light-colored stool. However, not everyone has symptoms.
INCUBATION PERIOD:	Incubation period is 4-28 weeks.
MODE OF TRANSMISSION:	The virus is found in the blood and body fluids of an infected person. Transmission occurs through unprotected sexual contact with an infected person, injection drug use, tattoos, and body piercing. The virus can also be spread from an infected mother to her child at birth by sharing personal care items such as toothbrushes or razors with an infected person, and through human bites from an infected person.
PREVENTION:	Hepatitis B can be prevented through vaccination (three doses are suggested). Hepatitis B vaccines are safe and effective and are recommended for all infants, children, adolescents, and adults. Other ways to prevent hepatitis B are condom use, use of gloves when in contact with blood, not injecting drugs, and not sharing needles, toothbrushes, razors, or other personal care articles. Caution should also be taken in deciding to get tattoos, or body piercing, as they can also be sources of infection.
IMPLICATIONS FOR SCHOOLS:	A case of Hepatitis B must be reported to the Department of Comprehensive Health Services at 305-995-1235.

HERPES SIMPLEX

DESCRIPTION:	Viral infection characterized by skin blisters or sores around the mouth and on the face. They are commonly called “cold sores” or “fever blisters.”
SIGNS AND SYMPTOMS:	Small sores or blisters around the mouth and/or on the face.
INCUBATION PERIOD:	Incubation period ranges from 2 days to 2 weeks.
PERIOD OF COMMUNICABILITY:	The Herpes virus can be isolated for 2 weeks and occasionally up to 7 weeks after sores first appear. Infection can reoccur.
PREVENTION:	Education and personal hygiene. Avoid contact or sharing objects with infected person.
IMPLICATIONS FOR SCHOOLS:	Exclusion from school not required. Evaluation by health care provider recommended if condition persists.

HIV INFECTION AND AIDS

DESCRIPTION:	AIDS (Acquired Immunodeficiency Syndrome) is caused by the Human Immunodeficiency Virus (HIV). The virus attacks the immune system crippling the body's ability to fight off diseases caused by common organisms that normally exist in the environment.
SIGNS AND SYMPTOMS:	In time HIV-infected persons may develop symptoms. These symptoms may include fatigue, unexplained weight loss, recurrent respiratory and skin infections, fever, swollen lymph glands throughout the body, enlarged spleen, diarrhea, mouth sores, night sweats.
INCUBATION PERIOD:	It is not unusual for an infected person to feel healthy for a long time. People who become infected with HIV may have no symptoms for up to 10 years.
MODE OF TRANSMISSION:	HIV is present in certain body fluids (semen, blood, and vaginal secretion, breast milk) of infected individuals. Person to person transmission occurs through sexual contact, exchange of blood or semen, by sharing needles and syringes, transfusion of blood or blood products and breast milk which contains HIV. Routine/ casual contact with an HIV-infected person carries no risk of transmission.
PERIOD OF COMMUNICABILITY:	An HIV-infected individual can transmit the virus to other people throughout his/her lifetime even if he/she is symptom free.
IMPLICATIONS FOR SCHOOLS:	Refer to HIV/ AIDS Education Program "Worksite AIDS Packet" or call the HIV/ AIDS Education Program at (305)995-7118.

Hookworms (Creeping Eruption)

- Description:** There are many species of hookworms. The presence of hookworms can be demonstrated by finding the characteristic eggs in the feces.
- Juveniles (larvae) of the dog and cat hookworms can infect humans. Rather, the juveniles remain in the skin where they continue to migrate for weeks (or even months in some instances). This results in a condition known as "**creeping eruption**." Hence the importance of not allowing dogs and cats to defecate indiscriminately.
- Signs and Symptoms:** Early signs and symptoms are raised portions of the skin on exposed parts of the body which reveal the tunneling of the dog or cat hookworm, the cause of "**creeping eruption**". These usually appear on the feet and legs and usually cause intense itching.
- Mode of Transmission:** Usually by walking barefoot over dirt or sand contaminated by droppings of infected dogs and cats.
- Prevention:** Prevention is by wearing shoes and proper control of pets.
- Implications for Schools:** It is not spread from person to person therefore, exclusion from school is not necessary.

IMPETIGO “FLORIDA SORES”

DESCRIPTION:	Impetigo is a skin infection caused by bacteria. It may affect skin anywhere on the body but usually attacks the area around the nose and mouth. Impetigo is generally caused by Group A streptococci bacteria or <i>Staphylococcus aureus</i> .
SIGNS AND SYMPTOMS:	Although impetigo can affect skin anywhere on the body, it most often attacks the face, causing areas of itchy skin with tiny blisters, especially around the mouth and nose, Blisters will eventually burst to reveal areas of red skin that may weep fluid. Gradually, a tan or yellowish brown crust will cover the affected area, making it look as if it's been coated with honey or brown sugar.
INCUBATION TIME:	One to three days.
MODE OF TRANSMISSION:	Impetigo can be spread from one area of skin to another by scratching. On the face, the infection usually spreads along the edges of an affected area, but it may also spread to more distant parts of the body on contaminated fingers. Impetigo is contagious from person to person. When someone in a household has impetigo, the infection can be passed to other family members on clothing, towels, and bed linen that have touched the infected person's skin.
PERIOD OF COMMUNICABILITY:	As long as lesions persist.
PREVENTION:	Impetigo can be prevented by following good general hygiene practices in caring for the skin. This includes either a daily bath or a shower with soap and water. Pay special attention to areas of the skin that have been injured, including cuts, scrapes, areas of eczema, and rashes caused by allergic reactions or poison ivy. Keep this area clean and covered.
IMPLICATIONS FOR SCHOOLS:	With antibiotic treatment, healing should begin within three days. A child with impetigo may return to school once his infection cannot be spread to classmates, usually about 48 hours after treatment begins.

INFLUENZA (FLU)

DESCRIPTION:	Influenza, commonly known as the “flu”, is a respiratory infection caused by the Influenza virus. Unlike other respiratory diseases, the flu causes severe illness, and life-threatening complications in many people.
SIGNS AND SYMPTOMS:	Symptoms of flu include fever, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. Additionally, children can have nausea, vomiting, and diarrhea, but these symptoms are uncommon in adults.
INCUBATION PERIOD:	The time from exposure to flu onset of symptoms is about one to four days, with an average of about two days.
MODE OF TRANSMISSION:	The main way that influenza viruses are spread is from person to person in respiratory droplets of coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person are deposited on the mouth or nose of people nearby, or when a person touches respiratory droplets on another person, or an object and then touches their own mouth or nose (or someone else’s mouth or nose) before washing their hands.
PERIOD OF COMMUNICABILITY:	Individuals are most infectious during the 24 hours before the onset of symptoms and during the most symptomatic period, which is usually 7 days from the onset of illness.
PREVENTION:	The flu vaccine is the single best way to prevent the flu. However, there are other good health habits that help prevent the flu” 1) keep distance from people who are sick or distance yourself from people when you are sick: 2) cover your mouth and nose with a tissue when coughing or sneezing: 3) wash your hands often: 4) avoid touching your eyes, nose or mouth.
IMPLICATIONS FOR SCHOOLS:	In order to prevent other people from catching the flu, school children or staff with the disease, should remain home if they are symptomatic.

KAWASAKI DISEASE

DESCRIPTION:	Acute febrile illnesses of unknown cause that primarily affects children younger than 5 years of age.
SIGNS AND SYMPTOMS:	Kawasaki syndrome is characterized by fever, rash, swelling of the hands and feet, irritation and redness of the whites of the eyes, swollen lymph glands in the neck and irritation and inflammation of the mouth, lips, and throat.
INCUBATION PERIOD:	Unknown
MODE OF TRANSMISSION:	Unknown
PERIOD OF COMMUNICABILITY:	Unknown
PREVENTION:	Unknown
IMPLICATIONS FOR SCHOOLS:	Exclude for fever. Doctor's note required to be readmitted. Report to the Department of Comprehensive Health Services at (305)995-1235.

LYME DISEASE

DESCRIPTION:	Lyme disease is an infectious illness caused by a bacterium. It is transmitted mainly through tick bites. Lyme disease can affect people of all ages. However, only a small percentage of people who are bitten by a deer tick get Lyme disease.
SIGNS AND SYMPTOMS:	Symptoms can begin with a skin rash characterized by large red doughnut shaped welts. The skin lesions may be accompanied by aches and pains, fatigue, fever, headache, joint pain, and stiff neck. Untreated symptoms may progress to more serious and chronic complications.
INCUBATION PERIOD:	The incubation period from infection to onset of the rash is typically 7 to 14 days but may be as short as 3 days and as long as 30 days.
MODE OF TRANSMISSION:	The tick injects saliva carrying the bacteria into the bloodstream or deposits fecal matter on the person's skin.
PERIOD OF COMMUNICABILITY:	None, this disease is spread by exposure to the tick not human exposures.
PREVENTION:	Tick infested areas should be avoided whenever possible. In a tick-infested area, clothing should cover as much of the arms and legs as possible.
IMPLICATIONS FOR SCHOOLS:	A student with Lyme disease should be reported to the Department of Comprehensive Health Services at (305) 995-1235. Any student identified with a tick should be referred to their physician.

MALARIA

DESCRIPTION:	Malaria is a serious and sometimes fatal disease caused by a parasite.
SIGNS AND SYMPTOMS:	Includes fever and flu-like illness, including shaking chills, headache, muscle aches, and tiredness.
INCUBATION PERIOD:	Varies from 7 to 30 days.
MODE OF TRANSMISSION:	Usually, people get malaria by being bitten by an infected female mosquito. Malaria can also be transmitted through blood transfusion, organ transplant, or the shared use of needles or syringes contaminated with blood.
PERIOD OF COMMUNICABILITY:	A patient may be a source of mosquito infection as long as malaria parasites are in the blood.
PREVENTION:	Control of mosquito population is the best measure to prevent malaria. People living in at risk areas should: 1) keep mosquitoes from biting, especially at night: 2) destroy places around your home where mosquitoes breed: 3) wear insect repellent and long-sleeved clothing if out of doors at night.
IMPLICATIONS FOR SCHOOLS:	A student with a malaria illness should be reported to the Department of Comprehensive Health Services at (305)995-1235.

MENINGITIS (Bacterial)

DESCRIPTION:	A bacterial infection that affects the membranes surrounding the brain and the spinal cord. May be caused by a number of bacteria.
SIGNS AND SYMPTOMS:	Sudden onset of fever, intense headache, stiff neck, nausea, vomiting, and frequently a rash. Illness is generally severe and associated with high fever.
INCUBATION PERIOD:	One to 10 days, usually less than 4 days.
MODE OF TRANSMISSION:	The bacteria are passed between people who are in close contact through coughing, sneezing, nasal discharge, saliva, and touching of infected secretions. It can be spread by sharing eating utensils, drinking cups, water bottles, and kissing.
PERIOD OF COMMUNICABILITY:	As long as the bacteria remain in the nose and throat, however, they are usually eradicated 24 hours after appropriate treatment.
PREVENTION:	People who live in the same household or attend the same day-care center, or anyone with direct contact with a patient's oral secretions (such as a boyfriend or girlfriend) would be considered close contacts and are at increased risk of acquiring the infection.
IMPLICATIONS FOR SCHOOLS:	Meningitis should be immediately reported to the Department of Comprehensive Health Services at (305)995-1235. A doctor's note is needed to return to school.

MENINGITIS (VIRAL)

DESCRIPTION:	Meningitis causes inflammation of the tissues that cover the brain and spinal cord. Viral or aseptic meningitis, which is the most common type, is caused by an infection with one of several types of viruses.
SIGNS AND SYMPTOMS:	Symptoms usually consist of headache, tiredness and low-grade fever. A stiff neck, respiratory and gastrointestinal symptoms such as nausea and vomiting may occur. Aseptic meningitis is common. The illness usually lasts 7 to 10 days.
INCUBATION PERIOD:	Incubation period is usually 3 to 7 days
MODE OF TRANSMISSION:	Enteroviruses; the most common cause of viral meningitis, are most often spread through direct contact with respiratory secretions (e.g., saliva, sputum, or anal mucus) of an infected person. This can happen by shaking hands with an infected person or touching something they have handled, and then rubbing your own nose or mouth. The virus can also be found in the stool of infected persons. This occurs mainly among small children who are not yet toilet trained. It can also be spread to adults changing the diapers of an infected infant.
PERIOD OF COMMUNICABILITY:	From the third day after the infection until about ten days after symptoms develop. The virus is present in respiratory secretions and in the stool of small children.
PREVENTION:	Good personal hygiene can help to reduce chances of becoming infected. The most effective method of prevention is to wash hands thoroughly and often. Cleaning contaminated surfaces with a dilute solution of chlorine-containing bleach (made by mixing approximately ¼ cup of bleach with 1 gallon of water), and washing soiled articles can be a very effective way to inactivate the virus especially in institutional settings such as childcare centers.
IMPLICATIONS FOR SCHOOLS:	Exclude from school. Report to the Department of Comprehensive Health Services at (305)995-1235. A doctor's note is needed to return to school.

INFECTIOUS MONONUCLEOSIS

DESCRIPTION:	This is a viral syndrome caused by the Epstein-Barr virus. Full-blown mononucleosis is most common in adolescents and young adults.
SIGNS AND SYMPTOMS:	Fever, sore throat, swollen lymph glands. Sometimes, a swollen spleen or liver involvement may develop.
INCUBATION PERIOD:	Thirty to fifty days.
MODE OF TRANSMISSION:	This is often called the kissing disease. Illness is spread from person to person through coughing, sneezing, sharing a glass or cut transmits the disease. It is not highly contagious.
PERIOD OF COMMUNICABILITY:	Symptoms of the disease usually resolve in 1 or 2 months, However the Epstein-Barr virus remains dormant in a few cells in the throat and blood.
PREVENTION:	Mononucleosis is believed to spread through saliva. Infected people can help prevent spreading the virus to others by not kissing them and by not sharing food, dishes, glasses and utensils until several days after the fever has subsided. Good hand washing should be practiced.
IMPLICATIONS FOR SCHOOLS:	A doctor's note is required for re-admittance. If symptoms reoccur, reevaluation by a doctor is required.

MUMPS

DESCRIPTION:	Mumps is a systemic disease (affects the entire body) characterized by swelling of one or more of the salivary glands, usually the parotid glands.
SIGNS AND SYMPTOMS:	Early signs and symptoms begin with slight fever and nausea. Painful swelling then appears about the angle of the jaw and in front of the ear.
INCUBATION PERIOD:	14 to 18 days, (range 14-25 days), usually 18 days.
PERIOD OF COMMUNICABILITY:	From 3 days before symptoms appear to about 4 days after, but no longer has swelling of glands persisted.
PREVENTION:	Vaccine preventable.
IMPLICATIONS FOR SCHOOLS:	Exclude students from school until swelling recedes. Other children in the family may attend school, but the teacher should observe them closely and exclude them immediately at the earliest symptom of illness. A case of mumps (suspected or confirmed) must be reported to the Department of Comprehensive Health Services at (305)995-1235. A doctor's note is required to return to school.

PERTUSSIS (WHOOPIING COUGH)

DESCRIPTION:	Whooping Cough is a highly communicable, vaccine-preventable disease that lasts for many weeks.
SIGNS AND SYMPTOMS:	Begins with cold symptoms, and over one to two weeks develops into attacks of severe coughing which can last one to two months. The “whoop” sound occurs when the person tries to draw a breath after a coughing spell.
INCUBATION PERIOD:	Commonly 7 to 10 days, with a range of 4 to 21 days, and rarely may be as long as 42 days.
MODE OF TRANSMISSION:	Transmission occurs through direct contact with discharges from respiratory mucous membranes of infected person. Pertussis is highly contagious with up to 90% of susceptible household contacts developing clinical disease following exposure to the initial case.
PERIOD OF COMMUNICABILITY:	Period of greatest risk occurs during the first 2 weeks after the cough onset. Persons who have completed five days of antibiotic treatment are no longer infectious. Without treatment, a person is infectious for up to three weeks.
PREVENTION:	Immunization of all children through age six with diphtheria, tetanus, pertussis (DTap) immunization. Booster is usually given on admission to school.
IMPLICATIONS FOR SCHOOLS:	Student or staff member is to be excluded from school. A case of Pertussis (suspected or confirmed) must be reported to the Department of Comprehensive Health Services at (305)995-1235. A doctor’s note is required to return to school.

PINWORM INFECTION (ENTEROBIASIS)

DESCRIPTION:	Pinworms is an intestinal infection. They are tiny worms that infect humans and live in the lower intestine. The worms come out through the anus at night and lay their microscopic eggs around the opening.
SIGNS AND SYMPTOMS:	Intense itching may occur in the anal region. Irritability, disturbed sleep, and sometimes secondary infection of the scratched skin may occur.
INCUBATION PERIOD:	The time from ingestion of an egg until an adult female migrates to the perianal region is 1 to 2 months or longer.
MODE OF TRANSMISSION:	Pinworm eggs are infective within a few hours after being deposited on the skin. They can survive up to 2 weeks on clothing, bedding, or other objects. Adults or children can become infected after accidentally ingesting infective pinworm eggs from contaminated surfaces or fingers.
PERIOD OF COMMUNICABILITY:	As long as eggs are being discharged around the anus. The eggs remain infective for up to 2-3 weeks outside the body.
PREVENTION:	Good hand washing, particularly before eating or preparing food is the best means to prevent the spread of this infection.
IMPLICATIONS FOR SCHOOLS:	Parents of students with Pinworm infection or suspicion of infection should be notified and advised to seek medical attention. When informed by the parent that treatment has been started, the child may return to school.

RINGWORM (Tinea)

DESCRIPTION:	Ringworm is an infection of the skin, hair or nails caused by a fungus.
SIGNS AND SYMPTOMS:	Early sign and symptoms appear on the scalp as round scaly patches with short broken-off hairs. They may also appear anywhere on the body. Itching is very common.
INCUBATION PERIOD:	Unknown
MODE OF TRANSMISSION:	Ringworm is spread by either direct or indirect contact. People can get ringworm by direct skin-to skin contact with an infected person or pet. People can also get ringworm indirectly by contact with objects or surfaces than an infected person or pet has touched such as hats, combs, brushes, bed linens, stuffed animals, telephones, gym mats, and shower stalls. In rare cases ringworm can be spread by contact with soil. The greatest incidence is among children from five to twelve years of age.
PERIOD OF COMMUNICABILITY:	Undetermined.
PREVENTION:	Stress the importance of good personal hygiene, such as hand washing and not sharing personal items (combs, hairbrushes, hats).
IMPLICATIONS FOR SCHOOLS:	Anyone having ringworm of the scalp should be placed under the treatment of a physician. No child should be readmitted to the classroom without a note from a physician stating that the child is under his/her care. During treatment, the child should be excluded from gymnasium activities and swimming pools. Ringworm of the body or feet (athlete's foot) can usually be treated with nonprescription medications. Readmission to school should be allowed upon receipt of a note from the parent indicating treatment has begun.

RUBELLA (German Measles)

DESCRIPTION:	Rubella is usually a mild disease characterized by a rash that involves the entire body; Inflammation of ganglia in several locations (nape of neck, behind the ears, and in the neck), and fever.
SIGNS AND SYMPTOMS:	Early sign and symptoms begin with a rash. Fever and rash in rubella usually have a simultaneous onset. A small nodular swelling often occurs behind the ears and along the posterior hairline, thereby aiding in the diagnosis. There are many mild viral illnesses easily confused with rubella. Rubella can cause a constellation of malformation in the fetus if the pregnant mother becomes infected.
INCUBATION PERIOD:	14 Days with a range of 12 to 23 days.
MODE OF TRANSMISSION:	Rubella is spread from person-to person via airborne transmission or droplets shed from the respiratory secretions of infected persons. There is no evidence of insect transmission.
PERIOD OF COMMUNICABILITY:	The disease is most contagious when the rash is erupting, but virus may be shed 7 days before to 5-7 days or more after rash onset.
PREVENTION:	Rubella vaccine within twenty-four hours of exposure for susceptible contacts. Pregnant females with no prior history of rubella should avoid contact with any person infected with the disease and should consult their physician if exposed.
IMPLICATIONS FOR SCHOOLS:	A case of rubella must be reported to the Department of Comprehensive Health Services at (305)995-1235. A doctor's note is required to return to school.

(MEASLES) RUBEOLA

DESCRIPTION:	Measles is an acute disease characterized by fever, conjunctivitis, and rash on skin and inside mouth and sometimes, other organs.
SIGNS AND SYMPTOMS:	Early signs and symptoms of measles begin with fever and sick-all-over feeling. Runny eyes, nose, and cough develop during the first day of illness. The child gets progressively sicker over a period of several days before the rash appears. The typical measles-like rash then usually covers the entire body. The child continues to get sicker over the first three to four days of rash and gradually gets better as the rash subsides.
INCUBATION PERIOD:	7 to 18 days and is usually about 14 days.
MODE OF TRANSMISSION:	Measles is transmitted by direct contact with infectious droplets or, less commonly, by airborne spread.
PERIOD OF COMMUNICABILITY:	1-2 days before onset of symptoms; 3-5 days before the rash; 4 days after appearance of rash.
PREVENTION:	Measles vaccine is one of the vaccines required for admission to school. Un-immunized contacts should be given measles vaccine within 24 hours of contact. Those exempted from measles vaccination for medical or religious reasons, if not immunized within 72 hours of exposure should be excluded from school or child care until at least 2 weeks after the onset of rash of the last case of measles in the school. .
IMPLICATIONS FOR SCHOOLS:	A case of measles must be reported to the Department of Comprehensive Health Services at (305)995-1235. A doctor's note is required to return to school.

SCABIES

DESCRIPTION:	Scabies is a skin infestation characterized by an intensely itching reddish, somewhat bumpy rash, which is caused by burrowing of adult female mites in the upper layers of the skin.
SIGNS AND SYMPTOMS:	Early sign and symptoms in school – age children are usually in the form of small papules that are usually present in the finger webs, around the wrists, the outside of the forearm and the inside of the upper arm. Rash may also be present on other parts of the body. Itching is always a prominent symptom. Scratching and super-infection of the broken scabies papules often mask early symptoms and signs. Transmission may be by direct person contact or by indirect contact of the clothing, bedding, etc.
INCUBATION PERIOD:	In people who have never been exposed before, it is usually 4 to 6 weeks. In those with previous exposure, it is 1 to 4 days. Re-infestations are usually milder than the original episode.
MODE OF TRANSMISSION:	Transmission usually occurs through prolonged, close personal contact. Humans are the source of infestation. Since mites from dogs and cats do not replicate in humans, infestations from these animals are uncommon.
PERIOD OF COMMUNICABILITY:	Begins before the first symptoms appear and lasts until two hours after effective treatment has been applied. Effective treatment requires the use of a prescription medication applied to the entire skin surface below the chin.
PREVENTION:	Family should be advised to seek medical attention. Prophylactic therapy is recommended for household members, particularly for those who have had prolonged directed skin-to-skin contact. All household members should be treated at the same time to prevent re-infestation. Caregivers who have had prolonged skin-to skin contact with infected patients may benefit from prophylactic treatment.
IMPLICATIONS FOR SCHOOLS:	Exclude child from school. Report cases to the Department of Comprehensive Health Services at (305) 995-1235. Must have a doctor's note to return.

SEXUALLY TRANSMITTED DISEASES (STD)

Transmission of STD's occur almost totally via sexual contact. It is extremely important to ensure that the student is seen, either by a family physician or through the Miami-Dade County Health Department (M-DCHD), Sexually Transmitted Disease Control and Prevention. If a Miami-Dade County Public School (M-DCPS) staff member receives information from a student or suspects a student might have an STD (Remember, We do not diagnose), and depending on the age of the student (age 13 and older can go to the M-DCHD, STD division, without parental consent), the staff member should guide the student to their family physician or to the M-DCHD, STD division, at 305-325-3242. Confidential testing and counseling, is available at the M-DCHD.

STREPTOCOCCAL DISEASES SCARLET FEVER/ STREP THROAT

DESCRIPTION:	A streptococcal throat infection with its accompanying skin rash is known as scarlet fever. If the rash is absent, it is called "strep throat".
SYMPTOMS:	Sore throat, headache, fever, nausea, and sometimes vomiting. Skin rash is present in Scarlet fever.
INCUBATION PERIOD:	1 to 7 days.
MODE OF TRANSMISSION:	Transmission almost always occurs after contact with respiratory secretions.
PERIOD OF COMMUNICABILITY:	From the first sign of illness until all abnormal discharge from the nose, throat and sores has stopped.
PREVENTION:	No immunization recommended. Prophylactic antibiotic drugs are often given to exposed children with a history of rheumatic fever. Others should be observed for a sore throat, rash, or febrile illness.
IMPLICATIONS FOR SCHOOLS:	The patient is to be excluded from school until he or she has been under medical treatment and free of fever for twenty-four hours.

TUBERCULOSIS (TB)

DESCRIPTION:	TB is a bacterial infection that usually affects the lungs.
SIGNS AND SYMPTOMS:	It can cause persistent cough, weight loss, fever, night sweats, and blood in sputum.
INCUBATION PERIOD:	Incubation period is 4-12 weeks.
PERIOD OF COMMUNICABILITY:	As long as infectious tubercle bacilli are being discharged. Transmission occurs by contact with sputum of an infected person. Antimicrobial therapy generally terminates communicability within a few weeks.
IMPLICATIONS FOR SCHOOLS:	Exclusion from school during communicable period, as determined by the attending physician. Remember that children having a positive PPD skin test should have a negative chest X-ray or be under further documented medical treatment before being permitted to enter or return to school.
PREVENTION:	Epidemiological investigation and close follow-up of the infected person and his/her contact. Treatment and screening of contacts is available free of charge from the Miami-Dade County Health Department. Call Comprehensive Health Services at 305-995-1235 to report a case of TB.

Miami-Dade County Health Department – School Health Program

A Guide for the Prevention & Treatment of Head Lice* “Check your child’s homework; check your child’s hair”

Anyone – child or adult – can get head lice. Head lice are passed from person to person by direct contact, or by sharing objects (combs, towels, headphone, hats, etc.). Getting lice has nothing to do with cleanliness and having lice does not reflect poorly on you as a parent. The problem can be easily managed. Just follow the directions below:



1. WHAT TO LOOK FOR...

Head lice are small grayish-tan crawling insects about the size of a sesame seed. Look for tiny eggs (nits) on hair shafts, near the scalp, and especially at the nape of the neck and behind the ears. Any family member with lice or nits must be treated.



2. HEAD LICE TREATMENT...

Several products are available without a prescription; most require a second application 7-10 days after the first. Read and follow the product information carefully. Consult with your physician or pharmacist for more information.



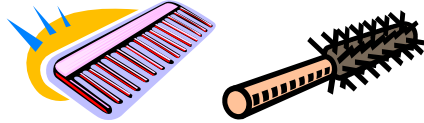
3. HEAD LICE – DEAD LICE

Remove all lice and nits (eggs) using a special nit comb, or your fingernails. Look at the hair outdoors in sunlight (a magnifying glass maybe helpful). Research shows that you must comb and check hair for nits **EVERYDAY UP TO 14 DAYS TO STOP THE LIFE CYCLE OF THE LOUSE**. Miami-Dade County Public Schools has a **no nit** policy. Even if you have treated your child’s head with shampoo, but nits are found in their hair when returning to school, the child will be excluded from school. **REMEMBER:** If your child gets lice over and over, you probably haven’t removed all the eggs. Remaining eggs can hatch and cause a re-infestation. The best treatment is the **COMPLETE** removal of lice and nits.



4. WASH & DRY...

Use hot water and dry on hot cycle for at least 20 minutes. Items that are not washable should be vacuumed (stuffed animals, helmets, headsets, etc.)



5. SOAK ...

Combs, brushes, etc. the hotter the better, but at least 130 degrees F. for at least 10 minutes.



6. VACUUM EVERYWHERE...

To make sure the rest of your home is lice free, you should vacuum carpets, pillows, mattresses, upholstered furniture and even car seats. **Avoid the use of lice sprays.**



7. FACTS & TIPS TO REMEMBER...

Lice prefer to stay in the hair, not the environment.

Lice cannot stay alive in schools or school buses on the weekends, because they cannot live without human contact for more than 48 hours.

Kids might get head lice at sleepovers, while at group or club activities, family gatherings, babysitting, playing sports, watching TV or playing video games together.

According to national research, lice appear more prevalent after school breaks because lice are a community problem, and children have more close contact with each other during breaks.

Head lice are spread if two heads are together.

Lice cannot jump or fly.

The color of the louse depends on when it had its last blood meal.

Pets do not get head lice.

Head lice can happen to anyone.

REMEMBER: SCHOOLS DON'T GET LICE, PEOPLE DO.

FOR MORE HELP:

1. National Pediculosis Association www.headlice.org
2. Center for Disease Control (CDC) www.cdc.gov

*Pasco County School District "Nice People Get Lice"

Instructions for School Staff

IF A CHILD IS SUSPECTED OF HAVING HEAD LICE:

- Refer the student to the designated school health personnel who will check the student's hair to confirm the presence of nits or lice.

WHAT TO DO IF A STUDENT IS KNOWN TO HAVE HEADLICE...

- Exclude student from classroom.
- Call parents to pick student up.
- Send the Head Lice Notification Letter and Guidelines home with the student.
- Parents must accompany the student on return to school and the student must be re-screened before returning to class.

(School Letterhead and Date)

IMPORTANT MESSAGE FOR ALL PARENTS:

Head lice have been reported already this year. Even if your child has not been infected please read the following announcement and be on the lookout for head lice.

If your child scratches his/her head excessively, 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. Read on and we'll tell you what you can do.

Many schools in Dade and Broward counties are being affected by head lice. Treatment at home is critical to keeping the school free from head lice. There are many ways in which you can ensure that your child, your family and others will not get infected or re-infected.

Parents need to report head lice cases to the office and the affected child must be inspected (discreetly in the office) before he/she can return to class. Random head checks may be conducted during the school year and children with lice or nits will be sent home. Should this happen, the following list of things to do should help you get rid of the lice and keep them from re-infecting your child.

1. If your child is sent home from school with lice or nits (eggs), you must use a medicated shampoo for treating head lice. These can be bought over the counter at the drug store. You must follow the directions on the bottle carefully. Some shampoos require a repeat application in 7-10 days. If your child has played or slept over with someone who has/had lice or if you have any reason to suspect lice, you should check the child's head and continue to do so daily for about 10 days. If your child has to be sent home with lice and he/she has shared your bed or the bed of a sibling, or if you have sat on the sofa together, there is a chance your whole family will need to be checked and treated.
2. Lice are small grey/brown wingless insects. Young ones 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. 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. You will find them attached 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. The lice must be killed and the nits must be removed.

Regardless of what your pediatrician or the product information may tell you, you can never be sure the nits are dead. THEY MUST BE REMOVED.

3. After using a medicated shampoo you can use the fine tooth comb that comes with most lice removal products. This will take out any remaining lice and possibly some nits. However, most nits will have to be removed by hand (or with tweezers). Blow dry the hair. Then in strong light separate the hair into small sections with the fingers and look for nits. A lighted magnifier works really well. It's often easiest to see the nits outdoors in sunlight. Pull them off with fingernails or a pair of tweezers starting at the scalp and pulling down the hair shaft, one hair at a time until all nits are removed.

Some hair types make it extremely difficult to remove nits. If you have a problem with this you can try wetting the hair and pouring a solution of half vinegar and half water through it. Wrap the child's head in a towel for 20 minutes. Rinse well and remove nits while hair is wet. The vinegar/water solution may loosen the nits and make it easier to remove them. The vinegar/water rinse can be repeated if necessary. There are now lice egg remover solutions on the market that help loosen the nits.

4. 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. Also, continue to blow dry the affected person's head occasionally during this time. Check all family members' heads during this 10 day period as well.
5. You must follow these directions for home and car: a) Wash or disinfect every article that may have been infected, i.e. brushes, combs, barrettes, ponytail holders, hats, and the places where they are kept. b) Sheets, blankets, quilts, bedspreads, pillow cases, pillows, towels, clothing (including underwear and sleepwear) must be washed in hot (130 degree) water and dried in a hot dryer for at least 20 minutes. c) Furniture, rugs, floors and baseboards, hampers, headboards and mattresses must be thoroughly vacuumed. The vacuum bag must be disposed of in a sealed plastic bag. d) Treat your car – vacuum carpet and seats. e) Dry clean items that can't be washed or place them in a hot dryer for 20 minutes (i.e. stuffed animals and pillows) or place in an airtight plastic bag for 10 days. f) 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. g) notify the school (if your child was not sent home), carpool, Sunday School or anyone who has had close contact with your child. Don't be embarrassed.

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

In order to rid the school of head lice, these procedures must be followed at home. The Principal and staff are doing everything they can to ensure a lice free environment. It's really up to the parents to keep infected children from bringing the lice back to school.

If you have any questions, please call the school at (telephone number of school).

Sincerely yours,

(Principal's Signature)

(School Letterhead and Date)

MENSAJE IMPORTANTE PARA LOS PADRES DE FAMILIA:

Este año ya se han reportado algunos casos de piojos en el cabello. Aunque su hijo/a no esté infectado, por favor, lean cuidadosamente la información a continuación y manténganse vigilantes en cuanto a los piojos.

Si su hijo/a se rasca la cabeza excesivamente, especialmente en la zona de la base del cabello o el cuello, por favor, revíselo para ver si tiene piojos en el cabello. Si encuentran piojos o huevos de piojos, **NO SE ALARMEN**. Sigán leyendo y les explicaremos qué pueden hacer para remediarlo.

Muchas escuelas de los condados Dade y Broward han sido afectadas por los piojos en el cabello. El tratamiento en el hogar es decisivo para mantener a las escuelas libres de estas plagas. Hay muchas formas en las que ustedes pueden asegurar que su hijo/a y su familia no se infecten o re-infecten.

Los padres de familia deben reportar cualquier caso de infección de piojos en el cabello de sus hijos a la oficina de la escuela y el niño/a afectado deberá de ser inspeccionado (discretamente en la oficina de la escuela) antes de que se le permita regresar a su aula. Muchas veces se conducen revisiones al azar durante el año y los niños que tengan piojos o huevos en el cabello serán enviados a sus hogares. En caso de que esto ocurra, la siguiente lista le informará de los pasos que pueden tomar para eliminar los piojos y para que su hijo/a no se re-infecte.

1. Si la escuela envía a su hijo/a a la casa porque tiene piojos o huevos de piojos en el cabello, ustedes deberán usar un champú medicado para el tratamiento de los piojos en el cabello. Estos champuses se pueden comprar sin receta médica en cualquier farmacia. Ustedes deberán seguir muy cuidadosamente las instrucciones que aparecen en el envase del champú. Algunos champuses requieren una segunda aplicación al cabo de los 7 a 10 días. Si su hijo/a ha jugado o dormido en la casa de alguien que tiene o ha tenido piojos o si ustedes sospechan, por alguna razón, que hay infección de piojos, inmediatamente ustedes deberán revisar la cabeza de su hijo/a y continuar las revisiones por un período de 10 días. Si su hijo/a es enviado a la casa porque le han encontrado piojos y ha compartido la cama con usted o algún hermano o se han sentado juntos en el sofá, existe la posibilidad de que su familia completa tenga que ser revisada y tratada con el champú para piojos.

2. Los piojos son diminutos insectos sin alas de color gris/marrón. Los más jóvenes aparentan ser una manchita de polvo en el cuero cabelludo, en tanto que los más viejos claramente se reconocen como insectos. Son casi transparentes y les gusta quedarse detrás de los oídos o en la parte de atrás del cuello, pero también pueden encontrarse en cualquier parte de la cabeza. Los huevos son unas diminutas manchitas de color blanco perlado, del tamaño de una coma escrita con una maquina de escribir. Muchas veces estos huevitos pueden confundirse con la caspa, la diferencia es que los huevos no se aflojan o caen fácilmente cuando se peina el cabello con los dedos o uñas, como pasa con la caspa. Los huevos se encuentran pegados al cabello cerca de la raíz, casi siempre cerca de la parte de atrás del cuello, detrás de los oídos o, a menudo, también en toda la cabeza, especialmente si la infección no ha sido tratada por un largo tiempo. Hay que matar los piojos y sus huevos deben ser removidos.

Aunque su pediatra o la información que aparece en el envase del producto digan lo contrario, la única forma de cerciorarse de que los huevos están muertos, ES QUITÁNDOLOS del cabello.

3. Después de usar un champú medicado, pueden usar el peine de dientes finos que casi siempre viene con los productos que se usan para matar los piojos. Este peine quitará cualquier piojo que todavía permanezca en el cabello, como también sus huevos. Sin embargo, la mayoría de los huevos tendrán que ser quitados con la mano o con unas pinzas. Sequen el cabello con un secador de pelo. Bajo una luz intensa, separen el cabello en pequeñas secciones con los dedos y busque los huevos. Una lámpara con lupa les será muy útil, pero a veces es más fácil ver los huevos fuera de la casa, a la luz del sol. Quiten los huevos con las uñas o con un par de pinzas comenzando en la raíz del cabello y halando hasta el final del cabello, pelo por pelo, hasta que todos los huevos hayan desaparecido.

Se hace muy difícil quitar los huevos en ciertos tipos de cabello. Si a ustedes se les dificulta quitar los huevos por esta razón, mojen el pelo con una mezcla mitad vinagre y mitad agua. Envuelvan una toalla alrededor del cabello del niño/a por 20 minutos. Enjuagen bien el cabello y quiten los huevos mientras el pelo esté mojado. La mezcla de vinagre y agua afloja los huevos, permitiendo que se remuevan más fácilmente. El enjuague de vinagre con agua puede repetirse si es necesario. Ahora hay enjuagues que ayudan a aflojar los huevos en el mercado.

4. ¡Los huevos se comportan como las yerbas malas – precisamente cuando uno piensa que los ha quitado todos, aparece uno! Debido a esto, ustedes deben revisar el cabello de su hijo/a varias veces después del tratamiento. De no hacer esto, uno de los huevos puede incubar e iniciar el proceso una vez más. Continúen secando el pelo del niño/a afectado con un secador de pelo

ocasionalmente durante este período de tiempo. También, revisen el cabello del resto de la familia por un período de diez días.

5. Ustedes deberán seguir las siguientes instrucciones para el hogar y el automóvil:
 - a) Laven y desinfecten cualquier artículo que pueda haber sido infectado como los cepillos, los peines, las hebillas, los sombreros y los lugares donde dichos artículos se guardan.
 - b) Las sábanas, los edredones, las sobrecamas, las fundas, las almohadas, las toallas, los artículos de vestir (incluyendo la ropa de dormir y la ropa interior) deberán lavarse en agua muy caliente (130 grados) y secados en una secadora bien caliente durante un período de 20 minutos.
 - c) Los muebles, las alfombras, los pisos, los rodapiés, los cestos de ropa sucia y las cabeceras de las camas deberán limpiarse bien con la aspiradora. Una vez hecho esto, la bolsa de la aspiradora debe meterse en una bolsa plástica cerrada herméticamente y después echarla a la basura.
 - d) Limpie sus automóviles – limpie los asientos y las alfombras con una aspiradora.
 - e) Hagan lavar en seco en la tintorería los artículos que no pueden lavarse con agua como los muñecos de peluche o las almohadas o, simplemente, échelos en una secadora caliente durante 20 minutos o dentro de una bolsa plástica cerrada herméticamente durante 10 días.
 - f) Laven con alcohol o con cualquier otro germicida el teléfono, los audífonos, los cascos o cualquier artículo que haya estado en contacto con la cabeza del niño/a.
 - g) Notifiquen a la escuela (si la escuela no ha enviado a su niño a la casa), a las personas encargadas de llevarlo a la escuela u a otra institución a la que su hijo haya asistido o a cualquier otra persona con quien haya tenido contacto. No se avergüencen, esto puede pasarle a cualquiera.

Los piojos pueden afectar a cualquier persona sin importar su raza, religión o sexo y no indican falta de limpieza. Se encuentran en cualquier parte del país, pero más aun en aquellos lugares que tienen un clima calido.

Para poder librarse de los piojos en el cabello deben seguirse al pie de la letra estas instrucciones en la casa. Los directores y empleados de las escuelas hacen todo lo posible por mantener a la escuela libre de piojos. Los padres de familia pueden ayudar manteniendo a los niños infectados en el hogar para que no lleven los piojos a la escuela de nuevo.

Si tuviesen alguna pregunta, por favor, comuníquense con la escuela, llamando al (school telephone number).

Atentamente,

(Principal's Signature)

SAFETY, ENVIRONMENT & HAZARDS MANAGEMENT

- **BIOMEDICAL WASTE PROGRAM**
- **CLEAN INDOOR AIR PROGRAM**
- **CONSTRUCTION SAFETY PROGRAM**
- **FIRE PREVENTION PROGRAM**
- **HAZARD COMMUNICATION - RIGHT TO KNOW PROGRAM**
- **HAZARDOUS MATERIALS CONTROL PROGRAM**
- **INDOOR AIR QUALITY PROGRAM**
- **INTEGRATED PEST MANAGEMENT PROGRAM**
- **POLLUTANT STORAGE TANK PROGRAM**
- **RADON MONITORING PROGRAM**
- **SAFE DRINKING WATER PROGRAM**
- **SARA TITLE III PROGRAM**

For more information on the above programs, please visit www.dadeschools.net , go to the district directory and click district offices. Look under A for the ADA compliance office. You will find information under the safety programs of M-DCPS.

BIOMEDICAL WASTE PROGRAM

This program prescribes minimum sanitary practices relating to the management of biomedical waste, including segregation, handling, labeling, storage, and treatment. The plan applies to all facilities that generate biomedical waste to ensure that the waste is properly handled to eliminate exposure of employees, students and the public to disease-causing agents. Biomedical waste shall be managed or disposed of in a manner that does not violate Florida Administrative Code Rule 10D-104. The program plan is outlined below:

IDENTIFICATION OF BIOMEDICAL WASTE

1. Items to be placed in biohazard waste boxes: Blood, absorbent material soaked with blood, semen, body fluids visibly contaminated with blood.
2. Items not to be placed in biohazard waste boxes: vomit, feces, urine and sanitary napkins.

HANDLING OF BIOMEDICAL WASTE

1. POINT OF ORIGIN

All biomedical waste shall be identified and segregated from other solid waste at the point of origin within the facility. Biomedical waste, except sharps shall be packaged in impermeable red polyethylene or polypropylene plastic bags. Filled bags shall be sealed at the point of origin.

2. CONTAINMENT, GENERAL HANDLING & STRUCTURE OF CONTAINERS

Packages of biomedical waste shall remain intact at all times. Ruptured or leaking packages of biomedical waste shall be repackaged prior to onsite or offsite transport. There shall be no recycling efforts, nor intentional removal of waste from its packaging, prior to the waste being treated. Packages of biomedical waste shall be handled and transferred in a manner that does not impair the integrity of the packaging. Packages of biomedical waste shall not be compacted or subjected to mechanical stress, which will compromise the integrity of the package during transfer or storage. Bagged biomedical waste being prepared for offsite transport prior to final treatment or disposal shall be enclosed in a rigid type container.

3. CONTAINERS

Bags: Biomedical waste, except sharps, shall be packaged in impermeable, red, polyethylene or polypropylene plastic bags. Each plastic bag shall be constructed of polychlorinated-free filler plastics and meet all physical requirements.

Sharps: Sharps shall be segregated from all other waste and discarded directly into a sharps container. If there is a need for a sharps container, please discuss this with the Director of the Department of Safety, Environment and Hazards Management.

LABELING

The label shall be securely attached or permanently printed on each bag, sharps container, and outer container and be clearly legible and easily readable. Indelible ink shall be used to print the information on the label. Ink used in permanently printing the label shall be free of heavy metals. One of the following phrases shall be used in conjunction with the international biohazard symbol:

1. BIOMEDICAL WASTE
2. BIOHAZARDOUS WASTE
3. BIOHAZARDS, INFECTIOUS WASTE
4. INFECTIOUS SUBSTANCE

Biomedical waste bags shall be labeled with the date at the time they are placed in use. If a number of bags are placed into an outer bag prior to offsite transport, the label on the outer bag shall be the earliest date that an inner bag was placed into use. Outer bags shall be labeled at the generating facility prior to offsite transport.

ONSITE STORAGE AND CONTAINMENT

STORAGE - of biomedical waste shall not be for a period of greater than 30 days. The 30-day time period shall commence when the first item of biomedical waste is placed into a red bag.

TREATMENT AND DISPOSAL

All biohazard waste will be picked up by contracted companies. Biohazard waste from all senior high, middle, and vocational schools will be picked up on a monthly schedule. Elementary schools should call the Department of Safety, Environment and Hazards Management at 305-995-4900 when their bag is $\frac{3}{4}$ full.

PERSONAL PROTECTIVE EQUIPMENT - Persons handling packages or cleaning spills or leaked biomedical waste shall wear personal protective

equipment. When there is potential occupational exposure, M-DCPS will provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered *appropriate* only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

RECORDS

All biomedical waste management records, including transporter receipts and any other documentation provided by the transporter, will be maintained onsite for three (3) years and shall be available for inspection.

TRAINING

Each M-DCPS facility generating biomedical waste shall train employees who handle biomedical waste as part of their daily work responsibilities. The training program shall detail compliance with the state rule and shall be maintained as a section of the operating plan. M-DCPS site administrators, or their designee, shall train each new employee whose duties include handling biomedical waste in the proper management of this waste before duties commence. All employees who handle biomedical waste shall attend an annual refresher training session provided by M-DCPS site administrators, or their designee. A record of attendance shall be maintained for each employee, along with an outline of the training program presented.

CLEAN INDOOR AIR PROGRAM

The "Florida Clean Air Act" (Florida Statutes 386.201) was enacted in 1985 to protect the public health, comfort, and environment by creating areas in public places and at public meetings that are reasonably free from tobacco smoke by providing a uniform statewide maximum code. From the educational standpoint, *public places*, include educational facilities, public school buses, auditoriums, and recreational facilities. Under this state statute, "no person may smoke in a public place or at a public meeting except in designated smoking areas".

A very strong relationship exists between smoking and academic performance. Of those seniors with an *A* average in their senior year, only 7% are current daily smokers: of those with a *D* average, 47% are. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)

The term *Tobacco-Free Schools* has been gaining momentum during the past several years. Several school agencies throughout the country have instituted policies prohibiting tobacco use in schools. On August 23, 1989, the School Board of Miami-Dade County adopted Rule 6Gx13-4-1.06 TOBACCO FREE WORK PLACES. This rule mandated that Miami-Dade County Public Schools would achieve a totally tobacco-free status by July 1, 1991. Visitors are politely informed that M-DCPS is tobacco free.

SMOKING CESSATION MATERIALS

The following materials/programs are available through the Wellness Program.

Educational Materials:

- Pamphlets
- Brochures
- Videos
- Posters

Community Programs:

- Materials describing all the local community smoking cessation programs are available upon request.

Employees may contact Dr. Donna Riley, Manager of the Wellness Program and ADA Services at telephone 305-995-7115 or through School Mail Code 9116, Room 114.

CONSTRUCTION SAFETY PROGRAM

Safety must be built into every process or product design and into every operation. It must be a part of the district's commitment to excellence. The prevention of accidents and injuries is basically achieved through control of the working environment and control of people's actions. Only management can implement such controls. That is why safety must start with top management. A comprehensive Safety Program is an essential management tool to provide standards for reducing accidents and for the prevention and reduction of injuries. With proper implementation the program will provide relief from the high direct and indirect costs that accidents generate, and their subsequent impact on the District operating budget. District managers, administrators, supervisors, contractors, and employees face a special challenge in carrying out the intent and the requirements of the District Safety Program and the requirements of this program. They must develop and maintain the proper attitude toward safety, setting the example and providing the leadership, which will make this Construction Safety Program successful.

INTENT

An effective Construction Safety Program for Miami-Dade County Public Schools establishes a working environment in which all operations can be conducted not only safely, but economically and efficiently as well. Safety management is the key to strengthening the district image of responsibility, complying with stringent regulations, and, most importantly, safeguarding people, property, and facilities. Emphasis has shifted from complete reliance on one-time technical and engineering checks to an ongoing system of management checks and balances.

SCOPE

This Construction Safety Program includes all new, remodeling, renovation, and repair construction projects by Maintenance Operations, as well as all contractors and subcontractors.

DISTRICT POLICY

1. Miami-Dade County Public Schools considers no phase of operation or administration as being of greater importance than accident prevention. It is the policy of the district to provide and maintain safe and healthful working conditions, and to follow operating practices that will safeguard all out-sourced construction and maintenance workers, as well as, employees of the district.

1. Safe practices on the part of construction and maintenance workers must be apart of all operations. No job shall be considered completed efficiently unless the workers have followed every precaution and safety rule to protect themselves and their fellow workers. The ideals of production and safety must be inseparable.

MAJOR ELEMENTS

An effective safety and health program must include the four (4) main elements discussed below:

1. Management Commitment and Employee Involvement

The elements of management commitment and employee involvement are complementary and form the core of any safety and health program. Management's commitment provides the motivating force and the resources for organizing and controlling activities within an organization. In an effective program, management regards worker safety and health as a fundamental value of the organization and applies its commitment to safety and health protection with as much vigor as to other organizational goals.

Employee involvement provides the means by which workers develop and/or express their own commitment to safety and health protection for themselves and for their fellow workers.

In implementing a safety and health program, there are various ways to provide commitment and support by management and employees. Some recommended actions are described briefly as follows:

- State a worksite policy on safe and healthful work and working conditions clearly, so that all personnel with responsibility at the site (and personnel at other locations with responsibility for the site) fully understand the priority and importance of safety and health protection in the district.
- Establish and communicate a clear goal for the safety and health programs, and define objectives to meet the goals so that all members of the organization understand the results desired and the measures for achieving them.
- Provide visible top management involvement in implementing the program so that all employees understand that management's commitment is serious.
- Arrange for and encourage employee involvement in the structure and operation of the program and in decisions that affect their safety and health so they will commit their insight and energy to achieving the safety and health program's goal and objectives.
- Assign and communicate responsibility for all aspects of the program, so that managers, supervisors, and employees in all parts of the organization know what performance is expected of them.
- Provide adequate authority and resources to responsible parties so that assigned responsibilities can be met.
- Hold administrators, supervisors, and employees accountable for meeting their responsibilities so that essential tasks will be performed.
- Review program operations at least annually to evaluate their success in meeting the goals and objectives so that deficiencies can be identified and the program and/or the objectives can be revised when they do not meet the goal of effective safety and health protection.

2. Worksite Analysis

A practical analysis of the work environment involves a variety of worksite examinations in order to identify existing hazards and conditions and operations in which changes might occur to create new hazards. The lack of awareness of a hazard stemming from failure to examine the worksite is a sign that safety and health policies and/or practices are ineffective. Effective management actively analyzes the work and worksite to

anticipate and prevent harmful occurrences. In order that all hazards and potential hazards are identified, the following measures are recommended:

- A. Conduct comprehensive baseline worksite surveys for safety and health and periodic comprehensive update surveys.
- B. Analyze planned and new facilities, processes, materials, and equipment.
- C. Perform routine job hazard analyses.
- D. Conduct regular site safety and health inspections so that new or previously missed hazards and failures in hazard controls are identified.
- E. Provide a reliable system for employees to notify management personnel about conditions that appear hazardous and to receive timely and appropriate responses, and encourage employees to use the system without fear of reprisal. This uses employee insight and experience in safety and health protection and allows employee concerns to be addressed.
- F. Investigate accidents and near-miss incidents so that their causes and means for their prevention can be identified.
- G. Analyze injury and illness trends over time so that patterns with common causes can be identified and prevented.

3. Hazard Prevention and Control

Where feasible, workplace hazards are prevented by effective design of the jobsite or job. Where it is not feasible to eliminate such hazards, they must be controlled to prevent unsafe and unhealthful exposure. Elimination or control must be accomplished in a timely manner once a hazard or potential hazard is recognized. Specifically, as part of the program, employers should establish procedures to correct or control present or potential hazards in a timely manner. These procedures should include measures such as the following:

- A. Using engineering techniques where feasible and appropriate.
- B. Establishing, at the earliest time, safe work practices and procedures that are understood and followed by all affected parties. Understanding and compliance are a result of training, positive reinforcement, correction of unsafe performance, and if necessary, enforcement through a clearly communicated disciplinary system.
- C. Providing personal protective equipment when engineering controls are infeasible.

- D. Using administrative controls, such as reducing the duration of exposure.
- E. Maintaining the facility and equipment to prevent equipment breakdowns.
- F. Planning and preparing for emergencies, and conducting training and emergency drills, as needed, to ensure that proper responses to emergencies will be second nature for all persons involved.
- G. Establishing a medical program that includes first aid onsite and nearby emergency medical care to reduce risk of any injury or illness that occurs.

4. Safety and Health Training

Training is an essential component of an effective safety and health program. Training addresses the safety and health responsibilities of both management and employees at the site, salaried and hourly. Training is often most effective when incorporated into other education on performance requirements and job practices, the complexity of the worksite, as well as the characteristics of the hazards and potential hazards at the site.

Employee Training

Employee training programs should be designed to ensure that all employees understand and are aware of the hazards to which they may be exposed and the proper methods for avoiding such hazards.

Supervisory Training

Supervisors should be trained to understand the key role they play in safety, to carry out safety and health responsibilities effectively. Training programs for supervisors should include the following:

- A. Analyze their supervisory area to anticipate and identify potential hazards.
- B. Maintain physical protections in their work areas.
- C. Reinforce employee training on the nature of potential hazards in their work and on needed protective measures through continual performance feedback and, if necessary, through enforcement of safe work practices.
- D. Understand their safety and health responsibilities.

Employee Safety and Health

Many standards explicitly require the employer to train employees in the safety and health aspects of their jobs. Other standards make it the employer's responsibility to

limit certain job assignments to employees who are *certified, competent, or qualified*, meaning that they have had special previous training. This should be an essential part of the program for protecting workers from accidents and illnesses. Many researchers conclude that those who are new on the job have a higher rate of accidents and injuries than more experienced workers. This may be due to ignorance of specific job hazards and/or of proper work practices, and if so, training may help provide a solution. It is good safety and business practice for employers to keep records of all safety and health training. Records provide evidence of an employer's good faith and compliance with local, state, and federal standards. Documentation also supplies an answer to one of the first questions accident investigators ask: "Was the injured employee properly trained to do the job?" Training in the proper performance of a job is time and money well spent, and the district should regard it as an investment rather than an expense. An effective program of safety and health training for employees can result in fewer accidents and illnesses.

Please contact the Department of Safety, Environment & Hazards Management at 305-995-4900 for a copy of the Construction Safety Manual

FIRE PREVENTION PROGRAM

This program was developed and designed to familiarize all building occupants with all available means of exit, particularly emergency exits that are not habitually used during normal occupancy of this building.

Diagrams of primary and secondary evacuation routes are posted in each occupied space next to the exit door clearly indicating by contrasting color and number each route of evacuation. A diagram is not required if an exit door from a self-contained room opens directly to the exterior.

Fire drills are scheduled to test the Emergency Response Plan. These drills are used to identify problems before a fire happens and make the necessary changes. Evacuation drills shall be reported via the FASI system. Please refer to pages 3 -10 of your Emergency Management Procedures Manual, Board Rule: 6Gx13 –6A-1.06.

For additional assistance in developing or implementing your site-specific plan, call the Department of Safety, Environment & Hazards Management.

A written, up-to-date Fire Emergency Action Plan is essential in case of an emergency. All site administrators are to make sure they read and understand the plan for their work site.

PURPOSE

The purpose of this plan is to establish minimum requirements that will provide a reasonable degree of safety from fire at every work site.

The program endeavors to avoid requirements that might involve unreasonable hardship or unnecessary inconvenience or interference with the normal use of the facility, but insists upon compliance with a minimum standard for fire safety consistent with the public interest.

OBJECTIVE

The objective of this program serves to provide a reasonable level of safety by reducing the probability of injury and loss of life from the effect of fire and other emergencies having the potential for similar consequences with due consideration for functional requirements. This objective is accomplished within the context of the physical facilities, type of activities undertaken, the provisions for the capabilities of the staff, and the needs of all occupants. The level of safety is defined by the combination of prevention, protection, egress, and other features enumerated in the text of the plan.

HOW TO EVACUATE A BURNING BUILDING

1. The last one out of the room should not lock the door, just close it. Locking the door hinders the fire department's search and rescue efforts.
2. Proceed to the exit as outlined in the Emergency Response Plan.
3. Don't use elevators under any circumstances.
4. Stay low to avoid smoke and toxic gases. The best air is close to the floor; crawl if you have to.
5. If possible, cover your mouth and nose with a damp cloth to help you breathe.
6. If you work in a building with multiple stories, a stairway will be your primary escape route.
7. Once in the stairwell, proceed down to the first floor. **NEVER GO UP.**
8. Once outside the building, report to a predetermined area so that a head count can be taken.

WHAT TO DO IF TRAPPED IN A BURNING BUILDING

1. If you are trying to escape a fire, never open a closed door without feeling it first. Use the back of your hand to prevent burning your palm. If the door is hot, try another exit. If none exists, seal the cracks around the doors and vents with anything available.

2. If trapped, look for a nearby telephone and call the fire department, giving them your exact location.
3. If breathing is difficult, try to ventilate the room, but don't wait for an emergency to discover that windows can't be opened.

HAZARD COMMUNICATIONS: THE RIGHT TO KNOW LAW

The Occupational Safety and Health Administration (OSHA) have issued a regulation to help control chemical exposure on the job. The regulation is called the hazard communication standard, but is more commonly called *hazcom* or the "Right to Know Law." It can be found at 29 CFR 1910.1200.

The standard says employees have a right to know what chemicals they are working with or around. It is intended to make the workplace safer.

The hazcom standard requires that all chemicals in the workplace be fully evaluated for possible physical or health hazards. It mandates that all information relating to these hazards be made available to employees.

WHO AND WHAT DOES THE STANDARD COVER?

The hazard communication standard really involves just about anyone who comes into contact with hazardous chemicals. Everyone needs to know what hazardous chemicals they work with and how to protect themselves.

The areas specifically covered in the standard include:

1. Determining the Hazards of Chemicals
2. Material Safety Data Sheets (MSDS)
3. Labels and Labeling
4. A Written Hazard Communication Program
5. Employee Information and Training
6. Trade Secrets

The hazard communication standard is intended to cover all employees who may be exposed to hazardous chemicals under normal working conditions or where chemical emergencies could occur. Remember! The standard applies to those chemicals which pose either a physical or health hazard.

WHAT ARE PHYSICAL AND HEALTH HAZARDS?

PHYSICAL HAZARDS are exhibited by certain chemicals due to the physical properties flammability, reactivity, etc. These chemicals fall into the following classes:

1. Combustible liquids
2. Compressed gases
3. Explosives
4. Organic peroxide
5. Oxidizers
6. Pyrophoric materials (may ignite spontaneously in air at temperatures of 130 F or below)
7. Unstable materials
8. Water-reactive materials

A **HEALTH HAZARD** is a chemical that may cause acute or chronic health effects after exposure. It can be an obvious effect, such as immediate death following inhalation of cyanide. But a health hazard may not necessarily cause immediate, obvious harm or make an individual sick right away. In fact, the person may not see, feel, or smell any danger. An acute health effect usually occurs rapidly following a brief exposure. A chronic health effect is long and continuous, and follows repeated long-term exposure.

WHAT KINDS OF CHEMICALS CAUSE HEALTH HAZARDS?

Some examples of chemicals which exhibit health hazards are:

Type of chemical	Example of type
Carcinogens (cancer-causers)	formaldehyde or benzene
Toxic Agents	lawn and garden insecticides, arsenic compounds
Reproductive Toxins	thalidomide or nitrous oxide
Irritants	bleaches or ammonia
Corrosives	battery acid or caustic sodas
Sensitizers	creosote or epoxy resins
Organ-Specific Agents	Sulfuric acid (affects skin), or asbestos (affects lungs)

The hazard communication standard doesn't apply to hazardous waste regulated by the Environmental Protection Agency (EPA), tobacco products, many wood or wood products, or food, cosmetics, or certain drugs.

THE MATERIAL SAFETY DATA SHEET

A material safety data sheet (MSDS) is a fact sheet for a chemical which poses a physical or health hazard in the workplace. MSDS's must be in English and contain certain information:

1. Identity of the chemical (as used on the label).
2. Physical hazards.
3. Health hazards.
4. Primary routes of entry.
5. Whether it is a carcinogen.
6. Precautions for safe handling and use.
7. Emergency and first aid procedures.
8. Date of preparation of latest revision.
9. Name, address, and telephone number or manufacturer, importer, or other responsible party.

Every school and ancillary site must have an MSDS for each hazardous chemical it uses. Copies must be kept where employees can use it during their work shift. When employees must travel between workplaces during the day, MSDS's may be kept at a central location. If relevant information in one of the categories was unavailable at the time of preparation, the MSDS must indicate that no information was found. Blank spaces are not permitted. If a blank space is found on an MSDS, the employee should inform the supervisor of the omission.

LABELS AND LABELING REQUIREMENTS

Containers of hazardous chemicals must be labeled in English. Information may also be presented in other languages for non-English-speaking employees, but English is required. It is required that labels contain the following information:

1. Identity of the hazardous material.
2. Appropriate hazard warnings.
3. Name and address of the chemical manufacturer, importer, or other responsible party.

On individual stationary containers signs, placards, batch tickets, or printed operating procedures may be used in place of labels.

Where the chemical is intended for the use of the employee making the transfer during his or her work shift only, the work location is not required to label portable transfer vessels. If, however, that vessel or container is transferred for use on another work shift, it has to carry a label.

WRITTEN HAZARD COMMUNICATION PROGRAMS

Every school and ancillary site is required by the hazard communication standard to have developed and implemented a written hazard communication program. This program details how the work location will meet the standard's requirements for labels, MSDS's, and employee information and training.

THE WORK LOCATION'S WRITTEN PROGRAM NEEDS TO INCLUDE:

1. A list of the hazardous chemicals known to be present in that workplace.
2. How the MSDS requirements are being met.
3. What type of labeling system, if any, is used?
4. Detailed information on training compliance.
5. Methods the work location will use to inform the employers of the workers at the site, such as service representatives, repair people, and subcontractors.

EMPLOYEES MUST BE TRAINED

All employees must be trained at the time of their initial employment or assignment, as well as whenever a new hazard is introduced into the workplace. The employees in this program must attend annual refresher classes. According to the hazard communication standard, every employee must be informed of the requirements of the standard. Employees are to be informed of any operations in the work area where hazardous chemicals are present. Employees also need to be informed of the location and availability of the work location's written hazard communication program. Even more important, the location and availability of the MSDS file should be stated.

TRAINING MUST CONTAIN ALL OF THE FOLLOWING ELEMENTS:

1. **METHODS OR OBSERVATIONS** used to detect the presence or release of hazardous chemicals in your work area.
2. **PHYSICAL AND HEALTH HAZARDS** of chemicals in your workplace.
3. **MEASURES THAT CAN BE TAKEN TO PROTECT ONESELF** from the hazards, including work practices and personal protective equipment (PPE).
4. **DETAILS OF THE WORK LOCATION'S HAZARDS COMMUNICATION PROGRAM**, including complete information on labels and MSDS's.

WORK AT WORKING SAFELY

Training is the key to the success and safety of all employees dealing with hazardous chemicals in the workplace. It must be taken seriously. Employees must get as much as they can from it. They need to learn about MSDS's, labeling, the work location's written program, measures to protect themselves, and what hazardous chemicals they work with. Their good health may depend on how much they learn from their location's training program. They must understand these concepts clearly.

The Department of Safety, Environment & Hazards Management has been designated as the monitoring agency for this program.

HAZARDOUS MATERIALS CONTROL PROGRAM

The Department of Safety, Environment & Hazards Management has been providing a hazardous materials control service for all M-DCPS site administrators since November 21, 1986. The proper management and disposal of hazardous waste is promulgated by the Florida Administrative Code 17-30 entitled *The Hazardous Waste Rule* and Florida Administrative Code 17-32 entitled *The Management of Hazardous Materials by Governmental Agencies*. Both of these rules require school systems to establish a hazardous materials management program, which includes the disposal of hazardous wastes according to specific Department of Environmental Regulations.

In addition to the proper disposal of chemical laboratory hazardous waste materials, the hazardous materials control program includes the following services:

1. All purchase orders submitted for laboratory chemicals to the Miami-Dade County Public Schools Purchasing Department are reviewed and changes are made to prevent the purchase of prohibited chemicals, to limit the purchase of particular chemicals, and require justification for the purchase of unique chemicals.
2. Hazardous waste minimization reports are submitted to the U.S. Environmental Protection Agency for various Miami-Dade County Public Schools departments, depending upon the amount of hazardous waste generated.
3. Solvent recycling programs are initiated and recommended wherever solvents are used for parts washing.
4. Educational Programs are initiated and promoted to inform vocational education teachers to the best management practices in reference to the disposal of hazardous waste as promoted by the Department of Environmental Resources Management. It is the objective of the Department of Safety, Environment & Hazards Management, to provide a hazardous waste disposal service to the various site administrators, impose guidelines concerning the procurement and storage of various laboratory chemicals, and establish programs that will reduce the amount of hazardous waste generated by the District.



DEPARTMENT OF SAFETY USE ONLY

Work Order # _____ Time in: _____ Time out: _____

Date Received _____ Site Administrator _____

Estimated Cost _____ Manifest # _____

HAZARDOUS WASTE REMOVAL REQUEST

1. Complete in duplicate, please print or type
2. Signature of Principal or Site Administrator is required below
3. Forward original request directly to: Ms. Emily Blocker
Department of Safety,
Environment and Hazards
Management
Mail Code 9114

REQUESTED BY _____ DATE _____ LOC. _____
Print or Type Name

SIGNATURE _____

SERVICE REQUESTED

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF SAFETY, ENVIRONMENT AND
HAZARDS MANAGEMENT
HAZARDOUS WASTE REMOVAL REQUEST**

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF SAFETY, ENVIRONMENT AND
HAZARDS MANAGEMENT
HAZARDOUS WASTE REMOVAL REQUEST**

Name _____

Street Address _____

City _____ Zip Code _____

Contact/Phone Number _____

**Mail to: Ms. Emily Blocker
Mail Code: 9114
Telephone: 305-995-4918
Fax: 305-995-4691**

MATERIAL DESCRIPTION		MATERIAL QUANTITY

INDOOR AIR QUALITY PROGRAM

The Department of Safety, Environment & Hazards Management developed a program to identify, investigate, and mitigate indoor air quality complaints. The program has been separated into a four (4)-phase approach to improve indoor air quality.

PHASE I — INDUSTRIAL HYGIENIST REVIEW

Each Indoor Air Quality (IAQ) complaint must be referred to the site administrator for appropriate follow-up activity. The site administrator must forward a memorandum to the Department of Safety, Environment & Hazards Management detailing the nature of the indoor air quality complaint, and the name of the employee(s) complaining.

The Industrial Hygienist will contact the site administrator to establish a date and time that an interview can be conducted at the site in order to obtain detailed information. After the on-site interview(s) have been completed, the industrial hygienist will then coordinate an inspection with the zone mechanic and representative from the A/C Department of Maintenance Operations.

As a result of the inspection, recommendations ranging from cleaning of coils, balancing airflows, HVAC design modifications, carpet removal, filter changing and improvement in general housekeeping and sanitation practices may be recommended for implementation.

PHASE II — FLORIDA DEPARTMENT OF HEALTH

If complaints continue after Phase I recommendations are implemented, the Department of Health and Rehabilitative Services is contacted to assist in further evaluating the potential causes of the IAQ complaints at a given site. In this particular phase, the Florida Department of Labor, Division of Safety is also informed so they can provide their expertise in identifying possible causes and remedies for the IAQ complaints. During Phase II, some of the services provided are: building surveys, pollutant sampling and measurements, HVAC system operations temperature and relative humidity readings, and individual occupant health status.

PHASE III — Environmental Consultants

The Department of Safety, Environment & Hazards Management will retain a contracted environmental firm to conduct an in-depth IAQ investigation if Phases I and II prove unsuccessful. If recommendations are presented that are different from those suggested in phases I and II, they are evaluated by appropriate district staff for possible implementation.

PHASE IV — ASSISTANCE FROM NIOSH REQUESTED

If Phases I - III prove unsuccessful, NIOSH (National Institute of Occupational Safety and Health) may be contacted so that they may perform a Health Hazard Evaluation.

INTEGRATED PEST MANAGEMENT PROGRAM

Some questions are commonly asked by Miami-Dade County Public Schools (MDCPS) personnel concerning the control of various rodents, birds, insects and other pests. Their concerns are addressed below.

Miami-Dade County Public Schools is committed to providing schools with a pest-managed environment through the implementation of preventive hygienic methods, physical exclusion and chemical strategies when necessary. Implementation of an Integrated Pest Management (IPM) strategy is under investigation. IPM emphasizes the use of non-chemical techniques for the management of pests, relying on the use of pesticides only when non-chemical strategies are not effective.

In spite of the most rigorous sanitation and non-chemical management procedures, pest management may sometimes require carefully selected and conducted pesticide applications. These applications should be made in conjunction with, and complimentary to, the other appropriate sanitation and exclusion procedures recommended in these guidelines. Each area must be identified and treated with the appropriate control method. A proper blend of chemical and non-chemical treatments should provide the ultimate pest control.

If liquid, aerosol or dust-type pesticides are required, parents and staff must be notified through the school principal two (2) weeks in advance of the treatment. They will be provided with the name and telephone number of a contact person should additional information be desired. If a *spraying and fogging* is recommended, even if only one room is to be *fogged*, the entire structure must be vacated during the application and until it is determined to be safe to re-enter. Signs must be posted on all entrances to the structure warning people of the pesticide application and to stay out. Applications of these types of materials should be done when school is not in session and should not be done by M-DCPS employees.

The specifications for current pest control contracts for M-DCPS facilities require that the Pest Control Vendor provide copies of all specimen labels and Material Safety Data Sheets (MSDS) to the M-DCPS Pest Control Manager, for approval prior to applying any pesticides at a site. Additionally, the Vendor is required to provide copies of all labels and MSDS of the approved pesticides to the Site Administrator at each site being treated. Copies of Material Safety Data Sheets (MSDS) and label for any pesticide used in any facility should be on file at that facility and also at the Department of Safety, Environment and Hazards Management.

Chemical control treatment will be applied after school hours, with the exception of emergency situations, determined only by an appropriate supervisor. In the case of emergencies, such as a wasp infestation, treatment will be performed by a pest control firm after all occupants are removed from the treatment area.

M-DCPS supervisory and monitoring personnel will be provided training in the following subjects:

- Principles of IPM;
- Preventive pest control measures;
- Pest monitoring;
- Non-chemical control techniques;
- Application of the approved pesticides and materials available from M-DCPS Stores and Distribution (S&D); and
- The known health effects of various chemical treatments.

Custodians will receive information in these areas through in-service training; newly employed custodians will receive training through an introductory custodial course required upon entry into the M-DCPS workforce.

This program will be supervised and monitored by the Department of Safety, Environment, and Hazards Management. Please call Mr. Stewart Samuels, Pest Control Manager, for consultation about pest problems and pesticide use. (Telephone: 305-995-4907.)

REMEMBER: NON-APPROVED PESTICIDES SHOULD NOT BE USED OR STORED AT M-DCPS FACILITIES.

UNDERGROUND AND ABOVEGROUND FUEL STORAGE TANK PROGRAM

Since June 1987, in accordance with the Florida State Underground Petroleum Response (SUPER) Act and the Miami-Dade County Code 24-12.2 entitled the *Underground Storage Facilities Ordinance*, M-DCPS is required to establish and maintain a Pollutant Storage Tank Management Program which includes the registration of every underground and aboveground storage tank with the Florida Department of Environmental Protection (FDEP) and the local Miami-Dade County Environmental Resources Management Department (DERM). This program also includes the monitoring of all tanks to ensure the pollutants, diesel fuel, and gasoline are not contaminating the environment.

POLLUTANT STORAGE PROGRAM

1. Determine the status of every pollutant storage tank in the Miami-Dade County Public School System to ensure compliance with EPA regulations; FDEP

regulations, including but not limited to, Chapters 17-761, 17-770 and 17-773; and DERM Miami-Dade County Code 24-12.2

2. In compliance with the above stated regulations, install one to four groundwater monitoring wells, depending upon tank capacity, adjacent to each tank and initiate a site contamination investigation.
3. Upon discovering a leaking tank, immediately take the tank out of service by pumping out the product and installing a temporary above ground tank. At which time a determination will be made whether to replace the leaking tank or convert the facility to natural or propane gas as a fuel.
4. Register every underground fuel storage tank with FDEP and coordinate there mediation of contaminated sites, seeking assistance from state contractors and/or filing for reimbursement of monies expended via the Early Detection Incentive Program (EDI) as outlined in Chapter 17773 F.S.
5. Initiate a monitoring program for all M-DCPS facilities with underground storage tanks (UST), whereby all monitoring wells are sampled according to FDEP Chapter 17-761.600-640 and Miami-Dade County Code 24-12.2. This program will be monitored to include inventory record keeping and reconciliation where applicable, and have these records maintained at the facility level.
6. Establish a program of re-sampling monitoring wells which indicate the presence of dissolved hydrocarbon contamination in the groundwater where the concentration is below the cleanup target levels indicated by Florida Administrative Code Chapter 17-770.
7. The Department of Maintenance Operations Environmental Compliance & Administration (MECA) will handle the registration of tanks with FDEP and DERM that require annual fees to be paid for Operating Permits; applications for the Operating Permits must be resubmitted annually.
8. Instead of replacing leaking and outdated underground fuel storage tanks, wherever feasible, M-DCPS will convert systems to natural or propane gas as an alternate fuel instead of oil.
9. Locate and remove all underground tanks that have been taken out of service or abandoned; regulations require these tank to be removed and disposed of in a proper manner.

RADON MONITORING PROGRAM

The Department of Health and Rehabilitative Services, Chapter 10D-91, of the Florida Administrative Code, Control of Radiation Hazards is the protocol the Department of Safety, Environment & Hazards Management uses to perform radon testing in district facilities.

The protocol has three (3) phases:

Phase I & II are initial short-term measurements. If these measurements are above 4 pico curies per liter of air (pCi/L) then Phase III measurements are performed.

Phase III measurements are long term measurements performed in each season of the year (winter, spring, summer & fall). Phase III measurements more accurately determine the radon exposure to the occupants of a room. The decision to mitigate radon is based upon the average of these Phase III measurements.

SAFE DRINKING WATER PROGRAM

The Department of Safety, Environment & Hazards Management has been testing drinking water in school facilities since June 1988. The program initially focused on water coolers, which the EPA Lead in Drinking Water Handbook, identified as a major source of lead in drinking water. Lead lined water coolers, with interior surfaces greater than 0.2 percent lead and other parts which come in contact with drinking water greater than 0.8 percent, have been banned by the Safe Water Drinking Act Amendments of 1986.

Another source of lead in drinking water has been the use of lead piping and solder to join pipes together. M-DCPS specifies that all of its plumbing be lead free.

The Department of Safety, Environment & Hazards Management periodically takes representative water samples of coolers, water bubblers, and faucets where water may be consumed. Water sampling is performed in the morning before any water is used. This procedure is called *morning first draw*. The sample source is then allowed to flush for thirty (30) seconds and then a second sample is taken. This is referred to as the *flush sample*.

Morning first draw samples of greater than 20 part per billion (ppb) will trigger follow-up sampling to determine the source of lead. In the interim, shutting the cooler/bubbler off, replacement of the cooler/bubbler, or daily flushing of the cooler/bubbler, may be required.

SARA TITLE III PROGRAM

The Florida Department of Community Affairs along with the Environmental Protection Agency (EPA) have implemented a federal and state law requiring both public and private facilities to report hazardous material information to state and local government. The Federal Law, known as Title III, Emergency Planning and Community Right-To-Know, was passed by congress as part of the Superfund Amendment and Reauthorization Act of 1986 (SARA TITLE III).

The following highlights outline how SARA TITLE III affects state and local governments and educational facilities:

1. Under section 302 of SARA TITLE III, government bodies must report to the State Emergency Response Commission if they produce, use, or store more than the threshold planning quantity (TPQ) of any products on the EPA's list of extremely hazardous substances.
2. The state law requires facilities subject to section 30 of SARA TITLE III, including governmental bodies, to pay a one-time filing fee of \$50.00 for each facility.
3. An additional state law requires governmental bodies to comply with SARATITLE III, Section 311. This section requires submitting Material Safety Datasheets (MSDS's) for certain chemicals present at a facility.
4. The state law requires state and local governments to comply under SARATITLE III, Section 312. This section requires the submission of Tier Two Emergency and Hazardous Chemical Inventory forms. This annual report, identifying the quantities of chemicals kept at a facility, is due March 1 every year.
5. Inventory all Maintenance Operations and Division of Support Operations facilities, including all satellites to obtain a list of chemicals (i.e., cleaning supplies, fuel, oil, transmission fluid or other substance that fall under the hazardous materials guidelines).
6. Determine from the above list if any of the substances are on the SARA TITLEIII 302 list of hazardous chemicals.
7. Obtain and update Material Safety Data Sheets (MSDS). Delete old MSDS's that are no longer needed.
8. Establish a central location for Maintenance Operations and Division of Support Operations facilities to store supplies according to EPA hazard categories.

The Department of Safety, Environment & Hazards Managements' objective is to report all facilities which fall under Section 302 and forward an annual report of existing and new facilities by March 1 of every year to the State Emergency Response Committee, Tallahassee, Florida.

EXPOSURE CONTROL PLAN

The Occupational Safety and Health Administration (OSHA) promulgated the blood borne Program Standard under the Occupational Safety and Health Act of 1970.29 U.S.C.655, to eliminate or minimize occupational exposure to blood borne pathogens. The standard became effective on March 6, 1992 for the private sector and was adopted by the Florida Department of Labor and Employment Security on January 27, 1993. The standard requires employers having employees with occupational exposure to blood borne pathogens to write and implement an Exposure Control Plan designed to eliminate or minimize this occupational exposure. The plan is subject to annual review and updating.

The initial Miami-Dade County Public Schools Exposure Control Plan became effective on January 20, 1994. The plan charted a course for elimination or minimization of exposure to blood borne pathogens using a combination of training, engineering controls, work practice controls, personal protective equipment, and Hepatitis B vaccinations for identified employees, among other provisions. The 1999.2000 annual review of the plan by the District Exposure Control Plan Committee necessitated this revised Exposure Control Plan to comport with current District practices.

Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of Personal Protective Equipment (i.e., employees are considered to be exposed even if they wear Personal Protective Equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. In Miami-Dade County Public Schools, job classifications and associated codes are shown on the following chart:

JOB CLASSIFICATIONS IN WHICH <u>ALL</u> EMPLOYEES MAY BE EXPECTED TO INCUR OCCUPATIONAL EXPOSURE	
Job classifications	Job Codes
Athletic Trainer	0981
Custodian	5604,5605,5606,5607,5608, 5609.5615
ESE Autistic	0911
ESE Hospital Homebound	0960
ESE Paraprofessional I, II, III Therapeutic	4223,4226,4263,4264,4276, 4292,4293
ESE Physical and/or Occupational Therapist	0969,0970,0971

ESE Physically Impaired	0974
ESE Preschool	0965
ESE Profoundly Mentally Handicapped	0916
Foreperson-Plumber	6280
Health Occupations: Administrator, Teacher, and Dental Assistant	2415,2425,2530,6195,6196,9300,9800
Nurse at COPE Centers	0980
Occupational Therapy Assistant	4279,4280,4287
Physical Education Teacher	1080, 1082, 1280, 1389, 1480, 1489, 1528, 1529
Physical Therapy Assistant	4286
Plumber I and Plumber II-Journey Person	6054,6281,6282
School Police	0185,0186,0187,9096,9097,9098
Trades Helper	6016
Zone Mechanic	6444
Zone Mechanic Certified	6445

In addition, the following categories of employees, not identifiable by discrete job codes, and not limited to these categories, may be expected to incur occupational exposure. For purposes of training and offering of Hepatitis B vaccinations, these employees must be identified by the individual worksite supervisor.

- Assistant Athletic Trainers
- Nursery staff at COPE Centers
- Family and Consumer Sciences Early Childhood Teachers at Miami-Dade County Public Schools Child Care Classes
- Employees designated at the worksite to administer First Aid

Further, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Occasionally, some employees in these categories may incur occupational exposure to blood or other potentially infectious materials, tasks or procedures that would cause them to have occupational exposure, must also be listed in order to understand clearly which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are indicated in the chart below:

JOB CLASSIFICATIONS IN WHICH <u>SOME</u> EMPLOYEES MAY BE EXPECTED TO INCUR OCCUPATIONAL EXPOSURE		
Job Classifications	Job Codes	Associated Tasks
School Security Monitor	8000, 8004, 8006, 8010, 8011, 8012, 8033.8034	Performing school safety functions
Kindergarten Teacher	1000	Administering first aid and cleaning contaminated work areas
Pre-Kindergarten Teacher	1525	Administering first aid and cleaning contaminated work areas
Paraprofessionals Assigned to Pre-Kindergarten Teacher	4221, 4277.4278	Administering first aid and cleaning contaminated work areas

In addition, some employees within the following category, not identifiable by discrete job code, also may be expected to incur occupational exposure in the course of their regular teaching duties. For purposes of training and offering of Hepatitis B vaccinations, these employees also must be identified by the individual worksite supervisor.

Paraprofessionals assigned to Kindergarten Teachers

Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the OSHA standard. The following complies with this requirement:

Compliance Methods

Universal precautions will be observed in the Miami-Dade County Public Schools in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious, regardless of the perceived status of the source individual.

Engineering or work practice controls will be used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used.

Engineering controls are defined in the OSHA standard as controls, e.g., sharps disposal containers, self-sheathing needles that isolate or remove blood borne pathogens hazards in the workplace. In Miami-Dade County Public Schools, the following engineering controls will be used and maintained as indicated in the following chart:

Engineering Controls	Location	Examination and Maintenance Schedule
Biohazard bags	Medical and Dental Laboratories, Clinics, Coaches' Offices, Elementary and Middle Schools, Senior High Schools, Technical Schools, Specialized Education Centers, Alternative Education Schools	Inspected by designated supervisory personnel. Elementary school work locations call for authorized pickup and disposal. Other work locations receive monthly pickup and disposal service.
Biomedical Waste Containers	Medical and Dental Laboratories, Clinics, Coaches' Offices, Elementary and Middle Schools, Senior High Schools, Technical Schools, Specialized Education Centers, Alternative Education Schools	Inspected by designated supervisory personnel. Elementary school work locations call for authorized pickup and disposal. Other work locations receive monthly pickup and disposal service.
CPR Face Masks	Medical and Dental Laboratories	Sanitized after each use by designated supervisory staff.
Latex Gloves	Every Work Location	Disposed after use following proper procedures.
Face Masks	Medical and Dental Laboratories	Disposed after use following proper procedures.
Goggles	Medical and Dental Laboratories	Sanitized after each use by designated supervisory staff.
Gowns	Medical and Dental Laboratories	Disposed after use following proper procedures.
Sharps Containers	Clinics, Medical and Dental Laboratories	Inspected by designated supervisory personnel. Individual work locations call for authorized pickup and disposal.

Hand washing facilities are also available to the employees who incur exposure to blood or other infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure.

In the Miami-Dade County Public Schools, hand washing facilities are located in all restrooms, clinics, health occupations classrooms, and in various other on site locations.

Where hand washing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with clean cloths/paper towels or antiseptic towelettes. If these alternatives are to be used, then the hands are to be washed with soap and running water as soon as feasible. In the Miami-Dade County Public Schools, hand-washing facilities are generally unavailable only to school bus drivers as they drive their assigned routes. For exposure incidents that may occur on school buses, body Fluid Kits are provided to each driver. These kits contain a disinfectant towelette, an antimicrobial towelette, latex gloves, paper towels, and a lined disposal bag and safety seal, among other things, along with directions for use of the kit.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needles be recapped or removed and no alternative is feasible and the action is required in the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or one hand scoop technique. In the Miami-Dade County Public Schools, recapping may occur in dental laboratories and dental clinics only, in which case, an authorized mechanical device is used.

Containers for Reusable Sharps

Contaminated sharps that are reusable are to be placed immediately after use into appropriate sharps containers. In the Miami-Dade County Public Schools, the sharps containers, located in clinics, medical laboratories, and dental laboratories only are puncture resistant, labeled with a biohazard label, and are leak proof.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generalization of droplets of blood or other potentially infectious materials. Methods to accomplish this goal in the Miami-Dade County Public Schools

include the requirement that the following will be used by designated Clinical Health Education teachers and staff:

- Rubber Dental Dams
- HVE Aspirator Tips
- Plastic Drapes/Sleeves/Covers Patient Towels/Drapes
- Face Shields
- Eyewear

Specimens

Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, and processing of the specimens. The container used for this purpose will be labeled or color-coded in accordance with the OSHA standard. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling and processing of the specimen. In the Miami-Dade County Public Schools, specimens are rendered harmless via chemical process. They are not stored or transported.

Contaminated Equipment

Equipment that has become contaminated with blood or other potentially infectious materials shall be examined before servicing or shipping and shall be decontaminated as necessary, unless the decontamination of the equipment is not feasible.

Personal Protective Equipment

Personal protective equipment is defined in the OSHA standard as specialized clothing or equipment worn by an employee for protection against a biohazard. General work clothes, e.g., uniforms, pants, skirts, or blouses, not intended to function as protection, are not considered to be Personal protective equipment. All personal protective equipment used in the Miami-Dade County Public Schools will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

Site administrators will provide personal protective equipment to all appropriate personnel. Personal protective equipment includes the following and is to be used for the specified procedures:

Personal Protective Equipment	Task
Latex Gloves	All First Aid and Dental Procedures
Mask, Eyewear, Gown, Laboratory Coat or Jacket, Face Shield	All Dental Procedures

All personal protective equipment will be cleaned, laundered, or disposed by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to the employees.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed before leaving the work area and, if contaminated, will be disposed of following proper procedures, specifically:

- Soiled cotton laboratory coats are to be placed in the designated laundry hamper.
- Disposable gloves, gowns, and masks are to be placed in the biohazardous waste container.
- Plastic face shields, goggles, and utility gloves are to be placed in the sanitization/sterilization center.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available from the designated administrator of each worksite.

Gloves will be used for any procedure, which involves occupational exposure of any employee to blood or other potentially infectious body fluid. Procedures include:

- All dental, disinfecting, and sterilizing procedures within the dental programs
- All diapering of appropriate exceptional or preschool students
- All first aid or other procedures that may involve employee exposure to blood or other potentially infectious body fluids or potentially infectious materials.

Disposable gloves used in the Miami-Dade County Public Schools are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks, in combination with eye protection devices, such as goggles or sunglasses with solid side shields, as well as protective clothing, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated. Situations that would require such protection include all dental procedures

encompassing restorations, extractions, dental prophylaxis, dental X-rays, impressions, and sealants.

Facilities will be cleaned and decontaminated on a daily basis, and additionally as may be necessary to maintain a safe working environment. Decontamination will be accomplished by using bleach solutions and EPA-registered germicides.

All contaminated work surfaces will be decontaminated immediately after completion of procedures, or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if surfaces may have become contaminated during the last cleaning. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a daily basis, and additionally as may be necessary to maintain a safe working environment.

Any broken glassware that may be contaminated will not be picked up directly with the hands. Designated personnel are responsible for removing broken glassware in accordance with standard safety procedures.

Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in sharps containers located within the facility. Sharps containers are located in clinic areas, medical laboratories, and dental laboratories only. Regulated waste other than sharps shall be placed in appropriate containers. Such containers are located in medical and dental laboratories, clinics, and/or coaches' offices.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags where it was used. Such laundry will not be sorted or rinsed in the area of use. Laundry will be cleaned at the designated worksite or sent to an off-site laundry specializing in the laundering of contaminated materials.

All employees who handle contaminated laundry will use personal protective equipment to prevent contact with blood or other potentially infectious materials.

Hepatitis-B Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials. Employees who decline the Hepatitis vaccine will do so in writing on the "Hepatitis B Immunization Consent/Waiver" form provided immediately following the Blood borne

Pathogen training session conducted by Miami-Dade County Public Schools.

Employees who initially decline the vaccine but who later wish to have it while still covered under the OSHA standard may then have the vaccine provided at no cost to the employee.

Post Exposure Evaluation and Follow-Up

If an employee incurs an exposure incident, IT MUST BE REPORTED WITHIN 24 HOURS to the CorVel Corporation, the Miami-Dade County School Board's managed health care administrator, at (305) 995-2667. This office is responsible for assuring that the post-exposure evaluation and follow-up policy outlined here is effectively carried out as well as for maintaining records relating to this policy. It is IMPERATIVE that the incident be reported on the DAY OF THE OCCURRENCE and prophylactic treatment rendered within forty-eight (48) hours, as the efficacy of the prophylaxis diminishes markedly when administered in the days following the exposure. An exposure incident must be reported even if the employee has completed the Hepatitis B vaccination series.

Any employee who incurs an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up includes:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. If consent is obtained from the source individual, the blood of the source individual will be tested.
- Any results of testing of the source individual will, where allowable by law, be made available to the exposed employee, with the exposed employee being informed about the applicable laws and regulations concerning any further disclosure of the identity and infectivity of the source individual.
- The exposed employee will be offered the option of having his or her blood collected for testing for HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the exposed employee to decide if the 'blood should be tested for HIV serological status. However, if the exposed employee decides before that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.
- The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illness to be alert for and to report any related experiences to appropriate personnel.

Interaction with Health Care Professionals

A written opinion shall be obtained from the health care professional who evaluates exposed employees of the Miami-Dade County Public Schools. Written opinions will be obtained whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals shall be instructed to limit their opinions to:

- Whether the Hepatitis vaccine is indicated and if the employee has received the vaccine
- That the employee has been informed of the results of the evaluation
- That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials
- That the written opinion is not to reference personal medical information

Training

Training for all eligible employees will be conducted before initial assignment to tasks where occupational exposure may occur. Training, both initial and annual, will be conducted for all eligible employees during work hours and at locations convenient to the employee.

Both initial and annual training for eligible employees will include an explanation of the following:

- The OSHA standard for blood borne pathogens
- Epidemiology and symptomology of blood borne disease
- Modes of transmission of blood borne pathogens
- The Exposure Control Plan, i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.
- Procedures that might cause exposure to blood or other potentially infectious materials in the Miami-Dade County Public Schools
- Control measures to be used in the Miami-Dade County Public Schools to minimize exposure to blood or other potentially infectious materials
- Personal Protective Equipment available in the Miami-Dade County Public Schools
- Contact information regarding any exposure to blood or other potentially infectious materials

- Post-exposure and follow-up information
- Signs and labels to be used
- Hepatitis-B vaccination program information

Recordkeeping

All training records required by the OSHA standard will be maintained for a period of at

least three years from the date on which the training occurred. All medical records shall be maintained for at least the duration of employment plus 30 years in accordance with requirements of the standard.

Procedures for Hypodermic Syringes Encountered on School Board Property

Employees are to follow reasonable and prudent actions when finding hypodermic syringes on school board property. The supervising administrator must be notified immediately. In turn, the administrator is to notify the Miami-Dade School Police Department at (305) 757-0514. An officer will be dispatched to pick up the syringe and investigate the incident.

The administrator or designee is to secure the syringe in a manner to avoid accidental needle-stick by any employee. If it is necessary for the syringe to be removed from the area in which it was found, the person responsible for removal shall use kitchen tongs, or a similar instrument, to avoid accidental needle-stick, then place the syringe in a clean, hard, puncture-proof container.

If any staff member has received a needle-stick injury, the Miami-Dade School Police Department will deliver the syringe to the health care facility to which the employee has been referred in cooperation with the Miami-Dade County Public School's Office of Risk and Benefits Management.

School Board Rule #(s):

Contract Provision #(s):

Form #(s):

Administrative Directive(s)/Other:

Cross References:

District Exposure Control Plan Booklet

Chronic Pediatric Illness Table of Contents

ALLERGIC REACTIONS TO STINGING INSECTS

ASTHMA

CANCER (Leukemia)

CHROHN'S DISEASE

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MUSCULOSKELETAL DISORDERS (Juvenile Rheumatoid Arthritis, Scoliosis)

NUTRITIONALLY RELATED ILLNESSES (Obesity, Bulimia, Anorexia Nervosa)

RHEUMATIC FEVER

SICKLE CELL ANEMIA

Allergic Reactions to Insect Stings (Bees, Hornets, Wasps, Yellow Jackets)

Reaction to stinging insects may vary from mild to extremely severe. Mild reactions will be manifested by redness, swelling, and burning or itching at the sting site. More severe reactions usually occur very rapidly and are manifested by difficulty breathing, swelling of the face and lips, itching, cold and clammy skin, possible loss of consciousness, shock, and eventual death if untreated.

Asthma

Asthma is a condition manifested by recurrent attacks of coughing, shortness of breath, and wheezing. The actual attack of asthma can be caused by either exposure to allergic factors, an acute infection, or one of many irritating phenomenon such as smoke, sharp odors, sudden cooling, excessive exercise, fatigue, or even an emotional upset.

Cancer (Leukemia)

Leukemia is a cancer of the tissues of the bone marrow, which is the soft, spongy center of the bone. The bone marrow produces red and white blood cells and platelets. In leukemia, most of the symptoms result from the failure of the bone marrow to function adequately. There are several types of leukemia, depending on the kind of abnormal white cells that are multiplying. Millions of abnormal, immature white blood cells called leukocytes are released into the circulatory system. Normally, these white blood cells fight infection, but because these leukocytes are immature, they cannot carry out their basic function. In advanced leukemia, the uncontrolled multiplication of abnormal cells results in crowding out the production of normal white blood cells to fight infection, of platelets to control clotting, and of red blood cells to prevent anemia. As the disease progresses, these children become increasingly susceptible to infections, anemia, and hemorrhage. The complications are most often the cause of death.

Crohn's Disease

Crohn's disease is a condition in which the wall of the small or large intestine becomes sore, inflamed, and swollen. This causes abdominal pain, diarrhea, fever and loss of weight. Some young people experience pain in their knees, ankles, and other joints. Crohn's disease is called ileitis when it affects the lower small intestine, Crohn's colitis when it affects the large intestine (colon) and ileocolitis when both small and large intestines are involved.

Cystic Fibrosis

Cystic Fibrosis is a chronic, congenital disease. It causes a widespread change in the mucus-secreting glands of the body. These include the pancreas, lungs, salivary, and sweat glands. Symptoms of the disease are respiratory difficulties and problems maintaining adequate nutritional status due to the production of abnormally thick mucus by the organs mentioned previously. This thick mucus can clog bronchial passages and block ducts that deliver pancreatic enzymes needed in the intestines for digestion. Cystic Fibrosis is not contagious.

Diabetes

Diabetes (Type I) occurs at all ages and affects some 10 million people in the United States. Juvenile-onset diabetes is a more severe form of diabetes than the type that strikes mature individuals. Its exact cause is unknown. Symptoms would include: frequent urination, increased thirst, weight loss, fatigue, weakness, irritability, increased hunger, and nausea. Diabetes is not a contagious disease. In diabetes the body cannot use food normally because the pancreas does not produce enough (or any) insulin. Without insulin, sugar which the body normally uses for fuel cannot enter the cells. Therefore, the blood sugar level rises and eventually the kidneys pass the excess sugar into the urine. The result of this is frequent urination and excessive thirst.

Epilepsy (Seizures, Convulsions, Fits)

Epilepsy is a condition where there is spontaneous discharging of the central nervous system causing the patient to exhibit activities or behaviors which are involuntary. These activities may vary from staring to aberrant behavior to falling to the ground with stiffening and/or shaking. Usually, there is loss of consciousness with the episode and no memory of the event. After the seizure has occurred, the person is usually drowsy or falls into sleep. It is appropriate to allow the person to sleep after the seizure.

Hemophilia

Hemophilia is a hereditary blood disease in which a vital blood clotting factor is missing, causing abnormal bleeding. Common bleeding sites are knees, ankles, and elbows but bleeding may occur from any site. Painful, swollen, or warm joints may be indicators of bleeding.

Heart Disease

Heart disease in children can be congenital or acquired. The great majority is asymptomatic; though a small majority may exhibit symptoms of easy fatigability, blueness or, on occasion, fainting spells. The later, if it occurs secondary to heart

disease, is an ominous sign and should be reported. A heart murmur per se does not necessarily imply the presence of heart disease.

HIV/AIDS

Human Immunodeficiency Virus (HIV) is transmitted through exchange of blood or blood products, through the placenta or through birth, transfusions or sexual contact. HIV has infected many children in the U.S. under the age of thirteen. Infection can range from asymptomatic to severe; in the latter case, patients can die rapidly. HIV causes suppression of the immune system, disabling some of the major cell types crucial to the body's defenses. A child with HIV disease is susceptible to severe disease due to organisms that cause absent or mild symptoms in a healthy host. In addition, HIV affects certain organs directly, such as the brain, lungs, heart, and kidneys, causing specific symptoms. Many HIV infected children have a chronic, noninfectious cough secondary to lung disease. A persistent, recurrent, itchy rash on the extremities is common in children infected with HIV; the rash is allergic rather than infectious in nature.

Hypertension

Hypertension is one of the most common medical problems affecting the entire population. About 15 to 20 percent of adults are believed to have blood pressures in excess of normal. The percentage in children is somewhat less but it is probably more common than we realize. Hypertension is defined in children less than 10 years of age by a blood pressure greater than 130/80. In older children and adolescents, hypertension is recognized by a blood pressure greater than 140/90. There are a number of recognized causes for hypertension. These include congenital or acquired heart disease, kidney disease, and can occur occasionally in children with sickle cell anemia. A large group of children may have essential hypertension, which means that the exact cause is unknown. Most of the children who are hypertensive have no symptoms. However, with excessively high blood pressure some children may have unexplained severe headaches, dizziness, or chest pain.

Kidney Disease

Kidney disease in childhood rarely presents a problem in the classroom unless the disease has progressed to a point where there is evidence of chronic renal failure. The most common types of kidney disease may only require awareness on the part of the teacher that more frequent trips than usual to the bathroom may be necessary. This need should be documented, however, by a doctor's statement.

Muscular Dystrophy

Muscular Dystrophy is the general designation for a group of chronic diseases having the prominent characteristic of progressive degeneration of the skeletal (voluntary)

musculature. They are for the most part hereditary conditions, but may be the result of genetic abnormalities. Muscular Dystrophy is more common in males than in females. It usually appears in childhood but may occur at any age. First signs of this disease are the increased size of certain muscles, a marked "hunchback" or lordosis, and a waddling gait. In the early stages, the calf muscles, deltoids, and muscles attached to the scapulae may become much hypertrophied, yet be very weak. The individual usually exhibits increasing difficulty with ambulation. As the muscles deteriorate, the student will become weaker and more helpless, unable finally to carry out the simplest activities of every day life or to combat other infections.

Musculoskeletal Disorders (Juvenile Rheumatoid Arthritis, Scoliosis)

Juvenile Rheumatoid Arthritis

An inflammatory disease of connective tissue, mostly joints, that affects children. Usually the knees, elbows, ankles and neck are involved. It may also involve adjacent muscles, cartilage, and membranes lining the joints. It begins at 2 to 5 years and usually disappears by puberty. It is 4 times more frequent in girls.

Scoliosis

A painless, progressive bending and twisting of the upper spinal column, which eventually distorts the chest and back. The spinal vertebrae (bones) are involved. It can affect adolescents between ages 12 and 15. It is more common in girls than boys.

Nutritional Illnesses (Obesity, Bulimia, Anorexia Nervosa)

Obesity

Obesity exists when your child's weight is 20% or more above that considered normal for height. It may affect children of all ages and both sexes. Obese children are usually large at birth and gain weight rapidly. The tendency to be overweight is probably inherited. Most obese children are born with an excess of fat cells and an increased ability to store fats. Appropriate health care includes ruling out certain endocrine problems (hypopituitarism, Cushing's disease, and hypothyroidism), treating any underlying health problems, and establishing life-long good eating habits.

Bulimia/Anorexia Nervosa

A psychological eating disorder characterized by abnormal, constant craving for food and binge eating, followed by self-induced vomiting or laxative use. The brain and

central nervous system, kidneys, liver, endocrine system, and gastrointestinal tract are involved. Bulimia usually affects adolescents and young adults.

Rheumatic Fever

Rheumatic fever is a multisystem disease. The acute symptoms may include pain, swelling and redness of the joints, fever, and involvement of the heart, choreiform movements (St. Vitus 'dance) and less frequently a characteristic rash and lumps under the skin. Rheumatic fever is a serious disease because of the fact that it can result in chronic heart disease.

Sickle Cell Anemia

Sickle Cell Anemia is a non-contagious inherited blood disorder for which there is no known cure. Sickle Cell disease affects one out of every 400 Black Americans and the trait appears in one out of every 10 Black Americans. The disease also occurs among Latin Americans, Puerto Ricans, Indians, Asians, and people of the Caribbean. In Sickle Cell Anemia, hemoglobin (the substance which gives blood its red color) is abnormal and crystallizes causing cells to lose oxygen and assume a crescent or sickle shape. Symptoms affect the entire body including:

- Failure to grow properly as a child.
- Decreased resistance to infections.
- Painful, swollen bones and joints.
- Abdominal pain.
- Feeling run down.

HEALTH EDUCATION PROGRAMS

MISSION STATEMENT AND PROGRAM GOALS

Our mission is to provide quality instruction in reproductive health, interpersonal skills, safety, nutrition, and parenting to reduce pregnancy and to promote healthy behavior in Miami-Dade County Public Schools' children. Curriculum is developed to reduce destructive behavior in children, including early sexual involvement, substance abuse, suicide, activities which result in sexually transmitted diseases and early teenage pregnancy. The Competency-Based Curriculum in Health Education is aligned with the Florida Sunshine State Standards and the National Standards for Health Education.

Health Education Programs consists of instruction that develops understanding of the physical, mental, emotional, social, and psychological phases of human relations as they are affected by male and female relationships. It includes more than anatomical and reproductive information; it emphasizes attitude development and guidance related to the associations between the sexes.

In the past, most health education programs focused on the human body and hygiene. While this information is still considered essential today, the emphasis is now on wellness - the highest level of health to which an individual can aspire. The curriculum enables students to make positive, informed choices regarding their health and well-being. Acquiring the knowledge, skills and attitudes necessary to achieve and maintain wellness helps children learn to take a major responsibility for their own health.

Health Education Programs strives to:

- Design, revise and implement K-12 Health curricula.
- Conduct school site visits to assist and evaluate instructors.
- Develop and coordinate annual teacher training workshops.
- Preview/approve/disapprove all audiovisual materials concerning sex education/health.
- Consult with other state and national school districts regarding health curricula.
- Implement cardiopulmonary resuscitation (CPR) instructor workshops.
- Assist with implementation of 3rd grade sexual assault prevention curriculum.
- Provide first aid training and Automated External Defibrillator (AED) instruction.

FUNCTIONS AND RESPONSIBILITIES OF HEALTH EDUCATION SPECIALISTS

The function of the health education specialist is to design, conduct and evaluate activities that help improve the health of Miami-Dade County Public Schools (M-DCPS) children. These activities take place in a variety of settings that include schools, communities, and health care facilities. Health education specialists also network and collaborate with local and state agencies and organizations to develop, implement, and

deliver the K-12 Health Education curriculum. M-DCPS health education specialists act as the Community Training Center (CTC) for the American Heart Association (AHA) and as Department of Education (DOE) Health Cadres for the state of Florida.

The M-DCPS Health Education Specialists are nationally certified and are active members of the Florida Coordinated School Health and Safe And Drug-Free Schools (SDFS) Programs.

The health education specialists are directly responsible to the executive director of the M-DCPS Division of Life Skills and Special Projects. Health Education Programs is one of several programs that the executive director is responsible for.

It is the responsibility of the health education specialist to:

- Develop a logical scope and sequence plan for a K-12 health education program.
- Formulate appropriate and measurable program objectives.
- Design age-appropriate educational programs consistent with the Sunshine State Standards.
- Exhibit competence in carrying out planned educational programs.
- Determine standards of performance to be applied as criteria of effectiveness.
- Carry out evaluation plans.
- Organize school teacher/administrator training programs.
- Select effective educational resource materials for school dissemination.
- Utilize a variety of communication methods and techniques in delivery of health information.
- Provide assistance and guidance for K-12 health teachers

HEALTH EDUCATION PROGRAMS PROGRAM DESIGN

Development, production, and distribution of health education curriculum/objectives based on the Florida Sunshine State Standards for health are provided for grades Kindergarten through twelve. Imbedded in the health education curriculum are various units of study/programs which include training in cardiopulmonary resuscitation (CPR), child abuse prevention, and human growth and development. Teacher training in various health education programs is also provided. Instructional materials are produced by department staff in addition to the identification of appropriate commercially produced health education materials. Also, staff from the department collaborate and contract with professional health educators, organizations, and agencies, to provide teachers with accurate, up to date, information and training concerning important issues in health education.

Curriculum:

Elementary school competency-based curriculum (CBC) health curriculum consists of 16-20 instructional objectives, at each grade level, in grades Kindergarten through five.

Middle school competency-based curriculum (CBC) health curriculum is delivered through Comprehensive Science I (grade six), Comprehensive Science II (grade seven), and Comprehensive Science III (grade eight). Component VII in each grade level is entitled Human Growth and Development. There are nine instructional objectives within this specific component.

Senior high school competency-based curriculum (CBC) health curriculum is delivered through state-mandated (F.S. 232.246) Health/Life Management Skills, a one semester, 0.5 credit course offered in tenth grade.

Additionally, there are six middle school and ten senior high school health courses approved by the state. These would be part of elective courses offered to students.

A MDCPS child sexual abuse program is implemented in third grade. Each year there is a one day training program for teachers/counselors to implement the My Very Own Book About Me curriculum. In addition to the training workshop, the program consists of a student workbook, a teacher's guidebook, a guide for parents, and a video.

Training:

Training workshops in the following areas are conducted by staff of Health Education Programs:

- Cardiopulmonary Resuscitation (CPR) training is conducted for Health/Life Management Skills teachers for the purpose of updating their instruction skills and for CPR certification.
- Human Growth and Development teacher training for elementary school teachers/counselors, middle school science teachers, and senior high school health educators.
- Child Sexual Abuse Prevention training workshop for third grade and Kindergarten through grade five teachers.

Instructional Materials:

- Elementary, middle school, and senior high school state-adopted textbooks.
- Five grade level appropriate Human Growth and Development program teacher's manuals have been produced and distributed by the department to teachers in Kindergarten through grade four, grade five, grade six, grade seven/eight, and grade ten.
- "Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care" produced by the American Heart Association is distributed to Health/Life Management teachers. Also, a "Classroom Procedures manual for Training Students in CPR" has been developed by the staff for use by teachers.

**Miami-Dade County Public Schools
Comprehensive Health Services
Health Screenings
305 995-1235**

Florida State Statute 381.0056, the “School Health Services Act”, and the Miami-Dade County School Board Rule, 6Gx13-5D-1.021, mandate vision, hearing, scoliosis, hypertension and growth and development or BMI (Body Mass Index) screenings and follow-up services be provided for selected grades in Miami-Dade County Public Schools.

Vision Screening

The M-DCPS School Board employs health screening technicians to screen students in grades **kindergarten, one, three, six, ten, and students entering a Florida school for the first time in grades two, four, and five**. All students who fail the vision screening receive a letter to his/her parent/guardian advising further evaluation for the student and information on free vision services. All parents/guardians are prompted to call their child’s school counselor or the M-DCPS-Comprehensive Health Services School Social Worker for further information. All students absent on the day of the vision screening are to be screened by the school nurse or health facilitator. The elementary school Guidance Counselor or secondary Student Services Chairperson is responsible for conducting and reporting follow-up services for all students that fail the vision screening. Results of the vision screenings are recorded on students’ Cumulative Health Record (DH Form-3041).

Hearing Screening

The M-DCPS School Board employs health screening technicians to screen students in grades **kindergarten, one, two, three, six, ten, and students entering a Florida school for the first time in grades four, and five**. All students who fail the hearing screening receive a letter to his/her parent/guardian advising further evaluation for the student child and information on audiological services. All parents/guardians are prompted to call their child’s school counselor or the M-DCPS-Comprehensive Health Services School Social Worker for further information. All students absent on the day of the hearing screening are to be screened and receive follow-up services by the school Speech Language Pathologist. The elementary school Guidance Counselor or secondary Student Services Chairperson is responsible for conducting and reporting follow-up services for all students that fail the hearing screening. Results of the hearing screenings are recorded on student’s Cumulative Health Record (DH Form-3041).

Scoliosis Screening

The M-DCPS School Board contracts an outside agency to provide scoliosis screenings and follow-up services for all **sixth** grade students. Results of the scoliosis screenings are recorded on the Health Screening Results Form (FM-4151) and on the student's Cumulative Health Record (DH Form-3041).

Hypertension Screening

The M-DCPS School Board contracts an outside agency to provide hypertension screenings and follow-up services for all **tenth** grade students. Results of the hypertension screenings are recorded on the student's Cumulative Health Record (DH Form-3041).

BMI (Body Mass Index) or Growth and Development

M-DCPS staff members (designated at school site) conduct height and weight measurements for grades **kindergarten, one, two, three, four, and five** in order to record students' growth and development. M-DCPS Full Service Schools and any school that has a Miami-Dade County Health school nurse are required to report the BMI (Body Mass Index) on students in grades **one, three, six, and nine**. The BMI calculation tool is used to determine children at risk for under and overweight related health risks. Letters with recommendations are sent home to the student's parents/guardians. Results are recorded on the Cumulative Health Record (DH Form-3041) and are reported to the Miami-Dade County Health Department

Community Resources

(Please check our webpage, <http://comprehensivehealthservices.dadeschools.net> for updates)

Community Based Referral Organizations

- **Steps In The Right Direction**
1651 W. 37 St. #406
Hialeah, FL 33012
(305) 231-9936
- **Sant La Haitian Neighborhood Center**
5000 Biscayne Blvd.,
Miami, FL 33137
(305) 573-4871
<http://www.santla.org/>
- **Switchboard Miami Helpline**
(305) 358-4357 (HELP)
<http://www.switchboardmiami.org/>
- **Hispanic Coalition**
5659 W. Flagler St.
Miami, FL 33134
(305) 262-0060
- **Catholic Charities**
700 South Royal Poinciana Blvd.
Miami Springs, FL 33166
(305) 883-4555
<http://www.catholiccharitiesadm.org/>
- **Human Services Coalition**
260 NE 17 Terrace, Suite 200
Miami, FL 33132
(305) 576-5001
<http://www.hscdade.org/>

Hearing

Please Contact, Lisa Truby, MDCPS-Comprehensive Health Services, 305 995-7307 with any questions.

IMPORTANT: MDCPS-Comprehensive Health Services recommends that parents take their children to visit a physician to check for possible infections or illness before visiting an audiologist.

***Audiology and Vestibular Center
Audiology Consultants***

Audiologist: Malcolm Light and Elizabeth Herrera (**Medicaid**)
9150 S.W. 87 Avenue, Suite103
Miami, Florida
(305) 595 – 1530
<http://www.southmiamiaudiology.com>
<http://www.theaudiologyctr.com>

South Miami

6280 Sunset Drive
Miami, Florida 33143
(305) 663 – 0505

Community Health Center of South Dade Doris Ison

10300 SW 216 Street
Light
Miami, FL 33190
303
(305) 252-5100 or (305) 252-4853
33026
<http://um-jmh.org>

Children's Hearing Associates, Inc.

Audiologist: Leah K.
11011 Sheridan St. Ste.
Pembroke Pines, FL

(954) 450-4226
<http://www.childrenshearing.com>

***Florida Diagnostic Learning and Resource Systems
Pediatric ENT***

Miami-Dade County Public Schools
Floor)
Kenwood Elementary
9300 SW 79 Avenue
Miami, FL 33156
<http://ent.med.miami.edu>
(305) 271-5061 ext. 121
<http://fdlrs-south.dadeschools.net>

University of Miami

900 NW 17 St (Ground
Miami, FL
(305) 243-3564

***Hearing and Speech Center
Ear Institute***

Audiologist: Crystal Broussard
7407 Miami Lakes Drive
Miami, Florida 33014
(305) 557-4764
<http://ent.med.miami.edu>
<http://www.hearingandspeechcenter.org/>

University of Miami

1666 N.W. 10th Avenue
Miami, FL
(305) 585-6746

**Hearing and Speech Center of Florida- United Way
Otolaryngology (ENT)**

9425 S.W. 72 St., Suite 261

Hospital

Miami, Florida 33173

Suite 124

(305) 271 – 7343

<http://www.hearingandspeechcenter.org/>

Division of

Miami Children's

3100 SW 62 Avenue,

Miami, FL 33155

(305) 662-8316

[http://www.mch.com/
clinical/otolaryngology/i](http://www.mch.com/clinical/otolaryngology/index.htm)

[index.htm](http://www.mch.com/clinical/otolaryngology/index.htm)

Miami Hearing and Speech Center

Audiologist: Connie Cabeza and Natalie Fernandez – Rogue

Services

3661 South Miami Avenue Ste. 410

Miami, Florida

(305) 854 – 8171

<http://www.miamihearingandspeech.com>

Suites, 7, 8, 9

South Miami Child Development Center

Audiologist: Carla Colebrook-Thomas

663 –5080

6200 SW 73rd Street

<http://miamiesterseals.com>

Miami, Florida 33143

**Easter Seals of Miami
Medical Rehabilitation**

1475 NW 14 Avenue

Miami, FL 33125

(305) 325-0470

or

489 E. Hialeah Drive,

Hialeah, FL 33010

(305)887-7370 (305)

Hearing Impaired Services

➤ **Deaf Group “SHHH” Hard of Hearing – Gables**

Deaf Services Bureau, Gables Tower

1320 South Dixie Highway, # 760

Coral Gables, Florida 33146

(305) 668 – 4407

➤ **Deaf Services – Client Services Program**

1320 South Dixie Highway

Miami, Florida 33146

(305) 668 – 3323 or (305) 668 – 4407

➤ **Deaf Services – ASL (American Sign Language) Interpreter Services**

Gables One Tower

1320 South Dixie Highway, # 760

Miami, Florida 33146

(305) 668 – 4407

- **Florida School for the Deaf & the Blind- Residential & Day Program**
207 North San Marco Avenue
St. Augustine, Florida 32084
(800) 344 – 3732 or (904) 827 – 5959
<http://www.fsdb.k12.fl.us>
- **Lions Club of Miami – Hearing Aids Program**
601 SW 8th Avenue
Miami, Florida 33130
(305) 828 – 5959
<http://miami-dadelionsclub.org/>
- **Vocational Rehabilitation – Deaf and Hard of Hearing Unit**
5040 NW 7th Street, #330
Miami, Florida 33126
(305) 442 – 6870
- **Alliance For Families with Deaf Children**
812 West Plantation Circle
Plantation, FL 33324
(954) 370-1145
<http://www.aflowdc.org>

Vision

- **Heiken Children’s Vision Fund**
MDCPS Comprehensive Health Services
(Contact, Lisa Truby, for info and referrals)
(305) 995-7307
<http://heikenfund.org/>
- **Borinquen Health Care Center, Inc.**
3601 Federal Hwy.
Miami, FL 33137
(305) 576-6611
<http://www.borinquenhealth.org>
- **Miami-Dade College-Vision Care Clinic**
950 NW 20 Street
Miami, FL 33127
(305) 237-4127 or 305 237-4128
http://www.mdc.edu.medical/academic_programs/opticianry.htm
- **Bascom Palmer Eye Institute**
900 NW 17 Street
Miami, FL 33135
(305) 326-6000
<http://www.bpei.med.miami.edu>

- ***Nova Southeastern Vision Clinic***
1750 NE 167 Street
North Miami Beach, FL 33162
(305) 949-4000 EXT. 40
<http://www.nova.edu/optometry/clinics/bv/>
- ***Community Health Center of South Dade Doris Ison***
10300 SW 216 Street
Miami, FL 33190
(305) 252-5100 or (305) 252-4853
<http://um-jmh.org>
- ***Economic Opportunity Family Health
Jessie Trice Center***
5361 NW 22 Avenue
Miami, FL 33142
(305) 637-6400
<http://www.dadehealth.org/healthcenters.asp>
- ***Jackson Memorial Hospital
North Dade Health Center***
16555 NW 25 Avenue
Opa Locka, FL 33054
(786) 466-1500
<http://um-jmh.org>

Vision Impaired Services

- ***Miami Lighthouse for the Blind and Visually Impaired***
601 SW 8 Avenue
Miami, FL 33130
(305) 856-2288
<http://www.miamilighthouse.com>
- ***MDCPS/Division of Exceptional Student Education
Visually Impaired Programs***
1500 Biscayne Blvd.
Miami, FL 33132
Dr. Deborah Finley
(305) 995-1449
<http://ese.dadeschools.net/finley/index.htm>

Dental

- ***The University of Florida College of Dentistry***
750 E. 25 St.
Hialeah , FL 33013
(305) 694-5400
<http://www.dental.ufl.edu>

- ***Miami-Dade College's Dental Hygiene Clinic
Medical Center Campus***
950 NW 20 St.
Miami, FL 33127
(305) 237-4142
<http://www.mdc.edu/medical/students/page2.htm#clinics>

- ***Donated Dental Services***
9040 Sunset Drive, Suite 70-A
Miami, FL 33173
(305) 598-7080 or (305) 534-5360

- ***Jackson Memorial Hospital-Dental Clinic***
1611 NW 12 Ave., ACC East 2nd Floor
Miami, FL 33122
(305) 585-6857
<http://www.um-jmh.org>

- ***Jackson Memorial Hospital
Southside Dental Clinic***
5798 SW 68 Street
Miami, FL 33143
(305) 284-0976
<http://www.um-jmh.org>

- ***Jackson Memorial Hospital
Jefferson Reaves Sr. Health Center***
1009 MW 5 Avenue
Miami, FL 33136
(786) 466-4000
<http://www.um-jmh.org>

- ***Jackson Memorial Hospital
Helen B. Bentley Family Health Center***
3090 SW 37 Avenue
Coconut Grove, FL 33133
(305) 447-4950 or (305) 351-1314
<http://www.um-jmh.org>

- **Public Health Trust**
16555 NW 25 Avenue
Opa Locka, FL 33054
(305) 621-8888 or (305) 620-3749 or (305) 620-3710
<http://www.publichealthtrust.org>
- **Miami-Dade County Health Department
Dental Services For HIV+**
615 Collins Ave.,
Miami Beach, FL
(305) 535-5540
- **Nova Southeastern University Clinic**
1750 NE 167 Street
Miami, FL 33162
(305) 949-6202
<http://www.nova.edu/HCC/clinics.html>
- **Mount Sinai Hospital Dental Clinic**
4300 Alton Rd.
Miami Beach, FL
(305) 674-2450
- **Lindsey Hopkins Technical Education Center**
Dental Research Clinic
750 NW 20 Street
Miami, FL 33127
(305) 324-6070
<http://lindsey.dadeschools.net>
- **Robert Morgan Center for Dental Care**
18180 SW 122 Ave.
Miami, FL
(305) 253-9920 Ext. 2231
<http://rmec.dadeschools.net>
- **The Economic Opportunity Family Health Center
At Jessie Trice Center**
5361 NW 22 Ave.
Miami, FL
(305) 637-6400 Ext. 15225
<http://www.eofhc.org>
- **The Economic Opportunity Family Health Center
Flamingo Medical Center**
901 East 10th Ave.
Bay 39
Hialeah, FL 33010
(305) 835-1595
<http://www.eofhc.org>

- ***The Economic Opportunity Family Health Center
James E. Scott Center***
7200 NW 22 Avenue
Miami, FL 33147
(305) 835-8122
<http://www.eofhc.org>
- ***The Economic Opportunity Family Health Center-North***
1220 NW 95 Street
Miami, FL 33150
(305) 694-6900
<http://www.eofhc.org>
- ***Community Health Center of South Dade
Martin Luther King Jr. Clinica Campesina***
810 W. Mowry Street
Homestead, FL 33030
(305) 248-4334
<http://www.dadehealth.org/healthcenters.asp>
- ***Community Health Center of South Dade Doris Ison***
10300 SW 216 Street
Miami, FL 33190
(305) 252-4878
<http://www.dadehealth.org/healthcenters.asp>
- ***Borinquen Health Care Center***
3601 Federal Highway
Miami, FL 33137
(305) 576-6611
<http://www.borinquenhealth.org>
- ***Miami Beach Community Health Center***
710 Alton Road
Miami Beach, FL 33139
(305) 538-8835
<http://miamibeachhealth.com>
- ***Miami Children's Hospital Dental Clinic***
3100 SW 67 Avenue
Miami, FL 33155
(305) 663-8538
<http://www.mch.com>
- ***Veterans Administration Dental Clinic***
1201 NW 16 St.
Miami, FL
(305) 324-4455 Ext.3146
<http://www.visn8.med.va.gov/miami>

Medical Health Centers/Clinics

- ***Borinquen Health Care Center, Inc.***
3601 Federal Hwy.
Miami, FL 33137
(305) 576-6611
<http://www.borinquenhealth.org>
- ***Camillus Health Concern, Inc.***
336 NW 5 St.
Miami, FL 33128
(305) 557-4840 Ext. 106
<http://www.camillushouse.org>
- ***Community Health Center of South Dade Doris Ison***
10300 SW 216 St.
Miami, FL 33190
(305) 253-5100
<http://www.dadehealth.org/healthcenters.asp>
- ***Community Health Center of South Dade-Everglades***
19300 SW 376 St.
Florida City, FL 33030
(305) 246-4607
<http://www.dadehealth.org/healthcenters.asp>
- ***Community Health Center of South Dade
Martin Luther King Jr. Clinica Campesina***
810 W. Mowry Street
Homestead, FL 33030
(305) 248-4334
<http://www.dadehealth.org/healthcenters.asp>
- ***Community Health Center of South Dade-Naranja***
13805 SW 264 St.
Naranja, FL 33030
(305) 258-6813
<http://www.dadehealth.org/healthcenters.asp>
- ***Community Health Center of South Dade-Homestead***
13600 SW 312 St.
Homestead, FL 33090
(305) 234-7676
<http://www.dadehealth.org/healthcenters.asp>

- ***Dr. Rafael A. Penalver Clinic***
971 NW 2nd St.
Miami, FL 33128
(305) 545-5180 Ext. 184 or 185
<http://www.um-jmh.org>
- ***The Economic Opportunity Family Health Center
Flamingo Medical Center***
901 East 10th Ave.
Bay 39
Hialeah, FL 33010
(305) 887-0004
<http://www.eofhc.org>
- ***Economic Opportunity Family Health Center
James E. Scott Center***
7200 NW 22 Ave.
Miami, FL 33142
(305) 835-8122
<http://www.eofhc.org>
- ***Economic Opportunity Family Health Center
Jesse Trice Center***
5361 NW 22 Ave.
Miami, FL 33142
(305) 637-6400
<http://www.eofhc.org>
- ***Economic Opportunity Family Health Center
Norland Family Health Clinic***
18360 NW 7 Ave.
Miami, FL 33056
(305) 694-6270
<http://www.eofhc.org>
- ***Economic Opportunity Family Health Center
North Center***
1220 NW 95 St.
Miami, FL 33150
(305) 694-6900
<http://www.eofhc.org>
- ***Families R Us Care Center***
11865 SW 26 St. Unit G-10
Las Americas V Central Plaza
Miami, FL 33175
(305) 559-8333
<http://www.dadehealth.org/healthcenters.asp>

- **Jackson Memorial Hospital**
Helen B. Bentley Family Health Center
 3090 SW 37 Ave.
 Coconut Grove, FL 33133
 (305) 447-4950
<http://www.um-jmh.org>
- **Jackson Care-A-Van/Hialeah**
Milander Park Auditorium
 4800 Palm Ave.
 Hialeah, FL 33012
 (305) 585-7040
<http://www.um-jmh.org>
- **Jackson Care-A-Van/Sweetwater**
Ronselli Park
 250 SW 114 Ave.
 Sweetwater, FL 33174
 (305) 585-7040
<http://www.um-jmh.org>
- **Jackson Memorial Hospital**
Ambulatory Care Center
 1611 NW 12 Ave.
 Miami, FL 33136
 (305) 585-6000
<http://www.um-jmh.org>
- **Jackson Memorial Hospital**
Jefferson Reaves Sr. Health Center
 1009 NW 5 Ave.
 Miami, FL 33136
 (305) 577-0093 Ext. 223
<http://www.um-jmh.org>
- **Jackson Memorial Hospital**
Juanita Mann Health Center
 7900 NW 27 Ave.
 Miami, FL 33147
 (305) 694-2900
<http://www.um-jmh.org>
- **Jackson Memorial Hospital**
Liberty City Health Services Center
 1320 NW 62 St.
 Miami, FL 33147
 (305) 835-2200
<http://www.um-jmh.org>

- **Miami Beach Community Health Center
Beverly Press Building**
 1211-71 Street
 Miami Beach, FL 33141
 (305) 865-0880
<http://miamibeachhealth.com>
- **Miami Beach Community Health Center
Stanley C. Myers Building**
 710 Alton Road
 Miami Beach, FL 33139
 (305) 538-8835
<http://miamibeachhealth.com>
- **Miami Children's Hospital Van**
 (305) 633-6854
<http://www.mch.com>
- **Jackson Memorial Hospital
North Dade Health Center**
 16555 NW 25 Ave.
 Opa-Locka, FL 33054
 305 621-8888
 305 620-3710
<http://www.um-jmh.org>
- **Jackson Memorial Hospital
North Miami Health Center**
 14101 NW 8 Ave
 Miami, FL 33168
 (305) 953-3161
<http://www.um-jmh.org>
- **Jackson Memorial Hospital
Prevention, Education & Treatment
(PET) Center**
 615 Collins Ave.
 Miami Beach, FL 33139
 (305) 535-5540 (Specialized care for adult HIV patients)
<http://www.um-jmh.org>
- **Jackson Memorial Hospital
Rosie Lee Wesley Health Center**
 6601 SW 62 Ave
 Miami, FL 33143
 (305) 669-6909
<http://www.um-jmh.org>

- **University of Miami Pedi Van**
(305) 663-6854
http://familymedicine.med.miami.edu/education_ahec.asp
- **UM Care-Kendall**
8932 SW 97 Avenue
Miami, FL 33176
(305) 270-3400
http://familymedicine.med.miami.edu/education_ahec.asp
- **UM Care-Miami Beach**
460 Arthur Godfrey Road
Miami Beach, FL 33140
(305) 243-5002
http://familymedicine.med.miami.edu/education_ahec.asp

School-Based Health Centers

- **Allapattah Elementary/Lenora Braynon Smith**
4700 NW 12 Ave
Miami, FL 33127
(305) 635-0873
<http://lbs.dadeschools.net/>
- **Campbell Drive Elementary**
15790 SW 307 St.
Leisure City, FL 33030
(786) 243-9161
<http://campbelldrive.dadeschools.net/>
- **Miami Carol City Senior High
Donnell D. Morris Adolescent Health Center**
3422 NW 187 St.
Miami, FL 33056
(305) 621-5681
<http://mccsh.dadeschools.net/>
- **Charles Drew Elementary**
1775 NW 60 St.
Miami, FL 33142
(305) 694-2362
<http://drew.dadeschools.net/>

- ***Cope North Center***
9950 NW 19 Ave.
Miami, FL 33147
(305) 691-4547
<http://copecenternorth.dadeschools.net/>
- ***Dorothy Wallace Cope Center South***
10225 SW 147 Terrace
Miami, FL 33176
(305) 233-1044
<http://copes.dadeschools.net/copes/>
- ***Dunbar Elementary***
505 NW 20 St.
Miami, FL 33127
(305) 573-2344
<http://dunbarel.dadeschools.net/>
- ***Fienberg/Fisher Elementary***
1420 Washington Ave.
Miami Beach, FL 33139
(305) 534-4004
<http://fienberg.dadeschools.net>
- ***F.S. Tucker Elementary***
3500 Douglas Rd.
Miami, FL 33133
(305) 567-3533
<http://tucker.dade.k12.fl.us/>
- ***Homestead Senior High***
2351 SE 12 Ave.
Homestead, FL 33035
(305) 245-7000
<http://hshs2.dadeschools.net/>
- ***JFK Middle***
1075 NE 167 St.
N. Miami Beach, FL 33162
(305) 944-8494
<http://jfk.dade.k12.fl.us/>
- ***Laura C. Saunders Elementary***
505 SW 8 St.
Homestead, FL 33030
(305) 242-0973
<http://lcsaunders.dadeschools.net/>

- **Lillie C. Evans Elementary**
1895 NW 75 St.
Miami, FL 33147
(305) 694-2366
<http://lcevans.dadeschools.net/>

- **Miami Beach Senior High**
Dr. Solomon S. Lichter Hi-Tides Health Center
2231 Prairie Ave.
Miami Beach, FL 33139
(305) 538-8835
<http://miamibeachhigh.dadeschools.net>

- **Miami Edison Senior & Middle**
6161 NW 5 Ct.
Room A-101
Miami, FL 33127
(305) 754-7044
<http://edison.dadeschools.net/>

- **Miami Jackson Senior High**
1751 NW 36 St.
Miami, FL 33142
(305) 634-2621
<http://generals.dadeschools.net/>

- **Miami Northwestern Senior High**
John H. Peavy Adolescent Health Center
1100 NW 71 St.
Miami, FL 33150
(305) 836-0991
<http://mnhs.dadeschools.net/>

- **Nautilus Middle School**
Linda B. Spiegel Health Center
4301 N. Michigan Ave.
Miami Beach, FL 33140
(305) 531-7404
<http://nautilus.dadeschools.net/>

- **Norland Triplex**
19340 NW 8 Ct.
Miami, FL 33169
(305) 650-9551
<http://norlande.dadeschools.net/>

- **North Miami Beach Senior High**
1247 NE 167 St.
N. Miami Beach, FL 33162
(305) 956-5991
<http://nmb.dadeschools.net/>
- **Poinciana Park Elementary**
6745 NW 23 Ave
Miami, FL 33147
(305) 696-1501
<http://ppark.dadeschools.net/>
- **Ponce de Leon Middle**
5801 Augusta Street
Coral Gables, FL 33146
(305) 661-1611
<http://ponce.dadeschools.net/>

Florida Kidcare/Healthy Kids/Medicaid Information

- **1-888-540-5437 (Toll Free)**
<http://www.floridakidcare.org/>
- **Human Services Coalition**
(305) 576-5001
<http://www.hscdade.org/>
- **Jackson Memorial Hospital Kidcare Outreach**
Contacts: Fay Maturah, Juliette Fabien, Ebenezer Boakye
(305) 358-8800

Schedule for Health Mobile Vans

**Miami-Dade County Health Department
Special Immunization Program SIP Mobile**
CALL 786-845-0550
SEE ATTACHED SCHEDULE
Please call for schedule-subject to change

University of Miami Pediatric Mobile Clinic
CALL 305-243-6407
SEE ATTACHED SCHEDULE
Schedules are subject to change, please call for
information

Jackson Care-A-Van
CALL 305-585-7040
9:00AM-4:30PM Mondays and Tuesdays
Sweetwater
250 SW 114 Avenue
Miami, Florida 33174
9:00AM-4:30PM Thursdays and Fridays
Milander Park
4800 Palm Avenue
Hialeah, Florida 33012
Wednesday is closed

**Miami Children's Hospital Health on
Wheels Van**
CALL 305-663-6854
SEE ATTACHED SCHEDULE
Schedule is subject to change, please call for
information



(Please check our webpage, <http://comprehensivehealthservices.dadeschools.net> for updates)

Web Sites

A complete database of materials for loan
www.firn.edu/webfiles/inmagic/cshrc/health3.html

Disease outbreak information
www.cdc.gov/excite/

Pregnancy information
www.teenpregnancy.org

Teen wire
www.teenwire.com

The Federal Office of Population Affairs
www.hhs.gov/progorg/opa/

Boston University's Medical Center
www.bu.edu/cohis/teenpreg

Not Me, Not Now
www.notmenotnow.org

City Kids
www.citykids.com

Kids Health
www.kidshealth.org

Covenant House
www.covenanthouse.org

Campaign for Tobacco-free kids
<http://www.tobaccofreekids.org/>

D.A.R.E. kids
<http://www.Dare-America.com/>

National Clearinghouse for Alcohol and drug information for kids only
<http://www.health.org/kidsarea/>

Smoking Handbook
<http://www.westnet.com/~rickd/smoke/>

Anatomy of Skin
<http://www.medic.mie-u.ac.jp/derma/anatomy.html>

Bugs in the news! - Microbiology
Cells Alive!
<http://www.cellsalive.com/>

Communicable Disease fact Sheet
<http://www.health.state.ny.us/home.html>

Kids home - Kids who have cancer
<http://www.cancer.gov/cancerinformation/cancertype/childhood/>

In your face! What acne is and what you can do about it/health issues/illnesses
<http://Kidshealth.org/kid/normal/acne.html>

Teen pregnancy
<http://www.teenpregnancy.org>

Sex/pregnancy
<http://www.teenwire.com>

Family planning
<http://www.hhs.gov/>

<http://ec.princeton.edu>

Abstinence
<http://www.notmenotnow.org>

Interpersonal relations/dating/self esteem
<http://www.citykids.com>

EXCITE (Excellence in Curriculum Integration through Teaching Epidemiology).
It provides background material for teachers, tools for students, and a way for young people to learn, through the case study approach, about epidemiology and solving disease outbreaks.
<http://www.cdc.gov/excite/>

Additional health resources
http://www.cdc.gov/ncidod/teachers_tools/index.htm

Additional Web Sites

Miami-Dade County Public Schools Website

<http://dadeschools.net>

Dr. Bruce Heiken Fund- Provides vision exams for needy children

www.heikenfund.org

Miami-Dade County Public Schools HIV/AIDS Education Program

[http:// aidseducation.dadeschools.net](http://aidseducation.dadeschools.net)

State of Florida Website

[My Florida.Com](http://MyFlorida.Com)

Provides eyeglasses and lenses for needy children

www.jepesen.org

Miami-Dade County Health Department

www.dadehealth.org

American Speech-Language-Hearing Association

www.asha.org

Food and Nutrition for Miami-Dade County Public Schools

<http://nutrition.dadeschools.net>

Miami-Dade Area Health Education Center

www.mdahec.org

Dr. Solomon C. Stinson, Chair
Ms. Perla Tabares Hantman, Vice Chair
Mr. Agustin J. Barrera
Mr. Renier Diaz de la Portilla
Dr. Lawrence S. Feldman
Dr. Wilbert "Tee" Holloway
Dr. Martin S. Karp
Ms. Ana Rivas Logan
Dr. Marta Pérez

Mr. Alberto M. Carvalho
Superintendent of Schools

Ms. Deborah A. Montilla
District Director
Division of Student Services

Ms. Wilma Steiner
Director
Comprehensive Health Services



**Miami-Dade County
Public Schools**
giving our students the world

The School Board of Miami-Dade County, Florida, adheres to a policy of nondiscrimination in employment and educational programs/activities and programs/activities receiving Federal financial assistance from the Department of Education, and strives affirmatively to provide equal opportunity for all as required by:

Title VI of the Civil Rights Act of 1964 - prohibits discrimination on the basis of race, color, religion, or national origin.

Title VII of the Civil Rights Act of 1964, as amended - prohibits discrimination in employment on the basis of race, color, religion, gender, or national origin.

Title IX of the Education Amendments of 1972 - prohibits discrimination on the basis of gender.

Age Discrimination in Employment Act of 1967 (ADEA), as amended - prohibits discrimination on the basis of age with respect to individuals who are at least 40.

The Equal Pay Act of 1963, as amended - prohibits sex discrimination in payment of wages to women and men performing substantially equal work in the same establishment.

Section 504 of the Rehabilitation Act of 1973 - prohibits discrimination against the disabled.

Americans with Disabilities Act of 1990 (ADA) - prohibits discrimination against individuals with disabilities in employment, public service, public accommodations and telecommunications.

The Family and Medical Leave Act of 1993 (FMLA) - requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons.

The Pregnancy Discrimination Act of 1978 - prohibits discrimination in employment on the basis of pregnancy, childbirth, or related medical conditions.

Florida Educational Equity Act (FEEA) - prohibits discrimination on the basis of race, gender, national origin, marital status, or handicap against a student or employee.

Florida Civil Rights Act of 1992 - secures for all individuals within the state freedom from discrimination because of race, color, religion, sex, national origin, age, handicap, or marital status.

School Board Rules 6Gx13- 4A-1.01, 6Gx13- 4A-1.32, and 6Gx13- 5D-1.10 - prohibit harassment and/or discrimination against a student or employee on the basis of gender, race, color, religion, ethnic or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, pregnancy, or disability.

Veterans are provided re-employment rights in accordance with P.L. 93-508 (Federal Law) and Section 295.07 (Florida Statutes), which stipulate categorical preferences for employment.

Revised 5/9/03