Health Services
Health Services Department
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Services Offered to Schools

- State-mandated health screening such as:
  - Vision screening for Kdg, 2nd, 5th, and 8th grades
  - Hearing screening for Kdg, 2nd, 5th, and 8th grades
  - Monitoring student physical exam compliance
  - Monitoring Oral Health Exams
  - Monitoring Immunization Records

- Consultation in identification of physical challenges of students that affect the learning process.
- Member of Student Study Team, Individualized Educational Plans, 504 Plans and Individualized Health Plans as requested.
- Assist in decreasing student absenteeism related to medical conditions.
- Identification and control of communicable disease.
- Classroom management of students with diabetes, asthma, and other chronic physical conditions.
- Identification and control of chronic head lice.
- Medication monitoring of all students.
- Consultation with school office personnel regarding student first aid procedures.
- Classroom observation of students with suspected medical problems/issues.
- Orienting and supervising staff in properly carrying out health care procedures.
- Blood borne pathogen supplemental information to online program for personnel, if needed.
- Classroom health instruction, as requested by teacher.
- Coordinates referrals to community and school based agencies.
- Assists with crisis intervention.
- Participates in health fair announcements and distribution of information via synre-voice and flyers, and in-service workshops, as requested, to meet the needs of the schools.
- Interprets medical orders, medical reports, and medical terminology as needed.
STUDENT TREATMENT PROCEDURE

When A Student Injury Or Medical Condition Occurs:

1. Employee informs site principal, or designee, of event (student kept immobile and calm).

2. Site principal/designee conducts injury evaluation to determine if injury is Major or Minor.

School Nurses are not allowed to transport students under any circumstances.

MAJOR INJURY - Injury Is Major If It Involves:

- Severe trauma, and/or
- condition requiring CPR, medical treatment, and/or
- unconscious student, and/or
- possible neck or back injury, and/or
- possible upper leg or hip fracture, and/or
- seizure of 5+ minutes (reference specific individualized plan).

1. Action Plan:
   a. Immobilize and calm student,
   b. call 911,
   c. apply first aid,
   d. clear area of others, and
   e. the site secretary shall:
      ✓ Call parent,
      ✓ copy emergency treatment authorization for paramedics,
      ✓ check emergency code report for special conditions,
      ✓ call Health Services (830-3241)- informational only-or Nurse assistance as needed,
      ✓ call the district Business Services Department @ 830-3230 to inform only
      ✓ document in Aeries, under medical, injury type, who was notified, first aid given, final outcome of situation
      ✓ complete and submit Student Report of Injury form and submit to the district Business Service Department.

2. Principal or Designee:
   a. Assign an employee to accompany student in ambulance and stay until parent or guardian arrives,
   b. follow-up with parents/guardian on student’s condition, and
   c. follow-up on injury evaluation relative to site conditions.

3. Parent:
   a. May accompany student in ambulance and
   b. may cancel ambulance and transport child.

School Nurses assist in above procedures only if available otherwise, principal, site employee(s) and paramedics are to proceed with action per plan.
MINOR INJURY - Injury Is Minor If It Involves:
- None of the conditions of a Major injury

1. Action Plan:
   a. Immobilize and calm student,
   b. call district Nurse @ 830-3241 or call their cell phone if further evaluation is necessary
   c. apply first aid,
   d. clear area of others, and
   e. the site secretary shall:
      ✓ Call parent,
      ✓ check emergency information for special condition
      ✓ document in Aeries, under medical, injury type, who was notified, first aid given, final outcome of situation
      ✓ complete and submit Student Report of Injury form.

2. School Nurse:
   a. Assess injury/medical condition- if on call nurse determines further evaluation is needed and/or directs treatment needed

3. Parent:
   a. May accompany or transport student to selected treatment and/or
   b. May select alternative treatment and provide transportation accordingly.

4. Principal:
   a. Follow-up with parent/guardian concerning student condition and
   b. Follow-up on injury evaluation relative to site condition.

Other Items of Note
- Please inform Health Services (830-3241) of any new medical condition of students - the parent will often inform teachers without letting office personnel or Health Services know what has changed.
- All medication taken at school **MUST** have written orders from the physician and parent in the school office - this includes all over-the-counter medicine.
- **During a seizure**, turn student on his/her side to prevent aspiration, allow for privacy and rest, and call the parent. The student does not necessarily need to go home, but if seizures are frequent, the parent should be informed and Health Services notified so medication adjustment can be discussed with the primary physician. If the child has never had a seizure before, call 9-11.
- If you are not teaching one of the grade levels when a student is screened for hearing and vision and you think a student may have a hearing or vision deficit, please ask your site secretary for a Health Services Referral form. First check computer health records and cumulative record for history of testing. At least a 10 day turnaround time is needed an may take longer based on the current case load.
The Health Services Referral form can also be used for any other health problem you are concerned about that does not need immediate attention (i.e. possible petit mal seizures, chronic absenteeism secondary to illness).

Never send a diabetic student to the office alone if student is not feeling well. Adult must accompany the child.

When looking for information on student health, please check the cumulative Health Insert and the computer health screen in the student data management system.

Send students with any type of blood contact to the office (i.e. bloody nose or open cut). Secretaries have a supply of gloves. Please keep a pair of gloves in your classroom for your protection and always put gloves on prior to assisting students that are bleeding.

If a staff member is involved in contact with a student’s blood without the protection of gloves, contact your site administrator to fill out a worker’s compensation form and contact Health Services for an evaluation and possible referral to a physician for a work-up and start of the Hepatitis B series.

Thank you for your time and attention to student health!
TUSD, HEALTH SERVICES BLOODBORNE PATHOGENS QUIZ

Print Name: ________________________________

School Site: ________________________________

Date of Training: ____________________________

Please take and give to administrator to return to Health Services. If you have questions, feel free to call 830-3241.

Tracy School District has a post exposure plan, which means if you get blood on yourself, and it is determined you need to see a doctor, fill out a workman's comp. form (get from your site office). Human Resources will be called and you can make an appointment with Dr. J. Patel. (Workman's comp. Doctor.) This needs to be done within 24 hours of exposure. He will do blood work then the Hepatitis B series will be started. It consists of a shot, then one month later the second, then in 4-6 months the last. A final blood draw will be done to see that it was effective.

Check the correct answer:

1. [ ] True [ ] False HIV and HBV may be present in body fluids other than blood.
2. [ ] True [ ] False Children that appear healthy probably are not infected with HBV or HIV.
3. [ ] True [ ] False Sexual contact and sharing infected needles are the only ways HBV and HIV can be transmitted.
4. [ ] True [ ] False Blood, vomit or urine may contain blood borne pathogens.
5. [ ] True [ ] False You should always check disposable gloves for holes to ensure they will protect you from blood borne pathogens.
6. [ ] True [ ] False Blood borne infections can be transmitted through an open cut or through common skin conditions like dermatitis.
7. [ ] True [ ] False The HBV vaccine is safe and effective.
8. [ ] True [ ] False Every school system must create an Exposure Control plan and make it available to all of the employees.
9. [ ] True [ ] False Some people infected with HBV show no signs or symptoms.
10. [ ] True [ ] False Contaminated surfaces easily lead to the spread of HBV.
11. True  False  Standard precautions means treating all blood and body fluids as if they are infected with a blood borne disease.

12. True  False  To effectively disinfect surfaces and cleaning tools you may use one part bleach to 10 parts water.

13. True  False  Only teachers and housekeeping staff are at risk of encountering blood borne pathogens at school.

14. True  False  You must carefully remove disposable gloves to minimize your risk of infection.

15. True  False  HBV is never life-threatening.

16. True  False  If you contract HBV, you can put your family at risk of infection.

17. True  False  There is no need to wash your hands after removing disposable gloves.

18. True  False  Protecting yourself from blood borne diseases requires knowing the facts about HBV and HIV, and taking sensible precautions.

19. True  False  Hepatitis B virus is still contagious, dry, on a surface up to 7 days

20. True  False  If you get blood on your exposed skin, you are supposed to leave it alone.
EPI-PEN TRAINING
ANAPHYLAXIS

DESCRIPTION
Anaphylactic shock is an acute, life-threatening emergency. It is a systemic reaction of the immune system to a foreign substance (an allergen). The exposure to the allergen can occur from insect stings or bites, ingestion of foods (shellfish, peanut products), and, the least common route, through inhalation. The most life-threatening manifestations of anaphylaxis are total obstruction of the airway from tissue swelling and circulatory collapse (shock).

FREQUENT SIGNS AND SYMPTOMS
Any of the following may occur within seconds or a few minutes after exposure to a substance to which you are very allergic:

- Tingling or numbness around the mouth.
- Sneezing.
- Coughing or wheezing.
- Swelling around face or hands.
- Feeling of anxiety.
- Weak, rapid pulse.
- Stomach cramps, vomiting, and diarrhea.
- Itching all over, often accompanied by hives.
- Watery eyes.
- Tightness in the chest; difficult breathing.
- Swelling or itching in the mouth or throat.
- Pounding heart.
- Faintness.
- Loss of consciousness.

Not all symptoms occur. Seek immediate help for any.
Please make sure a CPR certified person is available for the administration.

How to Use Your EpiPen®:

1. Pull off gray safety cap to activate

2. Hold EpiPen® in the middle – do not touch either end with your hand

3. Place the black tip firmly against the outer middle part of the thigh only and push in until you feel it click – remember: you can use EpiPen® over clothing in an emergency

4. Hold in place for at least 10-15 seconds then remove it

5. Call 911
Diabetes

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<tr>
<th>General Information</th>
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**Diabetes** is a disorder that occurs when the pancreas does not produce enough insulin. **Insulin** is required for cells to use energy obtained from sugar and starches. Most children require insulin injections daily, usually AM and PM. Managing diabetes requires a daily balance of insulin, food and exercise. This assists in achieving proper blood glucose levels for healthy living and prevention of diabetes complications.

**Goals for Management of Diabetes at School**
1. To provide for compliance with daily diabetic routines.
2. To train designated personnel to recognize the signs of Low Blood Glucose (Insulin Reaction/Hypoglycemia), recognize the signs of High Blood Glucose (Hyperglycemia), provide assistance for restoring appropriate glucose levels, and/or obtain emergency care.
3. To promote pupil self-help skills as appropriate.

**Pupils with diabetes may experience the following conditions:**

A. **Insulin Reaction (Hypoglycemia)** is a condition of abnormally low blood glucose. This is caused by not eating enough food, extra exercise, skipping a meal, taking too much insulin, or illness (especially vomiting and diarrhea). Symptoms may be gradual or sudden and, if not treated, can result in loss of consciousness or convulsions.

B. **Diabetic Acidosis (AKA Hyperglycemia):** A condition when blood sugar is too high over an extended period of time. This is caused by not taking enough insulin for the amount of food eaten, not exercising enough, stress, or illness. Most common signs may be extreme thirst, frequent urination, dry skin, hunger, blurred vision, lethargy, drowsiness, loss of energy, nausea/vomiting, change in mood or personality, and/or fruity breath odor. Undiagnosed diabetics often seek initial medical care when signs of high blood sugar become apparent.

C. **Ketoacidosis (Diabetic Coma)** is a potentially life threatening condition that may occur during periods of extreme low blood glucose or high blood glucose. At such times, the body may burn fat, as an alternate source of glucose, in an attempt to provide energy. Ketones are produced as a by-product of such fat metabolism. This is an inefficient way to produce energy and can cause side effects of lethargy, headache, nausea, vomiting, rapid breathing, and eventually Ketoacidosis.
<table>
<thead>
<tr>
<th>General Information</th>
<th>1) To determine the level of blood glucose at designated testing times or when symptoms of hypo/hyperglycemia occur (refer to specific procedure).</th>
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<tbody>
<tr>
<td></td>
<td>2) Regular monitoring of blood glucose levels contribute towards proper management of diabetes. This should be available to student in school whenever and wherever necessary</td>
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<td></td>
<td>3) Follow specific manufacturer’s instructions for operating meter.</td>
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<td></td>
<td>4) Non-diabetic blood glucose levels range between 80-120 before a meal. Appropriate ranges for a diabetic vary depending on age and the ability to balance insulin, diet, and exercise.</td>
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<td></td>
<td>• For students under 5 or 6 years of age most blood glucose levels should be between 100 and 200. Expect some readings below 100 and some above 200. If more than 25% of the readings are above 200 or below 100, the management plan may need to be adjusted.</td>
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<tr>
<td></td>
<td>• For older and teenager students most blood glucose readings should be between 80 and 150. Expect some readings below 80 and some above 150. If more than 25% of the readings are below 80 or above 150 then the management plan may need to be adjusted</td>
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<tr>
<td></td>
<td>5) Parent/care provider to supply necessary equipment for performing procedures at school.</td>
</tr>
</tbody>
</table>
A diabetic child’s pancreas does not make insulin needed to transfer sugar from the bloodstream to blood cells, therefore, these students continually juggle the amount of insulin, food and exercise to keep their disease in control.

Low blood sugar may come from too much insulin, more exercise than usual, eating an inadequate amount or eating at a different time. The student may appear irritable, sweaty, confused, shaky, pale or sleepy. A high blood sugar will exhibit an increased thirst, increased urination, increased appetite and/or a stomachache. The child should be sent, with an escort, to the office. In the office the student’s blood sugar level will be tested and the school nurse will make needed adjustments before sending him/her back to class.
USING GLUCAGON

Remove the orange plastic cup from the vial
Insert the needle through the rubber stopper on the glucagon vial. Inject all the liquid in the syringe into the vial. The rubber stopper can be stiff, but the needle is strong enough to puncture it.

Gently shake the vial
Leave the syringe in place and gently shake the vial until the powder is completely dissolved.

Withdraw all of the liquid into the syringe
While the needle is still inside the vial, turn the vial upside down and, keeping the needle in the liquid, slowly withdraw all the liquid into the syringe.

Inject the solution into loose tissue
Insert the needle into loose tissue under the injection site and inject the glucagon solution.
generalized tonic clonic (grand mal) seizures

✓ Keep calm and reassure other people who may be nearby.
✓ Don't hold the person down or try to stop his movements.
✓ Time the seizure with your watch.
✓ Clear the area around the person of anything hard or sharp.
✓ Loosen ties or anything around the neck that may make breathing difficult.
✓ Put something flat and soft, like a folded jacket, under the head.
✓ Turn him or her gently onto one side. This will help keep the airway clear.
✓ Do not try to force the mouth open with any hard implement or with fingers.
✓ Document time, location, and duration of seizure.

A person having a seizure CANNOT swallow his tongue. Efforts to hold the tongue down can injure teeth or jaw.

Don't attempt CPR unless breathing has stopped (seizure has stopped)
Stay with the person until the seizure ends naturally.
Be friendly and reassuring as consciousness returns.

Epilepsy is not a medical emergency, even though it looks like one. It stops naturally after a few minutes without ill effects. The average person is able to continue about his business after a rest period, and may need only limited assistance, or no assistance at all.

WHEN TO CALL 9-1-1

✓ seizure lasts more than five minutes
✓ is unusual in some way
✓ the person has trouble breathing afterwards
✓ appears to be injured or in pain
✓ recovery is different from usual

call 911, parent, followed by school nurse
TYPES OF SEIZURE — Seizures have many forms, depending upon the type and cause, and symptoms can be mild or severe. It is possible for a child with epilepsy to have more than one type of seizure. A child’s seizure frequency, length, and pattern are usually consistent, although these factors can change over time. Seizures are classified according to the patient's appearance or behavior during the seizure, and the pattern of electrical activity in the brain, as measured by a test called an electroencephalogram (EEG).

Simple partial seizure — Simple partial seizures affect enough of the brain to cause symptoms, but not enough to interfere with consciousness. The symptoms vary from one person to another depending upon the region of the brain involved with the seizure discharge. Symptoms may include feeling an unusual sensation (an odd smell or taste), seeing or hearing something specific, a feeling or emotion (sudden fear or a déjà vu experience), rhythmic twitching or stiffening movement in one hand or foot, or difficulty speaking. During a simple partial seizure, the child is aware but cannot control any abnormal movements that occur.

Absence seizures (petit mal) —

- child may appear to be staring or daydreaming
- will not respond if spoken to
- eye blinking and lip smacking
- no postictal state after the seizure
- child is usually unaware that anything has happened

Tonic-clonic seizures (grand-mal)

- major motor seizure or convulsions
- sudden loss of consciousness.
- May have a preceding aura

tonic phase

- muscles in arms, legs, chest and back become stiff, extended or flexed.
- child may appear cyanotic (bluish tinged skin)

clonic phase

- muscles begin to jerk or twitch rhythmically
- can bite his/her tongue, and frothy and bloody sputum may be seen coming out of the mouth during either phase
- last a couple of minutes in duration.
- followed by a postictal period in which the child may be sleepy and confused.
- Recovery can take several minutes to hours, depending upon the length of the seizure.
# DIABETES TRAINING

## SIGNS AND SYMPTOMS OF HYPOGLYCEMIA

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<tr>
<th>Paleness</th>
<th>Palpitation</th>
<th>Weakness*</th>
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<tr>
<td>Perspiration*</td>
<td>Nervousness</td>
<td>Trembling</td>
</tr>
<tr>
<td>Goose bumps</td>
<td><strong>Irritability</strong></td>
<td>Hunger</td>
</tr>
<tr>
<td>Fast heart rate</td>
<td>Headache</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>Numbness of lips</td>
<td>Numbness of tongue</td>
</tr>
<tr>
<td>Double vision</td>
<td>Mental confusion*</td>
<td>Incoherent speech</td>
</tr>
<tr>
<td>Convulsions*</td>
<td>Emotional changes</td>
<td>Coma</td>
</tr>
</tbody>
</table>

*Signs most commonly reported by patients*