

# Healthcare Professionals Working in Schools Survey

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Form Approved

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We appreciate your time! The results from this survey will help us to better support you to prevent tickborne diseases in your students.

This survey is being conducted by the New York State Emerging Infections Program and the Centers for Disease Control and Prevention (CDC). Healthcare professionals working in schools in your state have been selected to participate.

The topic of this survey is prevention of tick bites and tickborne disease in the school setting. The survey questions will ask about your knowledge and school health practices as they relate to tickborne disease prevention.

This survey will take about 10 minutes. The survey is completely voluntary. You may decline to answer any question, and you can stop the survey at any time. All of the information that you give will be anonymous.

If you have any questions about this survey or problems accessing the survey, please email us at [TickNet@health.ny.gov](mailto:TickNet@health.ny.gov) or call 518-473-4439. If you have any questions about your rights as a participant, please contact the NYSDOH IRB coordinator Tony Watson at 518-474-8539 and reference NYSDOH Protocol #1375111-1

Please complete this survey by [DATE].

Please make sure you hit the "SUBMIT" button on the last page of the survey.

Thank you for helping us to prevent tick bites and tickborne disease in school-aged children!

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Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1150

## Eligibility Determination

Are you currently employed as a licensed healthcare professional that provides health services or consultation to students in a school setting?

- Yes  
 No

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Please answer the following questions based on your experience in the school setting. If you work in a school with more than one healthcare professional, answers should be based upon on your own individual experience, not the school setting as a whole.

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You chose "no." Please specify the reason:

- I am not currently employed
- I am not a licensed healthcare professional
- I do not provide health services or consultation to students in a school setting
- I provide mental health services and counseling only
- There is no licensed healthcare professional employed at this school
- Other

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You chose "other." Please specify:

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**Section I: General Demographics**

**This section contains questions that provide descriptive information about you and the school setting in which you work.**

What is your current healthcare license?

- Certified Nursing Assistant/Certified Medical Technician (CNA/CMT)
- Licensed Practical Nurse (LPN)
- Registered Nurse (RN)
- Physician's Assistant (PA)
- Nurse Practitioner (NP)
- Physician (MD, DO)
- Other

You chose "other." Please specify:

\_\_\_\_\_

Are you employed at a school-based health center?

- Yes
- No

In total, how long have you worked as a healthcare professional in a school setting as of the start of the 2018/2019 school year?

- Less than 1 year
- 1-5 years
- 6-15 years
- 16-30 years
- More than 30 years

At how many school sites do you work?

\_\_\_\_\_

Approximately how many hours do you work in a typical workweek in the school setting?

\_\_\_\_\_

What is the total number of students that you serve?

- Less than 200 students
- 200-1,000 students
- 1,001-2,000 students
- More than 2,000 students
- Don't know

What student populations do you serve? (Check all that apply)

- Preschool/Pre-Kindergarten
- Elementary (example: Kindergarten - 5th grade)
- Middle/junior high (example: 6th - 8th grade)
- High school (example: 9th - 12th grade)
- Other

You chose "other." Please specify:

\_\_\_\_\_

**Section II: Knowledge**

**This section contains questions to assess your current knowledge of ticks and Lyme disease, since it is the most commonly reported tickborne disease in your state.**

Which of the following images is the tick that can carry Lyme disease? (select only one)

- 
- 
- 
- 
- Don't know

**Section II: Knowledge, Continued**

About how long does an infected tick need to be attached to a person before transmission of the Lyme disease bacteria can occur?

- Less than one hour
- 1-24 hours
- Greater than 24 hours
- Don't know

How long does it take for erythema migrans (commonly referred to as the "bull's eye rash") of Lyme disease to develop after the bite of an infected tick?

- Within a few hours after a tick bite
- Within 2 days after a tick bite
- 3 to 30 days after a tick bite
- 31 to 60 days after a tick bite
- Don't know

What is the most common late stage symptom of Lyme disease (months after tick bite)?

- Swollen joint(s)
- Confusion
- Erythema migrans (commonly referred to as "bull's eye rash")
- Chest pain
- Don't know

True or False: A child who has previously had Lyme disease can get Lyme disease again if they are bitten by another infected tick.

- True
- False
- Don't know

True or False: In the case of a high-risk tick bite, a single prophylactic dose of antibiotic can be used to reduce the risk of acquiring Lyme disease.

- True
- False
- Don't know

### Section III: Experiences and Practices

**This section contains questions about your experiences and practices in your school setting related to ticks and tickborne disease.**

Since the start of the 2018/2019 school year, how many times have you attended to a student for a suspected tick-related issue?

- None  
 1-5 times  
 6-15 times  
 16-30 times  
 31-50 times  
 More than 50 times

Does your school have a policy regarding the removal of ticks from students?

- Yes  
 No  
 Don't know

In your practice in the school setting, are you allowed to remove attached ticks from students?

- Yes  
 No  
 Don't know

Since the start of the 2018/2019 school year, approximately how many ticks have you removed from students?

- None- I am not allowed to remove ticks from students  
 None- no students presented with attached ticks  
 1-5 ticks  
 6-15 ticks  
 16-30 ticks  
 31- 50 ticks  
 More than 50 ticks  
 I don't know

In your practice in the school setting, how do you remove an attached tick? (check all that apply)

- Apply fingernail polish  
 Cover with a cotton ball soaked in rubbing alcohol  
 Grasp the mouthparts of the tick with fine tip tweezers & gently pull it out  
 Smother the tick with petroleum jelly such as Vaseline  
 I don't remove attached ticks  
 Other

You chose "other." Please specify:

\_\_\_\_\_

What do you do for a student who has had a tick bite? (check all that apply)

- Send the student home  
 Tell the student to be alert for fever and rash  
 Contact the parents/guardians  
 Contact the student's primary care provider  
 Offer educational resources on tick bite prevention  
 Recommend antibiotics to prevent Lyme disease  
 Recommend Lyme disease testing for the student  
 Recommend that the tick be tested for evidence of infection  
 None of the above  
 Other

You chose "other." Please specify:

\_\_\_\_\_

Do you attempt to identify ticks?

- Yes  
 No

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You chose "yes." How do you go about identifying a tick?

- Submit to a laboratory for identification
- Ask a colleague
- Contact the department of health
- CDC website
- Internet search engine (e.g. Google)
- Tick ID card
- Other

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You chose "other." Please specify:

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In your current role, have you given a presentation on tickborne diseases at the school?

- Yes
- No
- Does not apply to me

**Section IV: Prevention**

**This section contains questions about your recommendations to students to prevent tick bites and resources provided to students.**

Do you talk with individual students about their risk for tick bites and ways to protect themselves from being bitten?

- Yes  
 No

Is this done by another staff member or individual at the school?

- Yes  
 No  
 Don't know

What do you recommend to students to prevent tick bites? (Please check all that apply)

- Use an EPA-registered insect repellent on skin or clothes  
 Wear light colored clothes when outside in wooded or grassy areas  
 Check for ticks, especially after being outdoors  
 Shower soon after being outdoors  
 Change clothes after being outdoors  
 Tumble dry clothes in the dryer for at least 10 minutes after coming in from outdoors  
 Avoid tick habitat (such as thick brush and tall grass)  
 Wear clothing treated with permethrin  
 I do not provide recommendations to students to prevent tick bites  
 Other

You chose "other." Please specify:

\_\_\_\_\_

Do you routinely send home health-related educational resources with students? (i.e. pamphlets, flyers, informational booklets)

- Yes  
 No  
 Does not apply to me

Do you send home tickborne disease-related educational resources with students?

- Yes  
 No  
 Does not apply to me

Do you know where you can obtain educational resources for students on tick bite and tickborne illness prevention? (i.e. pamphlets, flyers, informational booklets)

- Yes  
 No



**Section V: Attitudes and Perception**

**This section contains questions to assess your perception of risk for tickborne disease in your student population and your degree of confidence in addressing concerns related to ticks and tickborne disease.**

How high do you believe the risk is for students in your community for getting a tickborne disease?

- No risk
- Low risk
- Medium risk
- High risk

In general, I feel \_\_\_\_\_ about my ability to determine how long a tick has been attached to a person.

- Not at all confident
- A little confident
- Moderately confident
- Very confident

In general, I feel \_\_\_\_\_ about my ability to remove a tick that is attached to a person.

- Not at all confident
- A little confident
- Moderately confident
- Very confident

In general, I feel \_\_\_\_\_ about my ability to recognize the symptoms of Lyme disease.

- Not at all confident
- A little confident
- Moderately confident
- Very confident

## Section VI: Resource Information

**This section contains questions on where you obtain information and educational materials on ticks and Lyme disease.**

Are you familiar with the New York State Education Department curriculum titled "Ticks and Tick-borne Disease Resource Toolkit" that contains information on tickborne disease prevention, including sample education strategies?

- Yes  
 No

Have you ever received specific education about tickborne disease prevention for a school setting?

- Yes  
 No  
 Don't know

Which of the following are your top three sources of information about tickborne disease? (Please check your top 3)

- Professional societies (e.g. AAFP, AAP, IDSA, etc.)  
 Professional journals  
 Medical conferences  
 State or local health department  
 My school district  
 Federal organizations (e.g. CDC, NIH)  
 Television or radio  
 Newspapers or magazines  
 Friends and family  
 Professional colleague (e.g. other healthcare professional in the school setting)  
 Other healthcare providers  
 Other

You chose "other." Please specify:

\_\_\_\_\_

Which of the following are your top three online sources for information about tickborne disease? (Please check your top 3)

- Online medical advising group (e.g. WebMD, Mayo Clinic, Medscape)  
 Federal organizations (e.g. CDC, NIH)  
 State or local health department  
 Social media (e.g. Facebook, Twitter, etc.)  
 Google search (or other search engine)  
 Online blogs  
 YouTube  
 Lyme disease specialty website (e.g. ILADS, Lyme Disease Association, etc.)  
 I don't use online sources for information about tickborne disease  
 Other

You chose "other." Please specify:

\_\_\_\_\_

Which of the following resources about tick bites and tickborne disease prevention would be helpful to you in your school health services program? (check all that apply)

- Paper resources (informational pamphlets, brochures, flyers, posters)  
 Online resources (PowerPoints, PDFs, audio/visual web sessions)  
 Regular email updates  
 In-person meetings/trainings  
 Other

You chose "other." Please specify:

\_\_\_\_\_

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Would continuing education credits increase your willingness to participate in education for tickborne disease prevention?

- Yes
- No
- Does not apply to me

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What, if any, barriers do you face in utilizing educational resources on tick bite and tickborne disease prevention? (Free text response)

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What would you like to learn about Lyme disease, ticks, and/or tickborne diseases? (Free text response)

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Is there anything else that you think we should know about? (Free text response)

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Thank you for your time today! Your responses will help us learn how to better support you and your school in the prevention of tickborne diseases. We would also be happy to provide you with FREE tick-borne disease educational materials. If you are interested, please contact us at the following email: [TickNET@health.ny.gov](mailto:TickNET@health.ny.gov)

If you would like to see answers to the survey and for more information about ticks and Lyme disease, please hit submit!

Thank you!  
New State Emerging Infections Program  
Phone: 518-473-4439  
Email: [TickNet@health.ny.gov](mailto:TickNet@health.ny.gov)  
Website: TickNet

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You did not meet the eligibility criteria to complete this survey. Thank you for your time. We would also be happy to provide you with FREE tick-borne disease educational materials. If you are interested, please contact us at the following email: [TickNET@health.ny.gov](mailto:TickNET@health.ny.gov)

If you would like more information about ticks and Lyme disease, please hit submit!

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