**Healthcare Professionals Working in Schools (HPWS) Survey**

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 **[insert EIP site]** 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, we may be contacted by:

**Email:**

**Phone:**

**Mail:**

If you have any questions about your rights as a participant, please contact [insert EIP site] IRB Administrative Director at:

**Email**:

**Phone:**

**Mail**:

Please complete and return this survey using the envelope provided by [DATE].

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

**Eligibility Determination**

1. Are you currently employed as a licensed healthcare professional that provides health services or consultation to students in a school setting?
   1. Yes
   2. No If “No,” please specify the reason below:

a) I am not currently employed

b) I am not a licensed healthcare professional

c) I do not provide health services or consultation to students in a school setting

d) I provide mental health services and counseling only

e) There is no licensed healthcare professional employed at this school

f) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you selected “No,” you do not meet the eligibility criteria to complete this survey. Thank you for your time. Please mail the survey back in the envelope provided. We would be happy to provide you with* ***FREE*** *tickborne disease educational materials. If you are interested, please fill out the enclosed order form and include it in the envelope with your survey.*

*If you selected “Yes,” 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.*

**Section I: General Demographics**

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

1. What is your current healthcare license?
   1. Certified Nursing Assistant/Certified Medical Technician (CNA/CMT)
   2. Licensed Practical Nurse (LPN)
   3. Registered Nurse (RN)
   4. Physician’s Assistant (PA)
   5. Nurse Practitioner (NP)
   6. Physician (MD, DO)
   7. Other: \_\_\_\_\_\_\_\_\_\_\_
2. Are you employed at a school-based health center?
   1. Yes
   2. No
3. 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?
   1. Less than 1 year
   2. 1-5 years
   3. 6-15 years
   4. 16-30 years
   5. More than 30 years
4. At how many school sites do you work?

Number: \_\_\_\_\_\_\_\_\_

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

Number: \_\_\_\_\_\_\_\_\_

1. What is the total number of students that you serve?
   1. Less than 200 students
   2. 200 - 1,000 students
   3. 1,001 - 2,000 students
   4. More than 2,000 students
2. What student populations do you serve? *(Circle all that apply)*
   1. Preschool/Pre-Kindergarten
   2. Elementary (example: Kindergarten - 5th)
   3. Middle/junior high (example: 6th – 8th)
   4. High school (example: 9th – 12th)
   5. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II: Knowledge Section**

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.

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

|  |  |
| --- | --- |
| Blacklegged Tick  a. | Lone Star Tick  b. |
| American Dog Tick  c. | Brown Dog Tick  d. |
| e. Don’t know | |

1. About how long does an infected tick need to be attached to a person before transmission of the Lyme disease bacteria can occur?
   1. Less than one hour
   2. 1-24 hours
   3. Greater than 24 hours
   4. Don’t know
2. 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?
   1. Within a few hours after a tick bite
   2. Within 2 days after a tick bite
   3. 3 to 30 days after a tick bite
   4. 31 to 60 days after a tick bite
   5. Don’t know
3. What is the most common *late* stage symptom of Lyme disease (months after tick bite)?
   1. Swollen joint(s)
   2. Confusion
   3. Erythema migrans (commonly referred to as “bull’s eye rash”)
   4. Chest pain
   5. Don’t know
4. True or False: A child who has previously had Lyme disease can get Lyme disease again if they are bitten by another infected tick.
   1. True
   2. False
   3. Don’t know
5. 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.
   1. True
   2. False
   3. 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.

1. Since the start of the 2018/2019 school year, how many times have you attended to a student for a suspected tick-related issue?
   1. None
   2. 1-5 times
   3. 6-15 times
   4. 16-30 times
   5. 31-50 times
   6. More than 50 times
2. Does your school have a policy regarding the removal of ticks from students?
   1. Yes
   2. No
   3. Don’t know
3. In your practice in the school setting, are you allowed to remove attached ticks from students?
   1. Yes
   2. No
   3. Don’t know
4. Since the start of the 2018/2019 school year, approximately how many ticks have you removed from students?
   1. None-I’m not allowed to remove attached ticks from students
   2. None-No students presented with attached ticks
   3. 1-5 ticks
   4. 6-15 ticks
   5. 16-30 ticks
   6. 31- 50 ticks
   7. More than 50 ticks
   8. I don’t know
5. In your practice in the school setting, how do you remove an attached tick? (*Circle all that apply*)
   1. Apply fingernail polish
   2. Cover with a cotton ball soaked in rubbing alcohol
   3. Grasp the mouthparts of the tick with fine tip tweezers & gently pull it out
   4. Smother the tick with petroleum jelly such as Vaseline
   5. I don’t remove attached ticks
   6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. What do you do for a student who has had a tick bite? (*Circle all that apply*)
   1. Send the student home
   2. Tell the student to be alert for fever and rash
   3. Contact the parents/guardians
   4. Contact the student’s primary care provider
   5. Offer educational resources on tick bite prevention
   6. Recommend antibiotics to prevent Lyme disease
   7. Recommend Lyme disease testing for the student
   8. Recommend that the tick be tested for evidence of infection
   9. None of the above
   10. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Do you attempt to identify ticks?
   1. Yes
   2. No *(Please skip the next question)*
8. If yes, how do you go about identifying a tick? *(Circle all that apply)*
   1. Submit to a laboratory for identification
   2. Ask a colleague
   3. Contact the department of health
   4. CDC website
   5. Internet search engine (e.g. Google)
   6. Tick ID card
   7. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. In your current role, have you given a presentation on tickborne diseases at the school?
   1. Yes
   2. No
   3. 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.

1. Do you talk with individual students about their risk for tick bites and ways to protect themselves from being bitten?
   1. Yes
   2. No

If “No,” is this done by another staff member or individual at the school?  
 a) Yes   
 b) No   
 c) Don’t know

1. What do you recommend to students to prevent tick bites? (*Circle all that apply*)
2. Use an EPA-registered insect repellent on skin or clothes
3. Wear light colored clothes when outside in wooded or grassy areas
4. Check for ticks, especially after being outdoors
5. Shower soon after being outdoors
6. Change clothes after being outdoors
7. Tumble dry clothes in the dryer for at least 10 minutes after coming in from outdoors
8. Avoid tick habitat (such as thick brush and tall grass)
9. Wear clothing treated with permethrin
10. I do not provide recommendations to students to prevent tick bites
11. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Do you routinely send home health-related educational resources with students? (i.e. pamphlets, flyers, informational booklets)
    1. Yes
    2. No
    3. Does not apply to me
13. Do you send home tickborne disease-related educational resources with students?
    1. Yes
    2. No
    3. Does not apply to me
14. Do you know where you can obtain educational resources for students on tick bite and tickborne illness prevention? (i.e. pamphlets, flyers, informational booklets)
    1. Yes
    2. 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.

1. How high do you believe the risk is for students in your community for getting a tickborne disease?
   1. No risk
   2. Low risk
   3. Medium risk
   4. High risk
2. In general, I feel \_\_\_\_\_\_\_\_\_\_\_\_ about my ability to determine how long a tick has been attached to a person.
   1. Not at all confident
   2. A little confident
   3. Moderately confident
   4. Very confident
3. In general, I feel \_\_\_\_\_\_\_\_\_\_\_\_ about my ability to remove a tick that is attached to a person.
   1. Not at all confident
   2. A little confident
   3. Moderately confident
   4. Very confident
4. In general, I feel \_\_\_\_\_\_\_\_\_\_\_\_ about my ability to recognize the symptoms of Lyme disease.
   1. Not at all confident
   2. A little confident
   3. Moderately confident
   4. Very confident

**Section VI: Resource Information**

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

1. Are you familiar with the New York State Education Department curriculum titled “Tick and Tick-borne Disease Resource Toolkit” that contains information on tickborne disease prevention, including sample education strategies?
   1. Yes
   2. No
2. Have you ever received specific education about tickborne disease prevention for a school setting?
   1. Yes
   2. No
   3. Don’t know
3. Which of the following are your top three sources of information about Lyme disease? *(Please circle your top 3)*
   1. Professional societies (e.g. AAFP, AAP, IDSA, etc.)
   2. Professional journals
   3. Medical conferences
   4. State or local health department
   5. My school district
   6. Federal organizations (e.g. CDC, NIH)
   7. Television or radio
   8. Newspapers or magazines
   9. Friends and family
   10. Professional colleague (e.g. other school-based healthcare professional)
   11. Other healthcare providers
   12. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Which of the following are your top three **online** sources for information about Lyme disease? *(Please circle your top 3)*
   1. Online medical advising group (e.g. WebMD, Mayo Clinic, Medscape)
   2. Federal organizations (e.g. CDC, NIH)
   3. State or local health department
   4. Social media (e.g. Facebook, Twitter, etc.)
   5. Google search (or other search engine)
   6. Online blogs
   7. YouTube
   8. Lyme disease specialty website (e.g. ILADS, Lyme Disease Association, etc.)
   9. I don’t use online sources for information about Lyme disease
   10. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Which of the following resources about tick bites and tickborne disease prevention would be helpful to you in your school health services program? *(circle all that apply)*
   1. Paper resources (informational pamphlets, brochures, flyers, posters)
   2. Online resources (PowerPoints, PDFs, Audio/visual web sessions)
   3. Regular email updates
   4. In-person meetings/trainings
   5. Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Would continuing education credits increase your willingness to participate in education for tickborne disease prevention?
   1. Yes
   2. No
   3. Does not apply to me

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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. Please mail the survey back in the envelope provided.*

*We would be happy to provide you with* ***FREE*** *tickborne disease educational materials. If you are interested, please fill out the enclosed order form and include it in the envelope with your survey.*

For more information about ticks and Lyme disease, please consider these additional resources:

* CDC tickborne disease website: <https://www.cdc.gov/ticks/>
* CDC Lyme disease website
* [Insert EIP site] Dept. of Health Lyme disease websites
* New York State Center for School Health Tick and Tickborne Disease Webpage