Form Approved OMB Control No.: 0920-1150

Expiration date: 12/31/2019

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.

f you have any questions about this survey, we may be contacted by:
Email:
Phone:
Mail:
f you have any questions about your rights as a participant, please contact [insert EIP site] IRB
Email:
Phone:
Лail:
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?
 - a. Yes
 - b. No If "No," please specify the reason below:
 - a) I am not currently employed

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

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

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.

2. What is your current healthcare license?
a. Certified Nursing Assistant/Certified Medical Technician (CNA/CMT)
b. Licensed Practical Nurse (LPN)
c. Registered Nurse (RN)
d. Physician's Assistant (PA)
e. Nurse Practitioner (NP)
f. Physician (MD, DO)
g. Other:
3. Are you employed at a school-based health center? a. Yes b. No
4. 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?
a. Less than 1 year
b. 1-5 years
c. 6-15 years
d. 16-30 years

e. More than 30 years

_5. At how many school sites do you work?

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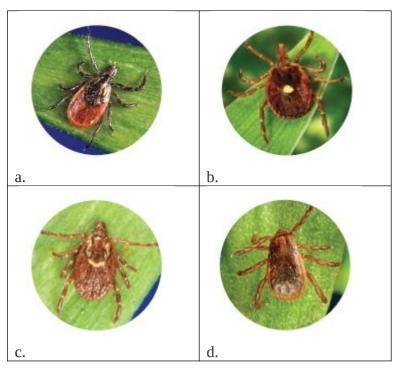
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- 6. Approximately how many hours do you work in a typical workweek in the school setting? Number:
- _7. What is the total number of students that you serve?
 - a. Less than 200 students
 - b. 200 1,000 students
 - c. 1,001 2,000 students
 - d. More than 2,000 students
- _8. What student populations do you serve? (*Circle all that apply*)
 - a. Preschool/Pre-Kindergarten
 - b. Elementary (example: Kindergarten 5th)
 - c. Middle/junior high (example: $6^{th} 8^{th}$)
 - d. High school (example: $9^{th} 12^{th}$)
 - e. 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.

_9. Which of the following images is the tick that can carry Lyme disease? (*select only one*)



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10. <i>A</i>	about how long does an infected tick need to be attached to a person before transmission of the
	disease bacteria can occur?
a.	Less than one hour
b.	1-24 hours
c.	Greater than 24 hours
d.	Don't know
	How long does it take for erythema migrans (commonly referred to as the "bull's eye rash") of
	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
e.	Don't know
12. V	What is the most common <i>late</i> 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
e.	Don't know
	rue or False: A child who has previously had Lyme disease can get Lyme disease again if
	re bitten by another infected tick.
	True
	False
C.	Don't know
	rue 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.
a.	True

Section III: Experiences and Practices

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

____15. Since the start of the 2018/2019 school year, how many times have you attended to a student for a suspected tick-related issue?

a. None

b. False

c. Don't know

- b. 1-5 times
- c. 6-15 times

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d.	16-30 times
e.	31-50 times
f.	More than 50 times
16. Г	Ooes your school have a policy regarding the removal of ticks from students?
a.	Yes
b.	No
с.	Don't know
17. I	n your practice in the school setting, are you allowed to remove attached ticks from students?
a.	Yes
<i>b</i> .	No
c.	Don't know
18. S	ince the start of the 2018/2019 school year, approximately how many ticks have you removed
from s	tudents?
a.	None-I'm not allowed to remove attached ticks from students
b.	None-No students presented with attached ticks
С.	1-5 ticks
d.	6-15 ticks
e.	16-30 ticks
f.	31- 50 ticks
g.	More than 50 ticks
h.	I don't know
19. I	n your practice in the school setting, how do you remove an attached tick? (Circle all that
apply)	
a.	Apply fingernail polish
b.	Cover with a cotton ball soaked in rubbing alcohol
С.	Grasp the mouthparts of the tick with fine tip tweezers & gently pull it out
d.	Smother the tick with petroleum jelly such as Vaseline
e.	I don't remove attached ticks
f.	Other:
20. V	What do you do for a student who has had a tick bite? (Circle all that apply)
a.	Send the student home
b.	Tell the student to be alert for fever and rash
C.	Contact the parents/guardians
d.	Contact the student's primary care provider
e.	Offer educational resources on tick bite prevention
f.	Recommend antibiotics to prevent Lyme disease
g.	Recommend Lyme disease testing for the student
h.	Recommend that the tick be tested for evidence of infection
i.	None of the above

j. Other: _____

	·
21. Do you atte	mpt to identify ticks?
a. Yes	
b. No (Pleas	se skip the next question)
22. If yes, how	do you go about identifying a tick? (Circle all that apply)
a. Submit to	a laboratory for identification
b. Ask a col	league
c. Contact the	ne department of health
d. CDC web	osite
	earch engine (e.g. Google)
f. Tick ID c	
g. Other (ple	ease specify):
23. In your curr	rent role, have you given a presentation on tickborne diseases at the school?
a. Yes	
b. No	
c. Does not	apply to me
TT] · . · .	Section IV: Prevention
This section cont	tains questions about your recommendations to students to prevent tick bites and
	resources provided to students.
-	with individual students about their risk for tick bites and ways to protect
themselves from	being bitten?
a. Yes	
b. No	
	s this done by another staff member or individual at the school?
a) <u>Y</u>	
b) [
C) I	Don't know
25. What do yo	u recommend to students to prevent tick bites? (Circle all that apply)
a. Use an E	PA-registered insect repellent on skin or clothes
b. Wear ligl	ht colored clothes when outside in wooded or grassy areas
c. Check fo	or ticks, especially after being outdoors
d. Shower s	soon after being outdoors
e. Change o	clothes after being outdoors
f. Tumble o	dry clothes in the dryer for at least 10 minutes after coming in from outdoors
g. Avoid tic	ck habitat (such as thick brush and tall grass)
h. Wear clo	thing treated with permethrin
i. I do not p	provide recommendations to students to prevent tick bites
j. Other (ple	ease specify):

	Oo you routinely send home health-related educational resources with students? (i.e.
	llets, flyers, informational booklets)
a.	Yes
b.	No
С.	Does not apply to me
27. D	Oo you send home tickborne disease-related educational resources with students?
a.	Yes
b.	No
С.	Does not apply to me
28. [Oo you know where you can obtain educational resources for students on tick bite and
tickbo	rne illness prevention? (i.e. pamphlets, flyers, informational booklets)
a.	Yes
b.	No
	Section V: Attitudes and Perception
	tion contains questions to assess your perception of risk for tickborne disease in your student n and your degree of confidence in addressing concerns related to ticks and tickborne disease.
29. F	Now high do you believe the risk is for students in your community for getting a tickborne
disease	
a.	No risk
	Low risk
	Medium risk
d.	High risk
30. Iı	n general, I feel about my ability to determine how long a tick has been
	ed to a person.
	Not at all confident
b.	A little confident
c.	Moderately confident
d.	Very confident
31. Iı	n 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
32. I	n general, I feel about my ability to recognize the symptoms of Lyme disease.
a.	Not at all confident
b.	A little confident
с.	Moderately confident

d. Very confident

Section VI: Resource Information

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

Tick-b includi a.	are you familiar with the New York State Education Department curriculum titled "Tick and orne Disease Resource Toolkit" that contains information on tickborne disease prevention, ing sample education strategies? Yes No
34. H	lave you ever received specific education about tickborne disease prevention for a school
 setting	
	Yes
b.	No
С.	Don't know
05.5	
	Which of the following are your top three sources of information about Lyme disease? (<i>Please</i>
	your top 3)
	Professional societies (e.g. AAFP, AAP, IDSA, etc.)
	Professional journals
	Medical conferences
	State or local health department
	My school district
f.	Federal organizations (e.g. CDC, NIH)
g.	Television or radio
h.	Newspapers or magazines
i.	Friends and family
j.	Professional colleague (e.g. other school-based healthcare professional)
k.	Other healthcare providers
l.	Other (please specify):
26 14	Which of the following are your ten three enline courses for information about I was disease?
	Which of the following are your top three online sources for information about Lyme disease? <i>e circle your top 3</i>)
	Online medical advising group (e.g. WebMD, Mayo Clinic, Medscape)
u.	omme measure actions group (e.g. treorize, majo omine, measure)

- b. Federal organizations (e.g. CDC, NIH)
- c. State or local health department
- d. Social media (e.g. Facebook, Twitter, etc.)
- e. Google search (or other search engine)
- f. Online blogs
- g. YouTube
- h. Lyme disease specialty website (e.g. ILADS, Lyme Disease Association, etc.)
- i. I don't use online sources for information about Lyme disease
- j. Other (please specify): _____

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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