



Salado Independent School District

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Immunizations

A student must be fully immunized against certain diseases or must present a certificate or statement that, for medical reasons or reasons of conscience, including a religious belief, the student will not be immunized. For exemptions based on reasons of conscience, only official forms issued by the Texas Department of State Health Services (TDSHS), Immunization Branch, can be honored by the district. This form may be obtained by writing the TDSHS Immunization Branch (MC 1946), P.O. Box 149347, Austin, Texas 78714-9347; or online at <https://webds.dshs.state.tx.us/immco/default.aspx>. The form must be notarized and submitted to the principal or school nurse within 90 days of notarization. If the parent is seeking an exemption for more than one student in the family, a separate form must be provided for each student.

The immunizations required are: diphtheria, tetanus, and pertussis; measles, mumps, and rubella; polio; hepatitis A; hepatitis B; varicella (chicken pox); and meningococcal. The school nurse can provide information on age-appropriate doses or on an acceptable physician-validated history of illness required by the TDSHS. Proof of immunization may be established by personal records from a licensed physician or public health clinic with a signature or rubber-stamp validation.

If a student should not be immunized for medical reasons, the student or parent must present a certificate signed by a U.S. licensed physician stating that, in the doctor's opinion, the immunization required poses a significant risk to the health and well-being of the student or a member of the student's family or household. This certificate must be renewed yearly unless the physician specifies a life-long condition.

Exclusion from School for Health Reasons

To protect all children from communicable illnesses, students infected with certain diseases are not allowed to come to school while they are contagious. **Students should be symptom-free for 24 hours before returning to school.** Contact your campus nurse if you are unsure whether or not your child should return to school.

1. A Student with any of the following symptoms will be excluded from school until such time as the student is free of symptoms, has been satisfactorily treated or submits a signed physician's statement that he/she is not contagious.

- Temperature of 100 degrees or more. Student must be fever free for 24 hours, without medication, before re-entry;
- Signs or symptoms of acute illness, serious accident/injury;
- Undetermined rash over any part of the body accompanied by fever;
- Asthma symptoms that do not respond to prescribed medication or no prescribed medication is available at school for treatment of asthma symptoms;

- Nausea and vomiting. Vomiting (not related to a single event such as gagging, mucus, and running after eating or eating spicy foods). Student must be symptom free for 24 hours before returning to school or provide a note from a health care provider stating that the condition is not contagious and the student may return to school;
- Diarrhea of two or more loose watery stools. Student should be diarrhea free for 24 hours without the use of diarrhea suppressing medication before returning to school;
- Pink eye or purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge). Not all conjunctivitis is contagious. The student must receive treatment for 24 hours before returning to school or provide a note from a health care provider stating that the condition is not contagious and the student may return to school;
- Intense itching with signs and symptoms of secondary infection;
- Diabetic with blood sugar greater than 400 and positive ketones or inadequate supplies to treat diabetic at school;
- If child has had chickenpox, then exclusion is until after lesions become dry and until 24 hours have passed with no new lesions;
- If child has had mumps, then exclusion is until five days after the onset of swelling;
- Ringworm does not require exclusion if the infected area can be completely covered by clothing/bandage; otherwise, students must be excluded until treatment has begun.

1. If a student becomes ill during the school day, he/she must see the school nurse. If it is determined that the student needs to leave campus due to illness or injury, the parent/guardian will be called. Students are not permitted to call from a classroom or their cell phones regarding illness.

2. It is the responsibility of the parent or guardian to transport the student from school to his/her home. The parent/guardian must come into the attendance office to sign the student out. The person picking up the student must be listed as a guardian or emergency contact on the health card.

3. In the event of a student medical emergency, school personnel may call 911. The student may be transported to a medical facility via ambulance for treatment. The cost of services by ambulance, private physician, clinic, hospital, or dentist will remain the responsibility of the parent/guardian and will not be assumed by Salado Independent School District or school district personnel.

4. The Texas Education Agency requires school employees to report any issues of child abuse including medical neglect to Child Protective Services.

Medication Policy

Please note that non-prescription and prescription medications must have a permission form filled out before any medication will be given to your child!

Prescription Medications:

- A parent/guardian AND primary care physician MUST sign the permission slip prior to administering prescriptions at school.
- Prescription medications MUST be in the original container and be properly labeled.
- Student's are not allowed to carry prescription medications unless related to handle: diabetes, asthma or severe allergy.
- Inhalers and/or nebulizers must be properly labeled. Permission slips are also required, signed by both the parent and physician.

Permission Slips are available in the school nurse's office and at www.saladoisd.org (click on departments and choose Health)

Non-Prescription Medications:

The nurse **will not** provide any medication for students. Only medication provided by and requested by the parent/guardian will be dispensed. "Medication" is recognized as prescription as well as non-prescription drugs and includes, but is not limited to; analgesics (Tylenol, Ibuprofen), antacids (Tums, Pepto Bismol), antihistamines (Benadryl, Benadryl cream), and cough/cold preparations (cough drops).

A parent/guardian may bring any over-the counter medications to school, but it must be in the original container. Permission slips must be signed by a parent/guardian in order to administer ANY medication.

Food Allergy

The district requests to be notified when a student has been diagnosed with a food allergy, especially those allergies that could result in dangerous or possibly life-threatening reactions either by inhalation, ingestion, or skin contact with the particular food. It is important to disclose the food to which the student is allergic, as well as the nature of the allergic reaction. Please contact the school nurse if your child has a known food allergy or as soon as possible after any diagnosis of a food allergy.

The district has developed and annually reviews a food allergy management plan, which addresses employee training, dealing with common food allergens, and specific strategies for dealing with students diagnosed with severe food allergies. When the district receives information that a student has an allergy that puts the student at risk for anaphylaxis, individual care plans are developed with the student's doctor to assist the student in safely accessing the school environment.

Lice

Salado ISD follows the Centers for Disease Control and the Texas Department of State Health Services recommendations, the position papers of the American Academy of Pediatrics and the National Association of School Nurses in the treatment and attendance guidelines for lice re-admittance to school.

The scientific evidence supports that exclusion from school for live lice is not indicated.

Per CDC website: *“Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice.”*

Student’s found with live head lice at school: parents will immediately be notified and required to treat at home after school. Information from the CDC will be provided on how to treat for lice and importance of combing out the nits.

<https://www.cdc.gov/parasites/lice/head/schools.html>

The best treatment is prevention. Throughout the school year, check your child’s hair weekly and after overnight visits with other children. Educate your children to avoid spread of lice by head-to-head contact, sharing hats, combs, brushes, etc.

Eggs (nits) not killed by treatments will continue to hatch within 7-10 days. All nits should be removed to prevent re-infestation and permit early recognition of any new infestation.

Schools will take the following steps when it has been determined that lice are present:

- Once live lice have been identified, the parent will be contacted and notified to treat when they arrive home that day.
- By law, a letter will be sent home and e-mailed to parents notifying them a student in their class has been identified with live lice.
- Please contact your school nurse for more detailed information.

Flu

Flu season is typically from October – March. Preparation is the key. Management is a team effort between parents, students, health care professionals, Bell County Health Department. Each plays a vital role in managing the flu season responsibly.

Salado ISD Schools help by:

- Teaching and encouraging proper hand washing technique.
- Teaching effective coughing and sneeze technique such as cough in your sleeve.
- Posting signs around the campus as a visual reminder.
- Holding annual flu clinic in October.
- Encouraging all staff to remain home when ill.

Parents help by:

- Having their families vaccinated against the flu unless medically contraindicated.
- Encouraging proper hand, sneeze and cough techniques be used at home.
- Consulting their health care providers when flu-like illness symptoms begin. Flu like symptoms include: fever, cough, sore throat, body aches, fatigue and nasal congestion.
- Keeping their children home when ill.
- Not sharing food and drink.

Bell County Health Department can help when:

- Increased incidences of diagnosed flu or absences related to flu like illness are noted in a particular school.
- Helping plan and making suggestions for managing increased incidences in a particular area.

More information can be found on the following government sites:

<http://www.cdc.gov/flu/index.htm>

<http://dshs.state.tx.us/idcu/disease/influenza/>

Methicillin-Resistant Staphylococcus Aureus “MRSA”

Staphylococcus aureus “Staph” is a bacteria commonly found on the skin or in the nose of healthy people. In the United States, Staph bacteria are the most common cause of skin infections, causing pimples, boils and abscesses. Rarely, Staph can cause more serious infections leading to pneumonia or blood infections.

Some Staph bacteria have become resistant to common antibiotics, such as penicillin. These more potent bacteria are called “Methicillin-resistant.” In the past, these bacteria were found almost exclusively in hospitals. Recently, “MRSA” is being seen more and more in community settings, and is called community-associated MRSA, or CA-MRSA.

CA-MRSA usually develops as a skin infection such as a boil or abscess. Often, people describe the initial lesion as a “spider bite.” The involved area is swollen and red, painful and pus may be present. The lesion will often get worse until proper treatment is begun.

MRSA is usually spread through direct skin to skin contact between an infected person and another individual, often on contaminated hands. Factors related to transmitting staph from one person to another include:

- Poor hygiene, especially lack of hand washing
- Close physical contact and crowded conditions
- Sharing personal products
- Contaminated laundry
- Shaving
- Lancing boils with fingernails or tweezers
- Activities that result in burns, cuts or abrasions or require sharing equipment
- Inadequate access to proper medical care

For more information, visit the web site below:

Meningitis Awareness

Meningitis is an inflammation of the covering of the brain and spinal cord. It can be caused by viruses, parasites, fungi, and bacteria. Viral meningitis is common and most people recover fully. Parasitic and fungal meningitis are very rare. Bacterial meningitis is very serious and may involve complicated medical, surgical, pharmaceutical, and life support management.

- What are the symptoms?

Someone with meningitis will become very ill. The illness may develop over one or two days, but it can also rapidly progress in a matter of hours. Not everyone with meningitis will have the same symptoms.

Children (over 2 years old) and adults with bacterial meningitis commonly have a severe headache, high fever, and neck stiffness. Other symptoms might include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. In both children and adults, there may be a rash of tiny, red-purple spots. These can occur anywhere on the body.

The diagnosis of bacterial meningitis is based on a combination of symptoms and laboratory results.

- How serious is bacterial meningitis?

If it is diagnosed early and treated promptly, the majority of people make a complete recovery. In some cases it can be fatal or a person may be left with a permanent disability.

- How is bacterial meningitis spread?

Fortunately, none of the bacteria that cause meningitis are as contagious as diseases like the common cold or the flu, and they are not spread by casual contact or by simply breathing the air where a person with meningitis has been. They are spread when people exchange respiratory or throat secretions (such as by kissing, coughing, or sneezing).

The germ does not cause meningitis in most people. Instead, most people become carriers of the germ for days, weeks, or even months. The bacteria rarely overcome the body's immune system and cause meningitis or another serious illness.

- How can bacterial meningitis be prevented?

Maintaining healthy habits, like getting plenty of rest, can help prevent infection. Using good health practices such as covering your mouth and nose when coughing and sneezing and washing your hands frequently with soap and water can also help stop

the spread of the bacteria. It's a good idea not to share food, drinks, utensils, toothbrushes, or cigarettes. Limit the number of persons you kiss.

There are vaccines available to offer protection from some of the bacteria that can cause bacterial meningitis.* The vaccines are safe and effective (85–90 percent). They can cause mild side effects, such as redness and pain at the injection site lasting up to two days. Immunity develops within seven to ten days after the vaccine is given and lasts for up to five years.

- What should you do if you think you or a friend might have bacterial meningitis?

You should seek prompt medical attention.

Information regarding bacterial meningitis is available at the web site below from the CDC. The CDC recommends the meningococcal vaccine for all 11 and 12 year olds.

<http://www.cdc.gov/meningitis/bacterial.html>