

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 the aid of fever reducing medication before returning to school;
- Signs or symptoms of acute illness, serious accident/injury;
- Undetermined rash over any part of the body accompanied by fever;
- Mouth sores and drooling until a physician does not feel the condition is infectious.
- 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, positioning, mucus, running after eating or eating spicy foods). Student must be symptom free for 24 hours without medication before returning 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 a blood sugar greater than 400 and positive ketones or inadequate supplies to treat diabetic at school;
- Live head lice or nits closer than ¼" inch from the scalp. The student is able to return to school as soon as possible after treatment with a lice treatment shampoo is used and the school nurse has verified that student does not have live lice or that nits are not closer than ¼" from the scalp.
- If child has had chickenpox, then exclusion is until after lesions become dry and until 24 hours have passed with no new lesions.

www.dshs.state.tx.us/immunize/docs/c-9.pdf

- 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.

2. 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.

3. 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.

4. For readmission, some diseases may require a statement from the student's physician affirming that the student is not contagious.

5. 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 provided by ambulance, private physician, clinic, hospital, or dentist will remain the responsibility of the parent/guardian and will not be assumed by Abilene Independent School District or school district personnel.

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

For more information:

- <u>Texas Administrative Code, Title 25 Health Services, Chapter 97 Communicable Diseases</u>
- <u>Texas DSHS Notifiable Conditions</u>
- http://www.Immunize Texas.com

Lice

Abilene 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 nits alone is not indicated. Abilene ISD follows a "no live lice" policy. If there are no live lice and the nits are further the $\frac{1}{4}$ " from the scalp, the student is allowed to remain at school

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 reinfestation 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 for student to be taken home for treatment to begin.
- After treatment has begun and there are no live lice, the student should be checked by the school nurse prior to reentry to school.
- 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, Taylor County Health Department. Each plays a vital role in managing the flu season responsibly.

Abilene ISD Schools Help by:

- Teaching and encouraging proper hand washing technique.
- Teaching effective coughing and sneeze technique such as cough in your sleeve.
- Offering flu vaccine to all staff.
- Encouraging all staff to remain home when ill.

Parents help by:

- Having their families vaccinated against the flu.
- 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.

Students help by:

- Washing their hands for twenty seconds with soap and water before and after eating, after sneezing or coughing into their hands, after using the restroom, after playing outdoors, and any other time their hands are dirty.
- Using Kleenex to sneeze and coughing into their sleeves.
- Not sharing food and drink.
- Encouraging others to do the same.

Taylor 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://www.abilenetx.com/health/Flu.htm

http://dshs.state.tx.us/idcu/disease/influenza/org

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 (puncturing/picking/piercing) boils with fingernails or tweezers
- · Activities that result in burns, cuts or abrasions or require sharing equipment
- · Intravenous drug use, unsanitary tattoos, and body piercing
- · Inadequate access to proper medical care

For more Information visit the web site below:

www.cdc.gov/mrsa/org

BACTERIAL MENINGITIS

What is meningitis?

Meningitis is an inflammation of the covering of the brain and spinal cord---also called the meninges. It can be caused by viruses, parasites, fungi, and bacteria. Viral (aseptic) meningitis is common; most people recover fully. Medical management of viral

meningitis consists of supportive treatment and there is usually no indication for the use of antibiotics. Parasitic and fungal meningitis are very rare. Bacterial meningitis is very serious and may involve complicated medical, surgical, pharmaceutical, and life support management.

There are two common types of bacteria that cause meningitis:

- Strep pneumoniae causes pneumococcal meningitis; there are over 80 subtypes that cause illness
- Neisseria meningitidis-meningococcal meningitis; there are 5 subtypes that cause serious illness-A, B, C, Y, W-135

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 1 year old) and adults with meningitis may have:

- Severe headache
- · High temperature
- Vomiting
- Sensitivity to bright lights
- · Neck stiffness, joint pains
- Drowsiness or confusion

*In both children and adults, there may be a rash of tiny, red-purple spots or bruises caused by bleeding under the skin. These can occur anywhere on the body. They are a sign of blood poisoning (septicemia), which sometimes happens with meningitis, particularly the meningococcal strain.

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, such as deafness, blindness, amputations or brain damage (resulting in mental retardation or paralysis) even with prompt treatment.

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. The germs live naturally in the back of our noses and throats, but they do not live for long outside the body. They are spread when people exchange saliva (such as by kissing; sharing drinking containers, utensils, or cigarettes).

The germ **does not** cause meningitis in most people. Instead, most people become **carriers** of the germ for days, weeks or even months. Being a carrier helps to stimulate your body's natural defense system.

How is bacterial meningitis diagnosed?

The diagnosis is usually based on a combination of clinical symptoms and laboratory results from spinal fluid and blood. Spinal fluid is obtained by a lumbar puncture (spinal tap).

How can bacterial meningitis be prevented?

Do not share food, drinks, utensils, toothbrushes, or cigarettes. Limit the number of persons you kiss.

Vaccines against pneumococcal disease are recommended both for young children and adults over 64. A vaccine against four meningococcal serogroups (A, C, Y, W-135) is available. These four groups cause the majority of meningococcal cases in the United States. This vaccine is recommended for college students, particularly freshmen living in dorms or residence halls. The vaccine is safe and effective (85-90%). It can cause mild side effects, such as redness and pain at the injection site lasting up to two days. Immunity develops within 7 to 10 days after the vaccine is given and lasts for up to 5 years.

http://www.cdc.gov/vaccines/pubs/surv-manual/chpt08-mening.html

What you should do if you think you or a friend might have bacterial meningitis? Seek prompt medical attention.

http://www.cdc.gov/vaccines/vpd-vac/mening/

Pertussis (Whooping Cough) What is Pertussis or Whooping Cough?

Whooping cough (pertussis) is a highly contagious disease marked by severe coughing. It is named after the "whoop" sound children and adults sometimes make when they try to breathe in during or after a severe coughing spell.

What are the Symptoms?

- Whooping cough usually starts with cold- or flu-like symptoms, such as runny nose, sneezing, fever, and a mild cough. These symptoms can last up to 2 weeks and are followed by increasingly severe coughing spells. Fever, if present, is usually mild.
- During a classic coughing spell:
 - signature "whoop" is heard as the patient struggles to breathe
 - coughs usually produce a thick, productive mucus
 - vomiting may occur
 - lips and nails may turn blue due to lack of oxygen
 - o patient is left exhausted after the coughing spell
- Mild pertussis disease is difficult to diagnose because its symptoms mimic those of a cold. Usually a prolonged cough is present, but without the "whoop."
- Milder symptoms usually affect all age groups, but are increasing among school children.
- The coughing attacks may last for many months in the "classic illness" or just a few days in the mild form of the disease.

Symptoms appear between 6 to 21 days (average 7-10) after exposure to the bacteria.

What are Some Potential Complications?

- Young infants are at highest risk for pertussis-related complications, including seizures, encephalopathy (swelling of the brain), otitis media (severe ear infection), anorexia (severe restriction of food intake) and dehydration.
- In adolescents and adults, whooping cough can cause severe coughing that can make it hard to breathe, eat, or sleep, and can result in cracked ribs, pneumonia, or hospitalization.

How is it Spread?

- Whooping cough is caused by a bacteria that is found in the mouth, nose and throat of an infected person, and is spread through close contact when an infected person talks, sneezes, or coughs.
- It is most contagious during the first 2 to 3 weeks of infection, often before the beginning of severe coughing spells.
- Vaccine protection against whooping cough does not last forever. The vaccination most people received as children wears off, typically by adolescence. Therefore, adolescents and adults are at risk for whooping cough and can spread the infection to infants and young children in the household.

Who Gets It?

- Whooping cough (pertussis) can occur at any age, but infants and young children are at highest risk of life-threatening consequences.
- Recent outbreaks have shown that adolescents and adults carry the disease, which in its milder form is hard to recognize. Undiagnosed mild disease contributes to the spread of the illness among infants and young children.
- Persons with mild whooping cough can transmit the illness to un-immunized and partially immunized infants and young children who are more susceptible to severe illness and complications, such as pneumonia, encephalitis, and seizures.
- Anyone particularly infants and young children who is un-immunized is at a higher risk for severe whooping cough.

How Do You Treat It?

- Whooping cough is treated with antibiotics and patients are advised to take all prescribed medication and avoid contact with anyone, particularly small infants and children.
- Ask your health care provider for treatment options if you think you or your child may have whooping cough.

How Do You Prevent It?

- While there is no lifelong protection against whooping cough, immunization is the best preventive measure. There is a vaccine to help protect you and your child against whooping cough.
- Consult your health care provider to be sure you and your family have been vaccinated.

www.cdc.gov/nchs/fastats/whooping.htm