

HEALTH-RELATED MATTERS

Student Illness

When your child is ill, please contact the school to let us know he or she won't be attending that day. It is important to remember that schools are required to exclude students with certain illnesses from school for periods of time as identified in state rules. For example, if your child has a fever over 100 degrees, he or she must stay out of school until fever free for 24 hours without fever-reducing medications. In addition, students with diarrheal illnesses must stay home until they are diarrhea free without diarrhea-suppressing medications for at least 24 hours. A full list of conditions for which the school must exclude children can be obtained from the school nurse.

If a student becomes ill during the school day, he or she must receive permission from the teacher before reporting to the school nurse. If the nurse determines that the child should go home, the nurse will contact the parent.

The district is also required to report certain contagious (communicable) diseases or illnesses to the Texas Department of State Health Services (TDSHS) or our local/regional health authority. The school nurse can provide information from TDSHS on these notifiable conditions.

Contact the school nurse if you have questions or if you are concerned about whether or not your child should stay home.

Bacterial Meningitis

State law specifically requires the district to provide the following information:

- What is meningitis?

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 most common and the least serious. Bacterial meningitis is the most common form of serious bacterial infection with the potential for serious, long-term complications. It is an uncommon disease, but requires urgent treatment with antibiotics to prevent permanent damage or death.

- 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 a severe headache, high temperature, vomiting, sensitivity to bright lights, neck stiffness or joint pains, and drowsiness or confusion. 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. 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. The bacteria rarely overcome the body's immune system and cause meningitis or another serious illness.

- How can bacterial meningitis be prevented?

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

While there are vaccines for some other strains of bacterial meningitis, they are used only in special circumstances. These include when there is a disease outbreak in a community or for people traveling to a country where there is a high risk of getting the disease. Also, a vaccine is recommended by some groups for college students, particularly freshmen living in dorms or residence halls. The vaccine is safe and effective (85–90 percent). It 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.

- Where can you get more information?

Your school nurse, family doctor, and the staff at your local or regional health department office are excellent sources for information on all communicable diseases. You may also call your local health department or Regional Department of State Health Services office to ask about a meningococcal vaccine. Additional information may also be found at the Web sites for the Centers for Disease Control and Prevention, <http://www.cdc.gov>, and the Department of State Health Services, <http://www.dshs.state.tx.us/>.

CONTAGIOUS DISEASES / CONDITIONS

To protect other students from contagious illnesses, students infected with certain diseases are not allowed to come to school while contagious. If a parent suspects that his or her child has a contagious disease, the parent should contact the school nurse or principal so that other students who might have been exposed to the disease can be alerted.

The school nurse or the principal's office can provide information from the Department of State Health Services regarding these diseases.

A student should not attend school and may be sent home from school if he or she has the following symptoms and/or diseases:

- Fever-100.0 F or above oral temperature- NOTE: Child must be fever free, without medication, for 24 hours, before returning to school.
- Vomiting and/or diarrhea (abnormally loose, watery stool)
- Thick yellow or green discharge from the nose or eyes.
- Persistent cough or increasing severity of cough, not improving after 3 to 4 days.
- Unusual spots or rashes accompanied by fever or behavior changes, indicating illness.
- Severe itching of body or scalp, or scratching of scalp.
- Behavior indicating that he or she is not well. (For example: less active, cranky)
- If the child is diagnosed with any of the contagious conditions listed below, please notify the school nurse and teacher, as soon as possible:

Chicken Pox	Diphtheria
Pink Eye	Measles
Head Lice	Mumps
Meningitis	Rubella
Scabies	Tuberculosis
Impetigo	Pertussis (Whooping Cough)
Hepatitis	Strep Throat (any strep infection)

A child with any of these symptoms of diseases may cause other children to get sick. If ALL parents keep sick children at home, everybody's children will stay healthier.

Food Allergies

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 or campus principal 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 a food allergy that puts the student at risk for anaphylaxis, individual care plans will be developed to assist the student in safely accessing the school environment. The district's food allergy management plan can be accessed at FFAF.

Head Lice

Head lice, although not an illness or a disease, is very common among children and is spread very easily through head-to-head contact during play, sports, or nap time and when children share things like brushes, combs, hats, and headphones.

If careful observation indicates that a student has head lice, the school nurse will contact the student's parent to determine whether the child will need to be picked up from school and to discuss a plan for treatment with an FDA-approved medicated shampoo or cream rinse that may be purchased from any drug or grocery store. After the student has undergone one treatment, the parent should check in with the school nurse to discuss the treatment used. The nurse can also offer additional recommendations, including subsequent treatments and how best to get rid of lice and prevent their return. Checks for lice may also be conducted on an as need basis.

More information on head lice can be obtained from the TDSHS Web site at <http://www.dshs.state.tx.us/schoolhealth/lice.shtml>

Physical Activity Requirements

Junior High/ Middle School

In accordance with policies at EHAB, EHAC, EHBG, [and FFA], the district will ensure that students in middle or junior high school will engage in 30 minutes of vigorous physical activity per day for at least four semester or at least 225 minutes of moderate or vigorous physical activity within each two-week period for at least four semesters.

For additional information on the district's requirements and programs regarding elementary, middle, and junior high school student physical activity requirements, please see the principal.

Immunizations

A student must be fully immunized against certain diseases or must present a certificate or statement that, for medical reasons or for 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 (DSHS), Immunization Branch, can be honored by the district. This form may be obtained by writing the DSHS Immunization Branch (MC 1946), P.O. Box 149347, Austin, Texas 78714-9347; or online at <https://corequest.dshs.texas.gov/>. 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, rubeola (measles), rubella (German measles), mumps, tetanus, pertussis, poliomyelitis (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. [For further information, see policy FFAB (LEGAL) and the TDSHS: <http://www.dshs.state.tx.us/immunize/school/default.shtm>.]

As noted above at Bacterial Meningitis, entering college students must now, with limited exception, furnish evidence of having received a bacterial meningitis vaccination prior to attending classes at an institution of higher education. A student wanting to enroll in a dual credit course taken off campus may be subject to this requirement.

Medicine at School

District employees will not give a student prescription medication, nonprescription medication, herbal substances, anabolic steroids, or dietary supplements, with the following exceptions:

- Only authorized employees, in accordance with policies at FFAC, may administer:
 - Prescription medication, in the original, properly labeled container, provided by the parent, along with a written request.
 - Prescription medication from a properly labeled unit dosage container filled by a registered nurse or another qualified district employee from the original, properly labeled container.
 - Nonprescription medication, in the original, properly labeled container, provided by the parent along with a written request.
 - Herbal or dietary supplements provided by the parent only if required by the student's individualized education program (IEP) or Section 504 plan for a student with disabilities.
 - In certain emergency situations, the district will maintain and administer to a student nonprescription medication, but only:
 - In accordance with the guidelines developed with the district's medical advisor; and
 - When the parent has previously provided written consent to emergency treatment on the district's form.

A student with asthma or severe allergic reaction (anaphylaxis) may be permitted to possess and use prescribed asthma or anaphylaxis medication at school or school-related events only if he or she has written authorization from his or her parent and a physician or other licensed health-care provider. The student must also demonstrate to his or her physician or health-care provider and to the school nurse the ability to use the prescribed medication, including any device required to administer the medication.

If the student has been prescribed asthma or anaphylaxis medication for use during the school day, the student and parents should discuss this with the school nurse or principal.

In accordance with a student's individual health plan for management of diabetes, a student with diabetes will be permitted to possess and use monitoring and treatment supplies and equipment while at school or at a school-related activity. See the school nurse or principal for information. [See policy FFAF(LEGAL).]

Clarifications for parents regarding medications administered at school.

- All medications (prescription or over-the-counter) must be brought by a parent or guardian. ***Medications cannot be brought by or sent home with students.***
- Medications that are required to be taken longer than 5 consecutive days must be accompanied by a signed note from the physician.
- No narcotic pain medications will be taken at school.
- No herbal supplements will be taken at school without a signed note from the physician.
- A physician's note will be required for all prescription medication that is to be left at school.
- Only medications approved by a licensed Texas physician will be permitted at school.
- No medications that are required to be given 3 times a day will be given at school, unless time is specified by a physician.
- Medications that are required 4 times a day will only be given once during the 8 hour school day.

Fever

- A student must be "fever free" without fever reducing medicine for 24 hours before returning to school.

Shot Records

- Shot records will not be faxed or emailed to parents or doctor's offices.
- Nurses must be given 24 hours notice to print shot records.
- Shot records must be picked up by the parent/guardian. No shot records will be sent home with students.

Psychotropic Drugs

A psychotropic drug is a substance used in the diagnosis, treatment, or prevention of a disease or as a component of a medication. It is intended to have an altering effect on perception, emotion, or behavior and is commonly described as a mood- or behavior-altering substance.

Teachers and other district employees may discuss a student's academic progress or behavior with the student's parents or another employee as appropriate; however, they are not permitted to recommend use of psychotropic drugs. A district employee who is a registered nurse, an advanced nurse practitioner, a physician, or a certified or credentialed mental health professional can recommend that a student be evaluated by an appropriate medical practitioner, if appropriate. [For further information, see policies at FFAC.]

Physical Examinations/Health Screenings

Students are required to undergo a risk assessment for type 2 diabetes at the same time the district screens students for hearing and vision issues, or for abnormal spinal curvatures.