



Student Health and Immunizations

Including Distribution of Medicine Immunization Guide Meningococcal Disease Mental Health And Various Communicable Diseases

Distribution of Medication

All medication for students must be brought in by an adult. Medication cannot be brought in or taken home by a student. No Exceptions. Any medication brought to school without a form signed by parent or by a student will not be given. Any medication that is not in the original container will be disposed of. A note will be sent home with the student informing you that the medication policy was not followed. Medication that is in the original container will be held in the office for two days for an adult to pick up or to sign an Authorization to Administer Medicine form.

Either a parent or person having legal custody of the student must complete and sign a Parental Authorization to Administer Medicine form allowing the school nurse or designated school employee to administer medication. All prescription medication must have the pharmacy label that states the students name, dosage amount and instructions. Over the counter medication must be in the original unopened container with the students name written on it.

Prescription medication will be logged in when brought in to the school. Prescription medication will be in a locked cabinet. Prescription medication will be inventoried on a regular basis by the nurse or office personnel. A log sheet will be added to the back of the parental consent form. Keys to the cabinet will only be given to the school nurse and the main office personnel.

A maximum of 25 days of prescription medication may be kept at school for students. Keep the rest at home. An initial dosage of medication will not be given at school in case of an allergic reaction. The school does not provide cough drops/cough medicine or non-Aspirin/ Tylenol products for students. These must be supplied by parents for an individual child.



Meningococcal Disease & Vaccines

- **What is meningitis?** Meningitis is an infection of the tissue lining and fluid that surround the spinal cord and the brain. Meningitis is usually caused by a virus or a bacterium. Meningitis caused by a virus is usually less severe and goes away without any special treatment, while meningitis caused by bacteria can be severe and may cause:
 - Brain damage, Hearing loss, Amputation of arms or legs, Learning disabilities, or Death.

What types of bacteria cause meningitis? There are several types of bacteria that may cause meningitis, including:

- *Neisseria meningitidis*, *Streptococcus pneumoniae*, Group B streptococcal disease, and *Haemophilus influenzae* type B (Hib).

This information sheet will focus on the disease caused by *Neisseria meningitidis* (Nay-sear-e-a men-in-git-itdis), which is rare but especially risky for people of certain ages. Disease caused by *Neisseria meningitidis* is usually referred to as “meningococcal disease” (men-INjo-kok-ul disease). Many persons are exposed to *Neisseria meningitidis* and carry the bacteria in their nose and throat for weeks or months and spread the bacteria to others, but do not become sick themselves. If the meningococcal bacteria invade the body, they may cause a rapidly spreading infection of the blood, lung infection, or meningitis. More information about the other kinds of bacteria that cause meningitis can be found at the web sites listed in the box at the end of this information sheet.

Who is at risk from meningococcal disease? Babies less than a year old have the highest risk for meningococcal disease, but no vaccine is available for babies. The risk of meningococcal disease increases for teenagers and young adults 15 through age 21 years of age, because of behaviors that spread the disease. On average, two or three people in this age group get meningococcal disease every year in Oklahoma. More than half of these could be prevented by vaccine.

College students, military personnel, and other people living in close quarters or dormitory-style housing have a greater chance of contracting the disease than other persons their age. Other persons at increased risk include smokers or persons frequently exposed to second-hand smoke, those with immune system problems, those without a spleen, or international travelers going to countries where the disease is more common.

How is the disease spread? The disease is spread by respiratory droplets produced by a person harboring the bacteria and expelled a short distance by laughing, singing, coughing, or sneezing. The bacteria may also be spread by direct contact with the respiratory fluids of someone who is infected. That includes kissing, or sharing a water bottle, food item, cigarettes, lipstick, lip balm, mouth guard or anything an infected person touches with his or her nose or mouth.

Why is meningococcal disease dangerous? Meningococcal disease is relatively uncommon with about 2,500 people affected every year in the United States. However, the infection can spread very quickly and 300 of those people die in spite of treatment with antibiotics. Of those who live, about 400 a year lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

For this reason, it is best to prevent the disease from occurring. Signs and symptoms of meningococcal disease may be confused with other infectious diseases. If your child has symptoms of meningococcal disease, contact your healthcare provider immediately.

Signs and Symptoms of Meningitis

- Headache



- Fever
- Chills
- Stiff neck
- Extreme tiredness
- Vomiting
- Sensitivity to light
- Rash of purplish black-red dots or splotches
- Confusion
- Seizures

How can meningococcal disease be prevented? Vaccines can prevent approximately two-thirds of the meningococcal disease cases. There are two types of meningococcal vaccine available in the United States (MCV4 and MPSV4) that protect against four of the five most common disease-causing strains of the meningococcal bacteria.

MCV4 stands for meningococcal conjugate vaccine and MPSV4 stands for meningococcal polysaccharide vaccine. Two doses of MCV4 are recommended for:

- All adolescents 11-18 years of age, and other people at high risk 2 through 55 years of age.

MCV4 should be given to all adolescents at age 11 or 12 years, unless they have received it before. A booster dose is due at age 16 years. For adolescents who receive the first dose at age 13 through 15 years, a onetime booster dose should be given at age 16 through 18 years.

Children 2 years of age and older and adults who are at high risk for meningococcal disease should receive 2 doses spaced 2 months apart. People at high risk include individuals who:

- Do not have a spleen, Have terminal complement deficiencies, HIV infection, or will be traveling to countries with high rates of meningococcal disease.

Teens and young adults age 16 through 21 years who receive(d) their first dose of MCV at 16 years of age or older do not need a booster dose.

MPSV4 protects against the same types of meningococcal bacteria as MCV4 and is indicated for use in adults over 55 years of age who are at risk for meningococcal disease.

Teenagers and young adults can also reduce their risk by taking good care of themselves, by eating a balanced diet, getting enough sleep and exercise, as well as avoiding cigarettes and alcohol.

Is this vaccine required to attend school in Oklahoma? Meningococcal vaccine is required for students who are enrolling for the first time in colleges and post-high school educational programs and who will live in dormitories or on-campus student housing. This vaccine is not required for children in elementary or high school in Oklahoma, even though it is recommended for all adolescents 11 years and older.

Is the meningococcal vaccine safe? Yes, both types of vaccine are safe; however, there are small risks associated with any vaccine. About half of the people who receive a meningococcal vaccine will have pain and redness where the shot was given, but because the vaccine is not made from the whole bacteria, it cannot cause bloodstream infections or meningitis. A small percentage of people who get the vaccine develop a fever. Vaccines, like all medicines, carry a risk of an allergic reaction, but this risk is very small.

A few cases of Guillain-Barre Syndrome (GBS), a serious nervous system disorder, have been reported among people who received MCV4. However, GBS is such a rare disease that it is not possible right now to tell if the vaccine is a part of the cause or simply due to chance alone because a number of cases of GBS will occur every year even without the use of MCV4 vaccine.

Does the meningococcal vaccine work? Yes. A single dose of MCV4 meningococcal vaccine protects about 90 percent of the people who are immunized against meningococcal disease caused by types A, C,



Y, and W-135. These types cause almost two-thirds of all meningococcal disease among teenagers in the United States. It does not prevent type B, which causes about one third of the cases in teenagers.

Does the meningococcal vaccine prevent all cases of meningitis? No, it cannot provide protection against other causes of bacterial meningitis or type B meningococcal disease. Scientists have not been able to make a vaccine that will protect against type B.

Where can I get the vaccine for my son or daughter? If your child has health insurance, you can obtain the meningococcal vaccine from your regular healthcare provider. All county health departments in Oklahoma have the vaccine available at no charge for children 11 through 18 years of age who:

- Have no health insurance, Are Medicaid eligible, Are Native American, or Have health insurance that does not pay for vaccines or does not pay for meningococcal vaccine; and for children 2 through 18 years of age who are at high risk from meningococcal disease.

Where can I find more information? For more information, contact your healthcare provider or local county health department or visit these web sites: National Meningitis Association at www.nmaus.org Centers for Disease Control and Prevention at <http://www.cdc.gov/meningitis/index.htm>

This information sheet was prepared with information obtained from the Oklahoma State Department of Health, the Centers for Disease Control and Prevention, and the Children's Hospital of Philadelphia.
(Revised 3-11)

Mental Health

Caney Valley Schools supports student health and wellness protocols to include mental health supports. It is the policy of Caney Valley to align access to mental health support by providing community resources for students and guardians focused on mental health treatment options and crisis response intervention. It is also the policy of the Caney Valley Schools to provide mental health and crisis response training to school personnel. This process will involve consistent collaboration between Caney Valley and community mental health partnerships. This policy shall extend to all schools in Caney Valley Schools.

Various Conditions

- ***Communicable Disease***

Students suspected of having a communicable disease will be requested to obtain a statement from the County Health Department or a licensed physician concerning their current health status.

- ***Head Lice/Bed Bugs***

If a student is sent home for head lice they are expected to receive a head lice treatment, have nits removed and return to school the next morning. Parents will be required to be present during the follow up head check. If no live lice are found, the student may return to class. The student will be rechecked within 7-10 days if there are still nits present. The parent will be informed that the nits will need removed to prevent re-infestation.

In cases of bed bugs or a severe lice infestation, inability of family to rid the child of infestation, chronic infestation, repeated infestation or possible impetigo (secondary bacterial infection of sores and scratches on the child's head), the parent will be required to keep child at home until they see a physician or county public health nurse and bring a note from a physician or nurse declaring they are lice and nit free. Information on head lice treatment and nit removal is available in the nurse's office.

- ***Illness Policy***

Students need to remain at home if they have had the following symptoms:

- Vomiting and/or diarrhea during the past 24 hours
- Fever 100 degrees or higher during the past 24 hours
- An unidentified rash
- Open sores (minor sores must be covered with a dressing while the child is in school)



- Communicable diseases
- **Pink Eye (Conjunctivitis)**
Any discharge noted from the students eyes will result in the student being sent home for the day. To return to school they must have had 24 hours of treatment or present a note from the attending physician state the diseased in no longer contagious.
- **Scabies**
Students may return to school by presenting a statement of diagnosis from the attending physician and ONE day after treatment is complete.

Wellness Policy

The state requires all school systems to have a wellness policy. The Caney Valley Public Schools district wellness policy can be found at the Caney Valley Public Schools website (www.CaneyValleyschools.org) under the District Policy Manual tab or at the Education Service Center (620 Wyandotte Ave.).

Caney Valley Public Schools will provide a reasonable modification of student handbook policies as needed to meet the individual educational needs of any student identified as having a disability under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act.