

HEALTH: STUDENTS

The Strother Public School Board of Education believes that the goals of educators should include training that helps our children to grow into productive and responsible adults.

While the general health and physical maintenance of a child is the responsibility of the parent, the board believes that teachers and administrators should encourage students to become aware of the value of a healthy mind and body.

If a teacher or an administrator becomes aware of a health problem involving a student, the parents or legal guardian of the student shall be notified and a conference with the parents be scheduled. If efforts to resolve the problem through consultation with the parents are not successful, the administrator shall consider referring the matter to the Department of Human Services.

Health education shall, whenever possible, be incorporated into the subject matter of all courses of instruction. There shall also be established definite time allocations for the teaching of health education.

Any child who is determined to be afflicted with a contagious disease, as currently defined by the Oklahoma Department of Health, or with head lice shall be prohibited from attending school until a health officer has determined that the child is free of head lice or the contagious disease or that the disease is no longer contagious.

HEALTH CARE PLAN (Students Health)

- A. The Strother School shall cooperate with the County Health Department in carrying on a well-rounded school health program.
- B. Before being admitted to this school, the child must present the necessary and proper health records verifying proper immunizations, etc., as required by the Oklahoma State Department of Health.

Guide to Immunization Requirements in Oklahoma

KDG THRU 7 TH		8 TH and 9 TH	10 TH -12 TH
PRE-SCHOOL			
4 DTP/DTaP/Td	5 DTP/DTaP/Td	5 DTP/DTaP/Td	3 DTP/Td
3 Polio	4 Polio	4 Polio	3 Polio
1 MMR	2 MMR	2 MMR	2 MMR
3 Hep B	3 Hep B	2 or 3 Hep B	2 or 3 Hep B
2 Hep A	2 Hep A	2 Hep A	2 Hep A
Varicella	Varicella		

1. Children in childcare must be up-to-date for their age for the vaccines listed.
2. All measles, mumps and rubella and varicella vaccine doses must be administered on or after the child's first birthday or up to 4 days before the birthday to be counted as valid doses.
3. If the 4th dose of DTP/DTaP is administered on or after the child's 4th birthday, then the 5th dose of DTP/DTaP is not required.
4. The 5th dose of DTaP must be given on or after the 4th birthday or within 4 days before the birthday.
5. If the 3rd dose of Polio is administered on or after the child's 4th birthday then the 4th dose of Polio is not required.
6. Hepatitis A vaccine must be administered on or after the child's second birthday or within 4 days before the birthday.
7. Hepatitis B may be administered in a two (2) dose series to children 11 thru 15 years of age. All other age groups will receive the three (3) doses Hepatitis B series.
8. A parental history of a child having varicella disease is acceptable in lieu of varicella vaccine.

9. Hib vaccine is not required for students in pre-kindergarten or kindergarten through grade twelve, but is required for children in childcare.
 10. Longer than recommended time periods between doses of multi-dose vaccines do not diminish the effectiveness of the vaccines. It is not necessary to restart the series of any vaccine due to extended time periods between doses.
 11. Children may be allowed to attend school if they have received the first dose in the series of any multi-dose vaccine but must complete the series on schedule.
 12. Pneumococcal vaccination (PCV or PPV) is not required for school or childcare.
 13. Doses administered 4 days or less, before the minimum intervals or ages, will be counted as valid doses; applies to all children, including those already enrolled.
- C. The parent or guardian of the student is responsible for informing the designated official of any change in student's health or change in medication. This policy statement will be provided to a parent or guardian upon receipt of a request for long-term administration of medicine.
- D. If a child is required by a physician to take medication, other than for asthma, during school hours and the parent or guardian cannot be at school to administer the medication or if circumstances exist that a non-prescribed medication be dispensed to that student, only the school nurse, an administrator, or an administrator's designee may administer the medication in compliance with the regulations that follow:
1. A parent may authorize self-administration and possession of asthma medication at school by completing the Asthma Action Plan available in the principal's office.

2. Prescription medication must be in a container that indicates the following:
 - a. Student's name
 - b. Name and strength of medication
 - c. Dosage and directions for administration
 - d. Name of physician or dentist
 - e. Date and name of pharmacy
 - f. Termination date for administering the medication.

3. Non-prescription medication may be administered only with the written permission of a parent or guardian when other alternatives are inappropriate or ineffective. Requirements of non-prescription medications include:
 - a. Original container
 - b. Dosage and directions for administration
 - c. Termination date for administering the medication

A permission form will be available to parents at the beginning of and during the school year. Upon receiving parental permission, the principal will:

- 1.) Inform appropriate school personnel of the administration of the medication.
- 2.) Keep an accurate record of the administration of the medication.
- 3.) Keep all medication in a locked cabinet.
- 4.) Return unused prescription to the parent or guardian only.

**REFERENCE: 70 O.S. §5-117, §10-105, §11-103, §1210.194
63 O.S. §1-507**

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 one-time 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 local health department or local county health department or visit these websites:
National Meningitis Association: www.mnusa.org
Centers for Disease Control and Prevention at:
<http://www.cdc.gov/meningitis/index.htm>

Important Information for Parents About Meningococcal Disease and Meningococcal Vaccines from the Oklahoma State Department of Education and the Oklahoma State Department of Health

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-it-dis), which is rare but especially risky for people of certain ages. Disease caused by *Neisseria meningitidis* is usually referred to as "meningococcal disease" (men-IN-jo-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.