

# Health Services...

Burkburnett ISD employs a school nurse at every campus to provide healthcare to students and staff, promote a healthy school environment, and manage school health policies and programs.

To protect the health and well-being of the students in each of our schools, it is vital for parents and nurses to maintain an open dialogue about your child.

**BHS Nurse-Lisa Boatman**  
**BMS Nurse and District Head Nurse-Sarah Schleich**  
**Overton Ray Elementary Nurse-Rachel Hermann**  
**I.C. Evans Elementary Nurse-Sarah Cluley**  
**John G. Tower Elementary Nurse-Marilyn Dever**

## *Healthy Students Learn Better-School Nurses Make It Happen*

All of the nurses employed by Burkburnett ISD are licensed by the State of Texas.

School nursing is a specialized practice of professional nursing that advances the well being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning.

Most illnesses and injuries that occur in school are minor, and may not require a phone call to parents. The student may call home themselves or the teacher may call from the classroom. If the nurse or school care provider feels the injury needs followup, they will contact the parent or guardian by phone or in writing. If the nurse or office staff feels the illness or injury is an emergency, the school will try to notify the parent or guardian first by phone, then the emergency contact. If an ambulance is necessary, and a parent or guardian is not available the principal has the authority, and will take responsibility for sending the student with a school employee to the hospital if needed.

We encourage students to stay in the classroom during the school day. If a student has frequent visits to the health room, or calls home frequently during the school week the nurse may contact the parent or guardian to determine if there is a medical or psychosocial concern that should be addressed at home or at school. Nurses are consulted by both school staff and parents regarding frequent illness and absences and are available to help problem solve these issues as needed.

**The Role of the BISD School Nurse:**

## **AT SCHOOL**

- \* Conduct health screenings of vision, hearing, spinal, height and weight.
  - \* Provide emergency first aid.
  - \* Evaluate and assess the health needs of students.
- \* Provide health counseling on chronic illness, nutrition, disease prevention and positive lifestyles.
  - \* Implement and monitor students' compliance with state immunization laws.
- \* Develop objectives for the health component of the individualized Education Plan.
  - \* Conduct health-related classroom presentations.
  - \* Evaluate and monitor communicable and nuisance diseases.
    - \* Provide health resources for faculty and staff.

## **IN THE HOME**

- \* Serve as liaison between home and school regarding health concerns.
  - \* Record health histories.
  - \* Assess long-term illnesses.
- \* Implement case management within the school setting.
  - \* Participate in parent-nurse conferences.
- \* Provide information and referral to community resources.
  - \* Involved with parent groups.
- \* Provide activities for health promotion and education.

## **IN THE COMMUNITY**

- \* Act as liaison between home, school and community resources.
  - \* Make referrals to appropriate community agencies.
- \* Participate in professional conferences with community agencies.
- \* Resource for community agencies and work with community interdisciplinary health teams.
  - \* Record and report child abuse to appropriate departments of social services.

## **HEALTH GUIDELINES**

Students with a fever (100 degrees F or greater) or obvious signs of illness (such as nausea, vomiting or diarrhea) must stay at home until their temperature is normal (98.6 degrees F) for 24 hours without Tylenol or Ibuprofen and/or until all other symptoms subside.

## **STOMACHACHES, DIARRHEA, NAUSEA AND VOMITING**

Stomach issues occur frequently in children. If your child is throwing up, give them only clear liquids. This is any liquid you can see light through such as water, jello, broth, or sport drinks. No milk or milk products.

The decision to exclude/not exclude a student with diarrhea or vomiting is made at the discretion of the school nurse or administrator. When excluded, the student should not return to school until free of vomiting/diarrhea for 24 hours without medication.

### **PINK EYE (CONJUNCTIVITIS)**

If your child experiences painful, itchy (especially with yellow or green discharge or crusting of eyelashes) eyes, he/she may have pink eye. Children with pink eye will be excluded from school. A written note from their health care provider is necessary for readmission to school.

### **RASHES**

An unexplained rash may be the first symptom of a contagious illness and needs to be followed up with your doctor. A note from your health care provider will be necessary for your child to return to school.

### **CHICKENPOX**

Chickenpox is a very contagious illness. Symptoms of chickenpox can appear from 7 to 21 days after exposure with most appearing in 14 to 17 days.

Chicken pox blisters first appear on the trunk and face then spread to the rest of the body. Chicken pox blisters are about the size of a pencil eraser, have a red base, and develop into a blister. Scabs form as the blisters break.

Some children will have a fever usually in the range of 101 to 103 degrees. You may use acetaminophen (Tylenol) or ibuprofen to reduce the fever. Please do not use an aspirin product. You can relieve the itching by applying a cool wet compress or a soak in a lukewarm bath with an oatmeal bath product.

Chickenpox will last approximately 10 days. Children should be kept out of school until they have been free of fever (under 100 degrees) for one day and the blisters have all scabbed. You do not have to wait for the scabs to fall off.

You may check with your school nurse if you have any questions regarding when your child may return to school.

### **RINGWORM**

A fungus, not a worm, causes ringworm. It can affect the skin, scalp or nails causing a red eruption that spreads at the circumference as it heals in the center. Ringworm usually causes burning and itching and may cause the hair to fall out when the scalp is involved. Ringworm is

contagious and can be spread by shared clothing, combs or hairbrushes. Ringworm may also result from contact with an infected animal.

According to the Texas Department of State Health Services, there is no need for exclusion unless the infected area, blisters, and/or drainage cannot be contained and maintained in a clean, dry bandage.

Treatment can begin with an over the counter antifungal medication. If there is no improvement after several days of treatment please see your doctor. Scalp ringworm MUST have a prescription medication and a doctor's note to return to school.

### **RUNNY NOSE and COUGHING**

Doctors agree that you can go to work and school with the sniffles as long as you feel all right otherwise. Stay home if you have a heavy cough accompanied by a steady stream of mucus. Also, stay home if the cough is accompanied by rapid or labored breathing or fever. Prolonged coughing (several weeks) may warrant physician evaluation.

### **SCABIES**

Children with this condition should be excluded until treated. Contact your school nurse for specific directions for care.

### **STREP THROAT**

Strep throat is usually associated with a fever, throat pain that is worse with swallowing, loss of appetite, headache, swollen glands in the neck and bright red tonsils or the throat may have dots of white. Incubation period is usually 2 to 7 days following exposure. Only your doctor can diagnose and treat strep throat.

Treatment is usually 10 to 12 days of antibiotics. Students may return to school after 24 hours of antibiotic therapy IF they are free of fever and feeling better.

### **WOUND CARE**

Children with draining wounds should be evaluated by a healthcare professional. All wounds must remain covered unless specific orders from a healthcare professional. Students with wounds should not share soap, towels, lotions, and other personal care items.

### **OTHER MEDICAL CONCERNS**

Any medical concerns not listed will be at the nurse/administrator discretion. Please keep your child home if they are feeling tired, not acting like themselves, or showing any possible signs of flu like symptoms. Please help us stop the spread of germs.

## **COMMUNICABLE DISEASES**

School Nurses are required to report all communicable diseases on their campus to the Texas Department of Health. Please call the school nurse, secretary, or attendance clerk to report a communicable disease such as chicken pox, conjunctivitis (pink-eye), ringworm, strep throat, flu or other physician diagnoses.

Parents are notified as needed when a classroom has a reportable communicable disease confirmed by a physician.

## **MEDICATION**

Over-the-counter medications may be given by school personnel only if the medication is brought in the original container, properly labeled with the student's name, and with written permission provided by the parent/guardian, giving specific instructions regarding the amount and time of dosage. The student must leave the medicine with the school nurse. OTC medication will not be given to Pre-K thru 5th grade before 11AM or after 1PM unless there is communication between the parent and school nurse.

Any over-the-counter medication to be given more than 10 consecutive doses must have a note from the doctor. Prescription medication must have a doctor's note and must be brought to school by the parent/guardian.

## **ACTIVITY GUIDELINES**

Parents must send written permission when a student is unable to participate in Physical Education activities. For periods greater than three consecutive days, a doctor's notice is required. If your child has a health condition or injury that will require an extended absence from PE please notify the school nurse at your child's school.

## **SCREENINGS**

The Texas Department of Health Services requires periodic health screenings of school-aged children for vision, hearing and spinal problems. Screenings are conducted by school nurses. If your child fails a screening test the school nurse will re-check them. Parents are notified by the school nurse when results are not within normal limits.

## **IMMUNIZATIONS**

Immunizations are required for school attendance by the Texas Department of Health Services. School nurses notify parents when immunizations are due and provide information about community health care providers who provide such services. According to state law, students may be excluded from school until documentation of immunization is verified. State law only

allows medical and religious exemptions. If there is a question or concern please contact the school nurse.

**Please note:** We can only accept a record from an electronic health record system if it includes the clinic's contact information AND the provider's signature/stamp. A screenshot or print-out from your child's patient portal does not satisfy this requirement.

For Affidavit forms of reasons of conscience, including religious beliefs, we MUST have the original official affidavit form. We will NOT accept copies. The affidavit will be valid for two years from the date it was notarized.

[\\* Texas Dept. of State Health Services Immunization Requirements](#)

## HEAD LICE

Students are sent home when live lice are found. The school nurse rechecks students before they return to class.

Head lice can be a nuisance to get rid of but not impossible. You must complete each of the following steps to eradicate the problem.

- Get a pediculicide shampoo such as Rid, A200, End Lice, R&C, etc. Regular shampoo will not work.
- Apply the pediculicide shampoo as instructed in the shampoo directions.
- After treatment, use a fine tooth comb and comb out as many nits (eggs) as possible. Then use the fingernails to complete the removal of all the nits. Vinegar or a commercial product such as Step 2 or Clear may be used to assist with the removal of nits.
- Each member of the family should be checked and treated at the same time.
- Wash all sheets, blankets, pillowcases, bedspreads, and clothing in hot soapy water. Be sure to wash combs and brushes in pediculicide shampoo. Place stuffed animals and other non-washable items in a plastic trash bag and leave sealed for 35 days. Vacuum floors, carpets, bed, couch, chairs and car thoroughly
- Students should return to school the following day after treatment has been completed and all nits have been removed. Please do not allow children to stay out of school.

[\\*Helpful Information from CDC regarding lice](#)

## INJURY

Injuries sometimes occur at school. The school nurse will notify you if your child is severely injured at school. It is important that phone numbers and emergency contacts are kept updated through the school year. Some injuries may seem minor at the onset but need to be watched for 24 hours.

## **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. The bacteria rarely overcomes the body's immune system and causes meningitis or another serious illness.

What is the risk of getting bacterial meningitis? The risk of getting bacterial meningitis in all age groups is about 2.4 cases per 100,000 population per year. However, the highest risk group for the most serious form of the disease, meningococcal meningitis, is highest among children 2 to 18 years old. 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 by some groups 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.

What should you do if you think you or a friend might have bacterial meningitis? Seek prompt medical attention. For 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 Texas Department of Health office to ask about the meningococcal vaccine.

[\\*Helpful information from Texas Health and Human Services](#)

[\\*CDC Information](#)

### **MRSA (Staph Infection) Methicillin-Resistant Staphylococcus aureus**

Recent news reports at the national and local level have focused on staph infections, more specifically MRSA staph. The District wants parents and the public to know what procedures regarding sanitation and cleanliness are in place in BISD schools regarding these infectious diseases.

Our schools teach the importance of personal hygiene as a preventative measure in the spread of infectious diseases. Our students learn from their teachers, their nurses, and their coaches - just how important it is to wash their hands, not share personal items, and keep their clothes and related equipment clean. Our schools are cleaned by individuals who are trained in the

proper technique and application of safe sanitation products. Public areas and classrooms are cleaned regularly to ensure a safe healthy environment, not just for our students and staff, but for the public that visits our campuses and facilities.

The District takes student safety seriously. With the proper education and procedures in place, our schools will remain to be a healthy environment for our children. Community and parents are encouraged to contact the campus if any concerns arise.

For more information on MRSA, see the Center for Disease Control website at [www.cdc.gov](http://www.cdc.gov).