HEALTH SERVICES PROCEDURES AND POLICIES

Director of Health Services
Sally McCutchan, RN.
2300 McMullen Lane, Suite 600
Aransas Pass, Texas 78336
361/758-5849
Fax: 361/758-2187

Nancy Bell, R.N. at Faulk Early Childhood	758-4206
Connie Campos, R.N. at Kieberger Elementary	758-3363
Connie Campos, R.N. at Charlie Marshall Elementary	758-9423
Kourtney Rodrigue, R.N. at A.C. Blunt Middle School	758-9424
Kourtney Rodrigue, R.N. at Aransas Pass High School	758-9425

Good health is not exclusively the absence of disease or illness; rather, it is the most desirable level of physiological and emotional well being that can be obtained by an individual. The focus of the school health program is to enhance instruction by serving the health needs of each student so that each can realize his fullest potential.

The school health program is not a substitute for the health care, which parents should provide for their children. The optimum health care is best achieved through cooperative efforts of school personnel, health care providers, students and parents.

Healthy students learn better. Aransas Pass has registered nurses to assess and meet the health needs of our students. The registered nurse will assess students who become ill or injured at school and determine if they may remain at school or need to be sent home. Students who bypass the school nurse must check in with the principal before returning to school.

The following forms will be sent home for you to complete, sign and return to school.

Emergency Formclvory
All students receive this form. Every student must have a current Emergency Form in his or her health folder. Complete all blanks and questions regarding the health history. We must have at least one phone number that we can reach you. We need to be able to reach you, a relative, or friend in case your child becomes ill or needs emergency care.

Students are released from the clinic only to the adults listed on the emergency form! Any changes of whom your child can be released to must be documented on the emergency form initialed and dated by the parent or guardian.

Please communicate with your Child.
Talk with your children. Ask them how school went. Ask them if they have anything for you from the nurse or their teacher. Check their backpack for any correspondence from school.

During the school year, if we are unable to reach you by phone, we may send notes home with your child on symptoms or complaints that your child has experienced.

The following pages of this book are to inform you of the policies and guidelines relating to Health Services.

Immunizations
Original validated immunization records are requiredcno copies will be accepted. Immunization records faxed must be faxed from the medical facility that holds the record. **Faxes from home are not accepted**. Children are allowed in school with complete or on schedule immunizations. It is the responsibility of the parent to keep the child's immunizations up-to-date. A valid original record must be presented to the school nurse each time a new immunization is received. School Health Services periodically audit immunizations and sends out notices of immunization due. Immunization notices are sent home with the student. The parent has 14 calendar days to get the immunization and bring an original validated record to the nurse.
The immunization requirements for PPCD, PK and K–12 are:
DPT, DTaP, DT, TD: 5 doses of unless 4th dose was given on or after 4th birthday.
Tdap/Td booster :. Tdap - booster for entry into 7th grade for 2012-2013.
Tdap/Td booster: 10 years after last dose for grades 8 - 12
Polio – 4 doses unless 3rd dose was given on or after 4th birthday.
MMR - 2 doses for PK - 12
Hep B – 3 doses for PK B 12
Hep A – 2 doses for PPCD, PK, K - 8th
Varicella – 2 doses for PK - 12
Haemophilus influenzae type b (Hib) – 3 doses for PPCD and PK. One dose if received after 15 months.
Pneumococcal (PCV7) – 1-3 doses for PK. Nurse will refer to pneumococcal chart to determine doses needed according to DSHS chart.
Meningococcal - 1 dose for entry into 7^{th} – 12^{th} grades.
Note:
1) A vaccine can be accepted if it is received up to (and including 4 days before the birthday.
2) Students younger than four are required to follow Department of State Health Services Vaccines Requirements for Child-Care Facilities.
3) Immunizations must be received at the beginning of age schedule set by Department of State Health Services.
4) Department of State Health Services can modify or alter any immunization requirement.

Provisional Enrollment

All school children in Texas are required to have the immunizations as set forth in the Texas Education Code, Title 2, Chapter 25, 25.002 and the Texas Administrative Code (TAC), Title 25 Health Services, Part I, Chapter 97, Subchapter B, 97.61c97.77. The immunization requirements are adopted as a statewide control measure for communicable disease as defined in the Health and Safety Code, 81.081 and 81.082. The requirements apply to all children and students entering, attending, enrolled in, and/or transferring to childcare facilities, public schools, private schools, or parochial schools.
Rule 97.71 (TAC) entitled Provisional Enrollment states: The law requires that students be fully immunized against specified diseases. A student may, however, be admitted provisionally if he or she has begun the required immunizations and if he or she continues to receive necessary immunizations as rapidly as medically feasible. If a student transfers from one school to another, a grace period of no more than 30 days may be allowed at the new school while awaiting the transfer of the immunization record, during which the student may be enrolled provisionally.
5) The Texas Education Code 38.001 (e) states, A person may be provisionally admitted to an elementary or secondary school if the person has begun the required immunizations and if the person continues to receive the necessary immunizations as rapidly as is medically feasible. Department of State Health Services shall adopt rules relating to the provisional admission of persons to an elementary or secondary school.
6) Both rules clearly state that a student must begin the required immunizations and continue to receive the necessary immunizations in order to be provisionally enrolled. This particular rule has, however created confusion for school nurses who are frequently given different interpretations by their administrators or Texas Education Agency (TEA) and the Department of State Health Services
.
Department of State Health Services takes the following position on provisional enrollment based on TAC Title 25, Health Services Part I, Chapter 97, Subchapter B, 97.71.

A student may be admitted provisionally if he or she has begun the required vaccine series, and if he or she continues to receive the necessary immunizations as rapidly as medically feasible. In order to be provisionally enrolled, proof that the student has started the vaccine series is needed. Documentation of proof can consist of any validated document of immunization presented by a student, provided it shows the month, day, and year when each immunization was received.
A student who is transferring from another school in Texas (since there is a strong likelihood that the student was vaccinated according to the same state requirements in order to attend the previous school) may be provisionally enrolled for 30 days while awaiting the transfer of the immunization record.

Students transferring in from another state must present immunizations and if is incompliance must go and receive the needed vaccine to comply with Texas law.

Flow-Chart: Different Case Scenarios to Help Discern Various Situations

Students With an Immunization		Students Without an		
A student has all required vaccine doses for their appropriat	A student has some but not all required vaccine doses, and is on	A student attempting to enroll, or is currently enrolled, but he/she	A student attempting to enroll, or is currently enrolled, but he/she	A student is trans-ferri ng from another school district
Enroll	Student may be enrolled pro-vision ally for 30 days	The student must provide proof that he/she has received the required vaccine in	Do not enroll until a record is provided. If the student shows that he/she has begun the required	Student may be enrolled provisiona lly for 30 days while awaiting the transfer of the im-muniza

Screenings
Health and Safety Code 95.003 requires that each student comply with screening requirements or submits an affidavit of exemption.

Health and Safety Code 95.003 (b)
A student is exempt form screening if it conflicts with the tenets and practices of a recognized church or religious denomination of which the student is an adherent or a member. To qualify for the exemption, the student or minor student=s parent, or managing conservator, or guardian must submit, on or before the day of the screening procedure, an affidavit stating the objections to the screening.
Health Screenings are required by law. Vision, hearing, scoliosis, risk assessment for Type 2 Diabetes screening are performed by the APISD registered nurses who are trained and certified by the Department of State Health Services.
Parent notices to seek a professional assessment are sent home with students that fail any of the screenings.
All screenings are performed as required unless the nurse has received an affidavit of exemption for the screening from the parent or guardian on or before the day of screening.

Height and Weight
Height and weight screenings are done for in PK, K, 1st, 3rd, 5th, 7th, and 9th grades.

Risk Assessment for Type 2 Diabetes
The Acanthosis Nigricans Screening name has been changed to Texas Risk Assessment for Type 2 Diabetes. This assessment is required and is performed by looking at the back of the neck and is done at the same time as the Vision/Hearing Screening in grades K, 1, 3, 5, 7. The risk assessment for Type 2 Diabetes is to identify students with acanthosis nigricans. Acanthosis nigricans is a dark skin marker that resultes form hyperinsulinemia, a condition where higher than normal insulin concentration remain in the bloodstream. Hyperinsulinemia is a compensatory result of insulin-resistance, which creates a potential risk for the development of Type 2 Diabetes. APISD also screens grades Pk and 9th grades.

Scoliosis

Scoliosis Screening is required. The purpose of spinal screening is to detect the signs of abnormal spinal curvatures at their earliest stages so that the need for treatment can be determined. Scoliosis, a common spinal abnormality found in adolescents, is a sideways curvature of the spine. It is usually detected in childhood or early adolescence. Many cases of curvature of the spine are mild and require only ongoing observation by a physician after it is first diagnosed (mild curvatures are often noticeable only to those trained in detecting spinal abnormalities). Others become progressively more severe as the child grows and require active treatment.

Vision and Hearing
Vision and hearing screening is required. Vision and hearing screening is done the first semester of school for grades PK, K, 1st, 3rd, 5th ,7th grades. APISD also screens 2nd grade and 9th grade. Vision and hearing screening is done the first semester of school.

Lice Screening Procedures
Individual student screening will be done on a teacher/employee referral basis at a time appropriate for the school nurse. The teacher may do mass screening of a classroom at any time, or at the discretion of the school nurse, on a selective basis. As needed, lice notification letters will be sent home with the student at the end of the school day.

In case of severe infestation (as determined by the nurse) attempts will be made by the nurse and/or the principal to send the child home for treatment.

Repeated infestations may warrant a conference with the parents, nurse and principal.
As per district policy, students may be readmitted to school when one medicated shampoo or lotion treatment has been given.

Various other health programs and screenings are presented to our students when time and resources are available.

Hygiene
Every child should be sent to school feeling good about themselves. All students should be clean and wearing clean clothes.
Students whose personal hygiene is determined to be disrupting the normal educational process of the student or their classmates shall be notified, along with their parents, that good personal hygiene is a requirement for school attendance.

Child Abuse
Texas Law
It is the responsibility of all staff members of the school to report any symptoms that could indicate there might be child abuse.
Among some of the symptoms that we may see in the school setting could be:
Cigarette burns, bruises, unusual behavior indicating there may be something wrong, or medical problems not being taken care of.

Medications
The school does not provide any oral medication to be dispensed at school.
All medication sent from home must be turned in to the school clinic and picked up by the parent at the end of the day. Medications cannot be sent home with students. Any medication that can be given at home should be given at home. Due to the busy schedules and activities at school, students sometimes forget to come to the clinic to receive their medications.

Once-a-Day or Twice-a-Day Medications
Once-a-Day or Twice-a-Day medications are not given at school. These medications can be easily given at home. Extenuating circumstances will be determined by the school nurse..

Three-Times-A-Day Medication
Medications that are prescribed three-times-a-day (especially antibiotics) and designed to be given at 8-hour intervals, can easily be given at home. Medications that are designed to be given at 8 hour intervals will not be given at school, unless there are extenuating circumstances as determined by the Director of Health Services. Parents are encouraged to schedule the administration of students= medicine in such a manner that medicine brought to school will be kept to a minimum. The school nurse has to follow the guidelines for administering any medication to ensure safety and the well being of all students

Antibiotics
Antibiotics must be given on an uninterrupted schedule and all doses must be given for the child to receive the most benefit. Antibiotics should not be discontinued even though the child may look and feel better unless instructed so by your doctor.

Registered Nurse
The school nurse has the responsibility to question any discrepancy and/or refuse to give medication if there is a medication discrepancy that they feel might be harmful to the student.

Prescription Medicines
The management of medication will be as follows:
1. Medication may be administered to students only upon written request by the parent. The request must include the name of student to receive the medication, date to be given, the name of the medication, approximate time to be given according to directions on labels, and have the parent=s signature. The teacher needs written notification that your child has been ill and needs to go to the clinic at a certain time for their medication.

2. Medication must be in the original container and properly labeled. A properly labeled prescription medication is one with a pharmacy label stating the student=s name, name of medication, dosage to be administered, doctor=s name, and date that the prescription was filled. Nonprescription medication must be labeled with the student=s name and be in the original unopened container that contains the manufacturer=s instructions for administration and expiration date.

Over-the Counter M**edications** Over the counter medication can be given for a period of up to five consecutive days. Liquid over the counter medication must be received by the school in an unbroken sealed bottle. A physician=s written request shall be required when the medication must be administered for a longer period. Over the counter medications must be picked up from the nurse after the five day period. Over the counter medication left in the school clinic will be destroyed in 30 calendar days.

The following policies apply to prescription and over the counter medicines.

1. Permission to administer medication at school must be given each school year.
2. Doctors= orders for administering medication as needed or for asthma are good for current school year written.
3. Medication Cannot Be Given:
   If it is not in the original container;
   If the medication is expired;
   If the label specifies certain ages older than the student;
   If you request a larger dose than is recommended on the label;
   If the original label has been altered;
   If administration of medication is any sooner than the label specifies;
   If the medication label has another person=s name on it; or
   If it is sent in an envelope, baggie, foil, napkin, or anything else but the original container.

4. Prescription inhalers must have the prescription label on the inhaler itself or be sent in the box that has the prescription label on it. Nonprescription inhalers must be in the original box with the manufacturer label and instructions.

5. The entire prescription can not be kept at school. Only the amount of medication required at school will be accepted. Most pharmacies will label an extra bottle for school for you. All doses prescribed must be given for your child to get well.
6. Do not send spoons or medicine cups for dispensing your child=s medicine. The school has disposable medicine cups for each dose of medication that is administered to every student.

7. P.R.N. (as needed) medication will not be given at school prior to 10:30 without specific approval of the school nurse or Director of Health Services. If there is a medication discrepancy that might be injurious to the student, the nurse has the responsibility to question the discrepancy and/or refuse to give the medication.

8. Prescription and Nonprescription medications from Mexico will not be given at school as they are not regulated for the Food and Drug law.

9. Sample medications from your doctor will not be accepted unless it is accompanied by written instructions from the physician.

10. It is the responsibility of the teacher and the student to see that the student is sent to the clinic to receive their medication.

11. Medication left in the clinic the last day of school will be destroyed if it is not picked up by the parent or a designated adult within three (3) workdays.

12. Aspirins will not be administered at school without written orders from your doctor.

13. No herbal or dietary supplements are administered at school.

Medication Forms for dispensing of medication may be obtained from the nurse.

The following illnesses and diseases are the more common ones that we see during the school year. Listed below are some of the early symptoms and guidelines for dismissal and readmission to school.

Chickenpox
Fever and rash consisting of blisters that may appear first on the head, then spread to body. Student must remain out of school until all blisters have crusted over, usually (7) days.

Common Cold
Runny nose, watery eyes, general tired feeling, cough and sneezing.

Conjunctivitis (Bacterial and/or Viral)
Red eyes, usually with some discharge or crust on eyelids.
Student may return to school by a written certificate from a physician or permit issued by local health authority.

Diarrhea
Frequent loose, watery stools
Student may return to school when diarrhea subsides provided there is no fever.

Fever
Oral temperature of 100.4 or greater
Student should be kept home one more day, if the previous day fever was 101.6 or greater, even if there is no fever that morning. As the child begins to recover, the morning temperature will be normal with fever still present later in day.

Fifth Disease
Redness of the cheeks (slapped-face appearance) and body. Fever does not usually occur. Case should be seen by a physician to rule out a diagnosis of measles. Student may remain in school, unless fever is present.

Head Lice
Itching and scratching of scalp is most common symptom of this tiny creature.
Students may be readmitted after one medicated shampoo or lotion treatment has been given.

Impetigo
Blisters on skin that open and become covered with yellowish crust. Lesions are contagious and must be covered while in school.
Student may be readmitted after treatment has begun. (Lesions must be covered while in school.)

Ringworm of the Body
Slowly spreading, flat, scaly, ring-shaped spots on skin. The margins may be reddish and slightly raised.
Lesions must be covered while in school. Consult your physician for treatment.

Ringworm of the Scalp
Slowly spreading, balding patches on scalp with broken-off hairs.
Student may readmit when treatment has begun. Your physician may have to prescribe a medication for ringworm of the scalp.

Scabies
Small, raised, red bumps or blisters on the skin, usually irregular line that marks the path and intense itch, usually at night.
Student may be readmitted eight hours after treatment. Consult your physician for prescription medication.

Streptococcal Sore Throat and Scarlet Fever
Fever, sore throat, often with enlarged, tender lymph nodes in neck. A fine, red rash may appear 1-3 days after onset of sore throat.
Student may be readmitted 24 hours from time antibiotic treatment was begun and fever has subsided.

Lice
Lice continue to be a problem in public schools. Lice-borne diseases have not been reencountered in the U.S. for many years. At this time, they are pests rather than disease carriers. There are millions of cases of lice reported in the United States. Since lice infestations are not reportable diseases, no one knows exactly how extensive the current infestation number is.

Lice have been around for a very long time. We know that the lice has tormented man since the very beginning because evidence of his existence has been found on the scalps of prehistoric American Indian mummies. We do periodic lice screenings to try to keep lice infestations to a minimum. Parents can help keep lice infestations to a minimum by checking their own children=s head several times a week, educate them on how they get lice, and provide complete treatment if an infestation occurs. Complete treatment includes shampooing with a head lice shampoo and removing all nits (eggs). **No Shampoo Kills All the Nits (Eggs)**

99% of the time, a reinfestation is the original infestation of lice. The following pages will help you learn more about lice and how to get rid of them..

Facts Concerning Lice
Lice do not hop, fly, or jump from one person to another. Anyone can become infested with lice. Lice like even the cleanest children.
The main symptom of head lice is itching of the scalp. A person with a light infestation (only 1-5) may not experience any symptoms at all.
Lice appear as small grayish-white insects, 1/16 to 1/8 inch long.
Nits (louse eggs) may be seen as small yellowish or whitish flecks attached to strands of hair. They do not brush off as dandruff or dry scalp does.
Lice are usually spread through close personal contact or use of combs, brushes, towels, hats or sharing lockers with those who have lice.
Life span of lice is 30 days.
The female louse lays 3-4 eggs per day or about 90 eggs during her lifetime. A louse emerges from the egg in 7-10 days. It takes 10 days for a newly hatched louse to become an egg laying adult.

Take Precautions
Check your child 2-3 times a week for evidence of lice, such as nits (lice eggs), or the actual lice. Children at this age like to be independent; but you, as a parent, need to supervise hair combing, brushing and shampooing frequently, so that you can make sure your child has not become infested. The earlier you find lice, the easier it is to get rid of them. If your child becomes heavily infested before you notice the infestation, it takes a lot of time and work to get rid of them completely.

Educate Your Child about Lice
Teach your child not to share coats, hats, brushes, headbands, or combs with anyone, not even their best friend. Also, teach them not to let their heads touch heads with another student or friend while playing or in the classroom.

This letter is sent home with students who have a lice infestation:

Notification of Lice and/or Nits

To the Parent of_____ Date_____
Head Lice continues to be a problem in our school. These lice lay eggs called nits. Today your child was found to have lice and/or nits. This is an easily treated condition that you, as a parent, can take care of. This letter will acquaint you with the nature of this infestation and what you must do to get rid of it.

How do I get lice?
Head lice are usually transmitted through close personal contact with another infested individual through sharing combs, brushes, hats, caps, coats, or through co-mingling of these items at the homes of friends, at school, at church, or other public places. Most parents have the impression that only persons who are unclean become infested with lice. In the case of head lice, this is NOT TRUE. Frequently bathing will neither prevent nor eliminate head lice infestation once it has been established.

What to look for
Head lice are insects about this long (c) and are grayish-white with dark margins. Lice do not have wings and, therefore, **CANNOT FLY**. Although they **DO NOT JUMP**, they do move very quickly; this makes them difficult to find in a child=s hair.

Since crawling forms are so difficult to find, head louse infestation is frequently diagnosed by finding nits. Nits are teardrop shaped, about this size (-) and vary from yellowish-brown to white. Head lice attach each nit to a hair shaft with a waterproof, cement-like substance. Thus, nits cannot be washed out or brushed out of the hair like dandruff.
Clusters of nits may be found in any section of hair, but are commonly found at the nape of the neck and behind the ears. The nits must be removed with a fine-tooth comb or by pulling them off the hair shaft by hand.

Treatment
It is necessary to treat the infected individual and his or her personal articles, e.g., caps, combs, brushes, towels and bedding.

Individual treatment
a. Remove all your child=s clothing and place him or her in a bath or shower;
b. Shampoo your child=s head with a head louse shampoo (pediculicide) according to the instructions on the louse shampoo bottle or instructions from your family doctor;
c. Several head louse shampoos are available without prescription at drug stores and some grocery stores. However, you may choose to get a prescription from your family doctor;
d. Have your child put on clean clothing after the treatment;
e. Louse shampoos rapidly kill crawling lice; they do not kill all the nits. Therefore, the treatment should be repeated in 7-10 days to kill newly hatched lice; and
f. All family members should be examined. Family members who have crawling forms of lice or nits should be treated. A sibling or parent who shares a bed with an infested child should be treated.

Decontamination of Personal Articles and Environment
a. Machine wash all washable clothing and bed linens that have been in contact with your child the previous (2) days;

b. Personal articles of clothing or bedding that cannot be washed or dried may be dry-cleaned or simply placed in a plastic bag and sealed for (10) days;

c. Combs, brushes, and similar items can be disinfected by soaking them for (1) hour in one of the louse shampoos or by soaking them for 5-10 minutes in a pan of water heated on the stove to about 150%F; (Caution: heat may damage some combs and brushes.)

d. A household insecticide and/or vacuuming should be used to disinfect upholstered furniture, cushions, pillows, carpets, and mattresses-an insecticide spray especially for this purpose is also available at the pharmacy. If these steps are not taken, family members will be reinfested.

Notification of Other Parents
Parents of your child=s closest friend(s) should be notified that their child might also be infested. This is particularly important if the children have slept together or participated in activities involving frequent body contact, such as soccer, ballet classes, football, baseball, etc.

Returning to School
Your child may return to school as soon as he or she has been properly treated with a head louse shampoo.
This School Policy exists for the protection of your child and of the other students in school. Thank you for your cooperation in tending to this matter as soon as possible. If you have any questions, please feel free to contact:
Nancy Bell, RN at Faulk. 758-4206
Connie Campos, RN at Kieberger. 758-3363
Connie Campos,RN at Marshall. 758-9423
Kourtney Rodrigue, RN at Blunt 758-9424
Kourtney Rodrigue, RN at APHS. 758-9425

Head Injuries
At our schools, we treat numerous bumps and bruises in the school clinic. It is our policy to treat all bumps to the head, whether large or small, with caution and notification when necessary. Notice of trauma letters are sent home to inform parents that their child was treated in the school clinic any type of head injury, and at the time of injury, had no problems.
Ninety-five percent of all head injuries are able to return to class. Students are treated and sent back to class, with a note to the teacher. Students are to be observed for any head injury symptoms, and returned to the clinic, if necessary.
Sometimes symptoms for head injuries do not show up for several hours. Your child may not develop any symptoms until later in the evening. A head injury form is sent home for this reason. If you notice any of the symptoms listed below, contact your local doctor or emergency room.

Head Injury Symptoms that need Your Attention
1. severe headache;
3. nausea and/or vomiting;
4. double vision, blurred vision, or pupils of different sizes;
5. loss of muscle coordination such as falling down, walking strangely, or staggering;
6. any unusual behavior such as being confused, breathing irregularly, or being dizzy;
7. convulsion; or
8. bleeding or discharge from an ear.

CONTACT YOUR DOCTOR OR EMERGENCY ROOM IF YOU NOTICE ANY OF THE ABOVE SYMPTOMS

Explanation of Forms and Letters-

1. **Letter of Concern** - is sent to notify the parent of symptoms/and/or complaints that need medical attention. It may be necessary to get a note from your doctor for the student to return to school.

2. **Emergency Form**- Emergency Forms are Ivory colored and has each child's school name at the top. Every child must have a current Emergency Form in his/her health folder each year. Complete all blanks and health history information. We need to be able to reach you, a relative, or friend in case your child becomes ill or needs emergency care.

3. **Notice of Trauma Letter**-Notification of a head injury at school and what to watch for.

4. **Hearing Forms**- Hearing forms are yellow. Notification that your child did not pass the hearing screening. The doctor is to fill out this form. Return this form after the hearing exam. The white form(1/2 half sheet) is to let us know that you received the yellow form. Send the white form back immediately.

5. **Lice Letter**-Notification that your child has lice.

6. **Medication Form**-This form must be filled out in order for your child to receive medication at school.

7. **Tuberculosis Form** (when services are available)-For 1st, 7th, and 11th grades and out-of-state students. Return this form if you want your child to receive the TB screening from Texas Department of Health.

8. **Vision Forms**-Notification that your child did not pass the vision screening. The eye doctor is to fill out this blue form after the exam. Return this form after the exam. A white form (Notification of Intent) is sometimes sent to let us know that you received the blue form (Vision Form). Send the white form back immediately.

Bacterial Meningitis: What is meningitis?
Meningitis is an inflammation of the covering of the brain and spinal cord-also called the meninges. Viruses, parasites, fungi, and bacteria can cause it. 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 meningitides-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 (4) meningococcal serogroups (A, C, Y, W-135) is available. These four (4) 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 (2) days. Immunity develops within 7 to 10 days after the vaccine is given and lasts for up to 5 years.

What you should 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 meningococcal vaccine. Additional information may also be found at the web sites for the Centers for Disease Control and Prevention: www.cdc.gov <http://www.cdc.gov> and the Texas Department of Health: www.tdh.state.tx.us.

The Facts About Steroids

Steroids affect the heart. Steroid abuse has been associated with cardiovascular disease, including heart attack and stroke. These heart problems can even happen to athletes under the age of 30.

Steroids affect appearance. In both sexes, steroids can cause male-pattern baldness, cysts, acne, and oily hair and skin.

Steroids affect mood. Steroids can make a person angry and hostile for no reason. There are recorded cases of murder attributed to intense anger from steroid use.

Steroids increase risk of infection. Sharing needles or using dirty needles to inject steroids creates a risk for diseases such as HIV/AIDS and hepatitis.

Steroids are illegal to possess without a prescription. Doctors prescribe steroids for specific medical conditions. They are only safe for use when a doctor monitors the patient.

The majority of teens are not using steroids. Among teenage males, who are most likely to use steroids, only 1.8 percent of 8th graders, 2.3 percent of 10th graders, and 3.2 percent of 12th graders reported steroid used in the past year.

Signs

How can you tell if a person is abusing steroids?
Sometimes it=s hard to tell. But there are sings you can look for. If a person has one or more of the following warning signs, he or she may be abusing steroids:
For Boys:
Baldness
Development of breasts
Impotence

For Girls:
Growth of facial hair
Deepened voice
Breast reduction
For Both:
Jaundice (yellowing of the skin)
Swelling of feet or ankles
Aching joints
Bad breath
Mood swings
Nervousness
Trembling

Questions and Answers
Q. Are steroids addictive?
A. Yes, they can be. Withdrawal symptoms include mood swings, suicidal thought or attempts, fatigue, restlessness, loss of appetite, and sleeplessness.
Q. How long do steroids stay in your system?
A. The length of time that steroids stay in the body varies. Injected steroids may be detected in the body for 3 to 4 months while the oral types may remain for 1 to 4 weeks.

Q. What can I do to excel in sports if I don=t use steroids?
A. Focus on getting proper diet, rest, and good overall mental and physical health. These things are all factors in how the body is shaped and conditioned. Excelling in sports is achievable and done by millions of athletes without relying on steroids.

Q. What are the slang terms related to steroids?

A. Arnolds, Gym Candy, Pumpers, Stackers, Weight Trainers, Juice. Other slang terms associated with steroid use include:
Roid rages Cuncontrollable outbursts of anger, frustration, or combativeness that may result from using anabolic steroids.
ShotgunningCtaking steroids on an inconsistent basis.
StackingCusing a combination of two or more anabolic steroids.

To learn more about steroids, contact:
Substance Abuse & Mental Health Services Administration
National Clearinghouse for Alcohol and Drug Information
800/729-6686 B TDD 800/487-4889
Linea gratis en español 877/767-8432
www.ncadi.samhsa.gov