

# NURSE

## West Washington School Health Services Procedure and Guideline Manual

Revised: May 2012

## Duties of the School Nurse

1. Administer first aid to the students and faculty as needed and refer to a physician if necessary.
2. Attend to student illness on a daily basis.
3. Promote and encourage health education in the school building.
4. Maintain immunization records
5. Maintain health records.
6. Communicate student health issues with their teachers and need to know faculty only.
7. Work with community on health education.
8. Vision Screen 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, and 8<sup>th</sup> grades yearly. Refer when necessary. Also provide information regarding financial assistance.
9. Work with faculty and administration on student health issues, consult and refer to guidance counselors as needed.
10. Administer daily medication to the students.
11. When available attend conferences, meetings, and continuing education to get updates and information on health practices in the school setting.
12. Send yearly required report to the State.
13. Coordinate annual Blood Borne Pathogen/ Universal Precautions training for faculty and staff.
14. File accident reports on any injury that results in medical referral of students and faculty/ staff.
15. Act as a resource for students interested in the health care field.

# Health Office Protocols

(Office of School Nurse)

## ILLNESS/INJURY - Most Common

### 1. Temperature check

- a. Take temperature
- b. If temperature is elevated  $\geq 99.3$  rest and retake temperature in 15 minutes, if  $\geq 100.1$ , call parent/guardian.
- c. If temperature maintains between normal and  $< 100$  do temperature checks through out the day at specified intervals normally once an hour.

### 2. Sore Throat

- a. Take temperature
- b. If temperature is elevated  $\geq 99.3$  rest and retake temperature in 15 minutes, if  $\geq 100.1$ , call parent/guardian.
- c. Use a light to look for redness and/or swelling and/or infected areas on the throat.
- d. Student may gargle with salt water.
- e. Student may have a lozenge (if age appropriate) or peppermint
- f. If normal temperature and/ or only mild symptoms have student return to class
- g. Dispose of tongue depressor and thermometer cover in the trash

### 3. Cough (Non asthmatic related)

- a. Take temperature
- b. If temperature is elevated  $\geq 99.3$  rest and retake temperature in 15 minutes, if  $\geq 100.1$ , call parent/guardian.
- c. May have cough drop if allowed (explain precautions no running etc)
- d. If normal temperature have student return to class.

#### 4. Headache

- a. Take temperature
- b. If temperature is elevated  $\geq 99.3$  rest and retake temperature in 15 minutes, if  $\geq 100.1$ , call parent/guardian.
- c. Have student WOW (water, oxygen, wait)
- d. Student may lie down and rest for up to 30 minutes.
- e. Medicate if order in place
- f. If normal temperature have student return to class after rest.

#### 5. Stomachache

- a. Take temperature
- b. If temperature is elevated  $\geq 99.3$  rest and retake temperature in 15 minutes, if  $\geq 100.1$ , call parent/guardian.
- c. If normal temperature:
  - Suggest student try to use restroom
  - Lie down
  - Give crackers or dry cereal if before lunch and complains of hunger
  - Give peppermint to settle stomach or offer warm tea or sprite.
- d. If normal temperature return to class after 20 minutes.
- e. Wear gloves if needed to clean up student or equipment.

#### 6. Vomiting

If students states they have vomited

- a. Take temperature
- b. If temperature is elevated  $\geq 99.3$  rest and retake temperature in 15 minutes, if  $\geq 100.1$ , call parent/guardian.
- c. If no elevation in temperature investigate reason student vomited.
- d. Have rest 15 – 20 minutes and reevaluate.
- e. Upon reevaluation student has no further symptoms, student may return to class
- f. If student vomits again contact parent/ guardian.

Vomiting is not a clear cut issue many different things can cause a student to vomit example; coughing, overheated, self-induced, etc. Each case is evaluated on a student by student case.

## 7. Cuts

- a. Apply gloves
- b. If significant amount of bleeding apply pressure to stop bleeding with *gloves on*
- c. Assess cut call parent if needed ( cut is deep, wide edges are not approximated or continues to bleed
- d. Cleanse injured area with soap and water
- e. Apply a bandage or a dressing to the wound
- f. Dispose of trash appropriately.

## 8. Bumps to Extremities

- a. Check for swelling and bruising
- b. Apply ice
- c. Rest and observe for 15 to 20 minutes
- d. Student may return to class if no further issues

## 9. Nosebleed

- a. Have student sit with head slightly forward – Do Not lie down or tip head back
- b. Apply pressure to bridge of nose
- c. Apply ice to bridge of nose if needed
- d. Wear gloves if you will come in contact with blood

## 10. Animal Bites

- a. If domestic animal such as a classroom pet cleanse wound with soap and water, and dress wound
- b. Contact parent/ guardian, send note if unable to reach
- c. If unknown animal such as dog on playground  
notify police, animal control  
follow above protocol.

## 11. Head injury

If no loss of consciousness

- a. Check for swelling, bleeding, abrasions
- b. Apply ice
- c. Check pupils of eyes for equal and reactive to light
- d. Record any complaints of headache, nausea, vision problems, abnormal feeling. If has such complaints contact parent.
- e. Treat cuts or abrasions as outlined above.
- f. Rest and monitor for 20 to 30 minutes
- g. Contact parent/ guardian with status explain concussion send form home if parent does not pick up student.
- h. Parents should come immediately or student should be transported to hospital if:
  - Loss of consciousness (call 911) – see protocol below
  - Vomiting
  - Loss of coordination
  - Severe headache
  - Incoherent
  - Pupils of eyes are unequal or unreactive to light
- i. Return student to class after monitoring, filling out form, contacting parents, if all observations are within normal parameters
- j. Send note to teacher to watch for signs / symptoms

## 12. Bee Stings

- a. Check if child has an allergy
- b. Assess area for stinger, if present remove by gently scraping against the stinger, do not squeeze the stinger.
- c. Cover the area with Sting Kill or with paste of baking soda and cool water
- d. Apply ice to area
- e. Administer benadryl or other medication (Epi-pen) if order in place
- f. Observe for signs of allergic or anaphylactic reaction (difficulty breathing, choking, nausea, abdominal cramping, vomiting, dizziness, light headedness, generalized itching, generalized rash, swelling, feeling of impending doom)  
Call 911 if symptoms develop. Call parent. Follow Allergy Management Plan if One in place for student.

13. Mosquito bites, chigger bites, bug bites, poison ivy
  - a. Cleanse area with cool water
  - b. Apply calamine lotion, caladryl, or hydrocortisone cream

## **INJURIES – MORE SERIOUS**

1. Fracture (probable)
  - a. Immobilize extremity with splint as it lies. Do Not try to realign
  - b Apply ice, sit or lie down
  - c. Call parents to take child for medical care
  - d. Fill out accident report send to Superintendents office
2. Profuse Bleeding
  - a. Apply firm direct pressure with gloves on for 5-10 minutes
  - b. If bleeding persists – Call parent – Call 911
  - c. Continue to hold pressure if parent transporting apply pressure dressing
  - d. If bleeding stops attend to wound per protocol.
  - e. Dispose of contaminated materials in the appropriate trash. (red if saturated dripping)
3. Unconsciousness
  - a. Check for breathing and pulse
  - b. Send someone to call 911 and parent
  - c. Send someone for AED
  - c. Initiate CPR if required
  - d. Do not move student
  - e. Keep warm with blanket

## Procedure for Sending a Student Home

1. A student will be sent home for illness following protocol for said illness, or if an unknown skin disease, a known contagious skin disease, and eye infection, a known communicable disease, an injury which requires further medical attention, broken tooth/teeth, or any other illness under the discretion of the Nurse in which she/he feels it is necessary to send the student home.
2. The student's contact information is reviewed either on computer or hard copy.
3. The parent / guardian listed will be contacted. If they are not able to be reached then the other contacts listed will be contacted until a listed contact is reached. The student will not be released to anyone that is not listed unless there is verbal permission from the parent/ guardian to the Nurse.
4. If a parent / guardian or other listed contact can not be reached, the student will remain in the health office until arrangements can be made.
5. The teacher will be notified when student is being sent home.
6. The student's belongings will be gathered and the student will wait in the health office until the designated person arrives to pick him or her up.
7. The designated person will be required to sign the student out in the health office if student is K-6 or in high school office if student is 7-12.
8. The school will provide transportation home in extenuating circumstances only and the principal or administration will make the arrangements.



## Procedure for Daily Records

1. Each student will be entered into the SNAP computer program when services are provided in the health office.
2. The time of entry and exit will be noted
3. The student will be treated for their complaint (illness or injury) per protocol
4. The students visit will be charted in the SNAP program
5. A student will be reported to principal for excessive abuse of visits to the health office.
6. If a student makes frequent visits to the health office and is thought to have a possible underlying medical issue the Nurse will contact the parent/ guardian.

## Guidelines for Administration of Medication at School

A student will be given medication at school only if it is necessary to maintain the student in school and must be administered during school hours. The parent/ guardian must provide written consent and have physician orders sent to the health office. The school does not provide medication for students.

### **Prescription Medications**

Prescription medication can be given to a student within the school corporation only if the school has:

Current written authorization signed by parent/guardian and physician on the medication administration form.

A current bottle/container of medication with a pharmacy label designating student's name, instructions, name of drug, prescribed dosage and frequency, and physician's name.

### **Non-Prescription Medications:**

Non-prescription medication can be given to a student within the school corporation only if the school has:

Current written authorization signed by the parent/guardian.

Medication in the original container with the manufacturer's label. Please do not send medication in baggies or envelopes.

Parent/Guardian's written instructions which include the student's name, name of the medication, dosage, frequency, and time of last dose.

NO medication will be given in quantities above label's dosage information.

Due to risk of Reye's syndrome in children and teens, **NO ASPIRIN** containing products will be administered without a physician's order.

The school will not provide any non-prescription medication (such as Tylenol or Advil).

All medication must be provided by the parent for the student's use during school hours.

Further, medication and medical supplies must be:

Stored in the Health Office, unless authorization to self carry is on file.

Given only as directed on the container with no increase/decrease in dosage unless authorized in writing by the parent **and** a physician.

Observed as it is being taken

Logged by the medication designee administering it.

In Addition to the above guidelines:

If medication can be given at home, please do not send them to school.

Authorization must be updated every school year.

Please include diagnosis or reason medication has been prescribed.

Any school personnel who will be administering medicines will receive appropriate training.

Written information maintained by the school or school personnel regarding a student's medical and health needs are confidential. Parents and students must be accorded all rights provided by the Family Education Rights and Privacy Act and HIPPA laws. Any employee who violates the confidentiality of the records may be subject to disciplinary action.

Another tip: if your child's medication is prescribed three times a day, it may be given at home; once in the morning, when student gets home from school, and the third time before the child goes to bed.

## Accident / Incident Reports

Any physical injury which occurs in the school building or on school property which requires immediate attention or treatment by a physician is to be recorded on an accident/incident report.

The accident/incident reports are to be completed accurately and thoroughly, and then sent to the Superintendent's Office and a copy given to the Principle. A copy will be kept in the Health Office.

West Washington Schools  
Self-Carried Medication Policy

In accordance to IC 20-33-8-13, students requiring medication for asthma, anaphylactic reactions or both, and students with diabetes or other chronic disease or medical condition for which the physician has prescribed medication, may self-medicate with physician authorization and parent permission, and a Student Agreement for Self-carried Medications (SASM).

The school nurse will assess and document student competence in self administration as well as safe understanding of timing and frequency of use and judgment in seeking adult assistance.

No student can self-administer medication without a SASM on file.  
A student may lose the privilege to self-medicate if they share medicine with another student or use the medication to harm another student or staff member.  
A student is subject to disciplinary action according to school's disciplinary policy if the student uses the medication in a manner other than as prescribed.

West Washington Schools  
Student Agreement for Self-Carried Medication

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

School Year: 20\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ phone # \_\_\_\_\_

Licensed Health Care Provider: \_\_\_\_\_ Telephone # \_\_\_\_\_

Medication: \_\_\_\_\_ Dose and Time: \_\_\_\_\_

*Medication is permitted in accord with state laws and school policy. Both student's health care provider and parent/guardian must complete the Medication Authorization form. The parent must also sign this form. Student's name must appear on inhaler/container. It is recommended that a second container be kept in the health office as a back-up.*

**Responsibilities:**

I plan to keep my inhaler, equipment, and/or epinephrine auto injector with me at school. I agree to use my inhaler, equipment, and/or epinephrine auto injector in a responsible manner, in accordance with my licensed health care provider's orders.

I will notify the school staff (i.e., teacher, nurse) if I am having more difficulty than usual with my health condition.

I will not allow any other person to use my inhaler, equipment, and/or epinephrine auto injector.

If I use the medication in a manner other than as prescribed, the school may impose disciplinary action according to the school's disciplinary plan.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Written statement, treatment plan and emergency action plan completed by the health care provider and on file.

\_\_\_\_ Demonstrates correct use/administration.

\_\_\_\_ Recognizes proper and prescribed timing for medication.

\_\_\_\_ Agrees to carry medication.

\_\_\_\_ Knows health condition well.

\_\_\_\_ will not share medication or equipment with others.

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurses Nursing Notes and News  
Dawn Woods RN, B.S.N. School Nurse  
755-1612  
West Washington Schools

Parents and Guardians,

It's time again for the start of a new school year. Many of you might know already, but for those of you who do not, let me introduce myself. My name is Dawn Woods RN BSN; I am your School Nurse for this school year. Many of you are pro's when it comes to the school rules while others are brand new to it, so this year may be a learning experience for many. I would like to take this time to explain a few of the health rules we must follow. If you have any questions or concerns feel free to contact me at the school Monday thru Friday, 8:30am till 3:30pm. Also please fill out forms completely and if there are any changes in contact information throughout the school year please get those changes to the school so your child's record can be kept current.

Keep this handy for reference

FEVER

Please do not send students to school until they have been fever free for 24 hours (99\* or below). This means that if they go home from school at 1:00pm with a fever, they can not return to school the following morning.

VOMITING

Please do not send students to school until they have been 24 hours free from vomiting.

DIARRHEA

School-age children who have diarrhea usually have a specific intestinal disease. It may last for two or three days, may run a fever, but will usually go away on its own. When severe, please keep child at home.

### SPECIAL DIETS

There must be a physician order for the special/modified diet. This includes any changes or substitutions from the regular diet due to allergies or other medical condition.

### TOILETING PROBLEMS

Please let me know if your child is experiencing problems with toileting. A change of clothes may be kept here for your child if needed.

### MEDICATIONS

Medications are always a big topic. Due to state regulations there are specific rules that I must follow. I am sending you a copy of our medication policy. Please read it carefully. If medication can be taken at home that is where it needs to be given. Even medications that are to be given three times a day can be given at home, in the morning before school, as soon as the child gets home from school, and before bed. Please check with your physician. Also please ask your pharmacy to supply enough medicine for school in another bottle that is properly labeled. There is also a form that your physician must sign if medication or inhaler is needed. If there is a special procedure that must be performed while your child is at school you must also have a form for that. Students are not to carry medication with them, this includes: Tylenol, Motrin, Advil, etc. Students may carry their own inhaler if a signed permission slip is on file in the Nurse's Office signed by the physician. Medications for bee stings, headaches, cramps, upset stomach, etc. is not provided by the school. If your child needs any of these medications please send them in the original container with their name on it, dosage, how often it is to be given. A physician's order must be signed in order to dispense it. If you have any questions please contact me.



### HEAD LICE

Screenings for head lice will be done if signs or symptoms are present. The primary sign/ symptom is observable head scratching or the child complains of head itching. If a live louse or lice are found the parent will be contacted to inform you that treatment will be needed when your child arrives at home, also will inform or send information on the proper treatment. If nits are the only thing that is found your child will have regular follow-up exams during the following 14 days. The day they return to school have them stop by the Nurse's Office to be re-checked. Encourage your child to NOT have direct head-to-head contact with other students and to not share hairbrushes, combs, hats, etc.

### IMMUNIZATIONS

If your student has not received their immunizations, you can contact your physician or the Health Department. The number for the Health Department is 883-2349, office hours are Monday - Friday 8:00am - 12:00pm and 1:00pm - 3:00pm, clinic hours are on Tuesdays 8:00 -11:30 and 1:00 -3:30, call if you have any questions. Your child must have all the immunizations required by Indiana State Department of Health to attend school.

### EMERGENCY CARD INFORMATION

Please fill the cards out completely and with all the correct information and numbers and return them as soon as possible. Please remember any special concerns, limitations, or medications that your child may have, need, or be on, so that it may be handled properly. If there is any changes to this information please let the school know so that we will have the correct information.

### EMERGENCY CONTACT NUMBERS

Please be sure that we have current telephone numbers for parents and guardians' home, work and Cellular telephone. It is also important that we have at least two other contact numbers if we are unable to reach you. These numbers may be trusted neighbors, relatives, or friends. Please be sure that these individuals know that you have put them down as contact numbers and that they are willing to pick up your child and care for them. Please remember to update us as numbers, addresses names and work numbers change.

As the school nurse you hear many times "I don't feel good, call mom/dad, they said they would come get me." I know that truly being sick is not always the case and sometimes they are truly not feeling well. If you do not want to be telephoned at home or work to come after your child every time they do not want to stay in school, please do not encourage it. Explain to your child to visit the nurse when the need to and the nurse will evaluate the situation. As the Nurse I will assess the student, let them lie down for a few minutes the re-evaluate the student and the situation. As the School Nurse we encourage the child to stay in school unless ill. If your child has come to the Nurse's Office more than twice I will at least send a note home or will call the parent if the situation warrants this. If you know that your child is feeling ill or changes are going on at home or in their life or the child may be feeling stress that upsets them, a call or note to alert me would be very helpful and greatly appreciated.

As the School Nurse for students K-12 it can be quite challenging, so let us work together to make this school year the best that we can and I look forward to being able to help your child to the best of my abilities. Please feel free to contact me during school hours if you have any questions or concerns at 755-1612. If I do not know the answer I will help you find it.

Thank you and let's have a wonderful healthy year!

Dawn Woods RN, BSN  
School Nurse

West Washington School Corporation  
Medication Administration Policy  
Dawn Woods RN B.S.N., School Nurse  
1-812-755-1612

Only medications that are necessary to maintain the child in school, and must be given during school hours will be administered. The school does not provide any medications for students.

The following instructions are to be followed when sending medications to School:

1. All medications should be taken to the Nurse's Station Upon arrival to school.
2. Prescribed medications must be in the original container with the prescription label affixed. (Please leave inhalers in the box with the prescription label.) The prescription must be current. If your physician dispenses medications from the office, ask that the name of the medication and the child's name be written on it.
3. Non-prescription medications must also be in the original container. Please do not send medications to school in baggies or envelopes. Parents must provide an order from the physician for all over-the-counter medication.
4. Written instructions from the parent must accompany all medications. Please indicate time and amount of dosage and any other pertinent information. If the medication is given on an "As needed" basis, include time of last dose given at home.
5. Try to avoid glass containers.

6. If medications can be given at home, Please do not send these medications to school. All morning doses of medications should be given at home to minimize dosages at school.
7. Medications given on a daily basis will require an authorization from the physician. These forms may be obtained from the Nurse's Station and must be updated every year.
8. Please include student's diagnosis, or reason medication has been prescribed.
9. Any time there is a change in medication dosages; a new form must be filled out and signed along with a new properly labeled bottle.
10. A new law effective July 2001 states that children grades K-8 will not be allowed to leave school with unused medication. **THE PARENT MUST PICK IT UP.** We will not be allowed to send the medication home with an older sibling as well. Children in grades 9-12 will be allowed to take unused medication home only if the parent or guardian sends a written notification to the nurse.

In order to comply with this new regulation it is suggested that you ask the pharmacy to fill another labeled medicine bottle with the needed dose to be given at school. For example, your child is taking an antibiotic three times a day. He/she will only be in school for eight of the ten prescribed days. So, you will need a labeled pharmacy bottle with eight pills to be taken to school.

\*Another tip: if your child's medication is prescribed three times a day, it may be given at home, once in the morning when student gets home from school and third time before the child goes to bed.

West Washington School Corporation

Dawn Woods RN, BSN

School Nurse

8028 W Batt Rd, ~ Campbellsburg, IN 47108

Phone 812-755-1612 ~ Fax 812-755-5419

Dear Parents / Guardians and Students:

Indiana State Law IC 20-30-5-18 requires schools to provide important information on meningococcal disease (meningitis) and its vaccines. Attached you will find information on what meningitis is, symptoms, how it is spread, and a list of resources to obtain more information.

\*Please contact your health care provider for specific instructions regarding your child or any questions that you may have.

\*\*This is a required vaccine for students' grades 6-12.

Sincerely,

Dawn Woods RN, BSN

School Nurse

Resources for families to obtain information about meningococcal disease in addition to their local health care provider/physician and local health department include the following websites:

- The Indiana State Department of Health  
<http://www.in.gov/isdh/healthinfo/meningococcal%20diease.htm>
- The Center for Disease Control and Prevention  
[http://www.cdc.gov/nip/vaccine/mening\\_fs.htm](http://www.cdc.gov/nip/vaccine/mening_fs.htm)
- The Indiana Department of Education Student Services, School Health  
<http://www.doe.state.in.us/sservices/sn.htm>
- Academy of Family Physicians  
<http://www.aafp.org>
- Academy of Pediatrics  
<http://www.aap.org>

# MENINGOCOCCAL VACCINES

## WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).

### 1 What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the fluid surrounding the brain and spinal cord.

Meningococcal disease also causes blood infections.

About 1,000 - 2,600 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who survive, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories, and teenagers 15-19 have an increased risk of getting meningococcal disease.

Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why *preventing* the disease through use of meningococcal vaccine is important for people at highest risk.

### 2 Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- **Meningococcal conjugate vaccine (MCV4)** was licensed in 2005. It is the preferred vaccine for people 2 through 55 years of age.
- **Meningococcal polysaccharide vaccine (MPSV4)** has been available since the 1970s. It may be used if MCV4 is not available, and is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine.

Both vaccines work well, and protect about 90% of people who get them. MCV4 is expected to give better, longer-lasting protection.

MCV4 should also be better at preventing the disease from spreading from person to person.

### 3 Who should get meningococcal vaccine and when?

A dose of MCV4 is recommended for children and adolescents 11 through 18 years of age.

This dose is normally given during the routine pre-adolescent immunization visit (at 11-12 years). But those who did not get the vaccine during this visit should get it at the earliest opportunity.

Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease:

- College freshmen living in dormitories.
- Microbiologists who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

MCV4 is the preferred vaccine for people 2 through 55 years of age in these risk groups. MPSV4 can be used if MCV4 is not available and for adults over 55.

#### How Many Doses?

People 2 years of age and older should get 1 dose. Sometimes a second dose is recommended for people who remain at high risk. Ask your provider.

MPSV4 may be recommended for children 3 months to 2 years of age under special circumstances. These children should get 2 doses, 3 months apart.

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### Some people should not get meningococcal vaccine or should wait

- Anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of either meningococcal vaccine should not get another dose.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. Tell your provider if you have any severe allergies.
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your provider. People with a mild illness can usually get the vaccine.
- Anyone who has ever had Guillain-Barré Syndrome should talk with their provider before getting MCV4.
- Meningococcal vaccines may be given to pregnant women. However, MCV4 is a new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed.
- Meningococcal vaccines may be given at the same time as other vaccines.

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### What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

#### Mild problems

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a fever.

#### Severe problems

- Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.
- A serious nervous system disorder called Guillain-Barré Syndrome (or GBS) has been reported among some people who received MCV4. This happens so rarely that it is currently not possible to tell if the vaccine might be a factor. Even if it is, the risk is very small.

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### What if there is a moderate or severe reaction?

#### What should I look for?

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

#### What should I do?

- Call a doctor, or get the person to a doctor right away.
  - Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
  - Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.
- Or you can file this report through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

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### The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has had a rare serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

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### How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit CDC's National Immunization Program website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
  - Visit CDC's meningococcal disease website at [www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal\\_g.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm)
  - Visit CDC's Travelers' Health website at [wwwn.cdc.gov/travel](http://wwwn.cdc.gov/travel)



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



West Washington Schools  
Dawn Woods RN, BSN  
School Nurse  
Phone 755-1612 ~ Fax 755-5419

Dear Parents, Guardians and Students,

The Indiana State Department of Health and the Indiana Department of Education have asked that school systems provide important information to parents and guardians of students about pertussis (whooping cough) and the vaccines available to prevent this serious illness.

Pertussis is a highly contagious respiratory infection caused by the bacteria *Bordetella pertussis*. Pertussis is spread by droplets created when an infected person coughs or sneezes. Infants and young children are usually vaccinated against pertussis, but the vaccine becomes less effective as children get older, and vaccinated children can become infected.

Pertussis causes severe coughing fits. During a coughing fit, the infected person may be short of breath and appear frightened. The coughing fit may be followed by vomiting and exhaustion. Young infants are at highest risk for developing complications from the disease like pneumonia and seizures.

Teens and adults who received the whooping cough vaccine when they were younger might have milder disease if they get sick with pertussis, but they can still spread it to others. The United States Centers for Disease Control and Prevention (CDC) recommends a pertussis vaccine for all 11-12 year old children, and for anyone older who did not have a at the vaccine at 11-12 years of age. The pertussis vaccine (Tdap) is combined with tetanus vaccine and takes the place of one tetanus booster shot. The Tdap vaccine can be given as soon as one year after a regular tetanus booster.

Beginning in the 2010-2011 school year, the Tdap vaccine will be required for all students in grades 6 -12. Please talk with your child's healthcare provider about the Tdap vaccine. Additional resources for families to obtain information about pertussis disease include the following websites:

The Indiana State Department of Health  
<http://www.in.gov/isdh/22191.htm>  
The Centers for Disease Control and Prevention  
<http://www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm>

Sincerely,

Dawn Woods RN, B.S.N.  
School Nurse

# TETANUS, DIPHTHERIA (Td) or TETANUS, DIPHTHERIA, PERTUSSIS (Tdap) **VACCINE**

## WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).

### 1 Why get vaccinated?

Children 6 years of age and younger are routinely vaccinated against tetanus, diphtheria and pertussis. But older children, adolescents, and adults need protection from these diseases too. Td (Tetanus, Diphtheria) and Tdap (Tetanus, Diphtheria, Pertussis) vaccines provide that protection.

**TETANUS (Lockjaw)** causes painful muscle spasms, usually all over the body.

- It can lead to tightening of the jaw muscles so the victim cannot open his mouth or swallow. Tetanus kills about 1 out of 5 people who are infected.

**DIPHTHERIA** causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

**PERTUSSIS (Whooping Cough)** causes severe coughing spells, vomiting, and disturbed sleep.

- It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, including pneumonia.

These three diseases are all caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts, scratches, or wounds.

The United States averaged more than 1,300 cases of tetanus and 175,000 cases of diphtheria each year before vaccines. Since vaccines have been available, tetanus cases have fallen by over 96% and diphtheria cases by over 99.9%.

Before 2005, only children younger than 7 years of age could get pertussis vaccine. In 2004 there were more than 8,000 cases of pertussis in the U.S. among adolescents and more than 7,000 cases among adults.

### 2 Td and Tdap vaccines

- Td vaccine has been used for many years. It protects against tetanus and diphtheria.
- Tdap was licensed in 2005. It is the first vaccine for adolescents and adults that protects against all three diseases.

**Note:** At this time, Tdap is licensed for only one lifetime dose per person. Td is given every 10 years, and more often if needed.

These vaccines can be used in three ways: 1) as catch-up for people who did not get all their doses of DTaP or DTP when they were children, 2) as a booster dose every 10 years, and 3) for protection against tetanus infection after a wound.

### 3 Which vaccine, and when?

#### Routine: Adolescents 11 through 18

- A dose of Tdap is recommended for adolescents who got DTaP or DTP as children and have not yet gotten a booster dose of Td. The preferred age is 11-12.
- Adolescents who have already gotten a booster dose of Td are encouraged to get a dose of Tdap as well, for protection against pertussis. Waiting at least 5 years between Td and Tdap is encouraged, but not required.
- Adolescents who did not get all their scheduled doses of DTaP or DTP as children should complete the series using a combination of Td and Tdap.

#### Routine: Adults 19 and Older

- All adults should get a booster dose of Td every 10 years. Adults under 65 who have never gotten Tdap should substitute it for the next booster dose.
- Adults under 65 who expect to have close contact with an infant younger than 12 months of age (including women who may become pregnant) should get a dose of Tdap. Waiting at least 2 years since the last dose of Td is suggested, but not required.
- Healthcare workers under 65 who have direct patient contact in hospitals or clinics should get a dose of Tdap. A 2-year interval since the last Td is suggested, but not required.

New mothers who have never gotten Tdap should get a dose as soon as possible after delivery. If vaccination is needed during pregnancy, Td is usually preferred over Tdap.

#### Protection After a Wound

A person who gets a severe cut or burn might need a dose of Td or Tdap to prevent tetanus infection. Tdap may be used for people who have never had a dose. But Td should be used if Tdap is not available, or for:

- anybody who has already had a dose of Tdap,
- children 7 through 9 years of age, or
- adults 65 and older.

Tdap and Td may be given at the same time as other vaccines.

### 4 Some people should not be vaccinated or should wait

- Anyone who has had a life-threatening allergic reaction after a dose of DTP, DTaP, DT, or Td should not get Td or Tdap.
- Anyone who has a severe allergy to any component of a vaccine should not get that vaccine. Tell your provider if the person getting the vaccine has any severe allergies.

- Anyone who had a coma, or long or multiple seizures within 7 days after a dose of DTP or DTaP should not get Tdap, unless a cause other than the vaccine was found (these people *can* get Td).
- Talk to your provider if the person getting either vaccine:
  - has epilepsy or another nervous system problem,
  - had severe swelling or severe pain after a previous dose of DTP, DTaP, DT, Td, or Tdap vaccine, or
  - has had Guillain Barré Syndrome (GBS).

Anyone who has a moderate or severe illness on the day the shot is scheduled should usually wait until they recover before getting Tdap or Td vaccine. A person with a mild illness or low fever can usually be vaccinated.

## 5 What are the risks from Tdap and Td vaccines?

With a vaccine (as with any medicine) there is always a small risk of a life-threatening allergic reaction or other serious problem.

Getting tetanus, diphtheria or pertussis would be much more likely to lead to severe problems than getting either vaccine.

Problems reported after Td and Tdap vaccines are listed below.

### Mild Problems

(Noticeable, but did not interfere with activities)

#### Tdap

- Pain (about 3 in 4 adolescents and 2 in 3 adults)
- Redness or swelling (about 1 in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents and 1 in 100 adults)
- Headache (about 4 in 10 adolescents and 3 in 10 adults)
- Tiredness (about 1 in 3 adolescents and 1 in 4 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents and 1 in 10 adults)
- Chills, body aches, sore joints, rash, swollen glands (uncommon)

#### Td

- Pain (up to about 8 in 10)
- Redness or swelling (up to about 1 in 3)
- Mild fever (up to about 1 in 15)
- Headache or tiredness (uncommon)

### Moderate Problems

(Interfered with activities, but did not require medical attention)

#### Tdap

- Pain at the injection site (about 1 in 20 adolescents and 1 in 100 adults)
- Redness or swelling (up to about 1 in 16 adolescents and 1 in 25 adults)
- Fever over 102°F (about 1 in 100 adolescents and 1 in 250 adults)
- Headache (1 in 300)
- Nausea, vomiting, diarrhea, stomach ache (up to 3 in 100 adolescents and 1 in 100 adults)

#### Td

- Fever over 102°F (rare)

Vaccine Information Statement (Interim)

Td & Tdap Vaccines (11/18/08)

U.S.C. 42 §300aa-26

#### Tdap or Td

- Extensive swelling of the arm where the shot was given (up to about 3 in 100).

### Severe Problems

(Unable to perform usual activities; required medical attention)

#### Tdap

- Two adults had nervous system problems after getting the vaccine during clinical trials. These may or may not have been caused by the vaccine. These problems went away on their own and did not cause any permanent harm.

#### Tdap or Td

- Swelling, severe pain, and redness in the arm where the shot was given (rare).

A severe allergic reaction could occur after any vaccine. They are estimated to occur less than once in a million doses.

## 6 What if there is a severe reaction?

### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell the doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

VAERS does not provide medical advice.

## 7 The National Vaccine Injury Compensation Program

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## 8 How can I learn more?

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**MEDICAL REFERRAL FOR SPECIAL/MODIFIED SCHOOL MEALS/FOOD ALLERGIES**

Current Federal Regulations require that requests for Special/Modified Meals be authorized by a licensed physician (USDA FNS Instruction 783-2, Revision 2, and Meal Substitutions for Medical or Other Special Dietary Reasons.) For each student requesting Special/Modified Meals, a copy of this form is to be completed and maintained with the student's health records at school. If the student does NOT require Special/Modified Meals, please dispose of this form.

**Section A TO BE COMPLETED BY PARENT (please print or type)**

Student name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student address \_\_\_\_\_ Phone no. \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Daytime phone no. \_\_\_\_\_ Permission for school nurse \_\_\_\_\_

To communicate with physician regarding this request \_\_\_\_\_ /  
Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B TO BE COMPLETED BY PHYSICIAN (please print or type)**

Patient's Diagnosis: \_\_\_\_\_

Describe the patient's condition and the major life activity affected by the condition related to the need for dietary modification: \_\_\_\_\_  
\_\_\_\_\_

**Special/Modified Diet Prescription (Check all that apply):**

- ☐ Specific Calories ☐ Amount of \_\_\_\_\_ breakfast calories ☐ Amount of \_\_\_\_\_ lunch calories  
☐ Modified Texture: ☐ regular ☐ chopped ☐ ground ☐ pureed  
☐ Sodium Restriction: ☐ amount \_\_\_\_\_ or ☐ No Added Salt  
☐ Tube Feeding: Formula Name \_\_\_\_\_ Amount \_\_\_\_\_ Time to be given \_\_\_\_\_

**Administering Instructions**

Oral Feeding: ☐ No ☐ Yes If Yes, specify foods \_\_\_\_\_

☐ Diabetic

☐ Other (Describe) \_\_\_\_\_

**Foods Omitted and Substitutions:**

Specific foods or food group to be omitted \_\_\_\_\_

Food substitutions \_\_\_\_\_

Other information regarding diet or feeding \_\_\_\_\_

Food allergies (specify) \_\_\_\_\_

Does the food allergy result in severe, life threatening reaction? ☐ yes ☐ no

Describe the allergic reaction \_\_\_\_\_

Does student require medication for allergic reactions? ☐ yes ☐ no

Medication, dosage and time to be given: \_\_\_\_\_

I certify the above named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Physician's name printed

Physician's signature

Physician's telephone no.

Date

Distribution List: School Nurse, Food Services, Teacher