



***Bishop CISD***

**Where Badger Pride Never Dies**

**Nursing Standard Operating Procedures  
Student Handbook  
2025-2026**



Updated: May 12, 2025

## **HEALTH (All Grade Levels)**

The nurses and staff at BCISD want your child(ren) to have an equal opportunity in the classroom. The fact is: **Healthy Children Learn Better**. The state of Texas requires certain screenings, immunizations, and exclusions from school. We are also mandated by the State to inform you of certain diseases and their characteristics. The following information will give you a better understanding of the health procedures at Bishop CISD.

## **COMMUNICABLE DISEASES/CONDITIONS (All Grade Levels)**

To protect children from contagious illnesses, students infected with certain diseases are not allowed to attend school while contagious. Parents of students with a communicable or contagious disease or condition are asked to call the office so that other students who have been exposed can be alerted. A doctor's note stating the student is no longer contagious must accompany the student returning to school. **A student must be fever-free for 24 hours without fever-reducing medications (i.e. Tylenol/Acetaminophen, Ibuprofen) before returning to school.**

Although perfect attendance is encouraged, students should not be sent to school when they are ill. This is especially true in cases of fever or conjunctivitis. If a student should develop a fever of **99.6 or greater** while at school, it is imperative that parents pick their child up promptly after being contacted. This will assist in preventing other students and staff from contracting diseases/conditions.

Communicable diseases/conditions included, but are not limited to are:

Amebiasis	Impetigo	Salmonellosis, including
Campylobacteriosis	Infectious Mononucleosis	Typhoid Fever
Chickenpox	Influenza	Scabies
Common Cold with Fever	Measles	Shigellosis
COVID-19	Meningitis, Bacterial	Streptococcal Disease,
Fifth Disease (Erythema	Mumps	Invasive
Infectiosum)	Pinkeye (Conjunctivitis)	Tuberculosis, Pulmonary
Gastroenteritis, Viral	Ringworm of the Scalp	Whooping Cough
Giardiasis	Rubella (German Measles),	(Pertussis)
Head Lice (Pediculosis)	including Congenital	
Hepatitis, Viral (A, B or C)		

## **IMMUNIZATIONS** (All Grade Levels)

A student must be fully immunized against certain diseases or must present a certificate or statement that, for medical reasons or reasons of conscience, including a religious belief, the student will not be immunized.

For exemptions based on reasons of conscience, only official forms issued by the Texas Department of State Health Services (DSHS), Immunization Branch, can be honored by the district. This form may be obtained by writing the DSHS Immunization Branch (MC 1946), P.O. Box 149347, Austin, Texas 78714-9347; or online at [Affidavit Request for Exemption from Immunization](#). The form must be notarized and submitted to the principal or school nurse within 90 days (about 3 months) of notarization. If the parent is seeking an exemption for more than one student in the family, a separate form must be provided for each student.

To enroll in TAMUK, CBC or schools in the state of Texas, it is necessary for all students to be immunized against certain diseases. These diseases include Diphtheria, Tetanus, Poliomyelitis, Rubella (German Measles), Rubella (Red Measles), Varicella (Chicken Pox), Mumps, Hepatitis B, and Haemophilus Influenza Type B (Hib).

[See the DSHS website: [Texas School & Child Care Facility Immunization Requirements](#) and policy FFAB(LEGAL) for more information.]

A guide for immunizations by age are as follows:

1. Children 15 months of age but not yet five years old:
  - a. Polio – 3 doses
  - b. DTP/DTaP - 4 doses
  - c. MMR – 1 dose of MMR received on or after child's 1<sup>st</sup> birthday.
  - d. HibCV – 1 dose
  - e. Varicella – 1 dose
  - f. Hepatitis A – 1 dose of Hepatitis A vaccine administered on or within 30 days (about 4 and a half weeks) of their 2<sup>nd</sup> birthday for children Two years of age but not yet three. Children Three years of age but not yet Four are required to have 2 doses by August 1, 2004.
  
2. Children Five years of age and older:
  - a. Polio - 4 doses, unless the third dose was administered on or after the child's 4<sup>th</sup> birthday.
  - b. DTP/DTaP - 5 doses unless 4<sup>th</sup> dose was administered on or after the child's 4<sup>th</sup> birthday.
  - c. Tdap Booster – Grade 7/8 must be within Five years

- d. MMR – 2 doses for kindergarten
- e. Measles – 2 doses, grades 1-12
- f. Rubella – 1 dose, grades 1-12
- g. Mumps – 1 dose, grades 1-12
- h. Hepatitis B – 3 doses, grades PK-12
- i. Hepatitis A – 2 doses, grades K-12
- j. Varicella – 1 dose, grades 3-6 and 10-12
- k. Varicella – 2 doses, K-2 and 7-9
- l. Meningococcal – grade 7, 8, 9

The school nurse can provide information on immunization requirements. Proof of immunization may be established by personal records from a licensed physician or public health clinic with a signature or rubber-stamp validation.

If a student should not be immunized for medical reasons, the student must present a certificate signed by a U.S. registered and licensed physician stating that, in the doctor's opinion, the immunization required is medically contraindicated or poses a significant risk to the health and well-being of the student or a member of the student's family or household. This certificate must be renewed yearly unless the physician specifies a lifelong condition.

### **LICE (All Grade Levels)**

Head lice is quite common among children. Although not an illness or a disease, it spreads easily through head-to-head contact during play, sports, nap time, and when children share things like brushes, combs, hats, and headphones.

If careful observation indicates that a student has head lice, the school nurse will contact the student's parent to determine whether the student needs to be picked up from school and to discuss a treatment plan using an FDA-approved medicated shampoo or cream rinse that may be purchased from any drug or grocery store. After the student undergoes one treatment, the parent should contact the school nurse to discuss the treatment used. The nurse can also offer additional recommendations, including subsequent treatments, how best to get rid of lice, and how to prevent their return.

The district will provide notice to parents of elementary school students in the affected classroom without identifying the student with lice.

More information on head lice can be obtained from the DSHS website [Managing Head Lice in School Settings and at Home](#).

[See policy FFAA for more information]

### **MEDICATION AT SCHOOL (All Grade Levels)**

The school must have a complete copy of the EMERGENCY INFORMATION AND PROCEDURE form on file for each student. The form lists the name of the family doctor, any allergies, and emergency telephone numbers. Parents should update information on this form, as necessary.

A parent of a student who must take prescription medicine during the school day must deliver a completed **AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL** form and the medication, in its **original** container, properly labeled with the student's name. **Students are not allowed to have any medication or drugs in their possession on campus.**

The written request must be dated and signed by the parent and include:

1. Student's name
2. Name of medication
3. Specific time medication is to be administered
4. Specific dosage that is to be administered at each designated time
5. How long (number of days) the medication is to be administered to the student.

Office personnel will administer medication at the proper time(s). **BHS Only** office personnel may give students permission to take the medication as directed.

**If your child requires emergency medication (epi-pen or epinephrine) for life threatening allergies, please contact the school nurse immediately so these health concerns will be effectively managed.**

### **SCREENINGS (ALL GRADE LEVELS)**

Vision – PK, K, 1, 3, 5, and 7

Hearing – PK, K, 1, 3, 5, and 7

Height and Weight – PK-12

Scoliosis – 6 and 9 (Schools may choose to screen in grades 5 and 8 instead of 6 and 9)

Acanthosis (Determines insulin intolerance) - 1, 3, 5, and 7

A parent or student who has questions about any screening or who wants to request a screening should contact a school nurse. As a result of the screenings, some children may be referred to a physician. The parents should follow up on the referral and return the referral form to the school after the visit with the doctor.

**DIABETES** (House Bill 984)

In accordance with a student's individual health plan for management of diabetes, a student with diabetes will be permitted to possess and use monitoring and treatment supplies and equipment while at school or at a school-related activity. See the school nurse or principal for information.

[See policy FFAF (Legal) for more information.]

**FOOD ALLERGIES** (All Grade Levels)

Parents should notify the district when a student has been diagnosed with a food allergy, especially an allergy that could result in dangerous or life-threatening reactions either by inhalation, ingestion, or skin contact with a particular food. It is important to disclose the food to which the student is allergic as well as the nature of the allergic reaction. Please contact the school nurse or campus principal if your child has a known food allergy or as soon as possible after any diagnosis of a food allergy.

The district has developed and annually reviews a food allergy management plan, based on the Texas Department of State Health Services (DSHS) "Guidelines for the Care of Students with Food Allergies At-Risk for Anaphylaxis" found on the DSHS website at [Allergies and Anaphylaxis](#).

**SEIZURES** (All Grade Levels)

To address the care of a student with a seizure disorder while at school or participating in a school activity, a parent may submit a seizure management and treatment plan to the district before the beginning of the school year, upon enrollment of the student, or as soon as practicable following diagnosis of a seizure disorder.

**Effective August 2025**

**ASTHMA MEDICATION AT SCHOOL** (All Grade Levels)

A student with asthma is entitled to possess and self-administer prescription asthma medication while on school property or at a school-related event or activity, if:

1. The prescription asthma medication was prescribed for the student as indicated by the label.
2. The self-administration is done in compliance with the prescription or written instructions from the student's physician or other health care provider.
3. A parent of the student provides to the school:
  1. A written authorization signed by the parent for the student to self-administer prescription asthma medication while on school property, or at a school-related event or activity.
  2. A written statement from the student's physician or other licensed health care provider that states:
    - a) That the student has asthma and can self-administer the prescription asthma medication.
    - b) The name and purpose of the medication.
    - c) The prescribed dosage for the medication.
    - d) The times at which or circumstances under which the medication may be administered.
    - e) The period for which the medication is prescribed.

The school nurse must keep the physician's statement on file at the school that the student attends.

**\*\*An updated Asthma Action Plan, completed and signed by the student's licensed healthcare provider, is required at the beginning of each school year if the student brings an inhaler to school. This documentation ensures that school personnel are informed of the current status and severity of the student's asthma and can respond appropriately in the event of an asthma-related incident. Asthma Action Plans submitted from previous school years are no longer valid, as the status and severity of the student's asthma may have changed.\*\* (All Grade Levels)**

**\*\*For Bishop Primary and Bishop Elementary students the inhaler must be submitted to the school nurse and will be securely stored in a locked cabinet during school hours.\*\***

**\*\*If a student at LJHS or BHS is authorized to self-carry their inhaler, this must be clearly documented on the Asthma Action Plan or provided through a separate written prescription from a licensed healthcare provider. The Asthma Action Plan must be signed by both the parent/guardian and the healthcare provider to authorize self-carry. Without written authorization and required signatures, the inhaler must be submitted to the school nurse and will be securely stored in a locked cabinet during school hours.\*\***

These forms are available in the office of each school nurse.

## **BACTERIAL MENINGITIS**

### **What is meningitis?**

Meningitis is an inflammation of the covering of the brain and spinal cord, also called the meninges. Meningitis 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 exceedingly rare. Bacterial meningitis is profoundly 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* causes Meningococcal Meningitis; there are 5 subtypes that cause serious illness (A, B, C, Y, and W-135).

### **What are the symptoms?**

Someone with meningitis will become extremely ill. The illness may develop over one or two days, but it can also rapidly progress in hours. Not everyone with meningitis will have the same symptoms, but any of the following are possible. Children over the age of one and adults with meningitis may have:

1. Severe headache
2. Elevated temperature
3. Vomiting
4. Sensitive to bright light
5. Neck stiffness, joint pains
6. 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.*

### **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 serious is bacterial meningitis?**

If diagnosed early and treated promptly, most people recover. 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 does bacterial meningitis spread?**

Fortunately, none of the bacteria that causes 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 the body's natural defense system. The bacteria rarely overcome the body's immune system and causes meningitis or another serious illness.

### **How can bacterial meningitis be prevented?**

Do not share food, drinks, utensils, toothbrushes, or cigarettes. Limit the number of people 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, and W-135) is available. These four groups cause most meningococcal cases in the United States. This vaccine is recommended by some groups for college students, particularly first-year students 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 (about 1 and a half weeks) 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.*

### **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).

### **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. Additional information may also be found at the websites of 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](http://www.tdh.state.tx.us).

## **REYE'S SYNDROME**

### **What is Reye's syndrome?**

Reye's syndrome, also called Reye-Johnson syndrome, is a rare but serious condition that causes confusion, swelling in the brain, and liver damage.

### **What are the symptoms of Reye's syndrome?**

Typically, Reye's syndrome occurs when a person is beginning to recover from a viral illness. Symptoms include nausea, vomiting, lethargy, and indifference. The child may exhibit irrational behavior, delirium, aggressiveness, or rapid breathing. Fever is not usually present. The course and severity of the illness vary. Reye's syndrome can be mild and self-limited, or it can progress rapidly, causing death within hours of onset, usually from brain swelling. The progression may also stop at any stage.

### **How do people get Reye's syndrome?**

Although the exact cause of this illness remains unknown, research has shown that taking aspirin and other related medications after a viral illness, such as chickenpox, flu, or other

respiratory tract illness, significantly increases the chance of Reye's syndrome. However, aspirin and aspirin-containing medications do **not** have to be ingested to bring on Reye's syndrome.

### **How common is Reye's syndrome?**

Reye's syndrome is rare. Since 1994, two or fewer cases per year are reported in the U.S. There has been a dramatic decline in cases since the 1980's, when health experts began educating parents about the use of aspirin and aspirin-containing products for the treatment of chickenpox and other flu-like illnesses.

Reye's syndrome cases occur throughout the year but are more frequent when viral diseases are epidemic, such as the winter months, or after a chickenpox or influenza outbreak.

### **Who should be especially careful about Reye's syndrome? Who is likely to get Reye's syndrome?**

Reye's syndrome affects people of all ages; however, over 90 percent of those affected are under 15.

### **How do I protect myself from Reye's Syndrome?**

Reye's syndrome is not contagious.

### **How do I protect others from Reye's syndrome?**

Aspirin and aspirin-containing products should not be used for treatment of viral illnesses. Do not give aspirin to children under 12 years except on medical advice and avoid it in children aged up to and including 19 years if feverish. Read labels carefully. Some medication labels may use the words acetylsalicylate, acetylsalicylic acid, salicylsalicylic, salicylamide, phenyl salicylate, etc., instead of the word aspirin.

The National Reye's Syndrome Foundation (NRSF) is a nonprofit, tax-exempt organization with affiliates located in 43 states. The NRSF has pioneered the movement to disseminate knowledge about the disease to aid in early diagnosis and provides funds for research into the cause, cure, care, treatment, and prevention of Reye's syndrome.

For more information, contact:

National Reye's Syndrome Foundation

P.O. Box 829, Bryan, Ohio 43506-0829

1-800-233-7393 or 419-636-0829

FAX: 419-636-3366

### **What if I suspect my child has Reye's syndrome?**

Immediate medical attention is vital. Statistics indicate an excellent chance of recovery when Reye's syndrome is diagnosed and treated in its earliest stages.

### **How is Reye's syndrome diagnosed?**

Diagnosis is done based on medical symptoms rather than laboratory results. Reye's syndrome can be misdiagnosed as encephalitis, meningitis, diabetes, drug overdose, poisoning, sudden infant death syndrome (SIDS), or psychiatric illness.

### **How is Reye's syndrome treated?**

There is no cure for this disease. Successful management, which depends on early diagnosis, is primarily aimed at protecting the brain against irreversible damage by reducing brain swelling and preventing complications. Glucose and electrolyte solutions may be given to correct blood chemistry levels. A ventilator is sometimes needed to help with breathing.

### **Should I worry about Reye's syndrome when I travel out of the country?**

Since Reye's syndrome is not contagious, no additional precautions are needed while traveling.