

# Backpack Safety: It's Time to Lighten the Load

When you move your child's backpack after he or she drops it at the door, does it feel like it contains 40 pounds of rocks? Maybe you've noticed your child struggling to put it on, bending forward while carrying it, or complaining of tingling or numbness.

If you've been concerned about the effects that extra weight might have on your child's still-growing body, your instincts are correct.

Backpacks that are too heavy can cause a lot of problems for kids, like back and shoulder pain, and poor posture. The problem has grabbed the attention of lawmakers in some states, who have pushed for [legislation requiring school districts to lighten the load](#).

While we wait for solutions like digital textbooks to become widespread, there are things you can do to help prevent injury. While it's common these days to see children carrying as much as a quarter of their body weight, the American Chiropractic Association recommends a [backpack weigh no more than 10 percent of a child's weight](#).

When selecting a backpack, look for:

- An ergonomic design
- The correct size: never wider or longer than your child's torso and never hanging more than 4 inches below the waist
- Padded back and shoulder straps
- Hip and chest belts to help transfer some of the weight to the hips and torso
- Multiple compartments to better distribute the weight
- Compression straps on the sides or bottom to stabilize the contents
- Reflective material

Remember: A roomy backpack may seem like a good idea, but the more space there is to fill, the more likely your child will fill it. Make sure your child uses both straps when carrying the backpack. Using one strap shifts the weight to one side and causes muscle pain and posture problems.

Help your child determine what is absolutely necessary to carry. If it's not essential, leave it at home.

# Meningococcal Disease

## What is meningococcal disease?

- Meningococcal disease is any illness caused by the bacteria *Neisseria meningitidis*.
- It is the leading cause of bacterial meningitis in children 2-18 years of age in U.S.
- Meningococcal disease can be very serious, even life-threatening in 48 hours or less.
- The two most severe and common illnesses caused by meningococcal bacteria include;
  - Meningitis - an infection of the fluid and lining around the brain and spinal cord
  - Septicemia - a bloodstream infection

## What are the symptoms?

- Symptoms of meningococcal disease are similar to influenza (flu) and may include:
  - Sudden onset of a high fever
  - Headache
  - Stiff neck
  - Nausea
  - Vomiting
  - Increased sensitivity to light
  - Rash
  - Confusion
  - Severe aches and pain in the muscles, joints, chest or belly

## How does meningococcal disease spread?

- Meningococcal disease is spread person to person by sharing respiratory secretions, through kissing or coughing, close or lengthy contact, and among people who share a room or live in the same household.
- Anyone can get meningococcal disease, but teens and college freshmen who live in residence halls are at increased risk.
- Some people can “carry” meningococcal bacteria in their nose and throat without getting meningococcal disease, but can still infect other people.
- Most cases of meningococcal disease are spread by people who “carry” the bacteria with no symptoms, appear to be random, and not linked to other cases.
- Meningococcal outbreaks can occur in communities, schools, colleges, prisons, and in other high risk populations.

## Where can I find more information?

- Ask your doctor.
- Call the Alabama Department of Public Health, Immunization Division, at 1-800-469-4599.
- Go to [cdc.gov](http://cdc.gov) and type meningococcal disease in SEARCH box.



Alabama Department of Public Health

Immunization Division, 201 Monroe St, Montgomery, AL 36104

1-800-469-4599 [www.adph.org/imm](http://www.adph.org/imm) 2/29/16

# Meningococcal Vaccine

## Who should get meningococcal vaccine?

- Meningococcal vaccine(s) is recommended for all preteens and teens.
- All 11 and 12 year olds should be vaccinated with serogroups A, C, W, and Y meningococcal conjugate vaccine (MCV4). A booster dose is recommended at age 16.
- Teens and young adults, 16 through 23 year olds, may also be vaccinated with a serogroup B meningococcal vaccine (SBMV), preferably at 16 through 18 years old.
- Both MCV4 and SBMV can be given at the same time, talk to your provider.
- Teens with HIV should get three doses of MCV4.
- People 55 years of age and older should get Meningococcal polysaccharide vaccine (MPSV4).

## Who should be vaccinated because they are at increased risk?

- College freshmen living in dormitories.
- Laboratory personnel exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling or living where meningococcal disease is common, like Africa.
- Anyone with a damaged spleen or who had the spleen removed.
- Anyone with an immune system disorder.
- Anyone exposed during a meningococcal meningitis outbreak.

## What are the vaccine side effects and risks?

- MCV4 and SBMV are safe, but side effects can occur.
- Most side effects are mild or moderate and do not affect daily activities.
- The most common side effects in preteens and teens occur where the injection is given and may include pain, tenderness, swelling, and hardness of the skin.
- Other common side effects may include nausea, feeling a little run down, and headache.
- Some preteens and teens may also faint after getting a vaccine.
- Reactions usually last a short time and get better within a few days.

## Where can I find more information?

- Ask your doctor.
- Call the Alabama Department of Public Health, Immunization Division, at 1-800-469-4599.
- Go to [cdc.gov](http://cdc.gov) and type meningococcal vaccine in SEARCH box.



Alabama Department of Public Health

Immunization Division, 201 Monroe St, Montgomery, AL 36104

1-800-469-4599 [www.adph.org/imm](http://www.adph.org/imm) 2/29/16



## Influenza Disease

### What is influenza disease?

- Influenza (flu) is a contagious respiratory illness caused by a virus.
- The virus infects the nose, throat, and lungs.
- It can cause mild to severe illness, hospitalization, and even death.

### What are the symptoms?

- Anyone can get flu and it strikes suddenly and can last several days.
- Symptoms of flu disease may include:
  - Fever or feeling feverish/chills
  - Cough
  - Sore throat
  - Runny or stuffy nose
  - Muscle or body aches
  - Headaches
  - Fatigue (very tired)
  - Vomiting and diarrhea

### How does influenza disease spread?

- Flu is spread by:
  - An infected person's droplets from cough, sneeze or talk enter the mouth, eye or nose.
  - Touching a surface or object with flu virus on it and then touching mouth, eyes or nose.
- An infected person can infect others 1 day before symptoms start and up to 5 to 7 days after symptoms start.
- Some people, especially young children and people with weakened immune systems, might be able to infect others for an even longer time.

### How do I prevent the flu?

- Get a yearly flu vaccine.
- Wash your hands properly and often.
- Cover your cough and sneeze with arm.
- Clean and sterilize surfaces.
- Stay home if you are sick.

### Where can I find more information?

- Ask your doctor.
- Call the Alabama Department of Public Health, Immunization Division, at 1-800-469-4599.
- Go to [cdc.gov](http://cdc.gov) and type influenza in the SEARCH box.



Alabama Department of Public Health

Immunization Division, 201 Monroe St, Montgomery, AL 36104

1-800-469-4599 [www.adph.org/imm](http://www.adph.org/imm) 2/29/16

## Influenza Vaccine

### Who should get the influenza (flu) vaccine?

- The flu vaccine is recommended every year for everyone age 6 months or older.

### Who should be vaccinated against influenza because they are at increased risk?

- Children 6 months of age through 5 years
- Adults 65 years of age or older
- Pregnant women
- Residents of nursing homes and other long-term care facilities
- People who have medical conditions including the following:
  - Asthma
  - Chronic lung disease
  - Heart disease
  - Blood disorders (such as sickle cell disease)
  - Kidney disorders
  - Liver disorders
  - Weakened immune systems due to disease or medication (such as HIV/AIDS or cancer)
  - People younger than 19 years of age who are receiving long-term aspirin therapy
  - People with extreme obesity

### What are the common vaccine side effects and risks?

- Flu vaccines are safe, but some side effects can occur.
- Minor problems following the flu vaccine include soreness, redness, and/or swelling from the shot, hoarseness, sore, red or itchy eyes, cough, fever, aches, headache, itching, and fatigue.
- More serious problems may include Guillain-Barré syndrome (GBS) in fewer than 1 or 2 cases per one million people vaccinated, children receiving multiple vaccines slightly increase in fever with seizure.
- People who should not get the flu vaccine include anyone with severe, life threatening allergies, had GBS before, or not feeling well the day of vaccination.

### Where can I find more information?

- Ask your doctor.
- Ask you school nurse.
- Call the Alabama Department of Public Health, Immunization Division, at 1-800-469-4599.
- Go to [cdc.gov](http://cdc.gov) and type influenza in the SEARCH box.



Alabama Department of Public Health

Immunization Division, 201 Monroe St, Montgomery, AL 36104

1-800-469-4599 [www.adph.org/imm](http://www.adph.org/imm) 2/29/16

# Sunscreen Use at School Policy and Recommendations

Students will be allowed to possess and use federal Food and Drug Administration regulated over-the-counter sunscreen at school and at school-based events. Any student, parent, or guardian requesting a school board employee to apply sunscreen to a student shall present the nurse a Parent Prescriber Authorization Form. The student, parent, or guardian are responsible for providing sunscreen.

Sunscreen must be: 1) safe for the age of a particular child; 2) in the original container; and 3) within the expiration date noted on the product 4) properly labeled and with the child's full name.

Aerosols, as well as, **combined** sunscreen and insect repellents **are prohibited**.

Sunscreens with chemicals like Oxybenzone are not recommended. Zinc Oxide or Titanium Dioxide are preferred chemical agents for sunscreen products.

Sunscreen/sunblock must provide a broad spectrum coverage (UVB and UVA protection) with an SPF of 15 or greater.

Prior to use at school, sunscreen should be applied to the child at least once at home to test for any allergic reaction.

A Prescriber/Parent Authorization Form signed by the parent/guardian must be completed prior to using sunscreen. This authorization form must be updated annually.

## **Recommendations:**

Using sunscreen is just one part of a sun protection plan. Other methods to reduce exposure to the full spectrum of UV exposure includes:

1. Shade: avoiding the sun during peak times 10am-4pm, seeking shaded areas such as covered play areas or trees
2. Clothing: wearing protective clothing such as long-sleeved shirts and pants, clothes made of tightly woven fabric, clothing certified with UV factor information.
3. Hat: wide brimmed hat that shades the face, ears and the back of neck. Tightly woven fabric such as canvas. If wearing a baseball type cap, you should protect ears and the back of neck.

Sunscreen must be provided by a parent/guardian (labeled with the child's full name). The school will not stock sunscreen nor share one child's sunscreen with another student.

## **Application:**

Sunscreen should be applied 20 to 30 minutes before going outdoors to be absorbed into the skin and to increase its effectiveness. Sunscreen should be re-applied every two hours while outdoors, or more often if the child is involved in water play or perspiring.

Sunscreen should be applied only to exposed areas of skin.

School-age children may apply sunscreen to themselves with adult supervision for proper application.

Sunscreen must be applied correctly in order to be effective. An adequate amount of sunscreen for application is generally 1-2 ounces.

Reflective areas (such as water and/or sandy areas) for prolonged periods of time should be avoided.

References: [www.childrensal.org](http://www.childrensal.org)

[https://www.cdc.gov/cancer/skin/basic\\_info/sun-safety.htm](https://www.cdc.gov/cancer/skin/basic_info/sun-safety.htm)



## Medication Policy/Procedure

- **Students are not to have prescription or over-the-counter medications in their possession during the school day or during school sponsored events.**
- **All medication** (prescription and over-the counter medication) requires a completed *School Medication Prescriber/Parent Authorization Form* to be kept on file in the nurse's office.
- Students are not allowed to transport any type of medication to and from the school.
- Medication must be transported by the parent/custodian unless other arrangements have been approved by the school nurse, (exceptions: asthma inhaler, insulin/diabetic supplies, and epipen, and only when authorized by the prescriber/physician and parent/custodian).
- Students must take medication only in the presence of the licensed nurse, trained Medication Assistant or parent/custodian, unless authorized to self-administer.
- Students will be allowed to carry (on their person) and/or self-administer medications prescribed for treatment of chronic health conditions only when the prescriber and custodial parent have so indicated and signed on the *School Medication Prescriber/Parent Authorization Form* and the school nurse has assessed the student's use of the medication is safe and appropriate for school use.
- Any change in medication, medication orders, to include a change in the medication prescribed, or a change in the existing medication dosage amount or schedule, etc. must be documented on a new medication authorization form, signed by the licensed prescriber/physician and parent/custodian. Medication discontinuation orders, to include the effective date, must be documented in writing by the prescriber. The parent/guardian must sign out and pick up any remaining doses of the discontinued medication stored at the school. The form can be faxed from the licensed prescriber's office to expedite the process. The stop date of the original medication order will be documented on the original authorization and daily medication record. The start date of the new medication order will be documented on the newly completed authorization form and daily medication record.

## Prescription Medication

- Prescription medications will be administered only if a properly completed *School Medication Prescriber/Parent Authorization Form* (PPA) is thoroughly completed and signed by the licensed prescriber and parent/custodian.
- Prescription medications must be kept in a current pharmacy labeled container marked with the student's name, dosage, name of drug and directions for administration.

## Over-the-counter Medication (OTC)

- All over-the counter medication must be delivered in a sealed manufacturers' labeled container with the student's name written in indelible ink on the container. No expired (by date on label &/or packaging) medications will be administered in the school setting.

- OTC medications will be administered in accordance with manufacturer recommendations for dosage by age and/or weight only.
- Four different over-the-counter (OTC) medications, Acetaminophen (Tylenol), Ibuprofen (Motrin or Advil), Diphenhydramine (Benadryl) and Dimenhydrinate (Dramamine) will be administered when the *School Medication Prescriber/Parent Authorization Form* (PPA) is completed, signed by the parent/custodian, and the specific reason for giving the medication is included where indicated on the PPA. These 4 medications may be kept on file in the nurse's office for the school year.
- All other OTC medications may be administered for 7 consecutive school days when the *School Medication Prescriber/Parent Authorization Form* (PPA) is completed, signed by the parent/custodian, and the specific reason for giving the medication is included where indicated on the PPA.
- After the 7 consecutive school days, the medication shall be picked up by the parent/guardian or a physician's signature is required.
- Per direction from the Alabama Board of Nursing and the Alabama State Department of Education, schools are prohibited from keeping a stock supply of any OTC medication.

#### **Receiving and Returning Medication**

- When medication is brought to the school, the trained Medication Assistant or licensed nurse will record the date and amount of medication received on the back of the Medication Administration Record (MAR) form. School personnel and parent/guardian will sign the entry in the space provided.
- When returning medication to the parent/guardian, the date and the amount of medication returned will be recorded on the back of the MAR form. The school nurse/Medication Assistant and parent/guardian will sign the entry in the space provided.
- Unused portions of medication must be picked up from school by the parent /guardian at the end of the school year. Unused portions not picked up will be disposed of by school personnel in the presence of a witness and documented on the back of the Medication Administration Record (MAR) Form.