



SCHOOL NURSE UPDATE

www.dhss.mo.gov/SchoolHealth/

School Nurses
THE HEART OF SCHOOL
HEALTH SERVICES

Missouri Department of Health and Senior Services

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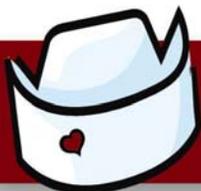


Introduction

The School Health Program in the Missouri Department of Health and Senior Services recognizes the need for a means to disseminate current information to school nurses. This School Nurse Update will be developed on an “as needed” basis, or PRN, in nursing terms. If you have questions or comments, please e-mail us at the above address. The message will reach us more quickly if you designate the message is for the School Health Program.

Methicillin-Resistant Staphylococcus Aureus (MRSA)

The Department of Health and Senior Services has recently put materials related to methicillin-resistant staphylococcus aureus (MRSA) and CA (community-acquired)-MRSA on their website in a prominent place, under Hot Topics. You will also find links to this material, and other reliable websites on our School Health web page. Many of the links contain information specific to MRSA in school settings. If you find a case of MRSA in your school, the local health department and district epidemiology specialists will be very helpful in dealing with the community issues that arise when a case is diagnosed. It is important for school nurses to review the signs and symptoms of significant skin lesions, and monitor students with lesions that are not healing with the routine care given. The CA-MRSA is frequently misdiagnosed initially, and can rapidly become a serious, even fatal infection. Like all communicable diseases, the best protection is good handwashing. With cold and flu season approaching, the threat of a pandemic flu, and MRSA, a school nurse could not find a better way to spend her time than teaching and reinforcing good handwashing programs in the school. These programs also take administrative support to ensure that warm water; soap and disposable towels are always available to students and staff. The alcohol-based hand sanitizers are a substitute and should be used in conjunction with good handwashing with soap and water. There are materials available from CDC, and the Missouri Department of Health and Senior Services to both enhance awareness and teach handwashing. In addition, see the School Health website for Materials and Presentations, Handwashing.



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Risk Communication Skills

Nurses who have participated in our School Nurse Emergency Care Course have been introduced to the independent learning available via the web, through Heartland Centers for Public Health Preparedness at St. Louis University. Their mission is professional development for individuals working in public health settings, including schools. One module that has been recommended for school nurses is called *Risk Communication: Effectively Communicating with the Media During a Public Health Crisis*. In this module, you work through various ways to communicate information clearly and accurately. While the focus is on talking to media, the same principles apply when talking with parents and community members. Risk communication reduces anxiety and instills confidence that things are under control. In schools, whether it is head lice or MRSA, it is important to be able to share information with parents early and often in order to reduce panic. Techniques that are taught will be especially important if and when a disaster strikes your community. To enroll in this course or any of the 150 courses on line, almost all without cost, go to www.heartlandcenters.com. You will be asked to complete a brief assessment of interest/needs, and the Center then provides a list of courses they would recommend to address your needs. The assessment is kept confidential, and you can enroll in any of the courses in which you are interested. When you have successfully completed a course, you take a brief test on-line, and if you pass, you are directed to print out your own certificate! How easy can that be?

Hearing Screening

A mother recently contacted the School Health Program and made a plea for us to ask school nurses to recognize that a hearing loss of 30 db is considered a mild hearing loss, and should be evaluated. In her school district, the nurse screened at 30 db and passed her child on the screening. The mother believes her son got lost academically because this hearing loss was not recognized and treated early. Best practice for hearing screening is to screen at 20 db, which is the upper limit of normal hearing (the range is 0-20 db), and if you are screening at 30 db due to ambient noise, you are probably wasting your time and the student's time. You are likely to miss students with a mild loss who deserve an evaluation if they can only hear at 30 db or higher on rescreening under the best conditions you can provide. Just a reminder, by law, only audiologists, physicians and hearing instrument specialists are permitted to do **threshold testing**. School nurses do "screening" only to determine if the child's hearing falls within normal limits or not. Again, normal is considered 0-20 db. If the child's hearing does not fall within that range, a referral should be made to a physician and/or hearing specialist.

Changes in Medicaid and MC+

Many of you have probably been advised that the Medicaid program and MC+ have new names. This will affect trying to access information from the DSS website. MC+ for Children has been renamed MO HealthNet for Kids (MHK). The Medical Assistance (Medicaid) for Families has been renamed MO HealthNet for Families (MAF). Other programs have similar name changes but these are the two that would affect you the most.

Individualized Healthcare Action Plans (IHP)

In the new textbook for school nurses, titled *School Nursing: A Comprehensive Text*, there is a suggestion for making the process of developing individualized healthcare plans more efficient and less time-consuming. It is so important to get plans developed in a timely manner, so that goals can be accomplished before the end of the school year. The author suggested developing an IHP packet for each of the common chronic conditions seen in schools. The packets would include the condition-specific history that is critical; a template for the letter to the parent regarding the importance of an IHP; permission sheet to contact the child's medical providers(s), if indicated; teaching sheets about the condition (for student and family); an IHP form; and an Emergency Action



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Plan (EAP) form if indicated for that condition. This sounds similar to a folder for new admissions in a different setting. Something to do on a snow day!

Immunization Records

It is important to be aware that a number of vaccines are now being combined, and when they are recorded, to credit the student with the appropriate vaccinations. An example would be MMRV, which would indicate that student received both MMR and varicella vaccines.

Professional Licenses

Please remember to provide evidence of your license renewal to your employer. The Board of Nursing no longer recommends that a copy be placed in your personnel file, but that you simply show it to your supervisor when you get a renewed license in April. If you are a supervising nurse, it is your responsibility to assure that personnel you supervise have an active license to practice. In our state, the burden is on the employer to assure that personnel are qualified and licensed to practice.

AEDs in Schools

The American Academy of Pediatrics (AAP) has recently published several articles regarding the placement of automated external defibrillators (AEDs) in schools. This is a summary of their recommendations from Dr. Lani Wheeler, AAP Committee on Pediatric Emergency Medicine:

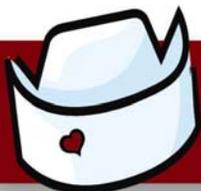
Although a cost/benefit assessment of school-based AEDs has not been established yet, school systems must, in their assessment of the need for an AED, consider the benefit of AED purchase to adult staff members and adult visitors and as another component of school-based emergency care.

When determining the need for a school-based AED program, the following factors should direct the decision:

- a. The frequency of cardiac arrest events is such that there is a reasonable probability of AED use within five years of rescuer training and AED placement. This probability can be established if one cardiac arrest has been known to have occurred at the site within the last five years or can be estimated on the basis of population demographics.
- b. There are children attending the school or adults working at the school who are thought to be at high risk of sudden cardiac arrest (e.g., children with conditions such as congenital heart disease and a history of abnormal heart rhythms, cardiomyopathy, history of heart transplant, or adults with a history of heart disease).
- c. An EMS call to shock interval of less than 5 minutes cannot be achieved reliably with conventional EMS services, and a collapse to shock interval of less than 5 minutes can be achieved reliably (in 90% of cases) by training and equipping lay people to function as first responders by recognizing cardiac arrest, telephoning 911 or other appropriate emergency response numbers, starting cardiopulmonary resuscitation, and attaching and operating an AED.

When placed in schools, AEDs must be part of a comprehensive emergency care plan that includes:

- a. pediatric medical oversight;
- b. staff training in basic first aid and cardiopulmonary resuscitation; and
- c. integration with local EMS.



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The AAP Committee recommends that any legislation that mandates placement of an AED also provide the funding for such devices, including costs of staff training and maintenance of the equipment. AED legislation must allow for pediatric AED usage and liability protection for those who use these devices and for the physicians who provide the medical oversight for these programs.

Missouri has a law regarding the use of, and liability pertaining to AEDs. You can find this information by looking at the legislative website, www.moga.mo.gov and looking for Chapter 190, Section 190.092. This law contains information about AEDs and the responsibilities of agencies that acquire them.

Family Health History

A great project for school nurses to promote with high school health classes would be to help the students learn about their family health history and risk for chronic diseases. In 2004, the US Surgeon General created an online tool for individuals to use to create a “family health portrait.” The user enters family history by individual, which creates a family tree, with health issues identified by the individual. This tool can then be printed out and shared with family members to educate them about health conditions that run in the family. The family health history can be shared with healthcare providers, which could lead to identifying realistic prevention strategies to address chronic health conditions. For more information about the family health history project and for links to resources for creating a family health portrait, see <https://familyhistory.hhs.gov> or www.dhss.mo.gov/FamilyHistory/. The family health history form is available in English and Spanish on the DHSS website, and on the Department of Health and Human Services website, it is also available in Chinese, French, Polish and Portuguese.

Retention of School Health Records

There is an inconsistency in the *Manual for School Health Programs* and what appears on the Secretary of State’s website regarding retention of school health records. While we have immunization records listed as part of the overall student health record that needs to be kept permanently, we also reference immunization exemptions at the bottom of the page, stating they are to be kept until the student graduates or leaves the district. Immunization records, including exemptions, are part of the permanent health record, and are to be kept permanently. We will be making that change in the Manual.

Vision Screening Programs

There are many questions about the new law regarding vision screening. This law requires a professional eye exam for all children entering school at kindergarten/first grade. In addition, school nurses will be required to screen children in first and third grades and report to the Department of Health and Senior Services regarding the number of referrals made and completed. This reporting requirement will last for four years. This law will go into effect for the 2008-09 school year. When the Vision Committee is appointed and identifies the protocol, the forms and the screening tools to use, the information will be sent out to all school districts.

Department of Health and Senior Services Forms

The department periodically gets requests or orders for forms that are no longer in use, on request forms that are outdated. This is especially a problem if the school has generated a check to pay for the materials. Some of the items include scoliosis screening reports (data no longer collected), health examination records, referrals sheets, etc. Any suggested forms for these screening programs are included in the topical manual or guidelines document. So, feel free to discard any old order forms and reports. Call the School Health program if you have questions about the availability of forms or reports, before you send a check.



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Blood-borne Pathogens – New Resource

We have placed *Blood-borne Pathogens: Guidelines for Exposure Control Plan and Staff Inservice* on the School Health Website, under Guidelines. This provides a model plan and a PowerPoint presentation for school nurses who might be asked to provide this information. The material was developed according to the Missouri statute and the Occupational Safety and Health Administration guidelines. <http://www.dhss.mo.gov/SchoolHealth/>.

CONTINUING EDUCATION OPPORTUNITIES

The easiest and most cost-effective inservice education available to school nurses is simply to visit a nurse in a nearby district for a half or whole day. It does not seem to matter if the district is bigger or smaller, you can still learn from each other and share resources. If you need the names of school nurses in nearby districts and their contact information, call the School Health Program.

SAVE THE DATE

There will be a Maternal Child Health Collaborative Conference, **June 4-5**, in Columbia MO. The focus will be on public health, school health, and community agencies developing collaborative projects to address the issues of reducing obesity, tobacco prevention, and intentional and unintentional injuries in their communities.

The University of Missouri's Annual Continuing Medical Education Conference on Common Childhood Problems will be held **June 20-21**, at the Reynolds Alumni Center in Columbia. The focus will be Pediatric Neurodevelopment Issues. The keynote speaker will be a nurse practitioner. Topics will include mental health screening, learning disabilities, ADHD, Autism Spectrum Disorder, etc.

IMPORTANT LINKS

Adolescent Health

School nurses working in secondary schools would benefit from visiting the DHSS Adolescent Health website. The Adolescent Health program includes abstinence education, provides state and national publications on adolescent health issues, and data related to adolescent health topics. *Adolescent Shorts* is a newsletter prepared for all health care professionals who service this age group, and covers a topic in depth with each issue. The website also archives the back issues of *Adolescent Shorts* for reference. To visit this site, go to <http://www.dhss.mo.gov/AdolescentHealth/Publications.html>.

WellAware

The Missouri Department of Mental Health and the Missouri Department of Elementary and Secondary Education have partnered to develop a new suicide prevention publication to inform Missouri school leaders of the link between health and academics. <http://www.dmh.mo.gov/cps/issues/suicide/WellAware.htm>.

MRSA

http://www.cdc.gov/ncidod/dhqp/ar_MRSA.html Community-Associated MRSA Information for the Public. Includes patient education sheets, posters to download or order, focus on student athletes, etc. <http://www.dhss.mo.gov/>, click on MRSA, under Hot Topics.



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School Safety Issues

The Center for Safe Schools publishes an e-newsletter. The Center works with schools on all types of issues like emergency preparedness, bio-terrorism, bullying, and pandemic flu, so if you are not accustomed to looking at their site, try this link: <http://education.umkc.edu/safe-school/>.

Pandemic Influenza in Schools

Schools are being encouraged to make plans for dealing with a pandemic flu. For information and resources regarding tools for schools to use for preparedness, go to www.dhss.mo.gov, and click on Pandemic Influenza under the Hot Topics section.

Stop Bullying Now! Campaign

Information and resources are available at <http://www.stopbullyingnow.hrsa.gov>.

Obesity Recommendations/Guidelines

There is a new web-based national network designed to rapidly share knowledge, successful practices and innovations on child and adolescent obesity. At this network site, you will find an Implementation Guide for the Recommendations on the Assessment, Prevention and Treatment of Childhood Obesity, tools and resources for implementing the new recommendations, as well as current research on childhood obesity. The site is <http://www.nichq.org/nichq> and then click on the Childhood Obesity Action Network article. You can download the recommendations for healthcare providers for obesity prevention at well care visits.

Diabetes in Adolescents

There is a new resource to help teens manage their diabetes, including type 2 diabetes. The National Diabetes Education Program (NDEP) has a series of tip sheets and an online quiz for teens to help them learn to manage their disease and reduce their risk of complications. For more information about the NDEP's resources, visit <http://ndep.nih.gov/>.

EAT SMART. PLAY HARD.™

The USDA – Food and Nutrition Service, to encourage and teach children and adults to eat healthy and be physically active everyday, developed the Eat Smart. Play Hard™ program. Visit the Eat Smart. Play Hard.™ site to see the downloadable resources for kids, parents and professionals. The website is <http://www.fns.usda.gov/eatsmartplayhard/>.

Healthy Social and Emotional Development in Children and Adolescents

The Maternal Child Health Library has added a new “knowledge path” in their mental health section that provides resources by age group, on such topics as developmental stages; factors that impact social and emotional development; policies and programs to promote social and emotional well-being in homes and community settings; and strategies for integrating health, development, and education services. A section with resources for families is included. If you are not familiar with the MCH Library (US Department of Health and Human Services) and their knowledge paths program, please check them out at http://www.mchlibrary.info/KnowledgePaths/kp_Mental_Healthy.html.



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Reducing Pesticide Exposure at Schools

This article discusses the importance of integrated pest management in schools, and the role it plays in promoting a safe learning environment. The article comes from the Department of Health and Human Services, Centers for Disease Control and Prevention and National Institute for Occupational Health and Safety. To read the article, go to www.cdc.gov/niosh/docs/2007-150.

Body Mass Index Measurement (BMI) in Schools

The Centers for Disease Control and Prevention has issued a report on doing BMI measurements in schools, both for surveillance and for screening purposes. To read the executive summary and the full journal article, go to www.cdc.gov/healthyyouth/overweight/BMI/.

Audio Visual Catalog

The Department of Health and Senior Services Audio-Visual Catalog has been difficult for some school nurses to locate. The easiest way to find this catalog and the necessary request forms for films and literature is www.dhss.mo.gov/warehouse/index.html.

Missouri Department of Mental Health (DMH) – Resource Centers

To view a map and read about the DMH Resource Centers for Suicide Prevention, see: www.dmh.missouri.gov/cps/issues/suicide/ResourceCenters.htm. These regional resource centers offer suicide prevention training for the issue of suicide, called *Well Aware* training. The training is offered free to schools, faith-based organization youth services agencies, to increase effective communication about this issue.