

Amendment to Section 504 How It Affects Students and Health Services

by Judy Zabel RN, MS, NCSN
Supervisor of Health Services



Section 504 is a “federal law designed to protect the rights of individuals with disabilities in programs and activities that receive federal funds from the US Department of Education (ED).”

The American with Disabilities Act Amendments Act was signed in September, 2008. The Act made some changes to the definition of “disability” that were upheld in prior Supreme Court decisions, and some aspects of the Equal Employment Opportunity Commission (EEOC) ADA regulations. The Act did not change the ADA’s definition of “**disability**” defined as “**an impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment.**” It however changed how these terms were to be interpreted in many ways. The Act changed some of the requirements relating to Section 504 by expanding the definition of “major life activities,” and directing the EEOC to revise the defining term “substantially limits,” when looking at the effects of the disability on the daily life of the individual.

The law applies to employment (ADA), and to education (Section 504). The Office of Civil Rights (OCR) is the oversight agency that enforces Section 504. To qualify for eligibility under Section 504 a student must be disabled which means the student:

- (1) “Has a physical or mental impairment which
- (2) substantially limits
- (3) one or more major life activities.”

What do these changes mean in our daily practice of caring for students with disabilities? Currently, Health Services staff in cooperation with families, teachers, and administrators plan and implement necessary accommodations that students need to be successful in the classroom. This may be a formal **Individual Health Plan (IHP)**, a specific **Action Plan (AP)** or implementing the medication administration guidelines currently in place. These accommodations will continue as we move forward in implementing the changes in the law.

The law has increased the number of students who will be eligible for a 504 evaluation. The IHP or AP may become (for all intents and purposes) the 504, if that is determined by the 504 team as they evaluate the needs of students. Parents of students with disabilities are to be notified by the District that their student may be eligible for a 504 plan. This will be done in a sequential manner to insure adequate time to complete the process effectively for each student. School nurses will collaborate with the building 504 coordinator to identify students who currently have a medical condition that may qualify as a “disability”. The 504 team, which includes individuals who are knowledgeable about the needs of the student, determines if the student is eligible for 504 accommodations as outlined in the new law.

The accommodations necessary for students to have access to a free appropriate public school education (FAPE) will continue to be made, whether or not a student has the more formal 504 plan.

Resources: Section 504 of the Rehabilitation Act of 1973; A Guide for Parents and Students, Department of Student Services (pamphlet); www.eeoc.gov/ada/amendments_notice.html; Americans with Disabilities Act (ADA) Amendments Act of 2008; Power Point Presentation by Greg Perry of Perry, Guthery, Haase & Gessford, P.C., L.L.O. 12/08.

“The highest reward for a person’s toil is not what they get for it, but what they become by it.”

–John Ruskin
(1819-1900)

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Transition to the HFA Inhalers— Are You 100% Green

by Hollis Alexander-Ramsay, RN MSN

Many students in LPS have asthma and use inhalers throughout the school year depending on the severity of their asthma. At the beginning of this year, there was a federally mandated change from ozone depleting chlorofluorocarbons (CFC's) to hydrofluoroalkane (HFA's) non ozone depleting inhalers. The FDA (Food & Drug Administration) has requested that manufacturers of albuterol inhalers use HFA to "propel the medicine out of the inhaler." CFCs reduce the ozone layer which protects the earth against the harmful sun rays, hence preventing skin cancers, cataracts and other health problems.

This is a good opportunity to teach students about the differences and similarities between the 2 inhalers:

- **Differences** – There is a slight difference in smell and taste; the mist is less forceful and warmer. The new inhalers clog easier because HFA is making the drug stickier. Many need to be cleaned and cared for differently and they should not get wet (don't use the float test). They are more expensive than the generic CFC inhalers.
- **Similarities** - The medicine is the same, it is the substance used to push the medicine out of the inhaler that has changed. The shapes and sizes are similar and they are both convenient to use.



There are several types of HFA bronchodilators: ProAir HFA, Proventil HFA, Ventolin HFA and Xopenex HFA. Each of these inhalers have 200 puffs; the plastic actuator needs to be cleaned weekly (not the metal canister) by running warm water through the top and bottom of the actuator for 30 seconds, shaking off the

excess water and allowing the actuator to air dry before reinserting the canister.

Priming Instructions

ProAir HFA – after 2 weeks non-use: 3 sprays

Proventil HFA – after 2 weeks non-use: 4 sprays

Ventolin HFA – after 2 weeks non-use: 4 sprays

Xopenex HFA – after 3 days non-use: 4 sprays

This is a good time to check inventory in all Health Offices to see if there are any old inhalers. Even though CFC inhalers will not be sold after December 31, 2008 many may still try to use the old inhalers if the prescription is still valid. Since the new HFA inhalers are more expensive, the poor and uninsured may be the last to make the switch. These situations may be handled on an individual basis. Manufacturers of HFA have programs to help persons who cannot afford the new inhalers. They include patient assistance programs which are based on financial need, coupons and giveaways.

PERSONS IN NEED OF FINANCIAL ASSISTANCE

CONTACT THE PARTNERSHIP FOR PRESCRIPTION ASSISTANCE

CALL 1-888-477-2669 OR VISIT www.pparx.org

Source: American Academy of Allergy, Asthma & Immunology

Newsletter Committee Contact Information

Please forward any questions, comments or contributions to any member of the Newsletter Committee.

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CELEBRATION

The following Health Services staff, have December birthdays.

Teri Dageforde, LPN
Sheri Eichelberger, LPN
Joni Hall, LPN
Susan Kangas-Packett, RN
Liz Post, RN

Best wishes on another milestone!



Salmonella Outbreak and Peanut Butter Recall

by Liz Post, RN BSN

A thorough investigation conducted by the FDA (Food and Drug Administration), the CDC (Center for Disease Control) and state officials in Minnesota and Connecticut; through laboratory testing and epidemiologic analysis confirmed that peanut butter and peanut paste was the cause of the recent salmonella outbreak. Concentrated peanut paste (ground or roasted) was distributed to food manufacturers who then sold the product to be used in “commercially produced products” such as cereal, ice cream, cookies, crackers and cakes.

Major national brands of jarred peanut butter found in grocery stores are not affected by the PCA recall. According to the FDA, the Peanut Corporation of America (PCA) processing plant in Blakely, Georgia has been identified as the source of contamination.

What is salmonellosis? Salmonellosis is an infection with bacteria called Salmonella. Most persons infected with Salmonella develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection. The illness usually lasts 4 to 7 days, and most persons recover without treatment. However, in some persons, the diarrhea may be so severe that the patient needs to be hospitalized. In these patients, the Salmonella infection may spread from the intestines to the blood stream, and then to other body sites, and can cause death unless the person is treated promptly with antibiotics. The elderly, infants, and those with impaired immune systems are more likely to have a severe illness.

How do people catch Salmonella?

Salmonella live in the intestinal tracts of humans and other animals, including birds. Salmonella are usually transmitted

to humans by eating foods contaminated with animal feces. Contaminated foods usually look and smell normal. Contaminated foods are often of animal origin, such as beef, poultry, milk, or eggs, but any food, including vegetables, may become contaminated. Thorough cooking kills Salmonella. The hands of an infected food handler who did not wash hands with soap after using the bathroom may also contaminate food.

Salmonella may also be found in the feces of some pets; especially those with diarrhea, and people can become infected

if they do not wash their hands after contact with pets or pet feces. Reptiles, such as turtles, lizards, and snakes, are particularly likely to harbor Salmonella. Many chicks and young birds carry Salmonella in their feces. People should always wash their hands immediately

after handling a reptile or bird, even if the animal is healthy. Adults should also assure that children wash their hands after handling a reptile or bird, or after touching its environment.

What can I do to prevent salmonellosis?

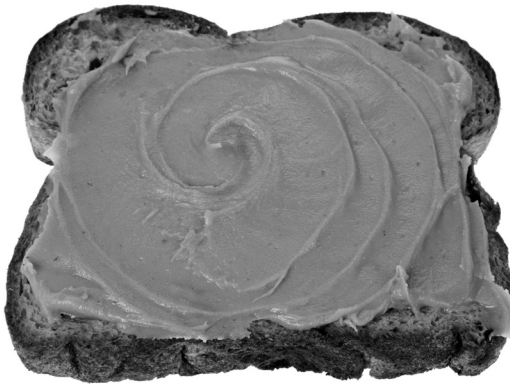
- Cook poultry, ground beef, and eggs thoroughly. Do not eat or drink foods containing raw eggs, or raw (unpasteurized) milk.
- If you are served undercooked meat, poultry or eggs in a restaurant, don't hesitate to send it back to the kitchen for further cooking.
- Wash hands, kitchen work surfaces, and utensils with soap and water immediately after they have been in contact with raw meat or poultry.
- Be particularly careful with foods prepared for infants, the elderly, and the immunocompromised.
- Wash hands with soap after handling reptiles, birds, or baby chicks, and after contact with pet feces.

- Avoid direct or even indirect contact between reptiles (turtles, iguanas, other lizards, snakes) and infants or immunocompromised persons.
- Don't work with raw poultry or meat, and an infant (e.g., feed, change diaper) at the same time.
- If you are infected with Salmonellosis you should not prepare food or poor water until the diarrhea has subsided. You may have to have a negative stool sample before returning to work/school.
- Mother's milk is the safest food for young infants. Breastfeeding prevents salmonellosis and many other health problems.

All health Offices should continue to promote and encourage proper hand washing techniques; be on the look out for students with diarrhea, abdominal cramps and fever lasting a few days; and if student have eaten peanut butter products and complain of gastrointestinal pain with fever, refer immediately to their physician for follow-up.

Companies nationwide that received peanut product made by PCA have issued voluntary recalls of their products. As FDA gathers additional information about these products, the list of recalled products is expected to expand. FDA has created a searchable database for these products, which can be found at <http://www.accessdata.fda.gov/scripts/peanutbutterrecall/index.cfm>. The list is updated frequently.

Source: cdc.gov



High Cholesterol in Children

by Hollis Alexander-Ramsay, RN, MSN

Do you know your child (ren) cholesterol levels?



Many parents, guardians or primary care physicians would not routinely check a cholesterol level on a child unless they had reason to. Quite recently the American Academy of Pediatrics began focusing on cholesterol levels in children, and the results were quite startling as evidence shows that, high cholesterol levels were being seen more in children. In many cases these children have a parent with “elevated cholesterol.”

According to the American Heart Association atherosclerosis (build up of plaque in arteries) may begin in childhood and gradually progress into adulthood. Several studies have shown that high blood cholesterol is a factor in the development of coronary heart disease, “the leading cause of death in the United States.”

A diet and exercise program involving the entire family is the best way to treat elevated cholesterol levels in children. If this is not effective, a physician may consider using medication for children over age 10. After 3 months of dietary changes and or exercise, cholesterol levels should be retested.

Quick Definitions

Total Cholesterol. This includes cholesterol that the body makes as well as those ingested.

HDL. High density lipoprotein “good cholesterol” which helps to carry cholesterol away from organs to the liver for removal.

LDL. Low density lipoprotein, “bad cholesterol” linked to heart disease.

What affects cholesterol?

- **Diet.** By foods that contain saturated fat (from animal fat), some vegetable oils such as palm oil; trans fatty acids, trans fats (hydrogenated vegetable oil), and dietary cholesterol found in eggs, meat and dairy products.
- **Weight.** Overweight may lower the good cholesterol (HDL); increase the bad cholesterol (LDL) and increase total cholesterol levels.
- **Lack of Exercise.** Inactivity may increase weight which in turn increases LDL.
- **Heredity.** High LDL may run in some families, a condition called hypercholesterolemia.
- **Age.** LDL levels tend to rise as one gets older.

Strategies to Improve cholesterol in children/adults

- Maintain a healthy weight. Encourage aerobic activities such as running, swimming, biking and walking at least 3 days weekly.
- Avoid or control obesity.
- Identify and treat high blood pressure.
- Type 2 diabetes should be diagnosed and controlled.
- Discourage cigarette smoking.
- Encourage children to eat at least 5 servings of fruits and vegetables daily.



Cholesterol Levels (children 2-19 years)

	Total Cholesterol (mg/dl)	LDL Cholesterol (mg/dl)
Acceptable	less than 170	less than 100
Borderline	170-199	110-129
High	200 or greater	130 or greater

HDL levels should be equal to or greater than 35 mg/dl and triglycerides should be equal to or below 150 mg/dl.

Source: National Cholesterol Education Program’s Expert Panel on Blood Cholesterol in Children and Adolescents. Endorsed by the American Heart Association. www.cdc.gov.

SCHOOL NURSES’ PLC SCHEDULE

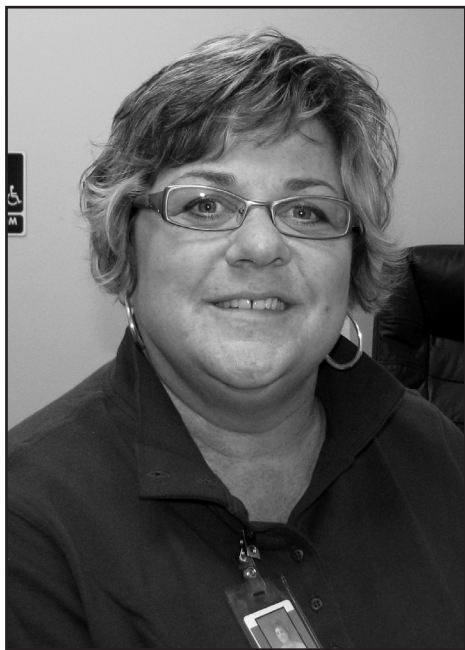
Focus on Healthy Learning

February 24, 2009

March 31, 2009

April 28, 2009

In the Spotlight



**Kathy Burke, Health Technician
Holmes Elementary School**

This is my second year as a Health Tech at Holmes Elementary - I have found my DREAM job! I can't believe I have worked year round for half of my life, prior to joining LPS! I have attended Prescott Elementary, Lefler Middle School and Lincoln High School.

I always dreamed of being a Special Education teacher, and in fact completed a few years of college and university courses towards a degree in Special Ed. During the time I attended college, I went to Alaska for a vacation with my parents. My mom and dad were both in education - my dad was a school psychologist and my mom was a Special Education consultant. They were offered jobs there, but declined because they had six children and were afraid Alaska was too far away. Four of my siblings live in Lincoln, and my oldest sister Marci still lives in Wasilla, Alaska. My eldest brother Mark is an attorney at the University of Nebraska, Family and Law Department; Paul, is a Social Studies teacher at Scott Middle school; Julia is the lunch lady at Lefler

and David works for the Department of Roads.

In 1985, my boy friend and I drove the Alaska Highway to Wasilla, Alaska. We drove for about eight hours each day and it took us seven days to drive the highway. We eventually married in Wasilla and had our two sons, Dawson and Mason. While in Wasilla, I worked for two doctors and started an onsite daycare for the employees' children which I spearheaded for 8 years (it was a great experience). It's different living in Alaska since there is winter solstice

starting December 21, and summer solstice which starts in June. This results in long hours of darkness from December and long hours of sunlight in June. Many people get depressed

during this time, but it did not bother me. Most homes are equipped with heavy drapes to keep the sunlight out at night (so that one can establish a sleep/wake pattern).

In 1995, we returned to Lincoln because we started to miss our family. My parents were sick and we were four thousand miles away. Upon return to Nebraska, I started a home childcare (since my boys were little). Later, I enrolled them at Holmes Elementary - during that time I became the assistant PTA president and also volunteered in their classrooms.

In 1998, I went through a divorce but by 1999 I remarried the man of my dreams, Tom Burke. Tom has worked for Duncan Aviation for the past 9 years, repairing airplanes. He was trained in the US Air force as an airframe mechanic. He is presently studying to obtain an Engineering degree. Many like to hear the story of how we met. After my divorce, I was worried about being a single mom and decided to explore the "Lincoln Singles" through the Lincoln

Journal Star (don't recommend this for the faint of heart). After a few unsuccessful dating experiences, I met Tom. Our first date was at the Sunken Gardens, and the rest is history... In 2000 we had a little baby girl, Olivia!

Life goes on...

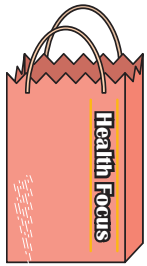
I later became a CNA (Certified Nursing Assistant) through Madonna Rehabilitation Hospital followed by employment at St. Elizabeth's Network as a Lab/X-ray receptionist; I also learned the skills as a phlebotomist.

One day, while working at my desk, I started thinking that my sister Julia and my brother Paul (LPS employees) have EVERY summer and holidays OFF! What am I doing here? I want summers off too... I sent in an application to LPS and was hired at Holmes Elementary.

In 2006, my husband and I bought a cabin on a sandpit 15 miles south of Beatrice. I have very special memories since I grew up on this lake, where we spent summers and some winter trips. This "beach" as we call it is the most marvelous, peaceful, beautiful place (it comes close to Lake Lucille in Alaska). Our family spend most weekends down at the beach March through October. At other times we take family vacations with our siblings and their children. Last spring break 19 of us drove to Mexico and rented 2 homes on the beach in Puerto Pinasco. We have also driven to Anehiem, California to Disneyland and the Black Hills. Amidst, the madness, I still find time to be a Girls Scout Troop leader. Presently our troop consists of 10 - 3rd and 4th grade students from Holmes. This keeps me busy and on my toes.

I get the BEST of my Dreams...in a school setting... being a Health Technician! I have summers off to be at our Cabin! **Life couldn't be better!**

"I get the BEST of my Dreams...in a school setting...being a Health Technician!"



Gayle's Grab Bag

Since this is the 3rd quarter, I am reminding many of the school nurses that many of you still have all or most of your Enhancement Funds to be used. Lincoln Public Schools provides each certificated employee with \$225 (part-time staff receive a prorated amount), to be used for purchasing equipment and/or supplies; to be used in the classroom or for other work-related projects.

Purchases may be made using the following methods: (1) a purchase requisition to order equipment/supplies; (2) the building's procurement card (see your building secretary), or (3) employee purchases which are then reimbursed. A minimum of \$50 must be requested before the reimbursement will be processed. Final claims at the end of the year will be processed for lesser amounts. Note: This money may not be accumulated from year to year. If you need to know how much money you have to spend, please give me a call.

Louella (Gayle) Thomas
Executive Secretary, Health Services
Box 18, LPSDO
lthomas@lps.org
(402) 436-1657

UPCOMING EVENT...

KINDERGARTEN REGISTRATION

Thursday March 19, 2009
Friday March 20, 2009

Question?

Are there students registering with medical concerns?

Under the Microscope

Keeping tabs on what's new

New Employees

We welcome these new employees to our Health Services family:

- Rose Ann L'Heureux**, RN Sub
- Amy Slaymaker**, RN Sub
- Sandy Carlson**, Treatment Nurse
- Sheri Eichelberger**, Treatment Nurse
- Connie Richards**, Treatment Nurse
- Patricia Ullrich**, Treatment Nurse
- Patricia Bell**, Health Technician, West Lincoln

Resigned

- Elizabeth Montes**, Elliott Health Technician
- Melissa Slade**, Saratoga Health Technician
- Cheryl Swenson**, Mickle Health Technician
- Lynette Wroblewski**, West Lincoln Health Technician

Change of Assignments

- Sara Bell**, Sub Health Technician moved to Prescott Elementary School
- Stacy Keller**, Prescott Health Technician moved to Mickle Middle School

Nurse Humor

Layman terms for medical terminology

- CAUTERUZE:** made eye contact with her
- COLIC:** a sheep dog
- PARALYZE:** two far-fetched stories
- PROTEIN:** in favor of young people
- SECRETION:** hiding anything
- TABLET:** a small table
- TERMINAL ILLNESS:** getting sick at the airport
- TUMOR:** an extra pair
- URINE:** opposite of "you're out"
- VEIN:** conceited

Source: nurse humor.com

LINCOLN BOARD OF EDUCATION

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Community Resources

American Cancer Society
402-423-4888
Cancer Support Groups
General, disease, or age specific groups. For patients, family members, friends.

Lincoln Lancaster County Health Dept.
General Assistance Medical Clinic;
441-8065
Income based clinic
Eligibility guidelines
For individuals without a medical home.

Lincoln Lancaster County Health Dept. Immunization Clinic
8am-4pm
Mon-Friday
Closed Holidays
Administrative fee:
Single shot - \$13
Multiple shots \$15
Copy record \$5

LLCHD Outreach Coordinators
From varied cultures, Provides services in homes, churches, schools, & other community locations.
Open Mon-Fri. 8:00am to 4:30pm

Outreach Staff
African American 441-6223
American Indian 441-6209
Asian 441-6227
Latino 441-6210
Community Health Educator/Cultural Diversity Specialist 441-6208

Cedars 437-8888
Youth, Family Services & Family Crisis

Lincoln Council on Alcoholism & Drug Abuse
475-2694
Prevention programming & materials for youth, parents, schools and the community.

Nebraska Family Support Network
477-2992
24 Hr Hotline 1-800-245-6081
Advocacy Network
Self-help Info
Inf. and Referral
(Families of children, ages 0-21 with behavioral, emotional, psychiatric disorders).