

Health Office Staff: Their Roles & Responsibilities

by *Marjorie A. Theel, RN, BSN, M.Ed*
Supervisor of Health Services



Did you know the person working inside your Health Office has a unique and specialized skill set? In addition to caring for students that are ill or injured during the school day, these dedicated

employees assist with health screenings, maintain health files and partner with parents and staff to meet the health needs of students on a daily basis. This year, health office staff have been especially busy notifying families of students needing a second varicella shot to meet the requirement taking effect July 1, 2011.

All Health Services employees are trained and hold certifications in CPR/AED, Pediatric First Aid, and Medication Administration.

The Health Technicians (HT) recently recertified in Pediatric First Aid on February 21st. They also complete an annual skills lab covering such topics as taking vital signs, glucometer use to check blood glucose, Glucagon administration (an emergency injection), the proper technique for inhaler use and how to administer a nebulizer treatment. Health

techs are trained to implement the Emergency Protocol in the event of a life threatening asthma attack or anaphylaxis (severe life threatening allergy) event. This protocol enables school staff to administer Epinephrine (through an auto injection device called an Epi-pen) and Albuterol via a nebulizer machine. A call is always made to 911 if the Emergency Protocol is needed.

Some schools also have Treatment Nurse Technicians. The treatment nurse may be a licensed practical nurse (LPN) or a registered nurse (RN). At times treatment nurses work with individual students with multiple medical needs or assist in health offices with unique medical needs especially on the days that the certificated School Nurse is not there. The treatment nurses provide specialized cares such as tube feedings, catheterizations, tracheostomy care and insulin administration. A licensed person is required by law to provide these cares in the school setting.

The certificated School Nurses have the privilege and honor to supervise and collaborate with this amazing work force. School Nurses are RN's with a minimum of a Bachelors Degree and hold a Special Services Certification from the Nebraska Department of Education. Some school nurses have a Masters Degree and others are in school working towards advanced degrees.

Health Services staff advocate for students and their families acting with the best interest of the child in mind. They strive to ensure a safe learning environment for the entire school community. Stop by the Health Office to say hello sometime.

**“Intellectual
growth should
commence at
birth and cease
only at death.”**

*—Albert Einstein
(1879-1955)*

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Fresh Fruit and Vegetable Program

by *Jessie, Coffey, Registered Dietician-LPS Nutrition Services*

The Nebraska Fresh Fruit and Vegetable Program (FFVP) provides all children and staff in participating schools with a variety of free fresh fruits and vegetables throughout the school day. It is an effective and creative way of introducing fresh fruits and vegetables as healthy snack options. The Nebraska FFVP is supported by the U.S. Department of Agriculture (USDA) and is managed through the Nebraska Department of Education, Nutrition Services, in partnership with the Nebraska Department of Health and Human Services, Nutrition and Activity for Health Program. Participating schools are also given materials and resources to promote fresh fruits and vegetables through classroom lessons, tasting activities, and community partnerships. By increasing fresh fruit and vegetable eating opportunities and promoting consumption, students and staff are supported to improve their diets during the school day.

How the Program Works

- Nebraska elementary schools with 50 percent or more students eligible for free or reduced-price meals are eligible to participate. Eligible schools complete an annual application to participate. The principal must sign off on the application.
- Schools agree to offer free fresh fruits and vegetables to students during the school day and provide nutrition education components with the snack on a monthly basis.

Program Goals

- Create a healthier school environment by providing healthier foods choices
- Expand the variety of fresh fruits and vegetables children experience
- Increase children's fresh fruit and vegetable consumption
- Make a difference in children's diets to impact their present and future health

2010-2011 Participating Schools-

Brownell

Clinton

Elliott

Everett

Hartley

Huntington



Lakeview

Pershing

Prescott

Norwood Park

Saratoga

Non participating schools eligible to participate for the 2011-2012 School Year:

Arnold, Belmont, BSP, Calvert, Campbell, Holmes, McPhee, Meadow Lane, Randolph, Riley and West Lincoln. If you are interested in participating in this program next year please contact Jessie Coffey by April 15th to ensure that an application is drafted for your school. For More Information visit: www.nde.state.ne.us/ns/nslp/FFVP/FFVP.htm



Seasonal Allergies: Spring is in the Air Ahhh cheeewwhh...

by *Barbara Ramsey, RN, MHA*

Seasonal allergies are also in the air! Allergy season usually begins in the spring and fall when certain trees or grasses pollinate. The timing varies throughout the country depending upon where you are located. In the southern states, trees can start pollinating as early as late February and grass begins by the end of April. In the Midwest, allergies flare up in May and begin again in late summer or early fall with ragweed pollination. In western states, grass pollinates for a longer period of time and certain weeds exist that can keep allergies blooming in the fall months. While allergies can develop in later life, they usually appear before the age of 20. The average age for allergy onset is 10 years.

Allergies caused by pollen and other allergens affect 40 million Americans and can cost up to \$1 billion dollars for treatments. **Common symptoms** of allergies include: sneezing, runny nose, congestion, itchy watery red eyes, itchy throat, dry cough, impaired sense of taste or smell and sleep disturbances.

The **causes** are airborne pollen from seasonal plants or spores from mold that enter the body via the eyes, nose, or throat and trigger an allergic reaction. In sensitive individuals, the immune system detects the allergen and releases chemicals such as histamines that lead to local inflammation, irritation and discomfort. **Allergies can also be triggered** by house dust, animal dander and smoke.

To determine what is causing allergy symptoms, a physician begins with a medical history and proceeds to a physical exam to rule out other abnormalities that may be the cause of symptoms. Polyps, tumors, and a deviated or perforated septum can cause symptoms that mimic allergies.

Allergy skin tests can determine which allergens are causing symptoms. This test includes a series of needles that contain minuscule amounts of allergens. If one of these areas becomes red or itchy or welty, that allergen is suspect. A blood test may also be done to determine the number of eosinophils present (a type of white blood cell that responds to allergies).

Prevention includes watching the pollen count and when the pollen count is high, go to a climate-controlled environment such as an air conditioned home and or car. The pollen count peaks between 5am and 10am each day. Trying to stay indoors during those hours may help. Wearing sun glasses keeps the pollen count lower for your eyes. Allergy shots may offer welcome relief.

Over the counter medication may offer relief also. Antihistamines can stop the itching and sneezing caused by the release of histamines. This blocks the action of histamine. There are many over the counter medications including: Benadryl and Tavist. A nasal decongestant such as pseudoephedrine may help to

Girls on the Run and Its Imp

by Hollis Alexander-Ramsay, RN, MSN



In 1993, Molly Barker a relatively unknown decided to do something big. She had for many years struggled with self esteem issues, found herself living in the shadow of others and being defined by them. She decided to change her life and the lives of many young girls by forming a movement which grew into “**Girls on the Run.**” Her goal was to help young

girls become confident and successful despite the “conflicting messages” that they might be inundated with and unable to work through. So in 1996, she piloted the first GOTR program in Charlotte, North Carolina. It was a 12-week, 24 lesson curriculum for which 13 girls had signed up. Since then the program has grown and has been in great demand. By 2000, Girls on the Run International became a 501 (c) (3) organization. Presently it is in about 173 cities in North America. Even though the program has expanded, its main aim is to help young girls (grades 3 through 8) uncover and maximize their full potential. It is led by volunteers who help girls prepare for a 5K run, while they work in groups to learn and share positive experiences, build confidence and become strong leaders.

The Program’s Objectives is to: “educate and empower girls at an early age in order to prevent the display of at-risk activities in the future. At risk activities include substance/alcohol use, eating disorders, early onset of sexual activity, sedentary lifestyle, depression, suicide attempts and confrontations with the juvenile justice system.”

Its Vision is to: (i) “provide life-changing high quality programs for girls; (ii) provide high quality experiences to the women developing and delivering the program (iii) promote and provide an environment that allows girls and women to **reach their full potential and (iv) positively transform how girls and women perceive themselves and their place in society.**”

According to www.girlsontherun.org, there are a set of “core values” listed below:

- We live our lives with gratitude
- We are honest
- We maintain balance in our lives
- We are tobacco and drug-free
- We seek the positive in life’s challenges
- We live outside the “Girl Box”
- We are open-minded
- We positively assert ourselves
- We make our best effort always
- We live with intention in the present
- We strive to improve our self-awareness

The curriculum is 3 part. The first lessons are centered on the girls understanding themselves and getting to know each other; the 2nd 8 lessons focus on team building which includes supporting each other, learning to listen and being cooperative. Some topics and goals address peer pressure, how gossiping hurts everyone, and “it’s okay to choose my friends.” The final 8 lessons relates to the “world at large.” This may include community projects (building and implementing a community project), peer pressure and media messages.

Presently GOTR is in Nebraska and has been implemented at the following LPS schools: Adams, Calvert, Cavett, Clinton, Everett, Fredstrom, Hill, Human, Huntington, Kooser, Maxey, Morley, Randolph, Rousseau and Sheridan. The groups meet for an hour, twice weekly each season. The new season started in March this year.

Impact on LPS Students

How to start Girls on the Run at a new school:

1. Identify the school to host the program.
2. Speak with the principal to get approval to start a GOTR team at the school. GOTR Nebraska will provide information about the program prior to the meeting with the school principal.
3. The site will provide the following:
 - A contact person who will coordinate with GOTR-Nebraska;
 - A safe place for the girls to run e.g., a field;
 - A rain site e.g., the gym, hallway) etc;
 - A way to distribute the registration forms e.g. take home folders; and
 - A time that eligible girls can meet with a presenter who tell them about the program.

4. Find 2-3 coaches (mothers, teachers, and staff) who will have to attend a 4 hr. training session prior to the start of the season.
5. Determine the times that GOTR will practice in the fall and spring. Deadline for the fall is May 5 and for the spring is Dec. 5.
6. Find girls at the school to participate in the program. A team can be started with 8 girls. Sites with 3 or more coaches can have as many as 24 girls. Each site will have registration forms and literature about the program.
7. Market the program through the school newsletter, weekly folders or by a presentation to the girls who may be eligible to participate in the program.
8. Contact Amy Cyphers @ 402-610-5355 or at girlsontherun@neb.rr.com.



Source: <http://www.girlsontherun.org/theprogram.html> (3 March 2011).



Holmes Lake 2010, GOTR 5K

Food Allergies

By Barb Ramsey, RN, MHA

One of the **greatest challenges** to professionals working in School Nursing is food allergies especially when we learn that the prevalence of food allergies and associated anaphylaxis appears to be on the rise.

Branum and Lukacs found that from 1997 to 2007, the prevalence of reported food allergy increased 18% among American children under age 18. Children with food allergy are two to four times more likely to have other related conditions such as asthma and other allergies, compared with children without food allergies. In 2007, approximately 3 million American children under 18 yrs of age (3.9%) were reported to have a food or digestive allergy in the previous 12 months. In 2007, 29% of American children with food allergies also had reported asthma compared with 12% of children with no allergies. 27% of American children with food allergy had reported eczema or skin allergy, compared with 8% of children without a food allergy. Over 30% of American children with food allergy also had reported respiratory allergy, compared with 9% of children with no food allergy. Children with coexisting food allergy and asthma may be more likely to experience anaphylactic reactions to foods and be at higher risk of death. From 2004 to 2006 in the US, there were approximately 9,500 hospital discharges per year with a diagnosis related to food allergy among children under the age of 18 years.

According to the Center for Disease Control there are eight foods that account for 90% of all food-allergy reactions: cow's milk, egg, peanut, tree nuts (for example walnuts, pecans, almonds, and cashews),

fish shellfish, soybeans, and wheat. While 3.3 million Americans are allergic to peanuts or tree nuts, 6.9 million are allergic to seafood. National Institute of Allergy and Infectious Diseases (NIAID) and the National Institutes of Health (2003) panel report found that combined, food allergies cause 30,000 cases of anaphylaxis, 2,000 hospitalizations, and 150 deaths annually.

The Food and Drug Administration (2007) indicates common symptoms of food allergies include one or more of the following:

- hives
- tingling in the mouth
- swelling in the tongue and throat
- difficulty breathing
- abdominal cramps
- vomiting or diarrhea
- eczema or rash
- coughing or wheezing
- loss of consciousness
- dizziness.

The (NIAID, 2007) states that the mechanisms by which a person develops an allergy to specific foods are largely unknown. Food allergy is more prevalent in children than adults, and a majority of children will "outgrow" food allergies in time. Statistics suggest that four out of every 100 children have a food allergy. The best method for managing food allergies is prevention by using strict avoidance of any food that triggers a reaction. There is no cure for food allergies.

The School Nurse, Treatment Nurse and Health Technician's role is to maintain records of students'

allergies and work with parents on treatment issues; educate school staff on the importance of the care of students with allergies and observe with swift interventions when allergies cause problems in the student population. Together, the student and the school staff can make a difference in the lives of those with allergies!

References:

1. Branum AM, Lukacs SL. Food allergy among US children: Trends in prevalence and hospitalizations. NCHS data brief, no 10. Hyattsville, MD: National Center for Health Statistics, 2008.

Available online at: [Http://www.cdc.gov/nchs/data/databriefs/db10.pdf](http://www.cdc.gov/nchs/data/databriefs/db10.pdf). (PDF 476K).
2. Report on the Expert Panel on Food Allergy Research, June 30 and July 1, 2003. National Institute of Allergy and Infectious Diseases, National Institutes of Health. (PDF 190K).
3. Sampson H. Food Allergy. *Journal of Allergy and Clinical Immunology* 2003; 111(2):540-547.
4. Sicherer SH, Munoz-Furlong A, Murphy R, Wood RA, Sampson HA. Symposium: Pediatric Food Allergy. *Pediatrics* 2003; 111(6):1591-1594.
5. US Food and Drug Administration. Food Allergies; What you need to know. Available on line at - [Http://www.fda.gov/Food/ResourcesforYourConsumers/ucm079311.htm](http://www.fda.gov/Food/ResourcesforYourConsumers/ucm079311.htm). Accessed September 20, 2007.
6. National Institute of Allergy and Infectious Disease. Food Allergy: An overview. Bethesda, MD: July 2007. NIH Publication No. 07-5518.

In the Spotlight



**Gina Petersen, Health Technician
Sheridan Elementary School**

My name is Gina Petersen and I am the Health Technician at Sheridan Elementary. This is my second year as a Health Tech and I have loved getting to know the children and staff. Sheridan Elementary is close to my heart because my children attend here and I also went here many years ago!

I was born and raised in Lincoln and I attended Sheridan Elementary, Irving Middle School and Lincoln Southeast High School. I then attended UNL where I graduated with a double major in English and Sociology in 1993. I met my husband Andy, at the university and we married in 1996. We have three wonderful children Jake age 13, Callie age 9 and Will age 7.

My family and I enjoy camping, fishing and spending time outdoors. We recently bought our first pop up camper and we have had many fun times so far! This summer we are planning on venturing to Colorado and spending some time enjoying the

mountains. We are also planning on adding a new addition to our family in March, a golden lab who will be named Simon. He will have fun playing with our other dog, a yorkie poo named Molly.

I have had some wonderful opportunities to work for several non-profit agencies here in town including Cedars Youth Services, Family Services and Lincoln Action Program. At Cedars I worked in Residential Care with children ages 4-12 who were waiting for a placement in foster care. There were many rewards and challenges that went along with this position and it was an experience that helped me develop a great deal of empathy for families and children experiencing crisis. At Family Service I worked in a program called Welcome Baby. We matched expectant mothers with trained volunteers who helped mentor them after the baby was born. One of the highlights every year was a "celebration of babies" event that brought together all of the babies, mothers and volunteers to play games and ooh and aah over the cute babies. My position at Lincoln Action Program was working with adults who were transitioning from assistance, to work. It was a very different experience than working with children but also very rewarding.

My job before coming to work for LPS was working for my brother who is a physician here in town, at his clinic called Pine Lake Health. I worked in medical records and reception. This was where I learned to enjoy the medical field and its many challenges. However, I would have to say that working for Lincoln Public Schools has to be one of the

most fulfilling experiences. I often tell people that it is impossible to be in a bad mood when you are working with children. The smiles and stories

"I would have to say that working for Lincoln Public Schools has to be one of the most fulfilling experiences."

that you get to receive always warm your heart or make you laugh.

I have deep appreciation for all of the hard work that goes on in health services and I have been so lucky to have such amazing supervisors as Julie Frederick and Jody Geer. Thank you to everyone who has made my experience with LPS so wonderful.

Seasonal Allergies

continued from page 3

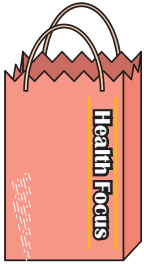
relieve a stuffy nose from allergies. Your Dr. is the best source of information on the drug treatment choices for you.

Nettle is a folk remedy for the sneezing, itching, and swelling associated with allergies. The plant contains quercetin, a substance that has been shown to inhibit the release of histamine. In one study of allergy sufferers, more than 1/2 of those who took nettle reported that the herb was at least moderately effective in reducing allergy symptoms compared with a placebo. Nettle is considered to be very safe.

What ever the allergen, you can be sure that spring is in the air and seasonal allergies will provide just a minor distraction from the very welcome change of season in Nebraska.

Source:

PDRhealth. Available on line at <http://www.pdrhealth.com/disease/printview/disease-mono-print.aspx...>



Gayle's Grab Bag

TAS (Time and Attendance System)

has now been operational for over 4 months. It seems (for the most part) that everyone is getting used to the system and how it works. The editing of time still continues to be a little bit more complicated. Please, continue to correct/edit your time as best as you know, then call me if you need help. TAS is more difficult to edit if you are an hourly employee. I hope to be able to speak at the next Treatment Nurse meeting to give them a mini class on correcting time in TAS. I'm sure once it is explained (where we can actually look at time in TAS), it will be much better to comprehend.

We continue to have issues when approving/submitting time in TAS for RN Substitutes who work for Health Technicians. I am seeking help from Computing Services and Payroll on how best to resolve this matter; I am hoping that it will be fixed so that it will work as smoothly as it does for the RNs who substitute for our school nurses.

Please remember you can only access TAS through an LPS computer located at a school. It cannot be accessed from your home. Thanks again for everyone's patience as we become proficient with this new system.

Also, to all the School Nurses: Please use your Enhancement funds before the end of the school year. These funds do not carry over to the new school year. If you are unsure how much money is allotted to your school Health Office for this school year please let me know.

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

Under the Microscope

Keeping tabs on what's new

New Employees

We welcome these new employees To our Health Services team.

Victoria Phillips, Lincoln High Health Technician

Tammy Ruoff, Substitute RN

Cynthia O'Connor, Substitute RN

Melinda Scheich, Substitute RN

Heidi VanderWal, Substitute RN

Resigned

Rob Smith, Brownell Health Tech

Lee Smith, Lincoln, High Health Tech

Fran Showalter, Itinerant Health Tech

Assignment Change:

Ana Pelayo, Health Tech Sub to Brownell Health Tech

Humor

A man goes to the doctor and says to the doctor:

"It hurts when I press here" (pressing his side)

"And when I press here" (pressing the other side)

"And here" (his leg)

"And here, here and here" (his other leg, and both arms)

So the doctor examined him all over and finally discovered what was wrong...

"You've got a broken finger!"

Author Unknown

Submitted by: Kathy Burke, Health Technician, Holmes Elementary

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Community Resources

Backpack Extra Mile Walk Saturday, April 16
What: Backpack Extra Mile Walk
When: 10 a.m. Saturday, April 16, 2011
Where: Lincoln East High School
Why: Provide funding for the LPS/ Food Bank Backpack Program

Lincoln Public Schools employees will join forces with the Food Bank of Lincoln in promoting this annual one-mile fund-raiser

Please sign up or donate if you can.

Need a referral for a vision assessment for:

your 3 yr. old or, an exam. for your kindergarten student
 Contact the Eye Care Council
 Ph. 1-800-960-EYES
 Website: seetolearn.com

Nebraska Mental Health Crisis Line

Boys Town National Hotline
 14100 Crawford St., Mod. 2
 Boys Town, NE 68010
 Ph: (800) 448-3000
 Secondary Ph. #: (800) 282-6657
 Fax: (402) 498-1348
 URL: www.boystown.org/national-hotline

Crisis line and information referral line hotline for families and children/adolescents who are runaways, experiencing abuse, or contemplating suicide. Also provides Spanish speaking tele-prompter. 24-hour service in English and Spanish. Provides residential services, emergency shelter/short-term residential services, intensive in-home counseling service for families in crisis, and several other supportive family programs

LINCOLN Community Mental Health Center

of Lancaster County
 24 hours / 7 days
 Ph (402) 441-7940

Command Spanish for Nurses

SCC Continuing Education Center
 301 S. 68th St. Place,
 Lincoln - Room 401
 Thurs. April 7-May 26, 2011
 6-8 p.m
 Tuition \$89 - 14 contact hours

The 27th Annual Advances in School Nursing Conference

2011 Summer Conferences
 Las Vegas, NV
 July 12-13, 2011
 Stamford, CT
 July 22-23, 2011
 Questions -call 1-800-333-6100

Mental Health: Children with Sexual Behavior Problems

BryanLGH East
 1600 S. 48th Street
 Conference Center
 Lincoln, Ne

Mon. April 4, 2011
 9:00am-4:15pm
 Reg. deadline 3/28/11