



HEALTH FOCUS

Building Bridges Between Health and Learning

Health Services Department • Lincoln Public Schools • 5901 O Street • Lincoln, NE 68510 • (402) 436-1655 (Fax) 436-1686

Flu Season

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



It is that time of year - colder weather, shorter days, holiday decorating and parties, hot chocolate in front of a warm fire and “flu season.” What is the “flu”? How do I know I have the “flu”? How can it be prevented? Should I get a “flu shot”?

Influenza (also known as the flu) is a contagious respiratory illness caused by influenza viruses. It is spread from person to person in respiratory droplets of coughs and sneezes. The droplets from a cough or sneeze of an infected person are propelled (usually less than 3 feet) through the air and deposited on the mouth or nose of people nearby. The viruses may also be spread when a person touches respiratory droplets on another person or object and then touches their own mouth, nose or eyes, before washing their hands. The incubation period is about one to four days, with an average of 2 days. The person with the flu virus is contagious from 1 day before symptoms appear to 5 days after symptoms first develop.

The **symptoms of “flu”** are: fever (usually high), headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, muscle aches. Stomach symptoms, such as nausea, vomiting, and diarrhea, also can occur but are more common in children than adults. These symptoms can last from a few days up to 2 weeks. Anyone can get the flu and serious problems from influenza can happen at any age. Complications occur mostly

in the very young, those with chronic medical conditions and those over age 65. The complications include pneumonia, bronchitis, sinus and ear infections. The flu can make chronic health problems worse. **HAND WASHING** is the most important way to prevent the spread of viruses and other germs.

What should you do if you get the flu?

Rest, drink plenty of fluids, avoid using alcohol and tobacco; take medication to relieve the symptoms of flu. **NEVER GIVE ASPIRIN TO A CHILD OR TEENAGER WHO HAS THE FLU OR A FEVER.**

The best prevention method is to get an influenza vaccine each fall, before the flu season.

October and November is the best time to get vaccinated, but it is not too late to receive the vaccine in December, as the peak flu season can be as late as March. The most common peak month is February. Antiviral medication can be prescribed as a preventative if you have been exposed to the flu, or it can be taken within 48 hours of your first symptoms to treat the flu.

The flu shot is an inactivated vaccine (killed virus) that contains 3 influenza viruses. The Nasal Spray flu vaccine is a live virus/vaccine that can be given to healthy persons from age 2 through ages 49. It cannot be given to someone who is pregnant. In general, anyone who wants protection from the flu can get the vaccine. Those who should get vaccinated each year are:

1. People at high risk for complications from the flu, including:
 - Children aged 6 months until their 5th birthday;
 - Pregnant women;
 - People 50 years of age and older and people of any age with certain chronic medical conditions;
 - People who live in nursing homes and other long term care facilities.

“Strength lies in differences, not in similarities.”

—Stephen Covey
(1932-present)

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MRSA

by Marge McCabe, RN

MRSA is the acronym for Methicillin Resistant Staphylococcus aureus, a type of bacteria that is resistant to certain antibiotics. These antibiotics include Methicillin, Oxacillin, Penicillin, and Amoxicillin.

There are 2 genetically different strains of MRSA - **healthcare facility acquired** and **community acquired**. Healthcare facility acquired MRSA occurs in people who have been hospitalized or have had a medical procedure such as surgery or dialysis. It is more invasive and can cause serious, potentially life threatening infections such as bloodstream infections, surgical site infections and pneumonia. It is more resistant to antibiotics and susceptible to fewer antibiotics than community acquired MRSA. Community acquired MRSA occurs in the community at large. It affects the skin causing boils, abscesses and other pus-filled lesions. It is less resistant to antibiotics and is susceptible to a larger number of antibiotics than healthcare facility acquired MRSA.

MRSA is usually transmitted by direct skin-to skin contact or contact with shared items or surfaces that have come into contact with an individual's infection, e.g. cots, towels, bandages. The 5 "C's" are factors that make transmission of MRSA easier: **crowding**, frequent skin-to-skin **contact**, **compromised** skin (cuts or abrasions), **contaminated** items and surfaces, and lack of **cleanliness**.

Recent outbreaks of MRSA have been reported in some schools, especially in Athletic Departments where students are more likely to have open skin lesions from minor trauma and are engaged in close contact sports.

We can protect ourselves and others from getting MRSA by keeping hands clean, by washing with soap and water or using an alcohol-based hand sanitizer; covering skin abrasions and cuts with a clean dry bandage until healed; avoiding sharing personal items that come into contact with bare skin

(e.g. towels, razors); and by following established cleaning procedures for frequently touched surfaces including surfaces that come into direct contact with people's skin. The EPA provides a list of EPA-registered products that are effective against MRSA. More information on these products may be available at <http://epa.gov>.

Sources for this information are the CDC and Tim Timmons at the Lincoln Lancaster County Health Dept. Posters for school use can be found at http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_posters.html

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2. People who live with or care for those at high risk for complications from the flu, including:
 - Household contacts of persons at high risk for complications from the flu (see above);
 - Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated);
 - Healthcare workers.

There have been a few laboratory confirmed cases of influenza in Lincoln. Now is the time to get vaccinated; practice hand washing regularly; avoid close contact with those who are sick; stay home when you are sick; cover your mouth and nose when coughing or sneezing and avoid touching your eyes, nose or mouth. Practice good health habits by getting plenty of sleep, being physically active, managing your stress, drinking plenty of fluids, and eating healthy. Have a great, healthy winter.

Source: CDC.gov website www.cdc.gov/flu. Flu information specific to children and schools may also be obtained from www.cdc.gov/flu/



Chinese Culture

by *fengyan su Qui*

China, a nation with one fifth of the global population and thousands of years of culture, has been undergoing enormous changes over the past three decades. The rapid growth in the economy has inevitably brought new views and aspects into the lives of Chinese people. In China while people enjoy the new opportunities boomed by technology development, people including grade school students have learned the art of balancing modern and traditional life styles.

In China as in the U.S., there are twelve years of grade school education - six years of elementary, three years of middle and three years of high school. Daily schools hours consist of two sessions. The first session is from 8:00 a.m. - 11:30 a.m.; and the second session from 2:00 p.m. - 4:30 p.m. The break between the sessions, allows teachers and students adequate time to have a leisure lunch and a nap, to ensure an energy-recharged afternoon of learning. Most teachers and students have lunch at school or at nearby cafeterias and some choose to go home for their lunch break. New Chinese students, attending LPS adapt to a different school routine, since lunchtimes in China are scheduled differently. Public transportation such as buses and subway trains are the most common mode of transportation. In rural areas, people commute by bicycles mostly.

Chinese cuisine is famous for its delicious tastes, sensational aroma and vibrant colors. Home-made meals are balanced with grains, meats, vegetables and fruits. While dairy products are not usually included in meals, soybean products such as

soybean milk and tofu are a constant in meals and snacks everyday. Generally, people in the northern part of China prefer wheat to rice (stronger to lighter taste), while people from southern China prefer the opposite. American fast foods are liked mostly by younger children, partly because of the easiness of using fingers instead of chopsticks.

Most Chinese children new to the United States have less difficulty with English than they have adapting to the new foods. They are not used to cold breakfast. Many prefer broiled and sweetened milk to refrigerated milk. New students from China, enrolled in LPS, may experience that transition with school lunches. They may eat a small quantity at breakfast and lunch until they adapt to the change. As they grow up, children accept and fall in love with the foods in the U.S.

Most universities in the U. S. with a moderate number of Chinese

students with family members, have a Chinese school for the children to learn the language and the culture. Chinese people in the United States celebrate **Chinese New Year, Dragon Festival and Autumn**

(Moon) Festival.

Each festival is rich in tradition, participation and excitement and festivals are a very important part of the culture. The Chinese New Year, the most important festival, is celebrated in late January or late February depending on the lunar moon. Autumn Festival is a holiday for family reunions, when

all members of the family gather together to watch the full moon and eat moon cakes. The Chinese families in Lincoln have been hosting Autumn Festival parties for many years. They invite their friends, new and old, to join them in celebrating the harvest and sharing their respect to the moon, while children of many nationalities participate and find new friendship.

New Chinese students, attending LPS adapt to a different school routine ...





Nosebleeds

by *Hollis Alexander-Ramsay, RN MSN*

In many of our Health Offices we see students coming in with nosebleeds. These occur at any given time on any given day. Statistics would determine if this is related to any particular season. Do we see more nosebleeds in the winter, spring, summer or fall? Which population has a higher incidence of nosebleeds - elementary, middle or high school students? While we do not have the answers to these questions, we can certainly take a more in-depth look at nosebleeds, it causes, and what we can do to treat and prevent the frequency or recurrence of such episodes.

Nosebleed (also known as Epistaxis) is fairly common and easily treated. However in some instances, nosebleeds can be the cause of a medical problem. The degree of nosebleed, the cause and the frequency will determine the need for medical intervention. Mostly in children and young adults, nosebleeds may start from the *septum* (which separates the nasal chambers just inside the nose). In older adults, nosebleeds may occur from the septum or deeper in the nasal cavity. While the latter form of nosebleed isn't very common, it may be a serious cause for concern - such as hardened arteries or high blood pressure. They are also more prevalent among older persons who take aspirin, anticoagulants (blood-thinning drugs) or people with blood disorders. These kinds of nosebleeds are more problematic (difficult to control) and may require medical intervention.

Causes of Nosebleeds

There are 2 types of nosebleeds - anterior and posterior (this depends on where the blood originates). Anterior nosebleeds come from the lower septum, where a lot of delicate blood vessels accumulate and they are easily damaged. Posterior nosebleeds which are usually heavier (mostly seen in adults), occur further back and higher up in the nasal cavity. These may

require medical attention. Some common causes of nosebleeds are:

1. **Cold and allergies** - may result in swelling and irritation inside the nose which may lead to bleeding.
2. **Trauma** - picking the nose, scratching due to a sharp fingernail, putting something in it, blowing the nose too hard or being hit in the nose by a ball or other object, or by falling and hitting the nose. Head injury or recent nasal surgery.
3. **Low humidity or irritating fumes** - living in a dry house or a dry climate, causing the lining of the nose to dry out; or by being exposed to toxic fumes.
4. **Anatomical problems** - abnormal structure inside the nose can lead to crusting and bleeding.
5. **Extreme temperature** - very cold or very warm temperature.
6. **Abnormal growths** - abnormal tissue growth in the nose may cause bleeding e.g. polyps.
7. **Abnormal blood clotting** - may be caused by medications e.g. coumadin or blood disease such as hemophilia.
8. **Chronic illness** - high or raised blood pressure, calcium deficiency, long-term oxygen therapy or long-term illness.

Treatment

1. Remain calm. Keep student in a sitting position, with head slightly tilted forward (this prevents blood from entering the stomach, causing nausea, vomiting or diarrhea).
2. Have student pinch the soft part of the nasal cavity beneath the bony ridge with a tissue or clean washcloth. The thumb and the index finger may be used to pinch the nose for about 5-10 minutes. If pressure is released too soon, bleeding may reoccur. Have student breathe through the mouth.
3. Applying cold compresses or ice across the bridge of the nose may help.

4. If after 10 minutes the bleeding hasn't stopped, repeat steps 1-3. You may need to assist younger students. Notify parents.
5. **Encourage students to avoid strenuous activity, blowing or picking the nose for at least 12 hours after a nosebleed (this may impact, PE or recess activity).**
6. **Encourage parents to consult with their child's medical provider if:**
 - bleeding does not stop after 20 minutes;
 - nose bleeding is a result of a head injury;
 - nosebleeds are frequent;
 - the nose is asymmetrical after a blow or injury;
 - the student bleeds or bruises easily;
 - there are petechiae (tiny red or purple spots on the skin);
 - there is blood in the stool or vomitus;
 - child is on medication that may cause bleeding.

Simple Strategies to Prevent Nosebleeds

Keeping the home humidified and using normal saline nose drops to moisten the nasal passage, along with a small dab of petroleum jelly around the opening of the nostrils may help. Student's nails should be clipped to prevent nasal picking and they should also wear protective athletic equipment that would prevent nose injuries when participating in sports.

Source: Nosebleeds (American Academy of Pediatrics, Updated 5/05); National Institute of Health, Medline; mayoclinic.com/health/first-aid-nosebleeds.

In the Spotlight



Willie Schaefer

Retired LPS School Teacher and Philanthropist

I am originally from Central City, Nebraska. I came to the University of Nebraska where I met my husband, Larry, who is from Aurora. Following graduation from UNL, we settled in Lincoln where I taught English and Journalism at Lefler Middle School while Larry went to work for the Department of Roads. Last December, Larry and I celebrated our 50th wedding anniversary. Our three children are products of LPS. Our daughter, Williamette III (Met), is a Federal Probation officer and she and Ken have two children - Williamette IV, (Billie), a sophomore at Southeast High School, and Joey, a 7th grader at Irving Middle School. Our son Mike, an FBI agent, lives with his wife Nancy in Cincinnati. Mark, our second son and his wife Jenn, are stationed at the American Embassy in Tanzania, Africa. Mark is serving his 23rd year in the Navy. They have two daughters, Virginia, 3, and Mary, 1.

Since retiring from LPS in 1999, I have kept myself busy by being involved in many charitable causes. I am a member of PEO, a women's educational philanthropic group. A letter was read at my chapter's meeting, asking my group to adopt a school and supply

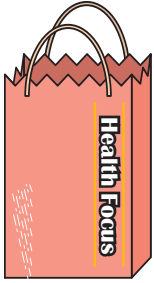
them with socks and underwear. I found it impossible for my group to adopt just one school and offered to find out more about the need. I contacted Kathy Karsting, the then Health Services Coordinator, and she invited me to the monthly Nurses Meeting where my questions were answered. Yes, there was a terrific need - not in one or two schools, but in all 68 schools. I went to our Lincoln Reciprocity Roundtable, to which members of all 28 Lincoln PEO chapters attend, and asked my sisters to help with this project by first donating their annual holiday exchange contribution which is at least \$10 per member. Many chapters responded. This money was used to purchase clothing items the nurses needed for their schools. I took the clothing to the Nurses Meeting each month, and distributed them from the trunk of my car. Soon the word spread and more clothes poured in. The project took over my living room and garage. Nurses even e-mailed me with special requests and arrived at my driveway for pickup. In December 2002, the Lincoln Journal Star carried an article about the Willie's Underwear Project. This was another avenue to spread the word and reach many people who wanted to contribute to a worthy cause. People from all walks of life started dropping off bags on my porch and the project continued to grow. Many kind citizens have sent monetary contributions, so that I can buy needed items when they go on sale. Items that are not appropriate for school age students are recycled to the People's City Mission.

The project outgrew my garage, so I called Dennis Van Horn, Associate Superintendent for Business Affairs at LPS, and asked for space in a school close to my home. Perhaps the best kept secret in LPS is the store in the basement of Saratoga Elementary. This is the home of Willie's Underwear Project. Saratoga has a basement which is used only for storage and the wide hallway offered good space for the store. The clothes were moved in October, 2003 and the store has continued to be open for the nurses and health technicians, twice monthly on

the 1st and 3rd Thursday and by special request after school. At least eight nurses come to shop and each nurse has a list for two or three schools. On the shelves made of old tables from Central Distribution, are jackets, underwear, shirts, and sweat pants which are carefully laid out by sizes. Socks, mittens, hats, and book bags fill tubs under the tables. These clothes are used to keep students warm and dry when families cannot afford to buy clothes; or when students have accidents or step in puddles of rain or snow on the playground. Parents are sometimes unable to come to the school promptly when these situations arise, and having extra clothing and accessories help students stay dry at school.

Willie's Underwear Project has helped Hallam tornado victims, Katrina survivors displaced in our community, two families that had total house fires just days before Christmas, and a high school student and her family, who were living in their car. I keep clothes from size three up to extra large in the store. With the inclusion of all day kindergarten, the nurses have experienced more children having accidents... and WUP is ready! I have made my address, phone number and e-mail readily accessible to anyone who wants to help with this project. Several of my friends who love going to garage sales keep a watchful eye for clothing for the project. Besides heading up Willie's Underwear Project (WUP), I also volunteer in PEO, my sorority alumnae, and I indulge myself as a rug hooker.

I will present programs to any service or civic organization at the drop of a hat since I want to tell my story about the need in the schools. In December 2006, I was honored by LARSP (Lincoln Area Retired School Personnel) with a check for \$445 towards the project. Two Sertoma Clubs selected me for their **Service to Mankind Award**. The project also received the **Red Cross Tributes to Heroes Award**. I am very proud to be a part of these endeavors - my life has been forever changed.



Gayle's Grab Bag

It's hard to believe I've been here over 3 months. I've been busy learning the various aspects of my job and thank you for your patience. I really do appreciate confirmation of any requests that you've made of me, just to make sure that I've handled it.

Request for Leave form – If you have to leave work for an unexpected reason, please fill out this form and send it to me indicating the time you will be gone and the type of leave you will be using. This helps us keep an accurate record of all absences. If you send in a “Request for Leave” form for a future absence, please put this in Sub-Finder either via phone or the website.

Professional Leave – Judy Zabel, Health Services Supervisor must approve this leave prior to the absence. I am **the only** person authorized to enter this in Sub-Finder for the nurses—this cannot be entered by you. Health Technicians are entered by the secretary at their school. If you are unsure if the absence would be eligible for Professional Leave, please talk with Judy first and then send in your “Request for Leave” form upon approval. Always send this form in anytime you are absent even if it is for only an hour.

Emergency Leave - If you put in for this on the “Request for Leave” form, please put a reason for the request. *Emergency Leave must be approved by Human Resources before I can verify it on the payroll system.*

Notice of Absence (NOA) form - When you receive this form, please make any corrections on it and return it to me. I will verify the absence as indicated on the form, if it is not returned.

Please call if you have any questions. When sending me an email, please note that my email is lthomas@lps.org. Also, my mailbox number is 18, not 49 as incorrectly printed on the LPSDO Staff Listings. The holiday season is fast approaching and I hope that you make the time in your busy lives to do what's most important for you and your loved ones.

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

Under the Microscope

Keeping tabs on what's new

We welcome these new employees to our Health Services family:

Joni (Buckner) Hall, LPN Treatment Nurse

Mary Gufsag, LPN Substitute Nurse

Amber Highsmith, LPN Treatment Nurse

Casey Koerwitz, LPN Treatment Nurse

Ashley Heyen, Substitute Health Technician

Change of Assignments

Tara Johnson, is now an Itinerant Health Technician

Amanda Lulow, is now the Health Technician, Pound Middle School

Sarah Virus, is now the Health Technician, Saratoga Elementary School

Kim Gannon is taking a 1 year Leave of Absence

Nurse Humor

More Medical Terminology For the Layman

ANTIBODY: against everyone

ARTERY: the study of fine paintings

BANDAGES: the Rolling Stones


BARIUM: what you do when CPR fails

DILATE: to live longer

FIBRILLATE: to tell lies

GENES: blue denim slacks

LINCOLN BOARD OF EDUCATION

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5901 O Street • Lincoln, NE 68510
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Community Resources

Center for People in Need

476-4357

Toyland for Kids

Distribution of children's gifts.

Must be Medicaid Eligible Toy Distribution will be:

12/19/2007

10am-1:30pm

2:30pm-7:00pm

12/20/2007

10:30am-1:30pm

2:30pm-6:30pm

12/21/2007

9:00-11:00am

Translators available on 12/21/2007.

Application Deadline

11/26/2007. Fill out

applic. and return to

any *Neighborhood Food*

Distribution Site or mail to

Center for People in Need

3901 N27th St, Unit 1

Lincoln, NE 68531.

Lancaster County General Assistance Fund

Ph. 441-3095

Utilities Assistance

Call Gary Chalupa

for details.

The Medicine Program

573-778-0333

Email address

[www.themedicine](http://www.themedicineprogram.com)

[program.com](http://www.themedicineprogram.com)

Assist individuals

who cannot afford

Prescription meds

due to lack of income

Saratoga Elem. Sch. Gym

12/8/2007

South Street Holiday Fair

Handmade art/craft only

No fee for table