

Transition Tools for Teens of Military Families from a School Nurse Perspective

By Jane Stueve, Adolescent and School Health Consultant



Moving to a new school or community is a time of high risk for teens. They are leaving their friends and going to an environment where they are the “new kid.” Research shows that stress in school is the major reason for adolescent substance abuse. For military teens, transition often becomes a way of life, as each year a third of military families move to a new neighborhood. An added stress to the adolescent move could also include coping with the deployment of a parent or two parents.

The National Association of School Nurses (NASN) partnered with the National Military Family Association and Partnership for a Drug-Free America to develop a list of Ten Things School Nurses Want You to Know, to make transition to a new school easier and healthier for your family.

1. Keep health records on hand: physicals, immunizations and phone numbers of previous offices.
2. Contact the new school where your student will be attending. Each state and school has different requirements and forms that are required.
3. Send the formal education and health record to the new school. If the student needs special accommodations, they will be in place when the student arrives.
4. If your child plans to participate in sports, check on the requirements of the state and school so the student can begin activities on admission.
5. Have emergency information available for the student. This is a good time to request a meeting with the school nurse if there are any special concerns.
6. Ask about support groups, clubs and programs that will help the student feel connected.
7. As a parent, it is important to model. Parents that join PTO, PTA or other organizations are more connected and aware of what is happening in the school community.
8. Look to the community for support. Take advantage of community organizations like the YMCA, boys and girls clubs, and faith-based programs.
9. Allow for adjustment time. Transitions to a new community provide new opportunities. Encourage the student to mail old friends as well as develop new friends.
10. Talk to the school nurse if the student or parent has concerns. The school nurse is an excellent resource for direction and guidance.

These tips will reduce stress and help keep children drug and alcohol-free during a difficult transition. For more information on transition go to: www.nmfa.org/site/PageServer.

School and Public Health Nurses: H1N1 Response Strengthens Collaboration

By Brenda Nickel, Child and School Nurse Consultant



The current pandemic influenza has provided some additional challenges for schools and providers working with the school-age population. It has also provided opportunities to strengthen existing collaborative relationships as well as forge new partnerships in an effort address the core principles of public health: protect health of individuals and populations, promote health habits, and prevent illness and injury.

Schools across Kansas are working diligently to meet these challenges. For those who have a school nurse or public health nurse to assist in this endeavor, they have the advantage of having a health professional that can assist in providing resources and guidance related to health promotion and response to increased illness in this population.

Here are a few resources that can further assist school nurses and a brief summary:

School Absenteeism Surveillance Guidance



Information that was provided to local health departments in Kansas is available for viewing. Through a collaborative process, members of KDHE/Kansas Association of Local Health Departments Preparedness Team developed the concept for a school-based absenteeism reporting system. This system involves weekly submission to KDHE, identifying the number of elementary, middle and high schools with absenteeism of 10 percent

or greater for the previous week and the total number of schools that are included in the surveillance. The previous week's data should be submitted via an online form by noon each Tuesday. To view all materials related to school surveillance, go to www.kdheks.gov/H1N1/H1N1_guidance_schools.htm.

School-Located Vaccination Planning Materials and Templates



These documents were designed to provide information for planning and conducting school-located 2009 H1N1 influenza vaccination clinics that target school-aged children enrolled in school and potentially other groups in the community. www.cdc.gov/h1n1flu/vaccination/slv/.

H1N1 and Seasonal Flu Vaccination



Schools collaborating with their local health department to provide information and vaccines will find the following websites helpful. Information related to the vaccine is found at www.kdheks.gov/H1N1/H1N1_Vaccine.htm.

Clinic documents and training resources can be found at www.kdheks.gov/H1N1/H1N1_guidance.htm.



Multilingual Resources

KDHE is making efforts to reach out to all Kansans with helpful information. For people who do not speak English or who have limited English skills, resources can be found at www.kdheks.gov/H1N1/H1N1_multilingual.htm.

A Call to Monitor and Collect Data for the Use of Injectable Epinephrine in Kansas Schools

**by Cindy Galemore RN, MEd, NCSN
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Kansas School Nurse Organization Professional Standards Chair**

The epinephrine hearings conducted in the fall of 2008 by the Kansas Legislative Education Committee, as well as the subsequent legislation that was introduced, amended, and passed in the spring of 2010 created opportunities for much discussion throughout our state. Specifically, the legislation addressed the stocking of epinephrine in schools for use in the event of signs and symptoms of anaphylaxis in a student or staff member during school, while on school grounds, or while participating in a school-sponsored event. Over the past 15 years, schools have seen an increasing number of students with prescriptions for epinephrine due to an individual history of severe allergy. Less common is the stocking of epinephrine in the event it is needed by someone without an individually prescribed physician order. House Bill 2008 requires schools that desire to stock epinephrine to have both a physician authority and a consulting pharmacist. The Kansas School Nurse Organization, Inc. (KSNO) provided testimony in Topeka several times during the past year, remaining neutral with respect to the question of stock epinephrine, but supporting the vital role of the registered nurse in the school setting for crisis preparedness and response. Many times during testimony questions were posed as to “how often is epinephrine administered in Kansas schools, either for those schools with known students for anaphylaxis, or those schools who currently had stock epinephrine?” To date, Kansas does not collect this data. KSNO also conducted surveys and researched the issue in Kansas as well as with school nursing colleagues across the nation. Massachusetts has been a leader in gathering information each time epinephrine is administered in the school setting for their state. Permission was obtained to utilize their “Report of Epinephrine Administration Form.” Current KSNO President, Chris Tuck, asked me if I, as Professional Standards Chair, would take on the responsibility of tallying data submitted by Kansas nurses.

KSNO is asking the assistance of all Kansas school nurses in completing the attached form (can also be found at www.ksno.org) each time epinephrine is administered this school year. The form should be completed both for students with a known risk for anaphylaxis who have an individual order and for any time epinephrine is utilized by a district that has decided to stock epinephrine according to HB 2008. The completion of this form will provide an avenue for collecting epinephrine administration in schools data to assist with future discussions that may ensue related to this topic. As practicing school nurses we must “step up to the plate” to document and define our role in protecting the health and safety of our students and staff and to educate stakeholders in the valuable asset we are in schools. Please feel free to contact me (Cindy Galemore) with any questions. This form may be submitted via email, regular mail, or as an email attachment (galemorc@olatheschools.com). Thank you for your assistance!

Report of Epinephrine Administration (2009-2010)
Please mail or fax form to: Cindy Galemore, Health Services Coordinator, Olathe Public Schools
315 N. Lindenwood Olathe, KS. 66062
Fax number: 913-780-8104
(Please circle or complete appropriate responses to questions below)

1. USD: _____ City/town _____ Name of School: _____
 2. Type of Person: Student Staff Age: _____ Gender: M F Ethnicity: Spanish/Hispanic/Latino: Yes No
 3. Race: American Indian/Alaskan Native African American Asian Native Hawaiian/other Pacific Islander White
 4. Diagnosis/history of asthma: Yes No History of anaphylaxis: Yes No Previous epinephrine use: Yes No
 5. Date/Time of occurrence: _____ Known allergen(s): _____
 6. Trigger that precipitated this allergic episode (if known): _____
 7. Symptoms: _____
 8. Location of student/staff when symptoms developed: Classroom Cafeteria Health Office Playground
Other - specify: _____
 9. Location of student/staff when epinephrine administered: Health Office Other -specify _____
 10. Location of epinephrine storage: Health Office Other -specify: _____
 11. Epinephrine administered by: RN Other
If other, please specify _____
- Was this person formally trained? Yes No Date of training _____
12. Was EMS activated per practice standards? Yes No NA
 13. Approximate time between onset of symptoms and administration of epinephrine: _____ minutes
 14. Individual Health Care Plan (IHCP) in place? Yes No
 15. Written school district policy on management of life-threatening allergies in place? Yes No

Disposition:

Transferred to ER: Yes No Discharged after _____ hours. Biphasic reaction: Yes No Unknown

Hospitalized: Yes No Discharged after _____ days

Student/Staff Outcome: _____

Did a debriefing meeting occur? Yes No

Recommendation for changes: Protocol change Policy change Educational change Information sharing None

Comments: _____

Form completed by: _____ Date: _____

(please print)

Title: _____ Phone number: (_____) _____ - _____ Ext.: _____

School address: _____