

**Zero to age 21:  
Information  
Promoting  
Success**

**for Public Health Professionals  
working with Kansas Kids**

***July 2010***

## Fathers Can Become Depressed Around the Time of Pregnancy Too

By Joe Kotsch, Perinatal Consultant

Many health care practitioners have become familiar with the concept of women who experience mood disorders including depression in the postpartum period. A study reported in the *Journal of the American Medical Association's* May edition, found an overall meta-estimate of 10.4 percent of paternal depression between the first trimester and one year postpartum. They noted the highest paternal postpartum depression rates were during the period of three to six months postpartum (25.6 percent).



National data estimates the prevalence of depression in men in the general population at 4.8 percent. This data seems to indicate a need to look at the issue of postpartum depression in fathers a little closer.

In studies, maternal depression generally ranges from 10 percent to 30 percent. It is known that maternal depression can and often does lead to negative family and child development outcomes. Are maternal and paternal postpartum depression associated with one another? According to this meta-analysis, the study authors showed a moderate, positive association between postpartum depression in men and women.

As one parent's postpartum depression went up, so did that of the other. Most of the parents in the study were first time parents, including a sample of 28,004 fathers over 18 years of age. It could be the mother's depression is leading the way or vice versa. Sometimes there is a difference between families on how depression exhibits and how one copes with it. On the other hand, there may be other variables involved such as the child's personality and general temperament, crying

episodes, colic or perhaps other health-related concerns of either parent and/or child.

It seems evident there is a need for studies designed to look more closely at what happens during the postpartum period with regard to families and family dynamics. In particular, studies taking a closer look at how men experience becoming new fathers.

It would seem reasonable that improvements in screening and referral need more focus, since paternal depression may add to the negative effects of maternal depression on the emotional and behavioral development as well as on the overall development of children. It should be noted that more studies on the effects of paternal depression on child development need to be undertaken.

The authors further suggest that a family-focused versus a mother-focused approach may become necessary, but might be difficult to attain in order to address the depression of both partners. Fathers commonly express their depression as irritability, anger and withdrawal.

Clinicians should be educated that prenatal and postpartum depression can be experienced by men and to be screening for depression in the male partner if it is found during screening for the mother.

The article may be found in: James F. Paulson; Sharnail D. Bazemore Prenatal and Postpartum Depression in Fathers and Its Association With Maternal Depression: A Meta-analysis. *JAMA*. 2010;303(19):1961-1969.

## Preterm Birth More Likely in Women Who Were Born Preterm

By Joe Kotsch, Perinatal Consultant

From a study of women who were born too early and their birth experiences, a group of Scottish researchers found that this group of “preterm” women was more likely to give birth prematurely than women who were born full term. The researchers found that women who were born full term but had one or more siblings who were born preterm, were more likely to give birth preterm as well. In other words, they found that a personal or family history of having been born preterm leads to a greater likelihood of a woman delivering preterm.

This study defined preterm birth as those births occurring between 24 and 37 weeks of gestation. The researchers looked at more than 22,000 births over a 60 year time period and found that among women who were born preterm and who were primiparas (first-time pregnancies) and having singleton births were 60 percent more

likely to deliver preterm. The percent of women born preterm in subsequent pregnancies dropped to about 50 percent.

Although this study validates previous research, the researchers state that the results may not transfer to other populations, since this study was conducted on a homogeneous population of women. Women who know they were born preterm should let their obstetrician have this information when making decisions to schedule additional prenatal visits or to consider other special treatment regimens.



The article may be found in: Bhattacharya, Sohinee; Amalraj Raja, Edwin; Ruiz Mirazo, Eider; Campbell, Doris M.; Lee, Amanda J.; Norman, Jane E.; Bhattacharya, Siladitya, *Inherited Predisposition to Spontaneous Preterm Delivery*. *Obstetrics & Gynecology*. 115(6):1125-1133, June 2010.

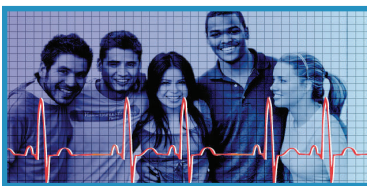
## Finding The Pulse on HIV/AIDS/STDs

By Jane Stueve, Adolescent and School Health Consultant

The 10th annual Human Sexuality Education Regional Conference was held June 9-11. The conference is designed for teachers, school nurses, prevention and care providers, administrators, health professionals, community health planners, physicians, counselors, persons from community-based organizations, members of the faith community, social workers, parents and public health individuals. This year there were 173 attendees from 17 different states.

The conference began with a session facilitated by Dan Egger-Belandria – entitled *To Find the Pulse, Become the Drummer*. This was a unique experience where each participant used a drum to find his or her inner rhythm. Drumming has been used for centuries as a way to communicate and bring people together to celebrate, galvanize and inspire.

This was followed by sessions on engaging the learner, cultural competency, evaluation tools, adaptation of



evidence-based programs, students with special health care needs and diverse learning styles.

Dan Flowers provided a keynote on *Illegal, Immoral or Uncomfortable - What Do*

*We Mean When We Say "Wrong"*. He provided intriguing questions on examining what is right and wrong for ourselves in order to help our youth.

Bill Tavemer presented on *Making Sense of Abstinence*. He addressed the theoretical and academic lessons beyond “just say no” and fear tactics. He covered the history of the promise ring, marketing in the 17th Century, and presented abstinence as a positive choice.

This conference promoted the principle that we each must know our thoughts and feelings on difficult questions in order to work with students and create a non-judgmental atmosphere. Instilling a sense of personal responsibility and a sense of community are concepts that can be used when addressing HIV/AIDS/STDs.

## Teens With Chronic Illness and Body Image

By Jane Stueve, Adolescent and School Health Consultant

Teens with chronic illness may struggle with their body image especially when there is a visible deformity or limitation in activity. Teen years are a time when they desperately struggle to fit in with their peers. For teens that need to take medicine as part of their chronic illness treatment, compliance may become difficult. Some medicines, especially those relating to cystic fibrosis, may also cause unwanted side effects causing embarrassment. Despite this, many adolescents with chronic illness have a body image which is not significantly different from those teens without chronic illness.

Parents of teens with chronic illness may appear to be more protective of their child, adding to the teen's struggle for independence. The teen may in turn become more dependent on their family to provide companionship and social support if they are not well connected to peers.

Teens with chronic illnesses develop a sexual identity, but it may be delayed. Chronic illness may cause concern with teens about their sexual capabilities, physical attractiveness and ability to have healthy relationships.

Teens with chronic illness that engage in risky behaviors may be at a higher risk than their healthy counterparts. For example, a teen with chronic illness that is

taking immunosuppressive medications could become seriously ill from mononucleosis or a sexually transmitted infection.

Playing sports may cause some dehydration which can become a major problem for a teen with a chronic illness relating to their kidneys. Likewise, an injury to teen with hemophilia or sickle cell disease can become life threatening.

School nurses play an integral part in the success of teens with chronic illnesses. They are the liaison for the student with parents, school, hospital and physician. The school nurse may be asked to educate staff, students and others about the teen's health – all while staying within HIPPA and FERPA laws. The school nurse may need to monitor blood sugars, medication administration, peak flow meters, weight and/or perform hands-on procedures. As the leader of the health care team, the school nurse will develop a health care plan to ensure that any potential emergencies or special circumstances are addressed.

As teens become adults, we can all support the transition through diligently working with teens to become independent individuals responsible for their health care needs.

The newly revised  
Guidelines for Medication  
Administration in Kansas  
Schools, June 2010, is now  
a v a i l a b l e a t  
[www.kdheks.gov/c-f/  
school\\_resources\\_docs.html](http://www.kdheks.gov/c-f/school_resources_docs.html).



## Healthy Futures Medication Administration Training Underway

By Brenda Nickel, Child and School Nurse Consultant



Registered nurses representing a health department and school districts participated in the first “train the trainer” sessions for the *Healthy Futures: Improving Health Outcomes for Young Children, Medication Administration Curriculum* developed by the American Academy of Pediatrics (AAP) Early Education and Child Care Initiatives. The Kansas Chapter of the AAP was awarded a competitive grant to develop and train both health professionals and child care providers in safe medication administration in an effort to improve the health and safety of children in early education and child care settings in Kansas. (Pictured: Donna Bates and Greta McFarland, MD)

Greta McFarland, a pediatrician with the Ashley Clinic in Chanute, led the training accompanied by Brenda Nickel, Child and School Nurse Consultant with the Bureau of Family Health at the Kansas Department of Health and Environment. Kathy Martin, USD 413 school nurse in Chanute and Judy Johnson, ANW Special Education Cooperative, joined Donna Bates, Neosho County Health Department public health nurse, at the Neosho Memorial Regional Medical Center Education Center June 4 as the “beta testers” for train-the-trainer format of the new medication training. (Pictured left to right: Kathy Martin and Judy Johnson)



McFarland provided training with child care providers in the southeast section of the state May 13 and 20. She conducted a training on June 18 with staff of the new Early-Head Start Child Care Center opening in Kansas City under the Project EAGLE Community Programs, University of Kansas Medical Center. Rynekah Barbour, RN, BSN, Child Care Health Consultant, Johnson County Health Department, will assist with the training.

Nickel will provide the five module “Train the Trainer: Medication Administration in Early Education and Child Care Settings” July 23 as a school nurse conference post-session at the Wichita Hyatt. Information and registration for this training is available at <http://webs.wichita.edu/depttools/depttoolsmemberfiles/conted/2010%20KSN%20Conferece%20Brochure.pdf>. Participants will receive training and resources through lecture, video/demonstration, case scenarios and practice.

The *Healthy Futures: Improving Health Outcomes for Young Children, Medication Administration Curriculum* is a collaborative effort of health care and early education and child care professionals from the AAP, Child Care Bureau State Administrators, Early Childhood Comprehensive Systems, Family Voices, National Association of Child Care Resource and Referral Agencies, National Association for the Education of Young Children, National Association of Pediatric Nurse Practitioners, National Child Care Information and Technical Assistance Center, National Resource Center for Health and Safety in Child Care and Early Education, National Training Institute for Child Care Health Consultants and the Office of Head Start.

For more information about training or the curriculum, contact Chris Steege, Executive Director, Kansas Chapter of the AAP at [chris.steege@kansasaap.org](mailto:chris.steege@kansasaap.org) or Brenda Nickel at [bnickel@kdheks.gov](mailto:bnickel@kdheks.gov) or visit [www.healthychildcare.org/HealthyFutures.html](http://www.healthychildcare.org/HealthyFutures.html).

# Preparing for New School Year: Basic School Health Services Training Opportunities

By Brenda Nickel, Child and School Nurse Consultant

Nurses serving schools have an opportunity to rejuvenate after a rewarding, busy school year that has been extra challenging with H1N1. For nurses new to school nursing, preparing to meet the basic screening and disease surveillance requirements is essential in preparation for requests for vision and hearing screening, and to assure immunization status of students attending school. Specific statutes define school screening requirements.

The specific screening statutes and related statutes include:

## Hearing

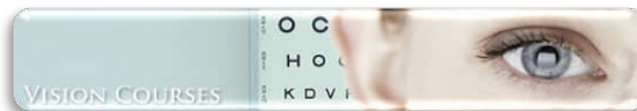
- KSA 72-1204. Hearing testing programs; definitions. [www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-1204.html](http://www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-1204.html)
- KSA 72-1205. Free tests required; when and by whom tests performed; reports to parents. [www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-1205.html](http://www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-1205.html)
- KSA 72-1206. Forms and records. [www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-1206.html](http://www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-1206.html)
- KSA 72-1207. Application of act. [www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-1207.html](http://www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-1207.html)



Hearing certification is required by statute for anyone screening for hearing acuity. Hearing screening training is offered through the University of Kansas Area Health Education Centers beginning in August and is scheduled for Oakley, Lawrence and Garden City throughout the fall. For schedules of training, visit <http://kuahec.kumc.edu/outreach/hearing.html>.

## Vision

- KSA 72-5204. Definitions. [www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-5204.html](http://www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-5204.html)
- KSA 72-5205. Basic vision screening required exception; eye examination for conditions impairing reading ability. [www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-5205.html](http://www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-5205.html)
- KSA 72-5207. Eye protective devices required when participating in certain courses. [www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-5207.html](http://www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-5207.html)



Vision screening certification is not required but is highly recommended as practitioners will learn about different vision screening tools and techniques for screening different populations of students, including preschoolers and children with special learning visual and learning needs. Vision screening training is offered at the Kansas School Nurse Conference in Wichita in July as a post-conference session July 22 and through the KU AHEC beginning in July. Additional training through KU AHEC will be offered through the fall. For schedules of training, go to <http://kuahec.kumc.edu/outreach/vision.html>.

## Immunization Requirements and Statutes

Information related to the 2010-2011 school year immunization requirements and statutes and regulations supporting immunization surveillance, compliance and reporting are found at [www.kdheks.gov/immunize/schoolInfo.htm](http://www.kdheks.gov/immunize/schoolInfo.htm).

## New School Nurse Orientation: Kansas School Nurse Conference

“Concepts in Planning and Management” is a basic orientation for the professional registered nurse or licensed practical nurse providing a very broad overview and framework to begin practicing in a Kansas school setting. Attendees need to know the scope of their license to practice nursing in Kansas and are encouraged to review the Kansas Nurse Practice Act, particularly the Performance of Selected Nursing Procedures in School Settings found at [www.ksbn.org/npa/npa.htm](http://www.ksbn.org/npa/npa.htm) prior to attending this session.

Attendees will receive verbal and written information from State School Nurse Consultants, State Immunization and Disease Surveillance Nurse Consultants and practicing school nurses on topics that include: basic public health concepts, school and public health laws to be considered, standards of school nursing practice, delegation considerations and school health program management, immunization requirement, children with chronic health conditions and planning for all hazards/emergencies.

All nurses who provide services in any school setting are invited to attend this session, scheduled Monday, July 19 (all day) and Tuesday morning, July 20. The school nurse conference brochure and registration information is available at <http://webs.wichita.edu/depttools/depttoolsmemberfiles/conted/2010%20KSN%20Conferece%20Brochure.pdf>.

## New Traffic Safety Laws Strengthen Existing Motor Vehicle Laws Protecting Children and Adults

By Brenda Nickel, Child and School Nurse Consultant



The 2010 Kansas legislature ended in May with the health and safety benefits of the session beginning this summer. Two new laws passed will strengthen past successes to improve child safety in motor vehicles such as the major change in Kansas' occupant protection law that went into effect July 1, 2006, requiring adults to secure children ages four through seven in a booster seat unless the child weighs more than 80 pounds or is taller than 4 feet 9 inches. The new laws will focus on those responsible for operating vehicles and assuring safety of passengers.

The following is a summary of the new laws:

- **HB 2130 "Primary seat belt law":** House Bill 2130 will allow law enforcement officers in Kansas to stop and ticket drivers and front seat passengers who are not wearing safety belts, even if the officers do not observe another traffic or vehicle equipment violation. Governor Mark Parkinson signed the bill and it took effect on June 10, 2010. Kansas law already requires drivers to wear seat belts, but law enforcement could only issue a ticket if they pull the vehicle over for another violation. To re-

view the full text of the legislation, go to [www.kslegislature.org/legsrv-bills/searchBillNumber.do;jsessionid=F135CECC23989B9AF83780CD162C1315](http://www.kslegislature.org/legsrv-bills/searchBillNumber.do;jsessionid=F135CECC23989B9AF83780CD162C1315).

- **SB 300 "Texting while driving ban":** The Kansas Legislature also passed a bill banning texting while driving for all individuals, with the only exception being for emergency personnel and voice-activated devices. Warnings will be issued prior to January 1, 2011; after that, violators may be cited with a ticket for \$60.



This act shall take effect and be in force after its publication in the statute book. To review the full text of the legislation, go to [www.kslegislature.org/legsrv-bills/searchBillNumber.do](http://www.kslegislature.org/legsrv-bills/searchBillNumber.do).

For more information on motor vehicle safety, visit the

following Kansas resources:

- Kansas Booster [www.kansasboosterseat.org/](http://www.kansasboosterseat.org/)
- Kansas Department of Transportation Traffic Safety [www.ksdot.org/burTrafficSaf/default.asp](http://www.ksdot.org/burTrafficSaf/default.asp)
- Safe Kids Kansas Child Passenger [www.safekidskansas.org/child\\_passenger.html](http://www.safekidskansas.org/child_passenger.html)

## Incorporating Preparedness into Accreditation

By Cait Purinton-Day, Exercise & Training Coordinator, Bureau of Public Health Preparedness

Public health accreditation has been talked about for years. It's finally happening and it's happening in Kansas. Agencies statewide can start preparing now.

The goal of accreditation is to improve and protect the health of the public by advancing the quality and performance of state and local health departments. The Public Health Accreditation Board (PHAB) is the accrediting body for national public health and was created with the support of the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation and numerous other partners.

PHAB launched a national Beta Test in November 2009 at 30 state, local and tribal health departments. The Beta sites are not applying for accreditation; they are just testing the system. Using data collected from the Beta Test, PHAB will release the final version of the accreditation standards and begin accepting applications in 2011.

Norton County is representing Kansas in the PHAB Beta Test. Norton County also is the smallest health department in the Beta Test, bringing a unique and important perspective of the daily challenges and opportunities of a rural health department.

Each Beta Test site completed a self assessment of the PHAB standards and submitted evidence for each measure. There are 102 measures applicable to local health departments and 111 measures applicable to state departments. The measures are organized under 30 standards and 11 domains. The standards were developed by a Standards Development Workgroup, which included Kansas representation from Dick Morrissey, Deputy Director of the Kansas Department of Health and Environment, Division of Health.

Additional public health partners in Kansas are preparing for accreditation through the Kansas Public Health Accreditation Pilot. The pilot program is designed to support and mirror the PHAB Beta Test and includes reviewing standards and measures, collecting evidence, conducting mock site visits, highlighting best practices and lessons learned, and linking to related efforts through MLC-3 and regional pilots.

According to Linda Frazee, RN/Public Health Workforce Development Specialist in the Bureau of Local and Rural Health, "The Accreditation Pilot Program allows partners to learn from each other. It continues to be a great learning process."

The Pilot group uses a Workstation through the Community Toolbox website, [www.myctb.org/en/](http://www.myctb.org/en/) to document efforts.

Kansas Accreditation Pilot partners are:

- Franklin County
- Lawrence-Douglas County
- Marshall County
- NEK Multi-County
- Sedgwick County
- Shawnee County
- KDHE

Accreditation will no doubt be a popular topic in 2010 and 2011 as agencies share lessons learned, ideas and knowledge from the Beta Test and Kansas Accreditation Pilot.

For more information, tools to help prepare for accreditation and to sign up for the PHAB's electronic newsletter, visit [www.phaboard.org](http://www.phaboard.org).

## Jamie's Jottings

By Jamie Klenklen, MCH Admin Consultant

### • MCH End of Fiscal Year Reporting Requirements

This is a reminder about the upcoming MCH end of fiscal year reporting requirements that are due by July 15. Forms are located at [www.kdheks.gov/doc\\_lib/index.html](http://www.kdheks.gov/doc_lib/index.html).

The following forms need to be completed:

- Certified Affidavit of Revenues and Expenditures (Form #7) for the period April – June 2010
- MCH Annual Narrative Report (Form #3), covering the last 6 months
- Form #19 MCH Program Indicators Worksheet **\*\*NEW\*\***
- Perinatal Outcome Data (Form #6), if applicable
- MCH client satisfaction survey cards

### • Kansas Basic Home Visitation Training

The Kansas Basic Home Visitation Training is a required training for all new Healthy Start Home Visitors. Participants must attend all five days.

July 19 – 23  
9 a.m. – 4 p.m.  
Hays, KS

Registration is \$200 and is available at [www.ksheadstart.org](http://www.ksheadstart.org). For more information contact Kansas Head Start Association at (785) 856-3132 or email Becky Drews at [bdrews@ksheadstart.org](mailto:bdrews@ksheadstart.org).

## The Period of PURPLE Crying®

By Jamie Klenklen, MCH Admin Consultant

On May 26, the Kansas Children's Service League (KCSL) hosted a press conference to announce the implementation of The Period of PURPLE Crying® program in Topeka. This is an initiative aimed at helping parents cope with infant crying and keeping babies safe.

Speakers included:

- Janet Schalansky, KCSL
- Ruth Santner, SRS
- Jim Redmon, Kansas Children's Cabinet & Trust Fund
- Kathy Ure, St. Francis Health Center
- Una Scruggs, Stormont Vail HealthCare
- Chris Irwin, Successful Connections

The Period of PURPLE Crying® is a prevention program aimed at educating caregivers of the normalcy of infant crying in an effort to prevent Shaken Baby Syndrome (SBS) also known as Abusive Head Trauma. Frustration from an infant crying is the lead trigger for this type of abuse.

The Period of PURPLE Crying® program is designed and approved by pediatricians, public health nurses, child development experts and parents.

The program is:

- Educational and attractive to parents of newborns
- Relevant for all parents while emphasizing the dangers of shaking a baby
- Clear, memorable and meaningful with a positive message
- Designed to be interesting and relevant for both males and females
- Presented at a grade 3 language level
- Representative of multicultural and ethnic backgrounds
- Acceptable to public health nurses; no bottles or blankets

- Economical with large quantity orders available as low as \$2 per package, which includes both the full color 11-page booklet and 10-minute DVD
- The PURPLE program model requires that each family receives the materials so they can review the program when needed and share it with other caregivers



The Kansas Children's Service League is coordinating an effort to bring The Period of PURPLE Crying® Program to parents and communities across the state. The Period of PURPLE Crying® is an evidenced-based prevention program offered by the National Center on Shaken Baby Syndrome. The program approaches SBS prevention by helping parents and caregivers understand the frustrating features of crying in normal infants that can lead to shaking or abuse.

To learn more about PURPLE Crying® and other child development topics including sleeping, soothing, swaddling, child care, coping with frustration, anger and information just for dads visit [www.purplecrying.info/](http://www.purplecrying.info/). For information about The Period of PURPLE Crying® program and its implementation in Kansas contact Amy Karr in Wichita at (316) 942-4261 ext 1322.

Kids don't come with instructions; call the 24-hour Parent Helpline at the new number 1-800-CHILDREN (1-800-244-5373). Connect with Prevent Child Abuse Kansas on Twitter, [www.Twitter.com/PCAKansas](http://www.Twitter.com/PCAKansas) and Facebook, [www.facebook.com/#/pages/PCAKansas-Parent-Information-Network/263942113219?ref=ts](http://www.facebook.com/#/pages/PCAKansas-Parent-Information-Network/263942113219?ref=ts).

More information can be found at:

- [www.dontshake.org/sbs.php?topNavID=4&subNavID=32](http://www.dontshake.org/sbs.php?topNavID=4&subNavID=32)
- [www.kcsl.org/PeriodOfPurpleCryingDose2and3.aspx](http://www.kcsl.org/PeriodOfPurpleCryingDose2and3.aspx)

## Fireworks and Injury Prevention

By Jane Stueve, Adolescent and School Health Consultant

“The Star-Spangled Banner” and friends and family celebrations often accompany Independence Day fireworks. Every 4<sup>th</sup> of July, fireworks are sold for personal use and use in public shows. Safety is a huge issue when using fireworks.



In Kansas, vendors can sell fireworks from June 27-July 5 (including delivery of mail-order fireworks). There are restrictions on types of fireworks sold as well as licenses required to sell and possess certain types of fireworks. Some of the laws relating to fireworks are under KSA 31-501 to 31-506.

The Consumer Product Safety Commission and the National Council on Fireworks Safety offer the following safety tips when celebrating July 4<sup>th</sup> with fireworks:

- Always read and follow label directions
- Have an adult present
- Buy from reliable sellers
- Use outdoors only
- Always have water handy (a garden hose and a bucket)
- Never experiment or make your own fireworks
- Light only one firework at a time
- Never re-light a “dud” firework (wait 15 to 20 minutes and then soak it in a bucket of water)
- Never give fireworks to small children
- If necessary, store fireworks in a cool, dry place
- Dispose of fireworks properly by soaking them in water and then disposing of them in your trash can
- Never throw or point fireworks at other people
- Never carry fireworks in your pocket
- Never shoot fireworks in metal or glass containers
- The shooter should always wear eye protection and never have any part of the body over the firework
- Stay away from illegal explosives

Under the Federal Hazardous Substances Act, the United States Consumer Product Safety Commission prohibits the sale of the most dangerous types of fireworks and the components intended to make them. The banned fireworks include various large aerial devices, M-80s, quarter-sticks, half-sticks and other large firecrackers. Any firecracker with more than 50 milligrams of explosive powder and any aerial firework with

more than 130 milligrams of flash powder are banned under federal law, as are mail order kits and components designed to build these fireworks. ([www.cdc.gov/HomeandRecreationalSafety/Fireworks/fireworks-factsheet.html](http://www.cdc.gov/HomeandRecreationalSafety/Fireworks/fireworks-factsheet.html))

Legal fireworks will be properly labeled with instructions and the name of the manufacturer. Since safety guidelines were put in place in 1976, legal fireworks have become safer. The number of injuries has declined while actual fireworks use is increasing.

Although most injuries are minor, those shooting fireworks always need to be cognizant of the dangers that exist. People have lost sight, fingers and toes from improper or careless use of fireworks.

**Have a safe &  
Happy 4th of July!**



## Ask Ken!

### ELECTRONIC SUBMISSION OF DATA & CVRS



**Q.** Does the Intervention Statistical Report “Selection Criteria” report all visits a paraprofessional makes?

**A.** No. If the first time visit to a client is made by a nurse, then all home visits for a given paraprofessional will be reported under the nurse in the report. I will try to get these reports changed to reflect the individual providing the visits.

**Q.** Do I report contraceptive method when I report M & I visits under program 2 or 3?

**A.** No. By reporting contraceptive method under M & I makes me question if this is a M & I visit. This type of reporting will be returned for clarification.

## EVENTS



## RESOURCES

# Save the date!

**21st Annual Kansas School Nurse Conference**, July 19-23, Hyatt Regency Wichita, New Nurse Sessions: July 19-20, General Sessions: July 20-22, Post Sessions: July 22-23. For school nurses and anyone with interest in school student health. For more information or to register go to <http://webs.wichita.edu/?u=conted&p=/ksn/>.

**Pediatric Basic Disaster Life Support** is a one day course, July 24 in Salina, KS, designed to highlight the key aspects of basic pediatric care in a disaster situation. This class is targeted for pre-hospital, hospital and public health professionals. Register for this course on KS Train, course ID 1017833. <https://ks.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?tabid=62&CourseID=1017833>.

**Empower Me! Youth Training**, July 26-30 for students with disabilities to learn how to survive high school years and beyond. Strength and skill building summit for students with special needs. Contact KYEA at 785-215-6655 or [PeerSupport@kyea.org](mailto:PeerSupport@kyea.org).

**6th Annual Kansas Alliance for Drug Endangered Children Conference** will be on September 9 at the Kansas Regional Training Institute in Salina. Conference is 8:30 a.m. to 4:30 p.m. Registration begins at 7:30 a.m. Registration fee is \$30, lunch included. Deadline to register is September 1. Questions, contact Loretta Severin at (785) 266-8666 or [lwyrick@parstopeka.com](mailto:lwyrick@parstopeka.com).

### Sessions

- Update on DEC Efforts in Kansas
- Kansas Drug Trends
- Polysubstance Effects on Children's Development
- Panel of Mothers in Recovery

For more information contact the Kansas Methamphetamine Prevention Project at (785) 266-8666 or visit [www.ksmethpreventionproject.org/deconference.htm](http://www.ksmethpreventionproject.org/deconference.htm).

**84th Annual ASHA School Health Conference**, Healthy Students... Successful Learners, October 13-16, Kansas City, Missouri. For more information go to [www.ashaweb.org](http://www.ashaweb.org).

**KDHE Publications for the H1N1 Flu Virus** can be found at [www.kdheks.gov/H1N1/](http://www.kdheks.gov/H1N1/).

**Grant Development Solutions:** Certificate in Professional Program Development and Grant Communications is a two-day intensive and interactive experience in which participants will be led through the program development, grant writing and funding acquisitions processes through the completions of the five sessions. For more information go to: [www.grantdevelopmentsolutions.com/](http://www.grantdevelopmentsolutions.com/).

**The Brain's Inner Workings: Activities for Grades 9 through 12** This comprehensive collection of multimedia resources and inquiry-based activities tied to the National Science Education Standards help teachers and students learn about the structure, function and cognitive aspects of the human brain. The packet includes a teacher's manual, student manual, DVD of videos and a CD-ROM of accompanying materials. For more information visit [www.nimh.nih.gov/health/brains-inner-workings/the-brains-inner-workings-activities-for-grades-9-through-12.shtml](http://www.nimh.nih.gov/health/brains-inner-workings/the-brains-inner-workings-activities-for-grades-9-through-12.shtml).

**SAMHSA News Release: New Report Provides Startling Look at Substance Abuse On An Average Day In The Life Of American Adolescents** The full report is available at: [www.oas.samhsa.gov/2k10/185/185TypicalDay.htm](http://www.oas.samhsa.gov/2k10/185/185TypicalDay.htm). Copies may be obtained free of charge by calling SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). For more publications and information, visit [www.samhsa.gov](http://www.samhsa.gov).

All you need is love.  
But a little chocolate now  
and then doesn't hurt

— Charles M. Schulz