School Nurse Practice Review and Resources

Presented by MASN to the MO Coordinated School Health Pre Conference Dec. 2, 2021

Disclosure

None of the presenters report any financial conflicts of interest

Learner Outcome

At the end of this presentation the participant will report an increase in knowledge of various resources on school nurse practice.

Objectives:

At the end of this presentation the participant will be able to

- 1. Identify at least two previously unknown published resources.
- Locate the MO School Health Manual and other publications on the DHSS website.
- 3. List two advantages of membership in a professional organization.
- 4. Demonstrate at least one self-care technique.

Introductions

Presenters:

Teri Hansen, MASN President

Natalie Botkin, MASN President-Elect

Peggy Karleskint, MASN Past-President

Stacey Whitney, NASN Director

Who's in the room?

Manual for School Health

Basics

- a. Location: health.mo.gov/school health/guidelines & publications/Manual for School Health Programs
 Manual for School Health Programs
- a. Purpose: Basic manual for quality evidence-based practice

School Health Programs

School Health Programs

The academic success of America's youth is strongly linked with their health, and is one way to predict adult health outcomes.

https://www.cdc.gov/healthyyouth/health and academics/index.htm

Who's in the Health Room?

School health services personnel may include any of the following:

- 1. Consulting School Physician/Medical Advisory Committee
- 2. Registered Professional Nurse
- 3. Licensed Practical Nurse
- 4. Paraprofessional/Unlicensed Assistive Personnel (UAP)

Be sure you know the scope of practice for each health services member.

Scope and Standards of Practice

Be sure you know the scope and standards of practice.

The Scope and Standards of Practice should guide everything you do in your practice as a School Nurse.

Components of an Effective School Health Program

Based on the WSCC Model

- 1. Physical Education and Physical Activity
- 2. Nutrition Environment and Services
- 3. Health Services
- 4. Counseling, Psychological, and Social Services
- 5. Social and Emotional School Climate
- 6. Physical Environment
- 7. Employee Wellness
- 8. Family Engagement
- 9. Community Involvement
- 10. Health Education

Strengthening A School Health Program

Components needed for an effective, coordinated school health program:

- 1. Leadership
- 2. Advisory Committee
- 3. Board Policies that are supportive
- 4. Existing School-Based and Community-Based Resources
- 5. Needs Assessment
- 6. Programmatic Needs
- 7. Plan Development
- 8. Ongoing Evaluation

Manual for School Health Programs

The manual has step-by-step instructions/recommendations on doing a thorough assessment of your School Health Program.

https://health.mo.gov/living/families/schoolhealth/pdf/ManualForSchoolHealth.pdf

Policies and Procedures

A **policy** carries the greatest legal status in the likelihood of litigation because it is a *broadly written framework* for activities officially affirmed by a governmental agency, in this case a school board, and often reflects existing law (Krim & Taliaferro, 2013).

A **procedure** is a written step-by-step description of how to accomplish something (Selekmen, 2019).

Organizations that typically provide policies for schools:

Missouri School Board Association (MSBA)

Missouri Association of Rural Education (MARE)

Confidentiality

Communicable Disease Control

Care of Illness and Injury

Special Health Care Needs

Administration of Medications in Schools

Child Abuse and Neglect

Screening and Referral Programs

Wellness

CARE OF ILLNESS AND INJURY

Recommended Policy

The Board expects district staff to appropriately assist any individual who is injured or becomes ill while on district property, on district transportation or attending a district activity. Such assistance may include providing first aid or emergency treatment if the staff member is trained to do so or contacting emergency medical services when appropriate.

Liability

In accordance with law, any qualified employee will be held harmless and immune from civil liability for administering emergency medications, cardiopulmonary resuscitation (CPR) or other lifesaving methods in good faith and according to standard medical practice. A qualified employee is one who has been trained to administer medication or medical services according to standard medical practice. Procedures for handling emergencies will be established and distributed in each school building.

Training

The Board encourages the superintendent or designee to provide employees training in first aid and emergency treatment, particularly in buildings where there are medically fragile students.

The superintendent or designee, in consultation with the school nurse, is authorized to implement a program to train students and employees in CPR and other lifesaving methods. CPR instruction will be provided to students in grades 9B12 as required by law.

Incident Reports

Employees must report all work-related injuries and illnesses to their supervisor immediately and will be required to provide the details of the injury or illness in writing. Staff who witness any injury or observe the onset of a serious illness on district property, on district transportation or at a district activity will prepare a written incident report on the incident report form available in each building. A copy of the incident report form will be filed with the appropriate designee as soon after witnessing the event as possible.

The superintendent is charged with providing the Board periodic statistical reports on the number and types of injuries occurring on district property or at district activities as well as information on individual accidents or injuries when Board action on the matter is required.

Protective Equipment

The superintendent or designee will continuously review job descriptions and district activities to improve safety in the district. The district will provide protective equipment when it is required by law or when it is determined by the superintendent or designee to be necessary to maintain district safety standards. In accordance with law, students, staff and visitors must wear eye protective devices in vocational, technical and industrial arts courses and laboratories involving chemicals, welding, construction, vehicle repair or other activities as designated by the district. When protective equipment is provided, all persons are required to use the equipment as directed. Failure to do so will result in disciplinary action, including removal from school property or the activity requiring protective gear. MSBA EBBA sample policy

Screenings

Screening

Recommended screenings:

Health & Developmental History -- New students & annually

Nutritional Assessment -- Height, weight, BMI. Refer >95% or <5%

Vision

Manual for School Health pp 65-69

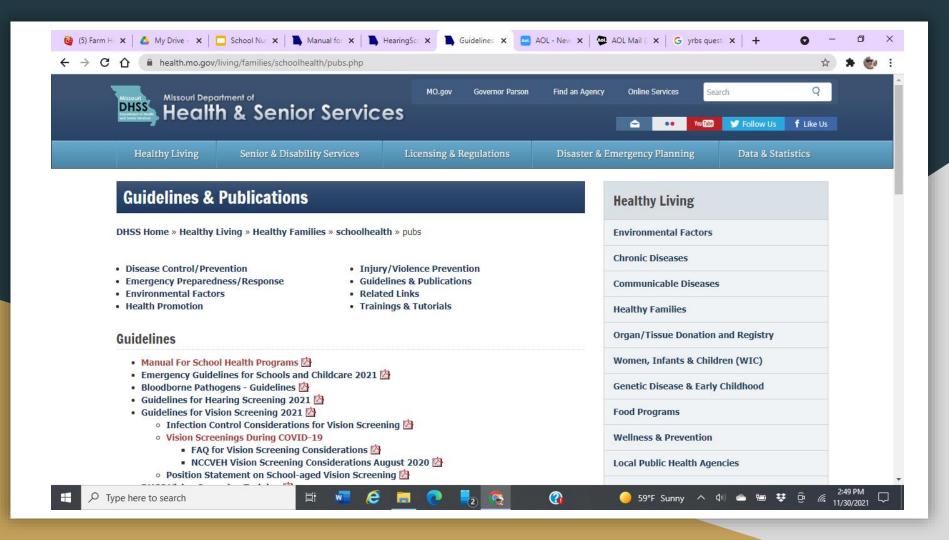
Hearing

Dental

Spinal (no longer recommended for routine screening)

Health Risk Appraisal (Middle and High School -- Youth Risk Behavior Survey)

TB Screening (no longer recommended for routine screening)



Vision Screening

When to screen?

ASAP in the school year

New students,, PK-3rd grade yearly, then every 2 years as resources allow. Referrals/requests from parents & teachers.

How to screen?

See Guidelines for Vision Screening/HOO Presentation on Vision Screening

New Infection Control Considerations

Instrument-based screening not recommended for children over age 6 unless absolutely necessary

How to report?

Communicate with parents ASAP

Monthly or year-end reports

Follow-up

Most important component

Become aware of community resources

Instrument-based screening is appropriate for children ages 1 and 2 years, and as an alternative to optotype-based screening for ages 3, 4, and 5 years. Instrument-based screening can be used for children ages 6 years and older *only for children who cannot participate* in optotype-based screening. This age range may expand as high quality, peer-reviewed, published research emerges. All individuals, including community groups, screening children ages 6 years and older should follow this guideline until such research emerges.

Donahue, S. P., Baker, C. N., & AAP Committee on Practice and Ambulatory Medicine, AAP Section on Ophthalmology, American Association of Certified Orthoptists, American Association for Pediatric Ophthalmology and Strabismus, American Academy of Ophthalmology. (2016). Procedures for the evaluation of the visual system by pediatricians. Pediatrics, 137(1), e20153597. Retrieved from: http://pediatrics.aappublications.org/content/pediatrics/early/2015/12/07/peds.2015-3597.full.pdf

INSTRUMENT-BASED SCREENING APPROACH

TEST	AGES	TOOLS	OPTOTYPES	PASS	NOTES AND TIPS
ILSI	AGES	TOOLS	OFTOTTES	FAGG	NOTES AND TIPS
Screens for estimates of refractive error and eye misalignment	1 year to 6 years	Welch Allyn® Spot™ Vision Screener Plusoptix S12 (C model shown here) Righton Retinomax	None Screener	According to device settings	Vision screening instruments do not measure visual acuity. Consult local eye care provider for referral criteria settings in programmable devices. Insufficient data currently exists to support instrument-based screening for ages 6 years and older. Monitor the Prevent Blindness website for additional approved devices: https://preventblindness.org/recommended-tools-and-tests/

Hearing Screening

When to screen?

ASAP in the school year

Students new to district, PK-3rd grade yearly, 7th grade as resources allow. Referrals/requests from parents &

teachers

How to screen?

See Guidelines for Hearing Screening/HOO Presentation on Hearing Screening

New Infection Control Considerations

How to report?

To parents ASAP

Monthly & Year-end reporting

Follow up

Most important component

Become aware of community resources

Dental Screening

Recommendations

As time and resources permit, screen students K-7 who do not report routine professional care, using a visual inspection of the mouth with light and tongue blade.

Screen secondary students who have not reported routine care.

Dental education should be a part of the inspection process.

Resources:

PSP Program https://psp.health.mo.gov/

Local dentists, dental schools, or dental societies

MOHealthnet (Medicaid) does cover dental

Special Health Care Needs

Estimated 18 million children in the US have special health needs......

Individuals with special health care needs are those who have or at increased risk for a medical condition that may hinder the achievement of normal physical growth and development, and who also require health and related services of a type or amount beyond that required by individuals generally.

(DHSS, Special Healthcare Needs Services, 2021)



Start Here

Healthy Families

DHSS Home » Healthy Living » Healthy Families

- Adolescent Health
- Community Health Workers
- Cord-Blood Banking
- Food Programs
- · Genetics & Early Childhood
- Handwashing
- Health Professional Loan and Loan Repayment Programs
- · Healthy Babies
- · Healthy Children
- Infant Mortality
- Injury & Violence Prevention

- · Maternal Child Health Block Grant Men's Health
- Minority Health
- Oral Health
- Primary Care
- Rural Health School Health
- · Special Health Care Needs Services
- TEL-LINK
- Traumatic Brain Injury
- · WIC (Women, Infants & Children)
- · Women's Health

Good health begins at home. Giving your baby the best start in life, creating a safe home environment and helping your teenager deal with the pressures of adolescence are just of few of the health issues families face every day.

For some families, special health care services are needed when unexpected situations arise such as a child with disability or an ongoing medical problem.

Schools and community groups throughout Missouri help many families stay healthy by providing nutritious meals, health education and screening services.

The Missouri Department of Health and Senior Services works with organizations across the state to offer information and assistance to improve the health and well-being of thousands of Missouri families every year.



Healthy Living Environmental Factors Chronic Diseases Communicable Diseases **Healthy Families** Organ/Tissue Donation and Registry Women, Infants & Children (WIC) Genetic Disease & Early Childhood Food Programs Wellness & Prevention Local Public Health Agencies **Immunizations**

Special Healthcare Needs: Administrative Guidelines

Purpose

Assist school districts serving students with complex medical conditions to make informed decisions regarding the provision of health services.

School Nurse's Role

Determine Services Required

Identification of Care Providers

Competencies of Personnel

Documentation is key

Emergency Action Plan

504, IHP, IHAP

State Law - Missouri Revised Statutes

Delegation tree

Technical Skills and Service Chart, page 78-81

NASN position statement

Board policy

Examples of Special Healthcare Services

Tube feedings

Trach care

Oxygen administration

Maintenance medications

Emergency medications

Catheterization

Clinical procedure resources

Clinical Procedure Guidelines for Connecticut School Nurses

Care of Students with Special Needs in Schools: Applications of Professional School Nursing Practice Standards

Children and Youth Assisted by Medical Technology in Educational Settings: Guidelines for Care

Resources for Special Health Care Needs

Chronic Health Conditions - available guidelines and resource material including action plans and training resources for school staff, resources for parents and students.

Asthma-http://www.health.mo.gov/living/healthcondiseases/chronic/asthma/publications.php

http://www.asthma.com/for-parents/asthma-and-school.html http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.htm

http://www.cdc.gov/asthma/management.html Chart of Asthma Inhalers; http://www.aanma.org/aanma-store/posters/

Diabetes - http://www.ndep.nih.gov/publications/index.aspx?Audience=School+Personnel

http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/

http://www.myhumalogchild.com/pages/treating-severe-low-blood-sugar-in-children-with-glucagon-injection.aspx

http://www.diabetes.org/schooltraining

Seizure Disorders - http://epilepsyclassroom.com

http://www.diastat.com/how-to-administer.aspx

http://www.cdc.gov/epilepsy/projectstraining/training.htm#one

Allergies: http://health.mo.gov/living/families/schoolhealth/pdf/mo_allergy_manual.pdf

https://www.epipen.com/en/about-epipen/how-to-use-epipen

http://www.foodallergy.org and http://www.cdc.gov/healthyvouth/foodallergies/

ADHD or Autism Spectrum in the School Setting

http://www.edc.gov/ncbddd/adhd/

http://cdc.gov/ncbddd/autism/facts.html

http://dmh.mo.gov/docs/mentalillness/abcs.pdf

http://www.autismguidelines.dmh.mo.gov/pdf/Guidelines.pdf

Resources for Individualized Health Care Plans

Silkworth, C.K, Arnold, J.J., Harrigan, J.F., and Zaiger, D. S. (Eds.). (2005) Individualized Health Care Plans for the School Nurse: Concepts, framework, issues and applications for School Nursing Practice. North Branch, MN: Sunrise River Press http://www.sunriseriverpress.com/book-sftw-pkg-for-ihps-for-sch-nurses.html Includes software for standard IHPs for many health conditions seen in schools.

Many resources like these are also available from various school health supply companies. Individualized healthcare plan books no longer available from publishers may be found at on-line bookstores such as Amazon.

Position Statements (related to special health care needs)

www.nasn.org

Section 504 and Individuals with Disabilities Education Improvement Act - the Role of the School Nurse Chronic Health Conditions Managed by School Nurses Individualized Healthcare Plans - The Role of the School Nurse

Resources

Resources

Publications

School Nursing: A Comprehensive Text Selekman, Shannon, Yonkaitis
Supporting Students with Special Health Care Needs Porter, Branowicki, Palfrey
School Nursing: Scope and Standards of Practice NASN, ANA
Special Education and School Nurses Belmonte-Mann and Gerdes, 2019
Managing Infectious Disease in Child Care and Schools, 5th Ed Aronson and
Shope, 2020. AAP

Resources

Professional Organizations

MASN

Missouri Association of School Nurses

www.missourischoolnurses.org



Resources

Professional Organizations

NASN

National Association of School Nurses

www.nasn.org



National Association of School Nurses

Resources

Online/Websites

Schoolnurselink.com

Children's Mercy Hospital Care Cards

Clinical Procedure Guidelines for Connecticut School Nurses

(See Resources List)

Questions????



Self Care-What is it and Why is it important?

Self-care is anything you do to help yourself mentally, physically and spiritually.

It's a way of living each day that incorporates behaviors that help you feel refreshed, reenergized, and rested.

The practice helps you manage the daily stresses in your life.

https://ugs.utexas.edu/news/self-care

Age of COVID in School Nursing

"It's almost like we're the enemy": Many Maine school nurses experiencing burnout" https://www.wmtw.com/article/maine-school-nurse-burnout-covid-19/38392615#

School Nurses Feel Like 'The Enemy'-NY Times

School Nursing Staff Burned Out Amid Covid Surges, Staff Shortageskhn.org

School Nursing Staff Burned Out Amid Covid Surges, Staff Shortageshttps://www.mprnews.org/

Burnout

Definition-

physical, emotional, or mental exhaustion accompanied by decreased motivation, lowered performance, and negative attitudes toward oneself and others. It results from performing at a high level until stress and tension, especially from extreme and prolonged physical or mental exertion or an overburdening workload, take their toll. The word was first used in this sense in 1975 by U.S. psychologist Herbert J. Freudenberger (1926–1999) in referring to workers in clinics with heavy caseloads. Burnout is most often observed in professionals who work in service-oriented vocations (e.g., social workers, teachers, correctional officers) and experience chronic high levels of stress. It can be particularly acute in therapists or counselors doing trauma work, who feel overwhelmed by the cumulative secondary trauma of witnessing the effects.

Compassion Fatigue

Definition: Compassion fatigue is a term that **describes the physical**, **emotional**, **and psychological impact of helping others** — often through experiences of stress or trauma. Compassion fatigue is often mistaken for burnout, which is a cumulative sense of fatigue or dissatisfaction.

Symptoms of Compassion Fatigue and/or Burnout

Although symptoms vary, the following red flags may indicate that you have compassion fatigue:

Abusing drugs, alcohol or food

Anger

Blaming

Chronic lateness

Depression

Diminished sense of personal accomplishment

Exhaustion (physical or emotional)

Frequent headaches

Gastrointestinal complaints

High self expectations

Hopelessness

Hypertension

Inability to maintain balance of empathy and

objectivity

Increased irritability

Less ability to feel joy

Low self-esteem

Sleep disturbances

Workaholism

Time for Self-Care

https://soundcloud.com/jonbrooks-1/seventh-heaven-jon-brooks

Wrap up

There have been good things that have come out of this pandemic!

Increased SN visibility & funding

Increased role & funding for technology

Increased use of virtual meeting and learning formats

Curbside pickup

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- Missouri Department of Health and Senior Services (2014) Dental health guide for school nurses. Retrieved electronically from https://health.mo.gov/living/families/oralhealth/pdf/dental-health-guide-for-school-nurses.pdf November 2021