

The NEW YORK STATE ASSOCIATION OF SCHOOL NURSES

Communicator

Spotlight on



Lou Ann Gleason, BSN, RN

Zone 9 encompasses Jefferson, Lewis, and St. Lawrence Counties. There is a lot of history in the counties of Zone 9. Jefferson County, named after President Thomas Jefferson, was founded in 1805. The county offices are located in the historic city of Watertown. The Paddock Arcade, built in 1850 in downtown Watertown, is the oldest continuously operating enclosed mall in the United States. The city of Watertown is known as the birthplace of the Five and Dime, the safety pin, the home of Little Trees Air Fresheners, and the Davis Sewing Machine Company. It has the longest continually operating county fair in the United States and is home to the Red and Black football franchise, the oldest surviving semi-professional team in the United States. The city has a park, called Thompson Park, which was designed by Frederick Law Olmstead, designer of Central Park. The park overlooks the city and provides a great view. A NYS zoo exists inside the park. Furthermore, a ski slope called Dry Hill, slightly south of Watertown, can be used for winter fun activities.

The county is bordered by Lake Ontario and the Canadian border. The Black River, with its potential for hydroelectric power, was developed by entrepreneurs. Paper mills and other industries were established in the area, including the first steam engine in 1847. Jefferson County has an airport located in the Village of Dexter, called the Watertown International Airport. In addition, a great shopping mall, the Salmon Run Mall, is located in Watertown. There is one college in the county, Jefferson Community College.

Fort Drum Military Base is located in Jefferson County. This is the home of the Tenth Mountain Division. This base impacts a lot of our area schools. It provides a continuous challenge for our school nurses, as we try to help meet the needs of these students and their families. It is estimated that this facility trains about eighty thousand troops every year. John M. McHugh, the U.S. Secretary of the Army, is from the small village of Pierrepont Manor, which is in Southern Jefferson County.

Jefferson County has a number of tourist attractions. The Historic Village of Sackets Harbor, on the shore of Lake Ontario, is one attrac-

tion. This village was very important to our nation during the War of 1812. Many of the buildings, including the Madison Barracks that housed our soldiers, have been restored and are being used. This region comes alive during the summer months with celebrations and re-enactments on the battlefield. In addition, this area was also the site of the Navy's Great Lakes Headquarters and a commercial shipyard.

The St. Lawrence River region, including Wesley Island, Clayton, and Alexandria Bay, is also a great tourist attraction. This region can be enjoyed as you walk through their little shops, or join in one of the many festivals that are held in the summer months. Don't hesitate to step onto a boat tour, so you can view the area from the waterway, or skip on over to Canada for a few days. The Alexandria Bay area is made up of large dairy farms, and it is not uncommon for drivers to have to share the roads with tractors and large farm machinery. The milk from these farms is transported to Adams to make cheese at the Great Lakes Cheese Plant. Adams is where our district's high school and middle school is located. Another attraction is the tours from the City of Watertown to the four wineries that exist along the Seaway Trail.

Lewis County was established in 1805 and was named after Morgan Lewis. He was the governor of New York at the time. Lewis County is nestled between the Tug Hill Plateau on the west and the Adirondack Mountains on its eastern border. The county offices were moved to Lowville in 1864. Lowville industries include a bowling pin manufacturing company and a Kraft plant, which is the biggest cream cheese producer in the country. Lewis County is the site of the "Maple Ridge Wind Farm," which has 195 wind turbines and is one of the largest wind farms in the United States. This site has increased New York's renewable energy six fold. Lewis County has a hospital and the Lewis County Fair Grounds. There are plenty of opportunities for outdoor recreation in this county that visitors can enjoy, such as camping, hiking, snowmobiling, ATV riding on the trails, skiing, fishing, canoeing, and more. Lewis County also has a surprising feature that I was amazed to see. I was on a motorcycle trip to check out the fall foliage. There, in the middle of the woods, was a speedway. It is called the Adirondack International Speedway in New Bremen and has three short tracks (0.25-mile, 0.5-mile, and .9-mile), as well as a mile and a half road course. As a NASCAR fan, I could not believe my eyes.

St. Lawrence County is classified, geographically, as the largest county in New York State. About a third of the county is part of the Adirondack Park. The county offices are in Canton. The county is named for the Saint Lawrence River and about seventy-five miles of the county borders this river. Another large river in the county is the Oswegatchie River. This area has a lot of outdoor recreation opportunities. There are several colleges in the county: SUNY Canton,

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The New York State Association of School Nurses

HISTORY

The New York State Association of School Nurses (NYSASN) was organized in 1986, to maintain, promote, and improve quality school health services and health education throughout the state.

MISSION

The mission of NYSASN is to advance the practice of school nursing and to enhance the educational success of students by promoting quality health services.



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Are you interested in adding
something to our newsletter?
Contact the Editor before May 1, 2014
with your ideas for the
Summer 2014 issue.

Editor's Note

By Anita Mosher, AAS, RN

In spite of the incredibly cold winter we are having, everyone is working hard across the state. Widespread flu across the state has been keeping school nurses busy in addition to their everyday challenges. Members in every zone have risen to the challenge of educating legislators about the inappropriateness of the proposed bill A4987/S4473. Our Legislative Chair has been hard at work supporting all members in their grass roots efforts. She has written yet another informative, insightful article about this particular subject, which is included in this issue.



Anita Mosher

Zone Representatives across the state are providing many continuing education opportunities at the zone levels. If you have not had a chance to experience the Pediatric Emergency Workshop in the past, access the NYSASN website at www.nysasn.org to register for this conference. It is being held in Watkins Glen on March 15th.

This issue is full of fabulous information from talented, intelligent, professionals like you, from across the state. Our Zone Highlight details the offerings of Zone 9. Our Webmaster takes you on a descriptive tour of the NYSASN website so that you can benefit fully from what it has to offer. Take the time and check it out when you have a moment. In addition, the American Dairy Association and Dairy Council, Inc submitted a fantastic article on Breakfast in the Classroom. Take a look at what other zones have been up to and refresh your knowledge of Type 1 Diabetes through this issue's Clinical Pearl, and much more.

Maryalice Smith, thank you so much for helping me with the Fall 2013 issue. As we all know from previous years, you are a truly wonderful editor and an unbelievably patient mentor! I hope all of you enjoy this issue. Hopefully you are all taking time to rejuvenate, rest, and keep yourselves healthy! I would like to share a favorite poem of mine and remind you to continue to rise to and meet daily challenges, continue to take a leadership role, and remain the master of your fate.

Invictus

"Out of the night that covers me,
Black as the Pit from pole to pole,
I thank whatever gods may be
For my unconquerable soul.

In the fell clutch of circumstance
I have not winced nor cried aloud.
Under the bludgeonings of chance
My head is bloody, but unbowed.

Beyond this place of wrath and tears
Looms but the horror of the shade,
And yet the menace if the years
Finds, and shall find, me unafraid.

It matters not how strait the gate,
How charged with punishments the scroll.
I am the master of my fate:
I am the captain of my soul."
...William Ernest Henley

President's Message

Constance Griffin, BS, RN, AE-C

Clear or cloudy, to see or not to see... After a recent eye injury, my vision became cloudy and my confidence became strained. Before this injury, I went about my day-to-day activities taking my clear vision for granted. Taking care of my family and professional duties were done effectively, though there might have been a complaint or two about certain tasks. Now, not out of want, but rather out of need, I require the assistance of my family and friends to guide me as my eye heals and my vision clears. They are my eyes and they guide me to success in what I do. However, as I ponder what clear vision means, I wonder if my vision was ever truly clear?



Constance F. Griffin

My brother Frank lost his vision in 1996. He suffered a bullet wound through his head, while on duty as a NYC Police Officer. Due to his blindness, he was no longer able to fly helicopters or planes, his passion. Though this was hard for his family to handle, Frank continued to succeed in other areas. He had, and still has, bad days, but he continues on with the support of family and friends. He remains employed by the NYPD and is an inspirational speaker to injured officers and their families. I do not see my brother as a blind man, but as one who is an inspiration to others. One who sees without his eyes! He jogs, works out, maintains his own home, and even has time to assist his sister with motivational thoughts. His survival, due to the efforts of others, gave me the drive to give and do my best for others. Still, do I see and do what I need to?

Clearly, my brother suffered the greater injury, but his vision for life was clear. My injury was minute, yet I felt lost in my vision of life. Why do I share this story? Too often, we lead our lives by doing, while failing to seize the moment to engage and work collaboratively with others. We don't see a moment as a chance for mentoring, learning, and growing.

I think of the students that are under a school nurse's care. Do we take the time to teach and empower them to take control of their

own health, or do we perform a task for them without ever engaging them. Do we fail to take the time to know and understand them, to teach them, and to show we care about their future? I took the time, these past few days, to reflect upon my new adventure as a middle school nurse. This is a big change after being an elementary nurse for 19 years. Did I take the time to clearly see my students and meet their needs? Did I work with staff, parents, students, and the community to give every student what they needed to succeed? I would like to reply with a resounding yes, but there were moments that I failed to see and act on a wonderful opportunity to make a difference. There were also moments when I failed to work with others to achieve greater success.

The mission statement of NYSASN is to, "advance the practice of school nursing and enhance the educational success of students by promoting quality health services." As the president of NYSASN, I need to visualize that mission statement and work collaboratively with all of you, so that no opportunity that enhances the success of students will pass us by.

It took one member to notice and bring forth safety concerns about the proposed diabetes legislation. With that concern, NYSASN reacted and envisioned what could happen should A4987 /S4473 become reality. Members were alerted and a grassroots effort was put forth to educate legislators and explain our opposition to these bills. Guess what? Legislators were not seeing clearly when they signed on to this proposed legislation. As an organization, we are working to give each student a brighter future. Without your help, an opportunity may pass us by.

I ask each of you to take a reflective look at what opportunities may have passed you by, both professionally and personally. React to this reflective look and see what you need to do to make the most of your potential. Reach out to other NYSASN members. Share your enthusiasm with NYSASN.

Clear vision is not about the eyes, as I have learned. It is about what a person or organization wishes to achieve. It envisions the future. Clear vision boasts inspiration. Each of you has a uniqueness that can ignite an inspirational future. Together nothing is impossible! Can you envision it?

It's Time to Nominate NYSASN's Excellence in School Nursing Candidates!

Gail Hall, RN, Zone Coordinator

The Excellence in School Nursing Award (EISN) is given to school nurses in New York State who excel in their practice of school nursing. Your Zone Representative has or will be sending you information on how to nominate a school nurse who exhibits exemplary performance in his or her practice, relative to the six Standards of Practice, and the nine Standards of Professional Performance. This standard provides the foundation for critical thinking for all registered nurses and describes the behaviors expected of the nurse in the role of school nurse. School nursing is a specialized practice of professional nursing that advances the well-being, academic success, lifelong achievement, and health of students. The award recipient is chosen at the zone level providing they are:

- Currently practicing as a full-time school nurse
- A member of NYSASN for the current and preceding two years (three consecutive years)
- Nominated with a completed form
- Nominated by self, a colleague or an administrator

Each zone is encouraged to present one school nurse per zone, annually, for this prestigious award. The nomination deadline is March 15, 2014. The awards are presented at NYSASN's Fall Conference. If you should have any questions about this award, please contact your zone representative or me at zonecoordinator@nysasn.org or Gailhall124@aol.com.

BREAKFAST CHANGES LIVES

HOW?



KIDS WHO EAT SCHOOL BREAKFAST...

MISS LESS SCHOOL



They attend an average of
1.5 more days
per year

DO BETTER IN MATH:



They average
17.5% higher
math test scores

MORE ATTENDANCE



HIGHER MATH SCORES =

20% more likely to
graduate high school



AND KIDS WHO EAT BREAKFAST
REAP THE BENEFITS AS ADULTS, TOO:



BREAKFAST CHANGES LIVES

High school graduates on average earn

\$10,000
more annually



Less likely to experience

HUNGER
as adults



BUT HERE'S THE PROBLEM

NOT ENOUGH KIDS ARE EATING SCHOOL BREAKFAST.

21 MILLION

U.S. kids get free or reduced-price
school lunch



Only 1/2 of those kids
get breakfast, even though they're eligible



Too many kids are showing up to school
hungry. And hungry kids can't learn.

BREAKFAST CAN CHANGE THEIR LIVES

No Kid Hungry starts with breakfast

Learn how you can help at NoKidHungry.org/Breakfast



Deloitte.

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Kellogg's

Deloitte and Share Our Strength's No Kid Hungry campaign is available at NoKidHungry.org/Breakfast.

Breakfast in the Classroom Benefits Nurses, Too

Michelle Barber, MA, RD, CDN

Nutrition Specialist for American Dairy Association and Dairy Council, Inc.

More schools, realizing the connection between nutrition and learning, are offering students Breakfast in the Classroom (BIC). The program is having a positive impact for school nurses, too.

Breakfast in the Classroom ensures more students are eating that all-important morning meal by allowing them to have their breakfast right at their desks. Erin Graupman, coordinator of Student Health Services with Rochester City School District, has noticed it's also making a difference in visits to the school nurse. Graupman said, "We have experienced numerous benefits to breakfast in the classroom in our schools that participate. Our nurses report seeing fewer students with common hunger complaints. Often times these complaints lead to lost instruction time. Students are more likely to participate in breakfast which has decreased tardiness."

Graupman's observations are congruent with findings reported by FRAC, in the Fall 2011 issue of Food Research and Action Center: Breakfast for Health.¹ The publication cites information from the U.S. Department of Agriculture which shows that school breakfast has been linked with fewer visits to the school nurse, particularly in the morning. "Students come with assurance that they will start their day with a meal which helps them focus on learning, above all Breakfast in the classroom is teaching our students a lifelong healthy habit," said Graupman.

Eating breakfast has a positive impact on children's mental health, including reductions in behavioral problems, anxiety, and

depression; this, according to FRAC reports of research published by Annals of Nutrition and Metabolism; and, Archives of Pediatric and Adolescent Medicine.²

The problem is, not enough kids are eating school breakfast. In New York State, more than 1.2 million students are eligible for free and reduced priced meals. However, more than 55% of these students go unserved a daily school breakfast, according to the NYS Education Department's Child Nutrition Program Administration and FRAC.³

Bus schedules, limited time, and class distance from the cafeteria are all barriers to participation in the school breakfast program. There is also sometimes a stigma associated with school breakfast. Having breakfast in the classroom eliminates many of these barriers and reduces stigma by enabling more students to participate in breakfast.

To learn how to bring Breakfast in the Classroom to your school, contact Toni Wasi at (609) 871-0471 or schools@adadc.com

1 Food Research and Action Center (FRAC) Brief: Breakfast for Health (Fall 2011) [Brief prepared by Heather Hartline-Grafton, DrPH, RD, Senior Nutrition Policy Analyst, with assistance from Madeleine Levin, MPH, Senior Policy Analyst and Lucienne Cross, Summer Intern]; and, Bernstein, L.S. McLaughlin, J.E., Crepinsek, M.K., & Daft, L.M. (2004). Evaluation of the School Breakfast Program Pilot Project: final report. *Nutrition Assistance Program Report Series*, CN-040SBP. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition, and Evaluation.

2 Food Research and Action Center (FRAC) Brief: Breakfast for Health (Fall 2011); and, Kleinman, R.E., Hall, S., Green, H., Korzec-Ramirez, D., Patton, K., Pagano, M.E., & Murphy, J.M. (2002) Diet, breakfast, and academic performance in children. *Annals of Nutrition and Metabolism*, 46 (Supplement 1), 24-30; and, Murphy, J. M., Pagano, M.E., Nachmani, J., Sperling, P., Kane, S., & Kleinman, R.E. (1998). The relationship of school breakfast to psychosocial and academic functioning: cross-sectional and longitudinal observations in an inner-city school sample. *Archives of Pediatrics and Adolescent Medicine*, 152(9), 899-907.

3 Food Research and Action Center (FRAC) *School Breakfast Scorecard*: 2011-2012 School Year, 22; and, data cited in Hunger Solutions New York *Shine with School Breakfast: An Overview of the School Breakfast Program in New York State*: 2010-2011 School Year, with information based on average March 2011 participation statistics obtained from New York State Education Department, Child Nutrition Program Administration.

Spotlight on Zone 9

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St. Lawrence University, SUNY Potsdam, and Clarkson University. There is also a SUNY – ESF Ranger School in St. Lawrence County. St. Lawrence is also the home of the Crane School of Music.

The Raquette River runs through the area as well, providing opportunities for outdoor activities. There are also many opportunities to enjoy festivals throughout the summer months. Some of these festivals are the Potsdam Summer Festival, The Community Performance Series, concerts at the Crane School of Music, performances by the Orchestra of Northern New York, and the Norwood Village Green Series. This is an area that is rich with the talents of the arts. Some other attractions that would be wonderful to visit are the Singer Castle, the Frederic Remington Art Museum, the Eisenhower Lock, The N.Y. Power Authority Visitor Center, the Akwesasne Cultural Center, and The St. Lawrence Arts Council gallery. There are four airports in St. Lawrence County. They are the Massena International Airport, Ogdensburg International Airport, Potsdam Municipal Airport, and Moores Airport. There are five hospitals and one psychiatric center that serve the area.

The St. Lawrence Psychiatric Center, in Ogdensburg, also serves Jefferson County. St. Lawrence County is noted for being the site of the strongest earthquake in New York State history. This occurred back on September 5th in 1944. Zone 9 has much to offer its visitors!

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Clinical Pearls: A Review of Type 1 Diabetes

O. Jeanne Dolly, MSN, FNP, SNT, NCSN

Type 1 Diabetes is a chronic illness where the body isn't able to produce insulin. It is classified as an autoimmune disease where destruction of the beta cells of the pancreas occurs. Etiology of this disease includes infection by viruses, genetic predisposition, as well as unknown causes. In 2011, the Center for Disease Control (CDC) estimated that approximately 1 million Americans have Type 1 Diabetes (DM). According to the CDC, the annual average incidence rate of Type 1 Diabetes among children is 19.1 per 100,000. This is the most common metabolic disease of childhood, occurring in 1 out of every 400-600 children. In addition, peak onset of this disease occurs between 11-13 years of age. Furthermore, Type 1 DM is more common in men than women, with a ratio of 1.5:1 for those with European origin.

Here is what to look for if one is suspicious that a student may have Type 1 Diabetes:

- Sudden onset of polyuria
- Polydipsia
- Polyphagia
- Nausea
- Blurred vision
- Weight loss
- Nocturia
- Fatigue
- Lassitude

In addition, the student may be experiencing Diabetic Ketoacidosis (DKA) if this disease has gone undetected for some time. Signs of DKA may include:

- Kussmaul Breathing
- Dehydration
- Hypotension
- Confusion

A criterion for diagnosis includes a Random Blood Glucose equal to 200 mg/dl or a Fasting Blood Glucose equal to 126 mg/dl. The American Diabetes Association (ADA) has included HbA1c level of 6.5% or higher as part of diagnosis criteria. Hemoglobin A1c (HbA1c) indicates the individual's average plasma glucose level for the prior 1-3 months. The normal reference range in most labs is 6%. In stable Type1DM, this should be tested every 6 months. However, in unstable Type1DM, this should be tested every 3 months.

Treatment for this disease is a commitment to lifelong exogenous insulin therapy. Most individuals require two or more injections daily with doses adjusted depending on blood glucose levels. Management requires a multidisciplinary approach that includes physicians, nurses, dieticians, and select specialists. The school nurse is a key provider in the school setting.

Blood glucose monitoring by glucometer is the recommended way of testing capillary blood glucose levels for children. This is checked at fasting, prior to each meal, and before bed. The goal is to have each child perform this testing independently and as routinely as possible. Continuous glucose monitors (CGM) are available and sense glucose levels in the interstitial space (usually the abdomen). This reading can vary from the capillary blood glucose level result. These monitors are available and are being used more often in adults per the recommendation of the Endocrine Society. Nevertheless, trends are ever changing and these recommendations may change to include individuals at earlier ages due to improvements in these sensors and their ease of use.

There are different types of insulin to treat this Type 1 DM. Rapid, short, intermediate, and long acting insulin may be used in varying combinations to treat on an individual basis. Here is the rundown on various types of insulin:

- Rapid: Lispro (Humalog), Glulisine (Apidra), and Aspart (Novolog) Insulins:
onset of 5-10 minutes, peaks in 45-75 minutes, with a duration of 2-4 hours
- Short: Regular (Humulin R, Novolin R) insulin:
onset of 0.5 hours, peaks in 2.5-5 hours with a duration of 4-12 hours
- Intermediate Insulin: NPH Insulin:
onset of 1-2 hours, peaks in 4-12 hours with a duration of 14-24 hours
- Long-acting insulin: Glargine (Lantus), and Detemir (Levemir):
no peak, stable level lasting more than 24 hours.

Unopened insulin should be stored in the refrigerator. Once insulin is opened, it can be stored at room temperature for 28-30 days. Insulin not used after the 28-30 days may not be used and must be discarded. Best practice is to always date the vial or pen when it is opened.

Treatment or management goals for Type 1 DM often include both basal insulin and pre-prandial (pre-meal) insulin. Basal insulins used are either long-acting insulin (Glargine or Detemir) or intermediate insulin (NPH) which is less common. Carbohydrate counting, using a provider determined insulin to carbohydrate ratio, given with all meals and snacks, allows flexibility of eating. Recent studies have indicated that disordered eating is common in pediatric patients with Type1 DM. The pre-prandial dose is based on both the carbohydrate ratio (set by the provider usually 15:1) as well as a correction dose, if the blood glucose level is elevated. The correction formula is:

$$\text{Units of rapid acting insulin} = \frac{(\text{child's current blood glucose} - \text{target blood glucose (usually 120)})}{\text{Insulin sensitivity factor}}$$

Both the target blood glucose level and the insulin sensitivity factor are set by the provider and can be found on the medication orders. This calculated amount of insulin is added to the pre-prandial dose to provide appropriate coverage.

Another form of insulin delivery is Continuous Subcutaneous Insulin Infusion or Insulin Pumps. This type of insulin delivery has become more commonly used and provides a continuous basal rate of insulin. The pre-prandial dose is manually administered as a bolus before meals. This is calculated by the pump, the child just has to program in the blood glucose level and carbohydrates consumed. There have been multiple studies confirming that these pumps provide better control.

Diabetics can experience episodes of hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar). Symptoms of hypoglycemia include:

- Light-headedness
- Dizziness
- Confusion
- Shakiness
- Sweating
- Headache

Treatment for this condition needs to be immediate. Give the individual experiencing hypoglycemia a fast acting sugar such as juice, candy, icing, sugar cubes, or glucose tablets. If the individual is unconscious with severe hypoglycemia, give Glucagon subcutaneously 25 ml of 50% glucose solution. Follow up with continuous glucose infusion in the emergency department. All faculty and staff should be well versed in these signs and symptoms. Those who are

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Clinical Pearls: A Review of Type 1 Diabetes

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experiencing hyperglycemia may exhibit the following symptoms:

- Polyuria
- Polydipsia
- Polyphagia
- Nocturia
- Nausea
- Blurred vision
- Fatigue
- Lassitude/weakness
- Weight loss
- Dehydration

Treatment for hyperglycemia includes controlling blood glucose with insulin and monitoring renal threshold by checking for ketones in the urine when blood glucose is over 250. It is important to increase fluids to correct dehydration. The provider will provide orders as to how to correct both hypo and hyperglycemia.

The school nurse plays an important role in keeping students with

Type 1 DM safe in school so they can have the education they deserve. The school nurse is a key provider of care for the diabetic child in the school. There is an almost constant need to educate both the child and family along with school personnel on the management of the diabetic child, this is vital. The school nurse is the coordinator of the plan of care and should have a good working relationship with that particular areas' endocrinologist and diabetic educators. It is also vital that the school nurse continues to stay current in the ever changing evidenced based care.

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NASN Affiliate News

Suzanne Smith BSN, RN, NCSN

Editor's Note: Suzanne Smith is our NY Representative to the National Association of School Nurses. The following press release was submitted to her local paper, *The Watertown Daily Times*.

State School Nursing NASN (National Association of School Nurses) Affiliate Board Director Meets Lawmakers in Washington D.C.

WASHINGTON D.C. – Suzanne Smith, The NASN board director from New York State, joined nursing leaders from across the nation who attended the NASN Board of Directors meeting January 25-28, 2014, and participated in NASN's Annual "Hill Day." Smith had the opportunity to meet with elected officials from New York and their staff on Capitol Hill to discuss NASN's legislative priorities for 2014.

Smith, School Nurse at Sackets Harbor Central School, is an active member of the local/state school nursing affiliate, a partnership of school nurses throughout the state who work to help keep students healthy, in school, and ready to learn.

Smith shared personal stories about the critical, multi-faceted role of school nurses in New York State during her meetings with Congressman Owens and Senator Gillibrand's offices.

"At a time when significant budget and policy decisions will determine the future of school health programs for New York State and the rest of the country, it is essential to emphasize to our lawmakers the need for their continued support to ensure our children have a healthy, safe, and successful future," Smith said.

The New York State Association of School Nurses most recent efforts include: Educating lawmakers about how a school nurse can advocate as well as be a team leader for the safe, coordinated care of the diabetic student in the school setting; providing educational programs to all NYS school nurses. Upcoming events are: March 15, 2014: "Pediatric Emergency Care" - One day offering Harbor Inn Hotel, Watkins Glen NY. August 11, 12, 13 2014: New School Nurse Orientation Program 3 day program at Welch-Allen Conference Center Skaneateles, NY. July 17, 2014: Newburgh, NY "Summer Enrichment Academy" for School Nurses. For more information check out the websites: www.nysasn.org and www.nasn.org



NASN Director, Suzanne Smith with NY21 Congressman William Owens

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Browsing NYSASN's Website

Cindy Sharpe, RN

Have you checked out NYSASN's website lately? This is going on our second year of a fresh, new look! We hope you enjoy browsing our site. We have many features I'd like to tell you about. This will help make your browsing a little easier. First, I'd like to highlight the top navigational bar. Here you'll find "About Us," which has contact information for Officers, Committee Chairs, and Zone Representatives. Click on any of those links and you'll find the full list of our entire board of directors, from officers to zone reps. Not only will you see who is in each of these positions, but you will be able to contact any one of them via email. Each of the 14 zones, within the state, has a "Zone Happenings" page. Here you can find the latest information on upcoming meetings or events in your zone. Next, we have an "Advocacy" link. This link contains information on Legislation, Public Relations, our Position Statements, Health Related Links, Job Postings, as well as Awards and Scholarships. You'll find many resources on those links that will be beneficial to you as a school nurse.

We have an "Events Calendar" that allows us to post upcoming events; it even links you to the registration process for that event. You'll also notice an "Education" link that has information regarding the many educational offerings we sponsor. In addition, Online Webinar information and how to become a vendor at one of our events can be found here. Lastly, is the "Member Area," that is only accessible to NYSASN members. If you have never accessed this area, I urge you to follow the easy directions to log in and check

it out. You'll find an archive of Communicator articles, along with some helpful new assessment tools in "School Tools." These tools will assist you in your management of Asthma, Concussion, and Emergency Assessment.

Our mission statement stands proudly on our home page, along with our NYSAN logo. We have a "President's Message" that is updated regularly by our esteemed president and is always a source of valuable information. "News and Announcements" takes center stage on our home page and is always a source of current, relevant information for school nurses. "Health Tip of the Week" is another addition on our home page. I can't forget about our "Quick Links" area, which speaks for itself. There are links to some websites and organizations that we feel are great resources for our school nurses. For example, included here are links to the New York Statewide School Health Services Center and the National Association of School Nurses, and we've made them easy to access.

In keeping with the times, you also have the ability to "Like Us" on Facebook. It is also possible to join or renew your membership online by using Paypal. We are always looking for suggestions or feedback from our members, so that we are able to give you a website that is professional, user friendly, and a useful tool to help you in your school nurse practice. Please visit our website at <http://www.nysasn.org> and tell us what you think. Comments and suggestions may be sent to the webmaster, Cindy Sharpe, at webmaster@nysasn.org

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Past-President's Message

O. Jeanne Dolly, MS, FNP-C, SNT, NCSN

Thank you for the support you provided to me in my role as NYSASN President 2012-2013. As president, I had the opportunity to lead our nursing organization. This role was invaluable as a learning experience. I have to thank the executive board for their guidance and the whole board for their support of my initiatives. I am a person who likes to produce tangible goals that can help improve our practice. The board was willing to work hard to produce the start of some useful tools for our members. We have produced two unique algorithms and one emergency transfer guide. Find these online at www.nysasn.org under the members section:



O. Jeanne Dolly

- Concussion Management of the non-athlete
- Anaphylaxis
- Emergency Assessment Transfer Record

This is just the start of what we hope will be a series of key tools, for use as a guide in your practice. They have really been fun to work on, have taught us all invaluable new information, and have caused us to seek out the expertise available to create an evidenced based tool. There are several more in progress, so stay tuned and check the website often to see what is new.

One role as past-president is to chair the nomination committee. This committee will be looking to fill two key positions this fall. Both the president-elect and treasurer positions will be open. Please think about serving in a new and exciting capacity. Not only will you be stretching your knowledge base by serving in one of these positions, but you will also be expanding your leadership abilities.

In addition, I serve as the chair of the Excellence in School Nurse Awards. This year, we are hopeful that each zone will put forth a school nurse of excellence to be recognized. Look to your zone representative for this year's nomination forms and nominate a school nurse in your zone. We are fortunate, in NYS, to have so many wonderful nurses that go above and beyond, for the families and communities of the districts they serve. Let us all reach out and recognize these most deserving school nurses.

This year, we are also in hopes to nominate a school nurse administrator of the year, to put forth as our NYS Representative, for Affiliate School Nurse Administrator of the Year. The criterion for this award is specific and National Association of School Nurses has set the following criteria:

- One nominee from each NASN Affiliate
- Nominees may not be an officer or director on the NASN board
- Nominees must be:
 - A. Registered Professional Nurse
 - B. Bachelors degree of nursing or higher
 - C. Member of NASN for current and preceding five years
 - D. Member of NYSASN for the current and preceding five years

Please respond to the e-blast looking for a nomination, as soon as you see it, as our time line is short for implementing this. We know we have an exceptional school nurse administrator nominee out there to honor as a leader, both in our state and nationally. Once we receive your nominations, the deadline is February 15th. We will send out a Monkey survey for your vote. This will allow the March 1st deadline, for submission to NASN, to be met.

I want to wish you all a happy and healthy new year! One of the most important roles I play, as a school nurse, is being a role model for the parents, students, and staff. My goals for this year include increasing daily activity and improving daily nutrition. I have started a staff support group at my school to help us all achieve our goals. This group was easy to set up and helps support the goals of the staff while helping encourage me to meet my own goals. I encourage each of us to find a way to share our knowledge and support the community we work in this year. Start small, like I have, and do something for which you have passion. This will make it much easier to get going, the knowledge you have is valuable to everyone around you.

I encourage you to be a leader. Get involved on the local zone level. Contact your zone representative, and seek out opportunities to take on leadership roles within your zone. You will meet some wonderful school nurses that will inspire and support you in your role as school nurse, both as a friend and mentor. NYSASN is your nursing specialty, and we need your input and guidance to help strengthen our association.

NYSASN's Pediatric Emergency Workshop for the School Nurse

Gail Hall, RN, Registrar

Watkins Glen is the site for the March 15th, Pediatric Emergency Workshop for the school nurse. This workshop has been very well received and is one of the most popular, according to all of the nurses who have attended thus far. Attendees have the opportunity to learn first-hand how to perform an accurate assessment of a student who is in an emergency situation, whether it be a head or abdominal injury, cardiac arrest, or an anaphylactic reaction. If you have not yet attended this workshop, it is one you won't want to miss. Check the www.NYSASN.org website to see if there is still room for you to attend as this conference fills quickly! Please contact Gail Hall, RN, Chairperson/Registrar at ghall@svecsd.org if you should have any questions.





The New York Statewide School Health Services Center (NYSSHSC) housed at Monroe 2-Orleans BOCES in Spencerport, NY, is now beginning the fourth year of our five year contract which runs January to December. We continue to embrace each new year of our contract and work diligently to provide resources and support to NYS school health professionals.

In late August, the NYSDOH released *Children with Diabetes: A Resource Guide for Families of Children with Diabetes*. This comprehensive, up-to-date resource has practical tools and great information for school personnel and is available for download from the NYSDOH website. It can also be found on our website, in the A-Z Index, under "D" for Diabetes. A limited number of copies may also be ordered from the NYSDOH.

Approximately 9,266 New York children, ages 0-19, are living with diabetes. As NYSASN members know, NYS Legislation has recently been proposed (A4987/S4473), which would permit non-licensed school employees to administer insulin to students at school. NYSASN's Legislative Chair has worked diligently to provide school nurses with talking points and ways to address this concern. In November, NYSSHSC in collaboration with NYSED and NYSDOH conducted a survey to assess current school health care delivery for students diagnosed with diabetes. Almost 70% of New York's school nurses took this survey. This opportunity allowed NYS school nurses to be active participants in shaping future care for these students. The individual responses received are aggregated to maintain confidentiality. A summary of the data will be shared with school health professionals to provide a snapshot of current practices in New York State and ensure that resources are evidence-based and data driven.

In February, we will be updating to a new e-mail system called **iContact** to utilize new technology that better serves listserv members. When implemented, this update will require ALL current listserv members to re-sign up to continue to receive listserv email. Please stay tuned for more information! We will send frequent reminders about this and even include a "countdown"!

In an effort to promote student health and safety for all schools in the state, NYSED asked NYSSHSC to participate in a Student Health and Safety Conference for Nonpublic Schools in November 2013 to share health information and best practices tailored to support the needs of the nonpublic schools.

Two Webinars, based on the content of those presentations, are now available to view:

- School Health Services for NYS Students - an overview of school health services in NYS for both public and nonpublic schools with emphasis on the support and resources available from NYSSHSC.
- The Role of the School Health Team in Infection Management in the School Setting - an overview of the role of the school health team in infection management with concrete examples of how a plan can be implemented by your school medical director. Content was provided by Dr. Cindy Devore, Medical Director Consultant for the Center. This presentation specifically addresses delivery of health services for nonpublic schools and appropriate actions to take for ill students if no school health professionals are present.

In 2013 we completed administration of the Youth Risk Behavior Survey on behalf of the CDC and NYSED. We truly appreciate the support school nurses gave to this effort and are still hoping that we achieved weighted data for New York. We are now preparing for the administration of the 2014 School Health Profiles Survey (SHP). We will be using Survey Monkey to administer the survey and are eager to get started! We may again call on school nurses for assistance.

We are excited about our 2014 School Health Seminar Update conferences which will be held:

- May 21—Watertown/Thousand Islands
- May 22—Syracuse
- May 28—Poughkeepsie
- May 29—Elmira/Corning/Horseheads

The tentative Agenda for 2014 School Health Updates includes:

- What You Don't Know Can Hurt You: Explore the Latest Updates from NYSED, NYSDOH & Federal Agencies. Remaining current in understanding legislative and regulatory changes in NYS is critical to school health practice. Learn about *NEW* immunization regulations and guidelines, medication delivery requirements, health examination changes which impact practice, and the importance of communicating student injuries and illnesses to parents and guardians.
- It Takes a Village: Engaging Youth, Staff & Parents in Providing Mental Health Services & Support. Are you up to date on the newest medications and therapies used to treat and manage students with mental health issues? What is the nurse's role in assessing, identifying, and caring for students with mental health issues? What resources are available to educate staff, students and parents?
- You Had Me at Hello: Elevate Your Nursing Practice With Effective Communication. School nurses interact with various individuals and must utilize effective methods to capture the listener's attention and convey their message effectively. The elevator speech is a strategy to convey a clear, concise, and compelling message which intrigues the listener into wanting to hear more.
- Enhance your Expertise: Clinical Practice Updates for School Nurses. The School Nurse is on the frontline of healthcare delivery for the school community. As a generalist, they must immediately become a specialist to provide optimum care for the students and staff they serve. Up to date information on allergy and anaphylaxis, asthma, diabetes, seizure disorders, as well as lice management and sepsis will be covered.

Contact us @

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Using Safety Science to Articulate our Professional Practice

Mary Beirne, LLM, BN, RNCBC, NCSN

Introduction:

Nurses keep patients safe. Ensuring patient safety is at the core of everything we do; and while safety as a science and error theory has been around for years, it has only been over the past 15 years that this science has been applied, in a meaningful way, to the healthcare setting. Knowledge of systems theory, human factors, and error theory is essential for all professionals in today's complex healthcare environment. Furthermore, it is essential that, as school nurses, we understand how emerging new theories and research are shedding light on distinct professional nursing behaviors. One example of this would be a nurse's clinical reasoning which is used by nurses to ensure a safer medication administration process.

Historically, we have been devalued as professionals, because our professional practice was poorly understood. It was seen as merely the completion of tasks assigned to us by others. When our practice is reduced to this over-simplified concept, it is easy and, I would argue, even logical for non-nurses to conclude that if non-licensed persons can do a certain healthcare task in the home, then a non-licensed person should be permitted to the same task in the school setting.

The purpose of this article is to provide evidence for why this is not the case, and to provide the evidence to support our position that medication administration in the school setting should remain a professional nursing responsibility, except in clearly defined emergent, life-saving situations. This knowledge will help us to articulate the ways, in which, a professional school nurse ensures student safety in a way that a non-licensed school employee cannot.

Systems Issues and Patient Safety:

Ever since the seminal work on errors in healthcare, *To Err is Human: Building a Safer Health System*, was published by the Institute of Medicine in 1999, researchers have used safety science and error theory to improve patient safety. 'To Err is Human' repeatedly stressed that most preventable adverse events in healthcare are systemic in nature.¹ Systemic issues include the physical work environment, as well as organizational policies, and the legal framework which guide professional practice.

School nurses face unique systems challenges in the school setting. Our practice is located in a setting where education is the primary mission of the organization. Our nursing practice supports this primary mission. We work in professional isolation and we are supervised by educators, yet educators are not legally authorized to direct our professional practice. We sometimes face ethical conflicts between our obligations to the students we serve, on one hand, and our obligations as school employees. As licensed professionals, we understand the primacy of our professional obligation is always to the recipients of our professional nursing services, the students we serve.

The proposed New York diabetes legislation would disturb the delicate balance in our complex system. It would grant legal authority to a school principal to authorize non-licensed school employees to administer insulin in the school setting, and would legally authorize school nurses to provide this training at the direction of the school principal. In other words, this legislation would also permit the

non-licensed school principal to direct professional nursing practice. While this would undoubtedly be an unintended outcome, it would have profound and unintended consequences for student safety and school nursing practice downstream.

Indeed, from a broader systems perspective, any law which would permit non-licensed individuals to direct professional nursing practice would conflict with New York's Nurse Practice Act. This would threaten nurses' professional autonomy, thus endangering patient safety in every location where nurses practice in New York State.

Human Factors and Patient Safety:

In 2012, the Agency for Healthcare Research and Quality (AHRQ) issued a primer on the effects of human factors on patient safety. The science of human factors engineering looks at the interaction between individuals, the equipment they work with, and their work environment:

Human factors engineering is the discipline that attempts to identify and address these issues. It is the discipline that takes into account human strengths and limitations in the design of interactive systems that involve people, tools and technology, and work environments to ensure safety, effectiveness, and ease of use. A human factors engineer examines a particular activity in terms of its component tasks, and then assesses the physical demands, skill demands, mental workload, team dynamics, aspects of the work environment (e.g., adequate lighting, limited noise, or other distractions), and device design required to complete the task optimally. In essence, human factors engineering focuses on how systems work in actual practice, with real—and fallible—human beings at the controls, and attempts to design systems that optimize safety and minimize the risk of error in complex environments.²

It is important to look at human factors issues in the context of the proposed legislation. Insulin administration is a complex, multi-component task involving cognitive as well as specialized motor skills. If performed incorrectly, this can have fatal consequences.

In addition to not having the benefit of the professional behaviors nurses engage when administering medications, school employees will be expected to administer insulin on an ad hoc, volunteer basis while carrying out their regular workload. From a human factors perspective, the proposed legislation raises serious patient safety concerns.

The School Nurse and 'Mindfulness':

The real value of having a school nurse present to manage students with chronic medical conditions, including diabetes, is that nurses are professionally educated and socialized to be 'mindful' of the high risk nature of healthcare. As school nurses, we work in professional isolation with limited resources. However, we have the education and skill set to manage unexpected events on our own until further help arrives.

We understand and anticipate the unique safety issues embedded in the school system which impacts our professional practice in

1 Kohn, L.T., Corrigan, J.M., Donaldson, M.S., eds. (1999): *To err is human: building a safer health system*. A report of the Committee on Quality of Health Care in America, Washington DC: National Academy Press.

2 Agency for Healthcare Research and Quality (2012): *Patient Safety Primer: Human Factors Engineering*. Author. Available at: <http://psnet.ahrq.gov/primer.aspx?primerID=20>.

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the schools. One only has to spend a short amount of time in the company of other school nurses to understand the extent to which we, as a profession, are highly attuned and ever mindful to the many ways that things can go wrong. Human factors research has identified that this 'mindfulness' is a distinct cognitive process, unique to individuals working in high-reliability organizations such as healthcare, aviation, and the nuclear industry. It is a cognitive process that is not shared by individuals working in other settings.

In AHRQ's, *'Patient Safety and Quality: An Evidence-based Handbook for Nurses'*, Henriksen and colleagues describe mindfulness as follows:

Considering all the system factors (and we have only identified some of them), a normal reaction probably is to feel a bit overwhelmed by the demanding and complex clinical environment in which nurses find themselves. Given the hierarchical and complex nature of system factors identified and the unanticipated ways they can interact, a reasonable question is, "What can nurses do?" The answer, in part, comes from learning to manage the unexpected—a quality of high-reliability organizations (HROs) that many health care organizations are currently learning to adopt. In brief, HROs are those organizations that have sustained very impressive safety records while operating in very complex and unkind environments (e.g., aircraft carriers, nuclear power, firefighting crews), where the risk of injury to people and damage to expensive equipment or the environment is high. A key characteristic on the part of workers in HROs is that of mindfulness—a set of cognitive processes that allows individuals to be highly attuned to the many ways things can go wrong in unkind environments and ways to recover from them. Workers in HROs are qualitatively different and continuously mindful of different things compared to workers in less reliable organizations.³

Family Caregivers and School Personnel, Important Differences:

Insulin administration by family caregivers is permitted under the Nurse Practice Act. Supporters of legislation which would permit non-licensed school personnel to administer insulin in the school setting make the argument that because parents and family members, who are not licensed healthcare professionals, can be successfully trained to do this then it follows that any non-licensed person can be successfully trained to administer insulin, including non-licensed school employees.

In the home setting, a family caregiver works one-on-one with the child in a controlled environment. There is typically only one child with diabetes and only one set of physician's orders. Family caregivers are familiar with the child's disease process, the insulin the child is receiving, and the child's response to that insulin under different conditions and circumstances. Insulin administration by family caregivers works very well under these controlled conditions.

However, in the school setting, the conditions are not as controlled. The school health office environment is frequently chaotic and 'turbulent' with many students needing attention at the same time.

3 Henriksen, K., Dayton, E., Keyes, M.A. Carayon, P. & Hughes, R. (2008): Understanding Adverse Events: A Human Factors Framework. In *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rhonda G. Hughes, Editor. Available at: <http://www.ncbi.nlm.nih.gov/books/NBK2666/>.

There may be several students with insulin-dependent diabetes, each with different treatment orders from different endocrinologists. The possibility of administering the wrong insulin to the wrong student, or administering an incorrect dose of insulin in the school setting is a very real possibility, because of the unique systems and human factors involved. This turbulence is not typically seen in the home setting.

Turbulence as a Threat to Patient Safety:

Turbulence, as a concept, has been described as a serious threat to patient safety. Many nurses will be very familiar with the following elements of turbulence as described in AHRQ's, *'Patient Safety and Quality: An Evidence-based Handbook for Nurses'*:

In general, turbulence was viewed as a loss of control due to simultaneous demands; new, difficult, or unfamiliar work; heavy patient loads; and excessive responsibility. Staff experienced the loss of control as a sense of chaos that infiltrated both their professional and personal lives. As the environment became more turbulent, noise escalated. Problems with equipment and supplies (e.g., malfunctioning, missing, calling for cumbersome processes to acquire) were also addressed as elements of turbulence. Aspects of workload, particularly variability associated with patient turnover—due to admissions, discharges, and transfers—were mentioned as well.⁴

Nurses engage distinct cognitive processes to mitigate the effects of turbulence and to keep their patients safe from harm. Recent research, funded by the Robert Wood Johnson Foundation, describes the depth of knowledge and skill nurses use in making decisions, regarding the safe processes and practices of medication administration.⁵ This research confirmed that nurses engage in a process of clinical reasoning far beyond the five rights of medication administration. According to Simmons, "clinical reasoning in nursing is a complex cognitive process that uses formal and informal thinking strategies to gather and analyze patient information, evaluate the significance of the information, and weigh alternative actions".⁶

Concluding Thoughts:

We have always known that the central issue in diabetes litigation, which would permit non-licensed school personnel to administer insulin to students, is not about whether a properly trained non-professional person can safely administer insulin to another person; we know that they can. The issue is whether this can be done safely by non-licensed personnel in the institutional or school setting.

Our unique professional contribution is not merely our ability to safely carry out tasks and procedures that are routinely and safely done in the home by family members and other non-licensed persons. Our unique professional contribution as school nurses lies in our ability to provide skilled professional care to a large population with a variety of acute and chronic health care needs in the school

- 4 Jennings, B.M. (2008): Turbulence. In *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rhonda G. Hughes, Editor. Available at: http://www.ahrq.gov/professionals/clinicians-providers/resources/nursing/resources/nursesdbk/JenningsB_T.pdf.
- 5 Dickson, G.L. & Flynn, L. (2012): Nurses' Clinical Reasoning: Processes and Practices of Medication Safety. *Qualitative Health Research* 22(1) 3 – 16.
- 6 Simmons, B. (2010): Clinical reasoning: Concept analysis, *Journal of Advanced Nursing*, 66, 1151-1159.

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setting, while at the same time, being ever mindful of the threats to safety that are inherent in the non-healthcare macrosystem in which we practice.

The importance of codifying our professional practice was recognized by our legislators many years ago. Indeed, the New York legislature was the first in the nation to understand the importance of licensure for nurses when it enacted the first licensing laws for nurses in 1938.⁷ Our legislators knew such a move was necessary in order to protect the citizens of our state from unsafe practice, in

⁷ Matthews, J.H. (2012): Role of Professional Organizations in Advocating for the Nursing Profession. The Online Journal of Issues in Nursing.

a time when more and more care was being provided by non-family members. Such licensure, protecting professional nursing practice, is even more important in today's complex healthcare environment in order to protect patients from healthcare errors.

In addition to state licensure, the professional behaviors and practices which guide our specialty practice are articulated in the *School Nursing: Scope and Standards of Practice* document developed by our national organization, the National Association of School Nurses, in collaboration with the American Nurses Association. This document articulates how we, as school nurses, keep students safe, in their seats, and ready to learn.

NASN Director- NY

Suzanne Smith BSN, RN, NCSN

NASN has provided a legislative agenda for 2014:

H.R. 3532/S.1546 Comprehensive concussion legislation-NASN is urging members of Congress to support the bills as well as to include School Nurse language as school nurses are part of the stakeholder teams.

H.R. 5/S.1094 Reauthorization of the Elementary and Secondary Education Act (ESEA) is still in Congress. NASN is requesting the inclusion of specialized instructional support personnel (SISP) as well as the importance of prevention and intervention services in all of the legislative language to advocate for America's schools.

H. R. 1857 was reintroduced into the House on May 7, 2013. This is the Student -to-School Nurse Ratio Act of 2013 (H.R. 1857) Representative Carolyn McCarthy (D_NY-4) The Senate still has to introduce a companion bill. NASN is asking for co-sponsors in both the House and the Senate. This Act would create a demonstration grant project to garner evidence that improving the ratio of school nurses to students will lead to more positive student outcomes.

As NYSASN Director to NASN, I presented NYSASN Legislation

folders to Congressman Owens, and Senators Gillibrand and Schumer's offices. I explained why school nurses oppose legislation to train insulin administration to non-licensed school personnel in New York State. (A4987/S.4473)

**NASN Elections will be open March 15, 2014.
Exercise your right to vote on candidates.**

NASN Annual Conference is in San Antonio, Texas in June 2014. Check out the website: www.nasn.org for further information and a video advertising the conference which includes pictures of NY school nurses – check it out. Join me in the NYS rally at the annual NASN meeting to participate in continuing education... and ROAR ! You may contact me at nasn@nysasn.org with any questions.

Are you a National Board Certified School Nurse? How can you learn more about this? The NBCSN wants to present at state conferences to spread the word. Look for this information at upcoming NYSASN events. www.nbcsn.org

26th Annual School Nurse Orientation

*Joanne Reynolds, MSN, RN,
SNO Program Coordinator*

The 26th School Nurse Orientation will be held August 11-14, 2014 at Welch Allyn Conference Center in Skaneateles NY. Presented by a faculty of experienced school nurses and guest presenters from the NYS Education Department, School Nurse Orientation (SNO) prepares the Registered Professional Nurse for the specialty practice of school nursing. During this four-day conference, the role of the school nurse will be explored in a variety of topics, including state mandated screenings, medication administration, documentation, chronic disease management, physical assessment, concussion management, emergency preparedness, and much, much more.

While preference is given to school nurses with less than three years of school nursing experience, nurses with more experience are welcome if there is room! SNO is an action-packed experience that provides plenty of opportunity for networking among colleagues and the development of best practices in school nursing. Share this information with any new school nurses you know, and look for the 2014 SNO brochure coming soon to the NYSASN website www.nysasn.org (click on the education tab). For more information, contact SNO Program Coordinator, Joanne Reynolds, MSN, RN, at www.snoorientation.org or 518-386-4312.

Zone Meetings & News

1 Nassau County Association of School Nurses

Happy New Year from Zone 1! Zone 1 started off the 2014 year on January 8th with our second meeting. Our speaker was Warren Zelman, MD, FACS, FAAP. The topic was, "All you want to know but have not had the chance to ask about Ear, Nose, and Throat Issues in Children and Young Adults." Dr. Zelman was an informative, engaging, and entertaining speaker. Since the event was an informal Q & A meeting, nurses were able to share their questions, thoughts, and experiences as well.

At the same meeting, a nominating committee was formed. We are looking for candidates to fill the following positions: President Elect, Treasurer, Secretary, and Zone 1 Representative. Please consider joining this wonderful, nurturing group of officers. If you are interested in a position or want more information concerning these positions, please contact me at zone1@nysasn.org. I am looking to mentor a replacement for myself as Zone 1 Representative.

Take time to socialize and network with your colleagues. Join us for our informative and educational meetings. The next meeting is on March 19th. All meetings are held at the North Bellmore Library, North Bellmore at 4:15 PM. The topic will be announced to members in an email before the meeting.

Please stay updated by checking the NYSASN website at www.nysasn.org and make sure to read about NYSASN's endeavors in fighting legislation that was introduced in Albany on April 3rd, 2013. This bill, S.4453 (Marcellino), allows NON-LICENSED personnel to administer INSULIN to diabetic students. Please encourage your colleagues to become state members. We need to increase our membership and give support towards fighting this legislation. It is not too late to write to your state representative in opposition to this bill. There is a template letter on the NYSASN web page that can be tailored to suit your needs. Remember, every voice counts.

Additionally, check the website for information on the March educational offering in Watkins Glen. Last but not least, it is time for nominations for the Excellence in School Nursing Award. If you did not receive information about this award, please contact me.

Contact: Lois Haque, RN, BS, NCSN
Zone 1 Representative
Zone1@nysasn.org
516-484-0192

2 Suffolk County Association of School Nurses

We had our second Zone 2 meeting of the school year on January 15, 2014 at the BOCES Sherwood Center in Holtsville, NY. Despite the bitter cold and snowy weather, we had over 40 school nurses in attendance. Unfortunately, our guest speaker had to cancel at the last minute. However, being resourceful nurses, we put together our own in-service meeting on Political Action, Networking, and the School Nurse. A light dinner was served, and we had a very lively and informative meeting.

The members of Zone 2 have been diligently writing letters, making phone calls, and visiting their representatives about the proposed bill A4987/S4473. During the meeting, we were able to collaborate with each other and discuss where further action was needed in

Suffolk County. Another email blast was sent to encourage past and present members to send letters to their senators and assemblymen. We have received some very favorable responses from our senators and assemblymen; they will no longer support or co-sponsor this bill.

Our next meeting is scheduled for Wednesday March 26, 2014 from 4:30 -6:00 at the BOCES Sherwood Center. Our guest speakers will be Ira Cooperman and Glenda Daggert from the New York Organ Donor Network. They will be presenting a new curriculum for school districts. Finally, we will be celebrating School Nurse Day with a dinner on May 7, 2014, location TBA.

Contact: Noreen Maynes, BSN, RN
Zone 2 Representative
nmaynes@millerplace.k12.ny.us
zone2@nysasn.org

3 Metropolitan Association of School Nurses

The Zone 3 Metropolitan nurses held a meeting November 21st, at PS/IS 178 in Jamaica Queens. We discussed our agenda in opposition of bills S4473 and A4987. We were very fortunate to have Marye Stacey and Patricia Hartman come forward to chair this effort. Emails have been sent out to the representatives who support the bills and to inform others of its intent.

Our next meeting is scheduled for Thursday, March 20th. When the venue has been finalized by Jessy Warren, program coordinator, the information will be emailed to members. Please contact Jessy or myself with ideas for future meetings.

School Nurse Dinner will be May 7th. I am looking for 1-2 nurses to chair the dinner, please contact me if you are interested. Members should have received the nomination form for EISN (Excellence in School Nursing). Please send me your completed form by March 15th. I encourage you to nominate a deserving nurse!

Contact: Mary Fitzpatrick, BSN, RN
Zone 3 Representative
zone3@nysasn.org

4 Westchester / Putnam Association of School Nurses

Despite the uncooperative weather, the school nurses of Zone 4 participated in a couple of events this winter and have a few more planned. On January 28th, Zone 4 cosponsored a daylong conference, "Adolescent Substance Abuse Prevention for Middle and High School Nurses," at Abigail Kirsch Tappan Hill in Tarrytown. This was done in conjunction with Student Assistance Services of Westchester County. School nurses from Putnam County were sponsored by the National Council on Alcoholism & Other Dependencies/ Putnam. Dr. Steven Kippnis, Medical Director of the New York State Alcoholism and Substance Abuse Services was an engaging and powerful presenter. Opportunity was also provided for the nurses, who attended, to interact with staff of a local Mental Health Facility, a local Emergency Room Nursing Supervisor, and a variety of support staff.

On March 6th we will have our next zone meeting at Sir John's Restaurant in White Plains. Our featured speaker that night will be Dr. Eric Small, nationally renowned Pediatric Sports Medicine

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Zone Meetings & News **Continued**

Specialist.

On March 17th, we have been invited to participate in the session, "Managing Food Allergies in School, What You Need to Know," in Larchmont. There will be an hour and a half session for school nurses with a continuation following for the general public.

Currently we have been meeting with Zone 5 members to plan the NYSASN Summer Enrichment Program which will take place this summer and hope to entice many of our school nurse colleagues to attend.

Contact: Carol Bumbolow, MS, RN
Zone 4 Representative
zone4@nysasn.org

5 Southeastern Association of School Nurses

Zone 5 meets twice a year. The school nurses of Zone 5 were given a packet with the proposed law and NYSASN talking points of why we do not support this legislation at the October 2013 meeting. A template for a letter to be sent to our representatives was also included in the packet. Our children's safety is our concern and this legislation compromises that. Connie encouraged all school nurses to join NYSASN so that we would have a stronger voice as the experts in school health within NYS. Our nurses are working diligently to educate legislators.

We continue to plan the NYSASN summer enrichment program that we are hosting with Zone 4, Thursday, July 17, 2013. It will be held at the Hilton Garden Inn in Newburgh, New York. Our core committee has been meeting with Zone 4 and is working on formulating a great conference. More details will follow. You will not be disappointed!

Contact: Joanne Bardin, RN
Zone 5 Representative
jbardin@poughkeepsieschools.org
845-451-4810

6 Northeastern Association of School Nurses

Zone representative needed.

Interested?

Contact: Gail Hall at zone11@nysasn.org

7 Capital Association of School Nurses

It is with great pleasure that I introduce the new Zone 7 Representative, Ann Lanoue. Ann is the nurse at the Algonquin Middle School in the Averill Park Central School District. She will assume the responsibilities of the Zone 7 Representative to the NYSASN Board of Directors in March, as I have the honor of being the new program coordinator for NYSASN's School Nurse Orientation. I will be working with Ann as she transitions into the role as your liaison between the NYSASN members of Zone 7, Capital Region, and the NYSASN Board of Directors. Ann can be contacted by emailing her at zone7@nysasn.org.

www.nysasn.org or by phone at 674-7103.

On Saturday, March 29, 2014, Capital Region school nurses will be offered a "Mini Conference" with three presentations: common hand and upper extremity injuries-assessment and immobilization, anaphylaxis treatment and education in schools, and psychiatric/anxiety disorders and self-injurious behavior in children. Continuing Education Contact Hours will be offered for this event.

Save the date and celebrate!! The Capital Region's Annual School Nurse Day Dinner will be held at the Albany Country Club in Voorheesville, on May 7, 2014. Watch for more details later this spring.

We want to hear from you, the membership, about what you need from your professional organization – both on the local level and at the state level. Please share your questions, concerns, and most importantly, your ideas to enhance the practice of school nursing!

Contact: Joanne Reynolds, MSN, RN
Zone7@nysasn.org
518-386-4312

8 Northern Association of School Nurses

Zone 8 nurses gathered December 4th, at the Butcher Block Restaurant in Plattsburgh. Our agenda included updates from the 2013 Fall Conference and discussion /explanation of the pending legislation regarding care of students with diabetes in the classroom. Attendees were given packets of information, which included a template for letters, to be sent to area legislators and senators to express our opposition to the bill.

Our guest speaker for the evening was Hillary Guadagno, PharmD, from Adirondack Medical Center in Saranac Lake. She gave a very informative presentation entitled, "Antibiotics-friend or foe; understanding their appropriate use." A big thanks goes to Mary Alice Smith for coordinating and driving her to us!!

Our next meeting is scheduled for May 7th, School Nurse Day. Our guest speaker will be Dr. John Mullholland, who specializes in performance-based chiropractic, pain management, and sports injuries. Time and place will be announced soon.

Contact: Beth Besaw, RN
Zone 8 Representative
bbesaw@saranac.org
zone8@nysasn.org

9 North Central Association of School Nurses

The Zone 9 nurses were well represented at a Diabetes Update for School Nurses, presented by the Juvenile Diabetes Research Foundation Central New York Chapter. The dinner meeting was held at the Samaritan Summit in Watertown, on November 18, 2013. Some of the discussion topics of the evening included an update on current research into a cure for Type I Diabetes, current treatment options, emergency care, sick day management, the need to modify

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Zone Meetings & News **Continued**

insulin dose and glucose monitoring during activity, carbohydrate counting, and available community resources. We were able to express our concerns to their representatives about the pending diabetes legislation.

The Zone 9 nurses participated in a letter campaign to express our



Suzanne Smith, Theresa Leeson, Assemblywoman Addie Russell, and Lou Ann Gleason

concerns to area legislature about the pending diabetes legislation. I have talked with some of the zone nurses and they are starting to receive replies in the mail. Our Zone 9 Legislative Committee members are Theresa Leeson, Jeanne Dolly, Suzanne Smith, and myself. Theresa, Suzanne, and I met with Addie Russell and her chief of staff, Mark Pacilio, on January 31st, in Watertown, NY. She was very supportive of our position regarding this legislation, and is concerned about the effect this would have on the safety of our students. She has promised to keep us informed about any developments. We are still trying to schedule appointments with other representatives from the area.

Our next Zone 9 dinner meeting will be Wednesday, March 5th, at the North Country Children's Clinic, formerly the Children's Clinic, 238 Arsenal Street in Watertown, NY at 5:30 PM. We will be touring the facility and finding out more about the services that are available at the North Country Family Health Center. February is Dental Health month. Part of the focus of the presentation by Jill Guiles RDH, Dental Clinic Coordinator, will be on Dental Emergencies in School.

It is time again to nominate a Zone 9 School Nurse for the Excellence in School Nursing Award. Please send your nominations to me ASAP at lgleason@spartanpride.org so we can honor a nurse from our zone.

Contact: Lou Ann Gleason, BSN, RN
NYSASN Zone 9 Representative
zone9@nysasn.org

10 Central Association of School Nurses

Zone 10 has had a wonderful year so far. The officers and I met at Vice-President Ann Werkman's house, in December, for a fantastic home cooked meal. We updated our email lists and discussed speakers, meeting places, and dates. We have become a very close group and thoroughly enjoy each other's company while working together. We have all been members of Zone 10 for years so we know

each other well, but this has added an extra level of camaraderie.

Zone 10 had the January meeting, Saturday the 23rd, from 9:30am to 1:00pm. There were 40 of the 72 paid members in attendance. The meeting was held at Crouse Hospital's Marley Education Center and brunch foods were brought over from the hospital. There was a \$10.00 charge for members with free parking included. We had two incredible speakers and a brief business meeting.

Dr. Thomas Schwartz, Professor of Psychiatry and Behavioral Sciences at Upstate Medical University, spoke about psychiatric conditions and treatment options available today. He went over his ideas and our guidelines on who to call if a child threatens to hurt themselves. His recommendation is to stay calm and find out as much information as you can before acting. The following assessment questions he suggested were: What is going on now? Is this acute or chronic, 1st time or 10th time doing this? What is the history? Do they have a therapist or a psychiatrist at the present time? Answers to these questions should influence how we react. ER's aren't generally staffed with pediatric or any psychiatrists, so calling an ambulance isn't necessarily the best option. Getting the child to a therapist is Dr. Schwartz's first choice and then the options should be looked at from there. In a true emergency, Dr. Schwartz feels the individual would need to go to CPEP for immediate evaluation. He also discussed the new DMV5, the changing names and criteria for psychiatric conditions, ADHD, Asperger's, learning disabilities, and anxiety. He was very informative and interesting.

The next speaker was Dr Irving Raphael, orthopedic surgeon and Medical Director for Athletics at Syracuse University. He spoke about age appropriate sports for children and overuse problems, which have become epidemic. Overuse injuries account for half the sports injuries by age 13. Overuse causes micro-traumatic damage to bones, joints, muscles, and ligaments. He discussed the 3 stages leading to chronic unrelenting pain, and the risk factors leading to injury and burnout. Risk factors such as the presence of growth areas in children, pressure to compete, immaturity (physical and emotional), player age/size differential, year round participation, and multiple teams. He discussed each joint individually, and the types of sports and injuries that cause damage, most often to a growth plate. He also discussed the treatment needed for each type of injury. He was amazing, but best of all; he thought we were a great audience. He had fun and would love to come back again.

We acknowledge exceptional or awesome local nurses with a Star Award. Kelly Lindbergh from Brewerton Elementary was given the award as well as a much surprised me! I reminded everyone to send me their nominations for the NYSASN Excellence in School Nursing Award.

Zone 10 donated \$125.00 to Ophelia's Place, where we had our November meeting, and another \$125.00 to Upstate Golisano Children's Hospital.

I sent information to the 344 school nurses that work in the 70 school districts of Zone 10 about NYSASN, the importance of joining their professional organization, and the benefits of membership. I urged them to contact their local representatives about the Diabetes Bill. Many of the members sent letters to help defeat the bill. I completed my packets and mailed them as well. I will follow up with phone calls, but was unable to meet in person at the present time.

Our next meeting is Saturday, March 29th, tentatively from 9:00am-

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Zone Meetings & News **Continued**

2:00pm, at the McMahan/Ryan Child Advocacy Center in Syracuse. A representative from there will give us a tour and a presentation. A pharmacological representative will demonstrate the newest Epinephrine Delivery System. Dr. Michael Ratner, a pediatric surgeon, will speak to us on stomach aches/abdominal pain, should we be concerned or not, what to worry about, and when to refer. He will also speak to any other topic that interests the group. Finally, we are in the planning stages for our National School Nurse Celebration Dinner on May 7th. Please contact me with any questions or concerns @ 315-655-1332.

Contact: Diane Belton, RN
Zone 10 Representative
Zone10@nysasn.org

11 Southern Association of School Nurses

Zone 11 is hosting NYSASN's Pediatric Emergency Workshop for the School Nurse on March 15, 2014, in Watkins Glen. If you plan on attending, check www.nysasn.org to see if there is still availability. We are also working on finalizing plans for the School Nurse Day Celebration. This will be held on May 7, 2014. We will be honoring Zone 11's Excellence in School Nursing award winner, as well as all of the school nurses in our zone. Please check on updates by going to the NYSASN website at www.nysasn.org and clicking on Zone 11. If you should ever have any questions or concerns, please contact me at gailhall124@aol.com.

all, RN

President, Zone 11
Zone11@nysasn.org

12 Central Western Association of School Nurses

Zone 12 will be hosting the 2014 Fall Conference. The dates for the conference are November 7th and 8th, and it will be at the Rochester Airport Marriott. Our emphasis is on, "The Mind Body Connection-Mental Health." On Saturday, the 8th, we will have our keynote speaker, followed by Dr. Sandra Mitzner, in the morning. Dr. Mitzner is a Child and Adolescent Psychiatrist. In the afternoon we will have a panel from NAMI (National Alliance on Mental Illness). NAMI presented for our zone meeting in November and it was excellent. We are looking forward to having them at the Fall Conference. Statewide School Health Services will also present.

Contact: Donna Ryan, RN and Diane Houseknecht, RN
Zone 12 Co-Representatives
Zone12@nysasn.org

13 Western Association of School Nurses

WNYASN (Western New York Association of School Nurses) has three remaining meetings this school year. They are scheduled for February 24th, March 17th, and April 21st. Please check the NYSASN website for any speaker updates.

We will be accepting donations, to purchase gift cards, for the Family Justice Center ("...provides free services for domestic violence vic-

tims and their children..."). Our WNYASN Scholarship application just went out to the area high schools. We award 1-2 graduating seniors, with plans to attend a BSN program in Nursing in the fall, with a \$500-\$1000 scholarship. These are awarded at our annual banquet, which will be held on Monday, May 19th.

Contact: Debbie Kampff, RN
Zone 13 Representative
zone13@nysasn.org

14 Southwestern Association of School Nurses

Zone 14 will continue to meet twice a year. The next meeting will be held on School Nurse's Day May 7, 2014. This meeting will be organized by Joetta Pollock and Anita Mosher. It will be held at The Mustardseed in South Dayton, NY. Look for more information closer to the date.

Our November 13, fall meeting had 22 members present. We had a wonderful meal provided by The Mustardseed. Officer Jen Alessi spoke to us about substance abuse. She detailed the different substances kids today are abusing, how they are getting ahold of these substances, how they are utilizing them, and how we can appropriately handle this issue when presented in a school setting. She was an interesting, intelligent speaker and is a great resource, as well as a wonderful advocate, for students and staff. Joetta Pollock and I also presented the Memorandum of Opposition regarding the administration of insulin to students by laypersons. We provided the toolkit created by NYSASN and encouraged all to write letters. A follow-up email was sent to all of the school nurses in Zone 14 with the memorandum and toolkit attached. Many Zone 14 members have joined the letter campaign. Recently, several members have reported receiving responses to the letters they sent to Senator Young, Joseph Giglio, and Assemblyman Goodell. Assemblyman Goodell seems committed to not supporting the bill. We used the money earned by co-hosting the July 2013 conference to purchase promotional NYSASN products, and gave them out as a special gift to the 11 NYSASN members present at the meeting.

Our zone will continue to communicate through email blasts to disseminate information regarding free meetings and conferences pertaining to school nurses. I will also continue to send e-blasts out intermittently regarding the importance of belonging to our professional organization to all the school nurses in our zone. In this e-blast, I include the contact information for the local, state, and national school nurses organizations.

I continue to assist the membership chair with membership renewal. E-blasts are also used to send out the current NYSASN conference brochures. In addition, I forward summer job opportunities I receive, as well as encouraging new school nurses in Zone 14 to attend the August School Nurses Orientation.

Please check the NYSASN website for more details at: <http://nysasn.org> for more information.

Contact: Anita Mosher, RN
Zone 14 Representative
amosher@dunkirk.wnyric.org
zone14@nysasn.org
716-366-9300 * 3388

President-Elect Message

Janice McPhee, MSN, RN, NCSN

New York State's Dignity for All Students Act (The Dignity Act) took effect July 1, 2012. NYSASN was represented at the meetings to set guidelines for school district implementation of the law. Cyberbullying was added to the Dignity Act through an amendment in July 2013. The CDC has recently posted research, which shows the following program elements reduce the incidences of bullying in school:

- Improving supervision of students
- Using school rules and behavior management techniques in the classroom and throughout the school, to detect and address bullying by providing consequences for bullying
- Having a whole school anti-bullying policy and enforcing that policy consistently
- Promoting cooperation among different professionals and between school staff and parents

School Nurses are integral to communication among school staff and parents. Be aware of your district's procedures for reporting discrimination or harassment. Know your building's Dignity Act Coordinator. We are all needed to promote a safe learning environment for our students.

References:

Centers for Disease Control and Prevention. (January 22, 2014). Injury Prevention and Control. Retrieved from: <http://www.cdc.gov/violenceprevention/youthviolence/bullyingresearch/>
New York State Education Department. (December 31, 2013). The Dignity Act. Retrieved from: <http://www.p12.nysed.gov/dignityact/resources.html>

News from the Zone Coordinator

Gail Hall, RN

Beth Besaw, RN, is the new Zone 8 Representative. Beth is married, has two adult sons, and lives in Saranac, NY. She has been a Registered Professional School Nurse for twenty nine years and a school nurse for twenty years. She has been the Saranac High School Nurse for the past ten years with an additional ten years of previous experience as an elementary nurse. She has approximately five hundred students in her school. When asked what Beth enjoys the most in her role as a high school nurse, she responded, "I like being able to connect on a teaching level with the students as young adults." In addition, Beth enjoys encouraging her students to take responsibility for their own health care needs and helping them to become self-promoters. A further interest that Beth has, that is important in her role as the Saranac High School Nurse, is sports medicine. Please join the Board of Directors in a warm welcome to Beth.



Beth Besaw, RN, Zone 8 Representative



2014 Executive Board Of Directors left to right: Janice McPhee, President- Elect, O. Jeanne Dolly, Past- President, Constance Griffin, President, Diane Lightfoote, Secretary, and Jackie O'Donnell, Treasurer

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