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# FASNating News

*FASN strives to improve the health and educational success of students and the school community by developing and providing leadership to advance school nursing practice.*

## 40 Years of Recognition National School Nurse Day 1972-2012



*"Serving School Nurses Statewide"*

[www.FASN.net](http://www.FASN.net)



# Message From The President

Dear FASN Members,

May 6-12 marks the annual celebration of National Nurses Week. During this week, nurses from all specialties join in celebrating our discipline.

The National Association of School Nurses (NASN) has chosen May 9, 2012 as National School Nurse Day. Our theme this year is Advocacy, Access, Achievement: Making the Connection. Established in 1972, National School Nurse Day provides an opportunity to increase the visibility of school nursing and to positively impact the image of the school nurse!

Imagine the impact of over 76,000 school nurses across the country speaking out about the wonderful ways in which school nurses impact the lives of children day-to-day such as: promoting health and safety; intervening with actual and potential health problems; providing case management services; and actively collaborating with others to build student/family capacity for adaptation, self management, self advocacy, and learning (NASN, 2012).

As you plan local activities, be sure to visit the NASN website to view the many suggestions on ways to celebrate our day: <http://www.schoolnurseday.org/>

Your Board of Directors is actively working to connect with each member and to reach out to school nurses who are not yet members of FASN. One of my goals as president is to increase the number of members who are actively involved with the organization! In the spirit of National School Nurses Day, I encourage to all members to stay or become actively involved with FASN. Please visit our website to connect with your regional representatives and to come to know your board members!

FASN will host the annual NASN conference in the Orlando area next year. We will be planning many exciting ways for FASN members to connect with school nurses from across the country as well as opportunities to volunteer at the conference. Please let me know if you will be attending the NASN national conference in San Francisco this summer so we can plan on you to participate in inviting school nurses across the country to come to Florida.

In this issue of FASNating News you will see several articles describing our successful annual conference held at the Rosen Plaza in Orlando. We were honored to have NASN President Linda Davis-Aldritt in attendance for the conference. Our popular theme this year was Students + School Nurses = Educational Success!

Recent activities in which I have represented FASN include:

1. Participated in the development of a QUIN Council survey to explore annual conferences around the state and the possibility of an inter-organizational Summit meeting.
2. Participated in the NASN advocacy training with a group of 14 nursing students. Advocated for three federal bills of interest to NASN and school nursing: the Student-to-School Nurse Improvement Act, the School Access to Emergency Epinephrine Act, the Elementary & Second Education Act and the Individuals with Disabilities Act. Florida Congresswoman Debbie Wassermann-Schultz has since sent notification that she will co-sponsor the School Access to Emergency Epinephrine Act.
3. Ongoing participation in creating synergy across the Asian Pacific Rim focused on the development of a school nursing network. Our own Dr. Charlotte Barry is also participating in this global endeavor.
4. Participated in the University of Wisconsin International School Nursing Journal Club in which Dr. Barry and I presented our research with FASN members on delegation.
5. Ongoing participation in the Nurse Educator NASN SIG in which I serve as the chair of the membership committee.

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Dr. Shirley Gordon  
FASN President

## Inside this Issue:

My First FASN  
Conference 3

Childhood Obesity  
Prevention 4

Breakfast &  
Academic  
Performance 5

Legal Issues 6

FASN & NASN:  
Working Together to  
Serve You 7

Hiding in the Herd 8

Advocacy for School  
Nurses 9

Posters & School  
Nurse of the Year 10

The Skin as a Canvas 11

Food Allergies in the  
Schools 13

As always, please let me know how we can best assist you as your school nurse caring impacts the health, education and lives of Florida's school children.

Wishing you continued success in the 2011-2012 academic school year and  
Happy School Nurses Day!

***Shirley Gordon, Ph.D, R.N., N.C.S.N.***  
*President, FASN*  
*President@FASN.net*

## ***Experiencing my First Florida Association of School Nurses Conference*** ***By: Suzanne Moree, R.N., B.S.N.***

### **What a whirlwind of excitement!**

I had only been in my position as a School Health Nurse Consultant with the Florida Department of Health in Tallahassee for four months and received an invitation to attend the Seventeenth Annual Florida Association of School Health Nurse Conference (FASN). Having just moved to Florida from Georgia, where I worked as a school health nurse in a small community, I was looking forward to a fresh start in a new position and new location.

The 17th Annual FASN conference had a variety of speakers, open discussions, and vendors. At the reception on Friday night, I was able to talk with and absorb the wise words of several school nurse leaders. FASN President, Shirley Gordon started the conference with a gracious welcome and spoke on the importance of advocating for school health in Florida. It was an honor to meet NASN President, Linda Davis-Alldritt, MA, BSN, RN, FNASN, FASHA. Her presentation on Advocacy, Access, and Achievement, which seeks to encourage school nurses to confront health issues on an ethical, legal, and professional level provided insight and a call to action to all of us in attendance.

Saturday was a day filled with learning and networking sessions. The day began with the FASN annual business meeting and installation of officers. Updates from School Health nursing leaders throughout the state were presented. Maiya Christensen was recognized as the FASN School Health Nurse of the Year. The presentation highlighted some of the activities she does daily as a school nurse and as a school leader. She wears many hats as a school nurse. Congratulations Maiya! The Blessing of the Hands was a new experience for me. The ceremony was an affirmation of what we do.



There were many opportunities provided at the FASN Conference for sharing information with school nurses from all over the state of Florida.

Strong support and good advice from other school nurses was given to all of us that had questions. My whole experience was a weekend of learning and inspiration and I look forward to returning next year.

## ***Private/Parochial School Nurses Networking*** ***Mary Beth Donaldson, R.N., B.S.N.***

As private school nurses, many times we find ourselves in the trenches by ourselves. That is why it is so important to attend the FASN Conference and other school nurse functions. It is during these conferences we can network and meet other school nurses to confer and share information.

As a private school nurse, when I enter the room at the FASN Conference and see the familiar Private and Parochial School Nurses (PPSN) sign on the table, it is always a welcome sight. I know sitting beside me will be another nurse who shares the same doubts and questions that I have. The table conversation at first is polite, a

survey of the weather and an evaluation of speakers until a brave soul speaks up, "How do you handle students with food allergies in your school?" After this, there is a rumbling of nurses listening and talking, each giving and receiving information and advice. As lunch comes to an end, the pens and phones come out and there is an exchange of emails.

Although we are small in numbers, our group is made up of innovative and professional women. Most of us try and follow the public school, health department and CDC guidelines. I have recently joined the PPSN group out on

the NASN website. Here, I can chat with other nurses, and have questions answered by fellow school nurses.

It is important for PPSN to make a show of presence. In any organization, networking is important, we can do this through conferences, becoming a County Liaison and even running for office at our state level. Locally, we can reach out to other private and parochial schools nurses and share information, protocols, parent letters and forms.

Remember, be an active member of FASN and encourage other school nurses to join and become active also.



# *FASN School Nurses Participate in Childhood Obesity Prevention Research*

*Susan Quelly MSN, RN*

With nearly one third of children being overweight or obese in the U. S. (Ogden, Carroll, & Flegal, 2008), it is essential that a multifaceted solution which includes the school environment is found to address childhood obesity. School nurses are healthcare providers uniquely and ideally positioned to play a key role in childhood obesity prevention (COP).

A total of 171 Florida RN school nurses, which included 102 FASN members, recently participated in a COP research study conducted by a PhD nursing student at the University of Central Florida. The purpose of this study was to determine the influence of different school nurse COP perceptions on various school nurse COP practices.

School nurses either completed an online questionnaire accessed in an email or they submitted a paper questionnaire at the statewide FASN annual conference and one small regional FASN meeting. A modified questionnaire addressed school nurses' perceived benefits and barriers to COP, along with perceptions of ones' belief in their ability

to successfully perform certain school nurse COP practices (Hendershot, Telljohann, Price, Dake, & Mosca, 2008). Many of these questions asked about BMI screening and notification of parents, while others were associated with more general COP practices. School nurses also were asked how often they conducted 19 different school nurse COP practices (Kubik, Story, & Davey, 2007).

Data were collected on an array of personal, professional, or job-related school nurse characteristics. Data analyses currently underway will identify those factors and perceptions associated with school nurse COP practices. The results of this research will be submitted for publication in professional journals and for presentations at professional conferences. The findings of this study are



expected to help to direct interventions and policies that will facilitate school nurses to take actions to prevent childhood obesity.

Hendershot, C., Telljohann, S. K., Price, J. H., Dake, J. A., & Mosca, N. W. (2008). Elementary school nurses' perceptions and practices regarding body mass index measurement in school children. *Journal of School Nursing* (Sage), 24(5), 298-309.

Kubik, M. Y., Story, M., & Davey, C. (2007). Obesity prevention in schools: current role and future practice of school nurses. *Preventive Medicine*, 44(6), 504-507.

Ogden, C. L., Carroll, M. D., & Flegal, K. M. (2008). High body mass index for age among US children and adolescents, 2003-2006. *JAMA: Journal of the American Medical Association*, 299(20), 2401-2405.

## ***SURVIVE THE HEAT WITH A DAIRY TREAT***

*Alyssa Greenstein, RD, LD/N*



As a registered dietitian and mom of three kids under the age of 9, I know that creating a healthy diet for my family is my duty. While physical exercise is key to living a healthy lifestyle, eating nutrient-rich foods plays just as strong a role. Consuming three servings of low-fat or fat-free dairy is essential to building healthy and strong bones for a lifetime. According to the 2010 Dietary Guidelines for Americans, milk is the No. 1 food source for three of the four "nutrients of concern"—calcium, vitamin D and potassium. Low-fat milk and fruit are listed as two food groups that Americans should eat more of, and both are refreshing during the summer.

Try these three healthy snacks to keep your kids energized this summer:

1. Refuel with Chocolate Milk!

Studies have shown that chocolate milk is a highly effective "energy drink." Did you know that one 8-ounce glass of chocolate milk includes protein to help build muscle and reduce muscle breakdown; electrolytes to replenish what is lost in sweat; B vitamins to help convert food to energy; and carbohydrates to refuel muscles by restoring muscle glycogen? Flavored milk contributes only three percent of added sugars to the diets of children ages 2 to 18, and it is the most popular milk choice in schools. Why not continue that healthy tradition throughout the summer?

2. Fight Back with Yogurt!

During the summer, families often frequent the pool, beach or amusement parks. Although it may not be flu season, coming into contact with a large number of people creates a higher risk for spreading germs. Yogurt is a great source of probiotics, a "healthy bacteria" that helps keep bad bacteria in our digestive system in check. Kids love yogurt on a hot day—whether it's Greek, flavored or a grab-and-go pouch. Banana and Yogurt Crepes for breakfast is a family favorite. For a cool and refreshing snack, dip strawberries in yogurt, add a popsicle stick and freeze.

3. **Stock Up on Cheese!**  
 Parents often tell kids not to play with their food, but I say why not? Snacks like cheese sticks let you do just that, and they require zero preparation. You can buy them at any supermarket, and some are twisted with two cheese flavors for double the fun. Cheese, like all dairy foods, is a great source of calcium, protein and phosphorous. If your child is lactose intolerant, try aged, hard cheeses such as Cheddar, Colby, Swiss or Parmesan. These are naturally lower in lactose, making it a worry-free dairy choice for your children. Many kids love to make their own snacks. Fruit and cheese kebabs on pretzel sticks are always a hit. Your kids will have fun in the kitchen and be energized for the day.

Do you have other dairy/nutrition questions you'd like answered? Click on the "Ask our Dietitian" section on [www.floridamilk.com](http://www.floridamilk.com).

For more great tips on what to serve your family during the summer weather, visit the National Dairy Council's website, [www.nationaldairycouncil.org](http://www.nationaldairycouncil.org).

*Alyssa Greenstein is a registered and licensed dietitian and Dairy Health and Wellness Senior Manager for the Dairy Council of Florida, a nonprofit organization that works with schools, health professionals and others to build a positive health and wellness environment for dairy as a nutrient-rich food.*

## ***Breakfast and Academic Performance*** ***Anne Hedges, M.S.N., R.N., N.C.S.N.***

"Schools have a wealth of potential for ensuring the future of well-being of young people. You can't educate a child who isn't healthy, and you can't keep a child healthy who is not well educated" ~ Dr. Jocelyn Elders, MD

For children who live within the cycle of hunger, malnutrition and poverty, the results are poor academic outcomes. School nurses have an important role in assisting others in understanding the causal connection between poor nutrition and learning. Our speaker was Mary Stump, MSN, RN, a school nurse from Seminole County Schools.

She discussed her research question and the importance of research related to nurses. She also pointed out that the National Association of School Nurses believes in research processes also. During a Master's level Evidence Based Practice Course at the University of Central Florida, Mary explored possible links between poverty and hunger through an integrated (nursing research) literature review. Her research question was: "Do children who eat breakfast on a regular basis perform better academically than children who do not routinely eat breakfast?". Mary explained her research methods, describing the terminology she used to explore the matter. She used the following methods:

- Sought 10 nursing articles that focused on the research topics related to:
1. Academic performance
  2. Cognitive function
  3. Breakfast programs
  4. Breakfast and school age children

Did a review of the literature utilizing the

following databases:

1. CINAHL and MEDLINE
2. The Cochrane Database of Systemic Reviews
3. ERIC
4. Google Scholar

The review produced 10 articles relevant to the topic in the following domains

1. Systemic reviews
2. Three (3) cross sectional studies
3. One (1) self-reported Youth Risk Behavior Surveillance Survey (YRBS)
4. The Cochrane Database of Systemic Reviews and,
5. 1 Questionnaire/record review

Here are the key research points that resonated with Mary as a developer of a child hunger quiz:

- ~ Socioeconomic status is important in the correlation of academic achievement and student hunger
- ~ The school breakfast program is essential for students
- ~ Breakfast in the classroom makes a difference (click video to watch)

Levels of hunger described in the study:

1. Socioeconomic status and breakfast
2. Nutritional status, well-nourished and mal-nourished children
3. Breakfast habits and beliefs
4. The influences on academic performance

5. The estimated number of children in the united states that were food insecure (2010) at some times during the year were 14.7% and 5.4% experienced low food security at times during the year, meaning food intake of one or more household member was reduced. (Coleman-Jensen, Nord, & Carlson (2011).

Mary found that child hunger in the United States was a reality in 2010. Hunger was defined as

- a. Children that miss a meal or who don't eat on a regular basis are hungry
- b. Children do not need to be starving or malnourished to be considered hungry

When Mary looked at Florida's 2010 Poverty Rates for children 0 – 17 years old, she calculated them by the ten FASN Regions. Her research revealed that all regions had high rates of poverty ranging from 25.5% in Region 10 to 14.1% in regions 4 and region 7.

The average rate of poverty was even worse in regions 9 and 3 with rated of 30.52 and 30.51 respectively. As school nurses focus on student health and wellness, they need to include monitoring students that have food insecurity and homelessness. School nurses often identify these Families in Transition (FIT) because the students will often visit the health room with vague complaints related to hunger and other signs that point towards domestic instability.

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Data from other studies reveals that these inequalities in health result in lower scores as follows:

Lower math scores show 11.1% variation in the mean measures of academic performance (MAP) and reading – 6.7% variation in the reading scores (p value = <0.05) (Edwards et al., 2007). Studies by Kristjansson, et al., (2007) have shown that hunger impairs functioning, lowers math scores result and students have to repeat a grade (Taras) 2005. A study was also done on macro and micronutrients (studied by Defreyter et al., 2011; Hoyland et al., 2009)

It is important for school nurses to continue the monitoring of students for hunger and to ask about breakfast habits, including taking note

of patterns in student's food intake at specific times during the day. Many families don't eat breakfast or the parents are unavailable to provide breakfast for students. The school feeding program is very important to children. School districts are using a variety of methods to encourage students eligible for free and reduced breakfast and lunch to eat breakfast in schools. Students learn better if food is taken 30 minutes before testing in schools. Some schools have developed videos that include students in the video accompanied by music as they eat breakfast in schools.

This topic is of great relevance to school nurses who must continue to educate and encourage community involvement in this effort to keep

children from hunger. To view a video on this topic go to: <http://vimeo.com/15429339>. In conclusion, school nurses must continue to educate students, parents, and government and school officials, including administrators and encourage further studies on this topic. Remember students and school nurses = educational success!

## References

Coleman-Jensen, A., Nord, M., Andrews, M., Carlson, Steven. (2011) Economic Research Report No. (ERR-125).

Thank you to Mary for researching this very important topic.

## *Legal Issues in the School Setting* *Judith Saslo R.N., B.S.N., N.C.S.N.*

Liability and the law are topics that concern school nurses in all settings. Presented by an attorney and a nurse who work in the legal arena, this session offered real-life approaches to common legal concerns. After a brief introduction, this presentation was executed through role playing with the speakers emphasizing key points as they interacted.

Our presenters suggested fundamental areas that can impact school nurses:

### **Laws**

- 1) HIPAA (1996)--Regulates health care providers' transmittal of health information by electronic means. It is acceptable to speak with physicians and physicians can fax information as long as it is kept confidential.
- 2) FERPA--Regulates all schools that receive federal funding. To release health records, one must have written parental authorization. It is acceptable for nurses to share health information with school staff (teachers, principals) who have a need to know and in the event of an emergency.

### **Statutes Regarding Common Health Issues in Schools**

RN's are responsible for training unlicensed assistive personnel (UAPs) to support care for certain health conditions, such as:

1. ADHD
2. Asthma
3. Seizures
4. Diabetes

### **Requirements for Medication Administration**

Medication documentation must include:

- Parent's signature
- Name of medication, dosage, route, and time to be given
- Necessity of medication
- Possible side effects

First dose of medication should not be given in school

Non-prescription medications must in original packaging

School Nurses and UAPs are not required to give herbal medications

All missed doses must be documented

Some medications are controlled substances and must be appropriately secured and managed

### **Fieldtrip Medications**

Unlicensed assistive personnel's (UAP's) role must be clearly defined

Training must be documented and include signed parental authorization for unlicensed assistive personnel (UAP) to administer medications on fieldtrip.

### **Depositions**

Nurse will have an opportunity to discuss documentation with school attorney. Be honest and tell attorney everything. During deposition remember to be short, sweet, to the point and always truthful.

Things to do:

- 1) Say: "I don't remember – need to look at my notes."
- 2) Ask to take a break.
- 3) Wait until court reporter and attorney are finished speaking.
- 4) Say: "I don't understand. Please explain question."

In summary, as stated by speakers S. Renee Stephens Lundy, JD and Beverly Kardamilas, RN, BSN of Dean, Ringers, Morgan & Lawton P.A., always remember: "Documentation is the key."

Document at the time the event occurs!

# *FASN & NASN: Working Together To Serve You*

*Kathleen C. Rose, R.N., M.H.A., N.C.S.N.*

## *Florida State Director*



FASN's goal is "Serving School Nurses Statewide." As an organization, we have been working diligently to make that happen. Your President-elect, Beth Wipf, is hard at work filling the Regional Representative and County Liaison positions across the state. Your Membership Secretary, Shelley Bumm, encourages you to bring a friend to FASN and she has found a way to reward you both. (Check out her article for details!) If you have ever been to an FASN conference, you know how much work Janie Sailors and Marcy Taylor and the Conference Committee put in to their efforts to increase our knowledge and professional skills.

As I went to my first formal Director's meeting in January, I was eager to learn how I would continue to serve you. NASN's goal is very similar to ours, "Our highest priority is serving school nurses." Over the last four months, I learned just how seriously they strive to meet that goal. I bring the voice of Florida and it combines with the voices of all the other states and even our overseas nurses. The result is one strong voice that speaks proudly for school nursing.

While NASN reaches out with a national focus, they realize their voice comes from the nurses they serve - nurses that are working on the local level. That is why the national membership campaign began with an outreach to the Affiliate Presidents and Membership Secretaries. When you hear Shelley's enthusiasm, you realize that she is seeing a bigger picture. As she serves FASN, she is also serving NASN. When you read the President's Letter from Shirley, you realize that NASN has asked her and our former Director, Charlotte Barry, to help engage our school nurse colleagues in the Asian Pacific Rim. When we say, "Reach out and touch someone," who knew Florida's arm could be that long? NASN did.

I love to celebrate these things because they are examples of what a strong local organization can do when we are partnered at the national

level. NASN also celebrates Excellence In School Nursing. We will be celebrating Corinne Nelson, our 2011 School Nurse of the Year. She will be joined with other School Nurses of the Year in receiving that national honor. (We are always a year behind because of due dates. Next year we will celebrate Maiya!)

NASN is also a respected resource for information on different aspects of school nursing. The Directors work on various subcommittees to make that happen. The subcommittee that I serve on (there are 5 altogether) is Public Relations and Advocacy. Over the last four months we have focused on five things: a Position Statement on the Use of Volunteers in School Health Services, an Issue Brief on School Violence, the Role of the School Nurse in Prevention, the Institute of Medicine's Report on the Future of Nursing and the four goals the IOM recommended, the revision of Chapter 7 of the How 2 Guide, a resource for national and affiliate chapters, and the approaching Parent Summit: preparing parents to advocate for school nursing.

I have been active in all 5 areas, some areas more than others. I have been most active in developing the Position statement on the Use of Volunteers in School Health Services and the Issue Brief on School Violence with the Director from Idaho, Joanne Blout. As I prepare for the next Board meeting, I am reviewing the work of other subcommittees, especially their Issue Briefs and Position Statements, just as they reviewed mine.

As School Nurse Day approaches, I join with our President, Shirley Gordon, in wishing you a happy day. Even though you are working as independent practitioners in your schools, you are not alone. Both FASN and NASN have put serving you as their top priority!

## *Understanding Traumatic Brain Injury (TBI): The School Nurse's Role*

*Penny Kehoe, R.N., B.S.N., N.C.S.N., C.R.R.N., C.L.N.C.*

Shelley Greif presented an interesting and informative presentation on "Recognizing and Responding to Students with Traumatic Brain Injuries". She is one of the Florida Brain and Spinal Cord Injury Program Nurse Case Managers. Her informational PowerPoint is located on the FASN conference website. She starts with a generalized review of brain injury facts, anatomy and definitions and moves forward into the effects on the child as a student and the role of the school nurse. She ends her presentation with her references. As a lifelong learner, I always value when a speaker references resources they themselves have found useful and these are some of my

favorite sites as well.

Brain & Spinal Cord Injury Program: <http://www.doh.state.fl.us/demo/BrainSC/index.html>

Brain Injury Association of Florida, Inc: <http://biaf.org/>

Florida Association of Centers for Independent Living: <http://floridacils.org/>

Center for Disease Control and Prevention: [www.cdc.gov/TraumaticBrainInjury/](http://www.cdc.gov/TraumaticBrainInjury/)

Picking out some of the highlights is difficult as I found all her information useful to the

school nurse. However, I believe the following may be the most useful. They are not listed in any specific order of importance:

- The FL BSCIP serves only children with a moderate to severe TBI injury. This means children with a mild brain injury or non-traumatic brain injuries such as a brain tumor or anoxia do not have a specialized brain injury nurse case-manager and may have gaps in their medical care/follow-up. Semrud-Clikeman, 2001, reports that mild TBI sequelae such as attention deficits and low frustration tolerance can occur even four years post-injury.

- A child with a learning disability or



# Brain & Spinal Cord Injury Program

- A child with a learning disability or other social/behavioral concerns may also have a TBI. This is important to have addressed in the educational plan because this will affect the learning in different ways. As the child develops and uses the brain in new and different ways, new problems may surface.
- The student may “look ok” but have many challenges and difficulties not readily attributed to the TBI.
- The school nurse should stress to students, parents and staff the importance of protecting the brain from injury and re-injury.
- The school nurse plays an important part in the coordination, intervention

and advocacy for the student and family.

- While there are generalized common themes with TBI, the presentation will look slightly different for every student. Recovery is also very individual. Research has shown a supportive environment

improves the outcome for both the student and family.

- Often there is a memory gap of the injury event including the time in early recovery.
- Pre-injury information may be intact but the learning of new information can be frustrating and difficult.
- Nurses must realize that a school psychological/psycho-educational assessment focuses on achievement and skills needed for academic success while a neuropsychological assessment attempts to identify understanding in functioning of memory, attention, perception, coordination, language and personality. Treatments and interventions that will help with learning needs of the student are identified.
- Common problems post injury may include one and usually several of the following: ongoing physical/medical, motor, sensory, perceptual, communication, cognitive, social-emotional, and behavioral concerns.

TBI occurs both at home and at school/school sponsored functions. The school nurse should be aware of TBI and how to identify and deal with it. I found this presentation a good use of precious conference time.

## *Hiding in the Herd*

*Debbie Price, R.N., B.S.N., N.C.S.N.*

### *Nursing Program Specialist, Santa Rosa County School Health Program*

Our speaker, Dr. Chulani of the Division of Adolescent Health at the Arnold Palmer Hospital for Children, reported that Vaccinations are “one of the ten greatest Public Health Achievements.” Dr. Chulani passionately discussed the need for vaccination among children and adolescents. He began with a case study that in spite of a 90% U.S. vaccination rate for MMR, in 1991, the largest outbreak of measles occurred after an unvaccinated 17 year old who traveled to Switzerland and contracted measles. He exposed about 839 people leading to 12 cases of measles in unvaccinated children. Of the 12, 9 were unvaccinated by choice and 3 were too young to receive the vaccine.

The vaccine programs are effective in protecting against diseases. In Florida, the average vaccine compliance for children is 80+%. The percentage of parents who refuse vaccination for their children is on the rise from 22% in 2003 to 39% in 2008.

Research has shown unvaccinated children tend to have parents who are educated. Fifty percent choose not to vaccinate because they believe vaccines have serious adverse effects. Even though research has since disproved the theory, 25% of parents

choosing not to vaccinate believe autism is caused by vaccines.

When discussing with parents the need to vaccinate and protect against vaccine preventable diseases, Dr. Chulani stressed “ours is a cause that we need to promote.” Dr. Chulani suggested as health care advocates we review the side effects and relate information of how closely these side effects are monitored. Many hesitate due to fear of safety issues, or adverse side effects or multiple vaccinations thought to overload immune systems. We need to inform parents that every day children are exposed to on average 2000-600 pathogens a day so their bodies can handle multiple vaccines. He also suggested some hesitate because they have not seen the vaccine-preventable diseases since 85-95% of the community is vaccinated.



Dr. Chulani suggested the following communication techniques when working with parents on vaccination concerns:

1. empathize, respect their stories and share stories in support of vaccination
2. ask them questions and assess their perceptions
3. emphasize the benefits versus the risks of vaccinations
4. use clear, easy to understand language
5. promote partnerships that help support the message of vaccination

Dr. Chulani noted that it is important to personalize the relationship with parents, to clarify and affirm the beliefs and misconceptions about immunizations. Still we need to make the CASE for vaccination:

1. Corroborate- acknowledge any concerns and empathize with them
2. About me- give your credentials and expertise
3. Science- discuss the science supporting vaccinations
4. Explain/Advise- explain the benefits and risks for vaccinating.

The session was closed with resources presented, websites such as: [www.fda.gov](http://www.fda.gov) and [www.cdc.gov](http://www.cdc.gov) are expert sites to find accurate information.



# ***NASN IS ABOUT ADVOCACY, ACCESS, AND ACHIEVEMENT***

## ***Nancy Carrera, R.N., B.S.N.***

The opening speaker at this year's FASN conference was NASN president, Linda Davis-Alldritt. She gave us an overview of NASN and how the organization functions and advocates for its 51 affiliates, which includes FASN. NASN has 15,000 members, with an annual growth of 9%. She challenged us as members to: "each one, reach one", in order to grow the organization out among the 73,000 school nurses in this country. The focus on the organization is on advocating for its members and to further solidify NASN as the authority on evidence based data, in order to achieve the ultimate vision of NASN, which is: "every child has a school nurse every day".

As school nurses, our goal is to keep children healthy and stay in school so they are ready to learn. Ms. Davis-Alldritt highlighted many ways NASN helps its members and affiliates achieve this goal. The board bi-annually reviews their strategic plan and modifies it as necessary with the overarching goal to

strengthen and solidify our profession. One of their current research priorities is to increase reliability, quality, and accessibility of school health data. "Data drives decisions."

Ms. Davis-Alldritt reviewed the many benefits NASN members have access to: over 30 hours of online continuing education, NASN radio programs, conference opportunities, speakers and programs that affiliates can utilize, special interest group discussions, and access to current research in the field of school nursing.

NASN collaborates with many other medical and nursing organizations at the national level. This increases our visibility and allows our concerns as school nurses to be brought to the table.

NASN is currently focused on three legislative priorities nationally at this time: 1) Student to school nurse ratio improvement act; 2) Inclusion as specialized instructional personnel; and 3) school access to emergency

epinephrine act. They assist affiliates in articulating to their legislative representatives these issues and others as they arise, using evidence based data.

NASN prepares its members to better communicate what it is we do to our particular audience, which includes students, parents, and other health care professionals. We can improve the public perception of school nursing practice. There are many education tools already in place that can improve public awareness of health concerns that affect our students. The Voices of Meningitis has made over 2.5 million contacts. The Flu Campaign is another resource available through NASN to assist us in educating our audience.

Ms. Davis-Alldritt reminded us of who we are as a profession. There is much work to be done, but thanks to NASN we have so many resources and support to help us have a profound effect on our students' health and education.

## ***School Nursing Advocacy***

### ***Lisa Kern R.N., M.S.N., N.C.S.N.***

The goal of this presentation was to increase school nurses' comfort level when speaking with stakeholders about their passion – school health. This session was presented by three very active FASN members, Rita Becchetti, Sandy Gallogly, and Kathleen Rose, whose timely message was significant to their audience. At first glance, advocacy may seem to be a daunting proposition, but the speakers demonstrated that if we follow a few key steps we may be able to influence public policies that are critical to school nursing.

Start with district level interventions: Perhaps you might consider addressing your School Board during a public comment opportunity; asking a School Board member to visit with you; sharing a "State of the School Health Report" that is full of school specific data with your principal; or sharing district level data with key stakeholders at your

next SHAC meeting.

Be visible in your schools: If you can't get on a staff meeting agenda, try sending out monthly "health bites" to staff via Email; submitting an article for the school newsletter; speaking about a health issue at a PTA meeting; or (if you're not camera shy), getting on the school news and becoming a health celebrity!

Act as a resource to your peers: Offer to present on a specific topic at your next school nurse meeting; be a mentor to new nurses; write a clinical excellence paper; or present at a meeting of a civic organization and perhaps you might find a passionate sponsor for school health!

Professional memberships: Consider joining state or national nursing organizations (NASN, ASHA, ANA, FNA, FASN, FSHA, Florida Children's Movement). You can find a wealth

of information about advocacy right on these professional organizations' websites (e.g. NASN School Nurse Advocacy Toolkit, online learning opportunities for CEs, Ratio Ruler).

Be informed and aware of what is happening during the legislative session that may impact school health. As a private citizen, you have the right to communicate with policy makers on those issues which concern you. Whenever you have the opportunity to discuss your concerns, remember to keep your message brief and to the point. You may even consider participating in lobby days or school health advocacy days.

The presenters had some great suggestions to help you turn words into action. The importance of developing your own unique story and exploring effective ways to get someone to listen were emphasized and examples were given by the speakers of things

they were actually doing. Recap: You must GRAB your audience in the first 7 seconds by telling them who YOU are, that you are interested in THEM, that you KNOW your topic, and that you are PASSIONATE about it!

There are 3 questions to keep in mind when you are advocating for student/school health services:

- "So what?"
- "Who cares?"
- "What's in it for me?"

Be sure to include meaningful data, use visual analogies ("tie together something old to something new"), share personal stories, and end with an inspirational message!

The most important take-away from this motivating session was the idea that One Voice can make a difference, and if we collectively speak together about the importance and value of school nursing – we can make an impact and effect change!

# 2012 Conference Posters

## Catherine Reckenwald, LPN

### *Student Health Specialist, Citrus County Schools*

The 2012 School Nurse Conference was a wonderful experience! Great speakers, excellent networking, and most of all professional development opportunities as shared by fellow colleagues. There were three posters submitted that I'd like to take this opportunity to report on.



The most significant poster was honoring our 2012 "Nurse of the Year," Maiya Christensen, RN, BSN, NCSN from Lee County Florida. She is undoubtedly a dynamic school nurse and her poster outlined

the many reasons she was chosen to represent us. Surrounding her picture were the accolades of her career which include her educational background, the research she's done, her collegiality, how she manages her programs, her glowing appraisals, her collaboration with other nurses, the health education she provides, the quality of care she lovingly gives to her students, her excellent communication as well as her ability to utilize every resource to the fullest. The Lee County school nurses put together a group

of pictures taken over the years to represent what she has meant to them. It was a pleasure meeting Maiya and I personally am proud to have her as a role model for all school nurses.

The second poster was a series of maps outlining the Regions of FASN. Do you know which region you're in? Do you know who your Regional Rep is? Do you know who represents your county in FASN? If not, the 2013 Conference is where you need to be next February so you can network with your fellow school nurses in the region you work in. I think this is probably the best part of the conference.

The third poster was titled "Share the Benefits". It was adorable with sweet colorful flowers and packets of flower seeds. One of the goals of FASN this year is to increase our membership and we can do that by "Planting the Seeds of FASN". If each of us brought in just one member, we would double our membership by 2013! What does this mean for you? It means we have a louder voice for the children we serve, it means that we have representation in Tallahassee and Washington, and it means that we show a united front to give students a better nurse to student ratio in Florida.

Thanks to all the hard work the committee chairs did to make this 2012 Conference the best of the best! See you in 2013!

### *FASN School Nurse of the Year 2012: Maiya Christensen*



Maiya is the School Nurse at North Fort Myers Academy for the Arts with the Lee County School District. Her school is a full service Title I school with a population exceeding 1000 and is comprised of many low income families; 76 percent of which are on free/reduced lunch. Located in one of the most impoverished areas the county, her student population has many unique health and social needs. Twenty-five percent of her students have chronic health conditions and of that percentage, 150 are severe enough that they are on a high priority health problem list.

Maiya epitomizes school nursing by the way she manages an impressive schedule of assessing children and staff. She is an instrumental liaison between her school and the extensive network of community resources that she frequently accesses such as American Red Cross, American Heart, American Cancer, Lion's Club, American Lung, Am Vets,

American Legion, Chamber of Commerce, Army Corp of Engineers, and the Highway Patrol. She is an invaluable team member on her school's Response to Intervention and Child Study Teams. Her gift of communication is exemplified in both her public presentations and written newsletters. A technology expert, Maiya was a key player in the development and refinement of the local school health services data management system. Due to her experience with immunization compliance and registry, she is known by her peers as the "immunization expert" and was instrumental in arranging and marketing her school as one of the few sights selected for a family flu clinic.

Her understanding of the School Health Annual report was essential in aligning critical school health services data to be recorded and captured accurately. As witnessed by the school's principal on a

home visit, Maiya uses her resources to overcome barriers to health and wellness

in school age children to improve their academic performance.

Outside her responsibilities as school nurse, Maiya is a tireless volunteer with numerous school activities such as organizing the holiday "Angel Tree" and assuring that her families in need have meals, shelter, and even utilities. Maiya truly makes a difference in the lives of her students, staff, parents, teachers and colleagues.

FASN is proud to have Maiya Christensen represent them as the 2012 School Nurse of the Year. Congratulations Maiya!



# *The Skin as a Canvas*

## *Deborah Ramos, RN, BSN, CPN*

We can all remember storytelling as a way of entertaining, embellishing, scaring, or just sharing something significant with our family and friends. But what happens when your skin becomes the canvas on which you write your story?

The 17th annual FASN Conference was held in Orlando on February 3-4, 2012 and we were fortunate to learn and discuss about topics so relevant to today's school nursing practice. Discussions took place about the impact of breakfast and academic performance, communicating with vaccine-reluctant parents and caregivers, recognizing and responding to students with traumatic brain injuries, and a great session was held about school nursing advocacy. But probably the most intriguing session was one presented by Dr. Rhonda Goodman and the use of digital story telling as a voice for adolescent females who self-injure.

The behavior of self-injury by means of cutting is so misunderstood that when discovered by teachers, nurses, parents and peers, reactions may range from disbelief and shock to disgust and shame. Dr. Goodman's research project, funded by NASN, allowed her to travel to Berkley, CA., and gain insights on how digital media may be used to provide her female subjects an outlet by which they could express their feelings about their self-injurious behaviors.

The premise behind this research was to provide these hurting women an alternative avenue of expression. They share their story by voicing their experiences and while doing so, images and music play on the screen for the viewer

to "get it"—the compelling and succinct story about what the truth behind the cutting is all about.

Self-injurious behaviors often times bring to mind suicide, but the females in Dr Goodman's research indicated that cutting themselves provided a relief of tension and a sense of calmness in the midst of an out of control world. They described how they could control the cuts: their depths, lengths, amounts, and location. These women described how the cuts reminded them of being alive and at times "out of body", of feeling calmness when the blood flowed, and how the scars each were reminders of how they had helped them overcome a stressful time in their lives. Each cut has a story.

Several questions were posed by the attendees such as what are the common links among these women; why do they do this, why and how did they come to share their stories with her. With an amazing ease, Dr. Goodman explained that most of these women have similar backgrounds of abuse; all facets of abuse including verbal, physical, sexual and emotional. There is a history of domestic violence in the home with parents fighting, verbally accusing each other, tensions with their mothers, and fractured sibling relationships.

With no outlet for the frustration and emotional pain they are feeling, many women engage in behaviors that they feel may ease the pain. In the past, women would starve themselves; others would turn to binge-eating, others to smoking, drugs and alcohol. The cutting has been described as the "new-age" anorexia/bulimia and unfortunately, the women

continue to seek avenues to express their hurt, their frustrations, their pain and most importantly their need to be accepted as a start towards their healing.

For the women who endured years of verbal abuse from their fathers or a father figure, their self-image became distorted and similar to the women afflicted with anorexia and bulimia. Women afflicted with anorexia and bulimia may look in the mirror and not see the size 2 that they are but instead, they see themselves as fat. The women who cut feel worthless and inadequate; they don't seem to belong anywhere. Most often they hang around with the gothic crowd so as to blend in with another misunderstood culture.



The school nurse will often times be consulted when a student presents with cuts; a guidance counselor, teacher, or a trusted friend may be the one to discover the student's behavior. On occasion, a student journal entry may spark concern from the journalism teacher, a student drawing may impact the art teacher, or the PE coach may report a student that will do anything not to dress out or participate in the class. A consult to the school nurse or guidance counselor soon follows and more journals and drawings are discovered. These women have artistic creativity tendencies and

often seek a way to express the pain they are feeling. Unfortunately, art and music classes are the ones being eliminated from school curriculums, so again there is a limited access for expression/outlet.

Dr. Goodman described the essentials the school nurse requires when caring for these students: the ability to show non-judgmental compassionate care. First and foremost, proper wound care is important to prevent infection; it is important to perform the care without expressing disgust, shock, or disdain. In doing so, the school nurse provides an avenue that allows the students to establish a trusting relationship; one in which they can express their feelings and know they can share truthfully what they are experiencing without fear of being labeled a "mental-case" or a "freak". They will need a referral to a mental health provider but this often occurs after a trusting relationship with the school nurse has been established.

We as school nurses are often the ones to discover these hurting students; we become their advocate by establishing a trusting relationship, providing non-judgmental and compassionate care, and referrals to the proper authorities. We need to educate our parents, teachers, and students on establishing effective communication and dialogue. Ideally, the communication would take place verbally and face-to-face. However, digital media has become a voice for these hurting students to share their stories with all who are willing to listen. We can only hope that in time, these alternative methods of communication will be available for all students so that they won't have to use their skin as a canvas.

# ***“COME GROW WITH US!” PLANT THE SEEDS OF FASN AND BRING A FRIEND IN 2013!”***

***Shelley Bumm, BSN, NCSN, Membership Secretary***

At the FASN conference the weekend of February 3 and 4, FASN kicked off our membership campaign in conjunction with the NASN goal of growing our membership by 5% or 15 NEW members. It's an exciting time for School Nurses and it's time for us to GROW in numbers as a unified affiliate with NASN (National Association of School Nurses). Unified Affiliates are those Affiliates that have agreed that eligible members must belong to both the Affiliate and National organizations.

***Membership in NASN also gives you membership in FASN.***

Why join?

**We can “Plant the Seeds of Knowledge and Gain Professional Benefits as well!”**

Are you looking for a wise career investment? If you aren't a member, then it's time to join or renew your membership with FASN!!!  
What can they do for you...???

Consider the following:

**Personal and Professional Benefits:** Opportunities to apply for grants, scholarships and awards; including a chance to win a scholarship to the National Conference next year in Orlando; Professional Liability Insurance.

**Continuing Education:** Annual Educational Conference; Regional Conferences, State and Regional Trainings, and online programs.

**Publications:** Journal of School Nursing; NASN and Florida Association Newsletters; Position Statements; Professional Manuals and Brochures, and Weekly Digest E-Communications. Members can access the On-line Journal of School Nursing to include archived Journal articles.

**Benefits:** The opportunity to network with your colleagues in School Nursing: nurses who understand and speak the same language! Support of child health needs through collaboration with national policy-makers, organizations, and agencies regarding school nurse issues. Research.

Toll free numbers to the NASN offices, (866-627-6767); and FASN is represented on the NASN Board.

The Association speaks as one voice by: Increasing the visibility of school nursing; advocating for minimum levels of preparation; advocating for manageable nurse to student ratios; and providing a forum for discussion of school health issues.

This is your chance to be a part of a growing number of school nurses who have increased their knowledge of school nursing and skills through their membership in the FASN. As an extra incentive, for those nurses joining for the first time that have been referred by a current member, you both have an opportunity to win a scholarship to attend the 2013 FASN conference. Once you have completed your membership application with NASN, just complete the following form and mail to my attention at **2273 Dover Ave, Fort Myers, FL 33907.**

New FASN Member \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

County \_\_\_\_\_ Joined on \_\_\_\_\_

Referring FASN Member \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

County \_\_\_\_\_

Come join your fellow school nurses in a great organization and help to strengthen school nursing in the State of Florida. Click on the link below to print your NASN application or to join online with your credit card, go to their secure link. **This link also allows you to make quarterly payments!**





# ***FOOD ALLERGIES IN OUR SCHOOLS***

## ***A Grassroots Advocacy Effort***

***Lauren Maunus***

Food allergies present a large and growing public health problem affecting 1 in 13 students in our public schools. According to a recent study published in July's Pediatrics, the prevalence of children suffering from food allergies has increased 55% in the last 5 years. Of those students, 38.7% suffer anaphylaxis to multiple food allergens, making food allergies the 3rd most common chronic disease among children under 18 years old. The key to successful management of life threatening allergies is education, awareness and prevention. I am advocating on behalf of my sister and the 5.9 million students who face exposure to food allergies in our schools.

Schools for Healthy Lives Act, will advise the Department of Agriculture and Consumer



Services on matters relating to nutritional standards including anaphylaxis guidelines. I have been invited to address the Council and present my bill.

The bill mandates that all items offered in Florida public school cafeterias identify the top eight allergens: peanuts, tree nuts, shellfish, fish, soy, milk, egg, and wheat. Labeling

ingredients provides essential, possibly life-saving information. Policies and protocols are to be established in every school to help prevent allergic reaction emergencies and deaths from anaphylaxis in order to make the cafeteria a safe as well as a healthy environment.

In preparation for the 2013 Legislative Session, I am leading a grass-roots effort to garner support for my bill, working with the Martin County School District, the Florida YMCA, the Food Allergy Anaphylaxis Network, and the Food Allergy Initiative. Martin County School District has agreed to provide allergen information via the district hosted website and is searching for a software solution to generate a label identifying the top eight allergens at the point of service in the cafeteria line.

When I presented the information to the FASN President, NASN State Director and Martin County's Regional Representative, I told them "Presenting my bill was one of the most awesome and life-changing events that I have ever experienced. I am very excited to participate in the legislative process as an advocate for individuals with food allergies, and am grateful for the support of FASN and of the food allergy community in helping to pass this legislation."

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