Welcome to the 49th Annual Professional Growth Seminar
March 21—23, 2018
Lake Charles, Louisiana

LSNO
50 Years Strong
Welcome to the LSNO 49th Annual Professional Growth Seminar.

The 50th Anniversary of the Louisiana School Nurses Organization!

Fifty amazing years celebrating the profession of School Nursing and Children.

The Louisiana School Nurses Organization (LSNO) was formed in 1968 with the following specific purposes/goals in mind:

1. To stimulate increasingly effective School Nursing Services and thereby strengthening Louisiana's educational process through improvement of the health status of the students.

2. To enable members to speak with a common voice on matters pertaining to School and School Health.

3. To develop and promote standards for continuous educational opportunities for professional School Nurses.

4. To stimulate School Nurse participation in all nursing and educational activities.

Registered Nurses are Strong! This past year has been full of trials and tribulations for many of you. Those trials and tribulations are what develop perseverance and strong character. Your experiences give you insight and a unique view to recognize your students' needs.

You are their lifeline, the one who identifies and rescues them. We have the opportunity to impact the present and future of multitudes of children. For those of you who work in schools daily with students - you see first-hand children living impoverished, hungry, abused lives and struggling to survive. YOU the School Nurse have the ability to save children's lives mentally, physically, and spiritually.

Please take the time to visit with our gracious Friends of LSNO, as well as all of our fantastic exhibitors.

As School Nurses we have THE best jobs! Celebrate your blessings. I appreciate each of you and your commitment to you students, school(s), and community.

Respectfully submitted,

Andrea Ferguson, RN, CSN
LSNO President
LSNO 2018

Supporting Louisiana Students of Education
20 Years Strong

Louisiana School Nurses Organization

Tuesday, 20 March 2018
Pre-Conference
- 10:00am—5:00pm
Children's Hospital of New Orleans
Train the Trainer: Medication Administration

Welcome Social & Registration
6:00pm—9:00pm

Wednesday, 21 March 2018
7:30am—8:00am Registration
8:00am—9:00am Welcome Andrea Ferguson, RN, CSN LSNO President
8:15am Presentation of Colors & Pledge of Allegiance
Washington Marion JROTC
8:30am—12:00pm Epilepsy Foundation
Managing Students with Seizures: Training for School Nurses (3.2 contact hours)
12:00pm—1:15pm Lunch on your own
1:15pm—2:15pm Nikki Honore', MSN, FNP-BC, CPN
Preparing Your School for Disasters and Emergencies (No contact hour)
2:15pm—3:15pm Stephanie Stanfield, MEd, RN, RD, LDN, CDE
What the School Nurse Needs to Know about Insulin Pump Therapy: Basics to Advanced (1.0 contact hour)
3:15pm—4:15pm Bridget Garrido, Au.D., CCC
Huh? Hearing Loss in Children (1.0 contact hour)

Thursday, 22 March 2018
7:30am—8:30am Registration & Breakfast Buffet
8:45am—10:00am Annual Business Meeting
10:15am—11:15am Jamie Ott Shaw, LDN, RD Shriner Hospital
Childhood Obesity in the School Age Child (1.0 contact hour)
11:15am—12:15pm Etta Pete, BS Sickle Cell Disease (1.0 contact hour)
12:15pm—1:30pm Lunch on your own
1:30pm—2:30pm Tavis Piattoly, MS, RD, LDN Appearance & Performance Enhancing Drugs: The Pressure to Perform (1.0 contact hour)
2:30pm—3:30pm Expert Panel School Nursing Question & Answer (No contact hour)
3:30pm—4:00pm Vendor—Door Prizes

CONTACT HOURS: A total of 11.25 contact hours will be awarded to participants who attend the entire conference. Daily registration will be recorded and will be available for participants who notify us in advance of their special needs. Please include a written statement with your registration.

Friday, 23 March 2018
7:30am—8:00am Registration
8:00am—9:00am Greg Bergeron, EIS Medicaid Billing
"Let's Get Fiscally Fit: Maximizing Medicaid Reimbursement" (1.0 contact hour)
9:00am—10:00am Ansanta Cole, BSN, RN Children's Hospital of New Orleans
School Nurse Overview (1.0 contact hour)
10:15am—11:15am Christine Brennan, FNP, PhD, NP Associate Professor
STD & HIV Clinical Prevention Strategies (1.0 contact hour)
11:15am—1:15pm Bruce Hamilton "No Bad Days"
1:15pm—1:30pm Lunch on your own
1:30pm—2:30pm Bruce Hamilton School Nurse Orientation (1.0 contact hour)
2:30pm—3:30pm Vendor—Door Prizes
3:30pm—4:00pm School Nursing Question & Answer (1.0 contact hour)
4:00pm—5:00pm Expert Panel School Nursing Question & Answer (1.0 contact hour)

Wednesday, 21 March 2018
6:00pm—9:00pm Entertainment & Installation of Officers

Social
6:00pm—6:30pm Banquet, Installation of Officers

LSNO 2018

Welcome Social & Registration
6:00pm—8:00pm

Thursday, 22 March 2018
7:30am—8:30am Registration
8:30am—10:00am Cultural Competence: "Teaching Cultural Diversity to Promote Included Health Outcomes" (1.0 contact hour)
10:15am—11:15am Adult Prevention, On-Campus (1.0 contact hour)
11:15am—12:15pm Ellen Price, RN School Cll Disease (1.0 contact hour)
12:15pm—1:15pm Lunch on your own
1:15pm—2:15pm Jamie Ott Shaw, LDN, RN Childhood Obesity in the School Age Child (1.0 contact hour)
2:30pm—3:30pm Vendor—Door Prizes
3:30pm—4:00pm Vendor—Door Prizes
4:00pm—5:00pm Vendor—Door Prizes
5:00pm—6:00pm Vendor—Door Prizes
6:00pm—7:00pm Vendor—Door Prizes
7:00pm—8:00pm Welcome Social & Registration
8:00pm—9:00pm Entertainment & Installation of Officers
9:00pm—10:00pm Children's Hospital of New Orleans
School Nurse Overview (1.0 contact hour)
10:00pm—11:00pm Closing Remarks & End of Conference (1.0 contact hour)

LSNO 2018

Welcome Social & Registration
6:00pm—8:00pm

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3:15pm—4:15pm Bridget Garrido, Au.D., CCC
Huh? Hearing Loss in Children (1.0 contact hour)
**Hotel Information:**
L'Auberge du Lac Resort  
777 Ave L'Auberge,  
Lake Charles, LA  70601  
$109.00 per night / per room  
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**Reservations:**
1-866-580-7444  
Identify yourself as being with  
SLSNA 18  
For group rate.

**Reservation Deadline:**
26 February 2018  
(THIS IS AN ABSOLUTE DEADLINE PER HOTEL)  
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Bring your School Board’s  
Tax Exemption Form and your employee ID  
to avoid paying the State room tax.

School Board checks will be accepted.

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Please bring 2 door prizes per Parish!

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**One Mile Fun Run !**
**1st ever ! ! !**
Friday, 23 March 2018  
6:00am - Warm-up  
6:30am - Get Ready, Get set, GO ! ! !  

**Registration:** $20.00  
(proceeds benefit Endowment Scholarships)
Fun Run T-Shirt, & Refreshments provided.

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Celebrating the  
50th Anniversary  
of the  
Louisiana School  
Nurses Organization  
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Serving  
students & schools  
while advancing the practice  
of School Nursing

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**LSNO**
**49th Annual * **
**Professional Growth Seminar**
March 21 - 23, 2018

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Pre-conference - March 20, 2018

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**Sprinting for School Health**

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**50 Years Strong**

*Conference in 2005 was cancelled d/t Hurricanes Rita & Katrina*
LSNO 2018 ~ Conference Committee

Conference Chair: Niona Whiddon, RN, BSN, CSN
Co-Chair: Patricia Strother, RN, CSN
Darla Rebowe, BSN, RN, CSN
Andrea Ferguson, RN, CSN
Ginger Pearson, BSN, RN, CSN

Calcasieu School Nurses

Lee Belteau          Keitha Brady
Kristen Burgess     Tina Carroll
Amanda Coker        Brittney Devillier
Tabitha Dugas       Kathryn Duncan
Stacy Duplachin     Megan Foreman
SuAnna Funk         Casey Fuselier
Amanda Guidry       Danielle Guillory
Kristina Hebert     Monique Hodges
Toni Lantz          Denise Lemelle
Neicole Malveaux    Renee McCall
Stephanie Mixon     Kristy Saltzman
Belinda Savoie      Sandra Semien
Lindsey Stanley     Lori Stelly
Louisiana School Nurses Organization, Inc.

This continuing education activity was approved by Louisiana State Nurses Association, an accredited approver by the American Nurses Credentialing Commission on Accreditation.

Louisiana School Nurses Organization, Inc.

49th ANNUAL PROFESSIONAL GROWTH SEMINAR

“Sprinting for School Health: 50 Years Strong”

March 21—23, 2018
CONTINUING NURSING EDUCATION INFORMATION

This continuing education activity was approved by Louisiana State Nurses Association, an accredited approver by the American Nurses Credentialing Commission on Accreditation.

In order to comply with criteria established by the American Nurses Credentialing Center’s Commission on Accreditation, participants are required to observe the following guidelines to earn continuing nursing credit.

Contact hours may be awarded only to Registered Nurses. Evaluations and Certificate of Attendance

1. Participants must sign-in at the registration desk to receive seminar materials, as well as sign-in on daily register.

2. Continuing nursing education contact hours are awarded to participants who attend the entire educational activity that they are registered to attend.

3. Participants must follow the instructions you will receive via email as it contains the process for evaluations and obtaining your conference certificate. The only way to earn credit and get your certificate is to use the online evaluation tool to evaluate each session you attend, and complete the overall evaluation through the online process.

4. After you complete your online session evaluations, and the Overall Conference evaluation, you will have the option of printing the Certificate of Completion or emailing it to yourself.

5. We acknowledge the support of our sponsors and exhibitors, but they have not influenced the content to be presented. All speakers and planning committee members have declared no conflict of interest in the delivery or planning of the content presented.

Thank you for your compliance with these guidelines.
**Officers:**

President: Andrea Ferguson, RN, CSN  Beauregard Parish School Board
Vice-President: Jodi Sheets, RN, BSN, CSN  Ascension Parish School Board
President-elect: Patricia Strother, RN, CSN  Beauregard Parish School Board
Secretary: Daphne Walker, RN, MSN, CSN  Jefferson Parish School Board
Treasurer: Patricia Strother, RN, CSN  Beauregard Parish School Board
NASN Director: Darla Rebowe, RN, BSN, CSN  St. Charles Parish School Board

**Standing Committee Members:** (President is ex-officio on all committees, except nominating)

**Constitution & Bylaws:** Chair: Rene' Lewis, RN, BSN, CSN  Natchitoches Parish School Board
Darla Rebowe, RN, BSN, CSN  St. Charles Parish School Board
Verna Thompson, RN, BSN, CSN  Tangipahoa Parish School Board

**Finance:** Chair: Niona Whidden, RN, BSN, CSN  Beauregard Parish School Board
Toni Hutchinson, RN, MSN, CSN  Terrebonne Parish School Board
Patricia Strother, RN, CSN  Beauregard Parish School Board

**Legislative:** Chair: Alida Wyler, RN, BSN, CSN  Jefferson Parish School Board
Melissa Bird, RN, CSN  St. Charles Parish School Board
Anne Thrasher, MSN, RN  St. Tammany Parish School Board

**Membership:** Chair: Verna Thompson, RN, BSN, CSN  Tangipahoa Parish School Board
Jill Leeth, RN, CSN  Ascension Parish School Board
Carmen Hubbard, RN, CSN  Ascension Parish School Board

**Nominating:** Chair: Kelly Shally, RN, BSN, CSN  Ascension Parish School Board
Jenny Keller, RN, CSN  Ascension Parish School Board
Ginger Pearson, RN, CSN  Calcasieu Parish School Board

**Professional Development:** Chair: Ginger Pearson, RN, CSN  Calcasieu Parish School Board
Susan Weathers, RN, CSN  Central Community School System

**Prof. Growth Seminar:** Chair: Niona Whidden, RN, BSN, CSN  Beauregard Parish School Board
Co-chair: Patricia Strother, RN, CSN  Beauregard Parish School Board

**Newsletter/Public Info:** Chair: Jamie Vicknair, RN, BSN, CSN  Ascension Parish School Board
Sharon Ball, RN, CSN  Central Community School System
FB & Twitter: Jessica Hanemann, RN, CSN  St. Charles Parish School Board

**Ad Hoc Committee Members:**

**Awards & Elections:** Kelly Shally, RN, BSN, CSN  Ascension Parish School Board

**Exceptional Children:** Arolyn Honor, RN, CSN  St. Charles Parish School Board

**Nursing Revisions:** Jennifer Wilkerson, RN, BSN, CSN  Livingston Parish School Board
Sylvia Brown, RN, CSN  St. Landry Parish School Board

**Ways and Means** Melissa Bird, RN, CSN  St. Charles Parish School Board

**Appointed Position:**

Parliamentarian: Jill Gautreau, RN, BSN, CSN  Ascension Parish School Board
50 Years Strong

Tuesday, March 20, 2018

10:00 am—5:00pm

Train the Trainer: Medication Administration

Presented by: Children’s Hospital of New Orleans

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6:00pm—8:00pm

Welcome Social & Registration

Food & Entertainment

By the Pool!
49th Annual LSNO Professional Growth Seminar

Wednesday, March 21, 2018

7:00am—8:00am  Registration
8:00am—8:15am  Welcome
Andrea Ferguson, RN, CSN/LSNO President
8:15am—8:30am  Posting of the Colors by: Washington Marion High School JROTC  Pledge of Allegiance
8:30am—12:00pm  Managing Students with Seizures: Training for School Nurses
Louisiana Epilepsy Foundation
12:00pm—1:15pm  Lunch on your own
1:15pm—2:15pm  Preparing Your Schools for Disasters and Emergencies
Nikki Honore’ - MSN, RN, LDH/OPH
2:15pm—3:15pm  What the School Nurse Needs to Know about Insulin Pump Therapy: Basics to Advanced
Stephanie Stanfield, Med., RN, RD, LDN, CDE
3:15pm—4:15pm  Huh? Hearing Loss in Children
Bridget Garrido, AuD. CCC-A
7:00am—8:30am  Registration & Breakfast Buffet

8:30am—8:45am  Break

8:45am—10:00am  Annual Business Meeting - LSNO Members only.

10:00am—10:15am  Break

10:15am—11:15am  *Childhood Obesity in the School Age Child*  
Jamie Ott Shaw, LDN, RD / Shriner Hospital

11:15am– 12:15  *Sickle Cell Disease*  
Etta Pete, BS

12:15pm—1:30pm  Lunch on your own / Exhibitors

1:30pm – 2:30pm  *Appearance & Performance Enhancing Drugs: The Pressure to Perform*  
Tavis Palloity, MS, RD, LDN

2:30pm—3:30pm  Expert Panel

3:30pm—4:30pm  *Exhibitors distribution of their Door Prizes*

6:00pm— 6:30pm  Social

6:30pm—9:30pm  *Banquet, Installation of Officers, & Entertainment*
49th Annual LSNO Professional Growth Seminar

Friday, March 23, 2018

7:30-8:00am  Registration

8:00am—9:00am  Let’s Get Fiscally Fit: Maximizing Medicaid Reimbursement
Greg Bergeron, EIS / Medicaid Billing

9:00am—10:00am  School Nurse Overview
Ansanta Cole, BSN, RN
Children’s Hospital of New Orleans

10:00am—10:15am  Break

10:15am—11:15am  No Bad Days
Bruce Hamilton

11:15am—12:15pm  Questions & Evaluations

Wednesday, 09 May 2018 ~ School Nurse Day
Expert Panel: Thursday 2:30—3:30pm

Questions and Answers

1) We will have 3 x 5 cards available on the tables for you to write your School Nursing questions.

2) We will collect the cards on Wednesday and until the first break on Thursday morning.

3) The cards will be collated and presented to the Expert Panel.

The Expert Panel includes:

Ansanta Cole, RN
Ginger Hughes, RN
Ginger Pearson, RN
Fleeter Taylor, RN
Daphne Walker, RN
Jennifer Wilkinson, RN
STANDING RULES FOR ANNUAL BUSINESS MEETING

RULE 1  All members shall be registered and required to wear the member badge. To be admitted to the annual business meeting, a member shall be required to wear the designated member’s badge issued at registration.

RULE 2  Any member wishing to speak shall approach a microphone, address the chair, be recognized by the chair and then state name and parish.

RULE 3  There shall be an official registered parliamentarian to whom questions may be directed through the presiding officer only.

RULE 4  Members shall be limited to two minutes to speak on a question. Ten minutes total debate shall be allowed for each question. No member shall speak in debate a second time on the same question until all members wishing to speak have had an opportunity to do so. No member shall speak more than twice on the same question.

RULE 5  A time keeper will signal when allotted time has expired.

RULE 6  Main motions and amendments shall be submitted to the secretary in writing.

RULE 7  The annual meeting shall be conducted in accordance with by-laws of this corporation and Robert’s Rule of Order current edition.

RULE 8  A motion shall be carried by a majority of those present and voting. Motions requiring 2/3 vote shall be carried by an affirmative vote of 2/3 of the members present and voting.

RULE 9  No smoking during the business meeting or program.
Constitution and Bylaws

Louisiana School Nurses Organization

Constitution and Bylaws

Adopted May 27, 1969


Constitution

Article I- Name

The name of the organization shall be the Louisiana School Nurses Organization (L.S.N.O.)

Article II- Purposes

The Purpose of this organization shall be:

Section 1: To stimulate increasingly effective School Nursing Services and thereby strengthening our State’s educational process through improvement of the health status of the students.

Section 2: To enable members to speak with a common voice on matters pertaining to School Nursing and School Health.

Section 3: To develop and promote standards for continuous educational opportunities for Professional School Nurses.

Section 4: To stimulate School Nurse participation in Nursing and Educational activities.

Article III- Membership

Section 1: Classes of Membership

Membership in this organization shall comprise a class of Active members and such other classes as provided for in the bylaws.

Section 2: Membership Eligibility

Active membership in the Organization shall be open to any professional nurse who meets the requirements for school nursing in the state.

Article IV- Officers

The officers shall be a President, President-Elect, Vice-President, Immediate Past President, Secretary, Treasurer, and NASN Director.

Article V- Executive Board

The members of the Board shall be President, Immediate Past-President, Vice-President, President Elect, Secretary, Treasurer, all Standing Committee Chairpersons and NASN Director.

Article VI- Meetings

There shall be an annual business meeting held in conjunction with the Annual Professional Growth Seminar of the Organization. The Executive Board may arrange for such other meetings as it may deem proper and necessary.

Article VII- Quorum

Section 1: Annual Meetings

A quorum shall consist of a majority of active members registered at the annual meeting.

Section 2: Executive Board Members
A quorum shall consist of not less than one half (1/2) of the members of the Executive Board.

Article VIII- Amendments

Section 1: Amendments to the Constitution and Bylaws

A. This Constitution and its Bylaws may be amended at the Annual Business Meeting by an affirmative vote of a majority of the active members voting. (Rev. 10/01)

B. Amendments may be proposed by:
   1. Constitution and Bylaws Committee
   2. Any active member

Section 2: Proposed Amendments

Proposed amendments shall be mailed to membership at least fifteen (15) days prior to the date of voting.

Bylaws

Article I- Membership

Section 1: Classification

A. Active Members
   Active members must be Louisiana Certified Professional School Nurses who meet the state’s criteria for certification and hold a current State Department of Education Certification. They must be employed by a Louisiana public, private, charter, or parochial education facility and have the administration, education, or provision of school health services as their primary assignment. Active members shall be entitled to full membership rights upon payment of annual dues. (Rev. 10/88, 10/01, 4/09)

B. Retired Members
   Retired members shall be any LSNO school nurse member who becomes retired and, upon retirement, notifies LSNO. Retired members, upon payment of dues, shall be entitled to all membership rights excluding the right to vote, hold elected office, committee chair or any policy making position. NASN will grandfather Lifetime Members prior to April 2009 (rev. 10/89, 10/95, 10/01, 4/09)

C. Associate Members
   Associate Members shall be Registered Professional Nurses who are not eligible for active membership but who serve a school as a school nurse. Associate members, upon payment of dues, shall be entitled to membership rights excluding the right to vote, hold an elected office, committee chair or any policy making position. (Rev. 10/89, 10/95, 10/01, 4/10)

D. Members at Large
   Members at large shall be persons who hold a special interest in LSNO or who are working with LSNO and do not fit into any other LSNO classification, such as corporate, business, professional LPN/LVN and student nurses. Upon payment of dues, these members shall be entitled to membership rights excluding the right to vote, hold elected office, committee chair or any policy making position. (Rev. 10/01, 04/09)

Section 2: Dues

A. Annual renewable are payable on the anniversary date established by the Board of Directors. (Rev. 10/93, 3/06, 4/09)

B. Annual dues for Active, Associate, Retired and Members at Large shall be $135.50 as set by LSNO and NASN. Dues for Retired Members shall be $92.50. (Rev. 10/93, 10/01, 3/06, 4/09)

C. Changes in the rate of annual dues may be recommended by the Executive Board, but must be ratified by a majority voting at the annual meeting. (Rev. 10/93, 10/01)
Article II- General Finance

Section 1: Fiscal Year and Accounting Period

The fiscal year and accounting period for this Organization shall be consistent with the membership year – September 1st and August 31st. (Rev. 3/06, 4/09)

Section 2: The Executive Board shall designate a bank for the LSNO, Inc. account.

Section 3: The designated signatures shall be that of the President and Treasurer.

Section 4: The fiscal budget shall be approved by the Executive Board and the financial report adopted at the annual business meeting.

Section 5: All revenue shall be deposited in a general fund account and be disbursed as the budget dictates.

Section 6: The financial records of the Organization covering the fiscal year shall be audited by the finance committee.

Section 7: The Executive Board shall review the audited report prior to the annual business meeting.

Section 8: The audited report shall be available for inspection by the membership.

Article III- Officers

Section 1: The officers of the Organization shall:

A. Active members of the organization who are working in the field of school nursing and who have been LSNO, Inc. members for no less than two consecutive years immediately prior to taking office shall be eligible to hold office.

AB. The President, President-Elect, Treasurer, Secretary, and Vice President shall serve for a term of two years with the exception of NASN who shall serve a term of four years. (Rev. 10/96)

BC. Not be eligible for re-election to the same office with the exception of the Secretary and Treasurer. (Rev. 10/89)

CD. Assume their duties after the close of the old business at the annual meeting.

DE. Retiring officers shall surrender all properties and documents of their offices at the close of the annual meeting.

EF. A vacancy in office shall be filled by Executive Board appointment.

Section 2: The President Shall:

A. Preside at all meetings of the Organization and the Executive Board

B. Appoint all standing committees

C. Have the power to appoint at any time Ad Hoc Committees necessary to the welfare and development of the Organization.

D. Be ex-officio member of all committees except nominating.

E. Authorize all orders upon the Treasurer for the disbursement of funds of the Organization.

Section 3: The President-Elect shall:

A. Act for the President, in the absence of, and/or, in case of death or resignation of the President.

B. Succeed the President, for the unexpired term, in case of resignation of the President, then shall serve the term of President as elected.

C. Attend all meetings of the Organization and the Executive Board.
D. Audit, in cooperation with the Finance Committee, the financial report for the past fiscal year and submit for Board approval prior to the Annual Business Meeting.

E. Develop, in cooperation with the Finance Committee the proposed budget for the coming fiscal year, for the submission to the Executive Board, prior to the annual meeting.

F. If for any reason a President-Elect, who has assumed the office of President cannot serve the term or fulfill the duties of that office, the unexpired term, shall be filled by the Vice-President.

G. In the event of the Vice-President’s succession to the office of President, a President will be elected at the next annual meeting according to the rules in Article VI, Section 2, Bylaws.

H. Serve as alternate for NASN Director.

Section 4: The Vice-President Shall:

A. Succeed the President-Elect, for the unexpired term, in the event that person is unable to serve the term or fulfill the duties of that office.

B. Assume the office of the President for the unexpired term only in the event that both the President and President-Elect are unable to serve the term or fulfill the duties of their office.

C. Not automatically progress to the office of President-Elect.

D. Be appointed by the President to chair a committee.

Section 5: The Secretary shall:

A. Keep a record of the proceedings of the Organization and the Executive Board and submit a copy of the minutes of the proceedings within 30 days to Board members.

B. Preserve in a permanent file all records and correspondence of the Organization and its officers, to be transferred to the incoming Secretary upon the completion of the annual seminar.

C. If for any reason the Secretary cannot serve the term or fulfill the duties of that office, the unexpired term shall be filled with an appointment by the Executive Board.

Section 6: The Treasurer shall:

A. Be responsible for all bills and pay only such bills as designated by the President.

B. Deposit all funds in a bank designated by the Executive Board.

C. Keep an itemized record in a permanent file of all receipts and expenditures.

D. Have books audited before the annual meeting by the Finance Committee.

E. If for any reason a Treasurer cannot serve the term or fulfill the duties of that office, the unexpired term shall be filled with an appointment by the Executive Board.

Section 7: The Immediate Past-President shall:

A. Serve as a member of the Nominating Committee

1. Appoint not less than 3 committee members

2. Prepare a slate consisting of one or more candidates (who have consented to be nominated) for each office to be filled.

3. Present a copy of the slate of candidates to the Executive Board at the November meeting prior to the annual seminar. (Rev. 10/95, 3/06)

B. Serve on the Annual Professional Growth Seminar Committee.

C. The Past President is given the option to serve a term of one or two years at the end of the Presidency term.

Section 8: The NASN Director shall:

A. Serve as official LSNO liaison.
1. Attend NASN Board meetings, annual meeting and other official meetings.
2. Attend NEA annual convention when possible.
3. Submit a written report of LSNO activities at these meetings.

B. Submit written reports to LSNO Executive Board and to membership at the annual meeting.
C. Recruit membership for NASN.

Article IV – Executive Board

Section 1: The Executive Board shall:

A. Meet at least twice a year and upon request of the President. Each board member shall attend at least one meeting a year.
B. Transact the business of the Organization in the interim between annual meetings.

Section 2: Prepare and make recommendations for annual budget.

Section 3: Any member of the Executive Board shall be removed if said member fails to meet requirements of active membership.

Section 4: Members of the Executive Board with voting privileges may cast only one vote. (Rev. 10/95)

Article V – Committees

Section 1: Standing Committees

A. There shall be eight (8) standing committees: Constitution and Bylaws, Finance, Legislative, Membership, Nominating, Professional Development, Professional Growth Seminar, and Public Information/Newsletter. (Rev. 10/97)
B. Each committee shall submit a written report at the Annual Professional Growth Seminar.

Section 2: The Constitution and Bylaws Committee shall:

A. Consist of not less than 3 members appointed by the President.
B. Review the Constitution and Bylaws and make recommendations to the Executive Board concerning proposed revisions. (Rev. 10/97, 3/06)

Section 3: The Finance Committee shall:

A. Consist of not less than 3 members appointed by the President.
B. Audit the Organization’s books and accounts prior to the annual meeting.
C. Prepare in cooperation with the President-Elect, the proposed budget for the coming fiscal year.
D. Submit said budget to the Executive Board. (Rev. 10/97)

Section 4: The Legislative Committee shall:

A. Consist of not less than 3 members appointed by the President. Chairperson shall serve as the official liaison of the Executive Board on legislative matters.
B. Review all proposed legislation affecting school health services.
C. Work in cooperation with the Executive Board in reviewing and preparing proposed legislation.
D. Prepare proposed legislation to reflect the purposes of the Organization. (Rev. 10/97)

Section 5: The Membership Committee shall:

A. Be appointed by the President.
B. Review current membership enrollment through NASN.
C. Contact lapsed members and inform the member that membership has lapsed and encourage to rejoin.

D. Verify membership to other committee/board members upon request.

E. Verify membership of each person who registers for Professional Growth Seminar and forward this information to committee. (Rev. 04/09)

Section 6: The Nominating Committee shall:

A. Consist of not less than 3 members appointed by the President with the Immediate Past-President serving as a member.

B. Prepare and present to the Executive Board, a slate of one or more candidates for each position to be filled.

C. Forward a slate to the Elections Committee following Executive Board approval. (Rev. 10/97)

Section 7: The Professional Development Committee shall:

A. Be appointed by the President.

B. Be responsible for increasing the awareness of the Organization of new development in the areas of School Health Services and Health Education.

C. Chairperson shall act as the coordinator for initiation and development of continuing education.

D. The chairperson shall act as the organizational liaison with the State Department of Education on matters pertaining to certification and shall inform the membership of same. (Rev. 10/97)

Section 8: The Professional Growth Seminar Committee shall:

A. Be appointed by the President.

B. Provide a forum for the annual membership meeting.

C. Provide for Educational growth and networking in conjunction with the Professional Development Committee.

D. Conduct annual seminar according to the Manual of Operation. (Rev. 10/97)

Section 9: The Public Information/Newsletter Committee shall:

A. Be appointed by the President.

B. Interpret to the public the aims and goals of the Organization.

C. Initiate procedure to obtain the School Nurse Day Proclamation.

D. LSNO Newsletter shall:
   1. Be the official mode of Organization communication of the membership.
   2. Be published not less than three times annually. (Rev. 10/97)

Article VI – Elections

Section 1: Elections of officers shall be by mail ballot, which may be delivered electronically. Biographical data of the candidates and ballots shall be provided to all eligible members and returned in accord with procedures outlined in the operational guidelines manual. Plurality vote of those voting in any election constitutes an election. (Rev. 3/07)

Section 2: The Nominating Chairperson shall solicit names of potential candidates for each office. Only active members of the organization shall be eligible to be elected to office. This slate will be presented to the membership. The election process will be completed prior to the annual meeting. Nominations from the floor will be accepted only when there are no candidates for any office. (Rev. 3/07)

Section 3: The ballots will be verified and tabulated by the Executive Board. (Rev. 3/07)
Section 4: Voting in elections shall be contingent upon prior payment of dues. (Rev. 3/07)

Article VII - Amendments

Section 1: Proposed Amendments shall:

A. Be submitted to the membership fifteen (15) days prior to the annual meeting.

B. Any changes to the proposed amendments may be introduced from the floor during the annual meeting. (Rev. 10/95, 4/09)

Section 2: Amendments to the Bylaws

These bylaws may be amended by the affirmative vote of a majority of the active members voting at the annual meeting.

Article VIII – Parliamentary Authority

Section 1: A Parliamentarian may be appointed by the President to advise the presiding officers on questions of procedure in transacting business of the Organization at all official meetings.

Section 2: The rules contained in the current edition of Robert’s Rules of Order, Newly Revised shall govern LSNO in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the Organization may adopt. (Rev. 10/97)

Article IX – Dissolution

Upon dissolution or liquidation of this corporation, no member shall share in or receive funds or other assets then remaining in the possession of the corporation. Any such funds or other assets will be contributed to a non-profit, tax-exempt organization having the same or similar purposes and carrying on the same or similar activities. (Rev. 10/97)
# Louisiana School Nurses Organization

## Proposed Amendments to the Bylaws

<table>
<thead>
<tr>
<th>Proposed Changes</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| **1. Article I, Section I, B.** Retired Members  
Delete “shall be entitled to”  
All membership rights excluding the right to hold elected office, committee chairs, or any policy making position. | 1. Delete duplicate information |
| **2. Article I, Section I. D.** Members at Large  
Delete “Professional” | 2. Remove the word “Professional” LPN/LVN as the RN is the professional nurse. |
| **3. Article I, Section I. D.** Members at Large  
Add, “LPN/LVN” | 3. To accommodate LPN/LVN’s. |
| **4. Article I, Section 2. B** Dues  
Delete “$135.50” and “Dues for Retired Members shall be $92.50” | 4. Delete “$135.50 as this amount may fluctuate. |
| **5. Article I, Section 2. B** Dues  
Add “Retired” and “as set by LSNO and NASN” | 5. The amount of the dues is set by LSNO and NASN. |
| **6. Article III. Section 1. A** Officers  
Active members of the organization who are working in the field of school nursing and who have been LSNO, Inc. members for no less than two consecutive years immediately prior to taking office shall be eligible to hold office. | 6. Officers need to have a working knowledge of the organization prior to taking office. |
7. Article III.
   Section 1. B  Officers
   Remove “a” and replace with “one”.

8. Article III
   Section 1. C, D, E, F.  Officers
   Change A – E to A - F.

9. Article VI.
   Section 1.  Elections
   Remove “mail” and change to
   “which may be delivered
   electronically”

7. Clarification of term limits
7. Clarification of term limits
   Remove mail and change to
   method of communication.
Title: What the School Nurse Needs to Know about Insulin Pump Therapy: Basics to Advanced

Presenter: Stephanie Stanfield, MEd, RN, RD, LDN, CDE

Course Objectives/Learning Objectives:

By the end of the presentation the participants will be able to:

1. Describe the expectations for an individual currently on or transitioning to continuous subcutaneous insulin infusion (CSII) / insulin pump therapy.

2. Discuss basic operation of continuous subcutaneous insulin infusion (CSII) and continuous glucose monitoring (CGM).

3. List available technical support resources for insulin pump and CGM therapy.

4. Discuss how to handle acute complications while using CSII.

5. Identify advanced features with CSII.

Course Outline:

I. Types of Diabetes
II. CSII (Continuous Subcutaneous Insulin Infusion)/ Insulin Pump Expectations
III. Challenges of diabetes management in the school setting
IV. Resources on diabetes management to overcome or minimize the challenges in the school setting
V. Diabetes and CSII in the school system – increasing confidence of the school nurse
   A. Basics
      1. Operation – basal & bolus; enter carbohydrates and blood glucose
      2. Correct utilization of the insulin pump
      3. How to treat hypoglycemia
         a. Glucagon
         b. Suspend or not to Suspend
      4. How to treat hyperglycemia
      5. Carbohydrate Counting
   B. Advanced
      1. Meal composition – need for more insulin?
      2. Advanced features of the pump
         a. Dual Wave
         b. Square Wave
         c. Temp basal
         d. software/reports
         e. CGM (embed video on GGM)
      3. Partial closed loop & closed loop system

I. How the hearing system works.
   Prevalence and causes
   Brief anatomy/physiology
   Types of hearing loss
   Degrees of loss

II. We hear with the brain ---not the ears…
   Neurological maturation
   Impact of signal : noise

III. Goals of hearing screenings
   Newborn hearing screening—EDHI-LA
   School based hearing screenings
   Clinical differential diagnostic testing

IV. What does hearing loss sound like?
   What does hearing loss look like?

V. Remediation options
   Ear level amplification
   BAHA
   Cochlear implants
   FM system-personal and sound field

Questions?
Childhood Obesity

Jamie Shaw LDN, RD

Education

- Northwestern State University
- University of Central Oklahoma
  Bachelor of Science in Dietetics
- University of Oklahoma Health Sciences Center
  Dietetic Internship
- LSU-Shreveport
  Graduate studies in Exercise Science

Experience

- 17 years of professional experience in nutrition counseling.
- Pediatric experience including NICU, WIC, infant feeding, enteral and parenteral nutrition therapy, allergy, failure to thrive, and weight management.
- Breastfeeding education experience at Willis-Knighton and Office of Public Health
What is childhood obesity?

- Obesity is defined as having excess body fat.
- Body mass index, or BMI, is a widely used screening tool for measuring both overweight and obesity. BMI percentile is preferred for measuring children and young adults (ages 2-20) because it takes into account that they are still growing, and growing at different rates depending on their age and sex. Health professionals use growth charts to see whether a child's weight falls into a healthy range for the child's height, age, and sex.

- Children with a BMI at or above the 85th percentile and less than the 95th percentile are considered overweight.
- Children at or above the 95th percentile have obesity.

Incidence

- During the past 40 years, obesity rates in children have tripled.
- According to Pennington Biomedical Research Center, 1 in 3 children in Louisiana are obese.
Secondary Health Concerns

- Children with obesity have a higher risk for developing chronic health conditions and diseases
  - Asthma
  - Sleep apnea,
  - Orthopaedic problems-bone and joint
  - type 2 diabetes
  - risk factors for heart disease

- Obese adolescents 80% chance of being obese adults
- Estimated 61% of obese young people already have at least 1 additional health risk factor
Psychosocial Concerns
- Bullying
  - Social isolation
  - Depression
  - Low-self esteem

Contributing Factors
- Genetics
- Metabolism
- Eating and physical activity behaviors
- Environmental factors
- Social and individual psychology

Food consumption guidelines
- Portion distortion.
- Sometimes even consuming the same types of foods leads to a bigger waistline...portions have dramatically increased over the past 20 years!
Food Intake Trends

- Portion distortion.
- Sometimes even consuming the same types of foods leads to a bigger waistline...portions have dramatically increased over the past 20 years!

### Serving Sizes

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Grains (oz)</th>
<th>Dairy (cups)</th>
<th>Fruit (cups)</th>
<th>Vegetables (cups)</th>
<th>Protein (oz)</th>
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<tr>
<td>Children, ages 2-3</td>
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<tr>
<td>Children, ages 4-8</td>
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<tr>
<td>Girls, ages 9-13</td>
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<td>3</td>
<td>1.5</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Girls, ages 14-18</td>
<td>6</td>
<td>3</td>
<td>1.5</td>
<td>2.5</td>
<td>5</td>
</tr>
<tr>
<td>Boys, ages 9-13</td>
<td>6</td>
<td>3</td>
<td>1.5</td>
<td>2.5</td>
<td>5</td>
</tr>
<tr>
<td>Boys, ages 14-18</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>6.5</td>
</tr>
</tbody>
</table>

### Beverage Consumption

- Extra sugar, extra calories, and extra weight
- 41% of children ages 2-11 in California drink at least one soda or sweetened beverage a day
- According to one researcher-A child’s risk for obesity increases an average of 60% with every additional daily serving of soda
Physical Activity

- The U.S. Department of Health and Human Services recommends that young people aged 6-17 years participate in at least 60 minutes of physical activity daily.

- In a nationally representative survey, 77% of children aged 9-13 years reported participating in free-time physical activity during the previous 7 days.\(^4\)

- In 2013, only 29% percent of high school students had participated in at least 60 minutes per day of physical activity on each of the 7 days before the survey.\(^3\)

- 15.2% percent of high school students had not participated in 60 or more minutes of any kind of physical activity on any day during the 7 days before the survey.\(^3\)

- Participation in physical activity declines as young people age.
Youth Physical Activity Guidelines

- Children and adolescents should have 60 minutes (1 hour) or more of physical activity daily.
  - Aerobic: Most of the 60 or more minutes a day should be either moderate- or vigorous-intensity aerobic physical activity and should include vigorous-intensity physical activity at least 3 days a week.
  - Muscle-strengthening: As part of their 60 or more minutes of daily physical activity, children and adolescents should include muscle-strengthening physical activity on at least 3 days of the week.
  - Bone-strengthening: As part of their 60 or more minutes of daily physical activity, children and adolescents should include bone-strengthening physical activity on at least 3 days of the week.
- It is important to encourage young people to participate in physical activities that are appropriate for their age, that are enjoyable, and that offer variety.


CDC FREE Physical Activity Toolkit

- [https://www.cdc.gov/healthyschools/physicalactivity/guidelines.htm](https://www.cdc.gov/healthyschools/physicalactivity/guidelines.htm)

Treating the Family

- For successful weight management, the child will need support from their family.
- The child will also need support from:
  - Social groups
  - Faith-based organization
  - School
  - Local community
  - Child care providers
Barriers to Success

- Breakdown of support system
- Availability of fresh fruits and vegetables
  - Food deserts
- Media and advertising

AAP Statement

- In a policy statement published in *Pediatrics*, the American Academy of Pediatrics (AAP) is urging federal lawmakers to eliminate junk food ads from children’s TV shows and other media. Currently, children see about 11 junk food ads for every hour of television they watch!!

Marketing to Kids

- Marketers spend close to **$500 million** a year to reach children and adolescents with messages about sugar-sweetened drinks
Food Deserts

- Urbanization has led to new problems—such as “food deserts” in which our citizens lack access to healthful food and the basic knowledge and understanding of agriculture and nutrition.

Addressing Childhood Obesity

- Ellyn Satter’s Division of Responsibility in Feeding
  - Infants
  - Babies
  - Toddlers-Adolescents

Infants

- Parent is responsible for what
  - Breast milk vs. formula
- Child is responsible for how much
  - Parents need to be watchful for hunger cues
Babies

- Parent responsibility is still for the what, and becoming responsible for when and where the child is fed.
- The child is still and always responsible for how much and whether to eat the foods offered by the parent.
- Based upon what the child can do (i.e., finger pinch grip) will help parents guide the child’s transition to finger food.

Toddlers through Adolescents

- The parent is responsible for the what, when and where.
- The child is responsible for how much and whether.
- Trust becomes a fundamental factor at this stage. Trusting children to determine how much and whether to eat what the parent provides. When the parents do their jobs with feeding, children do their jobs with eating.

Parent’s feeding jobs

- Choose and prepare the food.
- Provide regular meals and snacks.
- Make eating times pleasant.
- Step-by-step, show children by example how to behave at family mealtime.
- Be considerate of children’s lack of food experience without catering to likes and dislikes.
- Not let children have food or beverages (except water) between meal and snack times.
- Let children grow up to get bodies that are right for them.
Children’s eating jobs

- Children will eat.
- They will eat the amount they need.
- They will learn to eat the food their parents eat.
- They will grow predictably.
- They will learn to behave well at mealtime.

Overview of obesity programs

- School based
- Home based
- Primary care based
- Community based

Introduction of resources

- Discussion of handouts
Questions??
Sickle Cell Disease

HISTORY

- 1910 SCD first discovered by James B. Herrick
- 1986 research studies strongly indicated that penicillin prophylaxis can significantly decrease deaths from infection
- 1974 Feasibility of newborn screening for sickle cell disease demonstrated
- 1988 added to the universal newborn screen panel
- 1995 hydroxyurea first effective drug treatment for adults with severe sickle cell anemia

Similarities Between Malaria and Sickle Cell
Sickle Cell affects people of Middle Eastern, Asian, Indian, and Mediterranean descent as well as Hispanic-Americans from Central and South America.

Sickle cell disease: The basics
- Blood disorder affects red blood cells
- Patients with sickle cell disease have abnormal hemoglobin (HbS) in their red blood cells
- HbS causes red blood cells to change from a round to a sickle shape

Red blood cells: Healthy vs. Sickled
- **Healthy**
  - Round
  - Flexible
  - Moves easily
  - Last 120 days
- **Sickled**
  - Hard
  - Ridged
  - Causes blockage
  - Last 10-20 days
The effect of sickled red cells

When the sickled red blood cells block blood flow, the tissue does not receive the needed oxygen, causing the body pain and leading to other medical complications.

![Blood vessel diagram]

HOW YOU GET SICKLE CELL DISEASE

When one parent has sickle cell trait and the other normal:

- +
- 50% Normal
- OR
- 50% (TRAIT)

When both parents have sickle cell trait:

- +
- 1 in 4 (25%) Normal
- 2 in 4 (50%) (Trait)
- 1 in 4 (25%) SS (Sickle Cell Disease)
WHEN BOTH PARENTS HAVE SICKLE CELL TRAIT

WHEN ONE PARENT HAS SICKLE CELL DISEASE

+ = All their children will have (Sickle Cell Trait)

WHEN BOTH PARENTS HAVE SICKLE CELL DISEASE

hemoglobin gene + hemoglobin gene = Sickle Cell Disease
TYPES OF SICKLE CELL DISEASE

- Hemoglobin SS
- Hemoglobin SC
- Sickle Cell B Thalassemias
- Sickle Cell B+ Thalassemias

Most common genetic blood disorder
- 1 out of 400 African Americans
- 1 out of 1,000 Hispanic Americans
- 2 million Americans carry the trait

The underlying condition is the same—all forms of the disease are marked by anemia (a low blood count) and by crescent shaped red blood cells.

Impact of sickle cell disease

Sickle Cell Registry Louisiana -- 1978-2017

- 2,318 cumulative sickle cell disease cases have been detected by Newborn Screening Heel Stick in Louisiana.
- Gender:
  - Men: 1,167 (50 %)
  - Women: 1,151 (49 %)
  - Unknown: 16 (<1 %)
- Race:
  - Black: 2,236 (96 %)
  - White: 20 (1 %)
  - Other: 10 (<1 %)
  - Unknown: 50 (2 %)
  - Hispanic: 0 (0 %)
  - Asian/Pacific Islander: 2 (<1 %)


Sickle Cell Trait Registry (Louisiana, 2003-2017)

- 18,558 cumulative sickle cell trait cases have been identified in the state.
  - Gender
    - Men 9,227 (50 %)
    - Women 9,101 (49 %)
    - Unknown 230 (1 %)
  - Race
    - Black 4,051 (26 %)
    - White 232 (1 %)
    - Other 119 (<1 %)
    - Unknown 13,354 (72 %)
    - Hispanic 2 (<1 %)
    - Asian/Pacific Islander 0 (0 %)
Some Health Problems of Sickle Cell Disease are:
- Infection
- Anemia
- Organ Damage
- Pain
- Complications during pregnancy
- Hand and foot syndrome
- Leg Ulcers
- Jaundice

Other problems may include:
- Chest pains
- Trouble breathing
- Stroke
- Gallstone
- Blood in urine
- Pneumonia
- Painful erections in men
Treatment
- Medication—special drugs to treat specific symptoms
- Bone marrow transplant
- Plenty of water/fluid like PowerAde
- I V therapy to prevent dehydration
- Oxygen therapy
- Transfusion
- Stem cell research

Conditions that may cause sickle cell Crisis
- Fever
- Exposure to extreme cold
- Physical exhaustion
- Unusual stress
- Anxiety
- Smoking
- Exposure to second-hand smoke

MYTHS
- Sickle cell disease is not restricted to one group of people. People of many ethnic backgrounds can have Sickle Cell trait or Disease. It's most common among African Americans, but Hispanics, Native American, people of Greek or western Asian ancestry and people in other groups may have the disease also.
- Sickle cell is not contagious
- Sickle cell trait cannot develop into sickle cell disease
- Sickle cell disease does not affect the mind.
Why Southwest Louisiana Sickle Cell Anemia, Inc.

MISSION

- SWLA Sickle Cell Anemia, Inc. is a non-profit organization. The mission is to enhance the quality of life for persons with sickle cell disease, their families, and the community through education, networking, guidance, and referral of needs to support services.

VISION

- "Ensuring a network of committed partners and informed volunteers dedicated to promoting a healthy lifestyle for individuals affected with Sickle Cell Disease."
VALUES

- Committed to individuals with sickle Cell
- Passion to help support and educate the clients
- Educate community about Sickle Cell Disease
- Integrity and transparency in administration practices
- Dedicated to building on success

Support Group Meeting

Louisiana Sickle Cell Retreat
Opelousas walk-a-thon

Louisiana Sickle Cell Retreat

Taking the message of sickle cell to the community
Breakfast with Santa

Black Heritage Art Show

STAFF

- Etta Pete, Executive Director
- Jasmine Mosely, Social Worker
- Retana Comeaux, Outreach Coordinator
- Earnest Jack, Janitor
Board of Directors

- Marc Nichols, President
- Catherine Jordan, Vice President
- Sandra Gaynell Perry, Secretary
- Neva Nash, Assistant Secretary
- Randall Davis, Treasurer
- Kenneth Gay
- Debra Johnson
- Mary Richard-Land
- Brenda Levine
- Joseph J. St. Mary
- Pastor E. J. Kemper
Session Topic:
Appearance and Performance Enhancing Drugs: The Pressure to Perform

Session Description:
The Taylor Hooton Foundation is the nation’s leading organization dedicated to educating our youth and their adult influencers on the dangers of Appearance and Performance Enhancing Drugs (APEDs) including unregulated dietary supplements, energy drinks, Human Grown Hormone and Anabolic Steroids. This drug usage has reached epidemic proportions.

This session will provide a pragmatic view of these drugs – what are they? Who is using? What are the social issues and pressures driving their usage? This program will provide factual information about the dangers of APEDs and supplements, and will expose the depth and breadth of the scope of the problem.

This session is very timely. The nightly news continues to identify high profile athletes and role models who have used or are using APEDs. This drug use by role models is fueling an epidemic of similar drug usage by our youth. Not only are youth imitating this behavior for performance reasons, many are using to improve their appearance. Close to two million of our children have admitted using anabolic steroids, and that usage rate is increasing.

Additionally, North American sales for sports supplements have reached the staggering $30 billion mark. Multiple industry studies reveal that as many as 25% of these unregulated supplements are spiked with anabolic steroids or other banned substances, e.g. Viagra and Meth. These supplements are taken by over 12 million students.

Upon witnessing our program, attendees will be able to further understand the dangers associated with these drugs and the social issues/pressures that are
leading to our current usage trends. Attendees, particularly adult influencers, will be able to be aware of potential steroid users/problems, therefore being able to safely intervene and help our youth face these drugs together. Overall attitudes and opinions of Appearance and Performance Enhancing Drugs will assuredly change after seeing our presentation, and we will be one step closer to achieving our vision of eliminating the use of these drugs across the continent.

**Session Outline:**

1. Speaker Introduction
   a. Introduction to the program and of the speaker
   b. Introduction of the Taylor Hooton Foundation
2. Short Video
   a. Video to introduce Taylor’s story and founder Don Hooton Sr.
   b. Personal testimonies from people whose lives have been affected by the abuse of anabolic steroids
3. Dietary Supplements
   a. What are Dietary Supplements and who they are available to?
   b. Risk and Dangerous associated with unregulated supplements
   c. Could Dietary supplements contain Anabolic steroids?
   d. Pre-Workout Supplements and Safety
   e. Energy Drinks Safety
   f. Creatine Supplements and Safety
   g. Protein Supplements and Safety
   h. Dietary Supplement 3rd party certification
   i. How to evaluate if your supplements are tested?
4. Anabolic Steroids
   a. What are steroids?
   b. Where do they come from?
   c. How/Where are they made?
   d. Where are they purchased?
   e. Who is using? At what age?
5. Why do students use APEDS
   a. Role Models
   b. Advertising/Media
   c. Body Image
Session Outline Continued

6. Anabolic Steroids Side Effects
   a. Male and Female Physical Effects
   b. Psychological Effects

7. What Can We Do As a Community
   a. Educational Resources available

8. All Me League
   a. Inspiring our students to live and compete APED free

9. Question and Answer time
TOPICS

1. History of the Medicaid School Based Nursing program.
2. Maxing out your Medicaid
3. Cost Report Cool Down

History of the Medicaid School Based Nursing program
1990 to January 2012 – Schools in Louisiana billed Medicaid through the KIDMED program.

In 2012 Bayou Health was introduced, ending the KIDMED Program.

2017 – Bayou Health changed to Healthy Louisiana

What is Healthy Louisiana?

In Healthy Louisiana, Medicaid recipients enroll in a Health Plan. These Plans differ from one another in several ways, including their provider networks, referral policies, health management programs and extra services and incentives offered.
Each of these Plans is accountable to the Louisiana Department of Health (LDH). Each contract requires adherence to detailed grievance and appeals requirements. Members have the right to appeal, first to their Health Plan, then to the State.

Basically, Healthy Louisiana is the privatization of the Medical side of Medicaid in our State.

This is why the school nursing program went away for 3 ½ years, while therapy in schools was unaffected.

From February of 2012 to July 2015, the school based Medicaid nursing program was on hold as the State Plan Amendment (SPA) was negotiated between DHH and CMS.
Then in July 2015, the State Plan was finally approved and amended, and the fee schedule was sent out to your Superintendents.

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<tr>
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LEAs may bill for:
- **Maximum of 4 visits per student per day**
- **Maximum of 2 visits per student per day**

The good news...we finally have a school nursing program again.

The bad news...the IEP requirement. Why was it added?
IEP requirement originally due to a CMS rule regarding “Free Care Policy”

Historically, the Centers for Medicare & Medicaid Services (CMS) guidance on “free care” was that Medicaid payment was generally not allowable for services that were available without charge to the beneficiary.

Basically if a service is free for some, it has to be free for all.... Including the Federal Government.
To get around this, the state plan was amended to allow for nursing services only through IDEA. So a nursing program that only allows us to bill Medicaid for 10% of the kids we see daily???

But wait, there’s more......

Schools around the country have been fighting the Free Care Policy for decades and it finally paid off.

Federal policy reversal in December of 2014 by the Centers for Medicare and Medicaid Services
In accordance with this reversal, CMS once again amended our plan to remove the IEP requirement for billing Medicaid for nursing services in October 2015.

This state plan amendment (SPA) changes the provisions governing school-based nursing services covered in the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program to remove the Individualized Education Program (IEP) requirement.
So what does all of this mean?

The timing was perfect. The policy was overturned just as our program was being approved.

At the time, Louisiana was one of only two States with a comprehensive school nursing program.
School Districts enrolled in Medicaid fall under the Provider Type 70, EPSDT Health Services.

Early and Periodic Screening, Diagnosis and Treatment

Important to Know

• Every State negotiates their own Medicaid programs.
• Funding through Medicaid is a joint venture between the State (DHH) and the Federal Government (CMS).
• When schools opt to enroll as a Medicaid Provider, they acknowledge and accept that they will receive only the Federal portion of the reimbursement. (KIDMED paid 100%)

Important to Know

• All school based programs operate through the “Cost-Based Methodology”.
• Other than Transportation reimbursement is a combination of “fee for Service” and year end cost settlement.
Maxing out your Medicaid

There are four school based Medicaid programs:

- **Therapy** – Speech, OT, PT, Audiology
- **Nursing** – Registered Nurses
- **Behavioral Health** – Psychologists, Social Workers, & Counselors
- **Transportation** – Special Education transportation

Maxing out your Medicaid

- **THERAPY** – Speech makes up 90% of reimbursement.
- **NURSING** – Only program not tied to an IEP. (Most Potential)
- **BEHAVIORAL HEALTH** – IEP required, activity determines payout.
- **TRANSPORTATION** – Least participated but excellent potential.
<table>
<thead>
<tr>
<th>Service Code</th>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>010101</td>
<td>General Surgery</td>
<td>80.00</td>
</tr>
<tr>
<td>010102</td>
<td>Laparoscopic Surgery</td>
<td>80.00</td>
</tr>
<tr>
<td>010103</td>
<td>Urology</td>
<td>80.00</td>
</tr>
<tr>
<td>010104</td>
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<tr>
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<td>Orthopedics</td>
<td>80.00</td>
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<td>010106</td>
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<tr>
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<td>ENT</td>
<td>80.00</td>
</tr>
<tr>
<td>010109</td>
<td>Anesthesiology</td>
<td>80.00</td>
</tr>
</tbody>
</table>

Note: All rates are subject to the physician's determination.
Contracted vs. Employee

When it comes to Medicaid.....
it's the funding source and NOT the employment status that dictates the total reimbursement!

I can’t emphasize this enough......

When it comes to Medicaid.....
it's the funding source and NOT the employment status that dictates the total reimbursement!

Contracted vs. Employee

- Most School based Medicaid programs utilize a random moment sampling (RMS).
- Employees are included, Contractors are NOT.
- The RMS is used to determine what percentage of time is spent providing a direct service.
- The District is only reimbursed the direct service percentage of the employees compensation.
Contracted vs. Employee

- Employees are included on the cost report automatically when listed on one of the four quarterly files for that school year.
- Contracted personnel can bill just as employees but are manually added to the cost report.

Contracted vs. Employee

As mentioned, the employee cost is multiplied by the percentage of time they are providing a direct service based on the RMS. It varies by program....

THERAPY – 58.75%
Contracted vs. Employee

- Beginning with the 2014-2015 school year, Contracted Personnel are no longer included in the RMS.
- The reason was that they were skewing the results with too many “Not Scheduled to Work” responses.
- Since they are not subject to the RMS, 100% of their cost carries over.
**Contracted vs. Employee**

- Can be either an individual or an agency.
- If through an agency, each individual must be listed on the cost report.
- Must be a true contract. NO taxes or benefits.

**Contracted vs. Employee**

NOTE: Contractors or Vendors for the purpose of billing Medicaid, need only meet this criteria. Government entities such as the Dept. of Labor may have more specific guidelines, but in a Medicaid audit, these are not verified.

**COST REPORT COOL DOWN**

- Components and deadlines associated with School Based Medicaid Programs.
- Preparing for a Medicaid Audit.
- Most Common Findings as a result of an Audit.
Components and deadlines associated with School Based Medicaid Programs

- Quarterly Files – Populated to include all employees eligible to participate in each program. Issued 4 times a school year. Not usually a task for Business Department.
- Cost Report – Issued in September and covers the most recent school year, in line with AFR completion, and due November 30th.

Preparing for a Medicaid Audit

- All Medicaid Audits are conducted by Postlewaite & Netterville (P & N), contracted through DHH.
- If a district uses P & N for other accounting services, DHH sends a representative as well for the on site audit.
- Approximately 12 to 15 audits are conducted each Spring. Each district gets an on site audit every 3 years or so.

Preparing for a Medicaid Audit

- A notice letter is sent out to the LEA Coordinator approximately 6 weeks before the audit.
- The audit is conducted in two phases; the financials, and the time study.
- While the letter will not specifically state it, make copies of the documents that they request.
Preparing for a Medicaid Audit

- With regards to the time study, P & N will pick up to 20 RMS for Nursing for the school year being audited.
- These will all be moments coded as a direct service. NO other details, only date and time.
- A direct service is not only the hands on time with the student, but also travel to and documentation time.

Important Contact Information

- Jason Coker – P & N – 225.408.4418
  jcoker@pncpa.com
- Stephanie Mouton – DHH – 225.342.2166
  Stephanie.Mouton@LA.GOV
- Janice Zube – DOE – 225.342.1871
  Janice.zube@la.gov
- Michael Comeaux – DOE – 225.342.3500
  Michael.Comeaux@LA.GOV

QUESTIONS
School Nurse Overview

A. Qualifiers to be a Louisiana Certified School Nurse   RS 17.28
B. How to obtain Certification   LA DOE
C. Vision and Hearing Screenings
D. Immunizations
E. Train the Trainer: Medication Administration
F. Train the Trainer: Non-complex Tasks

References:


Asanta Cole BSN, RN
STD AND HIV CLINICAL PREVENTION STRATEGIES

I. Overview of the extent of the STI Epidemic in Louisiana and specific to the region of the state

II. Provide 2016 OPH statistic regarding rate and prevalence of HIV Syphilis Gonorrhea and Chlamydia

III. Review current guidelines for screening of HIV STI and barriers that prevent clinicians to adhered to them

IV. CDC guidelines for screening of HIV Syphilis, Gonorrhea, and chlamydia Data from research regarding barriers providers have in adhering to these guidelines

V. Describe the details regarding clinical implications of specific practices including
   a. Expedited Partner Treatment (EPT)
   b. Extra Genital STI Screening
   c. Establishing Routine screening utilizing EMR triggers
   d. Point of Care (POC) Screening
      i. HIV Pre Exposure prophylaxis (PrEP)
Speaker Biographies

Greg Bergeron, B.S.
Greg Bergeron is the President of EIS Medclaims, the largest 3rd party electronic Medicaid billing agent and consulting firm in Louisiana, working with 50 of the 69 traditional school districts as well as dozens of charter schools and associations as well. EIS was started by his father, Nelson Bergeron, in 1986. Under Greg’s direction, the company has more than doubled in the last five years and now serves more than 2/3 of the school districts in the state. He is known and respected by the Louisiana Department of Health and Hospitals, Molina and Postlethwaite & Netterville, the contracted auditing firm for the state. He has a B.S. in Marketing from the University of New Orleans and resides in Baton Rouge.

Christine Brennan, MSN, PhD
Christine has numerous teaching and clinical responsibilities both in the School as well as through the HSC. She is currently the Principal Investigator and Director of the South Central AIDS Education and Training Center at LSU Health-New Orleans, formally known as Delta AETC. She oversees the organizations ability to meet its mission to assure quality care of those infected and prevent the spread of HIV through continuing education to all levels of health care providers and organizations in the region. As an Nurse Practitioner at the Caring Clinic of Louisiana the HIV/AIDS Advocacy for Region Two, she provides primary care to HIV infected men and women in an ambulatory community private clinic serving over 500 individuals, as well as many co-infected with Hepatitis C. She has worked with the LSUHSC NO High School STD program screening and treating STDs in the city’s high schools. Christine teaches Policy for the School of Public Health as well as in the School for Nursing in their Family Nurse Practitioner Program, as well as numerous continuing medical education programs through the nation for health care providers of various levels. Due to clinical and teaching experience, Christine has been asked to serve on various policy making bodies and has participated in numerous HIV related community based research endeavors and grant applications. Marathons. Jamie and her husband, Lucas, live in Shreveport and are the proud parents of three daughters, Logan, Avery and Sophia.

Bruce Hamilton
Bruce Hamilton travels throughout the United States spreading his "NO BAD DAYS" and "NO BAD SERVICE" philosophies to thousands of people every year. Using his inspirational, fast-paced, humorous style, his encouraging messages have been motivating individuals and organizations for over 12 years. His inspirational, motivational keynote presentations are in high demand by meeting planners, companies, organizations, associations and conferences seeking to provide audiences with an entertaining, uplifting message of achieving your dreams by having the right attitude.

With experience as a professional speaker, sales trainer, business owner, general manager of a television station, host of an internationally syndicated children's show, husband and father of two, Bruce has a varied background to choose from. Bruce has been awarded the Merit of Achievement for the best use of humor in advertising in the United States and has also shared the stage with some of the greatest speakers in the world, including Brian Tracy, Mamie McCullough, Terry Bradshaw, Donna Tyson, and Charlie Plumb.

Bruce is not just a motivational speaker, he is a MOTIVATED speaker. He is motivated to inspire others to take control of their lives. Bruce keeps audiences on the edge of their seats as they laugh and learn the key principles of success, achievement and happiness.

Ansanta P. Cole
Nurse Consultant/Support Coordinator for Children’s Hospital and the Ventilator Assisted Care Program (VACP). As Baccalaureate prepared Registered Nurse she has worked in the nursing field for over 25 years. The beginning of her career she worked many areas of nursing providing direct care in Medical/Surgical, Labor & Delivery, Orthopedic and Home Health. But once she started working with the patients and families of the VACP in 2000 she knew that caring for children with special needs was going to be her passion. Later in her career she spent 12 years as a Certified School Nurse with Exceptional Children's Services and ExCEED Network Schools of the Orleans Parish School Board. Five of those years included managerial and supervision of the school nurses.
Other duties during her school nurse career included OPSB district trainer of Health Services, CPR instructor, AED program coordinator, immunization compliance, and assisted with coordination of Medicaid billing for School Nurses. She is a member of the Louisiana School Nurses Organization, and the National Association of School Nurses. She currently provides support coordination of health care and related services to infants, toddlers, school age children, adolescents, young adults that require respiratory support and their families for home and community-based services throughout the state of Louisiana. In addition, she provides school health support to school nurses and administrators for the Department of Education and serves on the School Advisory Council Committee a collaboration between Louisiana Department of Health and Hospitals and the LDOE.

**Bridget B. Garrido | Au.D., CCC-A. Audiologist**

Bridget Garrido is a native of Baton Rouge, Louisiana and has been a part of the Acadian Hearing & Speech Services team since 1994. Dr. Garrido received her doctorate of Audiology from Salus University in Elkins Park, Pennsylvania, a Master’s degree in Communication Disorders from LSU Medical Center in New Orleans and an undergraduate degree from LSU Baton Rouge. Dr. Garrido is certified nationally from the American Speech-Language-Hearing Association and holds Louisiana state licensure.

Dr. Garrido finds the field of Audiology both challenging and rewarding on a daily basis. By working in a private practice setting such as Acadian Hearing & Speech Services, all hearing healthcare needs of the patients can be serviced. Outside of work, Bridget enjoys traveling, cooking and spending time with her friends, husband and two children.

**Tavis Piattoly MS, RD, LDN**

Tavis Piattoly is the Education Program Manager for the Taylor Hooton Foundation where he has the opportunity to speak to High school, Colleges, and at Major League Ballparks on the dangers of Performance Enhancing Drugs and Dietary Supplements. He also serves as the Sports Dietitian and Nutrition Consultant the Tulane Institute of Sports Medicine’s NFL Players Association Brain and Body program, Fairchild Sports Performance in Houston, Covington Orthopedic, and numerous High School Programs throughout Louisiana. He was the sports Dietician for the New Orleans Saints from 2006-2013, the New Orleans Pelicans from 2008-2013, and Tulane University Athletics from 2002-2016.

He is also the co-founder and Director of Sports Nutrition Education for My Sports Dietician (www.mysportsconnect.com), an online sports nutrition education company that helps athletes of all levels improve their eating habits to enhance performance, recovery, and health through he guidance of a Licensed Sports Dietitian. As a 15 year Sports Dietitian, he has worked with Dietary supplement companies on product formulation and education. He is a regular presenter and lecturer at local, state, and national conferences and Universities on the topics of Dietary Supplement Use in Young Athletes, Dietary Supplement Safety for High School, College and Professional Athletes, and Sports Nutrition Principles for Athletes.

Piattoly graduated from Louisiana State University with a Master’s of Science in Kinesiology and a Bachelor of Science in Nutrition and Dietetics. He is a registered and licensed Dietitian. He is a member of the Collegiate and Professional Sports Dietitians Association (CPSDA), Academy of Nutrition and Dietetics (AND), and the Sports, Cardiovascular, and Wellness Nutritionist (SCAN) groups. He also serves as the Sports Dietitian for the Louisiana High School Athletic Association’s Sports Medicine Advisory Board and is on the Science Advisory Board for Examine.com and Nordic Naturals.

**Etta Pete, B.S.**

Etta Pearl Mitchell Pete is the Executive Director of the Southwest Louisiana Sickle Cell Anemia, Inc. She has a BS in Business Education, Social Studies from Southern A & M University, Baton Rouge, La. She has a certification in Non-Categorical Preschool, from McNeese University.

Mrs. Pete worked for the Calcasieu Parish School Board as a Business education teacher and has worked with Developmentally Delayed students as an infant and Preschool teacher with the Calcasieu Association of Retarded Citizens. She is currently the Executive Director at the Southwest Sickle Cell Anemia, Inc.
Speaker Biographies Continued

Mrs. Pete is a member of the Lake Charles Branch National Association of University Woman, Life member Lake Charles alumnae Chapter of Delta Sigma Theta, Inc., Women's commission of Southwest Louisiana, and SOWELA Technical Community College Foundation Board Member. She is a member of the Louisiana Sickle Cell Commission.

Jamie Shaw
Jamie Shaw has worked in the healthcare field for over 15 years and has served at Shriners Hospitals for Children—Shreveport since 2008. She was the Director of Nutrition Services and most recently took on the role of managing the Physician Liaison program. During her time as the Director of Nutrition, Jamie provided clinical nutrition consultations, foodservice management and event planning. She also wrote two articles for the Leaders in Care publication about pediatric nutrition which were featured in the magazine as well as social media. As a physician liaison, she has been instrumental in over 6500 children being referred for the specialized pediatric orthopaedic and cleft lip and palate care at Shriners and developed the program to be recognized in the top 2 hospitals in the system for referral growth. She received her undergraduate degree in dietetics from the University of Central Oklahoma and completed her internship at the University of Oklahoma Health Sciences Center. In addition to her career at the hospital, Jamie is a dance instructor and choreographer at Power and Grace School of Performing Arts where she teaches ballet, tap and jazz. Prior to joining Shriners, Jamie was a Pediatric Sales Representative for Abbott Nutrition. She previously worked for Willis-Knighton Health System and LSU Health Sciences Center. When she is not working, Jamie enjoys spending time with her family, dancing, cooking, and training for half marathons. Jamie and her husband, Lucas, live in Shreveport and are the proud parents of three daughters, Logan, Avery and Sophia.

Stephanie Stanfield, MEd, RN, RD, LDN, CDE
Stephanie Stanfield has been a Registered Dietitian for eighteen years, a Registered Nurse for five years and Certified Diabetes Educator for fifteen years with an interest and passion for assisting those with insulin pump therapy. She has her Master's in Exercise Physiology from McNeese State University. She has had the opportunity to work closely with the Endocrinology team at the University Of New Mexico Hospitals in Albuquerque, NM. She also consulted as a Registered Dietitian and Certified Diabetes Educator at the Southwest Louisiana Endocrinology Center with Dr. Timothy Gilbert. She has had the pleasure of working for Medtronic Diabetes as a Clinical Diabetes Manager in Houston, Texas. Stephanie has been a certified product trainer for Omni Pod and Animas. Currently she is a certified product trainer for Medtronic Diabetes. She volunteers during the summer at the week-long residential diabetes camp (Camp Victory) in Leesville, Louisiana as a nurse (RD if needed). Stephanie hopes to provide more insight and practical knowledge regarding the utilization of insulin pump therapy in the school setting for those attending today.

Nikki Honore'
Nikki Honore' has over 11 years of nursing experience in various roles including family nurse practitioner, nurse educator, nurse consultant, and nursing leadership. Honore' has practiced nursing in various inpatient and outpatient settings including critical care, inpatient surgical care, pediatrics, and school based health. She currently serves as the Statewide Nurse Consultant for Emergency Preparedness and Response for the Louisiana Department of Health/Office of Public Health Bureau of Community Preparedness. Here she provides professional nursing consultation and programmatic supervision in response to emergencies in the community and statewide; responds to emergencies and public health/bioterrorist threats on a 24-hour basis; and provides strategic, long-range planning and implementation of public health programs. Honore' has served as president of Chi Eta Phi Professional Nursing Sorority and is a member of the Louisiana Association of Nurse Practitioners, Louisiana State Nurses Association, and Sigma Theta Tau International Honore Society. She was recently inducted into the 2018 Louisiana Action Coalition Nurse Leader Institute Cohort.
SPECIAL THANKS

Timothy J. Cooley, Superintendent of Beauregard Parish Schools
Karl Bruchhaus, Superintendent of Calcasieu Parish Schools
Eddie Joslin, BPSB, Health Services Supervisor

Beauregard Parish Principals: Harry Hooker Pam March
Tammy Crain Wesley Henry
Theresa Harlow Barbara Newman
David Wentzel Mark Weldon
Donnie Love Larry Hollie
Mike Greene Theresa Parmley

Singer High School: Dustin Ashworth, Business Education Department

Children’s Hospital New Orleans, VCAP Program: Karla Donewar Leila Jefferson
Karen Meunier Sharon Bayhi

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