

FLORIDA
ASSOCIATION



OF SCHOOL
NURSES

Volume 15, Issue 1

Spring 2011

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.

**FASN:
A STATEWIDE
NURSING NETWORK**

"Serving School Nurses Statewide"

www.FASN.net

Message From The President

Dear School Nurses and Colleagues,

Peggy Collins in Network Smart from Walk the Talk writes, "In helping others and receiving help through networking, you are creating a spirit of interdependence that is practical and beneficial as well. No other business skill is as valuable or provides a more lasting legacy than networking to help you reach your goals. In the process, you can build relationships which last a lifetime." Reading this, my thoughts immediately identified with the Florida Association of School Nurses. Becoming an affiliate of National Association of School Nurses was a foundational networking decision made by our FASN pioneer leaders, Janie Sailors, Joan Thackaberry, and many others whom you will recall.

Networking with NASN provided FASN with specialized professional knowledge and resources to develop and sustain school nursing. In turn, FASN created ten regions across the state's 67 counties to facilitate networking between school nurses. The Regional Representatives serve as the communication hub for the County Liaisons within their regions providing a method for effectively and rapidly communicating with school nurses across the state. The challenge today is to continue to grow membership, leadership and interdependence among our regions. Our networking infrastructure empowers FASN members to provide input to our Board of Directors who are charged with developing a Strategic Plan and updating our ByLaws. Networking allows the membership to hold the organization accountable to its goals of serving and advocating for our students and families for health and success in the school setting and community.

Soon we will be celebrating National Nurses Week, May 6th through 12th. NASN annually proclaims the Wednesday within National Nurses Week as National School Nurse Day, May 11th. Share the National School Nurse proclamation with other school nurses, the community, and policy makers.

Proclamation National School Nurse Day May 11, 2011

*Whereas, children are the future and, by investing in them today, we are ensuring our world for tomorrow; and
Whereas, all students have a right to have their health needs safely met while in the school setting; and
Whereas; children today face more complex and life-threatening health problems requiring care in school; and
Whereas, school nurses are professional nurses that advance the well-being, academic success, and life-long achievements of all students by providing a critical safety net for our nation's most fragile children; and
Whereas, school nurses act as a liaison to the school community, parents, and health care providers on behalf of children's health; and
Whereas, school nurses support the health and educational success of children and youth by developing and providing programs and leadership; and
Whereas, school nurses understand the link between health and learning and are in a position to make a positive difference for children every day, therefore be it
Resolved, that the National Association of School Nurses celebrates and acknowledges the accomplishments of school nurses everywhere and their efforts of meeting the needs of today's student by improving the effective delivery of health care in our schools and shows gratitude for the nation's school nurses, not just on this National School Nurse Day, but at every opportunity throughout the year.*

My gratitude goes to Florida's school nurses and FASN for the unique knowledge, incredible commitment and dedication to serving students for success in the school setting. I encourage you to build on the strong networking of FASN and to embrace the interdependence of school nurses with a growing membership. This provides a safe anchor for school nursing to ensure that students have a safety net to be present and thriving in their school setting.

In transitioning to my upcoming career retirement, I salute each of you and thank you for your support and best wishes as I turn my presidential duties over to President-elect Shirley Gordon on May 10, 2011.

With sincere appreciation,

*Karen Thoennes, B.S.N., R.N., N.C.S.N.
President, FASN
President@FASN.net*

2



Karen Thoennes
FASN President

Inside this Issue:

- Bed Bugs: Modern Day Plague or Just another Bug? 3
- Wellness Councils – A Challenge to School Nurses! 4
- Diabetes and the School Child 5
- Mark Your Calendars Now for Next Year's FASN March to Tallahassee! 6
- Open Discussion to Clear Our Heads about Head Lice 7
- FASN Conferences: Connecting with Other Nurses 8
- FASN Conferences: Connecting with Other Nurses 9
- Sleep Disorders in Children 11

Bed Bugs: Modern Day Plague or Just another Bug?

Barbara Moore, R.N., B.S.N., N.C.S.N.

Dr. Richard J Pollack, entomologist from Harvard University, posed this question at the FASN conference in Orlando Feb 5th. His talk on the prevalence of this tiny pest including the decline in the late 20th century and the recent rise



was meant to correct misinformation, dissolve myths and relieve fear surrounding this bug. This is a summary of his presentation with some information from his website about school implications.

The recent media hype has influenced our attitudes and caused a reaction disproportionate to the clinical significance of this issue. People eagerly pump their homes with pesticide to abort bed bugs but run in fear when similar pesticides to combat disease-bearing insects, such as those causing Encephalitis, are used in public. There is a public hysteria about bed bugs, lice and even roaches that live around us but not about mosquito-borne encephalitis that can live in us and is a real public health threat.

Bed bugs, which were common prior to the World War II era but declined in the mid 1940's, have recently made a comeback. Why? Less insecticide use, insecticide resistant bugs, increased travel worldwide ... and bed bugs do travel with us.

What is a bedbug?

Bed bugs have been a known human parasite for thousands of years. Bed bugs, like other parasitic pests, feed on human blood and deposit the digested blood on mattresses, furniture and other inanimate objects. When the insect feeds, it pierces the skin of its host with two hollow feeding tubes. With one tube it injects its saliva, which contains anticoagulants and anesthetics, while with the other it withdraws the blood of its host. After feeding for about five minutes, the bug returns to its hiding place.

They produce eggs that are glued to wherever they are laid, much like head lice larva are glued to hair. Bed bugs, however, lay their eggs in warm dry crevices such as in mattress

edges or other warm places in furniture and luggage. The eggs hatch in 1 or more weeks, depending on the temperature of the area where they are laid.

What do they look like?

Adult bedbugs are reddish-brown, flattened, oval and wingless. Newly hatched nymphs are translucent, lighter in color and become browner as they molt and reach maturity.

They live in areas used for sleeping and wait for the host to arrive. There is no discrimination here, for the bed bug doesn't care about the race, class, or economic status of the host as long as they have human blood.

How are they spread?

They can travel on luggage or blankets, books and furniture. They can hitchhike on coats that have been laid on a bed during a party. They have been known to move across country in furniture, make a home in a moving van and move into the next user's furniture to find a new home. Hence, bed bugs will be carried into schools within the belongings of students as well as adults. Children from infested homes do not hold a monopoly on bringing unwanted 'pests' to school. Teachers, principals, custodial workers, parents and others are just as likely to ferry bed bugs (as well as cockroaches and other urban pests) from their own homes as well.

How long do they live?

Although bed bugs can live for a year without feeding, they normally try to feed every five to ten days. In cold weather, bedbugs can live for about a year; at temperatures more conducive to activity and feeding, about 5 months. Their life expectancy varies with the temperature of the environment they are living in.

Can they be treated?

Insecticide applied by a professional is the recommended treatment. Because they like crevices and unusual places to live a professional is trained to seek those places and treat them where they live. They can travel under walls from apartment to apartment.

The burden of bedbugs!

They are a nuisance. The bites may cause a reaction to those with allergy to the protein in the saliva. They symptoms vary from local itching to systemic illness and scratching can lead to secondary infection. They are also capable of feeding unnoticed on their hosts.

The fear of bed bugs induces a type of hysteria with finger pointing and witch-hunts to cast blame. This type of hysteria is costly and time consuming and leads to aggressive overuse of pesticides for treatment.

Medical or public health problems.

Bed bugs cannot be diagnosed by the type of bite seen. They don't always bite three times in a row or in a linear path. They are not vectors of human pathogens, nor do they transmit bloodborne infections. They can ingest viable pathogens but do not reproduce them or infect others with them.

What to do if you see them?

First make sure you know your bug before you react. Dr. Pollock referenced the Website, Identifyus.com, where pictures of specimens can be sent for identification, for a fee. You will get a response within 24 hours.



Inspect the area, using your eyes. Look for fecal stains (black dots) and cast skins. These may not necessarily indicate an infestation. Inspect seams and compact dark areas. Don't mistake red stains

for fecal material as the feces will be black digested blood.

Look on the bedding, mattresses, sofas or other sleeping areas, rugs, wall hangings, pictures, etc. near those areas. You may dispose of unwanted items but everything can be treated including furniture, books and other valuables. You may get a cover for the mattress once it is treated to cover the stains, but don't neglect cleaning the box spring, headboards and bed frames.

In summary if you find bed bugs use an appropriate response and don't "go off the deep end." Don't throw out the furniture; the bed bugs may stay anyway.

(cont next page)

Bedbugs, con't

Implications for School Health

First and foremost, educate the kids, their caregivers and the school workers (including teachers and staff) about bed bugs and appropriate means to manage and eliminate them. There should be no shame in 'having' bed bugs at home. The presence of bed bugs has nothing at all to do with cleanliness or housekeeping.

Next, work with pest management professionals to develop written integrated pest management plans, one for school and another to help guide families and school personnel. If bed bugs are suspected in a classroom, the room should be inspected, and non-toxic insect glue traps should be arrayed in strategic locations. These traps should be examined periodically, and a specialist should examine any suspected bed bug. In general, insecticide treatments within schools should be avoided unless absolutely necessary, and virtually never as preventive measure. Any such application must comply with relevant federal, state and local regulations.

If it is known that a child's home is infested with bed bugs, encourage the child to bring only the required items to school each day until the problem has been abated. Isolating the child's book bag, coat and other items may be psychologically damaging to the child, and generally unwise and unproductive.

Making Informed Decisions

Michaelene M. Nagy, R.N., B.S.N.

The title of the presentation by Rita Becchetti, Supervisor of School Health Services in Pinellas County and Sandra Gallogly, Hillsborough County School Nurse, was "Is the World Round or Flat?" This excellent presentation drove home the fact that decisions should be made with as much information as possible. In order for the people who hold the "purse strings" to make the right decisions regarding properly funding the school nursing programs, we must do everything we can to supply the data so the decisions made will be in the best interest of our children. We know that "every student deserves a school nurse". But what does that mean to the Legislators who will vote on the bills affecting school nursing? They are aware of shrinking budgets, but do they understand the chronic health issues that we face each day? Are they aware of the number of children who do not receive any health care outside of our schools? How about dental issues? ... mental health

issues? ... the list goes on and on.

It is our duty to the children of this state to supply data supporting our requests. The data must be valuable, reliable, available, and it has to be the right data to make our point. Rita referred us to the following website to help you retrieve the necessary data: http://www.doh.state.fl.us/Family/school/attachments/sh_index.htm

Rita also made a strong statement about the importance of school nurses becoming

advocates for school nursing: "If you really want to make

"If you really want to make an impact, attend the FASN March on Tallahassee Advocacy Day"

an impact, attend the FASN March on Tallahassee Advocacy Day on March 22, 2011. You will learn about the state legislative process, visit legislative sessions and make appointments to meet with your legislators. In the end, your personal commitment to your profession, as well as to the children of this state, will have the greatest impact. Go to Tallahassee and tell your story...they WILL listen."

Wellness Councils – A Challenge to School Nurses!

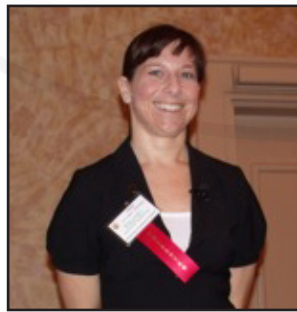
Eileen McGatlin, R.N., B.S.N., N.C.S.N.

School nurses can assume pivotal roles in achieving healthier lifestyles and goals for our students. But how can we attempt to accomplish this? What assistance and resources are available?

The Alliance for a Healthier Generation organization supports more than 10,000 schools and more than 6 million students nationally through its Healthy Schools Program. It helps students commit to eat better, move more and serve as leaders to their peers. The Alliance was founded in 2005 by the American Heart Association and the William J. Clinton Foundation to reduce the prevalence of childhood obesity by 2015 and to support young people to develop lifelong healthy habits.

The Healthy Schools Program began in 2006 as a part of the Alliance's outreach to students.

It strives to assist schools in the areas of nutrition, physical activity and staff wellness and recognizes successful schools striving to meet optimal goals in those areas.



The work of the Healthy Schools Program is based on the Healthy Schools Framework that provides guidelines for a healthier school environment. There is a 6 step process that School Wellness Councils or School

Health Advisory Councils can adopt. The stakeholders of the councils should include local parents, students, educators, school nurses and community partners interested in school wellness.

Ms. Megan Caldwell presented the topic of School Wellness Councils: Florida K-12 Success Stories. She is the Healthy Schools Program Relationship Manager for Florida of the Alliance for a Healthier Generation. Though she had assumed her position just one month earlier, she spoke with enthusiasm and commitment to helping schools and school nurses achieve wellness goals for students.

Ms. Caldwell's presentation challenged school nurses to explore ways we can advocate for individual students and school staff to incorporate healthy goals into their everyday lives. A successful school-based wellness committee requires administrative support, perseverance, and dedication by individuals coming together to work as a group, establishing goals and activities to achieve those goals. (cont...)

Nurses can become an important integral part of a School Wellness Council and its initiatives.

The presenter shared several success stories of individual schools in Florida and in the nation that adopted the Healthy Schools Program and showed how each made a difference in the lives of students and staff in achieving wellness goals. The school nurse was always in the forefront of the success stories.

A concluding quote presented by Ms. Caldwell from the Health is Academic 1997 Report states: "If schools do not deal with children's

health by design, they deal with it by default".

School nurses should get involved and accept the challenge of dealing with our students' health by our own design, imagination, and determination to help even one student in one small way to achieve a healthy choice. We must provide students with the tools and knowledge to learn and lead healthy productive lives.

For more information on the Healthy Schools Program and getting involved, go to: www.HealthierGeneration.org/schools or www.fns.usda.gov/tn/Healthy/wellnesspolicy.html

Diabetes and the School Child

Martha Hanna, R.N.

Paula Jameson M.S.N., A.R.N.P., C.D.E. presented an update that included newly recognized "flavors" of diabetes, technology

advances and exciting research results. The "flavors" of diabetes include Hybrid Diabetes, MODY, PNDM, and CFRD.

Hybrid Diabetes includes elements of both Type 1 and Type 2. Antibodies are positive which would indicate Type

1, but there is insulin resistance indicating Type 2. It is hard to type early in the diagnosis. Indicators are that these children may have inherited genes for Type 1 and Type 2 Diabetes.

MODY – Mature Onset Diabetes of the Young includes about 2% of persons with diabetes. It is often mistaken for Type 1 or Type 2. It is inherited on one gene and is characterized by difficulty releasing insulin. These children mimic a honeymoon phase for years. Eventually many of them discontinue

insulin and are controlled with diet and/or oral medication.

pulmonary function.

New technology in diabetes management features blood glucose monitors and

Internet resources that School Nurses can use to learn more about specific diabetes topics:

National Diabetes Education Program – www.ndep.nih.gov

Children with Diabetes – www.childrenwithdiabetes.com

Meal Dosage Calculator – www.integrateddiabetes.com

www.mycareconnect.com

www.Calorieking.com

www.kidshealth.org

Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools – <http://www.doh.state.fl.us/family/school/reports/DiabetesGuidelines2003.pdf>

JCRH – Continuous Glucose Monitoring School (Online) -

<https://studies.jaeb.org/ndocs/extapps/CGMTeaching/Public/Default.aspx>

continuous glucose sensors that use infrared signals to communicate with insulin pumps. Insulin pumps are becoming even safer with built-in temporary basal shut-off for an uncorrected low blood sugar (such as during sleep).

PMND – Permanent Neonatal Diabetes is very rare. Its onset is in the first six months and is often mistaken for Type 1. Infants usually have very low birth weights. Five genetic mutations have been identified. Treatment ranges from oral medications to insulin.

Pod and patch insulin pumps are becoming smaller and smaller.

CFRD – Cystic Fibrosis Related Diabetes presents with insulin insufficiency due to pancreatic scarring. Clinical guidelines indicate this should be treated with insulin leading to increased weight and preserved

Treatment research for Type 1 diabetes is "knocking on the door for a cure". Early intervention to preserve beta cell mass includes using monoclonal antibodies to suppress the antibodies that destroy islet cells. The Artificial Pancreas Project utilizes the closed loop of Pump + CGM + algorithm to achieve euglycemia. Also, gene therapy is trying to teach other cells to make insulin.

Private and Parochial School Nurses; Coming together to support each other

Fran Oppedisano, R.N., B.S.N.

This year's annual conference had special meaning for one group of nurses. Nineteen members from private and parochial schools joined together at lunch Saturday to discuss their special needs. These nurses represented schools from Jacksonville to Miami. New and experienced nurses shared their stories of success and frustration. Emails and business contacts were exchanged. New friendships were started. A new school nurse shared her need for

various forms. Help was quickly offered. Others discussed how they manage vision and scoliosis screenings. The universal feeling of "being alone out there" dissipated as conversations progressed.

Ann Birkmire shared how a group of PPSN's from the central Florida area have shared emails and keep in touch via quarterly meetings. Sue Taylor spoke of the recent educational offering that she coordinated in Broward County.

We all agreed that as a private and parochial school nurses we had our own unique problems. I observed that instead of dealing with childhood obesity, I was dealing with students who have developed eating disorders in their quest to stay thin.

We all left the luncheon feeling revitalized and excited to return to our schools with new ideas and support systems in place.

Mark Your Calendars Now for Next Year's FASN March to Tallahassee!

Rita Becchetti, M.H.S., R.N., B.C., Advocacy Committee FASN

In these challenging times, which include likely serious budget cuts throughout Florida's education districts –our schools and school health will be effected. We, as school nurses, must become more involved and active in looking at how we each might be able to influence the future success of school health and our children right in our own communities. What strategies can be used to influence school health policy at a local and state level in our communities and states?

It is not necessary to be a “leader” by role, title or definition. You do not need to be a Supervisor or School Board member, or the district Superintendent. There are many kinds of leadership and influence. We are all voters, and therefore have a “voice” with our elected legislators- both state and national.

So each year in March, FASN plans and leads a FASN “March to Tallahassee”. By participating you can learn more about the state legislative process, how to be a better advocate, and have an opportunity to observe and meet with your elected legislators at work! (However, don't overlook the opportunity to meet with your legislators in their “home”/local offices as well!)

This year our March to Tallahassee took place on March 22, 2011. We were a small but mighty group! We know how difficult it is for school nurses to be away from school while school is in session, but sadly, the legislators are only in session for a few months- and always during the school year and during the week.

Our March 22 program was busy. We all met at the Department of Education offices in Tallahassee. We heard a great presentation from Jack Levine (4 Generations Institute for family advocate), Anna Small from FNA, and Missy Timmons (FSHA). Jack spoke to us about the value of the family, and how we have seen the extended family disappearing over recent decades. In order to advocate for

children, we must also advocate for families. That is why he started the 4 Generations Institute. He always is a compelling speaker! Dianne Mennitt then led us to the Capital building, and gave us a walking tour along the way. We met in the Capital Cafeteria - a very busy area, where visitors, legislators, lobbyists all meet and eat - a happening place! We met with Anna Small from FNA and Missy Timmons (who represents FSHA), and they were able to share some of their knowledge and expertise about how the legislative process really works, and also the status of some of the bills that are of greatest interest to us in school health and education. It was enlightening! Next, since neither the House nor the Senate were scheduled to be

more time to visit there in the future. You shouldn't miss it- it was fabulous! We then broke up for appointments/meetings with our individual legislators. My legislators were gracious and interested in what I had to say! A great experience- and one you should not miss! So start to plan today!

Here are some suggestions on advocacy- Talking points:

- Be Clear
- Concise
- Consistent

There is a Real need for School Nurses today:

□ Every Child Deserves a School Nurse- should have a nurse in EVERY school EVERYDAY!

□ Every TEACHER deserves a school nurse! - so they can teach and leave the health needs to the nurses!

□ The core of school nurse practice is the belief that all children have the ability to learn, all children have the right to health care; all children have the right to an education; and the whole of society benefits because children are educated and healthy.



*FASN's delegation to Tallahassee.
Back row: Penny Kehoe, Sandra Gallogly, Speaker Jack Levine,
Jill Klein, Barbara Roufa and Kathleen Rose.
Front row: Rita Becchetti and Dianne Mennitt.*

in session that day, we were able to sit in on a House Health Committee meeting. Since much of the work and decision-making takes place in the committees and office meetings before voting in the formal sessions, this was also very informative. We then moved right along to meet with the Secretary of State, Kurt Browning (husband of our own FASN Secretary Kathy Browning), who made time in his busy schedule to meet with us and share some of his experiences in state government. He then introduced us to the lovely museum of Florida history in the lower level of the Department of State building. It does a wonderful job of chronicling Florida's history, and I am now motivated to plan

□ Florida currently ranks 45th (out of 50 states) on it's Student to School nurse ratio - which is 1 school nurse to every 2,518 students

□ Healthy People 2010 from The Center for Disease Control and Prevention (CDC) and National Center for Health Statistics recommend a school nurse-to-student ratio of 1:750 (USDHHS).

- The National Association of School Nurses (NASN) recommends minimum ratios of nurses to students depending on the needs of the student populations:
- 1:750 for students in the general population

- 1:225 in the student populations that may require daily professional school nursing services or interventions (chronic health issues)
- 1:125 in student populations with complex health care needs, and
- 1:1 may be necessary for individual students who require daily and continuous professional nursing services.

□ Chronic Health issues on the rise - Diabetes, Asthma, Obesity - today's children may have a shorter life expectancy than their

parents!

□ In three cohorts of children followed from 1988 through 2006, the number of children who had a chronic condition at any time increased from 27.8% in the earliest cohort to 51.5% in the latest. (According to Jeanne Van Cleave, MD, of Mass General Hospital for Children in Boston, and colleagues).

FASN, each year in March, organizes and provides an opportunity to experience a Legislative Day in Tallahassee. This can be

a valuable opportunity to demonstrate our power as a group and be visible to our state legislators. So consider joining FASN next spring in Tallahassee, but do not wait until then. Start today to advocate for our children! This summer meet with your legislators at home! And when school starts in the fall, continue your dialogue with them.

Become the health person they will want to turn to for answers about the health status of children in their district. Become a voice for school nursing!

Open Discussion to Clear Our Heads about Head Lice

Judith Saslo, R.N., B.S.N., N.C.S.N.

Speakers : Dr. Richard Pollack/Dr. Shirley Gordon

I. Screening

Screening is not recommended, since confidentiality is important to avoid psychological stigma to our students. When school nurses are presented with the question "What is school doing to control head lice?", their answer can be that screenings are not done for conditions such as colds, flu, pinworms, etc. which can present a health risk, which head lice does not. Lice do not infest schools, just the heads of individuals. Lice cannot live off of a human host.

II. Treatment

AAP recommends over-the-counter pediculicides. Do not apply kerosene or gasoline to hair, as it will burn the scalp. Hair conditioners will slow lice, so they can be removed, but will not kill them. Treatment should be reserved only for persons who have "an active infestation" which means a live louse is seen. This principle should be used for all situations, such as families, camps, schools, etc.

Do not use "itching" as an indicator to treat. Itching often is a result of the irritation/dryness to scalp caused by pediculicides. Most persons with lice are asymptomatic. Nit removal is not necessary because it's difficult to know viable from nonviable. The presence of nits may be an emotional stigma, but is not a health issue.

III. School Exclusion

AAP and NASN do not recommend exclusion from school for nits. Dr. Pollack shared there is no data to support exclusion for lice or nits. School policies are meant to exclude contagious/dangerous health problems. Head lice are not a health problem, and do not cause disease or injury.

Summary:

Lice affects the psychological health, not the physical health, of our students. We as school nurses, have the opportunity to teach/educate students, parents, school staff/administration, and the community. This will help promote a healthier psychological environment in our schools.

Fuel Up to Play 60 *Elizabeth Wilson, R.N., M.S.N., N.C.S.N.*

Our conference started out with a dynamic speaker, Jennifer W. Sills. She is a Registered, Licensed Dietitian and the Director of Marketing for the Dairy Council of Maitland, Florida. She spoke to us about the Council's program called "Fuel Up to Play 60".



Jennifer gave us some alarming statistics regarding obesity in our youth. It is estimated that 80% of our youth who are overweight by the age of 8 years will be obese as adults. This, of course, leads to many chronic health issues as adults. We are seeing these chronic diseases, that in the past were seen predominantly in adults, on the increase in our youth. These health issues include high blood pressure, cardiac problems, and type two diabetes, to name a few. She stated the causes of childhood obesity include certain learned behaviors, sedentary life style and high calorie/low nutrition food consumption.

This program combines nutrition and physical activity expertise through a partnership between the National Dairy Council and the National Football League. The program utilizes the 'star power' of the

NFL, its clubs and players, and its physical activity programming to add recognition and value to this initiative and entice students to participate. The plan focuses on the importance of both nutrient-rich foods and getting 60 minutes of physical activity each day. It was developed with youth input and based on research. This research shows good nutrition along with daily physical activity helps reduce childhood obesity. In the year 2008-2009 this program reached 42,000 public schools, and the target for 2009-2010 is 60,000 schools and 36 million students.

With tighter school budget programs, "Fuel Up to Play 60" offers schools valuable benefits for participation such as grants and rewards. The plan's tools and resources provide broad guidance for all schools involved and customization based on the individual school's specific wellness policies. The aim of the program is long-term, sustainable change, which requires ongoing local support and participation, not just a one-time effort. Their web site, www.fueltoplay60.com is youth friendly, and it offers additional resources for students and teachers. Please take the time to go to the web site for further information.

FASN Conferences: Connecting with Other Nurses

Colleen Murray, R.N.

At the last conference I attended, the only things I can remember was the whole town smelled like chocolate and the resort had a great swimming pool with slides! Keep in mind, that I was eight years old and the conference, held in Hershey, PA., was a working vacation for my Dad. As I prepared for my first FASN conference last month, I hoped I would come away with more knowledge about the organization and perhaps an insight into how other school nurses around the state work to solve school health issues. I quickly realized that there are many nurses throughout our state that take a deep interest in managing healthcare in the school setting as well as keeping themselves informed about the latest techniques, laws, and new medical discoveries that affect our "patients".

After listening to the various presenters discuss such topics as the growing problem of obesity in the schools, school wellness councils, and bullying, I was able to see just how large a role we all have as advocates for the children. School nurses function on the front lines in our schools, and while it is a big responsibility, it can make our job very fulfilling to know that a child's life may be changed for the better because we cared enough to get involved. Helping families of a diabetic experience a

normal school life by educating faculty can be a huge relief to the parents. They entrust their children to our schools knowing we will be capable of responding should the need arise. I realized as I listened to several of the speakers that the stressors that affect children today are so much greater than when I was growing up. I hope that through continuing educational experiences such as this, we will be able to meet the needs of the children as well as provide support and guidance to the schools.

I quickly learned that some topics are hotbeds for discussion wherever you live. Judging by the amount of hands in the air during the open discussion about head lice, it became apparent that this is a widespread concern of today's school nurse. It's never easy to call a parent and discuss their child's newly discovered infestation, but it is up to us to listen and educate parents, teachers and administrators about this age old problem while still enforcing our school district's individual policies. Our role as school nurses puts us in a unique position to inform and educate whether about nit removal or bed bug spotting. We are a link from the medical community for many people and the lively discussions that followed this open forum

made me realize that while some things change, other remain the same for the school nurse year after year.

All this listening, educating and caring can take a toll on any nurse but the school nurse is especially susceptible to the daily stressors that affect "her kids". As LeAnn Thieman, an author in "Chicken Soup for the Nurse's Soul", reminded us, "in order to take care of others, we must also take care of ourselves." The many medical, social and emotional concerns that affect the children we care for on a daily basis also have an effect on our well-being. We need to take time for ourselves to refuel for the next school day's challenges.

As I write this, many more topics come to mind that were discussed over the two day conference. I have learned that the FASN member is someone who not only cares about her patients but strives to provide better care by continuing her educational experiences. The desire to connect with other nurses and discuss similar concerns helps to recharge and enlighten all of us. While the sweet smell of chocolate was missing at this conference, I came away with many tools and experiences that I hope will tide me over until the FASN conference of 2012.

Our 2011 School Nurse of the Year: Corinne Nelson, B.S.N., N.C.S.N.

Corinne Nelson, the Florida Association of School Nurses 2011 School Nurse of the Year, is a Pre-K/Headstart nurse in Lee County. She was nominated by her long-time colleague and friend, Donna Ramirez. Here are Donna's words of nomination for Corinne:

Sometimes her office is dark and quiet with only the outline of a bundled baby in her arms. Other times, the room is bustling with inquisitive teen parents or concerned teachers anticipating sound advice. Most times, however, her chair is empty, since she frequently walks the halls, joyfully entering the classrooms to observe, share, converse with, or delight in the young children and their caregivers.

This is the daily routine of Corinne Nelson, Health Specialist, for the Early Head Start/ Head Start Programs of Lee County, Florida. Her hectic schedule can be interrupted at any moment by a visit from the Early Childhood Center's Food Manager planning for various formulas, or the Florida Department of Children & Families caseworker wanting to review the files, or the Early Head Start Home-based Program's home visitors coordinating her next visit with their families, or the recurrent request by any one of the teachers for a temperature check or medical procedure to be administered. Each

and every one seeking answers, guidance, corroboration, or the generous warm smile that Corinne unselfishly provides to one and all.

Corinne is the epitome of nursing. She always was and always will be. She expanded her scope when she became a school nurse

she was offered, and accepted, the first Early Head Start Program's Managerial position in Lee County.

Her congenial personality and ability to bring out the best in others creates an atmosphere of learning and accomplishment. This collegial synergy is very apparent in the ultimate success of the Florida Association of School Nursing in Lee County and statewide. She was a charter member of FASN, an early organizer of regional meetings and motivational rallies to promote professional development. Corinne has successfully managed chairmanships of the Nomination, Vendors, and Marketplace Committees and FASN Presidency. She has served all with the same discerning pattern and enthusiastic compliance that is her signature.



and has continued to add growth and excellence to every aspect of her career. She is knowledgeable, wise, understanding, meticulous, dependable, caring, and kind. She sees every person as an individual--no matter what their age, capacity, cultural background, denomination or status. Corinne finds common ground and makes each person feel as if they are the only one present. These qualities were obviously considered when

Educationally qualified, Professionally Registered Nurse licensed and School Nurse certified, technologically adept, medically proficient, life-skilled, and confident, Corinne Nelson is the ideal candidate for the Florida Association's School Nurse of the Year 2011. For the past 23 years, Corinne has been an inspiration, colleague, encourager and friend. It is with the highest regard that I submit this letter and support her in this endeavor.

Chicken Soup for the Nurse's Soul Anne L. Hedges, M.S.N., R.N., N.C.S.N.

This was the third presentation on the Friday evening agenda, and the audience was eager to hear LeAnn Thieman, L.P.N., C.S.P., C.P.A.E., present her topic to the group. The audience was hushed as she began to speak and the interest and enthusiasm buzzing around the room was palpable.

LeAnn began by describing how she chose nursing as a career and why she chose to be an LPN. She had met with her high school guidance counselor who asked her what she wanted to do in life. She responded that she wanted to be a nurse. When learning that RN's role and responsibilities were focused on clinical practice and sitting at a desk and

doing paperwork, she chose the LPN route because she wanted to "nurse people and not be tied to a desk the majority of the time documenting".

So LeAnn embarked on LPN training with enthusiasm and has enjoyed everything about her career including her role and responsibility as an advocate for nurses and nursing as she treads this public speaking pathway. She was amusing and at times appropriately serious about her career as a nurse and how this notoriety she had encountered was never part of her plan in life. She went on to describe how it all came about. The audience was captivated and amused with her easy

speaking style and her reminiscences. One comment that really amused the audience was when she talked about, when she was a nurse in training, and other nurses would speak about "P.O.S.T.E.N.'S." When asked what this meant, her colleagues said, "Sick and Tired Elderly Nurses". As she said this LeAnn chuckled again and said, "Well, I guess this is what I am now, isn't it?" Lots of laughter erupted from the audience, which was not surprising given the average age of the attendees and the number of nurses who, like LeAnn, had spent three decades as a nurse!

LeAnn observed how hard it is to be a nurse now; she commented about how it seemed to be very stressful, especially in school health with many of the “kids” on medications and requiring care, while the numbers of nursing positions were continually being cut from the budget. She went on to discuss the fact that stressors can result in serious health conditions in individuals. So while nurses “are trying to be everything to everybody” they are hurting themselves. They juggle nursing with family life, taking care of their own children or grandchildren and some even volunteer in their community. Eventually, the stress they experience from all of the pressures they put upon themselves, turns into distress. LeAnn commented, “typically nurses don’t seem to get enough rest, or sleep or even the right kind of food”. She then asked the audience, “Do you get to go to the bathroom, or eat or drink when you need to?” The audience was in sync with these comments and you could hear murmurs of agreement that they do not prioritize and take time for themselves. You could hear this across the audience especially when LeAnn discussed the working life of a nurse and how a nurse has to meet everyone’s needs, except their own!

LeAnn went on to say that nurses in general should change these behaviors and address the very important aspects of their lives, such as making sufficient time in their schedule to get enough sleep. Moreover, that nurses should try their best to exercise daily, as a way of relaxing; for example, walking outside for 45 minutes with a friend or family member. If this is not possible, then take the time in 15 minute increments. The bottom line is any amount of exercise will help nurses to reduce their stressors in life. LeAnn was emphatic when she said, “Nurses do not need a nudge. They need to be shoved into doing what is best and healthiest for them to reduce stressors”.

I can agree with all of her observations. What I ask of the reader, when you are reading this article, is to resolve to take time for yourself: you deserve it, you are worth it and you have a lot of people relying on you to be around a long time. So as the Nike advertisements state, “Just DO IT”. Start at your desk and stretch hourly if possible, or stand in your office and stretch. Try your best to take three or four minutes periodically throughout the day to breathe deeply and slowly in and out

to relieve the tension; you are worth it. We can all start this right now!

LeAnn went on to talk about how she gained her notoriety as a nurse and how it was all quite accidental. She discussed that she had somehow been plunged into an exciting adventure that would not only save lives, but changed her own life inexorably! LeAnn then described how she belonged to a group named “Friends of Vietnam”. She was happily



married with two children and had “attended a meeting bringing along the usual cupcakes as a snack in the year 1975”. It happened that at this time in Vietnam, Saigon was falling and President Ford had received information about six (6) babies in a Saigon orphanage that needed rescuing – their parents had perished during the war. LeAnn was one of a group of nurses asked to fly to Vietnam to rescue these babies and bring them back to the U.S. The mission was named “Operation Baby Lift.” LeAnn went off to Vietnam with nine (9) other nurses. When they arrived, there were 300 babies at the orphanage. They placed 100 babies in cardboard boxes, 5 babies to a box, and hurriedly took off in the helicopter to avoid the Vietcong troops. On return to the US the Airlift was breaking news and President Ford honored their rescue efforts. She told the audience, “I did nothing special! Remember, school nurses rescue kids every day”, then she went on to say “don’t forget the slow deep breathing.” It was easy to see why LeAnn was an instant hit with the audience. She was one of us and she understood that the diverse roles and responsibilities of school nurses were not easy and were, indeed, quite unpredictable.

Isn’t it true that nurses do rescue children every single day? If not from situations

that require nursing interventions, but also in terms of advising the student how to do better in school, or improve attendance or advice on how to stay out of trouble in class! School nurses give advice to students on a broad range of topics and manage student health issues in children throughout the age continuum. As LeAnn says, “take those deep and easy breaths” as you go about your daily tasks of caring, nurturing and actually loving those students you help every single day. LeAnn went on to talk about how we should laugh every day; which we try to do! School nurses are very busy, always managing a crisis and yet we love what we do. We all know this is our reality, so we have to smile most of the time, because children and youth are great to work with. We love our profession as nurses and would not wish to be anywhere else but in schools, taking care of the children and youth that need our assistance.

LeAnn emphasized another way to de-stress ourselves. She said “It’s making sure we forgive ourselves and others.” LeAnn believes that when we fail to forgive ourselves, it hurts us and not others. She then talked about how nurses can learn those “steps to forgiveness, through their own spiritual self by taking the time every day, just 15 minutes to connect with their spirituality”. LeAnn believes that a rubber ball bounces back and glass ball breaks, so she cautions, “Don’t be like a glass ball. Choose to lead a more balanced life so that you can bounce back when you need to, instead of breaking into pieces”. This is really sound advice!! LeAnn then concluded her presentation with a take away thought. She asked the audience, “What is the number one priority in your life?” The answer was, “It’s YOU” and I want you to “Each One, Reach One Other Nurse” when you get back home. Then she closed her remarks with a final comment: “Be a mentor to a new nurse, and don’t forget to help each other balance your lives at work and at home.” LeAnn received a resounding ovation from the school nurses; it was clear that we all truly enjoyed the presentation.

One final remark, do think about what LeAnn proposed. She said: “We have the resources to change our lives, and we should not have our hands tied behind our backs on this topic, that is because the heart of a nurse does not change, so take care of yourself so you can take care of others every single day.”

Sleep Disorders in Children

Nancy Cooper, R.N., B.S.N., N.C.S.N.

During the presentation “Sleep Disorders in Children” presented by Dr. Eveline C. Honig, we were reminded again how important sleep is to all of us. Healthy, uninterrupted sleep is the “power source” that recharges our brain’s battery, keeping our minds alert and calm. “Sleeping well increases the attention span and allows us to be physically relaxed and mentally alert at the same time.”

Sleep needs vary widely from person to person, but general guidelines are:

- 16 hours for infants
- 10 or more hours for toddlers/young children plus age-appropriate naps
- 9 hours for teenagers
- 7-8 hours for adults

Many times, children do not get the sleep they need to develop and function properly. Families lead busy lives so naps and bedtimes are sometimes pushed aside for other activities. Problems with sleep may add up to consequences that last all through one’s life, possibly contributing to learning, mood, and behavioral troubles at school.

Sleep disorders are conditions that affect how much and how well a person sleeps. The most common sleep disorders in children are caused by apnea, hypersomnia, insomnia, night terrors, sleep walking, circadian rhythm disorders, sleep-related movement disorders, and narcolepsy. Sleep disorders are diagnosed after patient history and polysomnography (PSG or sleep study) but may not be recognized in young children until there is a serious school problem. Students with sleep disorders may be misdiagnosed with attention deficit disorder or the wrong sleep disorder.

As school nurses, we have all questioned students about what time they go to bed, what time they get up to get ready for school, do they watch TV in bed, are they playing video games when they are supposed to be trying to sleep. School nurses know that all of the above affect how well students sleep and how they perform in school, but often forget that we can also get too little sleep. School nurses must take care of themselves as well as their



students; thus, the reminder that lack of sleep can take a toll on nearly every aspect of daily life. Research has linked sleep deprivation to car accidents, relationship troubles, poor job performance, job-related injuries, memory problems, and mood disorders. Recent studies also suggest sleep disorders may contribute to heart disease, obesity, and diabetes.

School nurses make a difference in the lives of many children so get your rest!

For further information please visit the following websites:

www.sleepapnea.org

www.rls.org

www.narcolepsynetwork.org

The 42nd Annual Conference

Billie Ann Alvarez, B.S., R.N.

I would like to take this opportunity to thank everyone who was involved in this year’s FASN conference. The conference was a great success and brought together many nurses from all over the state.

The conference had a great a variety of speakers, open discussions, vendors and sessions. The information in each of the sessions presented helped to better inform me of the current issues that nurses face today in school nursing. The general sessions enabled me to network with many other nurses from all over the state. It was great to collaborate with other nurses and

gather new ideas and techniques to bring back and utilize in my schools.

There were many vendors with new equipment/health supplies, revised equipment and updated information to share and sell. This was great! I was able to ask questions about products, as well as seek out different organizations and resources to take advantage of for future use.

Not only were there educational sessions, but there were times to kick back, chat, and win big! There were many chances to win prizes and raffles to participate

in. I won a beautiful basket in the raffle to bring home this year. I even had the opportunity to apply for a Registration Fee Scholarship to attend the conference. I won one of those, too! There were many chances to win something.

So, if you’re looking for great educational information, friendly people, prizes, and a lot of fun, YOU should come to the next FASN conference and add to the experience.

Thanks again for all of those who made the conference possible.

Bullying in School Children: School Nurses' Role

Nancy C. Hurst, R.N., B.A., N.C.S.N.

Deputy Nephrateri Garnett, from the Orange County Sheriff's Department and a High School Resource Officer, says bullying has been influenced

by the Internet, music, TV and video games. It has changed from pulling pigtails to cyberbullying (bullying through electronic devices). She described bullying as a form of abuse. It includes repeated acts over time that gives one person power over another person. Bullies usually prey on the weak.



There are three types of bullying; emotional, verbal and physical. The most common form of bullying that Deputy Garnett encounters in her school is sexual harassment using

coercion, intimidation and cyberbullying. Cyberbullying is immediate and attempts to defame a person's character. Common examples of defamation are attacks regarding race, sexual orientation, gender bias and religion.

Deputy Garnett resolves bullying by first using Peer Mediation. The mediation is held in a safe environment with an open forum. If this strategy is unsuccessful, an agreement called a No Contact Contract is signed by both sets of students and parents. This is the school's form of a restraining order.

What is the school nurse's role? The school nurse is a first responder and needs to be capable of recognizing physical and psychological signs and symptoms of bullying. Also, as we nurses KNOW, students often confide in the nurse. Do you have a student that is always complaining of being sick and is a "frequent flyer" to the clinic? Signs and symptoms are poor sleep, unexplained bruises, frequent crying,

stomachaches, headaches and making up reasons not to attend school. These students may avoid class, leave class early or have frequent absences.

Effects of bullying are decreases in academic achievement, self-esteem and general health. This is usually accompanied by anxiety, depression and alienation. If the bullying continues, this could progress to self-harm including suicide. The school nurse can be of help by listening without judging and without asking questions. The nurse needs to emphasize that the student NOT physically fight back, but be assertive.

What can be done about bullying? Anti-bullying policies should be written into school policy and procedures and documented by school staff. Documentation needs to include administration and the school resource officer. The school is obligated to take immediate action to investigate harassment and attempt to end it. Bullying is a violation of civil rights and must be taken seriously.

FASN Board of Directors

President Karen Thoennes, BSN, RN, NCSN
President@FASN.net

President-elect Shirley Gordon, Ph.D, RN, NCSN
President-Elect@FASN.net

Past-president Kathleen C. Rose, MHA, RN, NCSN
Past-President@FASN.net

Treasurer Barbara Roufa, BSN, RN, NCSN
Treasurer@FASN.net

Recording Secretary Kathy Browning, BSN, RN, NCSN

RecordingSecretary@FASN.net

Membership Secretary Shelley Bumm, BSN, RN, NCSN

MembershipSecretary@FASN.net

NASN State Director Charlotte Barry, Ph.D, RN, NCSN

NASNDirector@FASN.net