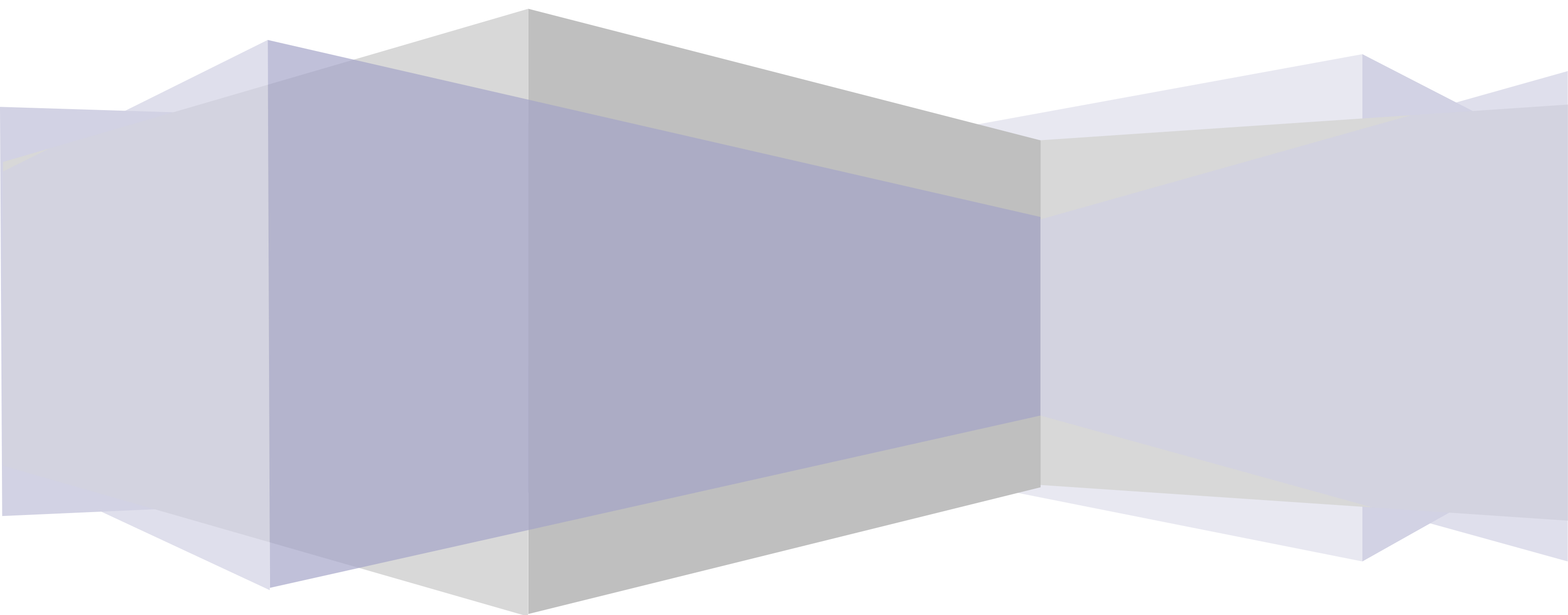
Plainview-Old Bethpage Central School District

# Health Office Parent Handbook



# THE ROLE OF THE SCHOOL NURSE

*Introduction*

"School nursing is a specialized practice of professional nursing that advances the well-being, academic success and life-long achievement and health of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety including a healthy environment; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self advocacy, and learning (NASN, 2010)."

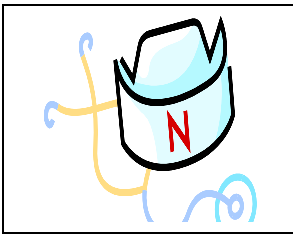
The National Association of School Nurses defines school nursing to encompass the many roles that the school nurse plays in today's changing school environments. The inclusion of students with multiple chronic health issues into mainstream classrooms is just one area that illustrates the importance of having nurses in our schools. Increasing state regulations are best met by school nurses with expertise to understand the policies and issues addressed. Legislation such as the IDEA The Rehabilitation Act of 1973 and the Individuals with Disabilities Act [IDEA] of 1975/1997 support the importance of education for all of our youth in spite of disabilities and challenges. These laws set guidelines that include accommodations for children with disabilities to have access to public services including schools. Public Law 94-142 mandates that eligible children with disabilities receive free and appropriate public education in the least restrictive environment. Increased awareness of topics such as food allergies,

wellness, nutrition, autism, disease prevention, and health promotion create an increased need for knowledgeable health professionals in the school environment.  School nurses meet this need in addition to being a daily resource for helping the ill, the injured, and even those who just need some tender loving care in our school communities.

In an age when primary and secondary schools are being held more accountable in providing quality education in an economy driven environment, the impact of school nurses on student academic achievement becomes increasingly relevant.  Research has shown that in schools where there are nurses fewer students are sent home or miss school for health related reasons.  Children need to be in school to learn and it follows that healthy children learn best.  Maintaining students in the best possible condition related to their health will ultimately put them into a position to achieve and succeed.  School nursing is not just about first-aid and band-aids but rather about advocating for those who cannot do so for themselves and being proactive through early detection, health promotion, and creating a health school environment.  School nurses meet this need - never underestimate the power and stamina of a nurse!!!!

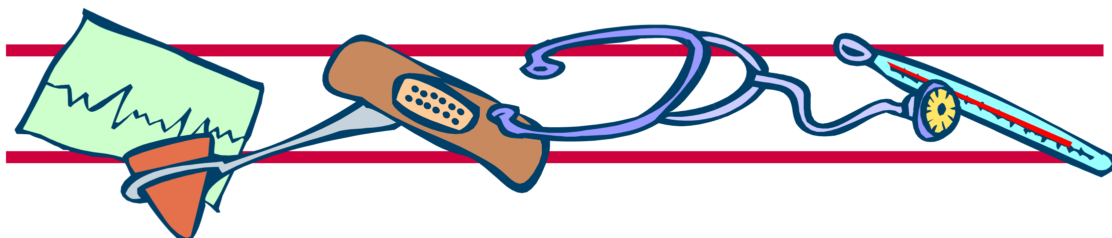
"You can't educate a child who isn't healthy and you can't keep a child healthy who isn't educated."

Jocelyn Elders, Former U.S. Surgeon General




# The History of School Nursing

School nurses in one form or another have been around for over 100 years. As with many professions, this specialized area of nursing has evolved into the multifaceted discipline it is today. Years ago the focus of school nurses was absenteeism due to communicable disease. In 1902, school nursing was initiated in New York City based on a program established in London in 1893 and the public health model of nursing that was developed by Lillian Wald. Lillian Wald was a nurse who identified a need for services to combat poverty, homelessness, substandard housing, and lack of primary health care among poor immigrants in the city. Ms. Wald joined forces with the New York City Board of Education and the City Health Commissioner to develop measures to decrease the spread of communicable diseases, increase hygiene, and decrease truancy by intervening directly with families, often in their own homes. The first school nurse, named Lina Rogers was hired and within one year absenteeism dropped by 90%, and within three years Los Angeles and Boston initiated their own programs. Presently, one hundred years later, school nurses continue to work toward ensuring that children are entering classrooms free of communicable disease and in optimal health. Today school nursing has gone beyond the realm of public health and includes involvement in many areas of student-health related issues. The overall goal of school nursing has evolved from control of contagious conditions to assisting students and families to learn to take responsibility for their health behaviors by promoting disease prevention and health promotion.



# Responsibilities of School Nurses Today

School nursing today is a multi-faceted and multi-dimensional discipline that encompasses many responsibilities and roles in supporting healthy school environments. The American Academy of Pediatrics (AAP) recognizes the importance of school nurses as having a central management role in providing school health services to all children. They recognize the many functions that the school nurse performs in achieving this role. The AAP sees the role of the school nurse to include:

- providing acute, chronic, episodic, and emergency care in the school setting.
- providing health education and health counseling.
- advocating for students with disabilities and special needs.
- facilitating communications and collaborations between the school, families, physicians and outside agencies.

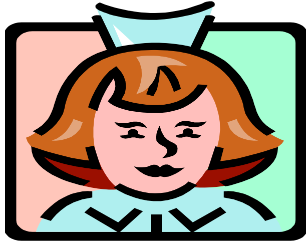
The many roles played the school nurse can be categorized into five primary roles:

- **Care provider** – This includes first aid and nursing care, assessing health needs, creating safe havens, identify barriers to learning, creating care plans for students with chronic illnesses, and giving emotional support to students and staff.
- **Educator** – The school nurse provides informal education to students and staff every day. We address such issues as safety, hygiene, nutrition, sleep, high-risk behaviors, disease prevention, and health promotion.
- **Advocate** – The school nurse promotes healthy schools, participates on school teams and committees, support youth development, and foster staff and school wellness.

- **Change Agent** – The nurse identifies health-related barriers, model and support healthy behaviors, encourage healthy and safe learning environments, and work toward policy changes that support healthy environments.
- **Manager** – This role includes supporting collaboration between students, families, communities, and staff to promote healthy environments and develop care plans that support educational endeavors of all students. School nurses foster community partnerships, administer health policies, implement health protocols and promote healthy schools.

The everyday illness and injuries that occur are handled readily by the school nurse. It is the nurse who creates care plans for students with chronic illnesses and responds to emergencies in the building and on the grounds. The role of the school nurse is not just about health – it is about academic success and ensuring that our children are healthy and ready to learn.

# HEALTH OFFICE PROCEDURES



**Nursing Station**

***Health Office Guidelines***

1. Each of our district schools has a licensed registered professional nurse available throughout the school day. The nurses are available to administer first aid and attend to ill children as outlined by the Nurse Practice Act in New York State. As such they may assess a child and determine their needs; however they may not diagnosis or dispense medication without a written order from a physician.

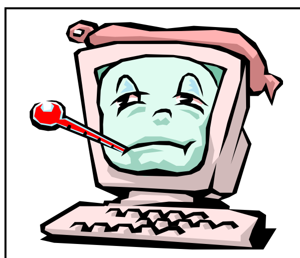
2. Medication may not be administered in the school setting without written permission from a parent/guardian **and** a written order from a licensed physician or any health professional licensed to prescribe. **NO** medication should be kept in a classroom nor should any student be carrying medication on their person. **This includes all prescription medication and over-the-counter medications, including topical creams and ointments and eye drops.** Medication must be brought to school by an adult unless a prior agreement is made with the school nurse. All prescription medications need to be in a pharmacy labeled vial (ask your pharmacist for two labeled vials!) or in the case of over-the-medications, in an unopened bottle. Medication orders need to be renewed for each school year and unused medication needs to be picked up by an adult at the end of each school year or it will be discarded. **Asthma inhalers and epi-pens only may be carried by self-directed students with advanced written permission by a physician, a parent, and the nurse.**

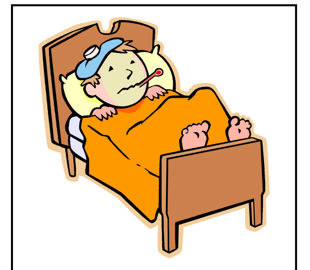
3. Any student with an illness or injury which precludes them from participating in physical education and/or recess is required to present a written excuse from their physician to include the diagnosis, the duration of the exclusion, and the physician’s signature and stamp. Any student excluded from physical education must also be excluded

from recess and all recreational activities requiring physical activitiy, to include intramurals, interscholastic sports, drama and class activities.

4. **If your child is ill, please keep them home from school.** Students who are not feeling well are not able to learn. Students should remain home until they are fever free for 24 hours without any fever reducing medication. They should also remain home for 24 hours without vomiting or after beginning treatment for strep throat and pink eye.

5. Please keep your school nurses updated with any changes in your child's medical history. The nurses are legally and ethically bound to maintain confidentiality but are not able to safely and thoroughly care for your children without knowledge of their medical and/or emotional issues. In addition, please notify the nurse with any changes in contact information so they may readily be in touch with you if necessary.





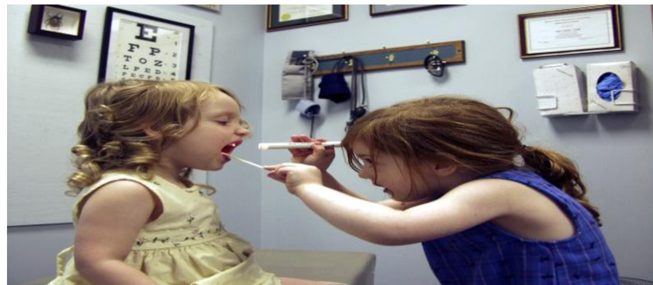
# New York State Guidelines and Requirements

## *1. Health Appraisals*

Education Law and Regulations of the Commissioner of Education require physical examinations of children when they:

- Enter the school district for the first time
- Are in grades K, 2, 4, 7, and 10
- Participate in interscholastic sports
- Need working papers
- Are referred by/to the Committee on Special Education
- Are deemed necessary by school authorities to determine a child's education program.

**The physical needs to be dated within one year from the beginning of the previous school year.** All students who do not produce a record of a physical examination by their private physician will be scheduled for a health appraisal with the school physician. Dental examinations are requested at the same intervals.



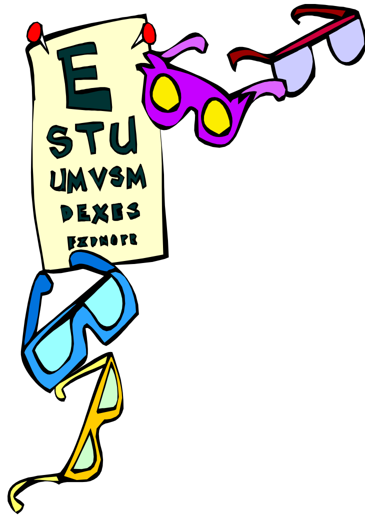
## *2. Immunizations*

In New York State immunization requirements are set forth in Public Health Law Section 2164. All students in New York State are required to have a physician's certificate indicating that they have been immunized in accordance with the regulations defined within this law. All students must be vaccinated against Measles, Polio, Rubella, Mumps, Diphtheria, Hepatitis B, Pertussis and Varicella. Other immunizations may be given by your physician as determined by present recommendations. A full schedule of

immunizations is available at
http://www.health.ny.gov/publications/2370.pdf.

Students who do not present proof of immunization after 14 days of school attendance may be excluded from school.  This grace period can be extended to 30 days for students entering from out-of-state or out-of-country if a good faith effort is being shown to obtain the records.

Students may only be exempt from immunizations with acceptable documentation of a parents' genuine and sincere religious belief that precludes immunization, or documentation from a physician that a sincere threat to a child's health exists with immunization. These issues need to be discussed with the school nurse and the school administration.



### *3. Screenings*

Screenings are mandated supplemental evaluations conducted by school nursing personnel.  The results of the screenings are kept in the student's cumulative health record.  Any significant findings are reported to the parent/guardian in writing to facilitate further evaluation, diagnosis, and treatment as needed.  The areas that are screened are as follows:

1. **Vision** – All students in grades K,1,2,3,7, and 10 will be screened for distance acuity.  In addition, new entrants will be screened for near vision and color vision.
2. **Hearing** – All students in grades K,1,3,5,7, and 10 will have threshold screening to identify any degree of hearing loss that may be

interfering with communication and learning. Students who fail the test will be rescreened one time to rule out any interfering factors.

3. **Scoliosis** – Scoliosis screening is done in the schools from grades 5 through grades 9. The purpose of scoliosis screening is to identify students with developing spinal deformities early so intervention can be initiated to halt the progression of the disorder. Families will be notified prior to screening to allow the students to come to school dressed appropriately for the screening procedure.

In addition, every other year our school district is required to participate in a BMI (Body Mass Index) survey by New York State. The purpose is for the state to collect data on childhood obesity and risk factors associated with obesity in our school children. No identifying information is used when submitting this information to the state; however parents have the right to have their children's data excluded from the survey.

4. ***Medication Guidelines***

All medications to be administered in the school setting require a written order from a licensed prescriber and written parental permission. **NO** medication should be carried by a student, except epi-pens and inhalers as prescribed by the physician, and with proper documentation on file in the health office.

All medications, including nonprescription drugs (over-the-counter), given in school shall be prescribed by a licensed prescriber on an individual basis as determined by the student's health status. The nurse will arrange for the child to receive the medication as ordered and will maintain records regarding the medication.

Any prescribed medication that needs to be given to a non-self-directed student must be administered by a licensed professional nurse. Any medication that is to be given through any route other than by mouth to any student must be given by a licensed professional nurse.

5. ***Sports Clearances***

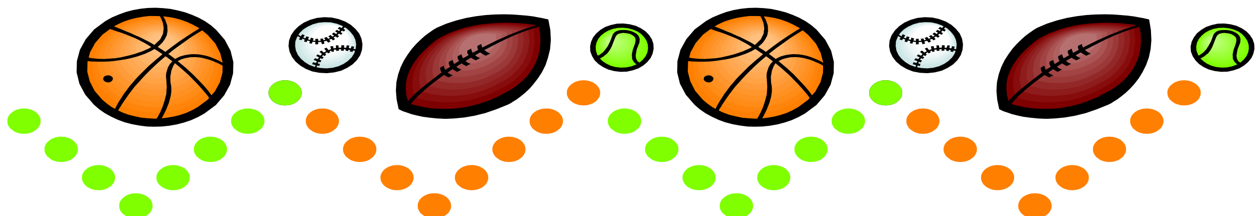
Students in grades 7-12 are eligible to participate in interscholastic sports. In order to qualify to try out for a sports team, the student must meet several criteria for medical clearance. State Education Law supports health appraisals for all student athletes for the following reasons:

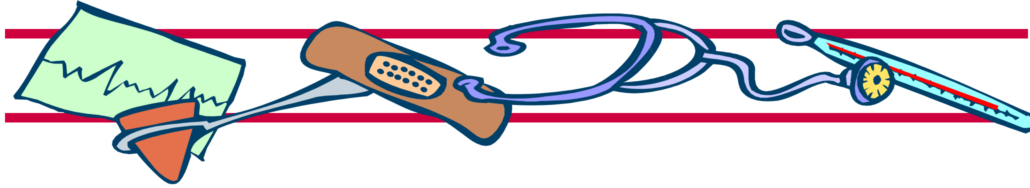
1. To provide for the health and well-being of the athlete. Knowledge of the athlete's physical status, functional ability, growth, and maturation is necessary to make a medical decision as to the level of participation in athletics.
2. To identify significant health problems which may preclude safe and effective athletic participation. (NYS Student Health Appraisals Guidelines, 1992)

Health examinations may take place at any time during the school year and are valid for qualifying a student's participation for a period of one year. The report of the examination must indicate the level of participation for which the student qualifies. Prior to each sports season within this year the student must complete an interim report to qualify for clearance. The procedure for clearance is as follows:

1. The student must have on file or present a physical dated within one year prior to the sport season.
2. The student must present a pink coaches' authorization form with the interim medical report and parent permission to participate completed. This form must be signed on **both** sides by a parent or guardian.
3. The student must present themselves to the school nurse for a brief health history interview and review of the student's records to ascertain that there are no outstanding physical education exclusions or medical issues that may preclude medical clearance.

If a student is ill or injured during the sports season, he/she will be required to submit documentation from a physician to indicate limitations or acceptable level of participation. Students who are excluded by a physician's order from physical education classes may not participate in recess or interscholastic sports.





# HEALTH AND WELLNESS ISSUES

Health and wellness are concepts basic to keeping our students in the proper condition to be in the classroom and learning.  While there are many issues that may be seen in the school community as students pass through the stages of development, some of the most relevant and common issues are addressed in this handbook.  Health education and health promotion support health and wellness in the school community and are addressed daily by health educators, within classrooms, and by your school nurses.

## The Top 5 Causes of Missed School

### 1. COLDS

The most common childhood illnesses are upper respiratory infections including colds and other viral ailments that affect the throat, nose and sinuses.  Children's immune systems are not as well developed as adults and therefore they typically have more colds and viral illnesses that are more severe and last longer than do adults.

Studies have shown that there is no benefit from treating children's colds with antihistamines, decongestants or cough suppressants.  The only medication that may ease the discomforts of an upper respiratory infection is acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Advil, Motrin) which may relieve discomforts and reduce fever.  **Do not give your children aspirin as this may trigger Reyes syndrome, a rare but potentially fatal disease.**

### 2. STOMACH FLU (gastroenteritis)

The second most common childhood illness is gastroenteritis, often referred to as the stomach flu.  This illness may include vomiting and diarrhea, and can lead to dehydration, especially in younger children.  Signs and symptoms of dehydration include:

- Excessive thirst
- Dry mouth

- Little or no urine or dark yellow urine
- Decreased tears
- Severe weakness or lethargy

It is important to replace fluids, minerals, and salts which can be done with drinks such as pedialyte or Gatorade. Foods should be reintroduced slowly starting with easy-to-digest foods such as broth, toast, bananas, and rice. Avoid dairy products.

It should not be assumed that all stomach upsets are indicative of a flu or contagious illness. Some children get stomachaches from indigestion or constipation or possibly from worry or anxiety. If a child is having stomachaches often they should be evaluated by your health provider to determine the cause of the stomach upset and treat it appropriately.

## 3. EAR INFECTIONS (otitis media)

Otitis media is more an ailment of the young child although it may be seen in children of any age. More often than not, ear infections are triggered by respiratory illness. Colds and allergies may cause congestion resulting in fluid being trapped in the middle ear which can be a breeding ground for viruses or bacteria. Ear infections caused by bacteria can be treated with antibiotics; however viral infections will not be effected by these medications. Your physician may choose to wait and see if the infection clears up on its own before prescribing antibiotics. Over use of antibiotics have been shown to have serious consequences, such as the emergence of bacterial strains with built-in resistance to many of the drugs that fight infection. Use of acetaminophen or ibuprofen may relieve the discomfort associated with ear infections.

## 4. PINK EYE (conjunctivitis)

Pink eye or conjunctivitis is an inflammation of the clear membrane that lines the white portion of the eye and the inside of the eyelid. These infections may be bacterial or viral in nature and are highly contagious with direct contact. Generally there is drainage from the eye that can be the cause of the spread of the infection. Bacterial conjunctivitis can be treated with an antibiotic eye drop or ointment. Warm or cool compresses may relieve the discomfort. Children should remain home until they have been treated for 24 hours.

## 5. SORE THROAT

Most sore throats are caused by viruses and accompany other viral respiratory signs and symptoms, such as cough or runny nose. However, about 15% of sore throats are caused by streptococci bacteria, the bacteria responsible for strep throat. It is not uncommon for strep throat to be accompanied by fever and painful swallowing. Strep throat needs to be treated with antibiotics. Failure to treat may result in more serious consequences. Students should remain home until they have been treated for strep throat for 24 hours.

## PREVENTION

Preventative measures can go a long way in halting the spread of even the most common childhood illnesses. Teaching our children the basics can keep our schools healthy:

- **Keep your hands clean** – Wash hands for as long as it takes to sing the "Happy Birthday" song before eating, after using the bathroom, or blowing your nose.
- **Cough and sneeze into your elbow** – this keeps the germs off your hands and out of the air.
- **Keep your hands away from your mouth, nose, and eyes** – these are areas that you want to keep your germs away from.
- **Keep away from people who are ill** – close contact with someone who is ill can leave you ill as well!!

As your children get older they will build up their immune systems resulting in less illness and quicker recoveries. Following the prevention tips above will help to keep them healthy.

## WHEN TO KEEP YOUR CHILD HOME AND WHEN TO SEND THEM BACK

Keep your child home when he or she:

- has a fever higher than 100 degrees
- is vomiting
- has diarrhea
- is in the first 24 hours of antibiotics for strep throat or pink eye.

Send your child back to school when he or she:

- is fever-free for 24 hours without any fever-reducing medication
- can eat and drink normally
- is rested and alert enough to pay attention in class
- has followed any physician recommended periods of isolation.

(Source: The information above is based on the article "Children's Illnesses: The Top 5 Causes of Missed School" printed on MayoClinic.com on 9/18/2008.)

# FOOD ALLERGIES

Food allergies are a growing health issue among school children, affecting 6-8% of children. The most common foods that result in allergic reaction are milk, eggs, peanuts, soybeans, wheat, fish, and tree nuts (such as pecans, cashews, and walnuts.) This is one of the most common medical issues that needs to be addressed in the school environment because of the availability of food in not only the cafeteria, but also throughout the school in classrooms, during celebrations, and during after school activities.

It is important to understand that there is a difference between food allergies and food intolerance. Food intolerance is not an allergy but rather an adverse reaction due to the body's inability to handle a substance making digestion difficult. The result may be gastrointestinal discomfort but is not life-threatening. Food allergy is an immune response and has the potential to become life-threatening. Allergic reactions can range from mild to severe and affect the respiratory system, gastrointestinal tract, skin, and cardiovascular system.

School nurses are knowledgeable about food allergies. They create individualized health plans based on an individual student's physician's orders. They keep medication in their offices for students who may have a reaction and are able to administer appropriate medications if a reaction occurs. Epinephrine in the form of injectable Epi-pens are the treatment of choice for a severe or anaphylactic reaction. The school nurse is legally able to train non-professional staff to administer epi-pens; however, it is up to the staff member if they choose to be trained. Our school nurses train as many staff members as can be trained so that a quick response in the event of a reaction can be achieved. Each school is also equipped with a non-patient specific epi-pen that can be used in the event that a child without a previously diagnosed reaction manifests an anaphylactic reaction.

Keeping our food allergic students safe is a team effort between parents, students, nurses, teachers, and other school staff. While the nurses have a responsibility to create a plan and train the appropriate staff, the parents have a few responsibilities of their own. According to the Food Allergy & Anaphylaxis Network (FAAN) there are 10 steps that parents can take to be

proactive and assist with managing their children in the school setting. These steps include:

1. *Become Informed and Educated* – Understand about your child's allergies.
2. *Prepare and Provide Information About Your Child's Food Allergy and Medication*
3. *Build a Team*- Work with the school nurse and classroom teachers to create a safe environment for your child.
4. *Help Ensure Appropriate Storage and Administration of Epinephrine*
5. *Help Reduce Food Allergens in the Classroom(s)*
6. *Consider School Meals*
7. *Address Transportation Issues*
8. *Prepare for Field Trips and Extracurricular Activities*
9. *Prevent and Stop Bullying*
10. *Assist Your Child with Self-Management*

The nurse and the student have responsibilities as well to support an allergy safe environment and to be vigilant in avoiding allergens when they exist. Your school nurse is available to work with you in achieving these goals and making your child's environment safe. Creating care plans and emergency plans, educating parents, staff, and students, and decreasing exposures are just a few of the ways that the nurse is involved. Students need to be educated about their condition and to know the importance of following their health plan. They should be taught to question ingredients and to not accept unlabeled food. As the student becomes self-directed, they can be responsible to carry an epi-pen with them in the event of an emergency.

It is important for the lines of communication to be open between the family and the school. Physician's orders and food allergy plans must be on file in the nurses' office. The nurses will communicate to teachers and school staff, such as cafeteria aides and food service workers, as needed to ensure safety for your child.

The school nurse is always available to assist you and answer your questions. For more information, log in to The Food Allergy Network at www.foodallergy.org.

# HEAD LICE

**YUCK!!!!!!!!!!!!!!!!!!!!** This is the general reaction by most people when the topic of lice is raised. In reality, while lice is not something that we want to have to deal with, the biggest issue is that it is difficult to effectively treat and eradicate it without vigilance and patience.

## Head Lice Facts

- Head lice are small insects that can live on the scalp and neck of a human host. They do not live on animals. They need the human host to survive and will not live for any length of time off of the scalp.
- They hatch from small eggs (nits) that are attached with a cement-like substance to the shaft of individual hairs.
- They must have the warmth of the human body and blood on the scalp to survive.
- They are NOT a health hazard, a sign of uncleanliness nor do they spread disease.
- They do not fly or jump. They want to STAY on the hair near the scalp.
- They need very close head-to-head contact to spread from one person to another. Homes and camps are the most common mode of transmission.
- Indirect transmission is uncommon but may occur via shared combs, brushes, hats and hair accessories that have been in contact with lice. RARELY are they spread through shared helmets or headsets.
- Itching occurs when they inject a bit of saliva into the scalp, but itching can persist even after treatment and is not a reliable sign of lice.
- Due to the life cycle of the louse, when lice are discovered, they have usually been there about a month. Checking the scalp within a few days of exposure will more than likely NOT result in finding any evidence of lice.
- An infected individual may complain of itching as well as a tickling sensation of something moving in the hair.

## Diagnosis and Treatment

The gold standard of diagnosis for head lice is the presence of a live bug. Finding a live louse can be difficult as they crawl very rapidly and are generally very tiny. Nits attached to the hair shaft are much easier to identify. Nits are the egg casings of the lice eggs and are generally about 1 mm long and shaped like a teardrop. Nits are often confused with such things as hair casts, residue from hair products, or dandruff. Classically, nits are cemented to the hair shaft and are difficult to remove as opposed to the other substances. Scientific evidence has shown that nits that are further than approximately 6 mm from the scalp are probably not viable. Nits can be examined under a microscope for definitive determination of viability, but this is most often unreasonable and not done. According to experts, if the nit is further from the scalp and there is no evidence of live bugs, the nits may be left from a previous infestation. Nits may remain on the hair well after the infestation and vigilant rechecking of the head may be warranted to determine that there is not a viable case of lice.

## The Issues and the Evidence

Previously school policies and best practices have been based on misinformation, myths and stigmas regarding lice. In recent years research has been released from organizations such as Harvard School of Public Medicine, The American Academy of Pediatrics, The Center for Disease Control, and the National Association of School Nurses that address the issues of treatment of lice, school absences, and embarrassment and confidentiality issues that have in the past created undue anxiety on the part of parents and school staff. School nurses are available to provide accurate information and work with parents and school staff to minimize the uproar that can occur when a child is identified as having lice. Your school nurse can instruct you on how to check your child's head and are available to answer any questions or give advice in the event that your child has lice.

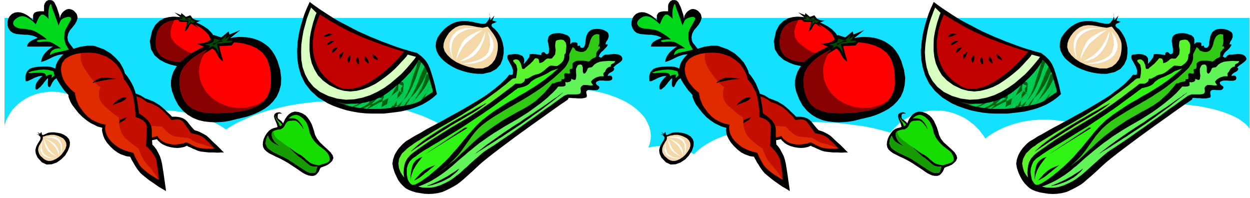
If your child has lice there are many treatment options. You may wish to discuss your choices with your pediatrician. No treatment is 100% effective; however, using a pediculicide is generally more effective than home remedies. Removal of nits can be helpful in decreasing the risk of self-reinfestation (especially the nits close to the scalp), decreasing diagnostic confusion or the possibility of unnecessary re-treatment. No matter what treatment is used, rechecking the child's head is a necessary step to decrease the possibility of reinfection. Basic vacuuming of your home and car seats and cleaning of your child's linens and any objects that are in contact with their heads are recommended to avoid reinfection.

The scientific evidence has shown that head lice screening programs have not had a significant effect on the incidence of head lice in the school setting. It is important to remember that a child who is identified with lice has been infected for 3-4 weeks and poses very little risk of transmission to others. It is more important to maintain that child's privacy and minimize the loss of classroom time than to exclude or separate that child. Research data does not support immediate exclusion upon identification as an effective means of controlling lice infestation.

**Lice is not a public health issue** – they do not carry disease nor have any negative implications about the child or family who has been infected. Removing the stigma and having an understanding of the issue, and passing this understanding to our children should be the first step in addressing lice. Below are several resources where you can get more accurate and scientific information:

identify.us.com – Identify US –formerly Harvard School of Public Health information on lice
http://www.cdc.gov– The Centers for Disease Control
http://www.aap.org– American Academy of Pediatrics

(Information in this article was obtained from the above websites.)



# CHILDHOOD OBESITY AND NUTRITION

The issue of overweight and obesity in this country is one that we hear about more and more. Research has shown a significant problem with overweight and obesity in our children which generally lead to overweight and obese adults. According to the CDC the percentage of children ages 6-11 who are obese increased from 7% in 1980 to 20% in 2008. For youths aged 12-19 this increase was from 5% to 18%. Our children are not exempt from this health issue. New York State is addressing this issue and collecting data from our state's schools to identify areas of concern and develop possible interventions. Food services within the schools are being more and more regulated by the federal government with regard to nutrition; and schools are being charged with developing wellness policies to meet the same goal. While not everyone agrees with some of the solutions presented, the health and well-being of our children is the ultimate goal.

Health concerns for overweight and obese school children include:

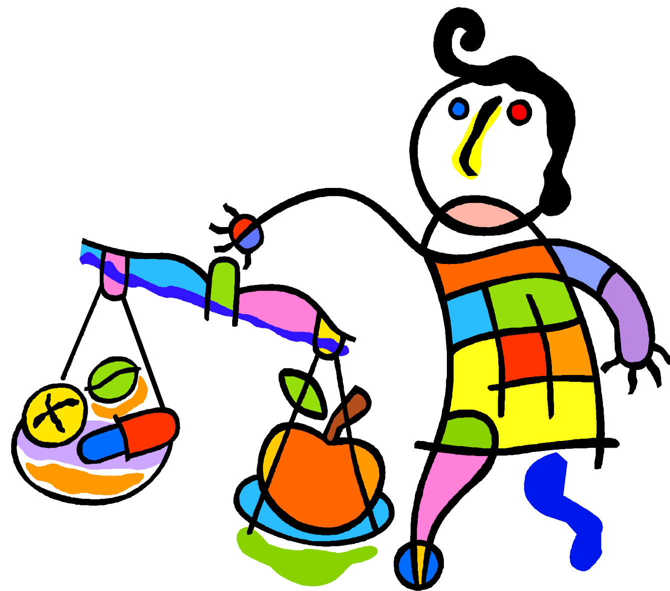
- Coronary heart disease
- High cholesterol
- High blood pressure
- Bone and joint problems
- Sleep apnea
- Asthma
- Social and psychological problems
- Stigmatization and poor self-esteem
- Type 2 diabetes

Some factors that can influence weight issues in children are:

- Change in diet and physical activity
- Heredity/Genetics
- Behavioral/Cultural
- Environmental/Socioeconomic status
- Media marketing

Good nutrition and physical activity are integral to healthy growth, development, and well-being. Behaviors that support good nutrition, portion control, and physical activity should be encouraged within the school environment and in the home. Nutritionally balanced eating patterns and physical activities should be introduced in early childhood and continue throughout the life span.

(Sources: National Association of School Nurses and Centers for Disease Control)



# CONCUSSIONS

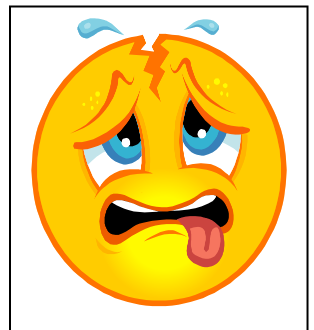
In recent years there has been an increase awareness of head injuries and the potential harm that may result if students with head injuries are not managed carefully and conservatively. Concussions in youth are becoming increasingly common. While falls are the most common cause of head injury in school-aged children, sports related head injuries are on the rise, especially in school athletics.

## What it is and what to do

Concussion is the most common type of head injury. Concussions can be mild to severe and are caused by jarring or shaking of the head resulting in the brain moving around inside the skull. The resulting symptoms may include headache, amnesia, confusion, visual disturbances, gait disturbances, and if serious enough, loss of consciousness. It is not possible to "see" a concussion and the symptoms may not occur for hours or days after the injury. The CDC provides the following list of symptoms:

Signs Observed by Coaching Staff

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness *(even briefly)*
- Shows mood, behavior, or personality changes
- Can't recall events *prior* to hit or fall
- Can't recall events *after* hit or fall



Symptoms Reported by Athlete

- ❖ Headache or "pressure" in head
- ❖ Nausea or vomiting
- ❖ Balance problems or dizziness
- ❖ Double or blurry vision
- ❖ Sensitivity to light
- ❖ Sensitivity to noise
- ❖ Feeling sluggish, hazy, foggy, or groggy
- ❖ Concentration or memory problems
- ❖ Confusion
- ❖ Does not "feel right" or is "feeling down"

(Source: http://www.cdc.gov/concussion/sports/recognize.html)

Most people recover quickly and fully from concussions but for others the signs can last for day, weeks, or longer.

Steps to take in the event that a concussion is suspected:

- ❖ **Remove the athlete from play** – at minimum a player should not be allowed back into the game being played at that time and ideally should not return to play until evaluated and cleared by a health practitioner well versed in head injuries.
- ❖ Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion
- ❖ Keep the student out of play until they are 24 hours symptom-free.

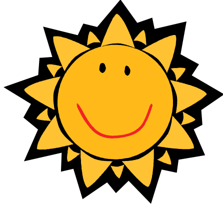
Students should not be allowed to return to play until they are totally symptom-free and healed. The student needs to be cleared by a knowledgeable health professional. The return should be done in a stepwise progression in order to minimize risks of re-injury.

## Second Impact Syndrome

Second impact syndrome (SIS) occurs when an individual sustains a second head injury before the first one was totally healed. This is a very serious syndrome because it can progress and result in rapid deterioration and possibly even death. The second injury does not even have to be severe to

produce serious neurological effects. After appearing momentarily stunned, the athlete may seem alright but can suddenly at any point collapse, become unconscious, and ultimately death may occur.

Concussion management has become a hot topic in high school sports. Legislation is being looked at that will require schools to have concussion management teams and to follow recommendations that are based on research and expert opinions. Often the athletes are eager to return to play and may be impatient with the recovery and re-entry process. Parents, coaches, school health professionals, and students' private health care professionals need to work as a team to ensure the proper management of head injuries.



# Safety

Keeping kids safe and injury free is a never-ending and complicated task. The potential for unforeseen happenings is always there, but there are many steps that can be taken to reduce as much risk as we can for our children. Here are a few suggestions of ways to keep your children safe:

**Bicycle helmets** – According to the CDC bicycle helmets reduce the risk of serious head injury by as much as 85% and the risk of brain injury by as much as 88%. If every bicycle rider wore a helmet this may prevent up to 150 deaths and 100,000 nonfatal head injuries each year. A properly fitted bicycle helmet should be worn by all riders.

**Sun safety** – Just a few sunburns as a child can increase the risk of skin cancer later in life. Skin can begin to burn in the sun as quickly as 15 minutes of exposure. There are a few simple actions that can reduce sun damage:

- seek shade – minimize direct exposure to the sun's rays
- wear a hat
- cover up
- wear sunglasses – eyes can be damaged by UV rays….a good pair of sunglasses will block out the harmful rays
- wear sunscreen – don't forget the ears, nose, lips, and tops of the feet….also don't forget to reapply!!!!!!

**Hand washing** – This is one of the most important things that we can do to keep from getting sick. All children should be taught good hand hygiene and be encouraged to wash their hands often, especially before eating, after they sneeze or cough, and after touching contaminated surfaces

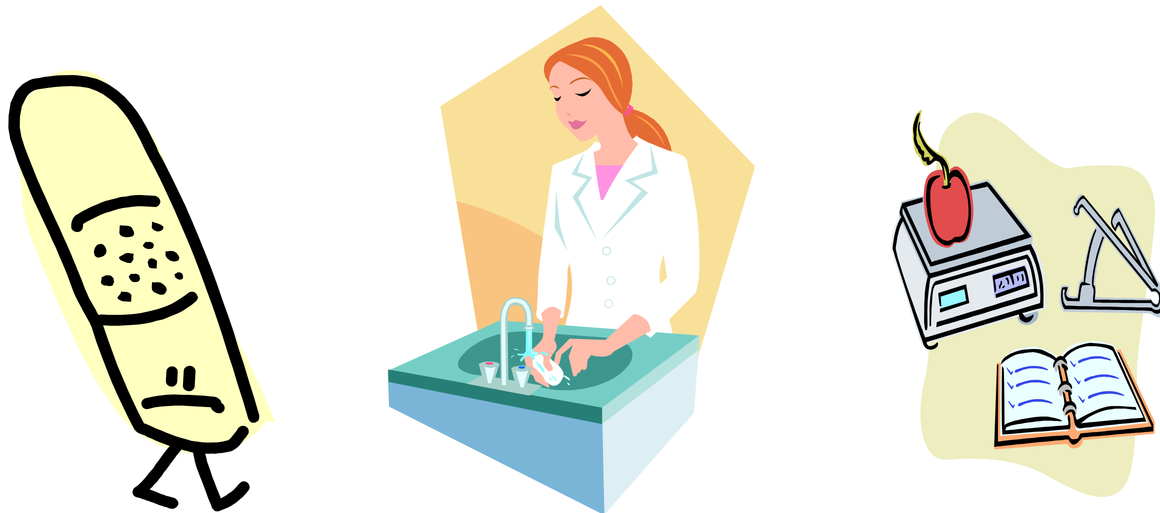
**Motor Vehicle Safety** – Motor vehicle accidents are the leading cause of death among people ages 5-34 (CDC statistics.) Proper use of car seats, booster seats, and seat belts can make a huge difference in decreasing this statistic. As teens begin to drive it is important to reiterate safe driving rules with them constantly.

**Tobacco use** – Despite the health education and encouragement not to smoke starting in lower grades, we still have a population of our teens that smoke. Discouraging tobacco use should start at home. Studies have

shown that tobacco use in teens often is related to other high-risk activities. In Plainview we have an active contingent of students and adults who work on tobacco free programs. Teaching and communication is the key to working toward a true smoke-free environment.

**Foot wear** – While this may sound like a strange subject, the truth is that footwear is an important topic in maintaining safety in children. Appropriate footwear for activities can diminish the risk of injury significantly. In the warm weather, students may want to wear flip-flops or sandals, but this type of footwear is not playground or physical activity friendly. In the winter many of the boots that the children wear can be clumsy and unsafe. Sending them to school with a change of shoes may be appropriate in these situations.

Keeping our students healthy, safe, and happy is a common goal. Working together as a team within the school environment and the community is a giant step toward achieving this goal. Supporting the academic efforts of our schools within healthy guidelines is a worthwhile cause for all members of the school community.



# Web Resources

Here are a few websites that may be helpful in finding information about school health issues:

http://www.aap.org– American Academy of Pediatrics

http://www.cdc.gov– The Centers for Disease Control

http://www.health.state.ny.us– New York State Department of Health

http://www.foodallergy.org– Food Allergy/Anaphylaxis Network

http://www.nlm.nih.gov/medlineplus– Medical Information

http://www.mayoclinic.com– Medical Information