

BEYOND BANDAIDS



ASHBURNHAM WESTMINSTER SCHOOL HEALTH



Spring and Summer 2017

Welcome to the annual publication of **Beyond Band-aids**, the school health newsletter written by the Ashburnham-Westminster School Health Services Department.

We are still fortunate to be receiving grant funds from the Massachusetts Department of Public Health called the Essential School Health Grant. This has truly helped our district immensely providing information and equipment, developing new programs, providing linkages with many in the health care field, etc. We abide by the Massachusetts laws and maintain the health records and requirements mandated. We also are able to provide staffing through this grant and support the role of a nurse coordinator in our district.

In May School Nurse Recognition Day is celebrated. School nursing has definitely expanded since first starting over 100 years ago. We still do a lot of the same nursing care, but so much more has been added as the health needs of our children have changed. Besides the daily nursing care we give to our students, we take on many roles such as educators, trainers, nutritionists, and counselors. We aren't wearing those white nurse's caps anymore because we are wearing many different caps!



All of the AWRSD school nurses are part of the educational team promoting academic achievement and our goal has always been to keep our children in the classroom for their important time on learning.

In collaboration with our school physician, Dr. Lisa Rembesty-Brown, we look forward to providing you with an optimum school health program.

Just a reminder that ALL students entering grades 3, 6, and 9 are required to have a physical exam by the beginning of the school year. In addition, 7th grade students need a immunization update. ALL students participating in sports in the middle school and high school are required to submit yearly physical exam paperwork to the school nurse.



*Referrals were sent home throughout the school year to parents/guardians of those children who failed their hearing, vision and scoliosis screenings here in school. We still do not have all of them returned. At the end of the school year a statewide report is done and submitted to DPH regarding these screenings and referral compliance. Please help us reach that 100% referral return rate for the first time! And most importantly, help us be sure that your child is able to perform well in their classrooms by providing the medical documentation that may include accommodations needed. **Thank you.***

Is it Strep? - Jessica Heffernan BSN RN

As school nurses we see many, many sore throats and the big question is, "Is it Strep?" Unfortunately we cannot determine by visual assessment if it definitely is Strep throat. We can help gather information to give parents which they can bring to the doctor. The only definite way to get the answer to this question is to have a throat swab done. We wish there was more magic we could do to help us with this. Hopefully some of the information below will be helpful to you when faced with sore throat complaints at home.

What is Strep throat?

- * Strep throat is an infection caused by Group A Streptococcus bacteria that causes inflammation and pain in the throat.
- * Most common in school age children ages 5-15 but also can occur in adults
- * To diagnose must have a strep culture done
- * If untreated a more serious illness, such as rheumatic fever can occur, a disease that may harm heart valves.

Symptoms of strep throat versus common sore throat:

- * Strep throat symptoms generally are more severe than regular sore throat symptoms, but there are always exceptions to that rule. If anything is concerning, it is always best to contact your child's physician.

Strep (usually has 2 of these)

Sudden sore throat
 Loss of appetite
 Painful swallowing
 Red swollen tonsils may have white spots
 Fever >101.0/Headache
 Stomachaches
 Enlarged neck glands
 Pink sandpaper-like rash to skin (Scarlet Fever)

Sore throat from cold

Runny nose
 Sneezing
 Cough
 Mild headache/
 mild body aches



How is it spread:

- * Person to person through the air such as sneezing or coughing
- * People with strep bacteria can spread to others until 24 hours after antibiotic treatment or for 10-21 days if untreated

Diagnosis

- * Most likely a Rapid Strep Test (which takes 5 minutes) will be done in the doctor's office. However, there is a chance for a false negative, so usually a throat culture is sent to the lab as well. This test will take 48 hours for results.

Treatment

- * Oral antibiotics for approximately 10 days. It is very important to completely **finish** the prescribed medication course even when you start feeling better
- * Warm salt water gargles for comfort
- * Cool mist humidifier in child's bedroom
- * Over the counter pain reliever such as Tylenol or Motrin.

When can child return to school?

- * Child can return to school after 24 hours of treatment and when they are fever-free **WITHOUT** Acetaminophen/Ibuprofen for 24 hours.

Feed a Cold, Starve a Fever - Susan Lofquist BSN RN NCSN

The maxim “feed a cold, starve a fever” is one of the oldest folk sayings, which can be traced to a 1574 dictionary written by John Withals. Withals noted that “fasting is a great remedy for fever”, and helped to cool the body down when overheated. However, recent medical science reports that it is important to feed both colds *and* fevers.

Fever is a natural response of the body’s immune system that serves to help eliminate pathogens such as bacteria and viruses. This temperature elevation increases cellular metabolism, which causes more calories to be burned, therefore maintaining an adequate intake of calories becomes important.

However, the most crucial step to take during a fever is to maintain adequate hydration. Fever causes dehydration due to increased perspiration, therefore increasing fluid intake is imperative. The dehydration also causes

mucus in the nose, throat and lungs to become thickened, which makes it harder to cough up and provides a fertile breeding ground for pathogens.

Recent scientific evidence indicates that the current practice of reducing a fever send the message to concerned parents that fever is harmful and thus reducing the fever is desirable. However, the World Journal of Pediatrics (2012) published a study that recommends avoiding the use of anti-pyretics (such as Tylenol or Advil), *unless* a child has significant discomfort or underlying medical conditions. Fever plays an important role in promoting a defense against infection in the human body, and a moderate fever (less than 102 degrees) is considered to be beneficial (El-Radhi, 2012).

So how should one manage a fever during illness? Some suggestions include:

- * Place a cool, damp washcloth on the child’s forehead
- * Give your child a lukewarm tub bath or a sponge bath. Don’t use cold water because it can cause shivering and cause the body temperature to rise. Also, don’t use rubbing alcohol, which is an old-fashioned fever remedy that can cause shivering and possibly even alcohol poisoning.
- * Offer plenty of fluids and chilled foods, such as ice pops and yogurt, cool the body from the inside out and help maintain adequate hydration.
- * Use a fan to increase air circulation in the room, but don’t have it blowing directly on the child.
- * Remove layers of clothing so your child can lose heat more easily through the skin.

Call the doctor immediately if your child is younger than 3 months old and has a fever. For a baby 3-5 months old, call the doctor if the temperature reaches 101 degrees or higher. After the age of 6 months call if the fever is greater than 102 degrees. Additionally, no matter how old your child is, call the doctor if there is a fever along with other serious symptoms, like difficulty breathing or purple spots on his/her skin. These can be a sign of a serious bacterial infection.

Resources:
El-Radhi, A.S.M. (2012) *Fever Management: Evidence vs. current practice*. World Journal of Clinical Pediatrics, 8
Shu. J. *How can I reduce my child’s fever without using medicine?* Website: Baby Center Expert Advice. Retrieved on 4/27/17 from: https://www.babycenter.com/404_how-can-i-reduce-my-chlds-fever-without-using-medi-



SBIRT (Screening, Brief Intervention and Referral to Treatment) - this screening was started this year at Oakmont High School and will be incorporated at Overlook Middle School in the fall of 2017. This **verbal** screening done by the school nurses is a confidential approach for early identification and intervention for students who may have a pattern of alcohol or drug use that puts their health and safety at risk. The nurses, in turn, are able to provide feedback and education regarding the risks related to unhealthy substances use. We, as school nurses, are always trying to motivate our students to make healthy physical and behavioral choices.

TICK SAFETY– Nancy Taylor BSN RN NCSN

Spring is here and summer is just around the corner. Along with the warmer weather, comes more outdoor activities for us; and for the insects who see humans as free lunch! One of the insects that causes the most concern here in the Northeast is the tick, which is notorious for transmitting diseases to humans.

Tick-borne pathogens can be passed to humans by the bite of infected ticks. Ticks can be infected with bacteria, viruses, or parasites. Some of the most common tick-borne diseases in the Northeast include: Lyme disease, babesiosis, ehrlichiosis, anaplasmosis, Powassan encephalitis and tularemia. Lyme disease is the most commonly reported tick-borne disease in the United States. In 2010, more than 22,500 confirmed and 7,500 probable cases of Lyme disease were reported to the Centers for Disease Control and Prevention (CDC).

While it is a good idea to take preventive measures against ticks year-round, be extra vigilant in warmer months (April-September) when ticks are most active.

Avoid direct contact with ticks by:

- * Wearing light-colored long sleeved shirts and pants tucked into boots if walking in tick infested areas. Avoid wooded or brushy areas with high grass and leaf litter. Walk in the center of trails.

- * Using insect repellent - The CDC recommends using products that contain DEET or Permethrin (clothing only). **Always** follow product instructions; parents should apply repellent to their children, avoiding hands, eyes, and mouth.

- * Making sure to shower and inspect your body after being outdoors. Parents should check their children for ticks under the arms, in and around the ears, inside the belly button, behind the knees, between the legs, around the waist, and especially in their hair.

- * Examining gear and pets. Ticks can ride into the home on clothing and pets, then attach to a person later, so carefully examine pets, coats, and day packs.

- * Washing clothing and dry on high heat after being outdoors.

- * Creating a Tick-safe Zone to Reduce Ticks in the Yard by reducing or eliminating areas that are attractive to ticks by: mowing the lawn frequently, removing leaf litter and trash, keeping tall grasses and brush away from lawn edges, keeping stacked wood dry and neat, keeping play areas away from yard edges and trees.

So, you've found a deer tick on your body after a day in the woods and not sure what to do next? The Lyme Disease Foundation has a webpage with information for tick identification and removal at <http://www.aldf.com/lyme-disease/#removal>. Always save the tick and consult your physician if you are unsure which type of tick you have removed or if you are concerned about tick borne illness after a tick bite.





Heidi Williams BSN RN—Overlook Middle

On January 3, 2017 Governor Charlie Baker signed into law, a bill that requires every school in Massachusetts to have an automated external defibrillator (AED). Bill S.2449 was highly anticipated to pass into law after many years of advocacy from parents in the state who have lost children to sudden cardiac arrest.

In this district we have been able to provide AED's in each school for many years. The majority of our schools have 2 AED's each. Any person can become CPR certified through The American Red Cross, The American Heart Association, or through online programs. Ask your school nurses or administration for the locations of the AED's. You could save a life by knowing where the devices are located and bringing it to the scene of a medical emergency.



Walk to School—On May 31st the students and staff from Meetinghouse and Westminster Elementary Schools along with their partners from the Westminster Police and Fire Departments, Aubuchon Hardware and First Student Bus Company will participate and celebrate Massachusetts Walk to School Month, a partnership program with the Safe Routes to Schools. The mission is to promote safe walking to and from school and to promote the importance of healthy lifestyles.

The warmer weather will hopefully be here soon! Remember to check for ticks after your children have been playing outside. Encourage them to wear their helmets while riding bikes, scooters skateboards and roller skates. And please protect the skin you are in when outside:

Slip on a shirt—**Slap** on a hat—**Slop** on sunscreen — **Wrap** on sunglasses



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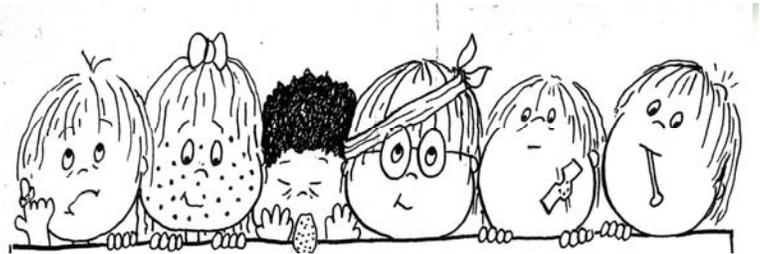
A Need for “RASH” Decisions—Jane Flis BSN RN NCSN

Many children come to the Health Office at school with a rash and want to know what it is. The school nurse may ask the student or their parent some questions as to when the rash started, how long they have had it, is it itchy, have they used any new soap, shampoos or laundry detergent? Observations of the skin are noted while chatting with the student. Most often rashes are not contagious however an evaluation by the school nurse as to whether the child should be allowed to stay at school or should be referred to their PCP is important.

Childhood rashes are caused by a variety of viruses, bacteria, fungi and allergic reactions. (NASN School Nurse Sept. 2015). Viral rashes are generally benign unless associated with a contagious illness such as measles or chicken pox. Thankfully with immunizations to prevent both of these diseases, those type of rashes are rarely seen in our health offices. Bacterial rashes can be contagious and therefore, a child with impetigo, scarlet fever associated with strep throat, or a MRSA infection would need to be seen by their doctor and treated with an appropriate antibiotic for 24 hours before coming back to school. Fungal type rashes such as ringworm are spread by direct contact and students with this type infection would also need to be seen by their doctor and started on medication before coming back to school. Rashes that are caused by an allergic reaction are not contagious although still may need to be evaluated by a doctor. Allergies to poison ivy, insect bites or stings, foods, to name a few, can cause the student a range of symptoms from mild to severe and may need treatment from anti-itch creams or steroids for more severe reactions.

If you notice that your child has a spreading rash or you suspect a contagious rash, it is best to contact your child's primary care provider for evaluation before sending to school. Have your child's doctor send in a note stating that your child has been seen by a medical professional and is able to return to school.

Resources:
NASN School Nurse 9/15
Massachusetts School Health Manual 2007



Let's Get Crackin' - once again this 6 week after school program occurred during the months of March and April at Meetinghouse School for children in K-2. This year the children had fitness classes that included yoga, Zumba, dancing, kickboxing and different stations of exercise along with incorporating technology into exercise programs



to do. Their health instruction included learning about the daily importance of 5 fruit and vegetables, 4 glasses of water, 3 good laughs, 2 hours of screen time, 1 hour of physical activity and 8 hours of sleep. We also talked about bike safety and sun safety.

Information on emergency forms change throughout the school year such as phone numbers. Please remember to notify your child's school if there are any changes to information you listed on the emergency form. We need to have a way to reach you immediately in any **emergency!!**

Healthy Children Learn Better...



School Nurses Make It Happen!

Reminder: It is highly recommended that you give your child 24 hours of feeling better after an illness before sending him/her back to school—that is “fever free”, no vomiting, etc for 24 hours and without medication! Please keep your child home if their temperature is greater than 100 degrees. When you send a sick child to school, you not only expose other children (and teachers) to your child's illness, but you also put your child at risk by exposing him/her to other children who may also be sick. This sets up the possibility of your child developing a secondary infection and possibly not feeling well for a longer period of time. And even if your child does not have a fever, he/she may still have an illness that warrants staying home.

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