



BRIDGES

Georgia's School Health Connection



HONOR roll

Protecting Children and Teens from Heat-related Illnesses

After the chill of winter, everyone is happy to see the temperature going up and enjoying being outdoors again. Although the warmer weather is welcome, the higher temperatures also remind us that precautions must be taken to protect children and teens from heat-related illnesses. Each year in the U.S., there are approximately 400 deaths due to heat-related illness.¹

Heat-related illness or heat stress occurs when high temperatures and humidity become trapped in the body. Children are more likely to experience heat stress than adults.

What is heat-related illness? Heat-related illness or heat stress occurs when high temperatures and humidity become trapped in the body. Children are more likely to

experience heat stress than adults because they produce more heat when they are active and they sweat less than adults do. This makes it more difficult for their bodies to maintain a normal temperature. Children are also reluctant to take breaks and drink water when they are enjoying playing outdoors.

There are many outdoor school activities in the springtime, including team practices, marching band practices and field days.

How can you be an advocate for the children in your school and protect them from heat stress?

There are three important steps – prevention, identification and treatment.

Prevention should always be the first step in protecting children from heat-related illnesses. Here are some reminders to share with administrators, teachers and coaches:

- ◆ Provide children with adequate opportunities to drink fluids, primarily water (children need six to eight ounces of water for every 15 to 20 minutes of activity).

Saving Lives - School Nurses Making a Difference

Every day in Georgia schools, nurses are faced with utilizing their combined expertise and assessment skills to decide if urgent medical attention is needed. Each newsletter will feature an example of a Georgia nurse who made a life saving difference for a student.

This issue's Honor Roll Nurse is Nancy McCready, RN with the Fulton County Board of Education, who is responsible for approximately 5,500 students in eight schools. It was Nancy's nursing expertise that helped her to identify an urgent concern when Thomas arrived at her clinic with complaints of a headache and fever. He appeared to not feel well and was relieved to lie down while Nancy contacted his parents. He squinted his eyes to protect them from the light. He sounded nasally congested and his voice was coarse and low. Thomas felt warm to the touch due to a 103 degree fever. He said he had a headache and fever for several weeks.

Nancy contacted his father at work and he agreed to pick Thomas up from school.

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School Nurses – A Resource for Tobacco Prevention Efforts

There is no doubt that school health programs positively impact health outcomes for students. A school health program not only provides nursing and emergency services, health screenings and referrals, but a school nurse can also be an excellent resource for health education. School nurses promoting student health encourages positive health behaviors and prevents negative health outcomes.

In 2000, Education House Bill 1187 designated that a portion of Georgia's tobacco settlement monies be allocated to school health programs. As a result of this funding, school health programs in Georgia have blossomed. As these school health programs develop, the opportunity to prevent tobacco use can have a significant impact on the health of Georgia's children.

There is a Georgia initiative that seeks to utilize school nurses and health educators to do just that. Project GIFT – Georgia's Initiative to Fight Tobacco is a program designed to give Georgia's children the foundation and life skills they need to make informed decisions on what is best for their health. Project GIFT works to prevent tobacco, alcohol and marijuana use and to promote positive health behaviors through the *Life Skills Training Curriculum* (LST), which meets 60% of the 6th grade Quality Core Curriculum (QCC) standards. Developed by Dr. Gilbert Borvin, a behavioral and developmental psychologist at Cornell University, the LST curriculum is one of only two curricula endorsed by the Centers for Disease Control and Prevention (CDC) for tobacco prevention.

Project GIFT is finishing its first pilot year under the innovation and leadership of Principal Investigator, Martha

"Nurses are such great educators, they would be great people to teach tobacco prevention."

Tingen, RN, PhD, Associate Professor at the Medical College of Georgia, School of Nursing. This initiative is funded in partnership with the Georgia Division of Public Health, Tobacco Use Prevention Section and is in response to the need for a statewide tobacco prevention program. Other states have shown that tobacco prevention campaigns can work. In Florida, smoking declined for middle school students by 47 percent and for high school students by 30 percent.*

According to Dr. Tingen, the program curriculum is taught by nurses in public schools, which ensures the 30 to 60 minute lessons will utilize state resources through the school nurses already in the school systems. "Without adding more to the teachers' workloads, I thought, nurses are such great educators, they would be great people to teach tobacco prevention."

Project GIFT has all the necessary components to address healthy assertiveness, resisting peer pressure and "how to be the best you can be personally." Since implementation of the first phase, 24 school nurses and three health educators in 19 public health districts have been trained to implement and teach the 15-class curriculum. As a result of this training, 535 students and their families have been educated and follow up will continue with these same students and families into phase two of the pilot project, which begins in July of 2003, pending funding approval. Additionally, six new public health districts will be added to the pilot project in phase two.

For information on Project GIFT, please contact Martha Tingen at 706.721.0471 or at mtingen@mail.mcg.edu.

*Retrieved from the Georgia Alliance for Tobacco Prevention <http://www.chargecoalition.org> on February 19, 2003. ■

Coming soon

Coming in the Fall 2003 newsletter

Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA) and the implications for your Georgia school.

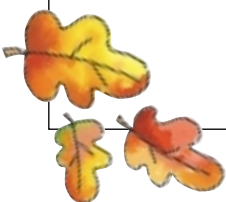
Stay tuned for an in-depth look at the clarification between FERPA and HIPAA and how to ensure your school is in compliance. Please submit your questions to angie.matthiessen@choa.org. In the meantime, the following resources on FERPA and HIPAA can be very helpful.

Guidelines for protecting confidential student health

information. (2000). National Task Force on Confidential Student Health Information. American School Health Association. <http://www.ashaweb.org> and go to publications section.

Legal Issues in School Health Services: A resource for school nurses, administrators and attorneys. Schwab, N. & M. Gelfman (Eds.) (2001). 1.800.895.4585 www.schoolnursebooks.com

Privacy Standards for Student Health Records. National Association For School Nurses, Issue Brief. <http://208.5.177.157/briefs/hippa.htm> ■



Saving Lives - School Nurses Making a Difference CONTINUED FROM PAGE 1

Nancy even spoke with the father's supervisor to verify his need to leave work. When Thomas' father arrived, Nancy advised him that Thomas may have a sinus infection. Her nursing judgment led her to recommend that Thomas go to a physician as soon as possible. His father said that Thomas had a history of sinus problems and took him to the doctor.

Thomas was diagnosed with a sinus infection and started on oral antibiotics. But the next day, his mother arrived home from work to find that Thomas' eyes were swollen almost shut. He was immediately taken to a hospital and admitted for IV antibiotic therapy. A CT scan was done, and according to his mother the day after admission he did not appear to be any better. A repeat CT scan was done this time with dye. Thomas was found to have an *epidural abscess* and was taken to surgery immediately.

After the surgery, Nancy went the extra mile by contacting Thomas' mother and providing reassurance while he was

recovering in intensive care. Since it was during the holidays, Nancy gave her phone number as a resource if Thomas' mother had concerns or needed assistance. Nancy remained in contact with Thomas' mother until he was fully recovered and able to return to school. The most exciting result is that he does not have any lasting side effects and his scar, across the top of his forehead, is no longer visible.



Thomas and Nancy

In spite of having so many students to care for, Nancy took the time to focus on Thomas' needs, advocate for him to receive urgent medical care and support his family throughout his illness. It is clear from talking to nurses in schools that such examples occur in amazing frequency, putting our Georgia School Health Team on the Honor Roll. Our hats are off to Nancy McCready and her Honor Roll performance. Please submit Honor Roll stories to angie.matthiessen@choa.org. ■

Resource review

Web sites

Adolescent and School Health Program of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) – www.cdc.gov/nccdphp/dash

Visit this site to review the "Eight Components for Coordinated School Health." The "SHI: School Health Index for Physical Activity, Healthy Eating and a Tobacco-Free Lifestyle" offers a self-assessment and planning tool which will enable schools to develop an action plan for improving student health.

Aetna IntelliHealth – www.intelihealth.com

This Web site offers access to information on many diseases and conditions. The "Your Health" section includes topics on children's health and teen's health.

Asthma and Schools – www.asthmaandschools.org

Essential asthma-related resources for school personnel working with grades K-12 are featured on this site. The categories of information include "Asthma Essentials" as well as opportunities to do advanced searches and submit resources you have located.

Family Village – A Global Community of Disability Related Resources – www.familyvillage.wisc.edu

The Family Village site offers a comprehensive package of information, resources and communication opportunities for people with cognitive and other disabilities. Information includes resources on specific diagnoses, adaptive recreational activities as well as disability-related media and literature. Be sure to visit the "Family Village School" for the "Just For Kids" and "Parent Training and Information" sections.

Georgia Association of School Nurses –

<http://communitylink.accessatlanta.com/groups/gasn>

Resource and network opportunities are available on this site.

Georgia School Health Program, Division of Public Health – <http://health.state.ga.us/programs/school>

This program provides technical assistance, training opportunities, support and consultation to school health programs, professional school nurses and school districts for the development and implementation of coordinated school programs. ■

Heat Related Illnesses CONTINUED FROM PAGE 1

- ◆ Recommend that children wear light colored, lightweight clothing on days when outdoor events are scheduled.
- ◆ Schedule outdoor events for early morning or late afternoon. Avoid prolonged outdoor activities between 10 a.m. and 2 p.m.
- ◆ Give children a break in the shade after 30 minutes of outdoor activity.
- ◆ Have a fan and wet towels available to help with cooling.
- ◆ Provide a flyer with signs of heat-related illness and treatment to teachers and coaches.
- ◆ If the Heat Index² is 90 degrees Fahrenheit or higher, activities should be limited for individuals in high-risk groups such as asthma and diabetes.³
- ◆ Children in high-risk groups are more likely to be affected by high temperatures. Special consideration should be given to these children by providing more opportunities for rest, shade and hydration.

Air quality and sunburn are also important considerations during the warm months, and prevention is key with these as well. During smog season (May to September), the air quality code for the next day is on television and radio broadcasts each evening, and it is important to adjust activities accordingly. Sunburn, which is related to skin cancer and heat stress, can be avoided by limiting exposure. Using shaded areas, hats, and sunscreen are important during prolonged outdoor activities, such as on field days and during team practices.

Identification and Treatment of Heat-Related Illnesses

There are three forms of heat-related illness – heat cramps, heat exhaustion and heat stroke. Heat cramps usually occur first and result from vigorous activity in extreme heat. They may also be a sign of heat exhaustion, a more serious form of heat-related illness. It is important to identify the symptoms as quickly as possible in order to provide appropriate treatment and prevent progression to heat stroke, a life-threatening condition. The table below describes the symptoms and treatment for each type of heat related illness.

Serious illness and deaths related to heat stress can be prevented by increasing awareness of risks related to high temperatures and humidity and measures that can be taken to minimize these risks. Reminders to parents, teachers, coaches and school administrators can be an important part of your role as an advocate for children and teens in Georgia's schools.

For handouts that can be given to parents and school personnel on heat-related illness and recommendations for activities on smog alert days, consult the Children's Web site at www.choa.org

- 1 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5126a2.htm>
- 2 The **Heat Index** was devised by the National Weather Service and factors in relative humidity with air temperature to determine how hot it really feels. A Heat Index chart is available in the School Health Resource Manual published by Children's Healthcare of Atlanta[®] and the Georgia Association of School Nurses.
- 3 <http://weather.noaa.gov/weather/hwave.html>

Quickclues — Tips For Identifying and Treating Heat-Related Illness

Heat-Related Illness	Symptoms	Treatment
Heat Cramps	<ul style="list-style-type: none"> ◆ Muscle spasms in the arms, legs, abdomen; nausea; weakness; flushed face 	<ul style="list-style-type: none"> ◆ Slowly stretch the cramping muscle; provide diluted sports drink; move child to an air conditioned area; wet down skin; child should rest for at least two days after heat cramps
Heat Exhaustion	<ul style="list-style-type: none"> ◆ Fever 95 to 105 degrees Fahrenheit; nausea, vomiting and dizziness; headache; strong thirst; heavy sweating; cool, pale and clammy skin 	<ul style="list-style-type: none"> ◆ Give child a cool drink such as water or diluted sports drink; move child to an air conditioned area; wet down the skin; call doctor if the child is not back to normal within a few minutes (intravenous fluids may be needed)

Act Immediately if:

- | | |
|--|---|
| <p>Heat Stroke</p> <ul style="list-style-type: none"> ◆ Fever is over 105 degrees Fahrenheit; confusion, agitation; may or may not be sweating; hysterical behavior; possible coma | <ul style="list-style-type: none"> ◆ CALL 911; give child a cool drink if conscious; undress the child and wet down skin (pack in ice if available) |
|--|---|





Prescription for Learning

Prescription for Learning provides guidelines for handling relatively common, but challenging health problems that arise in a school setting and that may impact student academic success. In this issue we present a question and provide the answer. In addition, we've printed a new question. In the next issue, we will print answers based on responses from the true experts, school nurses around the state of Georgia.

Question: A 10 year-old female enters your clinic at 1 p.m., complaining of abdominal pain. How would you assess this child?

Questions to ask:

- + How long have you had the pain?
- + Can you please describe your pain? (sharp, stabbing, burning)
- + Can you point to the place(s) of pain?
- + Did you eat breakfast this morning? What and how much did you eat?
- + Did you eat lunch? What and how much did you eat?
- + Was it from the school cafeteria or from home?
- + Have you had any nausea, vomiting, rash, dizziness?
- + When was your last bowel movement?
- + Is there anything upsetting you at home or school?

Physical Assessment:

- ◆ Observe how she stands and walks, watch facial expressions, check skin color.
- ◆ Check temperature/heart rate/respiratory rate/blood pressure.
- ◆ Ask the child to jump up and down.
- ◆ Assess the abdomen: Ask the child to lie flat on her back. Press lightly in all four quadrants and check for tenderness and rebound tenderness.

Next Steps:

Call the child's parent and recommend that he be taken to his primary care physician for evaluation. Offer to call primary care physician to provide your findings.

Pale in cheeks, walks slowly, slightly bent forward.

Right lower quadrant abdominal pain with positive rebound tenderness.

Temperature: 98.5 tympanic

Heart Rate: 118

Respiratory Rate: 24

BP: No cuff available

Food Intake: glass of milk, one bowl of cereal and an orange this morning. No appetite at lunch – didn't eat anything

Child states: Felt more tired today, "icky" but no nausea or vomiting until 10 minutes ago. Had this same aching two days ago but it went away. Today's pain is much worse, and located at right side. It hurts more when jumping up and down.

Discussion:

The complaint of abdominal pain in a child may be the most abstract of all childhood conditions and is a common cause of lost school days. Emergency conditions can mimic the same vague signs and symptoms of benign conditions. **Appendicitis** is the acute inflammation and obstruction of the appendix. The most common symptoms are generalized abdominal pain and tenderness that progress to the lower right quadrant. Increased pain with movement, such as jumping is also a helpful indication. Any student with suspicious symptoms should be referred for evaluation to a physician as soon as possible.

Other possible causes of abdominal pain may include the following:

Constipation

Reaction to Stress

Menstruation

Streptococcal pharyngitis

Sickle Cell Crisis

Inflammatory Bowel Disease

HAPPENING highlights

12th Annual Georgia Association of
School Nurses Conference
July 17-19, 2003, Pre-conference sessions – July 16-17, 2003
Savannah, Georgia, Savannah Marriott Riverfront Hotel
For information, call the Department of Continuing Education, State
University of West Georgia, 770.836.6611

Question for the Fall 2003 newsletter:

A 6 year-old male comes to the clinic stating that he has a headache. How would you assess this child?

Please send your responses by e-mail to ann.walsh@choa.org or by fax to 404.929.8538.



Out of the Mouths of ...

A first grade teacher collected well-known proverbs*. He decided to give each child in his first-grade class the first half of a proverb and asked them to come up with the rest.

Don't bite the hand that..... looks dirty.

No news is impossible.

You can't teach an old dog..... math.

An idle mind..... is the best way to relax.

A penny saved..... is not much.

You get out of something what you see pictured on the box.

If you lie down with dogs you will stink in the morning.

Laugh and the whole world laughs with you.

Cry and..... you have to blow your nose.

*Source unknown. ■



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Disclaimer: This newsletter has been put together to provide you, the school health caregiver, with general information on meeting basic healthcare needs of students in the school setting. Please remember that these are only guidelines, should not be construed as mandate and are not intended to replace your judgment as a caregiver or to substitute for school policies or advice of a physician.



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Parent Pages



Less Screen Time = Healthier Kids

As we all know, television, computers and video games are a part of today's culture and they have a strong influence on our children. These media can affect how children see the world and other people, and what and how they learn. Some of the positive aspects of television viewing and computer use include being able to see different cultures and lifestyles and to learn about science and nature. However, too much "screen time" can have harmful effects on children. The average American child spends more than 21 hours each week watching television, plus additional time spent on the computer and on video games. This heavy media use takes time away from creative activities, social time with friends and family interactions.

Too much "screen time" also results in less time spent being physically active and more time spent snacking. A large number of school-age children today are overweight or obese, and this is related to significant time spent watching television, and playing computers and video games.

What can parents do to encourage their children to spend more time in active and creative play? Here are some ideas from the American Academy of Pediatrics and the American Heart Association:



- ◆ Read to your children and spend time talking about current events in the family, your local area and the world. Let your children know what is important to you and find out what is important to them.

- ◆ Set a good example. Be a role model for active recreation such as playing sports, taking walks in the neighborhood and activities like bike riding.

- ◆ Limit "screen time" to one to two hours per day, as recommended by the American Academy of Pediatrics.

- ◆ Turn off the television during meals and set regular bedtimes.

- ◆ Watch television with your child. Teach your child to check the viewing guide for good programs rather than just "channel-surfing."

- ◆ Know what your child is watching, and turn off the television if content is violent or you do not approve. Shop for video and computer games with your child to ensure that the content is appropriate.

- ◆ Discuss commercials with your child, to help him understand overstated claims and high-pressure selling.

For more information, go to: <http://www.tvturnoff.org> ■

Help your child find other things to do with his time. Television watching and playing video games can become a bad habit. Here are some ideas:

- Talk to each other
- Write a letter
- Go for a nature walk
- Plant a garden
- Play board games
- Sing songs together
- Cook a meal together
- Build a fort
- Read books as a family
- Go to the library
- Start a family hobby
- Play catch

Tips For Teachers



Hay Fever or Spring Fever: Keeping your students healthy and productive



Have you noticed that your students have been less attentive and more fidgety in the last few weeks of school? Is it taking longer to finish your lesson plan than it did during the winter months? Well, look outside – flowers are blooming, the sun is shining and birds are singing. Spring is here and so are the “fevers” – hay fever and spring fever that is.

One is a physical condition and the other is emotional. Nevertheless, both may be having an effect on your students, and could be making teaching more stressful for you. Don't despair – there are ways to combat the “fevers” and finish the year on a positive note. First, it's important to be able to distinguish between the two conditions and to know how to respond to each.

Hay fever is known in medical terminology as allergic rhinitis. It is a common condition in infants and young children, and usually includes a stuffy or runny nose, sneezing, itchy eyes and sore throat. These symptoms are actually the result of the body's immune system fighting “invaders” or allergens such as pet dander, molds, tree pollen and grasses. Although some people have allergies that last all year long, many only have to deal with

them during certain seasons of the year. During the springtime, students who have these symptoms are probably allergic to much of what is blooming outdoors. If these allergies are not treated, children are more likely to have sinus or ear infections and less likely to be attentive in the classroom.

Spring fever, on the other hand, has no medical term associated with it and has not been officially recognized as a medical condition. However, studies have shown that we do experience physiological responses to seasonal changes. There appears to be an adjustment in the levels of hormones that control mood and energy level, which is triggered by the amount of light we are exposed to.

There is definitely a psychological response to the arrival of spring that results in more “daydreaming” and more difficulty staying focused on class work.

Now that you know a little more about these conditions, what is the best way to manage them? The following chart provides a few guidelines that may help.

QUESTIONS	SPRING FEVER	HAY FEVER
Whom does it affect?	Everyone	15% of children
What are the symptoms?	Daydreaming, difficulty sitting still and staying focused	Runny nose, watery eyes, tiredness (side effect of condition and medications)
What is the best response?	<ul style="list-style-type: none"> <input type="checkbox"/> More interactive time in class <input type="checkbox"/> Stretch breaks (increases alertness) <input type="checkbox"/> Brief outdoor activities (mid-morning and early afternoon are best because of lower pollen levels) <input type="checkbox"/> More opportunities for water intake (dehydration causes fatigue) 	<ul style="list-style-type: none"> <input type="checkbox"/> Be aware of which students have allergies <input type="checkbox"/> Keep windows closed if possible <input type="checkbox"/> Find out the pollen forecast each day <input type="checkbox"/> Hand washing after being outdoors (to remove pollen) <input type="checkbox"/> Check with parents about medications that each child is taking (some antihistamines cause drowsiness)
How long does it last?	Until summer vacation!	May continue or may improve by the end of the school year.