

TESH Required Disclosures and Disclaimers – slide 1 of 4

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 - Sign in, completing all fields of the sign in sheet
 - Be present for the entire event
 - Complete and return an evaluation.
 - Evals and sign in sheets must be received (fax, email, snail mail, or scanned attachment) by the DHHS School Health Program, and certificate is issued.

Thank you for joining us today. The TESH planning committee appreciates your suggestions for future programs.

TESH Required Disclosures and Disclaimers – slide 2 of 4

- ▶ Our presenters today have no real or perceived conflicts of interest, or financial or commercial influences, to disclose that might bias the content of our program.
- ▶ Same goes for the planning committee.
- ▶ There will be no discussion of off-label or unapproved used of medication in this program.

TESH Required Disclosures and Disclaimers – slide 3 of 4

WE ARE RECORDING...

- ▶ The presenters have consented to this program being recorded.
- ▶ This session is being recorded for later on-demand viewing.
- ▶ TESH program archives are found at www.answers4families.org.

TESH Required Disclosures and Disclaimers – slide 4 of 4

- ▶ The opinions and viewpoints expressed in this program are the sole responsibility of the presenter, and do not necessarily reflect the views, policies, or positions of:
 - The Nebraska Department of Health and Human Services;
 - The Nebraska Statewide Telehealth Network or our participating member locations; or
 - CNE-Net, the continuing education arm of the North Dakota Nurses Association.
- ▶ For more information about TESH, Telehealth Education for School Health, please contact: kathy.karsting@nebraska.gov.

THANK YOU!

Today's TESH Program

**Back to School Health Update:
Immunizations
Screening
Food Allergy
Concussion**

Wednesday, August 10, 2011

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Carol Tucker, RN, BSN

Immunization Requirements for School Entry



2011 Updates

School Requirements 2011-2012



Students from Kindergarten through 12th grade, including all transfer students from outside the state of Nebraska and any foreign students-

Summary of the School Immunization Rules and Regulations 2011-2012

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school-based program and licensed as child care provider	<ul style="list-style-type: none"> 4 doses of DTaP, DTP, or DT vaccine. 3 doses of Polio vaccine. 2 doses of Hib vaccine or 1 dose of Hib given on or after 15 months of age. 2 doses of pediatric Hepatitis B vaccine. 1 dose of MMR or MMRV given on or after 12 months of age. 1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year of vaccine disease drop parent, guardian, or health care provider will be accepted). If the child has had varicella disease, then we can use any varicella shot. 4 doses of pneumococcal or 1 dose of pneumococcal given on or after 12 months of age.
Students from Kindergarten through 12 th grade, including all transfer students from outside the State of Nebraska and any foreign students	<ul style="list-style-type: none"> 2 doses of DTaP, DTP, DT, or TD vaccine, one given on or after the 4th birthday. 3 doses of Polio vaccine. 2 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age. 2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month. 2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year of vaccine disease drop parent, guardian, or health care provider will be accepted). If the child has had varicella disease, then we can use any varicella shot.
Additionally, for 9 th Grade Only	<ul style="list-style-type: none"> 1 dose of Hep (Hepatitis B virus) - this dose will be required for 9th and 10th years of age depending on which brand of vaccine is received.

Source: Nebraska Immunization Registry, Nebraska Department of Health and Human Services, 2011. For additional information, call 402-471-9021. The School Rules & Regulations are available on the internet: <http://www.dhs.ne.gov/immunization> (The 17th Council of Commissioners Decision 10-090 is a critical rule amendment 2010).

School Requirements 2011-2012

- ▶ **3 doses** of DTaP, DTP, DT, or TD vaccine, one given on or after the 4th birthday
- ▶ **3 doses** of Polio vaccine
- ▶ **3 doses** of pediatric Hepatitis B vaccine **or**
- ▶ **2 doses** of adolescent Hep B vaccine if student is 11-15 years of age (adult dosage of Recombivax (2) 1.0ml doses separated by 4-6 months for ages 11-15 only and to be finished by 16 years of age)

School Requirements 2011-2012 (cont)

- ▶ **2 doses** of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least 1 month
- ▶ **2 doses** Varicella (chickenpox) or MMRV (Proquad) given on or after 12 months of age

Varicella cont.

- ▶ **2 doses** VAR with **3 month minimum interval** for ages **12m-12yrs**, you can accept 1 month interval as valid (if given by mistake)
- ▶ Minimum interval for **13 yrs and up is 1 month**
- ▶ Written documentation (including year) of Varicella disease from parent, guardian, or health care provider will be accepted as proof of immunity (no shot required)

Varicella cont.

- ▶ Why now?
- ▶ 2nd dose of Varicella has been recommendation since 2006
- ▶ All of the public clinics in Nebraska have been giving the 2nd dose since 2006
- ▶ Most likely children who still need VAR are ages 10- 16
- ▶ Please refer children to their medical home for their 2nd dose of Varicella

Additionally for 7th Grade Only

- ▶ **1 dose of Tdap** (must contain pertussis booster)
- ▶ This dose can be received anytime after 10 or 11 years depending on
- ▶ **Boosterix** – licensed for 10 years and
- ▶ **Adacel** – licensed for 11–64 years



New Tdap Recommendation 2010

- ▶ **7–9 year olds** with out documentation of DTaP series or incomplete documentation
 - Primary series is 3 doses
 - **1 dose of Tdap** is recommended for children age 7–10 yrs who have not finished their primary series

Dose	Interval
1. *Tdap	4 weeks
2. Td	6 months
3. Td	-----



* Tdap is preferred as dose 1

Vaccine Exemptions

- ▶ **3–010 Medical and Religious Exemption: Provisional Enrollment:**
 - Each student must be protected against the diseases listed using the standards described in 173 NAC 3–008 and submit evidence of immunization as described in 173 NAC 3–009. Any student who does not comply with these requirements must not be permitted to enroll in school, except as provided in 173 NAC 3–010.01 through 3–010.03

Vaccine Exemptions cont.

- ▶ **3–010.01** Immunization is not required for a student's enrollment in any school in this state if he or she submits to the admitting official either of the following:
 - **3–010.01A Medical Exemption**
 - **3–010.01B Religious Exemption**



*We do not accept personal or philosophical beliefs; statements; only the above as written in law

Medical Exemption

- ▶ **3–010.01A**
 - A statement signed by a physician, physician assistant, or nurse practitioner stating that, in the health care provider's opinion, the specified immunization(s) required would be injurious to the health and well-being of the student or any member of the student's family or household

Religious Exemption

- ▶ **3–010.01B**
 - A notarized affidavit signed by the student or , if he or she is a minor, by a legally authorized representative of the student, stating that the immunization conflicts with the tenets and practice of a recognized religious denomination of which the student is an adherent or member or that immunization conflicts with the personal and sincerely followed religious beliefs of the student.

Provisional Enrollment

- ▶ **3-0101.02**
 - A student may be provisionally enrolled in a school in Nebraska if he or she has begun the immunizations against the specified diseases prior to enrollment and continues the necessary immunization as rapidly as is medically feasible (further requirements 3-010.02A & 3-010.02B)
 - This means all 1st shots in a series have been administered
 - Up to you (the school nurse) to follow up with the parent about finishing the series

Yearly Immunization Reporting to the State

- ▶ 2011–2012 immunization summary, expect them around the 2nd week of September
- ▶ Emailed to the administrator of your school
- ▶ School district and administrators are required to forward this to the school nurse
- ▶ If you do not see it make sure you ask your administrator
- ▶ This will also go out on the list serve at Answers4families.org

2011-2012 IMMUNIZATION SUMMARY
Due November 15, 2012

State/District ID Number _____ School Name _____ Address _____ City _____ County _____ Zip _____
<http://hhs.state.ne.us/ne/QuickStart.asp?to=ne-001&return=ne-01> Hold Control and click link to find your number

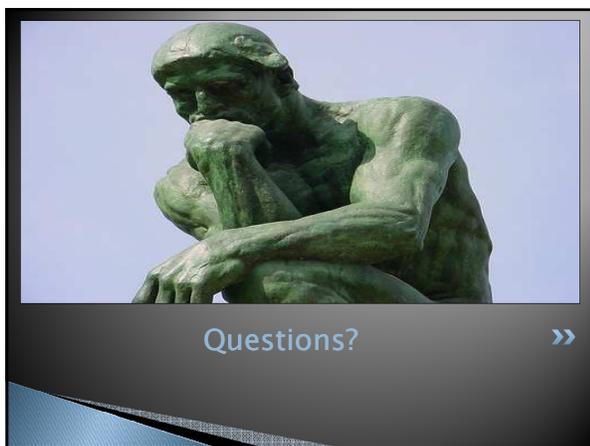
Contact Person: Name _____ Email Address _____ Telephone _____

IMMUNIZATION SUMMARY		Existing Kindergarten or 1 st Grade	Existing 2 nd Grade	Out of State Transfer/Relocation of Grade
Check One: Public School _____ Private School _____				
Are you reporting for ALL schools in the district on THIS form? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	Number Enrolled			
DIAB/DTP/DTP4	1) 1 st MMR Dose with a just one dose given at 12-15 months of age *Example for Religious Exemptions ** Provisional or Military Dependent			Do Not Fill This Section
EPF-OPV	2) One or More *Example for Religious Exemptions ** Provisional or Military Dependent			
Tdap	1) Dose of Tdap (Tetanus, Diphtheria, & Pertussis) *Example for Medical Exemptions **Example for Religious Exemptions ***Provisional or Military Dependent	Do Not Fill This Section		Do Not Fill This Section
MMR	2) One with the first dose at or after 12 months of age SEND to EPH Continuum *Example for Medical Exemptions ** Example for Religious Exemptions *** Provisional or Military Dependent			
HEPATITIS B	3) Doses of Hepatitis B or 3 Doses of Adjuvanted Hepatitis B Vaccine by 18 Years of Age *Example for Medical Exemptions ** Example for Religious Exemptions *** Provisional or Military Dependent			
VARICELLA	1) Dose with the first dose at or after 12 months of age Has had disease or positive lab work *Example for Medical Exemptions ** Example for Religious Exemptions *** Provisional or Military Dependent			

Return Form To: NE Department of Health & Human Services, Immunization Program, PO Box 95026
Lincoln, NE 68509-2026 Phone: 402-471-6423; Fax: 402-471-6426, E-mail: louayne.hoback@nebraska.gov

- * Student has submitted a statement signed by a physician (MD, DO), physician assistant, or nurse practitioner stating that, in the health care provider's opinion, the specified immunization(s) required would be injurious to the health and well-being of the student or any member of the student's family or household
- ** Student has submitted a notarized affidavit signed by the student or, if he or she is a minor, by a legally authorized representative of the student, stating that the immunization conflicts with the tenets and practice of a recognized religious denomination of which the student is an adherent or member, or that immunization conflicts with the personal and sincerely followed religious beliefs of the student.
- *** Student has begun immunizations against the specified diseases prior to enrollment AND continues the necessary immunizations as rapidly as is medically feasible or the student is the child or legal ward of an officer or enlisted person, or the child or legal ward of the spouse of such officer or enlisted person on active duty in any branch of the military (student must provide signed statement of receipt of immunizations)
- **** Student must present laboratory evidence of circulating antibodies or epidemiologic confirmation of measles, mumps, and rubella.

Website for State Rules and Regulations for Schools: <http://www.hhs.state.ne.us/immunization/forms.htm>



References

Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Atkinson W, Wolfe S, Hamborsky J, eds. 12th ed. Washington DC: Public Health Foundation, 2011.

CDC. Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices, 2010. MMWR, January 14, 2011/60(01):13-15.

Contact Information

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Objective: Describe developments in school health screening in Nebraska

- ▶ Project title: "Improving the Quality of School-based Child Health Screening in Nebraska." Three parts:
 - Rules and Regulations
 - Data methods and data-driven practice
 - Guidelines and resources to support schools in quality screening practices.

Rules and Regulations for School Health Screening

- Two words
- Continue to refer to latest versions of school health screening statutes, Neb. Rev. Stat. 79-248 through 79-253.
- Statutes updated April 2010
- Required screenings are vision, dental, hearing, and obesity (the only additional screening prescribed by the Department).
- Draft rules and regs submitted Dec. 28, 2010, and withdrawn from consideration Aug. 3, 2011.

Rules and Regulations for School Health Screening

- Next Steps
 - Enact numerous recommendations and provide extensively improved resources through updated Guidelines
 - Convene the School Health Screening Rules and Regulations Steering Committee
 - Share updates and improved resources with stakeholders
 - Research recommendations for legislative proposal to further update statutes.

Data methods and data-driven practice

- Release BMI surveillance project data
- Include in Guidelines discussion of methods to work with screening data
- Provide a mechanism for sharing and aggregating data
- Continue voluntary, iterative, sequential, annual data projects with schools
- Identify strategies to advance the long term goal of adding a health minimum data set to the NSSRS.

Screening Guidelines and Resources:

- ▶ **Draft screening guidelines** open for stakeholder review and comment period: _____
- ▶ **Final screening guidelines** (revised) published on school health website: _____
- ▶ **Screening demonstration resources** via web-streaming available: _____

Screening Guidelines and Resources: Highlights

- ▶ **Minimum recommended screening schedule for Nebraska Schools:**
 - Distant Vision: PK annually – 4th, 7th, and 10th.
 - Near vision: 1st and 3rd grade
 - Hearing: audiometry – PK annually – 4th, 7th, 10th
 - Dental: lighted visual inspection – as above
 - BMI: with shoes OFF – as above
 - Additional indications for screening

Screening Guidelines and Resources: Highlights

- Blood pressure is *suggested* as an assessment *by the school nurse* for some students, not as a routine recommended screening.
- Scoliosis, stereopsis, tuberculosis screening, developmental screening and tympanometry are not suggested and are not on the schedule.
- Guidelines recommend primary use of BMI info is in monitoring aggregate data for trends and using for evaluation measure of school wellness policy.

Screening Guidelines and Resources: Highlights

- The statutes apparently apply only to public schools.
- The statutes apply to young children in early childhood program operated by schools.
- Parents not wishing their child to be screened must show the child has been screened by a medical provider or their child will be screened – no waiver option (*see NRS 79 - 248*).
- Schools have an open time frame in which to offer screening, but must conduct screening annually.

Screening Guidelines and Resources: Highlights

- Vocabulary Alert: Screening programs do not result in determination of “*Failed*” or “*Referrals*”, but “*notification of parents of need for further evaluation*”.
- BMI *notifications* are not recommended unless the school undertakes a planned and evaluated communication process that includes education and community resources for families to improve physical activity and healthy nutrition.
- BMI *referrals* are not recommended unless informed by additional assessment information gathered by the school nurse

Who is the qualified screener?

- In the guidelines, the qualified screener for **vision, hearing, and obesity** is identified as the unlicensed but trained person who reliably follows the minimum essential competencies of the screening.
- Competency determination is *recommended* by a licensed nurse or other medical professional within whose scope of practice falls “assessment” and “delegation”: the Nebraska Registered Nurse.

Who is the qualified screener?

- For **dental**, a visual inspection of the teeth and oral mucosa is fundamentally an assessment procedure drawing upon the knowledge base and judgment of the screener. For this reason, dental screening is *recommended* as reserved for the licensed dentist, dental hygienist including public health dental hygienist, and licensed nurse, MD, PA, or APRN.
- Competencies for each screening are provided: “essential steps for accurate and reliable measurement.”

Objective: Identify new developments In food allergy management at school.

- Public law 111-353 January 4, 2011
- Full text: <http://www.gps.gov/fdsys/pkg/PLAW-111publ353/pdf/PLAW-111publ353.pdf>.
- Inclusive of all early childhood and child care programs licensed or regulated, state pre-K programs, Head Start, etc., and public schools.
- By Jan. 2012, guidelines for schools are to be made available by federal Dept. of Ed. and HHS.

(A) Parental Obligation under PL 111-353 (to be included in federal guidelines)

- Obligation to provide the school or early childhood program at the start of every school year:
 - Documentation from physician or nurse
 - supporting the diagnosis of food allergy and risk of anaphylaxis
 - Identifying any food to which child is allergic
 - Describing any prior hx of anaphylaxis
 - Listing any meds prescribed for treatment of anaphylaxis
 - Detailing emergency procedures in the event of anaphylaxis
 - Listing signs and symptoms of a reaction
 - Assessing child's readiness for self-administration of prescription med
 - List of substitute meals that may be offered. (See NDE nutrition services webpage on special diets: <http://www.education.ne.gov/NS/forms/nslpforms/SpecialDiet.html>)

The secretary may award grants...

- ▶ To local educational agencies to assist in with implementing the voluntary food allergy and anaphylaxis management guidelines described in PL 111-353.
- ▶ Awards up to \$50,000.

Your Questions and Comments?

Thank You and Best Wishes for a Great School Year!!

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Getting to Know LB 260: Concussions in the School Age Child

8/10/2011
Presented by Carol Tucker RN BSN

Scope and effective date of LB260

- ▶ LB 260 is an act relating to sports-related injuries that may result in a concussion
- ▶ Effective date is July 1, 2012

Scope of LB260

- Each approved or accredited public, private, denominational, or parochial school shall:
 - Make available training approved by the chief medical officer on how to recognize the symptoms of a concussion or brain injury and how to seek proper medical treatment for a concussion or brain injury to all coaches of school athletic teams



Scope ...continued

- Any city, village, business, or nonprofit organization that organizes an athletic activity in which the athletes are nineteen years of age or younger and are required to pay a fee to participate in the athletic activity or whose cost to participate in the athletic activity is sponsored by a business or nonprofit organization are under same requirements

Rational for new law:

- Concussions are one of most commonly reported injuries in children and teens who participate in sports & recreational activities and the risk of catastrophic injury or death is significant when a concussion or brain injury is not properly evaluated and managed.

How do Concussions Happen?

- Can occur in any type of activity - organized or not
- Can be mild to severe
- May or may not result in loss of consciousness - usually without loss of consciousness

How does it happen - continued

- Child has sustained an injury in the form of :
 - Falls
 - Collisions with other players , the ground or obstacles
 - Forceful blow to head or body that results in rapid, sudden movement of the head
- *Continuing to play, places the child at greater risk of brain injury or even death*

Resources:

- "Heads UP to Schools: Know Your concussions ABCs"
 Fact Sheet for Parents
 Fact Sheet for Teachers, Counselors, and School Professionals
 Fact Sheet for School Nurses
 Check-off List of symptoms
 All above resources and more are available at:
www.cdc.gov/Concussion
 ▸ Resources available in English & Spanish



Training module available for coaches at:

- ▶ http://www.cdc.gov/concussion/headsup/pdf/Heads_Up_Concussion_in_Sports_Script-a.pdf
- ▶ Or search for Concussion training for coaches

Providing Information Annually for Students and Parents/Guardians

- ▶ Requires that concussion and brain injury information be provided on an annual basis to students and the students' parents or guardians prior to students initiating practice or competition.



The information provided to students and the students' parents or guardians shall include, but need not be limited to:

- The signs and symptoms of a concussion;
- The risks posed by sustaining a concussion; and
- The actions a student should take in response to sustaining a concussion, including the notification of his or her coaches.

Evaluation of student:

- ▶ The statute requires the child to be evaluated by a physician or a licensed practitioner under the direct supervision of a physician, a certified athletic trainer, a neuropsychologist, or some other qualified individual who:

Evaluation continued...

- ▶ (a) is registered, licensed, certified, or otherwise statutorily recognized by the State of Nebraska to provide health care services and
- ▶ (b) is trained in the evaluation and management of traumatic brain injuries among a pediatric population



Coach's responsibility:

A student who participates on a school athletic team shall be removed from a practice or game when he or she is reasonably suspected of having sustained a concussion or brain injury in such practice or game after observation by a coach or a licensed health care professional who is professionally affiliated with or contracted by the school.

Notifying Parent/Guardian of Injured Student

- › If a student is reasonably suspected after observation of having sustained a concussion or brain injury and is removed from an athletic activity, the parent or guardian of the student shall be notified by the school of the date and approximate time of the injury suffered by the student, the signs and symptoms of a concussion or brain injury that were observed, and any actions taken to treat the student.

› *CDC Checklist works well for this purpose.*



Student will be excluded from play or practice until:

- (i) evaluated by licensed health care professional,
- (ii) has written and signed clearance to resume participation in athletic activities from the licensed health care professional,
- (iii) has submitted written and signed clearance to resume participation in athletic activities to the school accompanied by written permission to resume participation from the student's parent or guardian.

CDC Concussion Training for Coaches ...excerpts - Lesson 1

- › Often the potential injury is misunderstood or minimized
- › Concussions - can occur with any type of contact
- › Potential Consequences - most people recover quickly, but it may take longer for some.
- › Give the brain adequate time to recover.
- › Repeat concussions slow the recovery time & increase the chances of long-term problems

Lesson 2

- › Watch for - danger signs -
 - a forceful bump, blow or jolt to the head or body
 - a change in athlete's behavior, thinking or physical functioning
- › Full effect of injury may not show up immediately, so assess and then re-assess again later - needs to be supervised for at least 1 - 2 hours by coach/parent/etc.
- › If signs or symptoms get worse, it's a medical emergency

Lesson 3

Keeping child safe #1 priority

- › Remove from play - look for signs & symptoms of concussion if a bump or blow has occurred
- › When in doubt - sit them out

Lesson 3 continued

- › Have athlete evaluated by medical professional experienced in concussion recognition
- › Inform parents/guardians - give fact sheet
- › Keep out of play till cleared by medical professional
- › Time out is not a sign of weakness

Lesson 4

- ▶ Why Take a Time Out? - brain cells need time and energy to recover - going back in to play/practice takes energy the body could be using to heal brain injury
- ▶ Even cognitive activities - studying, reading, doing math assignments, computer, video games can slow recovery

Chapter 4 continued

- ▶ Progressive Return to Activity Program - Step 1-5
- ▶ 1 Light aerobic activities
- ▶ 2 Moderate intensity activities
- ▶ 3 Heavy non-contact activities
- ▶ 4 Back to practice, but modified as needed
- ▶ 5 Full participation

Return to School

- ▶ May need to take breaks as needed
- ▶ May need extra time to complete assignments
- ▶ May need help with assignments
- ▶ May need to spend less time reading, on computer or writing

Chapter 5

- | | |
|--|---|
| <ul style="list-style-type: none"> ▶ Pre-season Checklist <ul style="list-style-type: none"> ◦ concussion action plan ◦ edu ◦ cate athletes, parents and other coaches about concussions ◦ carry "Heads UP" checklist on clipboard Mid-season Checklist ◦ Keep a concussion log | <ul style="list-style-type: none"> ▶ Mid-Season Checklist <ul style="list-style-type: none"> ◦ Safety comes first ◦ Remind athletes it's not smart to play with a concussion ◦ Work with Athletic Trainers, School Nurses & others to ensure safety ▶ Post-season Checklist <ul style="list-style-type: none"> ◦ Review concussion policy & action plan |
|--|---|

Have a wonderful School Year!

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