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HEALTH FOCUS

Building Bridges Between Health and Learning

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Health Services Department • Lincoln Public Schools • 5901 O Street • Lincoln, NE 68510 • (402) 436-1655 (Fax) 436-1686

Introducing: Judy Zabel, Interim Health Services Coordinator

I have been asked to introduce myself to the readers of the Health Focus Newsletter. This is my 19th year as a school nurse with Lincoln Public Schools. The years have been filled with many encounters in the various



Judy Zabel, RN, MS, NCSN

Health Offices and schools where I have been assigned. From “my head hurts” to “my heart hurts”, I have had the privilege of ministering to the needs of children and staff. Hopefully most encounters have been beneficial to all concerned.

I have several groups of initials after my name -- that just means I have been around for a long time. This is my 41st year as a nurse. I have worked in hospitals, a nursing home, teaching nursing at 2 universities, state government, home health, telephone triage and now schools. I have enjoyed each position as it has given me the opportunity to learn and grow, to meet new people and to serve others.

My newest position is Interim Health Services Coordinator for LPS Student Services. Again, I am learning (hopefully) quickly. I feel like I am in the intro class 101 for Human Resources, budgeting, and a lot more. It

is giving me the opportunity to look at the big picture, as we continue to work to serve students and families. My goal is to have staff prepared to meet the health needs of students, so that students are healthy and in class, ready to learn.

I plan to build on the exemplary Health Services program that we have. I plan to look at policies and how they are being implemented in various sites. The purpose is to insure quality and consistency of care for all students and staff. Continuing the growth and application of technology in the health office is another project needing development. Providing evidenced based care for children with chronic illnesses to allow them to participate fully in their education is another area to build upon. Other projects include pandemic flu planning, implementing the district’s Wellness Program, and working with others to continue to provide staff development in the areas of CPR and First Aid.

Personally, when I am not working, I love to travel and currently have plans to travel to Israel in June. I have lived in Brazil and traveled in several South American countries. I have been to six continents and want at some time to travel to Antarctica. I am a member of the Nebraska School Nurses Association and am currently serving as the State Director to the National Association of School Nurses. With this position I get to travel twice a year to National Board meetings in various cities in the USA. This allows me to learn what other states are doing as well as share the good things that we are doing here in Nebraska and at Lincoln Public Schools. I am here to answer your questions and to help problem solve whenever you have a problem or concern. I also, would love to hear your success stories.

“I find the great things in this world is not so much where we stand as in what direction we are moving.”

—*Oliver Wendall Holmes*
(1809-1894)

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Allergic Asthma in Children

by Elizabeth Post, RN, LPS School Nurse

There are several different types of asthma, although we tend to lump them together. I'd like to discuss *Allergic Asthma* which is the most common chronic disease of childhood.

Asthma is a chronic and potentially life-threatening lung disease on the rise especially in children. Airways become inflamed making it difficult to breathe. The most common form of asthma is Allergic Asthma. Asthma is the disease and allergies are one of the main causes. Often children go undiagnosed and suffer a multitude of consequences. In order to make a definitive diagnosis a physical exam must be completed along with allergy testing.

We may see the same symptoms (coughing, wheezing, chest tightness, shortness of breath) with all types of asthma: however the symptoms we see with Allergic Asthma occur due to an inhalation of allergens such as molds, pollen and animal dander or dust mites. Other irritants may include smoke, perfumes, cleaning agents, car fumes, tobacco smoke and many others.

Often a strong predictor that a child may develop Allergic Asthma is a family history of allergies and/or asthma. There may be food/drug allergies, eczema or hay fever in young children who later develop asthma. Boys tend to be affected more often

than girls.

Recognizing and reducing triggers **are key** elements in the control of this disease. Parents are often asked to keep an asthma diary, detailing exposures and symptoms exhibited. Here are some helpful tips to minimize symptoms of this disease:

- Encourage the family/guardian to obtain a specific diagnosis.
- Create an Asthma Action Plan with the physician and family and share this "Plan" with the appropriate school personnel.
- Control and/or reduce environmental triggers as much as is possible.
- Have the student take their medications as directed/ordered.
- Encourage parents to keep an inhaler at home and one at school, if needed.
- Remain current on asthma therapy with ongoing education regarding this disease. Provide education to students and their families regarding asthma. Supply the appropriate support both with educational materials and with assurance in the school setting.
- Handle asthma emergencies as needed and revise the Asthma Action Plan when there are changes in the treatment plan. Prevention of such emergencies is the key!
- Remember that all asthma is serious. Symptoms can suddenly become severe with any child diagnosed with asthma.

(Allergy and Asthma Network Mothers of Asthmatic Inc 2000; Lincoln Lancaster County Health Department).

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Cultural Corner

by Shaima Shakir

Middle Eastern Diet/Eating Patterns

The countries of the Middle East include Iraq, Iran, Bahrain, Egypt, Israel, Jordan and Kuwait. Also included are Lebanon, Oman, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, and Yemen. These countries are the homeland of thousands of immigrants who migrate to the west bringing with them a rich cultural heritage and distinct food habits. Although the cuisines of Middle Eastern countries are similar, each culture has distinctly different eating practices, food preferences, and food preparation techniques.

The common foods eaten among Middle Easterners may include: dates, rice, pita bread, feta cheese, lamb, black beans, and chick peas. Navy beans, red beans, eggplant, green and black olives, fresh fruit and lemons are also popular. The most popular way that meat is prepared is by grilling, frying, grinding, and stewing. Lamb is a special dish prepared for festive gatherings and spices and seasonings are used to prepare meals.

Some common spices and herbs are: dill, garlic, mint, cinnamon, parsley, and black paper. Prohibited food includes pork and wild birds, gelatinous foods made from animal hide trimmings, and meat which contains animal blood or meat that has been slaughtered in an unknown way. Eating well is important to the older

Middle Eastern generation -- mothers take pride in cooking and want their children to eat well-balanced meals. The younger Middle Eastern generation, however, are heavily influenced by pop culture and the media and are into fast foods.

After sunrise, some students fast until sunset and do not eat or drink during school hours.

In the Middle East there is no “free and reduced lunch” or school cafeteria where food is sold; students bring a snack since school is dismissed mid afternoon (around one or two o’clock). Students migrating to America have to adjust to American foods and to a longer school day. In the beginning, these students may tire easily and

they may come to the Health Office in the early afternoon to rest.

Tips During Ramadan

Some students celebrate Ramadan, during the ninth month of the Islamic calendar (this date changes each year depending on the sighting of the new moon). Ramadan is considered a “month of blessing” marked by prayer, fasting

and charity. Families get up early for *suhoor*, a meal eaten before the sun rises. After sunrise, some students fast until sunset **and do not eat or drink during school hours**. This may lead to increased Health Office

visits for headaches, stomachaches, dizziness and lightheadedness.

Physical activity (PE and recess) may cause students to show signs and symptoms of fatigue. It may be helpful to identify those students in your building who celebrate this holiday and be on the lookout for them to come to the Health Office showing adverse effects of fasting. After sunset the fast is broken with a meal called *iftar*. Iftar begins with dates and sweet drinks that provide a quick energy boost.

The end of Ramadan is observed by a holiday – Eid ul Fitr “Festival of Breaking the Fast”. Muslims celebrate this holiday with family and friends, prayers and exchange of gifts, therefore many students who celebrate this holiday may be absent from school. Many Muslim students do not eat pork or pork products for religious reasons. This information is shared with the students’ home room teacher, for classroom celebrations where treats are involved. Staff should be on the lookout that younger students are making the right choices (mostly elementary) from the school menus for breakfast and lunch.



Professional Learning Communities Update

PLCs are being utilized in Lincoln Public School to create an environment that focuses on student learning. The LPS Health Services Program has collaborated and formed PLC teams consisting of the school nurses. They are divided into 4 teams, each with a team leader. The goal is to focus on health related outcomes which will increase student achievement. Each team will present its findings (from the elementary, middle and high schools) based on evidenced-based data collection and evaluation. Following is a progress report on each PLC team.

Kay Duncan, RN Team Leader

Members: Linda Biggerstaff, RN; Marge Boye, RN; Lynn Moorehead-Fisher, RN; Dianne Fryendall-Smith, RN; Tonya Hartsook, RN; and Heidi Stange, RN.

Goal: Students will have increased, engaged learning opportunities, by recognizing the importance that breakfast plays in preventing headaches and stomachaches. Students will implement nutritional and lifestyle interventions by having daily breakfast which will help decrease health office visits. Students will have increased learning opportunities by being healthy and ready to learn, and by staying in class. Teachers will report that students are staying in class instead of visiting the Health Office because of lack of breakfast which has resulted in a headache or stomachache. Teacher reports and Health Office data will be reviewed by April 24, 2007.

Activity to date: Information was shared with building administrators before implementing this project. Team members collected data (from their assigned schools) on students who did not have breakfast and came to the health office with a stomach or head ache, before lunch. The team developed a traveling display about the importance of eating breakfast, and has shared this information with par-

ents at school conferences (to raise parent awareness on the importance of eating breakfast). The next step is to educate students on the importance of eating breakfast.

Marcia Jones, RN Team Leader

Members: Hollis Alexander-Ramsay, RN; Joan Creger, RN; Maralee Cloran, RN; Jill McCracken, RN; Susan Kehrl-Moore, RN; Julie Frederick, RN; and Sharon Dickinson, RN.

Goal: To provide an optimal nutritional environment for our students, by first assessing the nutritional environment in the classrooms/schools through data gathering on types of foods/snacks provided in the classrooms/schools.

Activity to date: Team members spoke to their building principals about the project and surveyed the nutritional environment in their buildings. An anonymous nutrition survey was given to teachers and the results from 13 elementary, 3 middle and 1 alternative high school, were tabulated.



295 surveys were sent out and 173, returned (59.3%). Our next step is to analyze the data and share the results with each participating school. We plan to develop interventions to alter/foster the nutritional environment of the classrooms/schools based on the survey findings.

Kay Holt, RN **Team Leader**

Members: Cathy Bruggeman, RN; Kay Holt, RN; Ana Jarecke, RN; Susan Kangas-Packett, RN; Nancyruth Leibold, RN; and Myrna Stanard, RN.

Goal: The purpose of our PLC project is to explore current physical activity levels and stated motivators and barriers of public school 9th graders in LPS.

Activity to date: We've had guest speakers from the Lincoln Lancaster City Health Department (LLCHD) and the Nebraska Department of Health and Human Services talk to us about data gathering and surveying populations. During the fall PLC sessions,



Nancyruth Leibold, RN, did a literature search to gather information on this subject. We have developed a survey and are ready to administer it to a sample of 9th graders pending approval from our district representative and principals. The future of our PLC includes analyzing the data we gathered and exploring a possible intervention for the 2007-8 school year. Our long term goal is to encourage life long physical activity and optimal health. A few of our team members are interested in getting the results of our study, published in a nursing journal.

Sheryl Woodward, RN **Team Leader**

Members: Phyllis Boshae, RN; Nadine Frerichs, RN; Loree Kirilloff, RN; Leigh Krueger, RN; Kim Nelson, RN; Karen Pomeroy, RN; and Liz Post, RN.

Goal: Maximize learning time in the classroom for 3rd grade students by providing them with the opportunity to learn, by taking action towards self care of non emergent discomforts such as dry skin, chapped lips and minor scratches.

Activity to date: Our team collected data (first semester) on the number of health office visits made for non emergent items such as dry skin, chapped lips and minor scratches. We are also monitoring time spent away from the classroom. This semester we trained all the students how to take care of dry skin, chapped lips and minor scratches (themselves, in their classrooms). Each classroom was supplied with a self care kit of lotion, Vaseline, q-tips and band aids. When students used items from the kit they recorded it on a self care checklist. Our team will compare the self care data, to the first semester data, to see how many students used the self care kit, and did not miss out on classroom instructions to come to the Health Office for non emergent care.



My Thoughts...

Kathy Hall, Health Technician

I have been a Health Technician for 17 years. I enjoy my job because it offers a great variety of experiences. No two days are ever alike.

You get to work with kids and adults. There is paper work and busy work. You always have to be on your toes and ready for any situation. I have learned so much over the years. It is an always changing job with new information coming our way all the time.

The computer system has added a whole new dimension that I really like too. I have worked with some really good nurses who have shared their knowledge and expertise. I also like the fact that I get to play golf in the summer and not worry about coming to work. The best of both worlds!

Health Technician Day

Thank you to all LPS Health Technicians for your hard work, commitment and your dedication. Health Technician Day was observed on February 14, 2007. The LPS school nurses provided a special luncheon for all Health Technicians on February 19, 2007.



In the Spotlight

Debora K. Chandler, LPN, Itinerant Treatment Nurse

I was raised in Burwell, NE where I attended school, K-12. Despite some health related setbacks in my senior year, I was able to graduate in the top quarter of my class. My parents, sister Kathy and I lived in the town, but I spent a lot of time at farms and ranches of relatives and friends (I loved the animals and country chores). I have always been very independent-minded, so by age 13, I was already working at my first part-time job. Since then, I held other jobs, which include waitress, carhop, ranch hand, business manager/bookkeeper, nurse's aide, nursing and more.

I recall fondly, enjoying summers with my paternal grandparents on their farm near Anselmo, Nebraska. My grandfather came from Moravia, Austria and my grandmother from Dunning, Nebraska. They lived in a sod house in the early years, and I remember that they made their own soap, and used a wood burning stove for cooking. My mom is deceased, but my dad is alive and battling Alzheimer's disease. I help him as much as I can. I consider myself a

nurturer, since early in life I was always taking care of, or assisting with the care of others. I visited and helped my grandfather every day while he was in the hospital and the nursing home before he passed on the day after my 16th birthday. His death was very hard for me. This experience taught me patience, how to care for others, respect for the elderly and a strong work ethic.

I graduated in February, 1977 as a Licensed Practical Nurse. My first job upon graduation was at Keahaven Nursing Home in Neligh, NE, where I was in charge of a unit, that consisted of residents who were mentally challenged. The experience gained from working with persons who had developmental disabilities and mental illness was invaluable. After this, I returned to Burwell and began working at the local hospital and nursing home.

I married in October, 1977 and gave birth to our son Daniel the following year. He was born at 6 months gestation and lived for 2 days. It was devastating.... Shortly thereafter, I returned to work at my parent's car dealership "Spanel Chevrolet-Pontiac, Inc." Their assistant business manager had just quit and they begged me to fill in "just until we can find someone." Six years later, with General Motors Accounting Center training and a lot of valuable experience behind me, I was still there. By that time, we had 2 sons, Trenton 6 and Michael 3 months.

In October, 1985 our family moved to Crete, NE, partly in an effort to save our marriage which was unraveling-- we eventually divorced in 1988. By that time, my parents had sold their dealership and were living in Texas. I moved my grandmother in with us,

and then into an area nursing home for a period of time, overseeing her care. I was now a single parent, facing the daunting task of supporting my family. Since my nursing license had lapsed, I did other jobs until I was able to take a refresher course at Madonna Rehabilitation Hospital; I then worked there for 2½ years before switching to Home Health care, which I did for the next 10 years. I then returned to Madonna for about 3 years.

While living in Crete, I met Jack. We fell in love after being introduced at a dinner party in 1989. By 1991, we were married and moved to Lincoln. We are still together and love to spend time with our grandchildren when we can.

Life can take many twists and turns. Our oldest son Trent died in August 2000, my mom in 2005, and our other son Michael, a Lance Corporal with

the Marines died Nov.

14, 2006 in Al-Anbar Province, Iraq. He was killed by an Improvised Explosive Device (IED).

My sons were the light of my life and I will miss them forever; they left 3 granddaughters, 2 by Trent and 1 by Michael. Unfortunately, Michael was unable to hold his 1st born before he died, but he did see pictures of her. It has been tough dealing with this, even though my daughter-in-law Melissa has been very supportive and helpful, by sending me cards and pictures of the

baby (and we talk frequently).

In 2005, I started working for LPS as an Itinerant Treatment Nurse. I was burned out with nursing (coming to care deeply for people and seeing them die). At first I was apprehensive, but quickly realized that I loved my job! I began to like nursing again – the increasing knowledge gained, the pleasure I felt from educating

I consider myself a nurturer, since early in life I was always taking care of, or assisting with the care of others.

others, and the continued learning experiences. I have met many wonderful people (not only staff, but students and families) as well. I want to thank EVERYONE for their immeasurable support during my son's unexpected death. The support has helped us through a very difficult time. To the entire LPS staff – you are all angels to me.

Hand Washing— Our Best Defense

by Kay Duncan, RN

Hand washing is a topic we are all familiar with. How many times a day do we remind, request, and require students to wash their hands? We should be asking children to wash their hands before they take medications, do blood sugars, put on band-aids, etc. It is even a good practice to ask children to wash their hands no matter the reason they come to the health office.

As health office staff, we should be great role models for students and staff in washing our hands before and after we work with them, as well as countless other times during the day.

Hand washing has been proven to be the best defense against illness. The CDC promotes teaching proper hand washing at every opportunity during school, and to advocate for hand washing in the workplace.

What about hand sanitizers? They can be effective against germs, but do not replace hand washing, especially for hands that are visibly dirty.

So, continue to wash your hands frequently, encourage the students under your care to wash their hands and consider doing classroom presentations to teach children how to correctly wash their hands. Stay healthy and keep those germs away!

Bobbi's Basket

This month, we will review how the Sub Finder system works:



- Employees may (and are encouraged to) enter their own absences for sick leave, annual leave, emergency leave, jury duty, bereavement leave and no-pay days. For all other types of leave, you must contact your Executive Secretary.
- When entering an absence, please **make sure** that the times are correct. Employees that have different start times on different days are assigned one start time for the entire week (this explains why some subs have different arrival times).
- Absences may be reported to Sub Finder, up to 45 minutes prior to the start time of your job. If you report less than 45 minutes before the start time, you will be instructed to contact your Executive Secretary.
- It is best to enter an absence, one day at a time, because substitutes are not always available for absences that spread over several days. This may cause the position to go unfilled.
- As an employee, you are able to check on the status of your absence (if it has been filled or not) by going to the web site and selecting the **Job Review** icon. You may then select the day(s) you want to check on. This may also be done by phone if a computer is not accessible.
- If you request a particular sub, the computer **will only** call that sub, up until an hour and a half prior to the start time; after that time, the computer will call other subs.
- If a sub agrees to work for you, then your school secretary or the Health

Services secretary will need to enter the absence (since their screens are the **only** screens that can enter this prearranged choice).

- Subs please note! When you call or log in to “job shop” you are only allowed to access jobs that are one day ahead of that call-in day (even though Sub Finder will call out, up to 90 days ahead of time for a job).
- You will need to remember your job number which is your confirmation that Sub Finder has accepted your absence. You will need the same number to cancel an absence (remember, every absence has a different number).

I am aware of absences after 7:00 a.m. each day, and do not know when a job has been picked up by a sub, until the daily report is generated. To check the staffing status, I follow the same steps that employees follow; after this has been done, I am able to answer staffing questions. You may still let me know when you are going to be absent – it gives me an idea of what the staffing looks like and helps with planning ahead. Thanks for all your efforts.

Bobbi Edwardson, CEOE
Health Services, Box 18
redward3@lps.org
402-436-1657



LPS Employee SubFinder

(402) 436-1870

If you need to report an absence within 45 minutes of your scheduled start time, you must contact your site's executive secretary.



Under the Microscope

Keeping tabs on what's new

We welcome these new employees to our Health Services family:

Elaine Selig, RN, Substitute School Nurse

Jennifer Fynbu, LPN, Treatment Nurse at North Star

Lynette Markey, LPN, Treatment Nurse at Elliott/ West Lincoln/Pound/Huntington/ Park

Veronica Rodriguez, LPN, from Substitute Treatment Nurse to Treatment Nurse at Hartley/Pershing/Huntington

Kathleen Wiechman, LPN, Substitute Treatment Nurse

A Little Humor...

The Top Oxymorons

1. Exact estimate
2. Working vacation
3. Twelve-ounce pound cake
4. Tight slacks
5. Terribly pleased
6. Plastic glasses
7. Clearly misunderstood
8. Taped live
9. Passive aggression
10. Small crowd
11. Alone together
12. Good grief
13. Definite maybe
14. Soft rock
15. Alone together

A Little More Humor...

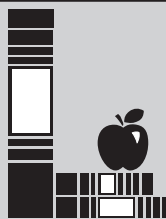
Submitted by Hollis Ramsay, RN.

A kindergarten student came into the Health Office at Clinton Elementary School. He appeared to be in some amount of discomfort as evidenced by his facial expression and the way he was holding his head. Karina Mendez, HT took his pass to the Health Office and I noticed a smile on her face. She handed the paper to me and this is what it said. Dana says he needed to go to the nurses' office because he "has 10 headaches." I believed him.

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For emergencies, questions, substance in contact with skin or eyes; animal or snake bites and more.

Nutrition Education Program

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