



# HEALTH FOCUS

Building Bridges Between Health and Learning

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

## Health Services Report

by *Judy Zabel, RN, MS, NCSN*  
*Supervisor of Health Services*



Welcome to the 2009-2010 School Year. As usual, summer has gone by too quickly and here it is - the beginning of a new school year.

This year will be a particularly challenging year as the

cloud of Novel A H1N1 Influenza is on the horizon. The potential of wide spread illness, a new vaccine coming with the emphasis on immunizing school age children, and the “unknown” of how this will all come about; brings school nursing full circle to its roots in Public Health, as shared by Patty Baker in her remarks. Health services is here to assist in providing a safe and healthy environment in which students can learn and staff can work. The prevention of the spread of infection is always important and the steps are pure public health, teaching everyone to: wash hands, cover coughs, do not touch one's face (mouth, nose, eyes), and stay home when ill. Educating students, staff and LPS families regarding these seemingly easy steps will be necessary as we begin this school year.

Other things to be accomplished this school year include adjusting to staffing changes. There are personnel changes as listed elsewhere, as well as assignment

changes for some of the school nurses. Change always brings the opportunity for growth and the pain of leaving familiar surroundings. I appreciate the willingness and flexibility of the Health Services' staff to take on these changes.

We continue to move forward to accomplish full implementation of Sapphire School Nurse (computer program) for health office documentation. This will enable us to participate in the community's efforts to address the childhood obesity concern.

Some additional projects that the Health Services staff is working on for the 2009-2010 school year include:

1. Developing online Health Services staff skills review and testing.
2. Completing the revision of the Health Services Handbook.
3. Developing and implementing a new employee mentoring program.
4. Developing an ongoing substitute inservice/support program.
5. Pandemic Flu planning and implementation of the plan as needed.

This school year promises to be a very busy year. Thank you all for your commitment and desire to serve students and families in the cooperative effort to provide a quality education for all.



“If you wish  
success in  
life make  
perseverance  
your bosom  
friend,  
experience your  
wise counselor,  
caution your  
elder brother,  
and hope your  
guardian genius.”

—Joseph Addison  
(1672-1719)

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# Risk Management and Health Services – What a Great Collaborative Effort

by Sue Wright, Risk Management Specialist



The Health Services staff are the eyes and ears in the buildings that assist staff dealing with injuries and health issues, and coordination with Risk Management/Human Resources policies and procedures. The relationship has



developed over the years and is one that Risk Management Staff value. The district is comprised of 61 school and 5 support locations. Without the assistance of Health Office staff, Risk Management would not be able to respond and track all the incidents.

The School Health Office is a very busy place with all types of care, treatment, testing, etc., taking place every day. However, when a student or staff is injured, they are the contact point and staff relies on them to provide current information. When Risk Management implements changes in treatment providers, etc., Health Services is the one place in the building that staff can count on to provide current forms and procedures. As technology has developed, we have been able to provide much of the needed information on-line. Health Services assist employees in finding that information and providing the resources they need at the time they need them.

Risk Management operates the school district self-insured, self-administered insurance program. This includes:

- workers' compensation
- student and patron injuries
- vandalism and thefts
- motor vehicle accidents
- losses of district property
- investigation of claims
- ergonomic reviews of work space
- return to work for employees injured on the job and those experiencing injuries and health issues off the job
- unemployment claims and other issues regarding employee, student and patron safety

The department is under the Human Resources umbrella. The department has a risk manager, claims and insurance coordinator, claims handler, case management nurse and two secretaries.

Risk Management has established procedures and annually updates health services staff on any changes. We dialogue throughout the year with staff regarding problems, process and procedures. The Health Services staff has provided many recommendations that have assisted in stream lining a cumbersome process such as workers' compensation.

The Risk Management Specialist relies on the Health Services staff to collect information and document student injury information for retrieval at a later date if needed. They always respond promptly.

I have worked for the district for 33 years. When I first started, all of the risk management functions were contained in the Associate Superintendent for Business Affairs office. In 1989 the office of Risk Management was developed. Through out this time frame, the health services staff has been a constant. I have had the pleasure of working with four Supervisors and countless nurses and health technicians throughout the years. I am also on the District Infection Control Committee and Pandemic Planning Team. Together we continually strive to provide district staff the services they need when dealing with difficult situations. The continued collaboration between the two departments will only benefit the district.

**Sue Wright can be reached at  
wrights@lps.org or  
(402) 436-1759**

## Newsletter Committee Contact Information

Please forward any questions, comments or contributions to any member of the Newsletter Committee.

We look forward to hearing from you!

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Health Services.

# There's a Lot of Public Health, In a School Nurse

by *Patty Baker, RN*



For the past thirty-two years I've invested my blood, sweat and tears into being a Public Health Nurse. Little did I know I was really just training to become a School Nurse.

Being a school nurse means you will use every public health discipline known in addition to your other professional nursing skills. Anyone who thinks being a school nurse is a "pud" job has truly never lived in the shoes of such a nurse. It is a responsibility that goes far beyond the school day and a passion unmatched by none. School nursing gives new meaning to the skill of being able to multi-task. One of the interview questions to become a school nurse is: Do you function independently or as a team player? This obviously is a trick question as from my experiences the answer is definitely BOTH!

Just like a public health nurse, the school nurse is a case manager. Each day, students come into the Health office needing to be triaged, referred and monitored for appropriate screening and follow up. The school nurse advocates for the student with doctors, dentists, Child Protective Services, administrators, teachers and many more resources too numerous to name. Who could deny the school nurse is a case manager when a student comes in with a high temperature, sore throat and coughs in your face; just to be sure they have your attention. When you find the family has limited finances and no primary physician, it's clear your work has just begun. Needless to say, case management is just the

beginning of the similarities of both careers.

Knowledge about health maintenance and prevention include the areas of nutrition, disease process, parenting, family dynamics, counseling, exercise physiology, pediatrics and tooth brushing. This list barely scratches the surface of topics in which a school nurse must show proficiency. Above and beyond the public health skills: one must also be seamstress, zipper expert, body odor detector and vomit collector, just in case you have to prove you really saw vomit. Never in all my public health years did I ever need these additional skills! Oh yes, the role of the School Nurse is way above and beyond those of a Public Health Nurse.

Any other similarities you ask? I'm really just getting started. In the area of communicable disease control and management no one can compete with the role of the school nurse in lice and scabies management. Perhaps I've just been lucky this past year to identify more cases of lice and scabies than I did in my entire 32 years of Public Health. I considered the fact that the lice just followed me from my former career; but half way through the year, I know the multiplication factor was far greater than anything I had ever seen before. School nurses are far more experienced in this interesting area than any other public health nurse I've even known. How impressed people are when you tell them you have your own collection of the various stages of lice, saved on tape from the past week. What a claim to fame!

Both the Public Health Nurse and School Nurse have expertise in disaster preparedness, STDs and pre-

vention, blood borne pathogens and epidemiologic follow up. However, the risk factor that you might be bitten by a student, or be the initial person involved, to figure out if this is a communicable disease or not, is far more frequent in the life of the school

nurse. I might also add as a first responder for the Hallam "tornado at 5 am," the Public Health Nurses set up at South West High School and raided their office for our initial supplies. Where would we be without the school nurses having understood the need for disaster planning and preparation when they last supplied their office? By the way, it wasn't long that same morning, before the school nurses (as volunteers) showed up to help us assist the victims. It was just like the cavalry coming to the rescue!

All in all, both nursing careers require highly trained professionals who are also caring and compassionate. The hours are long, ability to quickly problem solve, essential; and there is no end to the need for personal

commitment required for both aspects of nursing. However, it only takes a smile from a student, a nod from a parent; or the self satisfaction you feel every day, to reassure us there's no other job quite as rewarding as that of being a School Nurse!

**“Being a school nurse means you will use every public health discipline known in addition to your other professional nursing skills.”**



# Novel H1N1 Influenza Vaccine

Compiled by Hollis Alexancer-Ramsay,  
RN, MSN  
Source: CDC.gov (data July 20, 2009)

## Question and Answer



### **What plans are in place to develop the novel H1N1 vaccine?**

The US government is working with manufacturers to develop a novel H1N1 vaccine. The CDC

in collaboration with scientists has isolated the new H1N1 virus; the virus has been modified and will be used to make millions of doses of vaccines. Since this is a multi-step process, it will take several months before the process is completed and clinical trials conducted.

### **When will the vaccine be available?**

“The novel H1N1 vaccine is expected to be available in the fall,” however a specific date of availability cannot be given at this time, since there are many variables to consider such as manufacturing time and the time required to conduct clinical trials.

### **Will the seasonal flu vaccine protect against novel H1N1 flu?**

No, it is not expected to offer the same protection.

### **Can the seasonal flu vaccine and the novel H1N1 vaccine be given at the same time?**

Clinical trials will need to be conducted to make the determination if it is safe to administer both vaccines at the same time. It is anticipated that the seasonal flu vaccine will be available before the H1N1 vaccine. The seasonal flu vaccine should be obtained as soon as it becomes available, as it is still expected to cause illness in the fall and winter.

### **Who are the recommended priority groups to receive the novel H1N1 vaccine?**

Currently, based on observation and epidemiologic data, it is being recommended that states, communities and health care providers begin planning on how they will vaccinate, children and young adults, pregnant women, healthcare personnel, and persons with underlying health conditions. ACIP (The Advisory Committee on Immunization Practices), and the federal advisory bodies are continuing to monitor the virus and review epidemiologic data. As more data emerges, the priority groups might change based on current information. However, planning is continuing based on the information available.

### **Where will be vaccine be available?**

Each state is developing a vaccine delivery plan. The vaccine will be available in many settings, such as health care provider offices, schools, vaccination clinics organized by the local health department and other private settings such as pharmacies and workplaces.

### **Are there other ways to prevent the spread of illness?**

- Yes, hand washing with soap and water, especially after coughing and sneezing.
- Covering the nose and mouth with a tissue after coughing or sneezing and disposing of the tissue in a waste container.
- Alcohol-based hand cleaners may also be used but should not replace hand washing.
- Avoid touching the nose, eyes and mouth since germs can be spread that way.
- Stay home when you are sick. The CDC recommends that you stay away from work or school when you are sick and limit contact with others who may be at risk for being infected.

### **Should antiviral medication be used to treat novel H1N1 infection?**

Antiviral medicine can decrease the severity of the illness “by keeping the flu virus from reproducing in your body.” It may also help to prevent serious complications. This fall, it may be prioritized for persons with severe illness or for those who are high risk for flu complications.

### **Will the vaccination against the H1N1 influenza be mandatory?**

The CDC and ACIP will make recommendations on who should receive the vaccine and state and local health departments and institutions will determine how these recommendations are implemented. If the vaccine is recommended for use, persons will be screened for contraindications to the vaccine, and they will receive an information sheet about the risks and benefits, possible adverse effects and how to report this information.

The CDC is recommending that persons follow public health advice regarding school closing, crowd avoidance and other social distancing measures, when appropriate. These measures will still be important, even after an H1N1 vaccine is available, since they can prevent the spread of viruses that cause respiratory infections.

### **Stay Up to Date on the Swine Flu**

One-stop access to U.S. Government H1N1, avian and pandemic flu information: <http://www.flu.gov/>  
NASN's Pandemic Flu Information: <https://www.nasn.org/Default.aspx?tabid=459>  
What is New on the H1N1 Flu Site: <http://www.cdc.gov/h1n1flu/whatsnew.htm>  
World Health Organization Update (H1N1): <http://www.who.int/csr/disease/swineflu/en/>

# Screening Students



## Nursing Students can be a phone call away! Here is a list of Nursing Schools in Lincoln, NE

### Contact List

#### **Southeast Community College Practical Nursing Program**

Mary Trumble, Program Chair  
 Lincoln Campus  
 8800 O Street  
 Lincoln, NE 68520  
 (402) 437-2765  
 (402) 437-2404 (fax)  
[www.southeast.edu](http://www.southeast.edu)

#### **Southeast Community College Associate Degree Nursing Program**

Virginia Hess, Program Chair  
 8800 O Street  
 Lincoln, NE 68520-1299  
 (402) 437-2730  
 (402) 437-2404 (fax)  
[www.southeast.edu](http://www.southeast.edu)

#### **Kaplan University, Lincoln Campus Practical Nursing Program**

Hope Bauman, Program Coordinator  
 1821 K Street  
 Lincoln, NE 68508  
 (402) 474-5315  
[www.hamilton.edu](http://www.hamilton.edu)

#### **Union College Nursing Program**

Jeff Joiner, Director, Nursing Program  
 3800 South 48th Street  
 Lincoln, NE 68506  
 (402) 486-2524  
 (402) 486-2559 (fax)  
[www.ucollege.edu](http://www.ucollege.edu)

#### **University of Nebraska, Lincoln Campus**

Dr. Kathleen Duncan, Assistant Dean  
 Lincoln Division  
 1230 O Street, Suite 131  
 Lincoln, NE 68588-0220  
 (402) 472-7338  
[www.unmc.edu](http://www.unmc.edu)

#### **Bryan/LGH College of Health Sciences**

Ms. Phyllis Hollamon, President  
 Dr. Kay Maize, Dean  
 1600 South 48th Street  
 Lincoln, NE 68506-1299  
 (402) 481-3867  
 (402) 481-8404 (fax)  
[www.bryancollege.org](http://www.bryancollege.org)

Nancy Hula, MSN, RN  
 Assistant Professor  
 (402) 481-8852  
[nancy.hula@bryanlgh.org](mailto:nancy.hula@bryanlgh.org)  
 Office #: 332

#### **Nebraska Wesleyan University**

Dr. Jeri Brandt, Department Chair  
 Nursing Program  
 5000 St. Paul  
 Lincoln, NE 68504  
 (402) 465-2336  
 (402) 465-2179  
 1-800-541-3818  
<http://www.nebrwesleyan.edu>

#### **UNMC College of Nursing**

Commerce Court  
 1230 O Street, Suite 131  
 PO Box 880220  
 Lincoln, NE 68588-0220  
 Cynthia Kildare, RN, MSN, APRN, CNS  
 Campus: Lincoln  
 (402) 472-3656  
 E-Mail:[ckildare@unmc.edu](mailto:ckildare@unmc.edu)

Jamie Fulwider, RN, MSN  
 Instructor  
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 (402) 472-1682 (fax)  
 E-Mail:[jfulwider@unmc.edu](mailto:jfulwider@unmc.edu)

Shirley Ann Wiggins, RN, PhD  
 Assistant Professor  
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 E-Mail:[swiggins@unmc.edu](mailto:swiggins@unmc.edu)

# Children at Risk for Hearing Problems

by Katie Foster, LPS Audiologist

We have all seen the advertisements for hearing loss and hearing aids where adults have difficulty with background noise and mishear. For our students this problem is compounded. Firstly, classrooms can be very difficult listening situations. As they are primarily large boxes, reverberation and noise, smear the sound of the teacher's voice. In addition, children come to school "loaded" with very little life experience to draw upon, to fill in the gaps of missed sounds. Much of preschool years and student's home life are characterized by routine. In these familiar situations, children can predict fairly accurately what has been said, even if she/he has not heard all the sounds completely. However, listening in school is not as predictable, and the auditory information is new with its own vocabulary. In contrast to adults, even minimal hearing loss of 20-25dB can have an affect on a child's access to learning in the classroom; especially at distances greater than three to six feet from the teacher. When asked if they understand, they will commonly reply "Yes." They may have good speech and language, but not always pay attention to directions or be "lazy," when it comes to reading or spelling. That is, subtle differences will not be picked up by the casual observer, without a diligent hearing screening program (with screening levels of 20dB), to identify those at risk for even this minimal type of hearing loss.

During a school hearing screening, we are identifying those children at risk for hearing loss. Established protocols include testing at 1000Hz, 2000Hz and 4000Hz at 20dB HL. The child raises a hand (not necessarily the matching hand) when the tone is

heard. Testing needs to be conducted in a quiet room, with electronic equipment unplugged (fans, etc) that may contribute noise competition. Presentation of the pure tone stimulus must be staggered, to reduce chance guessing when the sound is present; and outside of the child's sight, to eliminate the chance for visible clues. Any child that did not initially pass the screening, should be screened again in two weeks to allow for resolution to any transient middle ear problem; and/or temporary noise induced hearing loss. **It is not in the interest of the child to screen them repeatedly rather than refer them on for diagnostic testing.** Diagnostic testing of hearing loss type and degree, can and will be completed by audiologists, either at Lincoln Public Schools or in clinics at the university or local ENT office. Protocols for difficult to test students are available in the nurses handbook.

While over 95% of the children born in Nebraska have had their hearing screened at birth, there are some genetic hearing losses that are not present at birth. These include hearing loss due to viral or bacterial disease (i.e. Cytomegalovirus or meningitis); or ototoxic agents (i.e. gentamycin or cisplatin). Also, hearing loss due to chronic middle ear infection; and/or hearing loss associated with noise or head trauma, which may be among the types of hearing loss that present first, at a school screening. For more information on how the ear works and effects of noise, refer to [www.dangerousdecibels.org](http://www.dangerousdecibels.org). Infant hearing screening may not identify loss categorized as, Auditory Neuropathy Spectrum Disorder that affects the auditory nerve and/or neural pathways to the brain.

**"During a school hearing screening, we are identifying those children at risk for hearing loss."**

Lastly, protocols for testing any new student to your school are aimed at identifying those students that may have been born outside of our area, and not have been included in a previous hearing screening at the birth hospital; or may have been "lost to follow-up" referral.

The possibility of early intervention has been enhanced through use of new electrophysiological and behavioral tests for diagnosis in infancy. The social, learning and language impact of hearing loss is lessened with such early identification, and available remediation such as cochlear implants and digital hearing aids. However, the role of the nurse and an effective hearing screening program, is still critical to identify and manage the students whom otherwise would "fall through the cracks." Our children are not just miniature adults, and hearing loss of even minimal degree has been shown to affect their educational progress; multiplying social/emotional problems to the extent of higher incidence for grade failure. **It**

**is critical that school nurses and educational audiologists work together to identify, track and manage the hearing loss issues in our students, and thereby minimize the effects on their academic progress.**

#### Available References:

Classroom acoustics tutorial <http://www.projectreal.niu.edu/projectreal/modules.shtml>

Early Detection and Hearing Identification <http://www.infanthearing.org/screening/index.html>

## In the Spotlight

*Kathy Hall, Health Technician  
Humann Elementary Health Office*



I grew up on a farm in southwest Iowa near Red Oak. I have one brother two years older and one sister seven years younger. I was a real

tomboy growing up. I loved to play outside with my brother in dirt piles and drive the tractor through the gates and play with the baby pigs that we had on the farm. My earliest driving lessons were driving the tractor while the guys picked up the small hay bales and driving our family pickup in the field. My summer job every year was walking beans. After my brother left home, I then moved "up" to disking and hoeing the corn and bean fields.

I participated in 4-H throughout my junior high and high school years. I, of course, showed calves and cooked and had craft projects. We went on a trip to Washington DC to see the sites and take citizenship classes, and also had an exchange program with some 4-Hers in Virginia. They came and stayed with us one summer and then the next summer we went and stayed with them. Many of the experiences and things I learned in 4-H set a foundation for my life.

My graduating class was twenty three. Because it was a small community, I participated in all the high school activities. I was a pom pom girl in marching band and played the clarinet along with playing basketball and throwing the discus in track; also participating in the school musical every year and singing in the chorus. Yes we did it all!

I attended two years of college at Northwest Missouri State University

in Maryville, Missouri. I majored in Home Economics with the idea of becoming an interior decorator. Then I thought it would be fun to go into some type of media; then thought maybe teaching. I'm still not sure what I want to do when I grow up! It is probably because of my love of kids that I ended up working in a school setting.

After my freshman year of college, I was excited to be able to finally get a summer job off the farm. By this time the tomboy thing was fading and I wanted a "real" job. They were opening a McDonalds in Red Oak so I applied and got the job. There were several college kids working that summer, so we started hanging out after work and going out on the weekend. The week after I quit to return to college, one of the guys asked me out on a date. Well, the rest is history..... we have been married for twenty nine years. We were always known as the "McDonalds Romance".

I decided to quit college and became the breadwinner of the family while Martin finished college. He attended Drake University in Des Moines, Iowa where we lived while he finished school. I worked for the State of Iowa, in the office of the Division of Criminal Investigation. I started as a receptionist answering phones and then moved to working with criminal records. My job was to create a new record for the first time offenders, and find the file of others which already had a record. This was all before computers came along; so there were many file cabinets of records to be sorted through to find these records.

When Martin graduated from college he got a job in Kansas City, so off we went. We lived there for six years and enjoyed every moment. Our daughter Betsy was born there. We enjoyed going to Royals baseball games and even took in a Chief's football game every now and then (we couldn't afford to go very often). That was back when

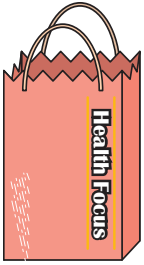
the Chiefs were bad and the Royals were good. We lived there when the Royals won the World Series. During the playoffs that year, I was handed a baseball from Billy Martin during the warm ups. Too bad I didn't get that signed!

We moved to Lincoln in 1986, when Martin decided to take a job with Ameritas. He works in the group Dental Underwriting area. We have one daughter. She is a 3rd grade teacher in Omaha. I enjoy going to help her put up bulletin boards and get her classroom ready for school every year.

We are a golfing family. My husband played golf in high school and has passed the love of the game to Betsy and I. Betsy played in high school and college. So we really missed going to the golf meets when she graduated.

I became interested in computers when we first got computers at school. I am pretty much self taught, but have taken several classes over the years at LPS, to familiarize myself with the different programs. Because of this interest, I have worked with the Health Services computer committee since its conception. I enjoy helping others trouble shoot computer issues and learning the in and outs of the health programs.

Since I don't know what I want to do when I grow up, I continue to work at LPS. The 2008-09 school year marked my 19th year as a health technician at Humann. I did sub for two years before I took this position. I subbed as the sub caller (before the days of sub finder) when we first moved to Lincoln. I then branched out to work as general Para, secretary and health tech. I took the job at Humann because I wanted a home even though I did enjoy subbing. The job worked well with my daughter's schedule when she was in school. Now I just can't give up having my summers off and love working with kids.



## Gayle's Grab Bag

Welcome Back!

It's hard to believe that summer break is all ready over. Where did all the time go? I hope you all had a very restful and relaxing summer.

If you moved or changed your phone number over the summer, please change this on the LPS website under the ICE (Information Center for Employees); also, please notify me of the change. It is very important that you do this throughout the year since I may need to contact you by phone or mail. This information is not forwarded to me from Human Resources.

I'm looking forward to working with all of you for another school year. Please let me know if there is anything I can do, to help you.

Gayle Thomas  
 Executive Secretary, Health Services  
 Box 18, LPSDO  
 lthomas@lps.org  
 436-1657

## Under the Microscope

### Keeping tabs on what's new New Employees

We welcome these new employees to our Health Services family:

**Sharon Baker**, RN School Nurse

**Barb Ramsay**, RN School Nurse

**Kelly Boyd**, Roper Health Technician

**Teresa Frase**, Sheridan Health Technician

**Debbie McBride**, Kooser Health Technician

### Resigned

**Kalli Olsen**, Sheridan Health Technician

**Mary Jo Rood**, Roper Health Technician

### Change of Assignments

**Ana Jarecke** RN, (1 yr LOA)

**Jean Gottula**, Health Technician, transferring to Schoo Middle School, from Dawes Middle School

## Nurse Humor

### A graduate nurse throws up when the patient does.

An experienced nurse calls housekeeping when a patient throws up.

### A graduate nurse wears so many pins on their name badge you can't read it.

An experienced nurse doesn't wear a name badge for obvious reasons.

### A graduate nurse looks for blood on a bandage hoping they will get to change it.

An experienced nurse knows a little blood will never hurt anybody.

### A graduate nurse will spend days bladder training an incontinent patient.

An experienced nurse will insert a Foley catheter.

### A graduate nurse carries reference books in their bag.

An experienced nurse carries magazines, lunch, and some "cough syrup" in their bag.

## Community Resources

**Community Blood Bank**  
 CBB donors make a difference  
 Interested in becoming a donor?

Contact US

**Community Blood Bank-Administrative Offices & Collection Sites**

100 N 84th Street,  
 Lincoln, NE 68505

**Other Lincoln Collection Sites**

131 S. 13th St.  
 2917 Pine Lake Road  
 2700 Fletcher Avenue

**Ph:** 402-486-9414 or

**Toll Free:** 1-877-486-9414

**Email:** [lifesaver@don8bld.org](mailto:lifesaver@don8bld.org)

**2009 Emergency Nurse Pediatric Course**

Sept 23 & 24, 2009 or

Oct 13 & 14, 2009

Time 7:30-5:00 both days

**Registration Deadline:**

Five days prior to program date

BryanLGH Medical Center West

2300 S. 16th

Conference Room 15

33 contact hours awarded

**Asthma Care Class**

-Self monitor asthma

-Asthma Medications

-Using inhaler correctly

-Your asthma triggers/symptoms

**Date:** 10/14/2009

**Time:** 7:00-8:00pm

SERMC/East Tower

Lower Level, FREE

**402-219-7000** for reg.

**Diabetes Education Program**

-For those with diabetes or

-Those interested in diabetes

**Date:** 10/17/09

**Time:** 9:00am -12:00noon

SERMC/Rose Franciscan Rm

Lower Level, FREE

**402-219-7000** for reg.

**Pre Diabetes-Who Me?**

If you have a family history of diabetes and are at least 10 pounds overweight, you are at risk to develop high cholesterol and/or triglycerides, high blood pressure and diabetes.

**Date:** 10/17/09

**Time:** 9:00-12noon

SERMC/East Tower

Lower Level

**402-219-7000** for reg.

\$15.00 per person

**Help for Attention Deficit Disorder**

Parenting network; Support/

education for parents.

Creative, challenging activities

for children. Family meal provided.

First Tues. 6:00-7:30pm

5903 Walker Avenue 471-3700

**Mourning Hope Grief Support**

Email: [hope@mourninghope.org](mailto:hope@mourninghope.org)

or visit [mourninghope.org](http://mourninghope.org)

Call 488-4989

### Happy Birthday celebrations to the following nurses.

#### AUGUST 09

**Phyllis Boshae**, RN 8-25

**Rita McClure**, LPN 8-15

**Kim Nelson**, RN 8-10

**Sheryl Woodward**, RN 8-17

#### SEPTEMBER 09

**Linda Biggerstaff**, RN 9-6

**Diana Hall**, LPN 9-7

**Tonya Hartsook**, RN 9-09

**Wendy Rau**, RN 9-15

**Kathleen Wiechman**, LPN 9-11

Best Wishes on another milestone!



### LINCOLN BOARD OF EDUCATION

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