



# SCHOOL HEALTH BULLETIN

HAPPY HOLIDAYS ISSUE



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## NEW TEXAS "SCHOOL NURSE HANDBOOK"!

By TDH School Health Program Staff

The TDH School Health Program is pleased to announce that the long awaited "Texas Guide to School Health Programs" has been completed. The manual is available for viewing and printing on the School Health Program website: [www.tdh.state.tx.us/schoolhealth/program\\_guide.htm](http://www.tdh.state.tx.us/schoolhealth/program_guide.htm). This manual provides guidance and resources for school administrators, nurses, teachers, and other staff members in the development, implementation, and evaluation of school health programs. It reflects a growing emphasis on the role of school health in prevention of disease and health promotion and wellness for students. The manual began as a revision of the School Nurse Handbook published by the Texas Education Agency in 1989 and has evolved into an even more comprehensive resource that addresses in detail all issues related to health in school settings.

The Texas Guide to School Health Programs was developed under the leadership of the TDH School Health Program in collaboration with the University of Texas School of Nursing. A highly qualified group of professionals with diverse backgrounds and expertise assisted with providing content and reviewing the manual. The intended audience for the manual is the professional who has responsibility for one or more components of a school health program. This might include school health services personnel, administrators, and/or teachers. However, anyone involved with health programming in schools will find this manual to be an interesting and valuable resource.

Because of the manual's size and cost of printing, hard copies are not yet available. Instead, the manual can be viewed/printed from the TDH School Health

Program website. Viewers will need Adobe Acrobat to view the manual. This software can be downloaded at no charge (instructions provided on our website). We are also putting the manual onto compact discs and making as many of these as we can to meet demand. Contact us to request a copy of the compact disc (see contact info below).

We consider this initial version of the manual to be a work in progress. We are hoping to utilize recommendations from our stakeholders (you!) in order to improve the manual in the future. If you encounter any problems or errors or have suggestions for revisions, contact the TDH School Health Program by phone at (512) 458-7111, ext. 2140, or by E-mail at [schoolhealth@tdh.state.tx.us](mailto:schoolhealth@tdh.state.tx.us).

## TDH EMERGENCY DENTAL SERVICES

By James Stephen Wommack, D.D.S., Regional Dental Director, Public Health Region 2/3

The Texas Department of Health (TDH) Dental Care Program provides emergency care for the relief of dental pain and infection in Texas children up to the age of nineteen. The program refers children with emergency dental problems to a dental provider in their area and covers up to \$500.00 of the cost for services. The purpose of the program is to help children from low-income families obtain emergency dental care when the family has no means for obtaining such care.



Children must meet certain criteria to qualify for program services. First, the child must not be covered for dental care under any state or federal program, such as CHIP or Medicaid, or by private insurance of any kind. Sec-

ondly, the parents or legal guardian must meet certain income guidelines. Usually, if a child qualifies for the free school lunch program, he or she will qualify for the Dental Care Program. Thirdly, the child must have a bona fide dental emergency such as pain and/or swelling. Finally, the child must be referred to the program by a "nominator" who has knowledge of the parents' economic circumstances.

Nominators are individuals registered with TDH who are able to vouch for a parent's need of financial assistance. Nominators are usually school nurses, but can also be school principals, administrators, or city/county officials. The TDH Dental Program keeps a roster of nominators throughout Texas. Anyone interested in becoming a nominator in his or her region should contact the TDH Division of Oral Health at (512) 458-7323. Nominators

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Q1: What are the five "D" s of health?  
- answer on back -

# LETTER FROM THE EDITOR

By Michelle McComb, R.N., Coordinator, TDH School Health Program

It is with great joy that we bring you glad tidings this holiday season! I had to look up the word tidings to be sure that it was something we wished to convey to our loyal readers. Indeed it is! "Tidings" are defined as either "news" or "events" and our first announcement is certainly both!

We are extremely pleased and proud to announce the availability of the long-awaited "school health handbook" formally titled *The Texas Guide to School Health Programs*. Please see the related article on the cover.

At the State Board of Health (BOH) meeting in November, new School Health Advisory Committee members were appointed to the positions of physician, RN/PA, and parent/consumer. To see a roster of members go to the TDH School Health Program website: [www.tdh.state.tx.us/schoolhealth/shadvise.htm](http://www.tdh.state.tx.us/schoolhealth/shadvise.htm).

In February, the BOH will review for final approval the revised TDH Spinal Screening Program operating rules. The public comment period ended November 5. TDH has considered these comments and incorporated some into the final rules. If ap-

proved, they will become effective in August, 2002.

The School Health Advisory Committee has been instrumental in the development of a follow-up health services survey, which each district will receive in the near future (see page 3). To access meeting minutes, membership roster, or the SHAC Action Plan, see the TDH School Health Program website: [www.tdh.state.tx.us/schoolhealth/shadvise.htm](http://www.tdh.state.tx.us/schoolhealth/shadvise.htm).

*"Quality is never an accident; it is always the result of high intentions, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives."*  
Willa A. Foster

The Request for Proposals for school-based health center (SBHC) start-up funds will be released this spring. This is an excellent opportunity for districts to enhance their school health program through direct services. We encourage all school districts to consider it. The RFP is designed in a way that encourages local communities to

tailor the SBHC project to their unique populations, needs, and location (see related announcement on page 4).

The TDH School Health Program is continuously exploring ways to improve our customer service to you so that you can meet the needs of the students of Texas. We encourage you to do the same. If you have ever entertained thoughts about ways to improve your nursing practice, your school district's health advisory committee, or some other aspect of your professional life or your district's school health program, what better time than now? Just as your suggestions and inquiries help us grow and gain new perspectives, we hope to return the favor and support your improvement efforts as well.

*"The greatest thing in this world is not so much where we are, but in what direction we are moving."* O.W. Holmes. Texas school health efforts are definitely moving, and though the people involved change with time, the reason we all do what we do stays the same. The kids are counting on us! We wish you a restful winter break and a successful second semester.

*Michelle McComb*

## KUDOS!

Congratulations to **Laura Melotte, B.S.N., R.N.**, School Nurse at Bowie High School in El Paso I.S.D., who was awarded a 2001 Nursing Excellence Award in the area of Patient Advocacy from NURSE WEEK! We also salute the following school nurses who were honored at the Texas Association of School Nurses annual awards banquet this year - **Linda O'Leary, B.S.N., R.N.**, North East I.S.D., was named TASN's **School Nurse of the Year**, and the following received a TASN President's Award for Outstanding Achievement: **Carolyn Bass-Bailey, R.N.**, of Houston, **Cheryl Solomon, R.N., B.S.N.**, of Houston, **Nancy Eder, R.N.**, of Fort Worth, and **Frances Brown, R.N., B.S.N.**, of Purmela. We congratulate all of you on your success and thank you for dazzling us!

**DID YOU KNOW THAT...** Nurses are # 1 for the second consecutive year in a Gallup survey of the top 10 professions that the public rates as "very high" or "high" in honesty and ethics. At 79%, nurses rated higher than: druggists (67%); veterinarians (66%), medical doctors (63%); high school teachers (62%); clergy (60%); college instructors (59%); dentists (58%); engineers (56%); and police (55%).

\*Send us *horn-tooting* news! E-mail items for the Texas School Health Bulletin to: [schoolhealth@tdh.state.tx.us](mailto:schoolhealth@tdh.state.tx.us)

## Texas School Health Association 2002 Conference



Collaborating Health  
for our Children's  
Future

February 1-2, 2002

Hilton Airport Hotel  
San Antonio, Texas

For information or a brochure, contact:  
Texas School Health Association  
Phone/Fax: 830-935-4983  
Email: [pilus@gvtc.com](mailto:pilus@gvtc.com)  
Web Site: [www.ati.swt.edu/tsha/](http://www.ati.swt.edu/tsha/)

**Q2: Between 1928-1931,  
where did 40% of all M.D. visits take place?  
-answer on back-**

# 2000 HEALTH SERVICES SURVEY - RESULTS & FOLLOW-UP

By Michelle McComb, R.N., Coordinator, TDH School Health Program

Have you wondered what happened to the information obtained from the TDH Health Services & Staffing Survey that was sent to every campus in February of 2000? Following is a summary of that survey's results. For a more complete look at the results, graphics, and findings, go to the TDH School Health Program's website at: [www.tdh.state.tx.us/schoolhealth](http://www.tdh.state.tx.us/schoolhealth).

Because 54% of schools surveyed took the time to respond, the TDH School Health Advisory Council (SHAC) has been able to use that information to determine directions to take in its efforts to address school

health issues in Texas. More information is needed, however, and the SHAC has formulated a follow-up survey. The follow-up survey will be sent to Superintendents of Schools this December, with an explanatory letter recommending that appropriate district personnel be consulted in completing the survey. This collaborative approach may help in the quality of responses. Districts will also be able to complete the survey on-line! Please help us out by giving your SOS a heads up and encouraging him or her to respond.

**"Data is the currency of public health practice."**

*Eduardo J. Sanchez, M.D., M.P.H.  
TDH Commissioner of Health*

## Spring 2000 School Health Services and Staffing Survey - SUMMARY

In the spring of 2000, the Texas Department of Health (TDH) conducted a school health services and staffing (SHSS) survey in order to obtain information about school health services and staffing at the campus level. The key findings are summarized below:

### NUMBER OF SURVEYS AND RESPONSE RATE:

- Surveys were mailed to all 7439 campuses reported to be operating in 1999-2000 by the Texas Education Agency (TEA).
- A total of 4025 surveys were received (a response rate of 54%).
- 3925 of these surveys were matched and positively identified as existing in the TEA database.
- Surveys were received from every public health region in the state; almost every county returned at least one survey.

### HEALTH STAFFING:

- The majority of school campuses indicated that either Registered Nurses (RNs, 72%) or Licensed Vocational Nurses (LVNs, 12%) primarily staff the health room/clinic.
- A second way of examining staffing is based on the number of school campuses reporting greater than one staffing hour for RNs, LVNs, or other trained medical professional. Using these criteria:
  - about 81% employ an RN (this includes a few Advanced Practice Nurses or Physician Assistants) and
  - about 12% employ an LVN (or Emergency Medical Technician). In a school setting, without the supervision of a physician, the EMT must legally be considered as unlicensed assistive personnel (UAP).
- The majority of trained health staff are RNs or LVNs. Less than 3% of school campuses employ some other type of trained health professional (eg. APN, PA or EMT).
- Most RNs (86%) and LVNs (89%) are district/school employees. About 6% of the RNs and about 5% of the LVNs are employed using contract or shared service agreements.
- On average each school campus has only a single nurse (combined average of approximately 1.18 RNs and LVNs per school, .99 RNs and .20 LVNs). The combined ratio of RNs and LVNs to students enrolled was 1 RN/LVN per 602 students.

### HEALTH ACTIVITIES:

- The most frequent school health services (by number of events or number of clients) included: first-aid for minor illness, first-aid for minor injury, oral medication, health counseling (student and adult), case management, referrals to public assistance agencies, hygiene, measurements of weights and heights.
- Over 55% of school campuses indicated that an RN or LVN was the primary person performing tasks that require professional medical training such as health education/counseling, case management, and medication administration.
- However, some school campuses indicated that an RN or LVN was also the primary person performing tasks that do not necessarily require professional medical training (e.g. height & weight measurements, hygiene activities etc). The nurse's professional expertise is perhaps not being utilized efficiently in these situations.

### CONCLUSIONS:

- Findings from this inaugural effort will be useful for future data-collection efforts.
- The majority of respondents report employing either a RN or LVN to staff the school health clinic. Additionally, most health service staff are full-time employees of a school district.
- The 54% response rate may indicate that districts without school health services staff did not participate in the survey.
- Most health service staff appear to be performing duties that are generally appropriate to their level of training.
- This would appear to indicate that most school campuses are able to offer at least a minimal level of health services.

# THE TEXAS COMPREHENSIVE SCHOOL HEALTH NETWORK

By Mary Jackson, R.N., Coordinator, Texas Comprehensive School Health Network

The Texas Comprehensive School Health Network (Network) is 15 years old! Over the years, the Network has made some significant contributions to improving school health. The Network was started by the Texas Cancer Council as the School Health Initiative with specialists in 13 of the Education Service Centers (ESCs) throughout the state. It was a strategy to impact the incidence of cancer by improving the health choices of children and staff in our schools through education, policy and programs that promote health.

A major priority of each specialist will be to promote and support the establishment of local school health advisory councils at the district level.

It has grown and, currently, there is a person who serves as School Health Specialist in each of all 20 ESCs. TDH uses Federal Title V Maternal & Child Health dollars, combined with a grant from the Texas Cancer Council, to contract with the ESCs and partially fund the school health specialist position and ser-

vices. Then, each ESC configures funding and job responsibilities in a way that best meets the needs of the districts they serve. The specialists are professionals who have broad and varied experience in the many components of comprehensive school health programming. They include registered nurses, science teachers, guidance counselors, school administrators, physical education teachers and more.

While every specialist is not an expert in all parts of comprehensive and coordinated school health, they serve as a bridge to the information and technical assistance that schools need. If you have a question related to school health, call your school health specialist.

Because of unexpected budget deficits this

year, the Network is focusing on the basics. Currently, TDH does not fund a full-time person in any of the ESCs. A major priority of each specialist will be to promote and support the establishment of local school health advisory councils at the district level. The councils are part of the requirements mandated by Senate Bill 19 and serve as one method to involve parents and community in all of the important school health issues. An active local school health advisory council can greatly enhance school health programming at the campus and district levels.

This year, there have been several staff changes, and new specialists have joined the network. If you don't know your regional school health specialist, you should! Find yours at the TDH School Health Program website: [www.tdh.state.tx.us/schoolhealth/net\\_list.htm](http://www.tdh.state.tx.us/schoolhealth/net_list.htm). Give him or her a call to introduce yourself, get on his/her mailing list, and inquire about upcoming workshops and events.

## REQUEST FOR PROPOSALS: FY 2003 Funding for School-Based Health Centers

By John Dillard, TDH School Health Program

The Texas Department of Health (TDH) School Health Program will make grant funds available in state fiscal year 2003 for the purpose of establishing two new school-based health center (SBHC) projects. The grant funds, available to school districts, are intended as start-up funds to provide preventive and primary health services to school-aged students on a school campus. A Request for Proposals (RFP) should be available in early 2002 with a mid-April 2002 application deadline. Funding for FY 2003 begins September 1, 2002, and ends August 31, 2003. The funding levels for the 3-year SBHC start-up may not exceed \$125,000 in year one; \$93,750 in year two; and \$62,500 in year three. Continuation funding for years two and three is based upon demonstrated need and successful completion of proposed activities.

A copy of the FY 2002 RFP is available to view and/or download on the TDH School Health Program web site at [http://www.tdh.state.tx.us/schoolhealth/heal\\_ctr.htm](http://www.tdh.state.tx.us/schoolhealth/heal_ctr.htm). For further information regarding TDH funding for SBHCs, contact John Dillard at (512) 458-7111, ext. 2782, or [john.dillard@tdh.state.tx.us](mailto:john.dillard@tdh.state.tx.us).



## AWARDS FOR EXCELLENCE IN TEXAS SCHOOL HEALTH

### APPLY TO WIN FROM \$750-\$1500 FOR YOUR SCHOOL HEALTH PROGRAM!

**Awards for Excellence** provides recognition to school staff that are promoting health in their school/district. If your school/district has a health program in place, you should apply for an award! Previous winners have included programs concerned with:

- safety
- nutrition
- hygiene
- disease prevention
- drug/alcohol abuse
- diabetes
- employee wellness
- teen parenthood
- AND MANY MORE!

### HOW DO I APPLY ?

**Awards for Excellence** applications will be mailed out to those who request one in January, 2002. The application deadline is March 8, 2002. Request your application by sending your mailing address to [schoolhealth@tdh.state.tx.us](mailto:schoolhealth@tdh.state.tx.us). The application will also be on-line in January at: [www.tdh.state.tx.us/schoolhealth](http://www.tdh.state.tx.us/schoolhealth). For more info, call (512) 458-7111, ext. 2140.

Sponsored by the **Texas Health Foundation** and the **Texas Department of Health**

# TEXAS DEPARTMENT OF HEALTH ANNOUNCEMENTS

## BIRTH DEFECTS MEDIA CATALOG

The Texas Birth Defects Monitoring Division and the Texas Chapter of the March of Dimes are pleased to announce the availability of a Birth Defects Media Catalog. Parents, educators, social service providers, and health care professionals in Texas can use this new resource to identify and borrow videotapes, audiotapes, and computer-based training modules. Thanks to the TDH Audiovisual Library, this service is free for Texas residents! These materials have been reviewed and selected for their relevance, quality of presentation, and up-to-date information. Topics covered range from pregnancy basics to genetics to the dangers of alcohol and pregnancy, and many more.

To obtain a copy of the catalog, contact the TDH Audiovisual Library at 512-458-7260 or send an E-mail to [avlibrary@tdh.state.tx.us](mailto:avlibrary@tdh.state.tx.us). The catalog can be downloaded or ordered online from <http://www.tdh.state.tx.us/avlib/catalog.htm>.

## PESTICIDE / LEAD EXPOSURE PREVENTION

Staff from the TDH Environmental Epidemiology and Toxicology Division are interested in participating in school health fairs around the state. The PEST Program (Pesticide Exposure Surveillance in Texas) tracks acute pesticide poisoning and provides exposure prevention education. The Adult Occupational Lead Surveillance Program tracks lead exposure associated with work-place exposure. In addition, the surveillance system also tracks lead exposure associated with hobbies.

If you are aware of an upcoming health event in your community, please E-mail Jennifer Sievert, TDH PEST Program, at [jennifer.sievert@tdh.state.tx.us](mailto:jennifer.sievert@tdh.state.tx.us), or call 1-800-588-1248. You are also encouraged to visit our website at <http://www.tdh.state.tx.us/epitox>.

## THE TEXAS RESOURCE GUIDE FOR HIV/STD EDUCATION

The *Texas Resource Guide for HIV/STD Education* is now available from the TDH Bureau of HIV and STD Prevention. The guide is a revised, updated, and combined version of the *Resource Guide for HIV/AIDS Education for School-Age Children* and the *Educator's Guide to Sexually Transmitted Diseases (STDs)*. It includes information on a variety of topics relating to issues surrounding the prevention of HIV/AIDS/STDs, as well as the decisions people make about their sexual behaviors. The guide also includes valuable resources for use in developing curricula on HIV, AIDS, and STDs.

The resource guide was produced in response to the need for basic information on HIV, AIDS, and STDs for

health educators desiring to create or expand their curricula to include these infections. Because of the rapidly evolving issues surrounding HIV, AIDS and STDs, the guide includes extensive listings on where to find current, relevant information on the diseases.

The resource guide is designed to help health educators in community and school settings develop and implement model programs specific to the values and needs of their areas. A free copy of the *Texas Resource Guide for HIV/STD Education* is available by contacting Dottie Walker, HIV/STD Health Resources Division, at 512-490-2535; [dottie.walker@tdh.state.tx.us](mailto:dottie.walker@tdh.state.tx.us). You can also view the guide at <http://www.tdh.state.tx.us/hivstd/educate/guide/default.htm>.

## NUTRITION & BREASTFEEDING EDUCATION ACTIVITY PACKAGES FOR GRADES K-12

The TDH Bureau of Nutrition Services WIC program develops lessons, videos, and teaching materials to educate families about the importance of good nutrition from birth through the childbearing years. Check out the Kid's Corner at: <http://www.tdh.state.tx.us/kids/lessonplans/default.htm> for lessons on nutrition in both English and Spanish. On-line coloring sheets and puzzles are available at:



<http://www.tdh.state.tx.us/kids/default.htm>.

To access multidisciplinary teaching activities for grades K-12, click on New York's Maternal and Child Health curriculum guide at [http://www.health.state.ny.us/nysdoh/b\\_feed/index.htm](http://www.health.state.ny.us/nysdoh/b_feed/index.htm). This curriculum may be used in its entirety, or a teacher may choose to use any individual lesson as a "spot activity." Each lesson can be incorporated into a content area such as social studies, science, mathematics, language arts, or family life education. This process encourages teachers to choose lessons that can easily be integrated into their current curriculum rather than forcing them to incorporate one more required curriculum. The goal of the activities is to educate while creating a positive attitude about breastfeeding.

For family life classes, download lessons, games, handouts and bookmarks to encourage early prenatal care, maternal nutrition and breastfeeding at:

<http://www.tdh.state.tx.us/wichd/nut/lesson-nut.htm>.

Q3: Between what years were male nurses excluded from the American Nurses Association?  
-Answer on back page -

# SCHOOL HEALTH LEGISLATION UPDATES By TDH School Health Program

## SENATE BILL 19

Senate Bill 19 has three key components:

- Authorizes the State Board of Education to adopt rules mandating daily physical activity for students in grades K-6;
- Requires every school system to have a School Health Advisory Council, more clearly define membership, and broaden the scope of the council's responsibilities to all school health issues;
- Directs the Texas Education Agency to make available a coordinated school health curriculum and requires every school system to be trained in its implementation by 2007.

The American Cancer Society has published a complete analysis of this bill and how it applies to schools in Texas. This analysis is available on the TDH School Health Program website at [www.tdh.state.tx.us/schoolhealth/related-legislation.htm](http://www.tdh.state.tx.us/schoolhealth/related-legislation.htm) or call the American Cancer Society at (512) 919-1800 to request a copy.

## SENATE BILL 31

Senate Bill 31 has two components. Section one pertains to institutes of higher education and section two pertains to schools operating under the Texas Education Code. Section two requires TEA and TDH to work together to formulate information about bacterial meningitis for school districts to distribute to all students and parents each year. The law requires that specific information be included. Because the law also required an advisory body to be established, TEA officially requested that the TDH School Health Advisory Committee (SHAC) serve in this

capacity.

The SHAC, Texas Education Agency, and TDH Infectious Diseases, Epidemiology and Surveillance Division have developed a narrative question-and-answer form in both Spanish and English on bacterial meningitis for school districts to use as part of their effort to disseminate information on this disease to public school students. The SHAC also made recommendations to Education Commissioner Dr. Jim Nelson regarding future methods of information dissemination. These documents are available on the TDH School Health Program website at [www.tdh.state.tx.us/schoolhealth/whatsnew.htm](http://www.tdh.state.tx.us/schoolhealth/whatsnew.htm).

## HOUSE BILL 1688

Authorizes students with asthma to possess and self-administer prescription asthma medication while on school property or at a school related event if several conditions are met.

The Asthma Coalition of Texas has developed a new form entitled SCHOOL ASTHMA ACTION PLAN. This form, to be completed at beginning of each school year, allows for a student to self-administer asthma medications while at school or school functions. The form documents that permission from parents and physician has been obtained, and indicates the exact medication, dosage, etc., and what steps to take in the event of adverse reactions. This useful form can be altered to suit the needs of the district/campus and is available on the TDH School Health Program website: [www.tdh.state.tx.us/schoolhealth/whatsnew.htm](http://www.tdh.state.tx.us/schoolhealth/whatsnew.htm).

For complete text of legislative bills, see [www.capitol.state.tx.us](http://www.capitol.state.tx.us) and do a bill search. When the bill comes up, click on "enrolled version."

# SPOTLIGHT ON DISEASE: SICKLE CELL DISEASE

By Nkechi Eke, R.N., B.S.N., TDH Newborn Screening Program

## OVERVIEW

Sickle cell disease (SCD) is an inherited blood disorder caused by an abnormality in the red blood cells. The red blood cells are responsible for carrying oxygen to all parts of the body. The red blood cells of a person with SCD are abnormal. They may become misshapen into a "sickle" shape, which causes the cells to clog in the blood vessels. This clogging can lead to pain, as well as tissue and organ damage.

SCD is found predominantly in the African-American population. One out of every 500 African Americans has sickle cell disease. SCD is also seen in people of other ethnic groups. These ethnic groups include individuals from parts of the Middle East, Central India, and countries bordering the Mediterranean Sea, especially Italy and Greece. In light of these statistics, you are likely to have a student with some form of SCD in your school.

## PAIN ASSOCIATED WITH SCD

Pain is a common complication of SCD. It occurs when the sickled cells clog the blood

vessels, preventing oxygen from getting to the tissues. It may or may not be accompanied by swelling or fever. Most often there are no physical signs that the child is having pain; therefore, the child should be taken seriously when pain is reported. Since the pain is not visible or detectable, we must rely on the child's report. Pain may occur anywhere in the body but is often reported or experienced in the arms, legs, abdomen, and back. School personnel should be informed of signs and symptoms so that adequate action may be taken.

## INFECTIONS ASSOCIATED WITH SCD

Children with SCD are at increased risk for developing infections. Some types of infections in a child with SCD are life-threatening. Some children with SCD take antibiotics daily to prevent them from getting infections. If a child with SCD shows

any signs of having an infection, his/her parents should be notified immediately.

## SPECIAL NEEDS OF STUDENTS

**PHYSICAL ACTIVITY:** It is VERY IMPORTANT to prevent dehydration in children with SCD. They need to take plenty of fluids before, during, and after an activity. They need to avoid becoming overheated or fatigued. Because of their chronic anemia, they may need more frequent rest times. Children with SCD also need to avoid being exposed to cold temperatures. **Excessive running, exercise, and strenuous sports are not recommended for children with SCD.**

**FLUIDS:** It is imperative for children with SCD to maintain adequate fluid intake and avoid dehydration. If at all possible, it would benefit the child to be allowed to carry a water bottle at school or to leave class to get water frequently.

**BATHROOM PRIVILEGES:** Special bath-

Continued on page 8

# TUBERCULOSIS SCREENING IN SCHOOLS

By Ann Tyree, TDH Tuberculosis Elimination Division

As tuberculosis (TB) continues to decrease in Texas, the strategies to control and prevent its spread must change to target populations most at risk. Earlier this year the Texas Department of Health convened a meeting of pediatric TB experts to consider the best strategies for control of TB disease and infection in children. They developed recommendations and a TB screening questionnaire for children in school settings. In May and June, the recommendations of this Blue Ribbon Committee on Childhood TB were presented to stakeholders for review and comment.

These recommendations, which will be reviewed at two-year intervals, include the following:

(1) TB screening of school children should continue to be a service determined by the prevalence of risk factors for TB infection in school-age children in each community. Working with the public health system, school districts can make determinations about whether or not to establish a TB screening program. TB screening programs' access to TB testing resources should be assessed by consultation with the TB Elimination Division of the TDH.

(2) Decisions to screen school children should be made on the basis of sound public health principles and guidelines. To this end, CDC and ATS recommend that only children considered part of high-risk populations be tested.

(3) A universal questionnaire to identify children at high risk for TB infection has been developed by experts working with the Texas Department of Health. This questionnaire can be used to determine a child's risk for TB infection and thus target TB skin-testing to identified high-risk individuals.

(4) No TB screening program should be developed unless the foundation is in place for follow-up services including access to medical evaluation and treatment. Once identified, a positive reactor will require x-ray services and medical evaluation. To screen and not offer such services defeats the public health purpose of TB testing. Children who do not have signs or symptoms of TB should not be excluded from school while medical evaluation is in progress.

(5) No TB screening program should be developed for school children unless a system is in place to keep track of data collected and the tools are in place to evaluate and analyze the data and the program on a regular basis. (Such a system would include a list of variables, a contact name to receive and review submitted data and answer questions, and a method for periodic data analysis and evaluation.)

(6) Because screening programs have a social impact, the managers of such programs must have in place strategies that prevent any implications of discrimination and disenfranchisement of individuals screened.

(7) If a TB screening program is indicated, school districts must be willing and able to join the public health system in sharing the burden of implementation for such a program.

In July, local and regional health departments were asked to work with school districts to utilize the risk assessment questionnaire developed by this committee to replace the use of universal TB skin-testing, where it is still used to determine the TB risk of students entering school. If students are identified through the use of the questionnaire to be at risk of TB exposure, a TB skin test should be applied and read to determine if the student has been infected.

The questionnaire lists the most common symptoms of active TB disease and asks whether the child has been around any adult with these symptoms or whether the child has had any of these symptoms. It asks about birth or travel to Mexico or any other county in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for longer than 3 weeks. It also asks about a child's spending more than 3 weeks with anyone with risk factors for TB, such as IV drug use, HIV infection, incarceration, or recent immigration.

The risk of developing TB is measured by the number of reported cases of TB per 100,000 population. This is called the rate of TB and varies widely across Texas. Based on having a rate of TB 2 times higher than the average rate for Texas, 7 counties (Cameron, Dallam,

Garza, Limestone, Maverick, San Augustine, and Webb) were identified where use of the questionnaire is recommended for students entering school. Based on having a rate of TB one and a half to two times higher than the average rate for Texas, 6 counties (Colorado, Harris, Hidalgo, Martin, Potter, and Real) were encouraged to make a joint decision with their local or regional health department whether the questionnaire should be used for students entering school. This decision should consider the potential risk of TB and the availability of resources for screening and follow-up. The county list will be reviewed in three years.

School officials and parents need to be reminded that the TB skin test is not a vaccine and does not offer protection against TB infection. The cooperation of school nurses is vital to this change in the way children are screened for TB. A dialog between local health departments and nurses in the community, who may be the first to recognize persons with symptoms of TB, is vital to the early diagnosis and treatment of this disease. Therefore, questions regarding TB prevention and control in children should be directed to the TB program in your local health department or public health region. If you are unsure of a contact person, please call the TB Elimination Division at (512) 458-7447 to be directed to the TB program in your area.

**Editor's Note:** The use of the TB risk-assessment questionnaire is supported by the Centers for Disease Control, the American Academy of Pediatrics, the Council of the Infectious Diseases Society of America, and the American Thoracic Society as well as clinical practice research literature. Information about TB practices for school districts can be found in Chapter 5, page 643 of the Texas Guide to School Health Programs: [www.tdh.state.tx.us/schoolhealth/program\\_guide.htm](http://www.tdh.state.tx.us/schoolhealth/program_guide.htm).

**Q3: FOR MOTHERS WHO SMOKE DURING PREGNANCY, THE RISK OF SIDS IS HOW MUCH HIGHER? - ANSWERS ON PAGE 3 -**

## TDH DENTAL SERVICES

continued from page 1

cannot be just friends, neighbors, or the parents themselves, nor can they be employed or associated with a dental provider.

To obtain dental services, a parent must have a registered nominator complete and submit a nomination form to the TDH Dental Care Program. TDH then makes a determination of need and eligibility. If the child is eligible for the program, the nominator is given a voucher number and authorization to make a dental appointment for the child with a dentist participating in the program. TDH then sends a payment voucher to the dentist. Once examination, evaluation, and possible treatment are rendered, the voucher is completed by the dentist and forwarded to

the TDH Regional Office for payment processing. This fiscal year the total allowable reimbursement is \$500.00 per child, per year.

The TDH Dental Health Program is a valuable community service that helps many Texas children get relief from dental pain. The ultimate goal of the program is to put children on the road to better dental health so that further dental emergencies are avoided. For more information on this program, contact the Texas Department of Health, Division of Oral Health, at 512-458-7323. A staff person there can direct you to the appropriate party or regional office. Visit the Division of Oral Health website at: [www.tdh.state.tx.us/dental](http://www.tdh.state.tx.us/dental).

## SICKLE CELL DISEASE

continued from page 6

room privileges are needed for SCD children because of the disease's effect on the kidneys. Additionally, the need for extra fluid causes them to urinate frequently. This frequent need to urinate can be embarrassing to the child and frustrating to the teacher; however, this is caused by the disease and cannot be avoided. Children with SCD should be allowed to sit near the door so that they can leave as often as necessary to use the restroom.

### CONCLUSION

There is no reason a child with SCD cannot enjoy a full and varied school career. But in order for a child with SCD to reach his/her greatest potential, it is necessary to have a collaborative effort between the child, parents, medical professionals, and school personnel. For more information on SCD and other diseases, see the Newborn Screening Program website: [www.tdh.state.tx.us/newborn/newborn.htm](http://www.tdh.state.tx.us/newborn/newborn.htm) or call 1-800-422-2956, ext. 2071.

## MARK YOUR CALENDARS!

### DECEMBER

Family Violence Prevention Teaching  
Toy Drive For Homeless/  
Handicapped  
Nat'l Drunk Driving Awareness

### JANUARY

Environmental Protection Teaching  
Month  
Activities With The Elderly month  
Nat'l Volunteer Blood Donor Month  
National Black Health Week  
Nat'l Birth Defects Prevention Month

### FEBRUARY

American Heart Month  
Nat'l Burn Awareness Week  
Nat'l Child Passenger Safety  
Week  
Valentines To Vets (Ann  
Landers Project)

### MARCH

Adolescent Counseling Month  
Child Safety Teaching Month  
National Nutrition Month  
American Diabetes Alert  
Nat'l Red Cross Month

Source: National Health Observances

[www.ark-nursing-students.com/Health\\_Observances\\_Calendar.html](http://www.ark-nursing-students.com/Health_Observances_Calendar.html)

### HEALTH TRIVIA

#### ANSWERS

- Q1: 5 D's of Health: Disease, Discomfort, Disability, Dissatisfaction, and Death  
Q2: In the home  
Q3: From 1917-1930  
Q4: Triple risk over non-smokers



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