

SCHOOL HEALTH ADVISORY BOARD PRESENTATION TO THE SCHOOL BOARD

October 14, 2010

Highlights of School Health Advisory Board Activities 2009-2010

- 1) We revised our By-Laws.
- 2) We oversaw the immunization of 7,500 students and staff against H1N1.
- 3) We heard updates from June Jenkins, Director of the Safe Schools/Healthy Students Charlottesville/Albemarle Project as they launch the five elements outlined in their \$5.8 million dollar grant. These include: School Safety; Alcohol, Tobacco, and Other Drug Use; Student Behavioral, Emotional and Social Supports; Mental Health Services; and Early Childhood Social and Emotional Learning Programs.
- 4) We received reports from UVA pediatric neurologist Howard Goodkin regarding their Bike Helmet Distribution Program, which provided 128 bicycle helmets along with proper fitting and educational programs to students at Greer, Yancey and Woodbrook Elementary Schools.
- 5) Christina Pitsenberger, director of the Child Nutrition Program, is a part of our Board, and we continue to evaluate and support her efforts in this department. She will provide her own report, but highlights include that our nutritional standards go beyond those of state and federal regulations. She is working on getting more whole grains and legumes on the menu; a grant helped provide fresh local fruits and vegetables at Yancey and Greer; and a combi-oven was installed at AHS, negating the need for a fryer.
- 6) We reviewed policies on concussions in student-athletes, which was approved by the General Assembly of Virginia and will become effective 7/1/2011.
- 7) We are actively revising the policy on head lice.

School Health Advisory Board Recommendations to School Board 2010-2011

- 1) In light of the increasing number of students with chronic health conditions as reported in the annual **Chronic Conditions Report** and the large number of clinic visits logged in school health offices as per the **Clinic Visits Report**, the Health Advisory Board recommends there be no consideration given to a reduction in nursing hours as a budget saving measure. Furthermore, it is recommended that the school board consider increasing elementary school nursing from 6 hours per day to the entire time school is in session.

Highlights from the 2010 **Chronic Conditions Report** include:

- The Division has a total of 2,007 students with chronic health conditions.
- **Several students' health problems are medically complex, requiring daily nursing care to perform procedures and/or administer emergency medication.** Our nurses are caring for several students in various stages of cancer treatment and 27 students with type 1 diabetes who monitor blood glucose and take insulin at school. We have over 250 epinephrine injections at the ready for students with life threatening food allergies, and 305 students require inhaled medication at school for the treatment of asthma.

A glance at the 2010 **Clinic Visit Report** illustrates how busy school health offices are on a daily basis. Impressive statistics include:

- 156,560 visits to the school health offices across the division. This equates to treating 895 students each day, an average of 37 students per nurse.
- School nurses administered approximately 75,000 doses of medications during the 2009-10 school year.

- 2) Dr. Martha McKechnie serves on the School Health Advisory Board and is the Division's AED Physician Consultant. On her recommendation, the board endorses a universal location of AEDs in all of the high schools and middle schools. Our preferred location is in the front hall near each school's main entrance, for maximum accessibility both during and after school hours. If tampering is a concern, the AED cabinet alarm can be enabled when the cabinet is opened. It is further recommended that the universal AED signage be posted in these schools and that a simple standardized maintenance program be implemented at each school facility housing these devices.
- 3) In the interest of students' physical and mental health, the board recommends that recess (or the middle and high school equivalent) not be withdrawn as an aggregate punishment – the whole grade or whole class should not have recess rescinded for the behavior of a few students. We also continue to discourage the loss of recess, and the physical and mental release it can provide, for individual students who misbehave. Other incentives and disincentives should be considered.
- 4) Some high school students eat lunch well before 11 am, when school is in session until almost 4 pm. If scheduling issues preclude later lunchtimes, students should be allowed (and encouraged) to eat a healthy snack at some point later in the afternoon.

Highlights of Our Focus for Future Meetings

- 1) We will be working with Dr. Goodkin on implementing the concussion policies noted above.
- 2) We will evaluate our school system's responsibilities and tools for dealing with the epidemic of childhood obesity.
- 3) We will continue to consider evidence-based medicine and consistency of policies when making recommendations to the schools and school board.

Virginia Department of Education

Office of Student Services

Health Services

2010-2011

Chronic Health Conditions Report: Albemarle County Schools

Health Condition	Total Students with Condition
Diabetes:	
1. Type I	1. 27
2. Type II	2. 4
3. Blood glucose monitoring (requiring any assistance or documentation by the school health care provider)	3. 21
4. Insulin Injections	4. 18
5. Insulin Pump Management	5. 8
Asthma	829 (Total with asthma)
1. Receiving inhaled medication at school	1. 358
2. Receiving nebulizer tx at school	2. 17
Seizure Disorders	70 (Total with seizures)
1. Diastat, prn	1. 20
Cardiac Disorders	34
Cystic Fibrosis	1
Kidney Disorders	20 (Total with kidney disorders)
1. Self catheterization	1. 1
2. Staff performs catheterization	2. 3
Cancer	8

Health Condition	Total Students with Condition
Tube Feeding	6
Impaired Mobility	30 (Total with any impairment in mobility)
1. Wheelchair dependent	1. 21
2. Prosthetics	2. 4
Hearing Impaired	24 (Total with impairment)
1. Cochlear Implant	1. 6
2. Hearing Aid	2. 11
Ventilator Dependent	0
ADD/ADHD	325
Allergies	
1. Food w/ Epipen	1. 183
2. Food w/o Epipen	2. 182
3. Insect w/ Epipen	3. 33
4. Insect w/o Epipen	4. 35
5. Latex w/ Epipen	5. 1
6. Latex w/o Epipen	6. 19
Do Not Resuscitate Orders	0
Autism Spectrum Disorder	107
Traumatic Brain Injury	6
Sickle Cell Disease	7
Juvenile Rheumatoid Arthritis	4
Cerebral Palsy	21
Celiac Disease	20

Health Condition	Total Students with Condition
Down Syndrome	11
Scoliosis	6
Migraines	72
Oxygen Dependent	2
Bipolar Disorder	7
Blindness	3

Annual Division School Nurse/School Health Office Visit Report*

School Year 2009 - 2010

Clinic Visit Reason	Number of Students
Feeling ill	42,786
Minor injury	18,568
Major injury	85
Minor injury due to altercation	288
Major injury due to altercation	1
Repeat clinic visit for injury	3,942
Miscellaneous Clinic Visits	44,632
Students Given PRN Med	23,726
Students Given Daily Med	51330
Students Sent Home	8287
Students Sent Home with Lice	103
Students Referred to Doctor	2110
Rescue Squad Summoned	44
Employee Clinic Visit	3,718
Total Daily Clinic Visits Without Daily Meds	131,834
Parent Contact	17,682
Total Daily Clinic Visits	156,560
Average Number of Daily Visits	894.6

* The clinic visit data was not obtained from Western Albemarle High School this year due to a prolonged period of time when the nurse was on sick leave followed by a search for a replacement. The data from last school year was plugged in for the purposes of calculating Division averages.

Elementary School Clinic Visits
2009-2010

	Ag.Ht.	BB	BW	Bville	Cale	Croz.	Greer	HM	MW	Mur	RH	Sville	SR	SP	Wood	Yancey
Number of Days	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175	175
Clinic Entries	4838	4370	4987	7821	5671	1777	3452	4688	3461	2577	2841	3327	4738	4093	5577	3177
Daily Meds	1753	1303	1474	738	1654	2133	2611	2491	915	329	1142	795	1585	395	1630	130
Total	6591	5673	6461	8459	7354	3904	6059	7179	4376	2906	3983	4122	6323	4488	7207	3307
Average	37.66	32.8	36.9	48.3	42.0	22.3	34.6	41.7	25.0	16.6	22.7	23.55	36.13	25.64	41.182	18.89
Feeling Ill	1884	1272	1390	3081	2101	509	691	1149	995	809	665	1799	840	1714	1347	595
Minor Injury	1268	1128	923	1871	370	308	698	962	854	445	716	706	639	752	893	220
Major injury	3	1	0	5	1	2	0	3	14	0	3	1	1	7	5	3
Minor injury due to alter.	16	4	0	8	36	13	0	5	0	0	27	47	0	16	3	2
Major injury due to alter.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Repeat visit for injury	374	71	323	11	727	27	60	21	35	8	21	137	35	280	19	0
Misc. visits	605	1674	2134	2132	862	694	1459	2082	1381	600	595	651	1744	1268	1329	2018
Students given PRN Med	791	364	137	735	477	181	303	293	335	94	322	507	465	397	269	66
Students sent home	462	319	89	388	478	245	195	269	219	233	114	92	204	152	203	86
Sent home w/ lice	13	0	11	17	9	11	1	2	0	5	0	3	13	4	8	2
Referred to MD	381	10	8	11	683	7	18	13	88	25	10	66	293	37	40	30
Rescue Squad	1	1	0	3	1	0	1	0	1	1	0	0	0	3	2	0
Employee	620	116	118	13	284	37	104	159	146	158	0	56	27	52	93	97
Parent Contact	753	296	237	525	1053	366	529	788	1080	259	365	406	1101	537	814	129

Secondary School Clinic Visits
2009-10

	Burley	Henley	Jouett	SMS	WMS	AHS	MHS	WAHS
Number of Days	175	175	175	175	175	175	175	
Clinic Entries	4935	5282	11423	7955	3844	9383	10251	
Daily Meds	888	2142	1141	1719	448	3539	72	
Total	5823	7424	12564	9674	4292	13056	10323	
Average	33.274	42.422	71.794	55.28	24.52	74.61	58.99	
Feeling Ill	2005	276	5359	3638	681	5313	3868	
Minor Injury	561	935	1147	1062	560	1310	125	
Major injury	0	4	8	11	3	3	2	
Minor injury due to alter.	7	14	33	27	13	11	6	
Major injury due to alter.	0	0	0	1	0	0	0	
Repeat visit for injury	90	88	112	1312	95	0	104	
Misc. visits	2174	3170	4938	1924	1244	2349	4155	
Students given PRN Med	1059	1051	6173	1580	498	4282	2338	
Students sent home	427	594	593	471	79	912	721	
Sent home w/ lice	0	1	2	0	0	0	0	
Referred to MD	21	3	66	33	5	119	14	
Rescue Squad	5	3	1	3	2	2	4	
Employee	87	290	97	48	282	282	473	
Parent Contact	623	1220	1230	836	434	2936	1153	

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