



# THE SCHOOL NURSE BULLETIN

## FEBRUARY 2019

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### Connecticut School Nurses Focus on Managing Chronic Health Conditions Centers for Disease Control and Prevention (CDC) Healthy Schools

<https://www.cdc.gov/healthyschools/success-stories/connecticut.htm>

More than 23,000 students in Connecticut are benefiting from an enhanced role for school nurses, who are working to reduce absenteeism and promote health for students with chronic diseases.

With CDC funding for school health, the Connecticut State Department of Education's Coordinated School Health Consultant, Donna Heins, is leading the Healthy School Communities for Successful Students (HSCSS) Partnership Project. HSCSS focuses on creating healthy school nutrition environments, setting up comprehensive school physical activity programs, and supporting students with chronic health conditions. Four school districts are receiving tailored technical assistance, professional development, and other resources to help them develop policies and practices to make these improvements.

#### Impact

Eleven pilot schools with a total of 23,651 students are participating in the HSCSS Partnership Project. Most districts in Connecticut provide access to a nurse in every school. In the pilot schools, these school nurses have an expanded role, especially when providing support for students with chronic health conditions.

School nurses working in pilot schools identify, track, and refer students with chronic health conditions to keep them healthy and ready to learn. Electronic recording systems used by school nurses allow them to check absenteeism of students with chronic health conditions and collaborate with school data teams when designing interventions to improve student attendance. Currently, the school nurses collect data only for students diagnosed with asthma and diabetes. Other health conditions will be added in the future.

Connecticut education laws require all students in grades 6 through 12 to have student success plans. These student-driven plans serve as road maps to academic and career aspirations. The Department of Education has added a third component that focuses on wellness. For instance, school staff, including school nurses, may help students design fitness and nutrition goals, such as "eating right" and "60 minutes of physical activity daily." School nurses, many of whom are on school wellness teams, also work on other nutrition and physical activity initiatives.

Districts and pilot schools have been trained to use data-driven decision making to prioritize actions. For example, a panel from the University of Connecticut's Rudd Center for Food Policy and Obesity trained staff to use the [Wellness School Assessment Tool \(WellSAT\)](#) and all HSCSS pilot schools have completed the [CDC's School Health Index](#) to assess their school health policies and practices. On the basis of index results, they received technical assistance from the state's Coordinated School Health Consultant to identify areas of need and create an action plan.

This program was supported by CDC's State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health cooperative agreement (DPI3-1305).

Note: All of the above information was taken from the CDC's Health Schools Web site at <https://www.cdc.gov/healthyschools/success-stories/connecticut.htm>



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10/11/2017

The Massachusetts Board of Registration in Nursing (Board) is created and authorized at General Laws (G.L.) c. 13, §§ 13, 14, 14A, 15 and 15D, and G.L. c. 112, §§ 74 through 81C to protect the health, safety, and welfare of the citizens of the Commonwealth through the regulation of nursing practice and education, and the issuance of advisory rulings. The Board has legal authority to promulgate regulations that govern nursing practice and nursing education. These regulations are contained at 244 CMR 3.00 - 9.00, and are available on the Board's website ([www.mass.gov/dph/boards/m](http://www.mass.gov/dph/boards/m)) for your review and reference.

Pursuant to G.L. c. 112, §§ 80 and 80A: *Violations of provisions relating to professional nursing and Violations of provisions relating to practical nursing*: "a nonresident, licensed to practice professional nursing in another jurisdiction, may attend upon a nonresident of the commonwealth temporarily abiding here".

So, yes!! You are welcome to practice nursing with the students and others you accompany. This ruling applies to Registered Nurses and Licensed Practical Nurses. Should practice in your jurisdiction include the delegation of "medication to be administered by unlicensed personnel", such practice is acceptable and pursuant to the delegation arrangement in your jurisdiction.

The Board would like to be clear in its response by stating that you may not practice nursing in Massachusetts for any individual that does not accompany you from the jurisdiction in which you are currently licensed.

Please be advised that the response of the Board to individual practice inquiries represent the Board's interpretation of the legal scope of nursing practice. This response is valid only in the context in which it is rendered; it does not have general applicability, as do statutes, regulations or advisory rulings on nursing practice.

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## 2019 SCHOOL NURSE SUPERVISOR ANNUAL SPRING MEETING

**Date:** Wednesday, May 8, 2019

**Time:** 8:30 A.M. - 2:30 P.M.

**Location:** Red Lion Hotel, 100 Berlin Rd, Cromwell, CT -Rm Crowne Room

**Registration information:** <https://ctnurses.org/event-3249974>

## ORAL HEALTH FACTS FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) February is National Children's Dental Health Month!

Tooth decay (cavities) is one of the most common chronic conditions of childhood in the United States. About 1 of 5 (20%) children aged 5–11 years have at least one untreated decayed tooth, and about 1 of 7 (13%) adolescents aged 12–19 years have at least one untreated decayed tooth. The percentage of children and adolescents aged 5–19 years with untreated tooth decay is twice as high for those from low-income families (25%) compared with children from higher-income households (11%).

Poor oral health can have a detrimental effect on children's quality of life, their performance at school, and their success later in life. Tooth decay is preventable and ensuring that students have the preventive oral health services they need in school is important in helping them stay healthy and ready to learn. Dental sealants prevent tooth decay and also stop cavities from growing - they result in a large reduction in tooth decay among school-aged children 5–16 years of age.

February is National Children's Dental Health Month! To learn about how to address oral health in schools and about school-based sealant programs, visit the CDC's Oral Health page located at <https://www.cdc.gov/healthyschools/npao/oralhealth.htm>.



## ORDERING SCHOOL HEALTH RECORDS BY NURSING SUPERVISORS

Information Ordering School Health Forms will be provided in the **March 2019 School Nurse Bulletin**.

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