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## The Case for School Nursing

### *Highlights from the 2012 NASN Report*

The National Association of School Nurses (NASN) recently published a document outlining the critical contributions that school nurses make to student health and learning. The need for school nursing services has increased dramatically over the last decade. There are more children in special education and more students in our schools with chronic illnesses and medically fragile conditions. NASN notes that some medical advances have actually contributed to this change. For example, more infants survive extreme prematurity. These babies are at increased risk for neurological problems and learning disabilities. Other startling statistics include:

- About 215,000 people younger than 20 years have either type 1 or type 2 diabetes (CDC, 2011).
- The prevalence of food allergy among children under the age of 18 increased 18% percent from 1997 to 2007 (Branum & Lukacs, 2008)
- Eight percent of all children have a food allergy, with almost 40% having a history of a severe reaction (Gupta, et al., 2011)
- Eighteen percent of 12–17 year olds and 14% of children age 5–11 are on regular medication (Bloom, Cohen &, Freeman, 2011).

Despite challenging workloads, research indicates that nurses make a difference every day. Nurses reduce absenteeism (Maughan, 2003) and a higher nurse to student ratio is related to better attendance (Pennington & Delaney, 2008). School nurses are less likely to dismiss a student from school early than non-licensed personnel (Pennington & Delaney, 2008; Wyman, 2005).

School nurses affect student wellness in a variety of ways; they improve immunization rates and help to mitigate health disparities caused by poverty and other social problems.

School nurses provide care and support to a growing number of students with mental health problems. In one study, researchers found that school nurses spent 32% of their time providing mental health services (Foster et al., 2005). This focus is important. Slomski (2012), reports that the top 5 health problems of children in the United States are now mental health problems not physical problems.

Data supports the value of case management provided by the school nurse. The school nurse insures that

students with life threatening health conditions are at school with needed medications and Emergency Care Plans. As a result, there are fewer asthma exacerbations, more stable blood glucose levels in students with diabetes and improved communication between students, families, health care providers and school staff.

School nursing services allow other school staff to meet their professional responsibilities. Teachers have more time to teach, administrators to lead and support staff to assist with student learning (Baish, Lundeen, & Murphy, 2011; Hill & Hollis, 2011).

If you are interested in more information, or want to access the references noted, review NASN's document in its entirety at: <http://www.nasn.org/Home/CaseForSchoolNursing>

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## Washington State to Cover Autism Therapy for Kids with Medicaid



Low income parents will soon have a way to get treatment for their children with autism. Starting in January, Washington State will cover applied behavior analysis (ABA) therapy for kids with Medicaid coverage.

The new benefit is part of a legal settlement between the state and a local advocacy group for children with Autism. It will apply to youth who are currently enrolled in the Apple Health for Kids program. Gail Kreiger, who manages medical benefits for the program, estimates that about 9,000 children with Apple Health coverage have a diagnosis of autism spectrum disorder.

Coverage will require preauthorization from the state. The first step in getting this coverage is for the child to be evaluated by a specialist. The provider would then initiate an order for treatment. When the Health Care Authority receives the order,

the child will receive another assessment and a treatment plan.

ABA is widely recognized as a safe and effective treatment for autism. It has been endorsed by a number of state and federal agencies, including the U.S. Surgeon General. The goal of this type of therapy is to modify behavior to improve an individual's quality of life. ABA therapists use specific techniques to reward desired behavior and extinguish negative behavior. They also teach the child a variety of basic skills with the goal of enhancing language, academic performance and socialization.

The Health Care Authority has set up a webpage for families who want to start the preauthorization process.

<http://hrsa.dshs.wa.gov/abatherapy/>

The following resources offer more information about ABA therapy:

<http://www.asatonline.org/treatment/treatments/applied>

<http://www.autismspeaks.org/what-autism/treatment/applied-behavior-analysis-aba>



Do you recognize this rash?  
Perhaps this second photo will help.



If you guessed Fifth Disease (erythema infectiosum) you are correct!

## November is National Dermatology Month!

This infection is caused by the human parvovirus B19. The rash is characterized by the "slapped cheek" appearance you see on the child's face. It can fade and return over several days and is very responsive to environmental temperature.

The symptoms of Fifth Disease may be mild and can often go unrecognized but because it is associated with miscarriages and stillbirths, early detection and referral of students is important. Pregnant staff should also be referred to their health care if they been exposed to a student *diagnosed* with this illness. Fortunately most adults have immunity to the virus from childhood exposure.

As you know, students come to school

with a variety of skin problems from wounds and rashes to bug bites and allergies. While it is not the nurse's responsibility to diagnose the condition, we do need to do a thorough assessment to determine if a referral to a health care provider is warranted and if isolation is necessary. The Infectious Disease Control Guide for School Staff (IDCG) provides us standards to help determine our course of action for infectious conditions but there are no pictures in the IDCG to help in our assessment.

If you have questions about the appearance of a skin condition, University of Iowa has a wonderful website with clear photographs of things from A-Z. Check it out!

<http://hardinmd.lib.uiowa.edu/necrotizingfasciitis.html>

## Domestic Minor Sex Trafficking in the Yakima Valley

Guest Author: Danielle Surkatty

Have you noticed that human trafficking is in an increasing number of news stories lately? Human trafficking, and in particular domestic minor sex trafficking, is the fastest growing criminal enterprise in the US. This raises the concern of how school nurses, educators, and community members can increase their awareness of the dangers to our youth in order to protect them from this destructive crime.

### What is domestic minor sex trafficking?

Domestic minor sex trafficking victims are US citizens or lawful permanent residents under the age of 18 who have been recruited, harbored, transported, provided or obtained to perform commercial sex acts, which are defined as any sex acts done in exchange for monetary or other non-monetary gain.

The Washington State Attorney General's Office reports that domestic minor sex trafficking (DMST) is a risk factor for American youth as gangs find that prostituting minors is a source of prestige and income.

<http://www.atg.wa.gov/HumanTrafficking/SexTrafficking.aspx>

### Is this happening in Central Washington? Yes!

Traffickers (also known as pimps or persons who exploit others for financial gain) target the young and vulnerable. In the US, the average age of victimized youth is 16, with many victims as young as 11 or 12. Most victims are women and girls, but 6% are boys. 50% of victims are minors. Anyone working within a school environment and has daily contact with youth is in a unique position to identify potential victims and intervene at an early stage.

### Who is Vulnerable to this Crime?

Victims of sexual or physical abuse  
Runaways  
Kids in gangs

Homeless youth  
Kids having problems in their relationships with their parents/guardians  
Foster children  
Substance abusers  
Children who live in poverty  
Children with neglectful or inattentive parents/caregivers

Traffickers target kids with low self-esteem and weak support systems. They prefer youth because of the market demand for young victims. Traffickers look for them at school, in the mall, where kids congregate, and through social media. Those who recruit minors into prostitution violate federal anti-trafficking laws, even if there is no coercion or movement across state lines.

A "recruiter" will "groom" the youth with a "boyfriend-like" relationship and claims of how beautiful they are and how their parents don't understand them. They are highly experienced at manipulating their potential victims and luring them into "the life" by weaving a web of deceit and lies.

A strong, confident youth, who is aware of the dangers will scoff at these recruiters and walk away! Education and awareness, starting at the middle school level, will help protect our youth from the dangers of sex trafficking. Students who are aware of the dangers can also become peer advocates and look out for their friends!

### How Do I Identify a Victim of Human Trafficking?

If you are aware of the common indicators of domestic minor sex trafficking, you can start to raise questions and plan an intervention with the appropriate persons. Some of these red flags include:

*Suggestive clothing, dramatic changes in style of dress*  
*Older "boyfriend" who often gives gifts*  
*Older boyfriend who transports the student to and from school*  
*Changes in school behavior - truancy, tardiness, declining grades*  
*Signs of physical, mental or psychological abuse*

*Age Inappropriate knowledge of sex and the commercial sex industry*  
*Sexually explicit online profile*  
*Gang membership*  
*STDs or pregnancy*  
*Evasive or defensive behaviors or answers*  
*Stories that don't make sense*  
*Disappearance, repeated running away*  
*Appearing depressed*  
*Frequent travel to other cities*  
*A sudden ability to have expensive items*

Not all cases will have all these indicators, but they are a good starting point for assessment.

The common advice is **if you see something, say something!** Just like issues of domestic violence, homelessness, and other challenges in the lives of marginalized youth, the adult who sees something suspicious and asks the right questions sets the path for an early intervention.

If you suspect someone is a victim of human trafficking, you can call the **National Human Trafficking Resource Hotline at 1-888-3737-888** or the **Yakima Crime Victims Service Center at 1-866-523-6468**. They will go over the details of the situation and refer you to the most appropriate local agency for assistance. Both of these hotlines operate 24/7.



### For more information, contact:

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[www.facebook.com/YakimaValleyAntiHumanTraffickingNetwork](http://www.facebook.com/YakimaValleyAntiHumanTraffickingNetwork)  
[www.zontayakima.org/domesticminorsextrafficking-yakima.html](http://www.zontayakima.org/domesticminorsextrafficking-yakima.html)

Visit the DMST page on the Zonta website for materials specifically for educators. Let us know if you'd like to schedule training for staff at your school and we'll recommend appropriate community resources.

*The Zonta Club of Yakima Valley is one of more than 1,200 Zonta International Clubs, with 30,000 business and professional members in 63 countries and geographic areas. Zontians all over the world volunteer in their communities to improve the lives of women through service and advocacy.*

YOUR PROFESSIONAL ORGANIZATIONS



**School Nurse Organization of Washington**  
"SNOW is a united, inclusive, proactive organization, which works collaboratively to assure quality school health services."



**National Association of School Nurses**  
"The National Association of School Nurses improves the health and education success of children and youth by developing and providing leadership to advance school nursing practice by specialized registered nurses."

SCHOOL HEALTH RESOURCES



[School Health Services Guidebook](#)

[ESD 105 SNC Web Page](#)



[OSPI School Health Services](#)



[School Nurse Resource Guide](#)

ESD 105 SNC

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*Did you know?  
The percentage of teens in high school who reported they drink and drive has decreased by more than half since 1991.*

## Just Around the Corner!

### Learning Opportunities for You

#### December

##### Regional School Nurse Meetings

Tuesday, December 4<sup>th</sup>  
12 – 2 pm  
ESD 105 Nile Room  
*Skyward Training: Nursing Care Plans*  
2 – 5 pm  
ESD 105 Ahtanum Room  
*Clinical Issues*

##### Statewide Obesity Prevention

Summit  
December 6, 2012  
8:15 am - 2:45 pm  
Shoreline Conference Center  
Shoreline, WA  
For More Information  
<http://copcwa.org/wp-content/uploads/2012/11/agenda-current-dft-11-8-12.pdf>

#### January

##### Student Substance Abuse: Deterrence and Steps to Detection

8 – 5 pm  
Kelso School District  
Kelso, WA  
Fee: \$55

##### Regional School Nurse Meetings

Wednesday, January 16<sup>th</sup>  
12 – 2 pm  
ESD 105 Nile Room  
*Topics TBD*  
2 – 5 pm  
ESD 105 Kittitas Room  
*Data in SN Practice*

##### Pediatric Nursing Update: Evidence-Based Practice in School and Ambulatory Care

January 25, 2013  
Seattle Children's Wright Auditorium  
For More Information and to Register:  
<http://www.seattlechildrens.org/outreach/>

##### What's New on NASN Radio? <http://www.nasn.org/Home/NASNRadio>

*"The Student Drug Abuse Problem School Nurses Often Miss"*

## Spring SNOW Conference is Coming!

**March 15 and 16, 2013**  
**Doubletree Hotel @ Seatac**