



Children's School Services

School Health Nursing Program

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Risk Matters: Safety Event Reporting System

Engaging Safety– A Review of the Reporting System:

- You can access the online form on the Intranet from the home page. Select "Helpful Links," and then click "Safety Event Reporting System."
- Once logged in, it is crucial that you give a succinct description of the incident. Remember it is very important to provide information on the student's outcome (ex. No harm to student). Complete the remainder of the form, save your data, and logout.
- An email notification will be sent to the manager once the incident report is logged.
- Managers should complete the manager's comment section and logout.

Remember:

- The Safety Event Reporting System module allows for anonymous reporting.
- Follow-up of individual events should occur based on the level of involvement by the department (s).
- It is important for management staff to respond in the "comment" section on the form. Even the simplest documentation such as "noted," "reviewed," or "no additional follow up at this time" gives an indication that the incident report has been read by management staff.
- Managers also have the ability to generate reports out of the Safety Event Reporting System, which can be used to identify trends and clusters.

Reporting is important because it allows the hospital to triage and fix problems quickly. When you do not report or speak up, it undermines the organization by making it unaware of what it needs to know to work effectively.

References: Risk Management Safety Roadshow Presentation, 2014/ Risk Management Handbook, 2014

Nyrtha D. Braxton, MGA, RN
Ambulatory Risk Coordinator

Celebrating National Children's Dental Health Month at Wheatley EC

On February 20th, in observance of National Children's Dental Health Month, Ward 5 CSS nurses Valerie Horne, RN, and Karen Richardson, RN, BSN, held a dental hygiene educational session with Pre-K students at Wheatley EC. The nurses discussed and demonstrated proper dental hygiene. They also assisted the students in making their own toothpaste using baking powder, mint extract, and water. The students were very excited to brush their teeth with the toothpaste that they made.

Valerie Horne, RN, and Karen Richardson, RN, BSN
School Nurses– Ward 5

Measles: Prevent the Next Outbreak

Before the measles vaccine was available, almost everybody got measles before adulthood. In the U.S., there were about 500,000 reported cases of measles each year, resulting in 48,000 hospitalizations, 500 deaths, and 1,000 cases of permanent brain damage due to encephalitis. Since the introduction of the measles vaccine, measles has become so rare that many professionals in the U.S. have never seen a case. Still, measles is just a plane-ride away. Globally, some 20 million people still get measles each year; over 145,000 people on this planet, mostly children, died of measles in 2013. In 2014, we had more cases of measles in the U.S. than we've had in the last two decades. Currently, there is a large multi-state outbreak of measles linked to Disneyland in California. As of February 6, 114 cases have been reported from seven states. Most of these cases occurred in people who were not vaccinated. There has been one case in Washington, DC, in 2015. If a child came to your health suite with measles, would you recognize it? What would you do?



About 10-12 days after exposure, people with measles develop cough, runny nose, conjunctivitis, and fever. The rash (red bumps and blotches that tend to run together) typically appears on the fourth day of fever, beginning on the head and neck and then moving down the body. Astute clinicians can recognize the characteristic "Koplick's spots," which appear in the mouth before the rash breaks out. These are tiny greyish-white bumps on a bright red base. Kids with measles usually look quite miserable with red eyes, puffy eyelids, and clear runny nose. They might complain that light bothers them. Fever lasts for two to three days after the rash appears. The rash disappears from head and neck first and then trunk and extremities. Ear infections and pneumonia are common complications. For every 1,000 people who get measles, one or two die from respiratory or neurologic complications.

Measles is spread by airborne respiratory droplets as well as direct contact. People with measles are contagious from four days before the rash appears until four days after the rash appears. After a person with measles leaves a room, the air can remain infectious for as long as two hours. Because measles is so highly contagious, controlling outbreaks depends on maintaining high immunization coverage. When given two doses of MMR vaccine, 97 percent of people will be protected from measles. However, when exposed to measles, 90 percent of susceptible persons will contract the disease. Most cases of measles in the U.S. in recent years have been "imported"—that is, a traveler brought the virus from a part of the world where measles is more common and exposed people in the U.S. High levels of compliance with the recommended vaccine schedule protect our community from outbreaks by making it less likely that an infected traveler will come in contact with a susceptible person. Still, even when immunization coverage is high, some people remain vulnerable—not only those too young to have been immunized and those with compromised immune systems or other contraindications to the vaccine, but also the 3 percent of vaccinated people whose immune systems do not respond to the vaccine. Communities (and schools) where many people are unvaccinated are more vulnerable to outbreaks, as seen in 2014 when 383 cases occurred in under-immunized Amish communities in Ohio.

The Centers for Disease Control (CDC) reports that during the 2013-2014 school year, 94.7 percent of U.S. children in kindergarten had received two doses of MMR. In Washington, DC, 89 percent of kindergarteners had two doses of MMR. What percent of students in your school are compliant with MMR requirements? Some parents have been hesitant to have their children receive the MMR vaccine because of mistaken beliefs about potential adverse effects of the vaccine. It is important for you, as a health professional, to have the facts so that you help educate families about vaccine recommendations. Vaccine-hesitant families might reconsider their choice in light of the recent news reports about the return of measles. You can help by providing information about the risks of measles infection and the benefits of immunization and by referring them to their medical home for further discussion with their health care provider.

Photo: <http://www.cdc.gov/measles/about/photos.html>

Learn more about measles at <http://www.cdc.gov/measles/index.html>.

A 30-second health message for families

Because of the recent increase in the number of measles cases nationwide, we want to be sure that all of our students are protected. Please make sure that everyone in your household has been fully immunized. If your child has not had two doses of MMR, contact your healthcare provider to get your child immunized as soon as possible. Thanks for doing your part to protect our community from this potentially dangerous disease.

To prevent a measles outbreak in your school:

- Ensure that all students without medical contraindications have had two doses of MMR. Run a registry to identify children who are due or overdue for MMR and contact families to advise them to have their children vaccinated.
- Educate families about the importance of vaccination, especially for overseas travel.
- If you see a student who might have measles:
 - Isolate the student
 - Observe respiratory precautions
 - Notify the child's parent and healthcare provider
 - Consult with the Department of Health about further steps.

Janet Gingold, MD, MPH

National Association of School Nurses—47th Annual Conference

Register now for the NASN annual conference in Philadelphia, PA on June 24-27, 2015. You will save time and money attending NASN's conference this year because Philadelphia is close enough to drive or take the train, plus early bird registration rates are still in effect. Make this an opportunity to learn about current trends in school nursing while visiting the city ranked number 3 on *52 Places to Go in 2015*. Check out NASN's website for details regarding registration, agenda, speakers, and where to stay and what to do in Philadelphia. <http://schoolnursenet.nasn.org/nasn2015/home>

Cynthia Tollini, MS, RN

Staff Development Specialist

Board-certified Nurses Make a Difference

Certified Nurse's Day is March 19th, and we want to tell all of our certified Children's School Services nurses that you are valued for your commitment to nursing excellence. We realize that it takes personal dedication and persistence to achieve and maintain your certification, and we want you to know that we really appreciate all that you do.

Thank you for your leadership and professionalism in maintaining board certification in your nursing specialty.

Chantel Skipper, MSN, CPNP-AC, CPN, RN-BC
Performance Improvement Coordinator

March 2015 Health Observances

National Colorectal Cancer Awareness Month	Patient Safety Awareness Week (March 8-14)
National Endometriosis Awareness Month	National Women and Girls HIV/AIDS Day (March 10)
National Kidney Month	World Kidney Day (March 12)
National Nutrition Month	National Poison Prevention Week (March 15-21)
Save Your Vision Month	Brain Awareness Week (March 16-22)
Workplace Eye Wellness Month	American Diabetes Alert Day (March 24)
National Sleep Awareness Week (March 2-8)	World Tuberculosis Day (March 24)

Healthy Recipe of the Month: Creamy Chicken Fettuccine

This high-calorie recipe is especially good for those with cystic fibrosis (CF), who need additional calories to help them meet their nutritional needs.

Serves: 3

Ingredients:

- 1 tbsp. butter
- 1/2 tsp. garlic, minced
- 1 (10.75 oz.) can broccoli cheese soup
- 1/2 c. heavy whipping cream
- 1/2 c. whole milk
- 1/4 c. parmesan cheese
- 3 (6 oz.) cooked chicken breasts, diced
- 6 oz. cooked fettuccine
- 1 1/2 c. steamed broccoli

Directions:

1. In a hot skillet, melt butter and sauté garlic for two minutes over medium-low heat. Stir constantly to avoid burning the garlic
2. Stir in soup, heavy whipping cream, whole milk, and parmesan cheese
3. Heat sauce mixture until it boils
4. Add cooked chicken to sauce mixture
5. Reduce heat to low and cover
6. Cook on low heat for five minutes, stirring often
7. Toss with fettuccine and steamed broccoli

This newsletter is published monthly by the Children's School Services School Health Nursing Program.

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