

Health Services Annual Report 2009-2010

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Executive Summary

The health offices and the licensed school nurses have had a very busy year:

- A subtotal of 51,640 student visits to the health office occurred in 2009/2010. The 51,640 contacts is an increase of 3.0% over the previous school year. In the last five years the health offices have seen a 58% increase in contacts compared to a 6.8% increase in enrollment. Meds and BHS passes are not included in this comparison. With the addition of medications and high school passes the grand total of health office contacts for 2009/2010 is 65,547. There were on **average 377 visits per school day** to the health offices for illness and injury care.
- The LSN's have spent a significant increase in time addressing the needs of students with health conditions. Health conditions entered into Infinite Campus by the LSN's are those that can affect a student's learning. Specific health conditions can range in severity from a small impact on their life to a potential life-threatening impact. This school year there were **1617 students with 2,180 health conditions**. This is a 4% increase in the number of specific health conditions from last school year. In the past the known health conditions for students in ECSE, Pride or Phoenix have not been included and therefore not included in these totals. These schools/programs had 79 health conditions for their students.
- Screenings are procedures performed for the purpose of early identification of students who may have problems and referrals to appropriate medical professionals for further evaluation. In total, there were **10,532 screenings performed** in the BHM schools. All students in grades K – 5 were screened as were 7th grade students for vision and hearing. We identified over 300 students with impaired (uncorrected) vision this year. The first grade boys were screened for color vision. Seventh grade girls were screened for scoliosis. Students' in 2nd – 5th grade had BMI and blood pressure screening.
- LSN's continue to provide individual counseling and education to students, parents, and staff on a regular basis. Student health education includes topics that are, but are not limited to: pregnancy, diabetes, asthma, illnesses, homebound planning, attendance, surgical procedures, mental health concerns, parent/family relationships, chemical use and abuse, sexually transmitted infections, personal hygiene concerns, and personal safety.
- For the school year 2009/2010 close **to 14,000 medications were administered** at school. Medications include albuterol inhalers for exercise induced asthma students premedicating before physical education, prn medications and prescription medications for ADHD and other medical conditions.

INTRODUCTION

This report summarizes the main activities of the nurses and health office staff for the school year 2009/2010. The information provided is a glimpse of the vast scope of health care delivery in BHM schools and is definitely not an all inclusive report.

There are three licensed school nurses (LSN), two full time and one part time (.5FTE), in the Buffalo-Hanover-Montrose school district. The three LSN's are dual licensed by the Board of Nursing and Department of Education. The LSN's are prepared to handle health needs and emergencies that affect the students during the school day. The .5 district nurse (Nancy Halagan) is assigned to the mandates assuring OSHA compliance and asthma education, but spends a majority of her time assisting the full time nurses'. The following chart shows the division of student enrollment for each full time LSN. Stephanie Gleason and Sue Thomson are responsible for over 3000 students apiece. For the 2.5FTE's there is a ratio of 2440 students/FTE. The National Association of School Nurses recommends a ratio of 750 students per 1.0 FTE and a ratio of 225 special education students per 1.0 FTE.

Chart: 1 Student Enrollment

Stephanie Gleason, LSN		Sue Thomson, LSN	
BCMS	1273	DES	259
BHS	1765	NES	621
PRIDE	17	MES	352
Phoenix	19	TES	511
Total	3074	PES	437
		HES	498
		ECFE	191
		ECSE	172
		Total	3041

Each school has a health paraprofessional who is properly trained to administer medications, provide immediate care and perform other delegated tasks. All health paraprofessionals are certified in CPR and First Aid. They receive extensive training developed and instructed by the LSN's prior to workshop week. In addition, ongoing training is necessary to meet the changing health care needs of the students. Due to the additional training required for substitute health paraprofessionals, the availability of substitutes is limited. Therefore, if there is no substitute available then the LSN's must provide coverage.

DELEGATION OF NURSING FUNCTIONS

According to the National Council of State Boards of Nursing, delegation is the “transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.” In the school setting licensed school nurses are required to delegate numerous tasks to unlicensed assistive personnel such as health paraprofessionals, teachers, and special education staff. Tasks delegated include, but are not limited too, medication administration, gastrostomy feedings, catheterizations, injections, wound care, peak flow meter procedures, measurements of vital signs, and emergency medication administration. Appropriate delegation is dependent upon both the nurse and unlicensed assistive personnel being comfortable and competent in the delegated tasks. Therefore, instruction, demonstration and return demonstration are critical components of this process. **Licensed school nurses are legally the only individuals allowed to delegate nursing tasks.** Delegated tasks are solely on a student-by-student basis, which requires extensive nursing assessment and nursing time commitments.

STUDENT HEALTHCARE

Screenings

IMMUNIZATIONS

The district LSN's are responsible for making sure all incoming kindergartners, 7th graders, and new students are compliant according to Minnesota Department of Health (MDH) immunization laws. For the new students this is accomplished through a record review and students must be compliant within 30 days of enrollment. The immunizations are tracked in Infinite Campus and are entered into the system by the nurses or the health paraprofessionals. The parents are notified of the compliance law through mailings, letters, emails, and calls. It takes significant time throughout the summer months to update the immunizations to assure student compliance with the law. If this process was left to be completed during fall workshop, there would be over 300 students not attending school on the first day due to state law. In addition, MDH mandates the LSN to report each school's immunization compliance by November 1st.

Effective September 2010 there will be a change in compliance which has resulted in numerous communications' to parents this spring to prepare for the change. After September this change will directly affect the nurses as additional review and documentation will be required.

RECOMMENDED SCREENINGS

Screenings are procedures performed for the purpose of early identification of students who may have problems and referrals to appropriate medical professionals for further evaluation. Impaired vision or hearing can contribute to the development of learning disabilities in students. Minnesota's screening recommendations are from the Minnesota Department of Health and Department of Human Services and are based on sound epidemiologic findings and principles. In total, there were 10,532 screenings performed in the BHM schools.

Chart 2: Total Screening Results

Vision	Hearing	Color Vision	Scoliosis	BMI	Blood Pressure	Total Screenings
3098	3098	168	440	1864	1864	10532

All students in grades K – 5 were screened as were 7th grade students for vision and hearing. The first grade boys were screened for color vision. Seventh grade girls were screened for scoliosis. Students' in 2nd – 5th grade had BMI and blood pressure screening. In the screening/rescreening process, the licensed school nurses coordinate and train volunteers to assist with hearing and vision screenings. Due to the new requirement for volunteers to have background checks the availability of volunteers was limited. The LSN's receive numerous requests throughout the school year for individual screenings for a variety of reasons. The numbers in Chart 2 do not reflect those individuals. The LSN's make the referrals at the time of the screening and on an individual basis throughout the entire school year. As noted in chart 3; 9.72% of the students were referred for vision as compared to 9.5% last year. In the past three school years there has been an 8% increase in vision referrals. We found over 300 students with impaired vision this year. Last year there was a .8% referral rate for hearing and this year we saw an increase to 1.36%. We will continue to monitor the increase in referrals for hearing for trends.

Chart 3: Individual Screening Results

	# Students	# Rescreened	# Referrals	% Referred
Vision	3098	395	301	9.72%
Hearing	3098	244	42	1.36%
Color Vision	168	12	12	7.14%
Scoliosis*	440	31	18	4.09%

* some parents opted out of screening

ADDITIONAL SCREENINGS

Body Mass Index

Body mass index (BMI) is an indicator of a person health status. There is a dramatic rise in obesity in children with associated physical, social and economic consequences. The National Association of School Nurses (NASN) recognizes that school nurses are in key positions to impact this problem. The role of the licensed school nurse must be part of the solution to affect a change in the direction and behavior for schools and students. This year at the elementary level, the LSN's worked with the physical education staff to confidentially measure height and weight on students from 2nd grade through 5th grade. Also, blood pressure measurements were performed. This information was given to parents.

HOME SCHOOLED STUDENT NURSING SERVICES

Licensed school nurses offer hearing, vision and scoliosis screening for home school students that live in this district. This year the families were invited to attend any of the scheduled screenings occurring in the elementary schools. Immunization compliance is monitored and reported to the state. Immunization information is provided to families in need of updating their immunization records. There are 182 home school students.

Student Contacts

ILLNESS AND INJURY

Displayed below are the numbers of students that enter the health office for illness and injury care each year. To continue with historical comparisons of health office visits, the high school passes and all medication administrations are calculated separately. As shown in Chart 4, the specific visits are increasing at a higher rate than enrollment.

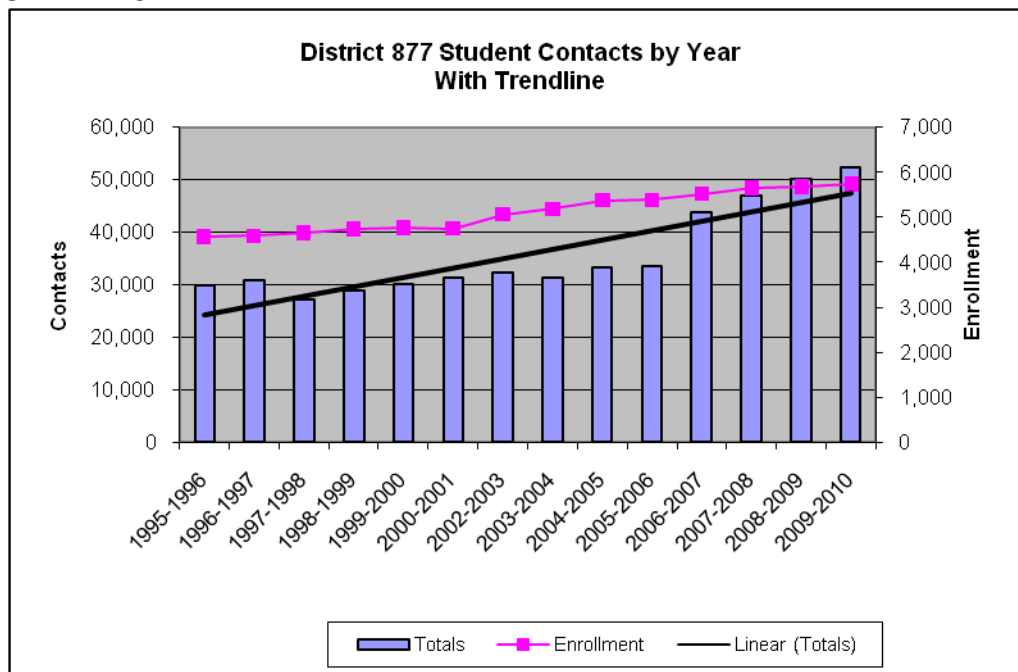
The health paraprofessional manages the majority of these contacts. Follow-up interventions are not reflected in these numbers. These interventions may include parent contact, allowing student to rest, sending students home or to the physician, or contacting the licensed school nurse for further instruction. This year there has been an increase in students needing further assessment from the nurses. This increase may be a reflection of the current economical situation in our area where students are without medical insurance or parents request an assessment before spending the co pays for medical follow up. Additionally, a correlation could be made between outside stressors and the increase in visits for headache and other vague complaints. At times the health offices are so busy some of the minor contacts are not entered into the computer.

Please note: 0102 information is unavailable.

CHART 4: School Comparisons(no daily meds, nurse contact or HS appt passes)

Year	BSH	BCMS	PES	TES	MES	HES	NES	DES	Totals
1995-1996	4,638	6,007	7,617	4,720	2,512	4,274			29,768
1996-1997	4,403	6,076	8,910	4,725	2,772	3,950			30,836
1997-1998	2,210	5,511	8,366	2,581	3,876	3,425		1,148	27,117
1998-1999	3,125	6,757	7,418	3,428	4,052	2,929		1,217	28,926
1999-2000	3,913	6,757	7,239	3,289	4,866	2,805		1,199	30,068
2000-2001	3,780	5,577	7,484	4,109	5,719	3,532		1,227	31,428
2002-2003	4,439	6,294	8,277	4,499	3,392	4,273		1,121	32,295
2003-2004	3,989	4,994	9,339	4,458	3,239	4,316		1,090	31,425
2004-2005	5,132	4,609	8,973	4,821	3,642	4,936		1,175	33,288
2005-2006	4,972	5,611	7,783	4,564	4,566	4,925		1,141	33,562
2006-2007	5,439	6,422	5,483	4,749	6,008	5,218	7,596	2,884	43,799
2007-2008	5,364	7,217	6,403	5,627	5,242	5,251	8,801	3,179	47,084
2008-2009	6,069	8,401	6,322	6,738	5,444	5,893	8,377	3,055	50,299
2009-2010	7,975	9,219	5,408	6,898	5,085	6,569	7,971	2,515	51,640

CHART: 5



MEDICATION ADMINISTRATION

Medications include albuterol inhalers for exercise induced asthma students premedicating before physical education, prn medications and prescription medications for ADHD and other medical conditions. There has been an increase in medication administration this year. This increase may be due to better capabilities of tracking through Campus and the trend to return to the use of shorter activity medications.

CHART 6: Medications

BSH	BCMS	PES	TES	MES	HES	NES	DES	Totals
2141	3290	1353	1487	2063	1423	1750	400	13907

HIGH SCHOOL PASSES

The health paraprofessional at the high school is responsible for processing requests for passes for medical appointments. Each request is reviewed to assure that the pass is valid. Follow-up calls to parents are made for questionable passes. For this school year, there were 2833 contacts related to student passes with 2609 passes given to high school students.

TOTAL STUDENT CONTACTS

With the addition of medications and high school passes the grand total of health office contacts for 2009/2010 is 65,547. There were on average 377 visits per school day to the health offices for illness and injury care.

CHART 7: Total Student Contacts

	BSH	BCMS	PES	TES	MES	HES	NES	DES	Totals
Medications	2141	3290	1353	1487	2063	1423	1750	400	13907
High school passes	2833								
Additional reasons	7975	9219	5408	6898	5085	6569	7971	2515	51640
Total	12949	12509	6761	8385	7148	7992	9721	2915	65547

911 CALLS

This year there were five 911 calls for student emergencies. Last school year there were two calls and the previous year there were four calls. There were some potential calls that were avoided due to on site LSN. Additionally there was one 911 call for a staff member.

Chart 8: 911 Calls

Reasons
Neck injury (1)
Seizure (1)
Forehead wound (1)
<u>Heart related syncope (1)</u>
Panic Attack (1)
Total:5

Health Planning

HEALTH REVIEW SPECIAL EDUCATION STUDENTS

To remain compliant through Individual Education Plan (IEP) guidelines, a nursing assessment or health file review is a part of the special education student's annual plan. Due to the volume of special education students the nurses are focusing on the initial and three yr evaluations. This can involve direct timely involvement with student, parents, and IEP team. There are a total of an estimated 850 special education students requiring health record review. Again due to volume the nurses are prioritizing the students with the highest medical needs for the initial and three year evaluations

HEALTH CARE PLANNING

Individual Health Plans and 504 Accommodation Plans are developed for students with special needs in both special education and regular education. There are 305 special education students with health conditions. The demographics are shown below. Licensed school nurses review these plans annually or whenever there is a change in a student's condition. Examples of health issues requiring plans include students with seizures, asthma, allergies, diabetes; or who are immunosuppressed; have bleeding disorders or mobility concerns. Specific procedures have been and continue to be developed to reflect the individual health care needs. Significant time is spent in the proper dissemination of information to families, health care providers and staff. Health

care plans may include the development of a daily maintenance health plan as well as an emergency response plan. There are numerous medically fragile students throughout the district with multiple diagnoses. These plans require a significant time commitment from the nurse due to the assessment of the student's physical, emotional, medical, and social needs. The plans provide guidelines for staff on caring safely for the medically fragile students.

Chart 9: Students with Special Ed Status and Health Conditions 0910

School	# Students
BHS	101
BCMS	67
Phoenix	1
EC	10
DES	11
TES	20
NES	38
PES	20
HES	14
MES	23
Total	305

INDIVIDUAL HEALTH COUNSELING AND EDUCATION

Licensed school nurses provided individual counseling and education to students, parents, and staff on a daily basis. Student health education include topics that are, but are not limited to: pregnancy, diabetes, asthma, illnesses, homebound planning, attendance, surgical procedures, mental health concerns, parent/family relationships, chemical use and abuse, sexually transmitted infections, personal hygiene concerns, and personal safety. On a regular basis the nurses provide one on one education for any acute illness or injury.

ATTENDANCE

At the elementary level the health paraprofessional is responsible for documenting and tabulating daily attendance for each class. This involves follow-up calls to families who have not utilized the attendance line. This is done to assure every student is safely accounted for.

The nurses play a large role in monitoring attendance at Buffalo-Hanover- Montrose schools. The nurses are responsible for determining if there are health issues contributing to a student's absenteeism. At the secondary level the nurse attends

weekly meetings regarding attendance concerns. At the elementary level there is ongoing communication between the attendance staff and the nurse. The nurses work closely with administrative and school staff, students, families, medical providers and Wright County Human Services to assure optimal student attendance.

Students with Specific Health Conditions

The Buffalo-Hanover Montrose schools value the academic success of all students and recognize that all students can learn. In order for some students to meet this goal, accommodations based on their individual health needs have to be developed and implemented. The licensed school nurses work collaboratively with these students and their families, teachers, health care providers and district staff to assure that the needs are met and that all students have the resources to reach their academic potential. There are many students with specific health conditions ranging in severity from minimally impacting their life to a potential life-threatening impact. Each year a Health and Emergency Form (the pink form) is sent to parents/guardians of all students requesting current health information. This information is entered into Infinite Campus. Therefore, the number of actual health conditions could potentially be higher than reflected. Health conditions entered into Infinite Campus are those that can affect a students learning. Listed below is a chart with the number of students with identified health conditions. Health information such as environmentally allergies and congenital seizures are not included. This school year there were 1617 students with 2,180 health conditions. Over the past two years the LSN's have spent a significant increase in time addressing the needs of these students. **There was a 4% increase in the number of specific health conditions from last school year.** In the past the known health conditions for students in ECSE, Pride or Phoenix have not been included and therefore not included this year. These schools/programs had 79 health conditions for their students

Note:

Life threatening allergies includes 135 students with notable food allergies.

Examples of "Other" are: lactose intolerance, polycycemia, irritable bowel, Addisons, Celiac, Hogkins, Prader Willi, Raynauds, and Crohns diseases, hemophilia, and dermatitis.

Chart 10:

Health Conditions 2009-2010	Totals
ADD/ADHD	476
Asthma	472
Cancer	3
Cardiac	125
Diabetes	21
Headache	182
Hearing	99
Life Threatening Allergy	158
Mental Health	165
Musculoskeletal	58
Neurological	42
Other	277
Seizures	36
Vision	66
Total	2180

HEALTH EDUCATION

Student Education

CLASSROOM EDUCATION

Licensed school nurses provided classroom instruction on the following topics:

- Hand washing: prevention of illness: all students/staff
- Puberty changes: 5th grade students all elementary schools
- PACK, Healthy Eating Initiative: All elementary schools
- Natural vs. Refined Sugars: All elementary students
- Women's cancers : 10th grade health classes-4 times for four terms
- Medication safety: 1st grade at PES, DES
- Chronic/terminal illness: 6th grade class BCMS
- Allergy/Eating disorders: 7th grade BCMS
- Summertime safety: 6 -1st gr classes at NES, 3-1st gr class at PES
- Disease prevention: ECFE parents and students
- Scoliosis education: 5th & 7th grade females, 8th grade boys
- H1N1 for staff, students as requested

- New teacher training for asthma, allergy, BBP
- Emergency Measures: BHS Staff
- Asthma education: All PE classes at BHS.

ASTHMA EDUCATION

According to the CDC, this chronic, but manageable, lung disease affects nearly 1 in 10 school-aged children (2007). In the Buffalo District approximately 1 in 12 students have asthma (identified). In response to the seriousness of asthma episodes at the high school level, all students on the first day of physical education classes for each quarter at the BHS are instructed on basic asthma education and inhaler technique.

Approximately, 100 students received one to one asthma education from the district LSN. This includes inhaler and peak flow meter techniques, care for inhaler, awareness of asthma triggers and symptoms, understanding medications, and importance of asthma action plans.

With the transition from 5th grade to 6th grade physical education and from 8th grade to 9th grade physical education, the students with asthma are a priority for education. This year 93% of these students received 1 to 1 asthma education.

District Education/Services

BLOOD BORNE PATHOGENS

Buffalo-Hanover-Montrose Schools are committed to providing a safe and healthy work environment for our entire staff. Therefore, instructor lead training is provided for mandated staff to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 CFR Part 1910.1030 for all Class I (health office staff) and Class II (custodians, specialists, and physical, industrial and special education staff, etc.) employees. Substitutes are also trained. Arrangements for administration of Hepatitis B immunizations are made for Class I and Class II staff. As mandated by law the school district covers the expenses of the immunizations. Also, non-mandated employees receive training using a powerpoint presentation and quiz through email. In addition, Right to Know training is provided to the employees using solutions for disinfecting and sanitizing.

CARDIOPULMONARY RESUSCITATION (CPR)

CPR is a combination of rescue breathing and chest compressions delivered to victims thought to be in cardiac arrest. CPR can support a small amount of blood flow to the heart and brain to “buy time” until normal heart function is restored. All three LSN's are certified instructors and provide CPR certification to staff as requested. This year health paraprofessionals received CPR training.

STAFF SERVICES

The nurses provide BP, vision and hearing screening to staff when requested. Hearing and vision screening was offered to all middle school staff on rescreen day. This year the seasonal flu clinic was arranged by the school nurses and was administered by the Minnesota Visiting Nurses Agency. There were 250 staff members who received seasonal flu vaccinations. This is 38.4% of the district total staff. Staff and families were given numerous opportunities to receive the H1N1 vaccinations provided by Wright County Public Health. Also, nurses are approached frequently by staff for assistance with family and personal medical issues. These consultations occur spontaneously throughout the school day.

INFINITE CAMPUS

Infinite Campus continues to require a time commitment from the LSN's and the health paraprofessionals. The benefits of the system are useful for reporting and managing student health. New revisions this year have improved efficiency. Additional improvements will be expected this summer and next fall.

COMMUNITY AND DISTRICT WIDE INVOLVEMENT

Early Childhood Screening

Early childhood screening (ECS) is an early intervention program mandated by the State of Minnesota. A LSN is available for consultation with parents and screening staff. Included in the screening are height/weight, hearing/vision, and developmental assessments, along with a review of nutritional, dental, immunization status and health history. Also included is a review of significant family factors that may affect the child's well being. To address the social emotional status of families the MDH now mandates that these factors are accessed. There were 415 screenings from July 2009 through May 2010 with approximately 50 scheduled for summer months. The majority of the screenings were completed at Parkside Elementary but Hanover and Montrose Elementary Schools are also screening sites.

Communicable Diseases

PREVENTION

The school district complies with Minnesota Statue, Section 121A requiring immunization against German measles, measles, mumps, whooping cough, diphtheria, tetanus, poliomyelitis, varicella and Hepatitis B. This requires tracking and documenting the dates of the immunization or for varicella, the date of illness.

SURVEILLANCE AND REPORTING

The LSN's have reported disease outbreaks to the local and/or state departments of health. This year there have been reports to local public health of gastrointestinal illness, possible Norwalk, and pertussis. During the 09/10 school year a large number of students and staff were infected by influenza A or B. MDH requests schools report double absentism. As a result, additional more in-depth surveillance was requested by our local public health agency. Before each case is reported to the Minnesota Department of Health, the LSN's contact families, verify contact exposures (students), determine health care providers, document test results and treatment. Specific notification is done for all potentially exposed students. Additional general notification is sent to the appropriate classroom/grade level. This was very time intensive for the LSN's. This year influenza- like symptoms were to be reported to the state when the number reached 5% . This was reached at the High School and elementary levels.

Emergency Preparedness

NUCLEAR INCIDENT

Our district continues to be actively involved in the Department of Homeland Security and Emergency Management plans in the unlikely event of a nuclear incident. The district health services continue to request permission from parents to administer the KI. This year the School Board changed the procedure allowing health services to request a onetime permission to administer KI. This permission will follow the students throughout their school career at BHM schools. The Department of Homeland Security recommended that all the KI supplies be changed due to expiration dates. This involved collecting and changing the KI supplies in all the schools and surrounding schools that our students attend.

PANDEMIC FLU

H1N1 novel influenza came to surface in the US during the spring of 2009. With the unpredictability of how this new virus was going to play out, the district's pandemic planning team met throughout the summer and fall months to prepare for the possibility of an epidemic/pandemic situation. Throughout the months of late September, October and November our school district was affected with increased absences due to influenza-like illness (ILI). All schools were affected. Absentee rates peaked at approximately 12-15% at some schools (primarily elementary levels) however all schools experienced doubled absentee rates. The Minnesota Department of Health (MDH) requested intense surveillance of symptoms and absentee rates throughout this time and to report to them when specific markers were met. Prior to and during the outbreak, the nurses were actively involved in planning and implementing the district's and states pandemic procedures. This involved educating staff in methods of social distancing, hand

washing, controlling the spread of infection as well as the signs and symptoms of ILI. It also included frequent communication with parents both personally and through mass dissemination of educational information. Most students in the district were instructed on proper hand washing and viewed a video on covering your cough. On two occasions, the nurses met with community members to update them on the status of the H1N1 virus in the district.

Health Office Equipment

The LSN's are responsible for the overseeing the maintenance of the medical equipment in the health office. This includes equipment that requires quality control measures.

- Each year all audiometers are calibrated. This requires that all audiometers are picked up and transported to the testing site and transported back to the district.
- Each week the health paraprofessional checks the glucometers with a control solution to maintain accuracy.
- Each month the health paraprofessional charges the portable nebulizers so in the event of an emergency they are available for students with asthma.

Automated External Defibrillators' (AED's)

AED's are portable, easy to use automated devices that deliver a life-saving electric shock to the heart to stop sudden cardiac arrest and restore a normal heart rhythm. There are AED's in every school in the district. The LSN's are responsible for assuring the AED devices are properly placed throughout the district, meet operational standards, and act as liaison with Heart Safe Communities personnel. The nurses offer AED training experiences for staff as requested by schools and school services. Even though there are no certifications, these experiences give the staff the opportunity to practice with an AED.

Community Activities

COMMUNITY COMMITTEES

- Nurses Thomson and Gleason serve on the SHIP committee. (SHIP meets 1-2X/month year around. This group focuses on community health. healthy eating, increasing activity, and decreasing tobacco use in schools, workplace, and the community.)
- Sue Thomson is on the Community Benefits Committee at Buffalo Hospital. (Meets quarterly and focuses on childhood obesity prevention.)
- Nurses Thomson and Halagan are on the Emergency Responders Medical Core for the state of MN.
- Stephanie Gleason is on MEADA and Safe Schools. (Meets monthly) MEADA (This group meets monthly and focuses on drug awareness and education)
- Stephanie Gleason attends the Safe Schools Committee (Meets monthly)
- Nurses Thomson and Halagan are on an Infinite Campus task force to develop revisions for the health program.
- The nurses are members and attend meetings of the Wright County School Nurses and the Metro School Nurses Associations.
- Also, the nurses are members of SNOM (School Nurses Organization of Minnesota) as well as NASN (National Association of School Nurse).
- All 3 nurses are extremely involved mothers that are raising amazing outstanding citizens that will one day productively contribute to society.(Hopefully)

PARTNERSHIPS

Allina Hospital and Clinics, Buffalo Hospital: Agreed to dispose of our “sharps” from the health office as well as outdated over the counter medications.

Bethel College: Nursing student received community internship experience.

St. Cloud State University: Fifteen nursing students assisted with vision and hearing screening during a 7 hour clinical experience at Northwinds Elementary School. They also participated in a survey at the Middle School focusing on the lunches.

Wright Technical Vocational School: High school senior completed independent study creating visual aids for nutrition education.