







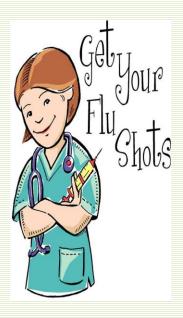
# Wheeling School Based Health Program Newsletter September 2018 ISSUE 1

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#### **★TIPS TO HELP YOUR CHILD OPEN UP ABOUT SCHOOL★**

Are you having a hard time getting your child to share with you about their school day? Here are some tips for conversation starters that will help you stay involved in your child's school day:

- ★"Let's see what you brought home." Look at your child's completed work to see what they are learning and how well they are doing.
- ★ "Show me what you have for homework." Make sure your child is aware of his/her assignments and check to make sure they complete their work.
- ★"Describe a book you enjoyed today." This encourages them to read and helps you to know what they enjoy reading.
- ★"Tell me what you learned that you'd like to know more about." Use her interests as jumping-off points for activities to do together.
- ★"What's the coolest thing that happened at school today?"
- ★"Pretend you're the teacher. How would you describe the day?"
- ★"What made you laugh today?"
- ★"What was the most creative thing you did today?"
- ★"How were you kind or helpful today?"



### Spiritual Health



Please pray for our Catholic Church in its time of need.
We as Catholics need to gather together so that we will have healing, reconciliation and a hopeful future.



### Should You Use an Expired Epi-Pen?



In March 2013, a teenage college student died after accidentally eating a cookie with nuts in it and he went into anaphylaxis. The family knew he was allergic to nuts and did not use his Epi-Pen because it had expired. The 911 operator told them not to use it. It is unclear whether the outcome would have been different had they used the expired pen.

Food allergies have tripled in the past 10-15 years. More cases of fatal anaphylaxis are linked to the lack of or delay in the administration of epinephrine. The shelf life of epinephrine is approximately one year from manufacturers date. It breaks down with exposure to light, air, and high temperatures. It should be stored in a dark, cool place but not in the refrigerator.

Is Expired Epinephrine OK to Use? This question was studied by a group of researchers in Canada. They used two methods to do the study, blood samples from rabbits and chemical tests on residual epinephrine.

Here's what they found. Even Epi Pens that were 5-7 years past expiration date still had more than 70% of the original dose remaining in the pen. Many Epi-Pens that were 2-3 years past their expiration date had more than 90% of the original dose remaining.

The authors concluded that it is best to keep non-expired injectable epinephrine available for severe allergic reactions. However, if an expired kit is available, it should be used. The potential benefit of receiving a smaller than ideal dose would likely outweigh the theoretical danger of using the expired injectable kit. Certainly, the authors recommend against ever using any injectable expired or not, that contains discolored medication.

Ref. Daniel Moore, Board Certified Very well .com

#### Talking to Children About Tragedies & Other News Events

After any disaster, parents and other adults struggle with what they should say and share with children and what not to say or share with them.

The American Academy of Pediatrics (AAP) encourages parents, teachers, child care providers, and others who work closely with children to filter information about the crisis and present it in a way that their child can accommodate, adjust to, and cope with.

No matter what age or developmental stage the child is, parents can start by asking a child what they've already heard. After you ask them what they've heard, ask what questions they have.

In general, it is best to share basic information with children, not graphic details, or unnecessary details about tragic circumstances. Children and adults alike want to be able to understand enough so they know what's going on. Graphic information and images should be avoided.

Keep young children away from repetitive graphic images and sounds that may appear on **television**, radio, social media, computers, etc. With older children, if you do want them to watch the news, record it ahead of time. That allows you to preview it and evaluate its contents before you sit down with them to watch it. Then, as you watch it with them, you can stop, pause, and have a discussion when you need to.

Today, most older children will have access to the news and graphic images through social media and other applications right from their cell phone. You need to be aware of what's out there and take steps in advance to talk to children about what they might hear or see.

After asking your child what they have heard and if they have questions about what occurred during a school shooting, community bombing, natural disaster, or even a disaster in an international country, a parent can say something such as:

"Yes. In [city], [state]" (and here you might need to give some context, depending on whether it's nearby or far away, for example, 'That's a city/state that's pretty far from/close to here'), there was disaster and many people were hurt. The police and the government are doing their jobs so they can try to make sure that it doesn't happen again."

If children don't have a chance to practice healthy **coping**, a parent may see signs that they're having difficulty adjusting. Some of things to look for are:

- **Sleep problems:** Watch for trouble falling asleep or staying asleep, difficulty waking, **nightmares**, or other sleep disturbances.
- Physical complaints: Children may complain of feeling tired, having a headache, or generally feeling unwell. You may notice your child eating too much or less than usual.
- Changes in behavior: Look for signs of regressive behavior, including social regression, acting
  more immature, or becoming less patient and more demanding. A child who once separated easily
  from her parents may become clingy. Teens may begin or change current patterns of tobacco,
  alcohol, or substance use.
- **Emotional problems:** Children may experience undue sadness, depression, anxiety, or fears.

Sometimes it can be hard to tell if a child is reacting in a typical way to an unusual event or whether they are having real problems coping, and might need extra support. If you are concerned, talk to your child's pediatrician or a mental health professional.

Resource: healthychildren.org

#### **Protect Students/Get Vaccinated**

One of the goals of our schools in WV is to keep our students healthy and well. This includes vaccinating against diseases that can have devastating effects on the health of a child.

Parents need to work with their physician/health care provider to be sure their student is ready to attend school when the time comes. Public or private schools are required to follow the WV Immunization Requirements. Students who transfer in from other states must meet WV requirements. In order to prevent delays with student's ability to start school, here are the lists of vaccinations required.

# West Virginia Immunization Requirements Pre-School Programs

Hepatitis B		3 doses	
Dtap	Diphtheria, Tetanus, acellular Pertussis	4 doses	Booster dose is given after age 4
Varicella	Chicken Pox	1 dose	•
IPV	Inactivated Polio Virus	3 doses	Booster dose is given after age 4
MMR	Measles, Mumps and Rubella	1 dose	

## Students Entering School in WV Grades K-12

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<b>DTaP/DTP Td/Tdap</b> Diphtheria, Tetanus, acellular Pertussis	4 doses	After one dose, student may be allowed up to 8 months to complete series.				
IPV Inactivated Polio Virus	3 doses	After one dose, student may be allowed up to 90 days to finish series				
MMR Measles, Mumps and Rubella	2 doses	After one dose, student may be allowed up to 30 days to finish series				
Varicella Chicken Pox	2 doses	After one dose, children less than 13 years of age may be allowed up to 90 days to obtain 2nd dose; children aged 13 years and older may be allowed up to 30 days to obtain the 2nd dose				
Hepatitis B	Before admission, 3 doses required.	After one dose, student may be allowed up to 4 months to complete the series.				

#### Students Entering 7<sup>th</sup> Grade

Tdap (tetanus, diphtheria, acellular pertussis)	1 booster dose	No provisional enrollment permitted
MCV4 (meningococcal / meningitis)	1 dose	No provisional enrollment permitted

#### **Students Entering 12th Grade**

Proof of booster dose of <b>Tdap</b> vaccine	1 booster dose Only if student did not receive vaccine before 7 <sup>th</sup> grade	No provisional enrollment permitted
MCV4 (meningococcal /meningitis)	2 <sup>nd</sup> dose is required if student received the first dose before age 16	No provisional enrollment permitted

In cases where parents refuse to comply with immunization requirements due to religious or philosophical reasons, assistance with information regarding the ability to home-school should be provided to the parent/guardian. Homebound services are not an option in these cases.

Health reasons that make compliance with the immunization requirements not possible will be considered. These must be documented by a physician/health care professional and reviewed by the County Medical Officer for recommendations.

0Ref. www.cdc.gov