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# Beginning the School Year With Novel H1N1

## Where Are We Now?

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As we returned to school last fall, one thing was for certain as school nurses, we carried the responsibility to develop a plan for managing the prevention and spread of the Novel H1N1 virus within our institutions. Among the usual array of fall and winter illnesses, a new contender, the 2009 Novel H1N1 (referred to as “swine flu” early on) emerged as a worthy opponent to our children’s health. In April 2009, the Centers for Disease Control and Prevention (CDC) first detected the virus in the United States and said it was “a new influenza virus causing illness in people” (p. 1). Since the virus easily spread through person-to-person contact, by June of 2009, the World Health Organization (WHO, 2009) “signaled that a global pandemic of Novel Influenza A (H1N1) was underway. Although the world pandemic should not be taken lightly, it is not the severity of illness caused by the virus” (p. 1). As health care professionals bearing our public health responsibility, many of us began consulting credible sources, such as NASN, the CDC, and our local Divisions of Public Health and Wellness Centers, searching for updates on the impact that the Novel H1N1 strain was having on our country and respective communities.

Therefore, many private and parochial school nurses (PPSNs) reviewed their current emergency management plans and vaccination guidelines and confirmed the



substitute list in an effort to begin developing a curriculum for healthy habits and establishing new policies and procedures related to Novel H1N1. In essence, we immediately began attending to the matters essential to communicate to administration when developing guidelines that are unique to the private, parochial, non-charter, and tribal school settings.

Oftentimes, PPSNs’ school health centers are located within a unique setting that may consist of many academic divisions, including preschool to high school, elementary to middle school, or perhaps middle school to high school. These divisions can be of concern due to the fact that multi-level students may not be in direct contact with the PPSN. Therefore, the PPSN

must work closely with administration to develop school closing guidelines based on one or more of their academic divisions. While the daily health clinic visits increased due to the demand of increasingly sick students, parents, staff, and the community requested that policies and procedures for Novel H1N1 be put in place. The CDC (2009) published guidelines stating, “institutions will need to tailor the guidelines to their own unique circumstances, taking into account the size; diversity; mobility of their student body, faculty, and staff; their location and physical facilities, programs, and student; and employee health services” (p. 1). Atlanta, Georgia’s Department of Health and Wellness held an informative meeting

targeting private school administrators and nurses, where Immunization Program Coordinator Georgia Goseer stated, "The role of the school nurse primary goal is to reduce transmission of H1N1 virus by staying ahead with information and recommendation about H1N1" (Georgia Department of Community Health, 2009, p. 4, Slide 10).

The PPSN had to provide an appropriate education curriculum for a group of diverse school-age students. Three-year-olds were encouraged to practice healthy habits by washing their hands singing "Happy Birthday" and academic worksheets and scientific facts were utilized for the elementary age student. "Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others" (CDC, 2009). These essential steps were communicated to students, parents, and staff through classroom activities, bulletin boards, flyers, articles, and school Web sites.

Statewide immunization efforts began with the Novel H1N1 and seasonal flu virus vaccination programs in mid-October. Many PPSNs researched educational resources to keep updated on the recommendations of vaccines. These guidelines brought about new and stringent changes to the private, parochial, non-charter, and tribal schools. "Immunization plans for private schools consist of vaccination services made available to the school and state mandated immunization certification audits" (Goseer,

2009, p. 1). Many PPSNs worked closely with their school's admission department to ensure that enrollment and vaccination records resulted in complete accuracy.

Beginning the school year with Novel H1N1 gave priority to updating the school health center substitute list. Many PPSNs find it very difficult to find a substitute when absent. Without a school nurse consultant or lead nurse to help fill overnight absences, the PPSN sometimes feels vulnerable to come to work sick and then seek coverage late in the day. The CDC guidelines for school nurses clearly state to stay at home if sick. The earlier education was to stay at home for seven days, then decrease to 24 hours after being fever-free; "healthcare personnel need to readjust their pandemic influenza plans as dictated by changing conditions" (CDC, 2009). With these conditions, PPSNs began to proactively educate new school health clinic applicants to their health care center.

How has H1N1 changed the way school nurses research information? Are you utilizing the NASN Web site, NASN discussion list, your local health department, and school health consultants? All of these important matters are essential and necessary for the health and safety of our children. "Schools cannot accomplish their academic mission without addressing the health and safety of the students, including emergency response" (NASN, 2009).

The NASN Annual Conference is only a few months away and PPSN will hold its annual business meeting with networking opportunities and a breakout session. Check the online conference brochure for dates and times. PPSNs, as experienced, knowledgeable members, will provide expertise in the area of private, parochial, non-charter, and tribal school nursing. See you in Chicago. ■

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