



The Nurse's Corner

Happy Fall!



We are so glad to be back into the swing of things this school year. As we are now a few months into the school year we have been able to start vision screenings, maturation, and other screenings and classes. We love interacting and seeing all of the students and are here to help with any medical concerns at school. As we approach these fall and winter months we are already seeing some illnesses spreading around. Please remember to keep your student home when they are sick (guidelines on last page). The next article is a great reminder to wash your hands which helps decrease the spread of germs. Wishing you all a safe and healthy fall!

Hand Hygiene History and Guidelines for Everyone

Ignaz Semmelweis, known as the father of hand hygiene, was a Hungarian doctor who worked in the Vienna General Hospital. In 1846, he noticed that women giving birth in the medical student/doctor-run maternity ward in his hospital were developing fevers and dying a lot more than the women giving birth in the adjacent midwife-run maternity ward. He compared all activities that took place between the two wards and noticed that doctors and their students often visited the maternity ward directly after performing autopsies. After this observation, he developed a theory that those performing autopsies still had particles from research on their hands and they carried them from the autopsy room to the maternity ward. Yikes! Midwives did not conduct

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surgery or autopsies, so they were not exposed to these particles. Because of this, Semmelweis imposed a new rule mandating hand washing with chlorine for doctors. The rates of death in his maternity ward fell dramatically. This was the first proof that cleansing hands could prevent infection. Today, handwashing with soap and water or alcohol based hand rubs have become a more common practice to promote good health and nutrition (information from globalhandwashing.org). Here are some hand washing tips as fall cold season is upon us:

Important times to wash hands (the following information is from cdc.gov):

- Before, during, and after preparing food
- Before and after eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

5 Steps to wash your hands the right way (according to cdc.org):

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

School Vision Screenings

Vision screenings are well underway this school year. Please be on the lookout for a notice from your child's school as to when your child's vision screening will take place. Some schools have already completed these, while others just are getting ready to start. Vision screens occur yearly as Utah law states that student eye exams occur in public schools in Preschool, Kindergarten, 1st, 3rd, 5th, 7th or 8th, and 9th or 10th grade.

Learning in the classroom is key, being able to see what is being taught is essential, and available to all students. A child's ability to see greatly impacts her or his ability to learn. On screening day, your child's class will complete a distance vision screening. If your child doesn't pass their distance screening, you will be notified by your school nurse typically through a referral in your child's backpack or in the mail. With this referral, we hope you follow up with an eye doctor as soon as possible. If you need assistance to cover the cost of an exam or glasses, there are supportive programs available. Ask your school nurse for details if you receive the referral notice.

We've seen such great results in the schools when kids receive the eye care and support that they need.

The sooner an eye condition is address, the better the long-term results for your child!

Utah Naloxone

Drug poisoning deaths are a preventable public health problem. The substances most responsible for poisoning deaths come from opioid medications including morphine, methadone, hydrocodone, fentanyl, oxycodone, tramadol, and from heroin. Opioid overdose is reversible through the timely administration of the drug naloxone (Narcan[®]) and the provision of emergency care. Naloxone (Narcan[®]) is an antidote for opioid overdose. It can reverse the overdose and save a life.

Utah is particularly affected by prescription opioids. They are responsible for 41% of Utah's unintentional and undetermined drug poisoning deaths. (utahnaloxone.org)

You can learn how to administer and access free Narcan

here: <http://www.utahnaloxone.org/utah-naloxone-videos-recognizing-an-overdose-and-using-naloxone-kits/>

Sick Day Guidelines

WCSD follows The American Academy of Pediatrics recommendations for exclusion from school.

Keep your child home if they exhibit any of the following symptoms:

<u>Symptom</u>	<u>Explanation</u>
Cough	Serious, sustained coughing, shortness of breath, or difficulty breathing.
Diarrhea	Two or more unexplained episodes of watery or loose stools in 24 hours OR sudden onset of loose stools. May return 24 hours after last episode.
Fever	Temperature above 101°F [38.3°C] by any method. Return when fever-free for 24 hours (WITHOUT the use of fever-reducing medication).
Head Lice	per WCSD Administrative Letter (Exclusion is not necessary before the end of the school day)
Rash	Any new rash accompanied by a fever or behavioral changes. May return after rash goes away or clearance given by a health care provider.
Skin or Mouth Sores	Drainage from a sore that cannot be contained within a bandage. Mouth sores with drooling that the child cannot control unless the child's primary health care provider or local health department authority states that the child is noninfectious.
Vomiting	Any unexplained episode in the past 24 hours. May return 24 hours after last episode.
Other	Symptoms that prevent the student from active participation in usual school activities OR student is requiring more care than school staff can safely provide.

Make Sure You Are Reachable at All Times: Parents please be certain that the school has a way to reach you at all times—make your phone numbers at home and work available, as well as your cell phone number.

Please help others from becoming sick by keeping your child home during the worst of their illness. For more information, or if you have questions, please contact your School Nurse.

**These guidelines may change at any time as instructed by the CDC and/or local health department.