Meet MASNRN: The Massachusetts School Nurse Research Network
10 Years Strong!

By Mary Jane O’Brien PhD, PNP, NCSN

Introduction
School health has been described as a hidden source of healthcare and the default mental health resource for children and adolescents (Lear, 2007). What can school nurses do to promote the visibility and perceived importance of the school nursing specialty? School nurses should consider building evidence-based practice through school nursing research. Research is the only language understood and valued in the health care arena, and increasingly in the education setting as well.

What is MASNRN?
The Massachusetts School Nurse Research Network (MASNRN) was founded in 2004 by a group of school nurses, school nurse leaders, the Department of Public Health School Health Unit, and Boston College as a partnership to facilitate school nurse based research (Vessey, et al, 2007). The notion was simple: school nurses have the contacts needed to conduct research in multiple school communities across the commonwealth (the network) and have the fundamental knowledge of school health issues; DPH has the ability to gather and disseminate information to a large group of school nurses; and Boston College nursing faculty has the research design and analysis expertise (Pulcini, Sheetz, & Crowe, 2011). Massachusetts School Nurse Organization has the ability to keep their membership updated on the projects and processes of school nurse research. In the 10 years since its founding, MASNRN has conducted a number of research studies on bullying, immunizations, life threatening allergies, asthma, mental health, and other pertinent issues (www.MASNRN.org).

How does MASNRN work?
The essential component of conducting school nurse research is you, the school nurse. There are more than 100 members across the state including primarily school nurses as well as school nurse researchers and other nurses interested in promoting school nurse evidence-based practice. Of interest, while every other school nurse research network across the nation has failed, MASNRN remains strong likely because it is school nurse research conducted by school nurses. This provides not only a sense of pride but acknowledgement of the ownership of the network.

MASNRN has a Board of Directors, the majority of which must be school nurses. The board meets at least six times a year and conducts business between meetings electronically. The board is nominated and elected by the membership. The officers of the board, including the presi-
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Membership in MASNRN is free. Simply go to the website [MASNRN.org](http://masn.org) and sign up. There is a biosketch to fill out so that in the event of a research opportunity the school nurse’s education, school level (elementary, middle, high school), and geographic location are known. When a research opportunity is presented to the board, the amount of time and effort the school nurse must devote to fulfill the research intervention is reviewed. The board negotiates with the research designer to make the implementation ‘school nurse friendly.’ Compensation is always discussed if the researcher is not a school nurse, but is not always available.

MASNRN comes across research questions in a variety of ways. Some are issues of interest put forth by school nurses, others are areas of health concerns of the national health care agenda, and some are designs of outside agencies, such as faculty members who wish to partner with school nurses in gathering evidence for best practices in health care. Any school nurse can present a research idea to MASNRN for consideration of a study.

Once a research design is accepted by the board, the process of implementation begins. School nurses who fit the criteria of the research design (for instance high school nurses in the study promoting students carrying unexpired epi-pens) are contacted and asked if they wish to join the study. All the requirements of the school nurse’s participation in the study are outlined. MASNRN tries to facilitate in all processes of data gathering and reporting making it the least burdensome for school nurses. The school nurse makes the decision whether or not to participate.

Data analysis and research findings are considered by nurses to be the ‘fun’ part of the research study. MASNRN tries to share these processes with interested school nurses whenever the designer is a school nurse. When the designer is not, for example when a faculty member partners with MASNRN to conduct a study, the board tries to involve the school nurse with analysis as much as possible.

Publications that are generated by the research study include the participating school nurses by name. School nurses who have involvement with data analysis or other aspects of the research design, for example the review of the literature, are listed as authors.

Why is it important to conduct school nurse research?

Today’s healthcare agenda is based on three entities: access, cost, and quality. In Massachusetts, most school children and adolescents have access to a school nurse and it has been suggested that they are 8 times more likely to see their school nurse than a PCP (Scheinker, O’Brien, Fox, & Bauchner, 2005). The cost of school nursing has recently been addressed in the upcoming article examining the value of a school nurse by Li Yan Wang, Anne Sheetz, Mary Ann Gapinski, and others (in process of publication in JAMA Pediatrics) that provides evidence of school nursing as a healthcare economic bargain.

Quality is where school nurse research is needed. Research provides the proof that the care we deliver as school nurses is based on evidence and promotes improved outcomes in the child’s health or learning. It is this quality that makes what we do valued. Until we prove its quality, school nursing may fall victim to budget cuts and less than optimal working conditions.

Consider joining!

MASNRN has enjoyed many successes and suffered many disappointments in its ten years, typical of any organization. To its credit, the school nurse has always been in the forefront of discussion when decisions have been made. This is what sets MASNRN apart from other research networks and what continues to drive the MASNRN engine.

On the foreseeable agenda there may be replication of two of our most successful studies: promoting high school students’ carrying of (continued on page 3)
unexpired epinephrine auto-injector (Spina, McIntyre, & Pulcini, 2012) and facilitating the self-teaching modules to school staff on life-threatening allergies (manuscript in press). We are also looking at the feasibility of another study that further examines the value of the school nurse. Stay tuned!

This is a very exciting time for school nurses in the history of the profession. The acceptance of the article about the value of school nursing, the broad agenda for improving health care outcomes for children through PCP/community partnerships, and 10 years of a functioning, vibrant research network combine for an optimal situation for Massachusetts school nurse research. Research is the only way school nurses have to promote themselves. Won’t you please consider joining?

Thank you for what you do every day.

References:


Editor’s Note: Mary Jane is the School Nurse Educator at the Warren Prescott Elementary School for grades K through 8. Mary Jane has been a school nurse in Boston Public Schools for 23 years. She is also the current President of MASNRN. For additional information on MASNRN, visit their website: http://www.masnrn.org/.
I recently had the honor of pinning an LPN graduate from the CH McCann Technical School of Practical Nursing. I was honored that she chose me to “pin her” at her graduation.

Kate Cristofolini was one of 23 McCann Technical School of Practical Nursing students that graduated on December 11, 2013. To make it extra special, it was her birthday! Kate plans on eventually going on for her RN, and is very excited about entering the field of nursing.

Kate attended high school at McCann and I was her school nurse. She freely admits seeing me frequently during those years, and we got to know each other very well! Later on, I had the pleasure of mentoring Kate and several of her nursing student peers in my school health office, as I do each year. Mentoring is an enjoyable responsibility that I take very seriously. Some of the “beginning of the year” tasks are delayed so I can spend meaningful time with each of the student nurses during September and October. The students leave my office appreciating the role school nursing plays in the community, knowing the wide array of opportunities available to nurses, and encouraged to be professional, continue learning and find their passion. Some leave thinking that School Nursing may be a part of their future.

In honor of Kate and her fellow students, I wrote the following. I dedicate this to Kate, and to the McCann LPN program graduates of 2013.

Wishing you the best as you enter a wonderful profession.
I see great things in your future.

2. Admit you don’t know everything, but know where to find answers.
3. Nursing is “work.” If it was “play,” we would volunteer to do it. It still can be fun.
4. Be respectful and kind. You will be remembered.
7. Avoid gossip and politics with your co-workers. It wastes precious time and energy.
8. Admit your mistakes and move on. They are opportunities for growth and learning.
9. Do what you think is right. Follow your “nursing intuition.”
10. Be assertive when you need to be. Choose your words wisely. Practice.
11. Don’t complain. Rather, create a better alternative.
12. Love what you do. If you don’t, find something new to be passionate about.
13. Communicate directly and encourage others to do so.
14. Be positive. It is contagious.
15. Smile. Laugh as often as possible.
16. Be professional.
17. Never burn your bridges. You just may need to cross them again.
18. Everyone needs a hug or someone to hold their hand sometimes. Be there.
19. There is often more than one right way to do things.
20. Lead by example.
21. Treat patients or residents, their family and friends, and your employers as important customers.
22. Change WILL happen. Accept it. Embrace it. Realize it will happen again.
23. Set aside your “treasures”: notes, trinkets, or mementos. Make them a part of your portfolio.
25. Live a balanced life, being happy at home and at work. Be sure that you have time for your partner, family, friends, faith, and yourself. Relax, regroup, and rejuvenate when you need to.

We need to support our new nurses and encourage others to enter the nursing profession. There is nothing more poignant than sharing from our own experience. These “lessons” were my gift to Kate as she became a nurse; I now share them with all of you.

Editor’s Note:
Elizabeth is the School Nurse Educator at CH McCann Technical School located in North Adams, MA. She can be reached at: (413) 663-5383, X108.
On March 30, 2012, the CDC released a report estimating that Autism Spectrum Disorder now affects 1 out of 88 children in the United States. The report, resulting from a study that looked at 8-year-old children, represents a drastic increase since 2006. At that time, the incidence was thought to be 1 in 110 children. In 2002, this number was a mere 1 in 150. In Massachusetts, the 2009-2010 Essential School Health Services Program Data Report revealed that 6,617 students with autism were reported from ESHS districts, at a rate of 10.6 per 1,000 enrolled students.

As a school nurse in a public Massachusetts elementary school, I am already feeling the impact of these statistics upon my day-to-day work reality. I work in a suburban school that has 545 students enrolled in kindergarten through grade five and houses the town's three district autism programs. Currently twenty-seven of our students have a diagnosis of Autism, Pervasive Development Disorder (PDD) or Asperger Syndrome.

Our three separate self-contained autism classrooms are structured for those children who are unable to integrate fully into a regular education classroom. The classrooms, which are structured by age group, are all staffed by experienced special education teachers and one-on-one paraprofessionals. Students may be integrated for lunch and special programs such as art or gym, but spend the majority of their school day with their special education teacher and aides in the self-contained classroom. Students higher on the spectrum, especially those with Asperger Syndrome, are more fully integrated into regular educational classrooms and are pulled out only for therapies or more individualized instruction.

Despite numerous studies that have consistently disputed the relationship between vaccines and autism, many families continue to defer immunizations and declare “religious” exemptions. As a result, these students enter school out of compliance with state immunization regulations and the nurse is then responsible for clarifying the exemptions and obtaining the appropriate documentation. In the event of an occurrence of a vaccine preventable illness such as chicken pox or pertussis, those students who are yet the research has been inconclusive. Regardless of etiology, autism is a neurodevelopmental disorder which affects learning and social relationships, and has obvious implications for the school setting.

While it is true that some of these numbers may be attributed to increased screening and diagnosis of the disorder, the reality is that these children have significant special needs that challenge virtually every school system in the United States. While there are a multitude of studies and articles that address the implications for educational programming in schools, there is very little written about how much of a role the school nurse plays in the school life of children with autism.

I know on an empirical level that these are some of the students whom I see the most, whether for illness assessment, behavioral breaks, case management, or general health maintenance. Generally the students who are most affected, such as those who are non-verbal or who have self-injurious behaviors, are the ones I see most frequently. For example, a special education teacher may bring a student to the health office for assessment if behaviors are off in order to rule out illness as a cause. Autistic children with speech delays cannot verbalize their symptoms so their distress is manifested in their behavior, and they may be more irritable, lethargic, or distracted.

More time is spent with these students doing vision and hearing screenings, and frequently the methodology has to be adapted in order to accommodate developmental level or sensory processing issues. Often students are aversive to headphones or tentative about looking into vision machines, and may require numerous attempts in order to complete the screening. Despite efforts to adapt the screenings to their developmental ability, some of these students are unable to complete them reliably and are ultimately referred to a specialist. These referrals then need to be tracked and documented.

Because autism is a spectrum disorder, each child is different and has his or her own unique physical, emotional, social, and educational needs. There is much speculation and research about the causes of autism and theories about why it is now occurring so much more often. These theories include genetic, immunologic, and environmental possibilities, but as
A 7-year-old non-verbal student transferred to our school from a city setting and came with virtually no academic or communication skills. The child displayed frequent self-injurious behaviors and almost continual temper tantrums. The child had never been to a dentist and experienced frequent vomiting related to sinus and adenoid issues. There were many days when I was called into that classroom several times.

Another young first grader with autism experienced a simple partial seizure in the classroom. After being referred immediately to the pediatrician for evaluation, the child underwent a comprehensive neurologic evaluation and continues to be followed. Teachers and support staff were given first aid training for seizures and continue to monitor the child daily for any further seizure activity.

A severely underweight third grader had always refused to eat solid foods and received total nutrition from Pediasure, which the student drank from a “sippy cup.” Teachers and I shared concerns not only about the student’s nutritional status but also about how the family was dealing with this student’s many needs. I collaborated with the student’s teacher to develop an extensive list of resources to provide to the parents and informed the pediatrician of the parents’ need for support as they struggled to navigate the world of autism.

My day is always brightened at lunch time by a friendly young fifth grader with Asperger Syndrome and ADHD who comes by for his daily dose of Ritalin.

These students typify some of the day-to-day encounters and extremes that I see in my office routinely. The issues can be simple and resolved with a smile, or they can be complex and demand comprehensive assessment and clinical skill. They can be generalized into the categories of health maintenance, illness and injury assessment, case management, psychological counseling, and extensive collaboration with families and education staff. In each of these areas the school nurse is an important problem solver and advocate. Clearly, there exists a need to research and quantify to what extent these encounters reflect and are complicated by the autism diagnosis, and to make school administrators and the greater public more aware of the role of the school nurse in working with autistic students.

School systems like mine are striving to limit costs while providing an education in the least restrictive environment for students on the autism spectrum. This means fewer outplacements and the development of more programs that provide the needed services within the public
schools. These services include speech therapists, physical therapists, occupational therapists, behavioral therapists and even feeding specialists. Any one of these school systems could probably tell you exactly how much the demand for—and costs of—these services have increased. But could they tell you how involved the school nurse has been in helping to keep these students in the public schools, and just how much and in what sense that role is evolving? **One out of 88 children are born with autism and will be educated in our schools—what does this mean for the school nurse?**

### References:


### Editor’s Note:

Elizabeth is the School Nurse Educator at Franklin Elementary School in North Andover, MA. She can be reached at: Phone: 978-557-7905, Fax: 978-682-0240.

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### Changes in Medical Terminology

By JaniceSelekman, DNSc, RN, NCSN, FNASN

**Adapted from “It’s Not Called That Anymore”**

January 2014, NASN School Nurse

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<thead>
<tr>
<th>Prior Terminology</th>
<th>Revised Terminology</th>
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<tbody>
<tr>
<td>Mental Retardation</td>
<td>Intellectual Disability (ID)</td>
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<tr>
<td>Attention Deficit Hyperactivity Disorder (ADHD)</td>
<td>ADHD-Inattentive, ADHD-Hyperactive Impulsive or ADHD-Combine</td>
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<td>Attention Deficit Disorder (ADD)</td>
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<tr>
<td>Asperger Syndrome</td>
<td>Autism Spectrum Disorder</td>
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<td>Munchausen Syndrome</td>
<td>Factitious Disorder Imposed by Another</td>
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<tr>
<td>Stuttering</td>
<td>Childhood-onset Fluency Disorder</td>
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<tr>
<td>Exercised Induced Asthma</td>
<td>Exercised Induced Bronchospasm</td>
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<tr>
<td>Juvenile Rheumatoid Arthritis</td>
<td>Juvenile Idiopathic Arthritis</td>
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<tr>
<td>Diabetes Mellitus Type I, Type II</td>
<td>Diabetes Mellitus Type 1, Type 2</td>
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<tr>
<td>Shaken Baby Syndrome</td>
<td>Abusive Head Trauma</td>
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<tr>
<td>Exercise</td>
<td>Activity</td>
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<tr>
<td>Diet</td>
<td>Healthy Food Choices</td>
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<tr>
<td>Victim (person who is bullied)</td>
<td>Target</td>
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<tr>
<td>Insufficient access to enough food</td>
<td>Food Insecure</td>
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**Changes were made to the old terminology:**

- Because it was insensitive and/or offensive;
- Did not reflect the real basis for determining one’s ability to think, store and use information;
- Did not accurately describe differentiating characteristics;
- Did not require a separate diagnosis;
- To eliminate adult or child onset; and
- To recognize multiple variables, such as socioeconomics.
The National Board for Certification of School Nurses (NBCSN) has selected the Competency and Credentialing Institute (CCI) to manage its credentialing program. NBCSN develops and governs the Nationally Certified School Nurse® (NCSN) credential, held by more than 3,300 school nurses nationwide. Originally scheduled for an effective date of February 1, 2014, Patricia Hoban, MA NBCSN liaison reports that in speaking with NBCSN at the toll-free number, the change to CCI will not take place until after the July/August 2014 examinations and recertifications. Until then, continue to consult with http://www.nbcsn.org.

“This exciting opportunity for NBCSN takes our organization to a new level. Partnership with CCI enables us to better serve our constituents; ensure ongoing excellence of the NCSN program; develop new programs to best meet the future needs of our stakeholder community; and educate others about the relationship of school nurse competence to student health and learning,” Susan Nokleby, MS, RN, LSN, NCSN Board President of NBCSN said. “We are excited to partner with CCI, an organization that has an impressive record in the certification industry.”

CCI’s ability to service the unique needs of a certifying agency in the nursing field was a deciding factor in NBCSN’s decision. After considering several candidates, NBCSN focused on CCI’s proven leadership and influence in the certification industry, expertise in specialty nursing certification, and strong operational infrastructure.

CCI will manage NBCSN’s operational administration, as well as its exam development, exam delivery and recertification programs. NBCSN tests approximately 400 applicants annually for the NCSN program, which was founded in 1985, and incorporated in 1991. It also provides for recertification of NCSNs every five years through reexamination or continuing education.

“Our team has the knowledge and skills to guide other nursing credentialing programs to make the most meaningful contributions to their specialty and the credentialing industry as a whole,” Shannon Carter, Chief Executive Officer, CCI, said. “This is an exciting opportunity for CCI and NBCSN to collaborate in assuring the future success of NBCSN programs.”

CCI is the leading provider of certification, competency, assessment and competency-based education to perioperative registered nurses. Established in 1979, CCI provides the CNOR and CRNFA credentials to more than 33,000 registered nurses, making it one of the world’s largest specialty nursing credentialing bodies. With a diversified menu of products and services that includes research, education and assessment modules, CCI is a recognized leader in the credentialing community. For information, www.nbcsn.org, or call 844-808-6276.

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**Certification...**
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**National Board for Certification of School Nurses**

**Examination and Recertification Information**

<table>
<thead>
<tr>
<th>Certification Examination dates for Summer 2014</th>
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<td>Application Deadline</td>
<td>Examination Deadline</td>
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See National Board Certification of School Nurses website for details http://www.nbcsn.org/examination#dates

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<td>Deadline to Submit Recertification Materials</td>
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<tr>
<td>June 2014</td>
<td>April 1, 2014</td>
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<td>August 2014</td>
<td>June 1, 2014</td>
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<td>February/March 2014</td>
<td>December 15, 2014</td>
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**Candidates for the NBCSN Examination**
**July/August, 2014 — Study Groups**

If you wish to form a study group, please email the information below to me patch.hoban@verizon.net. As the NBCSN state liaison I will (with your permission) email this data to all who sign up so you may form your own study groups.

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A Conversation with Former MSNO President Katherine O’Neill
Our 13th and 16th President

By Dorothy Keeney, RN, BSN, MA

The following is a short biographical sketch taken from the MSNO newsletter, More than Band-Aids, Fall, 1990, when Kathy O’Neill was newly installed as Program Chairperson.

Employed in Lynnfield as Nurse Coordinator for Lynnfield Public Schools, Kathy also serves as School Nurse, Lynnfield High School. Graduating from Roger Williams General Hospital S.O.N., Providence, RI, Kathy received a BSN from Boston College and MsSN in Maternal-Child Health from Boston University. She has a varied background: community health, Martha Elliot Health Center, Jamaica Plain; nursing administration, Boston Children’s Hospital; National Institutes of Health, Bethesda, MD; and instructor in childbirth education. Kathy stated “One aspect of school nursing I find challenging is demonstrating to the educational community the valuable contribution of the school nurse. She is frequently in many situations where she can advocate for a student, identify a potential environmental crises or provide health advice to a staff member.”

Meanwhile, twenty three years later I had the opportunity to interview Kathy for our Former Presidents series.

Historian: How did you become interested in nursing as a career? Were other members of your family nurses?
Kathy: I wanted to help people. Three aunts and my sister-in-law were nurses. I wanted to work in pediatrics. As I was growing up, two of my aunts were school nurses, only one of which is still working as a school nurse. When I was in school, I liked science. My first choice was mathematics, but my parents couldn’t afford to send me to college. During the 1950’s, when my aunt worked for the health department, I went out with her when she was giving TB Schick Tests.

Historian: You served as President of MSNO from 1994-1996, and 2003-2005, both two-year terms. Had MSNO changed during those terms?
Kathy: During my first term, the most important issue was school nurse certification. This would encourage working and new nurses to stay in school nursing. At that time, there was a sense that education reform wouldn’t last, but it elevated the standards of school nursing, recognized school health, and gave more professional recognition to school nurses.

Historian: Where did you meet for the BOD meetings?
Kathy: We met in Framingham.

Historian: How often did you meet?
Kathy: We met once a month, plus a summer meeting.

Historian: How many school nurses generally attended the meetings?
Kathy: In 1994, twelve to fifteen nurses attended the meeting, whereas in 2003-2005, twenty nurses came.

Historian: How did you communicate with the membership?
Kathy: The Board and Regions communicated during 1994-1996 via telephone calls and a newsletter published four times a year. My children would help me fold the newsletter and send it out. Another nurse, Chris Lee, helped collate the newsletter. By my second term, we had come a long way. Technology had arrived, and we communicated by email.

Historian: What were the main goals of the organization at that time?
Kathy: The major goal of the organization during 1994-1996 was promoting school nurse certification, to mirror the teacher standards required by the Department of Education. We went out to the regions to explain this to our membership, but found some resistance.

Historian: Were you affiliated with NASN at that time?
Kathy: Yes, we were.

Historian: Did MSNO hold two conferences a year then?
Kathy: Yes, we certainly did.

Historian: Did MSNO work with a lobbyist when you

(continued on page 11)
People could call me between 7:30-8:00 in the morning and in the evening. This was after the children were in bed. I wrote articles and developed a fact sheet about school nursing. In all, I spent ten - twelve hours a week on MSNO related work.

**Historian:** I bet you had many laughs over the years on the job, didn’t you? Can you share any of them?

**Kathy:** It was 1993, and I was seeking support for the Education Reform Act, which passed in 1993. Mark Roosevelt, then a State Representative for Beacon Hill, said “We are going to be good this time and object to continuing education requirements.” The laugh is that nurses were way ahead and encouraged this requirement.

**Historian:** What do you consider to be the main challenges facing school nursing today?

**Kathy:** That is complex. It is absolutely necessary for school nurses to attend continuing education classes to update their practice, as new diagnoses are identified every day, and to also do evidence-based research.

**Historian:** Tell us what you are doing now and your plans for the future.

**Kathy:** We have sold our house in Lexington, MA, and we are moving to Vermont, a plan we have had for many years.

Again, thank you Kathy for your time, dedication and commitment to MSNO. You heeded the call and returned a second time to take on the role of president, which is a lot to ask.

Many thanks to your family for sharing you with us.

**Editor’s Note:**

Dorothy is a retired School Nurse Educator who remains active in MSNO. Dorothy is MSNO’s Historian.

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MSNO is now on Facebook!

Go to [Facebook.com/MSNOpage](http://Facebook.com/MSNOpage) just click the link here.

There are many postings and links to resources on our website.

You can post on the wall and join those who LIKE us. Call it online networking.

**Board Meeting Notice:**

All members are invited to attend any Full Session Board Meeting. Meetings are held at the Harvard Pilgrim Health Care Foundation, 93 Worcester Street, Wellesley, MA 02481. Meetings start at 5:30 PM and typically adjourn at approximately 7:30 PM. The remaining meetings for the 2014 school year are:

- March 15: Full Board Retreat
- May 12
- June 9
When collecting materials for the MSNO newsletter, I look to a variety of sources for information that is pertinent to the school nurse educator’s practice. I came across these “Tips for Nurses Using Social Media” issued by the American Nurses Association.

Social Networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people. This exchange does not come without risks. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to enhance or undermine not only the individual nurse’s career, but also the nursing profession.

The ANA offered the following when using social networking. Where the ANA referred to patients, I have substituted the word “student” to accurately reflect the population under the care and supervision of the school nurse.

### Principles for Social Networking

1. Nurses must not transmit or place online individually identifiable student information.
2. Nurses must observe ethically prescribed professional student-nurse boundaries.
3. Nurses should understand that students, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a student’s privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

### Six Tips to Avoid Problems

1. Remember the standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-student relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with students blurs this boundary.
4. Do not make disparaging remarks about students, employers, or co-workers, even if they are not identified.
5. Do not take photos or videos of students on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

### References:

RETELL Information for DESE Re-licensure Effective July 1, 2016

RETELL (Rethinking Equity and Teaching for English Language Learners) is a new DESE initiative to improve and support the academic achievement of English language learners in the Commonwealth.

All Educators holding a Professional License who seek to renew that license on or after July 1, 2016 will need to earn 150 PDPs, including:

- at least 15 PDPs in Sheltered English Immersion/English as a Second language (SEI/ELL);
- 15 PDPs in Training Strategies for Students with Disabilities and Instruction of Students with Diverse Learning Style;
- 90 PDPs in their content area of license or in pedagogy with no less than 60 PDPs in or related to the content area of the educator’s primary license;
- 30 required PDPs may be earned in elective areas (www.doe.mass.edu/retell).

Since school nurses are licensed as educators under DESE in MA, school nurses will be required to have these PDPs when renewing their DESE license as of July 1, 2016. School Nurses NEED to have the 15 PDPs in SEI/ELL as well as 15 PDPs in Working with Students with Disabilities. Information for School Nurses can be found on the DESE web site as well as on the School Health Institute website, www.neushi.org, under the School Health Resources tab under Resources.

- School nurses do not have to obtain the SEI endorsement (different than SEI/ELL); only educators who supervise core academic teachers need this endorsement. (The SEI endorsement is a 45-hour course for core teachers and a 15-hour course for Administrators who “supervise and evaluate core teachers.”)
- Nurse Leaders that have their Supervisor/Director License do not need the SEI Endorsement if they are not supervising and evaluating core academic teachers. They do need the SEI/ELL and working with Students with Disabilities PDPs as of July 1, 2016.
- If you are renewing your DESE license prior to July 1, 2016, you will need these requirements when you next renew 5 years after that.

School Health Institute will be offering programs that address “Working with Students with Disabilities,” as well as SEI/ELL over the next 3 years. Courses do not have to be taken in sequence; each program is stand-alone, and has CEUs for school nurses.
Come sail away to Newport, RI for a weekend of adventure as we navigate and search out the best practices in school health to care for New England’s Children at the **26th Annual New England School Nurse Conference.**

School Nurses Sailing Into the Future

**Hyatt Regency Newport Hotel & Spa**
**Newport, Rhode Island**
**May 3-4, 2014**

Whether it is to network with colleagues from neighboring states, to learn about what the future holds for school nurses, or to gather the newest information on such topics as transitioning special needs children into pre-school, caring for minor to life-threatening sports injuries, allergies and anaphylaxis, ticks & lyme disease, teen dating violence, how to best to care for LGBTQ youth for healthy outcomes, or perhaps to relax over dinner in a restaurant overlooking the ocean . . . this is the place to be! Look for our brochure which will be coming out soon! We look forward to welcoming all of our New England school nurse colleagues to Newport!

Marianne Manzi Adams & Marilyn Kelley Co-Chairs
RICSNT New England School Nurse Conference Committee
Contact: madams7811@verizon.net

**Meet DESE Requirements for License Renewal**

As of July 1, 2016, school nurses who are renewing their DESE license will need 15 PDP’s “in training strategies for effective schooling for students with disabilities and instruction of students with diverse learning styles.” School Health Institute offers a series of programs specifically designed to assist the school nurse in meeting these requirements. Contact Hours will be provided.

**March 27, 2014**
“The Medical Home, Care Coordination, and Public Benefits”
Speaker TBA
$65.00 per person

Registration Open: [https://neushi.org/show-program.pl?type=live&id=272](https://neushi.org/show-program.pl?type=live&id=272)

**April 7, 2014 (rescheduled from February 13th)**
“Working With Students With Disabilities Autism Program”
Marlboro Holiday Inn 4:30-7:30 pm
$65.00 per person

Registration Open: [https://neushi.org/show-program.pl?type=live&id=271](https://neushi.org/show-program.pl?type=live&id=271)

**Additional topics coming Fall 2014.**
Location/topic/speaker subject to change.

Follow School Health Institute for more information: [https://neushi.org/redirect.pl?type=list_day_conferences#Afternoon%20Programs](https://neushi.org/redirect.pl?type=list_day_conferences#Afternoon%20Programs)

For questions, contact Kathy Hassey at K.Hassey@neu.edu, or Ann Farrell at A.Farrell@neu.edu
SAVE THE DATES

March 18-19, 2014
Professional School Nursing Practice in MA Level 1
(formerly Introduction to School Nursing)
Marlboro Holiday Inn
$150.00
NOTE: This is a two-day conference

For more information and to register online, see: https://neushi.org/show-program.pl?type=live&id=220

March 24, 2014
Pediatric Obesity: A Guide for School Nurses
Children's Hospital, Deveber Conference Room, Waltham
$65.00 per person: light dinner included

Contacts: Stephanie.porter@childrens.harvard.edu
kimberly.loring@childrens.harvard.edu
Registration Questions: judi.naar@childrens.harvard.edu

April 5, 2014
MSNO Spring Conference
Marlboro Holiday Inn.

Information and Registration coming soon!
Follow on www.MSNO.org

June 28 – July 1, 2014
NASN 46th Annual Conference
San Antonio, Texas

Registration and Room Block Open
Register online at: http://schoolnurse.nasn.org/nasn2014/home

July 14-15, 2014
Professional School Nursing Practice in MA Level 1
(formerly Introduction to School Nursing)
Marlboro Holiday Inn
$150.00 per person
NOTE: This is a two-day conference

For more information, see: https://neushi.org/show-program.pl?type=live&id=220

August 4, 5, 6, 2014
Summer Institute 2014

Registration available starting April 14, 2014
https://www.neushi.org/redirect.pl?type=list_day_conferences#Multiple Day Conferences
New Influenza Education Requirement

The Massachusetts Department of Public Health (MDPH) enacted legislation that requires distribution of information regarding the benefits of annual influenza vaccination for children. Enacted in January, 2013, the legislation, An Act Relative to Immunization Awareness (MGL c. 111, §229), was effective August 2013. Chapter 111 of the General Laws was amended by adding the following section.

Section 229.(a) The commissioner shall adopt regulations requiring all elementary and secondary schools and all providers of early education to distribute to the parent or guardian of a child in its care information regarding the benefits of annual immunization against influenza for children 6 months of age to 18 years. This information shall include the causes and symptoms of the disease, how it is spread, how to obtain additional information regarding the disease and the effectiveness and risks of vaccinations against the disease.

(b) The commissioner shall work with the commissioners of the department of early education and care, and the department of elementary and secondary education to ensure that the information is annually distributed to parents in August and September.

Distribution of the flyer, The Flu: A Guide for Parents, will meet the requirements of the new legislation. The flyer, as well as the most up-to-date information concerning influenza, is available at [http://www.mass.gov/eohhs/docs/dph/cdc/flu/the-flu-guide-for-parents.pdf](http://www.mass.gov/eohhs/docs/dph/cdc/flu/the-flu-guide-for-parents.pdf). Distribution of the flyer through normal channels of communication includes sending the flyer home with students, email, newsletters, and posting on the websites of schools and districts.

In addition to the flyer, the following resource can help prevent flu in schools and assist with communication to parents/guardians: [www.mass.gov/eohhs/provider/guidelines-resources/services-planning/diseases-conditions/influenza/](http://www.mass.gov/eohhs/provider/guidelines-resources/services-planning/diseases-conditions/influenza/).