



## Immunizations

### Four- Day Grace Period

**O**n September 6, 2002, the Texas Board of Health adopted an amendment to legislation concerning immunization requirements for children (Title 25 Health Services, §97.63, TAC). The amendment allows vaccinations administered up to four days before the minimum interval or age to meet immunization requirements for school admission. The purpose of the amendment is to allow approval of vaccinations when a review of records indicates that a particular vaccine has been administered before the minimum interval or age. The four-day grace period is NOT to be used when scheduling future vaccination visits.

This change was in response to the February, 2002, General Recommendations on Immunizations by the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians, which states that administering a vaccine dose a limited number of days earlier than the minimum interval or age is unlikely to have a substantially negative effect on the immune response to that dose. Therefore, the ACIP now recommends that vaccine doses administered up to four days before the minimum interval or age be counted as valid. ACIP further recommends that doses administered five days or more before the minimum interval or age should not be counted as valid doses and should be repeated as age-appropriate. To view the new General Recommendations on Immunizations go to: [www.cdc.gov/mmwr/preview/mmwrhtml/rr5102a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5102a1.htm).

Changes reflecting the four-day grace period can be viewed at the Office of the Secretary of State's website: <http://info.sos.state.tx.us>. From this site, select Texas Administrative Code and go to Title 25, Part 1, Chapter 97, Subchapter B, §97.63.

For more info:  
Monica Gamez, Compliance Coordinator  
TDH Immunization Division

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## When the Unthinkable Happens Disaster/Emergency Response Planning at State and Local Levels

Imagine you are a school nurse serving three campuses. There is reason to suspect a biological agent has been released in your community. What steps do you take to ensure the safety of the students? Whom do you alert for assistance in carrying out emergency responses? What is your role as an intermediary between students, parents, school administrators, and EMS providers?

These are just some of the daunting questions school nurses must explore or revisit in the wake of September 11, 2002. Following are brief updates on the disaster/emergency planning taking place at the state level, as well as some resources to assist your school community in staying up to date on appropriate and effective emergency response planning, particularly in relation to biological and/or chemical terrorism.

Since 1999, the Texas Department of Health (TDH) has received federal funding to work on issues related to bioterrorism preparedness. This effort involves enhancement of our state's capacities to conduct disease surveillance, provide epidemiologic and laboratory services, and communicate rapidly and effectively via the health alert network. TDH has established the Office of the State Epidemiologist to ensure that the

public health workforce is equipped and trained to respond to disease outbreaks. In addition, TDH has received federal grant funds to assess and, when necessary, enhance the capability of Texas hospitals and other medical facilities to respond to mass outbreaks of a disease.

TDH has significantly stepped up bioterrorism preparedness activities as a result of the events of September 11, 2002. The good news is that we need not start from scratch. For many decades now, our state and federal governments have collaborated in maintaining a vast and comprehensive emergency response system, which many of us may have witnessed in action, for instance, in the wake of natural disasters. This system starts at the local level (where the disaster occurs) and branches upward, as needed, through the city/county, up to the state, and then federal levels of government.

In 1985, the federal government began granting funds to state emergency services providers to implement regional collaboration to address the unique health needs of children in emergency situations. As stated in the Illinois Emergency Medical Services for Children

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# Letter from the Editor...

**D**uring the holiday season it is important to focus not only on expectations and wants, but also on things for which we are thankful.

Although your students may be obsessed with the former, as they get older they will come to realize wonderful things already in their possession, whether it be a loving family and friends, a good school, safe community, caring teachers, etc. Our mission in the TDH School Health Program is to ensure that all Texas children possess good health, both now and for the rest of their lives. The TDH School Health Program staff members have compiled the following holiday "wish list" in this regard.

The TDH School Health Program salutes all of you who are working everyday to meet the health needs of Texas students. We recognize those of you who invest time, talents and resources to assist and provide for students with health-related problems. We thank those who help students overcome physical and/or emotional challenges each day so they can achieve their education. We thank school administrators, teachers, school nurses, health aides, librarians, coaches, counselors, bus drivers, cafeteria workers, facilities and maintenance staff, and every school staff person working to make their school a healthy and safe environment for students. We commend the parents that

donate their spare time and resources to improving school life for their children and others. Now, we offer our holiday wish list for your consideration:

- Meaningful, enthusiastic participation in local school health advisory committees by people committed to improving school health programs
- A full slate of nominations for the Texas Board of Health's School Health Advisory Committee (see page 4 for more info)
- A school nurse for every student in Texas
- Ample funding for the Texas School Health Network
- Adequate funding to carry out state mandates regarding health promotion and screenings
- More subscribers and contributors to the Texas School Health Bulletin
- Students making healthy and long-term connections with their school & community
- Support for leaders (at community and state levels) who are working to improve the health of children
- Stronger, improved collaboration among state agencies and organizations concerned with promoting effective health programming in Texas schools
- All students coming to school well-rested, well-clothed, well-fed, and physically and emotionally ready to begin the school day

- Safe, supporting, & nurturing homes for all students
- Safe, supporting & nurturing schools for all students
- Parents, school staff, and community members to model healthy choices and behaviors for children and young adults
- More applicants for the Awards for Excellence in Texas School Health
- No more need for bake sales and fund raisers to provide the "tools" necessary for education
- Nutritious and appealing food/drinks served in schools with ample time for students to eat
- Adequate opportunities for physical activity for students during the school day... and beyond.
- Affordable health care services that are accessible by all

The TDH School Health Program staff wish you, your students, colleagues, family and friends a wonderful holiday season, and look forward to working with you to promote the best in Texas school health programming in 2003.

*Dianne Gertson*  
*Carol Rand*  
*Alma Golden*  
*Michelle E. McComb*

## TEXAS Statewide OBESITY Conference

**February 13 and 14, 2003  
San Antonio, Texas**

Hosted by: Texas Public Health Association

Target audience:

- Health professionals
- School staff
- Public health workers
- Community organizations
- Researchers

★ Unveiling of the State's Strategic Plan for the Prevention of Obesity in Texas

★ Presentations from national experts

★ Breakout sessions focusing on research, school, & community activities to address obesity issues.

### For more information and to register:

Dianne Gertson, RD, LD, Regional Nutritionist, TDH  
(713) 767-3483 / [dianne.gertson@tdh.state.tx.us](mailto:dianne.gertson@tdh.state.tx.us)

## Texas School Health Association



### Annual 2003 Conference

**In the Spirit of Health:  
The Whole Child**

Jan. 31 & Feb. 1, 2003 - El Paso, Texas

### KEYNOTES

- Advocacy to Action: Step One to Step Success - David Wiley, PhD
- Dysfunctional Families & Their Children - Eric Crupp
- Health Perspectives of Adolescents - Alma Golden, MD, Carol Rand, MS, & R.W. Noble, MD
- Staying Motivated in the Real World - Anita Wheeler, BSN

### OTHER TOPICS

- CATCH: A Coordinated School Health Education Program
- What the Educational Community MUST Know About Teen Pregnancy
  - Chronic Disease
  - Implementing SB 19
- SAGE Advice: Strategies for Adolescent Guidance Education
  - School Health Issues: A TEA Perspective
  - Selling School Health to Diverse Groups
  - Smoke Free Paso del Norte

### FOR A BROCHURE / REGISTRATION / CEU INFO

Texas School Health Association  
1400 Hallmark Circle, Canyon Lake, TX 78133  
Phone: (830) 935-4983 Email: [pilus@gvtc.com](mailto:pilus@gvtc.com)

# Resumption of Td Boosters

By TDH Immunization Division

The supply of tetanus and diphtheria toxoids (Td) in the U.S. is now sufficient to allow resumption of the routine schedule for Td vaccination as recommended by the Advisory Committee on Immunization Practices (ACIP).

As a result of the Td vaccine shortage during school year 2001/02, many students did not receive their 10-year booster dose. Because of the large number of such students, the Texas Department of Health (TDH) has developed a plan to allow time for providers and schools to work together to vaccinate students. Some important points to remember regarding Td vaccination:

- The deferral for the 10-year Td booster remains in effect through school year 2002/03 and ends on July 31, 2003. This will allow providers time to vaccinate students who will need to meet the school requirement for the 10-year booster dose of Td for the 2003/04 school year. Subsequently, on August 1, 2003, all students will be expected to be current on all of their immunizations, and school records must be complete.
- TDH recommends that schools notify students who did not receive their 10-year booster dose of Td during school year 2001/02 and request completion of this booster by grade level, starting with the oldest students or those who are anticipated to leave school at the end of the year.
- TDH requests that schools review immunization records during the 2002/03 school year and refer all students who need a Td booster dose to a primary care provider (physician, PA, nurse practitioner, or the public health department). TDH does not recommend mass Td vaccination clinics at this time.

For more info:

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# SURFIN' the web

## for SCHOOL HEALTH RESOURCES

### MEDLINE PLUS

Up-to-date info on health & wellness topics, drug info, lists of hospitals and physicians, and several medical dictionaries. Users can search for articles on specific diseases/conditions in various medical journals, and view journals from same site.

[www.medlineplus.gov](http://www.medlineplus.gov)

### HEALTHOLOGY

Contains a wide selection of on-line educational videos addressing current topics including ADHD, asthma, living with psoriasis, sexual health, Alzheimer's disease, adolescent safety, and more. Good resource for teachers, parents and nurses.

[www.healthology.com/webcast\\_index.asp](http://www.healthology.com/webcast_index.asp)

### MANAGING ANXIETY IN TIMES OF CRISIS

Hosted by the U.S. Substance Abuse and Mental Health Services Administration, this website was created to help schools, communities, parents, and children manage the anxieties and traumas that can follow acts of terrorism and/or violence. Includes tips for talking to children after a crisis occurs, programs for school violence prevention, and links to local resources on these topics.

[www.mentalhealth.samhsa.gov/cmhs/ChildrenAnxiety](http://www.mentalhealth.samhsa.gov/cmhs/ChildrenAnxiety)

### MAKING HEALTH ACADEMIC – CREATING COORDINATED SCHOOL HEALTH PROGRAMS

Comprehensive school health resource designed for:

- Teachers seeking strategies to deal with students' health, behavior and social problems
- Family members looking to play a greater role in school health partnerships
- School administrators looking to consolidate health and prevention initiatives to make the most of limited resources.

[www2.edc.org/makinghealthacademic](http://www2.edc.org/makinghealthacademic)

### VACCINE INFORMATION FOR THE PUBLIC

The Immunization Action Coalition has launched this new website tailored to parents, patients, and the media. The site includes:

- Info about each vaccine-preventable disease and its vaccine(s), along with photos, case histories, recommendations, journal articles, and resources for patients and health professionals
- Expanded selection of photographs
- Video clips which can be viewed or downloaded from the site
- Vaccine Safety Information
- Statistics on immunization coverage and disease incidence
- State Immunization Laws and Mandates, and more.

<http://www.immunize.org/index.htm>

### CDC GROWTH CHART TRAINING WEBSITE

The Health Resources Services Administration and MCH Bureau have collaborated with CDC to develop on-line training modules for the CDC 2000 Growth Charts. The target audience is clinical and public health professionals. Users complete modules at their own pace and may choose to listen to audio clips and complete self-tests to gauge their understanding of the revised growth charts.

<http://depts.washington.edu/growth/>

## SPINAL SCREENING TRAINER CERTIFICATION



The TDH Spinal Screening Program will offer Spinal Screening Trainer certification courses statewide in early 2003. Trainer certification allows individuals to conduct spinal screening certification workshops. To qualify as a trainer, one must be a currently licensed health practitioner and have a minimum of two years experience conducting spinal screening in a school setting. Trainer workshops are 5 to 6 hours in length, and include an overview of the state spinal screening program, curriculum development, and adult teaching skills. There is no fee to take the course. Participants must cover travel costs.

For more info and to register:  
Ernesto Marquez  
TDH Spinal Screening Program  
(512) 458-7111, ext. 2140  
[ernesto.marquez@tdh.state.tx.us](mailto:ernesto.marquez@tdh.state.tx.us) ■

## TDH SCHOOL HEALTH ADVISORY COMMITTEE ACCEPTING NOMINATIONS

Nominations are needed to fill five vacancies on the TDH School Health Advisory Committee (SHAC). The following positions are open:

- a registered nurse or physician assistant providing health services to school-aged children
- two consumer members (parents of school-aged children)
- a physician providing health services to school-aged children
- a school administrator.

The SHAC offers an opportunity to provide input to the Texas Board of Health regarding the delivery of health services and health promotion in Texas schools. The SHAC was established by the Texas Board of Health to assist in establishing a leadership role for TDH in the support for and delivery of school health services. The SHAC vision statement is "All Texas children will reach their full personal, health and academic potential." Committee membership is by BOH appointment; however,

interested groups and individuals are invited to attend meetings. Stakeholder involvement and contributions are essential for the committee to diligently fulfill its responsibility and make sound recommendations to the board regarding the future direction of school health in Texas. Each SHAC meeting has a time designated for public comment. If you prefer more formal involvement, you may submit written material to be included in committee member packets or request time on the meeting's agenda.

For a list of current members, meeting minutes, and SHAC updates, visit: [www.tdh.state.tx.us/schoolhealth/shadvise.htm](http://www.tdh.state.tx.us/schoolhealth/shadvise.htm).

For a membership application, to arrange to participate in or contribute to a meeting, or general info, contact: Diane Bernal  
TDH School Health Program  
(512) 458-7111, ext. 3032  
[schoolhealth@tdh.state.tx.us](mailto:schoolhealth@tdh.state.tx.us) ■

## IMPORTANT CHANGES TO TDH HEARING SCREENING PROGRAM

The State Board of Examiners for Speech-Language Pathology and Audiology made rule changes for hearing screening that impact screeners certified by the Texas Department of Health (TDH). The changes dictate that the sweep check will be conducted at 25 dB HL at the frequencies of 1,000, 2,000 and 4000 Hz for Pre-Kindergarten and Kindergarten in each ear and at 20 dB HL for grades 1 through 12, at the frequencies of 1,000, 2,000 and 4,000 Hz in each ear. The referral criteria remains the same.

In some school screening environments it may be difficult to screen at 20 dB. If the rule change has caused an additional burden on your school while conducting hearing screening, please let us know the kinds of problems you have encountered. Information that would be useful to us is:

- Number of rescreens this year compared to last year (providing the screening environment is the same or comparable).
- The amount of days or staff time spent on hearing screening and rescreening this year as compared

to last year (providing the number of students screened for both years is roughly the same).

Mail or fax feedback on the above in writing to:

Texas Department of Health  
Diane Bernal, School Health Program  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756  
Fax: (512) 458-7350

Program specific questions regarding hearing screening should be directed to Elijah Brown, TDH Vision & Hearing Screening Program, at (512) 458-7111 ext. 6442 / [elijah.brown@tdh.state.tx.us](mailto:elijah.brown@tdh.state.tx.us).

# The RN's Role in Utilizing DITEP Training

Every day brings new challenges for the school nurse to utilize professional knowledge, skills, and judgment in new ways. Usually, these challenges arise because of increasing expectations of students, parents, school staff, and particularly school administrators. Often these expectations and nursing standards of practice may not match. It is important that the registered nurse

(RN) be familiar with the Nursing Practice Act (NPA) and understand his or her scope of professional nursing practice in Texas. While this article is written with the professional RN in mind, it is equally important that the licensed vocational nurse (LVN) in the school setting be aware of his/her individual training and experience in order to clarify his/her practice capability. One of the new "expectations" that has developed in school nursing involves the RN's role in assessing students for suspected drug use utilizing the Texas Drug Impairment Training for Educational Professionals (DITEP).

The Board of Nurse Examiners (BNE) legal and consulting staff and Texas Department of Health (TDH) School Health Program staff have reviewed written materials pertaining to DITEP training. The DITEP assessment tools were not originally designed as professional nursing tools. They are designed for those with DITEP training to determine whether a student is under the influence of alcohol or drugs. Based on BNE and TDH review, it appears RNs are often requested to observe and assess a student who is suspected of drug or alcohol use. **We believe that students are a school nurse's clients**, and that the observation and assessment of a student would fall within the scope of professional

nursing. However, the stated goal of DITEP training is to "prevent impaired students from driving away from campus" and "reduce future instances of driving while intoxicated." Although school nurses might be involved in such interventions, the RN's responsibility to his/her client is more comprehensive in nature. RNs owe a duty to their clients that cannot be superseded by facility policies. This duty is identified in the Nursing Practice Act and BNE Rules and Regulations

(particularly, **Rule 217.11: The Standards of Professional Nursing Practice**).

The definition of professional nursing involves "the observation, assessment, intervention, evaluation, rehabilitation, care and counsel, or health teachings of a person who is ill, injured, infirm, or experiencing a change in normal health processes" [NPA, Section 301.002(2)(A)]. It is important, therefore, for the school nurse to assess the health status of a student who may be under the influence of alcohol or drugs and is experiencing a change in normal health function. When confronted with this scenario, the nurse's duty is to accurately observe, assess, and document the condition of the client. The forms found in the DITEP manual appear to be assessment-type tools that could be used at the discretion of the RN depending on the situation and the condition of the client. The forms themselves cannot define the standard for accurate assessment and documentation. Therefore, the forms may or may not be the type a reasonable and prudent RN would or should utilize to conform

his/her practice to the minimum standard required by professional nursing laws and regulations.

One concern expressed by school nurses using the DITEP training and assessment tool is that they are being asked to diagnose a student's medical condition. Specifically, the last section of the DITEP assessment tool, "Nurse's Observation Summary," requires the nurse to complete a matrix in order to determine which category of drug the student appears to be abusing. Many may characterize this matrix as medical diagnosis. The BNE agrees to the extent that if the RN is required to give a professional conclusion that a student is under the influence of a particular substance whereby this matrix is used to make an affirmative diagnosis, then the RN would be engaging in medical practice. Diagnosing medical conditions is outside the scope of professional nursing practice.

Another area of concern is how the information gained from the RN's assessment is being distributed and utilized, as well as what role the RN has in these disclosures. In performing the duties of a

professional nurse, the individual may not disclose "confidential information or knowledge concerning the client except where required or allowed by law" [BNE Rule 217.12(6)].

What appears most troubling to BNE and TDH staff when responding to RNs' requests for guidance in this matter is the apparent intention to use the professional nurse and any nursing assessment as an instrument for law enforcement unrelated to medical care. We have been unable

This issue is certainly serious enough to discuss with district level administrators and legal counsel for the school district.

Thoughtful, proactive consideration of the issue by all affected parties could assist in avoiding misunderstandings and role conflicts...

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## DNR Orders / Hepatitis B Vaccination

**Q** Do students with DNR orders on file need to wear the DNR bracelet that I have been seeing? Also, I have been told that the DNR form must have a color logo on it to be valid. Is this true?

**A** Students with Out-of-Hospital Do Not Resuscitate (OOH DNR) orders on file in a school need not wear a bracelet. The bracelets are offered as an alternative to having to carry around paper forms. If a family opts to get the bracelet, however, there are requirements regarding the bracelet itself. In order for EMS and hospital personnel to honor a bracelet in lieu of an original OOH DNR Order, the bracelet must be either: (1) an intact, unaltered, easily identifiable **plastic** identification OOH DNR bracelet, with the word "Texas" (or a representation of the geographical shape of Texas and the word "STOP" imposed over the shape) and the words "Do Not Resuscitate," or (2) an intact, unaltered, easily identifiable **metal** bracelet or necklace inscribed with the words, "Texas Do Not Resuscitate – OOH." See the website below for info on where to obtain acceptable bracelets.



In regard to the DNR OOH form, hospitals and EMS now accept a photocopy if it is the appropriate form and shows all applicable signatures. In addition, the current form is now black and white (it used to be color). The older form with the color logo is still valid, and can be copied in black and white after it is filled out.

For more info see [www.tdh.state.tx.us/hcqs/ems/dnrhome.htm](http://www.tdh.state.tx.us/hcqs/ems/dnrhome.htm) or contact: Nicole Mitchell-Rivers, TDH Bureau of Emergency Management: (512) 834-6700, ext. 2380 / [nicole.mitchell-rivers@tdh.state.tx.us](mailto:nicole.mitchell-rivers@tdh.state.tx.us).

**Q** I am a Texas school district nurse. Could you tell me which district staff should receive the Hepatitis B vaccine? Also, who is qualified to provide the annual training on Hepatitis B exposure that is mandated for at-risk employees?

**A** The decision on which job classifications are vaccinated for Hepatitis B (HBV) is one each school district makes as part of the risk determination of employees according to the Exposure Control Plan (ECP). A model ECP may be viewed at: [www.tdh.state.tx.us/ideas/report/Docs/adopt\\_ecp.pdf](http://www.tdh.state.tx.us/ideas/report/Docs/adopt_ecp.pdf). The ECP is based on the state-mandated Minimum Standards for Bloodborne Pathogen Control, which can be found at: [www.tdh.state.tx.us/ideas/report/Docs/sharps.htm](http://www.tdh.state.tx.us/ideas/report/Docs/sharps.htm).

For most school districts, the only employees who have occupational exposure to contaminated sharps are nurses. It is not likely that all of the employees in your district have occupational exposure to contaminated sharps. However, in the unlikely event that they do, then they should all be vaccinated. Please refer also to the applicability section of the Minimum Standards on the website cited above for further clarification.

All employees must be trained annually on BBP. Training should be provided by an individual in your district qualified to speak on this topic (such as a registered nurse, physician assistant, nurse practitioner, or other licensed health professional) but may be conducted through written or alternative training methods. If an alternative method is used where a qualified instructor is not available, an opportunity to have questions answered must be provided.

For more info on this topic contact: Dr. Kathryn Gardner, TDH Disease Control and Prevention: (512) 458-7111, ext. 3773 / [kathryn.gardner@tdh.state.tx.us](mailto:kathryn.gardner@tdh.state.tx.us). ■

## DITEP / RN's Role...

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to find support for the proposition that the nursing assessment of a student experiencing a change in normal health processes is available for use as evidence in law enforcement proceedings without parental/guardian consent or consent of an adult student. Disclosure of confidential information to anyone "except where required or allowed by law" is unprofessional conduct in violation of the Nurse Practice Act [BNE Rule 217.12(6)]. It is noted, however, that the Texas Education Code does contain provisions regarding access to medical records of students (see generally, Texas Education Code 38.009 and 38.0095). It is uncertain what permissible uses may be made of confidential medical records by unlicensed school personnel.

This issue is certainly serious enough to discuss with district level administrators and the legal counsel for the school district. A thoughtful and proactive consideration of the issue by all affected parties could assist in avoiding misunderstandings and role conflicts should the situation occur.

Lastly, if you believe you are being asked to violate the NPA by your employer you may, with the advice of your private counsel, (1) refuse to engage in the conduct pursuant to NPA Section 301.352 or, if appropriate, (2) request a peer review pursuant to NPA Section 303.005(c) (Safe Harbor). For more information concerning these provisions and the relief they provide, go to the BNE website: [www.bne.state.tx.us](http://www.bne.state.tx.us). ■

## Disaster / Emergency Response Planning in the School-Setting

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Resource Manual for School Nurses, "Children are not small adults. The ill and injured child has very special needs and requires a different approach to care." Texas is one of five southwest states that comprise the federally-funded Red River Emergency Medical Services for Children Alliance. At their annual conference last August, the importance of a collaborative relationship between local EMS providers and schools came up repeatedly. This relationship, it was determined, needs to be established not when a disaster or terrorist event occurs, but long beforehand. There is a significant chance that if a disaster or terrorist event occurs, a community's children will either be at school, en route to or from school, or at a school-sponsored event or activity. Hence it is logical that emergency planning incorporate collaboration between local EMS providers and school/district nursing staff and administrators.

At TDH, the School Health Program is working with the Office of the State Epidemiologist, the Bureau of Emergency Management, and Public Health Practice/Public Health Nursing to explore ways in which state and local health authorities can facilitate the types of emergency response preparation and collaboration that needs to begin happening at the local-level among school districts and EMS providers. Ultimately, it will be the responsibility of local authorities in

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# Texas School Safety Center

## Charting the Course for School Safety

Established in May 1999 through the Governor's Office, Criminal Justice Division, the Texas School Safety Center serves as an ongoing interdisciplinary resource that provides training and technical assistance statewide to reduce youth violence and promote safety. The Center is housed within the Center for Initiatives in Education in the College of Education at Southwest Texas State University. The Center's services are based on information derived from a needs assessment sent to all Texas school districts. According to Judy Renick, Director of the Texas School Safety Center, "Since 1999, the demand for training throughout Texas has increased over 500% with over 16,000 educators receiving direct training during the 2001-2002 school year." In the year since September 11, 2001, particular attention has been given to terrorist threats to schools and communities. The Center has responded by writing a **Proactive Guide on Terrorism** for schools. Further, the Center's web site is linked to the FBI alerts on terrorism. Increased attention has been given to training cafeteria staff on keeping food safe from contamination, making schools aware of the potential for biological terrorism, and working with school resource officers to be aware of the potential threat. The Center, along with the San Marcos Police Department, Hays County Sheriff's Department, Texas Tactical Police Association, and Southwest Texas State University, worked together to establish the ALERRT (Advanced Law Enforcement Rapid Response Training) Center, which will help law enforcement address terrorist threats.

In addition, the Texas School Safety Center has provided every school district in Texas (over 1200) with a video, manual, and CD-ROM to assist them in writing their district or campus security plan. The Center was named the Clearing House for school safety issues in Texas, and the 2001 State Legislative Session voted the Center into permanent status and made it part of Chapter 37 of the Education Code. The Texas School Safety Center's Web site at [www.txssc.swt.edu](http://www.txssc.swt.edu) contains more information about the Center and its activities.

For more info:

Judy Renick, Director, Texas School Safety Center  
(512) 245-3696; E-mail: [txssc@swt.edu](mailto:txssc@swt.edu)

## ANA, HHS to Create National Nurse Response Teams

Excerpt from the Center for Health and Health Care in Schools website, October 1, 2002

The Federal Department of Health and Human Services is working with the American Nurses Association (ANA) to create National Nurse Response Teams (NNRTs) as a component of the National Disaster Medical System (NDMS). To date, more than 900 nurses have volunteered for the new teams, which are tasked with providing patient education and counseling, administering immunizations, and other activities in the event of a national emergency. Nursing teams are planned for each of the HHS regional locations—Boston, New York, Philadelphia, Atlanta, Dallas, Chicago, Kansas City, Denver, San Francisco, and Seattle.

For more info:

American Nurses Association - [www.ana.org/news/disaster/response.htm#ABOUT](http://www.ana.org/news/disaster/response.htm#ABOUT)



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[schoolhealth@tdh.state.tx.us](mailto:schoolhealth@tdh.state.tx.us)

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YOUR



# CALENDAR!

## DECEMBER

Family Violence Prevention Teaching  
Food/Diaper Drive For Battered Women & Children Shelters  
Nat'l Drunk/Drugged Driving Awareness (3D)

## JANUARY

Activities With The Elderly  
Nat'l Birth Defects Prevention Month  
Nat'l Black Health Week  
Nat'l Volunteer Blood Donor Month

## FEBRUARY

American Heart Month  
Nat'l Child Passenger Safety Week  
National Children's Dental Health Month  
Black History Month  
Valentines (14)

## MARCH

Adolescent Counseling Month  
American Diabetes Alert  
Child Safety Teaching Month  
Nat'l Nutrition Month

### Sources:

[http://www.ark-nursing-students.com/Health\\_Observances\\_Calendar.html](http://www.ark-nursing-students.com/Health_Observances_Calendar.html)  
<http://outreach.missouri.edu/hesfn/healthdays/jan01.htm>

## Disaster / Emergency Response Planning in the School-Setting

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particular n the school board, chief administrators, school nurses, police, fire departments, and EMS providers, government officials, health providers, and parents n to develop or revise their emergency response plans for the time in which we are now living. The first step recommended is to contact the Emergency Management Planner for your county to become familiar with the plan and key contacts for your area. The info on these pages is provided for you to learn more about emergency preparation in the school setting, and to help you assess your district/community needs regarding this issue. For more info on these or related topics, contact the TDH School Health Program: (512) 458-7111, ext. 2140 / [schoolhealth@tdh.state.tx.us](mailto:schoolhealth@tdh.state.tx.us). ■

## More Emergency Preparation Resources:

**Texas Guide to School Health Programs**, Chapter 9, *Emergency Care*. Access the guide online at [www.tdh.state.tx.us/schoolhealth/program\\_guide.htm](http://www.tdh.state.tx.us/schoolhealth/program_guide.htm). Or, request a cd-rom version from the TDH School HealthProgram at [schoolhealth@tdh.state.tx.us](mailto:schoolhealth@tdh.state.tx.us).

**Texas School Safety Center – Southwest Texas State University** (see article on page 7)

**The Youngest Victims - Disaster Preparedness to Meet Children's Needs**: American Academy of Pediatrics. Contact: Department of Federal Affairs at 1(800) 336-5475 or visit: [www.aap.org](http://www.aap.org).

**National Association of School Nurses (NASN) – Managing School Emergencies**: Workshops on practical approaches to assessment and pre-hospital care management of emergencies in school settings. Visit [www.nasn.org](http://www.nasn.org) or send email to [nasn@nasn.org](mailto:nasn@nasn.org).

**Be Prepared Not Scared! EMS Activity and Coloring Book** by Emergency Medical Services for Children – National Resource Center. Fun and informative workbook for children: [www.ems-c.org](http://www.ems-c.org).

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