

**TESH:  
BACK TO SCHOOL UPDATE  
August 21, 2012**

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July 2012



## IMPORTANT INFORMATION

If you experience technical difficulties during our presentation, please call:  
402-481-5674 (Carol Brandl)  
402-416-7583 (Kathy Karsting)

Please keep your microphone on MUTE unless you wish to speak to our presenter.

Thank you for not interrupting our presentation with background noise or technical difficulties.

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### Back to School Update – Requirements for Credit

- To receive contact hours for attending today's event you must:
  - Sign in, completing all fields of the sign in sheet
  - Be present for the entire event
  - Complete and return an evaluation
  - Keep our program "Green!" Please give us your email address and we will issue your certificate electronically!

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### Back to School Update – Requirements for Credit

- Send evals and sign in sheets (by fax, email, snail mail, or scanned attachment) to the DHHS School Health Program. Certificates are issued by the school health program via email.
- Contact hour approval for the recording of this event expires August 2014.
- For more information about TESH, Telehealth Education for School Health, please contact: [kathy.karsting@nebraska.gov](mailto:kathy.karsting@nebraska.gov).
- Program materials are available at: [http://dhhs.ne.gov/publichealth/Pages/schoolhealth\\_tesh.aspx](http://dhhs.ne.gov/publichealth/Pages/schoolhealth_tesh.aspx)

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### Back to School Update – Required Disclosures

- The members of the TESH planning committee and our presenter today disclose they have no real or perceived conflicts of interest, or financial or commercial influences, that might bias the content of our program.
- There will be no discussion of off-label or unapproved used of medication in this program.

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### Back to School Update – Disclaimer

- The opinions and viewpoints expressed in this program are the sole responsibility of the presenter, and do not necessarily reflect the views, policies, or positions of:
  - The Nebraska Department of Health and Human Services;
  - The Nebraska Statewide Telehealth Network or our participating member locations; or
  - The Georgia Nurses' Association, the accredited continuing education approver for our presentation today.

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## About the Blood Lead Testing Plan Criterion 2 – Medicaid and WIC

Requirements for testing a child's blood lead level when participating in these programs remain the same:

- **Medicaid:** all children should receive a blood lead test at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must receive a blood lead test if they have not been previously screened for lead poisoning. A blood lead test must be used when screening Medicaid-eligible children
- **WIC:** For every child age 12 months and older, during the Nutrition Risk Assessment, WIC staff will ask the question "has your child had a blood lead test done in the past 12 months?"
  - Children who have not had a blood lead test are referred for one

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## About the Blood Lead Testing Plan Criterion 3 - Questionnaire

Series of questions designed to discover what else might place a child at risk, including:

- Age of house, daycare, preschool, etc
- Sibling who is lead poisoned
- Parental jobs or hobbies
- Certain population groups, cultural practices or home remedies

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## Educational Materials

- **Printed Materials**
  - Update existing brochures
  - Create additional materials for Parents, Pregnant Mothers, Physicians & Adult Workers
- **New Lead Web Site**
  - Resources for Parents/Homeowners, Contractors, & Health Care Professionals
  - Online Later this Month

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NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES  
Helping People Live Better Lives

Lead Home Page

What is Lead?

Resources for...

Parents and Homeowners

Contractors

Health Care Professionals

## Sources of Exposure in the Home

- Lead-based paint in poor condition
- Lead dust from deteriorated lead paint
- Children playing in contaminated soil around home from paint or pollution
- Imported candy or food grown in contaminated soil
- Some Toys and toy jewelry
- Folk Medicines
- Taking lead home from work or hobbies

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## Occupations Involving Lead

- Contractors who renovate/repair homes built before 1978
- Workers who sand, scrape or blast lead-based paint
- Recyclers of metal, electronics, and batteries
- Manufacturers of bullets, ceramics, electronics, and jewelry
- Firing range workers, gunsmiths, or police officers
- Construction and demolition workers
- Foundries and scrap metal operations
- Lead smelters
- Bridge construction and repair
- Steel workers
- Automobile repair

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## Hobbies Involving Lead

- Stained glass
- Fishing sinkers
- Computer electronics
- Automotive repair
- Reloading bullets
- Artistic painting and pottery glazing
- Soldering

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## Cultural Practices

Lead has been found in some traditional and folk medicines, such as those used for arthritis, infertility, upset stomach, menstrual cramps, colic and other illnesses:

- Ayurvedic medicines
- Daw Tway
- Bhasma
- Smrti
- Ba-baw-san
- Ghasard
- Greta
- Azarcon

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## Follow-up Testing

CDC Recommended Schedule for Obtaining a Confirmatory Venous Sample	
Screening test result (µg/dL)	Perform a confirmation test within:
10-19	3 months
20-44	1 week-1 month
45-59	48 hours
60-69	24 hours
> 70	Immediately as an emergency lab test

- CDC recently adopted a lead reference value of 5 µg/dL
  - Medical follow-up recommendations to change and be posted in MMWR
- View CDC medical recommendations and publications at:
  - <http://www.cdc.gov/nceh/lead/>

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## Case Management

CDC Recommendations for Children with Confirmed (Venous) Elevated Blood Lead Levels	
BLL (µg/dL)	Action
10-14	<ul style="list-style-type: none"> <li>▪ Family lead education (dietary &amp; environmental)</li> <li>▪ Follow-up blood lead monitoring</li> </ul>
15-19	<ul style="list-style-type: none"> <li>▪ Family lead education (dietary &amp; environmental)</li> <li>▪ Follow-up blood lead monitoring</li> <li>▪ If BLLs persist or worsen, proceed according to actions for BLLs 20-44</li> </ul>
20-44	<ul style="list-style-type: none"> <li>▪ Provide family lead education &amp; follow-up blood lead monitoring</li> <li>▪ Physical exam &amp; complete medical/environmental/nutritional history</li> <li>▪ Lab work: hemoglobin or hematocrit, iron status</li> <li>▪ Neurodevelopmental monitoring</li> <li>▪ Environmental investigation &amp; lead-hazard reduction</li> </ul>
45-69	<ul style="list-style-type: none"> <li>▪ Provide family lead education &amp; follow-up blood lead monitoring</li> <li>▪ Physical exam &amp; complete medical/environmental/nutritional history</li> <li>▪ Lab work: hemoglobin or hematocrit, iron status, FEP or ZEP</li> <li>▪ Environmental investigation &amp; lead-hazard reduction</li> <li>▪ Neurodevelopmental monitoring</li> <li>▪ Abdominal X-ray with bowel decontamination if indicated</li> <li>▪ Chelation therapy</li> </ul>
70 or higher	<ul style="list-style-type: none"> <li>▪ Hospitalize child and commence chelation therapy</li> <li>▪ Proceed according to actions for 45-69 µg/dL</li> </ul>

\* Adapted from CDC's "Managing Elevated Blood Lead Levels Among 'Young Children'" <http://www.cdc.gov/nceh/lead/CaseManagement.cfm#table>

\*\* Table does not reflect CDC's new reference value of 5 µg/dL

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## Reporting Requirements

- Blood lead tests are required to be reported within 7 days of detection
  - Includes all venous and capillary tests regardless of result
- The physician is required to report lead results to DHHS unless the laboratory that performs the lead analysis reports the test
  - 173 NAC 1-003.01B
- Reports must include the following demographic information:
  - The date of sample collection and analysis
  - Whether the sample is a capillary or venous blood sample
  - The date of birth, address, and sex of the patient
  - The name and address of the physician
  - The race and ethnicity of the patient, if known.

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## Follow up Actions

- State or local health department contact physician and parents of child with a Blood Lead Level of 5µg/dL or higher.
  - Detail recommendations for follow-up testing and medical management
  - Provide information on what can be done at home, including hand-washing, cleaning, etc.

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## For More Information

- Office: Nebraska Department of Health & Human Services  
Childhood Lead Poisoning Prevention Program  
PO Box 95026  
Lincoln, NE 68509  
Phone: 402-471-0386 or 1-888-242-1100 menu 3  
Fax: 402-471-8833
- Online: [www.dhhs.ne.gov/lead](http://www.dhhs.ne.gov/lead)
- Additional Resources: [www.cdc.gov/lead](http://www.cdc.gov/lead)

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## Developments in Nebraska School Health Screening

Kathy Karsting, RN, MPH

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## Developments in Nebraska School Health Screening

- Rules and Regulations for School Health Screening
- School Health Data Project
- Resources for schools
  - ▣ Guidelines
  - ▣ Competencies

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## Developments in Nebraska School Health Screening

- Rules and Regulations – Key Points
  - ▣ Statutes apply only to public schools
  - ▣ Schedule for screening
  - ▣ Qualified personnel
  - ▣ Parent refusal
  - ▣ Children with special needs
  - ▣ Competencies and verification
  - ▣ Notification
  - ▣ Enforcement

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## Schedule for Screening

- PK – 4<sup>th</sup> annually
- 7<sup>th</sup> grade
- 10<sup>th</sup> grade
- Additional indications for screening
- Hearing, Vision, Dental, BMI
- Other screenings, other grades by local school policy as desired.

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## Qualified Personnel

- Any person can screen, if first deemed competent in the screening method by a licensed health care professional.
- An unlicensed person can also screen if under the direct supervision of a licensed health care professional.
- Licensed health care professionals may screen.
- **MAY NOT SCREEN:** an unlicensed person who has not been documented as competent in the screening method within the last three years and is not under direct supervision of a licensed health care professional.

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## Parent Refusal

- The parent must provide documentation to the school that the student has been screened by a qualified medical professional.
- If the parent provides no such documentation, the child will be screened at school.
- RECOMMENDATION: review student handbooks and important information for parents to include this information.

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## Children with Special Needs

- Children who cannot be screened by the usual method should not be overlooked in the screening method.
- Adapted screening methods at school can only be performed by licensed health care professionals.
- The school must show an effort to work with parent to obtain screening results by other means, likely from the child's personal health care provider with parent's assistance.

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## Competencies and Verification

- Competencies for screening are attached to the regulations.
- The competencies also are adapted for a verification checklist, to be signed and dated by the licensed health care professional verifying accurate and consistent screening method.
- Goals for Competency Framework: Standardize screening practice. Establish accurate and reliable measurement.
- It is the responsibility of the screener to obtain competency verification; responsibility of the school to show qualified screeners have screened.

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## Notification

- Parents are to be notified of results indicating need for further evaluation.
- Results of screening are NOT diagnostic or conclusive.
- Statutes do not require parent to act on screening results.
- If parent fails to act: is the child at risk for harm or injury? Are there accommodations school will make?

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## Enforcement

- Statutes identify the role of the local board of education in complying with state laws for screening.

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## Developments in Nebraska School Health Screening

- Regulatory Roadmap
  - Public hearing scheduled Nov. 1
  - Consideration of public and stakeholder input
  - Effective date July 2014
  - Guidelines drafts available now

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## School Health Data Project

- Year 1: BMI
- Year 2: Dental
- Year 3: Chronic Conditions
- Year 4: BMI + physical exam and visual eval compliance
- Year 5: Dental

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## Guidelines

- Draft guidelines available now
- Review comments and suggestions needed
- Additional Resources:
  - ▣ School Nurse screening methodology
  - ▣ Competency assessment methodology

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## Right Now: Your Active Participation in Policy Development is Needed

- Review draft rules and regulations
- Provide information to school administration on impact for your school
- Make comments and recommendations via the public input process
- Prepare for planned change as indicated in your school's screening program and practices
- Differentiate nursing practice from screening.

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