



LOUISE WILSON, MS, BSN, RN, NCSN

School Nurse Update

#4 10/09/18

IN THIS ISSUE

Fall greetings!

I attempt to fill these Updates with information that is pertinent to the current “season” of school nursing, while also providing information on topics that may soon affect school nurses’ practice. This Update contains a **flyer on Noro virus prevention and vision and hearing screening resources** as these may soon be of interest.

A topic that has not gotten much attention from school nurses as of yet, is our work with **transgendering youth**. Please note the article and professional development opportunity available to improve your capacity to care for these students.

I continue to receive questions regarding the **use of CBD oil in schools** and by students. I have included two blogs of interest to school nurses in this Update. One of which is directed to **parent education on the use of CBD use by teenagers** (not necessarily for medical purposes).

School nurses and administrators evaluating school nurses should note that the **forms related to School Nurse Evaluation have all been updated** over the summer. These forms can be accessed via the DPI Frontline® platform or, via the [DPI School Nurse specific evaluation website](#).

In response to a question regarding **how to manage the safe transportation of medications to school**, this shareworthy advice was offered on the NASN discussion list serv. “Our school has actually bought bank bags, the little blue bags with locks. The parent is given a key to the bank bag when the student first starts on the medication. When we have a day left of the medication, we send home the bank bag with the old bottle in it. The parent puts the new Rx in the bag and locks it then sends it back to school.” Gwendolyn Clark RN, BSN

Registration for the New School Nurse Orientation closes October 12th. If you are new (0-3 years) to school nursing please consider joining us in Wausau!

Pupil Services Ratios

Transgendering Youth

OCD Professional Development

Chronic Absenteeism

Social Emotional Learning

Essential Oils in the Classroom

Teen CBD Use –Blog

Vision and Hearing Screening

PRACTICE POINTS- School Nurse Advocacy

SAVE THE DATE

DPI New School Nurse Orientation- October 18-19, 2018 – Wausau WI [Registration closes October 12!](#)

Wisconsin Association of School Nurses Annual Conference – April 8-10, 2019 Wisconsin Dells



DPI News

September 20, 2018: Dr. Tony Evers State Superintendent gave his State of Education speech in the capitol rotunda. Of interest to school nurses is proposed funding for special education, afterschool programming, student mental health, increase in pupil services personnel (specifically mentioning school nurses), and expanding funding for rural schools. [Click here for link to speech.](#)

Data comparing trends in Student Pupil Services Professional Ratio over the past 12 years was recently released. Note that the language regarding school nurse ratios will be updated to reflect current national recommendations.

“The National Association of School Nurses has no set ratio. Please see NASN Position Statement “School Nurse Workload: Staffing for Safe Care”

It is the position of the National Association of School Nurses (NASN) that daily access to a registered professional school nurse (hereinafter referred to as a school nurse) can significantly improve students' health, safety, and abilities to learn. To meet the health and safety needs of students, families, and school communities, school nurse workloads should be determined at least annually, using student and community specific health data. NASN 2015

Table 2: Student-Pupil Service Professional Ratio

[^]Source: Data provided by the Office of Student Services, Prevention and Wellness.

Pupil Services Position	Wisconsin Pupil Services Ratios^						National Organization Recommendations
Denominator = Total WI student population							
	2006	2008	2010	2012	2016	2018	
Counselors	459:1	457:1	469:1	469:1	399:1	420:1	250:1
Psychologists	1033:1	1022:1	980:1	1000:1	1073:1	967:1	500-700:1
Social Workers	1804:1	1763:1	1652:1	1759:1	1528:1	1468:1	400:1
Nurses*	2761:1	2471:1	1625:1	1910:1	1721:1	1871:1	750:1
Denominator = Total population of districts with an employed professional							
	2006	2008	2010	2012	2016	2018	
Counselors	456:1	454:1	452:1	466:1	464:1	418:1	250:1
Psychologists	990:1	968:1	939:1	956:1	966:1	927:1	500-700:1
Social Workers	1151:1	1073:1	995:1	1050:1	997:1	963:1	400:1
Nurses*	2168:1	1985:1	1296:1	1596:1	1654:1	1725:1	750:1

*Ratios of 750:1 for students in the general population, 225:1 in the student populations requiring daily professional school nursing services or interventions, 125:1 in student populations with complex health care needs, and 1:1 may be necessary for some students who require daily and continuous professional nursing services (National Association of School Nurses, 2010).

Free Social Emotional Learning Resource for Families

The UW-Extension, in partnership with DPI, is launching Raising Caring Kids <https://parenting.uwex.edu/raising-caring-kids/>

This website provides articles and videos for parents of students in grades 1-5, to teach and support SEL skills at home.

The website is great, but these articles can be sent by your school or district, providing a more personal connection to your families.

Offering *Raising Caring Kids* is easy! Sign up using a link on the webpage and they will send you an email with a document listing 18 weeks of emails for families. Copy and paste the weekly email and send to your school or organization email list each week. Repeat for four months – or 18 emails at times that work well for you.

The articles and the videos provide parents with activities, books, and videos to use with their children to develop and foster social and emotional learning skills at home. It is a great way to authentically invite families to partner with you in implementing social and emotional learning.

Article on School Nurses and Transgender and Gender Nonconforming Students

[Great article](#) highlighting the need for services for transgender and gender nonconforming (TGNC) students. It makes a case for school nurses often being the point of contact with these students. Below is information on a course being offered for school nurses to receive professional development on this topic. Additionally, Molly Hermann, DPI Consultant, will be presenting on LBGQT students at the spring WASN conference.

Course Offering- Growing Up Transgender: Clear Strategies for Defining Your Role in Caring and Advocating for Transgender Youth

For some, the "T" in LGBTQ+ can be a source of confusion. If you want a better understanding of the oft-misunderstood community, we invite you to attend our course. We will define and examine concepts in an open environment and provide ample space for questions.

Growing Up Transgender

Thursday, January 10

8:30 a.m. – 4:30 p.m.

UW-Whitewater Rock County Campus in Janesville

For complete program information and registration, visit

<http://www.uww.edu/ce/transgender>

This course is approved for 0.65 Continuing Education Units.

This program is being collaboratively offered by UW-Whitewater and UW-Eau Claire



OCD Awareness Week October 7-13, 2018

OCD Awareness Week is an international effort to raise awareness and understanding about obsessive compulsive disorder and related disorders, with the goal of helping more people to get timely access to appropriate and effective treatment. OCD Wisconsin, in recognition of OCD Awareness Week, will host two community screenings of the award-winning short documentary, "Unstuck: A Kids Movie" followed by an expert panel Q&A session.

Registration:

October 10 - Appleton -

<https://appleton2018.eventbrite.com>

October 11 - Waukesha -

<https://waukesha2018.eventbrite.com>

Obsessive-Compulsive Disorder: From diagnosis to intervention

Jointly sponsored by Rogers Behavioral Health and OCD Wisconsin, an affiliate of the International OCD Foundation, [this seminar will help healthcare professionals effectively assess and treat children, teens, and adults with OCD and related disorders.](#)

Date: Monday, November 5, 2018

Time: 8 a.m. to 4 p.m. (6.0 instructional hours)

Place: Waukesha County Technical College (800 Main Street, Pewaukee, WI)

Fee: \$149 – includes continental breakfast, box lunch plus handouts and certificate (mailed post-event)

Early registration discount – \$99 if you register before October 5

[Register here](#)



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Another Wisconsin County Added to the List of Confirmed Cases of Severe Bleeding Linked to Synthetic Cannabinoids

The Wisconsin Department of Health Services (DHS) announced today that Racine County now has a confirmed case of [severe bleeding linked to synthetic cannabinoids](#) tainted with rat poison. There are now 67 confirmed cases in Wisconsin and 16 probable cases. Other counties with confirmed cases are Dane, Fond du Lac, Milwaukee, Outagamie, and Rock. These cases have ranged in age from 16 to over 60 years old. To date, there has been one death in Wisconsin associated with this outbreak.

[View the entire news release.](#)

[CDC: HIV diagnoses increasing among young men, boys](#)

CDC researchers found that the number of HIV diagnoses among men who have sex with men ages 13 to 29 rose by 3% annually between 2008 and 2016, which was four times higher than those ages 50 and older. The findings in the agency's Morbidity and Mortality Weekly Report also showed that younger black men accounted for 49% of all HIV diagnoses among those ages 13 to 29.

Information on School Law Requirements

2017-2018 School Year Immunization Rates

School Requirements

Wisconsin Student Immunization Law - What schools need to know for fall 2018

The webinar [recording](#) and [PDFs of slides](#) are available.

[Click here for link.](#)

[CDC: Special health needs more likely with pediatric heart conditions](#)

Sixty percent of children and teens with current heart conditions and 40% of those with previous heart conditions had at least one special health care need, compared with 18.7% of those who didn't have a heart condition, CDC researchers reported in the agency's Morbidity and Mortality Weekly Report. The findings also showed increased odds of special health needs among those with current heart conditions who were boys, didn't live in a two-parent household, or had a family income below 100% of the federal poverty level.

News from NASN...



The Centers for Disease Control and Prevention has [awarded NASN a \\$1.3 million three-year contract](#) to educate and support the school nurse workforce so that they can conduct national active surveillance among U.S. school children for chronic conditions, including myalgic encephalomyelitis/chronic fatigue syndrome, and characterize the association of these chronic conditions with chronic school absenteeism and school withdrawal.

Through this contract, NASN will engage the school nurse workforce to collect data pertaining to chronic conditions, chronic school absenteeism, and school withdrawal; provide continuing nursing education regarding data collection and use, data fidelity, data sharing agreements, and coalition building; provide technical assistance, support, training, and data platform to the school nurse workforce to facilitate the collection of active surveillance data and to facilitate analysis and dissemination of the active surveillance data; and evaluate the active surveillance system for chronic conditions.

Protect Your Hearing!

During October's National Protect Your Hearing Month, encourage your family and friends to listen to the sounds they love safely by using hearing protection all year long. Recognize the importance of hearing health with the National Institute on Deafness and Other Communication Disorders (NIDCD) and its [Noisy Planet educational program](#).



Vision and Hearing Screening Preparation Resource from Truman University

Here are videos school nurses can show students before screening to prepare them for the screenings.

Vision Screening Preparation ENGLISH <http://ccox.sites.truman.edu/2018/02/01/vision-screening-preparation1/>

School Vision Screening Prep SPANISH <http://ccox.sites.truman.edu/2018/08/28/vision-screening-prep-spanish/>

Hearing Screening Preparation ENGLISH <http://ccox.sites.truman.edu/2018/01/30/hearing-screening-preparation/>

School Hearing Screening Prep: SPANISH <http://ccox.sites.truman.edu/2018/08/28/hearing-screening-prep-spanish/>

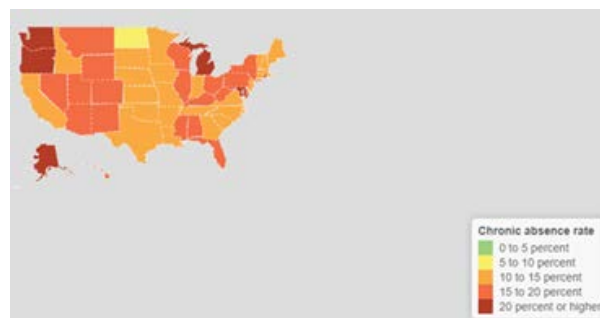


Do you have a Chronic Absence Problem?

Attendance Works has created the Teaching Attendance Curriculum, an online, interactive educational program designed to equip teachers and school support staff with an understanding of the issue, and the guidance and resources they need to reduce chronic absences in grades K-12. Each course contains videos, reflections, and opportunities to apply concepts throughout. Start learning today! [Register here to access the course.](#)

New Chronic Absenteeism Mapping Tool

Click on WI for a visual of chronic absenteeism. You can drill down to the school level. <http://www.hamiltonproject.org/charts/chronic-absence-across-the-united-states>



October is Sudden Cardiac Arrest Awareness (SCA) Month

SCA is the #1 killer of student athletes and the leading cause of death on school campuses. School nurses are on the front lines when it comes to protecting young hearts. Take the Prevention Promise and learn how you can educate and prepare your school community to both respond to a cardiac emergency and prevent sudden cardiac death. Visit parentheartwatch.org to learn more about warning signs, request free posters, share videos, find a Cardiac Emergency Response Plan toolkit and more to help you save a life!

See attached flyer regarding CESA 10's Project Adam Heart Safe School training.

BLOG - Partnership for Drug Free Kids. What Parents Should Know About Kids Using CBD

THC (Tetrahydrocannabinol) is the most well-known component of marijuana, and it is the one that "gets you high," so to speak. But have you heard of CBD? Many parents haven't, or even if they have, they aren't sure what to make of it or even understand if their son or daughter is using CBD. What's certain is that it's becoming more and more widely available, and like vaping, is often marketed to young people. Below is an overview of CBD, the numerous forms it's sold in, its efficacy in treating various problems and current knowledge about its relative safety. [Read more...](#)

BLOG- The Challenges of Being a School Nurse and How to Resolve Them

If you're working as the school nurse at a learning institution, you'll quickly realize that practicing medicine outside of a healthcare environment comes with its own unique challenges. You're no longer one of many nurses and healthcare providers; you're often the only healthcare professional in a highly academic environment. This can lead to competing interests, ethical issues, and new trials and tribulations. [Read more on NurseGrid...](#)

School Nurse Positions

Mosinee School District is looking for a full time RN with a bachelor's degree in nursing. Pay is commensurate with experience. To apply contact Brent Zimmerman 715-693-2530
bzimmerman@mosineeschools.org

Eau Claire School District has an opening for a full time school nurse starting immediately. **To apply see the WECAN site.** For more information, contact Kaying Xiong, 715-852-3036.

PRACTICE POINTS



This week I will be presenting at the Superintendent's Leadership Conference in Wisconsin Dells. The conference is attended by Directors of Pupil Services and Special Education. My presentation is entitled "School Nursing/Health Services- What every school nurse would like you to understand." The purpose of this session is to prepare school administrators to have meaningful discussions within their districts and with school nurses regarding how best to meet the health and safety needs of students. My goal is to assist school administrators to understand the district's role in providing health services for the increasing number of students who have complex health needs attending school. Issues I will discuss are: how the level of care and staffing might be determined; delegation principles and school nurse concerns; best practices and issues when using agency nursing services; and school health services staffing models.

What I will tell those administrators attending (I hope I'm not talking to an empty room!) is that school nurses want them to understand:

- You cannot educate a student who is not healthy
- What the Nurse Practice Act means to them
- Principles of delegation school nurses are bound to follow
- How the state medication law really works
- School Nurses are mental health professionals

The reason I asked to present at this conference, is the very same reason the blog I shared in this Update regarding the challenges of being a school nurse, was written. School nurses are the bridge between the educational system and health care system, but navigating that bridge requires knowledge, skill, tact, and energy. We hear a lot about advocacy these days. School nurses truly are advocates for their students. I hear stories every day that warm my heart on how Wisconsin school nurses are keeping food allergic students safe in school; promoting the independence and self-care skills of students with diabetes; recognizing the signs of anxiety and mental illness in stressed out students and connecting them to therapeutic care; among many other nursing interventions based upon your nursing assessments and diagnoses. Communicating what you, as a school nurse, do every day for students to school personnel who have contrasting educational backgrounds and expertise means advocating for yourself. It is not always easy and sometime we need a boost.

In preparation for my presentation, I reviewed several articles on leadership and school nurses working with school administrators. I would like to share some key points from one of them.

1. Regardless of the building administrator's or your immediate supervisor's leadership style, work to develop a trusting, professional relationship with open communication. This includes understanding what their needs and expectations are and how you as the school health care professional can best satisfy them while meeting the expectations of your scope and practice.
 2. Document your conversations, such as in an email, including your concerns providing the rationale (e.g., state regulations and safety of students). Identify, create, and incorporate appropriate protocol documents. Documentation is critical for every school nurse.
 3. Actively work to build professional and supportive relationships with teaching staff, support staff (including administrative, maintenance, and custodial staff), students, and families.
 4. Participate in local and regional professional school nursing meetings. This is an excellent way to network, find experienced colleagues, and ask questions.
 5. Develop and grow a network of knowledgeable and experienced mentors and colleagues that can be called on to provide you with guidance and support.
 6. Become knowledgeable and an expert of your state's law, regulation, and guidelines as they relate to the practice of a school nurse and incorporate them into your activities.
- (Davis, C. R. (2018). *Administrator leadership styles and their Impact on school nursing*. *NASN School Nurse*, 33(1), 36-39.

Before the next Update is published dozens of nurses new to the specialty of school nursing will have joined me at the DPI School Nurse Orientation. With guidance and the sharing of expertise from experienced school nurses and DPI consultants, they will learn how to build bridges between health care and education. Take a few moments and reflect on what you can do to have meaningful discussions within your districts and with school administrators this year, regarding how best to meet the health and safety needs of students.

School Nurse Webpage: <https://dpi.wi.gov/sspw/pupil-services/school-nurse>

To join the School Nurse Email List and receive school nursing updates send an email to: join-schoolnurse@losts.dpi.wi.gov



Help Prevent the Spread of Norovirus ("Stomach Bug")

IF NOROVIRUS IS AFFECTING YOUR COMMUNITY, HERE ARE SOME ACTIONS YOU CAN TAKE TO HELP PREVENT FURTHER ILLNESS

1 Clean up surfaces

- Clean frequently touched surfaces with soapy water
- Rinse thoroughly with plain water
- Wipe dry with paper towels
- Dispose of paper towels

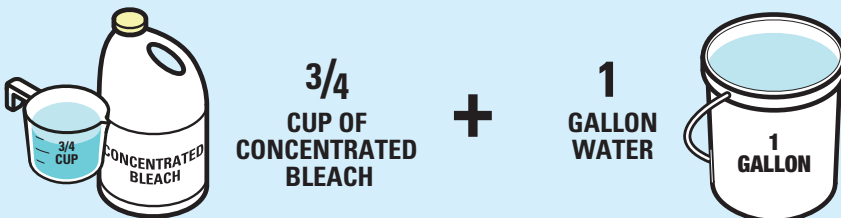
DON'T STOP HERE: GERMS CAN REMAIN ON SURFACES EVEN AFTER CLEANING!

2 Disinfect surfaces

a. Prepare and apply a chlorine bleach solution

Make bleach solutions fresh daily; keep out of reach of children; never mix bleach solution with other cleaners. Mixing directions are based on EPA-registered bleach product directions to be effective against norovirus.

For best results, consult label directions on the bleach product you are using.



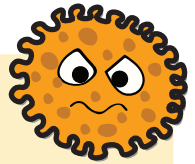
CONCENTRATION ~3500 ppm

IF USING REGULAR STRENGTH BLEACH (5.25%), INCREASE THE AMOUNT OF BLEACH TO 1 CUP.

- Leave surface wet for at least 5 minutes
- Rinse all surfaces intended for food or mouth contact with plain water before use

3 Wash your hands thoroughly with soap and water

Hand sanitizers may not be effective against norovirus.



Facts about Norovirus

Norovirus is the leading cause of outbreaks of diarrhea and vomiting in the US, and it spreads quickly.

Norovirus spreads by contact with an infected person or by touching a contaminated surface or eating contaminated food or drinking contaminated water. Norovirus particles can even float through the air and then settle on surfaces, spreading contamination.

Norovirus particles are extremely small and billions of them are in the stool and vomit of infected people.

Any vomit or diarrhea may contain norovirus and should be treated as though it does.

People can transfer norovirus to others for at least three days after being sick.

Scientific experts from the U.S. Centers for Disease Control and Prevention (CDC) helped to develop this poster. For more information on norovirus prevention, please see <http://www.cdc.gov/norovirus/preventing-infection.html>.



co.somerset.nj.us/health



neha.org



waterandhealth.org



americanchemistry.com



cfour.org

disinfect-for-health.org

Updated March, 2015



The use of essential oils in the classroom is somewhat of a contentious issue among people. Some believe that the practice is fine and ultimately innocuous; others vehemently protest students being exposed and argue that such implementation can be dangerous. No matter what side of this volatile topic one falls on, it is fair to assume that the intent teachers have behind their decision to use aromatics is benevolent. After all, they have dedicated their lives to helping our children grow and succeed. But, as well-intentioned as they are, does this justify the decision to incorporate essential oils in the classroom?

[general guidelines have limitations](#)

While we can argue that essential oils are low-risk when used under the appropriate general guidelines, such usage must – without exception – still [account](#) for individuals' health. For example, we can say that it is recommended to use a 1% concentration of essential oils on children who are five-years-old (Tisserand &

Young, 2014). But, if a five-year-old is allergic to oranges, we will not advocate for using 1% orange oil or a blend containing it on said child. The allergy is a qualifying factor that limits the potential for putting the general guidelines into practice.

This is just one example. Other areas where even the general safe usage guidelines cannot be taken at face value include conditions such as attention-deficit/ hyper activity disorder (ADHD), epilepsy and other seizure disorders, asthma, sensory processing disorder, [migraine](#), and multiple chemical sensitivity. As well, children who are on prescription medications are at risk of certain essential oils interacting with what they require on a sometimes daily basis.

So, even with general guidelines, people (teachers in this case), cannot assume that what constitutes safe usage practices enables them to account for their entire classroom. In the case of teachers who are not professionally trained in essential oil pharmacokinetics and pharmacology, it is essentially impossible for them to account for their entire classroom's health requirements where the implementation of aromatics is concerned.

[teachers cannot simply look up medical contraindications](#)

There seems to be an idea that if someone has certain references or lists in their possession that they should be able to account for what the [kids](#) in their classroom require to remain safe. But, there is much more to those determinations than simply looking something up. While such sources are undeniably valuable, even they cannot account for the full spectrum of contraindications and cautions.

Due to the unpredictable nature of many medical conditions – conditions where it is typical to experience issues triggered by varying and random catalysts – it is arguably necessary for children with such needs to be individually accounted for where aromatic exposure is concerned. For such children, these potential issues cannot be easily mitigated by anyone who is not privy to a detailed health history. And how essential oils interact with their whole person and needs is best accounted for by a professional who has both a working knowledge of essential oils as well as the child's medical details.

[epilepsy: a prime example of unpredictable interactions](#)

Epilepsy and its relationship to essential oils is something that is always on my mind and near and dear to my heart since I have a child with the condition. I observed some key things early on in my aromatherapy studies that most of the general public does not necessarily understand about essential oils and their relationship to epilepsy. The safety conscious community is a bit more learned on the subject, but overall the understanding of the condition is still quite limited. For the sake of this article, I am limiting the [points](#) to those which most directly affect classroom usage.

First and foremost, the lists of which essential oils need to be avoided are always going to be incomplete due to the nature of epilepsy and individual triggers. This includes lists from respected epilepsy foundations. Many such lists are not only unidentical, expressing a concerning lack of cohesive understanding and research, but they also present a false sense of security. This misleading representation can have significant consequences given the complexity of aromatherapeutic care for those with epilepsy. I have personally witnessed unqualified, unschooled individuals using such lists as a means to justify their ability to practice as an aromatherapist with clients. This was greatly disturbing, to say the least.

It is also possible for people with epilepsy to be triggered by essential oils that are either typically considered “seizure-safe.” I have also personally witnessed these idiosyncrasies over the years and have seen people have their seizures triggered by oils such as true lavender, blue tansy, and even frankincense – the latter often being touted as one of the most beneficial essential oils for the condition. Sometimes even essential oils we would expect to benefit seizure disorders could potentially be a trigger for someone.

One study, for example, demonstrated ylang ylang essential oil and jasmine absolute as possibly having a positive effect on intractable seizures (Betts, 2003). However, both of these aromatics are some of the more potent options available. For someone whose seizures are triggered by strong odors, they could potentially have a negative effect. In a similar vein, any essential oil exposure where the scent is too potent according to the individual’s threshold could be cause for concern – again, this attests to why general public usage can be problematic, especially when not all teachers are aware of appropriate diffusion practices.

It is also worth mentioning that when a seizure is triggered, the seizure does not necessarily happen immediately. It can be *hours* later before the seizure finally decides to manifest. For some, any seizure means a trip to the ER because medications fail to stop them. Seizures can also lead to *death* under certain circumstances. Read that again: *seizures can also lead to death under certain circumstances*.

There is really no debate about this: no teacher has a right to take that risk with a student, nor do they have the right to overestimate the quality of their education and offer assurances to parents for which they lack a clinical understanding. The consequences can have devastating impacts on the child and their [family](#) – both financially as well as in their health status.

[asthma in the hallways](#)

My own mother had a close call with exposure in a school. She has asthma, and her asthma is sensitive to multiple essential oils as well as fragrance products. A well-meaning faculty member had set up a diffuser in the hallway of the school where she worked and was diffusing citronella. Mom did not realize this, of course, until she happened upon it and immediately had to vacate the area as her breathing became affected (she ended up being fine luckily). She had to call someone in to remove the diffuser, and luckily the school took things seriously and ceased using essential oils on the property.

An asthma attack can turn into an emergency in minutes. This is, again, a situation that demonstrates why teachers do not have the right to make decisions about exposing children to essential oils.

not fatal and not funny

Regarding conditions like ADHD, sensory processing disorder, migraine, and multiple chemical sensitivity, negative reactions are thankfully not as much of a threat to one's direct health status. But, this does not mean that they cannot be morbidly affected. Especially where behavioral conditions are concerned, triggers have the potential to not only disrupt a child's ability to learn *for the rest of the day*, it is possible that the disruption caused can trigger behaviors that could lead to harm, including self-harm. As well, it could mean a day of extreme difficulty for the parents when the child gets home if they have issues with managing their reactions.

In the case of migraine, triggering a child who struggles with this means being the cause of intense *pain*. People with migraine disorders know all too well the fear and anxiety of wondering when the next one is going to hit. Migraines are more than just a bad headache. Depending on the type of migraine, they can present with various neurological symptoms. This can include extreme symptoms such as ataxia, memory loss, and paralysis.

Where multiple chemical sensitivity is concerned, again, it is not fatal, but it can and does result in the affected individual experiencing symptoms that can range in severity and potentially incapacitate them from being able to continue functioning as normal throughout the day.

no medical conditions in the classroom – no problem?

Even if a teacher has a class full of students who do not have any particular medical conditions, the question is do they have the right to treat the children with therapeutic substances? That is a simple answer: no. Many teachers reach for essential oils while claiming that they want to help their kids calm down, stay healthy, stay focused, etc. While intentions are noble, this does clearly depict using essential oils with therapeutic intent, and teachers do not have the right to therapeutically treat children with aromatics. It is both outside of their scope of practice as well as being something that requires parental permission. Even in the theoretical case where parents may all give consent, the fact remains that therapeutic applications with essential oils remain outside of a teacher's scope of practice unless qualified through the appropriate, practitioner-focused education.

Some teachers may use essential oils for the sake of scent alone, but more and more, schools are cracking down on what can be used around their students and creating fragrance-free schools for the sake of students who are negatively affected.

School nurse, Wendy Froggatte, works at one such school. I asked her for her input on why schools are starting to address the issue of fragrance and essential oils in the classroom, and she had the following to say:

Essential Oils are revolutionary in how they impact health, and at home they change lives. Unfortunately, in the classroom they can have unfortunate side effects for those who are otherwise compromised by chronic health conditions, like asthma or seizure disorders. Due to their profound impact on these at-risk students, it's simply an intervention that should stay at home. Our main premise should always be to do no harm as school nurses, and this is why I do not condone the use of any types of scents or the utilization of essential oils in my school district. Additionally, if a student is to use EOs in our district, they require an order from their physician....and if their use compromises another student, we would adapt accordingly. Thankfully, we haven't had to. This emerging trend in school is ever-changing, and I'm excited that we're having the conversation so we can all grow in our wisdom and health together. *Nurse Froggatte USD258 Humboldt, KS* (obtained via personal communication, August 25, 2018).

Another aspect many do not consider is the potential for negative emotional triggers. Aromatherapist and teacher Amy Emmett (2018) draws attention to this fact in her article "[What Every Parent Needs to Know About Essential Oils](#)." In the article she states, "Since inhalation of essential oils bring upon individualized emotional responses due to its direct connection to the limbic system of the brain, certain essential oils can bring upon anger, despair, bad memories, etc." (para. 23).

This is incredibly profound and something that cannot be ignored. I have spoken with people in the past who want to avoid the use of essential oils otherwise thought of as not having many usage concerns – such as lavender – because an abusive relative or person in their life wore such a scent. As Amy pointed out, even aromatics that are otherwise safe can have a negative impact due to scent's relationship with the limbic system. Especially in the case of children who may be suffering from abuse at home, school may be their only safe zone. It is terrible to think that good intentions through aromatic exposure could lead to instilling a sense of fear and insecurity in a child.

[the answer is simple: avoid aromatics in the classroom](#)

The evidence overwhelmingly attests to the need to avoid the broad and general applications of aromatic substances in the classroom. The potential to cause harm due to the medical diversity – both physical and psychological – within a student population is too great and beyond the knowledge of the average teacher to account for. Aromatherapists largely advocate against such use for these reasons, and it is because of their diligence as professionals that they do so.

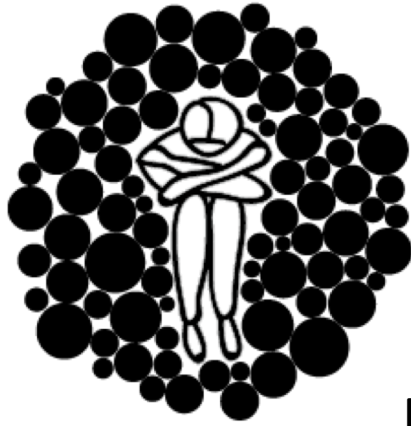
For more information and other professional perspectives on why using essential oils in the classroom should be reconsidered, I recommend reading “[Diffusing in the Classroom](#)” by The English Aromatherapist and “[Classroom Diffusing](#),” which is available over at Plant Therapy.

references:

Betts, T. (2003). Use of aromatherapy (with or without hypnosis) in the treatment of intractable epilepsy—a two-year follow-up study. *Seizure*, 12(8), 534-538. doi:10.1016/s1059-1311(03)00161-4

Emnett, A. (2018). What Every Parent Needs to Know About Essential Oils. [online] Blossoms+Blends Aromatherapy. Available at: <https://www.blossomsandblends.com/blog/2018/1/12/what-every-parent-needs-to-know-about-essential-oils> [Accessed 26 Aug. 2018].

Tisserand, R. and Young, R. (2014). *Essential oil safety*. Edinburgh [etc.]: Churchill Livingstone/Elsevier.



unstuck

an OCD kids movie

Followed by “Ask the Experts” panel discussion

Help for kids, families and individuals with OCD

If you or a loved one has OCD, or you just want to know more about it, our family-friendly, therapist recommended film will help. *UNSTUCK* lets kids explain OCD and share how they learned to fight back. It offers hope to anyone dealing with OCD.

Wednesday, October 10, 2018

6:30pm – 8:00pm

UW Fox Valley
Communication Arts Center
Room M-1338
1478 Midway Rd
Menasha, WI 54952

Panel:

Kristy Robb, MSW, LCSW
Kelli Waldron, MA, LPC
Neeley Welch-Lamers, MS, LPC

RSVP:

<https://appleton2018.eventbrite.com>

Thursday, October 11, 2018

6:30pm – 8:00pm

Waukesha County Technical College
Richard T Anderson Education Center
800 Main St
Pewaukee, WI 53072

Panel:

Brad Riemann, PhD
Nick Farrell, PhD
Chad Wetterneck, PhD

RSVP:

<https://Waukesha2018.eventbrite.com>



Sponsored by OCD Wisconsin, and funded in part through a grant from the International OCD Foundation



The Herma Heart Institute & Project ADAM invite you to become a **Heart Safe School**

November
27

8:30 am – Check in

9:00 am – 11:30 am – Workshop

Location: CESA 10
725 West Park Avenue Chippewa
Falls, Wisconsin

For more information on Project
ADAM please visit:

www.projectadamwi.com
www.projectadam.com

Does your school have an AED/CPR program?
Do you have a written plan and practice that
plan in the form of a drill?

To learn more about becoming a
Project ADAM Heart Safe School, please join us for a
morning of learning and networking. We will provide you
with the resources you need to achieve the designation.

PLUS ... your registration and attendance enters you into
a drawing for a FREE manikin AND an AED training unit.


Please register by November 20th at
<https://www.projectadam.com/CESA10workshop>



raising caring kids

SHARE SOCIAL- EMOTIONAL SKILL BUILDING IDEAS WITH PARENTS

- FREE for Wisconsin schools and organizations to email to parents
- 18-week online or PDF resource for parents of 1st-5th graders
- Weekly online article with research-based information, actionable ideas for parents and caregivers, and links to additional resources
- Digital access via smartphone, tablet, or computer

 **Parenting and Family Relationships**
Trustworthy resources to improve the quality of family life


Parents | Educators | Results | Contact Us

[Home](#) » [Raising Caring Kids](#) » [Respecting Differences Makes Us Stronger](#)

Respecting Differences Makes Us Stronger

A Person's a Person, No Matter How Small – Dr. Seuss


The ability to respect others is a skill that will help your child forever. It is important to stand up for people who may seem different from themselves. Children can learn that different, and that everyone deserves to be treated with respect and kindness. They learn what they see. You can help them learn by the way you talk about or react to what you see.



What we know:
When children respect themselves and others, they

- feel good about who they are,
- value people who are different from themselves, and
- become adults ready to live peacefully in a diverse world.

Try this:


 **Parenting and Family Relationships**
Trustworthy resources to improve the quality of family life

Parents | Educators | Results | Contact Us


[Home](#) » [Raising Caring Kids](#) » [Is That a Good Choice?](#)

Is That a Good Choice?

Will children always make the choice we want them to make? decisions children make. As children grow older and become more independent, they will make choices on their own. It is natural to want to help children make good decisions, but it is also important to let them learn from their choices. How their choices impact themselves and other people. Parents can help children make responsible choices.



What we know:
Each child is learning about life. They are learning about how their choices impact the people and things around them. When they are told they made a bad choice, they tend to give up without trying again. When this happens they also don't learn how to do something differently next time.


 **Parenting and Family Relationships**
Trustworthy resources to improve the quality of family life

Parents | Educators | Results | Contact Us

[Home](#) » [Raising Caring Kids](#) » [Building Strong Relationships Through Communication](#)

Building Strong Relationships Through Communication

From the beginning of life your child has been communicating with you. Communication is a skill that is learned over time. Do you remember seeing your child's first smile or celebrating your child's first word? Communication is a skill that is learned over time. It doesn't feel quite as amazing, when a child communicates by having a tantrum, or slamming a door. Naming emotions and showing your child examples of body language can help them understand how actions may express what someone is feeling or thinking.



What we know:
As kids get older it can still be really difficult for them to understand and express their feelings, thoughts, and emotions. It may also be difficult for them to pick up on body language (non-verbal cues) from other people. Our job as a parent is to help them build strong and positive relationships by using good communication skills.

You might think, I can't get them to put away their backpack, how will I get them to listen? Don't worry. Communication can be taught by little everyday actions.

Try this:

Parents said . . .

"As a busy mom, I appreciate the article[s] being short and easy to read at a glance."

"I love the book lists!"

"These are brief articles which are chock-full of technical and practical skill-building tools . . ."

LEARN MORE & REGISTER

<https://parenting.uwex.edu/raising-caring-kids/>


University of Wisconsin-Extension


WISCONSIN
DEPARTMENT OF
PUBLIC
INSTRUCTION

University of Wisconsin, U.S. Department of Agriculture and Wisconsin counties cooperating. UW-Extension provides equal opportunities in employment and programming, including title IX and ADA requirements.
September 2018