The New Year is off to a busy start. The Alaska Nurses Association committees are gearing up and going strong. The Legislative Committee is meeting twice a month throughout the Legislative Session and will be working with legislators on issues that impact nursing and healthcare. Our Professional Practice Committee is working on a Neonatal Abstinence Syndrome project. The Continuing Education Committee is very busy planning educational activities for the coming year. The Editorial Committee is working hard to produce excellent articles for The Alaska Nurse. The Labor Program is representing and protecting our nurses in the three bargaining units we represent.

"Why are we working so hard for Alaska’s nurses? Is it worth it? Does it make any difference? Why should we get involved? Isn’t it enough to just do our jobs?"

These are all questions I had to consider for myself when I decided to become involved in with AaNA. Honestly, I had to do some soul-searching to decide if I really did want to get involved. What got me started was when I was asked to sit on a committee. I figured that it was only a few meetings; we would write our paper and be done: not a huge commitment. I was interested in the topic so, what the heck, count me in. I have to admit that I was minimally involved, but I did attend some of the meetings and did some research on the project. I attended the Alaska Board of Nursing meeting when our project was presented had an epiphany: We CAN make a difference. We DO make a difference when we get involved.

Why is making a difference to nursing so important? According to the U.S. Department of Labor, in 2010 there were more than 2.7 million nurses across the country (compared with not quite 700,000 physicians and surgeons). The nursing profession is expected to have a 26 percent increase in job growth through 2020. The International Centre for Human Resources in Nursing states that nurses provide 90 percent of all health care worldwide. Those numbers are staggering.

Nurses are not simply doctor’s helpers. We are professionals who provide care at every stage of development of the patient’s life. We must be involved in determining how our practice is governed, developed, and paid for. We are professionals who provide care at every stage of development of the patient’s life. We must be involved in determining how our practice is governed, developed, and paid for.

(See President’s Letter page 14)
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Alaska’s Cost of alcohol abuse is higher than any other state in the U.S. 1

Alaska Rates of FASD are estimated at 1 in 4 pregnancies live births. It is 3-6 times greater than the national average. 2

Patients Living with FASD experience lifelong impairments in development, learning, and adaptive functioning.

Alaska’s School Nurses: An Overview

by Mary Bell, BSN, RN, NCSN

As the school health nurse consultant in the Alaska Division of Public Health, I have the privilege of working with the more than 230 school nurses statewide – professionals who are on the frontline of health care for Alaska’s children. I was a school nurse for more than 17 years in Homer, so I recognize the challenges and issues these nurses face on a daily basis as they provide school health services for students with increasingly complex health and social conditions.

The role of the school nurse is to support the physical, mental, emotional and social health of students in order to facilitate their academic achievement and success in life. This role is multifaceted and broad, encompassing an array of duties: from case-management of students with chronic conditions, to identification of barriers to learning such as a vision or hearing deficit, to prevention and treatment of illness and injuries.

School nurses act as first responders. They provide the linkage between the school, family and medical home. They engage in public health functions such as disease surveillance, immunization compliance and health promotion. They provide services such as prevention, early identification, referral, and treatment for mental health issues, violence, suicide, obesity, underage drinking, and child maltreatment.

School nurses function independently, often serving as the only health care professional in a non-medical setting. This differentiates school nursing as a nursing specialty. All of this highlights the fact that the school nurse’s role goes beyond dispensing Band-Aids.

My work with the Alaska Division of Public Health began in April 2009 when the School Nursing/School Health Program was established using funding from the Title V Maternal Child Health (MCH) Block Grant. Forty other states have recognized the value of a school nurse consultant in the role of management of school health programs through state departments of health or education. As program manager and nurse consultant, my role is to offer consultation, technical assistance, policy development and analysis, and professional development to school nurses and school districts statewide in the areas of school nursing practice and school health services. Research and evaluation of best practices, coordination of quality assurance initiatives for accountability, promotion of statewide quality standards for school health policies, and consultation for nursing scope of practice and clinical procedures are primary tasks. The state school nurse consultant serves as a liaison and resource expert in school nursing practice and school health programs. The leadership provided by a state school nurse consultant is intended to foster a better understanding among educators, parents and the general public regarding the relationship between health status and a student’s capacity to learn.

Initially, efforts were concentrated on gathering information about school nursing services statewide as well as “needs assessment” activities. To help guide the program and these activities, we formed the School Health Nurse Advisory Committee (SHNAC). SHNAC currently has 17 participants representing both rural and urban Alaska school districts and includes school district nursing coordinators, school nurses, Alaska School Nurses Association board members, the National Association of School Nurses director for Alaska, public health nurses, a maternal child health nurse consultant, and a nurse program director for the disaster preparedness registry (Alaska RESPOND).

Over the past four years, SHNAC has produced statewide guidelines and standards for a wide variety of school nursing and school health services, including: delegation of nursing care, medication administration, emergency medications, diabetes management, disaster preparedness, infectious disease management, vision screening, and height/weight screening.

A recent SHNAC pilot-project involved school districts with school nursing services and gathered voluntary data on numbers and types of daily student encounters (i.e. illness, injury, mental health/behavioral support, medications, procedures, individual health education) and their dispositions (i.e. back to class, sent home) among other indicators. The project’s purpose was to assess the school nurse’s role in improving student “seat time” in class. Numerous studies have indicated that students must be in class and healthy in order to learn. Studies have also shown that school nurses, after assessment and interventions, return students to class at a much higher rate than non-nursing school staff. Preliminary data analysis reveals that school nurses in Alaska return students to the classroom more than...

95 percent of the time. The average number of students seen daily by a school nurse is 23 per day with a high range of 67 students per day.

Lack of a statewide comprehensive data collection system for school health services means that much of the information about services offered in Alaska school districts is anecdotal, collected via interactions with school districts, nurses, and other state agencies and departments. The 54 Alaska school districts operate on a “local rule” basis and there is no mandate for districts to employ or contract school nurses. Of the 17 school districts which utilize nursing services, only six have more than one school nurse in the district. Of Alaska’s 130,000 public school students, approximately 80 percent of the student population is covered by school nursing services being offered in the larger, urban areas; staffing levels, however, can vary greatly from a full-time school nurse in almost every school to a part-time school nurse covering multiple schools.

The American Academy of Pediatrics, Healthy People 2020, and the National Association of School Nurses all recommend that a full-time, professionally-prepared, registered nurse be employed for every school. Recognizing that this may not be always feasible, the fallback position is a formula-based minimum nurse-to-student ratio approach. The ratios include: one nurse for every 750 students in the general population (e.g. mandated screenings, acute care issues), one nurse to every 225 students in student populations requiring daily professional school nursing services or interventions (e.g., medication management), one nurse to every 125 students in student populations with complex health care needs (e.g., diabetes

(See Overview page 7)
A Day inside a School Nurse Office

by Karen McBride, BSN, RN, NCSN, with contributions by Maureen Hall, BSN, RN, NCSN and Debbie McKinney, BSN, RN, NCSN

Working as a school nurse, everyday is similar to opening up a box of chocolates; you never know what you might get. At 8:30 a.m. an eight-year-old student from the before-school program is escorted to my office because she is “a little sick.” Just after tucking in this little girl with a blanket she decompensates fast, going from “a little sick” to symptoms of anaphylaxis within 15 minutes. The symptoms start with shortness of breath and I help her use her albuterol inhaler. Her heart rate is 122, and pulse oxygen is at 89 percent. Next, she has generalized hives over her trunk and arms. I give her a dose of school-issued Benadryl, and next she has lethargy, and feels dizzy. She has a known peanut allergy, yet had only eaten saltine crackers. Her mom arrives as I am preparing to give epinephrine, having concluded that despite no history of peanut ingestion or contact, this could be anaphylaxis: BAMB! I inject the epinephrine. In the emergency department, the physician determines this is indeed anaphylaxis and additional emergency medication is given.

The clock reads 9:00 a.m.: time for the “school day” to start. A student arrives with an asthma attack, another student vomiting, and a third student with a 101.4°F fever. Numerous other children, who missed breakfast, have already helped themselves by grabbing a snack from my office on their way to class. Time to exhale; I look up at the clock: 9:30 a.m. What health needs children will bring the remainder of the day is yet to be seen. The constant triage, assessment, giving of care—be it emergency, urgent, or minor—has begun.

When we aren’t busy assessing and giving care to students, there is always work waiting: following up on students who failed their vision and hearing screenings, phone calls to parents and health care providers about care plans for chronic or acute care at school, and the completion of two state reports on immunization compliance and tuberculosis testing which are now due. Finding time to complete this work while continuing to meet the health care needs of students is challenging.

Here’s a look at some specific student problems just this week:

- A student has been chronically ill with many absences so far this year and was hospitalized last year for a serious infection. Attended a meeting to discuss creating a 504 accommodation plan with parent and principal. Child is attending half days now. The doctor will be consulting with a specialist.
- A student was referred for medical evaluation for swollen eyes. The parent suspected allergy but I thought otherwise. The physician suspects kidney disease. Child was flown out of town to be seen by a specialist and will be on a powerful medication for several weeks. At school we will monitor for medication side effects.
- Two viral illnesses causing rash are circulating: Hand, foot, and mouth disease and Fifth disease. Ongoing for months, this has resulted in numerous parent phone calls and letters going home.
- Met with a school counselor concerned about a student who has been without some basic services at home. Numerous concerns exist for this family struggling not just financially, but also with tragic loss and addiction. Together we brainstorm strategies to help.
- Met with teacher and counselor to identify next steps to help a student with a chronic health condition complicated by neglect. Sadly, a report will need to be made to child protective services.
- A student with a chronic health condition requires nurse visits several times a day and is now having major behavioral issues causing instability in the health condition. Increased communications with teachers and parents is happening.
- A medically fragile student is now increasing time spent in adaptive physical education class. Additional staff must be trained in management of the health condition. The emergency medication is a controlled substance and the state’s nurse practice act stipulates that an RN cannot delegate the administration of a controlled substance. However, the child’s parent can elect to delegate this, and the school nurse provides the training. Planning for the training is next.
- Two students experienced major seizures. One student required administration of emergency medication. The other required stimulation of an implanted magnetic device to stop the seizure. Must review training and documentation with staff.
- A student has been diagnosed with MRSA. This needs to be carefully monitored with ongoing communication with the child’s two different households to ensure that the doctor’s plan of care is being followed. Need to step up infection control measures in the classroom including communication with the janitorial staff.
- Ongoing concussion follow-up for a student who was injured in a school sports program. Need to secure the required signatures on the “Return to Play” form to document that he has been medically cleared to resume activity. This information will need to be communicated to coaches and PE teacher.
- Two students with heart conditions need individualized health plans, which will require communication with parents and securing cardiology reports to determine if precautions need to be in place at school.
- An overweight student with a history of high blood pressure is now having frequent headaches. His blood pressure will need to be checked. A call will be placed to parents to report findings and encourage medical follow-up.

Over the course of days, months, years, and entire childhoods, numerous health care services are provided to school-aged children by school nurses. These services can make the difference between health and illness, attendance and absences, between academic success and failure. We don’t work with all of Alaska’s children; but for those we serve, the benefits and rewards are forever. This is why we “catch our breath” and awaken each morning ready to serve again.
Overview (continued from page 5)

management, tube feeding, catheterization, asthma or anaphylaxis management), and a one to one ratio for individual students who require daily and continuous professional nursing services (e.g., ventilator support). In Alaska, the nurse-to-student ratio varies widely, from one nurse to 400 students in one district, to one nurse to more than 2,000 students in another.

Most school nurses are school district employees with bachelor degrees. In two of the larger districts, the nurse must also hold a Type C Special Services certificate through the Department of Education and Early Development. Certification requires six semester hours of upper division or graduate level credits for renewal every five years. Two school districts, Copper River and Unalaska, have creatively worked with their community health center to staff the schools with a nurse. The exchange of services between the school district and health center includes a clinic-registered nurse stationed in the school on a part-time or full-time basis to offer school nursing services while addressing preventative clinic services (e.g., immunization administration). Another school district annually contracts a school nurse at the beginning of the school year to travel once to the nine villages in the district and provide mandated services (i.e., immunization compliance, tuberculin testing, vision and hearing screening) and trainings for the school year. In those districts without school nursing services, the public health nurse is often seen as the de facto school nurse. Public health nurses offer expertise, consultation, and provide some school health services; but the capacity to provide comprehensive planning and staff training for individual student health needs is limited.

School nurses are indispensable resources for students, staff, parents and the general public. It is an honor to serve them as their state school health nurse consultant.

The SSHNC publications, guidelines, and more are available on the School Nursing/School Health website at: http://dhss.alaska.gov/dph/wcfh/Pages/school/default.aspx. To read more about recommended health services for students with chronic conditions, see the Essential School Health Services documents on the program website: http://dhss.alaska.gov/dph/wcfh/Pages/school/resources.aspx#pubs.


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School Nursing: Before and After Budget Cuts in the Juneau School District

by Maureen Hall, BSN, RN, NCSN
Juneau School District

School nurses have been an integral part of the educational and health system in America for more than a century, and they have served in Alaska since before statehood. Now, reduced revenue available for public education has led to a scale-back or elimination of programs and services throughout the state. The reduction of nursing services in the Juneau School District has led to increased caseloads, less preventative care, less contact with families, less collaboration with teachers, and delegation of nursing duties to unlicensed staff. Collectively, this negatively impacts student achievement and safety.

We have made tremendous advances in public health in the last 100 years and many of the killer diseases of yesterday have been brought under control, in part due to the development of vaccines, advances in medicine, and improved sanitation and clean drinking water. Rising up in their place we have seen a sharp increase in obesity, heart disease, diabetes, asthma, allergies, abuse, addiction, suicide, and demand for mental health services. Research shows that, in the management of chronic health conditions, when a school nurse is part of the team, overall health care spending is reduced. The school nurse is just as relevant today as 100 years ago.

In Alaska, we have several state laws that are designed to protect students, promote health, and assure that students can access free and appropriate public education as required by federal law.

Previously in the Juneau School District, each school had its own nurse, for a ratio of approximately one nurse for every 500 students. This ratio is in line with what is recommended by the American Academy of Pediatrics and the National Association of School Nurses. With recent budget reductions, this ratio has risen to one nurse responsible for covering 1,000 students divided between two or more schools. Over a three-year period, we have plummeted from a total of ten school nurses to eight, and now just five for 5,000 students. Initially, the plan was that unlicensed staff (e.g. custodian, school secretary, food service worker, para-educator) would be trained to meet the health needs of the students when the school nurse was not present. These employees had full-time duties so were not always available when a child was sick or injured. Many were also uncomfortable fulfilling a role for which they did not have the necessary knowledge or training. School principals felt it was unsafe to have the nurse's office closed for a portion of each day, so the following year, with continued budget reductions, the administration decided to eliminate three more nurse positions and hire five health assistants to team with the remaining five nurses in order to cover their assigned schools. This model netted a savings of approximately $135,000 and resulted in creating a new category of employee that is only able to carry out a portion of the duties that a school nurse is licensed and educated to perform. It is a classic example of "penny wise and pound foolish."

Health assistants are required only to have graduated high school and to have some experience working in a health-related field. They undergo a two-week training at the start of the school year, which includes instruction on first aid, CPR, blood-borne pathogens, child abuse reporting, maintaining immunization and health records, and medication administration utilizing Board of Nursing-approved curriculum. The health assistants had very little opportunity to work alongside their assigned nurses before being placed in a health office alone, working with students with no on-site supervision. In contrast, a newly-hired registered nurse in a hospital setting would have preceptor working alongside him or her for a few months as part of their orientation to the health care setting.

The difference in the school setting versus many other health care settings is that the school nurse may be the only health care professional in the building. As a result, there is often little understanding of the complexity of our role by school administrators. However, as one teacher working with students who have multiple disabilities said to me recently, "I have my bachelor's degree in Education, and that's it," emphasizing the inadequacy of educational professionals to act in a health care role. Our teachers count on the school nurse to partner with parents and health care providers and to provide training and vital information to staff on how to safely meet the needs of students who have seizure disorders, diabetes, asthma, severe allergies, or a multitude of other conditions.

When we first learned that the budget cuts to our department were coming, I phoned several school districts in the Lower 48 where nurses are required to cover more than one school. My question for the nurses was: “How do you make it work?” They reported spending one to two days per week in each of their assigned schools, with other school personnel filling in during their absences. The nurses all emphasized how stressful this was and that they felt as if they were only “skimming the surface” and continually “putting out fires,” with little real time to have an impact on meeting the health and safety needs of the students in their assigned schools.

You may wonder how my day looks with these changes. Along with my health assistant, I cover an elementary school and high school. The elementary school features an integrated preschool program, and the high school includes a transition program, both of which serve students with multiple disabilities. I am primarily at the elementary school due to the acuity level of the students, and I try to spend the last hour of the day at the high school. The health assistant is primarily at the high school. With this schedule, I am no longer available first thing in the morning as parents are calling in student absences due to illness. Neither am I available for the follow-up phone calls at the end of the day which are so helpful in reducing absenteeism. I no longer have the time during my fractured day between two schools to perform careful follow-up on each and every child who fails a vision or hearing screen, has sustained a concussion, or has high absenteeism due to a chronic health condition. In these ever-so important parent phone calls, school nurses build relationships with families and serve as a trusted source of health information. I have limited availability to

(See Budget Cuts page 11)
Marching for Chemical Policy Reform

by Susan Walsh, RN
AaNA Past President

In October 2013, the Alaska Nurses Association passed a resolution at General Assembly that (in a nutshell) reads “the Alaska Nurses Association supports Alaska Senators Begich and Murkowski in working for improvement and passage of SB 1009, The Chemical Safety Improvement Act; “The Alaska Nurses Association advocates for meaningful chemical policy reform both nationally and on the state level that reduces the use of toxic chemicals and requires that less harmful chemicals be substituted whenever possible and ensures adequate information on the health effect of chemicals is available to the public before these chemicals are introduced on the market such as is the process outlined in SB 1009.”

Shortly thereafter, I was fortunate enough to be invited to participate in the Safer Chemicals, Happy Families Stroller Brigade: a march on Congress with very diverse individuals from all across the country, advocating for improvement and reform in toxic chemical policy. None inspired me more than meeting the powerhouse affiliated with the Alliance of Nurses for a Healthy Environment. I was heartened to connect with nurses concerned for our patients afflicted with conditions such as cancer, birth defects, and learning disabilities; and also concerned by the escalating rates of occurrence of such conditions. Alaskan citizens of St. Lawrence Island presented testimony outlining the suffering their community has endured as a result of dangerous chemicals – a truly heart-wrenching attestation which corroborated recent studies demonstrating that the indigenous people of the Arctic have a persistent, high exposure rate to chemicals transported through atmospheric and oceanic currents. Other recent studies have analyzed concentrations in humans of a known endocrine disrupter, poly-brominated diphenyl ethers (PBDE). According to the samples collected during these studies, Yupik women presented with the highest-known concentration levels of PBDE.

As a labor and delivery nurse, I am quite concerned with a 2013 study reporting that every umbilical cord sample obtained during the course of research contained Bisphenol A (BPA), a common endocrine-disrupting chemical used in many consumer products. This study adds to a rapidly-growing body of evidence documenting that our babies are now being born “pre-polluted.” Many other chemicals are showing up in breast milk, further adding to the chemical body burden. These chemicals gain entry into our homes and bodies by many different means such as children’s toys, building materials, and cleaning agents. I am relieved that the Environmental Protection Agency (EPA) is beginning to question the assertion by the makers of antibacterial soap that it is more effective than plain soap and water. This is a step in the right direction, but we as citizens deserve more transparency in our consumer products – one should not need a scientific degree in order to understand product labels.

As a mother, I am concerned with the generations that will follow. Europe and Canada have instituted measures to assure the safety of their citizens. Should not those measures be good enough for us? Concern was expressed by a legislative aide during the Stroller Brigade that if more stringent controls were to be instituted, the cost of higher regulation would be passed on to the consumer. I replied citing the costs that cancers, birth defects, and other medical conditions place on both individuals and society as a whole.

I am proud that the Alaska Nurses Association sponsored this resolution to continue advocating for safer chemicals. Previously, AaNA joined in supporting local firefighters in an endeavor to ban PBDE and seek safer flame retardant alternatives. In 2005, AaNA endorsed the precautionary principle and also supported the ban on aerial pesticide spraying.

Americans are waking to the fact that pollutants are gaining access to our bodies, wreaking havoc on our health and those of future generations. Please join me in contacting our representatives to express your concerns and to support real reform. We all deserve better.

If you would like more information on chemical policy reform, please contact Susan Walsh at aknurse2@gmail.com.
Budget Cuts (continued from page 9)

the high school students at a period in their life when risk-taking behavior is high and they desperately need access to accurate health information. We help steer families to resources in our community and network with outside agencies to best meet the needs of our students.

Under this model, the school nurse is now less able to participate in the special education process. Ideally, when a child is struggling academically, the nurse would participate as a member of the team, meeting with the parents to being the assessment process. These are important opportunities to discuss the child’s health history and to assess if there are health care needs that are impacting the student’s ability to learn. With approximately 20% of our elementary student population qualifying for special education and many of the components of disability relating to health, the role of the nurse as part of this team is crucial in optimizing student success. Early intervention results in better outcomes from a health and educational perspective.

In addition to meeting the needs of students that come into my office, I am available at all times by phone to my health assistant and am responsible for ensuring that she is performing her job as trained. As you can imagine, this is very challenging when we are in separate buildings. I am fortunate that she is a skilled communicator who does not hesitate to pick up the phone with questions. During one recent incident, a student was experiencing an anaphylactic reaction to shellfish. Over the phone, from our other assigned school, I talked her through what needed to be done: administer the EpiPen, call 911, get backup support from the principal, call the parent. Thankfully for the student, the outcome was good. Later while we debriefed, my health assistant remarked, “I feel like I am operating in a world that I know nothing about.” From a liability stance, this should be very concerning as we are putting these employees in a health office after two weeks of training and asking them to deal with whatever walks through the door.

Going forward we have learned that as school nurses, even though we are busy every minute of our days doing important work, we should not take it for granted that administrators understand our role in contributing to student achievement. Part of advocating for children is helping policy makers understand what it is we do and why it matters in the big picture of a child’s life.
Perspectives from a Retiring, Lifelong School Nurse

by Ruth Nighswander, Med, BS, RN, NCSPN, Alaska School Nurse of the Year 2001

I was fortunate to have parents who believed education is important. As European immigrants, my parents saw that education was the ticket to advancement. Their other focus was staying healthy – both physically and emotionally. So, I started out my career as a teacher and Peace Corps volunteer. I soon realized I needed more education and the decision to obtain a nursing degree followed. An early nursing job in home health care evolved into twenty years of school nursing. It was evident to me that a healthy start in life opened doors to education. A healthy child is better equipped to learn.

Students spend the better part of their day in school. Learning can become compromised when students experience common health problems such as asthma, seizure disorders, diabetes, food allergies, depression, visual or auditory issues, and unfortunately, abuse. Parents are unable to physically attend to ill students during school. Nurses can. Recently, the Anchorage School District has seen a sharp increase in economically disadvantaged students – adding over ten thousand in the last decade alone. For these students, a school nurse is sometimes their first contact with a health care professional and often the only provider they will see. Untreated health conditions and problems at home quickly translate to problems at school.

In the late 1980s federal laws made it possible for children with special needs to attend their local schools – not just target schools, as was the previous modus operandi. This also meant a change in what health services school nurses needed to provide. Now, many students required more skilled, more comprehensive care in the school setting. I had a student with spina bifida who required catheterization twice a day. Over the past twenty years, the number of students using inhalers has increased dramatically and there are far more students in need of emergency epinephrine for severe food allergies.

Societal changes have also impacted school nursing. I was once called to attend to a choking student who had started chewing a strawberry flavored condom. The first grader thought it was fruit leather upon seeing the wrapper with strawberry picture.

Before these changes, there was more time for school nurses to provide classroom education on health topics. One principal, who promoted healthy heart habits, asked me to organize a week-long program with daily half-hour sessions in classes, which included dissecting a moose heart to teach students about the circulatory system. I was also fortunate to be on the front line of computerized health records and I witnessed our immunization documentation improve greatly. Nurses now offer immunization clinics in schools to keep influenza at bay and to keep students in school. Photo-screening, in addition to other new vision screening protocol and advancements, have helped to earlier identify students with vision problems.

Every child deserves a school nurse. Of school nurses responding to a national survey, ninety-eight percent have saved a child’s life, eighty-two percent have identified an abused child, and sixty-seven percent have counseled a depressed or suicidal student. With this in mind, how could we possibly not have a full-time nurse in our schools?

The variety of issues addressed by and the flexibility required of school nurses provides us with the ability to serve as volunteers and community advocates, and affords us the ability to help patients outside the school arena. I have found the uniqueness of school nursing helpful also in dealing with health problems across the globe in Africa. Malawi might seem a far away and unlikely comparison since we do not encounter much tropical disease here in Alaska, but communicable health concerns, asthma, conjunctivitis, sepsis, child neglect, physical therapy, mobility problems, and preventative immunizations all affect the human body the same around the world. If only all the world’s students had nurses in their schools!
Continuing Education: APRN Consensus Model

by Pat Senner, MS, RN, ANP

On Saturday, January 18, more than 50 advanced practice nurses met to learn about the national advanced practice registered nurse consensus model and to get an update of new medications recently released on the market. The continuing education event, “APRN Scope of Practice Update,” was co-provided by the Alaska Nurses Association and the newly-formed APRN Alliance.

The national consensus model for APRN regulation (licensure, accreditation certification, and education requirements) was endorsed by over 40 groups in 2008. It was adopted in an effort to bring conformity of licensure, certification, and regulation of advanced practice nurses across the country. For the past two years, a group of Alaskan nursing organizations have come together to investigate what it would take to implement the consensus model in Alaska. To aid in this effort, a grant has been awarded by the Robert Wood Johnson Foundation to the Alaska Nursing Action Coalition. Moneys from that grant helped fund the January 18 event.

The APRN Alliance is made up of the 4 main advanced practice nursing groups in Alaska: Alaska Nurse Practitioner Association, Alaska Affiliate of the American College of Nurse-Midwives, Alaska Association of Nurse Anesthetists, and Alaska Clinical Nurse Specialist Association. Representatives from other nursing organizations such as the Alaska Nurses Association and the Alaska Board of Nursing also attend meetings, but are not voting partners. The Alliance has been painstakingly comparing the draft model APRN statute published by the National Council of State Boards of Nursing with current Alaska Statutes. Fortunately, the differences between the two are not vast. The group is now working to produce draft legislative language which would update Alaska Statutes to be in line with the model. The main update would be changing the title of advance nurse practitioners and nurse anesthetists to advance practice registered nurse. Draft legislation would also include title protection for these groups. No timeline has been set for introducing legislation. All groups involved feel that this will be a multi-year effort.

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• coordinate, schedule and train staff
• coordinate day-to-day clinic operations
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Congratulations
University of Alaska Nursing Program
December 2013 Graduates

Baccalaureate Degree Program Graduates
Jacquelyn Aguilar
Rosalind Aragno
Anna Armendariz
Bernadette Baluyut
Josh Boyd
Kara Broksle
Brandy Carpenter
Siobhan Cassell
Thomas Colley
Annalise Cornejo
Jessica Cowgill
Maureen Crumley
Heldimar Fernandez
Angela Frascati
Rita Gaines
Cassie Goerd
Alfred Kangogo
Ruth Keino
Miriam Kipngerno
Abby Lindsay
Mary Manalansan
Jennifer McKissick
Emily Miner
Deanna Moore
Kelly Moore
Jessica Musgrove
Rachael Oie
Lara Olsen
Stacey Park
Hayley Torres
Jessica Anne Ulofosho
Maura Walsh
Becky Warton

Associate Degree Program Graduates
Hannah Armstrong
Dustin Atwood
Jessica Beckham
Kallie Brown
Colleen Carhart
Kimberley Carr
Ashley Clark
Dayllen Clifton
Abby Cook
Amelie Cummings
Rhina Divina
Amy Gatrost
Helen Hale
Jessica Heinz
Tammy Heirmerl
Camille Johnson
Norman Knaak
Renee Kochuten
Julie Koval
Quincey Kysar
Teresa Laager
Londa Larson
Kathryn Lewis
Pauline Mead
Curtis Norris
Michelle Pagsolingan
Brandi Rolston
Katie Shaw
Maia Singhmor
Andrea Thompson
Youngson Tracy
Jamal Verdadero
Rachel Weight
Kerston Welsh
Altaira Wilhelm
Sarah Wood
Angela Zigarlick

Director’s Award – Awarded to the student with the highest GPA.
BS – Richard Joshua Boyd
AAS – Tammy R. Heirmerl

Spirit of Nursing Award – Awarded by faculty vote for the student they feel best demonstrates the spirit of caring, science, love of learning, and compassion.
BS – Maureen Crumley
AAS – Norman Knaak

Peer Award – Awarded by the senior class to a fellow classmate who has completed their nursing studies while balancing the daily demands of life. Sponsored by AaNA.
BS – Maureen Crumley
AAS Anchorage – Andrea Thompson
AAS Mat-Su – Maia Singhmor

President’s Letter
(continued from page 2)

for involvement in the profession can mean attending staff meetings for your job, sitting on committees, or joining local and national professional organizations.

This issue of The Alaska Nurse highlights the practice of school nurses in Alaska and some of the struggles they are facing as a result of budget cuts. The Alaska Nurses Association supports school nurses as essential health care providers to Alaska’s children. Here is the perfect opportunity to get involved and make a difference for nurses. Talk to your school board members and municipal assembly members. Let them know you support funding for school nurses. Help them to realize just how important school nurses are to our children.

If we step up to the challenge of getting involved we will make a difference. We make a difference for our profession and in our patients’ lives with every action we take. And really, isn’t that what nursing is all about?

Call for Nominations

The Alaska Nurses Association is seeking candidates and accepting nominations for individuals to serve on the Nomination Committee. All four (4) Nomination Committee member positions are open.

Elections will be held in March, and Nomination Committee members are elected to serve a two-year term.

For more information, and to submit your candidacy, please visit www.aknurse.org or call 907-274-0827.

Notice to members (not covered by a collective bargaining unit contract)

Each year the AaNA has an independent audit completed. The results from last year are that 5.22% of your dues are not considered deductible.

Notice to fee payers under the collective bargaining program

The new “Beck audit” rate for the nurses paying fees under their union contract for 2014 is 90.31%.

Please call Donna Phillips for any questions: 907-274-0827 or 907-830-5333.
Calendar of Events

**AaNA Board of Directors Meeting**
Fourth Wednesday of each month
4:30 to 6:00 pm

**AaNA Labor Council Meeting**
Fourth Wednesday of each month
6:00 to 7:00 pm

**AaNA Professional Practice Committee**
Contact for times: andrea@aknurse.org or 907-274-0827

**AaNA Legislative Committee**
2nd & 4th Tuesday of each month
5:30 to 7:00 pm

**Providence Registered Nurses**
3rd Thursday of each month
4pm-6pm

**RN’s United of Central Peninsula Hospital**
Contact for times: 907-252-5276

**KTN Ketchikan General Hospital**
Contact for times: 907-247-3828

**Alaska State Board of Nursing – Meeting**
April 2-4, 2014 - Agenda deadline 3/12/14
July 9-11, 2014 - Agenda deadline 6/18/14
October 22-24, 2014 - Agenda deadline 11/1/14
The Alaska Board of Nursing has a listserv that is used to send out the latest information about upcoming meetings, agenda items, regulations being considered, and other topics of interest to nurses, employers, and the public. To sign up for this free service, visit www.nursing.alaska.gov

Inquiries regarding meetings and appearing on the agenda can be directed to: Nancy Sanders, PhD RN, Executive Administrator Alaska State Board of Nursing, 550 W 7th Ave., Suite 1500, Anchorage, AK 99501 • Phone: 907-269-8161, Fax: 907-269-8196. Email: nancy.sanders@alaska.gov

**2014 Cardiovascular Update Providence Alaska Learning Institute**
February 7-8, 2014
Anchorage, Alaska

**AaNA Legislative Fly-In**
February 19 & 20, 2014
Juneau, Alaska

**2014 City-Wide Career Fair**
February 13, 2014
9 am to 3 pm
UAA Student Union – Anchorage, AK
Come visit the AaNA booth for information on nursing in Alaska and becoming involved in your professional association!

**Webinar: Clinical Care of the HIV Patient • ANTHC HIV/AIDS Education & Training Program**
February 18, 2014
www.aknurse.org/index.cfm/education/

**2014 Go Red for Women Conference and Luncheon**
American Heart Association
February 28, 2014
Anchorage, Alaska
Join AaNA in supporting the fight against heart disease in women!
wwwANCHORAGEgoredluncheon.org

**Critical Care Symposium – “Resuscitation Day” Presented by the South Central Alaska Chapter of AACN**
March 5, 2014
PAMC – Anchorage, Alaska
Please contact jcallens@alaska.com for more information

**Alaska’s Rural Health Conference “Making Today’s Vision Tomorrow’s Reality”**
April 22-23, 2014
Anchorage, Alaska • www.akrhc.org

**2014 Alaska Heart Run Sponsored by AaNA!**
April 26, 2014
Anchorage, Alaska
www.alaskaheartrun.org

**Alaska Brain Injury Conference**
April 30-May 2, 2014
Anchorage, Alaska • www.nabis.org

**Contact Hours**
Remember to visit: www.aknurse.org/index.cfm/education for frequent updates and information on local nursing contact hour opportunities and conferences!

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**National Nurses Week 2014**
May 6-12, 2014
Stay tuned for exciting Nurses Week events and celebrations from AaNA!

**Nurses Week Banquet!**
Alaska Nurses Association
May 9, 2014
Anchorage, Alaska
www.aknurse.org/events

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**2014 AANP National Conference**
June 17-22, 2014
Nashville, Tennessee
http://www.aanp.org/conferences

**2014 World Congress of Epidemiology**
August 17-21, 2014
Anchorage, Alaska
www.epidemiology2014.com

**Maternal Child Health & Immunization Conference**
“Advancing Wellness Across the Lifespan”
September 24-25, 2014
Anchorage, Alaska
www.alaskamchconference.org

**SAVE THE DATES!**
**2014 AaNA Fall Conference**
October 3 & 4, 2014
Anchorage, Alaska • BP Energy Center
Check out www.aknurse.org/events for information on topics and speakers!

**SAVE THE DATE!**
**2014 AaNA General Assembly**
October 5, 2014

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**2014 Alaska Child Maltreatment Conference**
November 17-19, 2014
Anchorage, Alaska
www.akchildrensalliance.com

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**2014 Alaska Hart Run**
Sponsored by AaNA!
April 26, 2014
Anchorage, Alaska
www.alaskaheartrun.org

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**2014 Alaska Brain Injury Conference**
April 30-May 2, 2014
Anchorage, Alaska • www.nabis.org

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