

School Health Advisory Board Report to School Board Spring 2019

In Appreciation and Memory

The board would like to express their gratitude for the many years of service to the health advisory board, the schools and the community provided by Dyan Aretakis, who passed away in the fall. She was an active member of the health advisory board for many years, an expert in adolescent health and a tireless advocate for the health and wellbeing of individuals and the community. The community of Charlottesville/Albemarle is a better place due to her many efforts. She will be dearly missed.

Tobacco Prevention (April 2018)

The board discussed the growing prevalence of electronic cigarettes and JUUL use by students who mistakenly think it is a safe way to consume tobacco. These methods are much easier to conceal and it has been reported that students have been seen consuming them on school buses and on school property. Electronic cigarettes contain toxins and heavy metals and have been known to explode causing users to suffer burns and disfigurement. The board recommends that information about electronic tobacco devices be included in the Health Education curriculum and supports other measures to educate teens and their parents.

Measuring student height and weight (Feb 2018, April 2018, May 2018, March 2019, May 2019)

Because of concerns that routine annual measurements of height and weight at school had the potential to be detrimental to some children due the insensitive way it conducted, as well the lack of direct benefit to students, the board recommended ending the practice two years ago. Since then, members of local task forces have requested that the health advisory board support reinstating the collection of this data. The board suggested the division consider the following if reinstating the practice:

- 1) Measure height and weight at the time of other health screenings in grades K,3,7 and 10 rather than annually on all students
- 2) Weights be measured and recorded, but not divulged to the student
- 3) Measurements be done by the school nurse in private instead of PE teachers
- 4) Parents be permitted to opt out of such measurements

Further points to consider:

- Would knowing the data change what ACPS is already doing to promote healthy lifestyles? Healthy lifestyle choices regarding nutrition and activity are important for all children to learn regardless of body size.
- What is the direct benefit to ACPS of collecting this data?
- Do current overworked nursing personnel have the time to take the measurements and collect the data?
- How will the data be managed? Will it be secure? Will it be collected and stored in a legally permissible manner? Can it be kept private and unidentifiable?

Final recommendation: Still not convinced that there is direct benefit to ACPS to using scarce resources to take these measurements and risk some of the negatives consequences that have been reported from parents and physicians around weighing children.

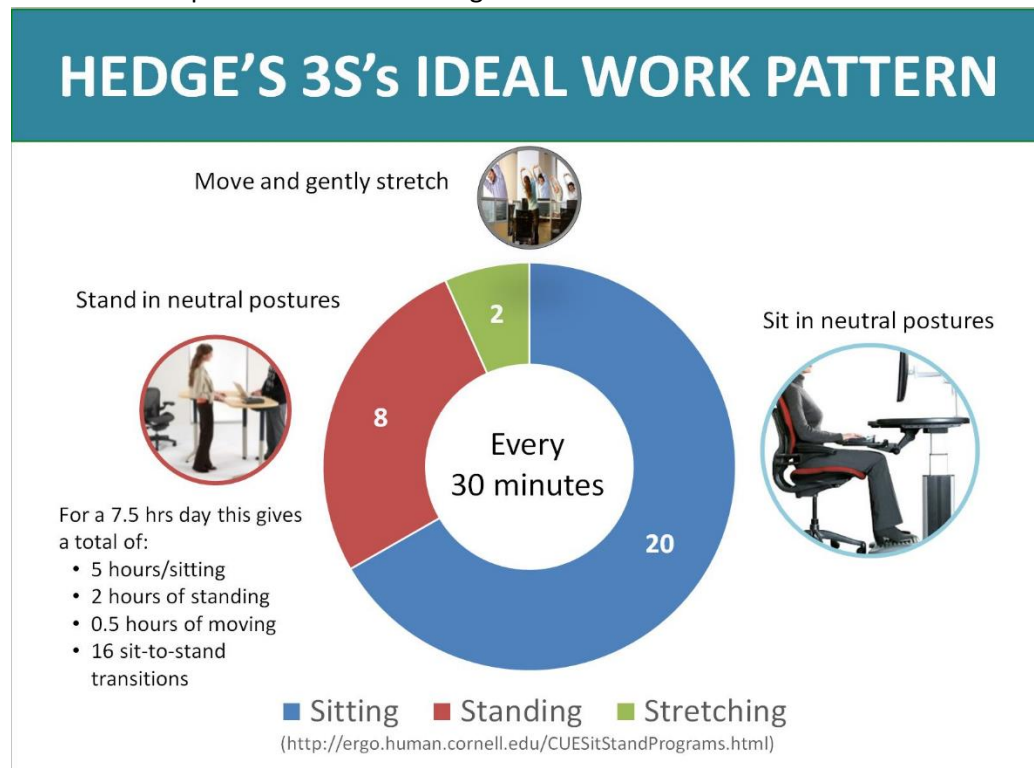
Heat plan for athletics (April, 2018)

An Athletic Heat Management Plan was created based on the recommendations generated at a special session of the health advisory board in March 2018. The plan includes roles and responsibilities, required trainings, requirements for measuring the heat conditions on actual playing surfaces and activity modifications based on those measurements, levels of trained adults who must be present at various types of practices, and mandates for hydration. It contains physician and occupational health specialist input and has been shared with the A.D.s and implemented last spring. The plan will be evaluated on an annual basis at the same time as the concussion plan upon which this plan was modeled.

The health advisory board recommends that the heat plan also be shared with p.e. departments as well as extra-curricular programs in addition to athletics such as marching band.

Incorporating movement into the school day (April 2018)

The board recommends that schools continue to look for ways to increase movement throughout the instructional day. Recommendations for movement during the workday for adults could be useful for students who spend a lot of time sitting in classes.



Naloxone (May 2018, May 2019)

The board has been considering whether to advise the stocking of Naloxone in school clinics. They obtained a professional opinion from an emergency room physician who is also a medical director of the Poison Control Center who advised against it on the following basis:

- He is not aware of any opioid overdoses requiring naloxone administration within area schools in the 20 years he served this region through the poison center or at the University of Virginia Emergency Room
- It takes valuable time to create protocols and vet them with all necessary parties.
- Schools need to examine the time from finding a potentially opioid toxic student at school to EMS arriving following calling 911 versus the time to acquiring naloxone stored within the school. EMS does carry naloxone and those personnel are trained in administration.
- Where will the naloxone be stored? Who will be trained? Who will have access if the school nurse is not present (e.g., during after school activities)? Should it be taken on school trips?
- An individual suffering from an opioid overdose can become combative after receiving Naloxone. It might be more appropriate for EMS personnel to administer it since they are trained in how to manage combative patients.
- At present, there is no definitive medical evidence that having naloxone within schools will save student lives. Is there truly enough risk to students that the future cost of such devices will be of significant benefit?

The board recommends that schools consider stocking ventilator bags and masks so rescue breaths can be administered to an individual suspected of suffering an opioid overdose while awaiting EMS arrival.

Confederate imagery (Jan 2019)

Members of the School Health Advisory Board had an extra meeting to discuss some of the available literature on the potential adverse effects of Confederate symbols on students and recommended to Dr. Haas and the School Board that the display of Confederate imagery be banned under the existing dress code policy based on the following:

- Exposure to symbols that are perceived as discriminatory or threatening in the school setting can affect the physical health of students as well as their ability to learn.
- Confederate imagery in particular evokes a time when Black people were slaves and were sold, beaten, and even killed at the whim of their "masters."
- More recently, these symbols have been adopted by overtly racist and violent groups, some of which have literally visited fear and violence on our community over the last 2 years.
- Exposure to racist symbols undermines the stated core value of ACPS that every student "has the right to safety, mutual respect, and learning."
- As these symbols are mostly directed toward already marginalized groups, they may negatively affect the achievement gap.

Epi-pens (Jan 2019)

ACPS participates in a grant program through the manufacturer of EpiPen brand epinephrine auto-injectors where the manufacturer provided each school with two sets of Epi-pens at no charge. In

response to a nation-wide shortage of epinephrine auto-injectors, when the pens expired, the health advisory board recommended that effort should be made to obtain at least one to two pens for each school even if they have to be purchased since expired epinephrine is substandard care. If autoinjectors cannot be purchased due to the shortage, it is better to use the expired devices than none. The board recommends considering adding epinephrine as a line budget item if the grant program, through which epinephrine has been supplied to the schools since legislation mandated it, cannot be a reliable source.

EMF (March 2019)

Barbara Cruickshank addressed the board regarding her ongoing concern about the adverse health effects from exposure to radiation from the EMF generated by cell phone towers on school grounds as well as by the various types of wireless technology associated with modern life including Wi-Fi in the schools.

To date, there is still no consistent scientific evidence of adverse health effects from exposure to radiofrequency fields at levels below those that cause tissue heating. The amount of RF EMF emitted by cell phone towers and wireless technology in classrooms is well below the safety standards recommended by regulatory agencies (FDA, FCC). It is also below, or comparable to, many other sources of RF. While there remains some concern about the safety of cell phone use, there is no new evidence that the EMF from base stations or Wi-Fi poses health risks to campus occupants when base stations and routers conform to US standards, and the board does not recommend any changes at this time.

Stall Talk (March 2019)

The board recommends that the Stall Talk program (health and wellness educational materials placed in bathroom stalls) currently at WAHS be expanded to the other high schools as well as middle schools. Recommended topics include: dating violence, mental health, workplace safety, sexual harassment, stress, anxiety & depression, hazards of vaping etc.