

## School Health Advisory Board Minutes 5/17/2023 Meeting

**Present:** Rebecca Abernathy, Lori Balaban, Gemila Bouber, Erin Callas, Kristy Davis, Christine Eagleson, Eileen Gomez, Kevin Kirst, Mark Niehaus, Emily Pelliccia, Diana Webb

**Guests:** Emily Pelliccia, Deputy Chief of Community Risk and Resilience Albemarle County Fire and Rescue; Diana Webb, Community Benefit and Health Education, Sentara Martha Jefferson Hospital

### Updates

Eileen reported that all of the school nurses participated in Naloxone (Narcan) training and there are now kits in every comprehensive school.

She also reported that the athletic trainers declined to train to be able to administer undesignated albuterol inhalers to athletes since it is outside of their scope of practice.

The board briefly discussed the report of EMF Strength Measurements at Albemarle High School noting that all measurements are significantly below the established safety limits.

Eileen reported that the COVID cases reported to the schools has slowed down with 48 cases reported since the return from spring break.

### Anti-Choking Suction Devices

There has been an interest in looking into obtaining anti-choking devices for schools in response to the recent tragic [student choking death of a student in Chesterfield](#). Eileen reported that some of the nurses considered purchasing a [choking relief device](#), but there is concern that improper use may damage an airway. Millcreek Orthodontics offered to purchase [Lifevac](#) devices for every ACPS school. These devices have the advantage of being non-invasive and work via suction and a facemask. The board members reviewed the company's literature. The following points were made in the ensuing discussion:

- The state of New York was going to mandate schools having these devices, but did not because they are not FDA *approved*.
- The Lifevac is "[regulated by the FDA as a Class 2 Suction Apparatus](#) and is exempt from pre-market clearance." A device may be exempt from certain requirements for FDA approval and can be categorized as [FDA clearance](#) rather than approval.
- The effectiveness of the device may be compromised by the inability of one rescuer to get a sufficient seal to create suction.
- These devices are not part of the BLS protocol and should only be used when abdominal thrusts and check compression do not result in dislodging the object. There should be signage on or near the devices to remind responders to try abdominal thrusts and chest compressions first. They can probably only be used on an unconscious individual.
- The [studies](#) included in the product literature are not funded by the company.
- Consider asking the company for a demonstration.
- Consider the social media impact if one gets used in a school.
- Consider the benefit versus the liability of stocking the device.

- Request training from the company and/or see training video [here](#) or [here](#).

**Expansion of Naloxone Training** The board was asked to weigh in on how many staff members at the schools should be trained in the administration of naloxone in addition to the school nurse.

- Naloxone is safe to administer even if it is not needed.
- A person who overdosed might become combative upon reversal, although that may be less likely when administered nasally than via IV due to slower absorption.
- All staff and students underwent the training at St. Anne Belfield.
- It might be prudent to have at least one trained administrator.
- Consider offering the training to the ADs and ATs.
- Consider making training voluntary rather than mandatory for any employee; this may have the added benefit of removing stigma from people interested in getting trained.
- Notes: Narcan is a brand for naloxone; the medical community is using the term “substance abuse disorder” rather than “addiction.”

### **Quantity of Stop-the-Bleed Kits**

There is no standard for the number of kits a school should have. We currently have one kit per school, but concern was raised that would not be sufficient in a multiple casualty event.

- Consider placing STB kits with every AED.
- Should be in nurse go-bag.
- Consider placing kits in zones within school buildings.
- STB kits may be needed in situations beyond shootings.
- Perhaps each school should have a minimum of 4 STB kits.
- Christine reported participating in active shooter training, which helped her think through things she may not have otherwise considered.
- Consideration of STB kit placement represents one element in a larger cultural shift toward creating a climate of emergency preparedness.
- Emily described analyzing the data for EMS calls from schools using Tableau as she did with a CCPS safety summit; SHAB asked that she present this data at the next SHAB meeting.

### **Mental Health Services in Schools**

Miles Nelson, the ACPS Coordinator of Mental Health Services, was unable to attend so Kevin described various mental health endeavors.

- ACPS received \$500,000 from an anonymous donor earmarked for student mental health services.
- ACPS hired social emotional coaches who function similarly to school counselors but are exclusively assigned to supporting student mental health and not functions like scheduling courses; money provided in budget for SECs for next year.
- ACPS put out a request for proposals to contract mental health services through *Health Connect America*, but will look to secure other providers for next year.
- ACPS works with Region 10 to provide Mental Health First Aid to school staff (including all of the school nurses).
- ACPS now employs safety coaches in an effort to establish relationships with some vulnerable students who present with behavioral issues.
- They will also be bringing back SROs in some schools.

- Mental health resources and providers are in short supply throughout the community. Primary care providers would like to be able to refer patients to school-based mental health services.
- CPS has family assessment and planning teams to work with some families with mental health challenges.
- Consider prevention strategies in addition to restorative practice such as mental health first aid for students and peer-based support; mindfulness as a prevention strategy.

### **Medical Care of Underserved Students**

Eileen reported that she has been approached by principals and teachers about obtaining medical services for students who lack access. The particular areas of need are:

- 1) Sports physicals: Some students are unable to participate in athletics due to inability to access sports physicals at both the high school and middle school levels
- 2) Dental care
- 3) Vision care

- Barriers include lack of transportation and availability of providers.
- The [Community Dental Center](#) is not new taking patients over the age of 5 and the Charlottesville Free Clinic is not taking patients under the age of 18. UVA Dentistry is not taking new patients at all. Families are sometimes referred to MCV or dental clinics in surrounding areas such as [Orange](#), [Rockbridge](#), or [Harrisonburg](#).
- Eileen reported that families are not seeking vision care for their children who do not pass the school-based vision screenings.
- Eileen reports pursuing various leads.
- It would be ideal to be able to bring the services into the schools; but a mobile clinic would probably be necessary containing dental and vision equipment.
- Back-to-School Bash will be offering sports physicals on August 19, preregistration will be required and there will be limited slots; and fall sports begin on August 1.
- UVA has been providing sports physicals at some of the high schools through their *Department of Community Partnerships & Health Equity/ Department of Diversity and Community Engagement*. Eileen is trying to arrange a similar offering at the middle schools.
- Consider organizing two sports physicals clinics – one in July for fall sports and one in September of October for winter/spring sports. Area physicians may be willing to volunteer to participate if the logistics can be worked out. Physicians may depend on school staff to provide vaccine dates (Tdap).
- The health history page of the VHSL form would need to be completed and signed by the parents in advance, and would have to be available in the families’ native languages.

**Meeting Dates for SY 2023-2024** Meetings will be 6:30 to 8:30 pm in room 320 of the McIntire COB

9/20  
1/17  
3/20  
5/15