

# The School Nurses of Waterbury

EVERYDAY HEROINES FOR 111 YEARS



## SINCE 1904:

- ◆ School Nurses have ensured Waterbury's School Children are healthy, safe and ready to learn.
- ◆ School Nurses have contributed to Waterbury's public health.
- ◆ Waterbury School Nurses helped to pioneer early School Nursing practice.



Photo above:  
Waterbury School  
Nurses in 2015.

Photo below:  
Waterbury Public  
Health Nurses, c.  
1919.

Then as now, School Nurses and Public Health Nurses protect and promote community health and ensure Waterbury's 23,000 school children are healthy, safe and ready to learn.

## ACKNOWLEDGMENTS



**Walsh Class of 1911. Courtesy of the Republican-American Archives.**

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*"A sensible School Nurse, with good judgment, discretion, and enthusiasm, may be a powerful factor in the general improvement of a community."*

—Lina Rogers,  
1st School Nurse  
in the US, 1902

## WATERBURY WAS AN EARLY ADOPTOR OF THE SCHOOL NURSE EXPERIMENT

The history of school nursing in the United States began with an experiment. An article published in 1902 in *The American Journal of Nursing*, "School-Nurse Experiment in New York," described: "The Nurses' Settlement of New York is at present conducting the experiment – in cooperation with the Board of Health and the Board of Education – of introducing a trained nurse into the public school system to work in conjunction with the medical inspector of the Health Boards who inspects and excludes cases of infectious troubles among children." The effort of the 1<sup>st</sup> school nurse in the US, Lina Rogers, was such an immediate success that school nursing rapidly expanded from the experiment in the first 4 New York City schools to be duplicated in modern cities and communities across the country.

The City of Waterbury was an early adopter of the School Nurse Innovation, with William J. Pape highlighting in his 1918 *History of Waterbury and the*



Portrait of a Waterbury first grade c. 1893.

*Naugatuck Valley, Connecticut* that the Waterbury Health Department made an important advance with the official inauguration of medical inspection of pupils in the schools in 1904.

## MORE THAN 2 MILLION PUPILS

Since that time, *Waterbury School Nurses as a group have made the needs of Waterbury school children their vocation, caring for more than two million pupils in aggregate since 1904. They have consistently served at the forefront of Waterbury public health and from their earliest days in Waterbury have helped to pioneer the development of modern school nursing to the specialized practice of professional school nursing that it is today. They are everyday heroines and champions for the health and well-being of Waterbury school children for 111 years and always.*

## HEALTHY, SAFE & READY TO LEARN

The focus of school nursing is and always has been school children who are healthy, safe and ready to learn.



Health and well-being support a child's readiness to learn.

The scope of the school nurse has rarely been limited to the tummy-aches and skinned knees that many recall from their own school days. In fact school nursing reaches far beyond first aid and encompasses: control of infectious disease, chronic illness management, health screening and referrals, student and family health education, mental health and social services, all keyed to the very distinct growth, developmental and emotional stages of children as they span school age 3 to 21.

School nursing is generally provided by a highly experienced solo practitioner in a non-medical setting, serving an unpredictable volume of children each school day.

Health care and technology breakthroughs and legislative changes in recent decades have added new and evolving needs to the list of concerns for school children.

*"School nursing is still in its infancy, and many changes in methods are to be expected, but the underlying essentials—child love and preservation of child health—will exist as long as child life."*

*—Lina Rogers,  
1st School Nurse in  
the US, 1917*

## NOT "JUST A JOB" — A VOCATION

In 1917 Lina Rogers published the 1<sup>st</sup> school nursing textbook which focused on formal nursing protocols for disease treatment, and disease prevention by promoting nutrition, exercise, health education, dental and hearing screenings, hand washing and the introduction of paper towels for hand drying. Her textbook focused on the importance of rigorous documentation of nursing interventions to build evidence on the effec-

tiveness of school nursing. From its very beginning, school nursing has been more than "just a job" considering the challenging era in which it began. The 1910 Annual Report of the Waterbury Health Department lists dangerous infectious and contagious illnesses as well as other indicators of poor health among the health concerns of the day, including: diphtheria, small pox and chicken pox, scarlet fever, polio, tubercu-

losis, whooping cough, mumps, measles, eye strain, squint, blepharitis, enlarged tonsils, adenoids, eczema, conjunctivitis, impaired hearing, suppurating ears, poor nutrition, anemia, cervical adenitis, pediculosis, acne, furunculosis, chorea, mental deficiency, infected wounds, decayed teeth, nervous weakness, sore throat, acute sore throat, scabies, uncleanliness, impetigo, and ozena.

## "AMERICANIZING" IMMIGRANTS

Nearly 12 million immigrants streamed to America, 1870-1900. Waterbury's population exploded too, from 11,000 in 1870, to 46,000 in 1900, to 100,000 in 1930.

Public education and increased school attendance were regarded then as a means of "Americanizing" immigrants and lifting them

from poverty. Immigrants often lived in overcrowded conditions without the modern sanitation, medical technology and medicines taken for granted now but that increased illness then.

Schools could exclude a child from school for head lice, impetigo or tuberculosis with a note telling parents to have the condition treated. Often even if parents received the

note, they were unable to read English or afford medical care.

School nurses made home visits to the families of excluded children to help them obtain needed medical care, and very often other needed services such as food, clothing and jobs.



A family of 7 in a one-room flat, c. 1910.



## ALWAYS EXPANDING TO THE EVOLVING NEEDS OF THE CHILDREN

The 1913 Annual Report of the Waterbury Health Department noted that school nursing had expanded to the needs of the children, and "has been extended to the tracing of recommendations made by Inspectors for treatment of eye, nose and throat, and skin conditions resulting in a large percentage of defects being cared for. Home treatments and advice to mothers by the Nurses demonstrates more effectively from year to year the need of a room in each school for practical work by nurses or of a central place where children can receive expert attention."

Dr. Charles A. Monagan, Medical Inspector of Schools, and father of John S. Monagan (Waterbury Alderman, Mayor 1943-1948, and U.S. Representative 1959-1973), recommended in the 1913 Annual Report:

"That some method be devised whereby each school can be supplied with soap and towels, at present it is impossible to keep many of the children clean ..."

"That a centrally located room be secured as soon as possible to be used by the school nurses as a clinic room. We find it impossible to clean up many pediculosis and impetigo cases because there is no one to obtain the necessary drugs nor to apply them when secured. We cannot do this at the homes

of the children because their mothers often are employed outside of the homes and it is often impossible to find them at home."

"That a bag supplied with some simple medical and surgical appliances ... be furnished to each nurse to enable her to make the treatment necessary in many of the cases where we have found out by previous experience that it is useless to wait for the parents to do something toward helping the condition."

odor arising from some of these children is extremely offensive; sending them home to be washed and excluding them from school do no good. I see no remedy but to have the children bathed in school either by the school nurse or by older children of the same sex."

The 1914 Annual Report noted "... The nurse inspects every pupil in each school, ... At present our sole means of enforcing our effort to clean up a pupil is to exclude him from school, to shut him off from the only place

useless that we never employ it unless there is danger of contagion to others. For same reason there are very few cases of contagious diseases at present."

Mary A. Monagan, School Nurse, and sister of Dr. Charles Monagan, wrote in the 1914 Annual Report: "The children are instructed collectively and individually in the care of head, face, hands and teeth. We find a general improvement in the condition of the children when the schools are visited at short intervals. If for any reason our visits are delayed we find a falling off in the general condition of the children."

Marie A. Duval, Medical School Nurse wrote in the 1915 Annual Report: "Our object has been to maintain the health conditions in each school at the highest possible standard, to detect any diseases that may have an injurious effect on the children if left unchecked, to correct defects of vision and hearing ... to recommend cases to the open air school ... to promote the health of the children by doing all possible to better poor home conditions, and to increase the efficiency of the individual pupil by reducing to a minimum the number of absences that would follow impaired health."

That an appropriation be made by the City to supply glasses to those children who are unable to obtain them. We estimate this cost at less than \$100 per year for the entire City. At present some pupils spend two years in each grade because they are unable to see without properly fitted glasses."

—Dr. Charles Monagan,  
Medical Inspector of Schools, 1913

"That in every new school beside a small clinic room a bathroom be built. The

where there is any attempt made to clean or educate him. This is so foolish and

## SMALLPOX & INFLUENZA EPIDEMICS

**M**ary A. Monagan, wrote in the 1915 Annual Report: "At different times during the year we have had pupils sent to the Open Air School because of their run down condition." Open Air schools were outdoor schools used in pre-World War II United States to prevent and combat tuberculosis.

She continued: "After a short stay at this school they showed such a marked improvement that they were re-admitted to their regular schools. The appropriation for treatment of defective vision and fitting with glasses has been a wonderful help, and it has enabled us to have a number of children treated for eye trouble and in some cases fitted with glasses."

*These children would otherwise have been neglected, as their parents could not afford to have such work done."*

*—Mary A. Monagan,  
Waterbury School Nurse,  
1915*

"Owing to the prevalence of small-pox in this City during the Fall of 1916, no report of the Department was compiled" for 1916, reports the 1916-1917 Annual Report.

"An epidemic of Small-Pox prevailed from Sept. 1916 to July 1917. During this time 294 cases were cared for by the City ... Free vaccination was administered to about 13,000 school children."

Additionally a School Nurse wrote: "The appropriation given us last year for removal of tonsils and adenoids has been a great help. It has enabled us to have children treated who would otherwise have been neglected."

The 1918 Annual Report described the epidemic of influenza and pneumonia that was especially deadly in Waterbury – "During the month of September 1918 there commenced an epidemic of Influenza that gradually gathering force swept over the City so that scarcely a single family escaped having at least one case, and in a large number



Portrait of Miss Mary A. Monagan as a nursing student at Bridgeport Hospital. Photo courtesy of the Monagan Family.

of instances every member of the family developed the disease."

"A large number of cases were complicated with the 'Captain of the Men of Death,' pneumonia and in a very malignant form, so that the toll of deaths exacted was enormous."

Mary A. Monagan and Annie Grady reported as School Nurses, writing that "Owing to the Influenza the work of the Medical Inspection of Schools during the fall term of 1918 was very much interrupted." But at the Open Air School, "The largest majority of children ... are those who are suffering from anemia, poor nutrition debility,

nervous weakness, chorea or some of these subsequent complications. Each child is given a bath and weighed weekly. A systematic routine is followed ... Every child is studied closely and when found in a healthy condition is discharged as a waiting list of children has to be taken care of."



## DEVELOPING WATERBURY'S SOURCE OF FUTURE POWER

The 1919 Annual Report stated: "These school nurses of which there are 5 are of great benefit and aid ... All children are scrupulously examined particularly for any contagious or infectious diseases. Pediculosis or any dirt infection are given prompt treatment when judged necessary. The follow up work done by the school nurses shows the good results of our inspections. This is of the most importance and for this particular reason I would recommend a further increase in the number of school nurses. More beneficial and sanitary progress could be accomplished."

"Waterbury has a large school population. This source of future power requires physical development ... It would add to the efficiency of this work to have some records kept by this Department which would show the physical condition of the

children at entrance into the first grade. An additional aid would be given if at one or more later periods ... further records were made ... with this plan in view a record was made of the weight, height and physical characteristics of 1,100 first grade children."

The 1919 Annual Report described that "In each school tooth brush drills were given to pupils in first grade and brushes sold or given as the case required, great interest

was given by children who have never been taught the use of tooth brushes, or where there were none in the homes. We found 451 children who had never used a brush out of 1,076 cases cleaned and examined in first grade."

And: "In the fifth grades which were examined for records, the conditions were deplorable, as many as 27 cavities being found in the mouth of a 13 year old child in permanent teeth. Out of 1,000 cases examined in fifth

grade everyone (with very few exceptions) required dental attention, with either no means or interest to supply it."

By the 1922 Annual Report, the needs of the children had evolved and required the "Distribution of 50,000 quarts of milk to under-nourished school children; expense of which was defrayed by contributions from City employees to the Mayor's fund." The report describes that "There was a remarkable improvement noted in the

physical and mental conditions of children supplied with the milk by both school teachers and school nurses."

Dental hygiene was expanded to first, second, third, fourth and fifth grades. Free brushes were given to children who could not afford to purchase them. Tooth paste was given to all students.



Waterbury Public Health Nurses, c. 1919.

Then as now, School Nurses and Public Health Nurses protect and promote community health. Today Waterbury School Nurses care for some 23,000 school children, ensuring that the children are healthy, safe and ready to learn.

The 1923 Annual Report noted 8 school nurses who made permanent records of every children's condition and improvement. "This work has been standardized during the past year in conformity with a plan devised by the Children's Bureau in Washington and is a marked advance over all previous work in school hygiene. In addition our nurses have supervised milk distribution in the schools, about 3,000 half-pints being supplied daily to the undernourished children of the City."

In 1923, 53,343 treatments were delivered by the nurses in the school clinics – "the highest of any year thus far recorded.... Arrangements are perfected by them for proper treatment and follow up visits are made at homes to see that their recommendations are carried out. Under the new system of records introduced the amount of work required has materially increased."

The 1925 Annual Report noted: "The nurses in the school clinics have administered 54,787 treatments..." Also: "On account of the extensive and efficient school health program now in force, Waterbury ranks very high among the progressive cities of the country."

The 1926 Annual Report

highlighted: "A reduction in the number of Diphtheria cases and death from same. This is undoubtedly due to the Schick test and the administering of the Toxin-Antitoxin. The 3 Medical Inspectors of Schools and the force of school nurses centered their efforts on this work last spring and this fall. The results are very satisfying, over 1,258 children having received this protection against Diphtheria...." The Report also notes "...The number of children treated in the school clinics was 57,899 ... The nurses were instrumental in having 615 operations for removal of tonsil and adenoids and 266 children were fitted with glasses."

A pre-school clinic was introduced in 1927 and was highlighted in the 1928 Annual Report: "Great benefits derive from the pre-school clinic. A great majority of children will be physically fit when they start their school career..."

In 1928 the school nurses provided 62,045 treatments. "The amount of school work is steadily increasing due to the increase in the number of school children. To obtain best results this work is carried on with the utmost efficiency. The general health of the school child is being protected and improved by the school

nurses through the friendly relations and confidence established with the parents."

The 1929 Annual Report described that "The medical inspection of school is one of the most important divisions of health department activities and the work is constantly increasing with new features being added at various times." An audiometer was purchased for the schools in 1929 to test and refer children with defective hearing.

child." The Report suggested "Recommendations: There is an imperative need for pre-school clinics. The correction of defects and the immunization against disease are beneficial not only to the children ... but will result in fewer crippled adults in time to come. Parents should recognize the need of preparing the child for school, physically, as well as mentally."

The Depression and the polio epidemic added to the health concerns of children. The 1931 Annual Report recounts that a School Milk Fund was

established in part due to the work done by nurses showing "a large percentage of school children are undernourished and in need of sustenance" – with milk provided for free or nominal price.

All school children were given daily cod liver oil distribution to prevent rickets and other conditions caused by vitamin D deficiencies; children were bathed weekly. That year 95,032

inspections were made of children; there were 5,515 first aid calls, 936 immunizations, and 18,658 eye tests.

*This Department received a request from the White House Conference on Child Health & Protection asking that our Nurses make a survey to determine the amount of pre-school work that is being done by local families.*  
—Annual Report of the Waterbury Health Department, 1930

"... This survey proved conclusively that there was little or no work being done for the pre-school



## MODERN SCHOOL NURSING

Standardization in the 1920s-1930s delineated the lines between medical care and school nursing, and focused school nursing to first aid, health screenings and disease prevention as the priorities.

By the time of standardization, the Waterbury School Nurses had pioneered the practice of school nursing in Waterbury and had contributed greatly to the City's health, safety and wellbeing: The 1932 Annual Report announced that "A new record in the number of inspections was achieved ... when the nurses registered a total of 135,495 or over 40,000 more than during the previous year." The 1933 Annual Report notes that "Routine physical examinations were held in all the ....schools .... Children, whose parents could not afford to pay their own physicians for vaccinations, were accommodated .... Approximately 99% of the public school children have been vaccinated."

Today school nursing is a specialty practice that requires advanced education, significant professional experience in emergency care, and the great heart and soul necessary to deliver to the ever-evolving health concerns of school children.

- ◆ Childhood illnesses and deaths due to infectious and contagious illnesses have dropped dramatically due to

childhood immunizations such as those for diphtheria, pertussis, tetanus, polio, mumps and measles, etc., but other pathogens have emerged including HIV, ebola, antibiotic resistance as well as reluctance among some parents to consent to childhood immunizations.

- ◆ While infectious and contagious diseases have decreased, they have been replaced by chronic health conditions and illnesses, many of which require daily care attention and treatments. These conditions include diabetes, allergic diseases and asthma. Additionally there is an increase in childhood obesity which contributes to major chronic illness.
- ◆ Medical breakthroughs have saved the lives of babies that would have died in earlier days, but some of the children subsequently are so medically fragile that their conditions and treatments are most akin to medically fragile seniors cared for in skilled nursing facilities. Many of these children require specialized procedures and/or individualized nursing care including tube feedings, ventilators, medication and insulin administration, urinary catheterizations, and tracheostomes.
- ◆ There is an increase in school children with emotional and mental health issues. There is an increase in violent behavior by students in school settings.

## SCHOOL NURSING TODAY

At the close of the last school year ending June 2014, the school nurses registered 260,709 assessments for a student enrollment of approximately 23,000.

The Waterbury School Nurses as a group make a significant difference in the health and wellbeing of school children. They serve at the forefront of Waterbury public health and help to pioneer the development of modern school nursing. They are everyday heroines and champions for Waterbury's children for 111 years -- and always.

*"School Nurses today are educated to care for increasingly medically complex children that require expertise beyond daily assessments and first aid."*

— Lois Mulhern, RN BSN NCSN,  
School Health Coordinator,

2015

Treatment Provided	Total # for School Year 2013-2014
Daily Medications	24,752
PRN Medications	10,309
Gym Medications	4,841
Nebulizer Tx	236
Tube Feedings	1,669
Catheterization	1,879
Blood Glucose Testing	20,105
Illness/First Aid Visits	187,253
# Returned to class	177,594
# Excluded	11,581
911 Initiated	91
Pediculosis Inspections	9,446
# Excluded	704
W136 Initiated	37

## A TYPICAL DAY IN SCHOOL NURSING

As observed in a neighborhood school in a 3 ½ hour period on January 21, 2015, the typical day of a school nurse is an intricate performance requiring peak nursing skills and the self-confidence to work as a solo practitioner in a non-medical setting with no backup immediately available onsite. With each new student entering the office, the school nurse had to assess and reprioritize students for triage order. Each treatment required documentation of what was done.

This is what the Waterbury school nurse's typical day looked like on that day, when she responded to the whirlwind needs of 34 individual students, 10:30 am-2 pm, at an average of 6 minutes per student:

- ◆ DCF investigation concerning possible abuse of a student at home is underway
- ◆ Administered medication to one of 12 students who require daily medications
- ◆ Provided 1 of 3 tube feedings required daily by a student
- ◆ Head lice check for a student
- ◆ Student checks in with school nurse prior to self-catheterization
- ◆ Pre-K eye exams for 6 youngsters; records updated
- ◆ Student reports stomach ache, knee pain, possible fever; nurse takes temperature, lets student calm and then the student returns to class
- ◆ Student reports sliver on foot; inspected and treated; parent of student with sliver called with instructions
- ◆ Student reports finger pinched in classroom door; inspected and treated with ice
- ◆ PPD checks for 2 students
- ◆ Administered daily medications to 2 more students
- ◆ Removed and cleaned tube feeding for student
- ◆ Student reports being stabbed with a pencil; bruise inspected, cleaned and treated; report for disciplinary process made; parent called to inform
- ◆ Daily medications administered to 4 more students
- ◆ 2 students assessed following an accidental collision; treated with ice
- ◆ Student treated for bleeding finger; cleaned and bandaged
- ◆ Anti-seizure medications administered to a student
- ◆ Emergency call from cafeteria regarding a student fall; school nurse races across facility with wheelchair; student has head and leg injuries; wheelchair transfer to nursing office; parent notified; 911 required for transfer to emergency room
- ◆ Police arrive regarding the DCF investigation
- ◆ Medication administered to 1 more student
- ◆ Teacher called to remind 1 student to report for daily medications
- ◆ Student reports for medication needed prior to gym class
- ◆ Student needs bandage following abrasion in gym class
- ◆ Medications administered to 2 more students
- ◆ Special needs procedure for 1 student

*I love kids and  
I have the best  
of both worlds  
in my work.*

*Every single school day is  
different."*

*—School Nurse in a  
Waterbury neighborhood school,  
2015*



## ANOTHER TYPICAL DAY IN SCHOOL NURSING

As observed in a middle school in a 3 ½ hour period on February 6, 2015, the typical day of a school nurse caring for the needs of tweens and young teens with the assistance of a public health aide looked like this, when they responded to the needs of 48 students at an average of 4 minutes per student:

- ◆ An angry student is in the nurses office to calm down
- ◆ A student who forgot to take daily medications at home wants to leave school; parent is called to bring forgotten medication
- ◆ Tube feeding for 1 student
- ◆ Student treated for bloody nose due to dry air
- ◆ Student treated with ice for arm banged on desk
- ◆ Student given Vaseline for chapped lips
- ◆ Student assessed for knee kicked by another student; report for disciplinary process made
- ◆ Student visit for bathroom use
- ◆ Student and aide use exam room for diaper change
- ◆ Student reports possible bite on finger; finger is examined, cleaned and bandaged; parent is called with follow up instructions
- ◆ Student reports stomach ache due to no breakfast; student is given a healthy snack and time to eat and calm prior to return to classroom
- ◆ Student arrives with no pass and is told to return to classroom
- ◆ Student who fell from treadmill in gym is examined and abrasion cleaned and treated
- ◆ Student and aide use exam room for diaper change
- ◆ Student who fell asleep in a classroom is a newly-diagnosed diabetic; student's blood sugar is tested and found to be very low; student is given healthy snack; nurse assists student to plan lunch choices; blood sugar to be retested after lunch
- ◆ Asthmatic student visits for inhaler use
- ◆ Student needs sanitary supplies
- ◆ Student returns ice pack from an earlier visit that day
- ◆ Student reports possible sinus headache
- ◆ Student visits office for use of bathroom
- ◆ Student on crutches visits for use of bathroom
- ◆ Student with itchy eyes checked and treated with cold compress
- ◆ Student reports for daily medications
- ◆ Student visits office for use of bathroom
- ◆ Student who reported possible bite on finger returns; student wants to call parent and go to hospital; parent called; student's finger is again cleaned and bandaged
- ◆ Student reports finger hurt after running into a wall; treated with ice

- ◆ Newly diabetic student returns for blood sugar retest following lunch
- ◆ Police officer refers student in cafeteria to nurse; student is hitting wall with head and fist following aggressive teasing by others; student is brought to nurse's office to calm then referred to counselor to resolve
- ◆ Student in wheelchair visits office

*Know that when these kids are with me, they are being taken care of. If I don't take care of them, who will?"*

*—School Nurse in a Waterbury middle school, 2015*

- ◆ Student cousin of student referred by police officer visits to follow up on cousin's well-being
- ◆ Student reports sore eye; eye is examined and treated with cold compress
- ◆ 2 students report for daily medication
- ◆ Student reports stomach ache and need to vomit; student has not eaten breakfast or lunch and is given healthy snack and returned to class
- ◆ Student reports finger punctured by pencil point; finger is examined, cleaned, bandaged
- ◆ Student reports bloody abrasion on neck caused by scratching; skin is cleaned, bandaged
- ◆ Student reports being jabbed with a pencil in the back by another student; student is examined but there is no damage; report for disciplinary process made; parent called to inform
- ◆ Student who reports that a finger hurts every day visits office for ice
- ◆ Student reports head hurt after hitting a wall
- ◆ Student reports for daily medications
- ◆ Student reports headache
- ◆ Student reports stomach ache and fever; temperature taken and there is no fever; student agrees to return to class
- ◆ Student reports hunger, headache and anger following another student contaminating the student's lunch; student is given a healthy snack and remains in office to calm
- ◆ Student visits office for sanitary supplies
- ◆ Student reports headache and no lunch, but refuses offer of snack and leaves with no resolution
- ◆ Student visits office to use bathroom
- ◆ 2 students visit for sanitary supplies

## A TYPICAL DAY IN HIGH SCHOOL NURSING

As observed in a high school during a 3 hour period on May 22, 2015, the typical day of a high school nurse caring for the needs of 36 students, 2 parents and 2 staff members, with the assistance of a public health aide looked like this:

- ◆ A student comes to office to obtain an ice pack for an itchy eye
- ◆ A student visits office to obtain Q-Tips and promises not to insert them in the ear canal
- ◆ Student visits office for tissues
- ◆ Student in office for 2nd time that day to complain of pain; school nurse urges student to go to the bathroom
- ◆ Two students come to office — 1 leaves and 1 stays to have hand pre-cast wrap — applied in the ER for fracture sustained during a violent outburst — loosened by the nurse
- ◆ Student needs 2 bandages due to new sandals that rub
- ◆ Student argues that she wants to go home because of discomfort from cramps; nurse explains that is not a medical reason for excused absence and the student should go back to class
- ◆ A newly emigrated student who has physical disabilities and who does not speak English needs assistance transferring to the only accessible toilet in the building which is located in the nurse's office; student has not been assigned a dedicated aide and so must wait for nurse to assemble Vice Principal and others to lift the student to the toilet
- ◆ A student visits and leaves
- ◆ A student visits for self-catherization
- ◆ A parent visits with medical forms for an upcoming overnight field trips
- ◆ The student is done with the accessible toilet but must wait for the nurse to assemble additional staff to lift the student back to the wheelchair
- ◆ A student needs gauze or other covering for newest of 6 tattoos
- ◆ Student needs paper towels
- ◆ Student comes for 2nd time in 1 day; wants ice for hand badly bruised the day before punching a cement wall in anger
- ◆ Student comes for tube feeding
- ◆ Student has headache and requests ice pack
- ◆ Student reports backache
- ◆ Student visits for drink of water
- ◆ Student comes to use accessible bathroom
- ◆ Student needs paper towels
- ◆ Student needs bandages
- ◆ Diabetic student visits for self-check
- ◆ Second diabetic student visits for meal check with nurse
- ◆ Staff member requests nurse to check sore outer ear
- ◆ Family of student with tube feeding called; message left to bring additional feeding supplies to school
- ◆ Third diabetic student comes to office for check
- ◆ A student visits office and leaves
- ◆ A staff member visits office and complains of back pain; nurse explains procedure for staff to follow
- ◆ A student comes back for 2nd visit for unspecified reasons
- ◆ Student comes for pre-gym inhaler
- ◆ Student comes back for 2nd time for heating pad for cramps
- ◆ Diabetic student reports for insulin use
- ◆ 2 students rush in reporting a girl cannot breathe in cafeteria — nurse grabs equipment and runs, followed by aide with wheelchair
- ◆ The student who is reported to not be able to breathe is hiding near a vending machine, crying; the student had been in office earlier complaining of a stomachache; the nurse checks oxygen level and finds that the student is breathing very well; student is transported to nurse's office
- ◆ A student request a tampon
- ◆ A staff member requests a bandage
- ◆ Student transported from cafeteria now reports panic and anxiety attack; nurse talks to student and has student rest
- ◆ Mother of student with tube feeding calls to report that needed supplies will be delivered to nurse's office soon
- ◆ Call from field trip about a student having a seizure — contact numbers for parent and grandparent do not work
- ◆ Aide is talking to student transported from cafeteria about how she came to be in cafeteria for 3 entire lunch blocks; student says she feels suddenly better from panic and anxiety attack and will return to class
- ◆ Student reports feeling sick
- ◆ Student comes to obtain tampon for his girlfriend

*I take care of these kids but I am also teaching them life skills everyday. You're everything here — you're their nurse, their mother, their teacher."*

*—School Nurse in a Waterbury high school, 2015*



## W A T E R B U R Y   S C H O O L   N U R S E S

**W**aterbury School Nurses who are carrying on the history and vocation of school nursing for School Year 2014-2015 include the following everyday heroines listed by their service seniority:

Ruth Colligan, RN — 1990  
 Dorianne Lodge, RN — 1991  
 Theresa Gumpert, RN — 1993  
 Carol Ciccarelli, RN — 1993  
 Joanne Daigle, RN — 1993  
 Margaret Owens, RN — 1995  
 Sherry Mitchell, RN — 1996  
 Joyce Renna, RN — 1997  
 Lois Crucitti, RN — 2004  
 Hope Fenn, RN — 2004  
 Kimberly Caron, RN — 2004  
 Emerita Goold, RN — 2005  
 Linda Konopka, RN — 2005

Andrea Brady, RN — 2005  
 Louise Carlozzi, RN — 2006  
 Sandra Hall, RN — 2007  
 Claire Pelletier, RN — 2007  
 Kathleen Sullivan, RN — 2008  
 Tracy Benson, RN — 2008  
 Jane Piacentini, RN — 2008  
 Doreen Pelletier, RN — 2009  
 Robyn Generali, RN — 2010  
 Geraldine Sullivan-Carey, RN — 2010  
 Jaime Arroyo, RN — 2012  
 Danielle Caro, RN — 2012

Margaret Famiglietti, RN — 2012  
 Shelley Ireland, RN — 2012  
 Phyllis Levy, RN — 2012  
 Allison Vazquez, RN — 2013  
 Tabitha Krosi, RN — 2013  
 Noreen Prince, RN — 2013  
 Marianne Sargent, RN — 2013  
 Cathy Bagoly, RN — 2014  
 Krista Phelan-Wright, RN — 2014  
 Shennen Dell'Anno, RN — 2014  
 Jennifer Desmond, RN — 2014  
 Karen Mueller, RN — 2014  
 Robertine Osaе, RN — 2015

### School Nursing Administration:

Patricia Kiesel, RN, *Nursing Supervisor*

Luci Moschella, RN, *Nursing Supervisor*

Lois Mulhern, RN, *Nursing Supervisor*



Waterbury School Nurses serving in elementary schools



Waterbury School Nurses serving in middle schools.



Waterbury  
School Nursing  
Administration.



Waterbury School Nurses serving in high schools.

# WATERBURY SCHOOL NURSES— HEROINES EVERY DAY ON BEHALF OF WATERBURY SCHOOL CHILDREN



Waterbury School Nurses gathered at City Hall, April 2015, for the reading of Mayor Neil O'Leary's Proclamation of School Nurse Day 2015.

*"A sensible School Nurse, with good judgment, discretion, and enthusiasm, may be a powerful factor in the general improvement of a community."*

*—Lina Rogers,  
1st School Nurse in the US, 1902*



## Proclamation

**Whereas:** The City of Waterbury recognizes the vital role Waterbury School Nurses serve to ensure Waterbury students are healthy and ready to learn every day; and

**Whereas:** Waterbury School Nurses have worked professionally since 1904, serving more than 2 million students in aggregate over the past 111 years;

**Whereas:** Waterbury School Nurses handle more than 175,000 illness and first-aid visits in a typical school year, returning the vast majority of those students to their classroom; and

**Whereas:** Waterbury School Nurses help students deal with a variety of needs and conditions, including health care screenings, hearing and vision testing, dealing with home accidents, diseases including diabetes and asthma, special needs, and the fallout from mental, emotional and social problems; and

**Whereas:** Waterbury School Nurses are there to serve our students and staff, displaying their professionalism, dedication and compassion every day;

**Now therefore,** I, Neil M. O'Leary, Mayor of the City of Waterbury, do hereby declare Wednesday May 6, 2015 as School Nurses Day.



Neil M. O'Leary  
Mayor, City of Waterbury  
Signed under my hand and the seal of the  
City of Waterbury this 29th day of April 2015



An early view of the Bucks Hills School. Courtesy of the Republican-American Archives.



DEPARTMENT OF PUBLIC HEALTH  
**THE CITY OF WATERBURY**  
CONNECTICUT

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