

School Nurse UPDATE

#1 August 26, 2021

Welcome Back!

I hope that you found time and ways to rejuvenate over the summer, even those of you working summer school. This is another year that we need to bring our “A game” to our roles as school health leaders. Our schools need us, and our students deserve our best! I have been saving snippets for this back-to-school issue for a few weeks. As usual I had to determine what remains current and pertinent to include as COVID is still an evolving situation. I realize the evolving nature of COVID is getting “old” and exhausting!

It is only the beginning of the 2021/22 school year and already you have shared your frustrations and stress in emails and phone calls. I welcome your communications. To support school nurses, I am resuming the monthly virtual school nurse networking meetings. In my PRACTICE POINTS I address the moral dilemma school nurses experience when districts ignore evidenced- based public health guidance.

A few of the articles I include in this first issue were shared previously in summer emails. Articles such as DHS clarification of how authorized WIR users may use WIR data for approved public health purposes, N95 fit testing opportunities, and Safe, Strong & Healthy Schools resources bear repeating.

Information on DHS’s new data webpage which includes data contrasting vaccinated vs unvaccinated cases, hospitalizations, etc. is new. So are some resources for school nurses to explain community immunity, the science behind the delta variant, and a school nurse tip sheet for enhancing staff well-being. I have also shared two *The Relentless School Nurse* blogs.

Good luck as you return and prepare for the new school year and all the challenges and adventures it will bring. Like COVID, we are all in this together! Talk with you in a few weeks.

Louise

FEATURED STORIES

PRACTICE POINTS –
School Nurses Face Moral
Dilemma

Review of DPI Resources (p. 2)

Children with Medical
Complexity (p. 4)

Safe, Strong & Health
Schools webinars (p. 8)

NASBE Promoting School
Nurses as Leaders in
Reopening Schools (attached
flyer)

SAVE THE DATE

New School Nurse Virtual
Orientation – October 21-
22, 2021. **Registration
Now open:**
<https://forms.gle/mBV7oDk3CBM2XVRi8>

Monthly School Nurse
Network Meetings - Third
Tuesday of each month
3:30-4:30 PM.

DPI News

Make Sure You Have the Most Recent Copy Bookmarked

DPI's [COVID-19 Infection Control and Mitigation Measures for Wisconsin Schools 2021/2022](#) was updated on August 10th to reflect the slight [change in the CDC close contact exception in the K-12 indoor classroom](#). No longer are other mitigation strategies such as increased ventilation required to meet the exemption; only that both the infected student and the exposed student(s) [correctly and consistently](#) wore well-fitting [masks](#) the entire time. DHS has also updated their [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#) accordingly.

The URL for DPI's guidance was also updated. Please book mark this URL. It will be used for any further updates to the document this school year.
https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/DPI_Infection_Control_and_Mitigation_Measures_for_Schools.pdf

DPI New School Nurse Orientation Registration Now Open

Registration for the October 21-22, 2021, New School Nurse Orientation is now open. The orientation will be held virtually. There is no cost to attend, but participants must register to be sent the information and Zoom link. See [flyer](#) and [registration link](#).

New Resources Posted to COVID-19 School Health Services Webpage

Several resources are posted under the new banner School Nurse Toolkit Resources. <https://dpi.wi.gov/sspw/2019-novel-coronavirus/school-health-services-information>. This includes updated nebulizer and tracheostomy procedures.

Return of School Nurse Networking Meetings

Monthly virtual school nurse networking meetings will be held on the third Tuesday of each month from 3:30-4:30 PM starting September 21, 2021. These meetings will be similar to the original Zoom meetings held in early 2020. The DPI will share new information, there will be time to ask questions of the school nurse consultant and time to network in breakout rooms. Zoom link: <https://widpi.zoom.us/j/82609706932>. Reminders will be mailed out the week before each meeting. Meetings will not be recorded.



Monthly virtual school nurse networking meetings will be held on the third Tuesday of each month from 3:30-4:30 PM starting September 21, 2021.

DPI News



The Office of Preparedness and Emergency Health Care Division of Public Health has approved the allocating of fit testing kits and available respirators to school nurses as part of their ongoing COVID-19 response efforts.

Authorized Use of WIR for Public Health Purposes

The Wisconsin Department of Health Services recently provided clarification regarding authorized users accessing immunization records to make public health decisions. Authorized users of the Wisconsin Immunization Registry sign a WIR Organization Security and Confidentiality Agreement. That agreement outlines the authorized uses of WIR data, which include but are not limited to:

- To permit schools to determine the individual immunization status of their students
- For DHS approved public health purposes

Therefore, authorized users such as local health officers and schools may use the COVID vaccine information for purposes such as setting policy about masks, cohorting in schools, and other public health purposes.

DPI reminds school districts to adhere to state and federal confidentiality laws including the Family Educational Rights and Privacy Act (FERPA) and their signed WIR use agreements.

Proposed Legislation of Mailing Vaccination Information

[2021 Senate Bill 150 \(wisconsin.gov\)](https://legis.wisconsin.gov/2021/bills/senate/150) is proposed legislation that would require mailed communications regarding vaccines or immunization status be enclosed in a sealed envelope for privacy purposes. School districts should consider this proposed legislation as they track and enforce back to school immunization compliance.

The Division of Public Health Offers Fit Testing and Respiratory Protection Services

The Office of Preparedness and Emergency Health Care Division of Public Health has approved the allocating of fit testing kits and available respirators to school nurses as part of their ongoing COVID-19 response efforts. Please find the fit testing and respiratory protection survey linked [here](#). **This survey will close on September 10th**. Resources will be allocated based on available inventory. School nurses and other healthcare entities may also request additional respirators via the stockpile request form, linked [here](#).

DPI News

2021-22 Student AODA Mini-Grant Competition Now Available

The DPI is pleased to announce the 33rd annual Alcohol and Other Drug Abuse (AODA) Student Mini-Grant competition. As part of the Department's efforts to encourage youth initiatives that promote healthy, resilient, and academically successful learners, we are making these grants available again for the 2021-22 school year.

The amount of these student-driven awards may not exceed \$1,000 each. Applications must be delivered electronically to the DPI by 4:00 p.m. Friday, October 15, 2021. Visit the [Student AODA Mini-grant webpage](#) to download the application and guidelines. Notification of funding decisions will be made to districts in the late fall of 2021. Please share this information with school staff, including classroom teachers and pupil services staff. If you have any questions about this grant process, please contact Brian Dean, Education Consultant, at brian.dean@dpi.wi.gov or (608) 266-9677.

Restarting Safe Education and Testing (ReSET) for Children with Medical Complexity

The DPI has partnered with ReSET, knowing that there are critical conversations happening in our communities about how to help children and school staff safely return to school this Fall. In this constantly changing environment, we hope that you will keep children with complex health needs in mind when making these important decisions.

To help our communities with these decisions, ReSET has developed a list of the top 10 priorities for safe return to school for children with complex health needs. These priorities were elicited from over 1,100 ideas from 460 families, family advocates, school staff, clinicians, and administrators across Wisconsin.

As a central principle, the safety of children with complex health needs requires the safety of all children and staff at school. These priorities and downloadable resources for families, school staff, and health care providers can be found on the [Healthy Kids Collaborative website](#). The website includes a:

- 1-page overview of the top 10 priorities
- Family Q&A document
- Sample health care provider letter to schools

For more information, contact Shawn Koval, program coordinator at skoval@uwhealth.org or (608) 265-6846.



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Additional Dose of COVID-19 mRNA Vaccines Now Recommended for Immunocompromised People Ages 12 and Older

An additional dose of COVID-19 mRNA vaccine is now recommended for individuals 12 and older with certain medical conditions or who are receiving certain medical treatments that compromise their immune system's functionality. **Please review** the Centers for Disease Control and Prevention's [\(CDC\) clinical consideration carefully prior](#) to vaccinating. The CDC has not published a Morbidity and Mortality Weekly Report (MMWR) on this topic at this time.

Additional doses are **not** yet recommended for non-immunocompromised people, or for those who received the Johnson & Johnson COVID-19 vaccine.

Immunocompromised Classifications

Those who qualify for the additional dose include people 12 years of age and older with medical conditions, including:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell or hematopoietic stem cell transplant (within two years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (≥ 20 mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

Individuals with weakened immune systems may not develop adequate immunity following vaccination. These individuals are also more likely to develop serious illness with COVID-19 and may spread the virus to others in their home. Adding an additional dose to the series for immunocompromised people could help better protect those most vulnerable to COVID-19.

Vaccination

The additional mRNA COVID-19 vaccine dose should be the same vaccine product as the initial 2-dose mRNA COVID-19 primary vaccine series (Pfizer-BioNTech or Moderna). If the mRNA COVID-19 vaccine product given for the first two doses is not available, the other mRNA COVID-19 vaccine product may be administered. A person should not receive more than three mRNA COVID-19 vaccine doses.

DHS News

Respiratory Report

[The Weekly Respiratory Report](#) (detailing influenza data) is available and updated bi-weekly.

DHS Produces Video/Cartoon Explaining Community Immunity

Check out this cartoon-like video with DHS's Dr. Ryan Westergaard explaining community or herd immunity. It could be used to explain this concept to students.

<https://www.youtube.com/watch?v=r-zwN2zUSAk>

New DHS Data Webpage

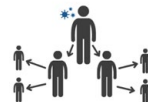
The Wisconsin Department of Health Services (DHS) has launched a new data webpage, [COVID-19 Illness After Vaccination](#), which includes a visualization showing the rate of COVID-19 cases, hospitalizations, and deaths per 100,000 among individuals who are fully vaccinated versus individuals who are not fully vaccinated. These data are also presented by month, beginning in February 2021. By displaying the rates side-by-side, users can clearly see the difference in rates between these two groups. The overwhelming majority of Wisconsinites who are infected with COVID-19 are not fully vaccinated.

“The increase in cases we are seeing in Wisconsin right now is being largely driven by the Delta variant, and the overwhelming majority of people who are contracting COVID have not been fully vaccinated. With the original strain of COVID-19, an infected person was likely to infect two other people, who were then likely to infect two additional people for a total of 6 cases from one infection. With the Delta variant, an infected person is likely to infect about five people, who are then likely to infect 25 people for a total of 30 cases from one infection,” said DHS Secretary-designee Karen Timberlake. “The COVID-19 vaccines are still doing their job by stopping the spread of many new infections, and by preventing severe illness, hospitalization, and death.” [View the entire news release.](#)

The Delta variant spreads more rapidly than previous strains and may cause many more infections.

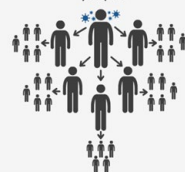
Original Strain

Each person infects about 2 other people.



Delta Variant

Each person infects about 5 other people.



Getting vaccinated and wearing a mask at schools and in public, indoor settings are critical to stopping the spread.

YOU STOP THE SPREAD



CDC

Delta Variant: What We Know About the Science

The Delta variant is more than 2x as contagious as previous variants. Some data suggest the Delta variant might cause more severe illness than previous strains in unvaccinated persons.

Although breakthrough infections happen much less often than infections in unvaccinated people, individuals infected with the Delta variant, including fully vaccinated people with symptomatic breakthrough infections, can transmit it to others. CDC is continuing to assess data on whether fully vaccinated people with asymptomatic breakthrough infections can transmit.

The greatest risk of transmission is among unvaccinated people who are much more likely to contract and, therefore, transmit the virus. [Learn More Video - The Delta Variant: What You Should Know](#)
[Video - Should I be Concerned About the Delta Variant?](#)

COVID Data Tracker

Website to have bookmarked: <https://covid.cdc.gov/covid-data-tracker/#county-view> In addition to cases, deaths, and laboratory testing, CDC's COVID Data Tracker now has a [Vaccinations](#) tab to track distribution of COVID-19 vaccines in your state.

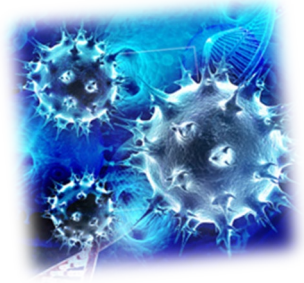
HHS

Public health and medical experts from the U.S. Department of Health and Human Services (HHS) released a statement on the Administration's plan for COVID-19 booster shots for the American people that is very helpful to explain the process including why J&J vaccine recipients have not been told much information yet. [Read full news release.](#)

Miscellaneous

School Nurse Tip Sheet: Enhancing Staff and Teacher Well-Being

Staff and teachers' wellbeing is important as schools transition back to in-person learning. Kaiser Permanente has collaborated with over 30 national school health organizations to create the "Planning for the Next Normal at School: Keeping Students, Staff, and Families Safe and Healthy" playbook, which provides evidence-based guidance to adapt to school life after the COVID-19 pandemic. [Learn more.](#)



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Misc. Continued

With Delta on the rise, are kids safe going back to school?

"Kids, parents, educators, and doctors all agree that [remote learning is a crummy substitute](#) for in-person classrooms. The American Academy of Pediatrics has [declared](#) that in light of the [inequities](#) and [mental-health issues](#) created by remote learning, along with the problem of students [falling behind academically](#), 'the benefits of in-person school outweigh the risks in almost all circumstances.' But with the highly contagious [delta variant](#) leading to surging Covid cases in much of the US, plus rising concerns about the variant's [impact on children](#), some parents may be concerned about their kids' safety—and wondering what they can do to mitigate risks. Quartz spoke with three infectious disease experts to get some answers." [Good summary. Read more...](#)

Safe, Strong & Healthy Schools

Safe, Strong & Healthy Schools is a presentation and conversation series with Wisconsin doctors, educators, scientists, and leaders about schools and child health.

As our schools welcome back students, more and more families, pediatricians, and school nurses will face the difficult task of discerning between allergy and potential COVID-19 symptoms in the months and weeks to come - and need to make informed decisions about whether to seek testing, stay home, or not worry depending on the presenting symptoms and the medical history of the student.

To support you and your school communities with these issues, we've just released a Safe, Strong & Healthy Schools episode on the topic. [Click here to stream "Is It an Allergy or Is It COVID?" with Dr. Jim Gern \(UW - Department of Pediatrics\).](#)

Dr. Jim Conway (UW - Department of Pediatrics) updates viewers on all things COVID-19 vaccine. https://www.youtube.com/watch?v=-ut_LAS4So

Coping with Misinformation - A Challenge and An Opportunity (Dr. Dipesh Navsaria) <https://www.youtube.com/watch?v=25gGcQ-CLU8>

Supporting the Safety of Children with Complex Health Needs in Schools with Dr. Ryan Collier (UW Department of Pediatrics). <https://www.youtube.com/watch?v=C3Gmb5D87Vc>

You can access other episodes of our series by visiting the [Safe, Strong & Health Schools homepage](#) or the [YouTube playlist for season 2](#).

Wisconsin Asthma Coalition



EDUCATION OPPORTUNITIES

The September Asthma Peak

Virtual | August 26 | [Register](#)

Every September, across the globe, we see a peak in asthma flares in the third week of September. This webinar defines the asthma peak, reviews mitigation effort to prevent asthma flares and reviews updated asthma guideline especially for school-aged children.

Diabetes in School Health

August DiSH A La Carte Session: "Back to School with Diabetes- In the COVID Era"

August Session now posted! Dr. Alonso offers an overview of the current evidence related to Pediatric diabetes and COVID-19 and discusses implications for children and school staff as we prepare for the 2021-2022 school year.

[Link for recording](#)

[Link for slides](#)

Miscellaneous

Vaccine Gift Card Incentive

Gov. Tony Evers with the Wisconsin Department of Health Services (DHS) announced Wisconsin residents who receive their first dose of any COVID-19 vaccine from a Wisconsin provider between August 20 and September 6 can collect a \$100 Visa gift card. Wisconsinites ages 12 and older are eligible for the reward, and proof of insurance, I.D., or citizenship are not required to be eligible for the vaccine or to receive the \$100 reward.

In order to receive the \$100 Visa gift card, Wisconsin residents will need to fill out the form available at 100.wisconsin.gov. For more information on the reward program, visit the [DHS \\$100 reward page](#) or call 844-684-1064. Language assistance is available.

Upcoming Fall DiSH Sessions

Sessions will continue on the 3rd Wednesday of the

Month at 3 PM CST

September 15, 2021, 3 PM

Child Life: Strategies to Support Students with Diabetes

October 20, 2021, 3 PM

Racial Equity & Diabetes

November 17, 2021, 3 PM

Helping Teens Transition to Adulthood with Diabetes

December 15, 2021, 3 PM

Social Work Toolkit: Community Resources for Children with Diabetes

Children's Hospital of Philadelphia Vaccine Education Center

Announcements: Updated COVID-19 Q&A, September webinar registration open and more

We have been trying to determine the best time to release volume 2 of the COVID-19 Q&A sheet, but, of course, as with all COVID-19 information, the narrative keeps being informed by new findings. However, we are happy to report that the electronic, English language version of volume 2 is now available.

This version expands the information to include the J&J/Janssen vaccine, COVID-19 vaccine safety concerns, the third dose for immune-compromised individuals, and the rare, but serious, side effects that have been associated with COVID-19 vaccines, including thrombocytopenia with thrombosis syndrome (TTS), Guillain-Barré Syndrome (GBS), and myocarditis. We will monitor developments regarding an additional dose for the general population and incorporate when more information becomes available.

We are working diligently to make volume 2 available in Spanish and in print. Once available, we will announce in the Vaccine Update, but you can also [check our website](#) for the Spanish version [or pre-order the printed version](#) (in English or Spanish) if you want to be among the first to get a print supply.

September “Current Issues in Vaccines” webinar with Dr. Offit

The next “Current Issues in Vaccines” webinar will be held on Wednesday, Sept. 22, 2021, at noon ET. Dr. Offit will address: “Myths and Misinformation Surrounding COVID-19 Vaccines”

This webinar series is free and offers free continuing education credits (CME, CEU, and CPE) due to the gracious support of the Thomas F. McNair Scott Endowed Research and Lectureship Fund. The series is co-sponsored by the Pennsylvania chapter of the American Academy of Pediatrics and Nesbitt School of Pharmacy at Wilkes University.

[Register today!](#)

Q&A COVID-19 VACCINES: WHAT YOU SHOULD KNOW

COVID-19 mRNA VACCINES
(e.g., Pfizer and Moderna)

Q. What is mRNA?
A. mRNA stands for messenger RNA, which is the blueprint for making proteins. mRNA, which lives in the nucleus of cells, makes mRNA and steps it outside the nucleus to the non-coding cell cytoplasm. Once in the cytoplasm, mRNA is translated into a chain of all proteins and enzymes, because our cells make proteins all the time. They also make mRNA all the time. Once after making proteins, mRNA breaks down.

Q. How do mRNA vaccines work?
A. COVID-19 mRNA vaccines take advantage of the cellular process of making proteins by introducing mRNA that contains the blueprint for the coronavirus spike protein. This protein attaches to receptors on our cells, so the remaining virus can get inside. We can prevent coronavirus from introducing cells. The mRNA delivered to the vaccine is taken up by specialized cells of the immune system, called dendritic cells. These cells make the spike protein and send small pieces of it to other cells. The spike protein, described in this fact sheet, is a highly specific and abundant protein that binds to the coronavirus protein virus cell at the level of the future.

Q. Do mRNA vaccines work?
A. mRNA vaccines prevent COVID-19 in mice that had received people. To date, mRNA vaccines have also been effective against variants of COVID-19 that are circulating, but they will continue to be evaluated as new variants arise.

COVID-19 ADJUVANT VACCINES
(e.g., J&J/Janssen)

Q. How do adjuvant-based vaccines work?
A. Adjuvants are a family of things that can help people and make vaccines. Some types cause the immune cell, while others do not cause disease in people. COVID-19 adjuvant-based vaccines take advantage of these naturally occurring things to deliver the DNA for the spike protein of the coronavirus that causes COVID-19. The adjuvant used in these vaccines has been shown to be safe and effective in people as a single vaccine that does not develop an adjuvant infection. The DNA for the spike protein enters the nucleus of specialized cells of the immune system, where it is made into mRNA. However, the adjuvant DNA cannot be used after cellular DNA. The mRNA is released into the cytoplasm where it serves as the blueprint for the spike protein-making apparatus to produce the spike protein. As the mRNA vaccine-producing protein goes out to the surface of the cell, which happens to be highly specific and activates other immune system cells.

Q. Do adjuvant-based vaccines work?
A. The J&J/Janssen and Adjuvant-based vaccine prevent COVID-19 infection in 7 or 8 of every 100 vaccinated people, and in clinical trials, they prevented hospitalization and deaths of vaccine recipients. To date, the adjuvant-based vaccines have also been effective against variants of COVID-19 that are circulating, but they will continue to be evaluated as new variants arise.

Learn more: [vaccine.chop.edu](https://www.vaccine.chop.edu)

Prevent Blindness

As schools and child care programs are preparing to provide vision screening, we are excited to launch revised BOLD Vision Screening Considerations During the Coronavirus Disease 2019 (COVID-19) Pandemic for Schools, Head Start, and Early Care and Education Programs and an associated FAQ document. [Read the Considerations.](#)

We encourage you to take these 10 steps to better vision:

1. Share information with families about children's vision, including possible eye and vision disorders so they know what signs to look for while their child is learning and playing. Download the [Signs-vision-problems-in-children.pdf](#).
2. Deliver a virtual or in-person presentation in English or Spanish to families (see our turn-key presentation with scripted PowerPoint slides and handouts) from the Small Steps for Big Vision tool kit at [Small Steps for Big Vision: An Eye Health Information Tool Kit for Parents and Caregivers](#) - National Center.
3. Become a certified children's vision screener through the Prevent Blindness Children's Vision Screening Certification Course, an online, self-paced course that provides participants with a 3-year, nationally recognized certificate based on current national guidelines and best practices on evidence-based vision screening tools and procedures for preschool- and school-aged children. Discounted rates are available beginning with groups of 10 or more participants. Learn more at [Prevent Blindness Children's Vision Screening Certification Course](#).
4. Perform vision screening using evidence-based methods and tools. Read [Vision Screening Guidelines by Age](#)
5. Vision screening is one component of a strong vision health system of care. Read [12 Components of a Strong Vision Health System of Care](#).
6. If a child is referred for an eye examination, **share information with families about making and preparing for eye care appointments**. See this document on how to schedule an eye examination, including questions to ask the eye doctor and links to videos about what will happen at the eye examination: [How to Schedule an Eye Examination](#), also available in [Spanish](#). Learn more at [Small Steps for Big Vision: An Eye Health Information Tool Kit for Parents and Caregivers](#).



*Prevent Blindness
U.S.A. released
considerations for
vision screening during
the COVID pandemic.*

Prevent Blindness – Cont.

7. Share "Children's Vision Digital Screen Tips" posters in English and Spanish with families, teachers, school nurses, and others in your community. These resources are [available for download](#). You can find [social media messages about screen time](#) at Children's Vision Massachusetts and [School Health](#).
8. Help families and children connect to eye care. The Prevent Blindness resource "[Vision Care Financial Assistance Information](#)" can connect kids and their parents to eye examinations, eye glasses, and more. Information is available in English and Spanish.
9. Share [Prevent Blindness infographics](#) on social media.
10. Invite your colleagues to receive our newsletter. [Sign up today!](#)

The Relentless School Nurse

[The Relentless School Nurse: Time for a Fact Check Reminder to S.I.F.T. – Stop, Investigate, Find, Trace.](#)
by [Robin Cogan, MEd, RN, NCSN](#)

Social media moves at the speed of messages and we are living through a time when unchecked facts have negatively impacted public health. Whether it is misinformation, disinformation, or confirmation, S.I.F.T. first before sharing is a good rule of thumb. SIFT: Stop, Investigate, Find, and Trace The University of Colorado, Boulder has an excellent guide to S.I.F.T: [Strategy: Evaluating News](#)

[The Relentless School Nurse: I am Feeling Completely Unsettled, Are You Too?](#)
by [Robin Cogan, MEd, RN, NCSN](#)

S.I.F.T.
EVALUATE INFORMATION
IN A DIGITAL WORLD

FACT CHECK YOUR FEED

STOP

Do you know the website or source of information? Start with a plan. Check your bearings and consider what you want to know and your purpose. Usually, a quick check is enough. Sometimes you'll want a deep investigation, to verify all claims made and check all the sources.

INVESTIGATE THE SOURCE

Know the expertise and agenda of your source so you can interpret it. Look up your source in wikipedia. Consider what other sites say about your source. A fact checking site may help. Read carefully and consider while you click. Open multiple tabs.

FIND TRUSTED COVERAGE

Find trusted reporting or analysis, look for the best information on a topic, or scan multiple sources to see what the consensus is. Find something more in-depth and read about more viewpoints. Look beyond the first few results, use Ctrl +F, and consider the URL. Even if you don't agree with the consensus, it will help you investigate further.

TRACE TO THE ORIGINAL

Trace claims, quotes and media back to the source. What was clipped out of a story/photo/video and what happened before or after? When you read the research paper mentioned in a news story, was it accurately reported? Find the original source to see the context, so you can decide if the version you have is accurately presented.

STOP, INVESTIGATE, FIND, TRACE

Contact me with questions
Annie Z-K: annie@uoregon.edu

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PRACTICE POINTS

By Louise Wilson

School Nurses Face Moral Dilemma

According to Merriam-Webster “moral” means relating to principles of right and wrong behavior, conforming to a standard of right behavior. “Dilemma” means an undesirable or unpleasant choice, a problem involving a difficult choice. I am hearing from Wisconsin school nurses and reading about school nurses nationwide experiencing moral dilemmas. School nurses are experiencing such because the policies and practices put in place by some school boards and district administrators are not aligned with national, state, or local public health recommendations.

Wisconsin is still in the midst of a global pandemic with a variant that is more contagious and attacks the unvaccinated at alarming rates. All our students under the age of 12 are unvaccinated. Many of our vaccine eligible students and staff remain unvaccinated.

Registered nurses are professionally and ethically bound by the standards of our profession (American Nurses Association. 2021. *Nursing: Scope and Standards of Practice*. 4th Ed. Silver Spring, MD). School nurses have additional standards to adhere to (American Nurses Association and National Association of School Nurses. 2017. *School Nursing: Scope and Standards of Practice* 3rd Edition. Silver Spring, MD). Centers for Disease Control and Prevention, Department of Health Services and even Department of Public Instruction guidelines are considered by registered nurses as “standards of care” for how to practice public health/school nursing amidst a pandemic.

I’ve been asked my opinion on how to respond when a school nurse is placed in this moral dilemma. Actually, I am asked for more than my opinion, but as I remind such seeking counsel, the Board of Nursing (BON) under the Department of Safety and Professional Services is the entity that licenses and disciplines registered nurses. We professional nurses have the Wisconsin Nurse Practice Acts (NPA) ([Wis. Stat. 441](#), [Chapter N 6](#), and [Chapter N 7](#)) and our nursing standards to guide us.

So, what do I as a school nurse leader suggest to school nurses who are faced with such dilemmas? First, I agree that when a nurse is told they are not going to base their practice on the recommendations of federal, state and local public health experts and guidance they have a legitimate right to feel uneasy and unsettled. Indulge me to point out why, based upon standards of practice for school nursing and our nurse practice act. I start with a list of a few competencies school nurses are held to that are jeopardized by such decisions.



When a nurse is told they are not going to base their practice on the recommendations of federal, state and local public health experts and guidance they have a legitimate right to feel uneasy and unsettled.

Standard 1. Assessment

- Collects pertinent data...
- Integrates evidenced-based knowledge from global and environmental factors in the assessment process..
- Recognizes the impact of one's own personal attitudes, values and beliefs on the assessment process.

Standard 2. Diagnosis

- Identifies actual or potential risks to the health and safety of the student, family, or school community and/or barriers to their health, which may include but are not limited to interpersonal, systematic, cultural, or environmental circumstances.
- Interprets the diagnoses or issues to the student, family, and appropriate school staff.

Standard 3. Outcomes Identification

- Uses clinical expertise and current evidenced -based practice to identify health risks, benefits, costs, with expected trajectory of the condition.
- Integrates scientific evidence and best practices to achieve expected outcomes.

Standard 4. Planning

- Advocates for responsible and appropriate use of interventions to minimize unwarranted or unwanted treatment and/or student suffering.
- Develops a plan that reflects compliance with current statues, rules and regulations, and standards.

Standard 5. Implementation.

- Uses evidenced-based interventions and strategies to achieve mutually identified goals and outcomes specific to the problem or needs.
- Incorporates new knowledge and strategies to initiate changes in nursing practice if desired outcomes are not achieved.

Standard 6. Evaluation

- Participates in assessing and assuring the appropriate use of interventions to avoid or minimize unwarranted and unwanted treatment and student suffering.

Standard 7. Ethics

- Endorses the understanding that the primary commitment is to the student regardless of setting or situation.
- Advocates for the rights, health and safety of the student and school community.

Standard 11. Leadership

- Influences policy to promote health for students and school community at the local, state, and national level.

As mentioned, it is the BON that would discipline a registered nurse. [Chapter N 7.03 \(6\)](#) describes unsafe practices or substandard care that would be grounds for discipline.” Inadequate or improper infection control practices” is one such practice ([N 7.03\(6\)\(k\)](#)).

While our NPA describes our role, scope and boundaries of our practice, it also provides registered nurses with insight in how to handle such a dilemma some school nurses are finding themselves in this school year. [N 7.03\(6\)\(o\)](#) states that "failing to execute a medical order unless the order is inappropriate, **and the licensee reports the inappropriate order to a nursing supervisor or other appropriate person**" is grounds for discipline. While school district policies regarding infection control and mitigation measures are not medical orders, I believe our NPA and scope and standards suggest that when faced with conflict between best practice standards of care and our own practice, we are to recognize when we are not meeting standards of care and report our inability to meet these standards to our supervisors.

So, what do I as a school nurse leader suggest to school nurses who are faced with such dilemmas? Recognize when and why you are not meeting standards of care, work to the best of your ability to meet the standards, and report to your supervisor when you are not. In most cases this would mean a letter to a school nurse's direct supervisor/principal/superintendent. I do not suggest insubordination and practicing outside of the boundaries as determined by your employer. But I believe it behooves you to formally document the moral dilemma created based upon our nursing scope and standards and what you have been directed to do. This I believe meets:

Standard 14. Quality of Practice

- Provides critical review and/or evaluation of policies, procedures and guidelines to improve the quality of healthcare and the delivery of school health services.

Standard 15. Professional Practice Evaluation

- Ensures that nursing practice is consistent with regulatory requirements pertaining to licensure, relevant statutes, rules, and regulations.
- Provides evidence for practice decisions and actions as part of the formal and informal evaluation process.

I promise to continue to promote practices based on the recommendations of our federal and state public health experts.

While our NPA describes our role, scope and boundaries of our practice, it also provides registered nurses with insight in how to handle such a dilemma some school nurses are finding themselves in this school year.

This publication is available from:
Learning and Support
Student Services Prevention and Wellness Team
(608) 266-8857
<https://dpi.wi.gov/sspw/pupil-services/school-nurse>
August 2021 Wisconsin Department of Public Instruction

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DPI New School Nurse Orientation

October 21-22, 2021
Held virtually via Zoom



Purpose:

Training is for those registered nurses who are new to the specialty of school nursing or, are working in a Wisconsin school district for the first time.

Featured Topics:

- WI School Health laws
- Delegation in schools
- IEPs, 504 Plans
- Health Records
- Writing Health Plans

Who Should Attend:

It appropriate for school and registered nurses who have worked in a school-setting zero to three years.

Registration:

Cost Free this year
REGISTRATION link:

<https://forms.gle/mBV7oDk3CBM2XVRi8>

Link to Zoom meeting will be emailed to registered participants before the meeting.





Department of Pediatrics
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Myths about Covid-19 and children

As the new school year approaches, many school districts in Wisconsin are in the process of finalizing policies on everything from facility cleaning to distancing to mask wearing. The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) are trusted sources for the best practices to keep kids safe, and these two organizations agree on back-to-school recommendations for the fall. The Department of Pediatrics stands in strong agreement with the CDC and AAP guidance. This agreement should reassure families. That said, we understand that misinformation about masking and back to school guidance is concerning to parents. Here, we address the top myths about Covid-19 and children.

Myth #1: Kids don't get seriously sick from Covid-19.

Fact: Children and adolescents can be infected with SARS-CoV-2, can get sick with Covid-19, and can spread the virus to others.

- While children do not die from the virus at the same rate as adults, they can still die from Covid-19, they can still get very sick, and some get sick enough to be hospitalized. In fact, children die from Covid-19 at rates similar to other diseases for which children are vaccinated or kept out of school.
- Children can transmit the virus to others, which is especially dangerous for families that include someone who is immunocompromised. In fact, some children are at higher risk of Covid-19 due to medical conditions.
- As of July 2021, more than 4,000 children with Covid-19 developed multisystem inflammatory syndrome and more than 340 children have died from Covid-19 in the United States. It is notable that this impact was documented when many mitigating measures were in place across the country and therefore, may not represent the potential full impact on children.
- In addition to deaths and severe illness, some children develop long-Covid symptoms and other complications due to infection with SARS-CoV-2. Researchers are just beginning to understand the longer-term impacts that even mild Covid infections may have on children.
- As of July 2021, more than 40,000 children in the United States have lost a parent to Covid-19, and it is estimated that more than 120,000 have lost a primary caregiver.

Myth #2: Masks don't work.

Fact: Studies have shown that universal masking has been an incredibly effective tool for controlling the spread of Covid-19 in schools.

- Universal masking can allow schools to largely operate normally.
 - Distancing can be reduced in the classroom or on the bus when everyone is masked.
 - If children are exposed to Covid-19 in a fully masked environment, they do not need to quarantine.
 - Most children can mask successfully; a few children with special needs may need accommodations if they are unable to consistently mask.
-

Myth #3: Masks can be dangerous to kids (e.g., masks restrict air flow, increase CO2 levels in the bloodstream, cause CO2 poisoning).

Fact: Masks are made of breathable material that does not block oxygen or trap CO2.

- Masks are designed to reduce respiratory droplets that may contain Covid-19, either from the wearer or to protect the wearer from others, but oxygen can flow through and around the mask.
 - CO2 molecules are so small, they flow through masks like oxygen.
 - Proper masks are safe for kids.
 - Children under the age of two, those with special needs, cognitive impairments or severe breathing problems should not wear a mask for their safety, and caregivers should consult their pediatrician for guidance on Covid-19 prevention.
-

Myth #4: Vaccines for teens were rushed and are not safe.

Fact: Vaccines are extremely effective and have been extensively tested to show that they are safe.

- As of July 2021, more than four billion people have received at least one dose of a Covid-19 vaccine and more than a billion people are fully vaccinated worldwide. Serious side effects are extremely rare.
- All vaccines that are approved for children and teens go through the same testing and review as those developed for adults.
- The FDA is continuously monitoring for unusual side effects even after vaccines are authorized. All reports are taken seriously and investigated thoroughly.
- Studies of Covid-19 vaccines in children <12 years of age are ongoing, but approval will not occur until there is sufficient data that proves they are safe and effective. It will take some time until vaccines are available for these younger age groups.



Department of Pediatrics
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

July 30, 2021

National Association of State Boards of Education

➔ Promoting School Nurses as Leaders in Reopening Schools

By Valerie Norville

School nurses have always shouldered wide-ranging clinical and care coordination responsibilities, to which the pandemic added quarantine management, staff training in proper use of protective equipment, and contact tracing. As trusted figures in their communities,¹ school nurses also are—or could be—valuable partners for state boards of education and other state stakeholders in forming guidance around safe school return.

During the pandemic, school nurses were sometimes, but not always, part of pandemic planning and crisis response teams and active partners in updating school health policies. Because of their ongoing role in coordinating with health departments and community health providers, they are well placed

to lead during transitions back to school as well, said Emily Fulks, policy analyst at Child Trends, a Bethesda, Maryland–based national nonprofit. School nurses are also a logical choice to lead, organize, and promote school vaccination events, as they have effectively done in the past.²

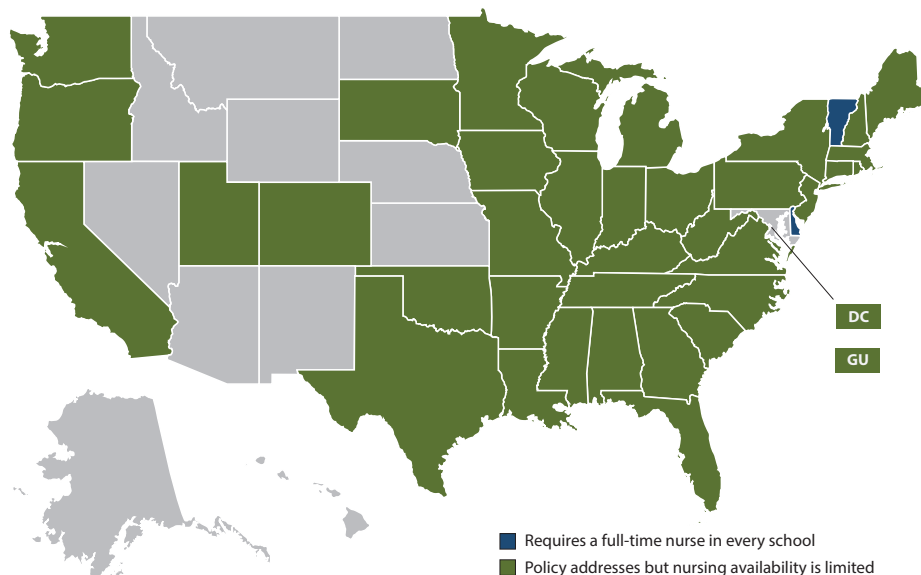
Yet the pandemic exacerbated some long-term challenges facing the profession. Ratios of school nurses to students vary widely across and within states. According to Ann Nichols, North Carolina state school health nurse consultant, school nurse to student ratios vary from 1:309 to 1:2322 across her state, something that a report of the state's average ratio will mask and may indicate inequitable student access to school health services. Nichols also mentioned the need for profession-specific training and guidance and competitive pay.

While most schools employ either a full-time or a part-time nurse, a 2018 national workforce study on school nursing reported that about a quarter of all U.S. schools do not employ a school nurse at all.³ Even among schools with nurses, not all employ registered nurses, and not all school nurses have at least a bachelor's degree in nursing.

Many school nurse job vacancies in North Carolina are hard to fill, Nichols said in an April webinar hosted by NASBE and Child Trends. "School nurse burnout, turnover, and compensation in a manner that is equitable with other nurses in the nation are very important factors," she said.

School nurses have many roles in advancing student wellness and safety: identifying clusters of symptoms in a school community, providing critical care to individual students, referring students to other health care providers, and communicating with families. But they are often not recognized as part of the school mental health team, despite spending an estimated third of their time in a normal school year on providing or coordinating mental health services in the school environment.⁴ In 2017–18, only about half of schools reported providing diagnostic assessments of student mental health.⁵ Given the concerns that state leaders have expressed about the mental wellness of students, particularly those who have been disconnected from instruction for many months, this role for school nursing remains critical.

40 States Have School Nurse Availability Policy



Source: NASBE, State Policy Database on School Health (2021), <http://statepolicies.nasbe.org/health/>

SCHOOL NURSING POLICIES

Updated in partnership with Child Trends, the Institute of Health Research and Policy at the University of Illinois-Chicago, and EMT Associates to include data through September 2019, NASBE's School Health Policy Database tracks state policies on school nurse availability, qualifications, and professional development, as well as on school-based health services more broadly. The database reveals that only two states—Delaware and Vermont—require a school nurse in each school facility.⁶ In all, 40 states and territories have policies to cover school nurse availability (see map). A Virginia

statute, for example, says that “each school board may strive to employ, or contract with local health departments for, nursing services consistent with a ratio of at least one nurse ... per 1,000 students.” According to Oregon code, “Each school district is encouraged to have one registered nurse or school nurse for every 750 students in the school district.”

In addition, 32 states and territories have policies that cover school nurses’ professional development, 44 address school nurse qualifications, and all but 3 have policies on school-based health services, according to the database.

Other types of state policies also encourage school nurse leadership, Fulks said. For example, Massachusetts and Georgia call for school nurses to serve as health leaders in school reopening strategies and to participate on teams for planning and implementation, and Oklahoma encourages consultation with school nurses. Wisconsin policy suggests making use of school nurse expertise for reviewing and updating policies and procedural manuals during disease outbreaks and emergencies.

State school nurse consultants are state employees who may be housed in health or education agencies or jointly between the two. They are an important means of keeping school districts and school nurses abreast of changes in policy and best practice and of advocating for school nurses at the state level. All but 10 states have school nurse consultants, said Ann Covey, Delaware state school nurse consultant. Because they are the bridge between state agencies and practicing school nurses, they have the pulse on school nursing across the state, she said, and therefore are valuable participants in state and district planning for reopening. They also help schools understand the health sector and vice versa, and they help ensure that state policymakers make decisions that school nurses can readily implement. For example, Delaware revised its policy on administration of medication to allow students to use hand sanitizer to prevent viral spread while at school. Because hand sanitizer is classed as an over-the-counter medication, students could not otherwise use the product without parental consent.⁷

LEVERAGING FEDERAL FUNDS

The American Rescue Plan (ARP) Act of 2021, which includes the latest, heftiest round of federal funding for pandemic recovery in preK-12 education, requires meaningful consultation with stakeholders. Because student wellness, as well as academic recovery, ranks high on state education leaders’ priorities in the wake of the pandemic, they should consult with school nurses as they plan the spending of these one-time funds. School nurses are key stakeholders in making schools safe places to learn and organizing student wellness checkups and vaccinations. As such, they have valuable perspectives to offer during reopening.

“It’s very critical that school nurses are asked and included in those conversations,” said Liz Clark, nursing education and practice specialist at the National Association of School Nurses.

Panelists on NASBE and Child Trends’ May 13 webinar suggested several ways in which ARP funds could be used to advance student wellness in a sustainable way.⁸ For example, the funds could be applied to replace outdated vision and hearing screening equipment and to use the summer months in particular to catch up on dental, vision, and hearing screenings that students missed over the past year, said Alex Mays, senior national program director at the Healthy Schools Campaign. Professional learning for school nurses, especially using a train-the-trainers approach, can build capacity over the long term that can outlast the short-term ARP funding, as could investments in electronic records management to manage student health records.⁹

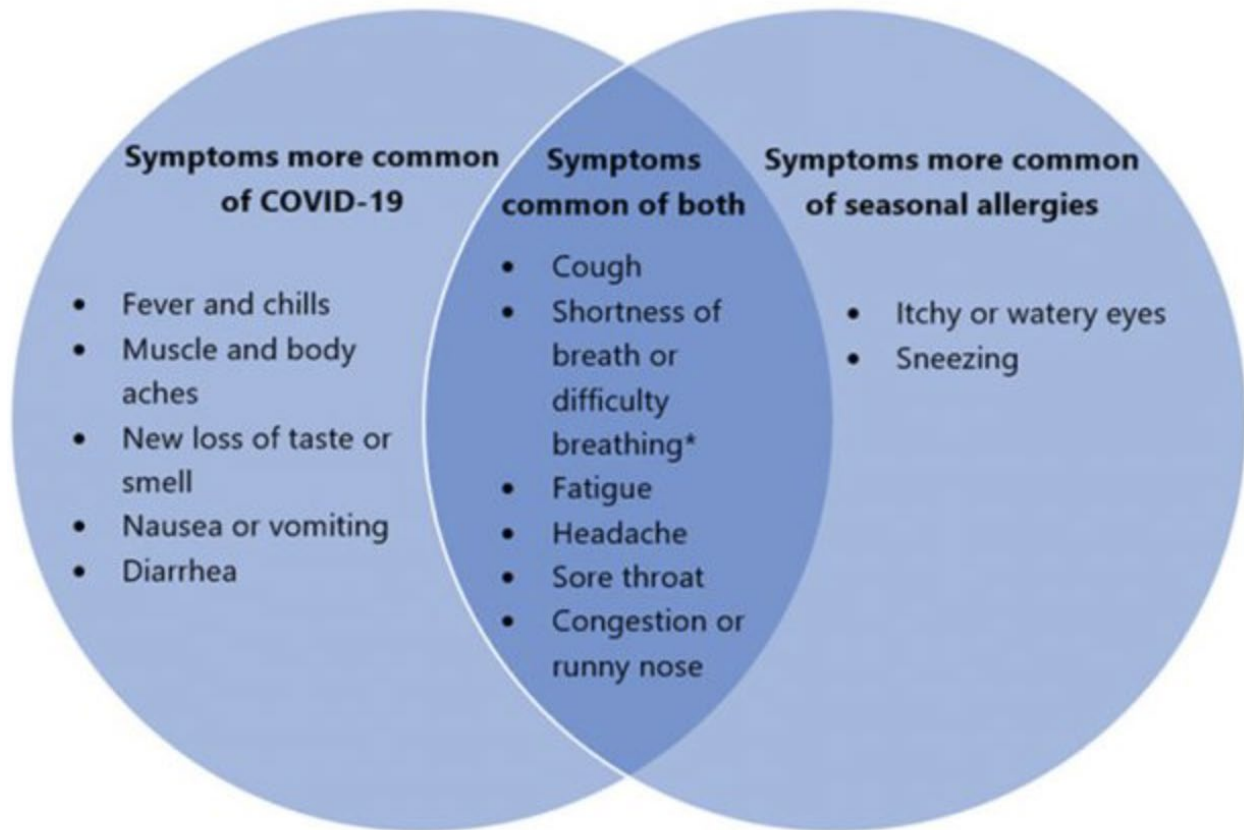
Another opportunity for school nurses is for districts to seek their help in integrating health data into the needs assessments that they are required to complete under the Every Student Succeeds Act and to use that data to aid pandemic recovery, Mays said. “Particularly as districts are thinking about how to use COVID relief funds, which is the single largest investment in K-12 education in the history of the nation, there’s such a need to be looking at the data, to really understand where student health needs are, who has been disproportionately impacted by the pandemic and who had health issues prior to the pandemic,” she said.

As student wellness and effective use of federal funding gain prominence on the agendas of state boards, their members can hear directly from school nurses and state school nurse consultants on what they are observing in their communities, critical gaps in supporting student health during pandemic recovery, and policies that could hinder school nurses in promoting safe learning environments.

Valerie Norville is NASBE’s editorial director. This publication is supported by cooperative agreement NU87PS004367-01-01 funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the author and do not represent the official views or endorsement of the CDC or the Department of Health and Human Services.

NOTES

- 1 Katherine Park et al., “Preparing for a School-Located COVID-19 Vaccination Clinic,” *NASN School Nurse* 36, no. 3 (May 2021): 156–53, <https://doi.org/10.1177/1942602X21991643>.
- 2 Wendy Swallow and Jill C. Roberts, “An Evidence-Based Project Demonstrating Increased School Immunization Compliance Following a School Nurse–Initiated Vaccine Compliance Strategy,” *Journal of School Nursing* 32, no. 6 (Aug 29, 2016): 385–89, <https://doi.org/10.1177/1059840516665216>.
- 3 Mayumi A. Willgerodt, Douglas M. Brock, and Erin D. Maughan, “Public School Nursing Practice in the United States,” *Journal of School Nursing* 34, no. 3 (2018): 232–44, <https://doi.org/10.1177/1059840517752456>.
- 4 Jill H. Bohnenkamp, Sharon H. Stephan, and Nichole Bobo, “Supporting Student Mental Health: The Role of the School Nurse in Coordinated School Mental Health Care,” *Psychology in the Schools* 52, no. 7 (June 2015): 714–27, <https://doi.org/10.1002/pits.21851>.
- 5 Melissa DiIiberti et al., “Crime, Violence, Discipline, and Safety in U.S. Public Schools: Findings from the School Survey on Crime and Safety: 2017–18,” NCES 2019-061 (Washington, DC: National Center for Education Statistics, July 2019).
- 6 Code of Vermont Rules 22-000-003-2121.5, Tiered System of Support; Delaware Code 14-1310, Salary Schedules for School Nurses.
- 7 Delaware Department of Education, Emergency Order, 817 Administration of Medications and Treatments, July 2020.
- 8 Liz Clark, Ann Covey, and Alex Mays, “Utilizing School Nurses for Safe In-Person Learning,” webinar (Alexandria, VA, and Bethesda, MD: NASBE and Child Trends, May 13, 2021).
- 9 Given the lack of school nurses and other types of school support specialists in some schools, some advocates suggest using short-term federal funds for new hires. Others caution against using short-term funding for personnel whose salaries would eventually come from state and local budgets. *Ibid.*



Pediatric Mental Health in Primary Care will be held Friday, November 5, 2021, live online from 8:00 a.m. to 1:00 p.m.

LIVE STREAM INSTRUCTIONS

This conference is being offered virtually and will be supported by the event production company, Tri-Marq Communications. Attendees will be emailed specific instructions prior to the conference.

TARGET AUDIENCE

This educational activity is aimed at physicians, nurse practitioners, physician assistants/associates, residents, fellows and medical students who treat children and adolescents in the primary care setting.

PURPOSE

The purpose of this conference is to provide education and support to primary care providers in addressing the mental health care needs of children and adolescents.

EDUCATIONAL OBJECTIVES

- Identify screening tools/rating scales and treatment options for depression and anxiety.
- Identify broad categories of treatment options for ADHD as well as identify at least two newer medication options.
- Identify screening options for autism spectrum disorder and identify two tests, which should be ordered upon diagnosis.
- Differentiate non-suicidal self-injurious behavior from true suicide attempts and identify the treatment options for the former.

EDUCATIONAL METHOD

The format will include lectures from leaders in each field along with discussion.

SPECIAL NEEDS OR FOR MORE INFORMATION

If you have any special needs or questions pertaining to your participation, please contact Melissa Hayes at (414) 477-1553 or mahayes@mcw.edu to discuss how we can accommodate you.

COURSE PLANNING COMMITTEE

Co-Directors of Activity:

Rosa Kim, MD
Colleen Manak, MD

Committee Members:

Scott Belanger, MCRP
Jonathan Blake, BS
Francisco Enriquez, MD
Melissa Hayes, MEd
Sara Herr, MS
Matthew Jandrisevits, PhD
Pollyanna Kabara, PA-C

Kia Kjensrud
Elizabeth Nelson, MA, CMPE
Brooke Passolt, MD
Anjali Sharma, MD
Melissa Vukovich, MSN, APNP, FNP
Grace Weber, BS

ACCME ACCREDITATION STATEMENT

The Medical College of Wisconsin is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AMA CREDIT DESIGNATION STATEMENT

The Medical College of Wisconsin designates this Live Activity for a maximum of 4.0 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

HOURS OF PARTICIPATION FOR ALLIED HEALTH CARE PROFESSIONALS

The Medical College of Wisconsin designates this activity for up to 4.0 hours of participation for continuing education for allied health professionals.

ABP MOC POINTS

Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn 4 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit.

AANP ACCREDITATION STATEMENT

Medical College of Wisconsin, Inc. is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners: AANP Provider Number 150930. This conference will allow for 4.0 credit, of which 3.0 are dedicated to psychopharmacology. Claimed Credit-Learners should claim credit only for the portion of the program they attended and successfully completed.

AAPA ACCREDITATION STATEMENT

This program is not yet approved for CME credit. Conference organizers plan to request 4.0 hours of AAPA Category 1 CME credit from the Physician Assistant Review Panel. Total number of approved credits yet to be determined.

AMERICAN ACADEMY OF FAMILY PHYSICIANS (AAFP)

The AAFP has reviewed Pediatric Mental Health in Primary Care and deemed it acceptable for up to 4.00 In-Person, Live (could include online) AAFP Prescribed credit. Term of Approval is from 11/05/2021 to 11/05/2021. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



CONTINUING PROFESSIONAL
DEVELOPMENT

Pediatric Mental Health in Primary Care

Friday, November 5, 2021

8:00 a.m.–1:00 p.m. | LIVE ONLINE



PLEASE REGISTER ONLINE IN A FEW STEPS

Our online registration process allows you to efficiently enroll in any offered CME course. To enroll in a course, please follow the detailed instructions below. Please note you will need to create a one-time “New User Account” before enrolling in a course. If you already have an account, just log in.

REGISTER:

Log on to ocpe.mcw.edu and create an account or log in. Enter all of the required (*) information.

Under **Featured Courses**, select **Pediatric Mental Health in Primary Care** or [CLICK HERE](#).

▶ Online registration is required for evaluation and receiving credit. More information on claiming credit will be distributed at the Symposium.

FEES

Registration is required and fees are non-refundable. Fee includes registration, course materials, CME certification and MOC part II credits for pediatricians.

- General Attendees** \$75
- Fellows and residents** \$25
- Students** No charge*

*This course is complimentary for students; however, registration is required. For instructions on how to receive your complimentary registration, contact Grace Weber at (608) 440-0817 or gweber@mcw.edu before registering online.

CONFIRMATION

A confirmation will be e-mailed upon receipt of your registration. Attendees will be emailed specific instructions and course materials prior to the conference.

FURTHER INFORMATION

Please contact Grace Weber at (608) 440-0817 or gweber@mcw.edu.

PLEASE REGISTER BY OCTOBER 29, 2021.

FEATURED SPEAKERS

Kathryn Cullen, MD
Division Chief, Child & Adolescent Psychiatry, Associate Professor, Department of Psychiatry and Behavioral Sciences
 University of Minnesota

Kathleen Koth, DO
Associate Professor, Department of Psychiatry and Behavioral Medicine, Program Medical College of Wisconsin

Jon Lehrmann, MD
Charles E. Kubly Professor in Psychiatry and Behavioral Medicine
Chair and Professor, Department of Psychiatry and Behavioral Medicine
Founder, Wisconsin Child Psychiatry Consultation Program
 Medical College of Wisconsin

Barbara Hale Richlen, MD
Child, Adolescent and Adult Psychiatrist
 The Hale Richlen Center for Psychiatry

Peggy Scallon, MD
Medical Director, Focus Depression Recovery
Adolescent Residential Care
 Rogers Behavioral Health



Pediatric Mental Health in Primary Care

FRIDAY, NOVEMBER 5 • 8:00 a.m. – 1:00 p.m.

8:00–8:15 a.m.	Opening Remarks Jon Lehrmann, MD
8:15–9:15 a.m.	<i>Anxiety and Depression</i> Peggy Scallon, MD Recognize and understand the presentation, screening, and management of depression and anxiety in primary care; review evidence-based practices and updates
9:15 – 9:25 a.m.	Break Exhibitors
9:25 – 10:25 a.m.	<i>Non-suicidal Self-injurious Behaviors</i> Kathryn Cullen, MD Identify typical clinical presentation of non-suicidal self-injurious behaviors; develop effective responses and treatment options including safety planning
10:25 – 10:35 a.m.	Break Exhibitors
10:35 – 11:35 a.m.	<i>Autism Spectrum Disorder</i> Kathleen Koth, DO Screening and management of ASD in primary care; review evidence-based diagnostic testing, practices, and therapies
11:35 – 11:45 a.m.	Break Exhibitors
11:45 a.m. – 12:45 p.m.	<i>ADHD</i> Barbara Hale Richlen, MD Identification and treatment in youth and adults by reviewing evidence-based literature; review validated functional assessment tools
12:45 – 1:00 p.m.	Wrap-up Evaluation form completion Exhibitors