



School Nurse UPDATE

#2 October 29, 2020

Greetings!

Attached to this Update are **two resources from Prevent Blindness** 1) suggestions for vision screening during COVID, and 2) parent flyer to assess their child for potential vision problems if schools are postponing or not providing vision screening this year. Thanks to Val Hon BS, RN, NCSN who shared this **link of the Prevent Blindness Wisconsin award ceremony honoring Wisconsin school nurses** (advance to 1 hour 4 minutes) <https://one.bidpal.net/cwd2020/welcome>.

It is extremely important that we take moments to recognize and honor ourselves and celebrate our accomplishments. It is all part of self-care, compassion resiliency, and “recharging our batteries.” These are issues I address in PRACTICE POINTS.

Located under DPI News is information on **updated DPI meningococcal resources** to fulfill the requirement of [Wisc. Stat. sec.118.07\(3\)](#). Additional information from the Immunization Action Coalition on **meningococcal disease and vaccination** is located elsewhere in this newsletter.

Readers may have noted that the **CDC updated their definition of a “close contact” in mid-October**. Contact within 6 feet for 15 minutes or more cumulative minutes (versus continuous minutes) is the same definition DPI and DHS have been using throughout the summer and fall. Cumulative minutes (>15) in a school day/24 hours is how close contact is defined in all our documents. **No changes are required to your practice if you have been using DHS/DPI guidance.**

My director recently shared this inspiring video with our team to thank us for our efforts and provide encouragement as our work is hard and can be draining. I share with you for the same reasons. [Good Job](#), performed by the One Voice Children’s Choir and written by Alicia Keys. Be inspired!

Louise

FEATURED STORIES

PRACTICE POINTS –
Coping during COVID

Contact Tracing
Resources (DHS News p.3)

DHS Vaccine Action Plan
(DHS News p.3)

Meningococcal Updates
(DPI and IAC pp. 2 & 5)

Vaccine Planning What to
Know (CDC p. 6)

Virtual Calming Room (p. 9)

SAVE THE DATES

November 5, 2020

Treating Tobacco Dependence
in Youth and Adolescents

December 2-4, 2020

Building the Heart of Successful
Schools Conference

DPI supports best practices/evidence-based resources, but does not vet or endorse products/services. User is responsible to evaluate the resource and how it meets local needs.

DPI News



Updated Meningococcal Disease Resources for Required Parent Notification

[Wisc. Stat. sec.118.07\(3\)](#) requires the Department of Public Instruction to make available to school districts and private, charter, and tribal schools information about meningococcal disease. Since 2012 school districts and private and charter schools have been required to provide information on meningococcal disease to parents and guardians of students enrolled in 6th grade. The information and suggested templates regarding meningococcal disease have been updated. The links and information are under “Immunization Resources” on the DPI’s [Communicable Disease webpage](#).

Wisconsin Selected to Receive \$10 Million Federal Grant to Expand Focus on Student Mental Health Services

The Wisconsin Department of Public Instruction received a federal grant award to aid Wisconsin schools in expanding priority areas in student mental health. Through a competitive grant process, Wisconsin was one of six states selected to receive funding from the U.S. Department of Education earlier this month. The federal grant totals \$10 million over five years and will fund the [DPI’s School-based Mental Health Professionals Federal Grant Program](#). For more information and for a full news release, visit [here](#).

2020 Building the Heart of Successful Schools Conference

The 2020 Building the Heart of Successful Schools Conference will be an all virtual event, held on December 2-4, 2020. Sectional topics will include: Preventing ATOD (Alcohol, Tobacco, and Other Drugs), Mental Health, Creating a Positive School Climate, Health, School Safety and Violence Prevention, Trauma Sensitive Schools, Social Emotional Learning, and more. Please see the [Save the Date](#) flyer for more information on topics and registration.

School districts are required to send information to parents regarding meningococcal disease each year. The resources from DPI have been updated.

DHS News

Executive Summary COVID-19 Vaccination Action Plan

On October 26, 2020, DHS released its [Executive Summary COVID-19 VACCINATION: Planning in Action](#).

Contact Tracing Resources for Schools

DHS has created contact tracing resources for schools including sample scripts and a training PowerPoint. These new resources are posted on DPI's [COVID-19 Information for School Health Services webpage](#) under Professional Practice Resources = School Nurse section.

County Mental Health Services = Comprehensive Community Services

Did you know that every county in the state offers services for all ages through the Comprehensive Community Services Program (CCS)? CCS is a program that helps individuals of all ages live their best life by providing supports that address their unique needs related to mental health and substance use. CCS is intended to assist individuals who are in need of care outside of inpatient settings, but who may have ongoing needs that, if left unaddressed, could result in hospitalizations during times of crisis.

The Department of Health Services has a webpage that can provide you access to your county or tribal contact regarding these services and can be found here <https://www.dhs.wisconsin.gov/ccs/index.htm>

New Data Dashboard Displays Health Impact of COVID-19 by Race and Ethnicity

The Department of Health Services (DHS) released a new data dashboard that displays COVID-19 cases, hospitalizations, and deaths by race and ethnicity. This new visualization helps illustrate some of the unequal health impacts of COVID-19 in our communities, particularly among people of color. [The race and ethnicity dashboard](#) is part of an ongoing effort to close health disparities throughout the state by promoting tools and resources centered on health equity.

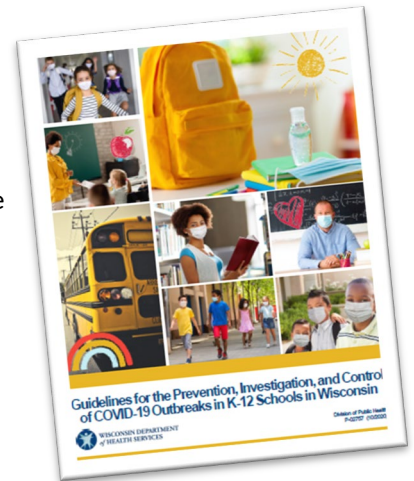
Respiratory Report

[The Weekly Respiratory Report](#) (detailing influenza data) is not yet available.



Contact tracing resources include sample scripts and a training PowerPoint.

DHS News



Close Contact Definition

Close contact has occurred if **any** of the following situations happened while an individual (student, teacher, or staff person) spent time with the person with a confirmed or probable case of COVID-19, even if they did not have symptoms during their infectious period:

- Had direct physical contact with the person (for example, a hug, kiss, or handshake).
- Were within 6 feet of the person for more than 15 minutes. This includes single encounters of more than 15 minutes OR multiple encounters within a single day adding up to more than 15 minutes.
- Had contact with the person's respiratory secretions (for example, coughed or sneezed on; contact with a dirty tissue; shared a drinking glass, food, towels, or other personal items).

This definition applies even if protective measures, such as face coverings, face shields, or physical barriers (e.g. Plexiglas, partitions), were used. While these protective measures reduce the risk of spreading COVID-19, it does not negate the need for a quarantine if the criteria above are met.

School health care professionals licensed by the Department of Safety and Professional Services (RNs/LPNs/PT/OT/SLP) may not need to quarantine when considered a close contact of an individual that tested positive for COVID-19. This can be considered when the health care professional was wearing full PPE (fluid resistant surgical mask or higher and a face shield or goggles) during the exposure incident and follow the other steps outlined in the CDC guidance for health care providers.

Non-health care licensed school support staff working full time as health aides in schools without other assignments, and trained and supervised by a licensed health care professional such as a school nurse in the proper use of PPE, may also be considered a school health care professional.

Decisions to allow exposed health care workers to continue to work while asymptomatic should be made after a systematic review of the school's staffing and other resources. Schools are encouraged to continue to exclude exposed staff when possible. Communication and coordination with the local/tribal health department is important.

A household contact includes anyone who lives, or lived temporarily, with the COVID-19 case patient for at least one night in the same room or household during his or her infectious period. Because of the amount of time and space shared between household contacts, they are at greater risk of infection. Therefore, household contacts have different considerations for quarantine and release from quarantine measures, compared to close contacts. Refer to the Isolation and Quarantine section of this document for additional guidance.

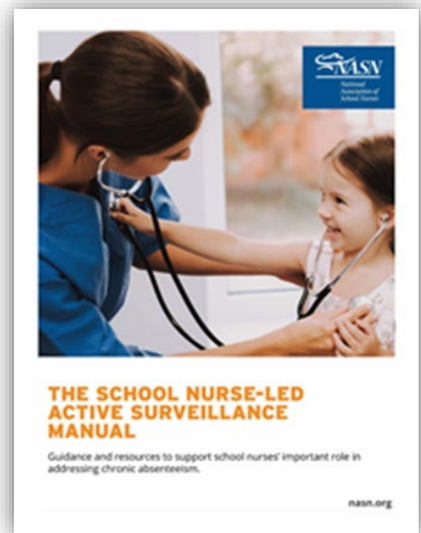
Definition applies even if protective measures, such as face coverings, face shields, or physical barriers (e.g. Plexiglas, partitions), were used.

NASN News

School Nurse-Led Surveillance of Chronic Absenteeism Manual

Chronic absenteeism is defined as a student having missed more than 10 percent of a school year, or more than two days per month, and students who are chronically absent are at risk for academic failure and dropout. The National Association of School Nurse's School Nurse-Led Active Surveillance of Chronic Absenteeism Manual provides a standardized, evidence-based procedure and resources to support school nurses' important role in addressing health related absences. Information includes why addressing chronic absenteeism is critical, how to gain school-wide support, and tools for implementing the procedure.

There is no cost to access the [manual or its accompanying resources](#).



Medscape Nurses

COVID-Safe Classroom Strategy Includes Ventilation, Glass Screens on Each Desk

"Masks are one layer." They reduce the number of particles coming from a person and also change their initial velocity. Then you want social distancing and hand sanitizing. Then air conditioning, open windows and glass partitions. No single layer will do the job. With all these layers you can reduce transmission to a very low level. [Read more](#).

Fauci: Masks, Social Distancing Likely Until 2022

With cases continuing to rise in many states and a vaccine yet to come, Americans should prepare to wear masks and social distance for quite a while.

People will likely need to wear masks and follow social distancing guidelines through the end of 2021 and into 2022, one of the nation's top infectious disease experts said during a recent meeting, according [to The Philadelphia Inquirer](#). [Read more](#).

FDA Approves Remdesivir, First Treatment for COVID-19

The US Food and Drug Administration (FDA) approved remdesivir (Veklury) today as a treatment for hospitalized COVID-19 patients age 12 and up, making it the first and only approved treatment for the disease, according to a release from drug manufacturer Gilead Sciences. [Read more](#).

Rinse and Repeat? Mouthwash Might Mitigate COVID-19 Spread

Multiple mouthwash and oral rinse products wiped out a human coronavirus closely related to the SARS-CoV-2 virus in a laboratory comparison study. [Read more](#).

CDC

CDC Updates Testing for Schools Recommendations

On October 21 the CDC updated their [Interim Considerations for Testing for K-12 School Administrators and Public Health Officials](#). Revision made on October 21, 2021:

- Added links to the updated close contact definition.
- Updated language to align with updated definition.

Boo to the Flu! Keep Your Loved Ones Healthy: Get a Flu Vaccine by Halloween

Flu season is here, and the fact is that the flu can be scary; especially for the ones we love most. Getting your flu vaccine could save someone else from getting seriously ill. Babies and young children, pregnant women, people with certain medical conditions and those who are 65 and older are all at increased risk of complications from flu. Getting vaccinated reduces the spread of flu from you to them, which can protect your family members, co-workers and all those around you.

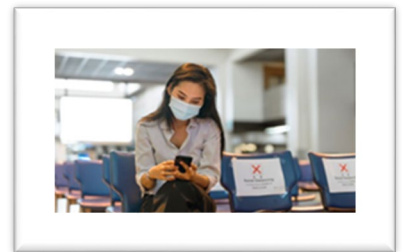
This year, your flu vaccine will not only keep you and your loved ones healthier and out of the medical setting, it will preserve precious resources for those on the COVID-19 frontlines. So, go ahead, say boo to the flu! Get vaccinated by October 31.

8 Things to Know about Vaccine Planning

There is currently no authorized or approved vaccine to prevent coronavirus disease 2019 (COVID-19) in the United States; however, the U.S. government's Operation Warp Speed program has been working since the pandemic started to make a COVID-19 vaccine available as soon as possible. There may be a limited supply of COVID-19 vaccines before the end of 2020. If there is limited supply, some groups may be recommended to get a COVID-19 vaccine first. Find out the eight things you need to know about vaccine planning. [Read more.](#)

Travel during the COVID-19 Pandemic

Travel increases your chances of getting and spreading COVID-19. Your chances of getting COVID-19 while traveling also depend on whether you and those around you take steps to protect yourself and others, such as wearing masks and staying 6 feet away from people outside your household. Airports, bus stations, train stations, and rest stops are all places travelers can be exposed to the virus in the air and on surfaces. These are also places where it can be hard to keep your distance from others. In general, the longer you are around a person with COVID-19, the more likely you are to get infected. [COVID-19 and Travel.](#)



Immunization Action Coalition

Meningococcal Disease and Vaccination

Q: How common is meningococcal disease?

A: The incidence of meningococcal disease has declined steadily in the U.S. since a peak of reported disease in the late 1990s. Even before routine use of a meningococcal conjugate vaccine (MenACWY) in adolescents was recommended in 2005, the overall annual incidence of meningococcal disease had decreased 64 percent, from 1.1 cases per 100,000 population in 1996 to 0.4 cases per 100,000 population in 2005. In 2018, the rate of meningococcal disease in the U.S. reached a historic low of 0.1 cases per 100,000 population. Incidence of disease caused by serogroup B, a serogroup not included in the routinely recommended MenACWY vaccine, also has declined for reasons that are not known.

During 2015-2018, an estimated 360 cases of meningococcal disease occurred annually in the United States, representing an average annual incidence of 0.11 cases per 100,000 population. Of those with known serogroup in 2018 (N=302), 39 percent were serogroup B and 51 percent were serogroups C, Y, or W-135. The incidence of disease is highest in infants under 1 year, children age 1 year, and adolescents age 16-20 years.

Q: What meningococcal vaccines are available in the United States?

A: The vaccines for meningococcal serogroups A, C, W, and Y (MenACWY; Menactra, Sanofi Pasteur; Menveo, GlaxoSmithKline [GSK]; MenQuadfi, Sanofi Pasteur) contain meningococcal conjugate in which the surface polysaccharide is chemically bonded ("conjugated") to a protein to produce a robust immune response to the polysaccharide. Although each of the three MenACWY vaccine products uses a different protein conjugate, the products are considered interchangeable; the same vaccine product is recommended, but not required, for all doses.

A discontinued meningococcal polysaccharide vaccine (MPSV4, Menomune, Sanofi Pasteur) was available in the United States until all doses expired in September 2017. It was not interchangeable with MenACWY conjugate vaccines.

Since late 2014, vaccines have become available that offer protection from meningococcal serogroup B disease (MenB; Bexsero, GSK; Trumenba, Pfizer). These vaccines are composed of proteins found on the surface of the bacteria. These vaccine products are not interchangeable; the same vaccine product is required for all doses.

MenACWY vaccines provide no protection against serogroup B disease, and meningococcal serogroup B vaccines (MenB) provide no protection against serogroup A, C, W, or Y disease. For protection against all five serogroups of meningococcus, it is necessary to receive both MenACWY and MenB.

Trade Name	Type of Vaccine	Serogroups	Year Licensed	Approved Ages
Menactra	Conjugate	A, C, W, Y	2005	9 mos.–55 years*
Menveo	Conjugate	A, C, W, Y	2010	2 mos.–55 years*
MenQuadfi	Conjugate	A, C, W, Y	2020**	2 years and older
Trumenba	Protein	B	2014	10–25 years*
Bexsero	Protein	B	2015	10–25 years*

*May be given to adults at increased risk older than the FDA-approved upper age limit (see ACIP recommendations, Table 11, page 41, www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf)

**Projected to be available for use in the U.S. during 2021

Asthma and Allergy Network

Is It Fall Allergies or COVID-19? How to Tell the Difference

Some COVID-19 and fall allergy symptoms overlap, such as cough and shortness of breath. But a primary symptom of COVID-19 is fever of 100.4 or higher; fever is not a symptom of allergies. Here's what you need to know. [Read more.](#)

Miscellaneous

Research Study on School Nurse Perceptions

Opportunity to participate in national public health research study to help understand school nurse perceptions, knowledge, application, and preferences in using crisis and emergency risk communication methods for disseminating information about COVID-19. This is a national survey and collaborative effort by public health nursing and mass communications faculty from the University of Kansas. Survey link: <https://redcap.kumc.edu/surveys/?s=CTYHWD4T4P>

Graphic of Egregious Allergen Food Labels

The incidence of food allergies is skyrocketing and today affects an estimated 5.6 million kids or an average of two in every classroom. For them, a mere trace of an allergen may be enough to cause a severe, life-threatening reaction known as anaphylaxis. What you may not know is that lax US FDA regulations mean you can't always tell from the label whether a product is safe for a student with food allergies! Snacksafely.com has summarized some of the most egregious labeling loopholes in a graphic that is attached to this Update or can be downloaded [here](#).

New Campaign Raises Awareness of Escalated Risk of Digital Eye Strain

In response to increased virtual activity during the coronavirus pandemic, Prevent Blindness has launched Screen Time-Out, an awareness campaign to encourage Americans, especially parents of young children, to introduce regular screen breaks into their daily routines. [Read more.](#)



What you may not know is that lax US FDA regulations mean you can't always tell from the label whether a product is safe for a student with food allergies!

Miscellaneous

School District Creates Virtual Calming Room

Virtual learning can be tough for our students, parents, and staff. This virtual calming room was designed to help provide tools, strategies, and resources to help you manage your emotions.

[Virtual Calming Room](https://sites.google.com/of-ps.org/virtual-calming-room) Oconto Falls Public School District
<https://sites.google.com/of-ps.org/virtual-calming-room>



Wisconsin Population Health Service Fellowship Program Seeking Applicants

The Wisconsin Population Health Service Fellowship Program is a two-year service and training program designed for early career individuals in public health and allied sciences. Fellows are placed in practice-based settings in community, non-profit, governmental, and/or health service organizations around Wisconsin. Through a curriculum focused on health equity and collaborative leadership, Fellows leave the program with a health equity lens applied to their practice as well as tangible skills in public health programming and management.

Term of Appointment: Two years (July 1, 2021 - June 30, 2023)

Salary: Competitive salary with health insurance and excellent benefits

Applications for the 2021-2023 will open in late October and close on January 4, 2021.

<http://wiphfellowship.org/about-the-fellowship>

The Wisconsin Population Health Service Fellowship is committed to building and maintaining diversity. People of color, LGBTQ-identified individuals, and individuals interested in working in rural communities are strongly encouraged to apply.

Virtual learning can be tough for our students, parents, and staff.

Practice Points

By Louise Wilson



Coping during COVID

This time I write this section as much for me as I do for all of you. Most of us school nurses started working on COVID-19 in February well before other school personnel. I started DPI's first webpage on February 3rd when it was called 2019 Novel Coronavirus (2019-nCoV). At that time this statement was true: *"While person-to-person spread among close contacts has been detected, 2019-nCoV has not been found to currently be spreading in the community in the United States, so there are no additional precautions recommended for school districts or the general public to take."* By February 27, 2020, I had updated the webpage six times!

It's now the end of October. The evolving nature of what is known and what can be done to limit the spread of infection has meant school nurses have needed to be "at the top our game" for nine months. It does not appear that need for vigilance and excellence will end in the next nine months. Whew! I am tired. I suspect you are too.

It's all good and well to share with you "inspirational and encouraging" videos, such as in the Update's greeting. But, to prevent burnout, or to come back from it, one needs real coping strategies. In the past month I've twice attended a session on coping, compassion resiliency, and self-care provided by my Student Services Prevention Wellness (SSPW) team colleagues. They have graciously agreed to provide this same session for school nurses. I will share details for this pending Zoom meeting in a future email.

Real coping involves dealing with stress and even redefining stress on a day-to-day basis. I admit I've had to go back to the basics recently on this. I purchased a book co-authored by one of the presenters at the National Association of School Nurse's conference this year (*Thrive-Channel Your Courage, Speak Your Truth, and Shine in the Midst of Life's Challenges*) that has helped. I realized I have been not just accepting stress, but even embracing it as an inevitable part of my job and life during COVID. Instead, to cope I need to redefine "stress" and adopt other words to describe my experiences.

The evolving nature of what is known and what can be done to limit the spread of infection has meant school nurses have needed to be "at the top our game" for nine months.

When we consider everything as stress, we lose our power to address it. We cease being able to address the specific issues that are bothering us. Perhaps we are really tired, frustrated, anxious, angry, worried, or even hungry. In order to thrive and not just survive, I must not accept, but reject stress, and do so with all my five senses. I encourage you to join me in paying attention to what you experience with your eyes, ears, mouth, nose, and skin. Make adjustments to what you experience with those five senses and see if it makes a difference. What are you viewing, listening to, eating, smelling, and touching these days? How is it affecting you?

This might fall under the category of TMI, but early on in my work-from-home environment, I gave up wearing my favorite perfume because “no one else is around and everyone I encounter is wearing a mask so what is the point of wasting the perfume.” The nerve receptors of the nose travel to the amygdala and the hippocampus, the parts of our brains that control emotions and memories, respectively. Smells take us to our happy places! I started wearing my favorite perfume again and BAM, completely changed my mood and outlook.

What small adjustment(s) can you make to provide self-care and prevent burn out? COVID is not going away anytime soon and school nurses need to not just survive this period of time.

When we consider everything as stress we lose our power to address it. In order to thrive and not just survive, I must not accept, but reject stress...

Managing stress day-to-day:

1. Avoid Clutter.
2. ACCEPT the things you can't change, change the things you can.
3. Look for the LEARNING opportunity in every change.
4. SIMPLIFY your schedule.
5. Take time for YOURSELF each day.
6. Spend time with POSITIVE people.

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>

October 2020 Wisconsin Department of Public Instruction

The Department of Public Instruction does not discriminate on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation or disability.



Don't Trust The Label Alone to Determine Whether a Product is Safe from an Allergen

Nutrition Facts	
10 servings per container	
Serving size 2 scoops (34.7g)	
Amount per serving	
Calories 190	
% Daily Value*	
Total Fat 15g	19%
Saturated Fat 6g	40%
Trans Fat 0g	
Cholesterol 20mg	7%
Sodium 190mg	8%
Total Carbohydrate 6g	3%
Dietary Fiber 0g	0%
Total Sugars <1g	
Includes 0g Added Sugars	
Erythritol 3g	
Protein 6g	16%
Vitamin D 2.5mcg	15%
Calcium 55mg	4%
Iron 0.2mg	0%
Potassium 297mg	6%
Vitamin A 556mcg	60%
Vitamin C 15mg	15%
Vitamin E 6.8mg	45%
Vitamin K 19mcg	15%
Thiamin 0.4mg	30%
Riboflavin 0.4mg	35%
Niacin 5mg	30%
Vitamin B6 0.5mg	30%
Folate 333mcg DFE	80%
(100 mcg folic acid)	
Vitamin B12 1.5mcg	60%
Biotin 75mcg	250%
Pantothenic acid 2.5mg	50%
Phosphorus 38mg	4%
Magnesium 7mg	2%
Zinc 4mg	35%
Selenium 20mcg	35%
Manganese 0.7mg	30%
Chromium 30mcg	90%
Molybdenum 20mcg	45%

INGREDIENTS: OIL BLEND (PALM, COCONUT, BUTTER), PROTEIN BLEND (WHEY PROTEIN CONCENTRATE, WHEY PROTEIN ISOLATE, COLLAGEN PEPTIDES), ERYTHRITOL, NATURAL FLAVORS, XANTHAN GUM, SALT, SOY LECITHIN, CARRAGEENAN, DEXTROSE, STEVIA LEAF EXTRACT, SILICA, GUAR GUM.

CONTAINS MILK.

MANUFACTURED IN A FACILITY THAT ALSO PROCESSES WHEAT.

INGREDIENTS: OIL BLEND (PALM, COCONUT, BUTTER), PROTEIN BLEND (WHEY PROTEIN CONCENTRATE, WHEY PROTEIN ISOLATE, COLLAGEN PEPTIDES), ERYTHRITOL, NATURAL FLAVORS, XANTHAN GUM, SALT, SOY LECITHIN, CARRAGEENAN, DEXTROSE, STEVIA LEAF EXTRACT, SILICA, GUAR GUM.

CONTAINS MILK.

MANUFACTURED IN A FACILITY THAT ALSO PROCESSES WHEAT.

Highly Refined Derivatives are *Not* Considered Allergens

The FDA does *not* designate “highly refined” derivatives of allergens to be allergens. So peanut and tree nut oils and soy lecithin are *not* required to be labeled as allergens in the ingredient list or the *Contains* statement.

If you avoid these ingredients, you must read the entire label!

The “Contains” Statement is Not Mandatory

The FDA recognizes eight allergens (*peanuts, tree nuts, milk, eggs, soy, wheat, fish, and crustacean shellfish*) and these are the only ingredients that must be listed as such. (Other allergens may be listed as “Spices” or “Natural Flavors”.) The “Contains” statement is not required if the allergen appears in the ingredient list.

Do not rely solely on the presence of a Contains statement!

Allergen Processing Warnings are Voluntary

Statements like “*Manufactured in a facility with...*” and “*May contain traces of...*” are not required by the FDA. Many manufacturers do not include them or may include a warning for one allergen, say milk, and not another, say eggs.

Their absence does not mean the product is safe from your allergen!

Because of these exceptions, the label *can* warn you when a product is *not safe* from your allergens, but it *can't alone* tell you the product *is safe* from your allergens. For that, you need to contact the manufacturer directly and ask.

Visit us at SnackSafely.com for more information and help finding allergy-friendly foods.

GOOD. BETTER. BEST.

Vision Health Guidelines for the 2020-2021 School Year

Because the COVID-19 pandemic has changed the school setting, Prevent Blindness Wisconsin has created a set of vision screening and vision health guidelines adapted to every school district's need. If you have any specific questions about vision health for your students that these guidelines do not address, please contact Shelby at shelby@pbwi.org. Prevent Blindness Wisconsin continues to be a resource for vision health during these uncertain times.

Note: These guidelines do not necessarily represent an evidence-based method for vision screening and should only be used due to the unique situation presented by COVID-19.

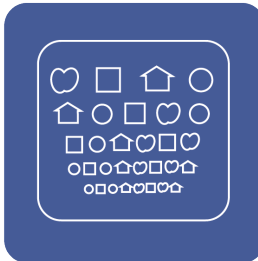
GOOD:



GOOD METHOD FOR VISION HEALTH

Distribution of vision risk factors checklist to parents. This is not a substitute for a vision screening, but can help parents determine whether or not their child needs an eye exam when vision screening is not possible.

BETTER:



BETTER METHOD FOR VISION SCREENING

Screening using a 10 ft chart, while wearing PPE, to maintain social distancing. Screening based on teacher referrals

Preschool: 10 ft LEA symbols wall Chart using disposable occluders (i.e. paper cups)

* A 10 ft chart is not an evidence-based method for screening children ages 3-5.

School-Aged: 10 ft. Snellen/Sloan Chart using disposable occluders (i.e. paper cups)

BEST:



BEST METHOD FOR VISION SCREENING

An evidence-based vision screening with proper PPE as needed. Screening all students in grades K4/K5/1/3/5/7

Preschool: 5 ft EyeCheck Chart, PlusOptix, Spot Screener*

School-Aged: 10 ft. Snellen/Sloan Chart

**This method should only be done by a school nurse or other healthcare professional with permission from the school district and child's guardian as this is not socially distant.*

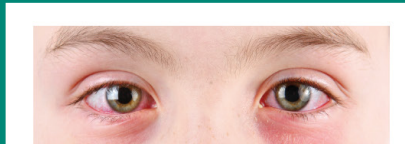
Healthy vision is important for learning and success in school. 1 in 20 preschoolers and 1 in 4 school-aged children has a vision problem, and you may not even know it! Sometimes children have trouble seeing and don't even realize they are seeing the world differently than others. Children with vision problems may misbehave because it is hard for them to see to learn. In order to catch these problems early, Prevent Blindness Wisconsin recommends a complete vision screening every year for children between the ages 3 and 6, and at ages 8, 10, 12, 15, and 18. There are some things that you may notice as a parent. Read and answer the following questions about your child:

Appearance Questions

- | | | |
|---|-----|----|
| 1. Do your child's eyes not fully line up, cross in, or turn out? | YES | NO |
| 2. Are your child's eyes red, encrusted, or swollen? | YES | NO |
| 3. Are your child's eyes watery or itchy? | YES | NO |
| 4. Do your child's eyes not fully open? | YES | NO |



Eyes Do Not Line Up



Red Eyes



Eyes Not Fully Open

Behavior Questions

- | | | |
|---|-----|----|
| 5. Does your child rub their eyes a lot? | YES | NO |
| 6. Does your child close or cover one eye when looking at something far away? | YES | NO |
| 7. Does your child tilt their head when trying to see or read something far away? | YES | NO |
| 8. Does your child squint or frown when trying to see far away? | YES | NO |
| 9. Does your child blink more than normal? | YES | NO |
| 10. Does your child hold books close to their face? | YES | NO |
| 11. Does your child sit close to the TV or computer? | YES | NO |

Complaint Questions

- | | | |
|---|-----|----|
| 12. Does your child say "it's too blurry"? | YES | NO |
| 13. Does your child say "my eyes hurt/burn"? | YES | NO |
| 14. Does your child say "I feel dizzy/sick/ I have a headache"? | YES | NO |

If you answered "yes" to any of these questions, please make an eye doctor appointment for your child.

Guides to local eye doctors are available on wisconsin.preventblindness.org or ask your child's school nurse for help!

What to do if You Suspect a Problem

1. If you have a private vision insurance plan – please contact your plan’s Member Services to find an eye doctor.
2. If you have BadgerCare Plus (Medicaid) – please contact Member Services at 1-800-362-3002 or at memberservice@wisconsin.gov.
 - If your child does not have an HMO, you do not know your child’s HMO, or your child is not currently enrolled in BadgerCare Plus, please contact your local BadgerCare Plus Consortium Office, listed below, for assistance.
3. If you cannot afford vision care or glasses, financial assistance may be available. See our voucher criteria below.

Voucher Program Criteria Includes:

- Family income is at or below 200% of poverty level (if your family meets the criteria for free and reduced lunch, you will qualify)
- Child is not covered by Medicaid or any other vision insurance
- Child is 19 years old or younger and has not graduated high school
- Child has not used a voucher during the last 12 months

***If you would like more information about getting a voucher, please contact your school nurse or Prevent Blindness Wisconsin at 414-765-0505.**

BadgerCare Plus Local Consortium Contact Information

CONSORTIUM	COUNTIES SERVED
Bay Lake Consortium: 1-888-794-5747	Brown, Door, Marinette, Oconto, Shawano
Capital Consortium: 1-888-794-5556	Adams, Columbia, Dane, Dodge, Juneau, Richland, Sauk
East Central IM Partnership: 1-888-256-4563	Calumet, Green Lake, Kewaunee, Manitowoc, Marquette, Outagamie, Sheboygan, Waupaca, Waushara, Winnebago
Great Rivers Consortium: 1-888-283-0012	Barron, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, St. Croix, Washburn
IM Central Consortium: 1-888- 445-1621	Langlade, Marathon, Oneida, Portage
Milwaukee Enrollment Service (MilES): 1-888-947-6583	Milwaukee
Morraine Lakes Consortium: 1-888-446-1239	Fond du Lac, Ozaukee, Walworth, Washington, Waukesha
Northern IM Consortium: 1-888-794-5722	Ashland, Bayfield, Florence, Forest, Iron, Lincoln, Price, Rusk, Sawyer, Taylor, Vilas, Wood
Southern Consortium: 1-888-794-5780	Crawford, Grant, Green, Iowa, Jefferson, Lafayette, Rock
Western Region for Economic Assistance: 1-888-627-0430	Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau, Vernon
WKRP: 1-888-794-5820	Kenosha, Racine