

School Nurse UPDATE



#4 November 16, 2023

Greetings!

This Update includes several pages of announcements from DPI. Do not miss the announcement regarding a **new document to assist school nurses and school administrators understand where and how to document a student's health needs in special education evaluations and when writing IEPs** (p. 2). Last week was **National School Psychologist Week** (p. 5).

DHS has provided an **update on the telenursing program** (p.9). For those skeptical regarding telehealth note that **NASN recently published an educational brief on school nurse-led telehealth** (p. 11).

In a recent national STAK-12 meeting hosted by the CDC's division of adolescent health there was this message posted in the chat by CDC personnel..."No changes to COVID-19 guidance are anticipated at this time. We recognize that the difference in isolation guidance for COVID-19 and other respiratory illnesses can be challenging for schools and families."

I have attached **the data points for the voluntary 2023/22 School Health Services Survey** to this newsletter. I will write about the data points and the survey in the December DPI School Nurse Update. This month I felt compelled to instead write about the **school nurse's role in attendance**. While we will not collect data on chronic absenteeism statewide, to impact attendance school nurses need to review, monitor, and interpret the data on student absenteeism in your own district, particularly those students with severe or chronic health conditions. How might you do this?

Last week the Wisconsin DHS launched a new service that will transform the **support structure for families of children with delays, disabilities, special health care needs, or mental health conditions** (p. 6). See the survey (p. 18) to collect information on **developing a school nurse leadership training**. I will be out of the office all next week. Happy Thanksgiving !

Louise

FEATURED STORIES

PRACTICE POINTS – School Nurses' Impact on Attendance

Asthma Basics Offer (p. 15)

National Injury Prevention Day (p.14)

Coughing Kiddos
(p. 13)

Emergency Planning Webinar (p. 16)

SAVE THE DATES

DPI Consultant Office hours 11/17/23 9-9:45 AM

DiSH 12/13/2023 Diabetes Emergencies and Sick Days 3-4:00 PM

WASN - SNOY & SNAY Nominations Due 2/28/2024

DPI News



Approved Courses Webpage Revised

DPI's [Approved Courses for Nurses with an Associate Degree in Nursing webpage](#) was updated to provide a clearer description of the process for a registered nurse with an associate degree in nursing to complete course work allowing for use of the title "School Nurse." Two additional approved courses are listed along with the topics required in a community or public health nursing course.

School Nurse Documentation in Career and College Ready IEPs Guidance Released

DPI School Health Services has released a new [document](#) entitled, [School Nurse Documentation in Career and College Ready IEPs](#) to assist school nurses and school administrators understand where and how to document a student's health needs in special education evaluations and when writing IEPs. The document is published on the School Health Services [Resources and Publications webpage](#).

Special attention is given to explaining how to document findings that address the severity and nature of the health disability and how it affects the student's involvement and progress in the general education curriculum. Therefore, parents of students with health concerns may also find the document useful.

The role and contributions of school nurses in special education evaluations is discussed in four sections. Section one summarizes where school nurses document how a student's health impacts their learning and education under IDEA. The second section includes recommendations for specific health related information school nurses may document. The third section describes the role of Health Plans. Finally, section four provides insights into documenting on the Other Health Impaired (OHI) criteria sheet, which is one of the most common, but not only, criteria sheet used by school nurses.

Special Education Forms Guide Updated

The department has updated the [special education forms guide](#) to reflect this year's form revisions and edit out-of-date content. See our [brief summary of this year's form revisions](#) and [sample forms page](#) for more information.

The role and contributions of school nurses in special education evaluations is discussed in four sections. Special attention is given to explaining how to document findings that address the severity and nature of the health disability and how it affects the student's involvement and progress in the general education curriculum.

DPI News



Authentic Engagement in Education is Essential: State Superintendent Invites Civil Discourse and Meaningful Community Engagement

State Superintendent Dr. Jill Underly [published an editorial](#) on civil discourse and meaningful community engagement.

In the guest editorial, Dr. Underly writes about the importance of authentic engagement in education and invites Wisconsinites to a conversation about the future of public education in our state.

Excerpt: "As a parent and an educator, I know our voices are needed right now. There are some who are intent on tearing public education - and our trust in public service - down. These de-facto extremist groups and their allies in the legislature perpetuate false accusations, make vitriolic attacks, and engage in intimidation. The fact is, when we see this kind of behavior from students in our schools, we call it for what it is - bullying - and we do something about it. We intervene. We redirect. We take the opportunity to pause, listen, learn from each other, and grow."

"We currently see legislation being debated that is not designed to support students, meet their needs, improve academic outcomes, and strengthen the future of our state. Instead, this legislation is aimed at [destroying trust between families and schools](#), threatening the freedom to read [in school](#) and [in public libraries](#), and raising the specter of [punishment for discussing ostensibly controversial](#), but actually very relevant, topics. Through it all, these extremist groups and their allies claim they're protecting children. They claim they stand for liberty. There is nothing liberating about a war against democracy in which our kids are the collateral damage. Neither these bills nor these groups actually amplify parental voice; for that, we need authentic parental and community engagement like our strategic planning sessions, in addition to the communication and collaboration I know educators and parents are engaged in across our state as they work together to serve the needs of the kids we all care so deeply about."

To read Dr. Underly's full editorial, [visit the Wisconsin Department of Public Instruction's news release website](#).

What Students Experiencing Homelessness Need You to Know

During the 2022-23 school year, 18,455 students were identified as experiencing homelessness in school districts across Wisconsin.

Homelessness isn't always what you would think. It includes situations where students are doubled up with other families or friends; in shelters; unsheltered, or in hotels and motels.

Students and families experiencing homelessness face complex and systemic challenges, including everything from barriers within their educational experiences to basic needs found in safe and stable living environments. Racine coordinator draws on own experiences with homelessness to help students and families. [Read story](#).

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DPI News

2023-24 Peer-to-Peer Suicide Prevention Grant Competition

The Student Services/Prevention and Wellness Team is pleased to announce Round 2 of the 4th Annual Peer-to-Peer Suicide Prevention Grant Competition for the 2023-24 school year. Any school at which pupils attend **high school grades**, which did not apply in Round 1 of 2023, is eligible for this grant. The amount of each individual grant award may not exceed \$1,000 and each school may only submit one application. Schools are eligible **even if** they were grant recipients in previous years and may apply for a grant renewal for up to three years.

Recipients of a grant under this program may use the grant funds to support an existing, or to implement a new, peer-to-peer suicide prevention program. Peer-to-peer training ensures that peers can help other peers during troubling times by having the knowledge and tools needed to recognize signs and symptoms of suicide ideation and depression and connect them to resources and a caring adult.

Please also see the [Peer-to-Peer Suicide Prevention Grant webpage](#) for the application and additional information. Applications must be submitted by 4:00 p.m. on Friday, December 1, 2023.

Grant-related questions can be directed to peertopeer@dpi.wi.gov.

Mental Health America School-Based Peer-to-Peer Suicide Prevention Programs - Applications Now Open

[Mental Health America of Wisconsin](#) is pleased to announce a funding opportunity for **elementary, middle, and high schools** in Wisconsin. This opportunity is in addition to the [4th Annual Peer-to-Peer Suicide Prevention Grant Competition through the Department of Public Instruction](#). With a focus on training Wisconsin students to recognize the signs of suicide shown by fellow students, peer-to-peer programs use messages of hope, health, and strength to develop peer leaders and resources for students who may be struggling.

Recipients of a grant under this program may use the grant funds to support an existing evidence-based peer-to-peer suicide prevention program ([Hope Squad](#), [Sources of Strength](#), [NAMI Raise Your Voice](#), [REDGEN](#), or [Youth Aware of Mental Health \(YAM\)](#)) or implement a new peer-to-peer suicide prevention program. For schools wanting to implement new programs please provide evidence that is linked to the program's effectiveness.

The amount of each individual grant award may not exceed \$5,000. Allowable costs include training staff and/or students, travel, materials and supplies (no more than 20% of the total request), and presenter or speaker fees (no more than 25% of the total request). Costs can not be used towards food, assemblies, and please refer to [this document](#) for other unallowable costs.

Grant applications will be reviewed on a rolling basis. The application window closes on December 1st or when the funding amount has been exhausted, whichever comes first.

[Click here to apply!](#)

[Click here for more information and Frequently Asked Questions >>>](#)

If you have any questions, please email Cara Hansen at cara@mhawisconsin.org.

DPI News

National School Psychology Week

During the week of **November 6-10, 2023**, schools throughout the United States celebrated [National School Psychology Week \(NSPW\)](#) to highlight the important work school psychologists and other educators do to help all students thrive.

This year's theme was "[Let's Grow Together](#)," inspired by the importance of both personal and shared strengths in our growth as individuals and school communities in every season of life. The theme recognizes every aspect of growth, as fundamental to effective learning environments and to school psychologists' role in supporting student well-being and learning.

[Who Are School Psychologists?](#) School psychologists are uniquely qualified members of school teams that support students' ability to learn and teachers' ability to teach. School psychologists apply expertise in mental health, learning, and behavior, to help children and youth succeed academically, socially, behaviorally, and emotionally. They collaborate with families, teachers, school administrators, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community (NASP 2021). This includes working directly with students, collaborating with teachers, families, administrators, and other mental health professionals to develop and provide supports and interventions at the individual, small group, classroom, school, and district levels.

Thank You School Psychologists! The National Association of School Psychologists (NASP) recommends a [ratio of 1 school psychologist for every 500 students](#). In Wisconsin schools, the average ratio is 1:826. This means that the over 1,100 school psychologists across the state are going above and beyond to support students, school staff members, and families. This is their week, so to show your appreciation and to learn how you can work with your school psychologist to help kids, schools, and communities thrive, find your school psychologist and tell them, "[Let's Grow Together!](#)"



School psychologists are uniquely qualified members of school teams that support students' ability to learn and teachers' ability to teach. School psychologists apply expertise in mental health, learning, and behavior, to help children and youth succeed academically, socially, behaviorally, and emotionally.

DPI News

DHS Launches Wisconsin Wayfinder: Children’s Resource Network “Connecting Wisconsin families with special health care needs to essential support and resources”

As educators in Wisconsin schools, you have incredible access to providing families with timely and relevant information. Wisconsin Wayfinder is a resource to share with all families in your schools and districts, and in particular families with children with disabilities or mental health needs. Wisconsin Wayfinder helps families find county and statewide disability and mental health services beyond the support provided by schools.

Last week the Wisconsin DHS launched a new service that will transform the support structure for families of children with delays, disabilities, special health care needs, or mental health conditions. Wisconsin Wayfinder: Children’s Resource Network includes a user-friendly website and toll-free helpline that lets families easily connect with real people (dedicated children’s resource guides) who will help navigate through the essential services and supports that will enable their children to thrive.

“This service is a critical step toward improving the way families with special health care needs access and connect with the vital resources they need, especially during crucial moments like after an initial diagnosis,” said DHS Deputy Secretary Deb Standridge. “Our children’s resource guides are people committed to personally assisting families on this journey. Wisconsin Wayfinder embodies our commitment to inclusivity, support, and accessibility for our state’s children and their families.” [View the entire news release.](#)

A statewide user-friendly website and toll-free number, 877-WiscWay (877-947-2929), provide families with convenient, direct access to compassionate and knowledgeable children’s resource guides. Please share the toll free number (877-WiscWay) and this [Link to Wisconsin Wayfinder webpage](#) with families in your schools, districts, and communities.

FREE Virtual Peer-to-Peer Suicide Prevention Programs Quarterly Connection Meetings

DATES: November 27, 2023; January 29, March 11, and May 13, 2024

TIME: 3:00 pm - 4:00 pm via ZOOM

Please join us if you are interested in or currently implementing a peer-to-peer suicide prevention program in your school. The goal of the P2P Quarterly Connection Meetings is to provide support, resources, thought partnering, examples from the field, and a space to ask questions and get answers.

Our first meeting will get us connected, provide available resources, and include staff from DPI and MHA to discuss the current peer-to-peer grant opportunities that are open through Dec. 1st. We will share updates for those who have already applied for a grant and provide information and tips for those interested in applying.

We hope to see you there to connect around this important work! See the [Suicide Prevention Peer to Peer Programs Quarterly Connection flyer](#) for additional details and directions for registering to attend.

DPI News

WI 21st CCLC 2024-25 Grant Applications Are Now Available!

The Wisconsin Department of Public Instruction (DPI) is pleased to announce the Nita M. Lowey 21st Century Community Learning Center (21st CCLC) Grant competition, for funding beginning in the 2024-25 school year.



The purpose of the 21st CCLC program is threefold. A 21st Century Community Learning Center provides an array of activities during non-school hours, or periods when school is not in session (such as before and after school, weekends and during school breaks) that:

1. Provide opportunities for academic enrichment that reinforce and complement the regular academic programs of the schools attended by students, help students to meet challenging state academic standards, and target students' academic needs;
2. Offer students a broad array of additional services, such as those that focus on youth development, social and emotional learning (SEL), civic engagement, and nutritional and physical health; and
3. Offer adult family members of program participants opportunities for educational development and engagement in their children's education.

Public school districts, private schools, charter schools, and community-based organizations targeting students enrolled in schools eligible for schoolwide Title I programs, educational service agencies (e.g. CESA), and Indian tribe or tribal organizations (as such terms are defined in section 4 of the [Indian Self Determination and Education Act](#)) are invited to apply.

Applications are due on or before **4:00 p.m., January 26, 2024**. More information and application materials are available on the DPI's [21st CCLC Competition website](#).

The DPI will be hosting workshops to assist writers in developing grant applications on November 13, 15, and 20th. Information about the workshops is available on DPI's [21st CCLC Competition website](#).

*Please note, this application is intended only for new 21st CCLC applicants or current 21st CCLC grantees in the final year of their grant cycles. **Current WI 21st CCLC programs in years 1-4 of their grant cycles SHOULD NOT participate** in this competitive grant process. *

For further information, please contact DPI21stCenturyCommunityLearningCentersGrant@dpi.wi.gov.

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DPI News



2023 Building the Heart of Successful Schools (BHSS) Conference Registration Open

We hope to connect with you at this year's conference. If you can't participate or have already registered, please share this information with colleagues or community partners that may be interested in these topics. Watch the [2023 Building the Heart of Successful Schools Conference video](#) to learn why you should attend!

Register now for the [2023 Building the Heart of Successful Schools Conference](#) on December 7, 2023, with pre-conference sessions on December 6, 2023! The conference will be held at the Glacier Canyon Conference Center at the Wilderness in the Wisconsin Dells, WI. The BHSS Conference connects and inspires Wisconsin educators in order to serve every student.

- In-person (\$150.00) – attend all sessions on December 7, 2023. [Click here to register to attend BHSS in-person](#). In-person registrants will also receive recording access. Learn more about the Conference Sectionals by checking out the [Conference Brochure](#).
- Pre-Conference Sessions (\$75 each). Click on the session title to register.
 - [Strategies to Support Youth Struggling with Stress and Anxiety- A Multi-Tiered Approach](#) on December 6, 2023, from 8:30-11:30 a.m.
 - [Behavior Threat Assessment and Management, A Powerful Preventative Opportunity](#) on December 6, 2023, from 8:30-11:30 a.m.
 - [How to Use Restorative Practices to Support the Mental Health Needs of Staff and Students](#) on December 6, 2023, from 12:30-3:30 p.m.
 - [Calling All Educators to Choose Boldness](#) on December 6, 2023, from 12:30-3:30 p.m.
 - [Building your School-Community Collaboration: Partnerships, Funding, and Sustainability](#) on December 6, 2023, from 12:30-3:30 p.m.
- Can't make it in-person? Register for Recording Access Only (\$75.00) to receive access to recordings of keynote and select sessions one week after the conference [click here to register for recording access only](#).

CEHs (Continuing Education Hours): An application has been submitted for up to 10 continuing education hours (includes pre-conference) with the National Association of Social Workers, Wisconsin Chapter. In-person conference registrants can request to receive a certificate of participation after the conference by submitting a brief online form, and entering participation codes provided for each session attended. Please contact Julie Incitti (School Social Work Consultant, DPI, julie.incitti@dpi.wi.gov) with questions.

For more information about the conference [visit the conference webpage](#) or check out the [conference program](#). The deadline to register for the conference is **November 30, 2023**.

The BHSS Conference connects and inspires Wisconsin educators in order to serve every student. Watch the [2023 Building the Heart of Successful Schools Conference video](#) to learn why you should attend!

DHS News

Respiratory Report

The [Weekly Respiratory Report](#) for the week ending on November 4, 2023 (Week 44) is now published.

Statewide Telenursing Pilot

Enrollments for the statewide pilot of Telenursing continues to be ongoing. If your public or private school is interested in enrolling, DHS is encouraging schools to take advantage of this service. The service is a supplement to support our overtaxed school nurses by increasing bandwidth through telephonic access to a trained clinician. This service is also advantageous for schools that currently do not have clinical school health staff.

As we near winter, and the many respiratory illnesses that come with it, don't forget that this service can also support staff when they are ill, and can be a great backup for nurses when they are off sick.

As a compliment to the telenursing service, Bellin, the telenursing provider, has also offered the use of Tytocare equipment. This equipment provides live vitals to the nurse during the student telenurse consult. DHS has held targeted discussion with CESAs in expanding the allowability's of funding to include equipment. As part of this funding expansion of the workforce strategies 1 and 2, schools can opt to have this funding cover costs of the Tytocare equipment if desired.

For more information, visit [WI K-12 Telenursing Project \(cesa6.org\)](https://cesa6.org)

Statement from DHS Secretary-designee Kirsten Johnson on Senate Bill 462

A significant and meaningful step in creating needed infrastructure to address treatment options for people with a mental health crisis.

"Addressing the lack of treatment options for Wisconsinites experiencing a mental health crisis has been one of our agency's top priorities. Far too many people who are in crisis are brought to an emergency room with a long wait time and transferred to a mental health facility while in law enforcement custody, which can exacerbate a crisis. The mental health facilities are often far from their home and loved ones.

[SB 462](#) provides a significant and meaningful step in creating needed infrastructure to address these issues. Under the bill, DHS would be required to establish a certification process for crisis urgent care and observation facilities. These centers would provide both voluntary and emergency detention crisis services to youth and adults in a calm, home-like environment on a 24/7 basis. Services would include assessments for physical health, substance use, mental health crisis including suicidality and would provide stabilization services to people who are appropriate for this care setting. These centers would offer a first responder drop-off area as well as accept people walking in to receive services.

This solution comes after years of dialogue and collaboration with our partners across the state and members of the legislature. We are eager to continue working with the legislature on this critical piece of legislation."



Enrollments for the statewide pilot of Telenursing continues to be ongoing. If your public or private school is interested in enrolling, DHS is encouraging schools to take advantage of this service.

DHS News



Funding Opportunity Announcement

The Wisconsin Department of Health Services (DHS) [Tobacco Prevention and Control Program](#) is announcing a funding opportunity for the Vaping Prevention and Treatment Initiatives (VPTI) grant.

The VPTI grant is a response to the youth and young adult vaping epidemic and will fund projects that implement community or school-based prevention, intervention, and/or cessation strategies for young people up to age 24 on the topic of vaping.

DHS is seeking proposals from agencies that emphasize collaboration between community partners with innovative ideas to decrease the impact of JUUL and other electronic nicotine devices (ENDS). Funded partners will have a commitment to young people and a track record of implementing effective programs in Wisconsin. Previous commercial tobacco prevention work is not required. Completed applications should be submitted via email by 5 p.m. on December 13, 2023. Award notifications will be made by December 22, 2023, and contracts will begin in early 2024. Please see the details below to learn more about this opportunity and application process.

Vaping Prevention and Treatment for People Under Age 24

This opportunity is for agencies including but not limited to non-profit organizations, community-based organizations, schools, and public health agencies in Wisconsin. Vaping is a complex social issue that requires solutions to be community driven and culturally sensitive. Collaborative, comprehensive proposals that bring together schools, partners, stakeholders, and experts are strongly encouraged. Eligible organizations can apply to implement community or school-based prevention, intervention, and/or cessation strategies to address vaping among young people up to age 24. An application that focuses on social determinants of health (the environments and experiences in which people are born, grow, live, and work), and environmental and systems change (changing laws and rules and shaping environments to make healthy choices easy and practical for all) is in alignment with this opportunity. Previous commercial tobacco prevention work is not required.

[Learn more and apply](#)

FDA advises about administering correct dosage of Moderna COVID-19 Vaccine (2023–2024 Formula) to children age 6 months through 11 years.

FDA has become aware that some health care providers may not recognize that the single dose vial of Moderna COVID-19 Vaccine (2023–2024 Formula) for use in individuals 6 months through 11 years of age contains notably more than 0.25 mL of the vaccine. Some health care providers may be withdrawing the entire contents of the vial to administer to an individual. However, the volume of a single dose of Moderna COVID-19 Vaccine (2023–2024 Formula) is only 0.25 mL.

[Read the full news release.](#)

Related Links

- FDA news release: [Important Information about the Correct Dosage and Administration of Moderna COVID-19 Vaccine \(2023–2024 Formula\) for Individuals 6 Months through 11 Years of Age \(11/1/23\)](#)
- FDA: [Moderna COVID-19 Vaccine](#) main page
- FDA: [Moderna COVID-19 Vaccine \(2023–2024 Formula\) Healthcare Provider Fact Sheet](#) (PDF)
- [DHS COVID-19 guidance for health care providers webpage](#)

NASN News

School Nurse-Led Telehealth

The evidence is growing that school-based telehealth provides opportunities to address student barriers to accessing health care. The lack of school nursing services impacts student health in school communities without a school nurse. School Nurse-Led Telehealth can extend the reach of an onsite school nurse to schools with and without a school nurse, but it is not a replacement. Explore NASN's new education brief, [Advancing Equity in School Health Services: School Nurse-Led Telehealth](#), to learn about the benefits, misconceptions, implications, and more.

Coping with Traumatic Events Resources

NASN acknowledges that the present conflict in the Middle East is a matter of significant international concern, and we recognize it can cause great distress for so many people, especially those with friends or family residing in the conflict zone or serving in the military. In light of this, we would like to highlight some valuable resources that can assist you and your school communities in dealing with this traumatic event:

- [Coping Tips for Traumatic Events](#) | SAMHSA
- [Coping with a Disaster or Traumatic Event](#) | CDC
- [Talking to Children about War](#) | The National Child Traumatic Stress Network
- [How to Talk to Children about Difficult News](#) | American Psychological Association
- [How to Talk to Your Children About Conflict and War](#) | UNICEF
- [Coping with War-Related Stress: Information for Military Families and Communities](#) | Mental Health America
- [How Do I Talk to My Kids About Violence in the News?](#) And [Explaining the News to Our Kids](#) | Common Sense Media

WASN News

WASN Newsletter Posted

The [Fall WASN newsletter](#) is posted to the WASN website.

Nominations Now Open for WASN Awards

WASN is now accepting nominations for the Kathryn Etter School Nurse of the Year and School Nurse Administrator of the Year Award. [Find nomination information here](#). Nominations must be submitted by February 28, 2024.

Miscellaneous



Autism Awareness Australia: A Brief History of Pathological Demand Avoidance

Introducing Pathological Demand Avoidance

There is an emerging awareness of a distinct profile of autism currently termed Pathological Demand Avoidance (PDA). Children with PDA do not respond to typical behavioral interventions and strategies, in fact any attempts to correct behaviours are usually met with escalation or even outright aggression. These are the kids who inhabit the 'too hard basket' in schools and many families resort to homeschooling as the education system is unable to manage the unique features and challenges of the PDA child. [Read more.](#)

MMWR

Coverage with Selected Vaccines and Exemption from School Vaccine Requirements Among Children in Kindergarten – United States, 2022–23 School Year

What is already known about this topic?

From the 2019–20 to the 2021–22 school year, national coverage with state-required vaccines among kindergartners declined from 95% to approximately 93%, ranging from 92.7% for diphtheria, tetanus, and acellular pertussis vaccine (DTaP) to 93.1% for polio.

What is added by this report?

During the 2022–23 school year, coverage remained near 93% for all reported vaccines, ranging from 92.7% for DTaP to 93.1% for measles, mumps, and rubella and polio. The exemption rate increased 0.4 percentage points to 3.0%. Exemptions increased in 41 states, exceeding 5% in 10 states.

What are the implications for public health practice?

Exemptions >5% limit the level of achievable vaccination coverage, which increases the risk for outbreaks of vaccine-preventable diseases. Vaccination before school entry or during provisional enrollment periods could reduce exemptions resulting from barriers to vaccination during the COVID-19 pandemic. [Read article.](#)

Children with PDA do not respond to typical behavioral interventions and strategies, in fact any attempts to correct behaviours are usually met with escalation or even outright aggression.

Miscellaneous

Coughing Kiddos - The Pulse Blog from MacGill® School Nurse Supplies

As October comes to a close you can almost hear the collective sigh of relief among school staff knowing Thanksgiving break is just a few weeks away. Well, you might be able to hear it if it wasn't for all that coughing. Yes, fall and winter are the seasons infamous for coughs and respiratory illnesses, and the seemingly constant coughing in classrooms and school hallways leaves school nurses needing to carefully assess and distinguish between the different types of coughs and battle the near incessant demand for cough drops.

While most schools have exclusion policies for things like fever and vomiting, establishing coughing criteria can be tricky. After all, post-infectious or post-viral coughs can [linger](#) for up to 8 weeks due to [increased](#) cough receptor sensitivity and temporary bronchial hyper-responsiveness. Additionally, younger kids aren't able to effectively cough up mucus which can lead to a constant tickle. Many schools do their best to navigate the challenges of cough exclusion by using descriptions including "uncontrolled cough" or "cough that disrupts participation in classroom and activities" as guidance for when students should stay home.

If a student's cough persists for more than two weeks, it may be necessary to discuss with parents or guardians alternative factors contributing to the symptomatology and recommend further evaluation. For students who persistently suffer from lingering coughs following viral infections, [allergies and/or asthma](#) may likely be culprits. The [AAP](#) recommends that HCPs be notified when kids' coughs persist over three weeks. But when exclusion criteria aren't met and beyond recommending further evaluation, when there aren't any other signs of acute illness or respiratory distress, what exactly can school nurses do for those irritating coughs?

This is where the cough drop conundrum rears its head. Firstly, state regulations and school policies can vastly differ on cough drop administration, their classification as a "medication," orders required, and self-carry protocols. They can also pose a choking and allergy risk to students. In schools where the school nurse may administer cough drops, they are often misused and treated like candy. But cough drops *can* actually [reduce](#) coughing by soothing an irritated throat and may be helpful for some students. In other words, the cough drop struggle can be real. Some school nurses use peppermints or hard candies instead - which can also be helpful - but some of the perils still apply.

Fortunately, simpler interventions, including hydration and having the student perform salt water gargles, can also help curb coughs at school. As autumn winds down and viral season ramps up, providing reassurance to students, parents, and school staff, as well as education on coughs, evidence-based [home remedies](#), cough etiquette, and hand washing, can go a long way in your efforts to keep kids healthy and in the classroom (while also maintaining your sanity)!

Children's Safety Network



National Injury Prevention Day

National Injury Prevention Day takes place on November 18th, and it is a great reminder to remain aware of child safety as holiday preparations are underway. National Injury Prevention Day raises awareness of the importance of injury prevention and how everyone can play a role. Injury Free Coalition for Kids is hosting [a kick-off webinar on November 17th from 10:00AM-11:00AM ET](#) featuring Benjamin Hoffman, president-elect of the American Academy of Pediatrics. They will also be hosting [a live Injury Prevention Day Twitter chat on November 17th at 1:00PM ET](#).

Unintentional injuries remain [the leading cause of death for infants, children, and adolescents](#). During the holiday season, there is a risk of child injuries involving passenger safety, fire and burn safety, and poisoning. Below are recent CSN resources on these child injury topics that can help guide prevention efforts.

Child Passenger Safety

- [Protecting Kids in Cars: Approaches to Child Passenger Safety Webinar Recording](#)
- [Child Passenger Safety Infographic \(English and Spanish\)](#)

Fire and Burn Safety

- [Fire and Burn Prevention: 2021 Resource Guide](#)
- [Partnerships to Prevent Fire and Burn-Related Injuries Among Children Webinar Recording](#)

Poisoning Prevention

- [Behind the Headlines: Safety Tips for Kids and Cannabis](#)
- [Unintentional Poisoning Deaths in U.S. Infants, Children, and Adolescents Fact Sheet](#)
- [Safe Use and Administration of Medication to Young Children Webinar Recording](#)
- [Child Safety Data for Unintentional Poisoning Fatalities](#)
- [Poisoning Prevention: New Challenges and a Novel Tool Webinar Recording](#)

National Injury Prevention Day raises awareness of the importance of injury prevention and how everyone can play a role.

Medscape Nurses

A New Long COVID Explanation: Low Serotonin Levels?

Could antidepressants hold the key to treating long COVID? University of Pennsylvania researchers have uncovered a link between long COVID and levels of serotonin in the body that may offer a new explanation for the condition. [Read article.](#)

American Lung Association

NEW! Asthma Management Guidelines: A Review for Healthcare Professionals

The American Lung Association is pleased to announce the launch of the new course, [Asthma Management Guidelines: A Review for Healthcare Professionals](#). This FREE, one-hour, online training module provides the latest information on asthma diagnosis and management. Topics covered include Stepwise Therapy, Single Maintenance and Reliever Therapy (SMART), and severe asthma.

This course offers 1.0 CME/CEU and is ideal for healthcare professionals, including doctors, nurses, pharmacists, and respiratory therapists. Register for the free course [HERE](#).

Special offer for Wisconsin school nurses! Each Wisconsin school nurse that completes the [Asthma Basics](#) course and the Asthma Management Guidelines: A Review for Healthcare Professionals course between October 20, 2023 and December 15, 2023 will earn an [asthma teaching model](#) and a [placebo metered dose inhaler and valved-holding chamber](#) to use in their school health office. For more information, contact Jill.Heins@Lung.org.

School Nurse Blog

[The Relentless School Nurse: Ohio School Nurse Rachel Ocampo's, Assessment Skills Save the Life of a Third Grader!](#)

Robin Cogan, MEd, RN, NCSN, FNASN, FAAN

Nov 1

[The story of the third grader at Parkside Elementary School highlights the critical role that school nurses play in ensuring the well-being of students.](#) In this particular case, the timely intervention of the school's licensed nurse, Rachel Ocampo, proved to be life-saving for Kassie Machado's daughter, Mia. Ocampo's astute observation skills and medical expertise allowed her to identify the signs of anemia in Mia, prompting urgent medical attention that potentially saved her life.

Asthma and Allergy Network



Emergency Planning for Children with Asthma and Anaphylaxis Webinar

Respiratory symptoms are common in both asthma and anaphylaxis. It can be a challenge to know whether someone is experiencing an asthma attack or a severe allergic reaction. In this webinar, Alice Hoyt, MD, chief allergist at the Hoyt Institute of Food Allergy in Nashville, Tennessee, will discuss how to plan for asthma and anaphylaxis emergencies.

Wednesday, Nov. 29, 3:00 pm Central

[Register now!](#)

(After registering, you will receive confirmation emails containing information and Zoom links on how to join the webinar.)

Flovent HFA and Flovent Diskus to be Discontinued in 2024

GSK has notified the FDA that it intends to discontinue its Flovent asthma medications as of Dec. 31, 2023. This means supplies of Flovent HFA and Flovent Diskus will likely run out by early 2024. Talk with your doctor about alternatives. An authorized generic is available.

Wisconsin Nurses Association

Important Information for Nurses on Wisconsin Human Trafficking Epidemic - Webinar Series

"Signs of Sex and Labor Trafficking"

Victims/survivors of Human Trafficking are in our care every day. Statistically, over 88% of survivors have come in contact with Emergency Rooms services and clinics without being properly assessed. Learn the signs and symptoms to look out for. We will discuss assessment tools and what questions to ask, and not to ask. We will also address safety and resources in your communities.

Session 2 of 5

Wednesday, December 6, 2023

7:00 - 8:15 PM

Registration is FREE - but you must register to receive the link to join. CE Credit will be offered. [For More Information and to register, click here to visit the webpage](#)

Respiratory symptoms are common in both asthma and anaphylaxis. It can be a challenge to know whether someone is experiencing an asthma attack or a severe allergic reaction.

American Academy of Pediatrics

AAP Tools for Schools

The American Academy of Pediatrics is proud to have partnered with the organizations below to provide you with new tools and guidance for managing allergies and preventing and mitigating anaphylaxis in school. This work was supported by the Centers for Disease Control and Prevention Healthy Schools Branch.

Teach children and teens to be good friends to kids with food allergies

Food Allergy Research and Education has updated their Be a Pal® program to better support empathy related to the social and emotional impact of living with a food allergy. Downloads include materials for implementation in school and classroom settings, such as posters, flyers, bookmarks, certificates, a food allergy awareness presentation, and an interactive course for middle and high school students.

<https://www.foodallergy.org/resources/be-palr>

New CPG and toolkit for school nurses provides practical guidance

Using the latest and highest quality evidence available, the National Association of School Nurses has published a new clinical practice guideline (CPG), “Students with Allergies and Risk for Anaphylaxis.” The companion toolkit includes implementation tools, sample forms and more.

-School Nursing Evidence-Based CPG: Students with Allergies and Risk for Anaphylaxis

<https://learn.nasn.org/courses/58035>

-Allergy and Anaphylaxis Toolkit <https://learn.nasn.org/courses/58035>

How to create epinephrine & stock inhaler policies

Empower schools to develop and implement high-quality stock epinephrine and stock inhaler policies with these toolkits from the American Academy of Allergy, Asthma & Immunology.

-Stock Epinephrine Toolkit for Schools <https://www.aaaai.org/tools-for-the-public/school-tools/anaphylaxis-food-allergy/stock-epinephrine>

-Stock Inhaler Toolkit for Schools <https://www.aaaai.org/tools-for-the-public/school-tools/sampro/stock-inhaler>

For more information, contact Abby St. George, Program Manager, School Health Initiatives at astgeorge@aap.org.

Community Access to Child Health

The [Community Access to Child Health \(CATCH\)](#) program, a flagship initiative of the American Academy of Pediatrics, supports pediatricians who **partner with community organizations** to address a child health issue impacting underserved children in a target community, and **plan and/or implement innovative projects** which increase children’s access to optimal health and well-being, reduce health disparities, and achieve health equity.

The CATCH [Call for Proposals](#) is open from **November 1, 2023 - January 22, 2024** and invites *pediatricians in training and in practice to apply* who are within AAP chapters in the United States and its territories and Canada. The AAP Council on School Health (COSH) will sponsor ONE (1) project that works with schools to address relevant areas such as school climate, school attendance, mental health screening and treatment, whole child priorities, vision and hearing, sexual and reproductive health, chronic condition management, physical activity, school breakfast, violence prevention, or the promotion of health and learning for students with unique needs or of unique populations.

Wisconsin school nurses interested in partnering with a local pediatrician should contact them about this opportunity.

Miscellaneous

Developing a Leadership Program for School Nurse Leaders

The Virginia Department of Education has asked George Mason, in conjunction with the Center for School Health Innovation and Quality to develop a sustainable, national leadership program for school nurse leaders and administrators.

We are defining school nurse leader broadly to include nurses who provide leadership in their district or state in any capacity or who hope to in the future. This includes nurses who provide partial or total administrative responsibilities in a district, lead nurses in districts, board members of state school nurse affiliates, as well as state or regional school nurse consultants.

To be sure the program meets school nursing leaders' needs we are conducting a succinct survey and will follow up with interviews/focus groups.

Please share your perspective on the content, skills and competencies school nurse leaders and administrators need. Your responses are anonymous, and you can stop or skip questions at any time.

Your views will be used to shape the content and activities of the school nurse leadership program.

We estimate the survey will take approximately 10-15 minutes to complete and please complete the survey by **Friday, Dec 1st**. [Click here to access the survey.](#)

Please share this survey with fellow school nurse leaders. The more input the better!

To show our appreciation for your valuable input and time, several gift cards will be drawn for survey participants. (There will be a separate link at the end of the survey, if you would like to be included in the drawing).

Thank you,
Erin

If the hyperlink doesn't work, cut and paste:

https://chhs.co1.qualtrics.com/jfe/form/SV_bpHhgoMsGrZBptA

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Practice Points

By Louise Wilson

School Nurses' Impact on Attendance

I belong to the American Academy of Pediatrics (AAP) - Council on School Health (COSH). Recent postings on the discussion list were reacting to the AAP [Policy Statement \(2019\) on school attendance](#) as that statement is currently being revised. Pediatricians were asking each other what their role was in asking about school attendance during well child or acute care visits. It was suggested that school attendance can be considered a pediatric "vital sign," since it can help to uncover many health and social issues that are at the core of pediatric practice. These pediatricians recognize that academic performance is one of the leading predictors of long-term health.

School nurses recognize the correlation between health and academic performance and work daily to support both. School nurses have a role in attendance but may not always understand or appreciate the impact they can have. Attached to this newsletter and [linked here](#) is a document [Health and Attendance: The Critical Role of School Nurses in Reducing Chronic Absence](#).

Chronic absence is different than truancy. Truancy usually refers to "unexcused" absences. Chronic absenteeism refers to missing too much school for any reason, including excused and unexcused absences as well as suspensions. Focusing solely on truancy may miss those students who miss excessive amounts of school for "excused" reasons. Regardless of whether absences are unexcused or excused, chronic absenteeism typically results in poor academic outcomes and is linked to poor health outcomes.

While Wisconsin did not choose chronic absenteeism as an indicator in our Every Student Succeeds Act (ESSA) state plan, attendance has serious implications for school success. In both the federal (ESSA) and State definitions [a student is considered chronically absent if they miss more than 10% of possible attendance days](#).



These pediatricians recognize that academic performance is one of the leading predictors of long-term health.

School nurses recognize the correlation between health and academic performance and work daily to support both.

The shift to looking at chronic absenteeism versus daily attendance or truancy (unexcused absences) requires schools to look at root causes to develop effective solutions. While there are many reasons for students to be chronically absent, research has shown that student health issues are a leading contributor (Reed & Fothergill 2017). “Although occasional absences attributable to health conditions can be expected, absences can quickly add up and lead to chronic absenteeism if a child experiences multiple health conditions, unrecognized or undertreated conditions, or lack of access to care. Absenteeism attributable to physical health conditions can be compounded by the presence of mental or behavioral health conditions and socioeconomic factors” (Allison, et al. 2019).

School nurses have the expertise to identify and intervene on health issues that may be the root cause affecting attendance. When school nurses assess students who present to the health office, they often advise parents when the student is too ill to be in school and when it is okay to remain in school. When combined with counseling parents when the student can return, school nurses mitigate unnecessary absences. Using the 21st century school nursing principle of Care Coordination school nurses work with families and healthcare providers to manage chronic health issues that impact not only the student’s ability to attend school, but their long-term health.

Health and Attendance: The Critical Role of School Nurses in Reducing Chronic Absence references a study that found that low-income and African American students with asthma who attended schools with full-time nurses missed 23 percent fewer school days than did their counterparts in schools with part-time nurses. I think every Wisconsin school nurse can cite an intervention they did that impacted not only the health of a student but their attendance.

School nurses impact attendance using a multitiered system of support. Teaching handwashing to all students impacts communicable disease rates. Developing student medical management plans impacts those students with chronic or life-threatening health conditions and allows them to attend school safely. Connecting families and students to accessible healthcare services so that their asthma, allergies, communicable disease, mental health concern, or seizures can be (better) managed are roles of the school nurse and has a profound impact on attendance.

Attached to this newsletter are the data points in the voluntary School Health Services Survey for the 2023/2024 school year. I will be sharing more information in next month’s Practice Points on the collection of data. I purposefully did not include chronic absenteeism as a data point even though it is a data point that NASN collects.



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School nurses have the expertise to identify and intervene on health issues that may be the root cause affecting attendance.

I did not add the district's chronic absenteeism rate as a data point because I understand Wisconsin school nurses face many barriers to collecting and reporting such data. Yet, to impact attendance school nurses need to review, monitor, and interpret the data on student absenteeism in your district, particularly those students with severe or chronic health conditions. Understanding the root cause or underlying reason for the absences is a first step. When health is the reason for the absences school nurses can then engage parents, students, community healthcare providers, school administrator and staff to address the physical and emotional need of students and provide case management.

As one member of COSH stated, "school is a protective factor for every child's development and physical well-being." Therefore, increasing the numbers of days and a student's engagement at school is critical goal. A goal which school nurses are well prepared and poised to impact.

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When health is the reason for the absences school nurses can then engage parents, students, community healthcare providers, school administrator and staff to address the physical and emotional need of students and provide case management.

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>

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Health and Attendance: The Critical Role of School Nurses in Reducing Chronic Absence

By: Annie Reed & Sue Fothergill, Attendance Works (Based on a presentation delivered at the May 2017 Symposium, *School Nurses: Understanding Legal Strategies for Advancing a Culture of Health in Schools*)

Chronic absenteeism—or missing 10 percent or more of school days for any reason, excused or unexcused—is a proven early warning sign of academic risk. Attendance has serious implications for school performance; students who are chronically absent experience larger gaps in achievement at the elementary, middle, and high school levels and have higher likelihood of dropping out of school. The effects of chronic absenteeism extend into adulthood, affecting job security, socioeconomic status, and health outcomes, leading to a population that is less educated and less healthy (Allensworth & Easton, 2007; Balfanz & Byrnes, 2012; Connolly & Olson, 2012).

Now more than ever, school health providers, who work at the intersection of health and education, can play a critical role in reducing chronic absence. Under the Every Student Succeeds Act (ESSA), 36 states plus the District of Columbia have elected to use chronic student absence or related attendance measure as one of their required school quality or school success metrics. This is a major shift from the past when schools primarily paid attention to average daily attendance (how many students show up every day) or truancy (unexcused absences). The widespread adoption of chronic absence helps schools shift from a punitive focus on absenteeism to a new paradigm that promotes noticing and seeking to understand the underlying reasons that students are missing too much school for any reasons, including health related causes for absenteeism.

From Addressing Symptoms to Diagnosing Root Causes

Historically, attendance interventions have been triggered solely by truancy (when students miss too much school due to too many unexcused absences). Under a truancy paradigm, schools tend to rely upon threat of court action to compel students to show up to class and only seek to address the situation after it becomes a major problem that is much less amenable to change. By focusing on chronic absence, schools can identify and prevent absenteeism at a much earlier

stage. Chronic absence offers schools an opportunity to adopt root cause theory, which shows that effective solutions identify and address the cause(s) of a problem. It recognizes that merely targeting the symptoms rather than the cause will not eliminate the problem (Doggett, 2005).

While the causes of chronic absenteeism are multifold, research shows that student health issues are a leading contributor. These health issues include physical, mental, behavioral, vision, dental, social and emotional health issues in addition to issues connected to a child's surrounding environment such as violence, housing insecurity and food insecurity. For example, asthma accounts for approximately one-third of missed school days in the United States (Krenitsky-Korn, 2011), and 2 million lost school days each year can be attributed to dental problems alone (Pourat & Nicholson, 2009). Thus, in order to achieve their mission to provide a high quality education for all students, and to attain the metrics many are accountable for through ESSA, schools will require support from health providers to address the root causes of student absences.

Health as an Academic Intervention

Attendance can serve as a cross-cutting indicator for health and academic performance creating an opportunity for school health providers to engage educators to achieve a common goal improving student outcomes by addressing underlying health related reasons for absenteeism. In a 2011 article, Charles Basch makes the case that absenteeism mediates the relationship between health disparities and academic achievement, thus creating an entry point for school health providers to demonstrate their value in supporting student academic outcomes. By addressing the health conditions that influence attendance, schools can achieve gains in academic performance in partnership with school health providers.

School health providers, and particularly school nurses, are positioned to be at the forefront of efforts to reduce chronic absence. In fact, the school nursing profession was launched in response to poor attendance after an outbreak of infectious eye disease in New York City that was keeping children out of school. However, school nurses have been largely underutilized in schools' attendance improvement strategies (Schumacher, 2002). For decades schools and school districts have focused their attention on truancy or unexcused absences, as a result, excused absences including those related to health have largely been unaddressed. Additionally, as a result of a narrowed focus on academic indicators (primarily test based), funding cuts, and

siloe d systems, the role of school nurses has been narrowed to compliance with federal and state regulations rather than identifying and treating health conditions that influence school performance. Further complicating the situation is the typically low nurse to student ratio, with cuts to staffing resulting in school nurses' time often split between multiple sites. This lack of time at individual school sites compromises the ability of nurses to address chronic and acute health issues that require consistent oversight.

The Key Role of Nurses in Attendance

However, as trusted health experts, school nurses can play a key role in supporting – or even leading – attendance improvement strategies. As trusted members of the school community, families can turn to nurses to support them in addressing barriers to attendance. “When we have nurses in place, we can work more closely with the families and get them the resources they need,” according to Eva Stone, the coordinator of school health for Lincoln County School District in rural Kentucky.

Nurses are essential for helping schools manage the acute and chronic illnesses that might keep students from attending school. By simply advising parents about when a child is too sick to come to school, and when it is okay to send a sick child back to school, nurses can help mitigate unnecessary absences. A 2004 study conducted in Toledo, Ohio found that low-income and African American students with asthma who attended schools with full-time nurses missed 23 percent fewer school days than did their counterparts in schools with part-time nurses (Telljohann, Dake, & Price, 2004).

Similarly, by offering services to at-risk students, school-based health centers (SBHCs) can partner with schools to identify the underlying causes of chronic absence and help mitigate the health-related barriers to attendance. Particularly when conducted in partnership with school nurses, SBHCs can play a vital role in schools' efforts to monitor attendance, educate students and families about the importance of attendance, and provide physical and mental health services that directly address health-related barriers to attendance. A 2010 study found that students who were not enrolled in an SBHC missed three times as much instructional time as students enrolled in an SBHC (Van Cura, 2010).

Promising Practices

Promising examples from around the country illustrate the potential for school nurses and other school-based health providers to address chronic absence. In San Diego, the [Department of Nursing and Wellness](#) launched the Chronic Absence Pilot in 26 elementary and one middle school. School nurses in those 27 schools are tasked with directly supporting attendance, including convening and/or participating in the school's Attendance Team, calling home when students miss school, and proactively addressing the health-related barriers of the 10 most chronically absent students in their schools. These efforts are being supported by 2.2 FTE district-level Attendance Nurses who are providing data, coaching, and technical assistance to the principals and their leadership teams.

In Charlevoix, Michigan, the Munson Healthcare Charlevoix Hospital (MHCH) recognized that in the absence of school nurses, routine medical management of students had fallen to school staff. In an effort to mitigate costly medical visits, MHCH partnered with the school district to fund full-time school nurse positions starting in Fall 2011. This innovative partnership between MCHC and the Charlevoix Public Schools leverages the needs and assets of both organizations: it helps MCHC meet the requirements for tax-exempt hospitals to invest in health promotion and chronic disease prevention and builds capacity of the school district to address student health needs by replacing nurse positions that had been eliminated from the district budget decades prior.

By addressing the health needs of students, from teaching handwashing to developing medical management plans for students with chronic illness, to engaging with teachers about health, the district has seen a significant and sustained decrease in chronic absence. In fact, one Charlevoix school saw a 32% decrease in absences with the addition of a school nurse onsite just one day a week. The Charlevoix case points to the power of school health interventions – even those that do not explicitly address it – to facilitate improved student attendance. Read more about the Charlevoix program [here](#).

In Seattle, SBHCs coordinate with school nurses to provide screening for academic risk and population health services. Nurses and SBHC providers collaborate to oversee student health compliance, manage chronic conditions, and assess and refer students to needed medical services. SBHCs are held accountable for academic outcomes, which are partially measured by

the percent of users with fewer than 10 absences per year. Through a data exchange between the City of Seattle Department of Education and Early Learning, Seattle Public Schools, and Public Health-Seattle and King County, SBHCs receive student academic data to inform their work, including demographic information, behavior, state test results, grades and attendance (School-Community Health Alliance of Michigan, 2013). The linked data has allowed the partners to track their outcomes, such as a study by the University of Washington that found that students who used SBHC medical services were more likely to have increased attendance.

Conclusion

High levels of chronic absence in a school or for a population of students is a red alert that children and families are facing systemic barriers to getting to school – such as health conditions or a lack of access to needed health care – that require help from public agencies and community stakeholders to unpack and address. As the examples above illustrate, school health providers, and particularly school nurses, are uniquely positioned to support and even lead efforts to address the root causes of absenteeism. Whether by simply providing the health services necessary for students to be present and engaged in class, or by taking a more proactive role in addressing student attendance, school nurses are a key and highly underutilized ally in ensuring that students are in school every day.

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This document was developed by Annie Reed and Sue Fothergill of Attendance Works, a national and state-level initiative with the mission to advance student success and reduce equity gaps by reducing chronic absence. in collaboration with the Network for Public Health Law and National Association of School Nurses. The views and recommendations in this document are those of the research and writing team and should not be attributed to external contributors or RWJF.



Ideas.
Experience.
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Fentanyl and Opioids: Preventing Overdoses and Related Emergencies at K-12 and Higher Education Campuses

READINESS AND EMERGENCY MANAGEMENT FOR SCHOOLS TECHNICAL ASSISTANCE CENTER

Introduction

Despite the elevation of the opioid crisis in the U.S. to the level of a [nationwide public health emergency](#) in 2017, the [number of opioid-involved overdose deaths](#) has continued to rise. The latest [Monitoring the Future](#) survey indicates that adolescent drug use in the United States has declined since 2010; however, the number of overdose deaths has increased, and [data reported to the Centers for Disease Control and Prevention \(CDC\)](#) shows that this increase was greater among adolescents than in the general population.

The impact of the opioid epidemic extends well beyond the tragedy of fatal overdose. [Nonfatal overdose can result in brain injury and permanent disability](#), and [research](#) suggests that between 20 and 30 nonfatal overdoses occur for every overdose death. K-12 students affected by opioid abuse in the home face a number of challenges that can interfere with their educational engagement and success. [Evidence](#) indicates that children whose parents abuse opioids are at risk of experiencing trauma, school absences, behavioral issues, and even displacement from the home—all factors that can negatively affect educational and socioemotional outcomes. Similarly, [research shows that](#) college students who engage in drug use are more likely to experience gaps in

Opioids are a class of pain-relieving drugs that includes:

- Pharmaceutical (prescription) medications
- Illegal drugs such as heroin
- Fentanyl

Fentanyl is a potent synthetic opioid that is:

- 50 to 100 times stronger than morphine
- Diverted from legal prescriptions or illegally manufactured and distributed
- Much stronger and less expensive to produce than heroin

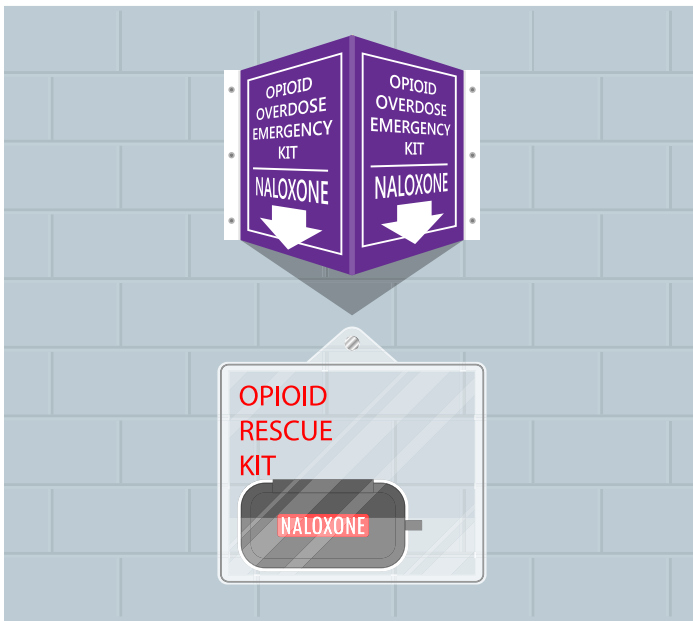
enrollment, prolonged time to graduation, failure to graduate, and even lifelong struggles with addiction.

Opioid misuse and addiction can happen to anyone. Opioid overdose can happen at any time, in any location, including on K-12 school and higher education campuses and during school-sponsored activities off campus. Students, faculty members, and school staff members who misuse opioids risk overdose, and the presence of opioids on campus increases the likelihood that this will occur in the school environment. Potential overdose and the traumatic impact of an opioid-related emergency constitutes a human-caused threat to education agencies that should

According to the [2020 Drug Enforcement Administration \(DEA\) National Drug Threat Assessment](#), nonprescription fentanyl that is produced as pills or powder in foreign laboratories and trafficked into the U.S. is primarily responsible for fueling the ongoing opioid crisis.

be considered in emergency management planning. Planning teams at K-12 schools and institutions of higher education (IHEs) can specifically address the risk of opioid-related emergencies, including overdose, in their emergency operations plans (EOPs) by including a Threat- and Hazard-Specific Annex for drug overdose. This fact sheet provides information and strategies for addressing opioid overdoses at K-12 schools and IHEs through EOPs and other preparedness activities.

Naloxone



Opioids act through receptors found on nerve cells throughout the body to relax breathing, slow pain signals in the nervous system, and produce feelings of comfort and sleepiness. Because of these effects, pharmaceutical opioids may be prescribed to reduce coughing, relieve pain, and calm the body. These same effects become dangerous and even deadly during an overdose, when breathing may slow too

much or even stop. According to the [Substance Abuse and Mental Health Services Administration's \(SAMHSA\) Opioid Overdose Prevention Toolkit](#), most opioid-related deaths occur when an individual experiences respiratory depression (slowed breathing) or respiratory arrest.

[CDC data](#) indicate that between 2019 and 2021, 90 percent of adolescent overdose deaths involved opioids. Tragically, although a bystander was present in two-thirds of these deaths, most did not or could not intervene. Naloxone is a nonaddictive medication that, when administered in time, can temporarily reverse the respiratory arrest of someone experiencing an opioid overdose and restore breathing. It can be administered by nonmedical personnel and is available as an injection or a nasal spray. K-12 schools and IHEs can obtain and stock naloxone kits in accordance with state and local laws and district policies.

Naloxone Access

Naloxone access is regulated by state. There is no federal standing order authorizing access to naloxone; however, as of August 2020, all 50 states and the District of Columbia have laws that allow individuals to obtain access to naloxone. [SAFE Project's State Naloxone Access Rules and Resources Web page](#) lists access laws by state and provides links to additional information, and the [Temple University Center for Public Health Law Research's Prescription Drug Abuse Policy System](#) includes additional details regarding state laws that protect individuals from liability and prosecution, as well as state mechanisms allowing pharmacies to distribute naloxone without patient-specific prescriptions. Naloxone can also be obtained from [community-based naloxone programs](#) and many [syringe services programs](#). More information on how to obtain and administer naloxone can be found on the [CDC's Stop Overdose: Lifesaving Naloxone Web page](#).

CALL 911

EVEN WHEN NALOXONE IS AVAILABLE for administration, it is critical to seek immediate emergency medical attention in the event of a suspected overdose. The highly potent nature of an opioid taken in a large quantity may require more than one dose of naloxone, and individuals must be monitored for several hours after naloxone administration to ensure that their breathing has stabilized, and overdose effects do not recur.

A new bill was introduced in Congress in April 2023 as the School Access to Naloxone Act of 2023. It would expand the grants for reducing overdose deaths authorized under Section 544 of the Public Health Service Act and offer new grant opportunities directed at providing U.S. schools with funding to access and administer naloxone.

In [Evidence-Based Strategies for Preventing Opioid Overdose](#)—a guide for public health officials, law enforcement officials, local organizations, and others striving to serve their community—the CDC lists 10 strategies for preventing overdose that have been successfully implemented in the U.S.; targeted naloxone distribution is first on this list. Targeted naloxone distribution programs provide naloxone kits to individuals who are most likely to witness an overdose and train them on the use of naloxone to reverse an overdose. Although naloxone is not difficult to administer, K-12 and IHE communities will be best prepared to administer it when members are comfortable with how and when to do so. Schools and campuses that elect to stock naloxone can ensure that this is the case by providing appropriate training. Educational agencies can obtain more information on naloxone training through local public health officials and [state public health agencies](#).

Emergency Operations Plans

Schools and IHEs can take a proactive approach to preventing opioid overdoses and related emergencies by developing, implementing, and maintaining comprehensive EOPs. The [Guide for Developing High-Quality School Emergency Operations Plans](#), [The Role of Districts in Developing High-Quality School Emergency Operations Plans](#), and the [Guide for Developing High-Quality Emergency Operations Plans for Institutions of Higher Education](#) (Guides) indicate that comprehensive EOPs should include annexes to address different types of threats and hazards, including adversarial and human-caused threats. These annexes describe goals, objectives, and courses of action for specific threats to school/campus safety, such as opioid overdoses and other drug overdoses. Following the [six-step planning process](#) outlined in the Guides, core planning teams can collaboratively develop a Drug Overdose Annex.

During the six-step process, planning teams form and collaborate (Step 1) to collect information that allows them to understand situations in the school community and identify potential threats and hazards (Step 2). With this information, planning teams address threats and hazards in the EOP, identify emergency management functions, and set goals and objectives (Step 3); identify courses of action (Step 4); and format annexes and develop a Basic Plan (Step 5). Planning teams also maintain the EOP through training, exercises, and revisions (Step 6). In the process of developing a Drug Overdose Annex, core planning teams may wish to consider the following.

Step 1: Form a Collaborative Planning Team

Include individuals and organizations from within the school/campus community and those who work outside of the local community with subject matter expertise. Depending on their role, they may serve on the core planning team or the ad hoc planning team. In addition to experts who can provide experience, knowledge, and links to key community partners, those with lived experience of opioid use disorder (OUD) and overdose can provide critical perspective for the development of successful courses of action. Consider including or consulting with:

- The school nurse and campus health care providers;
- School/campus counselors, psychologists, and mental/behavioral health professionals;
- Local substance use disorder support organizations;
- Local emergency medical services personnel;
- Local public health officials;
- Local mental/behavioral health practitioners; and
- Individuals with lived experience in coping with OUD and overdose, including family members, overdose survivors, and those recovering from substance use disorder (SUD).

Step 2: Understand the Situation

Develop a comprehensive list of possible threats and hazards using a variety of data sources. Evaluate their risks and vulnerabilities, and then prioritize. Potential sources of data for drug overdoses (including opioid-related emergencies) may include culture and climate



assessments, capacity assessments, and information from the school/campus community and from local, state, and Federal partners. Below are some opioid-specific considerations when collecting this information.

Culture and Climate Assessments

- Collect information regarding student engagement and connectedness, two evidence-based protective factors against substance use in adolescents.
- Include evaluation of faculty/staff and student attitudes toward SUD and recovery to identify persisting stigma or misperceptions.

Capacity Assessments

- Include evaluation of faculty/staff and student knowledge of lifesaving techniques, such as CPR, as well as any training in the administration of naloxone.
- Evaluate the availability of overdose-specific equipment and supplies, such as naloxone kits and medical equipment for all individuals, including those with functional needs and those with access needs.

Step 3: Determine Goals and Objectives; Step 4: Plan Development (Identifying Courses of Action); and Step 5: Plan Preparation, Review, and Approval

If the planning team selects drug overdose as a threat to address in the EOP, then the next task is to set goals (broad, general statements that indicate the desired outcome) and objectives (specific, measurable actions that are necessary to achieving the goals) for drug overdoses. Then the team should develop courses of action (specific procedures used to accomplish goals and objectives that address the what, who, when, where, why, and how). These goals, objectives, and

courses of action will form the Drug Overdose Annex, which will then be reviewed and formatted. Throughout the development of the Drug Overdose Annex, the core planning team should consider the before, during, and after phases of such an emergency, as well as all five [National Preparedness System mission areas](#): prevention, protection, mitigation, response, and recovery. Below are examples of how each mission area connects to drug overdoses and opioid-related emergencies.

- **Prevention:** Prevent an opioid overdose from occurring on campus or within the school/campus community.
- **Protection:** Protect students, faculty members, and staff members from an opioid overdose or emergency in all settings and at all times.
- **Mitigation:** Reduce the likelihood that an opioid overdose will happen, as well as eliminating or reducing the loss of life by lessening the impact of an opioid overdose.
- **Response:** Stabilize an opioid-related emergency once it has happened. Establish a safe and secure environment. Save lives. Facilitate the transition to recovery.
- **Recovery:** Restore the learning environment after an opioid overdose.

In addition to threat- and hazard-specific annexes, comprehensive EOPs contain [functional annexes](#) to address the critical operational functions that apply across multiple threats and hazards. The *Guides* recommend that school and higher-ed EOPs include annexes for at least 10 cross-cutting functions, such as continuity of operations; recovery; security; and public health, medical, and mental health. The latter outlines how an educational agency will address emergency medical (e.g., first aid), public health, and mental health counseling issues, and it will most likely be activated

before, during, and after opioid-related emergencies and overdoses. When developing the Drug Overdose Annex, planning teams should reference the [Public Health, Medical, and Mental Health Annex](#) and any other relevant functional annexes. For example, during an opioid overdose, courses of action may include the engagement of staff members with relevant medical training and experience (e.g., CPR training) and the use of emergency medical supplies, such as naloxone kits. These courses of action should indicate “see Public Health, Medical, and Mental Health Annex,” as it identifies staff members with medical and mental health training, as well as the location of emergency medical supplies.

Step 6: Implement and Maintain the Plan

The final step in the planning process involves continual maintenance of the EOP, including the Drug Overdose Annex. During this step, stakeholders are trained in their roles and responsibilities for all three phases of an opioid overdose and engage in exercises to practice execution and identify any gaps or weaknesses that require revisions or updates.

Awareness and Training

In addition to creating a Drug Overdose Annex for their EOP, schools and IHEs should consider ways to increase opioid overdose awareness and preparedness for all members of the school or campus community. These include general considerations and activities that apply to multiple groups, as well as strategies specific to one or more individual roles.

General Considerations

Policies and Protocols

All school and IHE faculty and staff members need clear policies and procedures for addressing suspected opioid use by other faculty and staff members, as well as all students, including students with overlapping mental health struggles and identified disabilities. Faculty members, staff members, parents, and students need to be prepared to:

- Recognize signs of possible opioid use in students, faculty members, staff members, and family members;

- Report concerns to appropriate individuals according to established protocols;
- Recognize the signs of opioid intoxication, withdrawal, and overdose;
- Respond to an overdose; and
- Support and monitor students who have been in substance use treatment or who are recovering from an overdose.

Students, faculty members, staff members, and parents should be informed at the start of the academic year about policies and procedures. Core planning teams should consider confidentiality, medical safety, and stigma when developing policies and protocols for opioid awareness and preparedness.

Stigma

In addition to initiatives that provide information and education on the topics of opioids, overdoses, and naloxone, educational agencies should provide training and education to reduce stigma associated with substance use and addiction. Stigma discourages individuals struggling with SUD from seeking help and can undermine their recovery. Trainings should include efforts to counter false perceptions about SUD—including attitudes, beliefs, and behaviors of the school/campus community—as well as internalized negative stereotypes. The [CDC’s Stop Overdose: Stigma Reduction Web page](#) provides information

Resources for Schools

Many states have developed online resources for opioid overdose prevention and policy development strategies specific to the school setting, such as:

- The New York State Department of Health’s [Opioid Overdose Prevention Resources for School Settings](#) and
- The Washington State Office of Superintendent of Public Instruction’s [Opioid-Related Overdose Policy Guidelines & Training in the School Setting](#).

More resources and tools developed by school and higher-ed emergency managers in the field are included in the [REMS TA Center Tool Box](#).

and resources for reducing stigma and understanding addiction to support recovery.

Trauma

[Trauma-informed practices](#) and positive behavior supports are critical to supporting students and staff members struggling with OUD, individuals recovering from a personal or witnessed overdose, and students at greatest risk of SUD. Approximately 41 percent of adolescent drug overdose deaths reported to the CDC's State Unintentional Drug Overdose Reporting System (SUDORS) were among youth with histories of mental health conditions. Poor mental health and adverse childhood experiences are both associated with increased risk of substance use in adolescents, and known mental health conditions and traumatic experiences represent opportunities for parents, caregivers, teachers, clinicians, and friends to recognize signs of opioid misuse and intervene. To ensure that appropriate training and support are available to all faculty members and staff members, schools and IHEs can collaborate with local and state health departments, where knowledge, resources, and services are available.



Collaborative partnerships are essential to addressing the opioid crisis in schools and IHEs. The opioid epidemic has placed increasing stress on school districts, individual schools, and IHEs to provide increased social and emotional support services to students, family members, faculty members, and staff members. Prevention skills training is no longer sufficient to address the impact of opioids on the education community. Administrators, faculty and staff members, parents and families, and students must all take an active role in engaging in opioid awareness and preparedness initiatives.

Strategies for Specific Roles

Administrators

- **Collaborate with Federal, state, and local health agencies and organizations to provide opioid, overdose, and naloxone awareness education and training.** The [SAMHSA Opioid Overdose Web page](#) provides information on preventing, recognizing, and treating opioid overdoses, as well as the free [Opioid Overdose Prevention Toolkit](#). The [landing page for the CDC's Stop Overdose campaign](#) includes educational resources on fentanyl, naloxone, polysubstance use, stigma reduction, and implementation toolkits for different audiences.
- **Incorporate comprehensive substance use prevention programs into school and IHE curricula.** [SAMHSA's Selecting Best-Fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners](#) offers a strategic approach for selecting evidence-based substance misuse prevention programs and planning, adopting, and adapting practices.
- **Establish systems and engage with faculty members to track students who are chronically absent, have withdrawn from social or extracurricular activities, or have exhibited a significant decline in academic performance.** Any of these may indicate declining mental health, difficulties in the home, having had a traumatic experience, or substance use. Provision of a higher level of support to students struggling to cope with these challenges can help to avert involvement with or increased use of substances.

School Nurses and Campus Health Care Providers

- **Stock naloxone kits where permitted by law and policy.** Naloxone does expire, so create a plan for checking expiration dates and obtaining replacement kits on a regular basis.
- **Engage in naloxone administration training programs.** Online trainings such as [Get Naloxone Now's online training modules for bystanders and first responders](#) are available at no cost. [SAMHSA's Opioid Overdose Prevention Toolkit](#) details five essential steps for first responders—describing signs of an overdose, how to determine the responsiveness of an individual experiencing

an overdose, and how to support breathing and monitor someone's response to naloxone.

- **Watch for signs of opioid use and misuse in students who present with other conditions.** Symptoms such as nausea and vomiting may indicate flu or food poisoning, but when accompanied by confusion, sleepiness, or difficulty breathing, it could also indicate opioid intoxication. Know the signs and symptoms and what to do next. The [CDC's Addiction Medication Primer](#) and free [training modules](#) are designed for health care professionals.

Faculty Members and School/Campus Staff Members

- **Intentionally create a safe environment and positive culture for students.** Remember, school connectedness and engagement are factors associated with decreased substance use among adolescents.
- **Incorporate opioid and substance misuse education into lesson plans, projects, and prevention initiatives.** The National Institute on Drug Abuse (NIDA) offers [lesson plans, resources, and activities](#) for educators of teens. [Operation Prevention's school resources on opioids and prescription drugs](#) include engaging tools for educators at the elementary, middle, and high school levels. [Campus Drug Prevention](#) offers substance misuse prevention resources for IHE-based prevention professionals, students, and campus community members.
- **Get involved in national prevention and education initiatives.** NIDA's [National Drug and Alcohol Facts Week](#) brings together scientists, students, educators, health care providers, and community partners to address youth substance use. Educators can plan or participate in events during this week of activities.

Parents/Family Members

- **Talk to children about opioids and overdose.** Protective factors against substance use in adolescents include family engagement and parent or guardian disapproval of substance use. NIDA offers resources for parents and families, including [Start a Conversation: 10 Questions Teens Ask About Drugs and Health](#), which is based on more

than 100,000 questions received from young people during NIDA's [National Drug and Alcohol Facts Week](#) for students, parents, caregivers, and teachers. [Operation Prevention's Parent Toolkit](#) includes a guide for having family discussions about opioid misuse.

- **Seek knowledge.** Information for laypeople on preventing and managing overdose is available from [Prevent & Protect](#), and the [CDC's Stop Overdose Web page](#) was created as a resource library for people who use drugs and for their loved ones.

Students

- **Stay in the know.** The DEA's [Just Think Twice](#) Website includes facts and information about fentanyl and other opioids, as well as a variety of other substances. NIDA's [Mind Matters Series](#) includes pamphlets that detail the ways different drugs affect one's brain, body, and life in general.
- **Get help.** Students struggling with SUD, including OUD, can find confidential and anonymous information about treatment on [SAMHSA's FindTreatment.gov Website](#) or through the National Helpline at 1-800-662-HELP (4357), as well as free and confidential support in a crisis from the [988 Suicide & Crisis Lifeline](#).



These potential strategies do not represent a comprehensive list but do illustrate the importance of engaging individuals in all roles in the process of emergency management planning for opioid overdoses on school and IHE campuses. Opioid misuse and overdose are complex threats with far-reaching effects and can only be addressed through deliberate and strategic collaboration.

Resources

Further Reading – REMS TA Center

- [Addressing Adversarial and Human-Caused Threats That May Impact Students, Staff, and Visitors](#), Web Page
- [Supporting Efforts to Create a Public Health, Medical, and Mental Health Annex as a Part of Your Emergency Operations Plan](#), Web Page

Training Opportunities – REMS TA Center

- [Opioids, Drug-Related Emergencies, and Substance Abuse Prevention Before, During, and After the COVID-19 Pandemic](#), Podcast
- [Understanding the Role of School Nurses in Supporting School Safety Before, During, and After an Emergency](#), Webinar
- [Opioids, Drug-Related Emergencies, and Substance Abuse Prevention Before, During, and After the COVID-19 Pandemic](#), Webinar

Further Reading – Fentanyl

- [Knowing the Facts About Fentanyl](#), Webinar (U.S. Department of Education)
- [Preventing and Addressing Fentanyl Use](#), Webinar (U.S. Department of Education)
- [Drug Fact Sheet: Fentanyl](#), Publication (U.S. Department of Justice, Drug Enforcement Administration)
- [Stop Overdose: Fentanyl Facts](#), Web Page (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention)
- [Communities Talk About: Preventing Fentanyl Use by Youth and Young Adults](#), Webinar (U.S. Department of Justice, Drug Enforcement Administration)

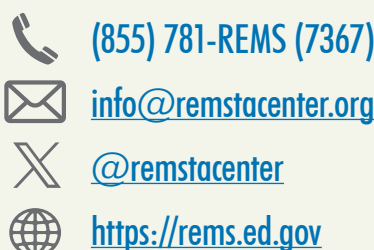
- [One Pill Can Kill](#), Website (U.S. Department of Justice, Drug Enforcement Administration)

Further Reading – Opioid Overdose Prevention

- [Preventing Opioid Overdose](#), Web Page (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention)
- [SafeProject.us](#), Website (Stop the Addiction Fatality Epidemic [SAFE] Project)
- [Opioid Overdose Prevention](#), Webinar (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Mental Health Technology Transfer Center Network)
- [Opioids, Overdose and Naloxone Administration](#), Webinar (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Mental Health Technology Transfer Center Network)

Further Reading – Opioid and Other Substance Use Prevention

- Preventing Drug Misuse Among College Students, [Part 1](#) and [Part 2](#), Videos (U.S. Department of Justice, Drug Enforcement Administration)
- [Preventing and Reducing Youth and Young Adult Substance Misuse: Schools, Students, Families](#), Web Page (U.S. Department of Education)
- [Tips for Teens: The Truth About Opioids](#), Fact Sheet (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration)





Wisconsin School Health Services Survey
Year Long Data Collection Tool (2023/2024)

DATA POINT	DEFINITION CRITERIA RN=Registered Nurse LPN=License Practice Nurse LVN=Licensed UAP= Unlicensed Assistive Personnel (non RN or non LPN) FTE=Full-time Equivalent (based on teacher FTE)	DATA POINT
Number of enrolled students in district	Enrolled students: Use district's official (third Friday count) number. Count all enrolled students no matter mode of instruction.	
District Health Services Practices		
Does the school district bill Medicaid for School Based Services Nursing/Health Services?	Yes/No	
Does your district stock albuterol?	Yes/No	
Does your district stock emergency epinephrine?	Yes/No	
Does your district stock an opioid antagonist?	Yes/No	
Does your district stock over-the-counter analgesics?	Yes/No	
Does your district have a (physician) medical advisor? <i>If so, what is the physician's practice specialty?</i>	Yes/No List specialty	
Did your district add any school nursing (RN) or health services (LPN/UAP) positions or FTEs this school year?	Yes/No	
Did your district cut any school nursing (RN) or health services (LPN/UAP) positions or FTEs this school year?	Yes/No	
Which entity employs the school nurses?	School district Public Health Department Other agency	
Who supervises the school nurse?	Another Registered Nurse A non-nurse administrator	

What certifications or licenses does your school nurse(s) hold beyond a nursing license?	Mark each that applies: National Certification in School Nursing (NCSN) DPI School Nurse License (LSN) None	
What procedures are delegated to UAPs in your district? (Medication administration is not considered a delegated procedure according to Wis. Stat. sec. 118.29.) <i>Note question does not mean an endorsement of the ability of a registered nurse to delegate this item in a school setting. Asked for informational purposes only.</i>	Mark each that applies: Urinary catheterization Diabetes blood sugar monitoring Diabetes carbohydrate counting and insulin calculation Gastrostomy tube feeding Nasogastric tube feeding Oral suctioning Tracheostomy suctioning Oxygen administration Wound care Peritoneal dialysis Monitoring of PICC lines Reinsertion of G-tube or G-button	
Health Personnel Information		
Total number of RN FTEs with an assigned caseload providing direct services	<p>Direct services. Means responsible for the care of a defined group of students in addressing their acute and chronic health conditions. It includes case management, health screenings and health promotion activities. Direct services also include care provided by members of a health care team including LPNs or unlicensed assistive personnel.</p> <p>Count direct services provided no matter mode of instruction.</p> <p>Include long-term substitutes.</p> <p>Do not include RNs, LPNs, UAPs working with medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).</p> <p>Do not include % of administrative assignment for RN. Case management FTEs included under administrative or supervisory FTEs.</p>	
Total number of RN FTEs with special assignment	Include RNs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).	
Total number of RN FTEs providing administrative or supervisory school health services	RNs providing management/clinical supervision to RNs, LPNs, or other health extenders, UAPs, or conducting other administrative health services, e.g. case management.	
Total number of LPN FTEs with an assigned caseload providing direct services	See definition of direct services above.	

Total number of LPNs FTEs with special assignment	Include LPNs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).	
Total number of UAP FTEs with an assigned caseload that includes providing direct health services	See definition of direct services above.	
Total number of UAPs FTEs with special assignment	Include UAPs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).	
Total number of assistant FTEs providing administrative support services to RNs or LPNs	Assistants providing administrative support services to RNs or LPNs/LVNs, e.g. clerical assistance. Do not include FTEs spent doing non-health related clerical activities.	
What school nursing certifications or licenses does your school nurse(s) hold beyond a nursing license?	Mark each that applies: National Certification in School Nursing (NCSN) DPI School Nurse License (LSN) None	
	Screenings	
Screenings:	If your district/school did not perform screenings this year or did not collect this information, then enter DNC .	
<u>Vision Screening Screened</u> for vision	Report number of students with a health population screening at school, regardless of which staff or agency conducts the screening.	
Referred for vision		
<u>Hearing Screening Screened</u> for hearing.	Report number of students with a health population screening at school, regardless of which staff or agency conducts the screening.	
Referred for hearing		
	CHRONIC HEALTH CONDITIONS	
Record the number of students in each category with a medical diagnosis from a healthcare provider.	<p>Medical Diagnosis refers to documentation of a diagnosis from a licensed healthcare provider/prescriber. For example, if parents say their child has asthma, etc., but does NOT provided documentation from a healthcare provider, the child should NOT be included in this count.</p> <p>Count students who were enrolled at <u>any time during the current school year</u> even if they have withdrawn or dropped out. Count students no matter the mode of instruction.</p> <p>Count students who had diagnosis at start of school year or were diagnosed at any point during the school year. Student may be counted in more than one category if they have multiple diagnoses. Lists of possible conditions for inclusion are not exhaustive or all inclusive.</p>	

	If your district/school does not collect this information, then enter DNC. If information collected but, no students have a condition enter a numerical zero (0).	
Life threatening Allergic Disorder (Student has medically diagnosed severe allergy that has the potential to cause death.)	See definition above.	
Asthma	See definition above.	
Diabetes Type 1	See definition above.	
Diabetes Type 2	See definition above.	
Seizure Disorders (known medically diagnosed)	See definition above.	
Number of students with a diagnosis of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) from a health care provider	See definition above.	
	Additional Questions	
What were your main three areas of concern this school year?		
What percentage of your district's students qualify for free or reduced lunch?		