



School Nurse UPDATE

#12 April 22, 2021

Greetings!

As I write this I look at my calendar and know an already-crowded schedule will need adjustments due to upcoming events. Some of which will be shared via email, as events will be developing too rapidly to include in this newsletter. So **please look at the email announcements headed your way or already sent.** You will not want to miss the information on **statewide testing or webinar opportunities.**

Additionally, make sure you look at the **flyers attached** to this Update. Information is contained in the flyers that is not in the Update itself. One flyer provides school nurses with information to help **support students with asthma during this pandemic.** Another helps **distinguish COVID symptoms** from the inevitable spring allergy symptoms many are now experiencing. A fact sheet from the Wisconsin Office of Children's Mental Health supplements DPI resources on student mental health. Information on reporting the **mandatory local wellness policy assessment** is covered in DPI News, but the attached flyers is a good summary and provides more information. The **2020-2021 Year Long Data Collection Tool** is also attached. Read more about data collection in both DPI News and Practice Points. The title for this issue's Practice Points is a take off of both a video shared under Immunization Action Coalition and a famous Broadway musical!

I hope to catch many of you in the many upcoming webinars and Zoom meetings. Check out the webinars on school nurse roles during COVID that Child Trends and the National Association of State School Boards of Education are hosting.

Hang on as this roller coaster of a school year is not yet over!!

Louise

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

FEATURED STORIES

PRACTICE POINTS -
Don't Throw Away Your
Shot to Share Your Data

DHS Announces COVID
Testing for Schools (p. 4)

CDC Releases New
Toolkits on Ventilation and
Cleaning (p. 7)

World Immunization Week
(p. 10)

Protecting Young People
from E-cigarettes (p.11)

SAVE THE DATE

National School Nurse
Day- May 12, 2021

NASN2021 Conference-
Transforming Student
Health: School Nurses
Leading the Way
June 21 - June 25, 2021
Registration now open.

DPI News

Federal Department of Education Published Volume 2 ED COVID-19 Handbook

The U.S. Department of Education (Department) released the [COVID-19 Handbook, Volume 2: Roadmap to Reopening Safely and Meeting All Students' Needs](#) to provide additional strategies for safely reopening all of America's schools and to promote educational equity by addressing opportunity gaps that have been exacerbated by the pandemic. Volume 2 of the Handbook focuses on research-based strategies to address the social, emotional, mental health, and academic impacts of the pandemic on students, educators, and staff, such as how to address any potential anxiety or depression some may face as a result of the COVID-19 pandemic and nearly a year of remote learning.

NEW! Mental Health Stigma Reduction Resource

The Department of Public Instruction has released a new mental health stigma reduction toolkit for schools. Mental health stigma includes stereotypes, prejudice, and discrimination experienced by people with mental health challenges. Mental health stigma can lead to shame, hopelessness, isolation, and keep students from receiving needed services and supports to address mental health challenges. The Stigma Reduction Toolkit includes lessons that can be used with secondary students in a variety of settings, caregiver engagement materials, and a discussion guide for educators to examine their own stigma. Together, these toolkit materials can promote a resilient, hopeful, and inclusive school-community for all affected by mental health challenges. The toolkit can be downloaded [here](#).

Local Wellness Policy Reports due June 30, 2021

See the attached flyer and visit [this](#) DPI webpage for information regarding the Local Wellness Policy (LWP) assessment requirement, as the one-year extension means reports are due this summer (June 30, 2021). The LWP was established by the Child Nutrition and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Reauthorization Act of 2004 and strengthened by the Healthy, Hunger-Free Kids Act of 2010 (HHFKA). It requires each School Food Authority (SFA) to describe how the language in the SFA's LWP compares to the model LWP, measure the SFA's compliance with its LWP, describe the SFA's progress toward meeting its LWP goals, and report out on it every three years.



Mental health stigma includes stereotypes, prejudice, and discrimination experienced by people with mental health challenges. Mental health stigma can lead to shame, hopelessness, isolation, and keep students from receiving needed services and supports to address mental health challenges.

DPI News



WISH Center Survey

The Wisconsin Safe and Health Schools (WISH) Center is collecting feedback to help plan professional learning and supports that meet the needs of Wisconsin schools. Please take five minutes to help us plan for what is most important. The survey will be available until April 30. Your feedback is important!

Survey link:

<https://www.surveymonkey.com/r/WISH2021Survey>

Child Trends and NASBE School Nurse Discussion Series

Child Trends and the National Association of State School Boards of Education (NASBE) are hosting a discussion series on opportunities for **state health and education agencies** to support the critical role of school nurses during COVID-19. The series includes three sessions. DPI state school nurse consultant Louise Wilson attended the first session on April 15.

On April 29, from 3-4 p.m. ET, the session will include a facilitated peer learning exchange. [Register here.](#)

On May 13, from 3-4 p.m. ET, the session will include a panel discussion with the Healthy Schools Campaign, the National Association of School Nurses, and the National Association of State School Nurse Consultants. [Register here.](#)

School Health Services Survey Will be Posted in Early May

The Wisconsin School Health Services Report survey is designed to collect annual school nursing and health services data from each school district in order to develop a cumulative statewide picture of school health services. See PRACTICE POINTS for more information,

The School Health Services Survey is a voluntary report; however, the Department of Public Instruction encourages all district school nurses to participate.

Respiratory Report

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

Governor Evers, DHS Announce More Than \$175 Million to Support COVID-19 Testing in Schools

Governor Tony Evers and the Wisconsin Department of Health Services (DHS) announced the state has received more than \$175 million in federal funding to develop a program to support school-based COVID-19 testing for teachers, staff, and students. The program will be part of a comprehensive COVID-19 mitigation approach to assist schools in operating safely. DHS will be working closely with the Wisconsin Department of Public Instruction (DPI) to develop a testing program that optimizes the state's existing COVID-19 testing infrastructure and designing the program in light of recommendations from the CDC. [Read more.](#)

DHS Reaffirms that Every Wisconsinite Can Get COVID-19 Vaccine—People without an ID or insurance should not be turned away

With everyone ages 16 and older now eligible for the [COVID-19 vaccine](#), the Wisconsin Department of Health Services (DHS) encourages everyone to schedule an appointment. Anyone that lives, works, or studies in Wisconsin can get vaccinated for free—even if you cannot provide proof of residency, do not have a valid state identification, or do not have insurance.

“This pandemic has proven that our health is connected with the health of everyone in our community. COVID-19 is a contagious virus that spreads from person to person but the vaccine helps stop the spread. The more people that are vaccinated, the more protected Wisconsin is from the virus. That is why our biggest priority is to get 80% of Wisconsin vaccinated,” said DHS Secretary-designee Karen Timberlake. “To achieve that community immunity, we must work to remove barriers that prevent Wisconsinites from accessing the vaccine. If you don’t have an ID or insurance, you will not be turned away.”

[View the entire news release.](#)

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DHS Releases New COVID-19 Variant Trackers

On April 8, DHS [released a new data table on our variant webpage](#) that shows SARS-CoV-2 variant proportions by Health Care Emergency Readiness Coalition (HERC) region. The variants page now also includes information on two other strains of SARS-CoV-2: B.1.427 and B.1.429. Because these new variants of concern spread more easily than the original strain of SARS-CoV-2, it is important to get vaccinated when you are able. Vaccines, along with public health practices such as wearing a mask, physically distancing from others, and staying home when sick, give the virus less of an opportunity to spread and mutate.

New Webpages on Multi-System Inflammatory Syndrome (MIS-C)

DHS released a new series of [public webpages with information on multi-system inflammatory syndrome in children \(MIS-C\)](#). The webpages include general information on MIS-C, reporting details for health care providers, and information on MIS-C case counts in Wisconsin. MIS-C case counts in Wisconsin are reported daily at 2 p.m. as confirmed by the CDC.

While MIS-C is a rare condition, it is important that providers report suspected cases of MIS-C to the Wisconsin Department of Health Services through the Wisconsin Electronic Disease Surveillance System (WEDSS) or by calling the Communicable Diseases Epidemiology Section at (608) 267-9003.

DHS Pauses Johnson & Johnson Vaccine

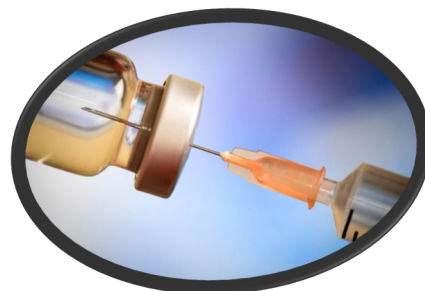
[The Wisconsin Department of Health Services has instructed Wisconsin vaccine providers](#) to stop administering the Johnson & Johnson COVID-19 vaccine due to a federal review of adverse side effects reported.

While MIS-C is a rare condition, it is important that providers report suspected cases of MIS-C to the Wisconsin Department of Health Services.

Medscape Nurses

A Tiny Number of People Will Be Hospitalized Despite Being Vaccinated. We Have to Learn Why.

A breakthrough infection is defined as a positive COVID-19 test taken more than two weeks after finishing a vaccine course. Such cases are very infrequent, thanks to the astonishing effectiveness of the available coronavirus vaccines. [Read more.](#)

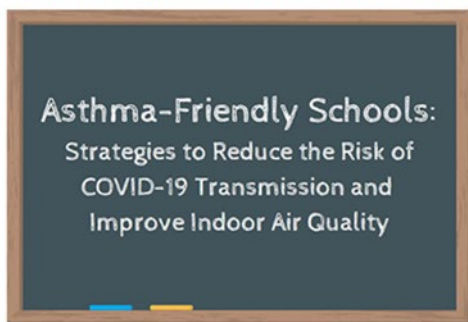


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EPA



Register now for this webinar on mitigating SARS-CoV-2 transmission and environmental asthma triggers in schools!



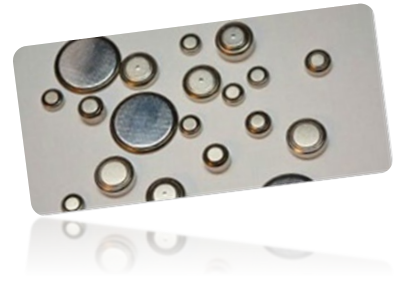
**Date: Thursday, May 6, 2021
Time: 1:00 p.m. – 2:30 p.m. EDT**

Register [here.](#)

HealthyChildren.org

Button Battery Injuries in Children

Small, shiny, and found in common household items, button or lithium coin batteries can cause injury or even death if curious young children get ahold of them. With families spending more time at home during the COVID-19 pandemic, emergency visits related to button batteries have nearly doubled during the past year. This HealthyChildren.org article includes a “Parent-to-Parent” account by Jackie Huff whose son Johnathon died after swallowing a button battery that caused major internal damage with few initial symptoms beyond an ordinary-seeming nosebleed. Read the full article in [English](#) and [Spanish](#).



CDC New Releases

Cleaning, Disinfection, and Hand Hygiene in Schools – A Toolkit for School Administrators

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html>

Cleaning, Disinfecting, and Ventilation

<https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>

MMWR

[Factors Associated with Participation in Elementary School-Based SARS-CoV-2 Testing – Salt Lake County, Utah, December 2020–January 2021](#)

As schools consider reopening, in-school specimen collection for SARS-CoV-2 testing could help reach potentially underserved populations to reduce community transmission. Explaining testing procedures in a parent’s or guardian’s preferred language, as was done in this situation, might also be important for promoting participation.

With families spending more time at home during the COVID-19 pandemic, emergency visits related to button batteries have nearly doubled during the past year.

NASN News

NASN Conference Registration Open

NASN has opened registration for the [NASN2021 Annual Conference](#), June 21-25! We are very excited about getting together for NASN2021. This is NASN's annual event that brings together school nurses and others in the school community. We are ready to gather, to celebrate, and to educate how school nurses are *Leading the Way in Transforming Student Health*.



Register by May 15, 2021, to get the Early Bird Rate!

- [Learn more about the conference.](#)
- [See the program.](#)
- [View registration options.](#)

School Nurse Day is May 12, 2021

NASN has put together a [toolkit](#) you can use in your schools and communities to help spread the word about School Nurse Day. The toolkit includes social media posts, images, and information to help celebrate the contributions from school nurses. The theme this year is *Championing the Whole Student*. (DPI will be issuing a proclamation.)

College Diabetes Network Has Information for Students Transitioning to College

The College Diabetes Network (CDN) has information your students, and their families, need as they start the transition to college. CDN has free digital guides for young adults with diabetes with medically reviewed information written by those who've navigated the transition to independence. [Request your copies, in English or Spanish, here.](#)

NASN Resources: NASN members have access to [Danatech](#), which was developed to support the technology access and assessment needs of healthcare professionals who care for patients living with diabetes and other chronic conditions.

School Nurse Blog

[The Relentless School Nurse: 'I Love my Job, But This Year Has Broken Me'](#) by Robin Cogan, MEd, RN, NCSN

Where do you land on the [mental wellness continuum](#)? What do you need to move from struggling through surviving to thriving and excelling?

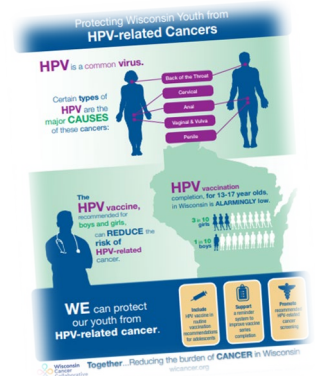
Wisconsin Cancer Collaborative

The Wisconsin Cancer Collaborative (WCC) is Wisconsin's statewide comprehensive cancer coalition comprised of 140 organizations working together to reduce the burden of cancer for everyone in Wisconsin. We connect our members with the tools, support, and knowledge they need to create healthier communities.

One focus area includes cancer prevention vaccines (Hepatitis B and HPV). Considering the decrease in adolescent immunizations during the COVID-19 pandemic, the WCC is working with our partners to encourage getting adolescents back on track for their vaccinations.

HPV Factsheet: <https://wicancer.org/wp-content/uploads/2020/02/HPV-fact-sheet-New-logo-...>

HPV infographic: <https://wicancer.org/wp-content/uploads/2019/12/WICCC HPV info FINAL upd...>



Immunization Action Coalition

"I'm not throwing away my shot!"

In IAC's "Video of the Week," physicians adapt a Hamilton song to enlighten people about COVID-19 vaccines and encourage trust in healthcare professionals

In [this fun "Video of the Week,"](#) Vax'n 8, physicians from various specialties in Northern California, adapted a *Hamilton* song to enlighten people about COVID-19 vaccines and to convey how they've been eyewitnesses to the tragic impact of the deadly virus. They encourage viewers to trust doctors—not misleading social media posts—so people will get vaccinated and help end this pandemic.



Miscellaneous

World Immunization Week – April 24-30

[World Immunization Week](#) is celebrated the last week of April and is led by the World Health Organization (WHO). It aims to promote the use of vaccines to protect people of all ages against disease. This year's theme, "Vaccines bring us closer," will encourage greater engagement around global immunization to promote the importance of vaccination and highlight how it brings people together, and improves the health and wellbeing of everyone, everywhere.

Although the world is focused on the importance of getting the COVID-19 vaccine, there remains a need to ensure routine vaccinations are not missed. Many children have not been vaccinated during the global pandemic, leaving them at risk of serious diseases like measles and polio. This year's campaign will aim to build solidarity and trust in vaccination as a public good that saves lives and protects health.

For more information about World Immunization Week, please visit the [WHO World Immunization Week webpage](#).

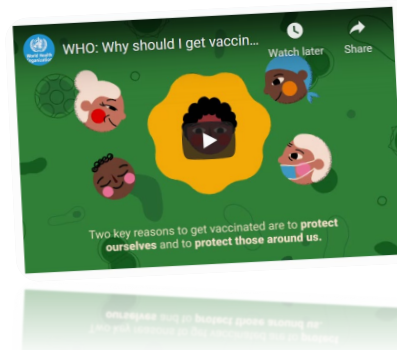
FDA OKs first new ADHD drug in over a decade for children impulsivity

"U.S. regulators have approved the first new drug in over a decade for children with ADHD, which causes inattention, hyperactivity and impulsivity. The Food and Drug Administration late Friday OK'd Qelbree (KELL-bree) for treating attention deficit hyperactivity disorder in children ages 6 to 17. It comes as a capsule that is taken daily.

Unlike nearly all other ADHD medicines, Qelbree is not a stimulant or a controlled substance, making it harder to abuse than older drugs. That's been a problem with earlier ADHD treatments like Ritalin, nearly all of which contain the stimulants amphetamine or methylphenidate." [Read more](#).

Passage of FASTER Act is Critical for Food Allergy Community

"This bipartisan legislation would require that sesame – which is commonly used in food for flavoring – be labeled as an allergen on packaged foods. Sesame would become the ninth food allergen for which the U.S. Food & Drug Administration (FDA) requires plain-language labeling. The bill would also require the secretary of Health and Human Services (HHS) to issue a report on scientific opportunities in food allergy research that examines prevention, treatment, and new cures." [Read more](#).



Many children have not been vaccinated during the global pandemic, leaving them at risk of serious diseases like measles and polio.

CDC Healthy Schools



Dear Colleague,

CDC's Office on Smoking and Health (OSH) is launching a national communication initiative, "**Protect Young People from E-Cigarettes**," to educate staff working in school settings about the risks of youth e-cigarette use. Youth e-cigarette use remains a public health concern. In 2020, nearly 1 in 5 high school students and 1 in 20 middle school students reported current use of e-cigarettes. E-cigarette use among youth is unsafe. Most e-cigarettes contain nicotine, which is highly addictive and can harm adolescent brain development. E-cigarettes come in many different shapes, sizes, and colors, some of which are easy to hide.

The "**Protect Young People from E-cigarettes**" initiative aims to inform educators and other youth influencers about the risks of youth e-cigarette use and empower them to help youth avoid or quit e-cigarette use. Advertisements for the initiative target educators who work with U.S. middle and high school students, including teachers, coaches, and on-site school administrators. Ads will be placed on a variety of online platforms beginning April 5 and run through the end of September 2021. The national media placements include digital display, digital video, and search ads, along with paid placements on social media platforms (Facebook, Instagram, Twitter, Pinterest, and LinkedIn).

Share messages and resources!

CDC has free resources for you to help spread the word. Here's what you can do:

- Use CDC-created social media, like the one attached to this email, on your platforms. New social media will be available for free to download from OSH's [Media Campaign Resource Center](#) beginning mid-April. If you need MCRC support or have any questions, please send an email to mcrc@cdc.gov.
- Follow [@CDCTobaccoFree](#) on Twitter and [CDC Tobacco Free on Facebook](#) for more updates about e-cigarettes and youth.
- Visit cdc.gov/e-cigarettes for additional information and resources about youth e-cigarette use.

If you or your staff have questions related to the "**Protect Young People From E-cigarettes**" media placements, please send an email to OSHCommTA@cdc.gov. Public health practitioners, healthcare professionals, parents, teachers, and other youth influencers have a shared duty to protect all youth from dangerous products and chemicals—including harmful tobacco products like e-cigarettes. Please join us in this initiative and share this announcement with your organization, partners, and extended networks.

Thank you,
CDC Office of Smoking and Health

Approximately two-thirds of JUUL users aged 15 - 24 do not know that JUUL always contains nicotine.

Practice Points

By Louise Wilson

Don't Throw Away Your Shot to Share Your Data

I am writing this Practice Points before the April 22 School Nurse Network meeting where school nurses will discuss their involvement in reporting to school boards. I anticipate it will be a lively discussion! This discussion is so timely. As has been done for several years, DPI will be collecting school health services information in a voluntary survey. This same information could be shared with school boards and school administrators.

As noted below in the webpage introduction and in the attached yearlong data summary sheet, the data points have been modified this year to fit our pandemic circumstances. It is my hope school nurses have collected even more information than is being asked for in the school health services survey. It is my hope you are using that information to educate school officials regarding your activities this year, and your undeniable value in protecting the health of your students and staff!

Participation in the survey has improved, but still less than 30 percent of public school districts report data. That is not enough to be considered representative, nor to share with outside stake holders who might advocate for improved school health services in Wisconsin schools. If you have questions about the survey please contact me. The survey will be posted to the DPI [data collection webpage](#) in early May. An email announcing its posting will be sent once it is posted.

INTRODUCTION

The Wisconsin School Health Services Report survey is designed to collect annual school nursing and health services data from each school district in order to develop a cumulative statewide picture of school health services. The 2020-2021 school year has been unprecedented. The COVID-19 pandemic forced school districts to make decisions regarding their format of instruction (virtual, in person, hybrid). Many school districts offered multiple options and many switched formats during the school year.

School health services were at the forefront of infection control and mitigation measures. For many districts, contact tracing occupied the majority of school nurse time. Delivery models for school health services for those providing in-person instruction were changed to adapt to the needs for COVID screening, testing, quarantine, and isolation while still providing for first aid, medication administration, health care procedures, health education, and mental/emotional health support. For those districts providing primarily virtual instruction, school health services also pivoted and adapted to meet the needs of students and families.



Only by collecting accurate data regarding the health services provided to Wisconsin school children can school nurses give voice to the role school nurses play in removing health-related barriers to students' education and the role school nurses have in promoting and protecting the health of Wisconsin school children!

Practice Points Cont.

While the health services provided this year may be different, it remains important to collect school health data. Therefore, the data points for the 2020-2021 survey have been adjusted to fit these pandemic circumstances. This year, only the chronic health condition data points collected by the National Association of School Nurses (NASN) are included. If districts do not collect data on chronic health conditions they can still participate in the survey.

This is a voluntary report; however, the Department of Public Instruction encourages all district school nurses to participate. **Only one person from each district should total the 2020-2021 data for all individual schools in the district and report it as an aggregated (school district) total to the Wisconsin Department of Public Instruction by August 15, 2021.** Private or charter schools are welcome to participate if their data is not part of another aggregated district.

Collecting data as part of this state initiative is very important. Only by collecting accurate data regarding the health services provided to Wisconsin school children can school nurses give voice to the role school nurses play in removing health-related barriers to students' education and the role school nurses have in promoting and protecting the health of Wisconsin school children! This is particularly important this school year as there is a section to report student health services activities related to contact tracing and the addition or loss of any school health services FTEs. **Note that even if school districts do not collect individual student health information they can enter important information into the 2020-2021 WISCONSIN HEALTH SERVICES REPORT SURVEY.**

This information may be shared with organizations who advocate for school health, including NASN's national school health data set *Every Student Counts*. Only aggregate data will be reported. No individual district identifiers will be shared. By submitting information you agree to these terms.

This year, the simplified survey asks questions about district level services such as stocking medications, medical advisors, and health services personnel FTE's. It does not collect information on student office visits or disposition.



The 2020-2021 school year has been unprecedented. School health services were at the forefront of infection control and mitigation measures.

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>
April 2021 Wisconsin Department of Public Instruction



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Wisconsin School Health Services Survey
Year Long Data Collection Tool (2020/21)

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?		
Does your district stock albuterol?		
Does your district stock emergency epinephrine?		
Does your district stock an opioid antagonist?		
Does your district stock over-the-counter analgesics?		
Does your district have a (physician) medical advisor? If so, what is the physician's practice specialty?		
Did your district add any school nursing (RN) or health services (LPN/UAP) positions or FTEs this school year?		
Did your district cut any school nursing (RN) or health services (LPN/UAP) positions or FTEs this school year?		
Who provided contact tracing services for your district? (school nurse/ administrator/ local public health/contracted for services/other school personnel, other)		

	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 RN FTEs providing contract tracing activities		
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 LPN FTEs providing contract tracing activities		
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.	
Total number of UAP FTEs providing contract tracing activities		
	Screenings	
Screenings:	If your district/school did not perform screenings this year due to COVID or did not collect this information then enter DNC .	
Vision Screening Screened for vision	Report number of students with a health population screenings at school, regardless of which staff or agency conducts the screening.	
Referred for vision		
Hearing Screening Screened for hearing.	Report number of students with a health population screenings 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> <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).</p>	
<u>Life threatening Allergic Disorder</u> (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.	

Asthma Care at School

Post COVID-19 Outbreak

A student presents at the school Health Office with report of respiratory symptoms

Could it be viral?

Maybe?

Important to note student's anxiety level

School Nurse should wear appropriate Personal Protective Equipment (PPE)

No

Assess for additional viral symptoms

- Fever of over 100.4
- Cough with/without wheeze
- Nasal congestion
- Nausea/vomiting/diarrhea
- Headache/Fatigue
- Myalgia
- Poor appetite
- Swelling/rash on hands & feet

No

Assess for additional asthma symptoms

- Past history of asthma
- No fever
- Audible wheeze / Cough
- Chest congestion or tightness
- Breath sounds on auscultation: expiratory wheeze
- Fatigue, Mental status
- Reports not feeling able to fully participate in daily activities
- Stops talking to catch breath

Yes

Assess for asthma issues & treat as needed,

- Isolate student
- Call parent

Dismiss, refer to healthcare provider, (where possible, provide student with mask)

If confirmed COVID-19:

- Assess risk
- Consult local health officials
- Consider 2-5 day Building Dismissal to clean, disinfect & contact trace (CDC guidance as of 5/20)

Yes

Follow Asthma Action Plan

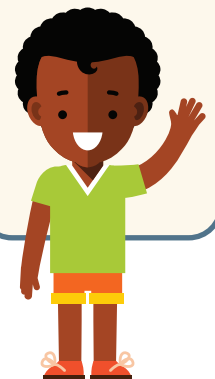
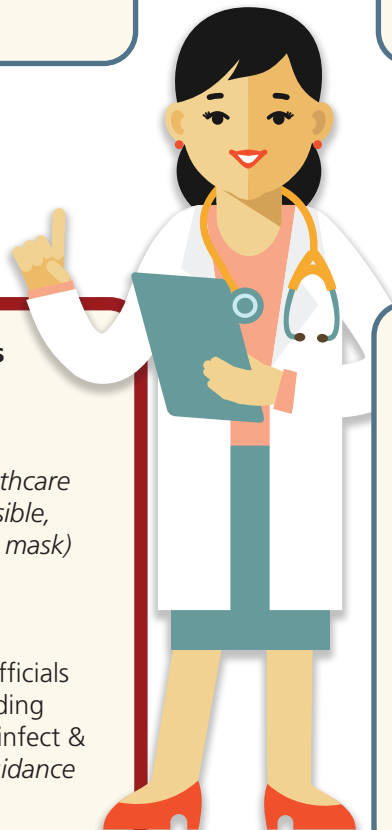
- Green – Follow plan, observe
- Yellow – Administer medication as directed, notify parent
- Red – Administer medication as directed

Call parent as needed
Call 911 if symptoms are or become severe

No

Observe

Return to class as appropriate



Asthma Care at School – Post COVID-19 Outbreak

Asthma Care Notes:

Green Zone – No symptoms of an asthma flare, able to perform daily activities

Yellow Zone – Moderate severity – Cough, wheeze, chest tightness or shortness of breath, and/or waking at night due to asthma, can do some, but not all, usual activities, need to use quick relief medication

Red Zone – Severe – Very short of breath, nasal flaring, hunched over, quick relief medications have not fully relieved symptoms, frequent use of quick relief medications, cannot do usual activities, symptoms are the same or get worse after 24 hours in Yellow Zone

Emergency symptoms: Trouble walking or talking due to shortness of breath, lips or fingernails are blue

Post COVID-19 School Care:

- Anxiety may be a major issue for students experiencing shortness of breath.
- Administer medication at school using individual inhaler and spacer/valved holding chamber.
- Avoid use of nebulizers as they spread droplets and are not advised. Nebulizers are often not required for children over the age of 6 (MDI inhalers are equally effective in delivering medication). Viral droplets persist in the air for 1 – 2 hours.
- Respiratory viruses are a common trigger for asthma flares – student's parent/guardian should contact healthcare provider if COVID-19 is suspected or change in care is needed.

Pulse Oximeters:

- Appropriate to use as a portion of a full nursing assessment for both COVID- 19 and/or asthma.
- Provides the registered nurse with objective data on pulse rate and oxygen saturation.
- Reasonable expense for schools, smaller & more portable - more commonly used in the school setting.
- School district should ensure that the nurse is fully trained with a protocol in place to guide interpretation of data and how to respond to the results of pulse oximetry. Maintenance of the unit should be included. Ideally, the school nurse would participate in writing the clinical guideline.
- Oxygen saturations change late in asthma flare, if symptoms are present & saturation level normal, still treat asthma.

Peak Flow Meters:

- Peak flow has been found to have variable results and is not recommended for use in routine care.

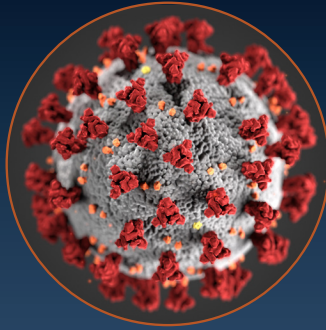
School Considerations:

- Schools should create a plan in the event that a symptomatic student needs to be isolated.
- In the event of a confirmed case of COVID-19 among schools or staff, cleaning and educational plans should be in place to close classrooms, schools or districts in compliance with health department and CDC guidance.
- Group size should be limited and social distancing in place per health department and CDC guidance.




The information in this document is developed from guidelines- based asthma care information. Each school nurse must exercise clinical judgement when assimilating into her/his practice. Nurse Practice Acts vary from state to state and each school nurse must ensure that anything related to the practice of nursing must be consistent with applicable laws, regulations and guidance as well as school district policies and procedures.

Distinguishing the Difference: COVID-19 vs. Allergies vs. Flu

Coronavirus: A large family of viruses that cause illness ranging from the common cold to more severe respiratory diseases. The viruses are transmitted between animals and people.



COVID-19: A mutated version of the coronavirus – called novel. It was first detected in Wuhan, China in November 2019. On March 11, the World Health Organization declared COVID-19 a pandemic.

	COVID-19	ALLERGIES	FLU
SPREAD AND SYMPTOMS	 <ul style="list-style-type: none"> • Spread person-to-person • Fever • Cough • Shortness of breath • Chills (sometimes with shaking) • Sore throat • Congestion or runny nose • Muscle or body aches • Fatigue • Headache • A loss of taste or smell • Nausea, vomiting or diarrhea 	<ul style="list-style-type: none"> • Not spread • Itchy, runny nose, sneezing, coughing • Itchy, watery eyes. Redness • Itchy, sensitive skin, rash or hives – swelling • Shortness of breath, cough, wheeze, chest tightness 	<ul style="list-style-type: none"> • Spread person-to-person • Fever/chills • Cough, sore throat • Runny or stuffy nose • Muscle or body aches • Headaches • Fatigue
PREVENTION	 <ul style="list-style-type: none"> • Avoid exposure whenever possible • Wash your hands • Use hand sanitizer with at least 60% alcohol if needed • Avoid touching your eyes, nose and mouth • Avoid close contact with others 	<ul style="list-style-type: none"> • Avoid your allergy triggers • If you're not sure what your triggers are – ask about allergy testing • Medicate for allergies before pollen season or potential exposure 	<ul style="list-style-type: none"> • Get the flu vaccine • Avoid close contact with others • Stay home when you are sick • Cover your nose & mouth • Wash your hands • Avoid touching your eyes, nose & mouth
TREATMENT	 <ul style="list-style-type: none"> • Call your doctor if you think you were exposed • Stay home except to get medical care • Stay away from others • Limit contact with pets • Call ahead before going to the doctor • Wear a facemask only if you are sick and around others 	<ul style="list-style-type: none"> • Take prescribed or over-the-counter allergy medications • Antihistamines • Nasal sprays • Immunotherapy where prescribed • Allergy shots • Allergy tablets • Nasal wash/rinse 	<ul style="list-style-type: none"> • Antiviral drugs may be an option for people at high risk for complications and people with lung conditions • Stay home and rest • Contact your doctor early if you're at high risk • Most people don't need to go to the emergency room

What to do if you are sick?

- Call your doctor and discuss your symptoms and potential exposure. Your doctor will decide if you should be tested for coronavirus.
- Stay home and self-quarantine yourself. Separate yourself from other people in your home.
- Wear a facemask when around other people.
- Cover your cough and sneezes, or cough into your elbow.
- Wash your hands often, and don't share objects.
- Follow evidence-based guidance from CDC and other credible sources.
- Seek immediate medical attention if you have difficulty breathing, experience chest pain, have bluish lips or face, or you're unable to arouse or stay awake.



WHY WE CHOSE THIS TOPIC

Some students returning to in-person learning may be anxious about getting back into a routine and about what to expect in an altered classroom environment. They may feel disconnected from teachers and peers, and their families may still be coping with household challenges related to the pandemic. Students will need extra support to ensure positive emotional well-being and successful school outcomes.

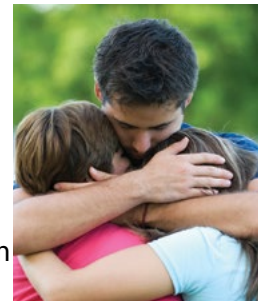


WHAT THE RESEARCH SAYS ^{1,2,3}

For children already struggling with a mental health or family issue, the pandemic is especially challenging. Children with special education needs, low-income, and children in rural areas are disproportionately affected by COVID-19, and require additional support upon return to in-person learning.

Insurance companies report a **100% increase** in the percentage of **self-harm, substance use, and mental health claims** for teens in 2020 as compared to 2019.

Hispanic adults report the highest level of depression and suicidal thoughts among racial and ethnic groups in 2020 due to not having enough food or stable housing, putting their children at risk of stress and worry.



WHAT'S HAPPENING IN WISCONSIN?



The **Voices of Wisconsin Students' Project** was developed by the Wisconsin Department of Health Services in partnership with the University of Wisconsin's Wisconsin Institute for Public Policy

and Service (WIPPS) Research Partners and the Medical College of Wisconsin (MCW) to gather more insight about how middle and high school students are coping with school, learning, sources of stress, and life in general during COVID-19.

The valuable input from students, gathered from 23 different focus groups, can help inform discussions among families, schools, and policymakers about how to support students' ongoing learning either virtually, in-person, or in hybrid/blended models.

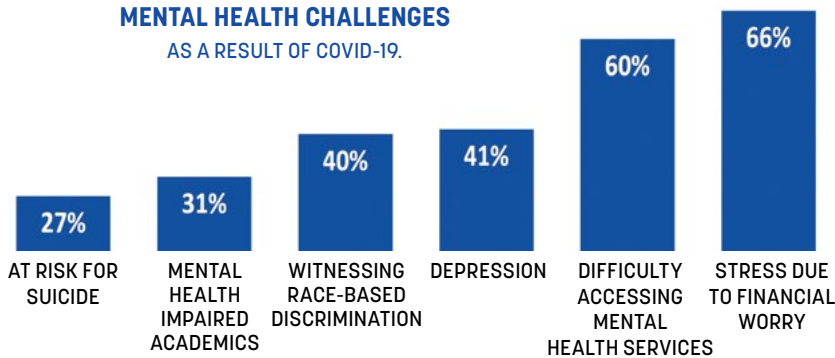
Do you think your child needs mental health services and don't know where to start? View our guide of **how to access children's mental health services.**



- continued -

IMPACT ON COLLEGE STUDENTS⁴

PERCENTAGE OF COLLEGE STUDENTS REPORTING
MENTAL HEALTH CHALLENGES
AS A RESULT OF COVID-19.



Levels of depression, anxiety, suicidal ideation, and the demand for mental health services in college students age 18-24 was trending up even before the pandemic. Now, students report increased depressive symptoms, which are negatively affecting their academic performance. Adding to their psychological distress, college students have missed many important milestones such as graduation, participation in athletics, and other opportunities for social interaction which also likely impacts their well-being.

WHAT WE CAN DO^{5,6}

➔ PARENTS:

- Talk to your child about what to expect as they return to school. To help guide the discussion and for some tangible take-aways, watch this short video [Parenting during the Pandemic: Managing Stress and Anxiety](#).
- Encourage your child to engage in healthy self-care like taking small breaks from homework to go for a walk and having regular engagement with peers.
- If your child has an Individualized Education Plan (IEP), contact school counselors and teachers to reiterate what your child needs in order to succeed in school.

➔ SCHOOL / TEACHERS:

- Partner with families to learn more about their child's particular needs.
- Foster a sense of belonging and create space especially for students of color and those with special needs, to reflect on the effects of the pandemic.
- Focus on strengths-based interventions that work to maintain a healthy mindset.

- Explore Mental Health First Aid training opportunities to learn how to talk to youth about their mental well-being.

➔ POLICY MAKERS:

- Support expansion of school mental health funding to include psychologists, counselors, and nurses.
- Support funding to expand school staff training in trauma-informed practices.
- Increase funding for school mental health collaboration grants to assist schools in connecting students to mental health services.
- Increase the Earned Income Tax Credit to further reduce the number of children in poverty and reduce their behavioral health challenges.

➔ COMMUNITIES:

- A serious stressor for families is not having enough food. Hold fundraisers to assist your local food pantry.
- Focus COVID-19 funding to provide equitable solutions to assist neighborhoods who have the most low-income renters and housing instability.

REFERENCES:

- ¹ Lee J. Mental health effects of school closures during COVID-19. *Lancet Child Adolesc Health* 2020; 4: 421 Retrieved from: <https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930109-7>
- ² McKnight-Eily LR, Okoro CA, Strine TW, et al. Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic – United States, April and May 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:162-166. DOI: <http://dx.doi.org/10.15585/mmwr.mm7005a3external icon>
- ³ Fair Health. Whitepaper. The Impact of COVID-19 on Pediatric Mental Health: A private study of healthcare claims. Mar 2021.

⁴ The Healthy Minds Network in collaboration with the Amer. College Health Association. The Impact of COVID-19 on College Student Well-Being. May 2020.

⁵ Casel. Reunite, Renew, Thrive. A Social Emotional Learning Roadmap for Re-opening Schools. July 2020.

⁶ Wisconsin Department of Public Instruction. Policy and Budget Team. Summary of 2021-23 Biennial Budget Request & Governor Evers' 2021-23 Biennial Budget Proposal. (page 8).

Local Wellness Policy (LWP) *In a Nutshell*



The Local Wellness Policy requirement was established by the Child Nutrition and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Reauthorization Act of 2004 and strengthened by the Healthy, Hunger-Free Kids Act of 2010 (HHFKA). It requires each School Food Authority (SFA) participating in the National School Lunch Program and/or School Breakfast Program to develop a wellness policy. The final rule expanded the requirements to strengthen policies and increase transparency. **SFAs were required to be compliant with the final rule by June 30, 2017.**

Content of the Wellness Policy

The responsibility for developing, implementing, and evaluating a wellness policy is placed at the local level, so the unique needs of each SFA can be addressed. At a minimum, policies are required to include:

- **Specific goals for nutrition promotion and education, physical activity, and other school-based activities that promote student wellness.** SFAs are required to review and consider evidence-based strategies in determining these goals.
- **Standards and nutrition guidelines for all foods and beverages sold to students on the school campus during the school day** that are consistent with federal regulations for school meal nutrition standards and the Smart Snacks in School nutrition standards. Additionally, the wellness policy should include language regarding **federally defined nutrition standards for school meals.**
- **Standards for all foods and beverages provided, but not sold, to students during the school day** (e.g., in classroom parties, classroom snacks brought by parents, or other foods given as incentives).
- **Policies for food and beverage marketing** that allow marketing and advertising of only those foods and beverages that meet the Smart Snacks in School nutrition standards.
- **Description of public involvement, public updates, and policy leadership.**
- **Establishment/identification of wellness policy leadership** of one or more SFA officials who have the authority and responsibility to ensure compliance.
- **Description of how the wellness policy and updates are made available to the public, on an annual basis.**
- **Description of a wellness policy assessment** which must occur at least **once every 3 years, that measures**
 - ✓ compliance with the wellness policy
 - ✓ how the local wellness policy compares to a model policy
 - ✓ progress made attaining the goals of the wellness policy

The first triennial assessment must be completed by June 30, 2020*. The assessment must be made available to the public.

*Due to COVID-19, USDA Nationwide Waiver of Local School Wellness Policy Triennial Assessments in the National School Lunch and School Breakfast Programs extends the new regulatory deadline for the first assessment to June 30, 2021. If the SFA accepts the new deadline, a second triennial assessment would need to be complete by June 30, 2024. **SFAs must notify DPI of the intent to utilize this waiver by filling out the [Triennial Assessment Waiver Notification Form](#) by June 30, 2020.**

Completing the Triennial Assessment

DPI requires all SFAs to use the Local Wellness Policy Triennial Assessment Report Card to fulfill the triennial assessment requirement. The Wisconsin Team Nutrition's Local Wellness Policy Triennial Assessment Report Card is a free tool that Wisconsin SFAs must use to evaluate compliance with their policy and provide a description of progress made toward meeting policy goals. SFAs enter their policy specific objectives and evaluate to what extent the objectives were achieved. The Local Wellness Policy Triennial Assessment can be found on the [Local Wellness Policy](#) webpage.

The Local Wellness Policy Triennial Assessment Report Card also includes a section for SFAs to input their WellSAT scores. The WellSAT assessment evaluates how your local wellness policy compares to model policy language. The WellSAT includes 67 policy items considered to be best practices for school wellness. SFAs rate the extent to which their policy contains language related to each policy item.

Wisconsin Resources

- [Local Wellness Policy Webinar](#) will walk SFAs through the requirements set forth in the final rule of Local School Wellness Policy Implementation under the HHFKA of 2010.
- [Local Wellness Policy Checklist](#) is a resource that will help SFAs determine if all content areas are included in their school wellness policy.
- [Wisconsin Wellness: Putting Policy into Practice](#) is a resource designed to assist SFAs with developing comprehensive policies that incorporate new policy requirements while establishing a framework for accountability. The resource provides information on required policy components and includes best practices that will assist SFAs with creating and maintaining a strong wellness policy.
- [Local Wellness Policy Builder](#) is an online tool designed to assist SFAs in creating comprehensive school wellness policies that meet the final rule established by the USDA in August 2016.
- [Local Wellness Policy Builder - Full Text](#) is a compilation of all statements available in the *Local Wellness Policy Builder Online Tool*.





(Online) Restorative Practices for Educators

Foster positive classroom and school culture

DATES / LOCATIONS:

*(Choose one 2-day
Virtual Course session,
hosted on Zoom)*

SESSION A:

June 14 & 15, 2021
8am-1pm each day

SESSION B:

June 22 & 23, 2021
8am-1pm each day

20 PARTICIPANTS MAX PER SESSION

QUESTIONS ABOUT THIS TRAINING?
CONTACT:

Jackie Schoening, CESA #6
WISH Center Regional Coordinator
(920) 236-0515
jschoening@cesa6.org

Carol Zabel, CESA #10
WISH Center Regional Coordinator
(715) 720-2145
czabel@cesa10.org

WHO SHOULD ATTEND:

- Administrators
- School Counselors
- Social Workers
- Classroom teachers
- *This session is a pre-req for RP TOT*



*This session follows the
IIRP framework and refers to the
organization's content and materials.
Visit IIRP.edu for more info.*

During this 2-day introductory online experience, you will learn fundamental theory and practices for engaging with students, staff and parents in your school setting.

Topics include how to set high expectations while being supportive, how to provide direct feedback and ask questions that foster accountability, and the most effective methods to resolve common conflicts.

You will also learn to facilitate circles, an essential process for creating a positive learning environment and school culture. Circles may be used to build social capital, resolve social problems and respond when harm occurs.

Additionally, instructors will address many issues related to building relationships and community while teaching virtually during COVID-19. Concepts include how and when to have one-on-one conversations; the effective use of informal time as students gather; and setting norms for running virtual circles. Plus, participants will learn creative uses of tools, including breakout rooms, whiteboard, chatroom, and how to work with small groups while other students do individual work.

Learning Format

- This online experience is led by experienced IIRP instructors.
- On two successive days, you will participate in 5-hour live Zoom sessions (breaks included).
- Pework includes readings, handouts, videos and other resources. There will be approximately two hours of prework for each day of synchronous instruction.
- This training addresses topics that were also covered in the two days of the in-person training: Restorative Practices & Using Circles Effectively, and it satisfies the prerequisite for the training: Become a Restorative Practices Trainer (RP TOT).

REGISTER ONLINE. REGISTRATION DEADLINE MAY 30th, 2021

■ Online Training—June 14 & June 15, 2021 (8am-1pm each day):

<https://login.myquickreg.com/register/event/event.cfm?eventid=29100>

■ Online Training—June 22 & June 23, 2021 (8am-1pm each day):

<https://login.myquickreg.com/register/event/event.cfm?eventid=29101>

This *NEW* RP training uses a blended learning model with pre-work available on the Canvas platform and two scheduled, LIVE Zoom online training sessions.

Registration includes access to both online Zoom sessions and Canvas course access for materials and assignments.

Access details will be emailed to you approximately 2-3 weeks before the first session.

Access to a computer is required to access the Canvas course materials and Zoom online training sessions.

Electronic resources will be provided; participants are responsible for printing their own materials, if preferred.

REGISTRATION ASSISTANCE: Mary Devine, CESA #4

(800) 514-3075; mdevine@cesa4.org

COST: \$200.00 registration fee per person

PAYABLE TO: CESA #4

SEND PAYMENT TO: CESA #4, 923 East Garland Street,
West Salem, WI 54669 ATTN: Mary Devine

PLEASE include and clearly define: Participant name, exact name of workshop, and date with all checks or purchase orders. Thank you!

