

# School Nurse UPDATE



#17 May 5, 2022

## FEATURED STORIES

PRACTICE POINTS –  
Ripple Effects

Revised Medication  
Guidance (p. 2)

Healthy Screen Time (p. 7)

Course: Emotion  
Management K-6 (p. 10)

Acute Hepatitis and  
Adenovirus Infection  
Among Children (p. 8)

## SAVE THE DATE

Day in the Life Webinar –  
May 11, 2022

Next DiSH-WI Session –  
May 18, 2022

School Nurse Network  
Meeting – May 17, 2022  
3:30-4:30 PM

NASN Annual Conference  
In-person June 28-30  
Atlanta GA  
Virtual July 11-13.

Greetings!

I hope that after the **photo essay project** I will have more pictures of Wisconsin school nurses to feature in my newsletters. This one was taken at the recent Wisconsin Association of School Nurses (WASN) conference. It features Carroll University School Nurses Sonia Pacheco RN, CPN and Pam Ziolkowski, BSN, RN. They approached me to ask for a selfie. I felt like a celebrity! LOL

I heard from school nurses who attended the conference how wonderful it was to gather as a community of school nurses. I agree that networking and learning from school nurse colleagues and other professionals is energizing and rewarding. Take note of the opportunity to get more professional development targeted to school nurses and networking by **attending the National Association of School Nurses (NASN) in person or virtual conferences**. This year I will attend virtually but have every intention to attend in person next year.

If all goes according to plan all Wisconsin school nurses could attend next year's WASN and NASN conferences as members! Stephanie Poling from the Department of Health Services presented at the WASN conference on use of the **federal public health workforce grant money targeted to school health services and school nurses**. A section of the grant is to support school nurses' professional development and access to workforce-related research by **providing membership to our state and national professional associations**. I have asked her to share more information in the next newsletter so stay tuned.

COVID is still "a thing" so this newsletter contains articles about the **current variants** and the link to the **Long COVID webinar** held last week by the Allergy & Asthma Network.

The School Health Services Survey is now open to accept data (p. 2)!

*Louise*

# DPI News



## **Revised Administration of Medications in Wisconsin Schools (2022)**

DPI's [Administration of Medications in Wisconsin Schools](#) was recently revised and posted. Changes to the guidance document primarily addresses the newly licensed occupation for naturopathic medicine and how it affects Wis. Stat. sec. 118.29. See Practice Points for further discussion of these changes including other school-related statutes affected by the licensing of naturopathic doctors.

School nurses are reminded that in Wisconsin our state statute allows bus operators, school staff, and volunteers to administer medication to students if the stipulations of the statute are followed. These stipulations include consents, training for certain routes, and written authorization by the school administrator. This allows unlicensed staff and bus operators to administer medication to students and does not require that a registered nurse delegate medication administration to these staff. **In Wisconsin, medication administration to students does not require nursing delegation.** See *Administration of Medications in Wisconsin Schools* for further clarification of this often-misunderstood statute.

*In Wisconsin, medication administration to students does not require nursing delegation.*

## **2021-22 School Health Services Survey Now Open**

The voluntary 2021-22 Wisconsin School Health Services Survey portal is now open and ready to accept data. Please see the [Data Collection webpage](#) for information about the survey, the link to the survey itself, and the report template. The report template is also attached to this newsletter. As noted at the WASN conference we need 100% participation this year, so the data is representative and useful to advocate for school health services.

## **New Deafblind Disability Category**

With the new disability category of deafblind, what do you know about deafblindness? The two most common questions we receive at Wisconsin Deafblind Technical Assistance Project (WDBTAP):

1. What does it mean to be deafblind?
2. What is WDBTAP?

We have some amazing student stars to help us answer those questions; check out our new video to help you and others in your district understand that deafblindness is a broad spectrum of students and what resources your district can request for free from WDBTAP at [Wisconsin Deafblind Technical Assistance Project](#).

# DPI News



## **State Superintendent Dr. Jill Underly Proclaims May 11, 2022 School Nurse Day**

Whereas, the COVID-19 pandemic has emphasized the essential role school nurses play in public and community health providing leadership, guidance and epidemiological based interventions; and

Whereas, school nurses support the physical and mental health and educational success of children and youth by providing the link between health and learning and are in a position to make a positive difference for children every day,

Therefore, be it resolved that, I, Jill K. Underly, State Superintendent of Public Instruction, declare Wednesday, May 11, 2022, as School Nurse Day to celebrate and acknowledge the efforts of Wisconsin school nurses in meeting the needs of today's students. See full proclamation attached to this newsletter or at [this webpage](#).

## **DPI Helping to Promote School Nurse Day Webinar**

School nurses, administrators, and the public are invited to attend the webinar on School Nurse Day.

A Day in the Life: A Photo Essay of the Wisconsin School Nurses and the COVID-19 Pandemic

**Date:** May 11th, 2022

**Time:** 3:00-4:00 pm

Join Zoom Meeting

<https://us02web.zoom.us/j/87328154034>

Meeting ID: 873 2815 4034

To participate by phone, dial: +1 312 626 6799 US (Chicago)

And use Meeting ID: 873 2815 4034

*The COVID-19 pandemic has emphasized the essential role school nurses play in public and community health providing leadership, guidance and epidemiological based interventions.*

## **Teacher Appreciation Week**

May 2-6, 2022, has been proclaimed Teacher Appreciation Week [by State Superintendent Underly](#) and [by Governor Evers](#). In honor of the incredible work of our Wisconsin teachers, Dr. Underly [recorded a video](#) thanking them for their work, and we are sharing it with you so that you can share it with your staff. Governor Evers has also recorded [this message](#) to share!

# DPI News



## **State Superintendent Dr. Jill Underly Op-Ed on the Importance of Schools Being Welcoming Places**

State Superintendent Dr. Jill Underly [published an op-ed](#) on the importance of schools being welcoming places. Dr. Underly's message stresses the need for all students to feel supported, with welcome and with belonging.

*Excerpt: "Many Wisconsin educators are doing incredible work to affirm and welcome students through social emotional learning, through choosing resources that reflect the diverse identities of their students, through working with special services staff and integrating mental health supports into their curriculum. It's hard and necessary work, and we know our current climate is making it harder and even more necessary. The way we – as leaders, as community members, as adults – talk about race, or about respecting pronouns, or about including books in libraries that address racism or those with LGBTQ+ characters, have an impact.*

*When the adults in charge - those who make policy, or run for office, or serve on boards - speak negatively and encourage harassment of students with disabilities, or of students because of their gender, immigration status, race, sexuality or gender identity, it makes life harder for students. These are children! And when adults sit passively without calling out these harmful behaviors, they are no different than the bystander who does nothing or says nothing when someone is being bullied or harmed. We are indirectly and directly telling these children, these precious humans, that they are not welcome. And that hurts our students of color. It hurts our LGBTQ+ students. It hurts all our students. And it hurts our state."*

The full op-ed for publication [can be found here on the Wisconsin Department of Public Instruction's website](#). This is the third in a three-part series of op-eds by Dr. Underly on equity, inclusion, and diversity. Visit the DPI's website [here for the first part](#), and [here for the second part](#).

*... when adults sit passively without calling out these harmful behaviors, they are no different than the bystander who does nothing or says nothing when someone is being bullied or harmed.*

# DHS News



## **Wisconsin DHS Health Alert #42: Recommendations for Adenovirus Testing and Reporting of Children with Acute Hepatitis of Unknown Etiology**

The Wisconsin Department of Health Services (DHS) is issuing this Health Alert Network (HAN) Health Advisory to notify clinicians and public health authorities of a recent increase in cases of acute hepatitis and adenovirus infection in children.

From November 2021 to February 2022, clinicians at a large children's hospital in Alabama identified nine pediatric patients with significant liver injury, including three with acute liver failure, who also tested positive for adenovirus. All children were previously healthy. All five of the nine specimens that were sequenced had adenovirus type 41 infection identified. Two patients required liver transplant; no patients died.

Since being notified of this adenovirus-associated hepatitis cluster, DHS is now investigating at least four similar cases among children in Wisconsin. This includes two children who had severe outcomes, one liver transplant, and one fatality.

### **DHS Announces Updates to COVID-19 Data Webpages**

The Wisconsin Department of Health Services (DHS) has [announced](#) updates to the COVID-19 metrics and data [shared on the department's website](#). The changes continue DHS's commitment to providing timely and relevant data and align the metrics DHS is tracking and sharing to the latest scientific recommendations from the CDC while providing a more streamlined data experience for visitors to the DHS website. The changes include updates to the [COVID-19 Summary dashboard](#), including adding the CDC Community Levels and removing the Disease Activity dashboard. In addition, the COVID-19 Illness After Vaccination data pages were updated and several data visualizations were removed, including maps of COVID-19 cases, deaths, and vaccinations by county, census tract, municipality, school district, and ZIP code. This data remains available to [download](#).

*The Wisconsin Department of Health Services (DHS) is issuing this Health Alert Network (HAN) Health Advisory to notify clinicians and public health authorities of a recent increase in cases of acute hepatitis and adenovirus infection in children.*

# DHS News



## Respiratory Report

The current **Respiratory Virus Surveillance Report** is [located here](#).

### Data Update: Illness After Vaccination Rates

As the number of fully vaccinated individuals increases, and disease transmissibility remains high due to the Omicron variants, we can expect to see an increase in the number of [fully vaccinated individuals](#) who test positive for COVID-19. **Even as cases are on the rise, vaccines and booster doses remain highly effective at preventing severe illness, hospitalization, and death from COVID-19.**

It is critical to get vaccinated as soon as possible, and to [stay up to date](#) by getting a booster dose after five months (or two months if you received a J&J vaccine). Anyone over the age of 50 or immune-compromised people ages 12 and over are also eligible for a [second booster](#).

DHS has also updated the [COVID-19 Illness After Vaccination data page](#) to include data for January and February 2022. The updating of this data was delayed while DHS made improvements to the way data were gathered and stored in order to address technical difficulties. DHS plans to continue updating this data by the 20th of each month.

*As the number of fully vaccinated individuals increases, and disease transmissibility remains high due to the Omicron variants, we can expect to see an increase in the number of [fully vaccinated individuals](#) who test positive for COVID-19.*

**WISCONSIN COVID-19 Update**

### March 2022 Data by Vaccination Status

Age-adjusted rates among people who are not fully vaccinated compared to fully vaccinated people:

- Diagnosed with COVID-19 at a rate **1.1x higher**
- Hospitalized with COVID-19 at a rate **2.4x higher**
- Died from COVID-19 at a rate **3.2x higher**

On average, fully vaccinated people are less likely to be hospitalized and die from COVID-19 compared to people who are not fully vaccinated.

Get Vaccinated   Mask Up   Stay 6' Apart   Wash Hands



# DHS News



## **Office of Children's Mental Health Releases Tips for Parents and Guardians on Healthy Screen Time Use Emphasizes the importance of sleep, physical activity, and time outdoors**

The Wisconsin Office of Children's Mental Health (OCMH) today announced a new fact sheet, "[Healthy Screen Time in a Digital World](#)", to help parents and guardians learn about the impact of excessive screen time use, especially social media, and to provide tips to improve children's mental and physical health. OCMH encourages cultivating healthy habits to increase the amount of time kids are sleeping, being physically active, and spending time outdoors, all of which improve well-being.

"Parents, guardians, and children have been faced with unprecedented challenges during the past two years," said Linda Hall, OCMH Director. "This includes navigating increased screen time use. As we start to get back to our more regular activities, it's important to cultivate healthy habits for children and youth. One way to do this is by being intentional about screen use and duration at home."

Alarming rates of anxiety, depression, and suicide among children led to the U.S. Surgeon General to issue an [Advisory on Protecting Youth Mental Health](#) in December 2021. Since COVID-19, children have engaged in less physical activity, logged more screen time, and reported more sleep problems, as well as emotional exhaustion, isolation, and screen fatigue. Families have had to turn to digital devices to navigate the pandemic, making televisions, smartphones, tablets, computers, and gaming consoles even more of a common part of daily life for the majority of children. A large National Institutes of Health (NIH) study on adolescent brains found the average during COVID increased to 7.7 hours of screen time – excluding schoolwork – for 12–13 year olds.

To help establish healthy screen time use, OCMH suggests the following actions parents and guardians can take:

- Start your child with a basic cell phone, not a smartphone.
- Establish limits – create a family technology use contract, including scheduled breaks.
- Monitor use – set restrictions on apps, use parental controls, and monitor all devices.
- Model healthy screen time for your children.
- Cultivate healthy habits – for example, participate in outdoor activities, ensure children and youth get the recommended amount of sleep, and prioritize in-person connections. Research shows Facebook users who spent one hour a day on the social networking site were the least lonely; those who spent less or much more than an hour were lonelier.

"Think Goldilocks," Hall said. "A limited amount of screen time can help kids feel connected, but too much interferes with healthy habits and well-being. Follow one or more of these ideas to right-size screen time for the kids in your home."

*Alarming rates of anxiety, depression, and suicide among children led to the U.S. Surgeon General to issue an Advisory on Protecting Youth Mental Health.*

# DHS News

## **Governor’s Health Equity Council Releases Final Recommendations To achieve long-lasting and equitable health outcomes for all Wisconsinites**

The Governor’s Health Equity Council (GHEC) voted Wednesday, April 27, on final recommendations. Recently, Chairperson Gina Green-Harris and Vice-Chairperson Dr. Michelle Robinson released the [executive summary](#), along with the council’s prelude to the full report and the principles it established to govern this work. Established under Governor Tony Evers’ [Executive Order #17](#), the council was charged with creating a comprehensive plan to achieve long-lasting and equitable health outcomes for all Wisconsinites. The executive summary can be found on the DHS website. By voting to approve its recommendations, the council body has fulfilled its charge. Now, council leadership will shift to drafting the full report, including working with council members to finalize recommendations in accordance with approved amendments and revisions. A full report will be available early summer 2022.

“Our primary focus has been targeting social determinants of health, such as economic status, educational attainment, or location – which in turn, determine an individual’s ability to be healthy and create the conditions for health outcomes. In the past 18 months, the council has swept through the research, data, practices, and models in order to put forth a plan that will address these upstream factors that drive health disparities in Wisconsin,” said Chairperson Gina Green-Harris, Director of Center for Community Engagement and Health Partnerships, UW School of Medicine and Public Health. “These proposals, if enacted, will have significant positive effects on our ability as a state to combat historic and pervasive health disparities across race, economic status, education, geographic location, and history of incarceration.”

View the entire [news release](#).

# MMWR

## **Acute Hepatitis and Adenovirus Infection Among Children – Alabama, October 2021–February 2022**

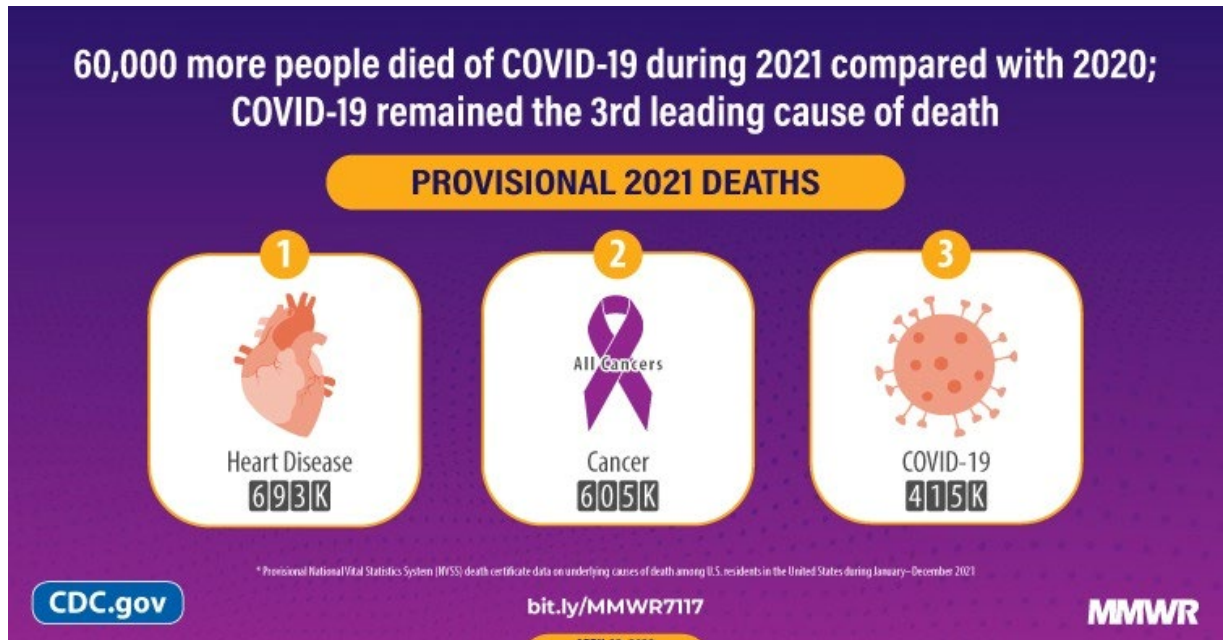
This cluster, along with recently identified possible cases in Europe, suggests that adenovirus should be considered in the differential diagnosis of acute hepatitis of unknown etiology among children. CDC is monitoring the situation closely to understand the possible cause of illness and identify potential efforts to prevent or mitigate illness. Enhanced surveillance is underway in coordination with jurisdictional public health partners. Clinicians are encouraged to report possible cases of pediatric hepatitis with unknown etiology occurring on or after October 1, 2021, to public health authorities for further investigation. [Read report.](#)

## **Detection of SARS-CoV-2 B.1.351 (Beta) Variant through Wastewater Surveillance before Case Detection in a Community, Oregon, USA**

Genomic surveillance has emerged as a critical monitoring tool during the SARS-CoV-2 pandemic. Wastewater surveillance has the potential to identify and track SARS-CoV-2 variants in the community, including emerging variants. We demonstrate the novel use of multilocus sequence typing to identify SARS-CoV-2 variants in wastewater. [Read article.](#)



[Link for graphic.](#)



[Link for graphic.](#)



# NASN News

## NASN Annual Conference: VIRTUAL NASN2022

July 11-13, 2022 (online)

Some of the content will be streamed in real time during the conference schedule. This content will also be recorded and available to view through October 14, 2022.

NOTE: This event includes additional "anytime" or on-demand sessions that attendees can begin viewing on the first day of VIRTUAL NASN2022.

[Learn more and register](#)

### Course: Emotion Management K-6

With the focus on emotional health in children leading to academic success and the importance of attending to the whole child, this program was developed to increase K-6 students' abilities to cope with school stress in healthy and effective ways. This course will present an interdisciplinary approach to managing somatization in our schools. Learning outcomes include: recognizing the effects of stress on children, understanding how stress is experienced, the school nurse's role in identifying and supporting stress management and mental health issues, how somatization manifests in a school nurse's office, identifying a need for mental health referrals, and steps to take to assist students in identifying their emotions and coping with them. [Learn more and complete the course.](#)

### Supporting Students Dealing with Grief

This [resource](#) from the [National Center for School Crisis and Bereavement](#) shares 10 basic steps school nurses, school staff, and school administrators can take to create a supportive environment for students.

This [resource](#) from the [National Child Traumatic Stress Network](#) outlines how children grieve, what Childhood Traumatic Grief (CTG) is, and who develops CTG. It also outlines the signs a child might have CTG, how CTG impacts children, and what a mental health provider can do to help.



*With the focus on emotional health in children leading to academic success and the importance of attending to the whole child, this program was developed to increase K-6 students' abilities to cope with school stress in healthy and effective ways.*



### **COVID-19 Vaccines for People Vaccinated Outside the United States**

For the best protection, CDC recommends everyone stay up to date with COVID-19 vaccines, including people who received a COVID-19 vaccine outside of the United States. A person is up to date with their COVID-19 vaccination if they have received all recommended doses in the primary series and one booster when eligible.

Specific recommendations for people vaccinated outside of the United States depend on whether:

- The vaccine(s) received are accepted in the United States
- The primary series was completed
- A booster dose was received

For people who received an [accepted COVID-19 vaccine](#) outside the United States, the next step is to determine if they completed the primary series or not.

People vaccinated outside of the United States completed the primary series if they:

- Received one dose of a single-dose [accepted COVID-19 vaccine](#)
- Received two doses (or [any combination\\*](#)) of a two-dose [accepted COVID-19 vaccine](#)

People vaccinated outside of the United States who completed the primary series should receive a booster when eligible.

People vaccinated outside of the United States who have not completed the primary series as described above do not have to start the primary series over. They should get one primary series dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna). If the first dose was an mRNA COVID-19 vaccine, it would be best to get the same vaccine again to complete the primary series. They should also receive a booster when eligible.

\*CDC does not recommend mixing different COVID-19 vaccines for the primary series but is aware that this is increasingly common in many countries outside of the United States. Therefore, for the interpretation of vaccination records, people who received a mixed primary series have completed the primary series.

## Allergy & Asthma Network

### **What We Know So Far About New Omicron Variants**

COVID-19 cases are on the rise again due to another Omicron variant -- BA.2. There's also Omicron XE -- a recombinant variant -- to keep an eye on. What do you need to know about Omicron? How worried should you be, especially if you have asthma or COPD? Are there any other variants?

[Read more.](#)

Recording of [Webinar April 28: 'Long COVID: A Fresh Perspective On the Condition and Concerns'](#)

# Miscellaneous

## Webinar: Empowering Families for Children’s Vision

Thursday, May 12, 2022  
4:00 – 5:30 p.m. ET

The [National Center for Children’s Vision and Eye Health](#) invites you to the next webinar in their series on the Vision Health of Children with Special Needs, which focuses on how health professionals and parents can learn to identify and best use the variety of community, medical, and school resources to enhance the vision health of children with special needs aged 3 to 8.

[Learn more and register](#)

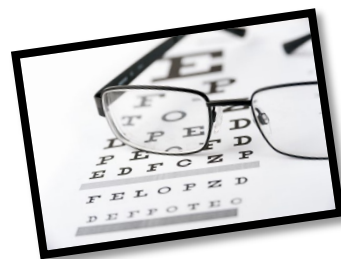
## Comparison of Home Antigen Testing With RT-PCR and Viral Culture During the Course of SARS-CoV-2 Infection

### Key Points

Question: How does the diagnostic performance of home antigen tests change during the course of SARS-CoV-2 infection?

Findings: In this prospective cohort study of 225 adults and children with reverse transcription–polymerase chain reaction (RT-PCR)–confirmed SARS-CoV-2 infection, antigen test sensitivity was 64% and 84% when compared with same-day RT-PCR and viral culture, respectively. Antigen test sensitivity peaked 4 days after illness onset (77%); a second test 1 to 2 days later showed improved sensitivity (81%–85%).

Meaning: The study results suggest that symptomatic individuals with an initial negative home antigen test result for SARS-CoV-2 infection should test again one to two days later because test sensitivity seems to peak several days after illness onset. [Read article.](#)



*...health professionals and parents can learn to identify and best use the variety of community, medical, and school resources to enhance the vision health of children with special needs aged 3 to 8.*

# Medscape Nurses

## A Saliva Test for Diagnosing Endometriosis?

A French research team has developed a microRNA (miRNA) signature for diagnosing [endometriosis](#) through a simple saliva test. Its validation in a larger cohort could soon allow doctors to have a cheap, non-invasive, and accurate tool to use in diagnosing a disease that, for the time being, is difficult to identify with any certainty. The researchers suggest that their methodology could be used as a blueprint to investigate other pathologies, both benign and malignant. [Read article.](#)

# PRACTICE POINTS

By Louise Wilson



## Ripple Effects

When a state statute is created or revised it affects other statutes and practices. As noted under DPI News, the document [Administration of Medication in Wisconsin Schools](#) was revised with the revision posted and dated “2022.” The reason for the revision was to include information regarding the newly licensed occupation for naturopathic medicine. There are several other school-related statutes that are also impacted by this new occupation. These are ripple effects. It behooves school health services personnel to understand the affected statutes so policies and practices can be revised.

2021 Wisconsin Act 130 created a new licensed occupation for naturopathic medicine, to be administered by a Naturopathic Medicine Examining Board. According to [a memo](#) from the Wisconsin Legislative Council, the bill created two categories of licensed naturopathic practice: a licensed naturopathic doctor (ND) and a licensed limited-scope ND.

The bill also recognized a third category of naturopathic practice, which is not licensed. A traditional or lay naturopath is not prohibited from practicing without a license, and the bill did not impose any educational requirements for that practice. Under the bill, a person may provide advice regarding the use of therapy, including herbal medicine, homeopathy, nutrition, or other nondrug or nonsurgical therapy, and may practice within the scope of other credentialing held by the person, such as a registered nurse, acupuncturist, or massage therapist. The person is not prohibited from using the title “naturopath.”

Under the bill, a practitioner in any of the three categories may not use the word “physician” in connection with the person’s title. A practitioner who is a licensed ND or licensed limited-scope ND may use the word “doctor,” but only in conjunction with the word “naturopathic.” Naturopathic medicine is distinct from the practice of medicine and surgery. Naturopathic doctors are prohibited from performing chiropractic or spinal adjustments. NDs are prohibited from prescribing prescription drugs. A licensed ND may recommend, dispense, and administer nonprescription drug products.

*Naturopathic medicine is distinct from the practice of medicine and surgery. Naturopathic doctors are prohibited from performing chiropractic or spinal adjustments. NDs are prohibited from prescribing prescription drugs. A licensed ND may recommend, dispense, and administer nonprescription drug products.*

Sound a little confusing? Since “naturopathic doctor” was added to [Wisc. Stat. 118.29 \(1\) \(e\)](#), the section of the school medication statute that defines “Practitioner,” it was felt the guidance document needed some tweaking! I refer readers specifically to numbers 6, 8, 10 and 12 in the Q&A of the revised document. (While you are reading the document, I suggest you read Q3 if you want an explanation of why medication administration in Wisconsin does not need to be delegated by a registered nurse.)

The newly licensed NDs’ scope of practice includes:

- Diagnosis and treatment
- Conducting physical exams
- Ordering and interpreting labs and imaging
- Diet and lifestyle counseling
- Use of naturopathic therapeutics

This scope of practice affects other school-related statutes as “naturopathic doctor” was added to Wisc. Stat. sec. [48.981 \(2M\) \(b\) 1](#); [118.15 \(3\) \(a\)](#); and [118.25 \(1\) \(a\)](#).

Children are allowed to obtain confidential health services by a naturopathic doctor under similar circumstances as school nurses. Naturopathic doctors may provide written statements as sufficient proof of the physical or mental condition of the child. Naturopathic doctors are added to the practitioners who may perform the physical examinations and complete the tuberculosis risk assessment questionnaire with school staff.

It is important to note that [Wis. Admin. Code § N 6.02\(10m\)](#) was not revised to include naturopathic doctors. But [Wis. Stat. sec. 255.06 \(1\) \(d\)](#) which defines “nurse practitioner” under the Well-woman Program added “naturopathic doctor.”

If you have questions or concerns about the ripple effects of this newly licensed practice, I encourage you to ask your administrators and legal counsel.



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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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Wisconsin School Health Services Survey  
Year Long Data Collection Tool (2021/2022)

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	<b>Enrolled students:</b> 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 <b>add</b> any school nursing (RN) or health services (LPN/UAP) positions or FTEs this school year?	Yes/No	
Did your district <b>cut</b> any school nursing (RN) or health services (LPN/UAP) positions or FTEs this school year?	Yes/No	
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 <b>direct services</b>	<p><b>Direct services.</b> 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><b>Do not include RNs, LPNs, UAPs working with medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).</b></p> <p><b>Do not include % of administrative assignment for RN. Case management FTEs included under administrative or supervisory FTEs.</b></p>	
Total number of RN FTEs with <b>special assignment</b>	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 <b>administrative or supervisory</b> 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 <b>direct services</b>	See definition of direct services above.	
Total number of LPNs FTEs with <b>special assignment</b>	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 <b>direct health services</b>	See definition of direct services above.	
Total number of UAPs FTEs with <b>special assignment</b>	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 <b>assistant FTEs</b> providing <b>administrative support services</b> 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.	

	Screenings	
<b>Screenings:</b>	If your district/school did not perform screenings this year due to COVID or did not collect this information then enter <b>DNC</b> .	
<u>Vision Screening</u> <b>Screened</b> for vision	Report number of students with a health population screenings at school, regardless of which staff or agency conducts the screening.	
<b>Referred</b> for vision		
<u>Hearing Screening</u> <b>Screened</b> for hearing.	Report number of students with a health population screenings at school, regardless of which staff or agency conducts the screening.	
<b>Referred</b> for hearing		
	CHRONIC HEALTH CONDITIONS	
Record the number of students in each category with a medical diagnosis from a healthcare provider.	<p><b>Medical Diagnosis refers to documentation of a diagnosis from a licensed healthcare provider/prescriber.</b> 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. <b>Student may be counted in more than one category if they have multiple diagnoses.</b></p> <p>Lists of possible conditions for inclusion are not exhaustive or all inclusive.</p> <p><b>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).</b></p>	
<u>Life threatening</u> 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.	





Help us celebrate Wisconsin School Nurses on **School Nurse Day!**

We invite you to attend:

***A Day in the Life: A Photo Essay of the  
Wisconsin School Nurses and the COVID-19 Pandemic***

**Date:** May 11th, 2022

**Time:** 3:00-4:00 pm

Join Zoom Meeting

<https://us02web.zoom.us/j/87328154034>

Meeting ID: 873 2815 4034

Or, if you need to participate by phone, dial: +1 312 626 6799 US (Chicago)

And use Meeting ID: 873 2815 4034

Join us as we celebrate a group of healthcare professionals who have worked tirelessly and unceremoniously for the past two years to keep hundreds of thousands of Wisconsinites healthy and ready to learn. We invite you “behind the scenes” into the health rooms of eleven Wisconsin schools. Through words and photographs, this webinar will shine a light on the remarkable and often invisible work of school nurses and provide the public with a better understanding of the physical and emotional toll the pandemic has had on school nurses.

To learn more about ***A Day in the Life: A Photo Essay of the Wisconsin School Nurses and the COVID-19 Pandemic*** project, visit: <https://www.wischoolnurses.org/a-day-in-the-life>

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