



School Nurse UPDATE

#3 October 19, 2023

FEATURED STORIES

PRACTICE POINTS –
Defining Delegated Act

LGBTQ+ Student Support
Modules (DPI News)

Report on Immunizations
(DHS News)

Vision Screening
Workshop (p. 16)

Fall Vaccine Chart (p. 12)

SAVE THE DATES

DPI Consultant Office
hours 11/14/23 2:00-
2:45 PM

DiSH Session 11/15/2023
3:00-4:00 PM

Human Trafficking
Epidemic - Webinar
Series Starts 11/18/2023
7:00 - 8:15 PM [Registration](#)
is FREE

Greetings!

Included as an attachment to this newsletter is a recent issue brief outlining the authority of the Governor and other state and local officials to address the control and suppression of communicable diseases. I thought this information would be of interest to school nurses and possibly school officials. I note to control outbreaks and epidemics, the Department of Health Services (DHS) may close schools and forbid public gatherings. School districts should seek their own legal counsel regarding anything addressed in this issue brief.

Periodically the Student Services/Prevention Wellness Team at DPI shares program updates covering the broad spectrum of my team's work. The Fall 2023 Update is attached to this newsletter.

Those that joined the consultant office hours October 10th heard special education consultants describe the survey they are currently conducting to obtain feedback for DPI's Statewide Support for Continuous Improvement. Please see the link and more information under DPI News (p.6). Those attending office hours also heard me share that the Board of Nursing is considering revisions to [Chapter N6](#) to alter the definition of "delegated act." Practice Points discusses the Board's deliberations and DPI's advocacy.

I've included an article on how school principals explain their role (p.16). Perhaps we can learn from it. DPI News contain much information regarding our advocacy for students.

I am preparing for DPI's New School Nurse Orientation next week. I look forward to meeting those nurses new to our specialty! The next newsletter will be published the week before Thanksgiving. Wow!

Louise

DPI News



New School Nursing/Health Services Resources

Updates on the [Asthma Chronic disease webpage](#) include:

- American Lung Association: [Asthma Basics](#) and [Asthma Basics en Español](#).
- American Lung Association: [Responding to Asthma Emergencies in Schools](#)
- American Lung Association: [First Aid for Asthma](#)

The optional quiz on the [opioid antagonist training resources webpage](#) was revised to reflect the multiple and varied training programs approved for use to train school staff to administer opioid antagonists via nasal or auto-injector routes.

A new Opioid and Fentanyl resource was added on the [Resources and Publications webpage](#).
[Fentanyl and Opioids: Preventing Overdoses and Related Emergencies at K-12 and Higher Education Campuses](#)

How We Can Save Lives

An open letter from State Superintendent Dr. Jill Underly to the residents of Wisconsin. [Link to letter](#).

Mitigating Trauma in School Safety Drills

School lockdowns and safety drills are important components of safety planning. This 75-minute recorded webinar provides guidance on factors school administrators and staff must take into account when planning for and conducting drills. Unique considerations within the school environment, including protecting both physical and psychological safety, are discussed. Resources for safety planning are shared.

[Watch the video](#)

Passcode: T*dOd9@3

You can always find these courses as well as other school safety training opportunities on DOJ's website:

<https://www.doj.state.wi.us/office-school-safety/training-opportunities>

*From the open letter...
The truth is, we do have an ideology as educators – it is the deep-seated belief in the worth and value of our students, in the charge we have to ensure their safety and their growth, in the knowledge they are the future leaders of our world and the hope that we are preparing them well for that role.*

DPI News

New Online LGBTQ+ Student Support Module Series

LGBTQ+ (lesbian, gay, bisexual, transgender, and queer/questioning) students, and Black, Indigenous, and People of Color (BIPOC) students, and especially those students who live at the intersection of those identities, experience significant disparities compared to their peers. The latest national and state data show a mental health crisis as a result of a lack of support for these students.

The Wisconsin Department of Public Instruction has created new, short videos which focus on key areas for increasing LGBTQ+ student support knowledge. Developed by DPI staff in collaboration with GSAFE, each module addresses a frequently requested topic. Individuals or groups can utilize these modules for staff professional development, to watch together or separately and then discuss individual learning, also as a support to wearing an Out for Safe Schools badge.

Out for Safe Schools badges are:

- A way to identify an adult ready to talk about LGBTQ+ issues
- A source of information for adults and youth
- The size of an employee or student ID to be worn on a lanyard
- Free and can be requested [by contacting the DPI via email](#)

The newly-available modules cover LGBTQ+ concepts, YRBS data, best practices, and more. These short modules are encouraged for staff viewing and discussion for wearing the badges.

Basic Concepts

[This module](#) focuses on big concepts and some vocabulary, but mostly concepts. These are basic building blocks to understanding LGBTQ+ students and their identities. This module will also cover how to ask questions when you don't understand the terms and concepts being shared or discussed.

Best Practices

[This module](#) discusses simple, proven ways to support LGBTQ+ students. These best practices are based on their presence aligning with better outcomes for students. This module will also include a few approaches to avoid.



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These short modules are encouraged for staff viewing and discussion for wearing the badges.

DPI News

DPI's Mandatory Training Undergoing Revamping

Deputy State Superintendent Dr. John Johnson sent out a District Administrator email regarding the newly redesigned Mandatory Reporter Training.

*This new training has generated important conversations and feedback from stakeholders. In response, **we are revamping the updated training** content. We are committed to working quickly on the training content while ensuring stakeholders have time for review and input. We hope to have the revamped training available early in 2024. In the meantime, we have now **posted the prior version** of the training alongside the updated training on the [Child Abuse and Neglect Training webpage](#) to **provide local school leaders with choice** for training new staff in the interim. **You do not need to make staff retrain** and the department will produce a memo detailing the changes made to the training for those who took the training previously.*

BACKGROUND

The revamped training, which is designed to equip school staff with current research and guidance in reducing harm and improving the quality of reports, will be streamlined to reduce the overall completion time, provide more clarity on the responsibility to report when there is reasonable cause and the right and wrong times to ask follow-up questions of students and caregivers, and how to respond to resource needs in partnership with families.

Guidance on effective practices in mandated reporting is shifting nationally. Research and lived experience highlight the harm caused to children, families, and our systems due to the overreporting of concerns when no reasonable cause to suspect child maltreatment is present. Child protective services (CPS) involvement is not benign, and unwarranted reports can have traumatic impacts on children and families. In Wisconsin and nationally, this overreporting disproportionately impacts Black and Indigenous families, furthering their disproportionate involvement in all aspects of the child welfare system. We all have an obligation to promote effective systems that reduce harm and improve the system's ability to serve the families who need it most.

Thank you for your attention to this important training, and to all of you who have provided valuable feedback.

If you have any questions about the specifics of the training, please contact Julie Incitti, Student Services, Prevention and Wellness School Social Work Consultant at julie.incitti@dpi.wi.gov.



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DPI News

DPI School Nurse Consultant Provides Testimony on Proposed Glucagon Statute

On October 4, 2023, Louise Wilson, DPI's School Nurse/Health Services Consultant, provided public testimony to the Senate Health Committee regarding proposed [SB 447](#). This proposed legislation would allow physicians, advanced practice nurse prescribers, and physician assistants to provide prescriptions and standing orders for glucagon to public, private, and tribal schools. It also allows a pharmacist to fill a prescription for glucagon written in the name of a school.

Under the bill, the governing body of a school may maintain a supply of a glucagon. The governing body of a school may authorize school personnel to administer the glucagon to a pupil on school premises or at a school-sponsored activity if the pupil's prescribed glucagon is not available on-site or has expired. In addition, a school and its school personnel, and a physician, an advanced practice nurse prescriber, or a physician assistant who provides a prescription or standing order to a school for a glucagon are not liable for any injury that results from the administration of the glucagon unless the injury is the result of an act or omission that constitutes gross negligence or willful or wanton misconduct.

To promote consistency, limit confusion at the local level, and improve care for students, DPI recommends aligning the statutes across the various medications used in emergency situations. DPI suggested that SB 447 would be clearer if it explicitly stated what training, if any, is required for school personnel to be authorized to administer the undesignated glucagon. In addition to this legislation, DPI supports legislation to remove barriers to stocking albuterol inhalers and opioid antagonists by adding and aligning the current medication statutes to include albuterol inhalers and opioid antagonists to the statutory list of substances schools are authorized to stock and administer.

DPI Awards \$1.1M to Schools To Help Raise Awareness, Reduce Student Use of Alcohol, Drugs, and Tobacco

The Wisconsin Department of Public Instruction [announced today](#) grants totaling over \$1.1 million have been awarded to help reduce or prevent the use of alcohol, tobacco, opioids, and other drugs among students.

The two competitive grants, the state-funded Alcohol and Other Drug Abuse Grant Program and the Opioid Prevention Grant Program, were provided to public school districts, private schools, and consortia in partnership with the Wisconsin Department of Health Services.

Through the AODA Grant Program, \$907,978 was awarded to 46 projects serving students in 63 school districts, including four consortia. Funding through the program aims to help schools teach skills and provide essential content knowledge aimed at preventing the use of alcohol, tobacco, and other drug use. Grant funding through the program is eligible to be renewed through the 2024-25 school year. Through the Opioid Prevention Grant Program, \$250,000 in funding was allocated to 23 school districts and private schools to support new or existing substance use prevention programs that are supplemented with knowledge and skills specific to opioid prevention.

Visit the DPI's website for more information on [the AODA Grant Program](#) and [the Opioid Prevention Grant Program](#). A list of those receiving grant funding is available upon request. This item is available [on the news release page of the DPI's website](#).

DPI News



Wisconsin DPI Statewide Support for Continuous Improvement

Wisconsin Department of Public Instruction (DPI) mission is to advance equitable, transformative, and sustainable educational experiences that develop learners, schools, libraries, and communities in Wisconsin. Districts and schools are identified for improvement based on several factors-low graduation rates, low student outcomes, low outcomes for specific student groups. When these identifications occur, districts and/or schools are required to engage in continuous improvement activities.

Wisconsin DPI provides funding and resources to support schools and districts with developing and implementing their continuous improvement activities.

DPI wants to hear from you, a valued stakeholder, on what schools and districts need to reach our vision of “Engaged learners creating a better Wisconsin together.” The information you provide will be included in a report to the Wisconsin DPI Office of State Superintendent to inform DPI on how best to advance equitable, transformative, and sustainable educational experiences that develop learners, schools, libraries, and communities in Wisconsin. School nurses and other school staff can [take the online survey by using this link](#). School nurses are suggested to use the category “teacher” and answer questions as applicable. You do not need to answer every question if it does not pertain to your role.

2023 Building the Heart of Successful Schools Conference

Registration is now open for the 2023 Building the Heart of Successful Schools Conference - scheduled for December 7, 2023 with pre-conference sessions on December 6, 2023 at the Glacier Canyon Conference Center - Wilderness Resort in Wisconsin Dells.

For more information see the attached flyer, or visit the conference [webpage: https://www.wishschools.org/resources/BHSS.cfm](https://www.wishschools.org/resources/BHSS.cfm)

Office of Safety (OSS) Advisory Committee eLearning Modules Shared by DPI

Foundations of Targeted Violence Prevention and recorded webinar

The goal of this self-paced course is to educate the public on threatening or potentially concerning behaviors and where to report them. The entire course will take 75 minutes to complete.

Click [here](#) to take the course.

DPI wants to hear from you, a valued stakeholder, on what schools and districts need to reach our vision of “Engaged learners creating a better Wisconsin together.”

DHS News

Confirmed Case of Measles in Wisconsin

DHS has received report of a confirmed a case of measles in a resident of southeast Wisconsin. We are actively coordinating with the City of Milwaukee Health Department and Waukesha County Health and Human Services to identify those who may have been exposed and to implement measures to help prevent others from becoming ill. Please see City of Milwaukee Health Department [news release](#).

Wisconsin Policy Forum Report on Immunizations

The Wisconsin Policy Forum recently published a [report](#)- "State's Immunization Rates Still Depressed"- using 2022-2023 Wisconsin school immunization assessment data. The report includes additional analyses using district-level data from DPI. Specifically, they looked at percentage of students unvaccinated by school size (measured by student enrollment), proportion of non-white students, locale, proportion of economically disadvantaged students, and proportion of students identified as disabled.

See a related article under Miscellaneous.

Syphilis Cases Continue to Rise in Wisconsin-Affecting Babies, Teens, and Adults

DHS is calling on medical providers to increase syphilis screening and testing during pregnancy

The Wisconsin Department of Health Services (DHS) has issued a [memo to health care providers](#) in the state calling for increased awareness and testing for the sexually transmitted infection (STI) syphilis. Recently released 2022 surveillance data show a continued rise in cases in the state. Cases of syphilis increased 19% (1,608 to 1,916) from 2021 to 2022. Among those cases, congenital syphilis increased 81% (16 to 29) during this same time period. By comparison, Wisconsin had an average 0-2 congenital syphilis cases per year in the 2010's.

"These increases from pre-pandemic numbers are concerning, especially the increase in cases of congenital syphilis," said DHS Chief Medical Officer for the Bureau of Communicable Disease and State Epidemiologist Dr. Ryan Westergaard. "Syphilis and congenital syphilis can lead to serious health complications, but they are preventable with simple screening, early detection, and treatment."

[Syphilis](#) is caused by a type of bacteria known as *Treponema pallidum* that is spread through sexual contact. Congenital syphilis occurs when a pregnant person with syphilis passes the infection to their unborn child which can have serious impacts on an unborn baby. Before birth, syphilis can cause miscarriage, premature delivery, or low birth weight. Up to 40% of babies with congenital syphilis may be stillborn or die from the infection. At birth, a baby with a syphilis infection may not have signs or symptoms of disease. However, if the baby does not receive treatment right away, the baby may develop serious problems, such as cataracts, deafness, or seizures, it could also lead to death. Syphilis is treatable with antibiotics.

[View the entire news release.](#)

DHS News



Funding Opportunity for Evidence-based Sexuality Education in Schools

This funding opportunity is to support local education agencies (LEA) in implementing sexual and reproductive health programming for youth in school during the school day. Public, charter, and private schools, local education agencies, and school districts are invited to apply for this funding. Schools may apply individually, or cooperatively as a group of interested schools with one agency serving as fiscal agent. Additionally, organizations which plan to serve schools may apply for these funds (local health departments, non-profits, etc.), but should secure commitment from proposed schools prior to application.

[Learn more and apply](#)

MMWR

High Influenza Incidence and Disease Severity Among Children and Adolescents Aged <18 Years — United States, 2022–23 Season

Flu hospitalizations among children during the 2022–23 flu season were high and occurred early in the season. Few children hospitalized with flu were vaccinated against flu compared to previous seasons.

Summary

What is already known about this topic?

The 2022–23 influenza season began early, coinciding with circulation of other respiratory viruses. High hospitalization rates among children and adolescents were observed.

What is added by this report?

Among children and adolescents aged <18 years, 2022–23 was a high severity influenza season compared with thresholds based on previous seasons' data; influenza-associated medical visits and hospitalizations met or exceeded incidence in previous seasons.

What are the implications for public health practice?

CDC recommends that all persons aged ≥ 6 months without contraindications should receive the annual seasonal influenza vaccine, ideally by the end of October.

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Fall Respiratory Disease Preparation

As fall approaches, it's important to be ready for the respiratory virus season. Typically, during the fall and winter months, the United States experiences a significant increase in respiratory disease cases. [CDC expects this year](#) will be similar to last year in terms of the total number of hospitalizations from COVID-19, Respiratory Syncytial Virus (RSV), and Influenza (Flu). As with last year, the total number of hospitalizations this year is expected to be **higher** than what we as a nation experienced prior to the COVID-19 pandemic.

To help people prepare for respiratory virus season, the CDC has launched a new web-based tool. This tool provides weekly updates on emergency data and preparedness actions. The reports and dashboards offered by the tool focus on the following respiratory diseases: RSV, Flu, and COVID-19. You can access the available data and visualizations by visiting [National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus](#).

Nonpharmaceutical Measures to Keep Students Healthy this Fall

While the fall season will bring increases in respiratory viral illnesses to the school setting, there are several everyday actions that schools can take to help prevent the spread of germs such as:

- Encouraging students and staff to stay home when sick. For [flu](#), CDC recommends that people stay home for at least 24 hours after their fever is gone except to get medical care or other necessities. Fever should be gone without the need to use a fever-reducing medicine. Note that the stay-at-home guidance for COVID-19 may be different. Learn about [some of the similarities and differences between flu and COVID-19](#)
- Reinforcing and teaching students to [cover coughs and sneezes](#)
- Reinforcing and giving opportunities for [proper handwashing](#)

More information on handwashing: [Show Me the Science - How to Wash Your Hands](#).

Influenza Virus (Flu)

A common unwelcome visitor as the cold weather approaches is the flu. While cases are currently low, now is the ideal time to encourage parents to get their children vaccinated. While people of all ages get sick with flu, school-aged children are a group with a high rate of flu illness. Vaccination is the best way to protect against the flu and schools can teach students, parents, and staff about vaccination. To learn more about how schools can support influenza vaccination visit: [Guidance for School Administrators to Help Reduce the Spread of Seasonal Influenza in K-12 Schools](#)

COVID-19

Although COVID-19 is no longer considered a Public Health Emergency, it is still a public health concern. Getting vaccinated against COVID-19 is still the most effective way to protect against COVID-19-related hospitalization, death, and severe illness. Schools can encourage [trust and confidence in COVID-19 vaccines](#) and supply information to parents and caregivers about [vaccination for children](#). CDC recommends that everyone age 5 years and older get 1 updated COVID-19 vaccine, at least two months after getting the last dose of any COVID-19 vaccine. Find the latest COVID-19 vaccination recommendations [here](#).

NASN News

Caring for Students With Allergy and Anaphylaxis

NASN's new [School Nursing Evidence-Based Clinical Practice Guideline \(CPG\): Students with Allergies and Risk for Anaphylaxis](#) provides evidence-based recommendations to assist the school nurse in improving the health and safety of the school-age child with allergies and anaphylaxis. Successfully implementing the guideline can result in improved management of allergen exposure, increased academic success, decreased allergic reactions, and improved mental well-being. NASN's no-cost [Allergy and Anaphylaxis Toolkit](#) can help school nurses implement those recommendations by providing multiple tools, sample forms, and resources.

New NASN Enduring Webinar: Elevating the Role of School Nurses on SBBH Teams

School nurses are frontline healthcare providers in schools and often are the first school professional staff to identify a student with behavioral healthcare concerns, such as stress, anxiety, and depression. School nurses have tremendous potential to work with other school-based behavioral health (SBBH) providers to implement school mental health programs. Learn about the role of school nurses on the SBBH Team. [Complete the free NCPD Program.](#)

Related Resources: Read and share the document, [Elevating the Role of School Nurses in School-Based Mental and Behavioral Health](#), with your school behavioral healthcare teams and school leaders.

WASN News

SAVE THE DATE!



2024 Wisconsin Association of School Nurses
Spring Conference

Monday, April 29-
Wednesday, May 1, 2024

Monona Terrace, Madison, WI

Medscape Nurses

Deadliest Drug Threat Made Deadlier

The widening threat of the animal tranquilizer xylazine, [otherwise known as trang](#), which has been found in illegally manufactured [fentanyl](#), necessitates wider testing, a better understanding of its effects, and more research on treatment options.

"Xylazine is making the deadliest drug threat our country has ever faced, fentanyl, even deadlier," said DEA administrator Anne Milgram, in a statement on the agency's website. "DEA has seized xylazine and fentanyl mixtures in 48 of 50 States. The DEA Laboratory System is reporting that in 2022 approximately 23% of fentanyl powder and 7% of fentanyl pills seized by the DEA contained xylazine." [Read article.](#)



Wisconsin Nurses Association

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

Wisconsin is no exception to the widespread human trafficking epidemic occurring across the United States. Nationally, reports indicate that 88% of survivors come in contact with a health care provider, including nurses, while they are being trafficked. WNA's Anti-Human Trafficking Task Force is proud to offer this 5-part webinar series to increase nurse awareness about this epidemic through education, information, and identification of available resources.

Session 1 of 5
Wednesday, October 18, 2023
7:00 - 8:15 PM






[Registration](#) is FREE - but you must register to receive the link to join. CE Credit will be offered.

Wisconsin is no exception to the widespread human trafficking epidemic occurring across the United States.

Your Local Epidemiologist Blog

[Novavax is here! And an updated 2023 vaccine chart.](#)

By Katelyn Jetelina October 11, 2023

FALL 2023 VACCINES Version: Oct 2023				
	What are the options?	Who is eligible?	How well do they work?	When should I get it?
INFLUENZA	 <p>A shot that targets 4 strains of seasonal flu</p>	6 months and older	Reduces the risk of going to the doctor by 53%	October is ideal, as vaccine protection wanes over a season
COVID-19	 <p>Updated vaccine formula targeting XBB – an Omicron subvariant</p> <p>Options: Moderna and Pfizer (mRNA) or Novavax (protein)</p>	6 months and older	Last year, the fall COVID-19 vaccine provided 40-60% additional effectiveness against severe disease	<p>Protection against severe disease: Get now</p> <p>Protection against infection: Best to get it right before a wave, which can be challenging to time</p> <p>Recently infected? Wait at least 3-4 months</p>
RSV (OLDER ADULTS)	 <p>2 options: GSK and Pfizer. They are slightly different in design, but only at a microscopic level</p>	60 years and older	82-86% efficacy against severe disease	Now; no need to juggle timing as protection is durable
RSV (PREGNANCY)	 <p>Pfizer's vaccine called ABRYSVO</p>	Pregnant people (then protection will pass to baby for protection in first 6 months of life)	82% efficacy in preventing hospitalization in first 3 months of life. 69% efficacy after 6 months	32 to 36 weeks of pregnancy and only during Sept-January
RSV MONOCLONAL ANTIBODY	 <p>This is not a vaccine (doesn't teach the body to make antibodies) but rather a proactive medication (provides antibodies)</p>	All infants <8 months. High-risk infants 8-19 months	Reduces risk of hospitalization and healthcare visits by ~80%	Now. Protection lasts 4-6 months

By: Katelyn Jetelina, MPH PHD and Caitlin Rivers, MPH PHD. For more information go to Your Local Epidemiologist

Asthma and Allergy Network

FDA Delays Epi Nasal Spray Approval; Allergy & Asthma Network Statement

Allergy & Asthma Network is disappointed the U.S. Food and Drug Administration (FDA) has delayed approval of the new epinephrine nasal spray neffy®. The device may not be available to the public until the second half of 2024. When approved, the epinephrine nasal spray would be a new treatment option for people with severe or life-threatening allergies who prefer a needle-free way to treat anaphylaxis. [Read more.](#)



National Center on Safe Supportive Learning Environments (NCSSLE)

Working Well Resource Directory

Today's educational system faces unprecedented challenges brought on by or adjacent to the COVID-19 pandemic. A system-wide focus on workforce well-being has emerged as a key strategy toward restoring stability. The new [Working Well Resource Directory](#) is designed to help districts and schools promote well-being among administrators, teachers, and other staff.

Children's Safety Network

October features many child injury prevention awareness events on topics such as bullying prevention, sudden unexpected infant death prevention, and teen driver safety. Below are some CSN resources on bullying prevention:

- [Exploring the Relationship Between Bullying and Substance Use Webinar Recording](#)
- [Child Safety Data for Bullying Victimization](#)
- [Youth Cyberbullying During the COVID-19 Crisis Blog Post](#)
- [Bullying Prevention: 2020 Resource Guide](#)

Teen driver traffic crashes is another major cause of preventable child injuries and deaths. In 2021, 2,116 young drivers died in traffic crashes, and 203,256 were injured ([National Highway Traffic Safety Administration, 2021](#)). CSN resources on this topic include:

- [Child Safety Data for Unintentional Motor Vehicle Traffic Fatalities](#)
- [Teen Driving Safety: 2022 Resource Guide](#)
- [Teen Driving Safety: Recent Research and Implications for Prevention Webinar Recording](#)

Miscellaneous



[*Courageous Well-Being for Nurses*](#) a newly released book by nurse/psychotherapist/educator, Dr. Donna Gaffney and certified health and wellness coach, Nicole Foster, serves as an invaluable resource for nurses grappling with burnout and seeking ways to enhance their well-being. The authors guide the reader through a comprehensive approach to addressing the formidable challenges that nurses face in this demanding profession.

School Nurses: Best Strategies for Helping Students with Asthma, Allergies and Anaphylaxis

Continuing Education Opportunity for CE

Specifically designed for school nurses, school health coordinators serving Grades K-12

Presented by Sally Schoessler, MEd, BSN, RN, AE-C - School Nurse Educator

- **Gain the experience to confidently manage** asthma, allergy & anaphylaxis emergencies in the school setting.
- Discover the **most effective tools for planning and providing optimal care** for students with complex needs.
- Access a **wealth of free resources to optimize your time** and enhance your ability to care for your students.
- Leave with an **extensive digital resource handbook** complete with protocols, handouts and resources.

One-day online live seminar offered on November 17, November 29 and December 8.

Register now!

https://www.iedseminars.org/topics/school_nursing.cfm?sessionEventFormat=ONL&grade=B

State CEUs and Graduate Credit available - Nursing CEUs available in certain states.

[*Courageous Well-*](#)

[*Being for Nurses a*](#)

newly released book by nurse/psychotherapist/educator, Dr. Donna Gaffney and certified health and wellness coach, Nicole Foster, serves as an invaluable resource for nurses grappling with burnout and seeking ways to enhance their well-being.

Miscellaneous

After Losing 4 Students to Fentanyl, This District Launched an Anti-Overdose Campaign

[Read EducationWeek article.](#)

Wisconsin Public Radio -More Wisconsin kids aren't meeting vaccination requirements. A new report looks at some of the reasons why.

Analysis finds smallest, rural districts have higher rates of students filing personal conviction waivers. Districts with the most low-income families have higher rates of students behind on shots. [Read article.](#)

Achieving Equitable Access to Menstrual Health Care and Products for Adolescents and Young Adults

Many young people who menstruate face financial and material barriers to accessing menstrual products, impacting their health and well-being. While we continue developing the research on menstrual health equity in the U.S., there are strategies decision-makers in education, health and human services, and other sectors can implement to improve equitable access to menstrual health care and products for adolescents and young people.

In a [new issue brief](#) co-authored with No More Secrets Mind Body Spirit Inc., and grounded in research supported by a [PolicyLab pilot grant](#), the [lived experiences of youth who menstruate](#), and the perspectives of community activists, we review the existing literature on adolescent menstrual health and inequities and propose actionable policy and systems recommendations to address these issues, as well as areas for future research.

Understanding Pandemic Telemedicine Experiences for Children with Suspected Autism

With an increase in telehealth visits during the COVID-19 pandemic, Children's Hospital of Philadelphia's PolicyLab team recently published [study results](#) exploring the acceptability of using telehealth for autism spectrum disorder assessments among providers in developmental behavioral pediatrics (DBP) and caregivers of children with suspected autism, as well as telehealth's impact on equity in DBP care. [Read more about the PolicyLab pilot grant.](#)

FDA authorizes Novavax COVID-19 Vaccine, Adjuvanted (2023–2024 Formula) for people age 12 and older; CDC recommends use as authorized

On October 3, 2023, the FDA issued emergency use authorization (EUA) of the updated [Novavax COVID-19 Vaccine, Adjuvanted \(2023–2024 Formula\)](#), for people age 12 and older. The monovalent vaccine was updated to include the spike protein from the SARS-CoV-2 Omicron variant lineage XBB.1.5. Vaccinators should follow instructions provided within [Fact Sheets](#) specific to each COVID-19 vaccine, as well as the guidance in CDC's [Interim Clinical Considerations](#). As part of the October 3 action, Novavax COVID-19 Vaccine, Adjuvanted (Original monovalent) is no longer authorized for use in the United States.

Free COVID-19 Testing Kits

If you're experiencing cold or flu-like symptoms such as coughing, fever, chills, or sore throat, it's time to test for COVID-19. Now, you can place an order to receive four more free COVID-19 testing kits to be delivered directly to your home. [Learn more.](#)

Prevent Blindness

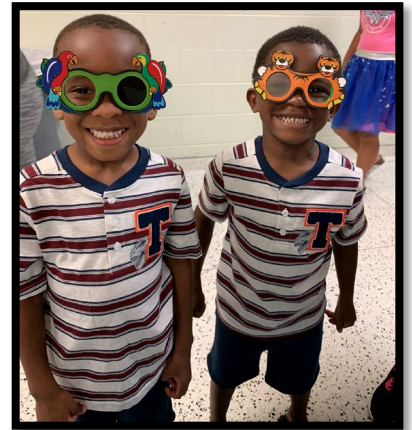
Vision Screening 101 Workshop

All school nurses are welcome! The workshop will be held via Zoom from 9:00-10:00 AM on Friday October 17, 2023.

Prevent Blindness Wisconsin is hosting a Vision Screening 101 Workshop to review the basics of children's vision screenings. This workshop will be 1 hour in length and will cover:

- Starting up/maintaining or modifying your vision screening program
- Basics behind children's vision screenings
- Tips on facilitating school-age vision screening programs
- Overview of vision screening protocol
- Incorporating community assistance with high school/university partnerships
- Follow-up recommendations for referred children
- Access to vision care discussion

To register for this virtual workshop, please [click here](#).



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EducationWeek

What Does a School Principal Do? An Explainer

America's school principals wear a lot of hats. They're instructional leaders, setting a schoolwide vision for teaching and learning. They manage what are essentially small companies, hiring and evaluating staff and completing an array of administrative duties. Most of what goes on inside the building, from shaping the master schedule to sitting in on parent meetings, falls under their purview. [Read article](#).

Practice Points

By Louise Wilson

Defining Delegated Act

I was alerted by public health nurse colleagues working at the Department of Health Services (DHS) that the Wisconsin Board of Nursing (BON) had discussed an [agenda item at their September meeting](#) regarding nursing delegation. I was unaware the BON held their meetings virtually and that the public could attend via the [published links on this website](#). I am grateful to the DHS nurses for alerting me that the BON was proposing changes to the definition of “delegated act.” I am in turn alerting school nurses of the opportunity to monitor these BON meetings and proceedings. I also suggest contacting your [Wisconsin Association of School Nurses \(WASN\) directors and board members](#).

The definition “delegated act” is located in [Chapter N 6 STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES](#). Currently nurses work under this definition: “[Delegated act](#) means acts delegated to a registered nurse or licensed practical nurse.” School nurses have for decades expressed concern for its vagueness. This definition speaks to [medical acts delegated](#) to registered nurses and licensed practical nurses, via medical orders and protocols. This definition provides no direction for medical and nursing acts [registered nurses delegate to licensed practical nurses or less skilled assistants](#).

[Chapter N6.03 \(3\)](#) provides this direction:

- 3) *Supervision and direction of delegated acts. In the supervision and direction of delegated acts an R.N. shall do all of the following:*
- (a) *Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.*
 - (b) *Provide direction and assistance to those supervised.*
 - (c) *Observe and monitor the activities of those supervised.*
 - (d) *Evaluate the effectiveness of acts performed under supervision.*

School nurses have long sought language in statute that makes it clear that of the nursing process steps outlined in [Chapter N 6.03\(1\)](#), only the step of **intervention** is delegated. The nursing process steps of **assessment, planning and evaluation** remain the responsibility and under the authority of the delegating registered nurse.

*School nurses have long sought language in statute that makes it clear that of the nursing process steps outlined in Chapter N 6.03(1), only the step of **intervention** is delegated. The nursing process steps of **assessment, planning and evaluation** remain the responsibility and under the authority of the delegating registered nurse.*

This was the proposed language at the September 14, 2023 meeting. (5) “Delegated act” means acts delegated to a registered nurse or licensed practical nurse [or acts delegated by registered nurse or licensed practical nurse to eligible staff of certified facilities who have received the appropriate training and education required to perform the delegated act.](#)

The DHS public health nurses alerted me as they knew as the DPI consultant, I would have issues with the proposed definition covering those in “certified facilities.” School nurses and public health nurses do not practice nursing in “certified facilities.” We also share a deep concern for fundamentally changing the scope and practice of licensed practical nurses by stating they have the authority to delegate nursing care to less skilled assistants.

With the support of DPI, I registered and spoke at the October 12, 2023 BON meeting. If you scroll to page 75 of [the agenda](#) you will see what the BON was discussing or proposing at that meeting. Below is what I read to the BON and members of the public in attendance at the October meeting based upon my concerns with the September wording.

The Wisconsin Department of Public Instruction (DPI) recognizes the authority of the Board of Nursing to regulate the practice of professional and licensed practical nursing. The Wisconsin Department of Public Instruction (DPI) supports efforts to clarify nursing delegation as it applies to non-clinical settings. The practice of both professional and licensed practical nursing is not bound by setting or facility. Nursing care is not just provided in regulated entities. All registered and licensed practical nurses are required to practice to the same standards no matter the setting in which nursing care occurs. This includes schools and the community. The board of nursing promulgates rules for nursing in “regulated settings,” and non-regulated settings such as schools, and the community.

Because school nurses work in an educational setting and not a traditional health care setting clear and concise language is important in explaining the practice of nursing to school administrators. Otherwise searching and comparing numerous statutes is required.

The school medication administration statute ([Wis. Stat. §118.29](#)) allows a school bus operator and any employee or volunteer of a school or governing board who has been authorized by the administrator or principal of the governing body to administer nonprescription and prescription medications to students without delegation or supervision by a registered nurse. Therefore, DPI’s concern with delegation is related to the numerous and varied medical and nursing procedures required by students to attend school and benefit from their education.

Delegation of nursing tasks to unlicensed assistive personnel requires thoughtful decision making in any setting, but especially in schools. Nursing tasks commonly performed in the home setting by a student, parent, caregiver, or licensed healthcare provider take on a more complex dimension in the school setting. The health, safety, and wellbeing of the individual student and the broader school community must be the primary consideration in any decision to delegate care in the school setting.

According to [Chapter 441.001\(4\)\(d\)](#) registered nurses are responsible for the “supervision and direction of licensed practical nurses and less skilled assistants.” School staff (teacher assistants, secretaries, classroom teachers, and school administrators) are the less skilled assistants being used in schools to provide nursing interventions such as urinary catheterizations, tube feedings, diabetes management, oral and tracheostomy suctioning, dressing changes, oxygen therapy, insertion of dislodged gastrostomy tubes, peripheral arterial line maintenance, peritoneal dialysis, and care plan development.

The DPI urges the Board of Nursing to include in the definition of “delegated act” that proper **training and supervision** is required. A clear statement that nursing **interventions** may be delegated but that nursing **assessment, planning, and evaluation** are nursing process steps that may not be delegated to less skilled assistants is needed. The health and safety of students are in jeopardy when the definition of delegation does not support these principles.



The DPI supports wording that “delegated acts” not only mean acts delegated to a registered nurse or licensed practical nurse (for which there are protocols or written or verbal orders), but also those acts delegated by a registered nurse to licensed practical nurses and less skilled assistants. The statement should be clear that licensed practical nurses do not delegate care to less skilled assistants.

Providers writing medical orders for students include a variety of prescribers. This includes physician assistants and advanced practice nurse providers. Including all prescribers is advisable to support the health care of students. Registered nurses then might delegate the **intervention** piece of the delegated medical act to less skilled assistants, but not **the assessment, planning, and evaluation** pieces.

Creating concise and clear language regarding delegation in all settings including those non-clinical setting is critical to safeguard the practice of nursing and most importantly ensure the safety of the public. For school nurses this public are Wisconsin’s school children and adolescents.

Prior to the board meeting I shared background information with board members regarding the uniqueness of the school setting. I shared that most school nurses are not supervised by a registered nurse but instead an administrator whose managerial understanding of delegation precludes an understanding of nursing delegation.

After speaking with the BON, I shared additional comments regarding how changing the scope and practice of licensed practical nurses (LPNs) would affect school children. Currently LPNs practice “basic” nursing care under their practical nurse license. LPNs are educated and determined competent (per testing) to perform “basic” nursing care. The nursing care provided in schools and other non-clinical settings often involves “complex patient situations.”

Creating concise and clear language regarding delegation in all settings including those non-clinical setting is critical to safeguard the practice of nursing and most importantly ensure the safety of the public. For school nurses this public are Wisconsin’s school children and adolescents.

It has been over a decade since the BON has looked at nursing delegation. In 2012 I was president of the WASN and testified before the BON seeking clarification for nursing delegation in the school setting. No action was taken to clarify nursing delegation at that time. Instead, the BON voted to remove a White Paper that created more confusion than clarity. The WASN continues to be involved in this work. Since 2017 I have moved my advocacy from WASN to the DPI.

As the DPI state school nurse/health services consultant I will continue to seek clarification in the definition of nursing delegation to address the unauthorized practice of professional nursing and protect students. Additionally, I will urge the BON to consider all the implications of the language used in the statutes and rules.

Delegation in the school setting is likely the number one concern of school nurses. As I continue to advocate, I suggest school nurses individually and collectively also do so.

It has been over a decade since the BON has looked at nursing delegation.

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Learning and Support
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(608) 266-8857
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State and Local Authority to Control Communicable Diseases

Prepared by: Margit Kelley, Principal Attorney

This issue brief outlines the authority of the Governor and other state and local officials to address the control and suppression of communicable diseases.

THE GOVERNOR

The Governor may issue an executive order declaring a state of emergency related to public health. All of the following apply to this authority:

- An order may not exceed 60 days. [s. [323.10](#), Stats.]
- The Legislature may revoke or extend a state of emergency by joint resolution. [*Id.*]
- The Governor may designate the Department of Health Services (DHS) as the lead state agency to respond to an emergency. [*Id.*]
- The Governor lacks statutory authority to issue multiple declarations of emergency based on the same condition that enabled the initial declaration. [*Fabick v. Evers*, 2021 WI 28.¹]
- During a state of emergency, the Governor may take a number of actions, including activating the National Guard, and suspending an administrative rule if strict compliance would prevent, hinder, or delay response. [ss. [321.39\(1\)\(a\) 3.](#) and [323.12\(3\)](#) and [\(4\)](#), Stats.]

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DHS has general authority to control communicable diseases, regardless of whether a state of emergency has been declared.² DHS may exercise its authority in accordance with all of the following:

- DHS may authorize and implement all emergency measures necessary to control communicable diseases. [s. [252.02\(6\)](#), Stats.]
- To control outbreaks and epidemics, DHS may close schools and forbid public gatherings. [s. [252.02\(3\)](#), Stats.]
- DHS may issue orders for the control and suppression of communicable diseases. An order supersedes conflicting or less stringent local regulations. [s. [252.02\(4\)](#), Stats.]
- To be valid, a general order of general application must be promulgated as an administrative rule, except with respect to a provision to close schools. The authority to implement “all emergency measures” is not an open-ended grant of powers. [*Legislature v. Palm*, 2020 WI 42.³] Likewise, a building capacity limit must be promulgated as an administrative rule. [*Tavern League v. Palm*, 2021 WI 33.⁴]
- During a declared state of emergency, DHS may isolate a patient or quarantine individual contacts. Also, during a declared state of emergency, DHS may order an individual to receive a vaccination, unless the vaccination is reasonably likely to lead to serious harm to the individual or the individual refuses the vaccination for reasons of religion or conscience. [ss. [252.041](#) and [252.06](#), Stats.; and s. [DHS 145.06](#), Wis. Adm. Code.]

LOCAL UNIT OF GOVERNMENT

A city, village, town, or county may declare an emergency by ordinance or resolution, in accordance with all of the following:

- The period of the emergency is limited to the time during which the emergency conditions exist or are likely to exist. [s. [323.11](#), Stats.]
- During a period of emergency, the local governmental unit may take a number of actions, including ordering, by ordinance or resolution, whatever is necessary and expedient for health, safety, protection, and welfare. [s. [323.14\(3\)](#) and [\(4\)](#), Stats.]

LOCAL HEALTH OFFICER

A local health officer has general authority to control communicable diseases, regardless of whether a state of emergency has been declared. A local health officer may exercise authority in accordance with all of the following:

- A local health officer must promptly take all measures necessary to prevent, suppress, and control communicable diseases. [s. [252.03\(1\)](#), Stats.]
- A local health officer may do what is reasonable and necessary for the prevention and suppression of disease and may forbid public gatherings when necessary to control outbreaks or epidemics. [s. [252.03\(2\)](#), Stats.]
- A local health officer may take the actions in the two previous bullet points by issuing a public health order. [*Becker v. Dane County*, 2022 WI 63.]
- A mandate to close any businesses may not exceed 30 days and may not distinguish between essential and nonessential businesses. The governing body of a city, village, town, or county may extend the order by up to 30 days. [s. [252.03\(2j\)](#), created by [2023 Wisconsin Act 12](#).]
- A local health officer may not close schools or restrict or prohibit in-person instruction. [*James v. Heinrich*, 2021 WI 58.]
- A local health officer must immediately quarantine, isolate, require restrictions, or take other measures to control a communicable disease in the manner specified by DHS by rule. [s. [252.06\(3\)](#), Stats.; and s. [DHS 145.06](#), Wis. Adm. Code.]
- A local health officer must follow the methods of control set out in official reports of the American Public Health Association and the American Academy of Pediatrics, unless specified otherwise by the state epidemiologist. The methods of control typically adhere to Centers for Disease Control and Prevention (CDC) recommendations. [s. [DHS 145.05\(2\)](#), Wis. Adm. Code.]

SCHOOL BOARD

A school board has broad authority to manage the affairs of schools within the district and may set policies for the health and safety of students and staff on school property. For example, a school board may establish a policy regarding the use of face coverings or masks and a protocol in the event of disease exposure. A policy or protocol would be subject to any state orders or administrative rules or local orders as outlined above. [ss. [118.001](#), [120.12\(1\)](#) and [\(2\)](#), and [120.13\(1\)\(a\)](#), Stats.]

¹ For a brief discussion of the decision, see Legislative Council, *Fabick v. Evers*, Issue Brief (April 2021).

² In addition to the actions outlined above, DHS is statutorily obligated to oversee a student immunization program as part of the state's efforts to eliminate certain diseases. For a brief description of those requirements, see Legislative Council, *Student Immunization Program*, Issue Brief (January 2022).

³ For a brief discussion of the decision, see Legislative Council, *Wisconsin Legislature v. Palm*, Issue Brief (May 2020).

⁴ For a brief discussion of the decision, see Legislative Council, *Capacity Limits After Tavern League v. Palm*, Issue Brief (April 2021).



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Student Services/Prevention and Wellness Team Fall 2023 Updates

Staffing

The following staff joined the Student Services/Prevention and Wellness (SSPW) team or changed positions:

- Michael Morgen - Education Consultant/School Safety, Driver Education, AODA
- Hafsa Mohamed - Grants Specialist
- John Bowser - Research and Evaluation Consultant
- Casie Sulzle - Research and Evaluation Consultant/Youth Risk Behavior Survey (YRBS) Coordinator

Funding Opportunities

Department of Public Instruction (DPI) Competitive Grant Inventory

All current and future competitive grant opportunities available through the Department of Public Instruction are listed on DPI's [Competitive Grant Inventory website](#).

Stronger Connections Grant Competition

The Bipartisan Safer Communities Act (BSCA) was signed into law by President Biden on June 25, 2022. The Wisconsin Department of Public Instruction (WDPI) was allocated \$12.5 million to administer a BSCA Stronger Connections competitive grant to high-need Local Education Agencies (LEAs) to support safe and healthy students under [section 4108 of the ESEA](#).

The Stronger Connections Grant Competition is now open for eligible high need LEAs and *is due to DPI by 4:00 p.m. on Wednesday, November 15th*. The grant application, guidance document, rubric, list of eligible high-need LEAs, and equitable services for private school materials are now available on the [Stronger Connections Grant website](#).

Alcohol and Drug Abuse (AODA) Student Mini-Grant

The Department of Public Instruction's Student Services/Prevention and Wellness Team is pleased to announce the 35th Annual Student Alcohol and Other Drug Abuse (AODA) Mini-Grant competition. Student mini-grants fund prevention and wellness projects targeting AODA and other youth risk behaviors (use of commercial tobacco and vaping,



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violence, bullying, suicide, alcohol traffic safety, and sexual risk behaviors) developed by students for students. Each funded project may be awarded up to \$1,000.

Applications are *due to DPI electronically by 4:00 p.m. on Wednesday, October 11, 2023*. The application and additional information can be found on the [Student AODA Mini-Grant Program website](#).

Peer-to-Peer Suicide Prevention Grant

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

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

Please see the [Peer-to-Peer Suicide Prevention Grant website](#) for the application and additional information. *Applications must be submitted by 4:00 p.m. on Wednesday, October 4th, 2023*. A second round of grant applications will be available in late fall with a detailed timeline posted on the webpage. Grant-related questions can be directed to: peertopeer@dpi.wi.gov.

School-Based Mental Health Services (SBMHS) State Funding

In the 2023-2025 State Budget, Act 19 changed how funds are distributed under the SBMHS Grant program, from a competition to a per pupil allocation to all school districts and Independent Charter Schools (ICSs). Grant amounts are calculated using current year revenue limit membership for school districts and current year enrollment for ICSs. Under Act 19, funding for SBMHS allocations is \$25,000,000 in Fiscal Year 2024 and in Fiscal Year 2025, a \$15,000,000 increase from Fiscal Year 2023 base funding. This is a one-time increase, meaning the base funding for the 2025-27 biennium will revert to \$10,000,000.



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The Legislative Fiscal Bureau estimated that the funding under Act 19 will provide about \$31 per pupil, based on 2022-23 revenue limit membership and ICSs enrollments. Given that funds will be distributed on a per pupil basis to all school districts and ICS based on current year revenue limit membership for school districts and current year enrollment for ICS, the aid payments in fiscal year 2024 and fiscal year 2025 will depend on actual enrollments.

DPI will provide school districts and ICS with estimated allocations for the current school year by December 1 and finalized allocations by the fourth Monday in March, when Per Pupil Aid is paid to school districts; final aid payments will be distributed by June 30. Additional information can be found on the [School-Based Mental Health Services State Funding website](#).

Aid for Mental Health Programs

Claim forms are due to DPI in the spring each year and can be found on the [Aid for School Mental Health Programs website](#). This program provides partial reimbursement to eligible school districts, private schools, and independent charter schools for salary and fringe benefits paid to employ, hire, or retain licensed social workers or the costs to contract for the services of a social worker when the eligible entity increased in its expenditures in the prior school year compared to the immediately preceding school year.

Training and Resources

2023 Building the Heart of Successful Schools Conference

The 2023 Building the Heart of Successful Schools (BHSS) Conference will be held December 7, 2022. Preconferences will be held on December 6, 2023. Registration and brochure are available on the [WISH Building the Heart of Successful Schools Conference website](#).

New Anti-Human Trafficking Training Opportunities

DPI's partnership with the Department of Children and Families continues in the area of anti-human trafficking. This year, based on feedback from the field, we are offering a session that focuses on the exploitation of boys and young men, and a session on virtual/web-based solicitation and exploitation. Thanks to funding provided by DCF, these trainings continue to be free, however you must register. We are not able to record these trainings, so please find a time that works for you and commit to attending.



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[2023-2024 Human Trafficking Trainings - Dates, Times, and Registration](#)

New School Social Worker Resource Sharing Sessions - Ask Questions, Find Resources!

This is an opportunity geared towards individuals new or fairly new, to the field of school social work - all school social workers are welcome. Drop in to chat about resources available through DPI, ask practice questions, and get support from the state's school social work consultant and special guests. General session topics are provided, however discussions may stray from the topic. This is not a training and does not supplant coursework from a university program, but instead it is another place to ask questions and learn about state and national resources. These sessions will not be recorded, however resources shared will be added to the webpage.

These sessions are drop-in and no registration is needed.

- *Cost:* Free
- *Time:* 1- 2 pm
- [2023-24 Dates, Topics, and Links to Join Sessions](#)
- [Session Handouts](#)

Best Practice Considerations for Emerging Professionals: School Social Worker - One Year License with Stipulations (Tier I)

The [Best Practice Considerations for Emerging Professionals](#) document outlines considerations for professionals with a Tier 1 -One Year License with Stipulations. These professionals have not completed the requirements for a regular Tier II Provisional license and need additional support in their roles. They have not yet demonstrated complete knowledge or skill in the standards and competencies required of school social workers.

Results of the 2022 School Social Work Survey Now Available

School social workers possess diverse knowledge and skills to improve educational outcomes for students. Results of the Wisconsin School Social Worker Survey are used to help describe school social work practice in Wisconsin. This information can be helpful for district officials who wish to compare their school social work services to those in other Wisconsin school districts or are considering adding school social work services to better support students.

[Longitudinal Analysis of School Social Work Practice in Wisconsin \(1998-2022\)](#)



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New School Counselor Orientation

The New to the Field School Counselor Orientation is an opportunity to learn and dialogue about important school counseling topics and best practices, network with other professionals new to the school counseling role in the last year or two, discover available resources and supports, and connect with the state school counseling consultant. Topics covered by the DPI school counseling consultant and guest speakers include: Suicide Prevention, ASCA National Model, Supporting LGBTQ+ Students, Social Emotional Learning, Compassion Resilience, Career Readiness - elementary through high school, Resource Deep Dive, Classroom management tips, and an opportunity to get answers to your most pressing questions from our professional panel. Join the learning and conversation and get support in your new role because we all know that learning it is different than living it!

- Wednesday, November 1st, 2023
- WSCA Preconference Full-Day Session: 9:30 am – 4:30 pm, lunch included
- Kalahari Resort, Wisconsin Dells

[WSCA Preconference Workshops Website](#)

New School Nurse Orientation

[Registration](#) is now open for the New School Nurse Orientation on October 24-25, 2023 at the Kalahari in Wisconsin Dells. This training is for those nurses who will be working for the first time in or with a school district. It is appropriate for school nurses who have worked in a school setting zero to three years. Topics that will be covered include guidance on the laws that affect school health, information on IEPs, 504's, school health records, and delegation in the school setting.

Bloodborne Pathogen (BBP) Training Updated

The [bloodborne pathogen training module](#) has been updated. Beginning the 2023-24 school year, participants will have the opportunity to both print out a certificate of successful completion of the training module in addition to sending an email to the school administrator.

DPI School Nurse/Health Services Consultant Holds Office Hours

Starting September 12, 2023, the state consultant will hold monthly office hours for school nurses to hear updated information and to network with other school nurses throughout the state. For a list of the dates refer to the [#1 DPI School Nurse Update](#)



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newsletter. To subscribe to these newsletters or receive information regarding school health services contact Louise Wilson: louise.wilson@dpi.wi.gov.

Updated COVID-19 and Pandemic Webpages

DPI's [COVID-19](#) and [pandemic](#) webpages have been updated. There is no COVID-19-specific guidance document listed for the coming school year. The Center for Disease Control and Prevention (CDC's) webpage, last updated in May, is referenced.

DPI's [COVID website](#) reflects information specific to COVID-19 post pandemic, including information on Long COVID, a complication of infection with the SARs -CoV2 virus. Use of particular resources and mitigation strategies may be based upon local decisions and circulation levels of the virus. Some resources such as isolation room considerations, may be used in the event of any highly contagious respiratory germ. Infection control and mitigation is moving away from pathogen specific to mode of transmission prevention strategies.

Youth Risk Behavior Survey (YRBS)

The YRBS is part of a national effort by the Centers for Disease Control and Prevention (CDC) to monitor health-risk behaviors. The survey is available to all schools throughout the state and is administered to students in sixth to twelfth grades and helps the state and local communities monitor trends in youth health and risk behaviors. Knowing which healthy behaviors and which risk behaviors are on the rise helps schools and communities create more effective policies and programs to promote health enhancing behaviors.

If you have not had the opportunity to review the 2021 YRBS statewide data and summary report, please visit the [YRBS website](#). These figures highlight the need for us to continue collecting YRBS data so we can identify how these challenges change over time and devote more attention to our most at-risk students.

Thank you to the schools who participated in the 2023 YRBS. Administration for the 2023 YRBS concluded in June, and Wisconsin's YRBS data was submitted to the Centers for Disease Control and Prevention (CDC) shortly after survey administration concluded. WDPI is currently awaiting their review and hoping to receive the results soon. The statewide data as well as school and district reports will be made available as



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soon as possible. As soon as the data is available, we will send an email via the YRBS email distribution list.

If you haven't already, please subscribe to the YRBS e-mail list by sending an email to subscribe-wi_yrbs_general@lists.dpi.wi.gov with the word "Subscribe" in the heading. For any questions related to the YRBS, please visit the [YRBS website](#) or contact Casie Sulzle at casie.sulzle@dpi.wi.gov or Denise Kohout at denise.kohout@dpi.wi.gov.

School Health Profiles

Data collection for the 2024 School Health Profiles is set to begin in January.

Approximately 425 schools within Wisconsin will be selected to participate in the 2024 School Health Profiles survey. School Health Profiles contains two surveys: 1) a survey for principals and 2) a survey for lead health teachers. Both surveys are aimed at collecting data regarding current health and wellness programs and policies to inform future policies and to assist with funding allocations. Once WDPI is notified which schools are included in the sample, schools will be notified. If your school is notified and you are a principal or lead health teacher, please complete the survey right away.

Additional information regarding School Health Profiles including the 2022 School Health Profiles results can be found at <https://dpi.wi.gov/sspw/yrbs/school-health-profiles>. For any questions related to School Health Profiles, please contact Casie Sulzle at casie.sulzle@dpi.wi.gov or Denise Kohout at denise.kohout@dpi.wi.gov.

State Grants in Progress

2023-25 Alcohol and Other Drug Abuse (AODA) Program Grant

This two-year grant will be used by public school districts in Wisconsin to provide a myriad of supports and interventions in order to develop and deliver a comprehensive K-12 AODA program. Programming that may be supported by the grant includes: curriculum delivery, staff training, peer-to-peer program support and parent and community activities. Areas which may be addressed by the grant include: AODA, bullying/violence prevention, commercial tobacco/vaping prevention, and Alcohol Traffic Safety. A total of \$907,978 was allocated to 46 projects representing 63 school districts, including five consortium projects. This is a funding rate of 74 percent of the districts seeking funds, totaling 75 percent of the dollars requested by all applicants. Grantees receive first and second year funding of equal amounts for 2023-2025. Supporting documents, forms and resources can be found on the [AODA Program website](#).



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Opioid Prevention Grant

Twenty-three school districts and private schools throughout Wisconsin competed for and received \$250,000 in Opioid Prevention Grant funds. The Opioid Prevention Grant funds were awarded by WDPI, in partnership with the WDHS, and represent a one-time, single-year opportunity for Wisconsin schools.

Federal Grants in Progress

STOP School Violence Grant

The STOP School Violence Grant was funded by the US Department of Justice for \$2 million over three years. The Department of Public Instruction is partnering with CESA 10 in order to implement the TRAIN-WI Project across the southern part of Wisconsin. CESA 10 has already been highly successful in implementing the Trauma Research Awareness for Isolated and New Educators in Rural Wisconsin (TRAIN-WI) Project in the northern part of the state. The TRAIN-WI Project helps educators to gain a comprehensive understanding of trauma through providing training in the Neurosequential Model for Education (NME), developed by Bruce Perry and the Neurosequential Network. The NME training will be offered to nearly 300 school districts and over 1,500 school personnel; in addition, both trainer and advanced trainer certifications are offered. The project's goal is that trainers and advanced trainers are located at CESAs, as well as in large districts, to ensure long-term sustainability and to exponentially increase the number of adults and students benefiting from the program. For more information, please contact Libby Strunz, School Mental Health Consultant, at elizabeth.strunz@dpi.wi.gov.

Title IV, Part B, Nita M. Lowey 21st Century Community Learning Center Grant

Grantees receive a five-year award to provide academic enrichment. More information on the program can be found on the [Nita M. Lowey 21st Century Community Learning Center Grant Program webpage](#).

School-Based Mental Health Professionals Grant

Funded by the U.S. Department of Education for five years through September, 2025. The purpose of this project is to increase the number of school-based mental health service professionals recruited and retained through a multi-faceted approach. The Federal School-Based Mental Health Professionals (SBMHP) Grant Project is using federal funds to expand pathways with contracted University of Wisconsin (UW) programs for aspiring



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school counselors, school psychologists, and school social workers to become licensed school-based mental health professionals with the goal of reducing pupil to pupil service professional ratios. The SBMHP Grant Project is partnering with ten UW pupil services programs: four school social work programs, three school social work programs, and three school counseling programs. This expansion includes using funds to recruit, expand online programming, remove barriers for potential students and assist in placing and retaining licensed professionals in Local Education Agencies (LEAs) with demonstrated need. Project activities will prioritize attracting individuals who reflect the racial and ethnic diversity of the local population of the LEA's community. During the 2023-2024 academic year, the SBMHP Grant Project will be partnering with UW partners to create free virtual field supervision and mentoring modules for pupil services staff to expand school based support for early and new professionals. For more information on the School-Based Mental Health Professionals Project reference the [Federal School-Based Mental Health Professionals Grant Program website](#).

Project AWARE (Advancing Wellness and Resiliency in Education) Grant

A second AWARE grant was funded by Substance Abuse and Mental Health Services Administration (SAMHSA) for \$9 million for five years through 2024. The purposes of this project are to: 1) increase the capacity for schools to respond to onsite mental health crises; 2) increase youth and family voice and authentic engagement; 3) improve cross-system collaboration to improve mental health supports; and 4) increase access/engagement in mental health treatment for children and youth. The focus is on the needs and supports of students, staff, and families in the School District of La Crosse, the Chippewa Falls Area Unified School District, and the Lakeland Area Consortium, comprised of five small school districts: Lac du Flambeau #1, Lakeland Union High School, Minocqua J1, Woodruff J1 and North Lakeland, with project innovations and lessons learned available to all schools state-wide. For more information on AWARE, contact the Project Coordinator, Molly Herrmann at molly.herrmann@dpi.wi.gov.

School Climate Transformation Grant

This grant was awarded by the U.S. Department of Education, through 2023. The purpose of this funding is to improve school climate across the state by increasing capacity to implement Positive Behavioral Interventions and Supports (PBIS) and Screening, Brief Intervention, and Referral to Treatment (SBIRT) at the high school level. PBIS is an implementation framework for maximizing the selection and use of evidence-based prevention and intervention practices along a multi-tiered continuum that supports the



WISCONSIN DEPARTMENT OF **Public Instruction**

academic, social, emotional, and behavioral competence of all students. SBIRT is an efficient, evidence-based, and comprehensive service that addresses selected behavioral health concerns among adolescents (e.g., alcohol/other drug involvement), and is often implemented by pupil services professionals.

Over the course of the project, DPI hopes to support high schools in reaching PBIS fidelity, implementing SBIRT with fidelity, or reaching PBIS fidelity and implementing SBIRT. Participating schools collect Youth Risk Behavior Survey and Department of Education School Climate Survey data from students and staff each year. This data will be used to better understand the impact of implementing SBIRT and PBIS on school climate.

Participating schools receive free training, ongoing coaching/implementation support, and funding. For more information, contact Jess Frain, School Mental Health Consultant at jessica.frain@dpi.wi.gov or check out the Wisconsin Safe and Healthy Schools (WISH) Center's [School SBIRT website](#).

Title IV, Part-A

Districts with a Title I allocation in the previous fiscal year receive a formula allocation to support enhancements in well-rounded education, safe and healthy school environments and effective use of technology. For more information, visit the [Title IV-A website](#). For the Safe and Healthy Students component of this Title, professional development opportunities can be found on the [WISH Center website](#).

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

READINESS AND EMERGENCY MANAGEMENT FOR SCHOOLS TECHNICAL ASSISTANCE CENTER

Introduction

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

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

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

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

Fentanyl is a potent synthetic opioid that is:

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

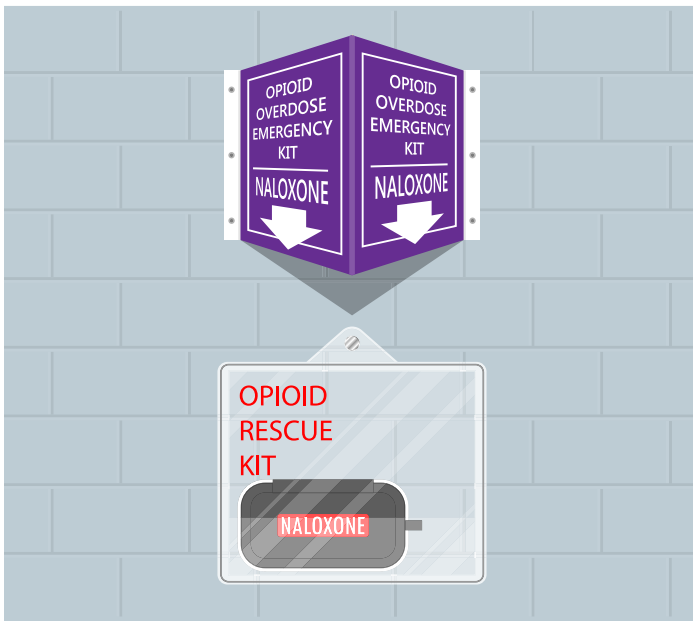
enrollment, prolonged time to graduation, failure to graduate, and even lifelong struggles with addiction.

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

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

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

Naloxone



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

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

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

Naloxone Access

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

CALL 911

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

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

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

Emergency Operations Plans

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

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

Step 1: Form a Collaborative Planning Team

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

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

Step 2: Understand the Situation

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



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

Culture and Climate Assessments

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

Capacity Assessments

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

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

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

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

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

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

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

Step 6: Implement and Maintain the Plan

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

Awareness and Training

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

General Considerations

Policies and Protocols

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

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

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

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

Stigma

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

Resources for Schools

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

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

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

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

Trauma

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



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

Strategies for Specific Roles

Administrators

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

School Nurses and Campus Health Care Providers

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

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

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

Faculty Members and School/Campus Staff Members

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

Parents/Family Members

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

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

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

Students

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



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

Resources

Further Reading – REMS TA Center

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

Training Opportunities – REMS TA Center

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

Further Reading – Fentanyl

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

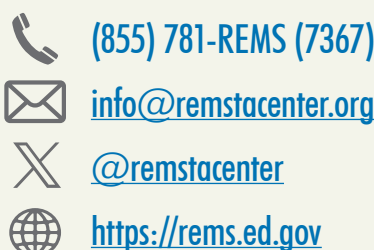
- [One Pill Can Kill](#), Website (U.S. Department of Justice, Drug Enforcement Administration)

Further Reading – Opioid Overdose Prevention

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

Further Reading – Opioid and Other Substance Use Prevention

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



BUILDING THE HEART OF SUCCESSFUL SCHOOLS

Pre-Conference: Wednesday, December 6, 2023

Conference: Thursday, December 7, 2023

Glacier Canyon Conference Center | The Wilderness, Wisconsin Dells, WI

FOR MORE INFO AND TO REGISTER VISIT

WWW.WISHSCHOOLS.ORG/RESOURCES/BHSS.CFM

KEYNOTE SPEAKER - DEREK FRANCIS:

Derek is an experienced licensed school counselor and Executive Director of Equity and School Climate for Minneapolis Public Schools with a passion and focus for proactive and equity-based counseling. Derek is dedicated to showing educators that the work you do as an individual can create a welcoming and inclusive school for all.

Hear Derek share strategies in this year's BHSS keynote session - *Equity In Action* - on how to examine our own unique individual identities and culture we bring into the school setting and its influence on the school community and learn best practices to engage students in equity focused conversations to promote inclusion. Derek Francis will also present a sectional session intended for district, building and school leaders looking for tangible strategies to create a more welcoming and inclusive school climate for students, staff and the community and Derek will facilitate an affinity space at the conference.



PRE-CONFERENCE SESSIONS:

- **Session A: Strategies to Support Youth Struggling with Stress and Anxiety - A multi-tiered approach** | 8:30AM-11:30AM
- **Session B: Behavior Threat Assessment and Management, A Powerful Preventative Opportunity!** | 8:30AM-11:30AM
- **Session C: How to Use Restorative Practices to Support the Mental Health Needs of Staff and Students** | 12:30PM-3:30PM
- **Session D: Calling All Educators to Choose Boldness** | 12:30PM-3:30PM
- **Session E: Building your School-Community Collaboration: Partnerships, Funding and Sustainability** | 12:30PM-3:30PM



**Registration
is Open!**



SCAN FOR CONFERENCE INFO

COST:

In-person pre-conference sessions \$75.00 each

In-person conference \$150.00 per attendee

Recording Access Only - \$75.00 per registration

Conference & Recording Access Only registrants will receive access to recordings of select sessions 1 week after the conference.

HOTEL ACCOMMODATIONS:

Wilderness Resort, Wisconsin Dells. Call 1-800-867-9453 to book your room at special rates for conference attendees. Refer to Leader# 977925. Reserve by November 5, 2023.



Follow for Conference updates @WISHschools

Partnership and funding provided by the Wisconsin Department of Public Instruction.