



School Nurse UPDATE

#7 February 11, 2021

FEATURED STORIES

Greetings!

This has been an exceptionally difficult Update to write as so much regarding vaccinations, school guidance, and mask mandates is rapidly changing. I have tried to pull together the latest information so you have it all in one place, knowing that in a few days (hours?) there will be new information to replace it!

If the governor's most recent emergency order is repealed, it will be important to emphasize the importance of wearing face masks, social distancing, avoiding crowds, and handwashing. Here is a [link](#) to the CDC flyer attached to this Update. CDC has created webpages on [large gatherings](#), [small gatherings](#), [holiday tips](#), and [how to select and use hand sanitizer](#).

Under **DPI News** the current resources available to school nurses/districts regarding vaccination of educators are outlined. This includes a **new resource on logistical considerations for districts planning to host a COVID-19 vaccination clinic onsite**. School districts may have experience with hosting other employee vaccination clinics such as those for influenza vaccination. Planning for a vaccination clinic during the COVID-19 pandemic requires additional considerations.

Also under **DPI News**, please read the important **information regarding data collection and the end of year School Health Services Survey**. A sample of the data points to be collected this year is attached to this Update.

Attached to this Update are select pages from the Wisconsin State Emergency Operations Center's recent situation report to provide readers an **overview of the impact COVID-19 has had on our state**. The graphic of health impact by race and ethnicity clearly depicts the health inequities experienced by our communities of color. This is important information for school nurses to understand and act upon.

Louise

**PRACTICE POINTS –
Keeping Up With COVID
Research**

**New Vaccination Resources
(DPI News p. 2)**

**CDC Updated Websites (p.
4)**

**NASN Conference is Virtual
(p. 6)**

**National School-Based
Health Awareness Month
(p.7)**

SAVE THE DATE

**NASN2021 Conference-
Transforming Student
Health: School Nurses
Leading the Way**
June 24 - June 27, 2021
(preconference June 23, 2021)

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

DPI News

Revised Guidance (Again)

DPI's [Interim COVID-19 Infection Control and Mitigation Measures](#) has been revised (February 5, 2021). The URL link to the document remains the same. The revised document links to the most current version of Wisconsin's [emergency order](#) requiring the (continued) use of face coverings. DPI continues to use recommendations of the Wisconsin Department of Health Services (DHS).

New Guidance Document on Logistical Considerations for Planning Vaccination Clinics

DPI published a [new document](#) on logistical considerations for school districts planning to host COVID-19 vaccination clinics. It is DPI's recommendation that school districts not attempt to become actual vaccinators, but instead make arrangements with a DHS-approved vaccinator to immunize their staff. Arranging for and setting up an onsite clinic might be an option given the scheduling issues surrounding immunizing a large number of educators.

DPI Vaccination Resources

The Department of Public Instruction (DPI) has published the [Vaccination Planning for Educators Checklist](#) designed to assist school district administrators and school nurses prepare for the vaccination of educators. The Department of Health Services (DHS) anticipates educators will be eligible for the vaccine around March 1 (pending Wisconsin's vaccine supply from the federal government). This checklist was developed in consultation with the DHS to assist school districts in coordinating with their local public health departments in vaccination efforts.

In addition, the DPI recently published a non-branded [PowerPoint](#) to be used and adapted by school nurses and school districts to provide general information on COVID-19 vaccines to promote vaccine acceptance. Multiple resources are listed at the end of the PowerPoint that can be used by school nurses and school administrators to increase knowledge about COVID-19 vaccines. It is anticipated that the Centers for Disease Control and Prevention will be publishing a COVID-19 vaccination toolkit for educators that will also be useful for vaccine promotion and planning.



It is DPI's recommendation that school districts not attempt to become actual vaccinators, but instead make arrangements with a DHS-approved vaccinator to immunize their staff.

DPI News



Health Education/Physical Education Consultant Position Open

DPI is currently seeking applicants for a Health Education/Physical Education Consultant position for the Student Services, Prevention and Wellness Team with the Division for Learning Support. This is a full time position and located at 125 South Webster Street in Madison, Wisconsin. The job announcement for the Education Consultant position is posted here:

https://wisc.jobs/public/job_view.asp?annoid=103941&jobid=103455&org=255&class=59480&index=true

Deadline to apply is 2/18/2021.

For questions, contact:

Michael C. Thompson Human Resources Specialist

Department of Public Instruction · michaelc.thompson@dpi.wi.gov · (608) 264-9555

Data Collection 2020-21

The Wisconsin School Health Services Report survey is designed to collect annual school nursing and health services data from each school district in order to develop a cumulative statewide picture of school health services. Recognizing that school nurses' roles and interactions with students this year have varied statewide, the data points being requested on this year's voluntary survey are limited and readily answerable with minimal calculations.

The Wisconsin survey will continue to use data points and definitions in congruence with the National Association of School Nurses' (NASN) Every Student Counts (ESC), so that data collected and shared will support national research efforts. The only chronic health data collected this year will be the number of students with the five particular health conditions tracked by ESC.

A sample of the data points to be included in the 2020-21 survey is attached to this Update. The online survey is expected to be accessible in early May while remaining open until August 15, 2021. More information on the survey and data collection will be shared in future Updates and emails. Please make plans to add your data to support this effort!

Data points collected for the end of year School Health Services Survey will be limited this year. Make plans to add your data to support this effort!

DHS News

Respiratory Report

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

Johnson and Johnson Submitted an Application for EUA

On Friday, February 5th, Janssen Biotech Inc., a division of Johnson and Johnson, submitted an emergency use authorization (EUA) application for a COVID-19 vaccine. The Food and Drug Administration (FDA) is reviewing the application, and will make recommendations to the Commissioner of Food and Drugs on the authorization of the Janssen product after careful review and public deliberation through the Vaccines and Related Biological Products Advisory Committee (VRBPAC). The FDA has scheduled a VRBPAC meeting to discuss this product for February 26, 2021. Background materials, livestream links, and more information will be posted on the FDA's VRBPAC site [here](#).

The full press release from the FDA can be found [here](#).

Further information on the FDA's EUA process is below:

- [COVID-19 Vaccines](#)
- [Emergency Use Authorization for Vaccines Explained](#)
- [Emergency Use Authorization for Vaccines to Prevent COVID-19; Guidance for Industry](#)

CDC

It is anticipated the CDC will be publishing new school specific guidance this week. Links to that guidance will be sent out once published.

CDC Webpages/Resources

[FAQs for Administrators, Teachers, and Parents](#) (2/2/2021)

[Operating schools during COVID-19: CDC's Considerations](#) (2/3/2021)

[Information for School Nurses and Other Healthcare Personnel \(HCP\) Working in Schools and Child Care Settings](#) (2/5/2021)

[Key Things to Know About COVID-19 Vaccines](#) (2/9/2021)

[GETTING SCHOOLS READY FOR IN-PERSON LEARNING: How to Plan and Execute a COVID-19 Mitigation Walkthrough](#)

The [February 05, 2021 Science Update](#) from the Office of the Chief Medical Officer, CDC COVID-19 Response is now available.



CDC has published updated guidance on quarantine after vaccination: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html> This will be reviewed by DHS and any updates to Wisconsin guidance forwarded to subscribers of this newsletter.

Medscape Nurses

[COVID-19 Virus May Prompt Body to Attack Itself](#)

An international team of researchers studying COVID-19 has made a startling and pivotal discovery: The virus appears to cause the body to make weapons to attack its own tissues.

The finding could unlock a number of COVID's clinical mysteries. They include the puzzling collection of symptoms that can come with the infection; the persistence of symptoms in some people for months after they clear the virus, a phenomenon dubbed long COVID; and why some children and adults have a serious inflammatory syndrome, called MIS-C or MIS-A, after their infections.

[CDC: Wear Mask Fitters for Better COVID Protection](#)

CDC officials emphasized the importance of wearing face masks that properly fit the face to slow the spread of the coronavirus. Mask fitters, which are small reusable devices that cinch a cloth or medical mask, can create a tighter fit against the face.

"Fitters have been scientifically demonstrated to improve filtration performance by as much as 90 percent or more," John Brooks, MD, chief medical officer of the CDC's COVID-19 Response, said during a [media briefing](#) with the Infectious Diseases Society of America.

World Faces Around 4000 COVID-19 Variants as Britain Explores Mixed Vaccine Shots

The world faces around 4,000 variants of the virus that causes COVID-19, prompting a race to improve vaccines, Britain said on Thursday, as researchers began to explore mixing doses of the Pfizer and AstraZeneca shots in a world first. [Read more.](#)

US FDA Gearing Up for Rapid Review of Potential COVID-19 Booster Shots

The U.S. Food and Drug Administration is planning a rapid review process for quick turnaround of new COVID-19 booster shots if variants of the coronavirus emerge against which the vaccines do not provide protection. [Read more.](#)

South Africa Puts AstraZeneca Vaccinations on Hold Over Variant Data

South Africa will put on hold use of AstraZeneca's COVID-19 shot in its vaccination program, after data showed it gave minimal protection against mild-to-moderate infection caused by the country's dominant coronavirus variant. [Read more.](#)



... the government would await advice from scientists on how best to proceed, after a trial showed the AstraZeneca vaccine did not significantly reduce the risk of mild or moderate COVID-19 from the 501Y.V2 variant that caused a second wave of infections starting late last year.

NASN News

NASN2021 Will be Virtual Conference

We are very excited about getting together for [NASN2021](#), the National Association of School Nurses' annual event that brings together school nurses and others in the school community. We are ready to gather, to celebrate and to educate how school nurses are Leading the Way in Transforming Student Health.

Our focus as an organization remains on the health and safety of our event participants. Virtual 2020 Annual Conference allowed us to reach more school nurses than ever before. [NASN](#) has made the decision to again offer the Annual Conference in 2021 as a virtual experience. We want all our attendees to have the chance to interact with one another and with our content, and the virtual environment will allow us to do that, regardless of travel concerns related to COVID-19.

We know that we need to come together now more than ever, but we also need to do so safely for everyone's benefit. Building on the success of NASN2020, we are planning even more opportunities for attendees to connect with one another and are excited to share these with you. We can't wait to see you online for Virtual NASN2021, June 21-25, 2021.

The Relentless School Nurse

The Relentless School Nurse: Grow Your School Nursing Leadership Skills

[Blog post](#) by Robin Cogan, MEd, RN, NCSN

CDC Healthy Schools

A recent *MMWR* article found that in 2017, 7.1 percent of U.S. high-school students met fruit intake recommendations, and 2.0 percent met vegetable intake recommendations. It is important to expand existing school and community programs or identify new ways to encourage eating fruits and vegetables among adolescents, which includes using social media and other communication tools, to help address barriers and improve adolescent fruit and vegetable consumption. Read the ["Percentage of Adolescents Meeting Federal Fruit and Vegetable Intake Recommendations – Youth Risk Behavior Surveillance System, United States, 2017,"](#) to learn more.



NASN2021 School Nurse Conference will be virtual again this year. This will allow many Wisconsin school nurses to attend without travel expenses or restraints.

Miscellaneous



Should Schools Become Vaccination Sites for Everyone?

As districts work with health agencies to inoculate staff, some leaders say schools could be ideal vaccination hubs for the whole community.

[Read more.](#)

COVID-19 in Children and Teens

[Children and teens](#) younger than 18 years of age have lower rates of COVID-19 incidence, hospitalization, and mortality than adults. Just over half of children hospitalized with COVID-19 had an underlying condition, with obesity the one most frequently reported. Almost 1,700 cases of Multisystem Inflammatory Syndrome in Children (MIS-C) have been reported in the U.S., with a disproportionate number of these cases occurring among Black and Hispanic children. [COVID-19 vaccine trials in adolescents](#) are underway or planned for several vaccines in use or anticipated for use in the U.S., and studies in younger children are planned in early 2021.

Multicultural Calendar

The rich diversity in our communities is reflected in the observances celebrated by various cultures and populations. National PTA has created this Multicultural Calendar to highlight and celebrate the diversity in our PTA and school communities.

<https://www.pta.org/docs/default-source/files/runyourpta/2020/diversity/multicultural-calendar-2021.pdf>

National School-Based Health Awareness Month

February is National School-Based Health Care Awareness Month! As this past year has shown us, school-based health care is more vital than ever before. The current national focus on public health and schools is a critical opportunity to raise awareness of school-based health centers and advocate for them on the local, state, and federal level. The School-Based Health Alliance has created an [Awareness Month page](#), where you can access resources to share with partners and policymakers, including a [social media toolkit](#) and [virtual advocacy guide](#).

The benefit of vaccination isn't merely the physical protection it provides; it is also psychological reassurance for those who work in schools and are wary that mitigation strategies and PPE will keep them safe on the job.

Prevent Blindness

Help the NCCVEH gather information on assessing the vision of children with special health or learning needs.

The National Center for Children's Vision and Eye Health at Prevent Blindness (NCCVEH) is trying to understand the role of vision in the assessment process for special education services for children ages 3 through 8 years. We want to know more about the needs for professional training, parent education, and education for those who work with children with special needs. We are looking to gather this information from parents through focus groups, and from service providers through a survey and focus groups.

We are seeking input from early education professionals, Head Start program staff, school nurses, public health professionals, school special education staff, and others who work with children aged 3 through 8 years who are being (or have been) assessed for special education services. We want to learn about your processes for assessing vision, the training you receive to conduct vision screening, how referrals to eye care are made, and the kinds of professional education materials that the NCCVEH can develop. Please distribute this [survey](#) widely. It should take 15 minutes to complete. Please complete the survey by **February 28, 2021**.



The National Center for Children's Vision and Eye Health at Prevent Blindness (NCCVEH) is trying to understand the role of vision in the assessment process for special education services for children ages 3 through 8 years.

DiSH



Survey Link: https://uwmadison.co1.qualtrics.com/jfe/form/SV_aauHzVmr2Jq2Upn

Practice Points

By Louise Wilson

Keeping Up With COVID Research

In my greeting I stated how difficult it is to “publish” a newsletter when COVID-19 guidance is rapidly evolving and with documents constantly changing in response to new information or circumstances. I find the same is true for staying “on top” of the latest research. Admittedly, I do not invest the time to thoroughly review and critique each article I come across. I often “jump” to the implications section to determine if the research will add anything to my practice or the guidance that DPI is providing.

Examples of such, are the below listed “implications” taken from the research articles posted on the recent [COVID Science Update](#) from the Office of the Chief Medical Officer, CDC COVID-19. If any of these implications tweak your interest or you want to read more about the study, a summary and the link to the full study is listed on this webpage:

https://www.cdc.gov/library/covid19/02052021_covidupdate.html?ACSTrackingID=USCDC_2128-DM48612&ACSTrackingLabel=Edition%2075%20-%20February%2005%2C%202021&deliveryName=USCDC_2128-DM48612.

These COVID-19 science updates are released each week summarizing the most current research. You will note which studies are peer-reviewed and which are not (yet) peer-reviewed. If you are searching for the most current research on a topic this is a good place to start. For me it is a time saver. And who doesn't need to work smarter these days?

Implications: Point-of-care antigen tests might minimize the spread of SARS-CoV-2 by identifying infectious adults in areas of high community transmission.

Implications: Wastewater surveillance for SARS-CoV-2 might allow early detection of local outbreaks, especially where access to healthcare services is limited. A study in Barcelona found SARS-CoV-2 was detected in sewage collected 41 days before the first COVID-19 case.

Implications: New variants of SARS-CoV-2 might demonstrate changes in transmissibility and/or virulence and could lead to a resurgence of COVID-19 despite high reported seroprevalence. In Rio Grande do Sul, another state in Brazil, da Silva Francisco et al. found wide circulation of the B.1.1.28 variant, with the E484K mutation, co-infection of variants, and new emerging variants. These findings stress the importance of tracking circulating viruses and of reaffirming COVID-19 mitigation measures.

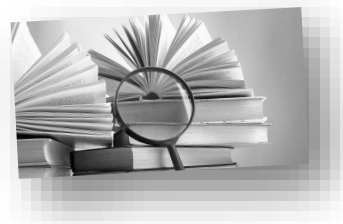


Reading the “implications” section of a research article is a time-saving way to help you determine if the information will add knowledge to apply to your practice.

Implications: Although persons with SARS-CoV-2 antibodies are largely protected, subsequent infection is possible for some persons due to lack of sterilizing immunity. Some re-infected individuals could have a similar capacity to transmit virus as those infected for the first time.

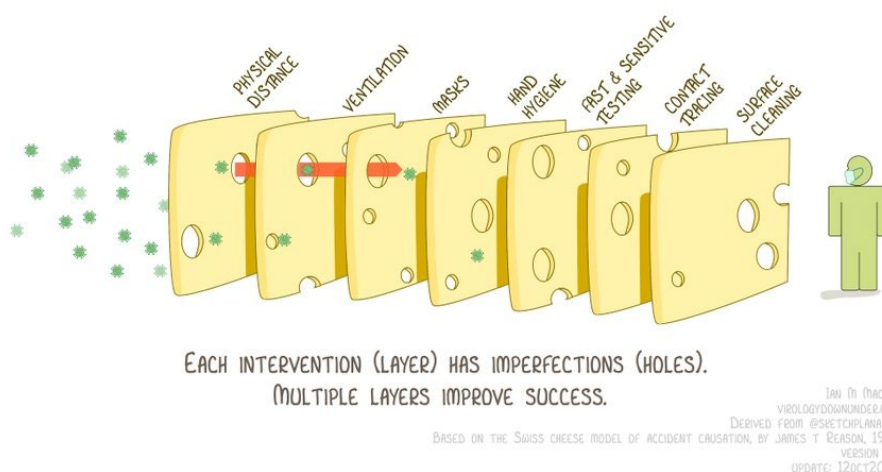
Implications: All non-medical grade masks are prone to leakage; however, the use of mask fitters can significantly reduce aerosol transmission of SARS-CoV-2 in a classroom setting. Gandhi et al. hypothesized that the use of multi-layered, well-fitting masks could achieve >90% efficiency at reducing aerosol transmission.

Implications: Based upon temporal incidence, the BNT162b2 vaccine (Pfizer-BioNTech) is approximately 51% effective at reducing the risk of SARS-CoV-2 infection at 13 to 24 days following the first dose.



THE SWISS CHEESE RESPIRATORY VIRUS DEFENCE

RECOGNISING THAT NO SINGLE INTERVENTION IS PERFECT AT PREVENTING SPREAD



I find this graphic useful in explaining why we need all the mitigation measures and why we need to continue to use them. One more “slice” to add would now be vaccines.

This publication is available from:
Learning and Support
Student Services Prevention and Wellness Team
(608) 266-8857
<https://dpi.wi.gov/sspw/pupil-services/school-nurse>

February 2021 Wisconsin Department of Public Instruction

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SCHOOL NURSE UPDATE # 7 2/11/2021





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

DATA POINT	DEFINITION CRITERIA	DATA POINT
Number of enrolled students in district	RN=Registered Nurse LPN=License Practice Nurse LVN=Licensed UAP= Unlicensed Assistive Personnel (non RN or non LPN) FTE=Full-time Equivalent (based on teacher FTE) Enrolled students: Use district's official (third Friday count) number. Count all enrolled students no matter mode of instruction.	
Health Personnel Information		
Total number of RN FTEs with an assigned caseload providing direct services	Direct services. Means responsible for the care of a defined group of students in addressing their acute and chronic health conditions. It includes case management, health screenings and health promotion activities. Direct services also include care provided by members of a health care team including LPNs or unlicensed assistive personnel. Count direct services provided no matter mode of instruction. Include long-term substitutes. Do not include RNs, LPNs, UAPs working with medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5). Do not include % of administrative assignment for RN. Case management FTEs included under administrative or supervisory FTEs.	
Total number of RN FTEs with special assignment	Include RNs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).	
Total number of RN FTEs providing administrative or supervisory school health services	RNs providing management/clinical supervision to RNs, LPNs, or other health extenders, UAPs, or conducting other administrative health services, e.g. case management.	
Total number of RN FTEs providing contract tracing activities		
Total number of LPN FTEs with an assigned caseload providing direct services	See definition of direct services above.	

Total number of LPNs FTEs with special assignment	Include LPNs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).	
Total number of LPN FTEs providing contract tracing activities		
Total number of UAP FTEs with an assigned caseload that includes providing direct health services	See definition of direct services above.	
Total number of UAPs FTEs with special assignment	Include UAPs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).	
Total number of assistant FTEs providing administrative support services to RNs or LPNs	Assistants providing administrative support services to RNs or LPNs/LVNs, e.g. clerical assistance. Do not include FTEs spent doing non-health related clerical activities.	
Total number of UAP FTEs providing contract tracing activities		
	Screenings	
Screenings:	If your district/school did not perform screenings this year due to COVID or did not collect this information then enter DNC .	
<u>Vision Screening</u> Screened for vision	Report number of students with a health population screenings at school, regardless of which staff or agency conducts the screening.	
Referred for vision		
<u>Hearing Screening</u> Screened for hearing.	Report number of students with a health population screenings at school, regardless of which staff or agency conducts the screening.	
Referred for hearing		
	CHRONIC HEALTH CONDITIONS	
Record the number of students in each category with a medical diagnosis from a healthcare provider.	<p>Medical Diagnosis refers to documentation of a diagnosis from a licensed healthcare provider/prescriber. For example if parents say their child has asthma, etc., but does NOT provided documentation from a healthcare provider, the child should NOT be included in this count.</p> <p>Count students who were enrolled at <u>any time during the current school year</u> even if they have withdrawn or dropped out. Count students no matter the mode of instruction.</p> <p>Count students who had diagnosis at start of school year or were diagnosed at any point during the school year. Student may be counted in more than one category if they have multiple diagnoses.</p>	

	<p>Lists of possible conditions for inclusion are not exhaustive or all inclusive.</p> <p>If your district/school does not collect this information then enter DNC. If information collected but, no students have a condition enter a numerical zero (0).</p>	
Life threatening Allergic Disorder (Student has medically diagnosed severe allergy that has the potential to cause death.)	See definition above.	
Asthma	See definition above.	
Diabetes Type 1	See definition above.	
Diabetes Type 2	See definition above.	
Seizure Disorders (known medically diagnosed)	See definition above.	
Number of students with a diagnosis of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) from a health care provider	See definition above.	
District Health Services Practices		
Does the school district bill Medicaid for School Based Services Nursing/Health Services?		
Does your district stock albuterol?		
Does your district stock emergency epinephrine?		
Does your district stock an opioid antagonist?		
Does your district stock over-the-counter analgesics?		
Does your district have a (physician) medical advisor? What the physician's practice specialty ?		

Civil Rights Considerations During COVID-19 Vaccine Distribution Efforts

To support FEMA’s efforts during the COVID-19 vaccine distribution efforts, FEMA’s Office of Equal Rights provides this checklist as a tool to assist State, Tribal, and Territorial partners in understanding and fulfilling their obligations to provide access to vaccine- related programs, activities, and services in a nondiscriminatory manner.

Background

On March 13, 2020, the ongoing novel coronavirus (COVID-19) pandemic was declared a national emergency pursuant to the [Robert T. Stafford Disaster Relief and Emergency Act \(Stafford Act\)](#). The COVID-19 pandemic, like all emergencies, has affected people of different races and ethnicities, geographic areas and income levels. The Federal Emergency Management Agency (FEMA) is helping identify and fill resource gaps, using federal funding to accelerate state vaccination efforts and working to establish vaccine sites, in alignment with the President’s COVID-19 response plan. Equity is paramount to this effort and FEMA leaders across the country are working with states, tribes and territories to ensure underserved and historically marginalized communities are not left behind.

FEMA remains committed to its mission of *helping people before, during and after disasters* by ensuring access to its programs and services and enforcing civil rights. FEMA’s Office of Equal Rights is responsible for ensuring compliance with and enforcement of FEMA’s external Civil Rights obligations under the Stafford Act, Civil Rights Act, Rehabilitation Act, and Age Discrimination Act. FEMA also has responsibilities under [Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency](#), and [Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low- Income Populations](#).

This checklist of civil rights considerations is a tool to assist State, Tribal and Territorial partners understand and fulfill their civil rights obligations. The checklist is not required to be completed and submitted to FEMA, rather it is a comprehensive list of considerations for use to ensure vaccine distribution is equitable and accessible to all.

Civil Rights Considerations

Inclusive Planning

Item	Complete	Incomplete
Review community demographics data available through the U.S. Census Bureau and other sources to identify:		
1. Limited English proficient communities and languages for interpretation and translation of critical vaccination information;		



FEMA

2. Communities comprised of individuals who are unable to travel to vaccination sites because of lack of public transportation or other reasons, such as older adults, people without cars, and people with disabilities;		
3. Communities without available or affordable internet access; and		
4. Other underserved communities.		
Develop outreach mechanisms resulting in engagement with community organizations and local partners that serve persons with disabilities, limited English proficiency, and underserved communities in the development and review of inclusive planning documents and messaging.		
Develop plans to ensure equitable access to information and vaccination sites for all communities, including underserved communities and those protected by law (e.g., race, color, national origin, religion, sex, age, disability, English proficiency and economic status).		
Develop plans to conduct vaccinations for communities unable to travel, including the use of accessible mobile units, to reach individuals most at-risk due to underlying health condition and rural or hard to reach communities.		
Develop messaging addressing concerns regarding site selection and accessibility, underlying conditions, religious exemptions and safety concerns.		
Develop process for members of the public to file a complaint alleging a civil rights violation during vaccinations and inform the public regarding the complaint process.		
Develop plans to increase accessible public transportation, through local community-based organizations, for individuals to travel to and from vaccination sites.		
Develop plans to support applicants in new virtual registration processes, particularly communities without available or affordable internet access.		
Develop plans for the proper disposal of medical and other waste to ensure it does not disproportionately affect any community.		
Develop strategy to conduct outreach and engagement events in communities recognized as having the highest exposure/infection rates.		

Effective Communication Access

Item	Complete	Incomplete
Identify and conduct community engagement events with community-based and civil rights organizations representative of a broad array of demographics, including underserved communities.		
Conduct community engagement events, virtually or in person, with sign language interpreters, captioning, use of plain language, and use of pictograms to reach people with low literacy.		
Conduct community engagement effort in communities without reliable internet adoption and/or access.		

Civil Rights Considerations During COVID-19 Vaccine Distribution

Include information on how to obtain accessible formats of documents on all communications.		
Ensure electronic information and information technology is accessible (e.g., Alt Text, higrast).		
Ensure non-discrimination statement and contact for civil rights complaints on all communication materials.		
Increase communication access through social media platforms in ways that are accessible to individuals with disabilities (e.g., Alt Text, Closed Captioned Videos).		
Develop plans for individuals who are unable to wear masks due to medical or other conditions or who require the removal of masks to communicate.		

Language Access

Item	Complete	Incomplete
Provide high quality, accurate and timely translations of vaccine site related information into commonly used languages in the community, based on community demographics.		
Provide qualified interpreters at community engagement events for commonly used languages.		
Provide qualified interpreters at vaccination sites or by telephone for commonly used languages. Note: Use of a family member, friend, or minor is strongly discouraged due to potential issues regarding competency, confidentiality, or conflict of interest.		
Include information on how to obtain translated documents on all communications.		
Plan for the increased need for accessible and multilingual messaging and communications through available ethnic media outlets, wireless emergency communications, and use of virtual townhalls for coordinated communications.		

Physical Accessibility

Item	Complete	Incomplete
Ensure meeting and vaccination sites are accessible by public transportation.		
Ensure meeting and vaccination sites are compliant with ADA accessibility requirements.		
Document areas of noncompliance with ADA requirements and modifications made.		
Ensure mobile vaccination units are accessible.		
Ensure vaccination centers are equipped with assistive technology for individuals with disabilities who need effective communication access, such as ASL or texting through cell phones.		

Pre-identify locations to account for the care of individuals requiring additional assistance, including older adults, individuals with physical and cognitive disabilities and others with access and functional needs.		
Develop plans to provide reasonable accommodations, including persons who are unable to wear a facemask due to a disability.		
Ensure meeting and vaccination sites offer services to individuals with disabilities in the most integrated setting appropriate.		

Contact Us

If you have questions or would like assistance in completing any checklist item, please contact the External Civil Rights Division within FEMA’s Office of Equal Rights. FEMA-CivilRightsOffice@fema.dhs.gov

Civil Rights Complaints and Concerns

Members of the public may bring civil rights complaints to OER’s attention in connection with FEMA programs and activities or FEMA-funded or-assisted programs and activities as follows:

- Call the FEMA Office of Equal Rights at 202-212-3535 and press 1; or for TTY users, call 800-462-7585
- Send an email to the FEMA Office of Equal Rights: FEMA-CivilRightsOffice@fema.dhs.gov
- Mail a complaint to the FEMA Office of Equal Rights:

FEMA Office of Equal Rights
 C Street, SW, Room 4SW-0915
 Washington, DC 20472-3505

Resources

- FEMA Civil Rights Bulletin, Ensuring Civil Rights During the COVID-19 Response ~ www.fema.gov/media-library-data/1586893628400f21a380f3db223e6075eeb3be67d50a6/EnsuringCivilRightsDuringtheCOVID19Response.pdf.
- FEMA Vaccine Support Site ~ www.fema.gov/disasters/coronavirus/vaccine-support
- DHS Office for Civil Rights and Civil Liberties Webpage, Civil Rights in Emergencies and Disasters ~ www.dhs.gov/civil-rights-emergencies-and-disasters.
- EEOC Technical Assistance Questions and Answers, What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws - www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=
- HHS Ensuring Language Access and Effective Communication During Response and Recovery: A Checklist for Emergency Responders ~ www.hhs.gov/sites/default/files/lang-access-and-effective-comm-checklist-for-emergency-responders.pdf
- Census Bureau Community Resilience Estimates ~ www.census.gov/data/experimental-data-products/community-resilience-estimates.html and <https://uscensus.maps.arcgis.com/apps/opsdashboard/index.html#/f8fc348e4c99498baf18af09d4401553>
- Census Bureau Press Release, Census Bureau Reports at Least 350 Language Spoken in U.S. Homes ~

www.census.gov/newsroom/press-releases/2015/cb15-185.html

- HHS Telehealth Webinar for Community-Based Organizations ~ www.phe.gov/emergency/events/COVID19/atrisk/CBO-series/Pages/Addressing-Barriers.aspx
- HHS Meeting the Needs of At-Risk Individuals ~ www.phe.gov/emergency/events/COVID19/atrisk/Pages/default.aspx
- HHS Federal Programs Supporting Individuals Experiencing Homelessness ~ www.phe.gov/emergency/events/COVID19/atrisk/Documents/Federal-Homelessness-Programs-FAQ.pdf
- HHS Information on Federal Programs to Sustain Nutrition for At-Risk Individuals ~ www.phe.gov/emergency/events/COVID19/atrisk/Documents/Federal-Homelessness-Programs-v2.pdf
- FCC Section 706 Fixed Broadband Deployment Map ~ www.fcc.gov/reports-research/maps/section-706-fixed-broadband-deployment-map/

Alternative Formats

For copies of FEMA documents in alternative formats, please call 800-621-3362 (TTY: 800-462-7585).

If you speak a language other than English and need help with this document, please call 800-621-3362 (TTY: 800-462-7585) and you will be connected to an interpreter who will assist you at no cost.

Si habla un idioma diferente al inglés y necesita ayuda con este documento, llame al 800-621-3362 (TTY: 800-462-7585) y lo contactaremos con un intérprete que lo ayudará sin costo alguno para usted.

Если вы не говорите на английском языке и нуждаетесь в помощи, позвоните по номеру 800-621-3362 (TTY: 800-462-7585). Вас соединят с переводчиком, который бесплатно поможет вам.

Se você fala um idioma além do inglês e precisa de ajuda em relação a este documento, ligue para 800-621-3362 (TTY: 800-462-7585) e você será conectado a um intérprete que irá ajudá-lo sem nenhum custo adicional.

Nếu quý vị nói một ngôn ngữ khác Tiếng Anh và cần giúp đỡ với tài liệu này, hãy gọi 800-621-3362 (TTY: 800-462-7585) và quý vị sẽ được kết nối với một thông dịch viên, là người sẽ trợ giúp miễn phí cho quý vị.

영어를 사용하지 못하는 사람으로서 본 문서에 대해 도움이 필요할 경우, 전화 800-621-3362 (텔레타이프라이터: 800-462-7585)로 연락주시면 여러분을 무료로 도와줄 통역사와 연결해 드립니다.

Si vous parlez une langue autre que l'anglais et que vous avez besoin d'aide en rapport avec le présent document, veuillez composer le 800-621-3362 (numéro TTY pour les malentendants : 800-462-7585) pour qu'un interprète soit gratuitement mis à votre disposition.

Si w pale yon lang ki pa lang Angle e ou bezwen èd avèk dokiman sa a, tanpri rele 800-621-3362 (TTY: 800-462-7585) epi yo pral konekte w ak yon entèprèt ki pral ede w, gratis.

英語以外の言語でこのページの詳細をお知りになりたい方は、お電話で800-621-3362 (TTY: 800-462-7585) までお問い合わせください。無料で通訳をご利用いただけます。

Kung nagsasalita ka ng wikang bukod sa Ingles at nangangailangan ng tulong sa dokumentong ito, mangyaring tumawag sa 800-621-3362 (TTY: 800-462-7585) at maikokonekta ka sa isang interpreter (tagasalin sa wika) na tutulong sa iyo nang walang bayad.

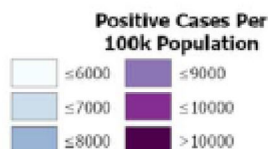
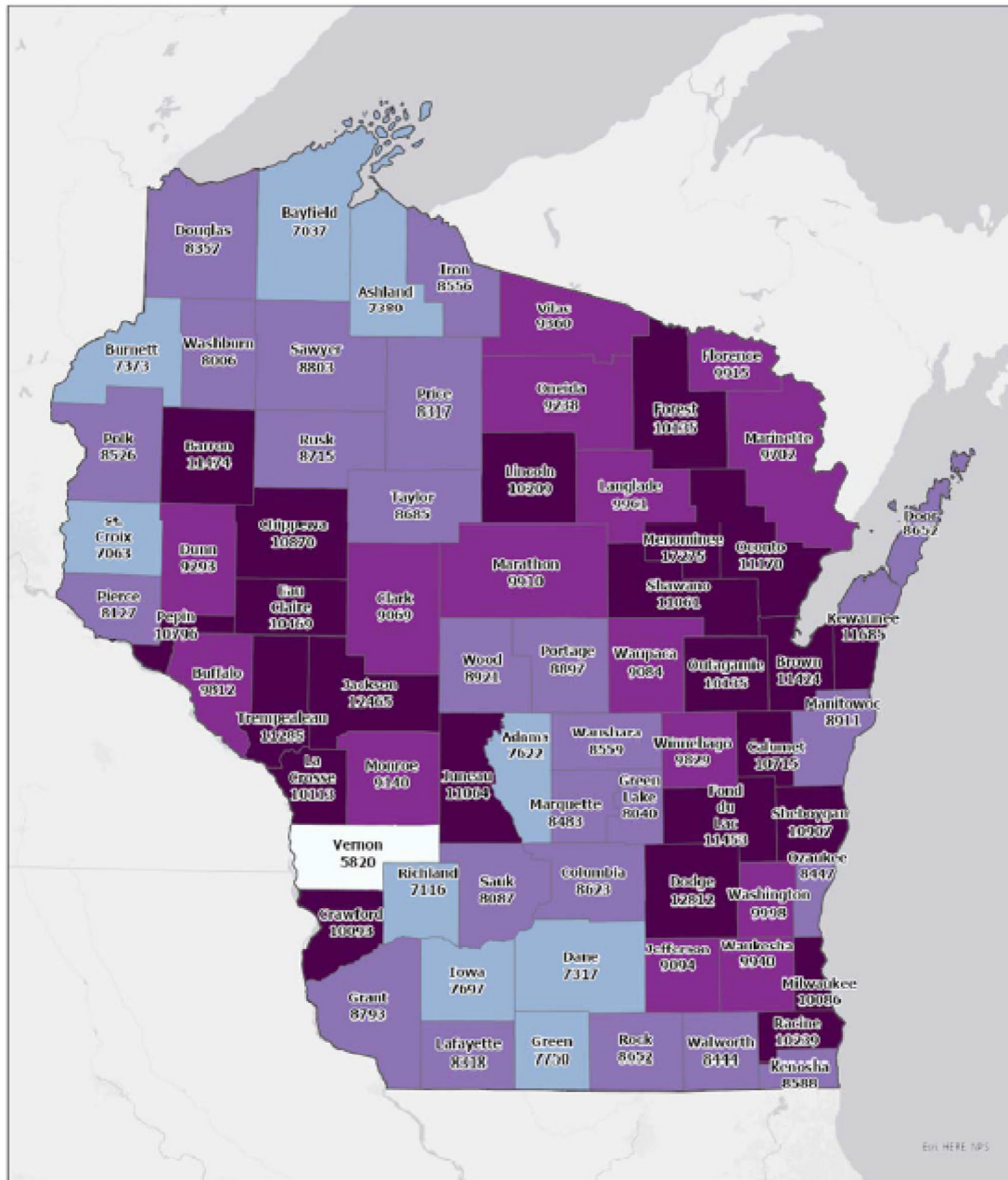
如果您使用除英语之外的其他语言并且就本文件需要帮助，请致电800-621-3362（听障及语障用户（TTY）：800-462-7585），您将与翻译人员联系，该翻译人员将为您提供免费帮助。

إذا كنت ملكتتة تعلم ريفغ الإنكليزية واحتجت إلى مساعدة عم كالت الوثيقة، ى جريد الاتصال مقر لاد 3362-621-800 (الطباعة

ن.ء. دعبي: 7585-462-800 وسيتم وصلك عم مجر تم ي هفشد سيقدم لك المساعدة اناجم

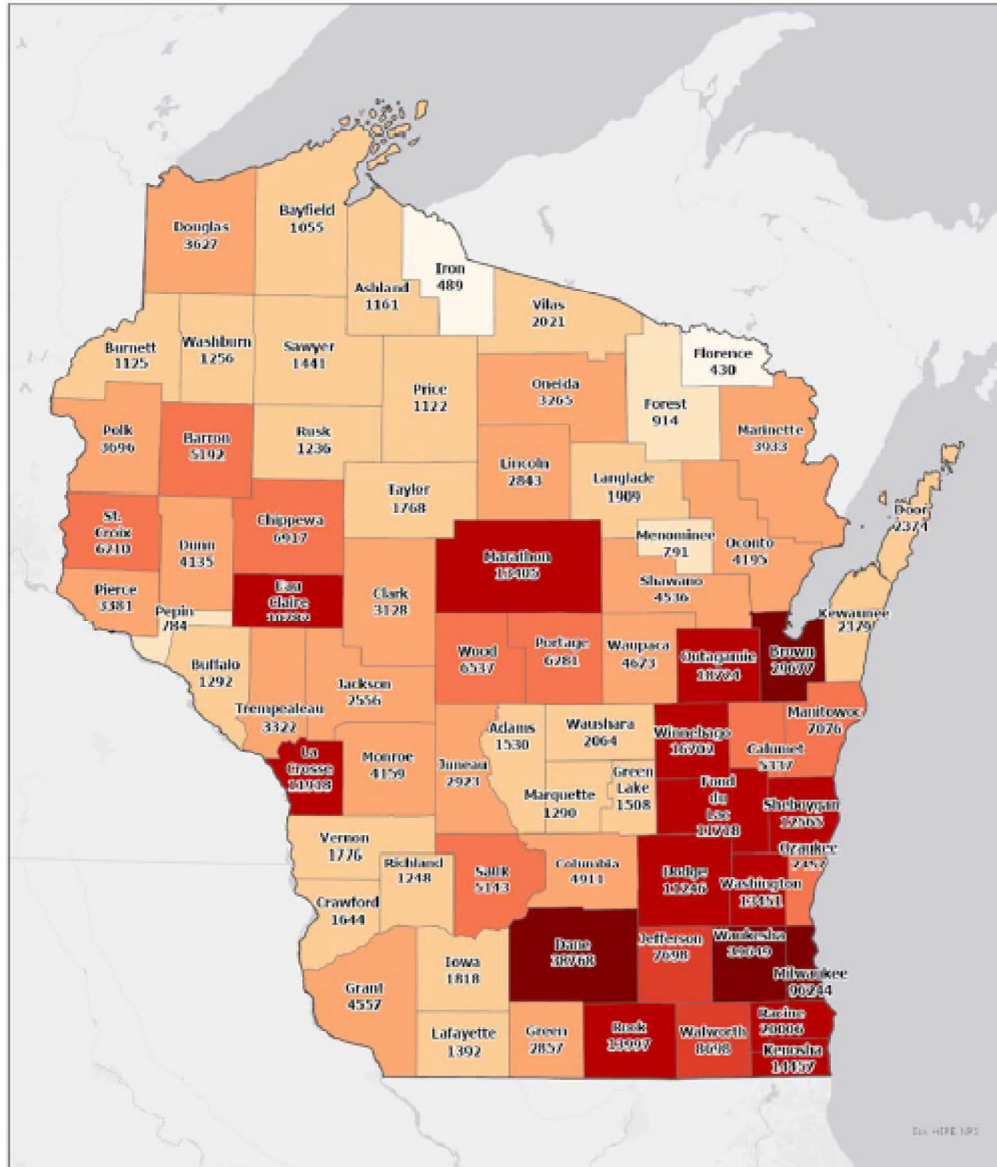
Positive Cases per 100k Population

Cumulative As of: 2/8/2021

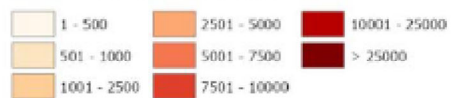


Positive Cases: 550,369

As of: 2/8/2021



Cumulative Positive Cases

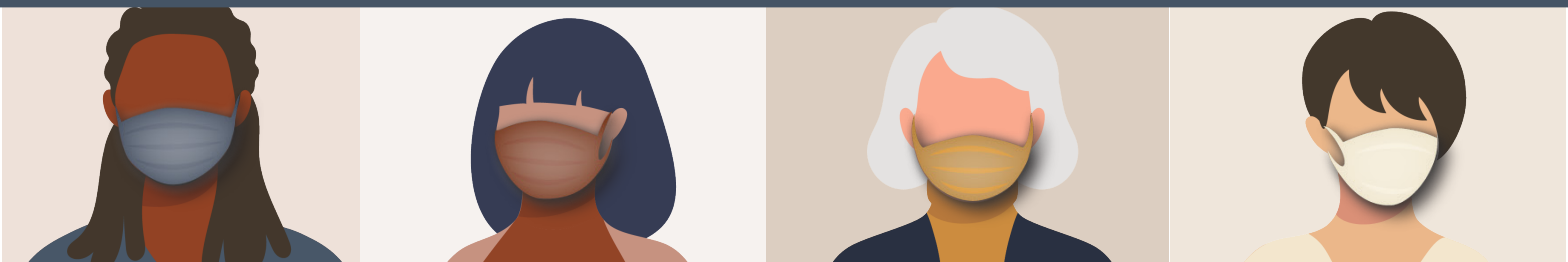


It's a two-way street Masks protect you & me

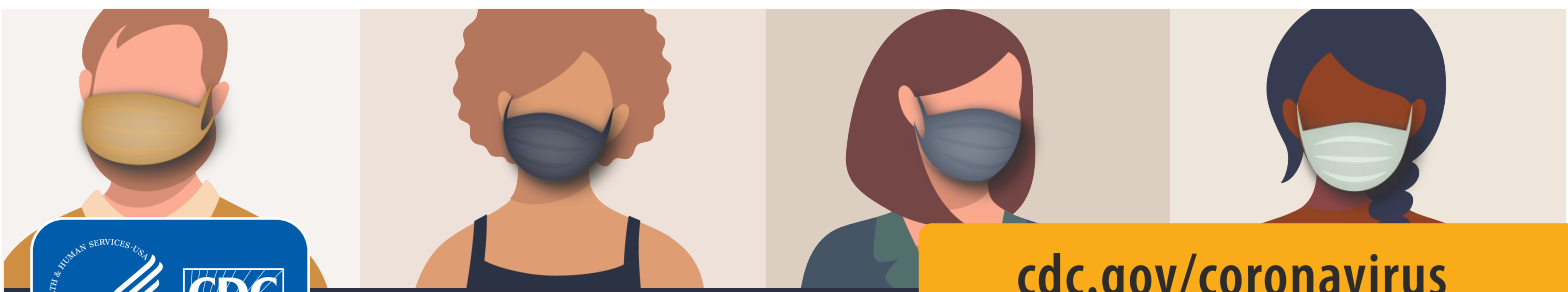
When we all wear masks, we take care of each other



Wear masks, avoid crowds, stay 6 feet apart, and wash your hands



Take all four steps for the most protection



321378-A

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Confirmed COVID-19 cases and deaths by race

Health impact of COVID-19 by race and ethnicity

Updated: 2/8/2021

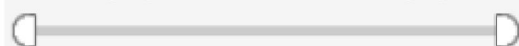
Total cases: 550,369
Unknown race/ethnicity: 38,846
(7.1%)

Communities of color have experienced higher rates of COVID-19 cases, hospitalizations, and deaths since the pandemic began. Compared to White Wisconsin residents, Hispanic or Latinx residents have **1.7 times greater case rates**, Black residents have **2.1 times greater hospitalization rates**, and American Indian residents have **1.4 times greater death rates**.

Hover over visuals to find more information.

Move ends of slider to change date range displayed:

February 5, 2020 February 7, 2021



View rates for:

- Cases
- Hospitalizations
- Deaths

This filter changes both the top and bottom charts.

