



School Nurse UPDATE

#6/ November 4, 2021

FEATURED STORIES

PRACTICE POINTS -
Medicaid Billing for
School Health and School
Nursing Services

Rule Change for EBD (DPI
News p. 3)

National Diabetes
Education Week- NASN
resources (p. 9)

SAVE THE DATES

Building the Heart of
Successful Schools-
December 2-3, 2021.
Registration now open.

School Nurse Network
Meetings November 16th
3:30-4:30 PM. **Guest
presenter –resources for
families of students with
chronic health conditions**

DiSH- WI Sessions –
November 17 and
December 15, 2021

Greetings!

This is the week we have been waiting for!

As I write this greeting, I do so with full knowledge that this week is likely to involve a flurry of new activity on vaccination of our 5–11-year-old students. I have already sent out one email this week with updates and expect there will be more. Please go back and look for them. A few of the less time-sensitive items are repeated in this Update.

As we are poised to begin vaccination of most of our students (those under five still will not be eligible for vaccination), school nurses may be answering questions on COVID-19 vaccine booster doses for school staff. See page 11 for a summary explanation of booster doses for those 18+. The Department of Health Services has no plans to repeat the process they did last spring when COVID-19 vaccines were first released, and the supply was rationed. Everyone, including teachers, are on their own to determine if they want to get a booster dose, what kind, and where to get a booster. Schools certainly can be proactive and help their staff by arranging for clinics. You are free to set up with whomever meets your needs. Do note that the vaccine for these younger children, while not different, is packaged and stored differently, so mixing a booster clinic or one for nonvaccinated staff and adolescents 12+ will present extra logistical challenges. COVID-19 vaccine can be administered at the same time as influenza vaccine, but again that adds extra logistics to a school-based clinic.

PRACTICE POINTS tackles the issue of Wisconsin Medicaid billing. Attachments to this Update includes tips on digital screen use in children.

DPI News



Testing Timeframe Change for Fully Vaccinated Close Contacts

DPI's [COVID-19 Infection Control and Mitigation Measures for Wisconsin Schools 2021-2022](#) has been updated to include the change in [CDC guidance](#) related to the timeframe for **when fully vaccinated individuals who are close contact** should be tested. The new recommendation is to test between days 5-7. Previously the timeframe was between 3-5 days.

The Department of Health Services will include this new timeframe as they continue to update the August version of the outbreak guidance. DHS has made the change on their [close contacts](#) webpage. The CDC recommends people who are not fully vaccinated should get tested immediately when they find out they are a close contact. If their test result is negative, they should get tested again 5-7 days after their last exposure or immediately if symptoms develop. DHS advises if it is unlikely a person will retest then they should quarantine and wait 5-7 days before testing to allow for higher viral load and more accurate results.

Logistical Considerations for Hosting STUDENT School-Located COVID-19 Vaccination Clinics - Revised

The DPI guidance document [Logistical Considerations for Hosting STUDENT School-Located COVID-19 Vaccination Clinics](#) was revised and posted on November 1, 2021, in anticipation of approval of the Pfizer-BioNTech vaccine for children 5-11 years of age. Once approved and clinical guidelines published, the DHS will distribute the special vaccine vials so that vaccinators can begin vaccinating this age group. Schools may reconsider their role in coordinating with a local vaccinator to facilitate COVID-19 vaccinations among eligible students and disseminating COVID-19 vaccination information to families.

U.S. Department of Education releases new resource on Supporting Child and Student Social, Emotional, Behavioral and Mental Health during COVID-19 Era

"The U.S. Department of Education released a new resource: [Supporting Child and Student Social, Emotional, Behavioral and Mental Health](#) to provide information and resources to enhance the promotion of mental health and the social and emotional well-being among children and students. This resource highlights seven key challenges to providing school- or program-based mental health support across early childhood, K-12 schools, and higher education settings, and presents seven corresponding recommendations. This resource includes many [real-world examples](#) of how the recommendations are being put into action by schools, communities, and states across the country. [Read more.](#)

Once approved and clinical guidelines published, the DHS will distribute the special vaccine vials so that vaccinators can begin vaccinating this age group. Schools may reconsider their role in coordinating with a local vaccinator to facilitate COVID-19 vaccinations among eligible students and disseminating COVID-19 vaccination information to families.

DPI News

Rule Change for Identifying Emotional Behavioral Disability Goes into Effect December 1, 2021

The DPI filed the rule change for the identification of an Emotional Behavioral Disability on October 15, 2021. All Individualized Education Program (IEP) teams must use the new criteria to identify an Emotional Behavioral Disability for referrals for special education dated on or after December 1, 2021. The updated Wisconsin Administrative Rule may be found at [Wisconsin Legislature CR 20-073 Rule Text](#).

The following documents are posted to the Wisconsin DPI [Emotional Behavioral Disability](#) and the [Professional Learning Event](#) webpage and provide a summary in plain language of the key changes to Section 11.36 (7) of the Wisconsin Administrative Rule addressing the identification for Emotional Behavioral Disability.

- [Revisions to Emotional Behavioral Disability Identification Comparison Chart - Side by Side](#)
- [Revisions to Emotional Behavioral Disability Identification Comparison Chart - Alternate Format](#)
- [Summary of Rule Change for Emotional Behavioral Disability](#)
- [Summary of Rule Change for Emotional Behavioral Disability \(video playlist\)](#)

Registration Open for the State Superintendent's Conference on Special Education and Pupil Services Leadership

This year's State Superintendent's Conference on Special Education and Pupil Services Leadership Conference will not be held in October 2021 at the Glacier Canyon Lodge at the Wilderness Territory in the Wisconsin Dells. We will be hosting two half-day virtual events. The events will be on:

- Monday, November 8, 2021, 1:00-4:00 p.m.: Multiple live and pre-recorded sessions on various topics
- Thursday, February 10, 2022, 1:00-4:00 p.m.: Live and pre-recorded sessions on state and national legal updates

[Registration is now available for the November live session](#). To participate in the questions and answers portion of the presentation, you must attend the live session. Registration will close on Thursday, November 4, 2021. There is no cost for registration. Sessions include:

- So, you have your ESSER III funds...Now what? *(Live)*
- Understanding the Differences: Social and Emotional Learning (SEL) Competence Assessment and Social, Emotional, and Behavioral (SEB) Screening and Assessment *(Live)*
- COVID Update from the DPI- Why We Still Need to Talk About COVID-19 *(Live)*
- Updated Wisconsin Mental Health Framework *(Recorded)*
- School-Based Mental Health (SBMH) Grant and PI-34 Rule *(Recorded)*
- Today's Tools to Enhance Coaching Supports *(Recorded)*

For session descriptions and more information, visit our [conference website](#). All sessions will be available on Wednesday, November 17, 2021. Links on the [conference website](#) will be available through January 31, 2022.

DPI News

New Resources - Best Practices for Truancy Reduction

The most effective truancy reduction strategies include activities implemented across a continuum of supports within an equitable Multi-Level System of Support (MLSS) that include families, schools, and communities working together to set and consistently enforce attendance rules. The impact of frequently missing school on both students and communities emphasizes the need for targeted and effective attendance improvement interventions.

The document, [Best Practice Approaches to Truancy Reduction: Information for School Attendance Officers](#), offers strategies for schools, as well as information relating to understanding the Youth Justice System and its approach to truancy reduction.

An [Example Habitual Truancy Letter](#) to families informing them of habitual truancy and inviting them to problem-solve is also provided. This example letter was crafted based on research indicating effective methods for increasing family response and was written through a trauma sensitive lens.

2021-2022 Wisconsin School Health Award

Equitable schools create a learning environment where students are healthy, safe, engaged, supported, and challenged! In an effort to improve schools and school systems, the Wisconsin School Health Award aims to support collaborative engagement to minimize achievement gaps. In addition, the Wisconsin School Health Award is a way to recognize and celebrate schools with policies, programs, and the infrastructure to promote and sustain a healthy learning environment.

This award is LIVE! The final step, the application, is due by 3/31/2022. Follow this four-step process to register, complete and apply for the award.

Step 1: Coordinate, Review, and [Register](#).

Step 2: Assess by completing the [Action for Healthy Kids Assessment](#) and the [DPI Supplemental Questions](#).

Step 3: Examine school results and create an Action Plan.

Step 4: Complete [application](#) to be considered for the award.

Reach out to Tacara Lovings, Tacara.lovings@dpi.wi.gov with any questions!

Registering and completing the DPI Supplemental Questions will earn you points in the **Children's Wisconsin Mission: Healthy Kids 2021 Fall Wisconsin Healthy Schools Challenge**

<https://childrenswi.org/childrens-and-the-community/community-partners-professionals/resources-for-schools/mission-healthy-kids/fall-healthy-school-challenge>



The impact of frequently missing school on both students and communities emphasizes the need for targeted and effective attendance improvement interventions.

DPI News

Bully Prevention Resources

Bullying is unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. In order to be considered bullying, the behavior must be aggressive and include:

- An imbalance of power
- Repetition

Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding others from a group on purpose.

Data on the impacts of the pandemic and school closures on bullying behavior has been very limited, with mixed results; showing both possible increases in bullying as well as reductions in bullying.

A recent study conducted during pandemic closures and gradual return to in-person learning used online search data to compare pre-pandemic to current online searches for “school bullying” and “cyberbullying.” When schools shifted to virtual instruction, searches for these topics reduced by 30 to 40 percent. When schools resumed in-person instruction, search incidences partially returned to pre-pandemic levels. (Bacher-Hicks et al., 2021). 2019 Wisconsin YRBS data (pre-pandemic) found that 22.3 percent of students reported being bullied on school property and 17.4 percent of students reported being bullied online.

Educators know that addressing and eliminating bullying is challenging. Wisconsin’s Bully Prevention [Statute](#) requires public school districts to have a bully prevention policy and to share that policy with students and families annually; however, a policy alone will not reduce bullying behavior.

The Department of Public Instruction provides resources to assist your school and district in the implementation of a comprehensive bully prevention program.

The Comprehensive Approach to Bullying Prevention [Webpage](#) provides:

- Access to a free online four-module introduction to bullying course for adults
- A Bully Prevention Program Assessment Tool
- Recorded webinars
 - “Building Multi-tiered System of Support: Foundations for Bully Prevention”
 - “Recognize, Report, and Respond: Conducting a Systematic Bullying Investigation”
- Additional resources, links to fact sheets and national bully prevention expertise.
- A model bully prevention policy

For more information or to talk with a consultant about bullying prevention please email BullyingPrevention@dpi.wi.gov

DHS News

Respiratory Report

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

Upcoming ACIP Meeting on Pfizer Data on its COVID-19 Vaccine for Youth Ages 5-11

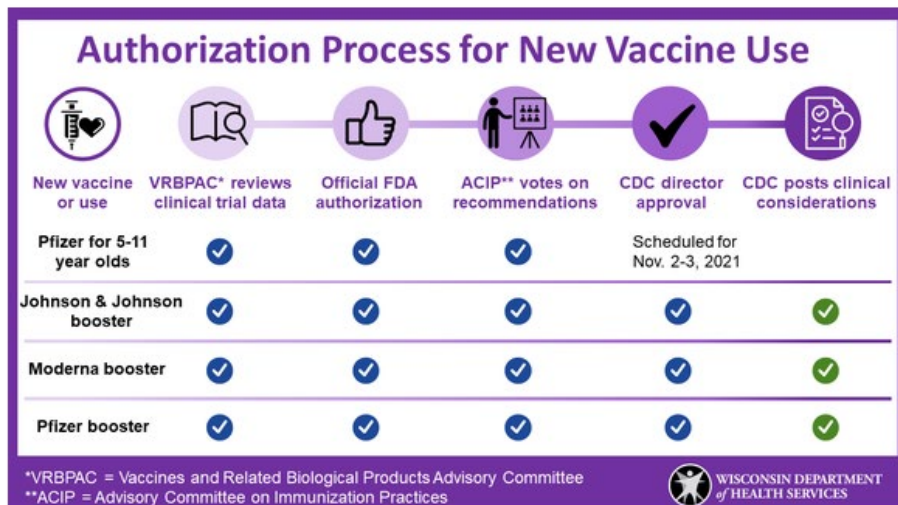
On October 26, the Food and Drug Administration's (FDA) Vaccines and Related Biological Products Advisory Committee (VRBPAC) voted to recommend Pfizer-BioNTech COVID-19 Vaccine for Emergency Use Authorization (EUA) in youth ages 5-11 and on October 29, the [FDA officially authorized Pfizer-BioNTech COVID-19 Vaccine for Emergency Use Authorization in youth ages 5-11](#).

The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) will [meet on November 2-3](#) to discuss Pfizer data on its COVID-19 vaccine for youth ages 5-11.

As a reminder of the regulatory process, the FDA's VRBPAC meets and offers a recommendation or authorization, then the FDA must officially expand the EUA. Then, the CDC's ACIP will meet and make their recommendations, and the CDC Director will make the official CDC recommendation. [CDC Clinical Considerations](#) will be updated and often times a Morbidity and Mortality Weekly Report (MMWR) follow the official recommendation. Vaccinators should not begin vaccination until the CDC Clinical Considerations are published and staff complete the trainings for this new product.

How Do COVID-19 Vaccines Get Authorized?

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) will be meeting this week to vote on recommendations for youth ages 5 to 11 years old to receive the Pfizer COVID-19 vaccine. CDC will then publish any additional clinical guidance based on the outcome of the ACIP vote. Parents and guardians of youth ages 5 to 11 can learn more about the importance of protecting children against COVID-19 and what they can do to prepare their child for vaccination by visiting the [COVID-19: Resources for Parents and Guardians page](#).



CDC

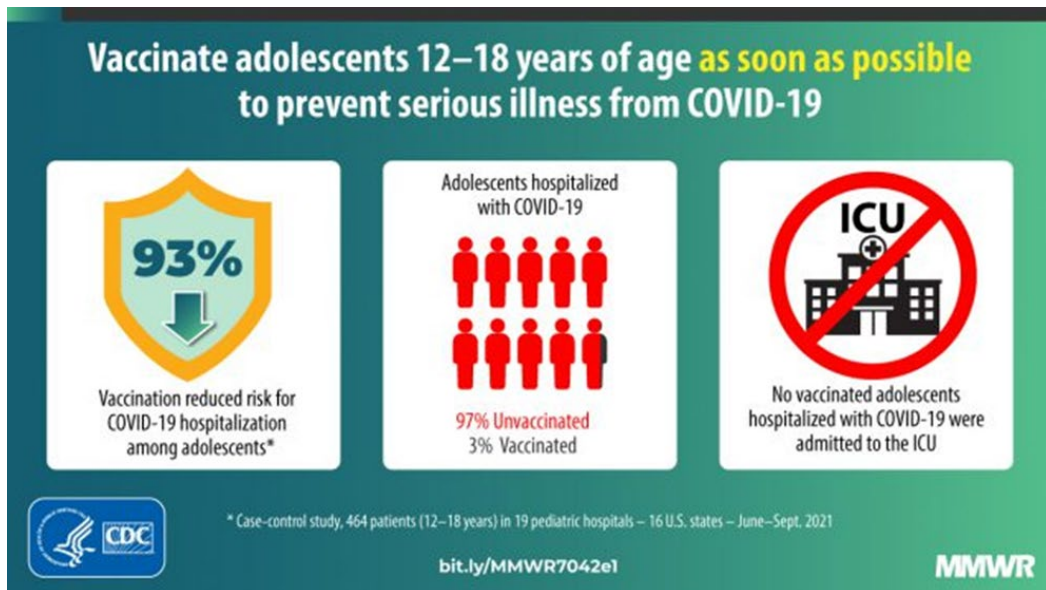
CDC has Updated Vaccine Guidance for Children and Teens

Although fewer children have been infected with COVID-19 compared to adults, children can be infected with the virus, get sick from COVID-19, and spread COVID-19 to others. School nurses can continue to advocate for students 12 and older to be vaccinated and protect unvaccinated students. [Learn more.](#)

MMWR

Effectiveness of Pfizer-BioNTech mRNA Vaccination Against COVID-19 Hospitalization Among Persons Aged 12–18 Years – United States, June–September 2021

This evaluation demonstrated that two doses of Pfizer-BioNTech vaccine were highly effective in preventing COVID-19 hospitalization among persons aged 12–18 years. Findings reinforce the importance of vaccination to protect U.S. youths against severe COVID-19. [Read more.](#)



School Nurse Blog

[The Relentless School Nurse: Our Most Important Role Yet!](#)

by Robin Cogan, MEd, RN, NCSN

NASN News

New Infection, Prevention, and Control Resources

NASN partnered with the Association of Professionals in Infection Control and Epidemiology to create resources for school nurses and school administrators. Share the new infographics including "[Back-to-School Safety](#)" and "[10 Ways to Prevent Infection](#)" with your school community, caregivers, and colleagues.

Two NEW Online CNE to Support Students with Chronic Health Conditions

Free for NASN members and non-members!

- School Nurse-Led Case Management (SNLCM) – Application of the Nursing Process. Co-presented by NASN's past president, Beth Matthey, school nurses will refresh their perspective about how the application of the nursing process guides the provision of SNLCM for vulnerable students. This free 1.0 CNE provides evidence-based current information, tools/resources, and strategies that will support the confidence and competence of the school nurse role in promoting health equity for students with a known (asthma) and suspected (myalgic encephalomyelitis/chronic fatigue syndrome) health condition using SNLCM. [Learn more.](#)

- Pediatric to Adult Care Transition for Students with Lupus – The School Nurse Role in Care Coordination and Transition Planning. The American College of Rheumatology (ACR) and NASN collaborated on this free 1.0 CNE. The course reviews the impact of pediatric onset lupus on children and teens and outlines the school nurse's role in contributing to a phased approach to transition planning from pediatric to adult care for continued effective and seamless self-management of the disease. ACR and NASN tools and resources will support the confidence and competence of the school nurse role in transition planning for students with lupus with an emphasis on health equity for at-risk students. [Learn more.](#)



School nurses will refresh their perspective about how the application of the nursing process guides the provision of SNLCM for vulnerable students.

NASN News

National Diabetes Education Week is November 7-13

The Association of Diabetes Care & Education Specialists (ADCES) celebrates the first full week of November as [National Diabetes Education Week](#) to raise awareness and illustrate the impact of diabetes and prediabetes on more than 1 in 3 Americans.

NASN & ADCES Resources: Danatech was developed to support the technology access and assessment needs of healthcare professionals who care for patients living with diabetes and other chronic conditions. With the rapid evolution of technology and the proliferation of patient-generated data, Danatech is a trusted source of information geared to help practitioners focus on what they do best—caring for their patients. NASN members have [complimentary access to the Danatech diabetes care tools and technology](#).

Event Focuses on Gen Z Patients with Diabetes

The College Diabetes Network (CDN) is hosting an event for the medical community that will dig deeper into the minds of Gen Z patients living with diabetes. This one-hour panel discussion will feature a diverse group of young adults living with diabetes, including 2021 CDN NextGen Fellows who attended the ADA's 81st Scientific Sessions or the ADCES21 Annual Conference. They will foster a deeper understanding of how clinicians can best connect with this population to build trust and educate with compassion.

Join CDN, CBDCE, and ADCES, along with diabetes expert and advocate Kelly Rawlings, on Wednesday, November 10, 2021, at 8 p.m. EST for this event. [Register now](#).



This one-hour panel discussion will feature a diverse group of young adults living with diabetes...

Miscellaneous

The Work of School and Public Health Nurses Has Never Been More Important

For years, school nurses have been the only frontline health care touchpoint for many of the nation's 57 million students, particularly children of color, those with lower incomes, and those in areas with fewer resources. Though the importance of our work has never been more evident, the last year has made clear that school and public health nurses need much more support from local, state, and federal leaders.

[Read more...](#)

FDA licenses Flucelvax Quadrivalent (Seqirus) for children age 6 months and older

The U.S. Food and Drug Administration has approved the use of [Flucelvax Quadrivalent influenza vaccine](#) (Seqirus) for children age 6 months and older. This vaccine is available for the 2021-22 flu season.

Vaccinate Your Family launches influenza toolkit with a library of shareable resources for the 2021-22 flu season

Vaccinate Your Family (VYF) has launched its [Flu Toolkit 2021-22](#) with resources for general audiences, parents, pregnant individuals, college students, communities of color, older adults, and people living with chronic conditions.

Campaign materials include:

- Square and landscape graphics sized for social media sharing
- Sample social media posts, complete with hashtags and links
- Printable handouts with key information about this flu season
- Personal stories from individuals and families affected by flu
- Links to partner organizations' flu campaigns

Medscape Nurses

If Addressing Nursing Shortages, Don't Forget School Nurses

School health services for students have been referred to as a hidden healthcare system. This third school year of the COVID-19 pandemic sheds light on a system at a critical juncture. [Read more.](#)



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Miscellaneous

31st Children Come First Conference

Register today and join Wisconsin Family Ties at the Kalahari Convention Center, located in beautiful Wisconsin Dells, Wisconsin.

This year, we are pleased to offer you 35 workshops, many exhibitors, and 3 national keynote speakers!!

Tonier Cain

Hector Matascastillo

and live, via remote, our special guest:

Mona Delahooke PhD

The Children Come First Conference is full of practical and inspiring content about caring for or working with children, youth, and young adults with social, emotional, behavioral, or mental health challenges. Learn strategies to apply in your daily life. Connect with state and national experts. Obtain resources that you can use in your home, school, organization, or community.

CEUs available. **NEW THIS YEAR** - We are offering a choice of attending in person or via a live stream option powered by Socio. In person registrations are limited.

[Register and pay by credit card](#)

[Register and arrange payment by CLTS\waiver or check.](#)

Boosters Explained

IF YOU RECEIVED

Pfizer-BioNTech or Moderna

You are eligible for a booster if you are:

- 65 years or older
- Age 18+ who live in long-term care settings
- Age 18+ who have underlying medical conditions
- Age 18+ who work or live-in high-risk settings

When to get a booster:

At least six months after your second shot

Which booster should you get?

Any of the COVID-19 vaccines authorized in the United States

IF YOU RECEIVED

Johnson & Johnson's Janssen

You are eligible for a booster if you are:

18 years or older

When to get a booster:

At least two months after your shot

Which booster should you get?

Any of the COVID-19 vaccines authorized in the United States

You may choose which COVID-19 vaccine you receive as a booster shot. Some people may have a preference for the vaccine type that they originally received, and others may prefer to get a different booster. CDC's recommendations now allow for this type of mix-and-match dosing for booster shots.



CDC's

recommendations

now allow for this

type of mix-and-

match dosing for

booster shots.

Practice Points

By Louise Wilson



Medicaid Billing for School Health and School Nursing Services

Not every school bills for Medicaid services. If your school does not you can ignore these Practice Points, or you can read on, learn more, and suggest that your district avail themselves of these funds. While not representative of the entire state, according to the results of the 2020/21 voluntary Wisconsin School Health Services Survey, 84 percent of those public schools reporting data do bill for Medicaid services. That survey, participation, and results is a subject for a future Practice Points!

The Wisconsin Medicaid School-Based Services (SBS) benefit is a way for school districts and Cooperative Educational Service Agencies (CESAs) to receive more federal funds to help pay for medically related special education and associated services. Obtaining reimbursement from Wisconsin Medicaid for these services helps your school district receive more money for your school's budget.

Wisconsin unlike some states, does not have a "free care rule" and so schools may only bill Medicaid for services if a student has been identified as needing specialized instruction and is receiving services in an Individualized Education Program (IEP). See [this](#) DPI bulletin. There are many categories under which schools can bill Medicaid, but the ones of interest to school nurses are "School Nursing" and "School Health Services."

If your district is billing for school health or school nursing services, they do so under your nursing license, so you need to have input in what is being documented in the IEP. The National Association of School Nurses' [position statement](#) supports the inclusion of school nurses on 504 and IEP teams as "the school nurse is responsible for supplying specific information describing which type of health services should be provided and how often the service(s) need to be provided." Accordingly, "it is the school nurse's role to identify needed health accommodations, outline a plan of care, provide nursing services, and evaluate the health-related components of the IEP and/or 504 Plan." (National Association of School Nurses. (2018). IDEIA and Section 504 teams - The school nurse as an essential team member (Position Statement). Silver Spring, MD: Author.)

Wisconsin Medicaid billing requires that the service provided is [delegated - even medication administration](#). In Wisconsin, medication administration is not required to be delegated to school staff by a registered nurse. For further discussion on this see DPI's [Administration of Medications in Wisconsin Schools](#). Therefore, for the district to bill Wisconsin Medicaid for medication administration, the registered nurse must take responsibility for delegating this medication administration, or the medication must be given by the registered nurse (RN) or a licensed practical nurse (LPN). RN or LPN administration of medication to students is not a requirement of [Wisconsin Stat. sec. 118.29](#). Thus, billing for medication administration may require more involvement in training or supervising medication administration than in situations where the school is not billing for SBS.

Additionally, for Wisconsin Medicaid coverage of SBS, there must be a care plan that identifies treatment goals that are measurable and outcome oriented. When the treatment goals identified in the IEP meet the conditions of measurable and outcome oriented, the IEP could be considered the care plan. Otherwise, providers are required to develop a separate “care plan” that contains measurable and outcome-oriented goals. This could be a nursing care plan written by the registered nurse. A nursing care plan documents the nursing process and has measurable goals. This nursing care plan is titled by [the school nursing profession as the Individualized Healthcare Plan or IHP](#). Remember if you are billing for school nursing or school health services these goals are health related. So, a school nurse can either write an IHP or document in the IEP the health-related goals and expected outcomes.

For Wisconsin Medicaid billing, the IEP should include a statement describing the type of health service needed, the qualifications of the person providing the service, and the frequency of the service. An example of this for a student with an attention disorder that qualified them for special education services under Other Health Impaired (OHI) is:

the student has a disability related need for organizational skills and attention regulation. The school health service of medication administration provided once daily at school will help address this need. The medication will be administered by the health aide under the delegation of the school nurse.

More information on Wisconsin Medicaid billing can be found on the current [DHS Wisconsin Medicaid webpage](#), in the archived document *Wisconsin Department of Health and Family Services. 2005. Wisconsin Medicaid School-Based Services Handbook* <https://www.forwardhealth.wi.gov/kw/pdf/sbs.pdf>, and [Wis. Stat. sec. DHS 107.36\(1\)\(e\)](#) listed below.

(e) *Nursing services.* Professional nursing services relevant to the recipient's medical needs are covered school-based services. These services include evaluation and management services, including screens and referrals for treatment of health needs; treatment; medication management; and explanations given of treatments, therapies and physical or mental conditions to family members or school district or CESA staff. The services shall be performed by a registered nurse licensed under s. [441.06](#), Stats., or a licensed practical nurse licensed under s. [441.10](#), Stats., or be delegated under nursing protocols pursuant to ch. [N 6](#). The services shall be prescribed or referred by a physician or an advanced practice nurse as defined under s. [N 8.02 \(1\)](#) with prescribing authority granted under s. [441.16 \(2\)](#), Stats., and shall be identified in the recipient's IEP.

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>

November 2021 Wisconsin Department of Public Instruction

The Department of Public Instruction does not discriminate on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation or disability.



CHILDREN'S VISION DIGITAL SCREEN TIPS

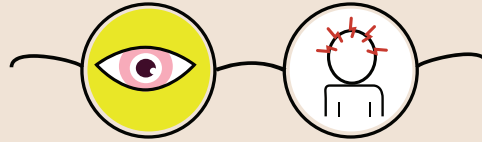
WHEN A CHILD DOES THIS:



INABILITY TO SLEEP



FREQUENT RUBBING OF EYES



TIRED EYES

HEADACHES



DIFFICULTY FOCUSING

IT'S TIME TO DO THIS:

ENCOURAGE HEALTHY SCREEN HABITS!



Birth through 1 year:
No digital media use.



Ages 2 through 5 years:
1 hour a day maximum.



Ages 6 years & older:
Consistent management of screen time & content.

PLAY OUTDOORS!

1 to 2 hours daily.



LOOK OUT!

Discourage use of ANY screen held close to the eyes.

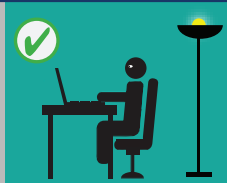


SIT UP!

Screen

- At arms-length
- Slightly below eye level
- Tilted away

Light behind user.



SEE COMFORTABLY!



Adjust screen brightness & contrast.

Avoid Screen Glare



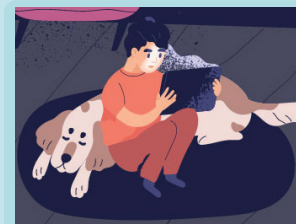
LOOK UP!

Look into the distance several times an hour.



BLINK!

To keep eyes moist.



SHUT DOWN!

Stop device use 1 to 2 hours before sleep.



KNOW THE SIGNS!

that might indicate a vision problem. Children's vision can change quickly.



VISIT AN EYE DOCTOR!

Always seek eye care if:

- Vision symptoms persist.
- The child does not pass a vision screening.

- Replace damaged or out-of-date eyeglasses & contact lenses.
- Schedule routine eye exams as recommended.

FIND OUT MORE! preventblindness.org/kids-screens

CONSEJOS SOBRE PANTALLAS DIGITALES PARA LA VISIÓN DE NIÑOS

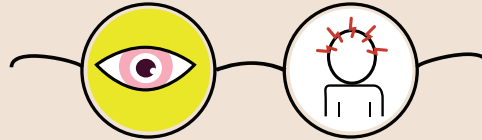
CUANDO UN NIÑO HACE ESTO:



INCAPACIDAD DORMIRSE



FROTARSE LOS OJOS CON FRECUENCIA



OJOS CANSADOS

DOLORES DE CABEZA



DIFICULTAD PARA CONCENTRARSE

ES LA HORA DE HACER ESTO:

¡FOMENTE HáBITOS SALUDABLES FRENTE A LAS PANTALLAS!



Desde el nacimiento hasta el 1 año: Sin uso de medios digitales.



De 2 a 5 años: 1 hora al día como máximo.



A partir de los 6 años: Gestión constante del tiempo y el contenido frente a la pantalla.

¡JUEGUE AL AIRE LIBRE!

1 a 2 horas diarias.



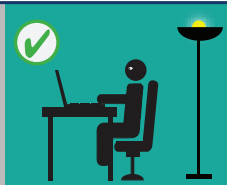
¡ESTÉ ATENTO!

Desaliente el uso de **CUALQUIER** pantalla cerca de los ojos.

¡PÓNGASE DERECHO!

Pantalla

- Al alcance de la mano.
 - Ligeramente por debajo del nivel de los ojos.
 - Titulado.
- Luz detrás del usuario.

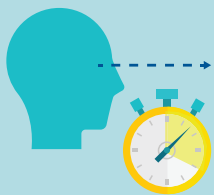


¡VEA CÓMODAMENTE!



Ajuste el brillo y el contraste de la pantalla.

Evite el resplandor de la pantalla.



¡MIRE!

Mire a lo lejos varias veces por hora.



¡PARPADEE!

Para mantener los ojos húmedos.



¡APAGUE!

Detenga el uso del dispositivo 1 a 2 horas antes de dormir.



¡CONOZCA LAS SEÑALES!

Eso podría indicar un problema de visión. La visión de los niños puede cambiar rápidamente.



¡VISITE A UN OCULISTA!

Siempre busque cuidado ocular si:

- Los síntomas de la visión persisten.
- El niño no pasa una evaluación de la vista.

- Reemplace anteojos y lentes de contacto dañados o vencidos.
- Programe exámenes oculares de rutina según lo recomendado.

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