

School Nurse UPDATE

FEATURED STORIES

PRACTICE POINTS –
Implementing “CPR in
Schools”

First Nations Lecture
Series (p. 3)

DHS Policy Change (p. 6)

WNA Webinar on Verbal
Abuse (p. 15)

NASN Day in the Life of a
SN Video (p. 11)

SAVE THE DATE

WASN Spring Conference-
April 28-29, 2022 - Green
Bay, WI

Next DiSH - WI Session –
December 15, 2021

School Nurse Network
Meeting - December 21,
2021, 3:30-4:30 PM (link
will be sent out the day
prior)



#8 December 9, 2021

Happy Holidays!

This will be the final Update until the new year (2022). I am going to be taking vacation during the traditional days of Winter Break. Last Update I wrote about the need for rejuvenation. That message still resonates with me. If you have a chance, look at the [Jamboard](#) created to collect reflections of what brings us joy. Add your own thoughts.

Holiday celebrations bring me joy. Silly ornaments bring me joy. Someday we will look back with stories of “remember when...”

In the meantime, this Update reminds us COVID is very real, and the pandemic continues. The announcement from the Department of Health Services (DHS) that **DHS now recommends, but no longer requires**, confirmatory lab-based/PCR tests in symptomatic persons with a negative point-of-care test result or asymptomatic persons with a positive point-of-care test has resulted in many questions from school nurses. This will be addressed in the **December 15th DHS/DPI webinar (4:00-5:00 PM)**. See **my comments about this new recommendation** under DHS News.

There is an article in the Miscellaneous section that should remind school nurses and staff to **handle vape pens carefully**. Also under Miscellaneous is an invitation to a **free screening of Your Choice to Live, Inc.’s Your Choice Youth Presentation in a Movie Format**. This is a great resource for schools. See the flyer at the end of the newsletter. The virtual screening is **December 9, 2021, 11:30 AM- 12:30 PM**.

For the first time in many weeks the articles under the MMWR section do not relate to COVID. Instead, the two articles **discuss Autism prevalence rates** as measured by surveillance areas in 11 states, including Wisconsin.

I’ve been asked several times to clarify the “CPR in Schools” requirement and to comment on school nurse involvement in teaching these courses. I address this in PRACTICE POINTS.

Wishing all a safe, restful, and healthy Break!

Louise

DPI News



NEW! Wisconsin School Mental Health Framework: Building and Sustaining a Comprehensive System

DPI has released an update to the [Wisconsin School Mental Health Framework](#). This framework presents a comprehensive approach to mental health work in schools, which integrates mental health supports into the Equitable Multilevel System of Supports. A comprehensive school mental health system (CSMHS) includes a continuum of services and supports to promote student and staff mental health by fostering social and emotional wellbeing and positive school culture, and eliminating systemic barriers to wellbeing and success for all students. A CSMHS increases health equity by ensuring all students and staff have access to the prevention, early intervention, and treatment supports that they need, when they need them, free of stigma. Wisconsin's framework outlines six components of a CSMHS and provides guidance on implementing them from a trauma sensitive lens.

Looking for implementation support? Check out DPI'S mental health [website](#) and keep an eye out for the Wisconsin Comprehensive School Mental Health Toolkit, coming soon.

New School Nurse Training Resource

A new resource was added to the school nurse training webpage <https://dpi.wi.gov/sspw/pupil-services/school-nurse/training>. [eHomeCare](#) is an online training program designed to provide comprehensive information for those caring for children with a tracheostomy with/without a ventilator. Learners can use this educational intervention for initial training, an annual review, and as an ongoing resource. <https://ce.icep.wisc.edu/ehomecare>

Considerations when Using Facial Coverings when Supporting Students during In-Person Instruction

Wisconsin DPI updated [Considerations when Using Facial Coverings when Supporting Students during In-Person Instruction](#) that outlines considerations and resources for using facial coverings for students with various disability-related needs.

[eHomeCare](#) is an online training program designed to provide comprehensive information for those caring for children with a tracheostomy with/without a ventilator.

DPI News

First Nations Studies 2021-2022 Webinar Lecture Series Monthly Webinars (November 2021 - June 2022)

About the Lecture Series

The Wisconsin Department of Public Instruction (DPI) - American Indian Studies Program, in partnership with CESA 12, is offering a unique opportunity to participate in a series of webinars to continue your journey of personal and professional development around First Nations Studies.

The monthly two-hour webinar lecture series workshops will begin in November 2021 and continue through June 2022. The lecture series will feature various Native American scholars in the fields of history, literature, and education, among other academic content areas. At each session, you will have the opportunity to hear from and learn from Indigenous authors and speakers.

NOTE: You must be present during the advertised date and time(s) to participate and watch the webinar. The webinars will NOT BE RECORDED. Additionally, participants do NOT have permission or authorization to record either via video or audio the contents of the session attending.

Featured Webinar Monthly (November - June) Speakers

***Each session must be registered separately for the First Nations Studies 2021-2022 Webinar Lecture Series.

December 2021

Speaker: [Katrina Phillips](#) (Red Cliff Band of Lake Superior Chippewa), Macalester College

Title & Registration: [myQuickReg - Changing the Narrative: Cultural Representation in the Classroom and Popular Culture](#)

Date & Time: Wednesday, December 8, 2021 | 10:00am - 12:00pm

January 2022

Speaker: [Brian McInnes](#) (Ojibwe and Potawatomi Nations), University of Wisconsin-Madison

Title & Registration: [myQuickReg - Indigenous Education: Foundations, Approaches, and Accountability](#)

Date & Time: Thursday, January 27, 2022 | 10:00am - 12:00pm

February 2022

Speaker: [Margaret Huettl](#) (Lac Courte Oreilles Band of Lake Superior Descendant), University of Nebraska-Lincoln

Title & Registration: [myQuickReg - Re-Storying Indigenous Pasts, Presents, and Futures](#)

Date & Time: Tuesday, February 15, 2022 | 10:00am - 12:00pm

March 2022

Speaker: [Rebecca Webster](#) (Oneida Nation), University of Minnesota-Duluth

Title & Registration: [myQuickReg - Haudenosaunee Three Sisters Gardening and Seed Saving](#)

Date & Time: Thursday, March 10, 2022 | 10:00am - 12:00pm

Schedule continued next page.

DPI News

April 2022

Speaker: [Heather Ann Moody](#) (Ho-Chunk Nation), University of Wisconsin-Eau Claire

Title & Registration: [myQuickReg - Decolonizing Ourselves and Our Curriculum](#)

Date & Time: Wednesday April 20, 2022 | 10:00am - 12:00pm

May 2022

Speaker: [Samantha Majhor](#) (Dakota and Assiniboine Descendant), Marquette University

Title & Registration: [myQuickReg - Looking to the Future in New Native American Literatures](#)

Date & Time: Monday, May 16, 2022 | 3:00pm - 5:00pm

June 2022

Speaker: [Brigetta Miller](#) (Stockbridge-Munsee Band of Mohican), Lawrence University

Title & Registration: [myQuickReg - Honoring Indigenous Ways of Knowing In Our Schools: Empowering A Future For All Students](#)

Date & Time: Wednesday, June 8, 2022 | 10:00am - 12:00pm

Participant Outcomes

As a result of attending this webinar series, participants will have an opportunity to:

- have an opportunity to continue their journey of personal and professional development around First Nations Studies.
- learn about and gain an understanding of the unique circumstances faced by Native people in the past and today and the effect it has on today's students, families, and communities.
- receive information, resources to identify books, and strategies to support teaching and learning about Native peoples, communities, and nations.
- deepen their understanding of the American Indian experience through stories and information shared by the speakers.
- understand the historical experiences and contemporary issues of American Indian peoples and nations through storytelling, language, literacy, etc.

Target Audience

- District Administrators and Principals
- Classroom Teachers
- Curriculum Specialists, Directors of Instruction, and Library Media Specialists
- School Counselors, Social Workers, and Psychologists
- Cooperative Educational Service Agencies (CESAs) Administrators and Staff
- Tribal, Community, and School Liaisons (Home-School/Title VI/Johnson O'Malley Coordinators and Staff)
- Tribal Education Directors and Staff
- Head Start, Early Childhood, and Preschool Staff
- College and University (especially Schools of Education) Students, Faculty, and Staff
- Any others with an interest in American Indian Studies and education.

Continued next page



DPI News

Facilitator

Bwaakoningwiid David J. O'Connor, American Indian Studies Consultant, Wisconsin Department of Public Instruction; Phone: (608) 267-2283 or david.oconnor@dpi.wi.gov.

Additional Information/Disclaimers

The training webinar will NOT be recorded or otherwise shared after the scheduled dates. The DPI American Indian Studies Program has found that this allows for more candid conversations, richer dialogue, and increased participation.

This training webinar does NOT meet statutory license stipulations for "Wisconsin American Indian Tribes and Bands," which is often referenced as Wisconsin Act 31. For those seeking to address statutory license stipulations, please visit the Wisconsin Department of Public Instruction (DPI) Educator Preparation and Licensing - Statutory License Stipulations webpage for a list of approved courses and workshops. You can also visit the DPI American Indian Studies Program for further information.

* The DPI American Indian Studies Program reserves the right to prioritize enrollment to LEAs with federally identified IDEA status, Wisconsin's First Nations, and districts with significant educational equity needs.

Training Format

Each session will be two hours in length and facilitated by Bwaakoningwiid David J. O'Connor in partnership with the respective presenters for each session. The sessions are intended to be interactive and will include discussion time at the end of each session.

These sessions will be facilitated online using the Zoom cloud video conferencing platform.

Registration and Fees

There are NO registration fees to participate in these webinars offered by the DPI American Indian Studies Program, which are funded through the Individuals with Disabilities Education Improvement Act (IDEA).

Funding for this training limits individual acceptance to **WISCONSIN RESIDENTS** only. Registration is limited to 300 individuals per session. Pre-registration is required.

***Each session must be registered separately for the First Nations Studies 2021-2022 Webinar Lecture Series.

Questions

Judy Ross, Program Assistant III
[CESA #12](#) - Center for Special Education and Pupil Services
American Indian Studies Program, <https://dpi.wi.gov/amind>
618 Beaser Avenue, Ashland, WI 54806
Direct Line: (715) 685-1837
E-mail: judy@cesa12.org

For more great training opportunities offered by DPI American Indian Studies Program, please visit our website at <https://dpi.wi.gov/amind/events/upcoming>.

DHS News

COVID-19 Testing Support for K-12 Schools DHS policy change on confirmatory PCR tests

DHS now recommends, but no longer requires, confirmatory lab-based/PCR tests in symptomatic persons with a negative point-of-care test result or asymptomatic persons with a positive point-of-care test result. The official memo on this change can be [found here](#). The standing prescription order from Dr. Ryan Westergaard, state Chief Medical Officer, is being updated to reflect this change.

Please monitor your rapid test supply inventory closely and communicate with your assigned vendor should your needs change.

While lab-based RT-PCR/NAAT tests are still considered the “gold standard” for diagnosis because of their high sensitivity and specificity, point-of-care tests are an increasingly popular alternative strategy because they are relatively inexpensive and provide results in 15 minutes or less. It is important to note there are still situations when confirmatory, lab-based testing may be needed to rule out false positive and false negative results. This includes when the public health risk or consequences of a false result are high, or for individuals who receive unexpected results given their likelihood of infection.

DPI comments: *DHS made these recommendations based on the understanding that using point-of-care tests for screening asymptomatic individuals is of particular value in settings where lab-based tests are not available, or if turnaround times for lab-based tests are prolonged. DHS also notes that the impact of false positive test results may be significant, especially in school settings, as they can lead to the unnecessary exclusion of students and staff from in-person instruction for extended periods of time (false positive for an asymptomatic individual). Confirming point-of-care test positives with lab-based molecular testing would reduce the number of people required to isolate or quarantine due to false positive results. Therefore, while no longer required, schools may consider still doing follow up lab-based molecular testing (RT-PCR/NAAT) especially for asymptomatic students and staff who test positive in screenings or are on quarantine.*

The significant change impacting schools is that symptomatic students or staff who test negative with a point of care antigen test can return or remain in school and do not need to wait for the results of a lab-based test (RT-PCR/NAAT). These would be your students with running noses, mild cough, mild headaches. Any student who has a fever, is vomiting, or has diarrhea should not be in school; or if they are having severe asthma episodes or cannot pay attention due to pain or illness. Simply because they have a negative antigen test for COVID-19 does not mean they should stay in school.



It is important to note there are still situations when confirmatory, lab-based testing may be needed to rule out false positive and false negative results. This includes when the public health risk or consequences of a false result are high, or for individuals who receive unexpected results given their likelihood of infection.

DHS News

DHS Recommends COVID-19 Vaccine Booster Dose for Anyone 18 and Older

On November 19, the [Wisconsin Department of Health Services \(DHS\)](#) announced our recommendation that **everyone ages 18 and older receive a booster dose of COVID-19 vaccine following the completion of their primary series.** People 18 and older who have received Pfizer or Moderna may get their booster six months after their second dose, and people who have received Johnson & Johnson may get their booster two months after their single dose.

Booster doses are an important tool in making sure protection against COVID-19 remains high. And, getting a booster dose is easy! You can get it where you received your primary series, or you can go to any other convenient location. Also, booster dose “mixing and matching” is allowed, so you do not need to get the same vaccine type for your booster dose. To find a location near you, visit [Vaccines.gov](#) or call 211.

For additional information about booster doses, additional doses, and help accessing your COVID-19 vaccine record to determine when you may be recommended for a booster, visit the DHS [Additional Doses and Booster Doses](#) webpage.

Know the Facts: COVID-19 Omicron Variant

A new COVID-19 variant was identified last week in South Africa and cases of this new variant have also been identified in 14 other countries. On November 26, 2021, the World Health Organization (WHO) classified this variant, B.1.1.529, as a variant of concern (VOC). The variant was named Omicron and has been demonstrated to be associated with one or more of the following changes:

- Increased transmissibility.
- Increase in virulence or change in clinical presentation of the disease.
- Decrease in effectiveness of public health and social preventative measures.

This variant is a cause for concern but not a cause for panic. We have more tools to fight the variant today than ever before. **The best protection against this new variant, or any variant of COVID-19, is to get fully vaccinated and get a booster shot.** If you are not vaccinated, now is the time to get vaccinated and to take your child to get vaccinated. Anyone ages 5 and older can get a free, safe, and effective vaccine now. If you are 18 and older and it has been at least six months since your second dose of Pfizer or Moderna COVID-19 vaccine, or at least two months since you got your Johnson & Johnson COVID-19 vaccine, getting your **booster shot** will provide the best protection from COVID-19, including this new variant.

Vaccines reduce a virus’s ability to infect people. Vaccines provide protection against COVID-19 variants since many of the characteristics of the virus remain the same. **The sooner people get vaccinated against COVID-19, the less opportunity we give the virus to keep mutating.** To find a COVID-19 vaccine provider in your community, visit [Vaccines.gov](#), or call 211 or 877-947-2211.

DHS also urges all Wisconsinites to take a layered approach to help slow the spread of COVID-19. People should continue to wear masks, avoid large gatherings, maintain good hand hygiene, and get vaccinated.

WHAT DO WE KNOW ABOUT THE Omicron Variant

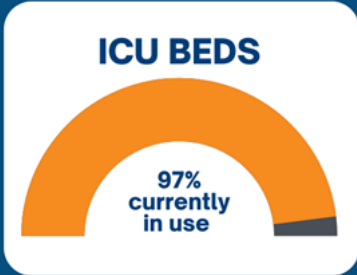


There is a newly classified 'variant of concern' in the U.S.

Just as with Delta, it is important to: get vaccinated, wear a mask in public indoor places, avoid large gatherings, wash hands, and stay home when you are sick.



Wisconsin Hospitals are Operating at Full Capacity



Do your part to help health care workers:



Get Vaccinated Mask Up Stay 6' Apart Wash Hands



DHS News

Respiratory Report

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

Indoor Air Quality Assistance

The Lawrence Berkeley National Laboratory is actively enrolling districts to participate in the [Efficient and Healthy Schools campaign](#). They offer technical assistance on HVAC, IAQ, and other energy efficiency areas. Also, they are currently accepting applications for [recognition](#).

Also, they are assisting the Center for Green Schools (USGBC) in trying to get more districts to fill out their [IAQ survey](#). The goal of the survey is to understand the implementation of ventilation, filtration, and other building controls by schools in response to COVID-19. This is a follow-up of [prior work](#) that is published with ASHRAE and Harvard School of Public Health. The short, 20-minute survey will inform a national report to help local, state, and federal policymakers understand what is needed on the ground.



Recovery from many viral infectious diseases is followed by a period of infection-induced immunologic protection against reinfection. This phenomenon is widely observed with many respiratory viral infections... wanes over time making individuals susceptible to reinfection.

CDC

Science Brief: SARS-CoV-2 Infection-induced and Vaccine-induced Immunity

This brief provides an overview of the current scientific evidence regarding infection-induced and vaccine-induced immunity, including both peer-reviewed and preprint publications, as well as unpublished CDC data. Although comprehensive, it is neither a formal systematic review nor meta-analysis. New data continue to emerge, and recommendations will be updated periodically, as needed.

Recovery from many viral infectious diseases is followed by a period of infection-induced immunologic protection against reinfection. This phenomenon is widely observed with many respiratory viral infections, including both influenza and the endemic coronaviruses, for which acquired immunity also wanes over time making individuals susceptible to reinfection.

CDC continues to recommend COVID-19 vaccination for all eligible persons, including those who have been previously infected with SARS-CoV-2. <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/vaccine-induced-immunity.html>

Office of Children's Mental Health

FIRST LADY KATHY EVERS AND OFFICE OF CHILDREN'S MENTAL HEALTH ISSUE YOUTH ACTION RECOMMENDATIONS

Youth need trustworthy, supportive adults and mental health education. These are two [Recommendations for Action](#) from the Wisconsin Office of Children's Mental Health (OCMH). They are among the recommendations Wisconsin youth identified to address the concerning and increasing rates of anxiety, depression, and lack of belonging they were experiencing even before the pandemic led many organizations to declare a national emergency in child and adolescent mental health. The OCMH Resiliency Impact Team of mental health professionals, people with lived experience, advocates, and young people developed the guidance after a series of OCMH listening sessions, during which youth voiced their ideas to strengthen mental health supports in our state.

"Young people want to share their thoughts on youth mental health and have important things to say," said First Lady Kathy Evers. "I am pleased to work with OCMH to raise youth voices on how to improve mental health."

The report offers six insights and 11 recommendations for action. The recommendations fall into three categories: 1) organizational/culture, 2) youth voice, and 3) mental health education. By releasing the Recommendations for Action, OCMH hopes to challenge organizations and individuals to consider how best to incorporate them into policy, practice, and culture.

Highlights include:

- Insights
 - Youth need trustworthy, reliable adults. They want a number of adults from diverse backgrounds who can talk with them about mental health, so they can find someone who shares their identity in one or more ways.
 - Mental health education is needed from early childhood through young adulthood and it needs to be included in all parts of the educational curriculum.
- Recommendations for Action
 - Create youth leadership opportunities in school as well as community organizations.
 - Expand how mental health is defined to include the whole person (eating, feeling, learning, etc.). Connect mental health to other activities and curriculum.

"These action recommendations offer concrete practice and policy steps that communities can take to improve the mental health of young people," said OCMH Director Linda Hall.

Annie Leffel participated in the youth listening sessions and helped develop the action recommendations, and said, "This report gives our youth voices the credibility that they deserve. We all know the importance of speaking up for ourselves and others, and this report is a great step in furthering that conversation."

For information about Wisconsin children's mental health, visit the [OCMH website](#). You can also follow @OCMHWI on [Facebook](#) and @WIKidsMH on [Twitter](#).

NASN News

Moses Taylor Foundation Creates Day in the Life of School Nurse Video

Healthy kids set the stage for strong communities, and students who don't feel well can't reach their full potential. That is why school-based health is a strategic focus area for the Moses Taylor Foundation, and they are committed to supporting school nurses who are at the intersection of health and education.

School nurses are highly trained medical professionals, yet most people don't fully understand their role. [Watch the video – "A Day in the Life of a School Nurse" – and share](#) with administrators, educators, parents, and others to help illustrate the varied, robust, and important nature of our jobs.

NASN's COVID-19 Interactive Tools

[Can I Send My Student to School](#): Designed for school nurses to share with families, this interactive tool is based on CDC COVID-19 guidance and designed to guide families through assessing when their child should stay home from school.

[How to Manage Difficult Conversations](#): A quick micro-burst of learning, this interactive module teaches school nurses a simple formula to use to respond effectively to challenging conversations.

[COVID-19 and Students, Frequently Asked Questions](#): A resource designed to answer some questions families may have about students' health during COVID-19 and to support families with links to find additional resources.

New Issue Policy Brief Regarding Nurses Spreading Misinformation about COVID-19

Nurses are urged to recognize that dissemination of misinformation not only jeopardizes the health and well-being of the public but may place their license and career in jeopardy as well. The brief states, "It is an expectation of the U.S. boards of nursing, the profession, and the public that nurses uphold the truth, the principles of the American Nurses Association Code of Ethics for Nurses and highest scientific standards when disseminating information about COVID-19 or any other health-related condition or situation." [Read the entire brief here](#)



School nurses are highly trained medical professionals, yet most people don't fully understand their role.

NASN News

National Handwashing Awareness Week is the First Week of December

Personal hygiene begins and ends with our hands. And though we're taught as youngsters to wash our hands before dinner, it's important to remember that germs don't care what time of day it is. Clean hands prevent sickness. National Handwashing Awareness Week takes place each year during the first week of December. [Check out activities and resources you can use in your school.](#)

NASN Resources: NASN has great [handwashing hygiene resources including a series of videos](#) that you can use as a tool to educate the school community about the importance of washing.

MMWR

Early Identification of Autism Spectrum Disorder Among Children Aged 4 Years – Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2018

Autism spectrum disorder (ASD) is a developmental disability characterized by deficits in social communication and interaction and the presence of restricted interests and repetitive behaviors. Early routine screening for ASD and other developmental concerns is recommended by the American Academy of Pediatrics (1) because early evaluation, diagnosis, and evidence-based interventions could enhance short-term and long-term developmental outcomes for young children with ASD.

This report focuses on children aged 4 years in 2018, who were born in 2014 and had a parent or guardian who lived in the surveillance area in one of 11 sites (Arizona, Arkansas, California, Georgia, Maryland, Minnesota, Missouri, New Jersey, Tennessee, Utah, and Wisconsin) at any time during 2018.

Results: For 2018, the overall ASD prevalence was 17.0 per 1,000 (one in 59) children aged 4 years. Prevalence varied from 9.1 per 1,000 in Utah to 41.6 per 1,000 in California. At every site, prevalence was higher among boys than girls, with an overall male-to-female prevalence ratio of 3.4. [Read full report.](#)

Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years – Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2018

The Autism and Developmental Disabilities Monitoring (ADDM) Network conducts active surveillance of ASD. This report focuses on the prevalence and characteristics of ASD among children aged 8 years in 2018 whose parents or guardians lived in 11 ADDM Network sites in the United States (Arizona, Arkansas, California, Georgia, Maryland, Minnesota, Missouri, New Jersey, Tennessee, Utah, and Wisconsin).

Results: For 2018, across all 11 ADDM sites, ASD prevalence per 1,000 children aged 8 years ranged from 16.5 in Missouri to 38.9 in California. The overall ASD prevalence was 23.0 per 1,000 (one in 44) children aged 8 years, and ASD was 4.2 times as prevalent among boys as among girls. Overall ASD prevalence was similar across racial and ethnic groups, except American Indian/Alaska Native children had higher ASD prevalence than non-Hispanic White (White) children (29.0 versus 21.2 per 1,000 children aged 8 years). [Read full report.](#)

Medscape Nurses

When a Patient Refuses a Nurse Assignment

For too long nursing has turned a blind eye to micro- and macro-aggressions committed by patients. The sociopolitical upheaval brought on by COVID-19 and an increased consciousness of health inequities have prompted the need for nuanced discussion of the prejudice healthcare workers experience. [Read more.](#)

Diagnosis of Attention Deficit/Hyperactivity Disorder in Children and Adolescents: A Helpful Guide

Attention deficit/hyperactivity disorder (ADHD) is a collection of symptoms marked by a persistent pattern of hyperactivity-impulsivity and/or inattention, which hinders a person's executive functioning skills, including attention, concentration, memory, organization, motivation, and emotional control. ADHD is a highly genetic and chronic condition caused by dysfunction of the chemical, structural, and connectivity in the brain (Frank, 2020). The risk of developing ADHD increases two and eight times in individuals with parents or siblings diagnosed with ADHD (Smith et al., 2009). Quite a few myths exist with regard to ADHD's etiology; however, research does not lend credence to any idea that ADHD has causal factors associated with failed parenting, traumatic events, TV viewing, a diet high in sugar, or factors in one's social sphere or environment. Though the ADHD pathogenesis is unknown, research has shown that brain dysfunction in ADHD is associated with an abnormal level of dopamine and norepinephrine neurotransmitters in the frontal-subcortical circuits that hinder the communication between neurons and cause disruption in the activation of various brain functions. [Read article.](#)



ADHD is a highly genetic and chronic condition caused by dysfunction of the chemical, structural, and connectivity in the brain.

Miscellaneous

Sheriff: 2 officers, nurse given Narcan after being exposed to fentanyl found in student's vape

Two school resource officers and a high school nurse were given Narcan after being exposed to fentanyl found in a student's vape pen on Tuesday, officials said. [Read more.](#)

Your Choice to Live, Inc. Presents the Your Choice Youth Presentation in a Movie Format

This is a great resource for schools, treatment centers, counselors, families, and more. See flyer at the end of the newsletter offering a free virtual screening December 9, 2021, 11:30 AM- 12:30 PM.

Miscellaneous

2021 Interim Guidance to Health Care Providers for Basic and Advanced Cardiac Life Support in Adults, Children, and Neonates With Suspected or Confirmed COVID-19

In April 2020, the American Heart Association (AHA) Emergency Cardiovascular Care (ECC) Committee and Get With The Guidelines-Resuscitation Adult and Pediatric Task Forces published their Interim Guidance for Basic and Advanced Cardiac Life Support in Adults, Children, and Neonates With Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) at the start of the SARS-CoV-2 pandemic.

As the COVID-19 pandemic continues into 2021 and beyond, there is now a more accurate understanding of the transmissibility of SARS-CoV-2, a stabilizing of personal protective equipment (PPE) availability, and widespread vaccination of health care providers and some communities prompting the committee and task forces to update the initial interim guidance.² Both nationally and internationally, the prevalence of COVID-19 and variants, vaccination, and risk of transmission are variable, and individual systems and settings can utilize this guidance to match local risk.

While the initial interim guidance was focused on the use of PPE, as well as early intubation and control of the airway to decrease potential transmission risk to medical personnel, the updated 2021 interim guidance now aligns with the 2020 AHA guidelines for CPR and ECC with the provision of appropriate PPE usage and aerosol control for suspected and confirmed COVID-19 patients in settings where vaccinations have been readily adopted.

Out-of-Hospital Cardiac Arrest

For the out-of-hospital, public, cardiac arrest chest compressions should be immediately initiated. It is reasonable for the compressor to don a mask immediately, but initiation of chest compressions should not be delayed. Delays due to mask retrieval may increase the risk of death for the patient from delayed CPR while providing little benefit to the provider.

If immediately available, placing a face covering on a known COVID-19 patient may reduce the uncertain risk of aerosol exposure from compressions following defibrillation but should not prevent or delay defibrillation or chest compressions and is unnecessary for providers in appropriate PPE for AGPs.

Before or upon arrival, Emergency Medical Service providers should rapidly don appropriate PPE for AGPs without delay or interruption of chest compressions and excuse unprotected persons from the immediate scene of care as soon as possible.

Pediatric arrests occur primarily from respiratory causes, and ventilation is a lifesaving priority. Since ventilation of suspected and confirmed COVID-19 pediatric arrests poses a transmission risk, HEPA-filtered ventilation and health care provider masking, when available, can reduce the risk of transmission during CPR until providers arrive wearing appropriate PPE for AGP.

[Read more.](#)

Wisconsin Nurses Association

WNA Join the Conversation: Verbal Abuse Toward Nurses Webinar

Monday, December 13, 2021
7:00pm - 8:30pm

There are increased reported incidents of patient/client, family, or visitor verbal abuse toward nurses across all work settings. WNA is interested in exploring this issue to identify the prevalence, type, impact, and identified strategies for effectively navigating these incidents.

Join the Conversation as WNA's Workforce Advisory Council provides a live webinar via Zoom to include:

1. Current trends and findings.
2. Results of WNA's Verbal Abuse Toward Nurses Survey.
3. Moderated panel comprised of nurses working in a variety of settings that will discuss the survey results, personal experiences, and strategies for navigating this workplace issue.

Following the webinar, WNA will offer continued discussion via Wisconsin Nurses Connect networking platform.

Registration:

WNA Members: FREE

Non-WNA Members: \$15.00

Not a Member? [Join now](#) for only \$15.00 a month

MORE INFORMATION AND LINK TO REGISTER [HERE](#)

Did you miss our live webinars in September and October? WNA is excited to offer two of these timely topics as FREE recordings ALL nurses can watch at their leisure.

Featured Recordings - check out the webpages below to learn more:

- [Precision Health & Genomics: Implications for Nursing Practice](#)
- [Messenger RNA: The Path from Basic Science to Pandemic Vaccine](#)

There is no cost to view the recordings, but you must register to receive a link to each recording. No CE credit available for viewing the recordings. Stay current on topics that affect Wisconsin nurses. Visit our [webinar webpage](#) for more information on the wide variety of educational offerings and self-study videos WNA has to offer! Click [here](#) to register for the recordings.



There are increased reported incidents of patient/client, family, or visitor verbal abuse toward nurses across all work settings.



Children and COVID-19: State-Level Data Report

[Retrieved from American Academy of Pediatrics Children and COVID-19: State-Level Data Report](#)

Summary of Findings (data available as of 11/25/21):

Cumulative Number of Child COVID-19 Cases*

- 6,899,590 total child COVID-19 cases reported, and children represented 17.0 percent (6,899,590/40,497,291) of all cases
- Overall rate: 9,167 cases per 100,000 children in the population

Change in Child COVID-19 Cases*

- 131,828 child COVID-19 cases were reported the past week from 11/18/21-11/25/21 (6,767,762 to 6,899,590) and children represented 24.6 percent (131,828/535,597) of the weekly reported cases
- Over two weeks, 11/11/21-11/25/21, there was a 4 percent increase in the cumulated number of child COVID-19 cases since the beginning of the pandemic (273,733 cases added (6,625,857 to 6,899,590))

*Note: The numbers in this summary represent cumulative counts since states began reporting. In this summary and full report, the data are based on how public agencies collect, categorize, and post information. All data reported by state/local health departments are preliminary and subject to change and reporting may change over time. States may have additional information on their web sites.

Long-Haul COVID in Children and Teens

Medical experts aren't yet sure why some people experience health problems more than a month after they've been infected with SARS-CoV-2, the virus that causes COVID-19. What they do know is that long-haul COVID, also called long COVID or post-acute COVID-19, can happen even in children who had mild or no symptoms. Read the latest in this [HealthyChildren.org](#) article, which includes a new "Parent to Parent" by Melissa Lynch, whose 11-year-old daughter had COVID-19 last year and still struggles with debilitating symptoms today. Go [here](#).

HealthyChildren.org - Updated Content

[Face Masks for Children During COVID-19](#) (Spanish [here](#))

How to help kids with 'long COVID' thrive in school

[The Conversation](#) - Children who experience long COVID will need support at school. Some symptoms – such as fatigue, brain fog and memory impairment – are similar to those experienced after a concussion. But because these symptoms are challenging to identify or to track, it can be difficult for teachers to know how to help. We are researchers who study how schools manage concussions and the prevalence of long COVID and associated mental health outcomes. We believe strategies that schools use to support students with concussions may also help those with prolonged COVID-19 symptoms.

PRACTICE POINTS

By Louise Wilson

Implementing the “CPR in Schools” Statute

Since the 2017-2018 school year public school districts, independent charter schools, and private schools have been required to provide cardiopulmonary (CPR) and cardiocerebral resuscitation (CCR) to students in grades 7-12. This is according to [Wis. Stat. sec. 118.076](#). In March 2018, the Department of Public Instruction (DPI) updated our memo regarding DPI’s interpretation of this statute. The memo is located at this weblink:

https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/hestatutelifesaving_skills.pdf

I often receive questions from school nurses asking if they can teach these courses since they are certified American Red Cross (ARC) or American Heart Association (AHA) instructors. The answer is “yes, but...” so it is a good topic to address in Practice Points.

Per the [statute](#) any school that has students in grades 7-12 must provide CPR and CCR instruction to students in any health education course using an instructional program developed by the ARC, AHA, or another national recognized program. The instruction does not need to be at the level that would allow for or end in national certification. The instruction does include “the psychomotor skills necessary to perform CPR and CCR.” Students must also be instructed about the use of automatic external defibrillators (AEDs). However, the AED instruction does not require hands on practice, whereas the CPR portion does.

Schools may choose to offer classes to the higher standard that would lead to certification, but they are not required to do so by the statute. Courses that do not offer certification may be taught by “facilitators” who are not certified as CPR/AED instructors (by ARC or AHA).

Here is the part that confuses school nurses. CPR and CCR may be taught in any course in which health education is occurring. Because the courses must be taught as part of the (Health) curriculum the person teaching the course must be DPI licensed to teach that curriculum. School nurses are not licensed to teach classes. Even DPI licensed school nurses are not licensed to teach courses. So, while the school nurse as the content expert can teach the material, the DPI licensed teacher must be present. Note this material could be taught in Family and Consumer Education Courses and the same would apply. The FCE licensed teacher would need to be present.



*Here is the part that confuses school nurses...
Because the courses must be taught as part of the (Health) curriculum the person teaching the course must be DPI licensed to teach that curriculum.*

If school nurses have the capacity to teach this material alongside the DPI licensed teachers, this certainly is an acceptable practice. But anyone can facilitate the class and the “regular” DPI licensed teacher can learn the material to present it. The course does not need to lead to certification and thus does not need to be taught by a certified instructor. School nurse time might be better used to certify staff in CPR/AED/first aid. Being certified as an instructor is not a requirement to be a school nurse! It is just that many find this is an efficient way to get staff trained.

The other statement in the March 2018 memo I would point out, as it is a change in the original interpretation, is that multiple years of CPR or CCR instruction at the same school is not required. Students do not need CPR/AED instruction in every and all Health classes they take. See answer to question 3 in the [memo](#).

Another question that has come up recently due to COVID is answered in question 7. Students attending virtually are not exempt as the instruction may be administered either virtually or in-person.

I hope this clarifies some points regarding this statute for school nurses. If you continue to have questions, please feel free to contact me (louise.wilson@dpi.wi.gov) or DPI’s Health Education consultant Tacara Lovings (tacara.lovings@dpi.wi.gov).

School nurse time might be better used to certify staff in CPR/AED/first aid. Being certified as an instructor is not a requirement to be a school nurse!



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1/27/2022 | 10AM - 12PM



Margaret Huettl, Ph.D.
2/15/2022 | 10AM - 12PM



Rebecca Webster, Ph.D.
3/10/2022 | 10AM - 12PM



Heather Moody, Ed.D.
4/20/2022 | 10AM - 12PM



Samantha Majhor, Ph.D.
5/16/2022 | 3PM - 5PM



Brigetta Miller
6/8/2022 | 10AM - 12PM



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CST

YOUR
choice
PREVENTION EDUCATION

JOIN US FOR A

VIRTUAL FILM SCREENING

"The greatest power that we possess is
the power to choose"
- Unknown

An online screening of a powerful prevention tool:
the Your Choice Youth Presentation
in a movie format!

The Your Choice speakers have been traveling the Midwest since 2012, sharing raw and compelling personal stories of the power of choices when it comes to substance abuse. With the desire to increase both the reach and impact of these stories, they were created into a movie. This movie can be shown in classrooms, auditoriums, treatment centers and in homes. Learn from the experiences of those who made choices to use, those who were impacted by someone's choice to use, and those who didn't.

Registration is FREE, but required

https://us02web.zoom.us/webinar/register/WN_b1Gq7fN2TNOdfRCmRHTnEw

Considerations for School Nurses in Return to School: Dental Screening

Disclaimer Statement: This document provides a summary of currently available resources that school nurses can consult as they formulate independent nursing judgement for their practice or when participating in policy discussions in their districts. This document is not intended to provide clinical standards or guidelines. The school nurse is responsible for complying with applicable federal, state, and local laws, regulations, ordinances, executive orders, policies, and any other applicable sources of authority, including any applicable standards of practice. 8/20/2020.

Introduction

Due to the COVID-19 pandemic, it may be necessary to delay dental screenings until schools have adjusted to a regulated state of operations. Postponing screening until late fall or spring semester is an option as well as the school nurse individually screening students identified with specific dental concerns.

Tooth decay is the most common chronic disease of childhood. By the time a child enters kindergarten, more than 4-of-10 have had tooth decay (CDC, 2020). Left untreated, tooth decay can cause pain and serious oral infections that may compromise a child's ability to concentrate and learn. In the United States, approximately 16% of children and adolescents have untreated decay, rising to 20% in minority children and 23% among those living below 100% of the federal poverty threshold, reflecting profound ethnic and income disparities (CDC, 2019). Based on data from numerous state oral health surveys, the percentage of elementary school children with oral pain or a serious oral infection ranges from 2%-10% depending on location and population.

COVID-19 has had significant impacts on the provision of dental care. On March 16, 2020, the American Dental Association recommended that dentists nationwide postpone all elective procedures and provide emergency/urgent care only (ADA, March 16). In May, the Centers for Disease Control and Prevention (CDC) released interim infection prevention and control guidance for dental settings during the COVID-19 response which prompted most dental offices to return to providing non-emergency care (CDC, August 4). As of mid-August, 99% of U.S. dental practices have reopened although about half report lower patient volume (ADA, August 10).

Because of recent reduced capacity combined with parental fear, many children are not getting the dental care they need. This will likely increase the percentage of children with oral pain and/or a serious oral infection, especially in high-risk or vulnerable populations.

Assessment

As schools begin to reopen, school nurses, with or without assistance from outside organizations or individuals, will play an essential role in identifying children in need of dental care.

- In terms of COVID-19 transmission, the lowest risk oral health assessment is to question the child by asking if they have a toothache, teeth that hurt when they eat, or teeth that wake them at night.
- School nurses can also look for behaviors that suggest oral problems such as flinching/grimacing when eating or holding their face. Some children, however, do not verbalize oral pain or may have an infection/abscess that is not painful.
- The most reliable way to identify children in need of dental care is with in-school dental screenings – a simple, quick, and non-invasive assessment of a child’s oral health. During a dental screening, a health professional, such as a school nurse, uses a penlight or flashlight to look for obvious signs of disease such as a large cavity or an abscess.
 - A dental screening takes less than one minute per child and is an ideal in-school tool for triaging children in need of care.
 - During a dental screening, a child is classified based on urgency of need for dental care
 - No obvious problems, needs non-urgent dental care (small cavity)
 - Needs immediate/urgent dental care (pain, large cavity, or abscess)
- For more information on how to classify a child, refer to the [Oral Health Screening Pocket Guide for School Nurses](#) developed by the Ohio Department of Health. As previously mentioned, postponing dental screenings until late fall or spring semester is an option as well as the school nurse individually screening students identified with specific dental concerns.

Communication

- District leadership, school leadership, teachers, and parents need to be informed about the importance of identifying children in need of dental care through either verbal assessment or dental screenings.
- In schools where regular dental screenings are conducted (without the provision of dental services), most use passive (opt-out) consent. Verify school district policies for screening students.
- Dental screenings can be combined with other health screenings or conducted on a separate day.
- Facts regarding changes to screenings is important including if the screening is postponed or rescheduled. Information on changes such as the inability to provide dental sealants due to the pandemic needs to be clearly communicated with families, particularly if there are changes from the prior school year.

Infection Control Measures

- Based on recommendations from the Occupational Safety and Health Administration (OSHA), school-based dental screenings should use the following personal protective equipment: gloves, eye protection (e.g., goggles, face shield), and surgical mask (OSHA, 2020).
- Some dental screening programs have added a plexiglass barrier between the child and the screener in addition to the recommended PPE. Adding a plexiglass barrier, however, has not been proven to reduce transmission and is not currently listed as a PPE recommendation by CDC or OSHA.
- For more detailed information on the use of PPE, refer to NASN's [Guidance on Healthcare Personnel on the Use of Personal Protective Equipment \(PPE\) in Schools During COVID-19](#).

Resource for School Nurses Conducting Dental Screenings

- [Ohio Department of Health, Oral Health Screening Pocket Guide for School Nurses](#)

Resources for Finding Dental Screeners

- [Association of State and Territorial Dental Directors list of state oral health programs](#)
- [American Dental Association list of state and local dental societies](#)
- [American Dental Hygienists' Association list of state dental hygiene societies](#)
- [American Dental Association list of accredited dental and dental hygiene schools](#)

Resources for Obtaining Dental Care

If you identify a child in need of dental care, there are several resources to help you identify a dentist or dental clinic that will provide care. During COVID-19, all dental clinics will provide necessary emergency/urgent care, and most will stabilize children needing non-urgent care.

- [Federally Qualified Health Centers \(FQHCs\)](#)
- [Medicaid Dental Providers](#)
- [State and Local Dental Societies](#)

Acknowledgement statement for authors/reviewers

- Kathy Phipps, BSDH, MPH, DrPH, Chris Wood, RDH, BS, Lori Cofano, BSDH
- Association of State and Territorial Dental Directors (ASTDD)
- ASTDD is a national non-profit organization representing the directors and staff of state public health agency programs for oral health. It was organized in 1948 and is one of 20 affiliates of the Association of State and Territorial Health Officials (ASTHO). ASTDD formulates and promotes the establishment of national dental public health policy, assists state dental programs in the development and implementation of programs and policies for the prevention of oral diseases; builds awareness and strengthens dental public health professionals' knowledge and skills by

developing position papers and policy statements; provides information on oral health to health officials and policy makers, and conducts conferences for the dental public health community.

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Steps for Determining Close Contact and Quarantine in K-12 Schools



Students in **INDOOR CLASSROOMS** and **STRUCTURED OUTDOOR SETTINGS**

If yes to **all of the below**, the student is a close contact, **regardless of proper mask use**. If no to any, move to the next column.

LESS THAN 3 FEET

Was the student within 3 feet of another student diagnosed with COVID-19?

Has the student been in the presence of a student with confirmed or suspected COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period?

If the answers to the questions above are both yes, the student is a close contact, regardless of proper mask use.

If yes to **all of the below**, the student is a close contact. If no to any, then the student is not a close contact.

WITHIN 3-6 FEET

Was the student within 3 to 6 feet of another student diagnosed with COVID-19?

Has the student been in the presence of a student with confirmed or suspected COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period?

Were either of the two students **wearing masks inconsistently, incorrectly**, or not at all?

Use [masks](#) to slow the spread of COVID-19.



Students in **NON-CLASSROOM SETTINGS** and adults in **ALL SCHOOL SETTINGS**

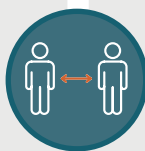
If yes to **all of the below**, the person is a close contact, **regardless of proper mask use**. If no to any, the person is not a close contact.

LESS THAN 6 FEET

Was the student or adult within 6 feet of someone diagnosed with COVID-19?

Has the person been in the presence of a person with confirmed or suspected COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period?

If the answers to the questions above are both yes, the person is a close contact, regardless of proper mask use.



Does the close contact need to quarantine?

If they are **NOT FULLY VACCINATED**

The close contact needs to [quarantine](#).

The close contact should monitor for symptoms and [get tested](#) immediately and again 5-7 days after the exposure. The close contact should [wear a mask](#) if they must be around others.

A school or public health official will determine the length of the quarantine. CDC recommends a total of 14 days from the date of the exposure.

Regardless of vaccination status, if a close contact develops [symptoms](#), they should [isolate](#) and [get tested](#) immediately.

If they are **FULLY VACCINATED**

The close contact does not need to [quarantine](#).

The close contact should monitor for [symptoms](#), [get tested](#) 5-7 days after the exposure, and [wear a mask](#) indoors in public for 14 days or until they receive a negative test result.

Regardless of vaccination status, if a close contact develops [symptoms](#), they should [isolate](#) and [get tested](#) immediately.

If they have had COVID-19 **WITHIN THE PAST 90 DAYS, COMPLETED ISOLATION, and RECOVERED**

The close contact does not need to [quarantine](#).

The close contact should monitor for [symptoms](#), [wear a mask](#) indoors in public for 14 days, and speak with a healthcare professional about testing recommendations.

Close contacts who had a prior infection in the past 90 days and who develop new [symptoms](#) should [isolate](#) immediately and consult a healthcare professional for testing recommendations.

