

## **NOTICES**

Welcome back!! I am sure many of you are already working hard, or may never have actually left! However, I hope that you have taken some time for relaxation before beginning the new school year. There are several new things that I want to make sure to tell you about, so please take the time to review this important start of the year update!

**New Changes in DPI training videos:** <http://dpi.wi.gov/sspw/pupil-services/school-nurse/training/medication>

**Inhaler:** There were minor changes made to the inhaler video, procedure, skills competency, and test. Asthma experts now say that there is no reason to wait between breaths if a student is to receive two puffs. Certainly, if there is an order stating a different procedure, follow the medical provider's order.

<https://www.youtube.com/watch?v=sgbwQyFNZaA>

**Injections:** This is a new training video that may be used for training staff on injections either as reinforcement or when the injection is not covered elsewhere in a training video. It goes into more detail on giving injections and covers intramuscular and subcutaneous injections. There is a video, procedure, skills competency, and test.

<https://www.youtube.com/watch?v=wupmuchqPM8>

**Epinephrine Administration:** This is a new training video on epinephrine auto-injector administration. It reviews the EpiPen® and the generic auto-injector. Subsequent to the completion of this video, new research was documented that now recommends improved stabilization of the leg, as well as removing the EpiPen® after 3 seconds, rather than 10 seconds. This is reflected in the procedure and skills competency documents.

<https://www.youtube.com/watch?v=z-MxRQUnMJQ>

***All of the above have been uploaded into the TRAIN system as well.***

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### **Other additions:**

**Carbohydrate Counting:** This is a new video that will assist the school nurse in training and enlisting others in the task of carb counting. There is no procedure, skills competency, or test with this video, as it will be very individualized based on the student's needs.

<https://www.youtube.com/watch?v=Wlpxrtf7QbY>

**WISHeS Procedures** now on DPI: The WISHeS procedures documents and videos are now uploaded to the WI DPI webpages. You will be able to still find these on the WISHeS website for a few more months.

<http://dpi.wi.gov/sspw/pupil-services/school-nurse/training/nursing-procedures>

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**New School Nurse Training in October:**

DPI and WASN Collaborate for the NEW SCHOOL NURSE TRAINING

October 12-13, 2016

Howard Johnson Plaza Hotel, 3841 E Washington Ave, Madison, WI 53704

Registration and agenda can be found here:

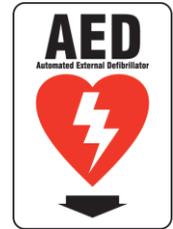
<https://www.regonline.com/Register/Checkin.aspx?EventID=1840737>

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**New Lifesaving skills instruction (CPR, CCR, & AED) guidance for 2016-17 and beyond:**

<http://dpi.wi.gov/sites/default/files/imce/sspwpdf/pehestatutelifesavingskills.pdf>

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**Data reporting for 2016-17**

The Wisconsin School Health Services Report 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. This is a voluntary report; however, we are hoping that all district school nurses and private school nurses will want to participate!! Only one person from each district should total the 2016-17 data for individual schools in the district and report it as an aggregated total to the Wisconsin Department of Public Instruction by June 23, 2017. Private or charter schools are welcome to participate if their data is not part of an aggregated district.

This year, the data collection will remain the same as last year's data points. Wisconsin's aggregated data will be collectively combined to the national data. You will submit the data by June 23, 2017 by going to the DPI data collection site. You can visit the DPI data information webpage at <http://dpi.wi.gov/sspwp/pupil-services/school-nurse/data> to see additional information. You can also visit the NASN Step Up Be Counted website at <http://www.nasn.org/Research/StepUpBeCounted> .

Collecting data as part of this national initiative is important. The Wisconsin Association of School Nurses (WASN) is supporting this initiative, and many of the WASN members have been involved with the development of the tool, both nationally and here in Wisconsin. The report is divided into three sections: health personnel, chronic conditions, and health office visit dispositions by those giving care.

Read each question carefully, as well as its definition. Also, note that the administering of medications, (daily, prn, and nursing procedures) is a face-to-face time with students and therefore should have a disposition (which would normally be to return to the classroom). **Attached** please find a pdf file of what the actual data entry site looks like. The live data entry port will not open until spring 2017.

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**Important!!** Immunization reporting changes and upcoming webinar:

**Wisconsin Student Immunization Law: What Schools Need to Know for Fall 2016**

Webinar with Q & A

Thursday, August 25, 2016

2:00 PM

Click to join:

<https://livestream.com/accounts/14059632/events/5766391>



Topics

- School booklet is online only
- Updated instructions and flowchart
- Updated School Report to LHD
- FERPA

*Hosted by the*

*Wisconsin Department of Health Services &*

*Wisconsin Department of Public Instruction*

*For more immediate information on the immunization booklet and forms, go to:*

<https://www.dhs.wisconsin.gov/immunization/regs.htm>

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**PROFESSIONAL DEVELOPMENT**

**Webinar: Zika Virus Response Planning: What School Administrators (and school nurses) Need to Know**

Friday, August 19th, 2016, 1:30-2:30 PM EST (12:30-1:30 PM CT)

Please join on Friday, August 19 to hear a special presentation from the Centers for Disease Control and Prevention (CDC) and the Department of Education titled Zika Virus Response Planning: What School Administrators Need to Know.

As the school year begins, many of you may have questions on CDC's guidance [Zika Virus Response Planning: Interim Guidance for District and School Administrators](#) in the Continental United States and Hawaii, and how schools can prepare for potential cases of Zika. We are excited to have Dr. Eric Dziuban, Chief Medical Officer in the Division of Human Development and Disability at CDC and lead for the Children's Health Team of the CDC Zika Virus Response, provide an overview of the guidance. In addition to the guidance, Dr. Dziuban will also discuss the following topics:

- Zika basics
- Roles and responsibilities of school officials and public health authorities

- Planning for possible Zika transmission in K-12 schools
- School preparations for mosquito-borne transmission of Zika in local areas, and
- Considerations for child care, camp, and higher education settings

Instructions to access the Webinar:

To activate and use your device's digital signals for BOTH Audio, Video, and the Presentation - join from a PC, Mac, iPad, iPhone or Android device by clicking:

Please click this URL to join. <https://cdc.zoom.us/j/494704100>

Or join Audio Only by phone (to see the presentation, you will still need to click the link above):  
+1 408 638 0968 (US Toll) or +1 646 558 8656 (US Toll)

Webinar ID: 494 704 100

International numbers available:

<https://cdc.zoom.us/zoomconference?m=a7oIUQUEHw6LFGARwHV3rcc1DfDdiahD>

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### **School Nurse Summer Institute Successful in Developing Collaborative Partners for Children with Diabetes**

If you missed the School Nurse Summer Institute—Managing Diabetes in the School Setting: A framework for collaborative care, there is still an opportunity for you to watch the videotaping of the program. The program was very successful as collaborative partners had the opportunity to work together to identify priorities for keeping children with diabetes safe in the school setting.

Watch the video and then read the Q & A document, **attached**. A Focus Paper will be available soon, outlining roles and responsibilities. Video:

<https://livestream.com/DHSWebcast/events/5859852> (in the first few minutes of the videotape there is a flickering, but it stops)

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### **Working with Sexually Active Teens:**

This past year the Wisconsin Department of Public Instruction, in collaboration with the PATCH Program at the Wisconsin Alliance for Women's Health and Public Health Madison and Dane County, hosted Working with Sexually Active Teens: Following the Law and Honoring Teens' Rights. This event focused on issues of mandated reporting in working with sexually active teens. The goals of the event were:

1. To help participants follow laws that support sexually active teens
2. To keep teens safe
3. To ensure teens access health care services
4. To allow and encourage teens to exercise as much control over their personal lives as possible

The following website was created to house the video recordings and resources provided throughout the day. In order to maximize the effectiveness of these resources, it is recommended that you identify the key players in your community who might interact with youth during a mandated report. This will help to establish a shared understanding of how reports will occur in your community. <http://www.wipatch.org/working-with-sexually-active-teens.html>

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### **2016 Building the Heart of Successful Schools Conference**

Registration for the 2016 Building the Heart of Successful Schools Conference is online. The conference will take place on December 8 and 9 with a pre-conference on December 7. The full conference will feature four rounds of breakouts with tracks on mental health, preventing ATODA, creating a positive school climate, health, and school safety and violence prevention, as well as opening and closing keynote speakers.

Go to: <http://dpi.wi.gov/sspw/conference> to register and see additional information about the conference. Early Bird Rate (ends on November 14) of \$125 for the two day conference, \$50 for the pre-conference, \$150 if you sign up for all three days. This year's conference is located at the Glacier Canyon Lodge at the Wilderness Resort in Wisconsin Dells.

The Special Conference Rate Lodging block is also open. For more information, please visit the conference website.

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## **RESOURCES**

### **Project Adam school cardiac emergency trainings:**

Is your school prepared for a cardiac emergency? Watch videos that explain sudden cardiac arrest, explain how to prepare to respond to a cardiac emergency and walk through the steps to create a public access defibrillation program for your school.

<http://www.chw.org/childrens-and-the-community/resources-for-schools/cardiac-arrest-project-adam/video-overview/>

<http://www.chw.org/childrens-and-the-community/resources-for-schools/cardiac-arrest-project-adam/heart-safe-schools/>

For more information on how your school can get involved, contact:

Alli Thompson  
Project ADAM Administrator  
Children's Hospital of Wisconsin, Herma Heart Center  
PO Box 1997, MS B550A  
Milwaukee, WI 53201-1997  
Fax: (414) 266-6248  
Office: (414) 266-1666  
Email: [ajthompson@chw.org](mailto:ajthompson@chw.org)

**see attached**

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Bed bug resources:

[http://www.michigan.gov/documents/emergingdiseases/Bed\\_bugs\\_schools\\_293498\\_7.pdf](http://www.michigan.gov/documents/emergingdiseases/Bed_bugs_schools_293498_7.pdf)

<http://www.bedbugs.umn.edu/public-facilities/bed-bugs-in-school/>

<http://npic.orst.edu/pest/bedbug/tacklingbbstarterguide.pdf>

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**From the WI Department of Health Services:**

Here is the updated, June 2016, *Diabetes Medical Management Plan* from DHS.

<https://www.dhs.wisconsin.gov/diabetes/students.htm>

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**National Immunization Awareness Month:**

Are you up on all of your immunizations?? Review information at CDC:

<https://www.cdc.gov/vaccines/index.html>

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**Wisconsin Asthma Coalition announces:**

Our asthma medication assistance website has been recently updated! As of June, there are now additional coupons and patient assistance websites to assist patients receiving free or reduced cost asthma medications. To download a coupon or apply for a prescription assistance program visit [www.chawisconsin.org/meds/](http://www.chawisconsin.org/meds/), find your asthma medication, click on 'coupon' or 'prescription assistance', then follow instructions to receive your reduced cost or free medication.

Please share this information with your colleagues and families. For questions, contact:

Sarah VandenHeuvel | Project Coordinator - Wisconsin Asthma Coalition | 414.337.4570

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[Lyme Disease Trends in Wisconsin](#), is now available. The brief covers Lyme disease incidence and spread in Wisconsin, Wisconsin's tick surveillance efforts, and strategies for individuals in preventing Lyme disease. We're especially excited to have partnered with the Wisconsin Vectorborne Disease Program and the Eau Claire City-County Health Department on this brief.

For questions, contact:

Christy Vogt, MPH, CHES | Health Educator  
Environmental Public Health Tracking Program  
Wisconsin Department of Health Services  
1 W. Wilson, Suite 150 | Madison, WI 53703  
p. (608) 267-2488



## School Health Report 2016-17 - District Level Reporting

PII-00047-H (New 08-16)  
Due Date: June 23, 2017

### New Data Collection Tool

**Step Up Be Counted!** The new Wisconsin School Health Services Report 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. **This is a voluntary report; however, we are hoping that all district school nurses will want to participate! Only one person from each district should total the 2016-17 data for individual schools in the district and report it as an aggregated total to the Wisconsin Department of Public Instruction by June 23, 2017.** Private or charter schools are welcome to participate if their data is not part of an aggregated district.

Wisconsin will be following the national direction in data collection. The report is based on the National Association of School Nurses and the National Association of State School Nurse Consultants data collection tool project and will allow Wisconsin's aggregated data to be collectively combined to the national data. You will submit the data **by June 23, 2017, by going to the DPI data collection site, just like you have in the past.** You can visit the DPI data information webpage at <http://dpi.wi.gov/sspw/pupil-services/school-nurse/data> to see additional information. You can also visit the NASN Step Up Be Counted website at <http://www.nasn.org/Research/StepUpBeCounted>.

Collecting data as part of this national initiative is important—we are starting with a minimum data set that will help to show the effectiveness of school nurses on student health and education. The Wisconsin Association of School Nurses is supporting this initiative, and many of the WASN members have been involved with the development of the tool, both nationally and here in Wisconsin.

The report is divided into three sections: health personnel, chronic conditions, and health office visit dispositions.

Read each question carefully, as well as its definition. Also note that the administering of medications, (daily, prn, and nursing procedures) face to face with a student is a visit, and therefore should have a disposition (which would normally be to return to the classroom).

It is very exciting to be part of this initiative. It is hoped that with this reporting tool, more school nurses and districts will participate and Wisconsin will be able to be a leader in data collection.

### For Further Information Contact

Wisconsin Department of Public Instruction  
Bette Carr, School Nursing and Health Services Consultant  
(608) 266-8857  
[bette.carr@dpi.wi.gov](mailto:bette.carr@dpi.wi.gov)



## School Health Report 2016-17 - District Level Reporting

District Name

Contact Information

Contact Person Name

Email Address

Phone Number *Area Code/No.*

Date Report Submitted



Contact Information

**Name of District or Public, Private, or Charter:**

Include name of district; or name of the private, charter, or parochial school. This contact information is for the state level collector and will NOT be passed on to the national level.

**Contact person:** Include contact information in case there are questions regarding report. This contact information is for the state level collector and will NOT be passed on to the national level.

**Date:** Date report was submitted.

Choose district/school type

- Public  
 Private  
 2rCharter  
 Parochial



## School Health Report 2016-17 - District Level Reporting

### District Level Data

To be completed at the district level for school health staffing in the district, at the end of the school year. Ideally this would be a designated lead nurse. If a lead nurse does not exist, work with district to identify appropriate person. The data will be shared with the districts who participate.

\*DO NOT double count any nurse.

\*Mark any data points you do not collect as DNC (Do not collect), then report the data you do collect.

### School Health Staffing: Direct Services

The purpose of this section is to identify the number of school health staff providing DIRECT SERVICES in the school as well as determine an RN caseload.

A. Number of enrolled students in district

B. Total number of RN FTEs with an assigned caseload providing direct services (FTE = % of teacher FTE)

C. Total number of LPN FTEs with an assigned caseload, providing direct services (FTE = % of teacher FTE)

D. Total number of non-RN, non-LPN health aides FTEs with an assigned caseload, that provide direct health services (e.g. give medication, staff health office, perform specific health procedures) (FTE = % of teacher FTE)

### Direct Services

A. Use the district's official count (third Friday count).

B. **RN=Registered Nurse.** The FTE is based on a teacher FTE in the district, e.g., a teacher may work 7 hours a day (or 35 hours a week). This would be considered 1 FTE. If an RN works the same hours the RN FTE is 1 FTE. If an RN works 5 hours a day (or 25 hours a week), the FTE would be calculated as 5/7 or .71 FTE. Each state/district may vary in the number of hours a full time teacher works, so it is important to follow your district definition. If school nurses work more hours per day than a teacher, the FTE still equals 1. The number should reflect every RN providing direct services. For example, if the district has 3 RNs and each works .75 FTE, it would be reported as 2.25.

**Direct services** means responsible for the care of defined group of students in addressing their acute and chronic health conditions. It includes health screenings, health promotion and case management. Direct services also include care provided in a health care team including LPNs or aides.

### Inclusion/Exclusion

- Include long term substitute (but not the substitute RN list for short term needs)
- Exclude nurses working with medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5)
- Exclude % of administrative assignment

C. See B. regarding % teacher FTE.

D. See B. regarding % teacher FTE. This number should reflect only those whose main assignment is health related. Exclude secretaries, teachers or principals who only address health issues at times. You may include FTE of secretary or other aides, IF it is included as a specific part of their responsibility (i.e. cover health office regularly).

E. See B. regarding % teacher FTE. Include permanently hired/contracted RNs who provide supplemental or additional direct nursing services or specific procedures. Do not include RNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is supplemental to the RNs identified in B. and H.

F. See B. regarding % teacher FTE. Permanently hired/contracted LPNs who provide supplemental/additional direct nursing services or specific procedures. Do not include LPNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the LPNs identified in C. and I.

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**E.** Total number of supplemental/float RN FTEs (FTE = % of teacher FTE)

**F.** Total number of supplemental/float LPN FTEs

**G.** Total number of supplemental/float health aide (non-RN, non-LPN) FTEs

**H.** Total number of RN with special assignment FTEs (FTE = % of teacher FTE)

**I.** Total number of LPN with special assignment FTEs

**J.** Total number of health aides (non-RN, non-LPN) with special assignment FTEs

**K.** Total number of RN FTEs providing administrative or supervisory school health services

**L.** Total number of LPN FTEs providing administrative or supervisory school health services

**M.** Total number of assistant FTEs providing administrative support services to RNs or LPNs

**G.** See B. regarding % teacher FTE. Permanently hired/contracted health aides (non-RN, non-LPN) FTE who provide supplemental/additional direct nursing services or specific procedures. Do not include those with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the health aides identified in D. and J.

**H.** See B. regarding % teacher FTE. Include RNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5), or child find/EPST.

**I.** See B. regarding % teacher FTE. Include LPNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5).

**J.** See B. regarding % teacher FTE. Include health aides (non-RN, non-LPN) working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5).

**K.** See B. regarding % teacher FTE. RNs providing management/clinical supervision to RNs, LPNs, or other health extenders, or conducting other administrative health services, e.g. case management.

**L.** See B. regarding % teacher FTE. LPNs providing management/clinical supervision to LPNs, or other health extenders, or conducting other administrative health services.

**M.** See B. regarding % teacher FTE. Assistants providing administrative support services to RNs or LPNs, e.g. clerical assistance.



## School Health Report 2016-17 - District Level Reporting

### DATA POINTS

**N.** Number of schools in district:

**O.** Number of schools reporting data:

**P.** Number of RN FTEs in district:

**Q.** Number of RN FTEs reporting data:

**R.1.** Did you collect data for the entire school year?

- Yes  
 No

**R.2.** If you answered "no" to the previous question, please state dates of collection: (month/day/year to month/day/year)

### CHRONIC CONDITIONS

**S.** Number of students enrolled in reporting schools

**T.** Number of students with an asthma diagnosis

**U.** Number of students with Type 1 Diabetes diagnosis

**V.** Number of students with Type 2 Diabetes diagnosis

**W.** Number students with a seizure disorder diagnosis

**X.** Number students with life threatening allergy (anaphylactic reaction) diagnosis

### HEALTH OFFICE VISITS-DISPOSITIONS

All students seen should have a disposition, even those who are seen face to face for medication administration—daily, prn, nursing procedures, etc.

#### Data Points

**N.** Number of schools in district: This number should reflect all schools, even if they did not all participate in the data collection.

**O.** Number of schools reporting data: This number should reflect only those schools that data is collected from, or whose students are included in the data point counts listed on this page.

**P.** Number of RN FTEs in district: This number should reflect the total number of RN FTEs working in your district.

**Q.** Number of RN FTEs reporting data: This number should be the number of RN FTEs that reported chronic conditions/dispositions.

**R.1-2** Did you collect data for the entire school year: Yes \_\_\_\_\_ No \_\_\_\_\_, if no, state dates of collection: month/day/year to month/day/year

#### Chronic Conditions

**S.** Please use official third Friday count, totaled, for all those schools that are reporting. (If all schools in your district are reporting, this number would be the same as A.)

**T.** Include only those with a diagnosis of asthma from a health care provider.

**U.** Include only those with a diagnosis of Type 1 Diabetes from a health care provider.

**V.** Include only those with a diagnosis of Type 2 Diabetes from a health care provider.

**W.** Include only those with a diagnosis of seizure disorder from a health care provider.

**X.** Include only those with a diagnosis of a life threatening allergy from a health care provider.

#### Health Office Visits-Disposition

**Y.** Include only students who are seen (face to face) by RN (not other health office staff).

**Z.** Include only students who are seen (face to face) by RN (not other health office staff).

Y. Number of student encounters/health office visits to RN resulting in the student returning to class or staying in school

Z. Number of student encounters/health office visits to the RN resulting in 911 being called or regionally appropriate equivalent

AA. Number of student encounters/health office visits to the RN resulting in the student being sent home

BB. Number of student encounters/health office visits to LPN resulting in the student returning to class or staying in school

CC. Number of student encounters/health office visits to the LPN resulting in 911 being called or regionally appropriate equivalent

DD. Number of student encounters/health office visits to the LPN resulting in the student being sent home

EE. Number of student encounters/health office visits to health aide/UAP (non-RN, non-LPN) resulting in the student returning to class or staying in school

FF. Number of student encounters/health office visits to the health aide/UAP (non-RN, non-LPN) resulting in 911 being called or regionally appropriate equivalent

GG. Number of student encounters/health office visits to the health aide/UAP (non-RN, non-LPN) resulting in the student being sent home

**AA.** Include only students who are seen (face to face) by RN (not other health office staff). Includes students sent home with the recommendation/directive to see a health care provider.

**BB.** Include only students who are seen (face to face) by LPN (not RN or other health office staff)

**CC.** Include only students who are seen (face to face) by LPN (not RN or other health office staff)

**DD.** Include only students who are seen (face to face) by LPN (not RN or other health office staff). Includes students sent home with the recommendation/directive to see a health care provider.

**EE.** Include only students who are seen (face to face) by other health/UAP\* staff (non-RN, non-LPN). You may include secretary or others IF it is included as a specific part of their responsibility.

**FF.** Include only students who are seen (face to face) by health/UAP staff (non-RN, non-LPN). You may include secretaries or others IF it is included as a specific part of their responsibility.

**GG.** Include only students who are seen (face to face) by health/UAP staff (non-RN, non-LPN). You may include secretaries or others IF it is included as a specific part of their responsibility. Includes students sent home with the recommendation/directive to see a health care provider.

\*UAP=Unlicensed Assistive Personnel

\*\*Mark any data points you do not collect as DNC (Do not collect). Please then report the data you do collect.

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AUGUST 2016

# POLICY IN BRIEF



## CARDIAC EMERGENCY RESPONSE PLANNING FOR SCHOOLS: A POLICY STATEMENT

### 3 THINGS TO KNOW

1

Vigorous exercise during athletic practices and games can act as a trigger for SCA.<sup>2</sup> Federal and state Good Samaritan laws provide immunity to lay persons who voluntarily provide care during an emergency<sup>3</sup> at venues like schools or sporting events.

2

SCA from ventricular fibrillation can have a survival rate of 50 percent or higher if treated rapidly within three to five minutes of collapse using CPR and an automated external defibrillator (AED).<sup>4</sup>

3

In 2014, approximately 360,000 people suffered SCA in community settings<sup>5</sup> across the United States, which include schools where 63.6 million students and staff were on any given day.<sup>6</sup>

#### Background

A Cardiac Emergency Response Plan (CERP) can increase sudden cardiac arrest (SCA) survival rates by 50 percent or more by enabling a trained lay-responder team to take action. The safety of students, school staff and visitors can be enhanced with a coordinated, practiced response plan where school CERP teams feel empowered to administer lifesaving care until Emergency Medical Services (EMS) arrives. Designed to be stand-alone guidelines or merged with a school's existing medical emergency response plan, the CERP can be used by school personnel, healthcare providers, boards of education and school safety advocates to better prepare for SCA. Cardiac Emergency Response Planning for Schools: A Policy Statement<sup>1</sup> provides a national model for school stakeholders to develop, implement, practice and evaluate a CERP, while addressing the legal aspects and critical nature of training and drills in bringing a CERP to fruition. A CERP toolkit can be accessed at [www.heart.org/cerp](http://www.heart.org/cerp).

*“Medical emergency response plans are designed to enhance safety for students, staff and visitors across school districts. Essential to creating a safe school environment is a Cardiac Emergency Response Plan, which has been proven to save lives in the event of a sudden cardiac arrest.”*

Kathleen Rose, RN and CERP Co-lead Author

#### Impact of CERPs

Ideally, all school staff should be trained in first-aid, CPR and AED use. It is considered sufficient if trained responders, including staff and, in some cases, students, are able to bring emergency equipment to any area of the campus within 90 seconds of a suspected SCA. Drills are an essential part of effective CERP implementation and enhances emergency preparedness in the event of an SCA. It is also important to work directly with local emergency service providers to integrate the CERP into the community's EMS responder protocols. In addition to post-incident and post-drill reviews, an annual CERP review should occur, which includes an update to the drill summary checklist, inventory of emergency supplies and maintenance of the AED per manufacturer guidelines. Preparation and practice are key components of the CERP and can save precious minutes, and ultimately a life, when someone experiences SCA.



## Recommendations

In the paper, the American Heart Association recommends the following to support the adoption and practice of CERPs in schools:

- All schools should have a CERP in place that contains the minimum, evidence-based core elements:
  - Establishing a Cardiac Emergency Response Team
  - Activating the team in response to an SCA
  - Implementing AED placement and routine maintenance within the school (similar to fire-extinguisher protocols)
  - Disseminating the plan throughout the school campus
  - Maintaining ongoing staff training in CPR/AED use
  - Practicing using drills (akin to fire and lock-down drills)
  - Integrating local EMS with the plan
  - Reviewing and evaluating the plan on ongoing and annual basis
- State laws, regulations and related educational standards should require schools to develop and maintain a CERP integrating the core elements.
- Appropriations should be made available to support the development, implementation and evaluation of CERPs in schools. CERPs should still be in effect where related appropriations are lacking; in these cases, indirect sources of community or EMS-related support.

## How to Use Policy in Brief

Stakeholder	How to Use Policy in Brief
Policymakers	To educate and inform their work in developing policies that support the development, implementation and maintenance of CERPs in all schools.
Schools / School Districts / School Personnel	To understand the vital role they play as first responders in the event of an SCA, as well as safety advocates for children, staff, and school visitors.
Public Health Officials	To comprehend how they fit into the overall CERP as stewards charged with improving and protecting the health of individuals in a community.
Coaches / Sports Leagues and Associations	To learn how they can act as CERP advocates and the important part they play as first responders in the safety of children who participate in sports and afterschool activities.
EMS / Public Safety Officials	To understand their role in the integration of the CERP into overall emergency preparedness strategies across organizations (schools, fire department, police department, EMS) and carrying it out as needed.
Parents / PTAs / Community School Groups	To act as the voice for change and encourage schools and school districts to fully implement CERPs by recognizing how practice and preparation can save lives should SCA occur.
Media	To educate the public on SCAs and how CERPs, which include first-aid, CPR and AED training, can be used to make communities and schools safer.

The Policy Research Department links scientists, clinicians and policymakers to improve cardiovascular health and decrease heart disease and stroke mortality. For more information, visit <http://bit.ly/HEARTorg-policyresearch> or connect with us on Twitter at [@AmHeartAdvocacy](https://twitter.com/AmHeartAdvocacy) using the hashtag [#AHAPolicy](https://twitter.com/AmHeartAdvocacy).

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School Nurse Summer Institute—Managing Diabetes Safely in the School Setting:  
A framework for collaborative care  
July 14, 2016  
Responses to Questions from Attendees

School Nurse Summer Institute Planning Team members responded below to the questions that were not answered during the Institute. The Legal and Nurse Practice responses have been reviewed by Jon Anderson who spoke on these topics at the Institute. This document does not provide official DPI Guidance.

Every situation is different and school nurses should make sure that they seek guidance from competent and qualified personnel regarding specific fact situations before taking action.

**Legal Questions:**

1. If a physician writes an order to allow parents to adjust the insulin dose, can nurses accept it?

In the school setting, a parent/guardian cannot change the insulin dose ordered by the health care provider and administered by school staff without the provider's signature. The health care provider may write an order indicating a specific dose and include a range of acceptable insulin doses.

Regarding insulin pumps--If the school nurse does not change the pump settings, an order for pump settings or pump setting changes is not needed since the student comes to school with the pump attached and the settings in place. The pump settings are between the family and their health care provider. In general, when working with students with insulin pumps, the school nurse role is to manage the highs and lows. An order with a health care provider's signature is required for the sliding scale or dosing in managing the student's high without the pump.

As a courtesy to school staff, the parent should inform the school when major adjustments to pump settings have been made especially with increased doses as the student may be more at risk for lows.

2. Can a nurse still speak with a family if they have taken away the release of information to speak with a medical advisor?

If the question is intended to ask if the nurse may continue to speak with the health care provider even if the family has withdrawn authorization, the answer is yes if it is in the realm of maintaining student health and safety and to clarify medical orders.

The *HIPAA* Privacy Rule allows covered health care providers to disclose personal health information (PHI) about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student's parent. For example, a student's primary care physician may discuss the student's medication and other health care

needs with a school nurse who will administer the student's medication and provide care to the student while the student is at school. See 45 CFR 164.512(b)(1)(vi) or [http://www.hhs.gov/ocr/privacy/hipaa/faq/ferpa\\_and\\_hipaa/517.html](http://www.hhs.gov/ocr/privacy/hipaa/faq/ferpa_and_hipaa/517.html)

A school nurse needs to communicate with the family. If the family refuses to communicate with the nurse, then the nurse needs to document the attempts made to communicate and let the supervisor know of the situation.

3. Can a family refuse to allow the school nurse to communicate with the MD/Provider office?

Technically yes, they can, but the school nurse is still able to communicate with the health care provider to clarify medical orders and to address safety concerns for the student. See question #2 for more information.

4. Would you recommend a school nurse having their own liability insurance as well as what the school provides?

It is an individual decision similar to nurses who work in health facilities or other settings.

5. I have had students self-report erroneous blood sugar (sometimes deliberately, sometimes by accident). What is the liability of accepting reported blood sugars-with the new technology when dealing with elementary age children?

If the school nurse feels that the student is not being honest with the reporting of their blood glucose levels, the school nurse should have the student show the nurse the result on their meter. It is very important to assure that you are using accurate data in treating a student's diabetes symptoms. If the student uses a CGM, any out-of-range blood glucose level is to be verified with a finger stick prior to further treatment per manufacturer's guidelines.

Elementary school children should be supervised and blood glucose results in the school setting should not be accepted from them unless they are verified by a staff member checking the meter daily. With this young age group, close supervision around lunch is critical as this is the largest insulin dose that is administered at school.

Regarding students who report inaccurate blood glucose values--this behavior should always be addressed as it is a symptom of not coping well with diabetes. Parents and providers should be made aware. This is an opportunity to discuss with the student how they are doing emotionally with a very complex and persistent chronic disease. This is a very frequent occurrence and may not represent students purposely falsifying blood sugars but trying to avoid conflict or fear of the numbers they are seeing.

6. Are private schools who get voucher funding in WI supposed to follow section 504?

If private schools want to know whether they should follow 504, they should discuss with their legal counsel and/or contact the Office for Civil Rights (OCR) directly.

7. For school functions, are dances (prom) included with extracurricular activities?

It depends on whether the dance is school sponsored. Most likely yes.

8. Is there any protective special language nurses should consider having in their training documentation/staff sign off forms?

No specific form or protective language is required. Nurses should document the nature of the training provided, the method/process of training used, the attendees at the training as well as the date and location of the training. In addition, having trainees sign in upon arrival at the training site is a good idea.

9. If parents do not comply with providing necessary diabetic supplies (in law, 504, IHP, etc.) can school nurses have a school policy stating child will be sent home until all necessary supplies are provided? Need to be able to safely care for student in school environment.

In general, students cannot be sent home or kept back from field trips because their parents have not provided adequate supplies for management of diabetes. The first step is to figure out why—is it financial, not a priority, result of family disorganization, lack of understanding of why supplies are needed at school—and try to address the cause.

School nurses can keep snacks and juice boxes in the health office to address severe lows. This is an easy fix and inexpensive and not worth quarreling about. Other supplies such as meters, test strips should be provided by parents. If families remain unresponsive, lack of supplies may become a neglect issue and need to be reported to the county DHFS. School nurses should communicate with the health care provider about the lack of supplies and also work with other pupil services staff (e.g. school social worker) to address the problem from multiple angles.

Remember, when in doubt and unable to test blood glucose always assume symptoms are due to a low blood glucose level and treat accordingly.

10. If parents do not provide supplies or run out of test strips, ketone strips, glucagon, can the school require the student to stay home as school cannot ensure safety?

See #9. In general, schools cannot require students to stay home from school or be held back from field trips because parents have not provided supplies.

Schools may want to consider which supplies they minimally need for safety (e.g. perhaps only insulin and test strips). Some insurance plans do not cover ketone and glucagon kits so if this is a low income family without many resources this may be frustrating. Since not all schools have someone trained to do glucagon and also have a 5 minute or less emergency response team (e.g. in an urban area), this can be adequate but not ideal. This should be similar to an EPI-Pen policy which maybe is even more dangerous than not having glucagon given severe allergic reactions can immediately affect an airway issue.

11. If a student or staff member with diabetes is symptomatic of hypo/hyperglycemia but lacks either equipment (monitor) or supplies (testing strips, lancets) on site for testing, legally speaking, can another student's supplies be borrowed during that emergency? (Presuming lancet is changed out and insulin/glucagon are not borrowed.)

In general, it is not good practice to use one student's supplies for another student or staff person or person who is in the school building. School nurses can keep inexpensive glucose tablets, juice and snacks in the health room to treat lows. If the student's blood sugar is high and they are spilling ketones, parents should be contacted. If parents will not come to school to assist then an ambulance call may be appropriate.

From a safety perspective, as long as a glucose meter is cleaned with alcohol between users and a new lancet is used for each user, safety risks are minimized. The school may want to look into having a box of safety lancets that are single use – used at diabetes camp to avoid any sharing of lancets. The glucagon is single use so there would be no risk in using between patients but financially the school would need to pay the family it belonged to for a replacement. The school could have a spare meter in the health room and clean between each use but again glucose strips are expensive and it would be hard to keep current. Insulin pens are not encouraged to be shared but at diabetes camp the vials of insulin are regularly shared to fill pumps.

### **Nurse Practice Questions:**

12. What does the school nurse do when parents won't supply/replace expired glucagon and expired insulin?

First, work with the parent to figure out why (addressed in #9). Parents should be made aware that, without the necessary supplies, the student's health plan may not be able to be followed and may cause staff to call parents in from work or contact emergency medical services. Parents can be informed or reminded that they (or their insurance) are financially responsible for ambulance calls from school and school-sponsored events.

If there are financial barriers, provider offices may have discount cards or can write for a free glucagon kit with the manufacturer's discounts.

13. Many school districts do not employ a school nurse for summer school. Health care providers write orders for the district health aide to follow. If medical orders are changed, can the health aide accept the orders?

Unlicensed assistive personnel, such as health aides, are not qualified to interpret medication orders and assure student safety. The accepting of orders to administer medication at school or school sponsored events should be under the direction of an RN. For safety and to limit liability, school administrators should have a school nurse on staff for summer school.

Depending on the school's policies and protocols, in some cases, the medical provider or the parent might be working directly with the UAP to carry out the medication administration order.

14. Can school nurses take orders from RN Diabetic Educators? (i.e. need to call doctor about a blood sugar out of the ordinary, not covered by ratio or sliding scale.) When the nurse gives us the correction dose, do we need a signed doctor's order?

Wisconsin 118.29 defines a practitioner as "any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state." Only these professionals can write orders to be carried out in the school setting.

The answer to this question depends on the licensure of the diabetic educator. If he or she is a practitioner, they can write orders to be carried out in the school setting. If they are not, then no.

The following examples of how this might work in practice are given by CHW- Milwaukee. If verbal orders are given by a diabetes educator, they need to be followed with a signed order by an appropriate provider in the same way that verbal/telephone orders from an approved provider (NP/MD) are handled. In this institution, if there is a more urgent situation where a different plan is made for the day or short term and the school nurse would like a copy, the school nurse writes it down and sends it to the provider for a signature. Or the provider might send a new school order if the dose calculation formula is being changed.

15. What role does the administrator play in making sure the training is done?

The administrator, who reports to the school board, is ultimately responsible for every part of student health and safety within their school/school district. The administrator identifies and assigns school staff for medication administration. The school nurse trains the identified staff.

In one district, the school nurse has been educating administrators as to the liability risks associated with inadequate training. Administrators have been trained to become part of the school emergency response teams, have been trained in CPR and First Aid, and trained and DPI certified in medication administration so they have a better understanding of what staff is being asked to do. This has helped the administrators to understand the importance of training and to reprioritize.

16. How are schools planning for emergencies such as tornado/lockdown for students with diabetes?

Having snacks and juice is a good idea. One district keeps a plastic bin of parent-provided extra supplies for all students with diabetes. This bin is sent with students on field trips and taken along for any emergency evacuations.

17. Are students needing to self-carry their diabetes supplies all day?

Some students prefer to carry their supplies. This can be an option and extra supplies can be stored in the health office.

Some students, especially those that are wearing a glucose sensor, prefer to carry their supplies wherever they go in the school. In this case, it is helpful to at least have some supplies in different locations in the building – juice, glucose tabs and the school nurse would need to have an emergency box for grabbing supplies in a weather emergency but the only way to ensure you have all in a lockdown is to have the student carry some supplies in the pack.

For students who do not want to carry their supplies, the supplies can be stored in the health office, classroom or other designated location.

18. How is it possible to cover everything in MD orders or get the MD orders at the exact time they are needed? (i.e. school field trip, lunch was scheduled for 11:30. Delayed until 12:30. Health assistant called and I directed to give a snack to prevent a low.)

One district has a field trip request form that is required to be completed at least 2 weeks prior to the trip. The teacher must indicate all the details of the trip including the names of all students who will be participating. This allows the school nurse time to plan adequately for students with diabetes (and other conditions). The field trip request form is also tied into curriculum and is a useful tool for administrators – the form goes to the school nurse to gather information regarding health needs, then goes to administration for final approval and arrangement of transportation. No form, no trip!

Another district suggests using a standard form that covers these circumstances (e.g. change in lunch time). Then you can document on the form what action was taken in the circumstance and fax to the provider to sign and return. Use common sense or contact provider or parent for emergent advice.

19. Is the school nurse responsible for making sure coaches, advisors, etc. for extracurricular are trained to provide emergency services? Or is it the individual coaches/advisors responsibility to come to the school nurse?

That would be a district decision. The school nurse should work with the athletic director (or other administrator responsible for athletic programs) to make sure that coaches are aware of the training that is required for them. It is the nurse's responsibility then to assure that they are appropriately trained for the potential health needs of the participating students.

The specific procedures for connecting with coaches will depend on the size of the district and the numbers of students that need to be discussed with coaches. This should be a team effort but ultimately the school nurse and the administrator should ensure training of all teachers, coaches and staff. In some districts, the school nurse is responsible for these initiatives in the school setting and documents the competency of all staff.

20. If child changes diabetes medical providers half way through the year or physician leaves practice, who signed off on medical plan/orders-what are the liability of the nurse/school? Is the student covered under the original plan?

The school nurse should continue to follow the plan until the student has established a new provider and strongly encourage/assist the family to get established with their new provider as quickly as possible. Since the nurse's contact with the providers is often minimal, it is possible that the nurse may not even be aware of the change.

21. How can we advocate for student needs for a situation such as the one described by the student who was a panel member (the district does not have a school nurse)?

Continue to advocate for school nurses in all buildings. There is even stronger support for this now with the recent policy statement of the AAP. See the statement at <http://pediatrics.aappublications.org/content/137/6/e20160852>. Emphasize the need for a school nurse and the potential risks and the liability of not having one.

This is a complex issue. It is important to continue to support the family and partner with them to advocate. Set up a meeting with the school staff to educate them on the disease and

required treatment. Speak with the district superintendent. Refer the family for support through organizations such as ADA.

### **Diabetes Practice Questions:**

22. Do you still have to eat a protein with meals to keep blood sugar stable?

Current practice is to add in protein to a snack and if running high, snack will be limited to a variety with protein.

23. Many students have an all carb lunch and breakfast and experience a lot of lows.

Remember that not all carbs are created equally. Quick-acting carbs (like juice, glucose tablets, fruit) are used quickly by the body. Longer-acting carbs include starches, fats – things that need to be broken down into glucose by the body before they are used for energy. If a student is having frequent lows their health care provider needs to be made aware so that insulin dosage changes or carb intake can be changed to accommodate the pattern. Perhaps the student needs a lower basal rate, a morning dosage decrease or maybe just a small snack – or perhaps the student isn't eating all of their breakfast or they are incorrectly counting carbs!

In the situation when a student has an all carb breakfast and lunch, if on a pump, they could do a special type of bolus to spread the insulin delivery out, but with injections, the dose would have to be split to spread the coverage out to prevent the low. This tends to be an issue with younger kids with super high carb lunch and the bolus is too large for them to handle. For those students, one approach could be to limit them to so many carb intake at a meal. The best option is healthier portions provided in our school lunches but obviously this is not a quick fix. I have students that have lots of highs also so you have to be careful not to overcorrect. Since all students are different stages, there is not one solution for all students.

24. Recommendations for changing lancets?

Current observations are that lots of students change their lancets once a week. It depends on the student and their equipment supplier. Another observation is that if supplies go back and forth between home and school, lancets should be changed more often – probably daily or every other day.

25. Ideas on how to handle students with co-morbid mental health (ODD, ADHD, bi-polar) conditions and diabetes who are more often than not non-compliant or challenging.

One strategy is to put their health goals in their IEPs or behavior plans for students with diabetes. One district noted that they have seen success with this strategy. Find out what motivates the student to take care of themselves and incorporate that into their health plan and education plan. If a student can be rewarded for achieving academically, they can also be rewarded for achieving health goals and following their health plan of care.

These are typically students that have multiple health providers including mental health and sometimes outside case workers. Having the school psychologist or social worker contact all providers and then collaborate to have a comprehensive plan works the best. The challenge is many of these students do not have stable lives at home or have non-engaged parents which

also makes the situation more complicated. These students need a school team and have all “hands on deck” for planning. These may also be students who need a 504 plan or IEP.

26. Do school nurses ever attend appointments with diabetic students to be educated on pumps, etc.?

This is one strategy that can be used or the school nurse may contact the clinic to inquire about on-site training.

CHW-Milwaukee notes that occasionally school nurses attend pump training in the clinic but is dependent on space and the family. Other strategies for pump training include the parent training the school nurse or the pump rep training the school nurse. School nurses do not need to know everything about the pumps but should have the specific pump help line number (on the back of all the pump devices). School nurses should have the “quick reference guide” in hand for basic button pushing – most all are online. The key things to know are (1) how to give a bolus, (2) how to disconnect or suspend, and (3) how to access the pump’s memory to assist in supervising children and teens.

27. Be aware of high blood sugars affecting cognitive behavior as well. What # to address on IHP?

This will be individualized for each student. Typically for students who are on a pump, the body begins to start to break down fat stores and produce ketones with glucose levels above 250 mg/dl. Many times, for students who are not receiving pump therapy, this is expected above 400 or 500. These would be good general guidelines as to when academic performance might be affected.

Another district reports typically using blood sugars under 70 mg/dL for the low end for test taking and over 250 to 300 mg/dL for the high end. This too is individualized but in general these would be a starting point. A caution is that schools want to avoid having students manipulate this to get out of class or tests.