

## **NOTICES**

September has begun and I know you all are busy reviewing care plans and medication orders, but please take a moment to review the information below and click on the resources and information that you might need. Have a great year!! If you missed Update #1, it can be found on the following page:

<http://dpi.wi.gov/sspw/pupil-services/school-nurse/resources/communications>

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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>

**ROOM REGISTRATIONS MUST BE PLACED BY SEPT. 11<sup>TH</sup>.**

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### **NEW RESOURCE PERSON AT DHS AVAILABLE**

My name is **Sara Lasker** and I work as the Community Clinical Linkages Coordinator within the Wisconsin Division of Public Health. I am originally from Michigan and have spent the previous 8 years living in the Greater Seattle area before moving with my family to Madison in July 2015. It is great to be back in the Midwest and to feel so at home here in Madison.

I am a certified K-8 Wisconsin teacher, I have worked for the American Diabetes Association advocating for Safe at School for Children with Diabetes as well as being a Certified Diabetes Educator with inpatient and outpatient clinical experience. Through my various educational endeavors and work experiences I have gained a wide knowledge base relating to youth and diabetes.

I know over the summer many of you had the opportunity to participate in the Summer Institute which provided additional resources in diabetes management within the school. I hope as the school year progresses we will be able to build on that learning.

Within my current role we are working together toward 3 goals:

- 1) Identifying and tracking students with chronic conditions that may require daily or emergency management, e.g., asthma, diabetes, and food allergies.
- 2) Developing protocols that ensure students identified with a chronic condition that may require daily or emergency management, are enrolled into private, state or federally funded insurance programs, if eligible.

- 3) Providing assessment, counseling, and referrals to community-based medical care providers for students on activity, diet, and weight-related chronic conditions.

I know we have some work to do in the above areas but I have always appreciated the compassion and determination displayed by nurses, and I do not feel as though I will be let down by this group. I look forward to working with you over the school year and please feel free to contact me if you have questions.

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## **PROFESSIONAL DEVELOPMENT**

### **Supporting Transgender & Gender-expansive Youth Conference**

Saturday, October 1st

Doors open 8:30, conference runs 9 – 4 pm

Edgewood College Campus, Madison

This day-long conference will provide attendees with an overview of what it means to be a child or youth who is transgender or gender expansive. Sessions will focus on the personal experiences of families and students as well as information on how our communities and schools can create a safe, healthy and welcoming space.

The conference will cover a variety of topics, with a focus on: Supporting a child's mental health and suicide prevention; How urban and rural schools can pro-actively become a 'welcoming school' as well as implement new Federal guidance regarding serving students who are transgender or gender expansive; Open and affirming churches for families and youth; Gender in early childhood; and perspectives from medical providers currently serving youth who are transgender or gender expansive.

The day will also include both a youth and parent question & answer panel, as well as a performance by Proud Theater.

Conference Registration: <http://www.eventbrite.com/e/supporting-transgender-and-gender-expansive-youth-tickets-27340863258>

**See attached flyer**

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**September marks Suicide Prevention Month**, an annual observance dedicated to increasing awareness of and action around suicide prevention. World Suicide Prevention Day (September 10, 2016) and National Suicide Prevention Week (September 5-11, 2016) represent opportunities for individuals and organizations in the United States and around the world to take part in efforts to save lives through suicide prevention and mental health promotion.

While Suicide Prevention Awareness Week (SPAW), sponsored by the [American Association of Suicidology](#), is officially Sept. 5-11, many communities are not able to schedule their events in this limited time frame. Plus, there are a number of other events not specifically related to SPAW that nonetheless are related to suicide prevention that we want you to be aware of throughout the month of September and October.

Together we can make a difference!

### **Upcoming Events**

[Download September & October events as a PDF](#)

[Check the Event Calendar for details on each event.](#)

### **Walks & Gatherings**

Sept. 10 - Walk for Suicide Prevention & Mental Health Awareness (Stevens Point)

Sept. 10 - Walk for Recovery (Milwaukee)

Sept. 10 - Out of the Darkness Walk (Antigo)

Sept. 11 - LIFE OF HOPE 5K Butterfly Run/Walk (West Bend)

Sept. 17 - Out of the Darkness Walk (Eau Claire)

Sept. 17 - Out of the Darkness Walk (Wausau)

Sept. 20 - ROADS Candlelight Remembrance Gathering (Shawano)

Sept. 24 - Walk for Hope (Portage)

Oct. 1 - Out of the Darkness Walk (Elkhorn)

Oct. 2 - Out of the Darkness Walk (Milwaukee)

Oct. 15 - Out of the Darkness Walk (Madison)

### **Conferences & Education**

Sept. 12 - Workshop for Survivors of Suicide Loss: Finding Hope & Healing (Kenosha)

Sept. 13 - Suicide Bereavement Clinician Training Program (Bristol)

Sept. 16 - Community Mental Health Summit: Supporting the Wellness of Veterans and their Families (Madison)

Sept. 19 - Southern Wisconsin Conference on Mental Health

Sept. 20 - PSW Teleconference

Sept. 20 & 21 - Suicide Prevention Awareness Event & Summit (LaCrosse)

Sept. 29 & 30 - 20th Annual Crisis Intervention Conference (Wisconsin Dells). This year's conference will have a strong focus on suicide prevention and intervention. [Learn more >](#)

Oct. 13 - Speaking About Suicide: Connecting Trauma-Informed Care to Suicide Prevention (Fond du Lac)

Oct. 21 - PSGM Annual Conference (Milwaukee)

Oct. 26 & 27 - Mental Health and Substance Use Recovery Training Conference (Wisconsin Dells)

**For more information go to:** <http://www.preventsuicidewi.org/2016-spawm>

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## **RESOURCES**

### **American Academy of Pediatrics Publishes New Policies to Boost Child Immunization Rates**

- News release: [American Academy of Pediatrics Publishes New Policies to Boost Child Immunization Rates](#)
- Also today, Pediatrics published an article that summarizes findings of a periodic survey of pediatricians on parental concerns around immunizations. Here is a link to the news release: <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/Pediatricians-Say-Parents'-Concerns-About-Vaccines-Have-Shifted-In-Past-Decade.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token>

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### **Herb Kohl Educational Foundation—Fellowship Program**

The Kohl Education Foundation is actively reinforcing the key role pupil services professionals play in schools. They have provided a more detailed description of special services in their nomination guidelines. School Nurses are named by name. See attached. You may get the guidelines document by going to the Herb Kohl Educational Foundation website: <http://www.kohleducation.org/teachers/> or by going to DPI's Kohl Foundation webpage: <http://dpi.wi.gov/tepd/programs/kohl-foundation>

Directors and school nurse colleagues, do you have someone you've been waiting to nominate? Completed nomination papers are due by **September 23rd**.

Follow the twitter account @HKEdFoundation or the Facebook page #Kohl for more information.

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### **NPR: School Nurses Can Be Mental Health 'Detectives' but They Need Help**

Read this article on school nurses and the critical role they play in assisting students with mental health needs:  
<http://tinyurl.com/z8gxxr6>

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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/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. 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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### **Immunization reporting changes and recorded webinar:**

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

Webinar with Q & A

You can access the recorded webinar by going to <https://www.dhs.wisconsin.gov/immunization/reqs.htm>

### **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*

### **From the National Association of School Nurses:**

School nurses advocate for equity in access to care for all students. As the new school year unfolds, students and families want to know how to access lifesaving medication in the event of anaphylaxis. NASN requested information for school nurses to provide to families. The information below is current as of August 29, 2016.

- Options for Access to Epinephrine Auto-Injectors
- Generic/Branded Epinephrine Auto-injector - [www.adrenaclick.com](http://www.adrenaclick.com)
- EpiPen Products: For the Uninsured & Underinsured: Patient assistance program

For patients without insurance, Mylan is doubling the income eligibility of its patient assistance program to broaden the scope of patients who qualify for the program.

- The program has also expanded to cover underinsured patients whose pharmacy coverage is limited to generics.
- Qualifying patients will receive the product at no cost.

### **For the Insured: My EpiPen Savings Card™**

- For patients with commercial insurance, Mylan is increasing the My EpiPen Savings Card™ to now cover up to \$300 for each EpiPen 2-Pak® carton per prescription, up to six EpiPen 2-Pak® or EpiPen Jr 2-Pak® cartons.
- This offer is active on EpiPen.com and through coupon cards available in many healthcare professionals' offices. (The \$100 coupon cards convert to \$300 at the pharmacy)

Donna Mazyck MS, BSN, RN, NCSN  
Executive Director  
National Association of School Nurses

School Nurse Updates can be reviewed at the following website:  
<http://dpi.wi.gov/sspw/pupil-services/school-nurse/resources/communications>



## Supporting Transgender & Gender-expansive Youth Conference

Saturday, October 1<sup>st</sup>

Doors open 8:30, conference runs 9 – 4 pm

Edgewood College Campus, Madison

### *This is a conference for everyone!*

- Families & Community members
- Older youth & teens
- Professionals

\* Both school staff & mental health providers can earn CEUs \*

This day-long conference will provide attendees with an overview of what it means to be a youth who is transgender and/or gender-expansive.

Sessions will focus on the personal experiences of families and students as well as information on how our communities and schools can create a safe, healthy and welcoming space.

Conference Registration: <http://www.eventbrite.com/e/supporting-transgender-and-gender-expansive-youth-tickets-27340863258>





## 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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