



# School Nurse UPDATE

#5 October 14, 2022

## FEATURED STORIES

[PRACTICE POINTS –  
Staying in Your Lane](#)

[Asthma Friendly Schools  
Funding \(DPI News\)](#)

[Severe Respiratory Illness  
and Acute Flaccid Myelitis  
\(DHS News\)](#)

[School Gun Violence  
\(School Nurse Blog\)](#)

## SAVE THE DATES

[DPI Consultant Office  
hours 10/21/22 8-8:45  
AM](#)

[DPI School Nurse  
Meeting-Topic Long  
COVID \*\*Rescheduled\*\*  
10/17/22 3-3:45 PM](#)

[DPI/DHS Joint Webinar  
October 25, 2023 4-5 PM](#)

[WASN Annual Conference  
April 26-28, 2023](#)

## Greetings!

Thanks for being patient with me as I “dig out” from under the emails and phone calls I received while occupied by the New School Nurse Orientation (NSNO) and DPI’s Superintendent Leadership Conference.

What an amazing group of new school nurses we are adding to our ranks! We had 92 registered nurses new to the specialty attend this DPI professional development activity. As I acknowledged to participants there is a lot to learn, and the two days can be overwhelming. Yet there were great discussions, networking and even some friends made! I look forward to the Wisconsin Association of School Nurses Conference next April for more networking and meeting colleagues who become friends.

DPI webpages were updated this past week with **new AAP head lice clinical guidelines** (p. 10) and new the **Nursing Services in Wisconsin Public Schools** document (DPI News p. 2). The DPI School Nurse Informational meeting discussing Long COVID is rescheduled for October 17, 2022 at 3-3:45 PM.

October is National Bullying Prevention Month. See DPI News for **resources to address bullying in schools**.

As part of the Public Health Workforce Grant UW-Madison was awarded money to **provide scholarships to encourage nurses to pursue a school nursing specialty**. Read about these opportunities on page 8. Information from **the CDC survey on the mental health of school nurses** during the pandemic was published in some educational sources. See what was written and suggested under EdWeek (p. 10)

Enjoy the fall colors. My recent drives to Stevens Point , Hayward and Wisconsin Dells were beautiful!

SCHOOL NURSE UPDATE/ ISSUE #5

*Louise*

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

# DPI News

## **Revised DPI Nursing Services Document Posted**

The 2009 version of Emergency Nursing Services in Wisconsin Schools has been revised and published to the DPI website as [Nursing Services in Wisconsin Public Schools, Wis. Admin. Code § PI 8.01\(2\)\(g\)](#), also known as Standard G requires public school districts to "provide emergency nursing services." This section of the Administrative Code defines the minimum required emergency nursing services. School districts must develop emergency nursing policies and protocols dealing with the management of illness, accidental injury, and medication administration at all school-sponsored events. These laws do not apply to private schools.

The revised version suggests school districts should seek legal counsel regarding whether districts are required to hire registered nurses to provide or direct emergency or other nursing services. The guidance outlines both state and federal laws related to school districts' legal responsibilities for the provision of nursing procedures and health services for students. It is up to the school district to determine what the statutes and rule require regarding the hiring of registered nurses. Additional questions were added regarding summer school and the use of EMTs and LPNs to provide school nursing services.

## **Bullying is Widespread and We Must Use a Comprehensive Approach to Address It**

October is [National Bullying Prevention Month](#). While this provides us with a time to renew focus on bullying awareness and prevention efforts, it is essential that educators, parents, students, and other stakeholders work collaboratively and continuously to incorporate bullying prevention efforts into multi-tiered systems of support.

To find more information, please see this comprehensive [DPI-ConnectEd article](#) and the [DPI Comprehensive Approach to Bullying Prevention webpage](#).

## **Student Alcohol and Other Drug Abuse (AODA) Mini-Grant**

The 34<sup>th</sup> Annual Student Alcohol and Other Drug Abuse (AODA) Mini-Grant Applications are due to DPI electronically by 4:30 p.m. on October 21, 2022, through the online form. The student mini-grants fund prevention and wellness projects targeting AODA and other youth risk behaviors (use of commercial tobacco and vaping, violence, bullying, suicide, alcohol traffic safety, and sexual risk behaviors) developed by students for students. Each funded project may be awarded up to \$1,000. The application and additional information can be found on the [Student AODA Mini-Grant Program website](#).



*The guidance outlines both state and federal laws related to school districts' legal responsibilities for the provision of nursing procedures and health services for students. It is up to the school district to determine what the statutes and rule require regarding the hiring of registered nurses. Additional questions were added regarding summer school and the use of EMTs and LPNs to provide school nursing services.*

# DPI News

## **NEW Bullying Prevention Toolkit Webinar with Dr. Chad Rose**

The Student Services/Prevention & Wellness Team at DPI is hosting a live, one-hour webinar with Dr. Chad Rose, an associate professor in the Department of Special Education at the University of Missouri, on **Monday, October 24 at 1:00 p.m. (CT)**.

Dr. Rose and his team of researchers at the Bully Prevention Lab have provided Wisconsin educators with free access to the ***Awareness and Prevention of School-Based Bullying Online Training Program***, accessible on DPI's [website](#), as well as the new ***Bullying Prevention Toolkit***, which will provide guidance for districts around formalizing reporting and investigation procedures and integrating bullying prevention efforts into existing multi-tiered systems of support.

In this webinar, Dr. Chad Rose will provide an overview of the new *Bullying Prevention Toolkit*, which will be released soon! This webinar is designed for student services professionals, administrators, regular and special education teachers, and any other educators/school personnel.

Please see the details below for accessing the live webinar. **This webinar will be recorded** so those who are not able to attend live can access it at a later date. Questions about this event can be directed to [Jessica.frain@dpi.wi.gov](mailto:Jessica.frain@dpi.wi.gov).

Join Zoom Meeting

<https://us02web.zoom.us/j/82958952430>

Meeting ID: 829 5895 2430

One tap mobile

+13017158592,,82958952430# US

Dial by your location +1 312 626 6799 US (Chicago)

## **Asthma Friendly Schools Funding Available**

The Wisconsin Asthma Program is offering Wisconsin school districts an opportunity to make their schools more asthma-friendly. Asthma is common among students; in a classroom of 30, approximately 3 have asthma. Uncontrolled asthma can lead to school absences and decreased academic performance. Schools can help these students by offering a healthy, safe and supportive learning environment. Schools will have several optional activities to choose from, including school staff training, coaches training, school environmental walkthrough completion, and ensuring students with asthma have an up-to-date Asthma Action Plan on file.

A *Request for Application* (RFA) has been posted to the [State of Wisconsin Public Notice website](#).

Here you will find:

1. RFA - Describes the purpose and scope, award, eligibility, and application submission information
2. Appendix A - Asthma Project Choice Descriptions
3. Appendix B - Application

*Funding Level:* \$2,000

*Project Period:* 11/07/2022 - 08/31/2023

*Application Deadline:* 10/31/22 at 5 p.m.

# DHS News

## Respiratory Report

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

### **Wisconsin DHS Health Alert #49: Severe Respiratory Illness and Acute Flaccid Myelitis (AFM) Surveillance in Wisconsin**

The Centers for Disease Control and Prevention (CDC) has identified increased pediatric hospitalizations in patients with severe respiratory illness and positive rhinovirus (RV) and/or enterovirus (EV) tests. RVs and EVs share clinically similar presentations and are indistinguishable from one another on multiplex assays often used in clinical settings.

[AFM](#) is a rare neurologic condition that results from inflammation of the spinal cord. Most cases of AFM experience sudden onset of arm or leg weakness with loss of muscle tone and reflexes. Some AFM cases may also experience facial droop, difficulty moving their eyes, drooping eyelids, pain in arms or legs, and difficulty with swallowing or speaking. Severe cases can result in respiratory failure and death. AFM can result from a variety of causes, including environmental toxins, viruses, and genetic disorders.

AFM is challenging to diagnose because it shares many of the same symptoms as other neurologic diseases, like transverse myelitis and Guillain-Barre syndrome. Therefore, it is important to conduct proper examinations and testing necessary to differentiate between AFM and other neurologic conditions. Viruses that can cause AFM or similar neurologic conditions are [poliovirus](#) and [non-polio EVs, flaviviruses \(for example, West Nile virus, Japanese encephalitis virus\)](#), and adenoviruses. Often, despite extensive laboratory tests, the cause of a patient's AFM is not identified.

#### Key Points:

- Across the nation, there has been an increase in severe respiratory illness requiring hospitalization in children.
- Enterovirus-D68 (EV-D68) is increasing and can cause acute, severe respiratory or neurologic illness (with or without fever) in children. This could lead to an increase in cases of acute flaccid myelitis (AFM) in the coming weeks or months
- AFM is a rare neurologic condition characterized by sudden-onset weakness or other motor impairment. It may be caused by a range of infectious and non-infectious triggers, and has been linked specifically to infection with EV-D68. AFM due to any cause is a reportable condition in Wisconsin.

### **Statewide Survey of the Wisconsin Children's System of Care**

We invite you to help us identify the strengths and challenges that impact the behavioral health services provided to children, youth, and families.

The strengths and challenges identified through this survey will be used to develop a strategic plan for the Wisconsin Children's System of Care.

It will take about 15 minutes to complete this survey. It is open for responses until October 21, 2022.

[Take the survey.](#)

# DHS News

## Association Between Aluminum and Asthma

A new [observational study](#) published in Academic Pediatrics signals a possible association between exposure to aluminum, which is found in some childhood vaccines, and development of persistent asthma in children. The CDC and DHS agree with the authors that **this single observational study does not show that aluminum in some childhood vaccines can cause development of persistent asthma**. This CDC-funded study has important limitations that the authors acknowledge. “*Considering the small effect size observed and the limitations described above, particularly related to unmeasured confounding, these findings do not constitute strong evidence for questioning the safety of aluminum in vaccines.*” (Daley et.al. 2022)

CDC, the Food and Drug Administration (FDA), and the National Institutes of Health (NIH) are discussing more studies to look at aluminum in childhood vaccines.

The CDC is not changing the current routine childhood vaccination recommendations based on this single study. Further investigation is needed to explore the risk of aluminum exposure from routine childhood vaccines on the development of persistent asthma in children; efforts are already underway. We ask all vaccinators to strongly recommend that parents and caregivers vaccinate their children on time with all vaccines, including flu and COVID-19 vaccines.

### Resources

- [Key messages and talking points](#) from the CDC.
- CDC has recently updated information on [adjuvants in vaccines](#). DHS [Plan to Protect](#) and [Childhood and Adolescent Vaccine Information](#) materials on the safety and importance of on time vaccinations for young children.

## DHS-Supported Community Testing Sites to Shift to Rapid Antigen Testing

Throughout October, the Wisconsin Department of Health Services' (DHS) Community Testing Support Program (CTSP) sites statewide are shifting to a new model of testing that first uses point of care (POC) antigen tests to provide rapid results to individuals. Testing sites will continue to provide PCR testing when confirmatory results are needed for individuals with symptoms who have a negative antigen result.

To find a community testing site near you, visit our [webpage](#). It is updated daily to show all testing sites that have been reported to DHS. The map and the list of sites include important information about each site's requirements around appointments, walk-ins, age groups served, and contact information for the site. Anyone in need of testing is encouraged to contact their local testing site in advance to confirm hours, and any need for an appointment or pre-registration.



*The CDC is not changing the current routine childhood vaccination recommendations based on this single study. Further investigation is needed to explore the risk of aluminum exposure from routine childhood vaccines on the development of persistent asthma in children; efforts are already underway.*



# DHS News

## **Stay Healthy this Fall: COVID-19 At-Home Tests and Booster Shots Still Available with No Out-of-Pocket Cost**

DHS and the Office of the Commissioner of Insurance (OCI) are reminding Wisconsinites that COVID-19 at-home tests and booster shots are still available with no out-of-pocket cost.

DHS continues to urge all Wisconsinites to [stay up to date](#) with COVID-19 vaccines. Updated COVID-19 boosters are recommended for everyone ages 12 and up and are designed to give broad protection against COVID-19, including better protection against the currently circulating Omicron variant.

Pharmacies, health centers, and clinics are continuing to offer appointments at a variety of locations across the state. People are encouraged to check with their primary care provider, local or tribal health department or clinics, or visit [vaccines.gov](#) to find vaccination sites near them. Health plans are also required to cover the cost of COVID-19 vaccines, including boosters, through the end of the federally declared public health emergency.

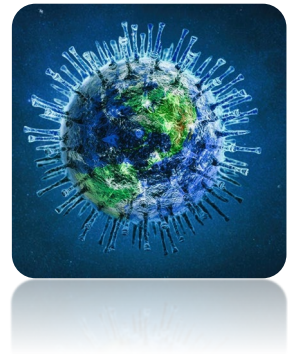
A full version of this release is available [here](#).

## **Have You Been Infected With COVID-19? Why You Still Need to Get a Vaccine!**

Getting vaccinated and staying up to date provides [added protection for everyone, including people who already had COVID-19](#). Vaccines and boosters increase your protection against severe illness, hospitalization, and death. You may consider waiting three months after you tested positive or started feeling sick to get your next COVID-19 vaccine dose. Waiting three months may maximize the protection you get from the vaccine. [Studies](#) show that waiting this time may give you stronger, longer-lasting protection.

You may want to get vaccinated sooner after recovering from COVID-19 if you are at higher risk of getting very sick. This includes if you have a medical condition or are in an area with [High COVID-19 Community Levels](#).

DHS continues to urge all Wisconsinites to [stay up to date](#) with COVID-19 vaccines. Updated COVID-19 boosters are recommended for everyone ages 12 and up and are designed to give broad protection against COVID-19, including better protection against the currently circulating Omicron variants.



*DHS and the Office of the Commissioner of Insurance (OCI) are reminding Wisconsinites that COVID-19 at-home tests and booster shots are still available with no out-of-pocket cost.*

# DHS News

## [NEW DATA SNAPSHOT: More work is needed to promote cancer prevention vaccines in WI](#)

New data from the Wisconsin Immunization Registry shows stalled progress on HPV and hepatitis B vaccine rates – emphasizing major opportunities for cancer prevention and outreach efforts.

Between 2019 and 2021, HPV vaccine rates for children in Wisconsin ages 11-12 showed no improvement, and hepatitis B vaccine rates saw large declines in a majority of Wisconsin counties.

The HPV vaccine [protects against at least six types of cancer](#). The HPV vaccine is recommended for children ages 11-12 for optimal benefit. The hepatitis B vaccine protects against liver cancer. It is [now recommended](#) for all newborns, children and teens, and adults up to 59 years.

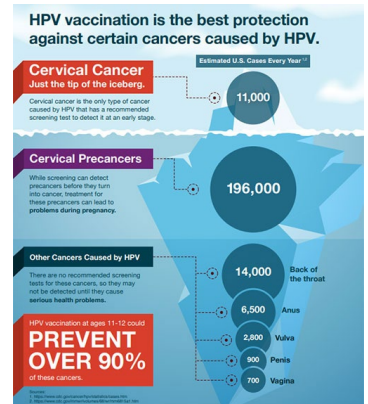
### Key Findings:

- HPV vaccine initiation rates have improved slightly among children ages 13-17 (59.1% in 2019, to 63.5% in 2021). HPV completion rates among children ages 13-17 also show slight improvement (45.6% in 2019, to 50.4% in 2021).
- The gap in vaccination rates between females and males ages 13-17 seems to be narrowing. Vaccine rates for males saw the greatest improvement (5.3 percentage point increase for males, compared to a 4.2 percentage point increase for females).
- Several counties in Wisconsin saw small declines in HPV vaccine completion for 11- to 12-year-olds in 2021 compared to 2019.
- Hepatitis B vaccine completion rates for 24-month-olds fell by one percent (85.3% in 2019 compared to 84.3% in 2021).

### Take Action:

- Learn more about HPV-related cancers in Wisconsin and factors that influence immunization in our issue brief, [HPV-Related Cancers and Vaccination](#).
- Visit the Wisconsin Immunization Program website to look at data from [your county](#). (Note: County data is from 2020.)
- Review the evidence summary on [HPV vaccination for children ages 9-12](#), from the National HPV Vaccination Roundtable.
- Use this helpful infographic from the National HPV Vaccination Roundtable, [Catch-up Now An Urgent Action Call for Health Systems to Close the Adolescent Vaccination Care Gap](#).
- Use these [Core Messages](#) to help normalize HPV vaccination at age 9.

Increasing cancer prevention vaccine completion is an important part of the [Wisconsin Cancer Plan 2020-2030](#).



*New data from the Wisconsin Immunization Registry shows stalled progress on HPV and hepatitis B vaccine rates – emphasizing major opportunities for cancer prevention and outreach efforts.*

# UW- School of Nursing

## School Nursing Scholarships

The Department of Health Services (DHS) strives to address the need for additional school nurse and health service professionals in schools. The DHS is providing generous scholarships to support Wisconsin RNs to obtain school nurse training and explore their interest in school nursing during Fall 2022 and Spring 2023. If you have any interest in school nursing, please apply for this scholarship by **Wednesday, October 19, 2022 at 11:59 p.m. (CT)**.

### Eligibility Requirements:

- UW-Madison student enrolled in the Traditional BSN, Accelerated BSN, DNP, BSN@Home, or School Nurse Certification program AND;
- Wisconsin resident with an intention to stay and practice in Wisconsin AND;
- Be enrolled in the School Nurse Certificate program OR;
- Be enrolled or will be enrolled in N470: School Nursing in the Context of Community Health Practice OR;
- Have a documented interest in school nursing via the scholarship application.

### Application Steps:

**1. Submit the General Application for scholarships (due by October 19, 2022).**

Log into the [Wisconsin Scholarship Hub \(WiSH\)](#) and complete your **General Application**. **IMPORTANT:** For the question that asks which school or college you intend to graduate from, you must choose "School of Nursing" or you will not get matched to nursing scholarships. If you have already filled out the General Application, you should go back to it and double check it. You may need to hit refresh before moving on to the School of Nursing application.

**2. Submit the UW-Madison & DHS School Nurse Education Partnership Scholarship Application (due by October 19, 2022).** After you have completed your *General Application*, go to the **UW-Madison & DHS School Nurse Education Partnership Scholarship**, and complete all questions. Make sure to hit "submit" after completing the application. Applications left in draft mode will not be considered.

If you have any questions, please email [scholarships@nursing.wisc.edu](mailto:scholarships@nursing.wisc.edu).



*The DHS is providing generous scholarships to support Wisconsin RNs to obtain school nurse training and explore their interest in school nursing during Fall 2022 and Spring 2023.*



# Miscellaneous



**The Wisconsin Youth Health Transition Initiative & the Wisconsin Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs invite you to the Baylor College of Medicine's 23<sup>rd</sup> Annual Chronic Illness and Disability Virtual Conference, Transition from Pediatric to Adult-Based Care, October 27<sup>th</sup> & 28<sup>th</sup>, 8:00am-4:00pm CST.**

Registration and information are available at the conference website: [Baylor Conference 2022](#)

This livestreamed conference is about **transition from pediatric to adult-based healthcare**. By participating in this conference, you will learn about how to support individuals, families, and clinicians to plan for a successful transition to adult healthcare. CEU's are available.

The Youth Health Transition Initiative has a few "scholarships" to register **interested families**. Request "scholarship" information by emailing Sonja Oetzel at [soetzel@wisc.edu](mailto:soetzel@wisc.edu) or by calling 608-265-8955.

For those in the Madison area, the conference will be broadcast in the American Family Children's Hospital Conference room #1335. Registration is not required. You are welcome to come for all or part of either one or both days of the conference. Contact Beth at [healthtransitionwi@waisman.wisc.edu](mailto:healthtransitionwi@waisman.wisc.edu) for an agenda and information. See flyer attached to this newsletter.

**"Association of SARS-CoV-2 Infection with New-Onset Type 1 Diabetes among Pediatric Patients from 2020 to 2021" published in *JAMA Network Open***

In the September 23 issue, *JAMA Network Open* published [Association of SARS-CoV-2 Infection with New-Onset Type 1 Diabetes among Pediatric Patients from 2020 to 2021](#). A portion of the discussion section appears below.

*In this study, new T1D [type 1 diabetes] diagnoses were more likely to occur among pediatric patients with prior COVID-19 than among those with other respiratory infections (or with other encounters with health systems). Respiratory infections have previously been associated with onset of T1D, but this risk was even higher among those with COVID-19 in our study, raising concern for long-term, post-COVID-19 autoimmune complications among youths. Study limitations include potential biases owing to the observational and retrospective design of the electronic health record analysis, including the possibility of misclassification of diabetes as type 1 vs type 2, and the possibility that additional unidentified factors accounted for the association. Results should be confirmed in other populations. The increased risk of new-onset T1D after COVID-19 adds an important consideration for risk-benefit discussions for prevention and treatment of SARS-CoV-2 infection in pediatric populations*

*Respiratory infections have previously been associated with onset of T1D, but this risk was even higher among those with COVID-19 in our study, raising concern for long-term, post-COVID-19 autoimmune complications among youths.*

# American Academy of Pediatrics

## **New Headlice Clinical Report**

The clinical report, "[Head Lice](#)," published in the October 2022 Pediatrics (published online Sept. 26), describes new medications for treatment and provides an algorithm for management of affected patients and clarification on diagnosis and treatment.

For parents, more information is available on HealthyChildren.org [here](#).



# American Academy of Pediatrics - HealthyChildren.Org

## **Headlice What Parents Need to Know**

Head lice don't put your child at risk for any serious health problems. Products should be used only if those products are safe. If your child has head lice, work quickly but safely to treat your child to prevent the head lice from spreading.

Some schools have "no-nit" policies stating that students who still have nits in their hair cannot return to school. The American Academy of Pediatrics and National Association of School Nurses discourage such policies and believe a child should not miss or be excluded from school because of head lice. [See webpage for more.](#)

# EdWeek

## **School Nurses' Mental Health Is Suffering. Here's How District Leaders Can Help**

Policies that foster well-being and positive school climate are key. [Read more.](#)

*The clinical report, "[Head Lice](#)," published in the October 2022 Pediatrics (published online Sept. 26), describes new medications for treatment and provides an algorithm for management of affected patients and clarification on diagnosis and treatment.*

# Diabetes in School Health



**Live DiSH Sessions will resume in October 2022!**

**October 19, 2022:**  
*Nutrition Basics*

**November 16, 2022:**  
*CGM Information*

**December 14, 2022\*\*:**  
*What is a Ketone?*  
\*\*THIS IS THE 2nd WEDNESDAY OF THE MONTH

**January 18, 2023:**  
Session Topic TBD

**February 15, 2023:**  
Session Topic TBD

**March 15, 2023:**  
Session Topic TBD

**April 19, 2023:**  
Session Topic TBD

**May 17, 2023:**  
Session Topic TBD

## MMWR

### [Notes from the Field: E-cigarette Use Among Middle and High School Students – United States, 2022](#)

In 2022, 2.55 million U.S. middle and high school students currently used e-cigarettes. Approximately four in 10 reported frequent use, and approximately one in four reported daily use. Comprehensive tobacco prevention and control strategies and FDA regulation and enforcement are critical to addressing e-cigarette use among students. [Read more.](#)

*Firearms have become the leading cause of death among children in the United States.*

## School Nurse Blog

### [The Relentless School Nurse: A Classroom Full of Students Die Everyday From Gun Violence](#)

Robin Cogan, MEd, RN, NCSN, FNASN, FAAN

"Each day, 28 US children and teens – the equivalent of a high school classroom – die from gun violence, making it the No. 1 killer of youth through age 24. Firearms have become the [leading cause of death](#) among children in the United States. " retrieved from [American Academy of Pediatrics: Firearms Violence Prevention Demands a Public Safety Approach Like Regulation of Motor Vehicles.](#) [Read blog.](#)

# Practice Points

By Louise Wilson

## Staying in Your Lane

At the recent New School Nurse Orientation, I spent 50 minutes talking about delegation in the school setting. That is not nearly enough time. Delegation issues permeate many of the decisions school nurses are required to make. It is one of the most frequent topics for which I receive emails and phone calls. So much so that when we were still in the office my DPI colleagues and cubical mates felt they could answer questions about delegation since they overheard me discussing it so many times!

The thing about delegation though is that it is always an individual Registered Nurse's responsibility and decision. There is no such thing as a standard answer. I am choosing to address the topic of knowing your role and responsibilities in this current Practice Points because of the revised guidance that was published last week, [Nursing Services in Wisconsin Public Schools](#).

As I was researching the answers to the questions and working with the Department of Public Instruction (DPI) legal team on how to accurately communicate the answers, the importance of understanding what each school health services personnel's role, job description, and professional licensing and standards (if applicable) was apparent. It is critical for school nurses delegating care, and for school administrators making staff assignments and hiring decisions, to understand the proper lanes of each of the school health services personnel so the personnel can stay in their lane.

I've promised to write a Practice Points regarding the 2022 School Nursing Scope and Standards of Practice. I just need some time to read them thoroughly and digest. In the meantime, I strongly encourage school nurses to read our Nurse Practice Acts ([Chapter 441](#), [Chapter N 6.01](#), [Chapter N 7.03](#)). No matter in what setting registered nurses or licensed practical nurses practice nursing, they are accountable to the Nurse Practice Acts.



*It is critical for school nurses delegating care, and for school administrators making staff assignments and hiring decisions, to understand the proper lanes of each of the school health services personnel so the personnel can stay in their lane...*

*... I do suggest that personnel determine their lane and stay in it. Doing so would seem to provide the best and safest care for Wisconsin students.*

Many school districts are hiring “nursing assistants” or “nursing aides” to provide or supplement school health services. It is important to note that this level of personnel are not licensed. [Chapter DHS 129](#) describes and defines the training of nurse aids. Nurse aide ["means a person, regardless of the person's title, who provides routine client-related services under the supervision of a registered nurse or licensed practical nurse"](#). This definition of nurse aid is repeated in [DHS 146.40\(1\)\(d\)](#). Nurse aids are trained and evaluated to work in [hospitals, nursing homes or facilities for the developmentally disabled, home health agencies or hospices](#).

I do not see schools in that statute. Not that those trained as nurse aids would not have the attitude and aptitude to help care for student health needs. It is just important to understand what, how, and for what individuals have been trained and deemed competent. A Certified Nursing Assistant (CNA) is a nurse aid who has successfully completed a nurse aid training program and a competency evaluation which involves both a written knowledge test and a skill test.

A question in the [Nursing Services in Wisconsin Public Schools](#) document address emergency medical services personnel who are also being hired in schools to provide school health services. There are several levels of emergency medical services (EMS) personnel ([DHS 110.04](#)). EMS personnel care for patients that [may require assessment, treatment or transport](#). They do so under a “patient care protocol” which is a written statement signed and dated by the emergency medical service medical director and approved by the Department of Health Services that lists and describes the steps within the applicable scope of practice that EMS professionals are required to follow when assessing and treating a patient ([DHS 110.04\(54\)](#)). I question if that is how school districts are using these personnel and what lane these EMS personnel find themselves in.

At the New School Nurse Orientation, I pointed out to those registered nurses in attendance that Registered Nurses (RN) are independent practitioners. Meaning RNs do not need supervision or “orders” to practice [Professional Nursing](#). Only when RNs perform delegated medical acts are they required to have medical orders or written protocols. It is the practice of [Professional Nursing](#) to “supervise patient care” and “the supervision and direction of licensed practical nurses and less skilled assistants.”

Licensed Practical Nurses (LPNs) are not licensed to practice [Practical Nursing](#) independently but must be supervised by RNs or the other health care practitioners listed in [Chapter 441](#). Those are the lanes RNs and LPNs find themselves practicing in.

The DPI does not provide legal advice to school districts. That is why in the new guidance document school districts are encouraged to seek their own legal advice when addressing the provision and direction of nursing services/student health care services. Certainly, I as the state school nurse and health services consultant do not provide legal advice. But I do suggest that personnel determine their lane and stay in it. Doing so would seem to provide the best and safest care for Wisconsin students.

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

October 2022 Wisconsin Department of Public Instruction

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





# Wisconsin Chapter

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



# Open Forum

November 11, 2022

Waukesha County Technical College  
800 Main St, Pewaukee, WI 53072



## **Athlete 360°:** **The Role of Primary Care in Sports, Physical Activity and Well-being**

*Our annual forum will focus on a holistic view of student athletes and their primary care clinicians.*

### **Topics under discussion:**

- ◆ Current clinical practice guidelines and recommendations, and how to implement them in your day-to-day practice
- ◆ New COVID-19 restrictions
- ◆ Mental health and performance anxiety
- ◆ Single sport participation and orthopedic concerns
- ◆ School health relationships and return to learn (RTL)
- ◆ Sideline care of student athletes
- ◆ Updates on common supplements

**Open to pediatricians, family physicians, subspecialists, allied health professionals, medical students, residents, legislators, public health professionals and the public at large.**

**Register now:**

[Athlete360.Eventbrite.com](https://Athlete360.Eventbrite.com)

**Members \$60, Non-members \$80, Trainees \$10**

# Schedule

WIAAP Open Forum  
Waukesha County Technical College  
Friday, November 11, 2022  
8:30am-5:00pm

## Exhibitor and Support Opportunities

Are you or your organization interested in visibility at this event?

There are numerous opportunities to support the day's purpose, including sponsorships, exhibits and others.

*Athlete 360°: The Role of Primary Care in Sports, Physical Activity, and Well-Being* will attract pediatricians, family physicians, subspecialists, allied health professionals, medical students, residents, legislators, public health professionals and the public at large.

For more information, visit our website at [wiaap.org](http://wiaap.org) and click on "Events," or contact Rishelle Eithun, [reithun@wiaap.org](mailto:reithun@wiaap.org).

Sign up directly at <https://www.surveymonkey.com/r/2022OpenForum>.

8:30 AM	Registration
9:00 AM	Welcome and Purpose of the Day
9:05 AM	<p>Session 1 – The Cutting Edge of Sports and Youth in Wisconsin  <i>Speaker:</i> Drew Watson, MD, FAAP</p>
10:00 AM	<p>Session 2 – Mental Health and Sports Performance  <i>Speaker:</i> Alison Jones, MD</p>
11:00 AM	Break – Exhibits Open
11:15 AM	<p>Session 3 – Mindfulness and Sports Performance  <i>Speaker:</i> Chad McGehee, MA, MEd</p>
12:10 AM	Lunch – Exhibits Open – Keynote Speaker
1:15 PM	<p>Sessions 4.1 – Getting Kids Back to Activity Post-Injury  <i>Speakers:</i> Shayne Fehr, MD, FAAP and Kaitlin Hong, PT, DPT</p> <p>Session 4.2 – Working With Student Athletes in the Clinic and on the Sidelines  <i>Speaker:</i> Kevin Walter MD, FAAP</p> <p>Session 4.3 – Nutrition, Diets and Supplements  <i>Speakers:</i> Erin Hammer, MD and Sarah Van Riet, RDN</p>
2:00 PM	Break – Exhibits Open
2:15 PM	Repeat concurrent Sessions 4
3:00 PM	Break – Exhibits Open
3:15 PM	<p>Session 5 – Shared experiences in Wisconsin  <i>Speakers:</i> Jake Graboski, Grace Nemeth, Jeremy Waldhart, DO</p>
4:00 PM	<p>Session 6 – The Team, the Talk, the Long Game  <i>Speaker and Panel Moderator:</i> Blaise Nemeth, MD, FAAP</p>
4:55 PM	Closing Remarks/Adjourn

# Speakers



**Blaise Nemeth, MD, FAAP**  
WIAAP Board Member

Currently an Associate Professor (CHS) at the University of Wisconsin School of Medicine and Public Health, Blaise Nemeth practices non-operative pediatric orthopedics and also works in the Pediatric Fitness Clinic working with families on weight management. He also serves as a house mentor in the Academic and Career Advising Program for medical students at UWSMPH and sits on the Leadership Council for the Healthy Kids Collaborative of Dane County. He has served six years on the executive committee of the AAP Council on Sports Medicine and Fitness.



**Erin Hammer, MD**

Dr. Hammer is an Assistant Professor and primary care sports medicine physician at the University of Wisconsin. She is a team physician for the UW Athletic Department. In this role, Dr. Hammer provides medical coverage for Badger wrestling and football, and also provides medical coverage for the US Cross country ski team. She is the junior associate editor for the Clinical Journal of Sport Medicine and a member of the AMSSM Collaborative Research Network Leadership Team.



**Sarah Van Riet, RDN**

Sarah Van Riet is a registered dietitian nutritionist with over 20 years of experience providing nutrition therapy and counseling for all ages. In her current role at UW-Madison's University Health Services medical clinic she consults with college students on a variety of nutrition concerns. Sarah also works with the Badger student-athletes, collaborating closely with sports medicine staff to provide nutrition therapy for issues such as vitamin/mineral deficiencies, disordered eating, and food intolerances.



**Andrew Watson, MD, FAAP**

Dr. Watson is a board certified pediatrician and sports medicine physician at the University of Wisconsin School of Medicine and Public Health in the Departments of Orthopedics and Rehabilitation, with affiliate appointments in the Departments of Pediatrics and Kinesiology. He is a team physician for UW Division of Intercollegiate Athletics, the head team physician for Forward Madison FC, and the Chief Medical Advisor for the Elite Clubs National League.



**Alison Jones, MD, MS**

Dr. Jones earned her medical degree and completed a residency in psychiatry at Rosalind Franklin University of Medicine and Science in Illinois. She completed a fellowship in child and adolescent psychiatry at University of Colorado - Affiliated Hospitals. She is board-certified in both adult and child and adolescent psychiatry. Her interests in sports medicine include athletes with difficulty recovering from concussion or other sports related injuries. She also has an interest in seeing patients with eating disorders and other psychiatric conditions.

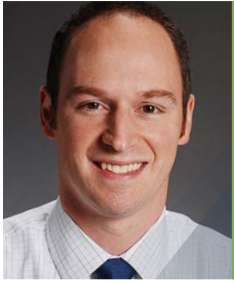


**Chad McGehee, MA, MEd**

Chad McGehee, MA, MEd, is a meditation teacher, scientific collaborator and trusted coach working at the intersection of elite performance and meditation. At the University of Wisconsin Athletic Department, Chad became the first ever Director of Meditation Training in major college sports. Chad is an honorary affiliate of the Center for Healthy Minds at UW-Madison, a member of Under Armour's Internal Human Performance Council and co-founder of Inner Edge Meditation.

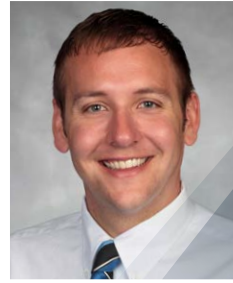


# Speakers



**Shayne Fehr, MD, FAAP**

Dr. Fehr is an associate professor of Pediatric Orthopaedics at the Medical College of Wisconsin. His position at MCW involves teaching medical students, residents, and fellows in clinic and at sporting events. He has written multiple book chapters and journal articles related to sports medicine and orthopaedics. His practice at the Children's Wisconsin mainly involves the care young athletes with sports-related injuries, including overuse injuries, sprains/strains, fractures, and concussions.



**Jeremy P. Waldhart, DO**

Dr. Waldhart is a family medicine doctor in Milwaukee, Wisconsin and is affiliated with multiple hospitals in the area, including Ascension Columbia St. Mary's Hospital Milwaukee and Columbia St. Mary's Milwaukee Hospital. He received his medical degree from Michigan State University College of Osteopathic Medicine. He is passionate about full spectrum family medicine including outpatient pediatrics through geriatrics, as well as obstetrics and inpatient medicine.



**Kaitlin Hong, PT, DPT, LAT**

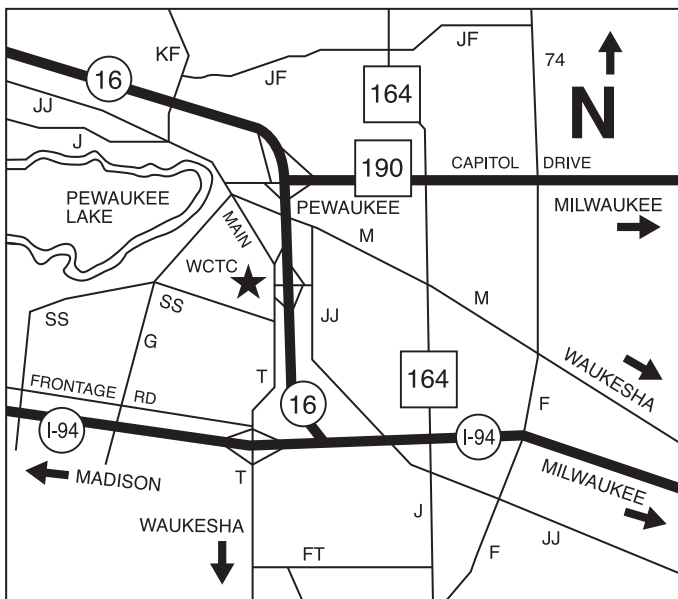
Dr. Hong graduated from Marquette University in 2009 with her bachelor's in athletic training and her doctorate of physical therapy in 2011. Kaitlin treats a variety of conditions with focus on rehabilitation and prevention of athletic injuries specifically related to the spine and the lower extremities. Kaitlin strongly believes in providing the resources through patient/family education and rehabilitation to return patients to sport and to minimize risk for re-injury.



**Kevin Walter, MD, FAAP**

Dr. Walter is the chair of the Wisconsin Interscholastic Athletic Association (WIAA) Sports Medicine Advisory Committee, where he has served as a member since 2005. He was appointed to a four-year term with the National Federation of State High School Associations (NFHS) Sports Medicine Advisory Committee from 2008-2012. He was also appointed to the National Academy of Sciences committee on Sport-related Concussion in Youth, serving as a primary author on their landmark report.

## Directions to Waukesha County Technical College



### Coming from the east on Hwy. 190 (Capitol Drive)

- Travel west on Capitol Drive. Turn left onto Hwy. 16 East.
- Take first exit, Main Street (exit 188).
- Turn left off hwy. ramp and proceed to the WCTC main entrance on right.

### Coming from the east on I-94:

- Travel west on I-94. Exit onto Hwy. 16 West (exit 293C).
- Continue to first exit, Main Street (exit 188).
- Turn left off hwy. ramp and proceed straight into the WCTC main entrance.

### Coming from the west on I-94:

- Travel west on I-94. Exit Hwy. T (exit 293).
- Turn left onto Hwy. T.
- Follow Hwy. T North about 2 miles to the WCTC main entrance on left.

### Coming from the west on Hwy. 16:

- Travel east on Hwy. 16 East. Exit Main Street (exit 188).
- Turn left off hwy. ramp and proceed to the WCTC main entrance on right.



The Wisconsin Youth Health Transition Initiative & the  
Wisconsin Leadership Education in  
Neurodevelopmental and Related Disabilities (LEND)  
programs invite you to the:

# **Baylor College of Medicine's**

## **23rd ANNUAL CHRONIC ILLNESS & DISABILITY**

### **VIRTUAL CONFERENCE**

Transition from Pediatric to Adult-based Care

website and registration: [Baylor Conference 2022](#)

Deadline to register: October 26, noon CST

OCTOBER 27<sup>th</sup> & 28<sup>th</sup>, 2022

8:00am - 4:00pm CST



This livestreamed conference is about **transition from pediatric to adult-based healthcare**. You will learn about how to support individuals, families, and clinicians to plan for a successful transition to adult healthcare.

**CEU's are available for health professionals, who register for the conference.**

**We encourage families to attend:** The Youth Health Transition Initiative has a few "scholarships" to register interested families. Sonja Oetzel has more "scholarship" information and can be reached at [soetzel@wisc.edu](mailto:soetzel@wisc.edu) or by calling 608-265-8955.

**The conference will also be broadcast in the American Family Children's Hospital, Madison conference room #1335. Registration is not required. Contact Beth at [healthtransitionwi@waisman.wisc.edu](mailto:healthtransitionwi@waisman.wisc.edu) for an agenda and more information.**





# Preventing cancer with the HPV vaccine

## HPV causes six types of cancer.

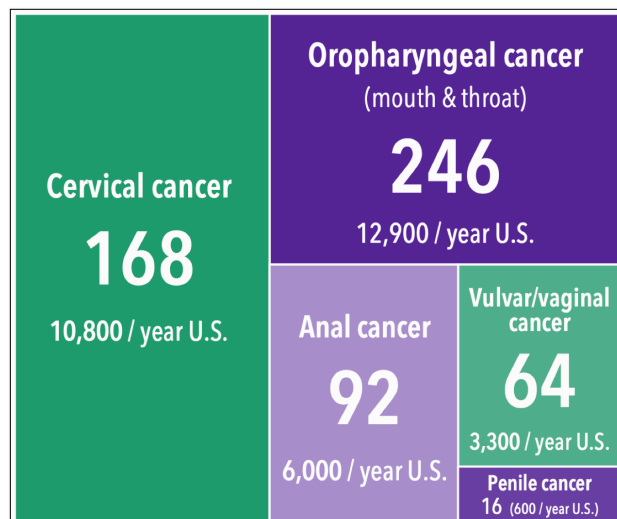
Almost 600 Wisconsinites are diagnosed with HPV-attributable cancers each year.

**That's a dozen new cancer cases in Wisconsin every week.**

Across the United States, HPV caused **32,500 new cancer diagnoses** in 2017.

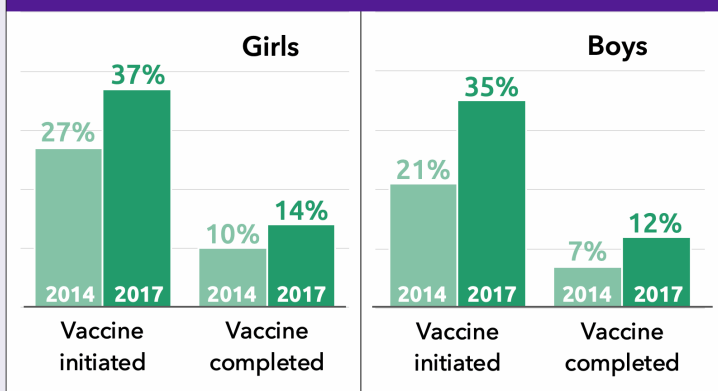
The HPV vaccine can **prevent** these cancers.

## HPV-caused cancers in Wisconsin per year

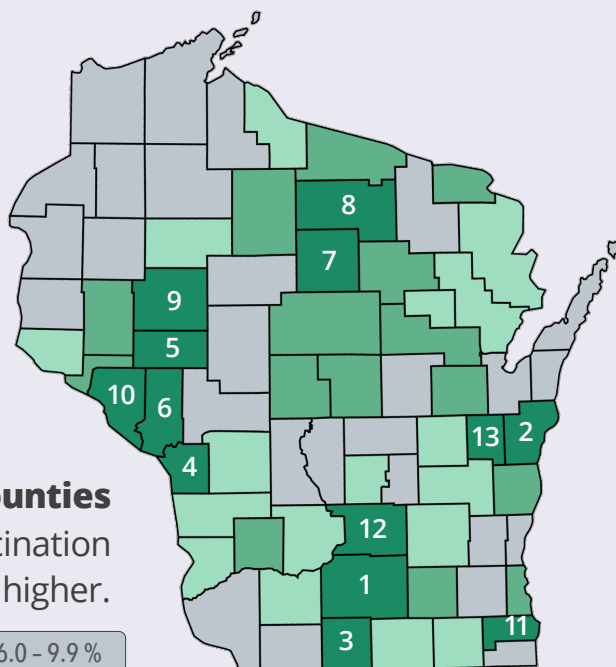


Annual averages from 2011-2015

## Vast majority of 11-12 year old Wisconsin children are going unvaccinated against HPV



Though Wisconsin's HPV vaccination rates are slowly improving, we are falling dramatically short of the state's goal of **80% vaccination completion by 2020.**



**Only 13 of Wisconsin's 72 counties** have an 11-12-year-old vaccination completion rate of 15 percent or higher.



## Recommendations

The CDC recommends girls and boys be vaccinated for HPV at **ages 11 or 12** to protect against cancers caused by the virus.

If initiated at age 11 or 12, **two vaccine doses** are recommended, 6-12 months apart.

If initiated at age 15 or older, **three vaccine doses** are recommended.

## Why it's so important

The HPV vaccine is **cancer prevention**.

Although cervical cancer is the most well-known link to HPV, the virus also causes approximately **20,000 non-cervical cancers every year** in the U.S., including throat, anal, vaginal, and penile cancers.

Of the HPV-attributable cancers, **only cervical cancer is routinely screened for**. Therefore, preventing infections that can lead to other cancers is a priority.

## 7 things you can do to help prevent HPV cancers

- 1 Avoid missed opportunities** by strongly recommending the HPV vaccine to parents of 11-12-year olds on the same day and in the same way that you recommend Tdap and meningococcal, since research shows **a strong doctor's recommendation is the #1 reason parents opt to vaccinate**.
- 2** Talk about the HPV vaccination in terms of **cancer prevention**, educating all clinic staff to frame the vaccine this way.
- 3** Track and measure HPV vaccination rates among your patients, with **a goal of 80 percent vaccinated by age 13**.
- 4** Develop and follow a protocol to check immunization status at **every patient visit**.
- 5** Implement a vaccination **reminder system**.
- 6** Engage with public health departments, schools, colleges, pharmacies, policymakers, and other partners to **identify innovative ways to collaboratively boost vaccination rates**.
- 7** Support policies that increase access to the HPV vaccine and educate families about the importance of being vaccinated.

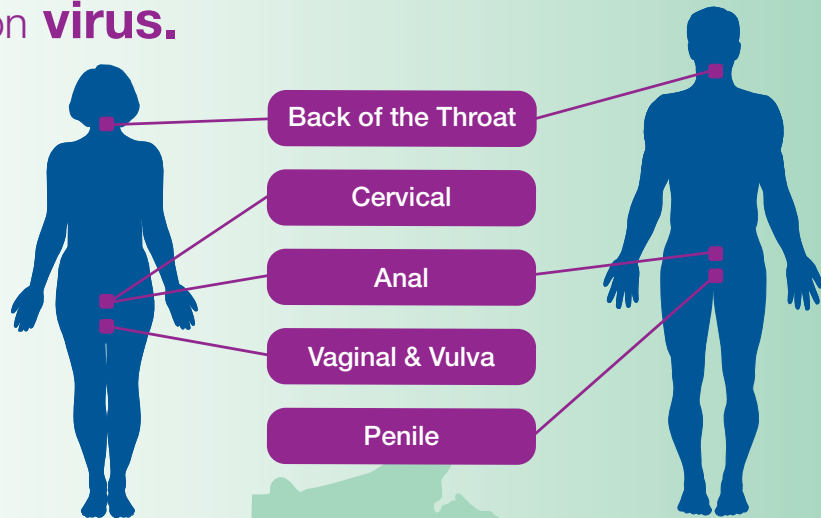


### Sources:

# Protecting Wisconsin Youth from HPV-related Cancers

**HPV** is a common **virus**.

Certain **types** of **HPV** are the major **CAUSES** of these cancers:



The **HPV** vaccine, recommended for **boys and girls**, can **REDUCE** the **risk of HPV-related cancer**.

**HPV** vaccination completion, for 13-17 year olds, in Wisconsin is **ALARMINGLY** low.



**WE** can protect our youth from **HPV-related cancer**.



**Include** HPV vaccine in routine vaccination recommendations for adolescents



**Support** a reminder system to improve vaccine series completion



**Promote** recommended HPV-related cancer screening



**Together...**Reducing the burden of **CANCER** in Wisconsin  
[wicancer.org](http://wicancer.org)

Data Sources: American Cancer Society. "Wisconsin Cancer Facts & Figures, 2013-2014"; [http://wicancer.org/documents/WIFactsFigures2013\\_FINAL\\_000.pdf](http://wicancer.org/documents/WIFactsFigures2013_FINAL_000.pdf); Lazar, K., Petit, A., Imm, P., Conlon, A., LoConte, N. (2014). Human Papillomavirus Related Cancers and HPV Vaccination Coverage in Wisconsin. WI CCC Issue Brief.