

School Nurse UPDATE

#10 January 27, 2022

Greetings!

Like of you, my schedule for this week is jam packed. That's with the projects and meetings I know about. Similar, but nowhere near as critical as you, are emails, phone calls, and "things" that pop up randomly and need immediate attention. That is why I am sending this newsletter to my trusty and capable DPI colleagues to publish earlier than the January 27th date. I know doing so risks new and important information will not be included. Most of the information in this Update is once again COVID-related.

Two items I want to make sure you read in this Update are 1) the most relaxing play list; 2) information on the data points being collected this school year for the voluntary school health services survey. While the survey is voluntary, it is imperative that data representative of the entire state is collected. Since that statement probably just raised your stress level, do find out what songs you should be listening to that will decrease that stress!

DPI does not endorse products, services, or particular companies, but under Miscellaneous I am sharing information regarding a contact tracing program as I have had many requests for how to obtain these services. Occasionally I share summer employment opportunities as camps recruit for these positions. This too is not an endorsement.

See the flyer at the end of this Update regarding the Wisconsin Family Assistance Center for Education, Training & Support (WI FACETS) upcoming webinars for families. School personnel are welcome to attend.

I sent information regarding the DHS testing program in an email on 1/24/2022 but have repeated that information including the statement about POC testing and the need for CLIA waiver if school staff do the collection.

One more reminder that mask wearing is critical if returning after five days of isolation or quarantine. Additionally, DPI recommends schools do contact tracing for immunocompromised students even if you have abandoned most contact tracing. Ride the wave!

Louise

FEATURED STORIES

PRACTICE POINTS – Data Points for 2021/2022

Most Relaxing Playlist
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DPI Guest Editorial (p. 4)

DHS Testing Updates (p. 6)

Summer Camp Employment (p. 14)

Contact Tracing Resource
(p. 13)

SAVE THE DATE

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

Next DiSH- WI Session –
February 16, 2022

School Nurse Network
Meeting- February 15,
2022 3:30-4:30 PM

DPI News



Resources for Families and Educators to Prepare for IEP Meetings

DPI published a new College and Career Ready Individualized Education Program (CCR IEP) Family Engagement Facilitator's Guide developed by the Wisconsin Statewide Parent-Educator Initiative (WSPEI)! The guide is designed to align with the CCR IEP five beliefs and five-step process. It is used as a tool to facilitate positive IEP meeting conversations and offer schools strategies to engage with families during the IEP process. The CCR IEP Family Engagement Facilitator's Guide is divided into the following sections:

- General tips when working with families
- Prior to meeting
- Day of meeting
- IEP Development
- Follow up to meeting
- Additional resources

Contact your local CESA WSPEI Family Engagement Coordinator for more information at wspei.org. Additional resources for families such as the snapshot for [families](#) and [students](#) to prepare for IEP meetings, sample self-directed IEP template, [Wisconsin Transition App](#), [WI FACETS IEP Checklist](#), and many other IEP planning resources can be found on the [CCR IEP Family and Community Engagement web page](#).

FREE! Virtual Compassion Resilience Facilitator Training starting February 21st!

Now, more than ever, educators may be feeling burnout and compassion fatigue. However, with the current challenges comes an opportunity to lead the work of building a compassionate school culture. This includes strengthening individual resilience skills through important conversations about the role of expectations, boundaries, and self-care strategies, while also examining the aspects of the work environment that drive staff fatigue. DPI, in partnership with Rogers Inhealth, are offering three free trainings of Compassion Resilience toolkit facilitators this school year. Facilitators will learn how to plan for toolkit implementation in their school/district and to facilitate circle discussions. Interested schools or districts are encouraged to send TEAMS of six people. For details, please see the attached flyers. To register, please email Alison Wolf Alison.Wolf@rogersbh.org with team member names and emails. There are a limited number of spots!

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DPI News



Second Round of Peer-to-Peer Suicide Prevention Grants

Given the mental health needs of students as the pandemic persists, the Department of Public Instruction (DPI) is offering a second round of the Peer-to-Peer Suicide Prevention Grant Program for the 2021-22 school year. Any school (public, private, tribal, or charter) at which pupils attend high school grades, and did not already receive an award in the 2021-22 school year, is eligible for this grant. The amount of each individual grant award may not exceed \$1,000. (Schools are eligible *even if* they have received the Wisconsin Safe and Healthy Schools Center \$3,000 grants for the implementation of Peer-to-Peer Suicide Prevention Programs.)

Recipients of this grant may use the funds to support an existing, or to implement a new, peer-to-peer suicide prevention program. Possible funding ideas include:

- Staff stipends for coordinating the program, attending training, and/or program events.
- Purchasing Peer-to-Peer Suicide Prevention Programs (such as Hope Squad and Sources of Strength).
- Trainer cost for these programs.
- Materials to promote, support, and enhance the program (i.e., posters, incentives, team t-shirts, marketing materials, Public Service Announcements).

Peer-to-peer training ensures that peers can help other peers during troubling times by having the knowledge and tools needed to recognize the warning signs of suicide and depression.

This application is easy to complete and not time-consuming. DPI staff are available to help with any questions or concerns potential applicants may have.

Please see the [Peer-to-Peer Suicide Prevention Grant webpage](#) for the online application and additional information.

Applications must be submitted by 4:30 p.m. on Friday, February 11th.

Grant material questions can be directed to:

Elizabeth Pease, Office Operations Associate, at elizabeth.pease@dpi.wi.gov or (608) 267-9240.

Program-related questions can be directed to:

Brian Dean, Consultant, at brian.dean@dpi.wi.gov or (608) 266-9677.
Andrea Donegan, Consultant, at andrea.donegan@dpi.wi.gov or (608) 224-6175.

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DPI News



State Superintendent's Deaf and Hard of Hearing Advisory Council – Seeking Member Nominations

Do you or someone you know feel called to share your voice about deaf education in Wisconsin? Please complete or share this opportunity to serve a three-year term on the State Superintendent's Deaf and Hard of Hearing Advisory Council. The state superintendent appoints council members to advise the Department of Public Instruction and its Division for Learning Support (DLS) in matters related to deaf education in Wisconsin. DPI is currently seeking nominations for parent representatives and DHH teachers. DPI is particularly interested in increasing the racial diversity of the council and ensuring equitable representation of deaf and hard of hearing individuals. If you are interested in nominating someone else or yourself for the council, please fill out this [nomination form](#) and elaborate on the section that asks you to describe yourself and your experiences. Please email your signed nomination to Kathleen Lincoln.

Guest Editorial - Our future and the function of education

In this guest editorial for publication, State Superintendent Dr. Jill Underly cites an article written by Martin Luther King, Jr. when he was 18 and talks about how it still rings true today in 2022:

"In 1947, an article titled "The Purpose of Education" appeared in the Morehouse College campus newspaper. In it, the author argued that "education must enable one to sift and weigh evidence, to discern the true from the false, the real from the unreal, and the facts from fiction." He boiled it down to a direct truth: "The function of education, therefore, is to teach one to think intensively and to think critically." The article was written by a student. He was barely 18 years old, and his name was Martin Luther King, Jr.

"It's been 75 years since that article was published in The Maroon Tiger student newspaper, and Dr. Martin Luther King, Jr.'s words ring just as true today. Intensive critical thinking is the foundation of public education because it is the cornerstone of democracy. That is why investment in our schools and our children is also investment in the civic life of our state and our nation. It may be trite to say that the children are our future, but it's only repeated so often because it's true, and our future deserves to be a bright one."

For the full editorial, visit <https://dpi.wi.gov/news/releases/2022/our-future-and-function-education>.

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NASN News



NASN School Nurse Workforce Survey 2.0 2022

NASN has partnered with the University of Washington and WSU Pullman to bring you the School Nurse Workforce Survey 2.0 2022! This is your chance to let your voice be heard and help policymakers understand our profession!

Letters will be sent to a nationally representative sample of schools throughout the United States this month. Please be on the lookout for a letter addressed to the "school nurse." The letters will contain the link to the survey. Respondents will be eligible to enter a raffle for \$100 in their region!

School Nurses Feel Voiceless, Overworked Amid Debate Over Changing COVID Guidelines

The constant changes and inconsistencies between state, counties, and district guidance have taken a toll on many nurses, who not only have to quickly learn the latest protocols but then relay those messages to families, who may not have the same information.

"It's been a lot, with ever-changing guidance and protocols. As the pandemic continues to evolve, it's been very challenging for school nurses to keep up with all of the changes and be able to communicate the guidance to families, parents, students, staff," said Linda Mendonca, president of NASN.

[Read article.](#)

Learn More About Sickle Cell Disease Care Planning for School Nurses

Schoolchildren with sickle cell disease (SCD) experience physiologic and psychologic stress that can affect school functioning, mental well-being, and physical health. Student needs are unique and individualized; however, school nurses can support students and families with SCD through comprehensive and thorough care planning efforts. NASN School Nurse Editor, Cynthia Galemore, interviews authors Brenna Morse, Amanda Carmichael, and Veronica Bradford about the article, "Sickle Cell Disease Care Planning for School Nurses" during the NASN January 2022 Podcast.

This is your chance to let your voice be heard and help policymakers understand our profession! If you receive an invitation to participate, please do!

EducationWeek®

Schools Are Scrambling to Find Effective and Affordable Masks

Even as debate roils across the country over whether masks should be mandated in schools to prevent the spread of COVID-19, many district leaders find purchasing and providing masks for staff and students equally vexing. [Read more.](#)

DHS News



Update on Rapid Tests from Federal Government

The federal allocation allows for five schools/districts in Wisconsin to be selected to receive a two-week supply of rapid tests. Those schools/districts needed to meet certain criteria to be submitted, including a high social vulnerability index in the community and an existing testing program using rapid, point-of-care tests that would be interrupted without the supplies.

Schools/districts that were submitted have been notified regarding the submission. It's unclear if the federal government has supplies available to fulfill all the requests from across the country.

This federal allocation will help ease supply shortages for all schools in Wisconsin, even if your district is not one that was submitted to receive tests in this way. DHS also continues to work to find additional rapid test suppliers and will share updates on rapid test availability as we are able. More communication from DHS is expected this week.

BinaxNOW Expiration Date Extension

DHS was notified on January 11 by Abbott of its decision to extend by three months the expiration date for certain BinaxNOW antigen rapid test kits.

Abbott has now informed DHS of the test kit lot numbers for which the expiration date is extended. Please check the [attached lot number list from Abbott](#) to confirm which of your kits are affected by this three-month extension.

If you have any questions, please contact WICOVIDtest@wi.gov.

Testing for Family Members, Community

School testing locations may now test extended family members of students, staff, and teachers, as well as community members, if the school/district chooses to do so. This additional testing must occur on the school campus along with the existing K-12 testing program.

This option can help address the demand for testing amid the current surge of COVID-19 cases. Schools must communicate their request to expand testing at their schools to their vendors, and work with vendors on supplies and testing logistics. Please allow adequate time for the planning and preparation of this expanded testing model. Open communication between schools and their vendors is essential for this program to succeed.

Schools should ensure plans are fully in place prior to communicating any change in testing models to their school community and the public.

Abbott has now informed DHS of the test kit lot numbers for which the expiration date is extended. Please check the [attached lot number list from Abbott](#) to confirm which of your kits are affected by this three-month extension.

DHS News

The [Weekly Respiratory Report](#) for the week ending on January 8, 2022 (Week 1) is now published.

Home tests and CLIA waivers

Schools administering at-home antigen tests to students and/or staff in school to help manage the rapid test shortage still must have a CLIA Certificate of Waiver.

At-home tests used in this way are considered point-of-care testing and require the school to obtain a CLIA certificate of waiver, which allows the facility to legally administer and result tests.

If you need a CLIA waiver, you can find directions for obtaining one through the [Centers for Medicare and Medicaid Services](#).

Contact us

Please email DHSK12COVIDTesting@dhs.wisconsin.gov if you have any questions or concerns.

Note from the DPI School Nurse/School Health Services Consultant

The section on home test kits and CLIA waivers may require further explanation. As a strategy to work around the shortage of rapid antigen test kits some school districts might suggest that families who have been able to obtain at home test kits from the [COVIDtests.gov](#) website bring in such a kit to school so that the school nurse or designated staff can use that test kit to determine the quarantine or isolation status of a student. It is permissible to use such a test kit provided by the family and the results may be used by the school. This scenario though “turns” the at home test kit into a Point of Care (POC) test. Therefore, as mentioned in the DHS email, schools whose staff use these brought-in test kits need to have a CLIA waiver on file. DHS still is not recommending accepting the result of an un-proctored COVID test done at home. Bringing and using the test kit in the school with school staff collecting the sample makes it an accepted result, but also makes it a POC test and requires the district have a CLIA waiver.

DHS Wear a Mask Webpage Updated

When wearing a mask or respirator, it should cover both your mouth and nose, fit snugly against your face, and have at least two layers of material. Your mask should also have a nose wire to help prevent respiratory droplets and aerosols from leaking in and out around the edges. To learn more about how to wear your mask, where masks should be worn, and the different types of masks and respirators, visit the DHS [COVID-19: Wear a Mask](#) page.

Wisconsinites can find N95 or KN95 masks for purchase from a number of [reputable sellers](#).



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MMWR

[COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence – 25 U.S. Jurisdictions, April 4–December 25, 2021](#)

Early Release / January 21, 2022 / 71



What is already known about this topic?

Although COVID-19 vaccine effectiveness decreased with emergence of the Delta variant and waning of vaccine-induced immunity, protection against hospitalization and death has remained high.

What is added by this report?

In 25 U.S. jurisdictions, decreases in case incidence rate ratios for unvaccinated versus fully vaccinated persons with and without booster vaccine doses were observed when the Omicron variant emerged in December 2021. Protection against infection and death during the Delta-predominant period against infection during Omicron emergence were higher among booster vaccine dose recipients, and especially among persons aged 50–64 and ≥ 65 years.

What are the implications for public health practice?

COVID-19 vaccination protected against SARS-CoV-2 infection, even as the Omicron variant became predominant. All eligible persons should stay up to date with COVID-19 vaccination.

COVID-19 vaccination protected against SARS-CoV-2 infection, even as the Omicron variant became predominant.

During the emergence of the Omicron variant, being up to date with **COVID-19 vaccines** provided protection against infection*

Adults who were unvaccinated had **5x higher risk of infection** compared with adults who were fully vaccinated with a booster

CDC.gov bit.ly/mm7104 *25 U.S. jurisdictions, December 2021 MMWR

Ending Isolation and Precautions for People with COVID-19: Interim Guidance

Updated Jan. 14, 2022 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

This page is for healthcare professionals caring for people in the community setting under isolation with laboratory-confirmed COVID-19. See [Quarantine and Isolation](#) for more information for the general population in the community. **As of January 14, 2022:**

- Updated guidance to reflect new recommendations for isolation for people with COVID-19.
- Added new recommendations for duration of isolation for people with COVID-19 who are moderately or severely immunocompromised.

Clinical Spectrum of SARS-CoV-2 Infection

<https://www.covid19treatmentguidelines.nih.gov/overview/clinical-spectrum/>

Patients with SARS-CoV-2 infection can experience a range of clinical manifestations, from no symptoms to critical illness. In general, adults with SARS-CoV-2 infection can be grouped into the following severity of illness categories; however, the criteria for each category may overlap or vary across clinical guidelines and clinical trials, and a patient's clinical status may change over time.

- *Asymptomatic or Presymptomatic Infection:* Individuals who test positive for SARS-CoV-2 using a virologic test (i.e., a nucleic acid amplification test [NAAT] or an antigen test) but who have no symptoms that are consistent with COVID-19.
- *Mild Illness:* Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell) but who do not have shortness of breath, dyspnea, or abnormal chest imaging.
- *Moderate Illness:* Individuals who show evidence of lower respiratory disease during clinical assessment or imaging and who have an oxygen saturation (SpO_2) $\geq 94\%$ on room air at sea level.
- *Severe Illness:* Individuals who have $SpO_2 < 94\%$ on room air at sea level, a ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO_2/FiO_2) < 300 mm Hg, a respiratory rate > 30 breaths/min, or lung infiltrates $> 50\%$.
- *Critical Illness:* Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.



Patients with SARS-CoV-2 infection can experience a range of clinical manifestations, from no symptoms to critical illness.

CDC

Stay Up to Date with Your Vaccines

Updated Jan. 16, 2022 <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Fully vaccinated means a person has received their primary series of COVID-19 vaccines.

Booster Dose

Everyone ages 12+ should get a booster dose at least five months after the last dose in their primary series.

- Teens 12–17 should only get a Pfizer-BioNTech COVID-19 Vaccine booster
- Everyone 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines)

COVID-19 Vaccines for Children and Teens

Updated Jan. 11, 2022 https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/children-teens.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Frecommendations%2Fadolescents.html

Types of Masks and Respirators

Wearing a mask that fits well, is most protective, and that you will wear consistently is a critical public health tool for preventing spread of COVID-19.

Some masks and respirators offer higher levels of protection than others, and some may be harder to tolerate or wear consistently than others. It is most important to [wear a well-fitting mask](#) or respirator correctly that is comfortable for you and that provides good protection.

Properly fitted respirators provide the highest level of protection and may be most important for certain higher risk situations, or by some people at [increased risk for severe disease](#).

CDC's [mask recommendations](#) provide information that people can use to improve how well their masks protect them. [Learn more](#)



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Responding to COVID-19 Cases in K-12 Schools: Resources for School Administrators

Updated Jan. 14, 2022 <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-contact-tracing/guide.html>

Notify all close contacts of their “[close contact](#)” status.

People who had close contact with someone with COVID-19 should follow [CDC recommendations](#) to protect themselves and others.

Recommendations for close contacts to [quarantine](#) and get tested will vary depending on vaccination status and prior COVID-19 diagnosis within the past 90 days. People who have come into close contact with someone diagnosed with COVID-19 should follow the recommendations outlined on the [COVID-19 Quarantine and Isolation](#) webpage.

To allow time for students to catch up with the [latest recommendations](#) and to minimize disruption to in-person learning, schools may consider forgoing quarantine for students ages 12-17 years who completed their [primary vaccine series](#) but have not yet received all [eligible boosters](#).

Everyone who is a close contact should wear a [well-fitting mask](#) around others and watch for [COVID-19 symptoms](#) for 10 days from the date of their last close contact with someone with COVID-19 (the date of last close contact is considered day 0). They should also [get tested](#) at least five days after having close contact with someone with COVID-19 unless they had confirmed COVID-19 in the last 90 days and subsequently recovered. Those who test positive or develop COVID-19 symptoms should follow recommendations for [isolation](#).

CDC continues to recommend indoor masking in K-12 schools for all individuals ages two years and older, including students, teachers, staff, and visitors, regardless of vaccination status. The school should ensure there is a plan for people identified as close contacts to stay masked at all times indoors if they are not required to quarantine. During times in the school day when students or staff members may typically remove masks indoors (such as during lunches, snacks, band practice, etc.), have a plan for them to adequately distance from others and ensure they wear their masks when not actively participating in these activities (such as when they are not actively eating).

Step 5: Notify the school community of the presence of COVID-19 within the school setting and that all people determined to be close contacts have been notified. Frequency of notification can be tailored to the volume of cases identified within your school and should be determined based on local protocols. You can tailor this [letter template for general notification](#) of a COVID-19 case for use by your school.



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CDC

Guidance for COVID-19 Prevention in K-12 Schools

Students benefit from in-person learning, and safely returning to in-person instruction continues to be a priority. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.

CDC recommends universal indoor masking by all* students (ages two years and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.

New CDC guidance has reduced the recommended time for isolation and quarantine periods to five days. For details see CDC's page on [Quarantine and Isolation](#).

CDC also recommends schools maintain at least three feet of physical distance between students within classrooms to reduce transmission risk.

[Screening testing](#), improved ventilation, handwashing, cleaning and disinfection, and staying home when sick are important layers of prevention to keep schools safe. [Learn more](#).

Medscape Nurses

Long COVID 'Brain Fog' Shares Features With 'Chemo Brain'

The "brain fog" reported by some people after COVID-19 shows striking similarities to the condition known as "chemo brain" - the mental cloudiness some people experience during and after cancer treatment - according to new research.

People who had COVID-19 "frequently experience lingering neurological symptoms, including impairment in attention, concentration, speed of information processing and memory," similar to patients with cancer therapy-related cognitive impairment that is known to involve inflammation of the brain, the researchers explained in a report posted on bioRxiv ahead of peer review. [Read article](#).



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Miscellaneous

Neuroscience Says Listening to This Song Reduces Anxiety by Up to 65 Percent

Everyone knows they need to manage their stress. When things get difficult at work, school, or in your personal life, you can use as many tips, tricks, and techniques as you can get to calm your nerves.

So here's a science-backed one: make a playlist of the 10 songs found to be the most relaxing on earth. [Read article.](#)

Five Ways Post-Traumatic Growth Helps You Recover With Resilience

<https://www.forbes.com/sites/womensmedia/2022/01/02/5-ways-post-traumatic-growth-helps-you-recover-with-resilience/?sh=29e774fc5e4c>

Contact Tracing Services Resource

Maxim Healthcare Staffing Services has been partnering with schools across the state, and country, for many years. We specialize in Educational Services specific recruitment for Nursing Departments, Students Services Departments, Special Education Departments, Behavioral Services, and more. Most recently, we have been providing Contact Tracing services to schools in hopes to help fight the COVID-19 Pandemic.

Our Contact Tracing Program allows for schools to partner with Maxim Healthcare to be provided with staff that can take on the tasks at hand. This allows for your school's nurses to get time back in their day, and not have to focus on contact tracing for the students, faculty, and staff.

Our contact tracers begin their training by completing the John Hopkins Contact Tracing Course. This course teaches them the details of contact tracing. From there, we can ensure they will be able to adapt to your school's policies and procedures. Unfortunately, COVID-19 is still around, especially in our Educational systems. I would be happy to discuss further regarding how my team can be a solution to you and your school.

Contact information:

Darby Law / Business Development Manager - Educational Services

Maxim Healthcare Services

(414) 203-1896

dalaw@maximstaffing.com

933 N Mayfair Road, Suite 201

Wauwatosa, WI 53226

www.maximhealthcare.com



Equally remarkable is the fact the song was actually constructed to do so. The group that created "Weightless," Marconi Union, did so in collaboration with sound therapists. Its carefully arranged harmonies, rhythms, and bass lines help slow a listener's heart rate, reduce blood pressure and lower levels of the stress hormone cortisol.

Miscellaneous

Summer Camp Seeks Nurses

Camp Manito-wish YMCA is seeking nurses for its summer camp program. A job description is attached to this newsletter. Here is the link to the website for a [staff video](#) and [application](#).

Contact Ben Hoffman Operations Director Camp Manito-wish YMCA for more information
715-385-9270 ext. 233

A Day in the Life includes mornings of medication distribution (med pass) to campers, scheduling necessary appointments, and attending a daily meeting. In the afternoons and evenings, medication distribution continues at scheduled intervals, packing medications for wilderness trips and education for trip leaders on medication and medical needs of their campers. Everyday Nurses will be responding to on-demand medical needs for those on-site or on their wilderness trip, communicating with parents and following COVID guidelines. Opening and Closing days are centered around supporting campers' arrival and departures through physical check-ins, paperwork, and medication processing. We try and build in daily breaks and opportunities to enjoy living and working at a Summer Camp!

Please see the list below for key dates of support at Camp this upcoming summer. The daily events are mostly check in/check out days for campers.



| Date | Daily Event | # RN's Needed |
|--------|-------------------------------------|---------------|
| 28-May | Leadership Staff Check-in | 1 |
| 7-Jun | Outpost Staff Check-n | 2 |
| 9-Jun | Summer Camp Staff Check-n | 3 |
| 19-Jun | SC and OP Opening Days | 6 to 8 |
| 26-Jun | Mariner, Western, Voyo Opening Days | 3 |
| 8-Jul | Paul Bunyan Day, HC check-out | 2 |
| 9-Jul | Boys Camp Closing Day | 2 to 4 |
| 14-Jul | Girls Camp Staff Check-in | 2 |
| 24-Jul | Girls Camp Opening Day | 6 to 8 |
| 31-Jul | Voyo Opening Day | 2 |
| 12-Aug | Pauline Bunyan Day, HC check-out | 2 |
| 13-Aug | Girls Camp Closing Day | 2 to 4 |
| 14-Aug | Schuler Scholars depart | 1 |

PRACTICE POINTS

By Louise Wilson

Data Points for 2021/2022

Last issue I decided not to burden school nurses with the extra thought about collecting health services data amidst this COVID surge. I realize though, that the sooner I share what information I would like to collect the more prepared you will be to provide that information. Also, sharing the data points now gives me more time to impress upon all school nurses the reason it is so critical that EVERY district report data!

The data points are contained in the PDF attached to this email. The same PDF is included in the newsletter itself. It is so important that DPI have a clear picture of what is happening in school health services. I cannot advocate if I do not have data on some of the major health needs of Wisconsin students, nor who is caring for these students.

This year, as in the past pandemic-affected school years, I am only asking about the six chronic health conditions for which the National Association of School Nurses (NASN) is collecting national data. Collecting this information and using the same data point definitions as NASN's Every Student Counts - National Data Set allows Wisconsin data to be shared with NASN and creates a clearer picture of school health services nationwide.

There is no personally identifiable or even district identifiable data ever shared. You may or may not have students with these conditions. ME/CFS is a rare condition, but NASN is collecting data as part of a grant they have received. The six conditions are:

- Life threatening allergies
- Asthma
- Diabetes Type 1
- Diabetes Type 2
- Seizure Disorders
- Myalgic Encephalomyelitis/chronic fatigue syndrome (ME/CFS)

If you do not collect information on students' chronic health conditions you can still complete the survey. If you look at the survey you will see there are several yes/no questions about the types of medications you may or may not stock, if you do Medicaid billing, did your district add or decrease school health personnel this school year, and questions regarding your medical advisor (if you have one). Everyone can answer those questions.



It is so important that DPI have a clear picture of what is happening in school health services. I cannot advocate if I do not have data on some of the major health needs of Wisconsin students, nor who is caring for these students.

Questions about staffing and FTEs might look complicated but, if you read the nationally-based definitions, you should be able to determine where a person's FTEs would be placed. Working full time equals 1.0 FTE. If a school secretary working full time spends half their time doing health care, then they contribute 0.5 FTE's as an unlicensed assistive personnel. If an LPN's time is spent working one-on-one with a particular student and they work 20 hours a week their contribution is 0.5 FTEs to the special assignment category.

As always, if you do not collect the information requested you can simply answer the questions for which you do have information. Instructions on how to do that will be part of the **ONLINE survey that will be open for submitting data in early May 2022**. I of course am willing to answer any questions that come up as you enter your data!

Those who attended the School Nurse Networking meeting last week on January 18, 2022, were introduced to Stephanie Poling MSc, MA who is the School Liaison with the Division of Public Health. Her position is being funded by the Public Health Work Force grant announced last spring. A lot is yet to be determined but having data about the current state of school health services and the Wisconsin school health workforce, including the number of school nurses and other allied health care staff, is critical to whatever projects get implemented. Also, how can we say we need school nurses in Wisconsin schools if we don't even know the types and numbers of health conditions school nurses are managing for students? Please give DPI that information.

Here is what I was able to share with Stephanie based on other DPI data sources. This information is from the 422 public school districts in Wisconsin on which DPI collected data during the 2020/21 school year.

| | |
|------------------------------------|----------------|
| Total number of school nurses: | 597 |
| o Full-time: | 398 |
| o Part-time: | 199 |
| School nurse to student ratio: | 1390:1* |
| Total number of school nurse FTE: | 522.25 |
| School nurse FTE to student ratio: | 1589:1* |
| School nurses by race/ethnicity: | |
| o White | 93.3% |
| o Black or African American | 2.7% |
| o Hispanic/Latino | 2.3% |
| o Asian | 0.8% |
| o Two or more races | 0.5% |
| o Am Indian or Alaska Native | 0.3% |

* <https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-workload>

It is the position of the National Association of School Nurses (NASN) that access to a registered professional nurse (hereinafter referred to as a school nurse) all day, every day can improve students' health, safety, and educational achievement. Student acuity and school community indicators should be assessed to determine appropriate staffing levels. Access to a school nurse may mean that more than one school nurse is necessary to meet the needs of the school population. School nurse workloads should be evaluated on at least an annual basis to meet the health and safety needs of school communities (Jameson et al., 2018).

This is great information but does not provide stakeholders with an understanding of the needs of our Wisconsin school children, nor who is actually providing those services. This is why collecting FTEs by categories and chronic health conditions is important.

When only 25-30 percent of the public-school districts and 2-3 of the 800+ private schools provide data, the information is not representative of what is occurring in Wisconsin schools. Therefore, I cannot use that information in meaningful ways with outside agencies or legislators.

I urge you to look at the data points for the voluntary 2021/22 Wisconsin School Health Services Survey. Plan how you will run a report on chronic health conditions. Look at who is providing health services to your students and what percentage of their time is devoted to doing that. If you need help ask your school administrator, human resource department, or contact me. Let this year be the year school districts provide DPI with enough data to be representative and therefore useful in advocating for school health services!

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This publication is available from:
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WI FACETS

WI FACETS UPCOMING FEBRUARY WEBINARS

For more information on the webinars below, please click on the register link where a full description of the training is provided.

Fit Families Program: Physical Activity Program for Children with Autism and Their Families

February 2 | 12:00-1:00pm

Discuss the general characteristics of the physical education programs, rights of children and parents, individualized education plan, and more.

Presenter: Luis Columna, Associate Professor in the Kinesiology Department at the University of Wisconsin at Madison

[REGISTER](#)

WSEMS: FACILITATED IEPs

February 7 | 12:00-1:00pm

Learn about how to request a neutral, trained professional (a facilitator) to help the IEP team with the IEP process.

Presenter: Nissan Bar-Lev, CESA 7 and Courtney Salzer, WI FACETS

[REGISTER](#)

Helping Families Create Child Centered Goals

February 9 | 12:00-1:00pm

This workshop will share a resource for parents in WI to create goals for their children.

Presenter: Becky Burns, CYSHCN Statewide Coordinator and advocate for over 20 years for children with disabilities

[REGISTER](#)

Up to Me Series - Defining Stigma

February 14 | 12:00-12:30pm

Part 1 of the Up to Me: Starting the Conversation Series on supporting families facing mental health challenges. Stigma informs the way our society sees mental health challenges and those who seek treatment.

Presenters: Emily Jonesburg, the Training Lead with Rogers InHealth and Sharon Dossett, Senior Training Specialist with Rogers InHealth

[REGISTER](#)

Why Adapted Physical Education is Important for Children with Disabilities

February 16 | 12:00-1:00pm

This session will focus on Adapted Physical Education for students with disabilities and why services should be made available to all students with an IEP.

Presenters: Brock McMullen, Assistant Professor of Adapted Physical Education Teacher Preparation at the UW-La Crosse, Tim Swenson-UW LaCrosse and Garth Tymeson-UW LaCrosse

[REGISTER](#)

Introduction to Disability Rights Wisconsin's Victim Advocacy Program (VAP)

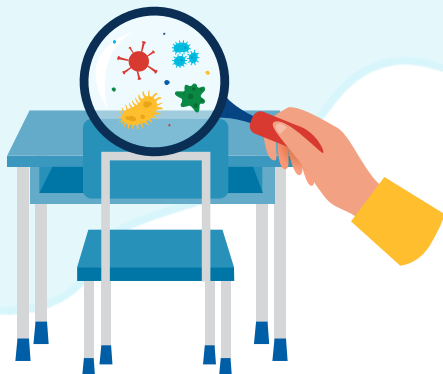
February 23 | 12:00-1:00pm

Learn how to access program supports and provide examples of the type of services the VAP provides and how these services intersect with multiple systems.

Presenters: Jill Gonzalez, Advocacy Specialist, Disability Right Wisconsin and Natalia Hildner, Advocacy Specialist, Disability Right Wisconsin

[REGISTER](#)

COVID-19 Resources



Sustaining safe in-person learning, ensuring proper hygiene, and managing daily operations are all important for creating and maintaining a safe and secure school environment amid a public health crisis.

The Centers for Disease Control and Prevention (CDC) encourages kindergarten through grade 12 (K-12) schools to implement layered prevention strategies – multiple strategies for prevention that are used together consistently – to protect students, teachers, staff, visitors, and household members and support in-person learning throughout the COVID-19 pandemic. This includes key strategies like indoor masking, physical distancing, and vaccinations to help combat the spread of COVID-19 in the school community. Schools should work with local public health officials, consistent with applicable laws and regulations, to determine which prevention strategies are needed in their area by monitoring levels of community transmission and local vaccine coverage and adopting screening testing to detect cases in K-12 communities.

In addition to sustaining safe in-person learning and implementing COVID-19 prevention strategies, schools must consider the mental health impact the pandemic has had on students, educators, and staff. Schools should provide the proper resources and support necessary in order to maintain a strong, resilient, and supportive environment as students, teachers, and faculty continue to navigate the ongoing effects of COVID-19.

**School communities should frequent CDC's official website as well as follow the policies and practices of state, local, territorial, and tribal public health departments as COVID-19 guidance is updated and subject to change as the pandemic evolves.*



Find additional resources and guidance on SchoolSafety.gov's [Infectious Diseases and Public Health page](#), and follow [@SchoolSafetyGov](#) on Twitter for the latest school safety information.

Resources

SchoolSafety.gov offers resources, tools, and guidance related to COVID-19 prevention and mental health support in K-12 schools, including:

- [Back to School During COVID-19](#): These resources, compiled by the Substance Abuse and Mental Health Services Administration, are designed to address mental health and resiliency in school settings as students and schools cope with the pandemic.
- [COVID-19 Vaccines for Children and Teens](#): This guidance outlines information on COVID-19 vaccines for children and teens, including how to find vaccination spots and tips to support youth before, during, and after vaccination.
- [Guidance for COVID-19 Prevention in K-12 Schools](#): This frequently updated guidance for school administrators outlines strategies for K-12 schools to reduce the transmission of COVID-19 and maintain safe operations.
- [Responding to COVID-19 School Mental Health](#): This compilation of resources, products, events, and training helps to address the impact the COVID-19 pandemic has had on students and their families, educators, and the school mental health workforce, as well as the school mental health system.
- [Safe Schools Checklist](#): This resource provides ideas on how to get school communities vaccinated and maintain safe, in-person learning all year long.
- [Toolkit for Responding to COVID-19 Cases](#): CDC's toolkit for K-12 school administrators includes a guide for addressing cases in schools, case and contact notification letter templates, and more.
- [What You Should Know About COVID-19 Testing in Schools](#): This resource offers information on options, strategies, and considerations for COVID-19 testing in K-12 schools, including the Test to Stay option.

SchoolSafety.gov Disclaimer

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Wisconsin School Health Services Survey
Year Long Data Collection Tool (2021/2022)

| DATA POINT | DEFINITION CRITERIA | DATA POINT |
|---|--|------------|
| | RN=Registered Nurse LPN=License Practice Nurse LVN=Licensed UAP= Unlicensed Assistive Personnel (non RN or non LPN) FTE=Full-time Equivalent (based on teacher FTE) | |
| Number of enrolled students in district | Enrolled students: Use district's official (third Friday count) number. Count all enrolled students no matter mode of instruction. | |
| District Health Services Practices | | |
| Does the school district bill Medicaid for School Based Services Nursing/Health Services? | Yes/No | |
| Does your district stock albuterol? | Yes/No | |
| Does your district stock emergency epinephrine? | Yes/No | |
| Does your district stock an opioid antagonist? | Yes/No | |
| Does your district stock over-the-counter analgesics? | Yes/No | |
| Does your district have a (physician) medical advisor? <i>If so, what is the physician's practice specialty?</i> | Yes/No List specialty | |
| Did your district add any school nursing (RN) or health services (LPN/UAP) positions or FTEs this school year? | Yes/No | |
| Did your district cut any school nursing (RN) or health services (LPN/UAP) positions or FTEs this school year? | Yes/No | |
| Who provided contact tracing services for your district? (school nurse/ administrator/ local public health/contracted for services/other school personnel, other) | | |

| | Health Personnel Information | |
|--|--|--|
| Total number of RN FTEs with an assigned caseload providing direct services | <p>Direct services. Means responsible for the care of a defined group of students in addressing their acute and chronic health conditions. It includes case management, health screenings and health promotion activities. Direct services also include care provided by members of a health care team including LPNs or unlicensed assistive personnel.</p> <p>Count direct services provided no matter mode of instruction.</p> <p>Include long-term substitutes.</p> <p>Do not include RNs, LPNs, UAPs working with medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).</p> <p>Do not include % of administrative assignment for RN. Case management FTEs included under administrative or supervisory FTEs.</p> | |
| Total number of RN FTEs with special assignment | Include RNs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5). | |
| Total number of RN FTEs providing administrative or supervisory school health services | RNs providing management/clinical supervision to RNs, LPNs, or other health extenders, UAPs, or conducting other administrative health services, e.g. case management. | |
| Total number of LPN FTEs with an assigned caseload providing direct services | See definition of direct services above. | |
| Total number of LPNs FTEs with special assignment | Include LPNs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5). | |
| Total number of UAP FTEs with an assigned caseload that includes providing direct health services | See definition of direct services above. | |
| Total number of UAPs FTEs with special assignment | Include UAPs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5). | |
| Total number of assistant FTEs providing administrative support services to RNs or LPNs | Assistants providing administrative support services to RNs or LPNs/LVNs, e.g. clerical assistance. Do not include FTEs spent doing non-health related clerical activities. | |

| | Screenings | |
|---|---|--|
| Screenings: | If your district/school did not perform screenings this year due to COVID or did not collect this information then enter DNC . | |
| <u>Vision Screening</u> Screened for vision | Report number of students with a health population screenings at school, regardless of which staff or agency conducts the screening. | |
| Referred for vision | | |
| <u>Hearing Screening</u> Screened for hearing. | Report number of students with a health population screenings at school, regardless of which staff or agency conducts the screening. | |
| Referred for hearing | | |
| | CHRONIC HEALTH CONDITIONS | |
| Record the number of students in each category with a medical diagnosis from a healthcare provider. | <p>Medical Diagnosis refers to documentation of a diagnosis from a licensed healthcare provider/prescriber. For example if parents say their child has asthma, etc., but does NOT provided documentation from a healthcare provider, the child should NOT be included in this count.</p> <p>Count students who were enrolled at <u>any time during the current school year</u> even if they have withdrawn or dropped out. Count students no matter the mode of instruction.</p> <p>Count students who had diagnosis at start of school year or were diagnosed at any point during the school year. Student may be counted in more than one category if they have multiple diagnoses.</p> <p>Lists of possible conditions for inclusion are not exhaustive or all inclusive.</p> <p>If your district/school does not collect this information then enter DNC. If information collected but, no students have a condition enter a numerical zero (0).</p> | |
| <u>Life threatening Allergic Disorder</u> (Student has medically diagnosed severe allergy that has the potential to cause death.) | See definition above. | |
| Asthma | See definition above. | |
| Diabetes Type 1 | See definition above. | |
| Diabetes Type 2 | See definition above. | |
| Seizure Disorders (known medically diagnosed) | See definition above. | |
| Number of students with a diagnosis of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) from a health care provider | See definition above. | |