

# School Nurse UPDATE

#10 March 25, 2021

Greetings!

It's Tuesday as I write this greeting and prepare this newsletter for publication. Try as I might I know that some of what I include may be "old news" to you by the time this is read. Some of what I've included I do so in anticipation **that by the time you read this, the items will be revised and reposted to websites.** The DPI's "[Interim COVID-19 Infection Control and Mitigation Measures for Schools](#)" fits in to that category. Also, as noted in a recent email, the governor's current [emergency order](#) expires on April 5, 2021. IF (note I did not use the term "when") the order is renewed, the guidance DPI publishes this week will need to be updated. If it is not renewed, the guidance DPI publishes this week will need to be updated. The plates keep spinning!

School nurses, this is a must [read article](#) titled "**This is How COVID Has Changed My Job as a School Nurse.**" PRACTICE POINTS contains another must read item as I share a **recent Relentless School Nurse blog post**. While under Miscellaneous is yet another great article detailing the **school nurse role during COVID.**

I've included the links to the most **recent CDC guidance and MMWR reports** informing the CDC's decisions in the CDC and MMWR sections. This will be an Update to bookmark and refer back to for the links - until the next time things change!

Again, as not all things school nursing are COVID, included is information from Make-a Wish, summer camp nurse opportunities, transgender clinical guidelines, and information to insure safe drinking water in schools. This week is [National Drug and Alcohol Facts Week](#). Check out the website for ideas. **National Drug Take Back Day is April 24, 2021.**

Those of you who enjoyed, are enjoying, or will enjoy Spring Break I wish you moments of relaxation and renewal!

*Louise*

## FEATURED STORIES

PRACTICE POINTS - The Importance of Networking

CDC's Updated Guidance (p. 6-7)

Transgender Clinical Guide (p. 10)

Safe, Strong & Healthy Schools Webinars (p. 9)

MMWR Reports (p. 8)

## SAVE THE DATE

Wisconsin School Nurse Network Zoom Meeting- April 21, 2021 1:00-2:00 PM. Link to meeting will be sent out 4/19/2021.

NASN2021 Conference- Transforming Student Health: School Nurses Leading the Way June 24 - June 27, 2021 (preconference June 23, 2021)

# DPI News



## **DPI Revised Interim COVID-19 Infection Control and Mitigation Measures for Schools and Transportation Guidance**

Reflective of the new CDC guidance, and federal orders for the wearing of masks on all public transportation, both the [Interim COVID-19 Infection Control and Mitigation Measures for Schools](#) and the [Interim COVID-19 Transportation Guidance](#) were revised and reposted this week.

## **Hiring Statewide Coach for the Wisconsin Center for Resilient Schools**

The Wisconsin Safe & Healthy Schools (WISH) Center is expanding our services to provide coaching to school teams on mental health and social and emotional learning (SEL). We are adding a **Statewide Coach** to our existing Wisconsin Center for Resilient Schools team. This is a one-year, limited-term contract with the ability to work from home through June 30, 2022. Training opportunities will be provided.

The **Statewide Coach** will provide coaching to district and school teams in the systemic implementation of school based mental health (SBMH) systems and trauma-sensitive SEL in order to build local capacity to develop student and adult resilience. Read more in the [Statewide Coach job description](#) (WECAN ID #101970).

*Applications are due April 5, 2021*

### **How To Apply:**

Interested individuals should apply using the [WECAN website](#). The following documents should be attached to the WECAN application: letter of interest, resume, copies of transcripts, and three letters of recommendation. These positions are open until filled. Any questions can be directed to Future Cain, [fcain@cesa4.org](mailto:fcain@cesa4.org).

## **WI Office of School Safety (OSS) Critical Incident Response Project**

OSS has begun the first steps in creating twelve regionally based Critical Incident Response Teams throughout the state that are able to respond and provide resources and support to schools that have been faced with critical incidents. The teams are comprised of people that address the mental health needs of students, staff, and the community after the incident occurs and help to effectively cope with traumatic events. If you would like to be a part of these regionally based teams, or have any questions related to the project, please feel free to reach out to Kelly DeJonge at [DeJongeKA@doj.state.wi.us](mailto:DeJongeKA@doj.state.wi.us).

*Revised DPI guidance documents are reflective of the March 19<sup>th</sup> CDC guidance, and federal orders requiring masks on all public transportation, including school buses.*

# DPI News

## **2021-23 Competition for State Alcohol and Other Drug Abuse (AODA) Program Grants.**

The Department of Public Instruction's (DPI) AODA program, first authorized under Chapter 331, Laws of 1979, is designed to help local school districts utilize their staff and program resources to develop comprehensive AODA programs. The DPI provides assistance to school districts to develop comprehensive AODA programs which encompass both prevention and intervention services. Prevention programs are designed to help students avoid or minimize future problems related to alcohol and other drug use, while intervention programs are designed to help students who are already experiencing problems. Resources are provided to districts in four general categories: training, technical assistance, information dissemination, and grants. The discretionary grant program supports the development and expansion of district-wide comprehensive, kindergarten through grade 12, alcohol and other drug abuse prevention and early intervention programming as part of a coordinated school health program.

These two-year grants (equal funding for each year) will allow public school districts in the state to apply in the following funding categories:

- Districts with enrollment less than 3,000 for up to \$15,000 per year
- Districts with enrollment equal to or greater than 3,000 for up to \$25,000 per year
- Consortia for up to \$25,000 per year with no member eligible for more than \$4,000

For the 2021-23 AODA grant cycle, DPI is using the WizeHive online platform. All grants submitted by 11:59 p.m. on April 19, 2021, will be reviewed. The review process takes place in two phases: 1) External: school, community, and state personnel with background and knowledge in programs and services related to AODA and the health and well-being of children review grants using a reviewer benchmark rubric. 2) Internal: DPI education consultants in ATODA will review the projects to confirm ratings and to approve or make modifications/revisions in the plans and/or budgets so as to fund as many projects as possible and ensure budget items are fundable under the prescribed grant appropriation.

The application link, guidelines, scoring rubric, recorded grant writer's webinar, and a PDF copy of the application (for reference only) can be found at our AODA webpage <https://dpi.wi.gov/sspw/aoda>.

For information about the State AODA Program Grant contact:  
[dpi\\_aoda.grant@dpi.wi.gov](mailto:dpiaoda.grant@dpi.wi.gov)



*Prevention programs are designed to help students avoid or minimize future problems related to alcohol and other drug use, while intervention programs are designed to help students who are already experiencing problems.*



Mental Health America of Wisconsin presents

**11<sup>th</sup> ANNUAL CONFERENCE**

April 29-30, 2021      [Registration is now open for this conference!](#)

Online via Zoom

Learn more and register at [www.preventsuicidewi.org/conference](http://www.preventsuicidewi.org/conference)

Expanding the Conversation

**COVID-19 Vaccine Communication Resources**  
For Teachers, School Staff, and  
Childcare Providers

March is **School and Childcare Staff COVID-19 Vaccination Month**. Below are resources you can use to help get the word out about nationwide efforts to vaccinate teachers, school staff, and childcare providers against COVID-19. **Please use and share these resources.**

- [Communication toolkit](#) with posters, fact sheets, newsletter articles, social media graphics, and “I Got My COVID-19 Vaccine” stickers
- [Web page](#) with the latest information for teachers, school staff, and childcare providers on how to get vaccinated
- [Plain language materials in multiple languages:](#)
  - [Facts about COVID-19 Vaccines](#)
  - [Communication Resources for COVID-19 Vaccines](#)
  - [Myths and Facts about COVID-19 Vaccines](#)
  - [Benefits of Getting a COVID-19 Vaccine](#)

# DHS News

## Respiratory Report

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

## Post Vaccination Guidance for Schools

Last week the Department of Health Services posted [new guidance](#) for schools. Based on the likely reduced risk of transmission from those who are vaccinated and the individual and societal benefits of avoiding unnecessary quarantine, vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet certain criteria.

Implementation of multiple mitigation strategies in schools will need to continue until the risk of transmission from those who are vaccinated is better understood and there is greater vaccination coverage in the community. It is also important to note that vaccines are not yet approved for children under 16 years old. **For these reasons, even after teachers and staff are vaccinated, schools will need to continue to follow the recommended mitigation strategies for the foreseeable future, including requiring masks in schools and physical distancing.**

**DHS released new vaccine confidence publications which can be found on the [DHS Vaccine Partner Resources page](#).**

- [How Our Bodies Respond to the COVID-19 Vaccine](#)
- [How Are COVID-19 Vaccines Authorized?](#)
- [Post-Vaccination Guidance for Schools](#)
- [COVID-19 vaccine eligibility one-pager for education staff](#) has now been translated into [Mandarin](#), [Hindi](#), [Hmong](#), [Somali](#), and [Spanish](#).

# CDC Healthy Schools

US EPA announced the publication of two factsheets: 1) [Ensuring Drinking Water Quality in Schools During and After Extended Closures](#) and 2) [Ensuring Drinking Water Quality in Child Care Facilities During and After Extended Closures](#).

These factsheets provide guidance on maintaining drinking water quality during extended closures and recommends start-up procedures when reopening to ensure that drinking water is safe for consumption.

The factsheets are part of the [EPA 3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities \(3Ts\) Toolkit](#). The School factsheet includes information for schools that are served by or are public water systems (PWSs).



*For these reasons, even after teachers and staff are vaccinated, schools will need to continue to follow the recommended mitigation strategies for the foreseeable future, including requiring masks in schools and physical distancing.*



## **Operational Strategy for K-12 Schools through Phased Prevention [Updated March. 19, 2021](#)**

The updated guidance complements CDC's existing [guidance, resources, and tools](#) for K-12 schools.

Key Points:

1. Evidence suggests that many K-12 schools that have strictly implemented prevention strategies have been able to safely open for in-person instruction and remain open.
2. CDC's K-12 operational strategy presents a pathway for schools to provide in-person instruction safely through consistent use of prevention strategies, including universal and correct use of masks and physical distancing.
3. All schools should implement and layer prevention strategies and should prioritize universal and correct use of masks and physical distancing.
4. Testing to identify individuals with SARS-CoV-2 infection and vaccination for teachers and staff provide additional layers of COVID-19 protection in schools.

## **Operating schools during COVID-19: CDC's Considerations [Updated Mar. 19, 2021](#)**

This aligns with Operational Strategy for K-12 Schools through Phased Prevention and includes:

- Plain language changes: mitigation to prevention and social distancing to physical distancing.
- Revised physical distancing recommendations to reflect at least three feet between students in classrooms and provide clearer guidance when a greater distance (such as six feet) is recommended.
- Clarified that ventilation is a component of strategies to clean and maintain healthy facilities.
- Removed recommendation for physical barriers.

The Centers for Disease Control and Prevention (CDC) updated its K-12 school guidance to reflect the latest science on physical distance between students in classrooms. CDC now recommends that, with universal masking, students should maintain a distance of at least three feet in classroom settings. CDC has updated its operational strategy to say:

- In elementary schools, CDC recommends all students remain at least three feet apart in classrooms where mask use is universal – regardless of whether community transmission is low, moderate, substantial, or high.
- In middle and high schools, CDC also recommends students should be at least three feet apart in classrooms where mask use is universal and in communities where transmission is low, moderate, or substantial.
- Middle school students and high school students should be at least six feet apart in communities where transmission is high, if cohorting is not possible. [Cohorting](#) is when groups of students are kept together with the same peers and staff throughout the school day to reduce the risk for spread throughout the school. This recommendation is because COVID-19 transmission dynamics are different in older students – that is, they are more likely to be exposed to SARS-CoV-2 and spread it than younger children.

# CDC Cont.

Three studies, published in *Morbidity and Mortality Weekly Report* (MMWR), also address spread of SARS-CoV-2 in schools. Taken together, these studies build on evidence that physical distancing of at least three feet between students can safely be adopted in classroom settings where mask use is universal and other prevention measures are taken. These updated recommendations are specific to students in classrooms with universal mask wearing.

CDC continues to recommend at least six feet of distance:

- Between adults in the school building and between adults and students.
- In common areas, such as school lobbies and auditoriums.
- When masks can't be worn, such as when eating.
- During activities when increased exhalation occurs, such as singing, shouting, band practice, sports, or exercise. These activities should be moved outdoors or to large, well-ventilated spaces whenever possible.
- In community settings outside of the classroom.

## **CDC Guidance on Testing Updated March 18, 2021**

<https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html#who-should-get-tested>

### **Who should get tested:**

- People who have [symptoms of COVID-19](#).
- Most people who have had [close contact](#) (within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with confirmed COVID-19.
  - Fully vaccinated people with no COVID-19 symptoms do not need to be tested following an exposure to someone with COVID-19.
  - People who have tested positive for COVID-19 within the past three months and recovered do not need to get tested following an exposure as long as they do not develop new symptoms.
- People who have taken part in activities that put them at higher risk for COVID-19 because they cannot physically distance as needed, such as travel, attending large social or mass gatherings, or being in crowded indoor settings.
- People who have been asked or referred to get testing by their healthcare provider, [state](#), [tribal](#), [local](#), or [territorial health department](#).

Two types of [viral tests](#) can be used: nucleic acid amplification tests (NAATs) and [antigen tests](#).



*CDC continues to recommend at least six feet of distance under certain circumstances.*

# MMWR

## **Minimal SARS-CoV-2 Transmission After Implementation of a Comprehensive Mitigation Strategy at a School – New Jersey, August 20–November 27, 2020** Weekly / March 19, 2021

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7011a2.htm?s\\_cid=mm7011a2\\_e&ACSTrackingID=USCDC\\_921-DM52380&ACSTrackingLabel=This%20Week%20in%20MMWR%20-%20Vol.%2070%2C%20March%2019%2C%202021&deliveryName=USCDC\\_921-DM52380](https://www.cdc.gov/mmwr/volumes/70/wr/mm7011a2.htm?s_cid=mm7011a2_e&ACSTrackingID=USCDC_921-DM52380&ACSTrackingLabel=This%20Week%20in%20MMWR%20-%20Vol.%2070%2C%20March%2019%2C%202021&deliveryName=USCDC_921-DM52380)

### **What is added by this report?**

Frequent facility-wide SARS-CoV-2 testing in a high school with both residential and commuter students was part of a comprehensive strategy, including universal masking, that reduced in-school SARS-CoV-2 transmission while allowing significant daily on- and off-campus movement. Of 19 cases among faculty and staff members and eight among students, two (7 percent) were considered to represent on-campus transmission.

### **What are the implications for public health practice?**

Comprehensive mitigation approaches including frequent testing and universal masking can help prevent outbreaks in in-person high school settings even when community transmission is ongoing.

### **[Notes from the Field: SARS-CoV-2 Transmission Associated with High School Football Team Members – Florida, September–October 2020](#)**

Factors that likely contributed to team transmission included 1) infrequent mask use in the weight room or during practice; 2) inadequate physical distancing and air ventilation on buses transporting players (windows remained closed); 3) infrequent cleaning and disinfection of locker rooms, weight room equipment, and communal areas (e.g., hallways and bathrooms) before and after practices; and 4) insufficient sanitizing of shared hydration system drinking nozzles between uses. SARS-CoV-2 transmission among team members likely occurred during practice.



*Comprehensive mitigation approaches including frequent testing and universal masking can help prevent outbreaks in in-person high school settings even when community transmission is ongoing.*





# U.S. Department of Health and Human Services



## **Biden Administration to Invest More Than \$12 Billion to Expand COVID-19 Testing**

Support COVID-19 screening testing to help schools reopen: Consistent with the American Rescue Plan (P.L. 117-2), the Centers for Disease Control and Prevention (CDC) will provide \$10 billion to states to support COVID-19 screening testing for teachers, staff and students to assist schools in reopening safely for in-person instruction. CDC's Operational Strategy for K-12 Schools through Phased Mitigation, released in February 2021, makes clear that screening testing is a tool schools can utilize to help reopen safely as part of a comprehensive COVID-19 mitigation approach. Using existing funding mechanisms, this funding will be able to be deployed quickly as part of a strategy to help get schools open in the remaining months of this school year. In addition to ensuring diagnostic testing of symptomatic and exposed individuals, serial screening testing will help schools identify infected individuals without symptoms who may be contagious so that prompt action can be taken to prevent further transmission. With this ARP funding, states can support the critical testing and testing supports schools need to implement screening testing programs. Recognizing that establishing a testing program is new for many schools, CDC and state and local health departments will support technical assistance to assist states and schools in standing up and implementing these programs. CDC released the state-by-state allocation table with final awards to be made to health departments in early April. [Read more.](#)

*CDC's Operational Strategy for K-12 Schools through Phased Mitigation, released in February 2021, makes clear that screening testing is a tool schools can utilize to help reopen safely as part of a comprehensive COVID-19 mitigation approach.*

## Medscape Nurses

### ['I Think I'm Transgender': A Clinician's Guide to Next Steps](#)

What do you do when a patient discloses that they think they are transgender? Here are the first steps to take. [Read more.](#)

### **Commentary- A Key to Reopening Schools -- and Keeping Them Open**

As schools reopen, periodic screening for SARS-CoV-2 [may add a layer of protection](#). However, choosing the wrong COVID-19 screening test could force schools to close again.

[https://www.medscape.com/viewarticle/947564?src=wnl\\_edit\\_tpal&uac=308426EY&implID=3257007&faf=1](https://www.medscape.com/viewarticle/947564?src=wnl_edit_tpal&uac=308426EY&implID=3257007&faf=1)

# NASN News

## The Impact of Positive School Climate on Suicidality and Mental Health Among LGBTQ Adolescents: A Systematic Review

The article

<https://journals.sagepub.com/doi/full/10.1177/1059840520970847> is open access for 60 days.



## Safe Strong & Healthy Schools

SSHS just wrapped up week two of [Safe, Strong & Healthy Schools](#) with three episodes of presentations and conversations with Wisconsin doctors about schools, COVID-19, and child health. Topics ranged from an overview of **Schools and COVID transmission research** with Dr. Greg DeMuri, a **school stakeholder-focused vaccine Question & Answer** with Dr. Jim Conway, and **returning to youth sports considerations for athletes and families** with Dr. David Bernhardt.

Just released:

### [Episode 7: The Physical & Emotional Effects of COVID-19 on Children & Families](#)

In this episode, Dr. Mala Mathur (UW – Department of Pediatrics) explores the physical and emotional impact of COVID-19 on children and families and identifies strategies for schools and communities to support children as they head back to school.

### [Episode 8: Adolescence, Interrupted](#)

In this episode, Dr. Emily Ruedinger (UW – Department of Pediatrics) explores the cognitive, emotional, social, and physical domains of adolescent development and offers special considerations for teen health during the COVID-19 pandemic.

*Safe Strong & Healthy Schools series explore the impacts of COVID-19 on schools and on child health.*

## Miscellaneous

### **A COVID-19 Vaccine Study for Children**

A research study conducted by Moderna is testing an investigational vaccine that may protect children who are between the ages of 6 months and 11 years from getting sick if they come into contact with SARS-COV-2, which causes COVID-19; also known as coronavirus. [Read more.](#)

# Miscellaneous

## **Pandemic Shines Spotlight on Vital Role of the School Nurse**

Change has been the only constant for school nurses since the pandemic began last year. Experts say school nurses have risen to this infamous occasion by learning how to manage and monitor COVID-19 in addition to their traditional responsibilities.

The pandemic, it turns out, is highlighting the important and complex job that school nurses do and showing their ability to adapt to difficult circumstances in order to care for students and communities.

[Read more.](#)

## **Company Providing COVID Testing to Schools**

Concentric is the largest national provider of COVID testing for K-12 schools. In Massachusetts, we provide testing to 300+ schools (> 125,000 people) in the [state-wide MA program](#) run by DoE/DESE. In Maryland, we are running a [program in Baltimore](#) that will ramp to multiple counties with up to 850 schools and 500,000 students. We offer a group test for up to 25 people known as “classroom pooling” that is specifically designed for kids and schools and costs as little as \$6 per person.

Our website: <https://www.concentricbyginkgo.com/>

## **Summer Camp Nurse Positions**

The DPI School Nurse Consultant is often sent information regarding summer camp nurse positions. This information is shared as a service to readers. [Here is the link to the current openings.](#) The camps pay for out of state licenses and transportation and all camps provide meals and lodging. See flyer attached to this Update.

## **ANA Position Statement on Immunizations**

The American Nurses Association (ANA) and 19 nursing and healthcare organizations are joining together to announce a new vaccine education campaign: [COVID Vaccine Facts for Nurses](#). The American Nurses Association is proud to partner with the American Nurses Foundation and other leading nurse and healthcare organizations to bring critical and current COVID-19 vaccine information to nurses on the frontlines of the pandemic.

[https://www.nursingworld.org/~4ad2e4/globalassets/docs/ana/executivesummarypositionstatement\\_immunizations.pdf](https://www.nursingworld.org/~4ad2e4/globalassets/docs/ana/executivesummarypositionstatement_immunizations.pdf)

## **DEA's next National Prescription Drug Take Back Day is April 24, 2021 – 10 AM to 2 PM**

The National Prescription Drug Take Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications. <https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations>

# Make-A-Wish

Greetings from Make-A-Wish Wisconsin! We have missed connecting with you at the School Nurses Conference and hope to again in the future. In the meantime we wanted to share some updates with you. We know that wishes provide immense hope and joy to children. Delivering a wish at the most appropriate time in a child's medical journey is a key element in granting an impactful wish to a child and waiting too long diminishes that impact. Since we modified the wish journey in June 2020 to accommodate the impacts of COVID-19 we have granted over 130 wishes from the Wisconsin chapter. Wishes need stars like you! Keep sending in your referrals when it is most impactful for the child and family!

We have updated our [Referral Guidance Booklet](#). Please review the information and if you have any questions they can be directed to Daphne Lingsweiler, Mission Outreach Manager at [dlingsweiler@wisconsin.wish.org](mailto:dlingsweiler@wisconsin.wish.org) or by calling 414-763-4962. How we have modified the wish journey during this unique time:

- The health and safety of our wish children and their families remains our highest priority. We rely on the expertise of the pediatricians and pediatric specialists who sit on our National Medical Advisory Council to provide essential policy guidance about wish safety. At this time, Make-A-Wish® America's National Medical Advisory Council does not anticipate that long distance or air travel or large gathering wishes such as theme parks, concerts or sporting events will resume for our organization in 2021. This will continuously be reevaluated.
- All of our wish discovery visits between wish families and volunteer wish granters are being done virtually. If a family is not able to have a virtual meeting at home, we have been making accommodations. Traditionally all wish discovery visits are done at the wish family's home with our wish granters, but since June 2020 we have been conducting them all virtually.
- At this time, we are no longer accepting new requests for cruises or international travel. Wish requests that came in prior for cruises or international travel have been asked to redesign their wish idea with the help of our staff and volunteers.
- Currently all celebrity wishes are being granted virtually.
- We are asking every wish child to share multiple wish ideas with a minimum of one wish idea not involving travel. During the wish design these multiple ideas can provide us with multiple wish ideas to determine if receiving their wish now is most fitting or if waiting for travel to open is most desired. We have also created an [Alternative Travel Wish Guide](#) for families to consider when deciding on their wishes. Please feel free to utilize this valuable tool as you share the idea of a wish. This is not a menu to choose from but a list of wish ideas that have come from wish kids as a tool to help think outside of travel.
- Communication with every wish family is done as needed by their wish coordinator, with a touch point at least every three months.

**Make-A-Wish**  
WISCONSIN

We've granted some incredible **wishes** recently:  
DECEMBER 2020 - FEBRUARY, 2021

1 Accessible Backyard wish	4 Gaming Computers/ Electronics wishes
1 Beadwork for Pow Wow Outfit wish	1 French Bulldog wish
2 Bedroom Makeovers wishes	3 Movie Theater Rooms wishes
8 Camper wishes	16 Online Shopping Sprees wishes
1 Deck wish	1 Peter Lik Limited Edition Aloha Shores Artwork wish
	1 Pontoon Boat wish
	1 To Give Back at Christmas wish
	1 UTV wish

# Practice Points

By Louise Wilson

## The Importance of Networking

It has been a busy two weeks since the last Update (March 11, 2021). Vaccinations for educators have rolled out across the state. The Centers for Disease Control and Prevention (CDC) released several new guidance documents (March 12 and 19) which created a need to assess, pivot, and revise DPI documents. DPI provided the technical assistance to host a school nurse network meeting on March 17. The well-attended Zoom meeting engaged school nurses in defining their leadership role within their districts and schools.

School nurses need each other for support, comradery, and to exchange information. That comes as no surprise, nor is it unique to Wisconsin. It is not even dependent on the size of your district or if you are the “lone” school nurse. The constant adjustments to guidance and protocols based on the ever-evolving knowledge about SARS-CoV2 demands that school nurses stay involved and connected.

For this Update I thought I would share a recent post by my favorite school nurse blogger Robin Cogan Med, RN, NCSN ([The Relentless School Nurse: Feeling Simultaneously Empowered and Disempowered](#)) Robin writes with directness and insight.

*When I power up the Zoom room for my bi-weekly school nurse support groups, I am never sure who will join me and what we will discuss. The discussions are confidential, no names or school districts are collected. We come together to decompress from the impact of COVID. Through the months and months of conversations, I have learned that our colleagues, me included, are experiencing moments of extremes. One school nurse shared that she can feel simultaneously empowered and disempowered. That sentiment captures the state of school nurses as we limp towards a much-needed and welcome spring break.*

*What does it mean to be simultaneously empowered and disempowered? First, many school nurses feel the weight of being responsible for the health and safety of their school communities on their shoulders. While our shoulders are broad, steady and experienced, no one can do this in a vacuum. Being empowered is participating in the design, implementation and evaluation of the ever changing health and safety guidelines. But, we quickly become disempowered when our recommendations, based in evidence, science and experience, are minimized and ignored.*



*School nurses need each other for support, comradery, and to exchange information.*

*Many school nurses feel the weight of being responsible for the health and safety of their school communities on their shoulders. While our shoulders are broad, steady, and experienced, no one can do this in a vacuum.*

# Practice Points Cont.

*School nurses have shared stories of administrators directing them to no longer contact the health department. There have been reports of parents refusing to take calls from their school nurses who must send their sick child home from school. We find ourselves squeezed in the middle of teachers who feel like we are not doing enough, to parents and administrators who feel we are being "too vigilant," as if that were possible in the midst of a pandemic. Here is a newsflash, we can never be "too vigilant."*

*Our underlying and universal fear is that we will miss that one student or staff that could be asymptotically spreading COVID in our schools. The invisible enemy that has ravaged our country and kept almost 50% of our brick and mortar school buildings closed for more than a year is a formidable foe. School nurses are working under extreme circumstances. Some report they have never felt more supported and respected and many share the exact opposite. School nurses are considering resigning, retiring, or switching nursing specialties. Our discussions focus on what we need to move forward, reminding each other not to make important career decisions when we are stressed, angry, or feeling disempowered.*

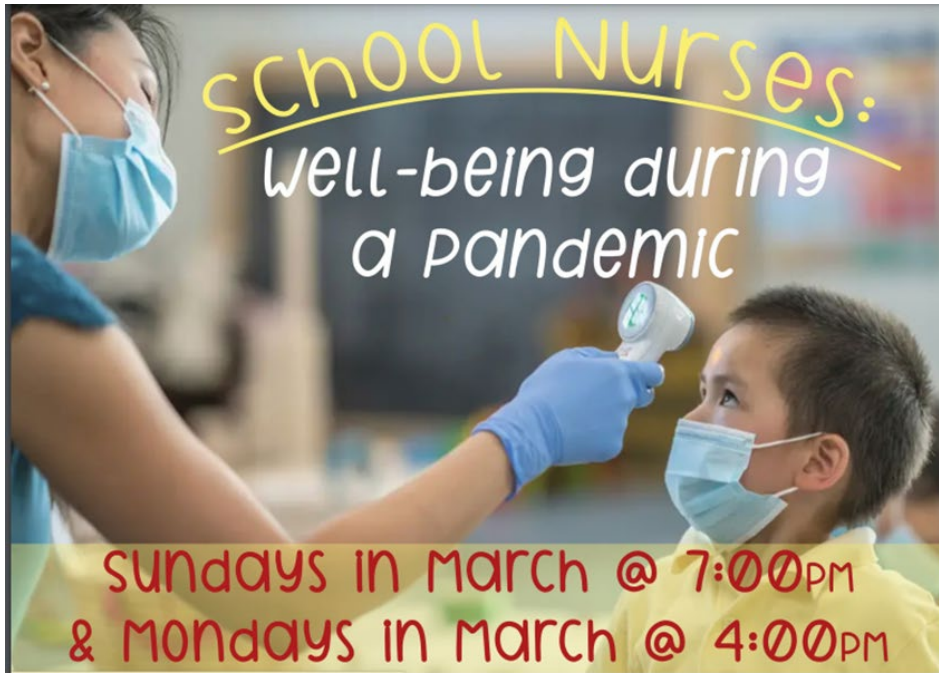
*I have learned the meaning of resilience from listening to colleagues across the country. There have been tears and laughter, more examples of the extremes of emotions shared during these intimate and empowering conversations. Seasoned school nurses have shared their long histories with younger colleagues who are questioning their decisions to enter the profession. Common themes of giving ourselves grace, time, reminders to reach out to trusted friends and colleagues are important reminders that we can move beyond COVID. We have reviewed the year that no one saw coming and took a deep exhale when we realized that more of it is behind us than in front of us.*

*It has been my professional and personal honor to host these biweekly support groups. They will continue through the rest of the school year. The program is sponsored through NJ Hope and Healing, a FEMA grant in collaboration with New Jersey Mental Health Association. Please feel free to join us on any given Sunday evening at 7 pm ET or Monday afternoons at 4 pm ET. Contact me at [relentlesschoolnurse@gmail.com](mailto:relentlesschoolnurse@gmail.com) and I will send you a link!*

I hope some of you may have an opportunity to join Robin. Tell her Louise sent you!

*Here is a newsflash,  
we can never be "too  
vigilant."*

*Our underlying and  
universal fear is that  
we will miss that one  
student or staff that  
could be  
asymptotically  
spreading COVID in  
our schools.*




**School Nurses:**  
Well-being during  
a Pandemic


**Sundays in March @ 7:00PM**  
**& Mondays in March @ 4:00PM**


School nurses' well-being during the pandemic is as important as those we serve in our school communities.

Robin Cogan, also known as The Relentless School Nurse, will guide an interactive discussion that will promote a strength-based approach to well-being for school nurses.

We will look at resilience in the face of adversity and identify triumphs in the most consequential times in modern school nursing history.

 **zoom**

 **Meeting ID:** 965 2476 8033 **Link:** <https://zoom.us/j/96524768033?pwd=UUR0RIZNRGdwZyZkktZmRWWnU5dz09>  
**Password:** 860075

 **NEW JERSEY hope and healing**

This program is brought to you by NJ Hope and Healing- CCP program The Mental Health Association in New Jersey in collaboration with the New Jersey Department of Human Services' Division of Mental Health and Addiction Services, Disaster and Terrorism Branch, is offering a Crisis Counseling Program (CCP) through a (FEMA/SAMHSA) grant.  
**For more information visit [www.mhanj.org](http://www.mhanj.org)**

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>

March 2021 Wisconsin Department of Public Instruction

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WHIZRESOURCES.COM

## Summer Camp Nurses



**We've been working with excellent RNs and LPNs for fifteen years and have helped hundreds of school nurses find great jobs at summer camps!**

Looking for summer opportunities that are more than just a job? We help you find the right place to use your experience to make a difference at a summer camp. We work with **over 80 top-notch camps**

scattered across the US.

**Great Locations:** We currently have openings in CA, CT, GA, IN, MA, MD, ME, MS, NC, NH, NY, OH, PA, RI, WA and WI and are regularly adding new locations. Many in compact states but if not, we can help you obtain a reciprocal license.

**Flexible dates:** Assignments are from **two to twelve weeks** between **June and August** based on the camp needs and **your availability**.

**Great salary and extras:** Camps pay up to **\$1,500/week** and provide meals and lodging and **round-trip air transportation**.

**Traditional Camps or Specialty Camps:** The vast majority of the camps are traditional camps. Many camps are coed; some are girls only or boys only. Some are general camps, others emphasize arts or science or sports. For those interested we also have a few camps dedicated to those with special needs.

**Your Children:** Many camps welcome **your camp-aged children to attend** as campers free or with reduced tuition. Some can even take younger children.

**Apply at:** [http://www.whizresources.com/medical\\_staff\\_form.html](http://www.whizresources.com/medical_staff_form.html)

**Contact us if you have any questions:**

[www.whizresources.com](http://www.whizresources.com) [rick@whizresources.com](mailto:rick@whizresources.com) **214-709-5559**

*Are you ready for an amazing summer? Call us if you have any questions!*



**Who is WhizResources?** We are a family-owned small business, well-known among camps as a resource for licensed nurses, aides, EMTs and other professional medical staff.

WhizResources was founded in 2005 by Rick Whisenhunt in response to camps requesting his help. During 25 years as a youth minister Rick worked with thousands of young adults, parents and community leaders and led hundreds of programs and camps. A strong business background includes an MBA and 12 years of management at a major corporation. Rick received the Jaycees' Distinguished Service Award and has served on the YMCA Board of Management.

[www.WhizResources.com](http://www.WhizResources.com)    [rick@whizresources.com](mailto:rick@whizresources.com)    214-709-5559



- Continue growing school-based mental health services grants
- Invest in our mental health workforce
- Advance parity coverage for telehealth

In recent years, Wisconsin policymakers have prioritized student mental health by supporting policies and funding initiatives to increase student access to mental health therapy services in school, while also promoting key strategies to advance healthy school climates that foster mental wellbeing. These valuable investments have laid a strong foundation for quality school/community partnerships. However, the pandemic has taken a toll with more students reporting episodes of depression and anxiety and Wisconsin's mental health workforce is insufficient to respond to the current and emerging needs of our students. The Coalition recommends continued investments and policy changes to move our students and schools through this phase of recovery forward to healthier, resilient futures.

Members of the Coalition for Expanding School-Based Mental Health in Wisconsin know first-hand the difference that strong, comprehensive approaches to student mental health can make in student success. **School-based mental health treatment and mental well-being investments work. Wisconsin should continue to grow our mental health workforce, provide incentives for emerging school mental-health programs and sustain strong, model programs across the state, so that all students benefit from health school climates that advance the well-being of all.**

### Continue Growing School-Based Mental Health Services Grants

The School-Based Mental Health Services Grants have been an important resource to help school and community partners develop quality collaborations to support students and school staff. The Coalition recommends an increase of \$3.5 million in each year of the biennium will result in a total annual allocation of \$10 million.

- **Increase Access to Grants.** In addition to increasing the grants, the Coalition recommends modifying the SMH grant language to:
  - Permit larger grants in excess of \$75,000.
  - Allow schools to partner with an individual therapist and/or telehealth provider when a community-based agency is not available.
  - Make tribal community schools eligible for grants.
- **Grant demand exceeded funding.** Per the DPI budget request: "The department was able to fund 106 applicants in the most recent grant cycle, but even with the increased funding, dozens of applicants went unfunded."
- **Service needs are significant.** Demand for mental health services continues to rise, particularly as rates of anxiety and depression have increased during the pandemic. The most recent Youth Risk Behavior Survey showed nearly 60 percent of high school students reported experiencing mental health challenges in the previous year.

## Invest in Our Mental Health Workforce

It takes a team to build and sustain a comprehensive school-based mental health system. Comprehensive systems rely on key pupil services staff to support social and emotional learning and mental health therapists to consult with teachers and staff and offer individual/group therapy when needed.

**Expand state support for school services professionals.** Wisconsin falls far short of nationally recommended ratios for school nurses, psychologists, counselors and social workers. These pupil services staff provide the backbone for mental well-being in our schools and are critical partners for connecting students to community mental health providers working in collaboration with schools. These staff often serve as the “navigators” for our students and families who need to connect with group or individual therapy services – helping families with insurance coverage challenges, overcoming barriers like high deductibles, and facilitating student and parent consents. The Coalition supports increased funding to improve the student to pupil services staff ratio across Wisconsin.

DPI has recommended and the Governor’s budget provides for an increase of \$22,500,000 GPR in FY22 and \$24,000,000 GPR in FY23 to expand the categorical aid for school mental health programs and provide reimbursements for all pupil services categories. The last budget targeted school social workers, however schools need additional support for school counselors, school nurses, and school psychologists as well and all should be reimbursable under expanded state funding.

**Help New Mental Health Therapists Complete their Training.** The 2019-21 biennial budget created a new grant program to support new mental health professionals complete their training and prepare for full professional licensure. This small grant program should be expanded to create more paid, in-training opportunities for the development of a high quality mental health workforce with special focus on our underserved regions of the state and for the development of clinicians of color who are historically underrepresented in the workforce.

The Coalition recommends investing an additional \$500,000 annually to further expand the clinical supervision grant program for qualified treatment trainees who are pursuing their 3000 hours of supervised practice in preparation for full licensure. (WI Stat 146.618).

- **Double the grant program.** This program was initially funded at \$500,000 annually in the 2019-21 biennial budget. The proposed increase would result in available grants of \$1 million annually.
- **Expanding Opportunities for Clinicians in Training.** The grant program focuses on growing opportunities for master’s level mental health providers to obtain their 3000 hours of training prior to full mental health therapist licensure.
- **Focusing on Diversity in the Sector.** The first round of grants placed particular emphasis on increasing opportunities for BIPOC practitioners, those with skills to serve the deaf and hard of hearing community and expanding mental health services to other underserved populations/regions of the state.
- **Grant Demand Exceeded Available Dollars.** The first round of grants was awarded in December 2020 and qualified grant proposals significantly exceeded available grant dollars.

## Advance Parity Coverage for Telehealth

Early in the public health emergency, school-based mental health providers pivoted quickly to teletherapy services. Therapists continue to deliver virtual care as school closures persist. Students, parents and therapists are reporting positive experiences with teletherapy overall. While in-person services should continue emerging as public health conditions permit, teletherapy is here to stay. The passage of 2019 WI Act 56 laid the groundwork for Medicaid to fund telehealth services into the

future. Medicaid is a critical funding source for school-based mental health providers given that most students receiving therapy services are Medicaid eligible. In order to achieve universal access and true “parity,” the Coalition recommends that private insurers and employer plans should also make the permanent shift to covering teletherapy services.

- **Continue expanded access.** Teletherapy allows for continued safe, practical, and effective treatment for students and in some instances has enabled more students to access services and/or access services more quickly.
- **Expand family connection through teletherapy services.** Practitioners have reported on the benefits of telehealth for more readily connecting parents and caregivers to family therapy and other psychoeducational supports – empowering them to support their student’s mental health and well-being.
- **Prohibit restrictions that limit access.** Any state policy to require parity coverage of telehealth services should consider elimination/reduction of barriers such as: cost sharing, prior authorization, limited networks, inequitable payment structures, and/or restrictions related to medical necessity.

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### Coalition for Expanding School-Based Mental Health in Wisconsin

*A statewide coalition whose mission is to advance and support expanded, comprehensive and integrated mental health services within the school setting through school, home, and community partnerships.*

<https://www.schoolmentalhealthwisconsin.org>

Contact: Kathy Markeland, WAFCA, 608.257.5939, [kmarkeland@wafca.org](mailto:kmarkeland@wafca.org)



# Simple, pooled COVID-19 testing designed for K-12 schools

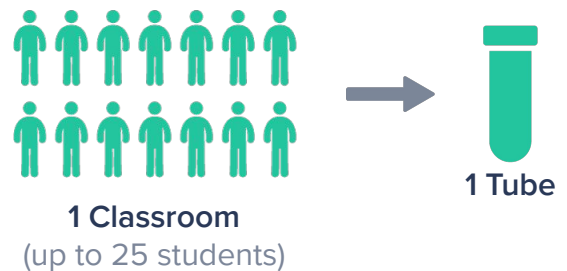
Routine testing can help you make informed decisions about COVID-19 prevalence and instill confidence in your community.

Visit [concentricbyginkgo.com](https://concentricbyginkgo.com) to learn more or schedule time to connect with us.

Our classroom pooled testing program simplifies logistics and gives schools the data to make more informed decisions.

- **Simple:** Our self-swab test is so easy that kindergarteners can do it. Test an entire classroom in less than 15 minutes, with a simple online portal to get results.
- **Accessible:** Pooling increases the reach of testing by 25x compared to typical testing.
- **Peace of mind:** Testing allows students, teachers and staff to attend school in-person with confidence and to feel that they are playing a role in protecting their community.

## What is classroom pooling?



All students in a class (and the teacher!) self-swab and place their samples in a single tube.

POOL #0001

**Test Result:**

**Negative**

1 Result

That tube is then run using one test, and the classroom is provided with one result.

Only positive pools result in further action. For a positive classroom result, next steps will look a little different for each school based on unique circumstances.

Hear what schools are saying →



As of February 2021, we're working with 488 schools in 13 states.

### Hear more from our community:

“Having a negative test is a morale booster. People walk taller and feel more secure.”

— Superintendent\*

“The test was not bad at all. It just tickles.”

— Sixth Grader\*

“It lifted the fear... it felt the most normal it has felt in a long time on that day.”

— Superintendent

“The scholars have been great about doing the testing. Most of them are excited to do it. They want to be a part of it.”

— Principal

“Most of our families were really excited about the opportunity. They welcomed it. It made them feel safer which is the ultimate goal.”

— Principal



\* These quotes are from participants in our free pilot program.

## See our program in action in Baltimore City Public Schools!



[youtu.be/eQ50bwb65JU](https://youtu.be/eQ50bwb65JU)

“Our teachers participate and it very much feels like a community effort.”

— Staff Specialist

Our successful pilot program in Massachusetts schools led to a statewide contract. The President of the MA Teachers Association called the pooled testing program “a tremendous victory.”

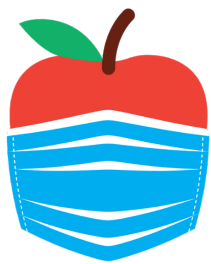
Hear what participants in our pilot had to say about classroom pooling!



[youtu.be/DlhVdztg6-rk](https://youtu.be/DlhVdztg6-rk)

## Don't believe our test is super easy? Take it from a student!

Check out this adorable “How to Swab” video made by a school that participated in our pilot program, starring one of their second graders.



# SAFE STRONG & HEALTHY SCHOOLS

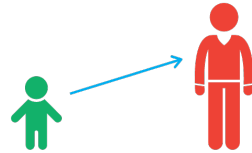
## Episode Highlights | Episodes 3, 4, 5 | Week of March 15, 2021

### Episode 3: Does COVID-19 Spread in Schools? with Dr. Greg DeMuri

Schools are a low-risk environment for the following SARS-CoV-2 transmission types:



Child to child  
&  
Child to adult



COVID-19 activity in schools is a result of:

- Poor mask compliance (not wearing correctly or consistently)
- Lack of distancing, especially when masks cannot be worn (eating, inability to wear masks for medical reasons)
- Children or staff with symptoms attending school
- Athletic-associated breaks in compliance with mitigating measures

### Episode 4: Vaccine Q & A with Dr. Jim Conway

- **General public** (16 and older) can expect the ability to get the vaccine after **May 1** as vaccine production has increased.
- DHS and PHMDC both have directories to determine **where to receive a vaccine**.
- Sometimes there is a **localized reaction** for the first dose, and some **side effects** for the second dose. (Or first dose, in the case of J&J vaccine.)

If experienced, these will go away after 2-3 days.

- People should not consider that they have achieved **maximum immunity** until about 28 days after J&J vaccine or 2 weeks after the second dose of Pfizer/Moderna.



- **Mitigation strategies** such as mask wearing are needed for large gatherings are suggested even after receiving the vaccine.
- Dr. Conway strongly recommends that **pregnant women** receive a vaccine.
- Unsure if everyone will need a **booster shot**.
- Continued developments around a **vaccine for children**.

### Episode 5: COVID-19 & Sports with Dr. David Bernhardt

- **Decisions are based on mitigating risk**—to the community, spectators, participants, coaches, etc.



- Mitigation strategies still needed: **masking and social distancing**. Make plans for **communal areas**.
- Children will have **varying levels of fitness** as they reenter sports—hold practices accordingly.
- **Travel** to/from competitions must be considered to minimize risk.

- Educate athletes, parents and coaches with the theme: **Get In, Train, Get Out**
- When an **athlete tests positive**? Contact tracing and quarantine of team.
- **Risk increases by proximity** during play. Space team mates out as often as possible.
- Do not return to sport for 14 days **if the athlete has been unwell** or been in contact with someone with a known or suspected case of COVID.
- Screen for **cardiovascular complications** for those who have had COVID.

- **Those who have had COVID** should be cleared by a physician (and return with a lower training load).
- **Mental health screenings** are recommended. Impact of school closure on student athletes has shown increased depression.
- **Empathy** is important for all students and athletes—there has been lots of loss this last year.
- **Everyone needs an hour of activity every day**. Children need to get out and be active to assist with positive mental health!

Learn more and watch episodes at [healthykidsdane.com/safeschools](https://healthykidsdane.com/safeschools)





# COVID-19

WEAR A MASK

STAY 6 FEET APART

AVOID CROWDS

## Things to Know about the COVID-19 Pandemic

Updated Mar. 17, 2021

[Print](#)

### Important Ways to Slow the Spread

- Wear a [mask that covers your nose and mouth](#) to help protect yourself and others.
- [Stay 6 feet apart from others](#) who don't live with you.
- Get a [COVID-19 vaccine](#) when it is available to you.
- Avoid crowds and poorly ventilated indoor spaces.
- [Wash your hands often](#) with soap and water. Use hand sanitizer if soap and water aren't available.

### If You are at Risk of Getting Very Sick

- People of any age, even healthy young adults and children, can get COVID-19.
- [People who are older](#) or have [certain underlying medical conditions](#) are at higher risk of getting very sick from COVID-19.
- [Other groups](#) may be at higher risk for getting COVID-19 or having more severe illness.



### Getting a COVID-19 Vaccine

- Authorized COVID-19 vaccines can help protect you from COVID-19.
- You should get a [COVID-19 vaccine](#) when it is available to you.
- [Once you are fully vaccinated](#), you may be able to start doing some things that you had stopped doing because of the pandemic.



### What to Do If You're Sick

- [Stay home](#) except to get medical care. If you have symptoms of COVID-19, contact your healthcare provider and [get tested](#).
- [Isolate yourself](#) from others, including those living in your household, to prevent spread to them and the people that they may have contact with,

like grandparents.

- Call 911 if you are having **emergency warning signs**, like trouble breathing, pain or pressure in chest.



## How to Get a Test for Current Infection

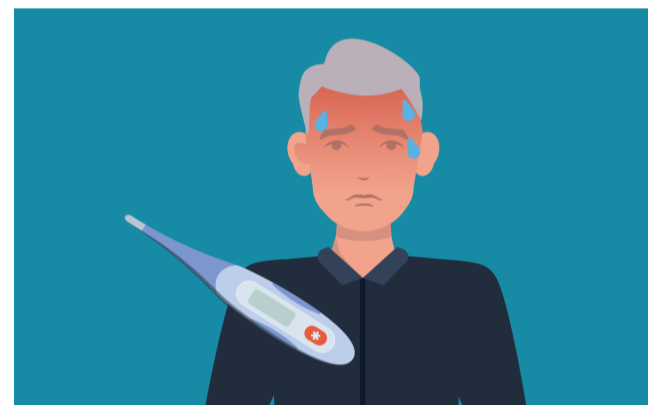
- Visit your [state](#), [tribal](#), [local](#), [🔗](#) and [territorial health department's website](#) to look for the latest local information on testing.
- Talk to your healthcare provider about getting tested. You and your healthcare provider might consider either in-person testing, an [at-home collection kit](#), or an [at-home test](#).
- If you have [symptoms of COVID-19](#), or if you have not been vaccinated and have been in [close contact with someone with COVID-19](#), it is still important to stay home even if you are not tested.



## What Symptoms to Watch For

The [most common symptoms](#) of COVID-19 are

- Fever
- Cough
- Headaches
- Fatigue
- Muscle or body aches
- Loss of taste or smell
- Sore throat
- Nausea
- Diarrhea



Other symptoms are [signs of serious illness](#). If someone has trouble breathing, chest pain or pressure, or difficulty staying awake, get medical care immediately.

## I wear a mask because...

CDC staff give their reasons for wearing a mask.

[Wear a mask because...](#)

