



# School Nurse UPDATE

#15 April 7, 2022

## Greetings!

April is such a busy month. It brings spring sports, prom, field trips, and graduation. This spring will feel a little more “normal” this year. My inbox is full of messages asking about non-COVID topics. It is refreshing to think of such other school health services matters. But I find there are some cobwebs I need to clear when asked about certain topics I have not thought about for two years! If you are feeling the same way perhaps you should consider attending the **Wisconsin Association of School Nurses (WASN) conference** at the end of the month- “Getting Back to Basics.” Registration information is repeated this issue.

If you do attend the WASN conference, think about adding something to the **school nurse time capsule project** (p. 2). DPI media intends to publicize this along with the [A Day in the Life: A Photo Essay of the Wisconsin School Nurses and the COVID-19 Pandemic](#). All this to add to the celebration of **School Nurse Day** (May 12<sup>th</sup>). See NASN News (p. 10) for information so you can start making plans to celebrate!

As the state consultant, one of my roles is to be involved in legislation. See DPI News regarding the **newly passed Sudden Cardiac Arrest legislation**. It will similarly impact school nurses who distribute the concussion awareness sheets within their districts. While you are on page 3 do read the **letter from the federal Department of Education**. Themes of **equity and inclusion** are found in the DOE letter and an **editorial by State Superintendent Dr. Jill Underly** (p. 4)

Make sure you read about the **new term being used for continuing education credits** (p. 14). Do you have **multiple sizes of BP cuffs** to use in your district (p. 15)? In early May, the **voluntary Wisconsin School Health Services Survey** will be open. I thought I’d take one more opportunity to impress upon school nurses why it is so important to fill out the survey and how easy it is to do so! At the WASN conference I will be presenting data from the 2020/21 survey.

## FEATURED STORIES

**PRACTICE POINTS – Data Collection and Reporting – Time to Get Personal**

**Parentally Place Private School Children** (p. 2)

**LGBTQ+ Youth Toolkit** (p. 10)

**Impact of the COVID-19 Pandemic on Our Nation’s Youth** (p. 12)

## SAVE THE DATE

**Next DiSH- WI Session – April 20, 2022**

**School Nurse Network Meeting – April 19, 2022 3:30-4:30 PM**

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

**NASN Annual Conference In-person June 28-30 Atlanta GA Virtual July 11-13.**

# DPI News

## COVID School Nurse Time Capsule Project

The Department of Public Instruction is helping a group of school nurses to facilitate a school nurse time capsule project. The project goal is to collect small items, pictures, or paraphernalia representative of the role/impact/experience of Wisconsin School Nurses during this life changing, career altering, COVID-19 pandemic.

If you are attending the Wisconsin Association of School Nurses' (WASN) annual conference April 28-29, 2022, you may bring the item to the conference and leave the item at the designated table. Please do not bring anything of large monetary value. If you are unable to attend the conference you may mail an item to the DPI school nurse consultant **Louise Wilson - 125 South Webster Street, Madison, WI 53703**. Please consider the scope of the project when selecting your item and its size.

Attached to this newsletter is the form requested to be filled out to describe the item and its significance or connection to your experience as a school nurse during the COVID-19 pandemic.

All items will be cataloged and "preserved" in a time capsule for a future unveiling at a time (10 years) and place to be determined by those continuing the grand tradition and role of school nursing in Wisconsin!

## Best Practices in Health and Physical Education Monthly Learning Series – April 2022 LGBT and Human Growth and Development, Tuesday, April 12<sup>th</sup> 4 pm-5 pm

- This session will include discussion around creating affirming and inclusive spaces for all students, including students who are LGBT. Discussion will also include Human Growth and Development updates and best practice. We will use the submission form below and a Q&A session for additional discussion.
- Questions or situations that you want addressed? Fill out this [form](#)

[Registration Link](#) After registering, you will receive a confirmation email containing information about joining the meeting.

## Updated OSEP Guidance on Parentally-Placed Private School Students

OSEP has re-released its guidance around [parentally-placed private school students](#) and added some important substantive information that we believe is relevant and helpful to school districts. New topics covered include guidance around parentally-placed preschool students with disabilities, licensing and other requirements for providers of equitable services, parentally-placed private school students with disabilities who live in a different state or whose parents live in another country, state-funded school voucher or scholarship programs (which applies to the Special Needs Scholarship Program), and the obligation to provide services to parentally-placed private school students with disabilities during extended school closures.



*This session will include discussion around creating affirming and inclusive spaces for all students, including students who are LGBT. Discussion will also include Human Growth and Development updates and best practice.*

# DPI News



## Join DPI in Celebrating our Military Children

Month of the Military Child is celebrated in April to honor our military children. The Wisconsin Department of Public Instruction (DPI) recognizes and applauds our military children for the challenges they encounter and overcome, the contributions they make, and their many sacrifices that come with being a military child.

State Superintendent Dr. Jill Underly has proclaimed April as [Month of the Military Child](#). We can demonstrate appreciation by renewing our commitment to meeting the unique needs of our state's military children and ensuring awareness of and adherence to [Wisconsin State Statute 115.97](#), the Interstate Compact on Educational Opportunity for Military Children. The Interstate Compact was enacted into law by the Wisconsin legislature in 2009 in order to remove barriers to educational success for our military children. Creating a strong, fluid educational experience is a perfect way to applaud, salute, thank and celebrate our military children during this dedicated month and throughout the entire year.

## Governor Evers Signs Bill to Promote Awareness and Understanding of Sudden Cardiac Arrest in Young People

Gov. Tony Evers signed Assembly Bill 82, now 2021 Wisconsin Act 210, which requires the Department of Public Instruction (DPI) to work with the Wisconsin Interscholastic Athletic Association (WIAA) and two pediatric cardiologists to develop and distribute information on the nature and risks of sudden cardiac arrest at school athletic events.

The DPI school nurse consultant will develop these materials as specified in the new statute. The materials will be available before the implementation date of July 1, 2022.

## March 24, 2022, Letter from Education Secretary Miguel Cardona

On March 24, 2022, Education Secretary Miguel Cardona issued a [letter](#) to educators and parents regarding new CDC recommendations and the impact on children with disabilities. The letter includes sections on leveraging the Individualized Education Program (IEP) or Section 504 processes to ensure schools have protections in place to protect in-person learning; continuing use of layered prevention strategies to keep school communities safe, and ensuring students receive education and services in the least restrictive environment. In the letter, references are made to placement decisions being made by a group of knowledgeable individuals, which includes the parents. As a reminder, under Wisconsin law, placement decisions are made by the IEP team.

*The letter includes sections on leveraging the Individualized Education Program (IEP) or Section 504 processes to ensure schools have protections in place to protect in-person learning; continuing use of layered prevention strategies to keep school communities safe, and ensuring students receive education and services in the least restrictive environment.*

# DPI News



## **Prevent Suicide® Wisconsin Conference Broadening Our Horizons**

DPI is co-sponsoring the VIRTUAL Prevent Suicide Wisconsin Conference, Broadening Our Horizons, on April 21<sup>st</sup> and 22<sup>nd</sup>. Cost of attendance is \$25. This year's theme builds upon our effort to reframe the narrative and expand the conversation when it comes to suicide and suicide prevention. How can we best support people in pain? How can we explore and uplift care practices outside the medical model? How can we help each other find ways to make life worth living? How do we stay committed to this work through immense grief and loss in a global pandemic? Join us in April to learn and gain practical skills to take back to your workplaces and communities. [Registration is now open.](#)

## **State Superintendent Writes Editorial on Protecting Access to Public Education**

In this editorial for publication, State Superintendent Dr. Jill Underly writes about how inclusion and equity have important meanings in K-12 education, especially when it comes to special education and meeting the needs of our students with disabilities.

*Excerpt: "Inclusion and equity are integral to special education, English language education, gifted education – all public education – because they give kids what they need to keep them engaged, challenged, and learning. This is what inclusion and equity actually mean in K-12 education, not what they have come to mean in a culture war perpetrated by people set on using public education to divide. Throwing words around without honoring their true meaning is dangerous. This rhetoric threatens the education of students with disabilities, and devalues the perspectives and strengths they bring to our classrooms. I don't know if the people using these terms as vitriolic wedge issues are willfully misusing the words inclusion and equity, but it doesn't matter if it's intentional or unintentional; either way, our kids and their education are the collateral damage, and that is unacceptable."*

For more information and for the full editorial, visit <https://dpi.wi.gov/news/releases/2022/protecting-access-public-education>.

*State Superintendent Dr. Jill Underly writes about how inclusion and equity have important meanings in K-12 education, especially when it comes to special education and meeting the needs of our students with disabilities.*

# DHS News

## Respiratory Report

The [Weekly Respiratory Report](#) for the week ending on March 12, 2022 (Week 10) has been published.



## Child-size Masks Available to Distribute to Child Care Agencies and Schools

The Department of Health Services (DHS) Warehouse now has child-size face masks and KN95 masks for children ages 2-12. Schools, child-care facilities, after-school programs and community groups are prioritized to receive these masks.

DHS has asked childcare agencies to request these masks through their local or tribal health department. **School districts may continue to submit requests via the [DHS Stockpile Request form](#).** Masks will be provided for current enrollment only and while supplies last.

## DHS Supports Second COVID-19 Vaccine Booster Dose for Adults 50 Years and Older and Certain Immunocompromised Individuals

The Wisconsin Department of Health Services (DHS) supports the Food and Drug Administration's (FDA) authorization and the Centers for Disease Control and Prevention's (CDC) issuing of expanded eligibility that adults ages 50 years and older may receive a second booster dose of the Pfizer-BioNTech (Pfizer) or Moderna COVID-19 vaccine. DHS also supports the option of a second booster dose for certain immunocompromised people ages 12 years and older.

"The option of a second booster dose of the Pfizer or Moderna COVID-19 vaccine for adults 50 years and older provides an excellent opportunity for eligible Wisconsinites to get additional protection against COVID-19," said DHS Deputy Secretary Deb Standridge. "Expanded eligibility requirements allow more immunocompromised Wisconsin residents the opportunity to get vaccinated and stay protected against COVID-19. We support the option of everyone ages 50 and older, and immunocompromised individuals getting a second booster dose at least four months after their first booster dose to help prevent the worst outcomes from the virus."

The CDC also expanded eligibility for another booster dose to people ages 18-49 years who are not moderately or severely immunocompromised and who received Johnson & Johnson COVID-19 vaccine as both their primary series dose and booster dose. These individuals may now receive a second booster dose using an mRNA COVID-19 vaccine. [View the entire news release.](#)

*DHS has asked childcare agencies to request these masks through their local or tribal health department. **School districts may continue to submit requests via the [DHS Stockpile Request form](#).***

## Ask Your Doctor About COVID-19 Treatments if You Have Symptoms

### Oral Antiviral Pills Authorized to Treat COVID-19



- In December, The Food and Drug Administration announced the emergency use authorization of the first oral antiviral pills Paxlovid and molnupiravir to treat COVID-19.
- They are only available by prescription from a health care provider for eligible individuals. They need to be taken within 5 days of symptom onset. If you have symptoms, do not delay in asking your doctor if these pills are right for you.
- Continue to take steps to not get COVID-19: get vaccinated and a booster.

**YOU STOP THE SPREAD**



[Treatment](#) for COVID-19 is available through your healthcare provider [throughout the state](#). Oral antiviral medications reduce the chances of severe COVID-19 illness, hospitalization, and death for people with mild to moderate COVID-19 and can shorten the length of illness. Oral antivirals Paxlovid and molnupiravir were authorized by the FDA in December 2021. They work by stopping the virus that causes COVID-19 from replicating in your body.

If you are at [high risk](#) for severe illness, and develop symptoms, call your doctor to ask if you are eligible to take these treatments.


# DHS News


## Staying Up to Date with Vaccines


Am I **up to date** on my COVID-19 vaccines?

If you're **12 years or older** and received an **mRNA COVID-19 vaccine**, you should get

**1st Dose** ✓  
+  
**2nd Dose** ✓  
+  
**Booster** ✓  
=  
**Up to Date** ✓

 **If you are moderately or severely immunocompromised**, please read the specific COVID-19 vaccine recommendations for you at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

 WISCONSIN DEPARTMENT of HEALTH SERVICES

 YOU STOP THE SPREAD

Being [up to date](#) on your COVID-19 vaccines ensures you have the best protection possible against severe illness, hospitalization, and death.

To be **up to date** with your COVID-19 vaccines, you will need to be fully vaccinated **and** get a booster dose when eligible.

- The primary series includes two doses of Moderna or Pfizer or one dose of Johnson & Johnson.
- People who are moderately to severely immunocompromised should get an [additional](#) primary dose for the best protection.
- Everyone 12 years and older should get a [booster](#) dose to stay up to date with your COVID-19 vaccines and boost protection against COVID-19.




If you are moderately or severely immunocompromised, you will need to get an additional dose for better protection. Visit [CDC's website](#), call 211, or talk to your health care provider to learn more.

# DHS News


## Reminder: COVID-19 Testing Options

**EXPOSED TO SOMEONE WITH COVID-19?**

Follow these steps to prevent spreading COVID-19 to others.

- Quarantine**  
  
If you are not up to date with COVID-19 vaccines, stay home for 5 days.
- Wear a mask**  
  
Wear a mask around others, even if you are up to date with COVID-19 vaccines.
- Get tested**  
  
Get tested at least 5 days after exposure, even if you are up to date with COVID-19 vaccines.

Visit [dhs.wi.gov/covid-19/close-contacts.htm](https://dhs.wi.gov/covid-19/close-contacts.htm) for more information.

 WISCONSIN DEPARTMENT of HEALTH SERVICES

**YOU STOP THE SPREAD**

DHS reminds Wisconsinites of the various ways to get tested for COVID-19. Trusted testing partners include [community testing sites](#), [local health departments](#), pharmacies, and health care providers. Over-the-counter rapid at-home COVID-19 tests can be purchased at most retail pharmacies, and you can [order](#) two free sets of four tests per household that will be mailed to your home by the federal government. DHS currently provides all Wisconsinites [free at-home collection kits](#) which you can send to a lab for results. The results of these tests are usually available in several days.

Anyone with signs or symptoms of COVID-19 should get tested, regardless of their vaccination status. If you are exposed to COVID-19, get tested five days after exposure. If you are experiencing COVID-19 symptoms, get tested right away, and stay home and monitor your symptoms while you are waiting for your results.

You may need to be tested before or after you travel, even if you are [up to date](#) with current vaccine recommendations. Consider using a [self-test](#) before going to a public event or getting together with friends and family. See a [list of testing products](#) approved by the U.S. Food and Drug Administration. If you need help finding a test, contact your local or tribal health department or call 211.



## **Health Needs and Use of Services Among Children with Developmental Disabilities — United States, 2014–2018** [Read article.](#)

### **What is already known about this topic?**

Developmental delays, disorders, and disabilities (DDs) are common among U.S. children and adolescents.

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

Approximately one in six (17.3 percent) U.S. children and adolescents aged 3–17 years had DDs during 2014–2018. Compared with children and adolescents without DDs, those with DDs were two to seven times as likely to take prescription medication and receive mental health or specialized health care provider services and 18 times as likely to receive special education or early intervention services.

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

Policies and programs that promote early identification of children and adolescents with DDs and increase access to intervention services could improve health and reduce the need for services later in life.

## **Effectiveness of BNT162b2 Vaccine Booster against SARS-CoV-2 Infection and Breakthrough Complications, Israel**

### [Read article](#)

...our results showing high VE of the BNT162b2 booster dose against SARS-CoV-2 cases and the maintenance of positive effects among breakthrough cases demonstrate the duration of the booster-dose effect during a period in which the Delta variant was predominant. However, the reduced VE in an Omicron-variant setting indicates that additional tools are required to combat new variants of concern.

## **Use of Tobacco Products, Alcohol, and Other Substances Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021**

The COVID-19 pandemic has been associated with established risk factors for adolescent substance use, including social isolation, boredom, grief, trauma, and stress. However, little is known about adolescent substance use patterns during the pandemic.

This report presents nationally representative data collected beyond the early stages of the COVID-19 pandemic on adolescents' use of various substances. During spring 2021, during the 30 days before the survey, approximately one in three high school students used any tobacco product, alcohol, or marijuana or engaged in prescription opioid misuse; one in six students used EVPs; one in five drank alcohol; and one in eight used marijuana. In addition, among students who had ever drunk alcohol or used drugs, nearly one in three reported drinking more alcohol or using more drugs during the pandemic. Among students who currently used EVPs or drank alcohol, use on multiple days each month was prevalent, as was binge drinking. These findings are of public health concern because youths' use of tobacco products in any form is unsafe; EVPs contain nicotine, which is highly addictive, can harm adolescent brain development, and can prime the brain for addiction to other drugs. [Read article.](#)

# NASN News

## National School Nurse Day 2022

Here are some easy ways to spread the word about School Nurse Day 2022:

- Display [this poster](#) at your school to celebrate you, the leader who bridges healthcare and education.
- Bring attention to #SND2022 to honor more than 95,000 school nurses in the United States who make a difference in the lives of children every day. Share [these messages](#) or [images](#) on your social media!



*Note arrangements are in the works for both Governor Evers and DPI State Superintendent Dr. Underly to write proclamations for School Nurse Day.*

## New Resource: Creating Safer Spaces for LGBTQ Youth Toolkit

The Advocates for Youth publication [Creating Safer Spaces for LGBTQ Youth](#) is a new resource on the Division of Adolescent and School Health's (DASH) [Creating Safe Schools for LGBTQ+ Youth webpage](#). This publication is a toolkit for education, healthcare, and community-based organizations. DASH's webpage provides key learning objectives and resources that schools and school districts can use to help school nurses and other school staff build core competencies for supporting LGBTQ+ youth in schools.

*Bring attention to #SND2022 to honor more than 95,000 school nurses in the United States who make a difference in the lives of children every day.*

# Office of Minority Health

## National Minority Health Month 2022

April is [National Minority Health Month 2022](#), a chance for us to spotlight the disproportionate burden of premature death and illness in racial and ethnic minority and American Indian and Alaska Native populations and to encourage action through health education, early detection, and control of disease complications.

The theme for this year's National Minority Health Month is **Give Your Community a Boost!** This theme focuses on the continued importance of vaccines and boosters as one of the strongest tools we can use to protect communities from COVID-19, which has [disproportionately affected racial and ethnic minority and American Indian and Alaska Native populations](#)

# WASN News

We are excited to welcome you back for the 2022 Wisconsin Association of School Nurses Spring Conference IN PERSON at the Radisson Hotel & Conference Center, Green Bay! [Register.](#)



2022	WASN Member	Non-Member	Student
Thursday Only	\$150	\$175	\$25
Friday Only	\$100	\$125	\$25
Full Conference (R-F)	\$225	\$275	\$50

Check out the [conference web page](#) to find ...

- a preliminary schedule of keynote, plenary, and breakout sessions and
- conference room block details (*it's not too early to make your hotel reservation!*).

**The conference web page will be updated as more details are available, so check back often!**

## ACCOMMODATIONS

- Standard rooms are available for Tuesday, April 26, 2022, to Thursday April 28, 2022, at the rate of \$109/night (**NEW RATE!**).
- A credit card is required to make a reservation, but you will not be charged until you check out.
- **Deadline** to reserve at this rate: **Wednesday, April 6.**

To receive the discounted room rate, call 920-494-7300, and identify yourself as a conference attendee for the Wisconsin Association of School Nurses (WASN) Conference.

Questions? Please contact Megan at [megan@wisconsinnurses.org](mailto:megan@wisconsinnurses.org).

# CDC

## New CDC data highlights the impact of the COVID-19 pandemic on our nation's youth

CDC released new data from the [Adolescent Behaviors and Experiences Survey](#) (ABES) highlighting the magnitude of the challenges our nation's youth faced during the COVID-19 pandemic. ABES provides results on students' behaviors and experiences during the pandemic related to substance use, mental health and suicide, disruptions to student life, racism, and more.

The COVID-19 pandemic has had a seismic effect on communities across the country, and young people have been especially impacted by the ways in which their everyday lives have been altered. DASH is working to support schools as they help students recover from the pandemic. Each of us can play a part in creating safe, supportive, affirming environments where youth can be healthy and resilient. [ABES Survey Results](#).



## When to Self-Test for COVID-19

Self-tests for COVID-19 give rapid results and can be taken anywhere, regardless of your vaccination status or whether or not you have symptoms.

When To Take an At-Home COVID-19 Test:

- Test immediately if you have any [COVID-19 symptoms](#).
- Test at least five days after you were exposed to someone with COVID-19. If you test negative for COVID-19, consider testing again one to two days after your first test.
- Test before you go to an indoor event or a gathering. This is especially important before gathering with [individuals at risk of severe disease](#), [older adults](#), those who are [immunocompromised](#), or people who are not [up to date on their COVID-19 vaccines](#), including children who cannot get vaccinated yet.

Order free tests at [COVIDtests.gov](#). Free tests are also available through [local health departments](#).

# Prevent Blindness

## Zenni Scholarship to Advance Children's Vision

Prevent Blindness is excited to announce new funding from Zenni to offer the Zenni Scholarship to Advance Children's Vision.

This new program provides:

1. Scholarships to access our popular [Prevent Blindness Children's Vision Screening Certification Course](#), which provides five professional development hours and three-year national certification to those conducting children's vision screenings and following up with parents when their children receive eye examination referrals from vision screening.
2. Access to vouchers, which cover the cost of one pair of eyeglasses from Zenni, and can be provided for children screened whose families are unable to afford new or replacement eyeglasses.  
**Learners completing the certification course and providing vision screenings will have exclusive access to these eyeglass vouchers.**

A limited number of scholarships are reserved for professionals in early care and education programs, schools, public health, home visiting programs, and primary healthcare settings who serve children ages 3 years through high school from underserved populations who experience barriers to vision screening and follow-up eye care. **Underserved populations include refugee, immigrant, and migrant populations, tribal communities, rural and inner-city populations, and under-represented people of color.**

Please note that some states have their own certification courses (if you have questions or want more information before you apply, please email Donna Fishman at [dfshman@preventblindness.org](mailto:dfshman@preventblindness.org) ).

[For more information or to apply for the Zenni Scholarship](#)



*A limited number of scholarships are reserved for professionals in early care and education programs, schools, public health, home visiting programs, and primary healthcare settings who serve children ages 3 years through high school from underserved populations who experience barriers to vision screening and follow-up eye care.*

# Miscellaneous



## **Sauk Prairie Seeks School Nurse**

Sauk Prairie School District plans to hire a school nurse to replace Martha Allan, who is retiring after this year. If you know of a nurse who would be interested in a school nurse position, please let them know to check WECAN for an application. For more information they could contact Laura Cody (608-370-9924) or Shea Ganser (608-370-0951), who will be continuing as part of the team of nurses at Sauk Prairie Schools. Martha is also happy to talk with interested nurses up through the end of the school year and can be contacted at 608-370-0253. <https://wecan.waspa.org/Vacancy/135152>

## **New Term Used for Nursing Continuing Education Units**

The American Nurses Credentialing Center (ANCC) has changed the term continuing nursing education (CNE) to nursing continuing professional development (NCPD). Instead of earning CNE, nurses will earn NCPD. Contact hours will continue to be the measure of credit earned. So, one hour of CNE is equal to one hour of NCPD. *Any nursing organization or agency that is accredited by ANCC will be honoring this change.* [Click here](#) if interested to learn more.

### **What this means is:**

When nurses complete an educational activity, the certificates issued will note that you receive NCPD as opposed to CNE for the given hours.  
**60 minutes = one contact hour of NCPD = one contact hour of CNE.**

## **SHIFT TALK PODCAST HIGHLIGHTS NURSES AS CHANGE-MAKERS**

[SHIFT Talk](#), a podcast for nurses, by nurses, provides a platform where nurses “get real” about the challenges they face.

Hosted by critical care nurse practitioner Nacole Riccaboni, Season Two features nurses acting as change agents to combat racial biases in medical settings. Episodes tackle tough subjects in ways that inform and inspire, like Black maternal health disparities; how the profession provides a unique platform for social justice; and what’s possible when policymakers and nurses collaborate to meet community needs.

Launched in 2020 by the Robert Wood Johnson Foundation, *SHIFT Talk* is part of a larger community for nurses at [SHIFTNursing.com](http://SHIFTNursing.com).

*The American Nurses Credentialing Center (ANCC) has changed the term continuing nursing education (CNE) to nursing continuing professional development (NCPD).*

# ReSET4Kids

The Wisconsin-based [ReSET team](#) of pediatricians, family advocates, and school champions is pleased to share a new family decision-making tool with you and our other stakeholders across the state to support children with complex health needs and vulnerable populations to safely attend school in-person during spring 2022.

There are several new versions of the family decision-making tool available via the ReSET webpage ([www.reset4kids.org](http://www.reset4kids.org)):

- A Spanish version
- A fillable Word document that is more user-friendly



*Strong new evidence on the need to use an appropriately sized cuff in blood pressure (BP) measurement has come from the cross-sectional randomized trial.*

# Medscape Nurses

## **Early Puberty Cases Among Girls Surged During Pandemic**

Early puberty is uncommon, affecting about 1 in every 5000 to 10,000 children, with cases about 10 times higher in girls than boys. But since the pandemic started, doctors and parents around the world have noted a substantial surge in early puberty. [Read article.](#)

## **'Striking' Differences in BP When Wrong Cuff Size Is Used**

Strong new evidence on the need to use an appropriately sized cuff in blood pressure (BP) measurement has come from the cross-sectional randomized trial. [Read article.](#)

# Miscellaneous

## **Covid cases are down. Unfortunately, stomach flu outbreaks are up.**

If you thought you were seeing a trend, perhaps you are. [Read this article](#) for the author's explanation.

## Save-The-Date

# - Lessons from the Field Series - Supporting Transgender and Nonbinary Students in K-12 Schools

*Wednesday, April 13, 2022 | 2:00 – 2:15 PM Central*

Please join the U.S. Department of Education and the Centers for Disease Control and Prevention (CDC) for this webinar featuring educators and experts who will discuss challenges faced by many transgender and nonbinary students and actionable strategies for providing support. This event will reference the following resources, which we encourage you to access in advance of the webinar to inform participation:

### U.S. Department of Education Resources

- [Confronting Anti-LGBTQI+ Harassment in Schools \(June 2021\)](#)
- [Federal Government Back-to-School Address for Transgender Students \(August 2021\)](#)
- [U.S. Department of Education Supporting Transgender Youth in School \(June 2021\)](#)

### CDC Resources

- [Creating Safe Schools for LGBTQ+ Youth](#)
- [Resilience and Transgender Youth](#)
- [Safe and Supportive Environments](#)
- [Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students – 19 States and Large Urban School Districts, 2017 | MMWR](#)
- [Youth Risk Behavior Surveillance System \(YRBSS\) | Data | Adolescent and School Health](#)

### External Stakeholder Resources

- [2021 National Survey on LGBTQ Youth Mental Health: Supporting Trans + Nonbinary Youth section \(The Trevor Project\)](#)
- [A Guide to Being an Ally to Transgender and Nonbinary Youth \(The Trevor Project\)](#)
- [GLSEN Website](#)
- [Improving School Climate for Transgender and Nonbinary Youth \(GLSEN\)](#)
- [Model Local Education Agency Policy on Transgender and Nonbinary Students \(GLSEN\)](#)
- [The Trevor Project Website](#)

For your reference, slides for this presentation will be posted on the event webpage on the day of the event. The recording and other webinar materials will be posted a day after. You must register to participate in this presentation. [Register here.](#)



# PRACTICE POINTS

By Louise Wilson



## Data Collection and Reporting – Time to Get Personal

Collecting, reporting, and using data is so basic to my school nursing career, both before and since becoming the state consultant, that I cannot imagine not doing so. Therefore, I find myself repeating the same messages when describing the benefits of collecting one's own district/school data and then reporting out some of the data points statewide. (See [2022 DPI Update #10](#) for my latest attempt.) Perhaps this time I will share a personal story.

When I started my school nursing career, I was hired to share 1.0 FTE between two school districts 20 miles apart with 12 schools between the two districts. I was the first school nurse the larger school district had ever employed and established school health services as a district-based entity during that time. Even 29 years ago spreading oneself that thin was not sustainable, nor provided the level of services the students required much less deserved. Through the collecting and reporting of data (number of students with chronic health conditions, number of delegated procedures, number of students receiving medications, number of injuries, percentage of students sent home versus remaining in school, number of supplemental health education presentations given, number of IEP teams or meetings participated in, etc.) I was able to demonstrate the need for school health services and what staffing was required to meet those needs. After two years the larger district hired me full time. Incrementally the number of FTEs increased over the years and by the time I left there were three fulltime RNs.

I wrote end of the year reports. I had graphics and charts. I even shared a picture of a student's lung (with permission) with a tack lodged in it as a way of demonstrating what can and does happen that requires both professional nursing assessment and action. Another year I shared (again with permission), pictures of the five students whose lives were saved that year because student health services existed and established a stock emergency epinephrine program, including getting the policy board approved, acquiring supplies, and training staff! Also, that year my report documented that trained staff responded to one student who experienced 54 seizures while at school. These reports were shared directly with school board members with a cover letter indicating I was providing this report to help them fulfill their statutory obligation to annually review and evaluate emergency nursing services [[PI 8.01\(2\)\(g\)6](#)]. The next year we moved from 2.5 to 3.0 FTEs.

*Collecting, reporting, and using data is so basic to my school nursing career, both before and since becoming the state consultant, that I cannot imagine not doing so.*

That's what collecting and reporting data can look like on the local level. I am not promising that it translates into more school nurse FTEs, but it might. Data, when presented thoughtfully to the right people, paints an accurate picture of the health and safety needs of the school children in your district/school. Stakeholders have a responsibility to know the needs of the students and how the district is meeting those needs.

On a state level, when that data is aggregated (lumped together with no way to identify students or districts) it prevents an equally clear and compelling picture of the health and safety needs of Wisconsin school children. Only by collecting accurate data regarding the health services provided to Wisconsin school children can school nurses give voice to the role school nurses play in removing health-related barriers to students' education and the role school nurses have in promoting and protecting the health of Wisconsin school children.

In the past, the participation rate in the survey has been so low (30 percent) that the data collected, while interesting, is not very useful. When I advocate for school health services or school nurses in my state role, I can't use such unrepresentable data. The information, if it gave an accurate picture of Wisconsin school health services, could be useful when shared with organizations which do research or advocacy work.

Attached to this Update is the template of the questions asked in the 2021/22 survey. I will be discussing the data points at the WASN conference. In early May, when I send out the link to the survey, please read the Introduction to see how simple it is to complete. **Even if you can only answer the question "do you have a medical advisor?" a 100% report rate on such a question would be immensely valuable.** Once the survey is open, the link also be listed on the [main DPI School Health Services webpage](#) under "New Items."

Look at the attached data points, read the survey introduction, and please make a commitment to complete the 2021/22 survey between May and August 15, 2022.

**That's my story and I am sticking to it!**

This publication is available from:  
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Student Services Prevention and Wellness Team  
(608) 266-8857  
<https://dpi.wi.gov/sspw/pupil-services/school-nurse>  
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**MAY 11, 2022**

# **NATIONAL SCHOOL NURSE DAY**

**Celebrate Your School Nurse!**

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(School Nurse Name)



# Wisconsin School Nurse Time Capsule Donation Information Sheet

Name: \_\_\_\_\_

School/School District: \_\_\_\_\_

Item: \_\_\_\_\_

Item description:

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Why are you choosing to include this item in the time capsule?

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

DATA POINT	DEFINITION CRITERIA 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)	DATA POINT
Number of enrolled students in district	<b>Enrolled students:</b> 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 <b>add</b> any school nursing (RN) or health services (LPN/UAP) positions or FTEs this school year?	Yes/No	
Did your district <b>cut</b> 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 <b>direct services</b>	<p><b>Direct services.</b> 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><b>Do not include RNs, LPNs, UAPs working with medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).</b></p> <p><b>Do not include % of administrative assignment for RN. Case management FTEs included under administrative or supervisory FTEs.</b></p>	
Total number of RN FTEs with <b>special assignment</b>	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 <b>administrative or supervisory</b> 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 <b>direct services</b>	See definition of direct services above.	
Total number of LPNs FTEs with <b>special assignment</b>	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 <b>direct health services</b>	See definition of direct services above.	
Total number of UAPs FTEs with <b>special assignment</b>	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 <b>assistant FTEs</b> providing <b>administrative support services</b> 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	
<b>Screenings:</b>	If your district/school did not perform screenings this year due to COVID or did not collect this information then enter <b>DNC</b> .	
<u>Vision Screening</u> <b>Screened</b> for vision	Report number of students with a health population screenings at school, regardless of which staff or agency conducts the screening.	
<b>Referred</b> for vision		
<u>Hearing Screening</u> <b>Screened</b> for hearing.	Report number of students with a health population screenings at school, regardless of which staff or agency conducts the screening.	
<b>Referred</b> for hearing		
	CHRONIC HEALTH CONDITIONS	
Record the number of students in each category with a medical diagnosis from a healthcare provider.	<p><b>Medical Diagnosis refers to documentation of a diagnosis from a licensed healthcare provider/prescriber.</b> 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. <b>Student may be counted in more than one category if they have multiple diagnoses.</b></p> <p>Lists of possible conditions for inclusion are not exhaustive or all inclusive.</p> <p><b>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).</b></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.	