



School Nurse UPDATE

ISSUE #11/January 28, 2020

FEATURED STORIES

PRACTICE POINTS –
DNAR Orders

February is American
Heart Month
(DHS News)

Suicide Risk Assessment
for Pediatric Type 1
Diabetes (p. 9)

AAP Clinical Reports

SAVE THE DATES

APRIL 20-22, 2020

Wisconsin Association of
School Nurses Annual
Conference
Chula Vista, Wisconsin Dells

JUNE 29–JULY 3,
2020

National Association of School
Nurses Annual Conference
Las Vegas, NV

Greetings!

Can you believe it? Individuals are already contacting me regarding **summer camp nurse opportunities**. A flyer and more information regarding one opportunity is included in this Update. WhizResources currently has open camp nurse positions for Summer 2020. The [link](#) to current openings is updated regularly.

Would a **new water bottle filling station** improve the health of your students? See the attached flyer for an opportunity to apply for a grant from Delta Dental.

Because everyone needs some **humor** in their lives I share this [video](#) entitled “Ballad of Regret- Help Protect against the Flu.” The CDC and several organizations recommend continued efforts to vaccinate the public against the flu.

Wisconsin school nurses demonstrate their 21st Century School Nurse practices in a myriad of ways. **This issue highlights Suzanne Brinkman, BSN, RN school nurse in the Boscobel School District.** Note how this example demonstrates the components of Leadership and Community/Public Health.

The Wisconsin Association of School Nurses (WASN) has posted their **nomination forms for School Nurse of the Year and School Nurse Administrator of the Year awards**. Application deadline is February 28, 2020. Nomination packets are accepted electronically. Consider nominating a school nurse or school nurse administrator who demonstrates excellence in school nurse practice or administers quality student health services program(s). [Link to forms.](#)

DPI News

DPI Priorities Pertinent to School Health Services

State Superintendent Carolyn Stanford Taylor recently addressed the Wisconsin State Education Convention in Milwaukee.

Full text of the speech, as prepared for delivery at the convention, can be found at <https://dpi.wi.gov/news/releases/2020/stanford-taylor-s-remarks-prepared-delivery-wisconsin-state-education-convention>

DPI's five priority areas moving forward are:

Effective instruction: Each student is taught by teachers using materials and practices that are high-quality, evidence-based, and culturally responsive;

School and instructional leadership: Each student's needs are met in schools led by high quality effective educators;

Family and community engagement: Each student attends a school that authentically engages with families, communities and libraries;

Safe and supported students: Each student learns in an environment that promotes social, emotional and physical well-being and removes barriers to learning; and

Meaningful relationships with students: Each student has a meaningful connection with at least one caring adult in their school.

January is National Slavery and Human Trafficking Prevention Month

The U. S. Department of Education, in collaboration with the Department of Homeland Security and the Blue Campaign, created a fact sheet entitled, Human Trafficking 101 for School Administrators and Staff. This fact sheet provides the essential information about human trafficking that is important for school personnel to understand and be mindful of. The Blue Campaign, created by the U.S. Department of Homeland Security, is a national safety awareness campaign designed to educate the country about the indicators of and how to respond effectively to human trafficking cases. *See attached flyer.*



The DPI's priorities include the use of evidence based and culturally responsive practices. Additionally, each student learns in an environment that promotes social, emotional and physical well-being and removes barriers to learning.

DPI Related

Growing School Mental Health Summit Seeks Proposals

The Coalition for Expanding School-Based Mental Health in Wisconsin will be hosting our 5th Annual Growing School Mental Health Summit this summer on June 17, 2020, in Wisconsin Dells. Join with the more than 400 stakeholders from around the state from all facets of school and mental health services as we come together for one day to learn and share best practices in creating comprehensive, sustainable, school-based mental health systems.

We are currently seeking workshop proposals for breakout sessions running 1.25 hours in length.

Topics of interest include:

- **Mindfulness and Coping Strategies** (movement techniques, calming tools/apps, healthy food and sleep, etc.)
- **Self-Care/Compassion Resilience** (strategies for emotional regulation; healthy habits; collaboration and team support, etc.)
- **Implementation** (billing/funding; referral pathways; SMH navigation, etc.)
- **Equity & Inclusion** (culturally responsive practice, LGBTQ focus, family engagement, etc.)

Workshop proposals will be evaluated by considering:

- demand for the topic
- previous history of the topic at the Summit
- previous evaluation feedback (where applicable)
- demonstration of diverse perspective
- new information and best practice
- incorporation of lived experience

Submission Deadline: Please use [this form](#) to propose a workshop. We ask that you submit your proposal by **February 14, 2020**

Questions? Questions may be directed to: info@schoolmentalhealthwisconsin.org.

Selected workshops will be notified the week of February 24, 2020.

Compensation for workshop presenters is up to two complimentary conference registrations and a \$100 stipend to offset travel costs. If the workshop includes an individual with lived experience, additional complimentary conference registration and stipend support will be made available for the selected workshop.



DPI consultants will be presenting at the Wisconsin Association of School Nurses conference in April on topics of comprehensive special education evaluations and the field trip toolkit.

DHS News

Respiratory Report

[The Weekly Respiratory Report](#) for the week ending January 10, 2020, is now available.



Chronic Disease Prevention Partner Webinar

"NEW" FORMAT FOR PARTNER WEBINARS

No registration is needed, but please save the date on your calendar.

When: Tuesday, January 28, 2020 from 9:00 AM to 10:00 AM CDT

[Save to Calendar](#)

Where: Online

Call-in number: 1-877-820-7831

Access Code: 986588

Enter the [Adobe Connect meeting room](#).

February is American Heart Month

This session will present information about American Heart Month and new initiatives in Wisconsin. Rebecca Cohen from the Chronic Disease Prevention Program will provide an update on the Wisconsin Heart Health Community of Practice (CoP) and moderate the session. Learn about:

February Heart Activities That You Can Promote

- American Heart Month Reception at the Capitol—Wednesday February 5th
- 1:30 Group Photo in the Capitol Rotunda
- 1:45 Reception in Senate Parlor
- Wear Red Day, Friday February 7th

Tracy Lapointe from Security Health Plan and Ann Gilbertson from Marshfield Clinic will discuss Self Measured Blood Pressure (SMBP). Marshfield Clinic Health System was recently recognized as a 2019 Million Hearts® Hypertension Control Champion.

Tim Nikolai from the American Heart Association will provide updates from the American Heart Association (AHA) on heart health activities and future priorities (2020 and beyond).

Rebecca Thompson from the Wisconsin Community Health Fund will discuss the launch of “Bridges to Heart Health” Project and Heart Health Totes.

February is American Heart Month. Wear Red Day is Friday February 7th.

NASN News

NASN January 2020 Podcast Is Available!

National Association of School Nurses issued a position brief in January 2019 regarding medical marijuana. Cynthia Galemore, NASN School Nurse Editor, interviews author MaryAnn Strawhacker about her article, "Medical Cannabis and School: Separating Fact From Fiction."

[LEARN MORE](#)



Collecting Data -- Where Do I Start?

Most school nurses are collecting data for a variety of reasons. Learn more in this article from the January 2020 issue of NASN School Nurse to understand why collecting data is important and read about some simple steps to start collecting data at your school.

[READ THE ARTICLE](#)

Wisconsin School Nurses in Action

Suzanne Brinkman, BSN, RN school nurse in the Boscobel School District recently collaborated with her local hospital in publicizing the FLAG or "FAMILIES LEARNING & GROWING" program offered through Gundersen Boscobel Area Hospital and Clinics. This 12-week program is designed to motivate children to make healthier choices for a lifetime of wellness. The program provides medical intervention, nutrition and behavioral health education/support, cooking demonstrations, and fun physical activities.

Suzanne performed health screenings on students grades 2-6 which included measuring students' height and weight to calculate BMI or "body mass index." Parents of students with BMIs of 95 percent or higher were sent letters informing them of their child's calculated BMI. Information regarding the FLAG program was contained in the letter.

School Nurse Blog

[The Relentless School Nurse: Salaria Kea: From Harlem to the Spanish Civil War](#)

By Robin Cogan, MEd, RN, NCSN

In celebration of 2020 The Year of the Nurse and Midwife, author [Maria Smilios](#) is dedicating a weekly column about nurses whose stories must be shared. I am thankful that Maria has invited The Relentless School Nurse to share this important initiative with our readers! This is week #3 of the 52 week series in this year long study of nurses and midwives. Salaria Kea is this week's featured nurse:

[Salaria Kea: From Harlem to the Spanish Civil War](#)

Clinical Reports Recently Released

Clinical Report: Runaway Youth: Caring for the Nation's Largest Segment of Missing Children

This new AAP clinical report from the Committee on Psychosocial Aspects of Child and Family Health and Council on Community Pediatrics discusses how pediatricians can play a critical role in identifying youths at risk of running away, caring for those who have run, and guiding families and caregivers on how to decrease the incidence of running.

- Clinical Report: [Runaway Youth: Caring for the Nation's Largest Segment of Missing Children](#)
- AAP News: [Helping runaway youths: Report outlines risk factors, interventions](#)
- Press Release: [How to Care For and Support Runaway Youth](#)

Clinical Report: Health Care Supervision for Children With Williams Syndrome

This new AAP clinical report, from the Council on Genetics, can help pediatricians identify and treat children with the neurodevelopmental disorder Williams syndrome.

- Clinical Report: [Health Care Supervision for Children With Williams Syndrome](#)
- AAP News: [Clinical report updates guidance on treating Williams syndrome](#)
- Press Release: [AAP Report Offers New Guidance on Care of Children With Williams Syndrome](#)
- Clinical Report: [Children Exposed to Maltreatment: Assessment and the Role of Psychotropic Medication](#)
- AAP News: [Report guides pediatricians in care of maltreated children, including pharmacotherapy](#)
- Press Release: [Pediatricians and Child Psychiatrists Suggest Comprehensive Approach in Caring for Children who Have Been Maltreated](#)

Clinical Recommendations on Autism

The American Academy of Pediatrics (AAP) has updated its clinical recommendations on autism spectrum disorder for the first time in 12 years, analyzing the latest research on the neurodevelopmental disorder that affects an estimated 1 in every 59 children. The clinical report describes common co-occurring conditions such as anxiety and attention-deficit/hyperactivity disorder, as well as a growing evidence base for early interventions. Read the full article in [English](#) and [Spanish](#). Additional articles on Autism can be found [here](#).



The American Academy of Pediatrics (AAP) has updated its clinical recommendations on autism spectrum disorder for the first time in 12 years.

AAP

AAP Offers New Public Service Announcement on E-Cigarettes

In a new public service announcement, the American Academy of Pediatrics focuses on the highly addictive nature of nicotine in e-cigarettes, which have become the most widely used tobacco product among teens. In the 30-second PSA, pediatrician Dr. Shelly Flais urges parents to talk with teens about e-cigarettes, nicotine, and brain development. The PSA, "E-Cigarettes and Teens," can be accessed [here](#), or share it from our Facebook pages at @AmerAcadPeds and @HealthyChildren.

The PSA is part of a monthly series of PSAs produced and distributed by the AAP. To see the entire series of PSAs, visit the AAP's [YouTube channel](#).



Health Care Education & Training

Please join HCET on Wednesday, February 12 to learn more about the Human Papillomavirus (HPV), and explore how medical and public health professionals can continue to play a role in cancer prevention for our next generation. If you are unable to watch the webinar live, you will be able to view it, at your convenience, once it is archived on our website. For more information and to register, please click the link below.

HPV Vaccination: Supporting Cancer Prevention for Our Next Generation

Wednesday, February 12, 2020
11:00am - 12:00pm CT

[CLICK HERE](#) for more information and to register.

According to the CDC, the Human Papillomavirus, or HPV, is the most common sexually transmitted disease in the United States, with nearly 80 million Americans currently infected with some variation of the virus.

Allergy and Asthma Network

Misconceptions about Pet Allergies

Test your knowledge on common misconceptions about pet allergies with a short quiz from [Asthma & Allergy Network](#). The quiz tests your knowledge spotting fact from fiction around pets and allergies. Asthma & Allergy Network is a nonprofit organization committed to ending death and suffering due to asthma, allergies and related conditions through outreach, education, advocacy and research.



School-Based Self-Management Interventions for Children and Adolescents with Asthma

The Community Preventive Services Task Force (CPSTF) recommends [school-based self-management interventions for children and adolescents with asthma](#). Evidence shows these interventions reduce emergency department and hospital visits among children and adolescents with asthma.

A team of specialists in systematic review methods and in asthma research, practice, and policy assessed evidence from 30 studies identified in the following published review:

Harris KM, Kneale D, Lasserson TJ, McDonald VM, Grigg J, Thomas J. School-based self-management interventions for asthma in children and adolescents: a mixed methods systematic review. *Cochrane Database of Systematic Reviews* 2019, Issue 1. Art. No.: CD011651.

What are school-based self-management interventions for asthma control? School-based self-management interventions for asthma control provide education or counseling to help children with asthma learn to recognize and manage asthma symptoms, use medications and inhalers properly, and avoid asthma triggers. Programs may also provide instruction on monitoring asthma signs and symptoms, stress management, or implementing an asthma action plan. Interventions may be facilitated by trained nurses, teachers, health educators, or peers in group or individual sessions.

Why is this important?

Asthma is the most common chronic lung disease among children in the United States and affects [one out of every twelve children](#). Children with asthma may [experience limitations in daily activities, missed school days, hospitalizations, or urgent primary care and emergency department visits](#). The burden of childhood asthma in the United States is disproportionate with higher rates in [urban settings](#) and [low-income and minority communities](#). School-based self-management interventions for asthma control are likely to promote health equity when implemented in schools in low-income or minority communities.

Asthma is the most common chronic lung disease among children in the United States and affects one out of every twelve children.

From Diabetes Weekly

Obesity Rate Predictions for 2030

A new analysis is predicting that by 2030, 48.9% of adults in the United States will be obese and 24.2% will be severely obese. In addition, severe obesity — and the serious health problems and extra healthcare costs associated with it — will disproportionately affect women, low-income adults, non-Hispanic black adults and states bordering the lower half of the Mississippi River. [Read more.](#)

Pediatric type 1 diabetes treatment should incorporate evaluation of suicide risk

Young people with type 1 diabetes should be screened for suicidal thoughts, as suicide had been attempted by 16.3% of individuals in a cohort of young people with type 1 diabetes who had such thoughts, according to findings published in *Diabetes Care*. "Clinically, we know it's a concern, but very little research has been conducted with people with type 1 diabetes especially because they have access to a lethal method for suicide — insulin." [Read more.](#)

Genetic differences help distinguish type 1 diabetes in children from 'type 1.5' in adults

A multi-center team of researchers led by Children's Hospital of Philadelphia (CHOP) has discovered a genetic signature that could help distinguish an adult-onset form of diabetes sharing many type 1 diabetes (T1D) characteristics from pediatric-onset T1D, opening the door to potentially more straightforward diagnostic tests for the adult condition and improving responses by ensuring patients receive the most appropriate treatment.

"This is our first insight into genetic differences between latent autoimmune diabetes in adults and T1D in children that may be diagnostically useful," said study leader Struan Grant, Ph.D., Co-Director of the Center for Spatial and Functional Genomics at CHOP and the Daniel B. Burke Endowed Chair for Diabetes Research. "We have found a genetic means of discriminating between the two conditions without expensive and cumbersome anti-autobody screening."

The study was published online December 16, 2019, in *Diabetes Care*. [Read more.](#)



Young people with type 1 diabetes should be screened for suicidal thoughts... especially because they have access to a lethal method for suicide — insulin

U.S. Department of Health and Human Services Office of Minority Health

The second edition of *Handbook of Religion and Health* is a reference book that analyzes relationships between religious beliefs and health. It discusses research on religion and specific conditions within mental health and physical health, and how religious and cultural practices may affect health outcomes. This 1,000 page book also evaluates research methods and tackles how this subject matter can be used in clinical settings.

To view this title or request additional information, [search the online catalog](#).

Practice Points

Do Not Attempt Resuscitation Orders

By Louise Wilson

In the past two months I have received several questions from school districts and school nurses regarding Do Not Attempt Resuscitation (DNAR) orders. Schools are getting requests from families and medical providers to honor DNAR orders due to the number of children who are coming to school with complex, life-limiting conditions. In these cases the family has come to terms with allowing their child to not be resuscitated if they should become unresponsive and want the school to follow such a directive. School nurses often struggle with the complex issues involved in honoring DNAR orders in schools. It is imperative that school nurses understand not only the laws and regulations, but the student's, family's, and staff needs as well. The National Association of School Nurses' (NASN) position statement "Do Not Attempt Resuscitation (DNAR) – the Role of the School Nurse" can offer guidance to school nurses working through these issues.

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



It is imperative that school nurses understand not only the laws and regulations, but the student's, family's, and staff needs as well.

The Department of Public Instruction (DPI) has no formal guidance on DNAR requests. School districts are encouraged to consult their district legal counsels when creating policies or responding to requests. I cannot think of many issues where it is more important to make sure the district and the school nurse has the advice of legal counsel! Though the DPI has no published guidance on this topic, I encourage school nurses as advocates for their students to “work with the school team, the parents, and students’ healthcare provider to meet the students’ underlying healthcare needs as well as establish protocols and practices that enable students to receive best practice care throughout the entire course of their condition while they are in school.” (NASN, 2018) <https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-dnar>

The term ‘Do Not Attempt Resuscitation’ acknowledges that resuscitation is not always effective. It also acknowledges the increased acceptance of choices for dying with dignity. Care plans for students with DNAR orders should be implemented in the context of palliative care and include comfort measures. (Zacharski, Susan, Lindsey Minchella, Sue Gomez, Shelia Grogan, Stephanie Porter and Deb Robarge. 2013. “Do Not Attempt Resuscitation (DNAR) Orders in School Settings.” *NASN School Nurse*. (March): 71-75.

The purpose of Wisconsin’s Do Not Resuscitate law (DNR) is to give terminally ill adults the ability to wear a DNR bracelet that alerts emergency medical caregivers in a non-hospital setting emergency situation not to provide resuscitation to the bracelet-wearer in the event of a cardiac or respiratory arrest. [Wis. Stat. § 154.17\(4\)](#) states that in order to be a “qualified patient” for whom a DNR would be valid, the individual must be at least 18 years old. In addition to the age requirement, the individual must also meet at least one of the following conditions: (a) The person has a terminal condition. (b) The person has a medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful in restoring cardiac or respiratory function or the person would experience repeated cardiac or pulmonary failure within a short period of time before death occurs. (c) The person has a medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation of that person would cause significant physical pain or harm that would outweigh the possibility that resuscitation would successfully restore cardiac or respiratory function for an indefinite period of time. [Wis. Stat. § 154.19\(3\)\(a\)](#) directs emergency medical services practitioners, as defined in s. [256.01 \(5\)](#), emergency medical responders, as defined in s. [256.01 \(4p\)](#), and emergency health care facilities personnel to follow do-not-resuscitate orders.

Besides following the advice and directives of their district legal counsel and administration, I encourage school nurses to utilize the depth of their nursing knowledge and skills in acknowledging and addressing the physical, emotional, and even spiritual needs of the student, family and staff. Even if school districts are advised not to follow a DNAR order it would still be appropriate for a district to develop an emergency plan in conjunction with a student’s Individualized Education Plan which details specific steps that the school personnel would take if the student needs life-sustaining emergency care while the student is at school.

Working through DNAR issues involves 21st Century school nursing principles of Care Coordination and Leadership; all within Nursing’s Standards of Practice. Best to all of you dealing with these tough issues.

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>

January 2020 Wisconsin Department of Public Instruction

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



Cool Water Program

Would a new water bottle filling station improve the health of your students?

The Cool Water Program encourages elementary and middle school students and staff to drink more water, helping to reduce cavities and improve overall health. The Delta Dental of Wisconsin Foundation will select 20 schools to receive one new dual water bottle filling station and fountain. Additionally, each student and staff member in the school will receive a toothbrush and reusable water bottle.

Criteria for selection

- Schools must have a free-and-reduced lunch rate of 40% or higher.
- Preference will be given to schools in a community with optimally fluoridated water.
- Preference will be given to schools without a water bottle filling station already installed.
- Selection will be based on the schools with the most creative and impactful implementation plan to encourage students and staff to drink more water.



Application information

The application to apply for the 2020 cycle will be available **February 3 through March 27** at www.deltadentalwi.com/foundation. Selections will be made in April, with installation during the summer break.

For more information, contact community outreach specialist Megan Tenpas at mtenpas@deltadentalwi.com.

Connect With Us



www.deltadentalwi.com

DDWF1-1912



Human Trafficking 101 for School Administrators and Staff

What Is Human Trafficking?

Human trafficking is modern-day slavery and involves the use of force, fraud, or coercion to exploit a person for labor or commercial sex. Any minor, that is anyone under the age of 18, who is induced to perform a commercial sex act is a victim of human trafficking according to U.S. law, regardless of whether there is force, fraud, or coercion.¹

- Every year, millions of men, women, and children are trafficked in countries around the world – including the United States. Many of these victims are lured with false promises of financial or emotional security; and they are forced or coerced into commercial sex (prostitution), domestic servitude, or other types of forced labor.
- Increasingly, criminal organizations such as gangs are luring children from local schools into commercial sexual exploitation or trafficking.

Human trafficking is different from human smuggling.

Human smuggling involves bringing (or attempting to bring) a person into a country in violation of immigration or other laws. Human trafficking is the exploitation of a person for sex or labor. Human trafficking does not require movement or transport across borders – the exploitation is what makes the person a victim.

1. Victims of Trafficking and Violence Protection Act of 2000 (TVPA), Pub. L. No. 106-386, § 103(8)(A), 114 Stat. 1470 (2000), 22 U.S.C.A. § 7102(8)(A).

Who Are the Victims? Who Is at Risk?

Victims of trafficking can be any age, race, gender, or nationality, including U.S. citizens.

- Trafficking victims can be men or women, boys or girls, U.S. citizens or foreign nationals. Human trafficking can involve school-age youths, particularly those made vulnerable by unstable family situations, or who have little or no social support. The children at risk are not just high school students – studies show that the average age a child is trafficked into the commercial sex trade is between 11 and 14 years old.
- Traffickers may target young victims through social media websites, telephone chat-lines, and after-school programs, on the streets, at shopping malls, in clubs, or through other students who are used by the traffickers to recruit other victims. In fact, a person can be trafficked without ever leaving his or her hometown.
- Child trafficking can take a variety of forms, including commercial sexual exploitation (prostitution) or forced labor. Those who recruit minors for the purpose of commercial sex are violating U.S. anti-trafficking laws, even if no force, fraud, or coercion was involved.

Did You Know?

- Each year, as many as 100,000–300,000 American children are at risk of being trafficked for commercial sex in the United States.
- The average age a girl enters the commercial sex trade is 12–14 years old. For boys, it's even younger – just 11–13 years old.

Sources: U.S. Department of Justice, National Center for Missing and Exploited Children

How Do I Identify Human Trafficking?

Human trafficking often can go unnoticed, even by individuals interacting with a victim on a regular basis. Recognizing the “red flags,” or indicators, can help alert school administrators and staff to a human trafficking situation. While no single indicator is necessarily proof of human trafficking, recognizing the signs is the first step in identifying potential victims.

Behavior or Physical State:

- Does the student have unexplained absences from school, or has the student demonstrated an inability to attend school on a regular basis?
- Has the student suddenly changed his or her usual attire, behavior, or relationships?
- Does the student suddenly have more (and/or more expensive) material possessions?
- Does the student chronically run away from home?
- Does the student act fearful, anxious, depressed, submissive, tense, or nervous and paranoid?
- Does the student defer to another person to speak for him or her, especially during interactions with school authority figures (this may include an adult described by the student as a relative, but also may be a friend or boyfriend/girlfriend)?
- Does the student show signs of physical and/or sexual abuse, physical restraint, confinement, or other serious pain or suffering?
- Does the student appear to have been deprived of food, water, sleep, medical care, or other life necessities?
- Is the student in possession of his or her own identification documents (e.g., student identification card, driver’s license, or passport), or does someone else have them?

Social Behavior:

- Does the student have a “boyfriend” or “girlfriend” who is noticeably older?
- Is the student engaging in uncharacteristically promiscuous behavior, or making references to sexual situations or terminology that are beyond age-specific norms?
- Does the student appear to be restricted from contacting family, friends, or his or her legal guardian?

These indicators are just a few that may alert you to a potential human trafficking situation. You can use this information to help recognize relevant suspicious behavior(s) and take appropriate action.

What Should I Do?

If you suspect that a person may be a victim of human trafficking, please call the Homeland Security Investigations Tip Line at 1-866-347-2423 (24 hours a day, 7 days a week, with over 300 languages and dialects available) or submit a tip online at www.ice.gov/tips.

You also may call the National Human Trafficking Resource Center at 1-888-373-7888 to get help or connect with a service provider in your area. The center is not a law enforcement or immigration authority and is operated by a non-governmental organization. The center is one of several resources available. Reference to the center is not intended to imply an endorsement of the organization by the federal government.

Non-law enforcement personnel should never attempt to directly confront a suspected trafficker or rescue a suspected victim. Doing so could put both your and the victim’s safety at risk. By immediately informing law enforcement of your suspicions, you may be able to safely assist in the recovery of the victim and the dismantling of the trafficking operation.

School administrators and staff who suspect a trafficking incident should follow their school district’s established protocol for such matters. Schools that do not have such procedures in place should consider adopting a formal protocol on how to identify the indicators and report suspected cases to law enforcement. Your protocol should be developed in collaboration with school district leadership; federal and/or local law enforcement; mental health, child welfare, or victim services providers; and other appropriate community partners.

FLAG (Families Learning And Growing)

- 12 Week weight management program for children ages 8-12, who are at risk for weight-related health problems.
- Designed to help families make positive behavior changes and motivate children to make healthier choices for a lifetime of better health.
- Program will provide medical intervention, nutrition, and behavioral health education/support, cooking demonstrations and fun physical activities to improve the overall health of the entire family.

Goals of the Program

- Improve eating habits
- Increase acceptance of fruits and vegetables
- Increase daily physical activity
- Improve self-esteem
- Achieve healthier weight for children
- Improve health of the entire family

Eligibility

- Children ages 8-12
 - BMI of 85% or above with medical issues
 - BMI of 95% or above without medical issues
- Parent(s)/older sibling must attend sessions with child
- Financial (Community Care)



FLAG program

The Families Learning and Growing (FLAG) program is a 12-week weight management program for children who are at risk for weight-related health problems.

The program is designed to motivate children to make healthier choices for a lifetime of better health. Family members also are involved in the program, which includes medical intervention, nutrition and behavioral health education/support, cooking demonstrations and fun physical activities.

The FLAG program is led by Gundersen Boscobel healthcare providers from Family Medicine, Behavioral Health and Nutrition Therapy, in collaboration with the Boscobel Family Martial Arts and Wellness Center and Boscobel School District staff.

Goals of the program

- Improve eating habits and self-esteem
- Increase daily activity and acceptance of fruits and vegetables
- Achieve healthier weight for children
- Improve health of the whole family

Program perks

- Bi-monthly maintenance visits for six months after program completion
- Transportation available

Location

Boscobel Family Martial Arts and Wellness Center
202 Madison St.
Boscobel, WI

**To learn more, talk to your child's primary care provider
or visit gundersenhealth.org/Boscobel_FLAG**

**GUNDERSEN
BOSCOBEL AREA
HOSPITAL AND CLINICS**



Summary of Community Preventive Services Task Force Recommendation

The Community Preventive Services Task Force (CPSTF) recommends school-based asthma self-management interventions to reduce hospitalizations and emergency room visits among children and adolescents with asthma.

Major Findings

The CPSTF recommendation is based on evidence from 30 studies identified in a systematic review published in 2019.¹ A meta-analysis of 19 of the studies reported the following intervention effects:

- Reductions in asthma-related emergency department visits, asthma-related hospitalizations, and unplanned visits to a medical provider
- Increases in self-reported asthma-related quality of life
- Mixed outcomes for all causes of school absences

When these interventions are implemented in schools in low-income or minority communities, they are likely to promote health equity.



What are School-Based Self-Management Interventions for Asthma Control?

School-based self-management interventions for asthma control provide education or counseling to help students with asthma learn to recognize and manage asthma symptoms, use medications and inhalers properly, and/or avoid asthma triggers.

Interventions may provide instruction on monitoring asthma signs and symptoms, stress management, and implementing an asthma action plan. These interventions may be facilitated by trained nurses, teachers, health educators, or peers. They may be delivered to students in group or individual sessions at school, during or outside of regular school hours.

Facts about Asthma

- Asthma is the most common chronic lung disease among children in the United States, affecting one out of every twelve children.²
- Students with asthma may experience limitations in daily activities, missed school days, hospitalizations, or urgent primary care and emergency department visits.¹
- The burden of childhood asthma in the United States is higher in urban settings and low-income and minority communities.^{3,4}

Learn More

***Read a complete summary of the systematic review and CPSTF finding and access a list of suggested guidelines and toolkits**

<https://www.thecommunityguide.org/findings/asthma-school-based-self-management-interventions-children-and-adolescents-asthma>

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| <p>CDC, Asthma www.cdc.gov/asthma/</p> | <p>CDC, National Asthma Control Program (NACP) https://www.cdc.gov/asthma/nacp.htm</p> | <p>National Heart, Lung, and Blood Institute https://www.nhlbi.nih.gov/health-topics/asthma</p> | <p>American Lung Association https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/</p> |
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¹Harris KM, Kneale D, Lasserson TJ, McDonald VM, Grigg J, Thomas J. School-based self-management interventions for asthma in children and adolescents: a mixed methods systematic review. *Cochrane Database of Systematic Reviews* 2019, Issue 1. Art. No.: CD011651. DOI:10.1002/14651858.CD011651.pub2

²Zahran HS, Bailey CM, Damon SA, Garbe PL, Breyse PN. *Vital Signs: Asthma in Children* — United States, 2001–2016. *MMWR* 2018;67:149–55.

³Woods ER, Bhaumik U, Sommer SJ, et al. Community asthma initiative to improve health outcomes and reduce disparities among children with asthma. *MMWR Suppl* 2016;65place_holder_for_early_release:11–20.

⁴Sullivan PA, Ghushchyan V, Kayati A, Navaratnam P, Friedman HS, Ortiz B. Health disparities among children with asthma in the United States by place of residence. *J Allergy Clin Immunol Pract* 2019; 7(1):148–55.

Established in 1996 by the U.S. Department of Health and Human Services, the Community Preventive Services Task Force (CPSTF) is an independent, nonfederal panel of public health and prevention experts whose members are appointed by the director of CDC. The CPSTF provides information for a wide range of decision makers on programs, services, and other interventions aimed at improving population health. Although CDC provides administrative, scientific, and technical support for the CPSTF, the recommendations developed are those of the CPSTF and do not undergo review or approval by CDC. Find more information at www.thecommunityguide.org.



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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.

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