



School Nurse UPDATE

#1/ October 15, 2020

Greetings!

This is the first issue of the DPI School Nurse Update for the 2020/21 school year. No, you have not missed any issues! Just as COVID-19 has affected your capacity, it has affected mine. I was unable to publish a newsletter while hosting Zoom meetings. Moving forward through this school year in order to keep a large number of school nurses and others aware of school health issues, both COVID and non-COVID, I will use the Update. For your reference past issues are located on the [School Nurse Communications](#) website.

This Update contains numerous announcements from DPI. Of primary interest is the **revision of emergency epinephrine, glucagon, and rescue inhaler videos and resources** (see DPI News). DPI recently hosted the New School Nurse Orientation. This year it was of course done virtually. Average attendance over two days was over 100 each day! **Welcome to all new to this nursing specialty!**

The **DHS data team has added new visualizations and metrics to the DHS COVID page**. This includes more detailed statewide data by age range. Further future enhancements are planned.

<https://www.dhs.wisconsin.gov/covid-19/cases.htm#youth>

This Update also **includes several flyers and attachments** including CDC's indicators for transmission of COVID-19 in schools, a COVID-19 and flu comparison, Halloween safety tips in English and Spanish, a bulletin from the OCR on COVID, and professional development opportunities.

My thoughts are with you as you provide leadership to your schools during these difficult times. Allow yourself and others grace.

Louise

SCHOOL NURSE UPDATE/ISSUE #1

FEATURED STORIES

PRACTICE POINTS – COVID-19 Testing In Schools

New Medication Videos (DPI News)

Caution on Youth Tobacco Curriculums (DHS News)

Food Allergy New Resource (NASN News)

SAVE THE DATES

October 21, 2020
Diabetes in School Health – “The Diabetes Rollercoaster: Highs and Lows”

November 5, 2020
Treating Tobacco Dependence in Youth and Adolescents

December 2-4, 2020
Building the Heart of Successful Schools Conference

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

DPI News



New Medication Administration Training Videos and Resources

New training resources are posted to the DPI [Medication Training](#) and the [Medication Administration Resources](#) webpages. A diabetes emergency management video was created to include demonstrations of glucagon administration with mixable glucagon, prefilled syringes, and nasal glucagon. The emergency epinephrine video includes demonstrations of Adrenaclick®, AUVI-Q®, EpiPen®, and SYMJEPi®. The video demonstrating the use of an inhaler includes examples of use both with and without a spacer. The accompanying procedures and quizzes are also updated to include these changes.

COVID-19 Special Education Question and Answer Document

There are four recent updates to the [COVID-19 Special Education Question and Answer Document](#). There is a clarification that use of the I-10 form cannot take the place of an annual IEP team meeting (H1). There are three new questions discussing use of the I-10 form for placement during COVID-19 (H4), unexcused absences in virtual learning (L5), and equitable services for parentally-placed private school students (O1).

2020 Building the Heart of Successful Schools Conference

The 2020 Building the Heart of Successful Schools Conference will be an all-virtual event, held on December 2-4, 2020. Sectional topics will include: Preventing ATOD (Alcohol, Tobacco, and Other Drugs), Mental Health, Creating a Positive School Climate, Health, School Safety and Violence Prevention, Trauma Sensitive Schools, Social Emotional Learning, and more. Please see the [Save the Date](#) flyer for more information on topics and registration.

Revised Teleservice for Related Services Guidance

As teleservice continues to be a method for providing speech-language and related services when districts are choosing to reopen virtually, this guidance was updated recently. Revisions include:

- Considerations before providing group services, including guidance related to confidentiality and Medicaid billing
- Adjustments to make when conducting assessments via teleservice
- IEP team questions to consider when reviewing student needs and goals
- Documentation of teleservice in the IEP
- Licensing and provision of service across state lines

This guidance has been updated in the [Teleservice Considerations for Related Services During the Current Public Health Emergency](#) document on the [Special Education team COVID-19](#) page. In addition, this information can also be found on our [Providing Related Services Via Teleservice](#) web page that was created to provide additional resources and information throughout the school year.

New Medication Administration Training Resources - Glucagon, Inhalers, and Emergency Epinephrine materials have been updated.

DPI News



DPI/DHS to Integrate School Information Systems with WIR Project

In an effort to **streamline lookup and data entry work for school nurses/staff**, Wisconsin DPI is working with Wisconsin DHS to integrate School Student Information systems (SIS) with the DHS WIR system. Wisconsin DPI has built a secure web service, built on top of the WISEdata Ed-Fi platform, which allows SIS vendor software to obtain student immunization records from WI DHS WIR. As part of this effort, WI DHS is trying to better align their school IDs with Wisconsin DPI school IDs. Some schools have multiple school IDs in WIR. WI DHS has constrained resources to tackle this legacy issue at this time. To keep the project moving, we are asking district school nurses to provide the following information to help bridge the two systems:

1. **WIR Organization Code:** This is the “Org Code” used when logging into WIR. It begins with an “S.”
2. **WIR Organization Name:** Once logged in, this displays at the top of the window next to “organization.”



Project to align WIR with School Information Systems

Please record your information in this Google survey: <https://forms.gle/ETnUgx1sZxiASicM7>

Thank you in advance for your contribution to this effort.
Sincerely,
John Raub
Product Owner/Scrum Master - WISEdata Ed-Fi Integration
Applications Development and Management
Division of Libraries and Technology
Wisconsin Department of Public Instruction
E: John.Raub@dpi.wi.gov



DPI News

Safety Drills in a Pandemic

The Office of School Safety has received many questions regarding the effects of COVID-19 on school safety drills. There has not been a statutory change to Wis. Stat. 118.07(4)(cp), which requires that “pupils are drilled...in the proper response to a school violence event in accordance with the school safety plan in effect for that school building.” However, how you conduct drills may vary. Schools previously considered the age of the students and school-specific practices when designing such drills. Now schools must also take into account whether schools are meeting virtually or in person and how drills can be conducted while mitigating the risk of virus transmission.

First, schools should consult with their local health department regarding social distancing and protective practices, and follow any guidelines regarding masks, etc. Additional guidance regarding tornado and fire drills has been provided by the Department of Public Instruction in the [8/24/20 update](#) to the “[COVID-19 Regulatory Flexibility Framework Provisions for the 2020-21 School Year](#).”

If your school has students on-site, consider whether adapting the school safety drill in any of these ways would be beneficial:

- Require masks and social distancing.
- Divide the school into sections and only drill one section at a time (a rolling drill).
- Perform the drill in “slow motion” – slow down the drill to create time, space, and distance between students.
- Practice alternate evacuation routes (simulating an exit blocked by smoke, barriers, or suspicious activity) so classes evacuate to different locations away from other classes. If combined with a rolling drill, one class per evacuation point/route may be possible.
- Practice lockdown rather than evacuate. Have a small portion of the class move to the safe area, rather than everyone congregating there at the same time, and repeat the drill until everyone has a turn.
- If a road is adjacent to your evacuation point, ask your law enforcement agency whether that roadway could be blocked off during drills to accommodate social distancing.
- If a school rotates the physical attendance of different student cohorts, schools should repeat the drill for each cohort to ensure everyone is drilled.

Examples of “virtual drills” could include the following:

- Have a discussion regarding what constitutes “[concerning behavior](#)” (such as school threats, suicidal indicators, approval of violence, et al.) that should be reported. Discuss how students should report their concerns to a trusted adult in your school, or to the [Speak Up Speak Out confidential tip line](#). OSS’s [Erin Armbrust](#) is leading webinars that offer materials and guidance in promoting this tip line. “Drill” students with hypothetical situations and provide feedback to them on their responses.
- Introduce, review, and verbally rehearse your school’s safety plan. For example, you might view the new [Standard Response Protocol](#) video, followed by a “when/then” discussion of which response would apply to hypothetical school safety hazards.

DPI News



2020 School-Based Services Medicaid Rates Available

2020 reimbursement amounts for school-based services provided to BadgerCare Plus or Medicaid members are now available. The revised reimbursement amounts are effective October 1, 2020. To see the revised reimbursement amounts, refer to the [interactive maximum allowable fee schedule](#) on the ForwardHealth Portal or to topics #1447 and #1450 of the ForwardHealth Online Handbook.

Please forward this message to your business office and/or the appropriate contacts within your school or school district. Any questions should be directed to the ForwardHealth Provider Services Call Center at 800-947-9627.

DHS News

Respiratory Report

[The Weekly Respiratory Report](#) is not yet available.

BinaxTest Kits

School nurses and school administrators may have heard that the White House and the federal Department of Health Services were distributing COVID-19 test kits to state departments of public health. Some states are allocating these test kits to be used in schools with the understanding that the sample procurement is done by a healthcare professional (school nurse) not lay staff. **If** such a plan were to occur in Wisconsin, there are many issues that would need to be addressed. The Wisconsin Department of Health Services recently sent this statement to local public health departments.

On August 27, 2020, the White House announced the purchase and distribution of 150 million [Abbott BinaxNOW COVID-19 Ag Card](#) Point of Care (POC) SARS-CoV-2 diagnostic tests, which help rapidly identify COVID-19 in individuals who have symptoms or have been exposed to the virus.

During the week of September 14, Wisconsin assisted living facilities and skilled nursing facilities began receiving shipments of the BinaxNOW test directly from Abbott via the U.S. Department of Health and Human Services (HHS). HHS is sending an additional allocation of tests directly to states for use at their discretion.

Through December, Wisconsin anticipates receiving 1,750,000 Abbott BinaxNOW tests. An initial shipment has been received and it will be distributed to hospitals to help ensure the safety, wellbeing, and availability of essential health care workers. The distribution will use a prioritization process that considers disease burden and other factors. DHS is working through a distribution strategy for future shipments that will prioritize allocations across a variety of settings; those details are under review.

For more information about recommendations for how to use antigen tests, refer to the [Wisconsin Department of Health Services Health Alert Network #17](#). More information about how to use the Abbott BinaxNOW COVID-19 Ag Card is available on the [Abbott website](#).

DHS News

Youth Tobacco Message from DHS

Wisconsin's Tobacco Prevention and Control Program is connected to the other CDC-funded tobacco programs across the country. Recently, we were notified, via a listserv, that a youth cessation program funded by Altria (makers of Marlboro, Copenhagen, Black & Mild, and part owner of JUUL) was being promoted to a number of school districts in North Carolina and Pennsylvania. The cessation program was created, in partnership with Altria, by Caron Treatment Centers and is called [Project Connect](#).

There are a few red flags with this program and all other tobacco industry-sponsored programs. First, the CDC recommends prevention and treatment efforts be free of tobacco industry influences. As recently as 2019, Altria had given Caron Treatment Centers just over \$3 million dollars for "prevention and intervention services related to nicotine use, parent and professional programs, as well as digital learning courses." The second red flag is the program's absence of any tobacco industry accountability and anti-tobacco industry counter marketing. Project Connect promotes life skills, and puts the emphasis on parents while removing any criticism of the tobacco industry. Therefore, we discourage the promotion and use of this and all tobacco industry-funded programs.

Youth cessation programs must meet evidence-based standards. Here are three that do:

- [Wisconsin Tobacco QuitLine - UW Center for Tobacco Research and Intervention](#) - a free service (via phone, text or online chat) to help Wisconsin residents, ages 13 and up, quit smoking, vaping, or other tobacco use.
- [N-O-T \(Not On Tobacco\) - American Lung Association](#) - a teen (14 -19) smoking and vaping cessation program facilitated, in person, by trained adult facilitators.
- [This is Quitting - Truth Initiative](#) - a free mobile text messaging program designed to help young people (13 to 24) quit vaping.

This time of year we see more of an aggressive amount of promotion, marketing, and outreach from industry-sponsored youth prevention and cessation programs to schools throughout Wisconsin and the US. Encourage school partners to be critical of these programs and curriculum. For more information about how tobacco company prevention and cessation programs don't work, [check out this great resource from the Campaign for Tobacco Free Kids](#).

FDA continues to work with Scholastic to develop youth e-cigarette prevention materials for middle and high school students. Today, these resources are now also available in [Spanish](#). All materials are accessible online for free and are adaptable for remote instruction or independent student work. As classes resume, many students will be attending virtual or modified school schedules, which can be incredibly difficult for families and children. To help address these challenges, Scholastic grounded these lessons in core subjects and weaved in activities that can easily be done from home, ensuring that these digital materials are still engaging and accessible.

These educational resources are also available in [English](#). Materials include lesson plans, activity sheets, a guide for parents to talk to kids about e-cigarettes, and infographics. Additional FDA and Scholastic resources, including videos in Spanish, are in development and are expected to be available in Winter 2020.

NASN News

Chronic Absenteeism Manual Released

NASN has released the [School Nurse-Led Active Surveillance of Chronic Absenteeism Manual](#) to provide procedures and resources to support school nurses' important work in this area. This resource guides school nurses in addressing health-related absences. NASN also has a [position paper available on its website](#) on chronic absenteeism.

Share Your COVID Experience

On behalf of NASN, the CDC Foundation and Deloitte Consulting, in consultation with the Centers for Disease Control and Prevention (CDC), we would like to invite frontline school nurses to share their experiences regarding schools during this COVID-19 pandemic. Take the survey, which should take 20 minutes.

The survey will be open until October 23. We know you are busy and value your time, so those who participate will be given a \$10 gift card. [Take the Survey.](#)

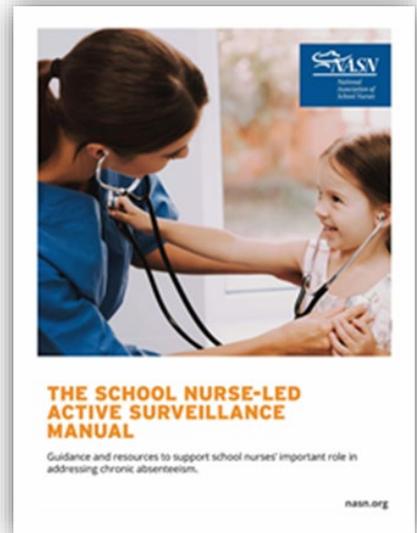
Food Allergy during COVID Resource

The American Academy of Allergy, Asthma & Immunology (AAAAI) and National Association of School Nurses (NASN) have released [Food Allergy and Anaphylaxis in School during COVID-19.](#)

This document contains considerations for school nurses as schools begin to reopen amid the COVID-19 pandemic with current recommendations for specific processes for students with food allergy to ensure safe school attendance.

NASN COVID-19 Resources released in Q3 2020

- [Considerations for School Nurses: Food Allergy and Anaphylaxis in School during COVID-19](#)
- [Considerations for School Nurses: School Attendance, Asthma and COVID-19](#)
- [Considerations for School Nurses in Return to School: Dental Screening](#)
- [Return to School Post COVID-19 Closure Considerations for Students with Disabilities and Special Healthcare Needs](#)
- [Guidance for Healthcare Personnel on the Use of Personal Protective Equipment \(PPE\) in Schools During COVID-19](#)



Earn a \$10 gift card by sharing your COVID-19 experiences

Diabetes in School Health



DiSH Announces First Session of Fall 2020 Season

The Diabetes Rollercoaster: Highs and Lows
Wednesday, October 21, 2020
3:00-4:00 PM CST

Before the Session:

First timer? Create an account with the [UW Continuing Education system \(ICEP\)](#). Be sure to enter both your name and phone number.

This only has to be done once

Day of Session:

Click this link to be directed to the Zoom software to be used for our all of our DiSH sessions.

<https://echo.zoom.us/j/8759249267>

Upon clicking you will be directed to a waiting room, then automatically added to our session once we begin.

During the session, you will be provided a code. Text that code to a number we provide you, using a cell phone associated with your ICEP account.

After the Session:

Once you text the code, you will receive an email with the session evaluation.

Complete the evaluation. This will allow us to track attendance and for you to claim continuing education credit.

For questions, please contact: rfinkelman@wisc.edu.

American Academy of Pediatrics

- AAP to feds: Children must be included in SARS-CoV-2 vaccine trials (10/1) - [click here](#) to read
- AAP updates interim guidance on SARS-CoV-2 testing, PPE (10/1) - [click here](#) to read
- AAP Report: Children make up rising share of COVID-19 cases (9/29) - [click here](#) to read

CDC

[It's National School Lunch Week!](#)

Kids can enjoy nutritionally balanced meals through the [National School Lunch Program](#).



- ❑ CDC Update People with Certain Medical Conditions (10/6) - [click here](#) to read
- ❑ CDC Update How COVID is Spread (10/5) - [click here](#) to read
- ❑ CDC COVID-19 Science Updates - [click here](#) to read

Medscape Nurses

First Confirmed Case of COVID-19 Reinfections in the US

A 25-year-old man from Nevada and a 42-year-old man in Virginia experienced second bouts of COVID-19 about two months after they tested positive the first time. Gene tests show both men had two slightly different strains of the virus, suggesting that they caught the infection twice. [Read more...](#)

PANDA Physicians Network

PANDAS/PANS Awareness Day

[New video](#) urges clinicians to consider PANDAS/PANS

If you see a child with a sudden and dramatic onset of unwanted thoughts, fears, rituals, OCD, and a decline in mental health, consider PANDAS/PANS.

Strep or another infection may be triggering the symptoms and distress.



Asthma and Allergy Network

Message sent to the Wisconsin Asthma Coalition (WAC) - Stock Albuterol Resources

We appreciate your willingness to implement stock albuterol. We have several ways to support you. First, we do have physicians who are willing to write the standing order for your district. We will simply need to know how many schools, how many inhalers, how many disposable chambers, district office address.

We have a relationship with CVS & GoodRX to obtain the inhalers at the lowest cost possible. Typically \$8-10 per inhaler. Unfortunately, there are no free programs for albuterol at this time.

We have a relationship with LightAire disposable valved holding chambers & can purchase them for \$3 each (minimum order of 400).

Finally, we do have Inspirachamber valved holding chambers which can be donated for shipping fee only; however, these are not disposable & would need to be cleaned after each use.

We also have a wealth of free education resources for your district to share with students, families & staff. We are happy to provide on-site training on recognizing signs & symptoms & responding appropriately if you like. Please take a look at our award-winning Understanding Asthma Guide at this link.

[.https://members.allergyasthmanetwork.org/store/ViewProduct.aspx?id=12668973](https://members.allergyasthmanetwork.org/store/ViewProduct.aspx?id=12668973)

Again, thank you & please let us know how we can support you further.
All my best,

Tonya A. Winders
President and CEO
Allergy & Asthma Network
twinders@AllergyAsthmaNetwork.org
www.AllergyAsthmaNetwork.org



Allergy and Asthma Network offers resources to schools for stocking albuterol

Practice Points

By Louise Wilson

COVID-19 Testing in Schools

The possibility of providing testing for SARS-CoV-2 in schools to staff or staff and students is a topic of much discussion. Some see it as a way to maximize staffing by limiting the numbers of staff required to self-quarantine. Public health officials see it as a tool to mitigate the spread of infection and address outbreaks in schools. Testing to diagnose COVID-19 is one component of a comprehensive strategy that includes promoting behaviors that reduce the spread, maintaining healthy environments, and acting when someone shows symptoms.

It's helpful to keep in mind that tests discover the presence of coronavirus once there's enough viral material in a person to be able to detect it. No test detects the virus immediately after the person becomes infected. It is important to note that the virus may not be detected by the test in early stages of infection. Furthermore, the virus may not be detected if the sample is not collected properly. As a fellow state school nurse consultant stated, "the results are only as good as the sample taken and the person taking the sample."

As noted in this Update (DHS News) and earlier school nurse discussion list emails, on August 27, 2020, the White House announced the purchase and distribution of 150 million Abbott BinaxNOW COVID-19 Ag Card Point of Care (POC) SARS-CoV-2 diagnostic tests, which help rapidly identify COVID-19 in individuals who have symptoms or have been exposed to the virus. As the virus begins multiplying, antigens (proteins on the outside of the virus) can be detected. Abbott's BinaxNOW™ COVID-19 Ag Card test can identify these antigens, which are typically detected after symptoms start. The Abbott BinaxNOW test is a minimally-invasive anterior nasal swab test. The test must be administered by a trained health professional (e.g. nurse or doctor), and yields results in just 15 minutes without any additional equipment.



Some see testing as a way to maximize staffing, others as one tool to mitigate the spread of COVID-19 in schools.

The [BinaxNOW™ COVID-19 Ag Card EUA](#) has not been FDA cleared or approved. [It has been authorized by the FDA under an emergency use authorization for use by authorized laboratories.](#) The test has been authorized only for the detection of proteins from SARS-CoV-2, not for any other viruses or pathogens, and is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

While providing COVID-19 testing in schools may seem like a simple venture if schools obtain test kits, it is not. There are many questions that need to be answered and protocols developed. School districts are reminded of [Wisconsin's Nurse Practice Act](#) and should seek legal consultation so not to place staff in the position of practicing medicine or nursing without a license. If staff perform lab testing or conduct and interpret a test, a [CLIA \(Clinical Lab Improvement Amendments\) certificate is required.](#) Other issues that need to be addressed include:

- Consents (staff and students, multiple languages)
- Medical order/protocol for testing
- Will parents be required to be present for testing?
- Privacy issues
- Social and emotional impact of testing on students and getting results
- Training for healthcare professionals performing the testing
- PPE required for testing beyond regular school supply (gown, surgical mask, protective eyewear and gloves)
- Handling of infectious disease waste
- Evaluating results
- Record keeping, documentation, and requirements for reporting results
- Contact tracing
- Storage of test kits

The DHS has not made any determination as to the use of the remaining Abbott BinaxNOW COVID-19 Ag Card Point of Care (POC) SARS-CoV-2 diagnostic tests that they will be receiving. I have heard of school districts preparing to purchase their own supplies of other types of rapid antigen testing. I encourage districts to consider the questions and issues mentioned above as they make plans and, as always, seek legal counsel regarding liability issues. I leave you with the CDC website on [COVID-19 Testing Overview](#) and an article from Education Week - [Why Rapid Coronavirus Tests in Schools May Not Be the 'Game Changer' Some Officials Hope For.](#)



Some state leaders have hailed the tests as a “game changer” for schools.

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

October 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.



CDC indicators and thresholds for risk of introduction and transmission of COVID-19 in schools

INDICATORS	Lowest risk of transmission in schools	Lower risk of transmission in schools	Moderate risk of transmission in schools	Higher risk of transmission in schools	Highest risk of transmission in schools
CORE INDICATORS					
Number of new cases per 100,000 persons within the last 14 days*	<5	5 to <20	20 to <50	50 to ≤ 200	>200
Percentage of RT-PCR tests that are positive during the last 14 days**	<3%	3% to <5%	5% to <8%	8% to ≤ 10%	>10%
<p>Ability of the school to implement 5 key mitigation strategies:</p> <ul style="list-style-type: none"> • Consistent and correct use of masks • Social distancing to the largest extent possible • Hand hygiene and respiratory etiquette • Cleaning and disinfection • Contact tracing in collaboration with local health department <p>Schools should adopt the additional mitigation measures outlined below to the extent possible, practical and feasible.</p>	Implemented all 5 strategies correctly and consistently	Implemented all 5 strategies correctly but inconsistently	Implemented 3-4 strategies correctly and consistently	Implemented 1-2 strategies correctly and consistently	Implemented no strategies
SECONDARY INDICATORS					
Percent change in new cases per 100,000 population during the last 7 days compared with the previous 7 days (negative values indicate improving trends)	<-10%	-10% to <-5%	-5% to <0%	0% to ≤ 10%	>10%
Percentage of hospital inpatient beds in the community that are occupied***	<80%	<80%	80 to 90%	>90%	>90%

Percentage of intensive care unit beds in the community that are occupied***	<80%	<80%	80 to 90%	>90%	>90%
Percentage of hospital inpatient beds in the community that are occupied by patients with COVID-19***	<5%	5% to <10%	10% to 15%	>15%	>15%
Existence of localized community/public setting COVID-19 outbreak****	No	No	Yes	Yes	Yes

*Number of new cases per 100,000 persons within the last 14 days is calculated by adding the number of new cases in the county (or other community type) in the last 14 days divided by the population in the county (or other community type) and multiplying by 100,000.

**Percentage of RT-PCR tests in the community (e.g., county) that are positive during the last 14 days is calculated by dividing the number of positive tests over the last 14 days by the total number of tests resulted over the last 14 days. Diagnostic tests are viral (RT-PCR) diagnostic and screening laboratory tests (excludes antibody testing and RT-PCR testing for surveillance purposes). Learn more on the [Calculating Severe Acute Respiratory Syndrome Coronavirus 2 \(SARS-CoV-2\) Laboratory Test Percent Positivity: CDC Methods and Considerations for Comparisons and Interpretation webpage](#).

***Hospital beds and ICU beds occupied: These indicators are proxies for underlying community burden and the ability of the local healthcare system to support additional people with severe illness, including those with COVID-19. A community can be defined at the city, county or metro area level; federal analyses of hospital utilization rates within a community are typically conducted at the core-based statistical area (e.g., by metropolitan or micropolitan status).

**** Sudden increase in the number of COVID-19 cases in a localized community or geographic area as determined by the local and state health department.

COVID-19 and the Flu

Q & A



knowledge changing life



While more is learned every day, there is still a lot that is unknown about COVID-19. The information provided below compares COVID-19 and the flu, given the most recent information available.

WHAT IS THE DIFFERENCE BETWEEN THE FLU (INFLUENZA) AND COVID-19?

The flu and COVID-19 are both contagious respiratory illnesses caused by different viruses. COVID-19 is caused by a new coronavirus called SARS-CoV-2. The flu is caused by any variety of different types and strains of the influenza virus. Many of the symptoms of COVID-19 and the flu are the same, and both can be mild or severe, and even fatal.

Shared symptoms include:

- Fever or feeling feverish
- Chills or shivering
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Sore throat
- Runny or stuffy nose
- Muscle pain or body aches
- Headache
- Vomiting and diarrhea (more common in children than adults)

Symptoms of COVID-19 that are different from the flu can include complete or partial loss of taste or smell. While COVID-19 and the flu are thought to spread in similar ways, COVID-19 is more contagious among specific populations and age groups.

WHAT ARE SOME COMPLICATIONS OF COVID-19 AND THE FLU?

Complications of COVID-19 may include long-term damage to organs (e.g. lungs, heart, kidneys, brain). Information continues to emerge regarding potential long-lasting effects.

Complications of the flu can include inflammation of the brain, heart or muscles, and multi-organ failure. Bacterial infections can sometimes occur following an infection.

DO THE FLU AND COVID-19 SPREAD THE SAME WAY?

Both viruses spread through respiratory droplets made when ill individuals cough, sneeze, talk or sing. These droplets can be transmitted through the air and can collect on surfaces.

IS TREATMENT FOR COVID-19 AND THE FLU THE SAME?

Both are treated by addressing symptoms. Severe cases of either may require hospitalization and extreme cases may require ventilation. Antiviral medications may shorten the duration of COVID-19. FDA-approved influenza antivirals treat severe cases.

CAN THE FLU AND COVID-19 BE PREVENTED THE SAME WAY?

Both can be prevented by wearing masks, maintaining hand hygiene, staying home when sick, physical distancing, and limiting contact with sick individuals.

DOES THE FLU VACCINE INCREASE YOUR RISK OF GETTING COVID-19?

There is no evidence that getting a flu vaccine increases your risk of getting COVID-19.

DOES THE FLU VACCINE PREVENT COVID-19?

The flu vaccine does not prevent COVID-19.

COVID-19 and the Flu

Q & A



knowledge changing life



IF THE FLU VACCINE DOES NOT PREVENT COVID-19, WHY SHOULD I GET IT?

Flu vaccines help with the prevention and spread of influenza as well as reduce hospitalizations and the duration or severity of viral infections. People are encouraged to get vaccinated every year. If more than 40% of Wisconsinites received the vaccine each year, communities would see less transmission and fewer serious complications.

DO ANTIBIOTICS WORK AGAINST COVID-19 OR THE FLU?

Antibiotics do not work against viruses. They only work against bacterial infections.

SHOULD I GET MY CHILD A FLU VACCINE?

According to a new American Academy of Pediatrics statement, influenza vaccination is recommended for those 6 months and older without underlying health conditions.

CAN CHILDREN WITH COVID-19 RECEIVE THE FLU VACCINE?

Children with COVID-19 can receive a vaccine after recovery. Children with nasal congestion should have the nasal spray version of the vaccine after congestion has cleared.

ARE SPECIAL PRECAUTIONS RECOMMENDED FOR HOW THE FLU VACCINE IS GIVEN DURING THE PANDEMIC?

Yes. Health and safety measures should be in place including practitioners wearing a face mask, clean gloves and eye protection. Gowns are not required.

CAN SOMEONE GET THE FLU AND COVID-19 AT THE SAME TIME?

Yes, it is possible to test positive for the flu and COVID-19 at the same time.

HOW LONG DOES IT TAKE FOR COVID-19 OR FLU SYMPTOMS TO APPEAR AFTER SOMEONE IS EXPOSED TO SOMEONE WHO IS SICK?

With the flu, a person can develop symptoms anywhere from 1 to 4 days after infection. With COVID-19, a person typically develops symptoms 5 days after being infected, but symptoms can appear as early as 2 days after infection or as late as 14 days after.

HOW LONG CAN SOMEONE BE CONTAGIOUS WITH THE FLU OR COVID-19?

While still under investigation, a person with COVID-19 may be contagious longer than if they had the flu. It is possible to be contagious for about 2 days before experiencing symptoms and individuals can remain contagious for at least 10 days after symptoms appear. If someone has no symptoms or symptoms go away, they may still be contagious for at least 10 days after testing positive for the virus.

Most people with the flu are contagious for about 1 day before they show symptoms. Older children and adults appear to be most contagious during the initial 3-4 days of their illness and stay contagious for approximately 7 days. Infants and immunocompromised individuals can be contagious for even longer than a week.



HALLOWEEN TIPS

Halloween needs to look different this year to reduce risk of spreading COVID-19.

If you're trick-or-treating

Only trick-or-treat with people you live with.

Going with people you don't live with can expose you to COVID-19.

Trick-or-treat in your neighborhood. Sticking to your neighborhood may reduce the likelihood of the virus spreading out more broadly.

Wear a mask to reduce your risk when you are running into other people. Get creative and make your cloth face covering part of your costume!

Do not come within 6 feet of other groups. Leave space on the sidewalk and when going up to houses.

If you're handing out treats

Set your bowl outside. This way trick-or-treaters can get candy without coming too close.

Consider the placement of your bowl. If you normally put your bowl just outside your door, maybe place it at the bottom of your steps or in your driveway. This way trick-or-treaters won't create a bottleneck in tighter spaces.

Risk from touching candy should be low, but here are some tips to reduce risk even further if you're concerned:

- **Remind kids to spot the piece of candy they want before touching it** to avoid rummaging in the bowl.
- **Bring hand sanitizer** so you all can sanitize your hands often and wash everyone's hands when you get home.
- **Let the candy sit for a day or two** before eating any.

Get creative with distributing candy and maintaining distance. Have you seen these [candy chutes?](#)

Consider prepackaging candy so there isn't rummaging in a candy bowl.

Consider placing hand sanitizer by your treats.

Gatherings & other fall activities

- **Do not hold gatherings or parties.** Save your epic Halloween party ideas for next year!
- **Stick to outdoor activities that allow 6 feet physical distancing;** these are the least risky.
- **Attend outings with people you live with.** Stick to members of your household when you go to a corn maze, go apple picking, or go to a haunted house.
- **Look for activities that schedule groups by appointment or limit capacity.** This way you can more easily stay 6 feet from other groups.
- **Wear masks and stay 6 feet from people you don't live with.**

Consejos de Halloween

Este año Halloween debe lucir diferente para reducir el riesgo de propagación de COVID-19.

Si va a recoger dulces

Solo ir con las personas con las que vive. Salir con personas con las que no vive puede exponerlo al COVID-19.

Salga por su vecindario. Si se mantiene en su vecindario puede reducir la probabilidad de que el virus se propague mas ampliamente.

Use una mascarilla para reducir su riesgo cuando se encuentre con otras personas. ¡Use su creatividad y haga que el cubre bocas sea parte de su disfraz!

No se acerque a menos de 6 pies de otros grupos. Deje espacio en la acera y al acercarse a las entradas de las casas.

El riesgo de infección por tocar los dulces se considera bajo, pero si le preocupa, a continuación unos consejos para reducir el riesgo aún más:

- **Recuerde a niños y niñas identificar el dulce que quieren antes de tocarlo** para evitar revolver en el tazón.
- **Lleve desinfectante de manos** para que se desinfecten las manos con frecuencia y lavarse las manos al llegar a casa.
- **Deje los dulces reposar por 1 o 2 días** antes de comerlos.

Si va a repartir dulces

Coloque su tazón afuera. De esta forma los que están recogiendo dulces pueden agarrar los suyos sin acercarse demasiado.

Considere la ubicación de su tazón. Si normalmente lo coloca afuera de su puerta, tal vez considere colocarlo al pie de los escalones o en el camino de la entrada. De esta manera los que están recogiendo dulces no se amontonaran en espacios reducidos.

Use su creatividad para distribuir dulces y mantener la distancia. Ha visto este [tobogán de dulces?](#)

Considere pre-empacar los dulces para que no haya que rebuscar en un tazón.

Considere colocar desinfectante de manos cerca de los dulces.

Reuniones y otras actividades de Otoño

- **No realice reuniones ni fiestas.** ¡Guardé sus ideas épicas para la fiesta de Halloween del próximo año!
- **Realice actividades al aire libre y que permitan una distancia física de 6 pies;** estas representan el menor riesgo.
- **Salga con las personas que vive.** Manténgase con los miembros de su familia cuando vaya a un laberinto de maíz, a recoger manzanas o a una casa encantada.
- **Busque actividades que programen actividades para grupos con cita previa o con limite de capacidad.** Así será mas fácil mantener 6 pies de distancia de otros grupos.
- **Use cubre bocas y manténgase a 6 pies de distancia de las personas con quién no vive.**

HHS Office for Civil Rights in Action



March 28, 2020

BULLETIN: Civil Rights, HIPAA, and the Coronavirus Disease 2019 (COVID-19)

In light of the Public Health Emergency concerning the coronavirus disease 2019 (COVID-19), the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) is providing this bulletin to ensure that entities covered by civil rights authorities keep in mind their obligations under laws and regulations that prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and exercise of conscience and religion in HHS-funded programs.¹

In this time of emergency, the laudable goal of providing care quickly and efficiently must be guided by the fundamental principles of fairness, equality, and compassion that animate our civil rights laws. This is particularly true with respect to the treatment of persons with disabilities during medical emergencies as they possess the same dignity and worth as everyone else.

The Office for Civil Rights enforces Section 1557 of the Affordable Care Act and Section 504 of the Rehabilitation Act which prohibit discrimination on the basis of disability in HHS funded health programs or activities. These laws, like other civil rights statutes OCR enforces, remain in effect. As such, persons with disabilities should not be denied medical care on the basis of stereotypes, assessments of quality of life, or judgments about a person's relative "worth" based on the presence or absence of disabilities or age. Decisions by covered entities concerning whether an individual is a candidate for treatment should be based on an individualized assessment of the patient based on the best available objective medical evidence.

"HHS is committed to leaving no one behind during an emergency, and this guidance is designed to help health care providers meet that goal," said Roger Severino, OCR Director. "Persons with disabilities, with limited English skills, or needing religious accommodations should not be put at the end of the line for health services during emergencies. Our civil rights laws protect the equal dignity of every human life from ruthless utilitarianism," Severino added.

¹ Due to the public health emergency posed by COVID-19, OCR is exercising its enforcement discretion in connection with the conditions outlined herein. This guidance is a statement of agency policy not subject to the notice and comment requirements of the Administrative Procedure Act (APA). 5 U.S.C. § 553(b)(A). For the same reasons explained above, OCR additionally finds that, even if this guidance were subject to the public participation provisions of the APA, prior notice and comment for this guidance is impracticable, and there is good cause to issue this guidance without prior public comment and without a delayed effective date. 5 U.S.C. § 553(b)(B) & (d)(3).

NOTE: The CDC has advised that the best way to prevent illness is to avoid being exposed to this virus: practice social distancing; clean your hands often; cover coughs and sneezes; and call your healthcare provider if you believe you may be infected. <http://www.coronavirus.gov>.

OCR remains in close coordination with federal partners to help ensure that the Nation's response effectively addresses the needs of at-risk populations. To this end and as resources allow, government officials, health care providers, and covered entities should not overlook their obligations under federal civil rights laws to help ensure all segments of the community are served by:

- Providing effective communication with individuals who are deaf, hard of hearing, blind, have low vision, or have speech disabilities through the use of qualified interpreters, picture boards, and other means;
- Providing meaningful access to programs and information to individuals with limited English proficiency through the use of qualified interpreters and through other means;
- Making emergency messaging available in plain language and in languages prevalent in the affected area(s) and in multiple formats, such as audio, large print, and captioning, and ensuring that websites providing emergency-related information are accessible;
- Addressing the needs of individuals with disabilities, including individuals with mobility impairments, individuals who use assistive devices, auxiliary aids, or durable medical equipment, individuals with impaired sensory, manual, and speaking skills, and individuals with immunosuppressed conditions including HIV/AIDS in emergency planning;
- Respecting requests for religious accommodations in treatment and access to clergy or faith practices as practicable.

Some actions or accommodations may not be required on the basis that they may fundamentally alter the nature of a program, pose an undue financial and administrative burden, or pose a direct threat.

In addition, the Secretary's March 17, 2020, Declaration under the Public Readiness and Emergency Preparedness (PREP) Act may apply with respect to some private claims arising from the use or administration of a covered countermeasure and may provide immunity from certain liability under civil rights laws. Questions regarding the scope of PREP under this guidance document should be directed to the Office of the General Counsel.

Finally, covered entities should consider adopting, as circumstances and resources allow, the following practices to help ensure all segments of the community are served:

- Making use of multiple outlets and resources for messaging to reach individuals with disabilities, individuals with limited English proficiency, and members of diverse faith communities; and
- Stocking facilities with items that will help people to maintain independence, such as hearing aid batteries, canes, and walkers.

Being mindful of all segments of the community and taking reasonable steps to provide an equal opportunity to benefit from emergency response efforts, including making reasonable accommodations will help ensure that the emergency response is successful and minimizes stigmatization.

<https://www.cdc.gov/coronavirus/2019-ncov/about/related-stigma.html>.

For information regarding how Federal civil rights laws apply in an emergency, please visit:

<https://www.hhs.gov/civil-rights/for-individuals/special-topics/emergency-preparedness/index.html>

For information regarding Emergency Preparedness Resources for Persons from Diverse Cultural Origins,

please visit: <https://www.hhs.gov/civil-rights/for-individuals/special-topics/emergency-preparedness/diverse-cultural-origins/index.html>.

COVID-19 and HIPAA

OCR issued a bulletin on February 3, 2020, providing information on the ways that covered entities and business associates may share protected health information under the HIPAA Privacy Rule during a public health emergency.

- [February 2020 HIPAA and Novel Coronavirus Bulletin - PDF*](#)

In order to ensure that healthcare providers can serve patients, including those who cannot or should not leave their homes during this emergency, OCR [announced](#) on March 17, 2020, that it will exercise its enforcement discretion and will not impose penalties for HIPAA violations against health care providers that in good faith provide telehealth using non-public facing audio or video communication products, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. This exercise of enforcement discretion applies regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19. OCR also issued guidance in the form of frequently asked questions in support of the good faith rendering of telehealth services.

- [Notice of Enforcement Discretion for Telehealth](#)
- [FAQs on Telehealth and HIPAA](#)

OCR also issued guidance on when the HIPAA Privacy Rule permits a covered entity to disclose the protected health information of an individual who has been infected with, or exposed to, COVID-19, with law enforcement, paramedics, other first responders, and public health authorities without the individual's authorization.

- [Guidance on Disclosures to Law Enforcement and Other First Responders](#)

Filing a Complaint with OCR

If you believe that a covered entity violated your civil rights, conscience and religious freedom, or health information privacy rights, you may file a complaint at <https://www.hhs.gov/ocr/complaints>.

Other Resources

You may send inquiries to OCRMail@hhs.gov or call the OCR toll-free phone line at (1-800-368-1019), (TTY: 1-800-537-7697) for further information.

For a list of other Federal civil rights enforcement agencies and how to file a complaint with them, please visit: <https://www.justice.gov/crt/fcs/Agency-OCR-Offices>

For resources provided by the Administration for Community Living, please visit:
<https://acl.gov/COVID-19>

COVID-19 resources are now available in American Sign Language (ASL) on CDC's YouTube page:
<https://www.youtube.com/user/CDCStreamingHealth/videos>

To see CDC updates on COVID-19, please visit:
<https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>

For the U.S. Department of Education's COVID-19 statement addressing stereotyping, harassment, and bullying, please visit: <https://content.govdelivery.com/accounts/USED/bulletins/27f5130>

If you would like to learn more about Civil Rights, Conscience and Religious Freedom, the HIPAA Privacy Rule and the HIPAA Security Rule subscribe to the OCR Civil Rights Listserv at:
<https://www.hhs.gov/ocr/list-serv>.

For copies of OCR documents in alternative formats, please call (800) 368-1019 or (800) 537-7697 (TDD).

If you speak a non-English language and need help with this document, call 1-800-368-1019 (TTY: 1-800-537-7697), and you will be connected to an interpreter who will assist you at no cost.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

- [Hojas de datos - sobre las leyes en contra de la discriminación](#)
- [Derechos sobre la confidencialidad de la información sobre su salud](#)

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 (800) 368-1019 (TTY 文字電話：1 (800) 537-7697)。

- [事實紙頁-關於反視的法律](#)
- [您的健康資訊隱私權](#)
- [您的健康信息隱私權](#)

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

- [T Thông Tin - v các điều luật chng phân biệt x](#)
- [Quyền Bảo mật Thông tin Sức khỏe của Quý vị](#)

한국어(Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (800) 368-1019번 (TTY: 1 (800) 537-7697번)으로 전화하십시오.

- [정보 안내서 -- 차별 금지법에 관한 정보](#)
- [개인의 의료 정보 보호 권리](#)

Tagalog (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, may mga libreng serbisyo para sa tulong sa wika na maaari mong gamitin. Tumawag sa 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

- [Paunawa - tungkol sa mga batas laban sa diskriminasyon](#)
- [ANG IYONG MGA KARAPATAN SA PAGKAPRIBADO NG IMPORMASYONG PANGKALUSUGAN](#)

Русский (Russian)

ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру 1 (800) 368-1019 (телетайп: 1 (800) 537-7697).

- [Информационные листки о законах, запрещающих дискриминацию](#)
- [ВАШИ ПРАВА НА ЗАЩИТУ КОНФИДЕНЦИАЛЬНОСТИ МЕДИЦИНСКОЙ ИНФОРМАЦИИ](#)

العربية(Arabic)

هاتف الصم (1 (800) 368-1019 اتصل على الرقم . إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان :ملحوظة
والبيكم 1 (800) 537-7697 :

Kreyòl Ayisyen (French Creole)

ATANSYON Si w pale Kreyòl, gen sèvis èd pou lang gratis ki disponib pou ou. Rele 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (800) 368-1019 (ATS : 1 (800) 537-7697).

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Dzwon pod numer 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

- [Strony informacyjne na temat ustaw o przeciwdziałaniu dyskryminacji](#)
- [PRAWA DO OCHRONY PRYWATNOŚCI DANYCH ZDROWOTNYCH](#)

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。Call 1 (800) 368-1019 (TTY:1 (800) 537-7697).

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie uns an unter 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

Persian (Farsi)

شما می اگر به زبان فارسی صحبت می کنید، خدمات یاری رسانی زبانی، بطور رایگان، در دسترس توجه
تماس بگیرید (1 (800) 537-7697) ، 1 (800) 368-1019 با شماره باشد.

Updated: April 3, 2020

DiSH

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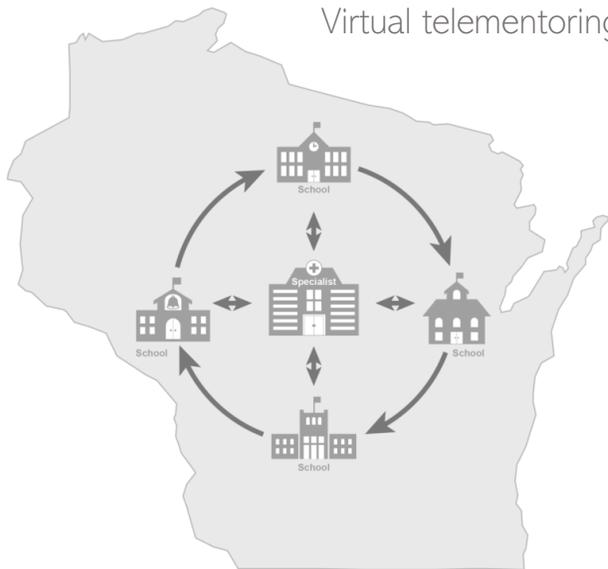
- Jane Smith, RN

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[@diabetes_dish](https://twitter.com/diabetes_dish)

diabetesinschoolhealth@gmail.com



Department of Pediatrics
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH





**UW Center for
Tobacco Research and Intervention**
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Treating Tobacco Dependence in Youth and Adolescents

Thursday November 5, 2020 - Noon to 1 p.m.

With the changing landscape of tobacco products, a rising public health concern is a new generation of adolescents addicted to nicotine. In addition to prevention efforts, there are effective interventions and resources aimed at helping teenagers quit. Learn about best practice youth cessation interventions and the evidence-based resources available to assist.

Dr. Michael Fiore, MD, MPH, MBA

**University of Wisconsin Hilldale Professor of Medicine
Director, Center for Tobacco Research and Intervention (UW-CTRI)
University of Wisconsin School of Medicine and Public Health**



Join Webex Event:

<https://uwmadison.webex.com/uwmadison/onstage/g.php?t=a&d=1205034883>

To join by phone:

+1-415-655-0001 US Toll

Event number (access code): 120 503 4883

Event password: cessation (23772846 from phones)

Cisco Webex support: <http://help.webex.com>

No registration required.

For more information, please contact Allison Gorrilla (agorrilla@ctri.wisc.edu)