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School Nurse Update

#1 8/27/19

IN THIS ISSUE

Welcome to the 2019/2020 school year!

Much has been happening this summer here at the DPI and in the world of school health. I am excited to share with you a multitude of information as you prepare for the coming school year. Please note under **SAVE THE DATE** that **registration is now open for the DPI New School Nurse Orientation**. Today is also the **Back to School Immunization webinar hosted by the Department of Health Services**. Information regarding the webinar is under the **DHS** section in this Update. The webinar is being recorded. Also, the **2019/20 Immunization booklet is now online** on the DHS website.

This summer I read the book "Period Power" by Nadya Okamoto. It enlightened me regarding the issues surrounding **menstrual equity**. You will find information regarding the **Homeless Period Project** in this Update. This summer's School Nurse Summer Institute on Supporting Transgender Youth enlightened participants regarding the spectrum of gender identity and gender biology. Consider revising your Human Growth & Development presentations this year to include menstrual equity measures and gender inclusive practices.

I am thrilled to announce that the **"field trip tool kit" is now completed and published online!** See **DPI News**.

I continue my quest to collect robust school health data in Wisconsin. I presented to groups of school nurses over the summer on data collection and creating evidenced-based practices. See more about a **new data point for 2019/20 in PRACTICE POINTS**.

The National Association of School Nurses (NASN) has many back to school resources available to all school nurses that I am happy to share in this Update. Also note this summer the **new third edition of "School Nursing: A Comprehensive Text" was released**.

Over the summer, you may have heard about teens hospitalized due to respiratory symptoms linked to vaping. Vaping will most certainly be an issue effecting student health, and one-school nurses will be dealing with this school year. **See information in this Update about vaping resources**.

I hope that you were able to reenergized over the summer. This school year will no doubt present you and your students with many challenges for which you need to be prepared. I hope this and future newsletter(s) will assist you in meeting those challenges by keeping you informed of professional development activities, resources, and topics affecting student health.

Field Trip Tool Kit
Training for Vision Screening
Gluten Intolerance Resources
Epipen Extension Dates
Immunization Compliance Resources
National Registry for Allergic Reactions in Schools
PRACTICE POINTS- New Data Point for 2019/20

SAVE THE DATE

DPI New School Nurse Orientation- October 17-18, 2019 Stevens Point Holiday Inn
[Registration now open!](#)

The Asthma Educator Institute™- September 4-5, 2019 See flyer.

Wisconsin Association of School Nurses Annual Conference - Chula Vista Wisconsin Dells April 20-22, 2020.



DPI News

Meeting Student Health Needs While on Field Trips
Tool Kit for Wisconsin Schools is now online! It can be found under both the [Resources](#) and the [Tools](#) webpages.

FAQ on School District Responsibilities if Students Excluded for Disease Outbreak

The Centers for Disease Control and Prevention (CDC) reports continued new cases of measles have occurred in the United States this summer. The DPI has created a FAQ with information regarding a school district's responsibility to provide educational services if an outbreak of measles were to occur in Wisconsin. The FAQ can be read at: https://dpi.wi.gov/sites/default/files/imce/ssp/pdf/School_District_Responsibilities_During_Measles_Outbreak_Aug_2019.pdf

Income Eligibility Guidelines Announced for Schools and Day Care Meals

The U.S. Department of Agriculture Food and Nutrition Service updated the income eligibility guidelines for meals served at schools and day care programs based on federal poverty levels. The news release is available [here](#).

News: Department Awards Nearly \$4 Million to Support Students Outside of School Hours

Students at 35 public and private schools across Wisconsin will benefit from new 21st Century Community Learning Center grants awarded by the Department of Public Instruction. The 35 new schools join 97 already receiving the five-year grants. The funding supports programs that provide academic support and youth development activities outside of school hours.

Request for Collaboration in Transition Planning

If you are a school nurse currently involved in transitioning planning for students with special education needs, and include planning for health needs in your IEPs, please contact Louise.Wilson@dpi.wi.gov.



Access Free Period Packs for Students in Poverty

[The Homeless Period Project](#) provides menstrual hygiene products to students who are homeless or living in poverty. A recent survey revealed that 1 in 5 girls in the U.S. miss school solely due to lack of access to these products at home. Contact [Sharron Champion](#) for information on how to work with the Homeless Period Project to receive free period packs (menstrual pads and liners) to make sure students who are living in poverty have access to these products.

Back to School Vision Screening is Around The Corner



With summer winding down, it's time to make sure you are ready to vision screen this fall. Please register for one of our [upcoming trainings](#) to become certified or renew your certification (certification lasts for 3 years). If you need new supplies, now is the time to place an order. Our [vision screening toolkits](#) contain many great resources to ensure your vision screening runs smoothly. For any other questions, please contact Shelby at Shelby@pbwi.org.



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Wisconsin Student Immunization Law: What schools need to know for Fall 2019 including our new online reporting tool

On August 27, 2019 at 1 p.m. the Immunization Program along with Louise Wilson from DPI will be holding a webinar on Wisconsin Student Immunization Law. This will cover reporting requirements as well as our new online reporting tool. Please [go to Adobe Connect](#) at the time of the webinar. There is no registration required. Please note, attendees will need access to a computer with working speakers or a headset, as there will not be a conference line to call in.

State Health Agency's New Data Tool Shows a Decline in the Number of Opioid Deaths in Wisconsin The 838 deaths reported in 2018 is a 10 percent reduction from the year before

Opioid deaths are at their lowest level since 2015 according to the most recent data collected by the Wisconsin Department of Health Services (DHS) and reported through a new online tool featuring interactive charts, graphs, and maps, [Data Direct: Opioids](#).

“The most recent data on Wisconsin’s opioid epidemic is encouraging,” said DHS Deputy Secretary Julie Willems Van Dijk. “It shows that our collective ongoing efforts to support individuals and communities affected by this public health crisis are working to save lives, but we still have a lot of work to do to end this epidemic.” [View the entire news release.](#)

Wisconsin School Immunization Requirements 2019-2020



Department of Health Services
Division of Public Health
Bureau of Communicable Diseases
Immunization Program
P-4545 (Rev. 07/2018)

The 2019-2020 Immunization booklet is online and can be viewed or downloaded at:

<https://www.dhs.wisconsin.gov/publications/p4/p44545.pdf>

Materials for schools including time line and flow chart, immunization law clarification, School Administrator Checklist, forms, reports, letters and compliance rates are on the Department of Health Services website at:

<https://www.dhs.wisconsin.gov/immunization/reqs.htm>





News from NASN...

Healthy Living & Learning Resources for Educators, Families, and Children!

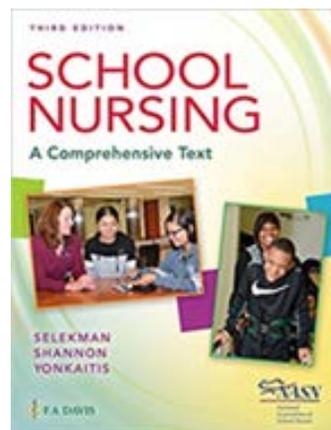
Wednesday, August 28 | 2:00 PM EST

With summer winding down and the school year getting ready to kick off, the Alliance for a Healthier Generation -- a partner with NASN in the CDC work to support student health and academic success -- and Nemours Children's Health System are teaming up to bring you this interactive webinar to prepare for a healthy school year! This presentation will provide tips and turnkey resources for schools and out of school time programs by supporting healthy nutrition and physical activity opportunities. [Register now.](#)

NASN created the [Immunization Transition Toolkit](#), which was developed for use at the times of student transitions within the school systems including between elementary school and middle or intermediate school; between middle or intermediate school and high school; and between high school and college or career. These specific time periods can be stressful for students and parents as they prepare for the next change in their educational setting and are a great opportunity for the school nurse to lessen the stress by giving specific health directives to students and families.

School Nursing: A Comprehensive Text

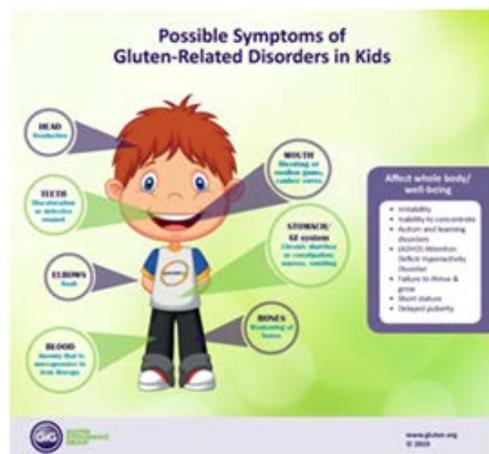
The 3rd Edition textbook has the latest evidenced-based practice information you need to know. Topics covered include new individualized healthcare plans (IHPs), emergency action plans (EAPs), and accommodation suggestions for multiple chronic conditions.



Gluten Intolerance Resources for Schools

Up to one child in every classroom may require a gluten-free diet, but most are not yet identified. School nurses are in a prime position to help recognize potential symptoms of gluten-related disorders and direct kids and families to the appropriate information and resources.

- [Celiac Disease in Children](#) (also available in Spanish)
- [Understanding Your Student](#)
- [School Trip Letter](#)



Issues Currently Affecting Student Health



Vaping Risks

Last month, eight cases of hospitalized teenagers with seriously damaged lungs were reported to the Wisconsin Department Health Services.

The state is investigating the possible causes of these illnesses, but all patients reported vaping in the weeks and months prior to being hospitalized. While an exact cause is unknown, the number of patients in such a short time frame is concerning.

With the increase in use of e-cigarettes and vaping, parents and teens need to be aware of the potential danger. E-cigarette cartridges can contain toxic chemicals that have been shown to damage lungs. Because these products are still new, the long-term effects of use are not fully understood.

The symptoms that lead to hospitalization include shortness of breath, fatigue, chest pain, cough and weight loss. The severity of health condition has varied, with some patients needing assistance in order to breathe. Patients have shown improvement after treatment; however, long-term effects are not known. It is believed that prolonged or continued exposure to these chemicals could lead to more serious health issues like chronic obstructive pulmonary disease, a permanent condition which makes lungs less effective at transporting oxygen and is permanent.

For more information about vaping risks, check out [Tobacco Is Changing](#).



CATCH collaborated with researchers at Michael & Susan Dell Center for Healthy Living at The University of Texas Health Science Center at Houston (UTHealth) School of Public Health to create CATCH My Breath™, a youth e-cigarette and JUUL prevention program specific to grades 5-12.

Interested in previewing the CATCH My Breath Youth E-cigarette and JUUL Prevention Program? Create an account by [clicking here](#) to preview all of the lessons. If you have specific questions regarding the curriculum or would like to speak to a member of our team, please email catchmybreath@catch.org.

Racism Impact on Health

This summer the American Academy of Pediatrics released a policy statement addressing racism and its health impact on children and teens. It can be accessed at:

[AAP 2019 Policy Statement: Racism and Its Impact on Child and Adolescent Health](#)

National Survey/Registry of Allergic Reactions in Schools

The National Association of State School Nurse Consultants, in collaboration with MassGeneral Hospital for Children (MGHfC), Icahn School of Medicine at Mount Sinai, announces a registry to better understand the experiences of children who experience allergic reactions. The registry is part of an IRB approved survey created by the three partners in this project.

In the announcement by MGHfC, the researchers request:

“Please help us learn more about allergic reactions in schools! We have set up a registry to better understand who is experiencing allergic reactions and how reactions are being managed in the school setting. The anonymous information you provide will help our schools care for students and staff with food allergies and anaphylaxis! Please read the Study Fact Sheet to learn more: <http://j.mp/2rUK2P9> (approved by Partners Human Research Committee 7/17/18).

****Wisconsin school nurses are encouraged to report any allergic reactions involving students to this survey AND the Wisconsin Student Health Service EOY Survey.***

New Extension Dates on EpiPen

On June 5, 2019, the U.S. Food and Drug Administration announced the extension of the expiration dates by four months of all lots of EpiPen 0.3 mg Auto-Injectors and its authorized generic version currently on the market in the U.S.

This announcement is based on a careful review of product stability data provided by Pfizer. Pfizer hopes that the expiration extension will help alleviate the shortage situation as Pfizer continues its efforts to increase production and stabilize pharmacy inventories.

The affected lots, which have current expiration dates between February 2019 and October 2020, can also be found on [FDA's website](#). The extension of the expiration dates does not apply to EpiPen Jr (epinephrine injection, USP) 0.15 mg Auto-Injectors and its authorized generic version. Patients must continue to adhere to the manufacturer's expiry date labeled on EpiPen Jr 0.15 mg and Epinephrine Injection, USP Auto-Injectors 0.15 products.

AUVI-Q: Help your school stay ready for an allergic emergency.

There's a new way to order AUVI-Q, making it easier than ever to access. Place your order with a few simple steps:

1. Download an order form at auvi-q.com/order
2. Obtain a prescription for the dose(s) and quantity your school needs
3. Fax or email your form and prescription to: **1-866-381-3008** or Auvi-QforSchools@asembia.com

PRACTICE POINTS



“School nursing, a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential.” (Definition of school nursing adopted by the NASN Board of Directors February 2017.)

Wow! I hope that inspires you as you start out this school year. When you read that definition, do you grasp how powerful those statements are? School nursing is unlike any other type of professional nursing. Those you have “done” school nursing for a few years understand that. Those of you who I hope will be attending the DPI New School Nurse Orientation in October, soon will understand how different and specialized the practice of school nursing is. That is why school nurses require opportunities for targeted professional development and networking with others practicing the specialty of school nursing. As I stated in my greeting, this bi-monthly newsletter is one way school nurses in Wisconsin can stay connected.

I encourage school nurses to take specific steps this school year to understand and practice all aspects of our specialty. Throughout this school year, I will share my thoughts on certain aspects of the above definition. I consider this Practice Points section a “blog” of not only hot topics and implementation best practices, but also hopefully a tool to uplift, elevate, and educate readers.

As noted in the definition, school nurses are “grounded in ethical and evidenced-based practice.” At some point, I might discuss the ethics of school nursing. However, for this Practice Points the focus is on the second half of that statement. I continue to meet with groups of school nurses to describe what is involved in evidenced-based practice (EBP). EBP is not just about using citations or references. EBP is about critical thinking, knowing your audience, using your data, and prioritizing your work based on data. This requires that school nurses first collect data on the students and health services provided in their districts.

Only 30% of public school districts reported data to the Wisconsin School Health Services Survey for the 2018/19 school year. That is disappointing. Thirty percent will not give us the information needed to advocate for students and improved school health services in Wisconsin. Over the summer, I have met and conversed with varying individuals and organizations who share my “vision” of providing quality and collaborative healthcare services in Wisconsin schools.

I will continue to stress the importance of school health data collection in Wisconsin schools. Stories of the health needs of students without data will not move this vision forward. This year, in conjunction with the *National School Health Data Set: Every Student Counts*, a new data point will be on the end of the year survey.

School nurses work to remove health related barriers to students attending and succeeding in school. Therefore, the new data point on the Number of Students Who are Chronically Absent is important information for school districts, as well as school nurses to know. What district does not collect attendance data?

Please consider at the very least this year, submitting your enrollment, attendance, and information regarding stocked medications to the survey. It is important to compare apples to apples. The definition of chronically absent is the same as use by [Attendance Works](#) and the state and federal governments. Chronically absent is missing 10% of the school year. This can also be missing three or more days per month and includes excused and unexcused absences.

I have revised the End of the Year State Report Data Collection Tool to include this data point (see attachment). Please look at all the other data points and plan for how you will collect and use the information from analyzing that data to prioritize and improve your school nursing practice. You will be much too busy this school year to waste time repeating failed practices or prioritizing your work based on others’ opinions. Make this school year the one you truly practice evidenced-based school nursing!



Wisconsin School Health Services Survey
Year Long Data Collection Tool

DATA POINT	DEFINITION CRITERIA	DATA POINT
	RN=Registered Nurse LPN=License Practice Nurse LVN=Licensed UAP= Unlicensed Assistive Personnel (non RN or non LPN) FTE=Full-time Equivalent (based on teacher FTE)	
Number of enrolled students in district	Enrolled students: Use district's official (third Friday count) number.	
Chronic Absenteeism	Missing 10% of school year, 3 or more days/month. Includes excused, unexcused and withdrawal.	
Health Personnel Information		
Total number of RN FTEs with an assigned caseload providing direct services	<p>Direct services. Means responsible for the care of a defined group of students in addressing their acute and chronic health conditions. It includes case management, health screenings and health promotion activities. Direct services also include care provided by members of a health care team including LPNs or unlicensed assistive personnel.</p> <p>Include long-term substitutes.</p> <p>Do not include RNs, LPNs, UAPs working with medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).</p> <p>Do not include % of administrative assignment for RN. Case management FTEs included under administrative or supervisory FTEs.</p>	
Total number of RN FTEs with special assignment	Include RNs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).	
Total number of RN FTEs providing administrative or supervisory school health services	RNs providing management/clinical supervision to RNs, LPNs, or other health extenders, UAPs, or conducting other administrative health services, e.g. case management.	
Total number of LPN FTEs with an assigned caseload providing direct services	See definition of direct services above.	
Total number of LPNs FTEs with special assignment	Include LPNs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1: 3, 1; 4 or 1:5).	

Total number of UAP FTEs with an assigned caseload that includes providing direct health services	See definition of direct services above.	
Total number of UAPs FTEs with special assignment	Include UAPs working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4 or 1:5).	
Total number of assistant FTEs providing administrative support services to RNs or LPNs	Assistants providing administrative support services to RNs or LPNs/LVNs, e.g. clerical assistance. Do not include FTEs spent doing non-health related clerical activities.	
	Health Services Provided	
Urinary Catheterization	<p>Enter the number of students requiring the procedure at school, <u>not</u> the number of times the procedure was performed. A student may be entered in more than one category if he/she had more than one procedure. Include students who were enrolled at any time during the current school year even if they have been withdrawn or dropped out. Only include students for which a healthcare provider ordered the procedure to be done during school hours or during a school sponsored activity.</p> <p>If no students required the procedure, enter a numerical zero (0).</p> <p>If your district/school does not collect this information then enter DNC</p>	
Wound Care (i.e. dressing changes)	See definition above.	
Glucose Monitoring	See definition above.	
Carbohydrate Counting	See definition above.	
Nebulizer Treatment	See definition above.	
Ostomy Care (Colostomy, Ileostomy, Jejunostomy)	See definition above.	
NG/G Tube Care (includes care, feeding and/or medication)	See definition above.	
Oral Suctioning	See definition above.	
Tracheal Suctioning/ Trach Care	See definition above.	
Ventilator Care	See definition above.	
Oxygen Delivery	See definition above.	
Other (specify)	"Other" examples include range of motion exercises, peak flow measurements, feeding assistance, IV/Heparin flush, oxygen saturation readings, weight measurements, etc.	

Medications: Record the total number of students with order to receive dose(s) of medication administered by school district staff or self-administered.	Record number of known students with orders to administer medications at school, <u>not</u> number of doses administered. Count students with valid medication consent for prescription and over the counter medications on file even if doses self-administered. Include students who were enrolled at any time during the current school year even if they have withdrawn or dropped out. If your district/school does not collect this information then enter DNC.	
Students with orders for daily/ regular scheduled prescription medications.	See description above. Example ADHD medications	
Students with prescription orders for non-emergency PRN or as needed medications.	See description above. Example prescription pain relievers.	
Students with prescription orders for emergency or urgent medication (e.g. Glucagon, diastat, epinephrine- not all inclusive list)	Include all orders for inhalers. Include all orders for life-saving medications.	
Students with consents for over-the-counter medication (Tylenol/Ibuprofen, etc.)	See description above.	
Screenings:	If your district/school does not collect this information then enter DNC . If no screening or referral completed then enter a numerical zero (0).	
<u>Height and Weight (BMI)</u> Screened for height and weight	Report number of students with a health population screenings at school, regardless of which staff or agency conducts the screening.	
Referred for height and weight		
<u>Vision Screening</u> Screened for vision	Report number of students with a health population screenings at school, regardless of which staff or agency conducts the screening.	
Referred for vision		
<u>Hearing Screening</u> Screened for hearing.	Report number of students with a health population screenings at school, regardless of which staff or agency conducts the screening.	
Referred for hearing		
Number of IEP assessment or planning meetings attended by RN.	Record number of meetings attended. May include multiple meetings for same student. If your district/school does not collect this information then enter DNC. If RN did not attend any such meeting, enter zero (0).	
Number of 504 assessment or planning meetings attended by RN.	Record number of meetings attended. May include multiple meetings for same student. If your district/school does not collect this information then enter DNC. If RN did not attend any such meeting, enter zero (0).	

Number of Student Intervention meetings attended by RN.	Record number of meetings attended. May include multiple meetings for same student. If your district/school does not collect this information then enter DNC. If RN did not attend any such meeting, enter zero (0).	
Presentations Given	Each inservice or class = 1 session. Include sessions RN coordinates or conducts as a self-study with a Q&A opportunity, such as bloodborne pathogens training.	
Staff inservice/training sessions	See definition above.	
Student health education presentations	See definition above.	
Parent or community group presentations	See definition above.	
Student Health Encounters and Disposition		
Number of student encounters/health office visits to RN	Include only students who are seen (face to face) by RN.	
RN Disposition: Return to class or stayed in school	Include only students who are seen (face to face) by RN.	
RN Disposition: EMS (911) called	Include only students who are seen (face to face) by RN.	
RN Disposition: Student sent home or released from school	Include only students who are seen (face to face) by RN. Includes students sent home with the recommendation/directive to see a healthcare provider.	
Number of student encounters/health office visits to LPN	Include only students who are seen (face-to-face) by LPN (not RN).	
LPN Disposition: Return to class or stayed in school	Include only students who are seen (face to face) by LPN.	
LPN Disposition: EMS (911) called	Include only students who are seen (face to face) by LPN.	
LPN Disposition: Student sent home or released from school	Include only students who are seen (face to face) by LPN. Includes students sent home with the recommendation/directive to see a healthcare provider.	
Number of student encounters/health office visits health aide/UAP	Include only students who are seen (face-to-face) by other health UAP staff (non-RN, non- LPN). May include secretary or other IF it is included as a specific part of their responsibility. Do not include if seen by RN or LPN.	
UAP Disposition: Return to class or stayed in school	Do not count if seen by RN or LPN.	
UAP Disposition: EMS (911) called	Do not count if seen by RN or LPN.	
UAP Disposition: Student sent home or released from school	Do not count if seen by RN or LPN.	

	CHRONIC HEALTH CONDITIONS	
Record the number of students in each category with a medical diagnosis from a healthcare provider.	<p>Medical Diagnosis refers to documentation of a diagnosis from a licensed healthcare provider/prescriber. For example if parents say their child has asthma, etc., but does NOT provided documentation from a healthcare provider, the child should NOT be included in this count.</p> <p>Count students who were enrolled at <u>any time during the current school year</u> even if they have withdrawn or dropped out.</p> <p>Count students who had diagnosis at start of school year or were diagnosed at any point during the school year. Student may be counted in more than one category if they have multiple diagnoses.</p> <p>Lists of possible conditions for inclusion are not exhaustive or all inclusive.</p> <p>If your district/school does not collect this information then enter DNC. If information collected but, no students have a condition enter a numerical zero (0).</p>	
Attention Disorder	See definition above.	
<u>Life threatening</u> Allergic Disorder (Student has medically diagnosed severe allergy that has the potential to cause death.)	See definition above.	
<u>Non-life threatening</u> Allergic Disorder (Student has medically diagnosed seasonal, perennial, food/chemical/drug/or insect allergy that is not known to have the potential to cause death - allergic rhinitis, localize swelling.)	See definition above.	
Asthma	See definition above.	
Cancer (Leukemia, tumors, and other forms of cancer)	See definition above.	
<u>Cardiovascular</u> (Clinically significant cardiac murmurs, cardiac insufficiency, arrhythmias, pace makers, hypertension, Kawasaki's disease, Raynaud's syndrome)	See definition above.	

Congenital/Genetic (Down syndrome, Fragile X Syndrome, Turner Syndrome, other syndromes)	See definition above.	
Diabetes Type 1	See definition above.	
Diabetes Type 2	See definition above.	
Eating Disorders	See definition above.	
Eye (Blindness, amblyopia and other eye diseases/conditions. Do not count basic corrective eyewear)	See definition above.	
Gastro-Intestinal (GERDS, ulcers irritable bowel syndrome, encopresis, Celiac Disease, Crohn's Disease, colostomy)	See definition above.	
Genito-Urinary (Voiding dysfunction including enuresis, bladder disease, urostomy, renal disease, dysmenorrhea, endometriosis)	See definition above.	
Hematology (not including cancers)	See definition above.	
Musculo-Skeletal (Muscular dystrophy, scoliosis, skeletal dysplasia, fibromyalgia, juvenile rheumatoid arthritis, osteogenesis imperfect)	See definition above.	
Concussions (known medically diagnosed concussions)	See definition above.	
Migraines (known medically diagnosed)	See definition above.	
Seizure Disorders (known medically diagnosed)	See definition above.	
Other Neurological Disorders (autism, cluster headaches, spina bifida, cerebral palsy, traumatic brain injury, benign vertigo, and neurofibromatosis)	See definition above.	
Pregnancy (count female students only. Count student only once unless she becomes pregnant more than once during current school year)	See definition above.	

Psychiatric - other than eating disorders (Anxiety, depression, bi-polar, obsessive compulsive disorder, suicide ideation, behavior disorder, alcohol use disorder, drug misuse)	See definition above.	
Respiratory other than asthma (Chronic bronchitis, tracheostomy/ventilator dependent)	See definition above.	
Other (Use this category ONLY for diagnoses that cannot be included in one of the reportable categories)	See definition above.	
Total Number of Students with Special Health Conditions as Reported by Parent or Diagnosed by Healthcare Provider	<p>A special health care condition is a condition reported by a parent/guardian and/or diagnosed by licensed healthcare provider.</p> <p>Include all students for which your district consulted, monitored, developed a care plan, provided clinical services, or provided teaching, counseling, or related services.</p> <p>Do not count students more than once. Count students who were enrolled at any time during the current school year even if they have withdrawn or dropped out.</p> <p>If your district/school does not collect this information then enter DNC.</p>	
	District Health Services Practices	
Does the school district bill Medicaid for School Based Services Nursing/Health Services?		
Does your district stock albuterol?		
Does your district stock emergency epinephrine?		
Does your district stock an opioid antagonist?		
Does your district stock over-the-counter analgesics?		
Did your district administer any doses of Emergency Epinephrine this school year?		

Number of doses if known.		
How many were doses of stocked Epinephrine?		
Did your district administer any doses of an opioid antagonist this school year?		
Number of doses		

CATCH[®] MY BREATH

YOUTH E-CIGARETTE & JUUL PREVENTION PROGRAM



CATCH My Breath is a best-practices youth E-cigarette and JUUL prevention program developed by The University of Texas Health Science Center at Houston (UTHealth) School of Public Health. The program provides up-to-date information to teachers, parents, and health professionals to equip students with the knowledge and skills they need to make informed decisions about the use of E-cigarettes, including JUUL devices. CATCH My Breath utilizes a peer-led teaching approach and meets National and State Health Education Standards.

AGES 10-18 YEARS
(GRADES 5-12)

Can be taught in one or multiple grade levels

DURATION FOUR LESSONS PER VERSION
30-40 MINUTES EACH

3 VERSIONS

5th/6th
Grade

7th/8th
Grade

9th-12th
Grade

COST FREE

Thanks to support from CVS Health

7 OUT OF 8
STUDENTS SAY THEY ARE
LESS LIKELY TO
USE E-CIGARETTES

AFTER CATCH MY BREATH.



**USED IN TOP DISTRICTS
NATIONWIDE, INCLUDING:**



GROWING OUR IMPACT

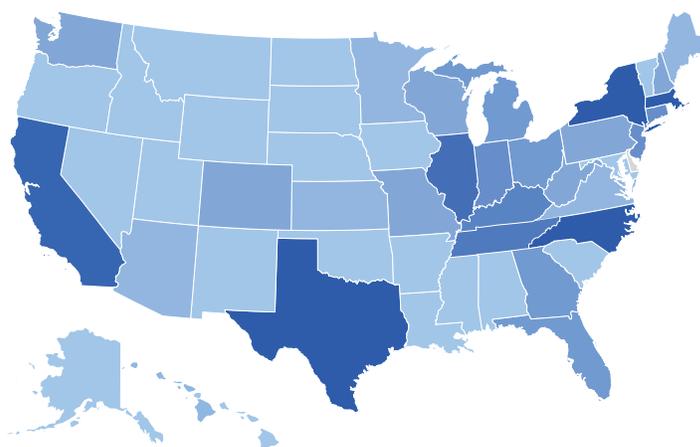
To help build community and administration support for e-cigarette education, CATCH My Breath includes:

- **Parent presentation & resource page**
- Informational “e-cig 101” **webinars**
- **Free trials** to review the curriculum
- A “Stand with CATCH My Breath” **grassroots team** where parents, teachers, public health professionals, and concerned citizens can stay informed

(More info at: catchinfo.org/supportcmb)

(100) 2018-2019 Program Reach

1,100+ Schools & 326,000+ Students



<2,000 # OF KIDS SERVED >20,000

WHAT PEOPLE ARE SAYING ABOUT CATCH MY BREATH

FEATURED BY



edutopia



AXIOS

View all news coverage at:
catchinfo.org/cmb-press

"This is a well done, much needed, and welcome resource! ...Thank you for your hard work in this challenging area."

- KNOX COMMUNITY HEALTH COALITION
CATCH MY BREATH EDUCATOR

"The CATCH.org site offers an amazing amount of guidance and will help to guide us and educate parents, teachers and students."

- FLORIDA PARENT

"I learned a lot about the harmful chemicals in vaping products... learning this makes me want to NOT do it even more."

- RHODE ISLAND HIGH SCHOOLER

www.catchmybreath.org
catchmybreath@catch.org
(855) 500-0050 x803

DELIVERED IN PARTNERSHIP WITH



ASTHMA EDUCATOR CERTIFICATION PREP COURSE



The Asthma Educator Institute™ is a two-day preparatory course for individuals that want to implement asthma guidelines-based care and those qualified to take the National Asthma Educator Certification Board (NAECB)

examination. The Asthma Educator Institute was developed with experts in the field with asthma, and it reflects the National Institute of Health, Expert Panel Report 3: *Guidelines for the Diagnosis and Management of Asthma*.

The Asthma Educator Institute is a professional education course that targets frontline healthcare professionals, such as: nurses, nurse practitioners, respiratory therapists, physicians, physician assistants, pharmacists, other licensed or credentialed healthcare professionals, and educators with 1,000+ direct hours of asthma education eligible to sit for the national asthma certification exam. Also, the course is a great refresher for AE-C's preparing for recertification.

The curriculum aligns with the *National Asthma Educator Certification (NAECB) Candidate Handbook* and includes case reviews, hands-on skills demonstrations, and practice.

Upon completion of this course, participants should be able to:

- Provide NHLBI and NAEP guidelines-directed asthma care to patients, families, and with healthcare providers across all settings
- Identify the various roles of the asthma educator in the clinic and in the community
- Better prepare for the Asthma Educator Certification Exam (AE-C)
- Network with healthcare providers/educators and organizations surrounding asthma care and asthma care policies

(NOTE: The American Lung Association Asthma Educator Institute course is not endorsed by the NAECB and participation in the course does not guarantee passing the exam.)

SEPTEMBER 4-5, 2019

1200 S MOORLAND RD | BROOKFIELD, WI

8:00 A.M. - 4:30 P.M.

REGISTRATION

\$275 per person before August 5

\$300 per person on or after August 5

Fee includes tuition, continuing education units, study materials, breakfast, and lunch on both days

CEU'S OFFERED

This Asthma Educator Institute is designed to meet continuing education requirements for a variety of healthcare professionals. Presenter objectives, qualifications and a certificate of attendance will be available for nurses, respiratory therapists, pharmacists and others desiring continuing education credits.

Respiratory Care: This program has been submitted for 12.75 contact hours Continuing Respiratory Care Education (CRCE) credit to the American Association for Respiratory Care, 9425 N MacArthur Blvd, Ste 100, Irving, TX 75063.

- **AE-C Recertification by Continuing Education:** AE-C recertification by continuing education requires that CE applicable to asthma must be approved by a NAECB Recognized Provider. It does not have to be discipline specific nor does it have to come from any specific area of concentration; e.g., nurses may attend an asthma-related respiratory therapy program and use those clock hours for AE-C recertification. This program has been submitted to the AARC, a recognized provider by the NAECB, for continuing education contact hours for respiratory therapists. A certificate of completion will be provided at the end of the course.
- **Nursing:** The activity was designed to meet the needs of the Wisconsin Board of Nursing continuing education requirements. It is the licensee's responsibility to determine whether a current nursing certificate, a continuing education activity or a professional activity meets the continuing education requirements.

Space limited—Register today!

(Register on back of this form)

Asthma Educator Certification Prep Course Registration

Space limited—Register today! | <http://action.lung.org/brookfieldaei>

Space is limited and registration will be accepted on a first come, first served basis. Full payment must be received with registration.

Name _____ Credentials _____

Organization _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

All confirmations are sent via email

AARC No. (if applicable) _____

Special needs/considerations, including dietary _____

Please select the registration that applies:

Registration \$275 (until August 5, 2019) **Registration \$300** (on or after August 5, 2019)

Enclosed is my check for \$ _____ payable to the American Lung Association

OR charge my credit card:

Card No. _____

Name as it appears on card _____

Signature _____

Expiration Date _____ Security Code _____

Mail registration and payment to: Asthma Educator Institute
American Lung Association
490 Concordia Ave
St. Paul, MN 55103

QUESTIONS

Lisa Gebhard, MS
Manager | Lung Health
651-268-7590 | Lisa.Gebhard@Lung.org