

SCHOOL NURSE UPDATE 2017-18 #1 8.22.17

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION SCHOOL NURSING/HEALTH SERVICES CONSULTANT

Welcome to the 2017/18 school year!

My hope is that you found some time over the summer months to recharge and refresh. Even though it was my first summer in over two decades where I worked the entire summer, I find I'm excited and energized to begin the new school year! Contributing to my excitement is the networking and many connections I made over the summer. I began the summer by attending the National Association of School Nurses annual conference in San Diego. In July, I attended meetings with other professionals dedicated to child/student health. This August, I've been able to meet many of our amazing Wisconsin school and public health nurses and the support personnel working alongside them in our schools!

This first issue of the DPI School Nurse Update is filled with important information to start your school year and to plan ahead for the inevitable challenges. There are several attachments including the **letter** that was mailed to **district superintendents** highlighting health services information and **the new DPI guidance FAQ on opioid antagonist** use in schools. Make sure your superintendent shares your school **district specific Wisconsin Immunization Registry (WIR) code** with you. Additionally, in this Update you will note information regarding **Kaléo's new program to provide free Auvi-Q's for all elementary schools** and **procedural updates on equipment and procedural changes from a southern Wisconsin healthcare institution.**

See the **SAVE THE DATE** section for information regarding upcoming professional development activities. Of special interest is the **New School Nurse Orientation October 11-12, 2017. Registration is now open.**

The Department of Public Instruction's and the Department of Health Services' School Nurse Summer Institute on immunization practices was attended by 50 school nurses who earned five contact hours. It is not too early to be thinking of a topic for next year's institute. Please share any suggestions you may have. School nurses and staff are reminded that the **DHS immunization "booklet" is now in "online" format only**, and can be accessed at: <https://www.dhs.wisconsin.gov/immunization/reqs.htm>. Also, make sure you are using **the NEW 2017 public health report form** when you submit your immunization compliance data. If you have questions, consider attending the **DHS/DPI immunization webcast August 31** <https://livestream.com/DHSWebcast/events/5766391>.

Other DPI related information you should know:

- **The Bloodborne Pathogen (BBP) module** has been updated to work more efficiently in Chrome. Instead of a certificate, the program sends an email to the individual each school district designates to administrator its BBP training. Make sure you update your "bookmarked" link.
- The **medication administration webpage** is now revised and gives two options for DPI approved medication training. As mentioned last school year, DPI is no longer using the CDC's TRAIN platform. All quizzes can be taken online or, printable copies are located under RESOURCES.
- It is recommended that if you are using the **DPI School Nurse Evaluation Tools** that you use the MyLearningPlan platform, or the Google or Excel forms rather than the fillable Word documents. The Word version may not be accessible via the DPI website for the entire school year.
- **Laura Marty** has joined the DPI as the new 0.3 FTE School Nursing Consultant managing the **chronic disease grant**.

New this year is an added "feature" to the DPI's School Nurse Update entitled "**Practice Points.**" Here I will be highlighting various Wisconsin school nurse practice issues or reminding school nurses of key regulations. Look for it at the end of each newsletter.

As we begin another school year please take a moment to take a deep breath and reflect upon why, and for whom, you scramble for orders, plan and implement trainings, write emergency action plans, look for immunization records, and fill out medication logs; among a hundred other back-to-school responsibilities! The attached blog by Oklahoma educator Rob Miller "*Hugging a Porcupine,*" was shared with me by a DPI colleague. Read it, reflect, and may you be reenergized!

Have a safe and successful start to your school year!

Louise Wilson, MS, BSN, RN, NCSN

Save the Date!

Student Immunization Law: What schools need to know for Fall 2017

Thursday, August 31st, 1PM to 2:30PM

Target audience: Schools, local health departments, tribal health agencies

Click here to access: <https://livestream.com/DHSWebcast/events/5766391>



New School Nurse Orientation

New School Nurse Orientation

October 11-12, 2017

Madison - Holiday Inn - American Center.

Registration now open: [2017 New School Nurse Orientation](#)

Cost \$100.00

Hotel accommodation information can be found under registration link.



See attached flyer for more information

Q Your School – Free Auvi-Q Auto-injector Program

Kaléo, a privately-held pharmaceutical company, announced a new charitable product donation program, offering AUVI-Q® (epinephrine injection, USP) Auto-injectors free of charge to all public elementary schools in the United States. The new program, "Q Your School," provides up to four AUVI-Q cartons (each carton contains two epinephrine auto-injectors and a Trainer) per school per academic year, as well as access to educational materials on how to identify and respond to life-threatening allergic emergencies.

<https://kaleopharma.com/kaleo-announces-auvi-q-epinephrine-injection-usp-charitable-donation-program-for-all-public-elementary-schools-in-the-united-states/>

Pediatric Acetaminophen Solid Dose (Chewable) Change

Manufacturers and retailers of pediatric acetaminophen solid dose medicines are transitioning to a single strength of 160 mg chewables, named "Children's," in the United States to be consistent with a [2011 FDA Advisory Committee recommendation](#). The marketplace currently includes both 80 mg and 160 mg strengths. Proactively discuss this with parents and caregivers, and remind them to always to read and follow the Drug Facts label dosing directions.

Healthy Teens Resource - Body & Mind - BAM!

The Centers for Disease Control and Prevention's website, [BAM! Body and Mind](#), offers information for teens to make healthy lifestyle choices - focusing on the body, diseases, food and nutrition, physical activity, safety, and stress. It also provides school nurses with interactive and fun activities for students that are linked to national education standards. The [Dining Decisions App](#) is one of the most popular resources on the website that can be downloaded for free to an iPad, iPhone, or Android device.



Blast Off into Concussion Safety with CDC HEADS UP Rocket Blades!

3-2-1 Blast Off! CDC's Injury Center has developed a [mobile game app](#) on concussion safety for children aged 6 to 8. Through a futuristic world of galactic racing adventures children can learn the benefits of playing it safe and smart!

National Behavioral Health Barometer Now Available

SAMHSA is pleased to announce the release of the [Behavioral Health Barometer, United States, Volume 4](#). Topics addressed in the report include substance use, serious mental illness, serious thoughts of suicide, and behavioral health treatment. The barometer uses data from the National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services and presents findings by age, gender, racial and ethnic categories, poverty status, and health insurance status.

Apps for Autism

Children and youth with autism face a variety of challenges in communication, executive functioning, social skills, behavior/self-management, and learning. The guide, [AT Support for Autism App Matrix](#), developed by Diana Petschauer and Stacy Driscoll, provides a well-organized matrix of mobile apps that can help those on the autism spectrum address those challenges. It supports the CTD webinar, [AT Apps to Support Learners with Autism](#), offered by the Center for Technology and Disabilities. Many resources are free, and the Matrix includes a list of locating devices and other wandering-prevention technology.

National Association of School Nurses Back-to-School Interactive Tool Kit

<https://www.nasn.org/nasn/nasn-resources/professional-topics/bts>



NEW System for Diabetes Medical Management Orders for Schools

We are excited to announce a new system for sending individualized medical management orders for students with diabetes. As a result of the development of the collaborative framework by the DPI, and networking with area school nurses our team has redesigned our method for providing schools with medical orders. These orders are intended to assist school nurses in completing the school Diabetes Management Plan for each student. We expect that the orders will be used in conjunction with each School Districts own forms and our NEW Children's Hospital of WI Diabetes School Management Protocols that can be found on the website link below. The new system involves the following:

Parents will complete the school plan worksheet

Clinic staff & providers will collaborate to complete an electronic yearly medical management school orders. We will also send updated orders as needed throughout the year as adjustments are made.

Parents are encouraged to meet with the school nurse to review the plan of care and details around the student's schedule.

Use the Children's Hospital of WI School Management Protocols as a guide when working with our patients.

Access all resources at the following link:

<http://www.chw.org/medical-care/diabetes-program/resources-for-schools/>

Our current population is over 2,000 patients with diabetes. The new system will streamline and create an efficient method to communicate clear guidelines for students with diabetes. Any concerns can be directed to the Diabetes Clinic at 414-266-3380, Monday –Friday 8-430pm.

The CHW Diabetes Team

ENFit® Tool Kit

School nurses may note students presenting with new universal ostomy tubing connectors. Here is a link to their website explaining the changes. <http://stayconnected.org/?qclid=CJ7pggHUngMCFQGoaQodEscBmQ>

Val Hon, Wisconsin Association of School Nurses president, shared these training resources:

- The GEDSA (Global Enteral Device Supplier Association) website at www.stayconnected.org as the best free option for education.
- GEDSA offers a \$25 [ENFit Tool Kit](#) that includes products for hands-on training.
- Tool Kit: stayconnected.org/wp-content/uploads/2017/06/...
- Medication training video: youtu.be/DgT55OvgLRo

Practice Points

School nurses are reminded of the 2017-18 implementation of the Life Saving Training requirement that CPR and cardiocerebral resuscitation (CCR) instruction be provided to all 7-12 grade students in any health education course offered in your district. While the course itself does not need to lead to "certification," since it is taught in a health course as part of the curriculum, a licensed health teacher should be providing the instruction. The health teacher does not need to be certified by AHA or ARC unless "certification" by those organizations are being offered to students.

<https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/hestatutelifesavingskills.pdf>

School Nurse webpage: <https://dpi.wi.gov/sspw/pupil-services/school-nurse>
To join the School Nurse Email List and receive school nursing updates click [here](#).

August 2017

Dear Superintendent:

As you begin the 2017-18 school year, the Wisconsin Department of Public Instruction's (DPI) Student Services/Prevention and Wellness Team would like to welcome you back and inform you of some important school health updates and notices.

Administering Opioid Antagonists to Pupils and Other Persons

[2017 Wisconsin Act 29](#) became effective on July 18, 2017, amending Wisconsin's pupil medication law (Wis. Stat. § 118.29). Language was added allowing "school bus operators, employees, or volunteers" to administer an opioid antagonist (i.e., Naloxone/Narcan) to pupils and other persons who appear to be undergoing an opioid-related drug overdose. School districts are not required to stock opioid antagonists. [An FAQ](#) is published on the DPI website regarding this change to 118.29. School districts and school boards are strongly encouraged to consult with the district's legal counsel when developing policies and protocols.

School District Immunization Compliance Now Public

Changes to the Wisconsin Department of Health Services (DHS) immunization website this fall will not only list the compliance rate of each school district individually, but the public will be able to note the number of students with waivers and types of waivers claimed. Administrators are reminded that districts below the 99.0% compliance rate are required to exclude any student enrolled in grades kindergarten to six who is non-compliant in the 2017-18 school year (Wis. Stat. § ch. 252). Districts are encouraged to work with their school nurse and local public health department to increase immunization compliance. The DPI held a summer institute for school nurses regarding immunizations on August 1, 2017. The DHS will host a webinar for school and public health nurses specifically on immunization compliance and record keeping on August 31, 2017. Access can be reached at: <https://livestream.com/DHSWebcast/events/5766391>. The 2017-18 school immunization booklet will be posted on the DHS immunization program website as soon as it is complete.

Sex Trafficking Added to Mandatory Reporter Requirements

In May 2017, federal Public Law 114-22 went into effect requiring the investigation of alleged child sex trafficking, regardless of the type of relationship between alleged victims of child sex trafficking and alleged maltreaters. As a result, [2015 Wisconsin Act 367](#) was enacted, which aligns state statute with this federal legislation. As mandatory reporters, school district personnel are required to report suspected incidences of sex trafficking and exploitation. Districts may find the Wisconsin Department of Children and Families' [Wisconsin Child Sex Trafficking and Exploitation Indicator Response Guide](#) a helpful resource in reporting suspected child sex trafficking. The DPI is updating our mandatory reporter training to provide education to school personnel on how to recognize and report such incidences.

New School Nurse Orientation

The New School Nurse Orientation is scheduled for October 11-12, 2017, in Madison at the Holiday Inn American Center. This training is for those nurses who will be working for the first time in or with a school district. It is appropriate for school nurses who have worked in a school setting zero to three years. Topics that will be covered include guidance on the laws that affect school health, information on IEP's, 504's, school health records, and chronic health conditions management. This two-day workshop is a collaborative effort of the DPI and the Wisconsin Association of School Nurses. The cost of the program is \$100. Visit [2017 New School Nurse Orientation](#) for registration information.

For new and more seasoned school nurses, the Wisconsin Association of School Nurses in conjunction with DPI will hold the annual school nurse spring conference April 19-20, 2018, in Madison. Registration information will be shared this winter via DPI School Nurse Updates.

Lifesaving Skills Instruction Implementation 2017-18 School Year

DPI guidance on the 2015 legislation for lifesaving skills instruction, which went into effect July 2017 can be viewed at:

<https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/hestatutelifesavingskills.pdf>

School Nurse Contact Information

The DPI school nurse consultant will be contacting district special education directors this fall in an attempt to collect names and contact information on all school nurses serving Wisconsin public and private schools. Please encourage your director to respond to the request. School nurses and other interested parties may subscribe to electronic, biweekly DPI School Nurse Updates by registering at: <mailto:join-schoolnurse@lists.dpi.wi.gov>

Revised Medication Administration and Bloodborne Pathogens Training

Both the basic medication administration and the bloodborne pathogen modules have been updated and revised. Links to these updated modules are found under DPI's School Nursing and Health Services webpage <https://dpi.wi.gov/sspw/pupil-services/school-nurse>. If your district links staff training to the DPI website please check for current URLs.

Date: 7/29/2017
To: Wisconsin school district staff
From: Louise Wilson, MS, BSN, RN, NCSN
Subject: 2017 Wisconsin Act 29 compliance

Wisconsin's pupil medication law ([Wis. Stat. § 118.29](#)) was recently amended by [2017 Wisconsin Act 29](#). Language was added related to the emergency administration of opioid antagonist to pupils and other persons who appear to be undergoing an opioid-related drug overdose. The Wisconsin Department of Public Instruction (DPI) offers the following guidance in regards to these changes.

Please note the requirements of [Wis. Stat. § 118.2925](#), the section of Wis. Stat. §118.29 that references epinephrine auto injectors, school plans, and health care professionals' scope of practice, does not apply to this amended section. School districts and school boards are strongly encouraged to consult with the district's legal counsel when developing new policies and protocols.

1. Are medication consents required?

No. The administration of an opioid antagonist is considered an emergency situation. The school bus operator, employee, or volunteer who administers the opioid antagonist to a pupil or other person who appears to be undergoing an opioid-related drug overdose is required as soon as practicable to report the drug overdose by dialing "911" or otherwise contacting emergency medical services.

2. What type of training is required for "school bus operators, employees, or volunteers" to administer an opioid antagonist on school grounds or school related activities to a pupil or other person?

No specific training is required as individuals administering opioid antagonists under this section of law are not required to be authorized in writing by an administrator as in other sections of Wis. Stat. § 118.29. Additionally, [Wis. Stat sec. 118.29 \(6\)](#) referencing training applies to medications not given in an emergency situation.

Though not required, DPI suggests best practice would be to train individuals most likely to respond to these types of emergency situations. DPI will post to its website links specific to the intranasal and intramuscular injection of opioid antagonists.

3. *May school districts stock opioid antagonist? Are school districts required to stock opioid antagonists?*

Nothing in the law requires school districts to stock opioid antagonists. School districts are encouraged to seek guidance from the district's legal counsel if they choose to stock opioid antagonists.

Careful consideration should be given to the procurement and storing of opioid antagonists. School districts may choose to reference the National Association of School Nurses' (NASN) [*Naloxone in Schools Toolkit*](#) to learn more about issues and concerns.

4. *Is a written policy/protocol required?*

A separate policy is not required by this section of law which allows a school bus operator, employee or volunteer acting on good faith to administer an opioid antagonist to a pupil or other person. It is recommended that school districts address the emergency administration of opioid antagonists in their general medication administration policy.

5. *What protections from liability exist for those administering opioid antagonists to pupils or other persons?*

Individuals administering an opioid antagonist under [Wis. Stat. § 118.29 \(2\) \(a\) 2g](#) are immune from civil liability for his or her actions unless the act constitutes a high degree of negligence. This immunity does not apply to health care professionals. (See [Wis. Stat. § 118.2925\(5\)](#) for other liability information.)

6. *What is the role of school nurses in the administration of opioid antagonist to pupils or other persons?*

The role and scope of practice of school nurses is not specifically addressed in this revised section of law. School nurses and school districts are encouraged to seek guidance from their district's legal counsel. As a registered professional nurse, school nurses will be held accountable to the Nurse Practice Act and professional standards of care. There is no civil immunity under this statute for school nurses as they are health care professionals. (See Wis. Stat. § 118.2925(5) for other liability information.)

2017 Wisconsin Act 29: signed 7/17/17 enacted 7/18/17

The CPR in Wisconsin Schools Program, through funding provided by the Advancing a Healthier Wisconsin Endowment Healthier Wisconsin Partnership Program (HWPP), is a joint effort between the Medical College of Wisconsin and Cooperative Educational Service Agency (CESA) #7 in collaboration with the American Heart Association and a number of other Wisconsin-based groups. The program is dedicated to increasing sudden cardiac arrest survival by making sure all Wisconsin students are trained to perform high-quality CPR. The program builds the infrastructure for schools to provide ongoing high-quality, hands-only CPR training and develops best practices for school-based training programs.

We are currently recruiting additional public and private schools to receive educator training, CPR in Schools Training Kits, and assistance with finding local healthcare partners to help with student training. Educators are invited to attend a training session at a near-by CESA; the training provides an overview of CPR, links to training resources, and ideas for classroom management and setup.

There is no charge to attend the training and some schools will qualify to receive a stipend to cover substitute teacher costs. CPR in Schools kits will be provided at low or no cost to each school, depending on the percentage of students in the school who receive free or reduced costs lunches. The kits include 10 inflatable manikins and a training DVD to ensure that all students physically practice how to perform CPR. Finally, we will help teachers identify training partners from the local community to be student role models in the classroom and to discuss their real-world experiences with performing CPR.

Once a school joins the program, their teachers will receive quarterly newsletters with updates and lessons learned to improve their future CPR training sessions. Cardiac arrest causes over 6,500 deaths annually in Wisconsin and the likelihood of survival is 10%. When bystanders immediately provide CPR to a victim, survival rates double or triple. This program hopes to improve cardiac arrest survival in Wisconsin by ensuring that everyone who graduates from high school has been trained to provide high-quality CPR. Training sessions will begin again in the fall and any school that would like to participate should contact Kelli Mincheski at 920-617-5616 or kmincheski@cesa7.org.

Dept. of Health Services (DHS)/Division of Public Health (DPH) and other updates (July 2017)

Climate and Health Toolkits

The toolkits were created to help local governments, local health departments, and citizens in Wisconsin preparing for and responding to different weather-related emergencies.

These [toolkits](#) include background information, practical response strategies, and communication tools (such as media releases, talking points, definitions, and useful reference materials).

Heat-Related Health and Safety Tips

Warm temperatures combined with high humidity levels can pose a risk of heat-related illness and death. Extreme heat is described as temperatures that hover 10 degrees or more above the average high temperature for the region and last for several weeks. Humid or muggy conditions, which add to the discomfort of high temperatures, occur when a "dome" of high atmospheric pressure traps hazy, damp air near the ground. [Health and safety tips and resources](#)

Children's Environmental Health

Highlighting [childhood lead poisoning data](#), this is down to the census tract level. By studying data at the sub-county level, communities can better target resources to areas with the greatest need. Learn more about running census tract queries with our [Tracking 210 tutorial](#).

Don't forget to also skim the [Ideas for Taking Action – Childhood Lead Poisoning](#) fact sheet. This document has potential strategies for addressing lead poisoning at the local level.

Wisconsin Asthma Program

Here is a [surveillance brief](#) on Wisconsin's significant racial and ethnic disparities in asthma hospitalizations.

After reading the brief, take a look at Tracking's [Ideas for Taking Action – Asthma](#) fact sheet.

The Asthma Care and Environmental Strategies (Asthma Care) program is an initiative developed by the Wisconsin Asthma Program to help communities decrease asthma hospitalizations and emergency department visits. Asthma Care provides poorly-controlled asthma patients and their families with intensive self-management education and a free environmental home assessment to identify and help remediate asthma triggers. The program is currently available in Sawyer, Kenosha, Milwaukee, and Rock counties. Learn more about how the [Asthma Care](#) program can help to reduce the asthma burden in your community.

[Find your county's asthma data](#) on the Tracking portal and visit the [Wisconsin Asthma Program's webpage](#) to learn more about our work in Wisconsin.

Mosquito and Tick Control

For tips on keeping your yard safe and healthy for children, see the [Healthy Yard factsheet](#) (PDF, 315 KB).

Additional mosquito and tick information can be found here:
<https://www.dhs.wisconsin.gov/environmental/mosquito.htm>

Immunization Information

Trumenba Scheduling Update

Trumenba is one of two vaccines which help protect against meningococcal disease caused by *Neisseria meningitidis* serogroup B. The CDC recently revised the scheduling for Trumenba to include three dose and two dose schedules depending on an individual's risk. Please note that the schedule for Bexsero remains unchanged. You can find the Trumenba schedule changes in the [MMWR](#) article published on May 19, 2017.

The Wisconsin Immunization Program is working diligently to implement the new Trumenba schedule to the Wisconsin Immunization Registry (WIR). An update will be sent to providers via a WIR announcement upon completion of the change. Upon vaccination series initiation, the WIR will continue to forecast the three dose series until scheduling changes are implemented. If you have any questions, please contact the WIR help desk at dhswirhelp@wisconsin.gov or call (608) 266-9691.

Update on MenHibrix Vaccine

GSK is discontinuing the manufacture and sale of MenHibrix [Meningococcal Groups C and Y and Haemophilus b Tetanus Toxoid Conjugate Vaccine] in the U.S. Effective immediately, GSK will stop producing new lots of MenHibrix. GSK will continue to manufacture MENVEO® and HIBERIX® to cover the medical need.

For specific questions on MenHibrix please reach out to GSK contact Customer Service at 1-800-877-1158 or contact your GSK Public Account Manager.

Minnesota Measles Outbreak-Update

The Minnesota Department of Health announced on June 15, 2017 that there are 77 total measles cases related to the outbreak that began in April 2017. Of the 76 measles cases, 71 were unvaccinated against measles disease. The majority of cases have been in Hennepin County which includes the city of Minneapolis and some surrounding suburbs.

Health care providers should continue to ensure their patients are protected against measles disease and vaccinate according to [the ACIP recommendations](#). If there is a suspected or confirmed case, providers should take immediate steps outlined on the [Wisconsin Immunization Measles web page](#), including immediate reporting of suspect cases to the local health department

HPV Immunization Media Campaign

The Immunization Program has launched a media campaign to encourage parents to vaccinate against cancer with the HPV vaccine. The campaign will run from May 29, 2017-July 30, 2017. The campaign includes:

- A 4 week radio schedule in LaCrosse, Eau Claire, Platteville and Wausau areas
- Across the state, there will be ads on YouTube and Centro DPS channels. These ads will include a video of a cervical cancer survivor.
- Additional online ads will be shown next to newspaper and magazine websites.

The ad messaging coincides with the back-to-school time frame when pre-teens are likely to visit their health care provider. A health care provider is still a parent's most trusted resource for health information. That is why it is important to give a strong recommendation for the HPV vaccine as with any other vaccine. You can try saying "Today your 11 year old needs three vaccines: Tdap, HPV, and

MCV4." You can find health care provider resources, including tips and time savers, on the CDC's website.

DHS Trauma Informed Care Initiative

ACEs, Adversity's Impact

[Childhood Trauma Affects Mental and Physical Health into Adulthood](#)

Children's Mental Health

[Resilient Adults Often Start Out As Resilient Kids](#)

[Stable, Supportive Family Key to Preventing Childhood Trauma](#)

Resilience

[Resilience is About How You Recharge](#)

[Building a Network to Strengthen Communities](#)

Schools

[Disciplining Traumatized Students Harms More Than Helps](#)

Resources

The DPH/Bureau of Environmental and Occupational Health latest surveillance brief, [What's in Your Water? A Look at Private Well Water Quality in Wisconsin](#). The brief covers some basics on private well water quality and common contaminants and closes with recommendations for health departments and private well owners.

Webinars

County Health Rankings **Student Mobility: What Happens When Students Frequently Change Schools?**

Tuesday, July 18 at 3 p.m. ET (2p.m. CT)

What happens when students frequently change schools during the school year? Our webinar will feature guest presenters from the Siemer Institute and the "In It Together" CHR&R coaching team of La Crosse County, Wisconsin to talk about school stability and academic success. [Register Here](#)

Upcoming Events in 2017

Registration is now open for the first of its kind **Hmong Health Summit** scheduled for August 11-12, 2017 at 501 E. Badger Road, Madison, WI 53713.

Registration deadline is July 15, 2017. [Register online here.](#)

[Hmong Health Summit Full Brochure \(PDF\)](#)

Registration is now open for the **Introduction to Trauma Informed Care Workshop** scheduled for August 14, 2017 at The Hotel Marshfield, Marshfield Wisconsin

\$175 per person, or \$155 early bird discount for registrations received by July 14th. Enter code: EARLYBIRD. [Register online here.](#)

Registration is now open for the **National Drug Endangered Children's Conference** scheduled for August 29th – 31st, 2017 at the Hyatt Regency Green Bay, 333 Main Street, Green Bay, Wisconsin 54301.

[Click here](#) for event details and registration information.

For more information on current statewide events, check the DHS website at <https://www.dhs.wisconsin.gov/lh-depts/news/events.htm>.

HUGGING A PORCUPINE

Oklahoma Educator, Rob Miller

He is ours.

He was ours when he arrived in kindergarten thirteen years ago – precocious, curious, and bursting with spirit. His blue plaid shirt brought out the tint of his eyes and his bountiful smile brought joy to those around him. He was smart, impish, naturally clever, and full of promise. **He was five.**

He was ours when learning became more challenging in second grade. When his emerging struggles with dyslexia and distractibility started to manifest themselves in emotional outbursts and disruptive behaviors. He was ours when he began to indiscriminately hit and kick other kids on the playground. He was ours when he drew an intricate picture of a prairie landscape in art class, amazing us all with his innate artistic talent. **He was seven.**

He was ours when he began testing the limits of acceptable classroom behavior. When his self-esteem began to slowly die and his personality turned increasingly stormy. He was ours when he intentionally punched his teacher in the arm in third grade and threw a book at another child's head. When he curled up in a corner of the room, hyperventilated, cried, and said he was sorry. **He was nine.**

He was ours in fifth grade when his parents divorced and when he witnessed his 54-year-old grandmother die after an excruciating battle with cancer. We were there when his dad remarried and moved to California, the last time he's seen his father. He was ours when his mother lost another job after showing up drunk at work.

He was ours when the home he'd lived in all his life went through foreclosure and when his mother and he moved into a local shelter. He was ours when he started stealing and tormenting smaller kids at the bus stop. **He was 11.**

He was ours when his beautiful, infectious smile retired and the darkness began to encircle him.

He was ours when we had to reassure the other children in his seventh-grade class they were safe, despite his nearly constant threats.

He was ours when he stopped doing homework, when he stopped caring about his grades and when he started skipping school to play violent video games. He was ours when he tried his first cigarette, drank his first beer, popped his first pills, smoked his first joint, and became sexually active. **He was 14.**

He was ours when he got suspended for fighting, for chronic disruptive behavior, for cussing out a teacher, for breaking a computer. He was ours when we couldn't find his mom to pick him up on the day he said he was going to hurt himself after "taking out a few others." When he told his counselor **he wished he'd never been born.**

He was ours when the police handcuffed him and delivered him to the local adolescent care center. **He was 15.** He was ours six months later when his mom died of an overdose in the back seat of a drug dealer's car. He was ours when he returned to school as a hollow shell of his previous self, nearly catatonic from his prescribed regimen of daily depression medications.

He was ours when a caring teacher decided to take a chance and bring him into her family's home. When the color came back to his eyes. He was ours when he won the grand prize in the Philbrook Museum's Young Artist contest. He was ours when he found a counselor he trusted, who took the time to listen and who was patient enough to peel through the many layers of anger and angst surrounding his soul to discover the sad, insecure, yet lovable boy inside.

He was ours when he recovered his smile again. When he joined a local church youth group and found meaning in his life. He was ours when a beautiful girl with deep blue eyes and an angel's heart gave him a reason to love himself again. **He was 17.**

He will be ours when he walks across the stage next month at graduation. When he hugs his adoptive mom and dad and says, "I love you. Thank you for saving my life." He will be ours when he leaves our school in May to become the best version of what he can be.

This child is ours. He is smart and bright and kind and troubled and hurt and angry. For 13 years, he has struggled mightily to overcome trauma, despair, learning challenges, and a self-defeating mentality. He wrestled for most of his young life to keep himself balanced, to calm his inner demons, to make friends, to trust adults, to show compassion, to love himself, and to learn with any consistency.

To simply be a kid.

You see, **he was always ours**. He belongs to us as much as the star quarterback, the future Ivy League scholar, the homecoming queen, and the valedictorian. For much of his schooling, he was tough to love. We didn't want to own him.

If you have been in education very long, especially in a larger district, you have met "him" or "her," likely more than once. These children frustrate us, make us angry, and cause us to cry. They cause us to question our effectiveness as educators and the meaning and value of our work.

It hurts to get close to children like "him." **It's like hugging a porcupine**. But they are ours, and *hugging porcupines* is occasionally the most important part of our job.

A core belief I hold tightly is this: When children are in our schools, they are our kids. All. Of. Them. If a kid walks through the doors of our public school, we should see them, listen to them, push them, care for them, support and believe in them as if they are our own.

When we help these children survive and thrive – academically, socially, and emotionally – we are reminded of the beliefs and passion that power our work as educators. All kids can learn. We know how to teach them. **Together, we have what it takes.**

All the kids at our schools are "ours." For some, we have but a brief opportunity to do the one thing – the RIGHT thing – to change the course of their life in a positive way. What an awesome privilege and frightening burden that is.

This much is certain. **This boy is ours.**

And when you take the chance to *hug a porcupine* like him, the reward **will be yours.**

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