



School Nurse Update

#14 3/6/18

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IN THIS ISSUE

Greetings,

March is here in Wisconsin. With it comes unpredictable and varying weather patterns, high school sporting tournaments, and Spring Breaks. Apparently, many students in Wisconsin will be traveling over Spring Break as the questions surrounding **out-of-state field trips** have increased. I have addressed some issues in [PRACTICE POINTS](#).

The **resources for [opioid antagonist administration training](#) have been updated on the DPI website**. Nationally-based opioid antagonist specific training modules such as the National Association of School Nurses' do not align with how the American Heart Association and the American Red Cross train participants to respond to an unconscious or semi-conscious victim. Wording recognizing that individuals should respond to their level of training has been added. Thank you to the Wisconsin School Nurses who brought this dilemma to my attention.

During the past few weeks I have been working on **revising the Wisconsin School Health Services Survey** as there no longer is a joint National Association of School Nurses and National Association of State School Nurse Consultants data collection tool (formerly known as Step Up & Be Counted!). Please continue to document school health interventions with students and student dispositions. As more school districts use Electronic Health Records (EHR) it is my hope we in Wisconsin can collect a rich data base. This is critical to provide an accurate and expanded view of the health of Wisconsin school children and what Wisconsin school nurses do to overcome health-related barriers and promote academic success for all students. Last June I was part of poster presentation team at the NASN annual conference. **Resources to assist school nurses in identifying and using data** was presented. [Access these resources, which include a digital poster and handout with examples](#). More to come on Wisconsin data collection at the **WASN Spring Conference**. See registration information in SAVE THE DATE.

Along with the email I sent out from our DPI Pupil Services Team, the DPI has created a **webpage devoted to school safety issues**:

¹ <https://dpi.wi.gov/news/dpi-connected/issue-school-safety>

New NASN Position Statements
"JUULing"

National School Breakfast Week
March 5-9

Need for WELLNESS Plans

DHS News

PRACTICE POINTS- Out-of-State Field Trips

SAVE THE DATE

WASN Spring Conference- April 18-20, 2018, Monona Terrace-Madison, Wisconsin
[REGISTRATION NOW OPEN!](#)

Autonomic Disorders Seminar – April 27, 2018 -see flyer

NASN Annual School Nurses Conference
June 30- July 3- Baltimore, Maryland [Register today!](#)

DPI School Nurse Summer Institute- August 9, 2018-Madison -Human Trafficking



Newly Released NASN Position Statements

These documents provide the position of National Association of School Nurses and are evidence-based. Position statements are a resource for school nurses and school health partners, they provide guidance for the development of policy, and can be used as an educational and advocacy tool.

[Click here for link](#)

JUUL: A POPULAR NEW E-CIGARETTE

Recently a new tobacco product hit the market called JUUL, an electronic nicotine delivery device. This product is yet another device specifically targeted towards youth with its small shape and sleek design. It comes in flavors like cool cucumber, fruit medley, crème brulee, and cool mint. Using the device is called "JUULing." JUUL cartridges have a high concentration of nicotine. [Read more...](#)



(Photo: Juul Labs)

Wellness Plans Needed in Every School

The link between health and learning in school is well established: healthy kids learn better. With more and more districts embracing the idea of supporting the whole student, LWPs are becoming more popular as a vital link to the various elements required to support a holistic approach to keeping students healthy and more attentive in class. [Read more.](#)

To help the **Wisconsin Safe & Healthy Schools** Training Center better meet the professional learning needs of schools and communities, **please complete the following survey by March 31, 2018.** The survey is completely voluntary and takes less than five minutes. Results from this needs assessment will be used to build the 2018-19 WISH Center professional development plan.

Link to the survey: <https://www.surveymonkey.com/r/WISHSurvey2018>





Celebrate 2018 National School Breakfast Week - March 5 - 9, 2018!

School breakfast fights hunger, improves children's nutrition, and is a vital tool for improving the academic achievement of students. School nurses have an important role in promoting a nutritional breakfast in school and best practices that increase access to this important meal. School breakfast improves low-income student health and sets them up for academic achievement. School nurses can advocate for breakfast programs that reach more students. [Check out the Food Research & Action Center's School Breakfast page for more information](#)

<https://www.stopthebleeday.org/>



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Register Now for Opioid Forum

Registration is now open for the Opioid Forum, April 11-12, 2018, in Milwaukee. Learn strategies to save lives. There are workshops focused on harm reduction, prevention, and treatment. The cost to attend is \$60 per person.

[View more information and register now.](#)

Registration closes April 1, 2018.

The Opioid Forum is part of Wisconsin's State Targeted Response to the Opioid Crisis, an initiative of the DHS Division of Care and Treatment Services funded by a grant from the Substance Abuse and Mental Health Services Administration.

From the March 2, 2018, Wisconsin Council of Immunization Practices Meeting

New influenza cases peaked the first week in February which is normal timing. It has been predominantly an "H3 year." H3 viruses do not grow well in eggs and that is the suspected reason for 36 percent vaccine efficacy. Suggest we need to look at efficacy not just by numbers who never get ill with influenza but, using a seat belt analogy, remind the public getting vaccinated also means a decrease in how ill and how long they are ill. Increasing influenza immunization rates and "herd immunity" is a continued goal.

CAMP NURSE POSITION CAMP AGAWAK

Nurse Dates of service: **June 4th-August 8th**

Salary: \$1000 per week & depends on experience and credentials

Type of Camp: Traditional all girls overnight camp (ACA Accredited)

Job Description: Join Camp Agawak's Health Care Team and make a difference in our fun and spirited camp community. Camp Agawak is a caring and kind community and we are seeking quality nurses to join our Health Care Team. We are searching for qualified Nurse Manager, Registered Nurses and or Nurse Practitioners. If you are a new grad you are welcome to apply. We provide comfortable housing, complete salary, travel allowance and meals are included. We are located in Minocqua on pristine Blue Lake and are 6 miles from town. We are located 4 hours from Milwaukee, WI and Minneapolis, MN. We have full season positions (June 4th - August 8th) and half season positions (June 4th- July 13 or July 13 - August 8th) available. We are seeking warm, caring, energetic candidates with solid nursing skills who want to make a difference and be a part of something life-changing!

Job duties include but are not limited to:

- *Dispensing and management of medication for campers and staff
- *Maintaining accurate health logs for camper and staff
- *Caring for ill and injured campers and staff
- *Responding to emergencies if needed
- *Encouraging health wellness and illness prevention
- *Parent communication as necessary during the day

Contact Information:

Mary Fried

Camp Agawak

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Minocqua, WI 54548

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Fax: 715-356-1683

www.agawak.com

PRACTICE POINTS – OUT-OF-STATE FIELD TRIPS

There are numerous issues to consider when school administrators and school nurses plan for field trips. Sending students-out of-state adds an entire level of complexity. Advance preparation is not only ideal but truly necessary when students go out of state and have medication needs or other health care procedures for which arrangements need to be made.

JUUL: A Popular New E-Cigarette



Image from: www.juulvapor.com



Image from Suzanne Kreiter/Boston Globe



Image from: www.juulvapor.com

- Recently a new tobacco product hit the market called JUUL, an electronic nicotine delivery device.
- This product is yet another device specifically targeted towards youth with its small shape and sleek design.
- It comes in flavors like cool cucumber, fruit medley, crème brulee and cool mint.
- Using the device is called “JUULing”
- Small in size and resemble a USB Flash Drive.
- JUUL cartridges have a high concentration of nicotine.
- A single pod has roughly the same amount of nicotine as one pack of cigarettes.
- Can be charged in a computer just like a flash drive.
- In Wisconsin, 12% of high school students report using electronic vaping products surpassing conventional cigarette use of 8% (2017 YRBS).

Dear Colleagues,

You may be aware of the National School Walkout (the walkout) scheduled for March 14th, 2018. As pupil service professionals, we know the importance of creating and maintaining physically and emotionally safe environments where all students can thrive. One component of a safe environment, is one in which all are allowed to respectfully share their views and opinions for the purpose of raising awareness and promoting understanding. We can be allies for youth as they use their voices to express their beliefs. This can be achieved in a variety of ways including, but not limited to, advocacy on behalf of youth within schools and communities, and by inviting student voice to the table to help support the change-making process. Considering this, we would like to provide you with some information and resources to assist you in your schools and districts in planning for potential walkouts.

It is our **strong recommendation** that school districts be proactive in determining how they will respond to the walkout. Collaborative conversations with students, faculty, families, and community members can help ensure each stakeholder's voice is represented and that policies and procedures are well understood by everyone. Additionally, a process for providing timely notification to staff, parents, and students about decisions related to the walkout is encouraged.

You may be wondering if students can be disciplined for participating in the walkout. There is no state law specific to student-led walkouts. However, according to [Wis. Stat. 118.15](#), a parent or adult student may excuse an absence for any reason for any amount of time, not exceeding 10 days. For students who have accrued more than 10 absences, local school boards can determine whether participation in the walkout is an acceptable excuse. For further reading on other aspects related to student discipline and the Walkout, we encourage you to read [Can Schools Discipline Students for Protesting?](#)

To further help you in your planning, here are additional resources that may be beneficial:

- [School Walkout: An Adult Ally Guide](#)
- [USDOE: Responding to School Walkout Demonstrations](#)
- [TIME Article: Here's What Happened When the Supreme Court Ruled on Whether Students Can Protest During School](#)

Thank you for all you do for our students!

Sincerely,

The Department of Public Instruction Pupil Services Consultants

LGBTQ+

HEALTH EQUITY TRAINING

Learn how to better **reach** and **serve** the LGBTQ+ community

 **Public Health**
MADISON & DANE COUNTY
Healthy people. Healthy places.



WHY it matters*



LGBTQ+ people report the highest rates of substance use.



LGBTQ+ youth are 2-3 times more likely to be homeless.



LGBTQ+ communities are at the highest risk for hate crimes in America.

As agencies that interact with LGBTQ+ communities, we can change these narratives...

WHO

Government, social service professionals and community partners

WHEN

Thursday, March 15
12:30—4:30

WHERE

Madison Central Library

COST

\$35

REGISTER!

<http://www.cityofmadison.com/human-resources/professional-development>

Position Statement

SUMMARY

It is the position of the National Association of School Nurses (NASN) that registered professional school nurses (hereinafter referred to as school nurses) advance and encourage safe school environments by promoting the prevention and reduction of school violence. School nurses serve on the front line and are readily able to identify potential violence and intervene to diminish the effects of violence on both school children as individuals and populations in schools and the community (King, 2014). School nurses collaborate with school personnel, healthcare providers, parents, and community members to identify and implement evidence-based programs promoting violence prevention. These evidence-based programs promote violence prevention through early intervention, communication, positive behavior management and conflict resolution. As identified in the *Framework for the 21st Century School Nurse Practice™* (NASN, 2015), the school nurse supports evidence-based practices and care coordination to provide an environment where students can be healthy, safe, and ready to learn.

BACKGROUND

Violence is defined as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (World Health Organization, 2017, para. 2). School violence is youth violence that occurs on school property, on the way to and from school or school-sponsored events, or during a school-sponsored event. A young person can be a victim of, a perpetrator of, or a witness to school violence (Centers for Disease Control and Prevention [CDC], 2016). Selekman, Pelt, Garnier, and Baker, (2013) describe school violence as including fighting/assaults (with or without weapons by two or more individuals); bullying; physical, sexual, and psychological child abuse; dating violence; and violence against oneself (intentional non-suicidal self-injury). School violence has an impact on the social, psychological, and physical well-being of students and staff. It disrupts the teaching-learning process through fear, intimidation, absenteeism, or class disruption and affects the victim, the aggressor, and the bystanders. The CDC (2016) found that violence and bullying may have a negative effect on health throughout life.

School nurses recognize the multiple factors that may increase or decrease a youth’s risk of becoming a perpetrator or victim of school violence, and school nurses may be able to identify students at risk. The CDC (2017) has identified potential risk factors and protective factors that may be considered when assessing student characteristics that are common among others that become a perpetrator or victim, including individual and family characteristics. These factors include a history of victimization, disabilities, emotional problems, substance abuse, low IQ, authoritarian parenting, low family involvement, low-income family functioning, gang involvement, school failure, transient lifestyle and diminished economic opportunities. By recognizing these social determinants and assessing the child, the school nurse may be able to identify those at greatest risk of being involved in violence as the victim or the perpetrator. Once identified, these students can be supported by school staff and encouraged to be involved in school activities and social engagements. If students feel connected and supported by their non-deviant peers and school staff, they are less likely to commit a violent act or be in a setting where they can be victimized.

The authors of *Indicators of School Crime Safety: 2016* state:

In 2015, three percent of students ages 12-18 reported that they were afraid of an attack or harm at school, and five percent of students avoided either a school activity or one or more places in school because of fear of being attacked or harmed by someone. From July of 2013 to June of 2014, there were 48 school-associated violent deaths including 26 homicides, 20 suicides, 1 legal intervention death, and

one undetermined violent death (of those 48 violent deaths, 12 homicides and 8 suicides were school-age children). In the 2013-2014 school year, 65 percent of public schools reported one or more incidents of violence translating to around 15 crimes per 1000 students. In 2015, there were about 84,100 nonfatal victimizations at school (Musu-Gillette, Zhang, Wang, Zhang, & Oudekerk, 2017, pp. iii-iv).

The CDC (2016, para. 2) reports the following:

- Approximately 9% of teachers report that they have been threatened with injury by a student from their school.
- Five percent of school teachers reported that they had been physically attacked by a student from their school.
- In 2013, 12% of students ages 12–18 reported that gangs were present at their school during the school year.
- In a 2015 nationally representative sample of youth in grades 9-12
 - 7.8% reported being in a physical fight on school property in the 12 months before the survey.
 - 5.6% reported that they did not go to school on one or more days in the 30 days before the survey because they felt unsafe at school or on their way to or from school.
 - 4.1% reported carrying a weapon (gun, knife, or club) on school property in one or more days in the 30 days before the survey.
 - 6.0% reported being threatened or injured with a weapon on school property one or more times in the 12 months before the survey.
 - 20.2% reported being bullied on school property, and 15.5% reported being bullied electronically during the 12 months before the survey.

Musu-Gillette et al., 2017 in *Indicators of School Crime and Safety: 2016* cites that in public schools

- sixteen percent during the 2013-2014 school year reported that bullying occurred among students on a daily or weekly basis (p. vi).
- seven percent of students in 2013 reported cyberbullying anywhere during the school year (p. 80).
- in the 2013-2014 school year, five percent reported student verbal abuse of teachers occurred on a daily or weekly basis, and 9 percent reported student acts of disrespect for teachers other than verbal abuse on a daily or weekly basis (p. vi).
- eleven percent reported gang activities during the 2015 school year (p. 64).

Less visible statistically are the effects of witnessed violence and increased prevalence of violence as a coping mechanism in schools and the community. Children who witnessed violence, even as infants, have been shown to experience mental health distress, resulting in behavior and mental health issues during the school day (Selekman et al., 2013). Violence has become a significant health risk and is not limited to violent acts committed in the school setting but also in homes, neighborhoods, and communities which affect the learning and behaviors of children at school (Selekman et al., 2013).

RATIONALE

School nurses also play a vital role in violence intervention. Hassey and Gormley (2017) identified eight types of violence and the role of the school nurse in each type. The eight types of violence include bullying, mental health crisis, physical assault, sexual assault, student on student, student on staff, staff on the student, and escalating violence/violent intruder. Each type may begin with the school nurse assessing the situation, followed by appropriate actions and referrals deemed necessary for the situation. The school nurse works with students, families, and the school community to implement a multi-strategy approach to school violence (David-Ferdon et al., 2016). For individual students and families, school nurses have the expertise to assist students in developing problem-solving and conflict resolution techniques, coping and anger management skills, and positive self-images:

- Identify behaviors that could be purposeful misbehavior--such as bullying, outbursts, sleeping in class or running away--and physical symptoms--such as headaches, stomachaches, and frequent trips to the clinic as possible effects of violence (King, 2014).

- Facilitate programs that engage parents in school activities that promote connections with their children and foster communication, problem-solving, limit setting, and monitoring of children.
- Serve as positive role models, developing mentoring programs for at-risk youth and families.
- Educate students and their parents about gun safety (Selekman et al., 2013).

Creating protective community environments is necessary for a multi-strategy, multi-disciplinary approach to violence prevention (David-Ferdon et al., 2016). School nurses contribute expertise in creating a protective environment in schools by

- serving on school safety and curriculum committees, identifying, advocating, and implementing universal school-based prevention programs within the school community (David-Ferdon et al., 2016).
- supporting the efforts of administration by collaborating with a multi-disciplinary team of colleagues in the areas of social work, counseling, school discipline, and law enforcement to provide and maintain security.
- assisting in the development of district and school discipline policy, including zero tolerance for weapons on school property and buses, and code of conduct documents.
- supporting activities and strategies to help establish a climate that promotes and encourages respect for others and the property of others.
- advocating for adult presence in high-risk areas and times, such as in hallways during class changes and before and after school and outside of the building before and after school.
- facilitating partnerships between the school and local healthcare agencies.

When violence occurs, school nurse interventions to address violent behaviors include their ability to

- coordinate emergency response until rescue teams arrive.
- provide nursing care to injured students.
- apply crisis intervention strategies that help de-escalate a crisis situation and help resolve the conflict;
- identify and refer those students who require more in-depth counseling services.
- participate in crisis intervention teams.

CONCLUSION

School nurses promote violence prevention by facilitating a school environment that values connecting students, families and the community in positive engagement and creating a school environment of safety and trust where students are aware that caring, trained adults are present and equipped to take action on their behalf. They engage in classroom discussions that facilitate respectful communication among students and staff and advance the education of the school community to build skills in communication, problem-solving, anger management, coping and conflict resolution. The expertise of school nurses in evidence-based practice of health care in the school setting is beneficial in violence prevention in schools.

School nurses advance and encourage safe school environments by promoting the prevention and reduction of school violence through evidence-based practice methods. The school nurse recognizes potential threats and collaborates with the appropriate personnel to get students the resources and supports they need to be healthy, safe and ready to learn.

REFERENCES

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All position statements from the National Association of School Nurses will automatically expire five years after publication unless reaffirmed, revised, or retired at or before that time.



Autonomic Disorders Seminar

Understanding & Diagnosing Forms of Dysautonomia

Friday, April 27, 2018

St. Luke's Auditorium

Aurora St. Luke's Medical Center

2900 W. Oklahoma Avenue | Milwaukee, WI 53215

8 a.m. to Noon

Continuing Medical Education

(Clinical Attendees Only)

- 8:00 a.m. Opening Remarks
- 8:15 a.m. **Postural Orthostatic Tachycardia Syndrome: Diagnosis & Management**
Satish Raj, MD, MSCI, FAACP
- 9:30 a.m. **Autonomic Testing**
Rose Dotson, MD
- 10:00 a.m. Coffee Break
- 10:10 a.m. **Differential Diagnosis & Co-Morbidities in POTS**
Brent Goodman, MD
- 11:10 a.m. **Patient Case Reports: Postural Orthostatic Tachycardia Syndrome, Neurocardiogenic Syncope & Orthostatic Hypotension**
Ryan Cooley, MD
- 11:40 a.m. **Q & A**
- Noon Adjourn

12:30 to 3:30 p.m.

Patients & Family Session

- 12:30 p.m. On site Registration & Snack
- 1:00 p.m. **Welcome Remarks**
Christy Jagdfeld, CPA
- 1:05 p.m. **POTS 101- Diagnosis & Management of POTS**
Satish Raj, MD, MSCI, FAACP
- 1:45 p.m. **Dysautonomia: Looking for an Underlying Cause**
Brent Goodman, MD
- 2:30 p.m. Break
- 2:45 p.m. **POTS: The Aurora Approach**
Ryan Cooley, MD
- 3:10 p.m. **Q & A**
Jackie Magennis, Co-Chair, Dysautonomia Autonomic International Wisconsin Support Group
- 3:30 p.m. Adjourn