

## **NOTICES**

Many new things to be explored in this new update!!

**School Nurse Summer Institute 2016 Finale!!** The School Nurse Summer Institute Committee on Managing Diabetes Safely in the School Setting: A framework for collaborative care, has finalized its white paper and is sharing it with everyone that participates in the care of school children with diabetes. Please use this document as a guide for providing the safe care for our students with diabetes. The video recording can be viewed here:

<https://livestream.com/DHSWebcast/events/5859852> . The FAQ, which was developed from questions asked at the event and that were answered by several of the committee members and speakers, is attached, as well as the white paper. This information will be posted on the DPI website soon. Please share with parents, providers, school nurses, and others who care for children with diabetes.

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## **Medication Administration Principles**

This new recommended medication program includes the Basic Medication Administration Principles and offers a DPI-approved Oral, Ear, Eye, and Topical medication option within the program. It is an alternative program for those who like hands-on learning, as it is self-paced according to your needs. Each module has the ability to print out a certificate of completion after passing the quiz. Time needed for completion of the Basics program is approximately 15 minutes. Each additional module adds about 8-10 minutes of time. The participant has the option of taking only one module or all five. Please use *Google Chrome* while viewing this program. Your school nurse may also want to perform a skills competency check-off before you begin administering medication. You may enter the program here: **MEDICATION ADMINISTRATION PRINCIPLES** (Basic, Oral, Ear, Eye, Topical), or it can be found at the following website:

<http://dpi.wi.gov/sspw/pupil-services/school-nurse/training/medication>. It will soon be available in TRAIN.

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## **Epinephrine Woes!!**

Due to the expense/shortage of epinephrine auto-injectors, school nurses have reported several variations of epinephrine being brought into their health offices. There have been reports of 30 ml. vials, 1 ml. ampules, packaged kits, and various types of syringes coming to school for students with anaphylaxis.

Although these methods may have been used in the past, or may in certain circumstances be packaged for medical providers to give, they cause reason for concern when others (Unlicensed Assistive Personnel) may be providing the administration of this life-saving medication in a school setting. Even nurses, in emergency situations, may find it difficult to calculate and draw up the correct dosage. Epinephrine may not be drawn up into syringes and “pre-packaged” for others to use at a later time, as the medication loses its potency. If using an ampule, a filtered needle is required.

Government officials are looking into the soaring costs of this life-saving medication; however, at this time there is no simple solution for providing families with alternatives. Working with your health team by providing Mylan coupons, and using the EpiPen for Schools program may provide some relief.

Remember that the epinephrine references in Wis. Stat. sec. 118.29 and 118.2925 are to epinephrine auto-injectors, not vial and syringe. If receiving an order from a medical provider for a particular student that is written for something other than an auto-injector, discuss this with the provider and your school health team on how best to provide for this student. If parents are not bringing in auto-injectors for their child who has known anaphylaxis, because of the expense, work with your health team and administrators to find possible solutions.

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## **New School Nurse Training in October:**

### **DPI and WASN Collaborate for the NEW SCHOOL NURSE TRAINING**

October 12-13, 2016

Howard Johnson Plaza Hotel, 3841 E Washington Ave, Madison, WI 53704

Registration and agenda can be found here:

**<https://www.regonline.com/Register/Checkin.aspx?EventID=1840737>**

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## JOB OPPORTUNITY

### Menasha: Part-time Public Health Nurse

The City of Menasha is accepting applications for a part-time Public Health Nurse (prorated benefits). This Public Health Nurse is responsible for providing public health nursing services to support agency programs in the community on a consultative and referral level as well as in the provision of school nursing services. **Deadline to apply Sept. 23**

Additional information about the position is posted here:

[http://www.cityofmenasha-wi.gov/content/departments/personnel/Employment\\_Opportunities.php](http://www.cityofmenasha-wi.gov/content/departments/personnel/Employment_Opportunities.php)

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## PROFESSIONAL DEVELOPMENT OPPORTUNITIES

### *Removing Barriers to Student Learning*

**October 27 from 4:30pm – 8:20pm**

School Nurse Conference to be held at Waukesha County Technical College. The topic is *Removing Barriers to Student Learning* and there's a great lineup of speakers!

Most of the speakers are school nurses who have worked in urban/metro districts and suburban districts.

A boxed salad will be included.

For questions, please contact:

Ann M. Cook, MSN, RN

Health Education Outreach Specialist

Phone: 262-691-5149

Fax: 262-691-5250

**See attached flyer for more information.**

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### **Creating Positive Outcomes for Adolescent Health**

*A quality improvement program focused on sexual health*

Health Care Education and Training Organization ([www.hcet.org](http://www.hcet.org))

This event is being held **on October 11, 2016 from 8:00 am – 4:00**

Crowne Plaza, Madison, WI

For more information go to:

**<http://hcet.info/wp-content/uploads/2016/07/10.11.16-Adolescent-Health-Conference-1.pdf>**

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**2016 MEETING Wisconsin Asthma Coalition**

**Innovative Asthma TEAMS:**

**Teach, Empower, Advocate, Mediate, Support**

October 14

8:30 a.m. - 2:30 p.m.

Great Wolf Lodge

Wisconsin Dells, Wisconsin

**Topics include:** Green building and sustainability, e-cigarette research, coordinated team-based care, school-based asthma management and more.

**For more information and to register** for the 2016 Wisconsin Asthma Coalition (WAC) meeting, visit the WAC meeting [Eventbrite](#) page.

**Exhibitor tables** are reserved for non-profit partners free of charge. Hosting a table is a great way to highlight program successes. To host a table, complete the [registration form](#) and return to [Sarah VandenHeuvel](#), project coordinator.

**Vendor tables** are reserved for for-profit companies at a fee of \$500. To host a vendor table, complete the [vendor registration form](#) and return to [Sarah VandenHeuvel](#).

**Nursing contact hours** are available for those who are interested and can be used for certified asthma educator credits (any discipline).

\*The number of nursing contact hour credits is to be determined.

Questions? Contact Sarah VandenHeuvel, project coordinator.

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**CESA 6 School Nurse Presentations**

Proposed: 2016-2017 school year

Subject to change

**October 19th, 2016 - Vision Screening**

Tami Radwill from Prevent Blindness of Wisconsin will certify us in vision screenings. I am also requesting one of our Lions Club representatives attend to discuss the options they provide with Spot Vision Screeners.

**January 4th, 2017 - Narcan**

1. Dr. Polka will be joining us for the first half of our morning to present on the heroin epidemic, our local heroin / opioid abuse patterns and the use of narcan.
2. The second half of our morning will include school nurses Peggy Yee from Nicolet High School and others, discussing narcan policies.

**March 15th, 2017 - Project Adam & Epilepsy**

1. Dr. Singh and Alli Thompson from Project ADAM - Heart Safe Schools will present first
2. Our second presenter is Anne Faulks from the Epilepsy Foundation Heart of WI

**May 15th, 2017 - Asthma/Allergy & TBA**

1. Dr. Mjaanes will be in to discuss asthma and food allergies.
2. The offerings of the School of Nursing - Ebling Library presented by Mary Hitchcock OR Kathy Wanat to finish her discussion from the 2015-2016 school year on OHI

For information on how to register and cost, please contact Paula Starr at CESA 6 [pstarr@cesa6.org](mailto:pstarr@cesa6.org)

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### **Wisconsin School Social Workers Association Conference**

Registration is now open for the 2016 WSSWA Fall Conference – ***Show Me the Data: Effective Interventions and Ensuring Impact*** on **November 10-11 at the Heidel House in Green Lake**. This year’s conference will focus on using evidence-based interventions and monitoring data to improve student success and intervention efficacy, critical to school social workers operating effectively within a Response to Intervention (RtI) system.

- Do you need to complete ethics and boundaries training before February 2017?
- Are you wondering about the changes in the McKinney-Vento requirements for homeless students and the new requirements related to students living in foster care?
- What about the new Social-Emotional Learning Competencies?
- Or the latest on SBIRT implementation here in Wisconsin?
- Are you curious about mindful school environments?
- How about Wisconsin’s trauma-sensitive schools resources that states and school districts across the country are raving about?

You can learn about all this and more at the 2016 WSSWA Fall Conference.

One graduate credit will once again be available and up to 14 clock hours toward the 30-hour continuing education requirement for those of you with a license or certification through the Department of Safety and Professional Services.

Please share this information with other school social workers and other colleagues who may be interested in the conference offerings. Complete registration information is available on-line <http://www.wsswa.org/event-2274432>

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### **RESOURCES**

#### **School-based Asthma Management Program--SAMPRO™**

On behalf of Dr. Robert F. Lemanske, please see the message below.

**“Creation and implementation of SAMPRO™: A school-based asthma management program.”\***

Available to all school nurses. The recommendations set forth in the School-based Asthma Management Program (SAMPRO™) will improve health and school-related outcomes for children with asthma. Further, SAMPRO™ will detail the elements necessary for the education

of children, families, clinicians and school-based personnel based on a “circle of support” that will enhance multidirectional communication. The SAMPRO™ article will be published at the JACI website, [here](#) , the SAMPRO™ toolkit will be published [here](#).

(<https://www.hipxchange.org/SAMPRO> ) Kathleen Shanovich, UW-Madison, and Freddi Adelson, DPI School Nursing Consultant, were part of the committee developing this important information.

\*endorsed by: American Academy of Pediatrics; American College of Allergy, Asthma & Immunology; American Thoracic Society; Allergy & Asthma Network; National Association of School Nurses

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### **From Teryn Hynning, WASN Rep. to CPR in Schools**

**CPR in Schools** trainings will begin this fall in response to the new state law for 2017-2018 CPR training for students. Trainings for those who will teach CPR will be held at your local CESA office and will last approximately 90 minutes. Training will not result in CPR certification for the instructors or students and teachers are not required to become certified CPR instructors to teach this material. The target groups for fall trainings are rural and high poverty schools in Wisconsin. There will be a maximum of 20 spaces available at each training session and there will be another series of trainings in the spring.

Participants in the **CPR in Schools** trainings will receive a CPR kit for their schools. Because this program is grant funded there will be only one kit placed at each high school. Extra kits can be checked out from your local CESA office. The fee each school will pay for the kit is based on % Free and Reduced numbers (Greater than 50% = Free kit, 30-50% = \$100 kit and Less than 30% = full price of \$649). The grant allows for one kit at each high school so grant price is limited to one kit. You may certainly buy extras but will be charged full price for those kits.

Background heart information, classroom toolkits, curriculum, kit contents, potential community partners, teacher responsibilities, and Hands-Only CPR will be covered in the trainings. Kits will be sent directly to the schools after trainings are completed. \*\*Please note: if your school pays full price for their kit ahead of time due to not qualifying for the grant, those delivering the training to students MAY attend a training, however, are not required.

Trainings are organized by the CESA each school belongs to and **open dates** are as follows:

- CESA 1 - Wednesday March 8<sup>th</sup> (2017) from 9-10:30 am
- CESA 2 - Friday September 30<sup>th</sup> from 1-2:30 pm
- CESA 2 - Wednesday April 26<sup>th</sup> (2017) from 1-2:30 pm
- CESA 3 - Wednesday November 9<sup>th</sup> from 1-2:30 pm
- CESA 3 - Wednesday March 29<sup>th</sup> (2017) from 1-2:30 pm
- CESA 4 - Thursday December 8<sup>th</sup> from 1-2:30 pm
- CESA 4 - Wednesday April 12<sup>th</sup> (2017) from 1-2:30 pm
- CESA 5 - Tuesday April 4<sup>th</sup> (2017) from 1-2:30 pm
- CESA 6 - Thursday October 20<sup>th</sup> from 9-10:30 am
- CESA 6 - Friday March 3<sup>rd</sup> (2017) from 9-10:30 am

- CESA 7 - Wednesday October 26th from 8:30-10 am
- CESA 7 - Tuesday April 18th (2017) from 8:30-10 am
- CESA 8 - Tuesday October 4th from 9-10:30 am
- CESA 8 - Tuesday February 21st (2017) from 9-10:30 am
- CESA 9 - Tuesday March 14th (2017) from 9:30 - 11 am
- CESA 10 - Wednesday October 12th from 1-2:30 pm
- CESA 10 - Friday March 10th (2017) from 1-2:30 pm
- CESA 11 - Wednesday November 2nd from 1-2:30 pm
- CESA 11 - Friday March 17th (2017) from 1-2:30 pm
- CESA 12 - Friday December 2nd from 1-2:30 pm
- CESA 12 - Friday May 5th (2017) from 1-2:30 pm

**See attached flyers.** For more information about the program or to sign up for the training-- please email Kelli Mincheski, [KMincheski@cesa7.org](mailto:KMincheski@cesa7.org)

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### **Data reporting for 2016-17**

The Wisconsin School Health Services Report is designed to collect annual school nursing and health services data from each school district in order to develop a cumulative statewide picture of school health services. **This is a voluntary report; however, we are hoping that all district school nurses and private school nurses will want to participate!! Only one person from each district should total the 2016-17 data for individual schools in the district and report it as an aggregated total to the Wisconsin Department of Public Instruction by June 23, 2017.** Private or charter schools are welcome to participate if their data is not part of an aggregated district.

This year, the data collection will remain the same as last year's data points. Wisconsin's aggregated data will be collectively combined to the national data. You will submit the data by **June 23, 2017 by going to the DPI data collection site.** You can visit the DPI data information webpage at <http://dpi.wi.gov/sspw/pupil-services/school-nurse/data> to see additional information. You can also visit the NASN Step Up Be Counted website at <http://www.nasn.org/Research/StepUpBeCounted>.

Collecting data as part of this national initiative is important. The Wisconsin Association of School Nurses (WASN) is supporting this initiative, and many of the WASN members have been involved with the development of the tool, both nationally and here in Wisconsin. The report is divided into three sections: health personnel, chronic conditions, and health office visit dispositions by those giving care.

Read each question carefully, as well as its definition. Also, note that the administering of medications, (daily, prn, and nursing procedures) is a face-to-face time with students and therefore should have a disposition (which would normally be to return to the classroom).

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School Nurse Updates can be reviewed at the following website:  
<http://dpi.wi.gov/sspw/pupil-services/school-nurse/resources/communications>



# Managing Diabetes Safely in the School Setting:

A framework for collaborative care

September 2016

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**

**Tony Evers, PhD, State Superintendent**



# **Managing Diabetes Safely in the School Setting: A framework for collaborative care**

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## **Introduction**

At the core of collaborative care for children with diabetes is communication between all members of the child's health care team. The team not only includes the child, the parent, and the health care provider, but also includes the array of adults that provide care for the child in the school setting. Effective communication is required to ensure that the responsibilities of each team member have been identified and that each member understands their role. The child and their family are at the center of the team.

The attached white paper was developed over six months by a collaborative group process. A planning committee that included the perspectives of parents, students, school nurses, teachers, administrators, organization leaders, and health care providers, worked to provide educational presentations and consensus-building activities for one hundred participants on priorities for safe care for children with diabetes in the school setting. It is intended that those who provide care to school-age children with diabetes will find this helpful in identifying the role they play in providing a shared plan of safe care.

This white paper should be shared with parents, students, health care providers, school nurses, teachers, administrators, and all other persons involved in the care of school-age children with diabetes.

## **Managing Diabetes Safely in the School Setting: A framework for collaborative care**

### **Background**

Studies suggest that as many as one out of four children in the U.S., or 15 to 18 million children age 17 years and younger, suffer from a chronic health problem (Van Cleave, Gortmaker, & Perrin, 2010; van der Lee et al., 2007). From 2001 to 2009 there was over a 20 percent increase in type 1 diabetes (Dabelea et al., 2014) and indications are that the number is still rising. In Wisconsin, 4,500 children and adolescents have diabetes (Wisconsin Department of Health and Human Services, 2016). Diabetes is complex, and caring for a child or adolescent with diabetes requires constant awareness and frequent monitoring. Diabetes management in schools requires a considerable amount of resources (Marks, Wilson, & Crisp, 2013).

Wisconsin state statutes and federal laws provide that students with disabilities, including diabetes, must have equal access to educational opportunities and must be afforded the free, appropriate public education to which they are entitled (U.S. Department of Education, 2010). This includes timely access to insulin, glucagon, and other diabetes care at school and school-sponsored activities (American Diabetes Association [ADA], 2016). Although national organizations, including the National Association of School Nurses (NASN), the American Diabetes Association (ADA), and the American Academy of Pediatrics (AAP), agree that school nurses should take the lead in coordinating, monitoring, and supervising the care of a student with diabetes (AAP, 2016, American Nurses Association [ANA], American Nurses Association/California, California School Nurses Organization, and the ADA, 2014, NASN, 2012) many schools do not have a school nurse. While some schools may not employ a school nurse, schools are still responsible to ensure there are trained staff members available to provide safe diabetes care. Administrators and the school staff, led by the school nurse or other professional health care provider, need to be educated and engaged in the care of the student with diabetes to ensure the student has access to appropriately trained staff to manage the complex needs of diabetes care, including glucose monitoring, carbohydrate counting, insulin administration, and emergency management during school hours and school-sponsored events. Collaboration between students, parents, teachers, school nurses, health care providers, counselors, coaches, food service employees, administrators, and other school staff is critical to develop a shared plan of care that will promote the health, safety, and academic success of students with diabetes (NASN, 2012).

### **Collaborative Care for Students with Diabetes**

At the core of collaborative care for students with diabetes is communication. Effective communication is required to ensure that the responsibilities have been identified and each member of the team understands their role. The student and their family need to be at the center of the team. Care plans are to be created and carried out *with* children and families, rather than *for* them (Lucille Packard Foundation for Children's Health, 2014). The priority of the care plan should be the student's safety, with incorporation of opportunities for the student to gain confidence and independence in managing their own care. Each team member plays a key role in implementing the student's care plan. This paper was developed to assist every member of the team in identifying the role they play in providing a shared plan of care for the student with diabetes. The following are some of the most important responsibilities of the team members.

**Role of the student**

- a. Work with their family, school nurse, and health care providers to learn age-appropriate self-management of their diabetes.
- b. Communicate with school nurse and school staff if feeling symptoms of high and low blood glucose.
- c. Work with family, school nurse, and health care provider to learn how to communicate needs related to diabetes.
- d. Follow diabetes plan, including monitoring blood glucose as directed, making appropriate food choices, administering medications as prescribed, and communicating concerns with parents, school nurse, school staff, and health care provider.
- e. Understand rights as a student to be able to participate in all school activities safely.

**Role of the parent**

- a. Be an advocate for their child.
- b. Develop in collaboration with the child, school nurse, other appropriate school staff, and health care provider the diabetes shared plan of care.
- c. Ensure the school has adequate and appropriate diabetes supplies (glucose meter, test strips, lancet, lancing device, insulin, syringes [if needed], pen needles, insulin pump supplies, etc.) and refill these supplies when they are running low or become out of date.
- d. Assist the school staff in emergency management by providing the school with a glucagon emergency kit and telephone numbers for parents and emergency contacts.
- e. Provide updates to the school nurse or other appropriate school staff, and communicate essential information directly to the manager of the student's school health plan.
- f. Support their child in developing age-appropriate self-management skills.
- g. Promote good attendance.
- h. Support communication between the health care providers, school nurse, parent, and child by signing release of information forms, providing current contact information, and communicating any changes in the child's care.

**Role of the teacher**

- a. Review health plan with school nurse or other appropriate school staff, and implement necessary steps of care.
- b. Respond appropriately to urgent health needs of the student—such as walking with a buddy, calling the health room for concerns, giving permission to see the school nurse or other trained school staff as requested by the student for diabetes care.
- c. Provide the family and school nurse with advance notice for snacks, parties, fieldtrips, etc. to allow families and school nurse to plan ahead.
- d. Give the student permission to eat a snack anywhere, including the classroom or the school bus, if necessary to prevent or treat hypoglycemia.

- e. Work to promote normalcy for the student and limit situations where the student feels singled out because of diabetes.
- f. Maintain confidentiality of the student and their health concern.
- g. Inform school nurse, parent, or appropriate school staff if there are questions regarding the student's care.

### **Role of the health care provider**

- a. Communicate with and support the school nurse as a member of the student's healthcare team.
- b. Advocate for consent of release of information between health care provider and school nurse.
- c. Write orders to carry out insulin administration in the school setting with specific dosages or dose ranges for insulin and insulin-to-carb ratios.
- d. Provide school nurse with guidelines on how and when the provider should be notified (i.e., frequent absences from school, consistent high or low blood glucose readings).

### **Role of the school nurse**

- a. Provide care coordination of the student with diabetes in the school setting, and communicate with parents, school staff, and the student's health care provider.
- b. Develop in collaboration with the student, family, and health care provider, the diabetes shared plan of care.
- c. Implement or provide oversight of the implementation of the plan of care.
- d. Ensure that the student with diabetes has a safe environment in which to implement treatment plan.
- e. Advocate for a parent-signed release of information between health care provider and school nurse.
- f. Advocate for health services, addressing student needs.
- g. Provide training and education of unlicensed assistive personnel (UAP), physical education teachers, coaches, staff, and parents.
- h. Work with the student to assist them in gaining age-appropriate self-management skills.
- i. Communicate safety concerns to school administration and parents.

### **Role of the school administrator**

- a. Recognize that the school nurse is the most qualified individual in the school setting to act as a professional resource regarding diabetes care.
- b. Establish a school culture that values health services and demonstrates this value in hiring practices, training requirements, funding, and policy development.
- c. Highlight the importance of student safety and make staff trainings regarding student health concerns a priority.
- d. Ensure there are trained, competent, and willing school staff to care for students with diabetes.

- e. Ensure sufficient space and necessary equipment to provide safe, confidential diabetes care.
- f. Identify an appropriately licensed health care professional to provide oversight of safety and quality of diabetes care.

### **Priorities for the safe care of students with diabetes**

Schools are responsible for creating a safe environment where students can achieve academic success. Significant collaboration and communication is required to create a safe school environment for students with diabetes. The following should be priorities for schools, parents, and the healthcare team, which includes the school nurse.

#### **Education of appropriate staff on diabetes care:**

All school staff should receive training that provides a basic understanding of diabetes, how it is managed, how to recognize the signs and symptoms of hypoglycemia and hyperglycemia, and who to contact for help (National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK], 2012).

#### **Development and implementation of a concise plan for teachers, specialist teachers, assistive staff, coaches, and others involved in the student's care and well-being:**

School staff that have regular interaction with the student should be aware of the diabetes care plan and understand their role in providing care (Silverstein et al., 2009). The diabetes care plan needs to detail the specific steps that the school staff are responsible for and eliminate the need for unlicensed school staff to make independent decisions about the student's diabetes management (NIDDK, 2012).

#### **Documentation of orders, staff training, and care given at school:**

Shared care planning is fundamental for successful care coordination of students with diabetes (Silverstein et al., 2009). Shared care planning cannot occur if team members do not effectively document the intended interventions, trainings, and interventions provided.

#### **Development and implementation of communication tools to be used between the collaborative team:**

Effective care collaboration requires effective communication. The team should evaluate the communication needs and identify methods that will support effective and timely communication. This could include email, phone calls, text messaging, and telemedicine (such as the use of Skype or Facetime). The team also needs to ensure that safety and privacy of the student is being supported at all times and the communication format does not jeopardize the student's privacy.

### **School attendance as an indicator of appropriate care of diabetes:**

All members of the team must advocate that the student attend school as much as possible. This may require some thoughtful consideration to the times of medical appointments. This will also require the school staff to provide a supportive environment with as much normalcy as possible for the student, so that he or she feels as connected to the school environment as the rest of the students.

### **Strategies for Managing Conflicts**

Diabetes management in youth is extremely complex and at times can create stressful situations. The heightened level of stress can create conflict. When conflicts arise, the student's safety should take priority. The team should work together to identify the issues and concerns. Members of the team should be cognizant of not assigning blame but rather working to identify solutions to the concerns. A second goal would be to establish safe lines of communication within the team so the team members involved can provide "clear and realistic behavioral expectations around diabetes management blended with supportive and nonjudgmental communications" (Anderson, 2004, p.25).

As mentioned many times throughout this paper, communication is key to the successful care coordination of a child with diabetes. Each member of the team must respect their teammates and communicate in a non-judgmental, open, and honest fashion.

### **Conclusion**

The goal of diabetes management in the school setting is a healthy, well-adjusted, and academically successful student who feels connected to and supported by their school community. To accomplish this goal, each member of the team must be accountable to their role and responsibility. Student safety needs to be a priority for everyone involved in providing a shared plan of care for students with diabetes. Each team member must be committed to engaging in conversation and willing to collaborate to identify how to best care for the student.

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The School Nurse Summer Institute Event Planning Committee:

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The many participants of the School Nurse Summer Institute 2016 for their diligent consensus building.

School Nurse Summer Institute—Managing Diabetes Safely in the School Setting:  
A framework for collaborative care  
July 14, 2016  
Responses to Questions from Attendees

School Nurse Summer Institute Planning Team members responded below to the questions that were not answered during the Institute. The Legal and Nurse Practice responses have been reviewed by Jon Anderson who spoke on these topics at the Institute. This document does not provide official DPI Guidance.

Every situation is different and school nurses should make sure that they seek guidance from competent and qualified personnel regarding specific fact situations before taking action.

**Legal Questions:**

1. If a physician writes an order to allow parents to adjust the insulin dose, can nurses accept it?

In the school setting, a parent/guardian cannot change the insulin dose ordered by the health care provider and administered by school staff without the provider's signature. The health care provider may write an order indicating a specific dose and include a range of acceptable insulin doses.

Regarding insulin pumps--If the school nurse does not change the pump settings, an order for pump settings or pump setting changes is not needed since the student comes to school with the pump attached and the settings in place. The pump settings are between the family and their health care provider. In general, when working with students with insulin pumps, the school nurse role is to manage the highs and lows. An order with a health care provider's signature is required for the sliding scale or dosing in managing the student's high without the pump.

As a courtesy to school staff, the parent should inform the school when major adjustments to pump settings have been made especially with increased doses as the student may be more at risk for lows.

2. Can a nurse still speak with a family if they have taken away the release of information to speak with a medical advisor?

If the question is intended to ask if the nurse may continue to speak with the health care provider even if the family has withdrawn authorization, the answer is yes if it is in the realm of maintaining student health and safety and to clarify medical orders.

The *HIPAA* Privacy Rule allows covered health care providers to disclose personal health information (PHI) about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student's parent. For example, a student's primary care physician may discuss the student's medication and other health care

needs with a school nurse who will administer the student's medication and provide care to the student while the student is at school. See 45 CFR 164.512(b)(1)(vi) or [http://www.hhs.gov/ocr/privacy/hipaa/faq/ferpa\\_and\\_hipaa/517.html](http://www.hhs.gov/ocr/privacy/hipaa/faq/ferpa_and_hipaa/517.html)

A school nurse needs to communicate with the family. If the family refuses to communicate with the nurse, then the nurse needs to document the attempts made to communicate and let the supervisor know of the situation.

3. Can a family refuse to allow the school nurse to communicate with the MD/Provider office?

Technically yes, they can, but the school nurse is still able to communicate with the health care provider to clarify medical orders and to address safety concerns for the student. See question #2 for more information.

4. Would you recommend a school nurse having their own liability insurance as well as what the school provides?

It is an individual decision similar to nurses who work in health facilities or other settings.

5. I have had students self-report erroneous blood sugar (sometimes deliberately, sometimes by accident). What is the liability of accepting reported blood sugars-with the new technology when dealing with elementary age children?

If the school nurse feels that the student is not being honest with the reporting of their blood glucose levels, the school nurse should have the student show the nurse the result on their meter. It is very important to assure that you are using accurate data in treating a student's diabetes symptoms. If the student uses a CGM, any out-of-range blood glucose level is to be verified with a finger stick prior to further treatment per manufacturer's guidelines.

Elementary school children should be supervised and blood glucose results in the school setting should not be accepted from them unless they are verified by a staff member checking the meter daily. With this young age group, close supervision around lunch is critical as this is the largest insulin dose that is administered at school.

Regarding students who report inaccurate blood glucose values--this behavior should always be addressed as it is a symptom of not coping well with diabetes. Parents and providers should be made aware. This is an opportunity to discuss with the student how they are doing emotionally with a very complex and persistent chronic disease. This is a very frequent occurrence and may not represent students purposely falsifying blood sugars but trying to avoid conflict or fear of the numbers they are seeing.

6. Are private schools who get voucher funding in WI supposed to follow section 504?

If private schools want to know whether they should follow 504, they should discuss with their legal counsel and/or contact the Office for Civil Rights (OCR) directly.

7. For school functions, are dances (prom) included with extracurricular activities?

It depends on whether the dance is school sponsored. Most likely yes.

8. Is there any protective special language nurses should consider having in their training documentation/staff sign off forms?

No specific form or protective language is required. Nurses should document the nature of the training provided, the method/process of training used, the attendees at the training as well as the date and location of the training. In addition, having trainees sign in upon arrival at the training site is a good idea.

9. If parents do not comply with providing necessary diabetic supplies (in law, 504, IHP, etc.) can school nurses have a school policy stating child will be sent home until all necessary supplies are provided? Need to be able to safely care for student in school environment.

In general, students cannot be sent home or kept back from field trips because their parents have not provided adequate supplies for management of diabetes. The first step is to figure out why—is it financial, not a priority, result of family disorganization, lack of understanding of why supplies are needed at school—and try to address the cause.

School nurses can keep snacks and juice boxes in the health office to address severe lows. This is an easy fix and inexpensive and not worth quarreling about. Other supplies such as meters, test strips should be provided by parents. If families remain unresponsive, lack of supplies may become a neglect issue and need to be reported to the county DHFS. School nurses should communicate with the health care provider about the lack of supplies and also work with other pupil services staff (e.g. school social worker) to address the problem from multiple angles.

Remember, when in doubt and unable to test blood glucose always assume symptoms are due to a low blood glucose level and treat accordingly.

10. If parents do not provide supplies or run out of test strips, ketone strips, glucagon, can the school require the student to stay home as school cannot ensure safety?

See #9. In general, schools cannot require students to stay home from school or be held back from field trips because parents have not provided supplies.

Schools may want to consider which supplies they minimally need for safety (e.g. perhaps only insulin and test strips). Some insurance plans do not cover ketone and glucagon kits so if this is a low income family without many resources this may be frustrating. Since not all schools have someone trained to do glucagon and also have a 5 minute or less emergency response team (e.g. in an urban area), this can be adequate but not ideal. This should be similar to an EPI-Pen policy which maybe is even more dangerous than not having glucagon given severe allergic reactions can immediately affect an airway issue.

11. If a student or staff member with diabetes is symptomatic of hypo/hyperglycemia but lacks either equipment (monitor) or supplies (testing strips, lancets) on site for testing, legally speaking, can another student's supplies be borrowed during that emergency? (Presuming lancet is changed out and insulin/glucagon are not borrowed.)

In general, it is not good practice to use one student's supplies for another student or staff person or person who is in the school building. School nurses can keep inexpensive glucose tablets, juice and snacks in the health room to treat lows. If the student's blood sugar is high and they are spilling ketones, parents should be contacted. If parents will not come to school to assist then an ambulance call may be appropriate.

From a safety perspective, as long as a glucose meter is cleaned with alcohol between users and a new lancet is used for each user, safety risks are minimized. The school may want to look into having a box of safety lancets that are single use – used at diabetes camp to avoid any sharing of lancets. The glucagon is single use so there would be no risk in using between patients but financially the school would need to pay the family it belonged to for a replacement. The school could have a spare meter in the health room and clean between each use but again glucose strips are expensive and it would be hard to keep current. Insulin pens are not encouraged to be shared but at diabetes camp the vials of insulin are regularly shared to fill pumps.

### **Nurse Practice Questions:**

12. What does the school nurse do when parents won't supply/replace expired glucagon and expired insulin?

First, work with the parent to figure out why (addressed in #9). Parents should be made aware that, without the necessary supplies, the student's health plan may not be able to be followed and may cause staff to call parents in from work or contact emergency medical services. Parents can be informed or reminded that they (or their insurance) are financially responsible for ambulance calls from school and school-sponsored events.

If there are financial barriers, provider offices may have discount cards or can write for a free glucagon kit with the manufacturer's discounts.

13. Many school districts do not employ a school nurse for summer school. Health care providers write orders for the district health aide to follow. If medical orders are changed, can the health aide accept the orders?

Unlicensed assistive personnel, such as health aides, are not qualified to interpret medication orders and assure student safety. The accepting of orders to administer medication at school or school sponsored events should be under the direction of an RN. For safety and to limit liability, school administrators should have a school nurse on staff for summer school.

Depending on the school's policies and protocols, in some cases, the medical provider or the parent might be working directly with the UAP to carry out the medication administration order.

14. Can school nurses take orders from RN Diabetic Educators? (i.e. need to call doctor about a blood sugar out of the ordinary, not covered by ratio or sliding scale.) When the nurse gives us the correction dose, do we need a signed doctor's order?

Wisconsin 118.29 defines a practitioner as "any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state." Only these professionals can write orders to be carried out in the school setting.

The answer to this question depends on the licensure of the diabetic educator. If he or she is a practitioner, they can write orders to be carried out in the school setting. If they are not, then no.

The following examples of how this might work in practice are given by CHW- Milwaukee. If verbal orders are given by a diabetes educator, they need to be followed with a signed order by an appropriate provider in the same way that verbal/telephone orders from an approved provider (NP/MD) are handled. In this institution, if there is a more urgent situation where a different plan is made for the day or short term and the school nurse would like a copy, the school nurse writes it down and sends it to the provider for a signature. Or the provider might send a new school order if the dose calculation formula is being changed.

15. What role does the administrator play in making sure the training is done?

The administrator, who reports to the school board, is ultimately responsible for every part of student health and safety within their school/school district. The administrator identifies and assigns school staff for medication administration. The school nurse trains the identified staff.

In one district, the school nurse has been educating administrators as to the liability risks associated with inadequate training. Administrators have been trained to become part of the school emergency response teams, have been trained in CPR and First Aid, and trained and DPI certified in medication administration so they have a better understanding of what staff is being asked to do. This has helped the administrators to understand the importance of training and to reprioritize.

16. How are schools planning for emergencies such as tornado/lockdown for students with diabetes?

Having snacks and juice is a good idea. One district keeps a plastic bin of parent-provided extra supplies for all students with diabetes. This bin is sent with students on field trips and taken along for any emergency evacuations.

17. Are students needing to self-carry their diabetes supplies all day?

Some students prefer to carry their supplies. This can be an option and extra supplies can be stored in the health office.

Some students, especially those that are wearing a glucose sensor, prefer to carry their supplies wherever they go in the school. In this case, it is helpful to at least have some supplies in different locations in the building – juice, glucose tabs and the school nurse would need to have an emergency box for grabbing supplies in a weather emergency but the only way to ensure you have all in a lockdown is to have the student carry some supplies in the pack.

For students who do not want to carry their supplies, the supplies can be stored in the health office, classroom or other designated location.

18. How is it possible to cover everything in MD orders or get the MD orders at the exact time they are needed? (i.e. school field trip, lunch was scheduled for 11:30. Delayed until 12:30. Health assistant called and I directed to give a snack to prevent a low.)

One district has a field trip request form that is required to be completed at least 2 weeks prior to the trip. The teacher must indicate all the details of the trip including the names of all students who will be participating. This allows the school nurse time to plan adequately for students with diabetes (and other conditions). The field trip request form is also tied into curriculum and is a useful tool for administrators – the form goes to the school nurse to gather information regarding health needs, then goes to administration for final approval and arrangement of transportation. No form, no trip!

Another district suggests using a standard form that covers these circumstances (e.g. change in lunch time). Then you can document on the form what action was taken in the circumstance and fax to the provider to sign and return. Use common sense or contact provider or parent for emergent advice.

19. Is the school nurse responsible for making sure coaches, advisors, etc. for extracurricular are trained to provide emergency services? Or is it the individual coaches/advisors responsibility to come to the school nurse?

That would be a district decision. The school nurse should work with the athletic director (or other administrator responsible for athletic programs) to make sure that coaches are aware of the training that is required for them. It is the nurse's responsibility then to assure that they are appropriately trained for the potential health needs of the participating students.

The specific procedures for connecting with coaches will depend on the size of the district and the numbers of students that need to be discussed with coaches. This should be a team effort but ultimately the school nurse and the administrator should ensure training of all teachers, coaches and staff. In some districts, the school nurse is responsible for these initiatives in the school setting and documents the competency of all staff.

20. If child changes diabetes medical providers half way through the year or physician leaves practice, who signed off on medical plan/orders-what are the liability of the nurse/school? Is the student covered under the original plan?

The school nurse should continue to follow the plan until the student has established a new provider and strongly encourage/assist the family to get established with their new provider as quickly as possible. Since the nurse's contact with the providers is often minimal, it is possible that the nurse may not even be aware of the change.

21. How can we advocate for student needs for a situation such as the one described by the student who was a panel member (the district does not have a school nurse)?

Continue to advocate for school nurses in all buildings. There is even stronger support for this now with the recent policy statement of the AAP. See the statement at <http://pediatrics.aappublications.org/content/137/6/e20160852>. Emphasize the need for a school nurse and the potential risks and the liability of not having one.

This is a complex issue. It is important to continue to support the family and partner with them to advocate. Set up a meeting with the school staff to educate them on the disease and

required treatment. Speak with the district superintendent. Refer the family for support through organizations such as ADA.

### **Diabetes Practice Questions:**

22. Do you still have to eat a protein with meals to keep blood sugar stable?

Current practice is to add in protein to a snack and if running high, snack will be limited to a variety with protein.

23. Many students have an all carb lunch and breakfast and experience a lot of lows.

Remember that not all carbs are created equally. Quick-acting carbs (like juice, glucose tablets, fruit) are used quickly by the body. Longer-acting carbs include starches, fats – things that need to be broken down into glucose by the body before they are used for energy. If a student is having frequent lows their health care provider needs to be made aware so that insulin dosage changes or carb intake can be changed to accommodate the pattern. Perhaps the student needs a lower basal rate, a morning dosage decrease or maybe just a small snack – or perhaps the student isn't eating all of their breakfast or they are incorrectly counting carbs!

In the situation when a student has an all carb breakfast and lunch, if on a pump, they could do a special type of bolus to spread the insulin delivery out, but with injections, the dose would have to be split to spread the coverage out to prevent the low. This tends to be an issue with younger kids with super high carb lunch and the bolus is too large for them to handle. For those students, one approach could be to limit them to so many carb intake at a meal. The best option is healthier portions provided in our school lunches but obviously this is not a quick fix. I have students that have lots of highs also so you have to be careful not to overcorrect. Since all students are different stages, there is not one solution for all students.

24. Recommendations for changing lancets?

Current observations are that lots of students change their lancets once a week. It depends on the student and their equipment supplier. Another observation is that if supplies go back and forth between home and school, lancets should be changed more often – probably daily or every other day.

25. Ideas on how to handle students with co-morbid mental health (ODD, ADHD, bi-polar) conditions and diabetes who are more often than not non-compliant or challenging.

One strategy is to put their health goals in their IEPs or behavior plans for students with diabetes. One district noted that they have seen success with this strategy. Find out what motivates the student to take care of themselves and incorporate that into their health plan and education plan. If a student can be rewarded for achieving academically, they can also be rewarded for achieving health goals and following their health plan of care.

These are typically students that have multiple health providers including mental health and sometimes outside case workers. Having the school psychologist or social worker contact all providers and then collaborate to have a comprehensive plan works the best. The challenge is many of these students do not have stable lives at home or have non-engaged parents which

also makes the situation more complicated. These students need a school team and have all “hands on deck” for planning. These may also be students who need a 504 plan or IEP.

26. Do school nurses ever attend appointments with diabetic students to be educated on pumps, etc.?

This is one strategy that can be used or the school nurse may contact the clinic to inquire about on-site training.

CHW-Milwaukee notes that occasionally school nurses attend pump training in the clinic but is dependent on space and the family. Other strategies for pump training include the parent training the school nurse or the pump rep training the school nurse. School nurses do not need to know everything about the pumps but should have the specific pump help line number (on the back of all the pump devices). School nurses should have the “quick reference guide” in hand for basic button pushing – most all are online. The key things to know are (1) how to give a bolus, (2) how to disconnect or suspend, and (3) how to access the pump’s memory to assist in supervising children and teens.

27. Be aware of high blood sugars affecting cognitive behavior as well. What # to address on IHP?

This will be individualized for each students. Typically for students who are on a pump, the body begins to start to break down fat stores and produce ketones with glucose levels above 250 mg/dl. Many times, for students who are not receiving pump therapy, this is expected above 400 or 500. These would be good general guidelines as to when academic performance might be affected.

Another district reports typically using blood sugars under 70 mg/dL for the low end for test taking and over 250 to 300 mg/dL for the high end. This too is individualized but in general these would be a starting point. A caution is that schools want to avoid having students manipulate this to get out of class or tests.

# School Nurse Conference: Removing Barriers to Student Learning



**New Time: 4:30pm-8:20pm**

Thursday, October 27, 2016

## Learning outcomes for this program are to:

- Discover current complex barriers to student learning from various school districts in the Milwaukee/Waukesha county areas.
- Describe newer chronic health conditions experienced by school age children which may have chronic stress as a precipitating factor.
- Explain current social and emotional conditions that impact learning and act as barriers to learning.
- Contrast how specific barriers are bridged from three differing school districts and discover strategies to implement in your school district.

## Target audience:

- School nurses and health care professionals interested in the care of children.

## Accreditation and Contact Hours:

- Waukesha County Technical College is an approved provider of continuing nursing education by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- Participation certificates will be provided to all conference participants who attend the entire program.
- **Wisconsin Association of School Nurses (WASN) District 6** is a joint-provider for this educational program.
- This program is being offered for **3.3** contact hours.

## Planning Committee:

- Ann M. Cook, MSN, RN – *WCTC*
- Susan Wollmer, BSN, RN – *Milwaukee Public Schools, Nursing Coordinator III*
- Melinda Vose, BSN, RN - *Kettle Moraine Nursing Supervisor*
- Leanna Manser, BSN, RN – *District Nurse, Elmbrook School District*



## Details:

- Date: Thursday, October 27, 2016
- Time: 4:30 pm – 8:20 pm
- Location: WCTC, 800 Main Street, Pewaukee WI, Richard T. Anderson Education Center, College Center
- Cost: \$69.00 (**Dinner included**)  
For special diet needs contact 262.691.5149

## **New Registration Process for Seminars!!** Online Registration only!

- Go to [www.wctc.edu/nursing-ce](http://www.wctc.edu/nursing-ce)
- Click on “School Nurse Seminar” and follow the “Registration” link

**Waukesha County Technical College**  
**School of Health - Nursing and Health Continuing Education**  
**&**  
***Wisconsin Association of School Nurses (WASN) District 6***

***Agenda***

***Thursday, October 27, 2016***

***4:30 pm – 8:20 pm***

***Dinner provided by Lancer Catering***

- |                 |   |
|-----------------|---|
| 4:30pm – 4:40pm | <b>Welcome and Introductions</b><br><b>Overview of the Seminar</b><br>Ann M. Cook, MSN, RN, <i>WCTC</i>   |
| 4:40pm – 5:30pm | <b>Barriers to student learning: An overview of the current state</b><br>Leanna Manser, BSN, RN – <i>District Nurse,</i><br><i>Elmbrook School District</i><br>Tricia Schuetz, MAEL, RN, BSN - <i>Substitute School Nurse,</i><br><i>Elmbrook School District</i>   |
| 5:30pm – 5:40pm | Break   |
| 5:40pm – 6:30pm | <b>Chronic Health Conditions as Barriers to Learning</b><br>Teresa DuChateau, DNP, RN, CPNP - <i>School Health Services Consultant</i>  |
| 6:30pm – 7:20pm | <b>Social and Emotional Conditions as Barriers to Learning</b><br>Renee Ladwig, RN, CNS, LMFT – <i>Pain Clinic Children’s Hospital of Wisconsin</i>   |
| 7:20pm – 7:40pm | Break   |
| 7:40pm – 8:20pm | <b>Panel discussion: Three district’s Approaches to Bridging Barriers</b><br>Leanna Manser, BSN, RN & Tricia Schuetz MAEL, RN, BSN Panel Facilitators<br>Kara Anderson, RN, <i>Milwaukee Public Schools</i> ; Melinda Vose, BSN, RN, <i>Kettle</i><br><i>Moraine Public Schools</i> and Aimee H. Schneidewent, Ed.S. NCSP<br>School Psychologist & Pam Brees, MSW, School Social Worker<br><i>Elmbrook Public Schools</i> |
|                 | Evaluation  |

CPR in Schools Training Kit empowers students to learn the core skills of CPR, choking relief, and AED skills – all in one class period. This easy-to-use educational kit developed by the American Heart Association is designed to specifically meet the needs of schools. It is portable and reusable, allowing for easy storage and convenient transportation from classroom to classroom.



## WHAT IS TAUGHT

- Adult Hands-Only CPR
- Child CPR
- Adult Choking
- Child Choking
- General AED Awareness

## COURSE DELIVERY

Learn the skills to save a life in a school setting led by a facilitator.



IN-SCHOOL



FACILITATED  
GROUP

## HOW IT WORKS

Any educator or student can facilitate the training session in one class period. During the training session, students practice on a Mini Anne® Plus manikin while watching and learning CPR skills on the DVD. The kit comes complete with a facilitator guide and a facilitator binder that include a Lesson Plan, pre- and post-tests, a certificate of participation, and additional resources. This method is a research-proven way for students to learn and retain the lifesaving skills of CPR.

## KIT CONTENTS

The CPR in Schools Training Kit (AHA product #15-1044) includes

- 1 wheeled classroom carry bag
- 10 Mini Anne Plus inflatable manikins
- 10 individual carry bags
- 1 hand pump for manikin inflation
- 5 practice-while-watching training DVDs (NOTE: DVD has not been updated to reflect 2015 Guidelines; however, guidance for providing necessary science updates to students is provided in the CPR in Schools Lesson Plan)
- 1 Facilitator Guide
- 1 Facilitator Binder that contains the Lesson Plan, pre- and post-test, and additional supplementary material
- 10 AED training simulators
- 2 mesh collection and storage bags
- 10 replacement airways
- 10 replacement face masks
- 50 manikin wipes

The all-in-one kit contains everything needed to facilitate CPR in Schools training for 10-20 students at once. The process can be easily repeated to train an entire class, grade, or even an entire school. One kit can train hundreds of students!

**Order Today!**

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# CPR in Schools



## Frequently Asked Questions (FAQs)

**Q: What is the CPR in Schools Training Kit?**

A: The American Heart Association's newly upgraded CPR in Schools Training Kit™ enables students to learn the lifesaving skills of CPR in just one class period. Plus, the kit teaches AED use and choking relief. The easy-to-use kit is designed specifically for the needs of schools. The kit's brand new wheeled bag allows for convenient movement from classroom to classroom as well as easy storage. It's also reusable – a single kit can train hundreds of people.

**Q: Does the CPR in Schools Training Kit teach the latest science?**

A: The instructional DVD included in the kit reflects science from the *2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care*. Guidance for providing necessary science updates from the 2015 Guidelines Update to students is provided in the CPR in Schools Lesson Plan.

**Q: Where can I purchase a kit or learn more about it?**

A: The CPR in Schools Training Kit can be purchased at [www.heart.org/cprinschools](http://www.heart.org/cprinschools) or by calling the CPR in Schools Hotline at 1-866-935-5484.

**Q: Who is the target audience for this kit?**

A: The kit was developed for educators, school nurses, or even student leaders to train groups of 10 to 20 students at once in a school setting. The kit can also be used to train school faculty, staff, parents, volunteers, and community members to extend the lifesaving skills into the community.

**Q: Will this kit help me meet the new CPR in Schools graduation requirement?**

A: Each state has specific CPR legislation. Please refer to the interactive map at [www.heart.org/cprinschools](http://www.heart.org/cprinschools) to see the legislation for your state.

**Q: How many kits do I need to train my student body?**

A: Each CPR in Schools Training Kit can train 10 to 20 students at once. If your class contains 30 students, you can purchase three kits to train your whole class at one time or you can purchase one or more kits and train students in groups of 10 to 20 at a time.

**Q: Will students who complete this training program receive an AHA course completion card?**

A: No, completion of this course does not result in an AHA course completion card. However, facilitators can issue certificates of participation to all who complete the course by using the included template.

**Q: Can the CPR in Schools Training Kit be used to teach Hands-Only CPR or CPR with breaths?**

A: Yes. The kit teaches Hands-Only CPR and CPR with breaths (used with children) for schools interested in teaching that skill.

[www.heart.org/cprinschools](http://www.heart.org/cprinschools)

# CPR in Schools



## Frequently Asked Questions (FAQs)

**Q: What is included in the CPR in Schools Training Kit?**

A: The portable, easy-to-use kit includes

- 1 wheeled classroom carry bag
- 10 Mini Anne® Plus inflatable manikins
- 10 kneel mats
- 10 individual carry bags
- 1 hand pump for manikin inflation
- 5 practice-while-watching training DVDs
- 1 Facilitator Guide
- 1 Facilitator Binder that contains the Lesson Plan, pre- and post-test, and additional supplementary materials
- 10 AED training simulators
- 2 mesh collection and storage bags
- 10 replacement airways
- 10 replacement face masks
- 50 manikin wipes

**Q: What curriculum and skills are taught in the CPR in Schools Training Kit?**

A: This course covers

- Adult Hands-Only CPR
- Child CPR
- Adult and child choking relief
- Use of an AED

**Q: About how long does CPR in Schools training take to complete?**

A: The kit is designed to teach the core skills of CPR in just one class period.

**Q: Is the CPR in Schools Training Kit available in other languages?**

A: Yes, the kit is fully bilingual (English/Spanish) for the US market. No additional translations of the kit are planned at this time.

**Q: Does the CPR in Schools Training Kit teach infant CPR?**

A: No. However, Infant CPR Anytime® is available at [www.shopcpranytime.org](http://www.shopcpranytime.org) and provides anyone who cares for an infant under 12 months old with the lifesaving skills of infant CPR.

[www.heart.org/cprinschools](http://www.heart.org/cprinschools)

# CPR in Schools



## Frequently Asked Questions (FAQs)

**Q: How is the CPR in Schools Training Kit packaged?**

A: The all-in-one CPR in Schools Training Kit comes in a canvas, zippered bag measuring 790 × 300 × 450 mm (31.1 × 11.8 × 17.7 inches). The cardboard box the kit is shipped in measures 825 × 300 × 465 mm (32.5 × 11.8 × 18.3 inches).

**Q: Is the Mini Anne Plus manikin latex-free?**

A: Yes.

**Q: Is the CPR in Schools Training Kit DVD closed captioned for the hearing impaired?**

A: Yes.

**Q: How many times can I use the CPR in Schools Training Kit?**

A: Each kit trains hundreds of students, and each manikin can withstand a maximum of 300,000 compressions.

**Q: Can the CPR in Schools Training Kit be used by groups or organizations that are not schools?**

A: Yes.

**Q: Are the individual components of the CPR in Schools Training Kit sold separately?**

A: Yes. Replacement faces, lungs, and manikin alcohol wipes may be purchased separately at [www.schoolhealth.com](http://www.schoolhealth.com).

**Q: What do I do if 1 of the 10 manikins in my kit becomes punctured or torn?**

A: Replacement Mini Anne Plus manikins may be purchased separately at [www.laerdal.com/us/cprinschools](http://www.laerdal.com/us/cprinschools).

**Q: Can I return the CPR in Schools Training Kit?**

A: Because of the nature of this product, the AHA does not accept returns on this product except as covered by the limited warranty here: [www.laerdal.com/binaries/ACZQAYDX.pdf](http://www.laerdal.com/binaries/ACZQAYDX.pdf).

**Q: Whom should I contact if I have problems with the CPR in Schools Training Kit?**

A: For problems with this product, customers should contact the CPR in Schools Hotline at 1-866-935-5484.

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