

SCHOOL NURSE UPDATE 2017-18 #3 9.19.17

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION SCHOOL NURSING/HEALTH SERVICES CONSULTANT

Greetings from DPI!

I hope the first few chaotic back-to-school weeks are behind you. Don't forget to celebrate that you survived another (or your first) start to the school year! Speaking of first school year, please note the information under **Save the Date!** regarding **the New School Nurse Orientation**. Also note the first day of the seminar the location has been moved due to a scheduling conflict.

I'm excited to share with you information on **Laura Marty, BSN, RN** who joined the DPI on August 21, 2017, as the **School Nurse Consultant** focusing on the chronic disease management grant. See her **letter of introduction and bio below**.

In answering an inquiry from a Wisconsin school nurse I reviewed the United States Department of Agriculture (USDA) **guidance to school nutrition programs**. I learned that while the implementation of USDA guidelines is up to the individual school district, food services should be using a broad interpretation of what constitutes a disability when determining food substitutions and required documentation. This would be in line with how school districts interpret for 504 accommodations. **Rather than weighing medical evidence or information to determine if the condition is severe enough to warrant a food substitution, the focus is to ensure the student has an opportunity to participate in the school lunch program.** See **PRACTICE POINTS** at the end of this update for three more pieces of guidance. The entire guidance document can be found on the DPI [Special Dietary Needs](#) webpage.

The Department of Health Services (DHS) has now posted the **interactive school immunization web map on the DHS school page**: <https://www.dhs.wisconsin.gov/immunization/reqs.htm>. It can also be accessed on their data page: <https://www.dhs.wisconsin.gov/immunization/data.htm>. **This web map provides the public with immunization compliance and waiver rates for every school district in Wisconsin.** School nurses and school administrators should note that the **compliance rates listed on this map are not the rates that should be used to determine exclusion for districts not meeting the 99% compliance rate.** The map rates may vary slightly due to statistical averaging. The exclusion rates for public schools can be found on the DHS website at <https://www.dhs.wisconsin.gov/immunization/compliance-public-districts.pdf> and for private schools at <https://www.dhs.wisconsin.gov/immunization/compliance-private-schools.pdf>

Louise Wilson, MS, BSN, RN, NCSN

MEET LAURA MARTY – SCHOOL NURSE CONSULTANT

Greetings and welcome back to another Wisconsin school year! I am so honored to have joined the amazing staff at DPI as a School Nurse Consultant and am looking forward to supporting school nursing statewide. My primary focus will be on the chronic illness management grant known as WILY (Wellness Improves Learning for Youth).



You can read more about it here: <https://dpi.wi.gov/sspw/pupil-services/school-nurse/wellness-improves-learning-for-youth/chronic-illness-management>. I am eager to network with the other partners that support this grant and to providing the chronic illness management resources and technical assistance to the partnering school districts.

I graduated from the University of Wisconsin – Eau Claire in 2000 and have been a Registered Nurse for almost 17 years. I have experience in several areas of nursing including Maternal and Child Health, Public Health, Adult and Aging, and, of course, School Nursing. I have been fortunate to work with a number of school districts in developing their school nursing practices, advocating for use of technology for records and data collection, and promoting collaborative relationships with other district staff and community partners.

I live in New Glarus with my husband, Jance, and our three children, Emma, Max and Quinn. I am the New Glarus Girls' Volleyball Junior Varsity coach and I also coach basketball to support New Glarus' Youth Basketball program. We are a busy family with much to be grateful for and are simply trying to enjoy every day to the fullest. 😊

School Nursing is truly a distinctive and praiseworthy profession and your work in our schools, for our student population, is invaluable. Thank you for all you do! Please feel free to email or call anytime.

Here's to a great 2017/2018 School Year!

Laura
608-264-6719
Laura.Marty@dpi.wi.gov

Save the Date!

New School Nurse Orientation

New School Nurse Orientation
October 11-12, 2017 - Madison

Wednesday Crowne Royal Hotel

Thursday Holiday Inn - American Center.

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

Cost \$100.00

Hotel accommodations at Holiday Inn. Information can be found under registration link.



Webinar: The Whole School, Whole Community, Whole Child (WSCC) Model: Resources to Guide Implementation

September 21st - 1:00-2:00pm ET

See more information below.



Building the Heart of Successful Schools



See attached flyer for more details

Influenza Resources Available

The Centers for Disease Control and Prevention has updated the [2017-2018 Influenza Digital toolkit](#) and [the National Influenza Week toolkit](#). CDC also posted the [influenza vaccine recommendations](#) for the 2017-2018 season.

[EZIZ](#) has updated their [pediatric and adult influenza vaccine product and dosing list](#) to reflect the 2017-2018 influenza season's products (please note, some of the vaccines listed may not be available through the Wisconsin VFC program).

Interested in learning about Wisconsin's influenza vaccine coverage from the 2016-2017 season? You can find Wisconsin's state-wide and local vaccine rates on the [Wisconsin Immunization Program Data](#) page.

Important: Article on Influenza Vaccines and Spontaneous Abortions

A study entitled "Association of spontaneous abortion with receipt of inactivated influenza vaccine containing H1N1pdm09 in 2010–11 and 2011–12" was published on September 13, 2017 in the journal *Vaccine*.

This CDC- funded study found that women vaccinated early in pregnancy with a flu vaccine containing the pandemic H1N1 (H1N1pdm09) component and who also had been vaccinated the prior season with a H1N1pdm09-containing flu vaccine had an increased risk of spontaneous abortion (miscarriage) in the 28 days after vaccination. In the same study, when vaccination was given either later in the first trimester or in the second or third trimester, there was no association seen with pregnancy loss or any other adverse pregnancy outcomes. It is important to note that the study had a small sample size and that it cannot quantify the risk and cannot establish that the vaccine was the cause of the miscarriage.

Some key messages for your patients include:

- Public health officials take these study results seriously, and they indicate a need for follow-up research. This study indicates a correlation, but cannot tell us the cause of the miscarriages.
- Influenza can be dangerous for pregnant women and their developing babies.
- Influenza vaccines, which have a long and very good safety record, can protect pregnant women and their babies from flu.
- Public health officials, including the Advisory Committee on Immunization Practices and the American College of Obstetricians and Gynecologists, continue to recommend influenza vaccination for pregnant women during any trimester or pregnancy.

More information on this topic is available from [the Centers for Disease Control and Prevention](#).

CDC Releases New Data on the Connection between Student Health and Academic Performance

CDC's September 7th issue of [The Morbidity and Mortality Weekly Report](#) confirms high school students reporting lower academic grades also report great health risk behaviors. In addition, data from the [2015 National Youth Risk Behavior Survey \(YRBS\)](#) show that students with higher grades are less likely to participate in certain risk behaviors. While results do not prove a causal link, students who reported engaging in unhealthy behaviors struggle academically.

Webinar: The Whole School, Whole Community, Whole Child (WSCC) Model: Resources to Guide Implementation



This webinar will introduce a new resource that has been developed to support implementation of the Whole School, Whole Community, Whole Child (WSCC) model in schools and school districts. It will also highlight the efforts of Boston Public Schools to implement the WSCC model district-wide. The WSCC model is based on elements of the traditional coordinated school health approach (CDC) and the whole child framework (ASCD). Presenters will provide implementation strategies for use in schools and school districts, and describe the steps that schools can take to move the WSCC model from theory to practice.

Learning Objectives:

- * Describe the purpose of the WSCC Implementation Guide
- * Describe the process and steps outlined in the WSCC Implementation Guide
- * Describe the positive changes in school health environments, policies and practices that have occurred in Boston Public Schools as a result of adopting the WSCC model.

Panelists:

- * Rachelle Johnsson Chiang, MPH, DrPH, Senior Consultant, School Health, National Association of Chronic Disease Directors
- * Lara Peck, MPH, Professional Development Consultant, RMC Health
- * Jill Carter, EdM, MA, Executive Director, Health and Wellness, Boston Public Schools

September 21st - 1:00-2:00pm ET

To register: <https://attendee.gotowebinar.com/register/3203796948463333121>

Updated Project ADAM Heart Safe School checklist. (Attachment)

Project Adam has released a revised checklist. This form can be downloaded and filled out electronically. Once returned, Project ADAM can assist schools where needed. Additionally, their national website (www.projectadam.com) has a link to many resources for schools to use to achieve the Heart Safe School Designation under the "Heart Safe Schools" tab. In this section, there are various documents and training videos for schools to use and tailor to their individual needs.

SBIRT trainings coming up in Northeastern Wisconsin

UW School of Medicine and Public Health (SMPH) has a SAMHSA grant to put on 4-hour SBIRT trainings around Wisconsin. Two (inexpensive) opportunities for school staff to receive SBIRT trainings are coming up in mid-October in Green Bay and Appleton:

10/10/17

12:00pm - 4:00pm **SBIRT: Screening, Brief Intervention and Referral to Treatment**

Tundra Lodge
865 Lombardi Ave.
Green Bay, WI 54304

10/11/17

8:30am - 12:30pm **SBIRT: Screening, Brief Intervention and Referral to Treatment**

Best Western Midway
3033 W. College Ave.
Appleton, WI 54914

Cost is \$15 per trainee. People can register at: <https://www.uwgb.edu/behavioral-health-training-partnership/training/classroom-training/>

All interested professionals, paraprofessionals and trainees are welcome to attend. The training is particularly appropriate for professionals in general healthcare, mental health, social services, educational and corrections settings.



WISCONSIN DEPARTMENT
of HEALTH SERVICES

DPH Information Update

Wisconsin Immunization Program

Interested in student immunization rates at Wisconsin schools? Check out the new interactive webmap.

The Wisconsin Division of Public Health has just launched a [new interactive web map](#) that displays student immunization rates for all Wisconsin schools and all Wisconsin public school districts from the 2016-2017 school year. Parents, schools, public health and health care professionals are encouraged to search the map to find school and district immunization information, including the percent of students at each school who are fully vaccinated according to the [Wisconsin Student Immunization Law](#). Links to the web map can be found on the [Immunization Rate Data page](#) and on the [School Immunization Requirements page](#). In addition, downloadable spreadsheets of the immunization rates for each school and each district can be found on the [Immunization Rate Data page](#) in the section for Children Ages 0-18 years.

Looking for Wisconsin immunization rates? Immunization data are now in the Environmental Public Health Tracking Data Portal.

Immunization rates for Wisconsin are now available through the [Environmental Public Health Tracking Data Portal](#). Choose 'Immunization' from the drop down menu to view the immunization data available. These data were previously, and continue to be, available on the [Immunization Rate Data page](#). Using the portal is an easy and interactive way to view and monitor vaccination trends over time, by county, and statewide.

Click here for more information on the immunization rates available on the Portal:
<https://www.dhs.wisconsin.gov/epht/immunizations.htm>

Children's trauma lasts long after disasters, studies show

"While floodwaters may recede in a matter of days or weeks, students in communities hit by natural disaster often face disruptions for months or years, including missed school, living in a shelter or a home under repair, and experiencing family financial and emotional stress." [Full article in Education Week](#)

PRACTICE POINTS

When determining how to accommodate food substitutions in the School Meal Programs a food allergy will generally be considered a disability. Under the definition of disability in the ADA, a food allergy does not need to be life-threatening or cause anaphylaxis in order to be considered a disability. A non-life-threatening allergy may be considered a disability and require a meal modification, if it impacts a major bodily function or other major life activity (such as digestion, respiration, immune response, skin rash, etc.).

In keeping with broader interpretations a food intolerance may be considered a disability if it substantially limits a major life activity. For example, if a child’s digestion (a major bodily function) is impaired by gluten intolerance, their condition may be considered a disability regardless of whether or not consuming wheat causes severe distress. <https://fns-prod.azureedge.net/sites/default/files/cn/SP26-2017os.pdf>

USDA’s guidance to school nutrition programs states that medical statements are not required to be updated on a regular basis. When school food services receive updated medical information, they must ensure that medical statements on file reflect the current dietary needs of participating children. School food services may require updates as necessary to meet their responsibilities, but should carefully consider the burden obtaining additional medical statements could create for parents and guardians when establishing such requirements.

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

EpiPen® (epinephrine injection, USP) Auto-Injectors

EPIPEN 4 Schools®

EpiPen4Schools® is a free, nationwide program offered by Mylan, the marketer and distributor of EpiPen® (epinephrine injection, USP) and EpiPen Jr® (epinephrine injection, USP) Auto-Injectors.

The program launched in August 2012 to help improve access to epinephrine in the event a person experiences a life-threatening allergic reaction (anaphylaxis) in the school setting.



Program Fast Facts



67,000+
schools*
have participated
nationwide

Program has provided:

>716,000 EpiPen® Auto-Injectors and EpiPen Jr® Auto-Injectors to date



How do schools register?†

1 Visit EpiPen4Schools.com

2 Click "Start the Process"

3 Create a username with school information

4 Follow the steps and complete your order



EpiPen4Schools® Survey Results

An exploratory, cross-sectional, web-based survey of **more than 6,000 schools** examined the characteristics of anaphylactic events and epinephrine auto-injector use in U.S. schools participating in EpiPen4Schools® during the 2013-2014 school year. Results showed:

In those events when an epinephrine auto-injector was used, **nearly half (48.7%)** were treated with an EpiPen® Auto-Injector provided by the EpiPen4Schools® program.



There were a total of **919 anaphylactic events** among students and staff at **607 schools**.



Know the Facts: Anaphylaxis

43 MILLION PEOPLE in the U.S. are at risk for life-threatening allergic reactions due to allergic sensitivities.



An estimated **one in 13 children in the U.S. lives with a food allergy** that puts them at risk for anaphylaxis. That means that children at risk for anaphylaxis may be present in almost every classroom.



25% of the life-threatening allergic reactions reported at schools happened in children with no previous diagnosis of a food allergy.



Legislation Corner

On Nov. 13, 2013, President Obama signed **The School Access to Emergency Epinephrine Act (H.R. 2094)**, which encourages states to adopt laws requiring schools to have epinephrine auto-injectors so it is available should anaphylaxis occur in the school setting.



In 2010

8 states allowed stock epinephrine legislation in schools.



In 2016

48 states have enacted laws or policies allowing or requiring schools to stock epinephrine auto-injectors.

*As of September 2016

†A school will only receive EpiPen® Auto-Injectors in accordance with all applicable laws. The school must submit a valid prescription in order to qualify for this program. There is no requirement for a school to purchase additional EpiPen® or EpiPen Jr® Auto-Injectors or any other Mylan product.

Indications

EpiPen® (epinephrine injection, USP) 0.3 mg and EpiPen Jr® (epinephrine injection, USP) 0.15 mg Auto-Injectors are for the emergency treatment of life-threatening allergic reactions (anaphylaxis) caused by allergens, exercise, or unknown triggers; and for people who are at increased risk for these reactions. EpiPen® and EpiPen Jr® are intended for immediate administration as emergency supportive therapy only. Seek immediate emergency medical help right away.

Important Safety Information

Use EpiPen® or EpiPen Jr® Auto-Injectors right away when you have an allergic emergency (anaphylaxis). **Get emergency medical help right away.** You may need further medical attention. Only a healthcare professional should give additional doses of epinephrine if you need more than two injections for a single anaphylactic episode. EpiPen® or EpiPen Jr® should **only** be injected into the middle of your outer thigh (upper leg), through clothing if necessary. Do not inject into your veins, buttocks, fingers, toes, hands or feet. Hold the leg of young children firmly in place before and during injection to prevent injuries. In case of accidental injection, please seek immediate medical treatment.

Rarely, patients who have used EpiPen® or EpiPen Jr® may develop an infection at the injection site within a few days. Some of these infections can be serious. Call your healthcare professional right away if you have any of the following at an injection site: redness that does not go away, swelling, tenderness, or the area feels warm to the touch.

Tell your healthcare professional about all of your medical conditions, especially if you have asthma, a history of depression, thyroid problems, Parkinson's disease, diabetes, high blood pressure or heart problems, have any other medical conditions, are pregnant or plan to become pregnant, or are breastfeeding or plan to breastfeed. Be sure to also tell your healthcare professional all the medicines you take, especially medicines for asthma. **If you have certain medical conditions, or take certain medicines, your condition may get worse or you may have longer lasting side effects when you use EpiPen® or EpiPen Jr®.**

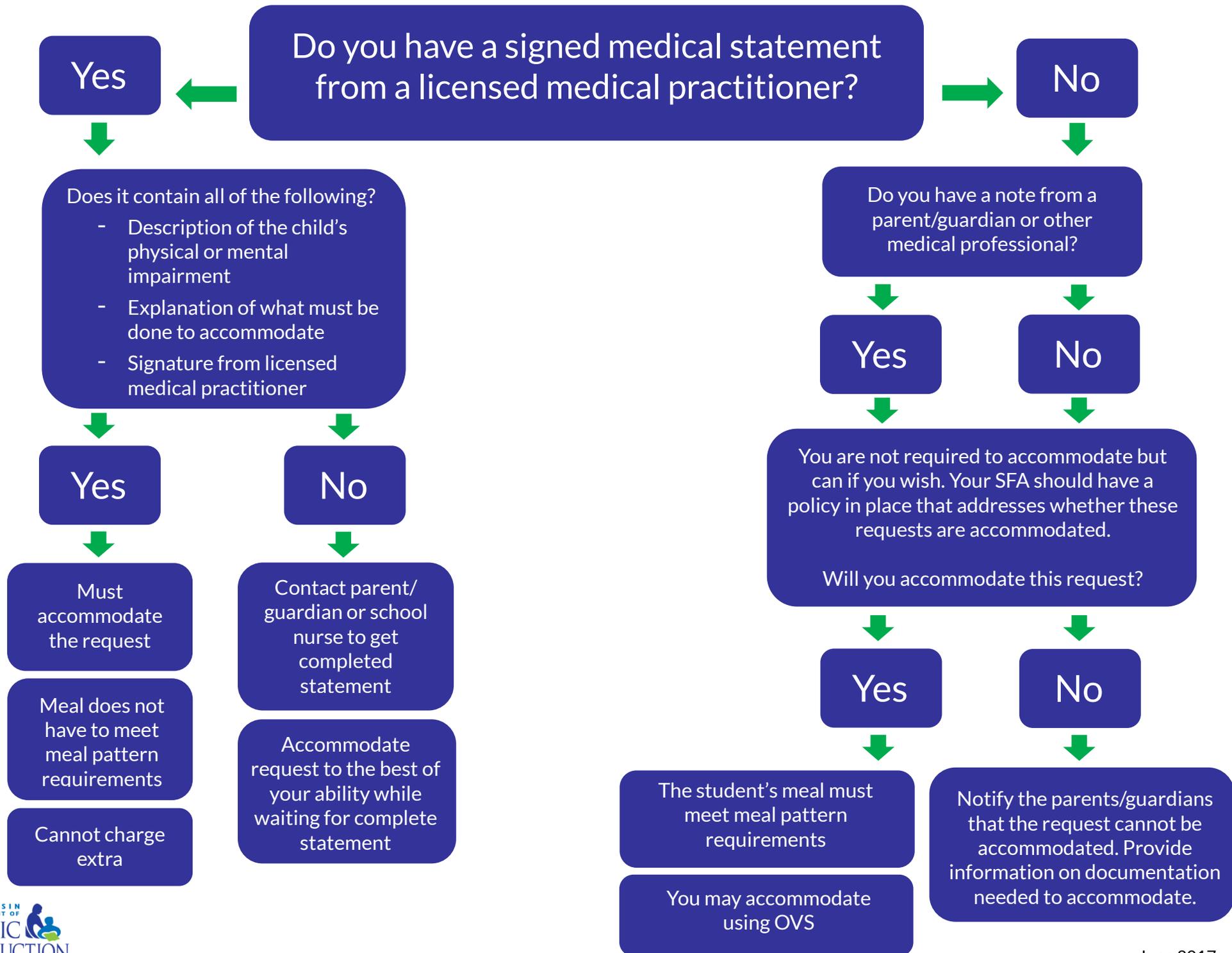
Common side effects include fast, irregular or "pounding" heartbeat, sweating, nausea or vomiting, breathing problems, paleness, dizziness, weakness, shakiness, headache, feelings of over excitement, nervousness or anxiety. These side effects usually go away quickly if you lie down and rest. **Tell your healthcare professional if you have any side effect that bothers you or that does not go away.**

Please see the full [Prescribing Information](#) and [Patient Information](#).

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

For additional information, please contact us at 800-395-3376.



Project ADAM Heart Safe School Designation Checklist

A comprehensive school program for prevention of sudden cardiac death.

Instructions: This tool is used as an initial assessment of your school. Please fill out one checklist per school and return to your Project ADAM Program Coordinator.

Name of School:

Name of District:

Elementary school Middle school High school Private Other:

Student enrollment:

CPR-AED site coordinator or contact person:

Email:

Phone:

Main school phone:

Number of staff trained as CPR-AED rescuers:

PROGRAM QUALITY	YES	NO	NEED HELP	COMMENTS
A CPR-AED site coordinator is identified, who oversees the CPR-AED program activities and training.				
The placement of the AED(s) makes it accessible from any part of the building or campus within 2-3 minutes.				
AED(s) have clear signage.				
There is a designated cardiac emergency response team comprised of at least 10% of staff or 5-10 people.				
CPR-AED training for the cardiac emergency response team is updated annually (or every 2 years) and there is a system in place to track retraining.				
All faculty and staff know where the AED(s) are located and how to access them.				
All faculty and staff have annual awareness training on sudden cardiac arrest (warning signs, recognition, communication procedures, other staff roles, etc.) and our school's cardiac emergency response plan.				
We have a cardiac emergency communication code (overhead page or other) to notify responders and others in the area that an incident is occurring. Staff outside always carry a communication device.				

PROGRAM QUALITY	YES	NO	NEED HELP	COMMENTS
The AED(s) is checked for performance readiness at least monthly, or per manufacturer's directions and documented each time.				
We keep a first responder kit near or attached to the AED which includes: CPR barrier device, scissors, gloves, razor, and towel.				
We conduct at least one annual cardiac emergency response drill (AED drill) to test our emergency plan and communication.				
We have a written cardiac emergency response plan that is reviewed annually.				
Local emergency medical services have been notified of our CPR-AED program.				
Our school's written cardiac emergency response plan has been shared with extracurricular activities and community groups who utilize our school campus.				
Other comments about your program:				

It is recommended but not required that your program has oversight by a physician medical director. If you have questions, please let us know.

Once all criteria are met:

Please have your school administrator sign at the bottom and email this checklist to your Project ADAM Program Coordinator and he/she can assist you in processing Project ADAM Heart Safe School Designation.

I hereby attest that the above statements are true and correct to the best of my knowledge.

School Administrator: _____ Date:

{A copy should be returned to Project ADAM and a copy retained in school files with the CPR-AED site coordinator}.

If your AED is used:

- Conduct an incident debrief meeting with the cardiac emergency response team.
- AED maintenance should occur within 24 hours. Project ADAM will replace your pads if the AED is used.
- The School Incident form should be completed and returned to your Project ADAM Program Coordinator.

Contact Information:

- Tracie Haugen, Project ADAM Coordinator, thaugen@chw.org
- Alli Thompson, Project ADAM Administrator, ajthompson@chw.org

Save the Date!

Building the Heart of Successful Schools December 7-8, 2017



New Location!

Radisson Paper Valley Hotel Appleton, WI

Two Preconferences December 6

Youth Mental Health First Aid
or Human Trafficking

Keynotes

Whole School, Whole Community, Whole Child
Sean Slade, Director of Outreach, ASCD

Kids Do Well If They Can
Ross W. Greene, Ph.D., Psychologist, Author

Sectional Topics

Compassion Resilience, SBIRT, Mindfulness, Active Classrooms, School-Based Mental Health, Social and Emotional Learning, PBIS, Skills-Based Instruction, Trauma-Informed Schools, School-Community Partnerships, Caring Classrooms, Sexual Harassment

REGISTER TODAY!
dpi.wi.gov/sspw/conference

Healthy Nurses Supporting Healthy Learners

Celebrating the Year of the Healthy Nurse

Save the Date

When:

Wednesday October 4th
5:00 to 8:00 PM

Where:

UW School of Nursing Cooper Hall
701 Highland Avenue

Keynote Address:

*Putting Health Back Into Health
Care*

Shilagh Mirgain, Ph.D.
Clinical Psychologist, UW School of Medicine
& Public Health

Increase knowledge of

- mind-body skills to foster optimal health
- skills to cultivate well-being & greater happiness in the workplace

Additionally:

Choice of a clinical practice topic offering insight into complimentary & unique pediatric and school nurse practice roles. Planned sessions will address the topics of LGBTQ+ and opioid use.

Invited:

- Primary Care Nurses
- Specialty Care Nurses
- School Nurses

No Charge to Attend

Light Supper Served

Register at:

www.uwhealthkids.org/healthylearner

Sponsored by:

- Healthy Learner Collaborative
- American Family Children's Hospital



healthy learner collaborative of wisconsin