



School Nurse Update

#3 9/25/18

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IN THIS ISSUE

Welcome Fall!

For many it has been a bumpy start to the school year. Severe weather and flooding has impacted school start dates and operations in many areas of the state. With empathy, we think about our school nurse colleagues on the east coast. Natural and man-made events can be destructive and can affect a child's physical environment and mental health. Read the recent [CDC feature](#) that includes **tips for school staff and caregivers on helping students cope after a disaster**. See the **infographic** included in this Update.

Part of school nurses' 21st century school nursing practice involves both leadership and community/public health roles. Capitalize on mother nature's teachable moment and help parents stay prepared in the event of being separated from their child during an emergency by sharing the CDC's [Backpack Emergency Cards](#). Additionally, consider writing a blog or newsletter article for your school on disaster preparedness.

Besides immunizations, developing care plans, and delegation of nursing procedures, school nurses are already busy **preparing for cold and flu season** in the school setting. This Update contains several resources including a DHS **handwashing poster**.

I am often questioned regarding "**when should schools send children home?**" Many authorities use either 100.0 F (37.8 degrees Celcius) or 100.4 F (38.0 degrees Celcius) as a cut-off for fever, but this number actually can range depending on factors such as the method of measurement and the age of the person, so other values for fever could be appropriate. CDC has public health recommendations that are based on the presence (or absence) of fever. What is meant by this, is that the person's temperature is not elevated beyond their norm. <https://www.cdc.gov/flu/school/guidance.htm>

In today's world, **I suggest schools use 100.4** if there needs to be a cut off. No parent can argue that their child is well enough to be in school if the child's temperature is 100.4. I have never encountered a child with a temperature of 100.4 just from running in gym. I have observed temperatures of 99.8 before. So changing it seems prudent given the varied professional standards.

Another topic I have increasingly been asked for information regarding the **use of CBD oil in schools**. **PRACTICE POINTS** summarizes the latest information on this topic for Wisconsin school nurses.

Guidance on Behavioral Treatment of Students

**Communicable Disease Annual Report
Nasal Glucagon**

Seizure Training Resources

E-Cigarettes

Scope of Practice Resources

Supporting Neurodiverse Students

Managing Concussions

Make a Wish flyer

Diabetes Friendly Language

PRACTICE POINTS- Summary of CBD Oil Use in Wisconsin

SAVE THE DATE

**DPI New School Nurse Orientation-
October 18-19, 2018 - Wausau WI**
[Registration now open!](#)

**Wisconsin Association of School
Nurses Annual Conference - April 8-
10, 2019 Wisconsin Dells**



Announcing a New Professional Learning System: Supporting Neurodiverse Students

The DPI is excited to announce a new statewide professional learning system entitled Supporting Neurodiverse Students. This learning system includes trainings to be held at each CESA across the state, as well as online discussion groups, book clubs, and other website resources. This system is designed to support educators serving students with disability-related needs in the area of social and emotional learning. Specific topics include self-regulation, social communication, flexibility, resilience, sensory processing, and executive functioning. This training is beneficial for all education professionals supporting students with autism, students with emotional behavioral disabilities, or other neurodiverse students, including those who may have a history of adversity or be experiencing mental health challenges. (Parents are also invited to attend at no cost.) Emphasis will be placed on Universal Design for Learning, inclusive practices, self-determination and self-advocacy, College and Career Ready IEP Five-Step Process and CCR-IEP Five Beliefs enriched by evidence-based improvement strategies. Additional information including links to registration is available at <https://tinyurl.com/neurodiversitywi>.

The **2018 Building the Heart of Successful Schools Conference (December 5-7, 2018)** brochure is now available online. The brochure contains detailed descriptions of the keynote addresses, breakouts as well as an at-a-glance agenda.

The brochure, as well as lodging and registration information, can be found at: <https://dpi.wi.gov/sspw/conference>.

DPI News

Dr. Tony Evers's Budget Announcement

In submitting his 2019-21 budget for kindergarten through 12th-grade education, State Superintendent Tony Evers said the budget “responds to the very real challenges our schools and educators face each and every day. It changes how we fund our schools and provides resources to our educators to meet the needs of every child.”

Additional information is available on the Department of Public Instruction newsroom website.

News Release

PDF: <https://dpi.wi.gov/sites/default/files/news-release/dpinr2018-85.pdf>

HTML: <https://dpi.wi.gov/news/releases/2018/evers-statement-k-12-education-budget>

DPI and DHS Joint Guidance

In conjunction with the Department of Health Services, the department has developed joint guidance on providing behavioral treatment for school-age children, covering such issues as school absences and treatment in the school setting. This guidance document clarifies the responsibilities under both the Individuals with Disabilities Education Act (IDEA) and federal Medicaid law, and highlights important considerations for both school districts and behavioral treatment providers. The joint guidance may be found at the following link: <https://dpi.wi.gov/sites/default/files/imce/sped/pdf/DPI-and-DHS-Joint-Guidance.pdf>

Mental Health Email List

In an effort to better inform schools and communities about the school-based mental health resources available through the Department of Public Instruction, we are creating an email list. This email list will be used to inform you of school mental health grant updates, budget and policy updates, and training opportunities.

To register for this email list please find the link on the School Mental Health page on DPI's website

<https://dpi.wi.gov/sspw/mental-health>

You will see a link that will open to an email with the list address already populated. All you need to do is send it.



WISCONSIN DEPARTMENT of HEALTH SERVICES

Division of Public Health Receives National Accreditation

The Wisconsin Department of Health Services Division of Public Health is now nationally accredited by the Public Health Accreditation Board (PHAB). Wisconsin's Division is now among only 200 health departments (out of 3,000) to achieve this level of quality. Hospitals, day care centers, schools, and universities have long seen the value of accreditation, and now a similar designation is in place for public health departments at a national level. [Read more...](#)

The 2017 National Immunization Survey Teen-Report is Available

The [2017 National Immunization Survey \(NIS\) Teen](#) report is now available. This report provides the latest estimates of adolescent vaccination rates in the United States and Wisconsin. According to the survey data, in Wisconsin, nearly seven out of ten parents are choosing to vaccinate their children with the first dose of HPV. Additionally, the majority of adolescents are now completing the series. We encourage you to review the most recent [Morbidity and Mortality Weekly Report](#) (MMWR Aug 24, 2018) and continue to [educate parents about the importance of HPV vaccination](#) and to use [resources to improve HPV vaccination rates in your practice](#)

Bureau of Communicable Diseases 2016 Annual Report is here!

The Bureau of Communicable Diseases is excited to share the release of its [inaugural Annual Report!](#)

This report reflects all reportable communicable diseases in Wisconsin during January 1, 2016-December 31st, 2016. Included in this report are disease summaries, trends, as well as outbreak highlights from 2016. We hope this report can serve as a helpful resource when evaluating the burden of communicable diseases in Wisconsin.



Our longtime partner, the American Lung Association, is hosting its LUNG FORCE Expo on Nov. 14, 2018. We'd like to invite you to join us in learning about the latest treatments, resources and research to help those living with lung disease lead healthier, active lives.

[Register today](#) and take advantage of discounted early bird registration (ends Sept. 30)!

In addition, tell them that you heard about the expo from the [Wisconsin Asthma Coalition](#) and you'll be entered to win a FREE registration for next year's LUNG FORCE Expo! For more information and to register, visit www.lung.org/milwaukeeexpo or call 262-703-4200.

Appropriate Language in Clinical Settings Beneficial in Diabetes Care

The language used by health care providers when communicating with people with diabetes influences patient engagement with health services and diabetes self-management, according to a study published in *Diabetic Medicine*.

“Our review of the literature has found that poor language practices can lead to stigma, lack of engagement with diabetes self-management, low satisfaction with care and poor clinical outcomes,” **Cathy E. Lloyd, PhD**, professor of health studies in the School of Health, Wellbeing and Social Care at The Open University, United Kingdom, told *Endocrine Today*.

Researchers found that the use of “negative terms,” such as “uncontrolled,” “noncompliant” or “nonadherent,” can cause a disconnect between people with diabetes and health care practitioners that, in turn, leads to negative health outcomes.

They also found that people have different preferences for how they communicate that they have diabetes. For example, some would rather be referred to as “a person with diabetes,” whereas others prefer the word “diabetic.” [Read more...](#)

Seizure Training for School Staff Resources from the Epilepsy Foundation and the Department of Public Instruction

Seizures in School training video can be found here: www.youtube.com/watch?v=8NrQ_O1fwiU&t=119s

Administration of seizure rescue medications: <https://www.youtube.com/playlist?list=PLambIxavELhbRLCtMaYvF7bDYWfg7vHV9>

Contact Information for Epilepsy Foundation Heart of Wisconsin:

Anne Faulks
41 Park Ridge Avenue Suite C
Stevens Point, WI 54481
email: afaulks@epilepsywisconsin.org
website: www.epilepsywisconsin.org

FDA Application for Nasal Glucagon Submitted

Eli Lilly announced the submission of a new drug application to the FDA for investigational nasal glucagon for the treatment of severe hypoglycemia in adults and pediatric patients with diabetes, according to a statement from the company.

Lilly has also submitted a European Union marketing authorization application for nasal glucagon to the European Medicines Agency. If approved, nasal glucagon could be the first nasal dry powder spray rescue treatment for low blood glucose emergencies in people with diabetes. [Read more...](#)

Make-A-Wish grants the wishes of children with life-threatening medical conditions. Children must be older than 2 ½ years old and younger than 18 years old at the time of referral. They can be referred by anyone in the medical team, a teacher, parent, or the child him/herself. This year about 500 children will be diagnosed with a life-threatening condition, and our goal is to grant the wish of every child diagnosed. Last year our chapter granted 400 wishes, so we are closer than ever to meeting our goal!

More information can be found on <http://wisconsin.wish.org/>

Referrals can be made at www.md.wish.org.



How to Clean and Disinfect Schools to Help Slow the Spread of Flu

Cleaning and disinfecting are part of a broad approach to preventing infectious diseases in schools. To help slow the spread of influenza (flu), the first line of defense is getting vaccinated. Other measures include staying home when sick, covering coughs and sneezes, and washing hands often.

Below are tips on how to slow the spread of flu specifically through cleaning and disinfecting. Know the difference between cleaning, disinfecting, and sanitizing.

Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection. [Read more.](#)



From The Network for Public Health Law

Fact Sheet: The Role of School Nurse in Managing Students with Mild Brain Injury (Concussion)

As a school-based healthcare professional, the school nurse is likely to be the school staff member with the most comprehensive knowledge of mild brain injury. They are, therefore, best equipped to educate teachers, administration, students, and families about the signs and symptoms of mild brain injury and how to manage a student's reentry to academics and physical activity. School nurses can also provide leadership by communicating with health care providers about a student's management plan, necessary academic accommodations, and progress. This fact sheet outlines how, as a school-based healthcare professional, the school nurse is likely to be the school staff member with the most comprehensive knowledge of mild brain injury.

[View/download Fact Sheet](#)

50 State Survey: School Nursing Scope of Practice

Registered professional school nurses are uniquely positioned at the intersection of student health and education; they are trained to understand the complexity of the relationship between physical and mental wellbeing and academic achievement. This survey details the services, by state, that school nurses are permitted to provide. [View/download the 50 State Survey](#)

From CDC - Schools- Prepare for Flu Season!

Influenza causes more hospitalizations among young children than any other vaccine-preventable disease. The single best way to protect against seasonal flu and its potential severe complications is for children to get a seasonal influenza vaccine each year. Making healthy choices at school and at home can help prevent the flu and spreading flu to others. [Learn more...](#)

More from the CDC

As students begin the new school year, it is a good time to check their backpacks to make sure they have the right items to stay healthy and safe at school. Visit CDC's ["What's in their backpack?"](#) webpage for tips.

Remember that a healthy breakfast, lunch, and snack helps kids stay on track throughout the day. [Learn about School Meal Programs](#) in your area.

E-cigarettes are the most commonly used tobacco product among US middle and high school students. Most e-cigarettes contain nicotine and can look like USB flash drives, pens, and other everyday items. In adolescence, nicotine use can harm the parts of the brain that control attention, learning, mood, and impulse control. Learn [the risks of e-cigarettes for kids](#) and access [resources for parents, teachers, and health care providers](#).



News from NASN...



FDA Launches New Effort to Educate Children about Dangers of e-Cigarettes

The FDA's ["The Real Cost" Youth E-Cigarette Prevention Campaign](#), targets nearly 10.7 million youth, aged 12-17, who have used e-cigarettes or are open to trying them, and features hard-hitting advertising on digital and social media sites popular among teens, as well as placing posters with e-cigarette prevention messages in high schools across the nation. With its tagline, "Know the Real Cost of Vaping," the campaign aims to educate youth that using e-cigarettes, just like cigarettes, puts them at risk for addiction and other health consequences. This new campaign is part of the FDA's ongoing efforts to prevent disease and death caused by tobacco use and will complement the agency's other youth tobacco prevention campaigns.

Backpack Awareness Day is Coming!

Wednesday, September 26, 2018 is the American Occupational Therapy Association, Inc. annual Backpack Awareness Day. Learn about all of the fun activities and worksheets that you can share with your students and school community to [raise awareness for backpack safety](#). Take it a step further and put on a Weigh-In event at your school. Teach students, staff, and parents/guardians about backpack, purse, briefcase, and suitcase safety.

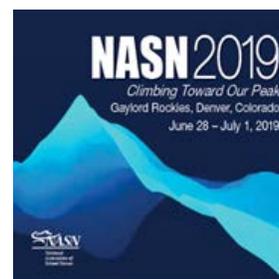
Latex Allergy Myths & Truths: What the Evidence Reveals Webinar

Thursday, October 11, 2018, 4:00-5:00 P.M., Eastern

Latex Allergy is a very complex allergy, because everyone's experience is unique. Some people have severe reactions while others only experience mild reactions. While there is no cure for latex allergy, prevention of symptoms is possible. The three keys are awareness, avoidance, and education. [Register today](#).

Abstract Open-Call: Moving Quality Improvement Forward

Have you done a quality improvement project in your school or district? Do you feel your school or district is moving school nursing practice forward in the 21st century based on your project? Well, [submit your abstract today for NASN2019](#) and share your experience with school nurses from around the world. See how your practice changes could positively impact other school nurses and school district practices. Submission options include oral presentations (breakout, workshop, or roundtable) or e-Poster. **Deadline for submitting an oral abstract is Wednesday, October 10, 2018 at 11:59 p.m. Eastern time.**



Further Reading....

[What Can a Nurse Do? How to Make Scope of Practice Decisions](#)

Medscape Nurses, 2018-09-09

See attached flyer for River Valley School District's "Notice of Vacancy" for a part-time school nurse position.

PRACTICE POINTS

The number of questions and inquiries regarding the use of CBD oil in schools has increased this summer and fall. School nurses are asking if school staff can administer, or can students self-administer and have CBD oil on campus. While the Department of Public Instruction is not issuing any set guidance on the use of CBD oil or medical marijuana in general,* I do feel it necessary to summarize issues school nurses should consider.

School nurses may also refer to a previous PRACTICE POINTS on this topic in the [#15 3.20.28 issue of the DPI School Nurse Update](#). School Nurses are directed to read the recently published guidelines from National Council of State Boards of Nursing "The NCSNB Nursing Guidelines for Medical Marijuana." This can be retrieved at: https://www.ncsbn.org/The_NCSBN_National_Nursing_Guidelines_for_Medical_Marijuana_JNR_July_2018.pdf

I begin with a reminder regarding the content of CBD oil. Medical marijuana (also called medical cannabis) is whole plant marijuana or chemicals in the plant used for medical purposes. Cannabinoids are substances in medical cannabis that act on cells in the body, including the brain. The two main cannabinoids used in medicine are tetrahydrocannabinol (TCH) and cannabidiol (CBD). Medical cannabis, CBD, and THC all have possible side effects. The most common side effects of CBD include sleepiness, diarrhea, fatigue, and decreased appetite. CBD also interacts with some other seizure medications. Wisconsin does not have a Medical Marijuana Program (MMP).

The U.S. Food and Drug Administration (FDA) has not approved the general use of CBD oil. The FDA recently approved the use of Epidiolex to treat seizures for people two years of age and older with Dravet syndrome and Lennox-Gastaut syndrome. (See [DPI School Nurse Update #2 9.11.18.](#)) Before Epidiolex can be distributed on the market, the Drug Enforcement Administration (DEA) must place it on the Drug Schedules. (It is anticipated this will occur by September 24, 2018. Watch for announcements.) Wisconsin law [Wisc. Stat. 961.11\(4g\)](#) allows for drugs, and in particular cannabidiol, to be (re)scheduled in Wisconsin as per federal scheduling and make changes within 30 days. The approval of Epidiolex is not an approval of marijuana or all of its components. It is the approval of one specific CBD medication for a specific use. Approval was based on well-controlled clinical trials evaluating the use in the treatment of a specific condition. This is a purified form of CBD. It is being delivered to patients in a reliable dosage form and through a reproducible route of delivery to ensure that patients derive the anticipated benefits.

CBD oil cannot be sold in a pharmacy in Wisconsin as it is not FDA approved and the pharmacy would lose its license. Physicians and other medical practitioners cannot write prescriptions for CBD oil in Wisconsin unless they are in a research study. Physicians (law only mentions physicians by title) can write a letter stating a person may possess CBD oil for (any) medical reasons. No longer is it limited to seizures. This affords the person in possession with protection under the Controlled Substances Law. ([Wisconsin Legislative Council Act Memo 2017 Wisconsin Act 4 Possession of Cannabidiol \[CDB\].](#))

Individuals are obtaining CBD oil from health food stores under the guise that the CBD oil was made from industrial hemp, which has limited legality in Wisconsin. The federal Farm Bill of 2014 allows a pilot program for the growth of hemp. Hemp products that contain 0.3% or less of THC may be sold commercially. Wisconsin has such a program so hemp products under this law are also outside the restrictions of the Controlled Substances Law.

The Department of Justice (both federal and thereby in Wisconsin) is not putting time and resources to determine if the sources of CBD oil came from industrial hemp under the limits of the agricultural law. So, while the supplies may or may not be illegal, no one is taking action.

In considering if school staff can administer CBD oil to students, districts should look to Wisconsin state laws, including [Wisc. Stat. 118.29](#). At this time, students cannot get a prescription order (except for Epidiolex). If one considers CBD oil as an over-the-counter product, districts will find the definition in [Wisc. Stat. 118.29\(1\)\(dm\)](#). "Nonprescription drug product" means any nonnarcotic drug product which may be sold without a prescription order and which is prepackaged for use by consumers and labeled in accordance with the requirements of state and federal law." As noted in the NCSNB guidelines, school nurses should be aware of the dosage and purity of the product administered. Whenever possible, patients should use products with laboratory-confirmed and listed concentrations of cannabinoids.

Proponents of hemp products are stating in some cases that CBD oil is not a medication but considered a nutritional supplement. Therefore, it would not fall under Wisc. Stat. 118.29 and should be allowed in schools. School districts can follow or develop medication policies and protocols regarding the administration of nutritional supplements and non-FDA approved substances.

Nothing precludes a student self-administering or a parent coming in and administering if a district policy allows such practices for other medications, and a district understands the possible ramifications with a non-FDA approved drug allowed on campus. (See [DPI School Nurse Update #2 9.11.18.](#)) If a district were to allow a student to bring CBD oil from one of these co-ops or mail order programs, a district could require that the person provide the "Department of Agriculture license" information from the company selling the products and the "fit for commerce" certificate. There is no way to confirm if these documents are from that exact bottle.

****The Department of Public Instruction has not issued any formal guidance on the matter of medical marijuana, cannabinoids, or cannabidiol. District personnel are encouraged to consult with their own legal counsels.***

School Nurse Webpage: <https://dpi.wi.gov/sspw/pupil-services/school-nurse>

To join the School Nurse Email List and receive school nursing updates send an email to: join-schoolnurse@losts.dpi.wi.gov



EASY AS ABC

THREE STEPS TO PROTECT YOUR CHILD DURING EMERGENCIES IN THE SCHOOL DAY



ASK how you would be reunited with your child in an emergency or evacuation



BRING extra medications, special food, or supplies your child would need if you were separated overnight



COMPLETE a backpack card and tuck one in your child's backpack and your wallet



ASK how you would be reunited with your child in an emergency or evacuation

How would you find your child if an emergency happened during the school day?

If students had to evacuate, where should parents/guardians go for pick up?

How would the school notify you in the event of emergency?





BRING extra medications, special food, or supplies your child would need if you were separated overnight

An emergency might require a sudden sleepover. Tell school administrators about any extra supplies your child may need to safely make it through a night away from home.

What essential supplies would your child need if separated from you overnight?
(Medications? Inhaler? Milk? Diapers? Battery pack for special equipment?)

Does the school have an emergency stockpile of these items? **Yes** **No**

If your child has special medications, can extras be kept at the school? **Yes** **No**

What is the school policy for how and when medicine can be administered to your child?



COMPLETE a backpack card and tuck one in your child's backpack and your wallet

Emergencies are chaotic! Make sure your child or their school knows how to reach you, and who should be called if your phone isn't working.

Complete an emergency contact card to make sure you and your child know how to get in touch quickly.

Cut Here

Fold Here

<p>BACKPACK EMERGENCY CARD</p> <p>Child's Name: _____</p> <p>Date of Birth: _____</p> <p>Home Phone: _____ Cell Phone: _____</p> <p>School Name: _____</p> <p>School Phone Number: _____</p> <p>Special needs, medical conditions, allergies, important information: _____ _____ _____</p> <p style="text-align: center;">DIAL 911 FOR EMERGENCIES</p> 	<p>Parent/Guardian/Caregiver</p> <p>Name: _____ E-mail: _____</p> <p>Cell Phone: _____ Alternate Phone: _____</p> <p>Text Okay: Yes <input type="checkbox"/> No <input type="checkbox"/> Employer: _____</p> <p>Name: _____ E-mail: _____</p> <p>Cell Phone: _____ Alternate Phone: _____</p> <p>Text Okay: Yes <input type="checkbox"/> No <input type="checkbox"/> Employer: _____</p> <p>Out of Town Contact</p> <p>Name: _____ E-mail: _____</p> <p>Cell Phone: _____ Alternate Phone: _____</p> <p style="text-align: center;">DIAL 911 FOR EMERGENCIES</p>
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FDA-Approved Therapies Derived from CBD

Frequently Asked Questions

What does it mean to be an FDA-approved therapy derived from CBD?

The U.S. Food and Drug Administration (FDA) examines potential therapies for safety and efficacy. It approves a therapy when the benefits outweigh the potential risks for a specific condition(s), also known as indication(s). Products made with cannabidiol (CBD) are considered to be derived from cannabis. Not all products made from CBD go through the FDA-approval process, which includes multiple studies to determine a product's safety and efficacy for treating a particular medical condition. For example, products considered dietary supplements that do not make health claims are not regulated by the FDA.

Are there currently any FDA-approved therapies derived from CBD?

On June 25, 2018, the FDA approved Epidiolex[®], an oral solution of CBD, for the treatment of seizures associated with two rare and severe forms of epilepsy, Lennox-Gastaut syndrome and Dravet syndrome, in individuals two years of age or older. This is the first FDA-approved medication that contains a purified substance derived from cannabis, and it is the first FDA-approved treatment option for individuals with Dravet syndrome.

Epidiolex[®] is a purified, 99% oil-based solution of CBD, which is a compound derived from the Cannabis sativa plant. CBD is one of over 100 chemicals found in the cannabis plant. Unlike tetrahydrocannabinol (THC), another chemical found in the plant, CBD does not cause intoxication or euphoria (often referred to as the "high"). While derived from the cannabis plant, CBD does not produce the same effect as the whole plant.

Is Epidiolex[®] on the market and available for prescribing now?

While Epidiolex[®] is now FDA-approved, it is not ready to be distributed on the market at this time. Because the medication is derived from cannabis, it must go to the Drug Enforcement Administration (DEA) to be placed on the Drug Schedule. Cannabis is a Schedule I substance, meaning it is considered a drug with no currently accepted medical use and high potential for abuse. Schedule I substances cannot be prescribed by physicians or dispensed by pharmacists. The DEA has 90 days from the FDA-approval date to take action on scheduling the substance. An action is expected by September 23, 2018. If the DEA schedules Epidiolex[®] lower than Schedule I, physicians will be able to prescribe it.

However, scheduling by the DEA does not override state controlled substance laws. If a state considers cannabis a Schedule I substance under its laws, Epidiolex[®] cannot be prescribed until it is scheduled in that state. The Epilepsy Foundation is actively working with legislators and regulators in the states to secure access to this potential treatment option.

What action(s) does my state need to take for FDA-approved therapies derived from CBD to be available?

Each individual state has its own laws that define the governing body responsible for ensuring a therapy is available to its citizens after FDA approval and DEA scheduling. In many states, it is the state legislature that is responsible for rescheduling a drug. In others, it is a state agency such as the Board of Pharmacy or Department of Health.

Can Epidiolex[®] be prescribed to individuals without Lennox-Gastaut syndrome or Dravet syndrome?

When a medication is approved by the FDA, it is done so narrowly. For example, Epidiolex[®] is currently approved for Lennox-Gastaut and Dravet syndromes. This is because those were the specific syndromes tested during the clinical trials and there was enough evidence to indicate the medication was medically appropriate for those syndromes. Once a medication is approved for any syndrome or condition, a physician may prescribe that medication for "off-label" uses if there is a recognized medical basis for those uses. Off-label use is when physicians prescribe a medication for a condition or age group other than those included in the original approval.



FDA-Approved Therapies Derived from CBD

Frequently Asked Questions

Off-label use is legal and routine in medical practice as long as there is a recognized medical basis for these uses, with more than one in five prescriptions written for off-label use. A physician may prescribe off-label medication if they believe their patient may benefit from a medication that was not previously approved for the patient's specific condition or age group. However, some health insurance plans may not cover any or all medications prescribed for off-label use. If a health insurance plan will cover off-label use, individuals may still be subject to a step therapy or "fail first" process in which they will be required to try a number of less expensive medications, and fail to gain or maintain seizure control, before gaining coverage for the off-label medication.

How is Epidiolex® different from commercial grade CBD sold over-the-counter and in dispensaries?

Unlike CBD purchased over-the-counter or through a dispensary, Epidiolex® has been subject to controlled clinical trials to test the safety and efficacy of the medication, along with careful review through the FDA's drug approval process.

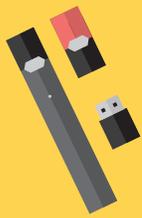
Epidiolex® is a pharmaceutical-grade version of the CBD oil sold over-the-counter and in dispensaries, and neither of these products contains THC. However, the FDA has issued warnings in the past that the purported benefits of unapproved, unregulated, commercial CBD products may be overstated.

Because of the adequate and well-controlled clinical studies that supported approval of Epidiolex®, prescribers can have confidence in the treatment's uniform strength and consistent delivery for treating individuals with complex and serious epilepsy syndromes. This uniformity provides reliability and stability of each dose of Epidiolex® that commercial grade CBD lacks. Commercial grade CBD products contain varying and often unverifiable amounts of CBD so there is no way to ensure the same, reliable dosing from vendor to vendor. For CBD oil not purchased in a medical cannabis dispensary, the lack of manufacturing safety oversight means there is no way to ensure that other chemicals (such as pesticides) are not in these products.

Are state laws for legal CBD still necessary given the FDA's approval of a new CBD-derived therapy?

While an FDA-approved therapy derived from CBD is a significant step for the epilepsy community, it has only been approved and indicated for two specific types of epilepsy—Lennox-Gastaut and Dravet syndromes. There are many individuals living with epilepsy who cannot find seizure control even after working through all available prescription treatments with their physicians. For individuals who cannot access FDA-approved treatments derived from cannabis, local access to CBD and cannabis more broadly is important. The Epilepsy Foundation is committed to supporting physician-directed care, and to exploring and advocating for all potential treatment options for epilepsy, including CBD oil and medical cannabis. We support safe, legal access to medical cannabis if an individual and their treating physician feel that the potential benefits of medical cannabis for uncontrolled epilepsy outweigh the risks. While not everyone with epilepsy should or would consider medical cannabis as a treatment option, some people living with uncontrolled seizures have reported beneficial effects and reduced seizure activity when using medical cannabis, especially strains rich in CBD. Furthermore, additional research is needed on the connection between cannabis and seizures and broader legal access will support increased research efforts.

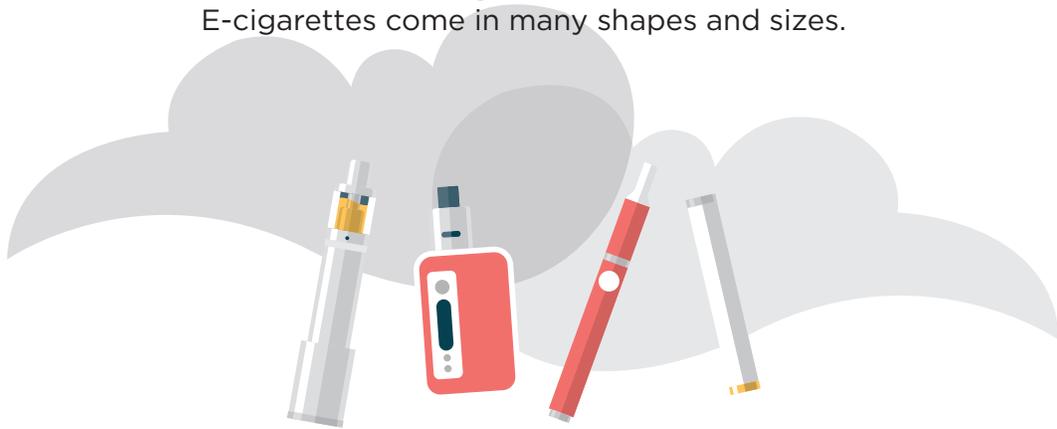
For additional information and the latest on state rescheduling efforts, visit advocacy.epilepsy.com/statefdapathway



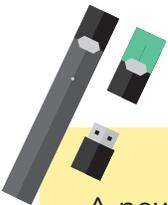
E-CIGARETTES SHAPED LIKE USB FLASH DRIVES: INFORMATION FOR PARENTS, EDUCATORS, AND HEALTH CARE PROVIDERS



Electronic cigarettes (e-cigarettes) are battery-powered devices that can deliver nicotine and flavorings to the user in the form of an aerosol. E-cigarettes come in many shapes and sizes.



WHAT'S THE BOTTOM LINE?



A new e-cigarette shaped like a **USB** flash drive is being used by students in schools.



Nicotine is highly addictive and can **harm brain development**, which continues until about age 25.



The use of any tobacco product — including e-cigarettes—is **unsafe** for young people.



Parents, educators, & health care providers can help prevent and reduce the use of all tobacco products, including e-cigarettes, by young people.

>> **Learn HOW** in this fact sheet.

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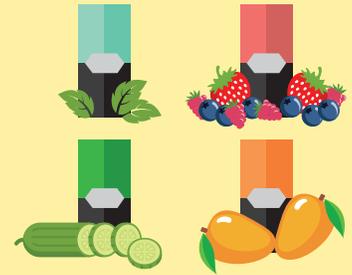
U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

AN INCREASINGLY POPULAR E-CIGARETTE DEVICE, CALLED JUUL, IS SHAPED LIKE A USB FLASH DRIVE.



Use of JUUL is sometimes called “JUULing.”

JUUL’s nicotine liquid refills are called “pods.” JUUL is available in several flavors such as Cool Cucumber, Fruit Medley, Mango, and Mint.



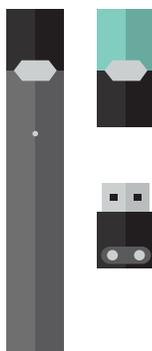
All JUUL e-cigarettes have a high level of nicotine. According to the manufacturer, a single JUUL pod contains as much nicotine as a pack of 20 regular cigarettes.



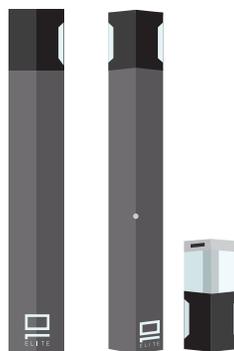
JUUL became available for sale in the United States in 2015. As of December 2017, JUUL is the top-selling e-cigarette brand in the United States.

News outlets and social media sites report widespread use of JUUL by students in schools, including in classrooms and bathrooms.

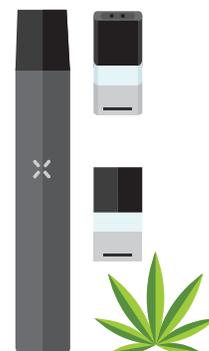
Other devices are becoming available that look like USB flash drives. Examples include the MarkTen Elite, a nicotine delivery device, and the PAX Era, a marijuana delivery device that looks like JUUL.



JUUL



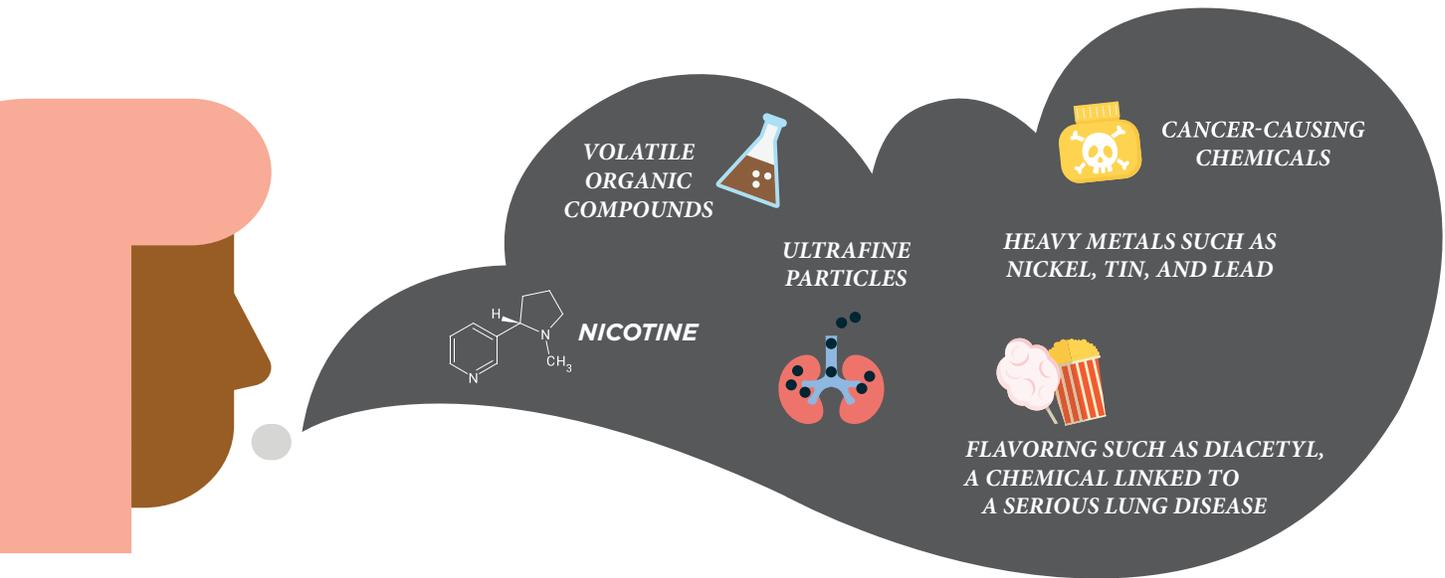
MarkTen Elite



PAX Era

E-CIGARETTE USE IS NOT SAFE FOR YOUNG PEOPLE.

E-cigarette aerosol is not harmless. It can contain harmful ingredients. However, e-cigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products, like regular cigarettes.



Most e-cigarettes contain *nicotine*, which is highly addictive and can *harm brain development*, which continues until about *age 25*.



YOUNG PEOPLE WHO USE E-CIGARETTES MAY BE MORE LIKELY TO GO ON TO USE REGULAR CIGARETTES.



PARENTS, EDUCATORS, AND HEALTH CARE PROVIDERS CAN HELP PREVENT AND REDUCE THE USE OF E-CIGARETTES BY YOUNG PEOPLE.



PARENTS CAN:

- » Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use for young people.
- » Talk to their children about the risks of e-cigarette use among young people. Express firm expectations that their children remain tobacco-free.
- » Set a positive example by being tobacco-free.



EDUCATORS CAN:

- » Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use for young people.
- » Develop, implement, and enforce tobacco-free school policies.
- » Reject youth tobacco prevention programs sponsored by the tobacco industry. These programs have been found to be ineffective for preventing youth tobacco use.



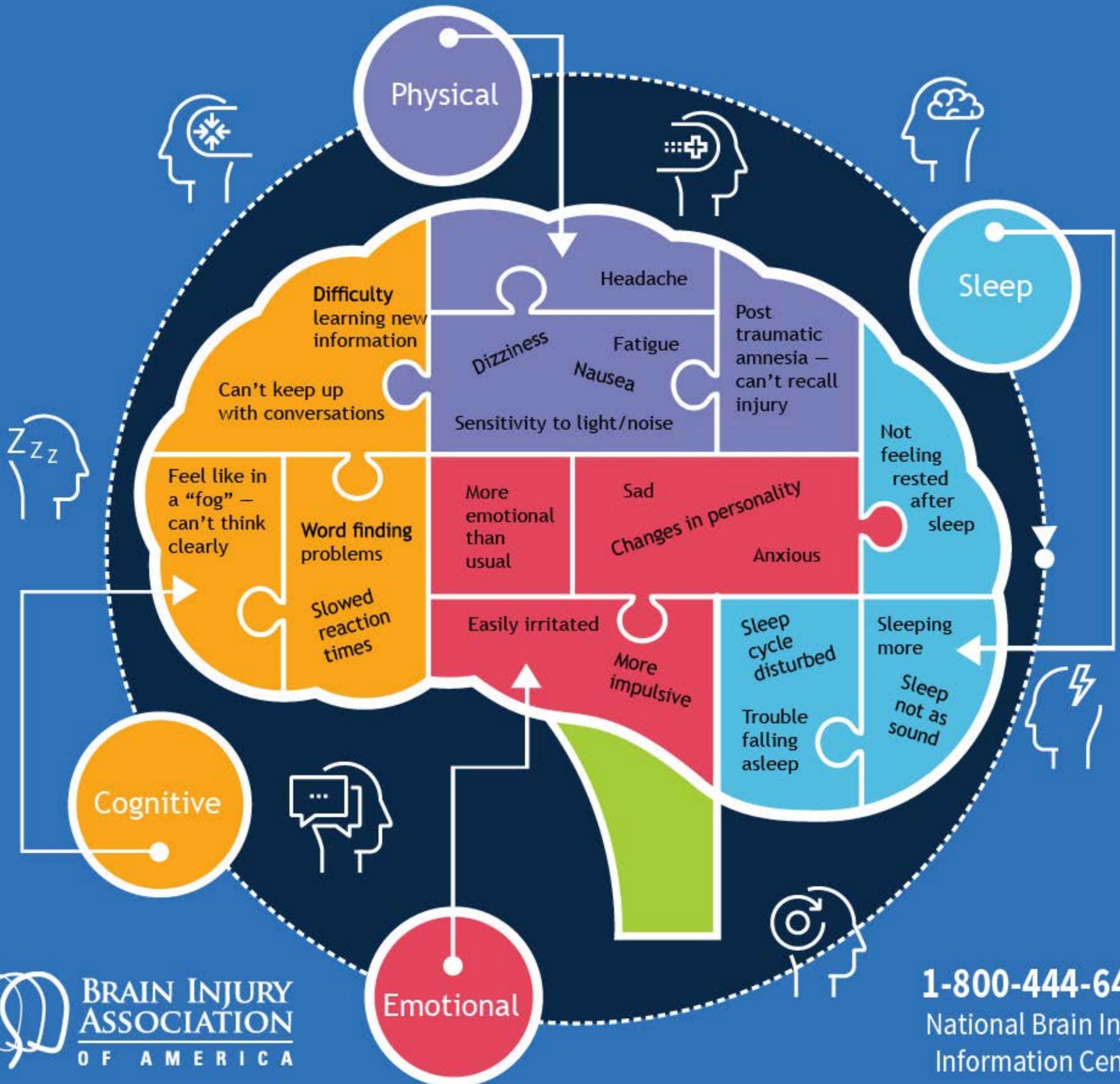
PEDIATRIC HEALTH CARE PROVIDERS CAN:

- » Ask about e-cigarettes, including devices shaped like USB flash drives, when screening patients for the use of any tobacco products.
- » Warn patients about the risks of all forms of tobacco product use, including e-cigarettes, for young people.

*PARENTS,
EDUCATORS, AND
HEALTH CARE
PROVIDERS
CAN HELP*



Concussion Signs



I wish to be a professional skateboarder

Angel, 6
vascular malformation

What to know about Make-A-Wish® Wisconsin

OUR MISSION

Together, we create life-changing wishes for children with critical illnesses.

WHO GETS A WISH?

A child qualifies to receive wish as long as they have been diagnosed with a progressive, degenerative or malignant medical condition that has placed their life in jeopardy (as determined by the treating physician), are referred between the ages of 2½ & 18 and have not previously received a wish from any other wish-granting organization.

WHAT CAN KIDS WISH FOR?

A child's imagination is at the heart of everything we accomplish together. We do everything we can to capture a child's heartfelt wish and make it a reality. With some creative thinking and a lot of teamwork, there's very little we can't accomplish!

WHY DO WISHES MATTER?

A wish has the unique ability to transform a child and family's life during some of their most difficult trials. It creates an opportunity for hope and the ability to experience life beyond illness. When a wish comes true, it creates strength, hope and transformation for everyone involved.

SPARK IMAGINATION, DELIVER STRENGTH

Research shows that a wish experience can improve a child's quality of life and produce better health outcomes. In fact, **88.5% of doctors** surveyed believed a wish positively influenced their patients' physical health!

WE KNOW OUR STUFF

Make-A-Wish is the largest wish-granting organization in the world. It was founded in 1980, and currently has 62 Chapters in the U.S. and its territories and 40 international affiliates in 50 countries on five continents.

A CHARITY YOU CAN TRUST

Nearly **80 cents** of every dollar we raise goes directly to granting wishes. We were named a Torch Award winner for Business Ethics and Integrity by the Better Business Bureau of Wisconsin, and meet or exceed every established BBB guideline.

WE NEED YOUR HELP

Every hour of every day, **three** children are diagnosed with a critical illness. Every one of them needs a wish to give them strength and help them heal!

YOU CAN HELP

Your skills, time or money can transform the life of a child. Whether you make a donation, start a fundraiser, volunteer or share our mission with others, you can help make the world a brighter place starting right now. Find your fit online at wisconsin.wish.org/ways-to-help.

Transform lives, one wish at a time.
Learn more at wisconsin.wish.org.

Make-A-Wish
WISCONSIN



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street ≈ Spring Green, Wisconsin 53588 ≈ Phone: 608-588-2551

September 19, 2018

NOTICE OF VACANCY

- Position:** Part-Time School Nurse
- Start Date:** October 2018
- Qualifications:** Licensed by the State of Wisconsin as a Registered Nurse
Bachelor of Science in Nursing
Current CPR/AED/1st Aid certification
- Job Description Summary:** Previous school nursing experience, experience in public health or in a clinic or hospital that serves the various needs of children. The primary role of the school nurse is to support and advance the health, academic success, and life-long achievement of students. Applicants must have strong interpersonal skills and the ability to work successfully and positively with students, staff and families. Excellent organizational, communication and leadership skills will be required in this position. This position includes monitoring compliance of health requirements, such as immunizations, and implements and monitors secure and safe medication administration. He or she will also provide care and case management for students with chronic health needs; provide health education, staff wellness programs and the continuity of the delivery of nursing services for students and staff.
- Application Procedure:** Please include a letter of interest, resume, copy of license and three (3) letters of references.
- Contact Person:** Brian Krey, Business Manager
660 W. Daley St.
Spring Green, WI 53588
608-588-2551
- School Information:** For more information about the River Valley School District visit www.rvschools.org
- Application Deadline:** October 15, 2018

River Valley School District is an Equal Opportunity Employer

cc: RV District Staff
WECAN Website
Wisconsin State Journal
River Valley Website
Home News/Buyer's Guide
Indeed.com
File

» WASH YOUR HANDS! «



1. Wet your hands with clean, running water (warm or cold), and apply soap.



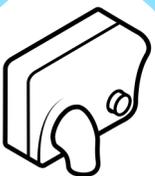
2. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.



4. Rinse your hands well under clean, running water. Let the water run back into the sink, not down to your elbows.



5. Dry your hands using a clean towel or air dry them.





Supporting Neurodiverse Students

PROFESSIONAL
LEARNING SYSTEM

Description

The Supporting Neurodiverse Students Professional Learning System includes regional training sessions, webinars, online discussion groups, book clubs, website resources, a needs assessment with accompanying toolkit and other professional learning opportunities to support educators serving students with disability-related needs in the areas of social and emotional learning including self-regulation, social communication, flexibility, resilience, sensory processing, and executive functioning. This professional learning system is funded through an IDEA discretionary grant and is provided by a statewide coordinator. All training materials have been developed by the statewide coordinator and DPI and are based on needs identified through a statewide stakeholder process. Additional contributions to the training content were made by an external DPI workgroup. The training system is beneficial to educators supporting students with autism, students with emotional behavioral disabilities, or other neurodiverse students. Emphasis will be placed on utilizing Universal Design for Learning, inclusive practices, self-determination and self-advocacy, College and Career Ready (CCR) IEP Five Step Process and CCR IEP Five Beliefs enriched by evidenced-based improvement strategies.

Targeted Audience

Educators, family, community members and people with disabilities working towards supporting best outcomes for students with IEPs.

*Parents/guardians attend for free

Registration

<https://tinyurl.com/SNS-Training>

Supporting Neurodiverse Students Two Day Training Workshop

- Oct. 23rd and 24th, 2018 CESA 9
- Nov. 28th and 29th, 2018 CESA 2
- Jan. 8th and 9th, 2019 CESA 10
- Mar. 26th and 27th, 2019 CESA 6

Social Communication Training Workshop

- Dec. 10th, 2018 CESA 4
- Jan. 10th, 2019* CESA 10
- Feb. 25th, 2019 CESA 1
- Mar. 5th, 2019 CESA 7

Flexibility and Resilience Training Workshop

- Oct. 25th, 2018* CESA 9
- Dec. 6th, 2018 CESA 3
- Jan. 15th, 2019 CESA 12
- Mar. 28th, 2019* CESA 6

Sensory and Self-Regulation Training Workshop

- Oct. 16th, 2018 CESA 8
- Nov. 30th, 2018* CESA 2
- Feb 13th, 2019 CESA 11
- Mar. 20th, 2019 CESA 5

*One day specific training follows the two day training.

**Trainings will occur from 8:30am-3:30pm with registration starting at 8:00
Cost: \$50.00 Two Day and \$25.00 for one day trainings. Parent attend for
free.**

Contacts

Registration Questions:

Jeanne Rhodes

jrhodes@cesa1.k12.wi.us

Training Questions:

Katie Berg

kberg@cesa1.k12.wi.us

