Greetings!

October was a busy travel and presentation month for me. Not only was I able to meet the nurses who are new to our specialty of school nursing at the DPI New School Nurse Orientation, but I have networked with school nurses and other professionals throughout the state. Since the last Update I’ve attended the Wisconsin Association of School Nurse board of directors meeting. I currently sit on the board as both the Director to the National Association of School Nurses and as the DPI Consultant. As such, I have a unique perspective. I also visited school nurses and health staff in the CESA 11 region. Additionally, I met with the Wisconsin Asthma Coalition and staff from the Department of Health Services (DHS). DHS staff are preparing resources for school nurses to improve immunization coverage on those students who start, but never complete, the recommended immunization schedules (“behind schedule” students). Watch future Updates for those resources.

Questions surrounding the use of CDB oil continue. Here is a blog that I think has some interesting points that school nurses may want to be aware of as you prepare your school district to address the use of CDB in school. Particularly, the information on the increased use of CDB for non-specific “medical” conditions may be of interest.

PRACTICE POINTS addresses an issue that is pertinent to school nurses and school administrators. How to determine what types of health services staff to hire, how many to hire, and where to place those staff are important issues.

There are upcoming staffing changes occurring in my Student Services Prevention and Wellness (SSPW) team here at the DPI that may affect the format or timing of these Updates. Best wishes to my teammate Laurie Salzman as she retires! Laurie has been instrumental in posting the Updates and making the Updates so accessible. Many thanks, Laurie!
**NEW RESOURCES**

DPI and the Department of Children and Families (DCF) developed three resources to help outline the responsibilities under the Every Student Succeeds Act (ESSA) of local education agencies (LEA's) and child welfare agencies (CWA's). We hope these resources will help to provide answers to the most frequently asked questions around educational stability for children placed in out-of-home care.

The **Parent, Persons Acting as a Parent, and Surrogate Parent FAQ** defines the roles and responsibilities of “parent”, “person acting as the parent of a child” and “surrogate parent”.

The **Educational Services for Children Placed in Foster Care FAQ** includes the most common questions received by DCF and DPI. Questions are organized in sections from Best Interest to School Funding. This list is not exhaustive. As always, if you have additional questions, please reach out to your state foster care point of contact at DCF and DPI. We have also developed a **glossary** to build a more common understanding of the terms included in the FAQ.

The Points of Contact roles and responsibilities documents are available to outline the general duties, best practice recommendations, and useful resources for the **Education Points of Contact** and the **Foster Care Points of Contact**.

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**DPI News**

Please join the Department of Public Instruction for the **2018 Building the Heart of Successful Schools Conference**. This year’s conference will be held at the Wilderness Resort, Glacier Canyon Lodge, in Wisconsin Dells on December 6-7. Three preconferences are also available on December 5.

A brochure is available online and 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](https://dpi.wi.gov/sspw/conference).

A reminder that there is a new **YRBS process** in place for schools collecting their local data, including moving all schools to the same standard questionnaire and survey window. **Registration is NOW OPEN for any schools wishing to administer the YRBS during this school year.** Schools are encouraged to register for the spring window, but for this year only may survey during the fall as well. (Note that the YRBS will NOT be available again until spring 2021.) Because DPI is now offering the possibility of producing county and CESA level reports, schools are encouraged to collaborate with their county health departments, CESAs, and other local partners as they register for their surveys. Registration information is available at [https://dpi.wi.gov/sspw/yrbs/online](https://dpi.wi.gov/sspw/yrbs/online). Schools sampled into the State of Wisconsin YRBS for state-level statistics are being actively recruited for participation and can work directly with DPI to register.

**Barriers to Childhood Obesity Prevention-Parental Knowledge and Attitudes**

A study recently published in Pediatric Nursing investigated eating and exercise habits of families with young children, their knowledge of health and obesity risks, and their attitudes toward prevention and intervention efforts. It found that it is imperative that intervention efforts consider barriers face by families, such as time constraints and financial burdens. [Read more...](#)
St. Louis Encephalitis Virus Reported in a Wisconsin Resident

The Wisconsin Department of Health Services (DHS) announced today that a confirmed human case of St. Louis encephalitis virus (SLEV) disease in a resident of Dane County, the first reported case in the state since 1981.

SLEV is related to West Nile virus (WNV) and, like WNV, is spread to people through the bite of an infected mosquito. SLEV is not transmitted person-to-person. SLEV is rare in Wisconsin, with only six human cases reported between 1964 and 2018 and no major outbreaks ever reported in the state.

View the entire news release.

DHS Awarded Federal Grant to Expand Child Psychiatry Consultation Program

Program will now reach primary care providers in 15 southwestern counties

Wisconsin will receive a $445,000 Pediatric Mental Health Care Access grant to expand the state’s Child Psychiatry Consultation Program (CPCP), which provides consultation and referral services to primary care providers working with children and adolescents with behavioral health concerns, the Wisconsin Department of Health Services (DHS) announced today. Wisconsin was one of 18 states to receive the funding from the Health Resources and Services Administration.

“Mental health services are critical to the health and well-being of our youth,” said DHS Secretary Linda Seemeyer. “CPCP helps the state build a bridge between the children and adolescents who need behavioral health services and the health care professionals who can provide diagnoses and consultations on referrals.”

View the entire news release

Young Motherhood in Wisconsin

The adolescent health program has published an issue brief compiling data from Wisconsin birth records and the Wisconsin Pregnancy Risk Assessment Monitoring System about adolescent experiences of pregnancy. The issue brief can be found on the Adolescent Health Program Website along with other published resources.

The Weekly Respiratory Report for the week ending on October 20, 2018 is now available.
2019 CALL FOR APPLICATIONS

We are currently seeking applications from multi-sector teams across the United States for the 8th National Leadership Academy for the Public's Health (NLAPH) cohort. Since 2012, NLAPH has brought together leaders from diverse sectors including health, housing, education, transportation, and law enforcement to build their own capacity in order to transform their communities, improve health, and advance equity.

What is the National Leadership Academy for the Public's Health?

Our approach to transforming communities into healthier environments emphasizes multi-sector leadership development. Our unique, evidence-based leadership development program offers an innovative approach to collaborating across sectors, co-designing with communities, and creating sustainable change.

With NLAPH, your group will develop high-performing teamwork and communication skills while working on an issue that is already a priority in your community through an applied health leadership project. Learning opportunities throughout the year include an engaging leadership retreat, interactive web-based discussions, coaching support from national experts, and peer networking. Fellows will receive training and support to increase their mastery of the following competencies: individual and team leadership principles; the ability to work effectively across sectors; continuous quality improvement; using data to plan, evaluate and monitor; and systems and policy change.

Who is eligible to apply?

Multi-sector teams of four (4) from existing coalitions or working groups who are already working to solve a problem in their community are encouraged to apply. Each team is required to have one member from the public health department, and team members should include leaders who can contribute to advancing the group's established goal.

All team members are required to commit 100 hours to the program, participate in the launch webinar on January 10, 2019, and attend a 2.5-day leadership retreat March 18-21, 2019, in Atlanta, GA.

When can my team apply?

For the 2019 cohort application, please visit the NLAPH page on our website to find out more and to access the application. Please email info@healthleadership.org if you have questions or need assistance. All applications must be submitted by Tuesday, November 27, 2018, by 5:00 p.m. Pacific Standard Time.

What is the cost for my team to participate?

Participation in NLAPH is free, including round-trip transportation and lodging at the retreat, access to all program materials and webinars, and enrollment in the Leadership Learning Network (LLN) after completion of the program.

Please see the NLAPH 2019 Program Flyer and NLAPH Program Page for additional details and information.

For more information, please contact:
Carmen R. Nevarez, MD, MPH, Center Director
Karya Lustig, Deputy Director
Center for Health Leadership and Practice
Public Health Institute
Oakland, CA
info@healthleadership.org
www.healthleadership.org
Adolescent Health Risk Factors Tied to Family Income

Adolescents from low-income families are more likely than their affluent peers to have risk factors for cardiovascular disease like obesity, inactivity, poor nutrition, and tobacco use, a U.S. study suggests.

Income inequality has long been linked to disparities in heart disease risk among adults. The new study examined nationally representative data collected from 1999 to 2014 on 11,557 youth, ages 12 to 19, and found that household finances might also impact heart health for teens. Read more...

Examining the Asthma Gender Gap

Most people think of asthma as a disease that affects boys more than girls. But from puberty on, the boy-to-girl ratio starts to flip. Asthma tends to affect adult women more often and more seriously than men. Read more...

Is It Asthma or Anaphylaxis?

Many patients are diagnosed with asthma and food allergies. What’s the best way to handle a flare? We asked Todd Mahr, MD in this month’s Ask the Allergist. Watch now.

The Fond du Lac School District announced a vacancy in a 1.0 FTE Health Service Supervisor position. See flyer for more detail.

News from NASN...

New NASN Resource for Chronic Health Conditions

NASN has a new resource for you to support the school nurse leadership role in building school communities through collaboration to support students with chronic health conditions. Visit the new NASN Collaboration to Support Students with Chronic Health Conditions resource page.

Opportunities & Networking

Submit Your e-Poster for NASN2019

Share your knowledge with school nurses from around the world. Network with attendees and share the key points from your e-Poster with learners. If you have a topic, research, or quality improvement project that is pivotal for the school nursing community to know about, then submit an e-Poster today for NASN2019. The deadline for submitting an e-Poster abstract is Wednesday, February 6, 2019 at 11:59 p.m. Eastern. Don’t wait and miss your chance to present in Denver, Colorado!
In the October 9, 2018 Update I shared a chart created by the DPI, depicting student-pupil service professional ratios in Wisconsin. It is the position of the National Association of School Nurses (NASN) that “to meet the health and safety needs of students, families, and school communities, school nurse workloads should be determined at least annually, using student and community specific health data” (NASN 2015). I support school districts determining school health services staffing by looking at data that reflects the health needs of their students. Unfortunately, no evidenced-based acuity rating scale currently exists for school health services.

When I spoke to school administrators at the Superintendent’s Leadership Conference in October, I described three major categories, or acuity levels of nursing care: medically complex, medically fragile, and nursing-dependent. The Washington State Nursing Care Quality Assurance Commission developed a classification system based on the student’s functioning and emergent needs of the student’s health condition (Washington State Nurse Care Quality Assurance Commission 2005). The following is the commission’s criteria for determining the students’ level of care as summarized by Lindquist (Lindquist 2017).

Medically complex students have a chronic, possibly unstable health condition(s) that requires daily treatment and monitoring. Their health condition(s) can be managed in most settings without intensive preparation or the use of technological interventions. Typically, these students can communicate well, are cognizant of their surroundings, and can give valid responses to the staff. The registered nurse (RN) supervises, but can delegate
care to other staff in accordance with state laws and regulations. An example would be a student with asthma who frequently requires medication for an asthma episode.

Medically fragile students face the possibility of life-threatening emergency on a daily basis. A school nurse in the school full time may manage cares. But, if the care demands exceed the capacity of the school nurse to meet the needs of the other students or, if the school nurse is not full time in the building, a licensed practical nurse (LPN) may need to be in the building fulltime for that student. The LPN will closely monitor that student but may interact with other students in the classroom. An example of a medically fragile student would be a student on oxygen that has to be titrated depending on their oxygen saturation levels.

Nursing-dependent students are medically fragile students who require 24-hour a day nursing care for survival. These students have severe health conditions with treatments only an RN can provide, such as patient assessment, intravenous (IV) medication, or deep tracheal suctioning. The RN also has to be immediately available to the student in the school. This student may have established home care services.

The difference between medically fragile and nursing-dependent is defined by the proximity of the nurse to the child. The nurse assigned to the medically fragile child simply needs to be in the building and readily available. This RN or LPN can be assigned to provide care, including medications and treatments for other students.

The nursing-dependent child requires the nurse to be in very close proximity, most often in the classroom. 1:1 staffing is required for a nursing dependent student when assessment and interventions are continual or constant.

How many of your students would be classified as either medically complex, medically fragile, or nursing-dependent? What about those students with health needs, both chronic and acute, that do not rise to the level of medically complex but still require care plans, monitoring, and routine care? This is where data from a school nurse’s annual review (shared with school board) and the state school health services survey will benefit staffing decision-making.

Attached to this Update are sample data collection sheets that can assist in determining acuity levels for your students and schools. Determining which schools have higher acuity and thus need more nursing services will help determine how to staff those schools. How many hours per day/week does the RN need to be at the school? Should the person doing health procedures be an RN, LPN, or UAP? Continued school nursing research is needed to evaluate how acuity and staffing models affect student outcomes, both academic and health outcomes.


School Nurse Email List and receive school nursing updates and information send an email to join-schoolnurse@lists.dps.k12.co
<table>
<thead>
<tr>
<th></th>
<th>RN</th>
<th>LPN</th>
<th>UAP</th>
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<tbody>
<tr>
<td>Basic First Aid and Illness</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Medication Administration</td>
<td>Yes, with medical orders (consents)</td>
<td>Yes, with medical orders (consents) under RN supervision</td>
<td>Yes with DPI approved training, administrator authorization, and consents</td>
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<tr>
<td>Perform Medical Procedures</td>
<td>Follows medical order. Acts independently. Supervises LPNs and less skilled assistants.</td>
<td>Supervised by RN. If complex task RN must be onsite.</td>
<td>Only noncomplex procedures. Student specific training and supervision required by RN.</td>
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<td>Care plans/ IEPs/504 Plans</td>
<td>Writes all after nursing assessment.</td>
<td>May contribute information but does not initiate</td>
<td>May contribute information. Follows Emergency Action Plan.</td>
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<tr>
<td>School</td>
<td># Delegated Procedures</td>
<td># Daily Medications Ordered</td>
<td>Percentage of Students with Parent Reported and/or Diagnosed Health Condition</td>
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<td>Total Score</td>
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<tr>
<td><strong>Severity of illness Score</strong></td>
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<tr>
<td>No medical diagnosis</td>
<td>Student has been diagnosed with a chronic illness (i.e. Diabetes, Seizure disorder, history of Asthma)</td>
<td>Student has been diagnosed with a chronic illness which requires daily attention. Diabetes: -insulin dependent -daily testing at school Seizure disorder: -history of seizures within past year -medicated Asthma: -inhaler at school</td>
<td>Student has been diagnosed with a chronic illness which requires frequent daily attention or specialized intervention. Diabetes: -frequent testing -highs/lows -insulin given at school Seizure disorder: -recurring seizures within the past year Asthma: -needs nebulizer at school</td>
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<td>Does not require an individualized health care plan</td>
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<td>No medications at school</td>
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<td>No specialized health care procedures at school</td>
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<td><strong>Complexity of Care Score</strong></td>
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<td>Student demonstrates independence in all age appropriate self-care activities.</td>
<td>Student requires intervention by unlicensed trained assistive personnel for activities of Daily Living.</td>
<td>Student requires intervention by unlicensed trained assistive personnel and oversight by school nurse for health needs and/or activities of Daily Living.</td>
<td>Student requires intervention by unlicensed trained assistive personnel with oversight and direct instruction of the School Nurse for health needs and/or activities of Daily Living.</td>
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<td><strong>Time Score</strong></td>
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<td>Student does not require daily intervention.</td>
<td>Student requires less than 15 minutes of intervention time per day and/or one or fewer visits per day.</td>
<td>Student requires 15 minutes to one hour of intervention time per day and/or one to two visits per day.</td>
<td>Student requires one to two hours of intervention time per day and/or two to three visits per day.</td>
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The Fond du Lac School District announces the following vacancy for the 2018-2019 school year:

1.0 FTE Health Services Supervisor

Primary Location: Administration Building / School Health Programs
Reports To: Director of Pupil Services

Required Certifications / Licenses: Licensed Registered Nurse; State of Wisconsin per Chapter 441, Wisconsin Statute and Section n2.10 of the Wisconsin Administrative Code.

Position Purpose: The Supervisor of Nursing Services provides leadership in planning, organizing, directing, and evaluating nursing and health services.

Formal Education: Master of Science Degree in Nursing with specialization in parent/child nursing, public health nursing, or school health nursing preferred.

Experience: Three to five years of administrative and/or supervisory experience, with at least two years in the field of school health.

Knowledge, Skills, & Abilities:
- Must have knowledge of State and Federal statutes and standards of best practice related to school health services.
- Must have excellent communication skills, both verbal and written.
- Organizational skills.
- Ability to work collaboratively with school district personnel to achieve program outcomes.

Essential Functions:
- Manages the nursing and health services of the school district.
- Implements School Board policies and administrative regulations related to school health services.
- Monitors Federal and State mandates to develop recommendations of new policies for consideration.
- Monitors nursing and health services program to ensure compliance with State and Federal statutes and standards of best practice.
- Maintains all records which relate to student health, including immunization records.
- Develops and implements an inservice program for the school health and school district personnel.
- Provides support, consultation, and instruction for RN’s, IA LPN’s, paraprofessionals, and school district personnel regarding the health needs of individual and/or groups of students.
- Collaborates with the health care community, students/families, and interested community groups to enhance the school health program.
- Conducts a systematic program evaluation and writes an annual report.
- Preparation of State and Federal reports as required.
- Utilizes District evaluation criteria to evaluate personnel and program outcomes.
- Coordinates the district-wide plan for mental health service delivery to students to include early identification, prevention, and awareness among all stakeholders in the District.
- Assists with employee health and wellness.
- Oversight of health, ATOD, and other grants.
- Oversight of ATOD prevention and programming.

Work Environment: Busy office environment with multiple priorities and frequent interruptions.
The above statements are intended to describe the essential functions and related requirements of persons assigned to this job. They are not intended as an exhaustive list of job duties, responsibilities, and requirements.

Persons needing additional information about the position are expected to obtain that information during the posting period. By doing so, further delay in filling positions will be avoided.

Interested persons currently employed in the District must send a separate written statement of interest for each position to Sharon Simon, Director of Human Resources.

E-mail responses will not be accepted.

The actual availability of these positions and the need to fill them through the posting process remains subject to budget, staffing and other considerations.

The Fond du Lac School District does not discriminate on the basis of age, race, creed (religion), color, disability, marital status, sex, national original, ancestry, arrest record, membership in the National Guard, state defense force, or any military reserve unit, and the use or non-use of lawful products off the employer’s premises during non-working hours.

PLEASE POST