



School Nurse UPDATE

#3 September 15, 2022

Greetings!

Asthma & Allergy Network is hosting a webinar on Thursday September 15 at 3:00 PM on COVID, rebound infections and more (p. 6). The webinars are recorded and posted to their website.

With **new COVID boosters** available there is still more to learn and communicate regarding COVID mitigation. I have included an entire section from the Immunization Action Coalition (p. 9-10) describing these new boosters. West Virginia's public health department conducted focus groups and surveys and found the term "omicron booster" preferable over the technical term "bi-valent booster" when encouraging vaccination and communicating with the public.

When reading the information on how **staffing shortages** affect the requirement of school districts to address disability-related needs, school nurses might keep **school health services personnel** in mind (DPI News p. 2). Appropriate health care staffing is not a pandemic induced concern. See article regarding the **revised Special Education forms** (p.2).

September is **Suicide Prevention Month**. Several articles address suicide prevention resources (pp. 2, 6, 8).

DPI's **Concussion/Head Injury and Sudden Cardiac Arrest information sheets are now translated into Karen** in addition to Hmong and Spanish. All translations are on the Concussion and Head Injury Statute 118.293 and Sudden Cardiac Arrest Statute 118.2935 Resources [webpage](#).

DHS and DPI are making plans to continue/resume the joint webinars for school administrators, school nurses, and public health officials. They will occur quarterly versus monthly as done in the two previous school years. No dates have been determined yet.

FEATURED STORIES

PRACTICE POINTS –
Stocking Opioid
Antagonists

Updated Guide to Special
Education Forms (DPI News)

PPE Available for Schools
(DHS News)

Sickle Cell Disease
Awareness Month (p. 11)

SAVE THE DATES

DPI Consultant Office
hours 9/16/22 8-8:45 AM

DPI New School Nurse
Orientation October 6-7,
2022, Stevens Point.

DPI School Nurse
Meeting-Topic Long
COVID 10/10/22 3-3:45
PM

WASN Annual Conference
April 26-28, 2023

DPI News



A Back-to-School Message

Here is a [video message from State Superintendent Underly](#) as our school year gets started. Thank you for all the work you do, and Happy Back to School!

Staffing Shortages, Addressing Disability-Related Needs, and Compensatory Services

Wisconsin DPI recently received questions related to implementing Individualized Education Programs (IEPs) and the provision of a Free and Appropriate Public Education when Local Educational Agencies (LEAs) are experiencing staffing shortages. Both state and federal special education regulations require that each student's IEP must be implemented as written. The unavailability of staff to provide services outlined in an individual student's IEP does not relieve the LEA of the responsibility to implement the IEP and provide FAPE to the student. If services in the IEP cannot be implemented due to staff shortages, once the service is able to be provided, the IEP team should meet to discuss if compensatory services are required. In addition, the IEP team that includes the parent may meet at any time to discuss if there are different services that may address the student's unique disability-related needs and IEP goals and revise the IEP as needed. Revisions to the program summary of the IEP must ensure that the student's disability-related needs and IEP goals are still being addressed such that the student is able to make progress on IEP goals and in the general curriculum. For more information on compensatory services, see the [Wisconsin DPI Special Education Team COVID-19 Frequently Asked Questions document](#).

Suicide Prevention Month Reminder: Kids are Hurting and We Can Help

Resources and approaches for helping prevent suicide from our DPI Suicide Prevention Education Experts. [View Suicide Prevention Story](#).

Updated Guide to Special Education Forms

The [Guide to Special Education Forms](#) is now updated to align with our sample Individualized Education Program (IEP) forms revised in May 2022. The primary updated sections in the Guide include: Referral (R-1), Notice of Reevaluation (RE-1), Existing Data Review (ED-1), Evaluation Report (ER-1), Disability Category Criteria Forms (ER-1-DIS), Specific Learning Disability documentation (ER-2-A, ER-2-B, ER-2-C), Linking Form (I-4), I-7-ACT With Writing, I-7 District-wide Assessment, 1-7 Forward Exam, Postsecondary Transition Plan Worksheet (I-8), Initial Placement (P-1), and Continuing Placement (P-2). The information in the Guide is intended to provide general guidance to assist LEA staff and parents in implementing federal and state special education law requirements. We encourage you to review this document if you have questions about the IEP forms, **especially the new disability criteria forms**. If you have further questions, please contact Anita.Castro@dpi.wi.gov or ryan.mcnamara@dpi.wi.gov.

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DHS News



Wisconsin DHS Stockpile: PPE available for Schools

With schools back in session, DHS reminds all Wisconsin schools that they can request [PPE via the DHS Stockpile](#) using an [order form](#). Gloves, KN95s, and pediatric masks are available. Email DHSStockpile@wisconsin.gov with any questions or assistance needs. Pediatric masks include child sized KN95 masks and child sized procedural masks.

Free COVID Tests from DHS Expiration Dates Extended

To support Wisconsinites' access to COVID-19 self-tests, the Wisconsin Department of Health Services (DHS) has launched an online portal for residents to order free at-home rapid COVID-19 tests directly to their homes. Orders can be placed on the [Say Yes! COVID Test](#) webpage. Initial supplies will allow for one test kit to be ordered per household. Each test kit includes a total of five tests.

As you receive your COVID-19 self-tests check the expiration date of any new tests and those in your medicine cabinet. The U.S. Food and Drug Administration (FDA) has extended the shelf-life of many COVID-19 self-tests, including those that are part of the Say Yes! COVID Test program.

If you receive a kit from the State of Wisconsin Say Yes! COVID Test Program, you can check the expiration date extension [here](#). For other self-test brands, search the FDA website [here](#). COVID-19 tests are also accessible by:

- Purchasing [self-tests](#) through pharmacies over-the counter or online. Self-tests are widely available at pharmacies and other retail stores.
- Using health insurance, Medicaid, or Medicare plan to cover the cost of at-home tests. Private insurers and some Medicare plans will cover the cost of eight rapid COVID-19 tests per member each month. Members of BadgerCare Plus and most Wisconsin Medicaid programs can also receive COVID-19 self-tests from Medicaid-enrolled pharmacies using their ForwardHealth ID card. Individuals are encouraged to contact their health insurance program for more information.
- Visiting a free [local community testing site](#).

In addition, a [local or tribal health department](#), primary health care provider, or community health center may be able to help find a testing site or self-test provider nearby.

For free, confidential support placing an order for a household's test kit or finding health care and community resources nearby, dial 211.

As you receive your COVID-19 self-tests check the expiration date of any new tests and those in your medicine cabinet. The U.S. Food and Drug Administration (FDA) has extended the shelf-life of many COVID-19 self-tests, including those that are part of the Say Yes! COVID Test program.

DHS News



Respiratory Report

[The Weekly Respiratory Report](#) is available and updated bi-weekly.

Make a Plan to Get Boosted Against COVID-19 this Fall

The Wisconsin Department of Health Services (DHS) is urging Wisconsinites to make a plan to get boosted against COVID-19. People 12 years and older are now eligible to receive updated COVID-19 boosters (also known as bivalent boosters). Doses of the updated COVID-19 boosters have started arriving in Wisconsin and will continue to be delivered to providers over the next several weeks. Pharmacies, health centers, and clinics are expected to make appointments available as their booster doses arrive.

The updated boosters have received federal regulatory approval and are the first Omicron-specific vaccines to be made available in the United States. They target the original strain of COVID-19 as well as the BA.4 and BA.5 Omicron subvariants. The highly contagious BA.5 Omicron subvariant is the dominant strain of COVID-19, making up about 90% of cases nationally.

The updated boosters are recommended as a single (1) dose for people 12 years and older who have received their primary COVID-19 vaccine series and have not received a COVID-19 vaccine dose in the last two months. People 12 years of age and older are eligible to receive the updated Pfizer COVID-19 booster, and those 18 years of age and older are eligible to receive the updated Moderna COVID-19 booster. In these age groups, these boosters replace the original boosters. The Pfizer and Moderna updated boosters can be administered after any primary series, including Pfizer, Moderna, J&J, or Novavax.

Children ages 5-11 continue to be eligible for the original COVID-19 booster, which provides protection against the original strain of COVID-19. It is anticipated that this age group will be eligible for the updated boosters in the coming months.

Primary Series Information

Everyone 6 months and older is recommended to get vaccinated to protect against COVID-19. If you have not yet received your primary series of COVID-19 vaccines, it is never too late to get vaccinated. People 12 and older now have an additional option for getting their primary series, with the FDA authorization and CDC recommendation of the Novavax COVID-19 vaccine. The Novavax COVID-19 vaccine for unvaccinated people requires two doses separated by 3-8 weeks for full protection. Pfizer and Moderna continue to be available for primary series, and Johnson & Johnson is authorized for use in people over 18 who may not be able to take the other vaccines. Talk to a healthcare provider to learn which vaccine is right for you.

People can safely get their COVID-19 vaccines and other vaccines at the same time, including the annual flu vaccine.

COVID-19 Vaccines Available at No Cost

COVID-19 vaccines remain available to all Wisconsinites at no cost regardless of immigration or health insurance status. Anyone can schedule an appointment for the vaccine using a variety of options, including with their health care provider, at community-based vaccination clinics, local and tribal health departments, or pharmacies. Vaccination sites across Wisconsin may choose to provide vaccines to specific age groups. Individuals are encouraged to check with their local health clinics or visit vaccines.gov to find vaccination sites for specific age groups.

DHS News



Annual Influenza Letter

The annual influenza letter with the summary of the [2022–2023 ACIP recommendations](#), signed by Dr. James Conway, Dr. Jonathan Temte, and Dr. Ryan Westergaard, is now available. The letter is also available on the [Immunization Program Home page](#).

... Influenza and SARS-CoV-2 viruses are expected to circulate at the same time during the upcoming 2022–2023 influenza season. In this context, vaccination against influenza will be more important than ever to decrease the overall impact of respiratory illnesses by reducing influenza-associated illnesses, hospitalizations, and deaths, and reducing the burden on the health care system.

During the COVID-19 pandemic, reducing the overall burden of respiratory illnesses is important to protect vulnerable populations at risk for severe illness, the health care system, and other critical infrastructure. There has been historically low circulation of influenza over the past two years ...

[Read entire letter.](#)


When do I need to take a COVID-19 test?

If you were exposed:

- Take a test 5 days after being exposed, regardless of vaccination status
- Testing too soon may lead to a false negative test result

If you have symptoms:

- Take a test immediately



YOU STOP THE SPREAD 

Hey Wisconsin, we are Now Accepting Orders!

SAY YES!
COVID TEST

Have 5 free COVID-19 at-home tests sent directly to your door

SayYesCovidHomeTest.org

YOU STOP THE SPREAD 

Asthma and Allergy Network

COVID Isn't Over – Rebound Infections, New Guidance and More Webinar

Thursday, September 15 - 3:00 PM CENTRAL

Join our Network experts for the latest news and information on COVID-19. We'll discuss rebound infections, Long COVID and the newest CDC guidance all with time to answer YOUR questions.

Register at:

register.gotowebinar.com/register/3139692162172545547



Global Food Allergy Summit 2022

Join us **Saturday, Oct. 1 and Sunday, Oct. 2** for a weekend of learning with food allergy experts from around the world! The [Global Food Allergy Summit](#) is a FREE virtual event to engage patients, families, caregivers and healthcare professionals.

Questions we'll answer:

- When should you introduce a potential food allergen to your child?
- Can an expectant mom's diet help prevent food allergies?
- How to know if food allergy oral immunotherapy is right for your family?
- What are some mental health and coping strategies for food allergy families?

Hear from board-certified allergists, pediatricians, clinical psychologists and food allergy researchers. Experts will be available to answer the questions you always wish you had time to ask your doctor. [See the full agenda](#) (as of Sept. 8, 2022). [Register](#).

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Suicide Prevention Resource Center

Suicide Prevention Resources for Schools

As students head back to [school](#), help put suicide prevention on the agenda for the new academic year by using and sharing these materials:

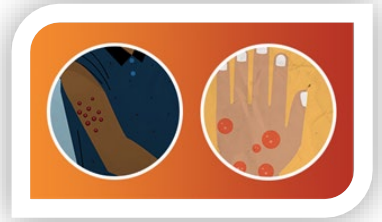
- Suicide prevention resources for [middle school](#) and [high school](#) settings
- Information sheets to help high school [teachers](#) and [mental health providers](#) prevent suicide
- Resources for [teens](#) who may be at risk
- A [toolkit](#) to help middle and high schools respond to a student suicide death

Guidance on implementing [trauma-informed practices](#) in schools

CDC

Hot Training Topic: Monkeypox

- Learn how to counsel patients on reducing their risk of monkeypox infection in this [Q&A](#) with a CDC expert. Also, review treatment options for the disease and associated pain.
- Learn about the history of monkeypox, epidemiology of the current outbreak, and what we still need to learn in this recorded [webinar](#).



Miscellaneous

2022 Monkeypox: Facts You Need to Know University of Wisconsin-Madison Continuing Education

This lecture and panel discussion will address the current epidemiology and diagnosis of Monkeypox along with best practices regarding treatment and vaccine administration. Participants will have an opportunity to ask questions of the expert panel to dispel misunderstandings about the spread and treatment of the disease.

September 21 5:30-7:00 PM

In-Person and Live Stream

Cost: **FREE** [Register here](#).

School Nurse Blog

The Relentless School Nurse: Our Last Layer of Protection – Boosters

Robin Cogan, MEd, RN, NCSN, FAAN

Sep 9

It is quite remarkable to return to school and the only space where masking is required is my health office. Remarkable in an alarming way, not a "how amazing and fortunate are we" kind of sensation. I have managed to evade COVID for almost three years, but I am not so sure that will continue. It struck me that our only layer of protection left is vaccination and boosters, especially the most recent release of the bivalent COVID vaccine booster.

The Department of Health and Human Services (HHS) has developed a national campaign to promote vaccine confidence. There are specific toolkits available for many communities, but one specifically for schools! The resources are free to download and available in multiple languages. **Let's do this!** [Read entire blog](#).

This lecture and panel discussion will address the current epidemiology and diagnosis of Monkeypox along with best practices ... Participants will have an opportunity to ask questions of the expert panel to dispel misunderstandings about the spread and treatment of the disease.

NASN News



September is National Suicide Prevention Month.

NASN offers this [Poster Hall: Mental Health Education for School Nurses](#) (free) as one option to further your training in the mental health area. Also, NASN has [several resources](#) available to help school nurses talk with students and families. The pandemic has been a source of stress, anxiety, and grief for many students, staff, and families. NASN has resources on [Social and Emotional Health](#) in our [COVID-19 Reference Guide](#). You can also check out relevant discussions in the [SNN Community](#).

How K-12 Schools are Planning for Monkeypox Outbreaks

As children and teens continue to head back to classrooms, there are questions about the risk in K-12 schools regarding the spread of monkeypox. The CDC has released [monkeypox guidance](#) for K-12 schools, daycares, and other settings serving children and adolescents.

Linda Mendonça, president of NASN, said the guidance has been especially helpful for school nurses, who are often required to relay health information to the community. "It certainly is helpful to have that, and it provides us talking points and information to share with our school communities," Mendonça told ABC News. [Read the article](#).

NASN has [several resources](#) available to help school nurses talk with students and families. The pandemic has been a source of stress, anxiety, and grief for many students, staff, and families.

Wisconsin Association of Nurses

Diabetes Care and Education Conference

Registration is now open for the Wisconsin Nurses Association's first [Diabetes Care and Education Conference](#) on November 18 and 19 in Oshkosh. This conference is replacing the professional diabetes education conference hosted by the American Diabetes Association in previous years. See flyer attached to this newsletter for more information.

Registration deadline is November 11. Click [here](#) for more information, or [here](#) to register.

- Listen and learn about best practices in clinical care and diabetes self-management
- Network with other nurses, advanced practice nurses, dietitians, certified diabetes care and education specialists
- Earn up to 10.25 continuing education contact hours
- Meet with exhibitors and vendors for "hands-on" learning opportunities
- Review clinical and scholarly posters highlighting innovative practices

Immunization Action Coalition



Immunize.org summarizes ACIP's September 1 meeting recommending bivalent mRNA COVID-19 vaccines for fall booster doses

The [Advisory Committee on Immunization Practices](#) (ACIP) met on [September 1, 2022](#), to discuss FDA's August 31 Emergency Use Authorizations (EUAs) of new bivalent formulations of [Pfizer-BioNTech](#) and [Moderna](#) mRNA COVID-19 vaccines as a booster dose. The ACIP recommendations represent a fundamental reset of the COVID-19 vaccination schedule for every person age 12 years and older.

Background: Bivalent mRNA COVID-19 vaccines help the immune system target the spike protein of the ancestral (original) strain of SARS-CoV-2 and the spike protein found on the Omicron BA.4 and 5 variants. All previous COVID-19 vaccines in use in the United States were monovalent COVID-19 vaccines targeting only the original virus strain. The addition of the BA 4/5 component is intended to broaden and enhance the immune response to newer strains of the Omicron variant expected to continue to circulate through the fall and winter months.

Following a thorough review using its "Evidence to Recommendation" process, ACIP voted to:

- Recommend that a single booster dose of bivalent Pfizer-BioNTech COVID-19 Vaccine (for individuals age 12 years and older) or bivalent Moderna COVID-19 Vaccine (for individuals age 18 years and older) be given at least 2 months after completion of a monovalent primary series or any prior monovalent booster dose of COVID-19 vaccine.
- Repeal its previous recommendations for use of monovalent vaccines as booster doses for all people age 12 years and older.

[Note: at this time, there is no change to the monovalent vaccine schedules for children age 6 months through 11 years.]

ACIP members discussed that, while the FDA-authorized interval of 2 months between the completion of a primary series or the most recent booster is acceptable, longer intervals of 3–6 months may be preferred depending upon individual circumstances. Factors influencing timing include recent recovery from COVID-19 infection, risks related to travel or work, or the patient's risk of serious complications of COVID-19 infection due to age or health status. Evidence suggests longer intervals produce a stronger immune response, as well as a reduced risk of myocarditis in individuals at increased risk for myocarditis after vaccination (e.g., adolescent and adult males under 40). Individuals recently recovered from COVID-19 may wait up to 90 days after illness before bivalent booster vaccination. ACIP members noted that CDC should carefully outline these issues for healthcare providers in its updated interim clinical considerations guidance.

The addition of the BA 4/5 component is intended to broaden and enhance the immune response to newer strains of the Omicron variant expected to continue to circulate through the fall and winter months.

Immunization Action Coalition

Clinical Considerations

All healthcare professionals who administer COVID-19 vaccines should carefully review CDC's updated [Vaccines & Immunizations: Use of COVID-19 Vaccines in the U.S.](#) summarizing interim clinical considerations for use of COVID-19 vaccines currently approved or authorized in the United States for specific guidance on appropriate use of these newly recommended boosters. A few important highlights include:

- People must first complete at least a primary series with the original monovalent vaccine before receiving a single bivalent booster at least 2 months later.
- People may receive either brand of bivalent vaccine that is age-appropriate; there is no preference and no need to match the brand of the primary series.
- The bivalent booster recommendation replaces previous booster recommendations only for people age 12 years and older. At this time, people age 5 through 11 years who have received a Pfizer-BioNTech primary series should continue to receive one monovalent booster dose.
- The new [recommended schedule](#) for all people age 12 years and older is now simplified. Healthcare providers no longer need to consider the previous number of booster doses received; all people age 12 years and older who have completed a primary series should receive one bivalent booster dose, as long as it has been at least 2 months since their most recent dose. (Note: timing considerations are outlined in detail at CDC's Clinical Considerations web page).
- This recommendation is for a one-time booster. ACIP does not anticipate recommendations for frequent (e.g., every few months) booster doses of bivalent vaccine.
- COVID-19 vaccines may be co-administered with all other routinely recommended vaccines, including influenza vaccine. Special situation: individuals vaccinated against monkeypox, particularly adolescent or young adult males, may consider waiting 4 weeks after receiving monkeypox vaccine before receiving a COVID-19 vaccine. See [Coadministration of COVID-19 Vaccines with Other Vaccines](#) subsection in "Timing, Spacing, and Interchangeability of COVID-19 Vaccines" for additional guidance.
- Evusheld (AstraZeneca) is a combination of long-acting antibodies recommended to be administered every 6 months to people with moderate or severe immunocompromise, as a supplement to vaccination. Individuals eligible for Evusheld should wait at least 2 weeks after the first COVID-19 vaccination before receiving the first dose of Evusheld. There is no minimum interval after Evusheld to administer a subsequent COVID-19 vaccination; however, it is recommended to wait at least 2 weeks to administer Evusheld after any subsequent COVID-19 vaccination.

Benefits of COVID-19 Vaccine Boosters

As immunity conferred by past doses wanes, studies of hospitalization and mortality rates have made the importance of receiving the recommended bivalent boosters clear. A [recent](#) publication presented during the ACIP meeting projects that a fall-winter (September 2022 through March 2023) vaccination campaign with expanded eligibility for bivalent boosters and high booster coverage could avert 100,000 to 160,000 deaths and 1 to 1.7 million hospitalizations in the coming months.

Office of Minority Health



Resources for National Sickle Cell Disease Awareness Month

Sickle cell disease is an inherited condition that affects red blood cells, making them hard and sticky. The blood cells of someone living with sickle cell disease are C-shaped and resemble a farm tool called a sickle. They become stuck as they travel through small blood vessels and can cause acute pain, infection, and stroke.

According to the [Centers for Disease Control and Prevention \(CDC\)](#):

- One out of every 365 Black people is born with sickle cell disease.
- One out of every 16,300 Latino people is born with sickle cell disease.
- About one in thirteen Black babies are born with sickle cell trait.

Sickle cell disease affects approximately 100,000 people in the U.S. The **HHS Office of Minority Health (OMH) Sickle Cell Disease Initiative** website is a one-stop shop for information you can use to bring attention to sickle cell disease disparities, treatment, and research. Visit the website throughout September for the following resources:

The [Sickle Cell Disease Awareness Social Media & Outreach Toolkit](#), with messages and graphics in English and Spanish.

Hispanic Heritage Month

Every year, Hispanic Heritage Month is observed from September 15 to October 15. The theme for this year's observance is *Unidos: Inclusivity for a Stronger Nation*.

Throughout the month, the HHS Office of Minority Health (OMH) will partner with other federal offices and stakeholders to share bilingual education messages about disease prevention and health promotion to help build healthier and stronger Latino communities.

Visit the OMH Hispanic Heritage Month website to find [resources](#), social media [messages and graphics](#), and other materials.

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Practice Points

By Louise Wilson

Stocking Opioid Antagonists in Schools

Interestingly, as school nurses return to managing a broad range of school health issues and policy development one of the issues school nurses have been seeking input on is opioid antagonist use in schools. In [Update #2](#) (9.1.2022) I shared the DHS public health alert on drugs laced with fentanyl. Throughout the pandemic we have heard warnings of the increased misuse of opioids and increased deaths from opioid abuse. It should not be surprising therefore, that schools are considering what steps to take in preparation for drug overdoses occurring on school grounds.

[Wis. Stat. sec. 118.29\(2\)\(a\)2g](#) addresses the administration of an opioid antagonist to any pupil or other person who appears to be undergoing an opioid-related drug overdose. DPI has an [FAQ on Opioid Antagonist Medication Administration](#).

The statute allows school staff to administer an opioid antagonist to ANY PERSON (who is suspected of an opioid-related overdose) not just students. The school medication statute does not address the stocking of naloxone as it does emergency epinephrine. Schools are not required to stock an opioid antagonist. It is a district decision to stock or not stock an opioid antagonist. Because there are no statutory directives school districts are encouraged to seek legal counsel when writing their policies and procedures.

In Wisconsin there are schools with established policies and procedures for the stocking of opioid antagonists. Unfortunately, I do not have an accurate indication of the number or percentage of Wisconsin school districts stocking medications, including naloxone. This is because the response rate to the 2021/2022 voluntary School Health Services Survey was very low.

School staff administering naloxone under [Wis. Stat. sec. 118.29\(2\)\(a\)2g](#) must have DPI approved training and be authorized in writing by their administrator. Because the stocking of an opioid antagonist is not addressed in the school medication statute the [protections](#) for a prescriber who might write a prescription for Narcan/naloxone are not as clear as they are for emergency epinephrine.



Throughout the pandemic we have heard warnings of the increased misuse of opioids and increased deaths from opioid abuse. It should not be surprising therefore, that schools are considering what steps to take in preparation for drug overdoses occurring on school grounds.

[Wis. Stat. sec. 448.037](#) does address physicians' ability to prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose and issue a standing order to one or more persons authorizing the dispensing of an opioid antagonist. The Wisconsin Department of Health Services (DHS) has a [standing order](#) that allows pharmacists to fill naloxone prescriptions. DPI recommends seeking legal counsel on how these statutes and the standing order might affect school staff administration and policy development.

DHS has a list on their [Dose of Reality: Safer Use/Harm Reduction webpage](#) of where naloxone may be obtained. School nurses are cautioned that the information on the webpage is directed to the general public and not school personnel. Community organizations have in the past been good sources for schools to obtain free doses of naloxone. I am not aware of any particular programs at this time.

There are links to training and other Naloxone resources on the DPI School Nursing webpage for this topic. [Opioid Antagonist Specific Resources | Wisconsin Department of Public Instruction](#)

If any districts are willing to share their policy or procedures with me, I would welcome them. Your policies and procedures would be shared with school nurses who seek such examples. Developing policies and procedures and then stocking an opioid antagonist is one of those emergency preparedness steps you hope you never have to implement ; but would be glad you did - if the need arose!



Developing policies and procedures and then stocking an opioid antagonist is one of those emergency preparedness steps you hope you never have to implement; but would be glad you did - if the need arose!

This publication is available from:
Learning and Support
Student Services Prevention and Wellness Team
(608) 266-8857
<https://dpi.wi.gov/sspw/pupil-services/school-nurse>

September 2022 Wisconsin Department of Public Instruction

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DIABETES CARE AND EDUCATION CONFERENCE

NOV 18-19, 2022 | OSHKOSH, WI 

Conference Registration NOW OPEN!

Registration is now open for the **Diabetes Care & Education Conference** taking place IN-PERSON at the beautiful **Best Western Premier Waterfront Hotel and Convention Center** in Oshkosh on November 18th-19th, 2022!

Join us IN-PERSON to:

- Listen and learn about best practices in clinical care and diabetes self-management
- Network with other nurses, advanced practice nurses, dietitians, certified diabetes care and education specialists
- Earn up to 10.25 continuing education contact hours
- Meet with exhibitors and vendors for 'hands-on' learning opportunities
- Review clinical and scholarly posters highlighting innovative practice

Registration Deadline: November 11, 2022

**To Register for the
Conference,
Click Here**

**For More
Information,
Click Here**

Questions? Email Faleasha Gallagher at faleasha@wisconsinnurses.org