

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

School Nurse UPDATE

#9 December 15, 2022

Greetings!

This Update is a little shorter than usual. You may be too busy to read a long newsletter anyways. (a). Speaking of busy, check out the article on managing end-of-the-year stress (p. 6).

If you have not looked at your districts **Youth Risk Behavior Survey** (YRBS) results you should (p.2). You might also want to bookmark the **DHS Respiratory Surveillance Reports** webpage (p.3) and monitor it this winter. Reports from the Wisconsin Council of Immunization Practices (WCIP) meeting indicate cases have not yet peaked.

Make sure you are also up to date with the **latest terminology for monkeypox**, now Mpox (p.6)

Practice Points includes information from recent conferences and meetings I have attended. I discuss updates from WCIP and the Building the Hearts of Successful Schools (BHSS) conference where I attended sessions on vaping and LGTB students.

January's didactic School Nurse Informational Meeting topic will be Medicaid funding. I will discuss documentation requirements and best practices for schools billing Medicaid for school nursing and school health services.

Is it too early to think about summer and summer camps? Attached to this Update is a flyer with **Wisconsin Lions Camp Seasonal Healthcare Staff opportunities.**

Since I will be taking vacation the end of December the next newsletter will be published January 12, 2023. I am looking forward to spending time with friends, and my children and granddaughter. May you too spend time with those that bring you joy!

FEATURED STORIES

PRACTICE POINTS -Turning Hearing into Learning

Checking In With Teens About Their Mental Health (DPI News)

Vape Cartridge Disposal (DHS) Survey (DHS News)

SAVE THE DATES

DPI Consultant Office Hours 12/16/22 8-8:45 AM

School Nurse Discussion-Medicaid Billing in Schools 1/9/23 3-3:45 PM (watch for Zoom link)

WASN Annual Conference April 26-28, 2023

NASN Conference June 30- July 3, 2023- Orlando Virtual only July 10-12, 2023

Louise

DPI News

Additional Professional Development Courses Approved for Public Health Workforce Grant

December 7, 2023 an updated FAQ regarding the use of grant funds was shared along with a list of professional development course that could be used under Strategies 1 and 2. The list of those courses is attached to this newsletter. Once school nurses have discussed plans to use the funding with district administrators if questions arise, the administrators are advised to contact the CESA personnel administering the grant funds for the Department of Health Services.



News Stories

- News: Data Shows Wisconsin Students Face Significant Mental Health and Emotional Challenges
- Guest Editorial: A Brighter Future, Whatever It Takes

DPI Publishes Statewide Youth Risk Behavior Survey Data

YRBS data shows Wisconsin students face significant mental health and emotional challenges. View Youth Risk Story.

A Quick How-to: Checking In With Teens About Their Mental Health It's important to reach out. We show you how. Read story.

Registration for the 2023 Youth Risk Behavior Survey (YRBS) is now open!

Schools with students in any grades between 6-12 are encouraged to participate in this important data collection. The registration form is available at https://tinyurl.com/YRBS-Registration.

- DPI is back to a winter/spring administration after having to delay last cycle due to COVID-19 complications. Schools can survey students anytime between from January 3 to June 30, 2023.
- Registration will remain open until early January.
- Schools are encouraged to collaborate with local health departments, CESAs, and other local stakeholders who can help coordinate local data collection efforts.
- Authorized external staff, such as local health department staff, may register on behalf of a school.
- School staff and other authorized individuals, may practice registration by selecting Public School>District>Practice when prompted for this information. These responses are not recorded.

RECENTLY RELEASED: 2021 YRBS Results

Contact Owen Tortora, owen.tortora@dpi.wi.gov with any questions!

YRBS data shows
Wisconsin students
face significant
mental health and
emotional
challenges.

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DHS News

Respiratory Report

The Weekly Respiratory Report is available and updated bi-weekly

DHS Awarded \$45 Million to Support Public Health Workforce Development

The Wisconsin Department of Health Services (DHS) announced it has been awarded a \$45 million grant to assess the statewide public health system to help build a stronger public health workforce through retention, recruitment, and training efforts. The funding is part of \$3.2 billion being awarded from the U.S. Centers for Disease Control and Prevention (CDC) to state, local, and territorial jurisdictions across the U.S. to support the public health workforce and infrastructure nationwide.

"Wisconsin's state, local, and tribal health departments are the backbone of the work being done all across our state to support healthy individuals, families, and communities," said Secretary-designee Karen Timberlake. "We applaud the CDC for this investment into our state's public health infrastructure. This is a win not only for our public health workforce, but for every community that will benefit from enhanced capacity to work collaboratively to build stronger, safer, and healthier communities."

<u>View the entire news release</u>. (DPI note: The public health workforce grant money is part of this award.)

Tobacco Prevention and Control Program (DHS) Survey

Groups across the state are working in collaboration to address the concerns surrounding the proper disposal of vaping and electronic smoking devices.

We are looking for educators from a variety of school districts would be willing to participate in this electronic survey that only takes **5 minutes** to complete. This survey was developed to better understand how your school navigates the disposal of vaping and electronic smoking devices and what the barriers are for your district. Your answers will help us create and provide support to you and other districts aimed at addressing this topic.

Participation is completely voluntary. Individual responses will be kept confidential and only summary information will be shared. The survey will be open until **December 21**st.

To complete the survey, click the following link: https://forms.gle/ocFkoMEhebPT5KnA7

Also see more information on vape cartridge disposal under Practice Points.



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DHS News

Make a Plan to Get Up to Date This Holiday Season!

New COVID-19 boosters are recommended for everyone 5 years and older. It's a perfect time to get your flu vaccine, too! Being up to date on your COVID-19 vaccines ensures you have the best protection possible against severe illness, hospitalization, and death. Learn what it means to be up to date on your vaccines. Click here to find a COVID-19 vaccination near you or dial 2-1-1 to get connected with a caring, local expert.

Bebtelovimab is no longer authorized for COVID-19 Treatment

On November 30, the US Food and Drug Administration <u>announced</u> that bebtelovimab is no longer authorized for emergency use in any US region. FDA based this decision on the rapidly increasing prevalence of the Omicron subvariants BQ.1 and BQ.1.1 which are highly resistant to bebtelovimab. According to the <u>CDC NowCast</u>, BQ.1 and BQ.1.1 accounted for 49.4% of variants circulating in the Midwest during the week ending in 11/26/22, and this proportion is expected to continue to increase. FDA, CDC, and NIH are closely monitoring SARS-CoV-2 variants that may impact the use of other therapies authorized for emergency use. Evusheld, the monoclonal therapy used for pre-exposure prophylaxis of COVID-19, has also shown reduced neutralization activity against BQ.1 and BQ.1.1 but remains authorized at this time.

Providers are encouraged to use other authorized or approved products that retain activity against BQ.1 and BQ.1.1. Please refer to the NIH clinical guidelines for the latest treatment recommendations. Paxlovid (ritonavir-boosted nirmatrelvir) remains the preferred treatment for patients at risk for severe disease, followed by Veklury (remdesivir). Lagevrio (molnupiravir) may be considered when other therapeutics are not available, feasible to use, or clinically appropriate.

Gov. Evers Announces DHS Secretary-designee Timberlake Leaving Evers Administration

Gov. Tony Evers announced Wisconsin Department of Health Services (DHS) Secretary-designee Karen Timberlake will leave the Evers Administration on Jan. 2, 2023. Secretary-designee Timberlake's replacement will be announced in the coming weeks. Read more.



The US Food and
Drug Administration
announced that
bebtelovimab is no
longer authorized for
emergency use in any
US region. FDA based
this decision on the
rapidly increasing
prevalence of the
Omicron subvariants
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which are highly
resistant to
bebtelovimab.

DHS News

Watch: Media Briefing on Avoiding Illness During This Holiday Season

On November 16, 2022, the Wisconsin Department of Health Services (DHS) held a media briefing regarding protecting your health and others during the holiday season.

Speakers included:

- Dr. Ryan Westergaard, Chief Medical Officer in the DHS Bureau of Communicable Diseases
- Dr. Jasmine Zapata, Chief Medical Officer in the DHS Bureau of Community Health Promotion
- Tom Haupt, State Influenza Coordinator and Respiratory Disease Epidemiologist

A recording of the media briefing is available on YouTube.

DHS Announces Opportunity to Order More Free COVID-19 Self-Tests: All Wisconsin Households Eligible to Place One Order Each Month Starting in November

The Wisconsin Department of Health Services (DHS) is encouraging Wisconsinites to order free at-home rapid COVID-19 tests and have them delivered directly to their house through the state-supported Say Yes! COVID Test program. As of November 17, 2022, Wisconsin households are eligible to place an order **every month** for one free test kit that contains five rapid antigen COVID-19 tests on the <u>Say Yes!</u> COVID Test website.

"With the holidays coming up, we want to give Wisconsinites the tools they need to safely celebrate with their loved ones," said DHS Secretary-designee Karen Timberlake. "These free self-tests are delivered right to the door, allowing people to take a COVID-19 test at home and make decisions that will keep those around them safe." View the entire news release.

Reminder: How to Check Revised Expiration Dates on COVID-19 Self-Tests

If you think any package of COVID-19 tests you have at home may be expired, check before you throw it out! The FDA has extended the expiration dates for many of the COVID-19 self-tests that are widely available at stores and pharmacies. To check if your package of COVID-19 tests has an extended expiration date, people can find more information here on all the FDA-authorized brands, as well as specific information on iHealth brand tests that includes a tool to search your package's expiration here.



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program.

Miscellaneous

WHO: Disease name will transition from monkeypox to "mpox" On November 28, the World Health Organization issued a press release titled WHO Recommends New Name for Monkeypox Disease. A portion of the press release appears below.

Following a series of consultations with global experts, WHO will begin using a new preferred term "mpox" as a synonym for monkeypox. Both names will be used simultaneously for one year while "monkeypox" is phased out. When the outbreak of monkeypox expanded earlier this year, racist and stigmatizing language online, in other settings and in some communities was observed and reported to WHO. In several meetings, public and private, a number of individuals and countries raised concerns and asked WHO to propose a way forward to change the name.

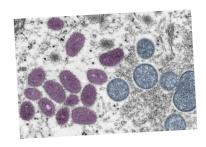
Assigning names to new and, very exceptionally, to existing diseases is the responsibility of WHO under the International Classification of Diseases (ICD) through a consultative process which includes WHO Member States...

WHO, in accordance with the ICD update process, held consultations to gather views from a range of experts, as well as countries and the general public, who were invited to submit suggestions for new names. WHO recommends the following:

- Adoption of the new synonym mpox in English for the disease.
- Mpox will become a preferred term, replacing monkeypox, after a transition period of one year....
- The term "monkeypox" will remain a searchable term in ICD, to match historic information.

Face End-of-Year Pressure with Grace

Navigate your holidays, deadlines, performance review and personal obligations with less stress this year. Here are <u>five</u> methods to help you manage end-of-year stress from meQ.



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Miscellaneous

The Facts About Student Vaping and Approaches to Prevention

On behalf of the U.S. Department of Education, Office of Elementary and Secondary Education's Office of Safe and Supportive Schools, the National Center on Safe Supportive Learning Environments (NCSSLE) invites you to join the next Lessons from the Field webinar, **The Facts About Student Vaping and Approaches to Prevention.**

Wednesday, December 14, 2022 | 2:00 - 3:30 PM Central

The vaping epidemic has reversed the decades long decline in tobacco use among youth. Marketing for ecigarettes target young people with "fun" "kid-friendly" flavors and usage among youth has skyrocketed. In this webinar, experts will share data on vaping use among young people and the impact of vaping on their development and health. Then panelists will discuss a variety of approaches that teach young people about the dangers of vaping, including online curricula in health classes, alternatives to school suspensions for vaping and other tobacco infractions that focus on educating students on the risks, and creating full wraparound support that includes peer-support, community-support, prevention, intervention, and treatment. Join us to explore strategies you can implement in your school to prevent and reduce vaping among young people.

Speakers/Panelists

- Cindy Carraway-Wilson, Training Specialist, National Center on Safe Supportive Learning Environments (NCSSLE), Director of Training, Youth Catalytics
- Randi Tolstyk, Public Health Analyst, Office on Smoking and Health, Centers for Disease Control and Prevention (CDC)
- Dr. Ruben Baler, Health Scientist, National Institutes of Health, National Institute on Drug Abuse (NIH/NIDA)
- Lee Anne Dodge, Program Director, SoPo Unite (Drug Free Communities Coalition), ME
- Robert Ostbye, Statewide Policy Coordinator, Bureau of Tobacco Free Florida, Florida Department of Health, FL
- Alexandra Parks, Vice President, Strategic Partnerships and Programs, Truth Initiative, DC
- Dr. Thomas Ylioja, Clinical Director, Health Initiatives, National Jewish Health, CO

Resources for this event will be posted on the event webpage.

- Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults (CDC)
- Vape-Free Schools Initiative (American Lung Association)
- Youth and Tobacco Use webpage (CDC)
- Vaping Prevention and Education Resource Center (FDA, CTP)
- SmokefreeTeen website (National Cancer Institute)
- This is Quitting (free and anonymous text messaging program from Truth Initiative)
- <u>Cessation Resources</u> webpage, including the <u>Youth Tobacco Cessation: Considerations for Clinicians</u> guide (American Academy of Pediatrics)
- Tobacco-Free District Model Policy: Model Policy, Administrative Rules, and Student Code of Conduct (American Heart Association)
- Student Commercial Tobacco Use in Schools: Alternative Measures (The Public Health Law Center)

For your reference, slides for this presentation will be posted on the <u>event webpage</u> on the day of the event. The recording and other webinar materials will be posted a day after the event. You must register to participate in this presentation. REGISTER HERE!

Practice Points

By Louise Wilson

Turning Hearing into Learning

Too often we attend meetings or conferences and then quickly move on to the next thing without taking time to reflect upon what was said or learned. I am very guilty of that. I jump from one meeting, webinar, or conference to another. It helps when I must send someone an email summarizing the meeting. That practice along with recopying my notes allows me to process what I heard and turn my hearing into learning.

For this Practice Points I am sharing key points from the Building the Hearts of Successful Schools (BHSS) conference I attended December 8th, and the December 9th Wisconsin Council of Immunization Practices (WCIP) meeting. Writing this makes me reflect upon what I learned this week. I hope you will find a few nuggets of information that may inform your practice or provide some new insight.

The keynote speaker for the BHSS conference was Mike Veny. He described how to disrupt the cycle of mental health stigma in schools. You all are aware of the mental health status of our students. The YRBS survey results are stunning! Mike believes the first step in addressing students' mental health is to remove the stigma attached to it and to the individual student with mental health concerns.

As Mike described, the cycle of stigma begins with Shame, moves on to Silence, and then Sabotage before returning to Shame repeating the cycle. People experience Shame for "being weak", for displaying behaviors associated with poor mental health (acting out), or for experiencing negative thoughts and emotions. "Good" people do not act or think that way. Shame prevents one from seeking or accepting help. Shame results in Silence which prevents having honest communications where help can be obtained, and support given. Sabotage occurs in the healing process when the student is not given the support they need. Sometimes because of shame we sabotage our own healing. The cycle repeats itself.

Selfcare, he explained is anything you do for your health that is <u>not</u> an escape activity. Using drugs, alcohol, vaping, or participating in high-risk activities is not selfcare. Selfcare, he believes is an antidote for Shame.

He went on to describe three practices schools can do to provide students with selfcare, two of which are in the wheelhouse of many school nurses. Besides teaching the Arts (not in the school nurse wheelhouse), embracing wellness activities in school, and leading by example are selfcare practices Mike listed that school nurses can readily do. Many school nurses are already involved in student wellness activities. If capacity does not allow a huge time commitment on your part, you might work with the Health or Physical Education teachers to implement wellness activities. Start simple. Remember selfcare.



You all are aware of the mental health status of our students. The YRBS survey results are stunning! Mike believes the first step in addressing students' mental health is to remove the stigma attached to it and to the individual student with mental health concerns.

Leading by example is such a great reminder. One must <u>practice</u> selfcare to demonstrate its importance. Interestingly, this week DPI came out with Hybrid Work Norms as many DPI employees (myself included) are working from home. A couple of the norms are self-care related such as calendaring lunch breaks and scheduling focus time, so meetings do not interrupt projects (which causes stress). This is lead by example systems wide selfcare.

As I said Mike's goal is to remove the stigma of mental health. Students particularly in certain demographics experience more silence than others when it comes to their mental health challenges. Silence is removed when schools proactively have conversations and share messages about mental health. Repetition of the message is important for it to change school culture. These conversations need to occur in the context of connection in order to remove the sabotage that occurs when students do not feel anyone really cares about what they are going through. Statements such as "help me understand," "how can I support you?" and "what kind of flexibility do you need here?" create connection.

Molly Herrmann, a DPI colleague of mine described in her breakout session protective factors for LGBQ students who are suffering negative mental health at rates almost double their heterosexual, cis-gender classmates. She shared recent YRBS and other national data illustrating these high rates. Nearly half of high school LGBQ youth seriously considered attempting suicide during the pandemic, more than three times the rate of heterosexual high school students. More than a quarter attempted suicide, five times the rate of heterosexual kids. It is distressing to learn LGBQ kids get less sleep and less exercise, two keys habits that improve mental health.

Molly will be presenting at the WASN conference in the Spring where you can hear and learn more about supporting this population of students. As DPI State Superintendent Dr. Underly said, "Pronouns save lives."

A couple of key take aways from the Tobacco and Vaping panel discussion I attended were:

- Juul® is no longer the number one seller of electronic nicotine devices, Puff Bar™ is currently #1.
- The quantity of nicotine is much larger in the newer products.
- Students report that coping with stress is more of a reason they vape than peer pressure.
- Students acknowledge they are addicted to vaping (and nicotine) but they do not know how to stop
- Supportive cessation programs are more effective than punitive measures.
- Along with nicotine students are increasingly being found vaping TCH in schools.
- Confiscated vaping cartridges have batteries which if not disposed of properly could start a fire.



Silence is removed
when schools
proactively have
conversations and
share messages about
mental health.

This week I came across a post on the NASN discussion list regarding vape cartridge disposal. I do not think I would have stopped to read the post had it not been for what I heard at the conference.

Nicotine is considered a <u>Hazardous Waste</u> and schools are treated the same as businesses under the Resource Conservation and Recovery Act (RCRA) when dealing with how to handle and dispose of e-cigarette hazardous waste. Attached to this Update is information regarding safe disposal of e-cigarette waste from the EPA/FDA and the Public Health Law Center at Mitchell Hamlin School of Law.



Quarterly I represent the DPI to the WCIP. I find these meetings fascinating. Most meetings include updates on influenza and other circulating respiratory viruses, vaccine coverage, vaccine distribution issues, and WIR programing updates. The Council often hears about new research or products. A monoclonal antibody for RSV may be on the market in 2023 along with an adult RSV vaccine.

This year's influenza vaccine is a "good match" for the circulating influenza A strains (both H3 and H1 viruses). Effectiveness data from Chile (southern hemisphere) which use the same strains in their vaccine indicates 49% effective. Vaccine uptake (31%) is lagging last year's vaccination rate. Wisconsin is far below the 70% target. DHS has a website displaying influenza vaccination rates

https://www.dhs.wisconsin.gov/immunization/influenza.htm

pausing and reflecting more often.

Practice selfcare by

Normally by 2 years of age 92% of people are infected with RSV. Because of the pandemic less children we exposed resulting in the increased number of cases this year. RSV cases are trending downwards, but we have not yet hit the peak of influenza cases. The influenza season started earlier than normal along with a faster trajectory. By continuing to monitor the Weekly Respiratory Report you will be able to stay abreast of these trends.

I am glad I paused to reflect on these two meetings. I was also reminded next year to ask about receiving the high dose pneumococcal vaccine and to check to see if my granddaughter has gotten the bivalent booster now that the under 5 age group is approved.

Practice selfcare by pausing and reflecting more often.

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

December 2022 Wisconsin Department of Public Instruction

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Tips for Safe Disposal of E-Cigarettes and E-Liquid Waste

Discarded e-cigarettes, batteries and cartridges can pose a threat to human health and to the environment if they are not disposed of properly. Nicotine, including nicotine salt, is listed by the Environmental Protection Agency (EPA) as an acute hazardous waste. The following are best practices and information compiled from state departments of health and public health nonprofit organizations.

Best Practices for Safe Disposal:

- Check with your state and local environmental agencies for rules and guidance about e-cigarette and e-liquid waste disposal.
- Turn off the device and remove the rechargeable battery before disposal. If the device isn't yours, have the user do this.
- Store all items—especially rechargeable batteries—in a cool, temperature-controlled environment and in a container that is sealed and clearly labeled for hazardous waste.
- Never throw rechargeable batteries into the trash. Keep them in a separate container for hazardous waste.

- Deliver the sealed container of e-cigarette waste to a local hazardous waste facility at least every 90 days.
- Do not rinse e-cigarette items, such as spent cartridges, to remove the liquid nicotine residue. That water will become hazardous waste, and you will need to store and dispose of the water properly.
- Handle used and discarded cartridges carefully to avoid unintentional exposure to unused nicotine. Do not throw them away in the regular trash.
- Always be careful handling products.
 Liquid nicotine can be absorbed
 through the skin and cause
 accidental poisoning.

Public Health Workforce Development Grant School Health Funding Strategies Explanation

For Grant Administrators

In the original MOU, a list of professional development activities was provided. Some of the *original* activities are no longer accessible. In collaboration with DPI School Nursing Consultant, Louise Wilson, <u>new and alternative</u> courses were added as opportunities. Please note there are specific activities for Strategy 2. Additionally, there are recommended activities that can be budgeted under Strategy 1. (Professional Development is considered a strategy for retention. School nurses are more likely to continue working for an organization that empowers them with targeted professional development.) *Please contact your CESA grant administrator for budget revisions to substitute or add these activities. See updated FAQ for utilizing professional development for retention.*

Retention using Strategy 1 Funding

School districts may provide retention incentives to their school nurses for completing additional professional development. Recommended professional development for school nursing may include:

- attendance to the WASN and/or NASN conference
- and/or the following identified courses

Recommended Retention Strategy 1 Training			
Course	Link	Expiration date	
Coping Strategies and Interventions for Secondary Trauma, Compassion Fatigue, and Burnout for School Nurses	Learn more and complete the course.	NA	
The Role of the School Nurse in Increasing Instructional Time Using Multi-Tiered Systems of Support	<u>Learn more and complete the course</u> .	NA	
School Nurse-Led Case Management (SNLCM) – Application of the Nursing Process	https://learn.nasn.org/courses/36255	NA	
Healthy Nurse, Healthy Nation	https://learn.nasn.org/courses/25535	12/11/2023	
A School Nurse-Led Initiative to Address Chronic Absenteeism	https://learn.nasn.org/courses/25353	10/26/2023	

Retention using Strategy 2 Funding

To fulfill the health equity and Narcan courses listed in strategy 2, DPI and DHS are recommending the following courses as acceptable alternatives. Professional Development activities designated with an asterisk (*) are provided free of charge to NASN members. All school nurses are eligible for free WASN/NASN memberships under Strategy 2. There is no charge for the CDC Train course if not requesting contact hours. This funding will provide incentives (\$50.00 per course) to school nurses who demonstrate

completion of these activities. School nurses should seek to obtain training in each area (Health Equity and Narcan and Chronic Health).

Recommended Retention Strategy 2 Specific Training				
Health Equity	*A New Look at Your School Community Through the Lens of Social Determinants of Health Link: https://learn.nasn.org/ courses/36730	Chronic Health Conditions - The School Nurse Role in Promoting	Must complete all 4 modules to receive stipend • What is Public Health? • What is Health Equity?	
Narcan and Chronic Health	Link: <u>Talking About</u>	Link: https://youtu.be/XH2mkQC3- fc	*Skills-based Approach to Managing Chronic Health Conditions in Schools https://learn.nasn.org/courses/ 20630 Course expires 08/25/2023	

Providing Proof for training

In cases where a TCE or CE certificate is not issued, screen shots of the end of the course and/or training video as proof of completion are acceptable.

Strategy 1 Recommended Training Details

Coping Strategies and Interventions for Secondary Trauma, Compassion Fatigue, and Burnout for School Nurses

Caseloads are increasing, giving school nurses the unique opportunity to vicariously experience profound grief, pain, dysfunction, and anguish while actively listening and empathizing with students, families, and school staff. These experiences can lead to secondary trauma, compassion fatigue, and burnout. It is imperative that school nurses have resources to achieve individual resilience to be prepared to care for the

school community. This course will help school nurses define secondary trauma, compassion fatigue, and burnout and identify evidence-based interventions and prevention strategies. This session, first presented at Virtual NASN2021, is now available in the NASN Learning Center. Learn more and complete the course.

The Role of the School Nurse in Increasing Instructional Time Using Multi-Tiered Systems of Support MTSS aid students by developing data-driven individual plans when there is a higher level of need and supports students struggling with social-emotional concerns. When School Nurses successfully establish a way to connect to these support systems, the results can impact students' long-term success. In this course, school nurses will create MTSS plans and connect them to school-wide expectations, routines, and procedures to create consistency for staff and students. The School Nurse's role as a quality improvement advocate as part of NASN's <u>Framework for 21st Century School Nursing Practice™</u> is a guiding foundation throughout the session. This session, originally introduced at Virtual NASN2021, is now accessible in the NASN Learning Center. <u>Learn more and complete the course</u>.

School Nurse-Led Case Management (SNLCM) - Application of the Nursing Process

School nurses will refresh their perspective about how application of the nursing process guides the provision of SNLCM for vulnerable students. Evidence-based current information, tools/resources, and strategies will support the confidence and competence of the school nurse role in promoting health equity for students with a known (asthma) & suspected (Myalgic Encephalomyelitis/Chronic Fatigue Syndrome - ME/CFS) health condition using SNLCM. https://learn.nasn.org/courses/36255

• Identify mitigation strategies to address students with chronic health conditions who are at risk for poor health and academic outcomes. https://learn.nasn.org/courses/29717

Healthy Nurse, Healthy Nation

Expiration Date: 12/11/2023

Learning Outcomes

As a result of participating in this educational activity, learners will be able to:

- Describe the current state of US nurse's health-related to physical activity, nutrition, rest, quality of life and safety.
- Discuss data findings to explore their relevance to school nurses and how their health and well-being can influence students.
- Discuss strategies for school nurses to participate in Healthy Nurse, Healthy Nation™ and make one commitment to improve health. Learning Outcomes

https://learn.nasn.org/courses/25535

A School Nurse-Led Initiative to Address Chronic Absenteeism

Expiration Date: 10/26/2023

Learning Outcomes

- As a result of participating in this educational activity, learners will be able to:
- Articulate 2 reasons for students to be chronically absent.
- Identify 3 roles a school nurse can play in addressing chronic absenteeism.
- Identify 1 technique they will use in their school in the coming year to address chronic absenteeism. https://learn.nasn.org/courses/25353

Strategy 2 Recommended Training Details

A New Look at Your School Community Through the Lens of Social Determinants of Health

Social determinants of health are important components of the key principle of community/public health of NASN/s Framework for 21st Century School Nursing Practice. It is imperative that school nurses understand how social determinants of health impact the well-being of students and school communities. Yet, most people, including healthcare professionals (yes - nurses too) assume that the major variables of a

person's health status relate to behaviors and health care utilization. But that is only half of the calculation. The contexts of neighborhood and built environment, economic stability, education, social and community context, and health and health care are the other side of the equation. Social inequalities lead to education and health inequities (disparate circumstances) and disparities (disparate outcomes). This session will take a new look at how to interpret school "report card" data and how to assess the social determinants of health in the community. Through case studies, we will explore issues of social justice and implications for school nursing practice related to where and how your students love, learn, work, play, and live their health. https://learn.nasn.org/courses/36730

The COVID-19 Pandemic and Chronic Health Conditions - The School Nurse Role in Promoting Health Equity

Expiration Date: 05/03/2023

Learning Outcomes

As a result of participating in this educational activity, learners will be able to:

- Compare and contrast how COVID-19 has changed how the school nurse provides care for students with chronic health conditions when learning in-person and learning remotely.
- Describe how to implement school nurse-led case management as a strategy to identify and support students with chronic health conditions at risk for poor health and academic outcomes during the COVID-19 pandemic.
- Describe the implications of COVID-19 for students who have chronic health conditions (i.e., T1D/T2D, seizure disorders, asthma, severe allergies, mental health concerns).
- Identify mitigation strategies to address students with chronic health conditions who are at risk for poor health and academic outcomes. https://learn.nasn.org/courses/29717

CDC Train Introduction to Public Health Equity Modules

After completing these four modules learners will be able to:

- Explain why public health aims at health equity rather than health equality.
- Discuss how public health addresses upstream or root causes of poor health outcomes.
- Give some examples of social determinants of health.
- Distinguish between the conscious and unconscious mind
- Describe the prevalence of unconscious bias
- Identify different kinds of biases
- Recognize the importance of having systems in place for insulating critical decisions from the effects of unconscious bias
- Describe terms related to health equity.
- Identify how historically major advances in health status resulted from social reforms.
- Identify the health outcomes of affected populations.
- Describe the social determinants of health and how they contribute to health disparities and inequities.
- Describe the Healthy People initiatives that address health inequity.
- Explain the role of the public health workforce in addressing health inequity.
- Describe evidence-based approaches to promote health equity.
- What is Public Health?
- What is Health Equity?
- Implicit Bias: The Influence of your Unconscious Mind
- Addressing Health Equity: A Public Health Essential

Skills-based Approach to Managing Chronic Health Conditions in Schools: Online

Expiration Date: 08/25/2023

Learning Outcomes

As a result of participating in this educational activity, learners will be able to:

- Describe evidence-based skills for a 21st century school nurse-led approach to managing chronic health conditions in schools.
- Apply lessons learned from other state experiences supporting students to effectively manage their chronic health condition.
- Explain to non-licensed stakeholder's key components needed for effective management of chronic health conditions for students in schools, to support development and sustainability of programming. https://learn.nasn.org/courses/20630



COMMERCIAL TOBACCO POLLUTION

December 2019







DISPOSING OF E-CIGARETTE WASTE

FAQ for Schools and Others



Schools and other public institutions are coping with many unforeseen consequences as a result of the e-cigarette epidemic.¹ From installing costly bathroom monitors to redirecting counselor time to deal with the ramifications of addiction, schools are expending significant resources to respond to an industry-created crisis.

An additional — yet often overlooked — consequence of the youth vaping epidemic is the fact that institutions like schools have to deal with increasing amounts of dangerous waste. This waste stream comes from the accumulation of e-cigarette devices, e-liquid containers, and cartridges or "pods" that contain liquid nicotine, and devices that contain lithium ion batteries and other e-waste. The additional burden on public institutions can be overwhelming.



Photo: Jeremiah Mock²

Importantly, under federal law,³ e-cigarette devices, e-liquid containers, and batteries are likely to be⁴ <u>hazardous waste</u> when schools, courts, and airports confiscate and dispose of them. These wastes therefore need to be handled and disposed of in accordance with federal and state laws.

This publication provides a brief summary of considerations for schools, airports, courts, and other institutions subject to the Resource Conservation and Recovery Act (RCRA) when dealing with how to handle and dispose of



mounting piles of e-cigarette hazardous waste.⁵ This resource primarily answers some pressing questions about how to classify and dispose of mounting accumulations of e-cigarette waste, and does not cover every important question administrators might be dealing with. It first explains why e-cigarettes are hazardous waste, then outlines the steps RCRA-regulated entities are required to take under the law to ensure the health and safety of students, employees, and the public.

Q: Is liquid nicotine a hazardous waste?

A: Yes, nicotine (including nicotine salts) is a <u>listed hazardous waste</u> under RCRA. While the ins and outs of hazardous waste regulation are beyond the scope of this publication, the fundamental takeaway for schools is that <u>in 1980</u>, the Environmental Protection Agency (EPA) listed "nicotine & salts" as an "acute hazardous waste."

An acute hazardous waste <u>is defined as</u> hazardous waste that is fatal to humans in low doses, has demonstrated toxicity to test subjects, or is "otherwise capable of causing or significantly contributing to an increase in serious irreversible, or incapacitating reversible, illness." The serious risks of exposure to acute hazardous waste are mitigated by the legal requirements to handle, treat, and dispose of liquid nicotine properly.

EPA's listing of nicotine as acute hazardous waste occurred before liquid nicotine was used in JUUL pods and other e-cigarettes — but EPA affirmed its application to nicotine e-liquids in 2015 and again in 2019. Most recently, the vaping industry asked EPA to exempt e-liquids from the definition of acute hazardous waste and the agency refused to do so.

Q: What responsibilities does RCRA place on schools that accumulate hazardous waste in the form of e-cigarette devices and e-liquids?

A: Schools and other entities that accumulate RCRA-listed chemicals and then need to dispose of them as waste — designated as "generators" of waste under RCRA's terminology — are assigned special responsibilities to ensure that this waste is handled and disposed of in a way that will not place human health or the environment at risk. Because nicotine is an acute hazardous waste, a generator can accumulate only 1 kilogram of this listed waste before being treated as a "large quantity generator." Even if they accumulate less than that amount, or have e-cigarette devices without any nicotine, generators have legal duties under the law as sketched out below.



Large Quantity Generators of Nicotine Waste

A large quantity generator must comply with special handling requirements, including:7

- Notifying your hazardous waste regulatory entity and filling out a special form in order to obtain an EPA identification number;
- Storing nicotine waste in properly constructed and labeled/marked storage containers that clearly identify the material and hazard and indicate the accumulation start date;
- Ensuring that this hazardous waste is not stored with other types of toxic or hazardous waste (e.g., specifically, waste with which it could potentially interact or react);8
- Carefully storing the container so that it does not rupture or leak, and ensuring that it remains closed except for when additional hazardous waste is added to the storage container;
- Training all employees involved in the management and/or documentation of hazardous waste activities on-the job and through classroom/online hazardous waste classes, covering job duties during normal operations and emergencies;
- Inspecting the hazardous waste on a weekly basis to make sure that there is no leakage, and that the labeling and handling requirements comply with federal standards.

Large quantity generators also must ensure that the accumulated hazardous waste does not remain on site for more than 90 days. The generator (e.g., a school) is responsible for shipping the storage container to a properly permitted hazardous waste treatment, storage, or disposal facility. While recycling the e-cigarettes would make them no longer subject to RCRA hazardous waste requirements, the problem is that, to date, no network of legitimate recycling facilities that recycle nicotine for later re-use appear to exist.

Very Small Quantity Generators of Nicotine Waste

Even if a school is not a large quantity generator, storing any amount of e-liquid for disposal makes the school a "<u>very small quantity generator</u>," which still requires the school to comply with some of the requirements above, as well as any other applicable local or state management requirements. A very small quantity generator still must ensure that the waste is delivered to a hazardous waste collection facility authorized to accept the waste in accordance with hazardous waste standards.



Generators of Universal Waste Batteries

Lithium-ion batteries, which are found in in rechargeable e-cigarettes, <u>are problematic</u> in that they <u>are known to explode and catch fire</u>, putting both the public and workers at risk. While e-cigarettes' batteries and others do not need to be stored and disposed of in the same way as nicotine-containing waste, they should be handled carefully, and battery storage containers should be kept in good condition and properly labeled with a description of the type of waste. Check directly with your state's hazardous waste regulatory agency for standards applicable to universal waste and batteries.

Q: Why can't schools just throw e-liquid in the garbage with other (non-hazardous) waste products?

A: Federal law treats consumer products that are designed for use at a consumer's residence, used in the residence, and disposed of by residents as not being hazardous waste — instead, calling this carve-out "household hazardous waste." Household hazardous waste is subject to state regulation.¹⁰

That said, schools do not qualify for this treatment — they are not residents or residences under the law — and federal law uniformly treats this form of waste, when used away from the home and/or accumulated by entities that are not households, as hazardous waste. For this reason, schools and other public entities are treated the same as businesses under RCRA's classification and treatment of hazardous waste generators. Even "used" (or "spent") pods contain unused nicotine and should be treated carefully and not discarded in the regular trash.

The school-based challenges associated with the accumulation of e-cigarette waste, treatment, and disposal are relatively new and rapidly evolving. Given that federal law treats nicotine as hazardous waste, to comply with the law and best protect the environment and human health, best practices for schools include:

- Public health officials and educators consulting with state and local government hazardous waste experts to determine the best way to comply with federal, state, and local hazardous waste requirements; and
- Providing schools with state-specific guidance and resources, prepared by state and/or local government agencies charged with regulating hazardous waste.



Q: Can e-cigarette batteries also be hazardous waste?

A: Yes, <u>batteries</u> are also often a type of hazardous waste. State laws might differentiate how particular types of batteries are treated (<u>Colorado</u>, for example), but <u>federal standards</u> treat rechargeable lithium-ion batteries as <u>universal waste</u>, a type of hazardous waste under RCRA. Given the difficulty in determining which types of batteries various e-cigarettes may contain, and the prevalence of lithium-ion batteries in popular products, it is a best practice to comply with universal waste requirements and ensure that they are disposed of at hazardous waste facilities that accept universal waste.

Q: What other information is available on these issues?

- The State of Colorado recently issued a detailed guidance on these issues for schools and other entities: https://environmentalrecords.colorado.gov/HPRMWebDrawerHM/ RecordView/434101.
- Minnesota also has an established guidance for "businesses" (which could apply equally to schools as fellow non-household waste generators): https://www.pca.state.mn.us/sites/ default/files/w-hw4-65.pdf.
- EPA has issued an opinion letter on e-liquid as a hazardous waste: https://rcrapublic.epa.gov/files/14850.pdf.
- EPA has also issued an opinion letter on the recycling of e-liquid wastes: https://rcrapublic.gepa.gov/files/14851.pdf.
- EPA has created a comparison chart of some of the requirements for different levels of generators of acute hazardous wastes and universal wastes: https://www.epa.gov/hw/differences-between-universal-waste-and-hazardous-waste-regulations.
- The Public Health Law Center's policy resources on the environmental impacts of the tobacco industry are available on our website: https://www.publichealthlawcenter.org/topics/commercial-tobacco-control/commercial-tobacco-pollution.

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The Public Health Law Center provides information and legal technical assistance on issues related to public health. The Center does not provide legal representation or advice. This document should not be considered legal advice.



Endnotes

- 1 The Public Health Law Center recognizes that traditional and commercial tobacco are different in the ways they are planted, grown, harvested, and used. Traditional tobacco is and has been used in sacred ways by Indigenous communities and tribes for centuries. Comparatively, commercial tobacco is manufactured with chemical additives for recreational use and profit, resulting in disease and death. For more information, visit the National Native Network website: http://www.keepitsacred.itcmi.org. When the word "tobacco" is used throughout this document, a commercial context is implied and intended.
- 2 Photo depicts e-cigarette and vape device waste collected on one day at one Bay Area high school's student parking lots. Mock J, Hendlin YH. Notes from the Field: Environmental Contamination from E-cigarette, Cigarette, Cigar, and Cannabis Products at 12 High Schools San Francisco Bay Area, 2018–2019. MMWR Morb Mortal Wkly Rep 2019;68:897–899: https://www.cdc.gov/mmwr/volumes/68/wr/mm6840a4.htm?s_cid=mm6840a4_x.
- 3 This provision is implemented by states that meet federal requirements. More information is available on the EPA website: https://www.epa.gov/rcra/state-authorization-under-resource-conservation-and-recovery-act-rcra.
- 4 Under the Resource Conservation and Recovery Act, the burden is on schools and other entities to determine whether their solid waste qualifies as a hazardous waste. See the EPA website for more details: https://www.epa.gov/hw/crite-ria-definition-solid-waste-and-solid-and-hazardous-waste-exclusions. As EPA explains: "Once a generator determines that their waste meets the definition of a solid waste, they investigate whether or not the waste is a listed or characteristic hazardous waste." More information is available on the EPA website: https://www.epa.gov/hw/learn-basics-hazardous-waste#hwid.
- 5 This resource is unable to address the details and particularities of each jurisdiction, and it should not be considered a substitute for obtaining legal advice from an attorney familiar with your jurisdiction's laws.
- 6 For more on nicotine salts and the specialized reaction developed by JUUL to create them, see Rachel Becker, *JUUL's Nicotine Salts Are Dominating the Market And Other Companies Want In*, The Verge, (Nov. 21, 2018) https://www.thev-erge.com/2018/11/21/18105969/juul-vaping-nicotine-salts-electronic-cigarettes-myblu-vuse-markten.
- 7 For a full list compiled by one state agency, see this guidance from the Colorado Department of Public Health and Environment: https://environmentalrecords.colorado.gov/HPRMWebDrawerHM/RecordView/434101.
- 8 RCRA was initially passed, in part, to deal with the vexing problem of interacting hazardous wastes—particularly those wastes that could ignite or cause a chemical reaction. While many of the waste products accumulated by schools are the cartridges that can be removed from the battery-containing device, or "e-juice" containers of liquid nicotine, there are some disposable versions of e-cigarettes that contain liquid containers integral to the device. This presents a dangerous problem as the wastes build up, as it is more difficult to ensure that potentially explosive batteries are separated from the e-liquid itself.
- 9 Lithium ion batteries have caused numerous garbage truck and recycling facility fires, not to mention the long history of lithium-ion battery fires on planes tracked by the Federal Aviation Administration. More information is available on the FAA website: https://www.faa.gov/hazmat/resources/lithium_batteries/media/Battery_incident_chart.pdf. For a list of e-cigarette-related property damage and injuries, see the American Nonsmokers' Rights Foundation's tracker of news reports of e-cigarette explosions and fires: https://no-smoke.org/wp-content/uploads/pdf/E-Cigarette-Explosions-and-Fires.pdf.
- 10 Since 1988, the EPA has stated its position that states can and should choose to apply all hazardous waste legal standards to household hazardous waste, even if the EPA cannot mandate it directly. More information can be found in the EPA's 1988 Memorandum to the Waste Management Division Directors: https://crapublic.epa.gov/files/11377.pdf.

Wisconsin Lions Camp

Seasonal Healthcare Staff

SEASONAL HEALTHCARE POSITIONS AVAILABLE

IN THE HEALTH LODGE:

2

3-4

WEEKLY RESIDENTIAL HEALTHCARE STAFF

HOURLY HEALTHCARE STAFF (SUNDAYS)

DURING DIABETES SESSIONS

JULY 9-13 & JULY 16-20, 2023

2

10-12

LEAD MEDICAL STAFF (PER SESSION) CABIN MEDICAL STAFF (PER SESSION)

All healthcare staff must be licensed in the State of Wisconsin to work at Camp. MD, RN, NP, PA licensure required for weekly positions. LPN licensure will only be considered for the Sunday hourly staff role.

Weekly residential healthcare staff live in the health lodge Sunday – Thursday. Tasks include administering medications, treating illnesses and injuries and assessing overall camp health.

Hourly healthcare staff work during Sunday arrival days to check in medications for campers and ensure Camp has all information needed to care for the camper's healthcare needs.

Lead medical staff are weekly positions during the diabetes sessions to support, mentor and work with the cabin medical staff. A strong working knowledge of diabetes care is required.

Cabin medical staff are weekly positions during diabetes sessions to support, mentor and assist campers with their diabetes management. They are supported by the lead medical staff and a strong working knowledge of diabetes care is required.



PAY STARTS AT \$650/WEEK FOR WEEKLY HEALTHCARE STAFF & CABIN MEDICAL STAFF

\$800/WEEK FOR LEAD MEDICAL STAFF \$22/HOUR FOR HOURLY HEALTHCARE STAFF



Wisconsin Lions Camp

A project of the Wisconsin Lions Foundation, Inc.



3834 County Road A, Rosholt, WI 54473 715-677-4969 | wisconsinlionscamp.com info@wisconsinlionscamp.com



Wisconsin Lions Camp

Seasonal Healthcare Staff Benefits

DIVERSE EXPERIENCE

We serve campers from five different populations: Deaf or Hard of Hearing, Blind or Visually Impaired, Intellectual Disabilities or Autism, Diabetes and Epilepsy.

MAKE A DIFFERENCE

Learn more about a variety of medical conditions, medications and treatments while providing the best week of summer for our campers who look forward to this valuable camp experience all year. Keeping our campers healthy is critical to their success at Camp.

MENTORING

Mentor healthcare assistants and nursing students to help them grow and gain valuable experience in their professional journey while collaborating with fellow medical staff. Serve as a resource for all seasonal staff to keep them healthy throughout the summer season.

LIVING AT CAMP

Providing healthcare at our 440 acre property, which includes a private lake, offers plenty of recreational experiences during time off blocks. All healthcare and medical staff will sleep in separate lodging away from campers and your meals are included in your stay.

CREATING CONNECTIONS

Enjoy seeing campers outside the healthcare setting and connecting with them in a camp environment.

Healthcare and medical staff are able to join campers in activities, be a part of camp events and programs, and do all this in casual camp attire.

SUPERVISION

Our healthcare staff are supervised by our Healthcare Supervisor, Camp Director and Medical Director (who is located in Stevens Point). Care is provided using a set of standing orders as well as policies and procedures.



Scan the code to apply now!

wilionscamp.workbrightats.com

Questions? Text or call Paula Lauer, RN, Healthcare Supervisor 715-572-5075 or email plauer@wisconsinlionscamp.com.



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