



School Nurse UPDATE

#6 January 28, 2021

FEATURED STORIES

Greetings!

This newsletter may be published early as it is full of pertinent information that is subject to change given the evolving nature of COVID-19. At the moment of this writing the Department of Health Services (DHS) has not published their final approved tier 1b recommendations. I suspect before this newsletter is actually published DHS's tier 1b will be publically available. My attention will then turn to providing school nurses and school districts with as much information as is available.

DPI understands and appreciates your frustration. Vaccine distribution relies heavily on the number of doses available compared to the number of individuals who are "approved" to receive the vaccine. Note the links to weekly DHS webinars for vaccinators on page 5. In PRACTICE POINTS I provide some tips to promote vaccine acceptance. These recorded and archived webinars are excellent sources for current vaccine distribution information and current vaccine science that you can use in your messaging.

January 28th DHS is hosting a webinar in collaboration with DPI for public health officials, school administrators, school board, and school nurses. Information on this webinar has been previously distributed and is also in this newsletter. Information on the current status of COVID-19 will be covered as well as what we might expect in the future. It will not discuss the process of getting educators vaccinated.

While much of the information is anxiety provoking, there is more to this newsletter than COVID and vaccines. Note new opportunities and resources to support student mental health. There are even opportunities listed for summer camp nurses. Now, that is positive thinking!

Louise

**PRACTICE POINTS –
Promoting Vaccine
Acceptance**

**Wisconsin Center for
Resilient Schools (DPI News
p. 2)**

**DHS Vaccine Webinars
(DHS pp. 5 & 6)**

COVID Variants (p. 6)

**Hand Sanitizer for Schools
(p. 8)**

SAVE THE DATE

**NASN2021 Conference-
Transforming Student
Health: School Nurses
Leading the Way**
June 24 - June 27, 2021
(preconference June 23, 2021)

DPI supports best practices/evidence-based resources, but does not vet or endorse products/services. User is responsible to evaluate the resource and how it meets local needs.

DPI News

Revised Guidance

DPI's [Interim COVID-19 Infection Control and Mitigation Measures](#) has been revised (January 20, 2021). The URL link to the document remains the same. The revised document links to the most current version of Wisconsin's [emergency order](#) requiring the (continued) use of face coverings. DPI continues to use recommendations of the Wisconsin Department of Health Services (DHS). This revision does include new resources and materials created by the Centers for Disease Control and Prevention (CDC) such as the CDC's [COVID Data Tracker](#), CDC's [K-12 Schools COVID-19 Mitigation Toolkit](#), and CDC's [Operating Schools during COVID-19: CDC's Considerations](#).

Information contained in [Education Forward](#) regarding limiting non-essential visitors is included in this version. Additional and updated resources on cleaning and disinfection and ventilation are also included, along with a listing of non-DPI school related resources.

The Wisconsin Center for Resilient Schools

The Wisconsin Center for Resilient Schools is a new statewide coaching center designed to help school and district *teams* bring comprehensive school-based mental health and trauma sensitive, Social and Emotional Learning (SEL) to full-scale implementation. This *free* resource is available to schools and districts in Wisconsin, including private, charter, tribal, and state schools.

If you have a school or district team working on comprehensive and systemic school-based mental health or SEL, this center can help you to:

- Strengthen and align systems that support comprehensive school-based mental health and trauma sensitive social and emotional learning to promote the academic success of each student.
- Engage with data, resources, and tools to create a sustainable plan to reach your desired outcomes.
- Develop strategies for stakeholder engagement.
- Explicitly position and communicate about trauma sensitive SEL as a lever for equity.

Beginning on January 20, 2021, schools and district teams interested in coaching services can [complete the service request form found here](#).

For more information, please see the [Wisconsin Center for Resilient Schools website](#). [See the full press release here](#).

Please note that this center provides coaching for teams who are ready to fully implement School-Based Mental Health (SBMH) and trauma sensitive SEL. *This is not a training opportunity*. If you are beginning to consider [school-based mental health](#), [social and emotional learning](#), or [trauma-sensitive schools](#), please see the resources from the Department of Public Instruction using the hyperlinks provided.



DPI News

News: DPI Publishes Newly Available Data on Seclusion and Restraint in Schools

The Wisconsin Department of Public Instruction today released information reported by Wisconsin schools on incidents where seclusion and/or physical restraint was used on students during the 2019-2020 school year. Pursuant to 2019 Wisconsin Act 118, Wisconsin schools are required to submit a report containing information on the use of seclusion and restraint in schools to the DPI annually by December 1. This is the first year this information is required to be submitted to the DPI. [Click here for more information, and a full news release.](#)

Immunization Integration Project Underway

In an effort to ease the administration burden of maintaining student immunization records as well as provide more timely immunization data, the Wisconsin DPI WISEdata team, in partnership with Wisconsin DHS and student information system vendors (SIS), have built an integrated solution to enable schools to obtain immunization data directly from WI DHS via their SIS. This integration will prove critical as COVID-19 vaccinations are made available to K-12 students. SIS vendors will have the ability to display the COVID-19 vaccine status in the same manner other immunization data is presented.

Not all SIS vendors have completed integration development. Two vendors are live in production as of 1/25/2021 (Skyward (SMS product) and FACTS) while other vendors have started development or have it planned.

All schools that elect to use this system must follow the steps outlined on the following webpage to ensure a successful implementation of the feature.

<https://dpi.wi.gov/wisedata/help/wisadmin-portal/immunization-opt-in>



The Wisconsin Department of Public Instruction (DPI) is providing an API integration solution to retrieve the student immunization records from the Department of Health Services (DHS) and pass it back to the LEA's student information system (SIS).

DPI News

2021-23 Competition for AODA Program Grants

The Department of Public Instruction is pleased to announce the 2021-23 Competition for State Alcohol and Other Drug Abuse (AODA) Program Grants.

The Department of Public Instruction's (DPI) AODA program, first authorized under Chapter 331, Laws of 1979, is designed to help local school districts utilize their staff and program resources to develop comprehensive AODA programs. The DPI provides assistance to school districts to develop comprehensive AODA programs that encompass both prevention and intervention services. Prevention programs are designed to help students avoid or minimize future problems related to alcohol and other drug use, while intervention programs are designed to help students who are already experiencing problems. Resources are provided to districts in four general categories: training, technical assistance, information dissemination, and grants. The discretionary grant program supports the development and expansion of district-wide comprehensive, K-12, alcohol and other drug abuse prevention and early intervention programming as part of a coordinated school health program.

These two-year grants (equal funding for each year) will allow public school districts in the state to apply in the following funding categories:

- Districts with enrollment less than 3,000 for up to \$15,000 per year
- Districts with enrollment equal to/or greater than 3,000 for up to \$25,000 per year
- Consortia for up to \$25,000 per year with no member eligible for more than \$4,000

For the 2021-23 AODA grant cycle, DPI is using the WizeHive online platform. All grants submitted by 11:59 p.m. on April 19, 2021, will be reviewed. The review process takes place in two phases: 1) External: school, community, and state personnel with background and knowledge in programs and services related to AODA and the health and wellbeing of children review grants using a reviewer benchmark rubric. 2) Internal: DPI education consultants in AODA will review the projects to confirm ratings and to approve or make modifications/revisions in the plans or budgets to fund as many projects as possible and ensure budget items are fundable under the prescribed grant appropriation.

The application link, guidelines, scoring rubric, recorded grant writer's webinar, and a PDF copy of the application (for reference only) can be found on our [AODA webpage](#). For information about the State AODA Program Grant, contact dpiaoda.grant@dpi.wi.gov.



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DHS News



Respiratory Report

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

DHS Releases Enhancements to COVID-19 Data Disease Activity Dashboard

The Department of Health Services (DHS) has released new and improved features to case activity metrics on the [COVID-19 Disease Activity Dashboard](#). These updates are designed to help the public better understand important case activity metrics. DHS continues to look for ways to improve our data visualizations and provide Wisconsinites with the information they need to make informed decisions on how to slow the spread of COVID-19.

“The COVID-19 Disease Activity Dashboard is one of our most popular data pages,” said Deputy Secretary Julie Willems Van Dijk. “We know Wisconsinites go here to learn more about case activity both in their county and around the state. Throughout the course of the pandemic, we have made improvements to our data features related to case activity and will continue to do so, in order to provide decision makers in our state with the information they need.”

View the entire [news release](#).

DHS Announces Weekly Newsletter to Keep Public Informed of COVID-19 Response and Vaccine Progress

The Department of Health Services (DHS) recently announced a newsletter the public can sign up for to get direct information about the COVID-19 response and vaccine rollout. Every Friday, a COVID-19 update newsletter will be sent via email to people who sign up to receive it. [Registration](#) is now open, and archived copies of the weekly newsletter will also be available

Archived Vaccinator Webinars

The DHS provides webinars for COVID-19 vaccinators. Information about these webinars can be found here: <https://www.dhs.wisconsin.gov/covid-19/vaccine-program.htm>

Vaccinator webinar recordings are archived and can be located at these sites:

<https://www.dhs.wisconsin.gov/covid-19/vaccine-program.htm>

<https://livestream.com/accounts/14059632/events/9404968>

DHS continues to look for ways to improve data visualizations and provide Wisconsinites with the information they need to make informed decisions on how to slow the spread of COVID-19.

DHS News

JOINT WEBINAR FOR PUBLIC HEALTH AND SCHOOL STAKEHOLDERS - JANUARY 28 AT 5 P.M.

The Department of Public Instruction (DPI) and the Department of Health Services (DHS) COVID-19 Response Team (CRT) invite you to a joint webinar for local public health and school stakeholders on Thursday, January 28, from 5-6 p.m.

This webinar is an opportunity to hear State experts provide updates on the implications of COVID-19 and review current guidance for schools. This webinar will not provide details on the logistics of vaccine distribution.

Presenters:

- Melanie Schmidt, DHS CRT Director (moderator)
- Ryan Westergaard, DHS Chief Medical Officer
- Louise Wilson, DPI School Nurse Consultant

When: Thursday, January 28, 2021, 5:00-6:00 p.m.

Please [register in advance](#) of the webinar. A Zoom link and call-in information will be provided upon registration.

CDC

COVID Variants

The newly established CDC National SARS-CoV-2 Strain Surveillance (NS3) program will continue to monitor SARS-CoV-2 variants. Visit the CDC's [Emerging SARS-CoV-2 Variants](#) web page for updated information.

Here is a CDC webpage that tracks cases caused by COVID-19 variants: <https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html> The CDC has recognized variants in Wisconsin.



Multiple SARS-CoV-2 variants are circulating globally. Several new variants emerged in the fall of 2020. The CDC has recognized variants in Wisconsin.

Medscape Nurses

CDC: Gap Between Vaccine Doses Could Be Six Weeks

The CDC has updated its guidance on how long people can wait between the first and second doses of the Pfizer/BioNTech and Moderna COVID-19 vaccines.

If the second dose can't be scheduled in the recommended timeframe – 21 days after the first dose for Pfizer and 28 days for Moderna – people can wait up to six weeks, the CDC said in an update published Thursday. [Read more.](#)

Update: Johnson & Johnson Vaccine Trial Results

As Johnson & Johnson's Ad26.COV2.S vaccine enters phase 3, take a look at important results from the first two phases. [View Now.](#)

Experts Call for Better Masks as Pandemic Rolls On

The issue is as relevant today as it was a year ago when the first cases of the coronavirus were identified in the United States. A [study released Tuesday](#) in *The Lancet* found that a 10 percent increase in mask-wearing makes it three times as likely that the coronavirus spread slows. [Read more...](#)

The Relentless School Nurse

[The Relentless School Nurse: WATCH: Amanda Gorman reads inauguration poem, 'The Hill We Climb'](#) by Robin Cogan, MEd, RN, NCSN

Miscellaneous

Understanding ADHD medications

A review of all medications used to address ADHD. "To understand [medications](#) for [ADHD](#) treatment, you need to keep two neurochemicals in mind: dopamine and norepinephrine. Both are important for attention and focus, for the functioning of the pre-frontal cortex region of the brain. Think of it as the secretary of the brain: It's the locus of what's referred to as [executive functioning](#)—how you plan, how you organize, how you execute." [Read more.](#)



*Let the globe, if nothing else, say this is true:
That even as we grieved,
we grew
That even as we hurt, we hoped
That even as we tired,
we tried
That we'll forever be tied together, victorious
Not because we will never again know defeat
but because we will never again sow division*

Miscellaneous

COVID-19 Pandemic Highlights Cracks in K-12 Truancy Laws

"A spike in unexplained school absences during the pandemic could lead to truancy troubles for thousands of students impacted by factors ranging from homelessness to lack of home internet access, [The 74 reports](#). Before the COVID-19 pandemic, a disproportionate number of low-income students and students of color were sent to juvenile court for truancy infractions. Now, schools struggling to account for chronically absent students who have gone 'missing' from their enrollment counts during distance learning are trying to avoid using the legal system. Some advocates say the time has come for a shift from harsh punishments for truancy problems to more positive reinforcements." [Read more...](#)

New National Strategy for COVID-19

President Joe Biden signed 10 new executive orders on his second day in office that are designed to help roll out his broader plan to fight COVID-19 unveiling his 198-page [National Strategy for the COVID-19 Response and Pandemic Preparedness](#).

Opportunity to obtain hand sanitizer

State Line Distillery recently completed a contract with the State of Wisconsin to produce FDA Approved 80% ABV hand sanitizer and have (1) gallon jugs with pumps in stock that we are willing to donate to those in need. In addition to hand sanitizer, the [Code of Federal Regulations Chapter 21.76](#) shows a list of usable applications which includes "Disinfectants" and "Cleaning solutions." Group Health Cooperative has been using the product as a disinfectant to wipe down surfaces inbetween patient visits. Due to the high ABV content, the product is thinner than a traditional gel, but it is highly effective, evaporates quickly, and is easily transferred into smaller containers for ease of use. Lastly, the FDA does not allow us to add additional scents to the product so it has a medicinal odor that dissipates quickly as the product dries. Attached is the SDS on the product.

If you are interested in arranging a time to pick-up hand sanitizer please contact John Mleziva at jm@statelinedistillery.com

COVID Messaging Webinar

National Library of Medicine webinar "Concrete Recommendations for Cutting Through Misinformation During the COVID-19 Pandemic," 2/2 3pm ET - [click here](#) for details.

The COVID Tracking Project

The COVID Tracking Project collects and publishes the most complete data about COVID-19 in the US. <https://covidtracking.com/>

School Nurse Employment Opportunities



Beloit School District has two new School Nurse Positions

See WECAN for description of positions and application.

<https://wecan.education.wisc.edu/#/Vacancy/98680>

<https://wecan.education.wisc.edu/#/Vacancy/98701>

Summer Camp Nurse

Our family-owned business, WhizResources has had great success over the last 16 years placing hundreds of school nurses at camps throughout the US. The best way to start is for an interested nurse to complete our application

at http://www.whizresources.com/medical_staff_form.html and I will call them for a short phone interview and to discuss the camps that might be a good fit.

Rick Whisenhunt

WhizResources

214-709-5559

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Public health recommendations for vaccinated persons

Given the currently limited information on how much the mRNA COVID-19 vaccines may reduce transmission in the general population and how long protection lasts, vaccinated persons should continue to follow all [current guidance](#) to protect themselves and others. This includes wearing a mask, staying at least six feet away from others, avoiding crowds, washing hands often, following [CDC travel guidance](#), following **quarantine guidance after an exposure to someone with COVID-19**, and following any applicable workplace or school guidance, including guidance related to personal protective equipment use or SARS-CoV-2 testing.

Practice Points

By Louise Wilson

Promoting Vaccine Acceptance

According to the [Wisconsin Department of Health Services](#) (DHS) “we are many months away from having enough COVID-19 vaccine supply and reaching high vaccination coverage.” In the [March 10, 2020 School Nurse Update](#), I wrote about public health prevention strategies. We are now in tertiary prevention. We need to implement strategies that limit further negative effects and promote optimal functioning and **recovery**.

Even after the first people get vaccinated, it is important to continue wearing masks, physical distancing, washing our hands, and getting tested and isolating if we have signs and symptoms of COVID-19. These mitigation measures must be followed in addition to reaching high vaccination coverage (herd immunity) in order to recover from the pandemic.

How do we reach high vaccination coverage? What can school nurses do to promote immunization against COVID-19 and promote the practices that will lead our nation and the world to recovery? The answer lies in a basic public health component - health education.

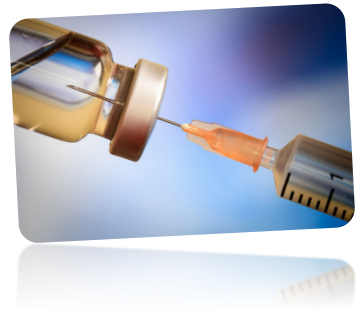
School nurses are excellent health educators! School nurses have readily embraced and performed this role throughout the primary and secondary prevention stages. Now, we are needed more than ever, as the trusted source of health information in our schools and communities. I urge you to prepare yourself to provide accurate information on COVID vaccines to help decrease vaccine hesitancy and encourage vaccine acceptance.

At the end of this Practice Points I have listed numerous resources that school nurses can use to find accurate information on vaccines to dispel myths and provide factual information, so the school staff, parents, and community members you interact with, can make informed choices.

Additionally, CDC created this [communication toolkit](#) to help public health professionals, health departments, community organizations, and healthcare systems and providers reach populations who may need COVID-19 prevention messaging in their native languages.

This toolkit provides:

- Current messaging from a trusted source.
- Information in plain language available for downloading and sharing.
- Translated materials to help communities disseminate messages to a wider audience.



School nurses are excellent health educators! Now, we are needed more than ever, as the trusted source of health information in our schools and communities.

Here is some basic messaging from the CDC to get you started.

- There are two COVID-19 vaccines currently authorized and recommended for use in the United States, and three other vaccines are currently in large-scale clinical trials. To learn more about the different vaccines for COVID-19 and how vaccines work, visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>
- COVID-19 mRNA vaccines teach our cells how to make a piece of a protein to trigger an immune response and build immunity to the virus that causes COVID-19. mRNA does not affect or interact with a person's DNA, and the cell breaks down and gets rid of the mRNA as soon as it is finished using these instructions. Learn about mRNA vaccines and how they work: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html>
- None of the COVID-19 vaccines currently authorized for use in the United States uses the live virus that causes COVID-19. You may have symptoms like a fever after you get a vaccine. This is normal and a sign that your immune system is learning how to recognize and fight the virus that causes COVID-19. Learn more about the facts behind COVID-19 vaccines: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>
- How many people need to get a COVID-19 vaccine for herd immunity? When enough people in a community are protected from getting a disease – because they've already had the disease or they've been vaccinated – that makes it harder for the disease to spread from person to person. This is known as herd immunity, and it even protects those who cannot be vaccinated, like newborns. While experts don't yet know what percentage of people would need to get vaccinated to achieve herd immunity, vaccination is a safer way to build protection than getting sick with COVID-19.
- Side effects after getting a COVID-19 vaccine are normal signs your body is building protection. Side effects may even feel like flu and might affect your ability to do daily activities, but they should go away in a few days. Learn more: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>
- While getting COVID-19 may offer some natural protection or immunity, the risk of severe illness and death from COVID-19 far outweighs any benefits of natural immunity. Getting a COVID-19 vaccine will help protect you without having to be sick. Learn about the benefits of COVID-19 vaccination so you'll be ready when a vaccine is recommended for you: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/vaccine-benefits.html>
- Your best protection from COVID-19 will be a combination of getting a COVID-19 vaccine, wearing a mask, staying at least six feet away from others, avoiding crowds, and washing your hands often. No one tool alone is going to stop the pandemic. Learn about the benefits of COVID-19 vaccination so you'll be ready when a vaccine is recommended: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/vaccine-benefits.html>

Do I need to wear a mask and avoid close contact with others if I have gotten two doses of the vaccine?

[Yes](#). Not enough information is currently available to say if or when CDC will stop recommending that people [wear masks](#) and [avoid close contact with others](#) to help prevent the spread of the virus that causes COVID-19.

Experts need to understand more about the protection that COVID-19 vaccines provide in real-world conditions before making that decision. Other factors, including how many people get vaccinated and how the virus is spreading in communities, will also affect this decision. We also don't yet know whether getting a COVID-19 vaccine will prevent you from spreading the virus that causes COVID-19 to other people, even if you don't get sick yourself. CDC will continue to update this page as we learn more.

While experts learn more about the protection that COVID-19 vaccines provide under real-life conditions, it will be important for everyone to continue using all the tools available to help stop this pandemic. To protect yourself and others, follow these recommendations:

- Wear a mask over your nose and mouth.
- Stay at least six feet away from others.
- Avoid crowds.
- Avoid poorly ventilated spaces.
- Wash your hands often.

Together, COVID-19 vaccination and following CDC's recommendations for [how to protect yourself and others](#) will offer the best protection from getting and spreading COVID-19.

Messaging Resources

- ❑ CDC's [Frequently Asked Questions about COVID-19 Vaccination](#)
- ❑ CDC [COVID-19 Vaccine 8 Things To Know about the U.S. COVID-19 Vaccination Program](#)
- ❑ Children's Hospital of Philadelphia [Questions and Answers About COVID-19 Vaccines](#)
- ❑ Connecticut Children's Medical Center [When Will the COVID-19 Vaccine Be Available for Kids, and Will It Be Safe for Your Family?](#)
- ❑ Harvard Medical School Coronavirus Resource Center: <https://www.health.harvard.edu/diseases-andconditions/coronavirus-resource-center>
- ❑ UW Health's [COVID-19 Frequently Asked Questions](#)
- ❑ Wisconsin Department of Health Services [COVID-19: Vaccine webpage](#)
- ❑ Wisconsin Department of Health Services [COVID-19: Vaccine Frequently Asked Questions](#)

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>

January 2021 Wisconsin Department of Public Instruction

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Highlights & Resources from:

DiSH January Session (#9)

"Diabetes Technology: Hybrid Closed Loop Systems in School"

Thank you to the over 40 school nurses and health care professionals who came together to learn more about Hybrid Closed Loop Systems, and their utilization in the school setting! Check out some highlights from the discussion and expert recommended resources below!

[**DiSH Session #9 Presentation Video \(link\)**](#)

[**DiSH Session #9 Presentation Slides \(.pdf\)**](#)

DiSH Session #9 Highlights

Use the technology company's representatives and resources.

Consider asking local diabetes technology company representatives or clinical trainers (Medtronic, Tandem, Omnipod) to meet with you to provide an overview of how the product works. If you are unsure of who the rep is in your area, you can reach out to the student's family or diabetes clinic to find out. Many companies also provide online instructional videos for your reference!

Trust the system!

Hybrid closed loop systems use a tested and FDA approved algorithm for decision making. In most cases the best choice is to respond to the alarms and do what the system is telling you to do. If the sensor is not working for any reason, remember the pump then is back to a traditional insulin pump.

Try exercise mode sugar targets for high physical activity such as gym and recess.

Most Hybrid closed loop systems offer some way to tell the pump when the child will be participating in exercise. Using these features can help

avoid hypoglycemia. These features can be turned on 1-2 hours ahead of exercise to be most effective.

Understand the differences in glucose monitoring technology.

Continuous glucose monitor (CGM) / sensor glucoses (from interstitial fluid) may lag behind glucometer/ fingerstick glucoses (from blood), especially when sugar is running low. Many students using a CGM will find that treating a mildly low sugar with 15 grams of carbohydrates lead to a higher rather than normal sugar. They may need to treat with slightly fewer carbs (5-10 grams) to avoid over-treatment.

Collaboration & Communication

Communication and collaboration with the student's family and diabetes clinic team to optimize how the diabetes technology works and determine what is safe in the school environment is recommended.

Expert Recommended Resources

Resources provided by: **Beth Van Den Langenberg, APNP, CDCES & The DiSH Team**

From Dexcom CGM:

[Is My CGM Sensor Accurate? \(link\)](#)

From Beyond Type 1:

[A Teacher's Guide to Kids with Type 1 Diabetes \(link\)](#)

From the American Diabetes Association Safe at School Series:

[CGM & Insulin Pump Instructional Videos \(link\)](#)

Upcoming DiSH Sessions

Sessions will continue on the 3rd Wednesday monthly at 3pm CST

Click any of the dates below to add to your calendar!

February 17, 2021:

Nutrition and Diabetes: "To Eat or Not to Eat Carbs...That is the
Question"

March 17, 2021:

Type 2 Diabetes in Children and Adolescents

April 21, 2021:

Session Topic TBD

May 19, 2021:

Exercise & Diabetes

DiSH Twitter & Instagram



(click images to be directed)

@diabetes_dish

DiSH Session Reminders

School Health Articles

Diabetes Articles

Other Learning Opportunities



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[Sign Up for DiSH](#)



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Summer Camp Nurses



I want to go back to camp this year! Camp nursing was a wonderful way to expand my nursing skills. The job was continually exciting and it was wonderful to watch the campers as they enjoyed the experience of camp. I would recommend this area of nursing to anyone with the desire to step out of their normal nursing routine and use their knowledge in an energetic atmosphere. Liz, RN Fort Worth

I had an incredible summer at camp---what an amazing group of people! I would like to make this my new "home" camp for many years to come. Cindy, RN New Orleans

I love the travel adventures, the beautiful Berkshires, and my fellow camp nurses. We spent a few days in NYC before returning home. Thanks for making the travel arrangements! Becky, RN Dallas

The staff was great and my daughter and I had a wonderful time! We had never been to the Big Apple and loved it! A great experience of a lifetime! Renee, RN San Diego

Just want to touch base with you after the camp experience. It was fantastic! Thank you for the opportunity. Michele, RN Philadelphia

WhizResources is a family-owned business founded by Rick Whisenhunt that helps staff summer camps with skilled licensed nurses. Rick has over 35 years of experience in camp and recreational planning. He has received the Jaycees Distinguished Service Award and has served on the YMCA Board of Directors.



www.WhizResources.com
rick@whizresources.com

214-709-5559



WHIZRESOURCES.COM

Great Summer Jobs for School Nurses

Welcome school nurses! Over the past 16 years hundreds of school nurses have worked at camps through WhizResources. They have made a difference at camps while fully utilizing their school nurse experience.



The rewards of working as a camp nurse:

- Impact the lives of children and adults
- Salary of \$1000-1500/week, lodging and meals furnished
- Round-trip airfare or ground transportation provided
- Build on your pediatric nursing experience

We work with you to find the right fit:

- Over 60 top-notch camps across the United States
- Assignments from two weeks up to ten weeks
- Primarily traditional “healthy kids” camps
- Some camps allow your camp age children to come
- Travel or stay closer to home

Ready for an amazing summer?

- Apply at www.whizresources.com
- We will call you for an interview
- There are no fees to you

www.WhizResources.com
rick@whizresources.com

214-709-5559



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IN-PERSON SCHOOLING AND COVID-19 TRANSMISSION: A REVIEW OF THE EVIDENCE

Governments around the world are grappling with a resurgence of SARS-COV-2 – the virus that causes COVID-19 – and working through whether schools can continue in-person instruction relatively safely. This evidence brief aims to summarize the available research to inform policymakers on this issue. It examines the literature to answer the following three questions: (1) Is there a connection between in-person schooling and increased COVID-19 transmission rates in the community? (2) Are students at a higher risk of being infected at school? (3) Are school staff at a higher risk of being infected at school?

The brief is based on a review of twenty publications: reviews of literature, national surveillance studies of re-opened schools, ecological studies, transmission modelling simulation studies and case tracing studies. The authors include government agencies, academic researchers and independent research organizations. Most sources are focused on high-income countries. The preliminary findings thus farⁱ suggest that in-person schooling – especially when coupled with preventive and control measures – had lower secondary COVID-19 transmission rates compared to other settings and do not seem to have significantly contributed to the overall community transmission risks.

This document was developed with input from the Technical Advisory Group (TAG) of Experts on Educational Institutions and COVID-19 and TAG secretariat (UNICEF, UNESCO and WHO).

IN-PERSON SCHOOLING AND COVID-19 TRANSMISSION IN THE COMMUNITY

While sporadic COVID-19 cases have been reported in school settings, relative to the level of community transmission schools have not been identified as superspreading settings except for the Jerusalem high school in Israelⁱ in May (where mitigation measures were not followed). An early study in the United States showed an initial drop in infection rates following school closures but could not isolate the policy's effects from wide-ranging lockdown measures.ⁱⁱ A quasi-experimental design study in Germany found that there is no evidence of a decline in community infection rates when schools close and no evidence of spikes when they re-open.ⁱⁱⁱ

A global study that tracked school closures and subsequent re-openings data in 191 countries showed no association between school status and COVID-19 infection rates in the community.^{iv} Similarly, in a review of infection levels and school status in 32 European countries the European Centre for Disease Prevention and Control (ECDC) found that “the evidence from contact tracing in schools, and observational data from a number of EU countries suggest that re-opening schools has not been associated with significant increases in community transmission.”^v A systematic review of 47 studies published on transmission from children to adults

¹ This review is based on published evidence up to November 23rd, 2020. It will be updated in the first quarter of 2021.

found that the risk of transmission from children to the community (especially the elderly) was relatively low.^{vi} A recent modeling study ranked closing education settings as a highly effective intervention, however it did not distinguish between primary, secondary schools and university settings.^{vii} Other simulation studies have shown that school closures would not significantly reduce the transmission rates compared to other policy levers.^{viii ix}

IN-PERSON SCHOOLING AND RISK LEVELS FOR STUDENTS

Children under 18 represent about 8% of all reported cases. Surveillance evidence from Europe shows that the proportion of reported cases in children remains lower than in adults and is lowest among children below 10 years. This may be due to lower infection rates or due to milder or absent symptoms.^x A government report based on a national surveillance system found that following limited school re-openings in the summer in England & Wales, the infection rates among students did not increase over the existing population rate.^{xi xii} The national surveillance system in Scotland also found little to no evidence of transmission risks for students in school settings.^{xiii} It is important to note that the studies of the summer term re-openings in England & Wales were based on very limited secondary school re-openings. Recent reporting from the British government shows a slight uptick in infection rates among children, especially in the 12-18-year-old population.^{xiv}

The ECDC paper based on evidence from 32 European countries concluded that student-to-student transmission was uncommon and not the primary cause of infection in children.^{xv} Additionally, multiple contact-tracing based studies of infected students in school settings in Australia^{xvi}, Finland^{xvii}, France^{xviii}, Ireland^{xix}, and Singapore^{xx} (including some that screened asymptomatic children) found little to no evidence of secondary transmission by infected students in the school setting. One case of a school-based outbreak was reported at an Israeli secondary school with no mitigation measures in place.^{xxi} Another contact-tracing study in India showed that children-to-children transmission may be higher, but it was not clear if the transmission occurred in school settings or elsewhere^{xxii}. It is important to note that in most cases in-person schooling has resumed with several mitigation measures to minimize

the risk of transmission. These measures included phased opening, enhanced hygiene measures (hand washing, use of hand sanitizer), regular screenings, limited interactions outside classroom pods, distancing measures, transparency, targeted communication strategies and PPE use (including masks, and face shields).

IN-PERSON SCHOOLING AND RISK LEVELS FOR STAFF

Little evidence exists that school staff are at higher risk of being infected when they are at school relative to the general adult population. Findings from the national surveillance systems in the UK^{xxiii} and Scotland^{xxiv} show that school staff are at lower risk of infection in school settings compared to the general adult population. Transmission cases show that the risk of adult to adult transmission is higher than child to child or child to adult transmission.^{xxv} Finally, British government data suggests that school staff positivity rates have remained the same as comparable workers from other sectors over the autumn months. One contact-tracing study of infected children and staff in childcare and school settings in New South Wales found low infection rates relative to the general population as well as low secondary transmission rates (0.5% of cases). Another study, focusing on 57,000 caregivers at childcare facilities in the US, found that there was no increased risk of infection for the caregivers.^{xxvi}

CONCLUSION

While evidence continues to emerge regarding the effects of in-person schooling on the risk of COVID-19 infections, a review of the current evidence shows that in-person schooling does not appear to be the main driver of infection spikes, children in school do not appear to be exposed to higher risks of infection compared to when not in school when mitigation measures are in place, and school staff also do not appear to be at a higher relative risk compared to the general population. It is important to note that in most cases schools have re-opened along with the implementation of various mitigation measures and some of the early research reviewed was collected in the context of relatively limited school re-openings.

ENDNOTES

- i Stein-Zamir, et al., 2020 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7384285/>)
- ii Augur, et al., 2020 (<https://pubmed.ncbi.nlm.nih.gov/32745200/>)
- iii Von Bismarck-Osten, et al., 2020 (https://www.cream-migration.org/publ_uploads/CDP_22_20.pdf)
- iv Insights for Education, 2020 (https://blobby.wsim.com/go/104fc727-3bad-4ff5-944f-c281d3ceda7f/20201001_Covid19%20and%20Schools%20Six%20Month%20Report.pdf)
- v European center for disease control, 2020 (<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-schools-transmission-August%202020.pdf>)
- vi Ludvigsson, 2020 (<https://pubmed.ncbi.nlm.nih.gov/32202343/>)
- vii Haug, et al., 2020 (https://www.nature.com/articles/s41562-020-01009-0?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosam&stream=top)
- viii Viner et al, 2020 (<https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930095-X>)
- ix Ferguson, et al., 2020 (<https://spiral.imperial.ac.uk:8443/bitstream/10044/1/77482/14/2020-03-16-COVID19-Report-9.pdf>)
- x European center for disease control, 2020 (<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-schools-transmission-August%202020.pdf>)
- xi Ladhani, 2020 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914700/sKIDs_Phase1Report_01sep2020.pdf)
- xii Ismail, et al., 2020 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911267/School_Outbreaks_Analysis.pdf)

- xiii Public Health Scotland (<https://www.gov.scot/publications/coronavirus-covid-19-evidence-on-children-schools-early-learning-and-childcare-settings-and-transmission-from-covid-19---summary-report/>)
- xiv Scientific Advisory Group on Emergencies (SAGE), Government of the United Kingdom, 2020 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/935125/tfc-covid-19-children-transmission-s0860-041120.pdf)
- xv European center for disease control, 2020 (<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-schools-transmission-August%202020.pdf>)
- xvi National Center for Immunization Research and Surveillance Australia, 2020 (https://ncirs.org.au/sites/default/files/2020-04/NCIRS%20NSW%20Schools%20COVID_Summary_FINAL%20public_26%20April%202020.pdf)
- xvii Dub, et al., 2020 (<https://www.medrxiv.org/content/10.1101/2020.07.20.20156018v1.full.pdf>)
- xviii Danis et al., 2020 (<https://pubmed.ncbi.nlm.nih.gov/32277759/>)
- xix Heavey, et al., 2020 (<https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.21.2000903>)
- xx Yung, et al., 2020 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7337629/>)
- xxi Stein-Zamir, et al., 2020 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7384285/>)
- xxii Laxminarayan, et al., 2020 (<https://science.sciencemag.org/content/370/6517/691>)
- xxiii Ismail, et al., 2020 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911267/School_Outbreaks_Analysis.pdf)
- xxiv Public Health Scotland (<https://www.gov.scot/publications/coronavirus-covid-19-evidence-on-children-schools-early-learning-and-childcare-settings-and-transmission-from-covid-19---summary-report/>)
- xxv European center for disease control, 2020 (<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-schools-transmission-August%202020.pdf>)
- xxvi Gilliam et al., (<https://pediatrics.aappublications.org/content/early/2020/10/16/peds.2020-031971>)

SAFETY DATA SHEET

According to the Hazard Communication Standard (CFR29 1910.1200) HazCom 2012
and the Hazardous Products Regulations (HPR) WHMIS 2015
Date of issue 04/10/2020 Version: 1.0

Section 1: Identification of the substance/mixture and of the company/undertaking

PRODUCT NAME	Instant Hand Sanitizer
OTHER NAMES:	ALCOHOLS, N.O.S.
CAS Registry Number:	Not Available.
UN/NA Number(s):	UN1987
Molecular Formula:	Not Available.
MANUFACTURER COMPANY	State Line Distillery, LLC
ADDRESS	1413 Northern Court, Madison WI 53703
TELEPHONE:	608-571-4271
EMERGENCY TELEPHONE	(Chemtrec) (800)-262-8200

Recommended use of the chemical and restrictions on use

Recommended use: Hand Sanitizer

Restrictions on use: This is a personal care or cosmetic product that is safe for consumers and other users under normal and reasonably foreseeable use. Cosmetics and consumer products, specifically defined by regulations around the world, are exempt from the requirement of an SDS for the consumer. While this material is not considered hazardous, this SDS contains valuable information critical to the safe handling and proper use of the product for industrial workplace conditions as well as unusual and unintended exposures such as large spills. This SDS should be retained and available for employees and other users of this product.

SAFETY DATA SHEET

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and the Hazardous Products Regulations (HPR) WHMIS 2015
Date of issue: 04/10/2020 Version: 1.0

Section 2: Hazards Identification

2.1. Classification of the

substance or mixture GHS-

US

Flammable Liquid 3
Eye Irritant 2A

2.2. Label elements

2.3. GHS-US and GHS-CA labelling

2.4.

Hazard pictograms (GHS-US, GHS-CA):



Signal word (GHS-US, GHS-CA):

Warning

Hazard statements (GHS-US, GHS-CA):

H226 Flammable liquid and vapor.
H319 Causes serious eye irritation.

Precautionary statements (GHS-US, GHS-CA):

Prevention:

P210 Keep away from heat/sparks/open flames/hot surfaces. - No smoking.
P233 Keep container tightly closed.
P241 Use explosion-proof electrical/ ventilating/ lighting/ equipment.
P242 Use only non-sparking tools.
P243 Take precautionary measures against static discharge. P264 Wash skin thoroughly after handling.
P280 Wear protective gloves/ eye protection/ face protection.

Response:

P303 + P361 + P353 IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower.
P305 + P351 + P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337 + P313 If eye irritation persists: Get medical advice/ attention.

Storage:

P403 + P235 Store in a well-ventilated place. Keep cool.

Disposal:

P501 Dispose of contents/ container to an approved waste disposal plant.

2.5. Other hazards

Vapors may form explosive mixture with air

2.6. Unknown acute toxicity (GHS US and GHS CA)

Not classified based on available information.

SAFETY DATA SHEET

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Section 3: Composition/Information on ingredients

3.1. Substance

Not applicable

3.2. Mixture

Chemical Name	CAS Registry	Concentration %	EU EINECS/ELINCS
Ethanol	64-17-5	80.00%	200-578-6
Water	7732-18-5	18.43%	231-791-2
Hydrogen Peroxide	7722-84-1	0.125%	231-765-0
Glycerin	56-81-5	1.45%	200-289-5

Section 4: First Aid Measures

4.1. Description of first aid measures

General Advice:	In the case of accident or if you feel unwell, seek medical advice immediately. When symptoms persist or in all cases of doubt seek medical advice.
First-aid measures if inhaled:	If inhaled, remove to fresh air. Get medical attention if symptoms occur.
First-aid measures in case of skin contact:	Wash with water and soap as a precaution. Get medical attention if symptoms occur.
First-aid measures in case of eye contact:	In case of contact, immediately flush eyes with plenty of water for at least 15 minutes.
First-aid measures in case of skin contact:	Wash with water and soap as a precaution. Get medical attention if symptoms occur. If easy to do, remove contact lens, if worn.
If swallowed:	If swallowed, DO NOT induce vomiting. Get medical attention if symptoms occur. Rinse mouth thoroughly with water.

4.2. Most important symptoms and effects, both acute and delayed

Most important symptoms and effects, both acute and delayed:	Cause serious eye injury.
Symptoms/injuries after skin contact:	No known adverse effects. May cause slight skin irritation in sensitive individuals.
Symptoms/injuries after ingestion:	May be harmful if swallowed. May cause stomach distress, nausea or vomiting.

SAFETY DATA SHEET

According to the Hazard Communication Standard (CFR29 1910.1200) HazCom 2012
and the Hazardous Products Regulations (HPR) WHMIS 2015
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Section 5: Fire-Fighting Measures

Flammable Properties:

Flash Point: 25 deg C

5.1. Extinguishing media

Suitable extinguishing media Water Spray. Carbon dioxide. Alcohol- resistant foam. Dry chemical.

Unsuitable extinguishing media High volume water jet.

5.2. Special hazards arising from the substance or mixture

Fire hazard Do not use a solid water stream as it may scatter and spread fire. Flash back possible over considerable distance. Vapors may form explosive mixtures with air. Exposure to combustion products may be a hazard to health.

Specific extinguishing methods: Use extinguishing measures that are appropriate to local circumstances and the surrounding environment. Remove undamaged containers from if it is safe to do so. Evacuate area.

Protection during firefighting Keep upwind of fire. Wear full firefighting turn-out gear (full Bunker gear) and respiratory protection (SCBA). Use water spray to keep fire-exposed containers cool.

5.3. Advice for firefighters
Protection during firefighting Keep upwind of fire. Wear full firefighting turn-out gear (full Bunker gear) and respiratory protection (SCBA). Use water spray to keep fire- exposed containers cool.

Section 6: Accidental Release Measures

6.1. Personal precautions, protective equipment and emergency procedures

General measures Use personal protection recommended in Section 8. Isolate the hazard area and deny entry to unnecessary and unprotected personnel. Eliminate sources of ignition.

6.2. Methods and material for containment and cleaning up

For containment Contain and/or absorb spill with inert material (e.g. sand, vermiculite), then place in a suitable container. Do not flush to sewer or allow to enter waterways. Use appropriate Personal Protective Equipment (PPE).

SAFETY DATA SHEET

According to the Hazard Communication Standard (CFR29 1910.1200) HazCom 2012 and the Hazardous Products Regulations (HPR) WHMIS 2015

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Methods for cleaning up

Scoop up material and place in a disposal container. Provide ventilation. For large spills, provide diking or other appropriate containment to keep material from spreading. If diked material can be pumped, store recovered material in appropriate container. Clean up remaining materials from spill with suitable absorbent. Local or national regulations may apply to releases and disposal of this material, as well as those materials and items employed in the cleanup of releases. You will need to determine which regulations are applicable. Sections 13 and 15 of this SDS provide information regarding certain local or national requirements.

6.3 Reference to other sections

See section 8 for further information on protective clothing and equipment and section 13 for advice on waste disposal.

Section 7: Handling and Storage

7.1. Precautions for safe handling

Additional hazards when processed

Handle empty containers with care because residual vapours are flammable.

Precautions for safe handling

Keep away from sources of ignition - No smoking. Avoid contact with eyes. Avoid breathing vapour or mist. Handle and open container with care. Take precautionary measures against static discharge. Use only non-sparking tools. When using do not eat or drink. Use only outdoors or in a well-ventilated area.

7.2. Conditions for safe storage, including any incompatibilities

Technical measures

Proper grounding procedures to avoid static electricity should be followed.

Storage Conditions

Keep out of the reach of children. Keep container tightly closed and in a well-ventilated place. Keep away from heat, sparks, and flame. Keep cool.

Materials to avoid:

Do not store with the following product types: Strong oxidizing agents. Organic peroxides, flammable solids, gas, pyrophoric liquids or solids, Explosives, self-heating substances or mixtures.

7.3. Specific end use(s)

Keep out of the reach of children.

Section 8: Exposure Controls/Personal Protection

8.1. Control parameters

Ethanol (64-17-5)

ACGIH	ACGIH STEL (ppm)	1000 ppm
OSHA	OSHA PEL (TWA) (mg/m ³)	1900 mg/m ³
OSHA	OSHA PEL (TWA) (ppm)	1000 ppm
IDLH	US IDLH (ppm)	3300 ppm (10% LEL)
NIOSH	NIOSH REL (TWA) (mg/m ³)	1900 mg/m ³
NIOSH	NIOSH REL (TWA) (ppm)	1000 ppm

SAFETY DATA SHEET

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8.2. Exposure controls

Appropriate engineering controls	Use ventilation adequate to keep exposures (airborne levels of dust, fume, vapor, etc.) below recommended exposure limits
Hand protection	Wear impervious gloves.
Eye protection	Safety glasses with side shields.
Skin and Body protection	Wear suitable protective clothing.
Respiratory protection	In case of insufficient ventilation, wear suitable respiratory equipment. Respirator selection must be based on known or anticipated exposure levels, the hazards of the product and the safe working limits of the selected respirator.
Environmental exposure controls	Maintain levels below Community environmental protection thresholds.
Other Information	Do not eat, smoke or drink where material is handled, processed or stored. Wash hands carefully before eating or smoking. Handle according to established industrial hygiene and safety practices.

SECTION 9. PHYSICAL AND CHEMICAL PROPERTIES

9.1. Information on basic physical and chemical properties

Physical state: Liquid
Appearance: Clear
Colour: Colorless
Odour: Alcohol
Odour threshold: No data available
pH: 6.0-7.50
Melting Point: No data available
Boiling Point: No data available
Flash point: 25 deg C
Relative evaporation rate: no data available
Flammability (solid, gas): not applicable
Explosive limits: No data available
Explosive properties: No data available
Oxidizing properties: No data available
Vapour pressure: No data available
Density: 0.847at 20 deg C (water = 1)
Relative vapour density: no data available
Solubility: Infinite
Partition coefficient: n-octanol/water: No data available

SAFETY DATA SHEET

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and the Hazardous Products Regulations (HPR) WHMIS 2015
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Auto-ignition temperature: No data available
Decomposition temperature: No data available
Viscosity: No data available
Viscosity, kinematic: No data available
Viscosity, dynamic: No data available
Molecular Weight: No data available
Conversion Factor: No data available

9.2. Other information

No additional information available

SECTION 10. STABILITY AND REACTIVITY

10.1. Reactivity

No dangerous reaction known under conditions of normal use.

10.2. Chemical stability

Stable under normal storage conditions. May form flammable/explosive vapour-air mixture. Keep in a cool place.

10.3. Possibility of hazardous reactions

No dangerous reaction known under conditions of normal use. Flammable liquid and vapor.
Vapors may form explosive mixture with air. Can react with strong oxidizing agents.

10.4. Conditions to avoid

Heat. Incompatible materials. Ignition sources.

10.5. Incompatible materials

Oxidizing agents.

10.6. Hazardous decomposition products

May include, and are not limited to: oxides of carbon.

Section 11: Toxicological Information

11.1. Information on toxicological effects

Ethanol (64-17-5)

LD50 oral rat 7060 mg/kg

LC50 inhalation rat 124.7 mg/l/4h

Skin corrosion/irritation: Based on available data, classification criteria are not met. Serious eye damage/irritation: Causes eye irritation.

Respiratory or skin sensitization: Based on available data, classification criteria are not met. Germ cell mutagenicity: May cause genetic defects.

SAFETY DATA SHEET

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and the Hazardous Products Regulations (HPR) WHMIS 2015
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Carcinogenicity: May cause cancer.

Ethanol (64-17-5)

IARC group

1 - Carcinogenic to humans

Reproductive toxicity

May damage fertility or the unborn child.

Specific target organ toxicity (single exposure)

Based on available data, the classification criteria are not met.

Specific target organ toxicity (repeated exposure)

Based on available data, the classification criteria are not met

Aspiration hazard

Based on available data, the classification criteria are not met.

Symptoms/injuries after inhalation

No known adverse effects. May cause nausea, dizziness or vomiting if large quantities are inhaled.

Symptoms/injuries after skin contact

No known adverse effects. May cause slight skin irritation in sensitive individuals.

Symptoms/injuries after eye contact

Causes eye irritation. Symptoms may include discomfort or pain, excess blinking and tear production, with marked redness and swelling of the conjunctiva

Symptoms/injuries after ingestion

May be harmful if swallowed in large quantities. May cause stomach distress, nausea or vomiting. Signs of alcohol intoxication.

Section 12: ECOLOGICAL INFORMATION

12.1. Toxicity

Ecology - general: May cause long-term adverse effects in the aquatic environment.

12.2. Persistence and degradability

Not established

12.3. Bio accumulative potential

Not established.

12.4. Mobility in soil

No additional information available

12.5. Other adverse effects

Effect on the global warming: No known ecological damage caused by this product.

Section 13: DISPOSAL CONSIDERATIONS

13.1. Waste treatment methods

Review federal, provincial and local government requirements prior to disposal. Store material for disposal as indicated in Storage Conditions. Disposal by controlled incineration or secure landfill may be acceptable.

SECTION 14. TRANSPORT INFORMATION

CANADIAN TRANSPORTATION OF DANGEROUS GOODS (TDG) SHIPPING INFORMATION

International Regulation:

UNRTDG

SAFETY DATA SHEET

According to the Hazard Communication Standard (CFR29 1910.1200) HazCom 2012
and the Hazardous Products Regulations (HPR) WHMIS 2015
Date of issue: 04/10/2020 Version: 1.0

Shipping Name and Description: UN1987

Proper Shipping name: ALCOHOLS, N.O.S (ethanol, isopropyl alcohol)

Class: 3

Group/Category: III

Labels: 3

IATA-DGR

Shipping Name and Description: UN1987

Proper Shipping name: ALCOHOLS, N.O.S (ethanol, isopropyl alcohol)

Class: 3

Packaging Group/Category: III

Labels: Flammable Liquids

Packing instructions (cargo aircraft): 366

Packing instructions (Passenger aircraft): 35

IMDG-Code

Shipping Name and Description: UN1987

Proper Shipping name: ALCOHOLS, N.O.S (ethanol, isopropyl alcohol)

Class: 3

Packaging Group/Category: III

EmS Code F-E, S-D

Marine pollutant: yes

Domestic regulation

Shipping Name and Description: UN1987

Proper Shipping name: ALCOHOLS, N.O.S (ethanol, isopropyl alcohol)

Class: 3

Packaging Group/Category: III

Labels: FLAMMABLE LIQUID

ERG Code 127

Marine pollutant: yes

Section 15: Regulatory Information

All components of this product are listed, or excluded from listing, on the United States Environmental Protection Agency Toxic Substances Control Act (TSCA) inventory.

CANADIAN WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS) 1988

CCOHS WHMIS 1988 Classification:

D2B - Poisonous and infectious material - Other effects - Toxic

WHMIS 1988 Health Effects Criteria Met by this Chemical: D2B - Eye irritation - toxic - other

WHMIS 1988 Ingredient Disclosure List: Included for disclosure at 0.1% or greater.

EUROPEAN UNION (EU) CLASSIFICATION AND LABELLING INFORMATION

This EU classification information reflects the 29th Adaptation to Technical Progress (ATP) of Council Directive 67/548/EEC. The EU has adopted the 30th ATP (2008/58/EC of 21 August 2008) and 31st ATP (2009/2/EC of 15 January 2009) of this Council Directive. See: <http://ecb.jrc.ec.europa.eu/esis> for current information.

EU Classification:

EU Risk Phrases:

EU Safety Phrases: Keep out of reach of children.

* Keep container tightly closed. Keep away from sources of ignition - No smoking.

SAFETY DATA SHEET

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and the Hazardous Products Regulations (HPR) WHMIS 2015

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*This safety phrase can be omitted from the label when the substance or preparation is sold for industrial use only.

SECTION 16. OTHER INFORMATION

Other information: None.

LANGUAGE THAT WORKS TO IMPROVE VACCINE ACCEPTANCE

Communications Cheat Sheet

TIPS



TAILOR YOUR MESSAGE FOR YOUR AUDIENCE. *Americans' perceptions about vaccines and their safety differ by political party, race, age, and geography.*



EXPLAIN THE BENEFITS OF GETTING VACCINATED, NOT JUST THE CONSEQUENCES OF NOT DOING IT. *Say, "Getting the vaccine will keep you and your family safe," rather than calling it "the right thing to do." Focus on the need to return to normal and reopen the economy.*



TALK ABOUT THE PEOPLE BEHIND THE VACCINE. *Refer to the scientists, the health and medical experts, and the researchers – not the science, health, and pharmaceutical companies.*



AVOID JUDGMENTAL LANGUAGE WHEN TALKING ABOUT OR TO PEOPLE WHO ARE CONCERNED. *Acknowledge their concern or skepticism and offer to answer their questions.*



USE (AND REPEAT) THE WORD "EVERY" TO EXPLAIN THE VACCINE DEVELOPMENT PROCESS. *For example: "Every study, every phase, and every trial was reviewed by the FDA and a safety board."*

Use These Words MORE:

Use These Words LESS:

The benefits of taking it

Getting the vaccine will keep you safe

A return to normal

Your family

Medical experts

Research

Medical researchers

Damage from lockdowns

A transparent, rigorous process

Safety

Pharmaceutical companies

Advanced/groundbreaking

Vaccination

America's leading experts

Skeptical/concerned about the vaccine

The consequences of not taking it

Getting the vaccine is the right thing to do

Predictability/certainty

Your community

Scientists/health experts

Discover/create/invent

Drug companies

Inability to travel easily and safely

The dollars spent; number of participants

Security

Drug companies

Historic

Injection/inoculation

The world's leading experts

Misled/confused about the vaccine

The Language of COVID-19 Vaccine Acceptance

WHY TAKE THE VACCINE?

- “Getting vaccinated will help keep you, your family, and your community healthy and safe.”
- “By getting vaccinated, you can help end the damage to the economy, prevent more illnesses and deaths in America, and eliminate and eradicate COVID-19.”
- “Vaccines will help bring this pandemic to an end.”
- “At 95% efficacy, the vaccine is extraordinarily effective at protecting you from the virus.”



VACCINE DEVELOPMENT:

“The groundbreaking cooperation between leading medical experts here in America and pharmaceutical companies globally has made a return to normal possible thanks to the COVID-19 vaccine. The speed of development was due to the sharing of research on a scale never attempted before – and every study, and every phase of every trial, was carefully reviewed and approved by a safety board at the FDA. The process was transparent and rigorous throughout, with continual oversight and expert approval.”



VACCINE SAFETY:

“A safety board approved every study, and the FDA carefully reviewed the data from every phase of every vaccine trial. Data will continue to be collected two years after a vaccine is first administered to ensure that the long-term effects are safe.”



VACCINE DISTRIBUTION:

“Frontline workers and those most at-risk from the virus will get the vaccination first.”



SIDE EFFECTS:

“If you’re concerned about side effects, we hear you. The likelihood of a severe side effect is less than 0.5%. When mild side effects occur, they are a normal sign your body is building protection to the virus, and most go away in a few days.”

PUTTING IT TOGETHER:

“Imagine the day you can stop wearing a mask, or when you can gather indoors at your favorite restaurant again with friends and family for a celebratory meal. That day is coming ... but only if we do what needs to be done today to keep ourselves, our families, our communities, and our country healthy and safe.

“The groundbreaking cooperation between leading medical experts here in America and pharmaceutical companies globally has made a return to normal possible thanks to the COVID-19 vaccine. The speed of development was due to the sharing of research on a scale never attempted before – and every study, and every phase of every trial, was carefully reviewed and approved by a safety board and the FDA. The process was transparent and rigorous throughout, with continual oversight and expert approval. Data will continue to be collected two years after each vaccine is first administered to ensure that the long-term effects are safe.

“As we distribute the vaccine, frontline workers and those most at-risk from the virus will get the vaccination first.

“If you’re skeptical or concerned about side effects, we hear you. The likelihood of a severe side effect is less than 0.5%. When mild side effects occur, they are a normal sign your body is building protection to the virus, and most go away in a few days.

“Getting vaccinated will help keep you, your family, and your community healthy and safe. At 95% efficacy, the vaccine is extraordinarily effective at protecting you from the virus. By getting vaccinated, you can end the damage to the economy, prevent more illnesses and deaths in America, and eliminate and eradicate COVID-19.”

Based on a poll by the de Beaumont Foundation and Frank Luntz, in partnership with the American Public Health Association, the National Collaborative for Health Equity, and Resolve to Save Lives, an Initiative of Vital Strategies. A nationwide survey of 1,400 registered voters was conducted Dec. 21-22, 2020, with an oversample of 300 Black Americans and 300 Latinx Americans. Margin of error +3%. For more information, visit changingthecovidconversation.org.