



School Nurse Update

#9 12/18/18

LOUISE WILSON, MS, BSN, RN, NCSN

IN THIS ISSUE

Happy Holidays!

This Update is full of topics of interest for school nurses. Reading the Update and investigating the links for further reading will keep you busy for several days or weeks. Good thing as **the next Update will not be sent out until early February 2019**. I will be taking an extended vacation over Winter Break to experience my bucket list trip to New Zealand! When I return on January 16, 2019 I have several days of all day or out of office meetings. I apologize in advance for any inconvenience this causes.

As the end of first semester approaches, many school nurses find themselves reviewing attendance data. School nurses are reminded of the many **resources available to them to help understand and support students who miss large amounts of school** (see page 4 of this Update). **If chronic illness/disease is a contributing factor, school nurses are advised to consider referring such students for evaluation for accommodations under either IDEA or Section 504.**

It behooves school nurses to keep abreast of recall announcements that affect products their students or students' families may be using. **Kimberly-Clark announced a voluntary product recall of its U by Kotex® Sleek® Tampons, Regular Absorbency**, sold throughout the United States and Canada for a quality-related defect that could impact the performance of this product. It is worth noting this recall in case you have some panicked young women presenting to your health office!

Be on the lookout for the Wisconsin Association of School Nurses (WASN) nomination applications soon to be available for **WASN's School Nurse and School Nurse Administrator of the Year awards**. Consider nominating one of your district or area colleagues.

My hope is that you have a restful Winter Break, joyful time with family and friends, and come back reenergized for the New Year!

Louise

Healthy People 2030
New Influenza Flyers
Social Media and Adolescent Health
Chronic Absenteeism Resources
New Physical Activity Guidelines
Health Literacy
Healthy School, Healthy People, It's a SNAP! Award
Child Abuse and Neglect
PRACTICE POINTS- New Public Health Crisis -JUULing

SAVE THE DATE

Wisconsin Association of School Nurses Annual Conference - April 8-10, 2019 Wisconsin Dells - Room block now open!

[Fast Five Quiz: Headaches](#)
Medscape



DPI News

Mental/Behavioral Health Screening Guide & New Webpage

DPI has just released a screening guide to support schools in selecting and implementing mental and behavioral health screeners. “The goal of screening is to generate new and useful information so that students can be better served in interventions that prevent or mitigate mental health challenges and promote resiliency. Thoughtful selection and implementation of a screening measure are critical to meeting this goal” (WI Department of Public Instruction, 2018). Additionally, DPI has developed an action planning checklist that school teams can use to organize their planning process. Resources can be found: <https://dpi.wi.gov/sspw/mental-health/mental/behavioral-health-screening>

Public Comment Period Open for Healthy People 2030

The Healthy People 2030 public comment period is now open! The public comment period will be open from **December 3, 2018 through January 17, 2019**. Review the proposed objectives, submit comments, or propose your own objective at [www.healthypeople.gov/2020/About-Healthy-People/...](http://www.healthypeople.gov/2020/About-Healthy-People/)

Previous public comments on the proposed [Healthy People 2030 framework](#) helped shape the vision, mission, foundational principles, plan of action, and overarching goals for Healthy People 2030. In this public comment period, HHS would like input on the proposed Core, Developmental, and Research objectives.

In response to stakeholder input, Healthy People 2030 will include a [streamlined set of national health objectives](#) to guide the Nation’s efforts to improve health. Healthy People 2030 will continue to represent critical public health priorities by addressing the leading causes of morbidity and mortality and driving action at the national, state, and local levels.

The US Department of Health and Human Services recently released the [Physical Activity Guidelines for Americans, 2nd edition](#).



The guidelines outline the amounts and types of physical activity needed to maintain or improve overall health and reduce the risk of chronic disease. Key changes from the 1st edition include new guidance for preschool children aged 3 to 5 years, more evidence of the health benefits of physical activity, and a discussion of sedentary behavior, among others. The guidelines also highlight tested strategies that can be used to get all Americans to be active and move more.

Social Media and Adolescent Health - (Article from Pediatric Nursing)

In recent years, social media use has grown exponentially in the adolescent population. Research indicates social media offers both advantages and detriments to the health of an adolescent. Risks of social media use in this population include cyberbullying, educational and mental health consequences, sexting, and privacy concerns. Nonetheless, healthy social media use can provide increased opportunities for collaboration, communication, self-esteem enhancement, health promotion, and access to vital health information. This article will review both the positive and negative consequences of social media use, and discuss the role of pediatric nurses in mitigating negative effects and mobilizing use for positive effects. Nurses are in a prime position to assist adolescents and their families to comprehend the complexities of social media use and promote healthy habits. [Read more...](#)



New! Influenza Disease and Vaccine Flyers

The Bureau of Communicable Disease has created new influenza fact sheets for the 2018/2019 season. The fact sheets will be translated into Spanish and Hmong in the coming weeks.

[Don't miss any of these events](#)-Teens

[Not much gets done in a meeting of one](#)-Lonely teddy bear; protect yourself and those around you

[Not much gets done in a meeting of one](#)-Lonely teddy bear; protect yourself and your coworkers

[No one wants to get sick with the flu](#)-Cartoon girl sick in bed

[Only 1 in 3 adults got the flu vaccine](#)-Young adults

[School is too much fun to miss](#)-Young children in school

[Don't let flu slow you down](#)-Adult snowshoeing

[Don't let flu slow you down](#)-Adults hiking

[Is it the flu, a cold, or whooping cough](#)-A table listing symptoms

Influenza Vaccination Resources You Can Use

The Centers for Disease Control and Prevention (CDC) created a video series called [How I Recommend](#) which demonstrates scripts that health care providers can use to give a strong recommendation for influenza vaccine. The CDC also has free resources that you can order for your office. The resources are for special populations which include: [Tribal Health](#), [African Americans](#), and [Hispanic/Latino\(a\)](#). You can order the resources from CDC's website.

The Immunization Action Coalition (IAC) and the Association of Immunization Managers (AIM) collaborated to compile tips and tricks for [Communicating The Benefits of Seasonal Influenza Vaccine](#) handout for health care providers and their staff.

#HopeActLiveWI: DHS Issues Public Health Alert to Local Health Officials about Suspected Opioid Activity

The Wisconsin Department of Health Services (DHS) issued its first public health alert to local health departments in counties where suspected opioid drug overdose activity has taken place. DHS uses the National Syndromic Surveillance Program BioSense Platform to learn about the suspected increase in activity so it can alert affected health departments. This process allows for more timely communication and efficient response to activities in local communities. [View the entire news release](#)



News from NASN...

Chronic absenteeism is a proven early warning sign of academic risk and school dropout. Unpacking the health-related reasons that students miss school is critical for improving attendance. The new Attendance Works and Healthy Schools Campaign, [Here + Healthy](#), is asking us to raise our voices about the connection between chronic absenteeism and health.

"Chronic absenteeism - most commonly defined as missing 10 percent or more of school days for any reason, excused, unexcused, or suspensions-detracts from learning and is a proven early warning sign of academic risk and school dropout." #SchoolEveryDay #HereandHealthy

NASN's position, [School Nurses - An Integral Member of the School Team Addressing Chronic Absenteeism](#), highlights that *"finding solutions to the problem of chronic absenteeism is critical for enhancing educational outcomes for students. School nurses are vital team members who identify and mitigate the health, safety, and social risk factors that are barriers to school attendance."*

To gain a deeper understanding of the impact of absenteeism and school climates, view the Dr. Robert Balfanz of Johns Hopkins University [closing keynote session from NASN2018](#) highlighting this topic.

Care Coordination - NASN e-Learning Courses

School nurses always want to learn how they can improve their care management of students during the school day. Well, look no further because NASN has you covered! Learn how to build effective and lasting partnerships, while managing chronic health conditions and enhancing students access to care in schools. Check out these learning modules that can assist you in your daily practice:

- [Care Coordination for Students with Diabetes](#)
- [Partnership Building to Support Students Manage Chronic Health Conditions](#)
- [Creating Asthma-friendly Environments and Promoting Access to Guidelines-based Care for Children with Asthma](#)
- [Telehealth at School: Connecting Schools, Communities and Students for Improved Health](#)

ADA Issues Position Statement on Youth with Type 2 Diabetes

The American Diabetes Association (ADA) has issued [Evaluation and Management of Youth-Onset Type 2 Diabetes: A Position Statement](#). According to ADA, these guidelines summarize available data specific to the comprehensive care of youth with type 2 diabetes. The objective is to enrich the recognition of type 2 diabetes in youth, its risk factors, its pathophysiology, its management, and the prevention of associated complications.

CDC Announcements:

The CDC Virtual Healthy School is an online, interactive school that provides innovative learning experiences to help make your school healthier. While the Virtual Healthy School's major themes are nutrition, physical education and physical activity, and the management of chronic health conditions (e.g., asthma, diabetes) in schools—the tool also includes examples of how to incorporate all 10 components of the Whole School, Whole Community, Whole Child (WSCC) model.

Explore the Virtual Healthy School and These New Updates:

- ✓ Updated the preschool classroom for children aged 3 to 5 years.
- ✓ Added New School Health Team conversations on health equity, family engagement, and how health affects academics.
- ✓ Added a new member to the Student Health Team



Knowing Your Audience's Health Literacy Needs

The more you know about your audience, the better you can reach them with your messages about their health. CDC's [Understanding Your Audience](#) webpage offers resources to help you identify your audiences' needs and communicate effectively with them.

Learn to Communicate Using Visuals

Visuals, such as pictures, graphs, and diagrams can be effective tools for communication health information. CDC's [Visual Communication Resources](#) webpage offers resources to help determine effective tools for communicating health information.

[Healthy Schools, Healthy People, It's a SNAP!](#), is a grassroots, education-based program established in 2003. This national awards program is a joint initiative between the ACI and CDC designed to keep students in school and learning by promoting clean hands. Through this program, schools have the opportunity to reduce cold and flu germs through better hand hygiene and earn national recognition in the process.

It's important to note that applications for consideration for the 2019 *Healthy Schools, Healthy People, It's a SNAP!* award must be submitted via email to snap@cleaninginstitute.org no later than January 31, 2019. Additionally, the American Cleaning Institute® (ACI) would like to provide school nurses with the following free and downloadable materials to promote common sense hygiene practices:

- The link for students, educators and health professionals to learn about the when, where, why and how of handwashing can be found at <https://www.cleaninginstitute.org/cleanhands/>.
- Steps that can be taken to prevent the cold and flu: <https://www.cleaninginstitute.org/cleanhands/>.
- ACI's Cold and Flu Toolkit is a valuable resource for putting materials such as activity sheets in a "hands on" classroom environment: https://www.cleaninginstitute.org/clean_living/sda_cold_flu_toolkit.aspx
- ACI has produced a webinar on Germ Reduction and Disease Prevention in schools, which is another way for educators, stakeholders and community health professionals to provide reinforcement of keeping children healthy and in school learning. The webinar can be found at https://www.youtube.com/watch?time_continue=42&v=WwnWrK4PxuY.
- ACI has also produced a short video about cold and flu prevention that can viewed at <https://www.youtube.com/watch?v=kqELHJWxiQA>

New Team Nutrition Schools Website

Team Nutrition invites you to visit the new [Team Nutrition Schools Network website!](#) The Team Nutrition Schools Network is for schools participating in USDA's National School Lunch Program that are interested in and working towards creating and sustaining healthy nutrition environments. Members of the network enjoy access to free nutrition education resources and promotional items, networking opportunities, and more.

Not a member? Join today at www.fns.usda.gov/tn/schools! In January, Team Nutrition Schools will have the opportunity to request new nutrition message decals to display in their cafeterias. Don't miss out!

Currently a member? Check the website to make sure we have the most updated information for your school, so that you can stay in the know with Team Nutrition. While you're there, be sure to take a look at our new features, including:

- [Searchable Team Nutrition Schools Network](#) to find, view, and update Team Nutrition Schools information;
- [Downloadable certificate of participation](#) for each Team Nutrition School;

[Tutorial videos](#) that demonstrate how to complete the new enrollment form and use the search feature.



Five for Families Update



In July, the Prevention Board launched the Five for Families public awareness campaign that creates everyday language to message the Protective Factors Framework. We are pleased to announce the following additions to the campaign.

Spanish Translation

The homepage of the website now includes a green button in the upper right corner that when clicked will translate the entire site into Spanish. The rack card and original poster have also been translated into Spanish.

Poster

A new poster has been designed to visually depict a simple way to remember the Five Strengths. This poster is available in English and Spanish in various sizes.

The [campaign toolkit](#) has been updated to include all of the **Five for Families** materials.

December 6-7, 2018 I attended the DPI's *Building the Heart of Successful Schools* conference. In addition to the Wisconsin Association of School Nurses and the National Association of School Nurses conferences, I would highly recommend Wisconsin school nurses attend this conference. One of the sessions I found extremely pertinent was entitled "Out with the Old, in with the JUUL."

In the spring of 2017, I shared a resource given me about a new e-cigarette that was becoming popular, called JUUL. Like other e-cigarettes, JUUL is a battery-powered device that heats a nicotine-containing liquid to produce an aerosol that is inhaled. Since its introduction in 2015, JUUL is now the most popular brand of e-cigarettes with nearly 75% of the market share. Concerning is the higher concentration of nicotine found in JUUL pods. Each pod contains 59 mg/ml of nicotine while other e-cigarettes may contain up to 36 mg/ml. That is the equivalent of one pack of cigarettes or 20 cigarettes. I learned each pod equals approximately 200 puffs.

What makes JUUL so alarming is that it is a salt-based nicotine product that not only increases its nicotine concentration, but makes it more palatable so individuals will be more likely to start smoking, and smoke more. Nicotine is highly addictive. Its addictive properties are similar to Schedule I and II narcotics - only it is legal. Now, here is a product marketing to children and adolescents with its USB like shape and appealing candy and fruit flavors!

The chemicals in the flavors themselves have been shown to cause irreversible lung irritation and damage. Second hand exposure to "JUULing" has similar harmful effects as to traditional cigarettes. Did I mention JUULs contain similar if not more chemicals and carcinogens?

We know that nicotine itself does not cause cancer, but it disrupts proper brain development in young people. Public health efforts aim at stopping the number of adolescents starting to use JUUL and other electronic smoking devices, of which more continue to come out on the market. Though you must legally be 18 years old to possess or purchase the pods, I heard stories from those in attendance how older students are purchasing pods over the lunch period and coming back to sell them on campus. Ordering these devices anomalously online using gift cards is another strategy for obtaining.

What strikes me is that this is a new public health crisis. A crisis that involves the very individuals with whom school nurses connect daily.

In focus groups, students state they do not consider JUULs the same as e-cigarettes. Students are finding creative ways to use JUULs in the classroom and report they do so "to get a buzz." Teens who JUUL are 3-7 times more likely to switch to regular cigarettes, according to the CDC. Do we wait for 30 years to see the long-term effects of the chemicals in these products and a lifetime addiction to nicotine; or do we act now?

Using the Framework for 21st Century School Nursing Practice,[™] school nurses can use the principles of leadership, care coordination, and community/public health to prevent their students from current and future untoward health conditions. Public health experts have identified four key areas to address: policy, price, access, and flavors. Currently there are no regulations on the devices themselves. It is legal to purchase the battery/delivery system. Regulations regarding flavoring does not go into effect until 2022.

What public health officials who work on youth related issues are asking school nurses and school officials to do is to review their school policies regarding “electronic smoking devices.” Next month a revised model policy will be posted both on the Department of Health Services’ (DHS) and DPI’s websites. Once posted I will send out the link. School district policies can ban “electronic smoking devices.” This would be one-step towards limiting access.

I encourage school nurses to work with their local Tobacco Prevention and Control Coalitions. Here is a link to locate yours: <https://docs.google.com/presentation/d/19lwYeRE-AhLYWY-xzxTYQdYcI9cSzzxwkqYojZY4O38/edit?pli=1#slide=id.p4>. At the presentation, we were told the coalitions will be reaching out to school districts in 2019 and will need to have a contact person. Could you be that person?

Getting the word out and educating parents, teachers, and students regarding these relatively new products is another important step. School nurses have many opportunities to do this in newsletters, staff breakroom posters, and classroom presentations. School nurses can also ask about or facilitate the updating of health curriculums to include Information about JUULs and other nontraditional nicotine containing/ tobacco products. Another role for school nurses will be to connect nicotine addicted students to treatment options. Following is a smattering of resources to get school nurses started in adverting this public health threat.

<https://www.dhs.wisconsin.gov/tobaccoischanging/index.htm>

<https://tobwis.org/toolkits/other-tobacco-products/>

<https://catchinfo.org/modules/e-cigarettes/> (free E-Cigarette Prevention Program)

<https://www.lung.org/local-content/content-items/our-initiatives/education-and-training/not-wisconsin.html> (school based- program for those wanting to quit tobacco use)



Communicating the Benefits of Seasonal Influenza Vaccine

During the 2017–2018 influenza season, the Centers for Disease Control and Prevention (CDC) shared early estimates that influenza (flu) accounted for more than 79,400 deaths. Of these, 185 were pediatric deaths, and 80% of these children had not received a flu vaccinationⁱ. To help patients understand the importance of protecting themselves and their loved ones, public health officials and providers should communicate the benefits of flu vaccination in helping to reduce disease outcomes, including hospitalization and death.

What are the Benefits of Seasonal Flu Vaccine?

Research has shown that flu vaccination:

▶ Reduces Hospitalization and Death

- ✓ Reduction of pediatric deaths from flu by 51% for children with underlying high-risk medical conditions and 65% for healthy childrenⁱⁱ
- ✓ Reduction of hospitalizations for vaccinated adults and seniors by 22% for all adults and 24% for those 65+ years of ageⁱⁱⁱ
- ✓ Reduction of hospitalizations among people with chronic health conditions, including diabetes (79%)^{iv} and chronic lung disease (52%)^v

During the 2017–18 flu season, **8 of 10 children who died from influenza were unvaccinated**, and half were otherwise healthyⁱ.

▶ Reduces Severity of Illness in Hospitalized Individuals

- ✓ Reduction of intensive care unit (ICU) admission by 59% in hospitalized adults associated with vaccination against flu compared to the non-vaccinated^{vi}
- ✓ Reduction of children's risk of flu-related pediatric intensive care unit (PICU) admission by 74%^{vii}

▶ Reduces Risks for Major Cardiac Events

- ✓ Reduction of heart attack risk (29%) and major cardiac events (36%) demonstrated in people with existing cardiovascular disease^{viii}
- ✓ Flu vaccine is as effective as a statin in preventing heart attacks (statin 19–30% effective vs. flu vaccine 15–45% effective)^{ix}

▶ Reduces Loss of Independence in Adults

- ✓ 15% of older adults hospitalized with influenza were shown to experience catastrophic disability^x (defined as a loss of independence in ≥3 basic Activities of Daily Living)^{xi}

▶ Protects Pregnant Women and Their Babies

- ✓ Reduction of risk of flu-associated acute respiratory infection in pregnant women by 50%^{xii}

FOOTNOTES

- CDC. Summary of the 2017–2018 Influenza Season.
- Flannery B, et al. *Pediatrics*. 2017 May; 139(5):1–11.
- ACIP Meeting, Atlanta, GA. June 20, 2018.
- Colquhoun AJ, et al. *Epidemiol Infect*. 1997 Dec; 119(3):335–341.
- Nichol KL, et al. *Ann Intern Med*. 1999 Mar; 130(5):397–403.
- Thompson MG, et al. *Vaccine*. 2018 Sept; 36(39): 5916–5925.
- Ferdinands J, et al. *The Journal of Infectious Diseases*. 2014 Sept; 210(5): 674–683.
- Barnes M, et al. *Heart*. 2015 August; 101:1738–1747.
- MacIntyre CR, et al. *Heart*. 2016 Dec; 102(24): 1953–1956.
- Andrews MK, et al. Canadian Immunization Conference. Dec 7, 2016.
- Ferrucci et al. *JAMA*. 1997; 277:728–734.
- Thompson, et al. *Clin Infect Dis*. 2014 Feb; 58(4): 449–457.
- FluVaxView. www.cdc.gov/flu/fluview/index.htm

Tips

How to Discuss Vaccine Effectiveness

- **Keep it simple:** “Flu vaccine helps reduce risk of hospitalization and death.”
- **Use a presumptive approach:** “Today we are giving you your annual flu vaccination.”
- **Communicate why we vaccinate:** “Vaccination prevents the severe outcomes of flu.”
- **Communicate the variability and unpredictability of flu:** “This is why it is best to get an annual flu vaccination.”
- **Acknowledge that flu vaccination is not always a perfect match with the circulating virus types, but it is the best way to protect against flu infection and its outcomes; any flu vaccination is better than none.**

Vaccination rates^{xiii} remained well below optimal levels during the 2017–2018 influenza season:

- 47%*** for all people 6+ months
- 58%** for children ages 6 months through 17 years (one dose)
- 37%** for adults 18+ years
- 60%** for adults 65+ years
- 68%*** for healthcare personnel
- 36%*** for pregnant women

*Early-season data available only (as of November 2017)



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i. CDC. Summary of the 2017–2018 Influenza Season.
ii. Flannery B, et al. *Pediatrics*. 2017 May; 139(5):1–11.
iii. ACIP Mtg, Atlanta, GA. June 20, 2018.
iv. Colquhoun AJ, et al. *Epidemiol Infect*. 1997 Dec; 119(3):335–341.
v. Nichol KL, et al. *Ann Intern Med*. 1999 Mar; 130(5):397–403.
vi. Thompson MG, et al. *Vaccine*. 2018 Sept; 36(39): 5916–5925.
vii. Ferdinands J, et al. *The Journal of Infectious Diseases*. 2014 Sept; 210(5): 674–683.

viii. Barnes M, et al. *Heart*. 2015 August; 101:1738–1747.
ix. MacIntyre CR, et al. *Heart*. 2016 Dec; 102(24):1953–1956.
x. Andrews MK, et al. Canadian Immunization Conference. Dec 7, 2016.
xi. Ferrucci et al. *JAMA*. 1997; 277:728–734.
xii. Thompson, et al. *Clin Infect Dis*. 2014 Feb; 58(4):449–457.
xiii. FluVaxView. www.cdc.gov/flu/fluview/index.htm



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- 68%*** for healthcare personnel
- 36%*** for pregnant women

*Early-season data available only (as of November 2017)



TIME / DATES / LOCATIONS

Registration: 8:30-9:00 am

Training 9:00 am-3:00 pm

■ February 19, 2019

CESA #7

595 Baeten Road

Green Bay, WI 54304

Contact: Christine Kleiman, CESA #7
(920) 617-5645; ckleiman@cesa7.org

■ February 20, 2019

CESA #9

304 Kaphaem Road

Tomahawk, WI 54487

Contact: Lynn Verage, CESA #9
(715) 453-2141 x228; lverage@cesa9.org

■ February 21, 2019

CESA #10

725 West Park Avenue

Chippewa Falls, WI 54729

Contact: Carol Zabel, CESA #10
(715) 720-2145; czabel@cesa10.org

COST: \$125.00

(Lunch and snacks are provided)

About the Speaker:

Barbara Rubel, MA, BCETS, DAAETS, is a nationally recognized speaker on traumatic death and building resilience.

Barbara is the author of, *"But I Didn't Say Goodbye: Helping children and families after a suicide"* and the 30-hour continuing education course book for Nurses, *"Death, Dying, and Bereavement: Providing compassion during a time of need."* She is the co-author of the Department of Justice, Office for Victims of Crime Training Curriculum, *"Compassion Fatigue."*

Barbara, a Certified Bereavement Specialist and Board-Certified Expert in Traumatic Stress, was featured in the Emmy award winning Documentary, *"Fatal Mistakes."* She received a BS in Psychology and MA in Community Health with a concentration in Thanatology from Brooklyn College.



Managing Traumatic Grief in the School System

Helping Students, Parents, and Ourselves

Participants will increase their awareness of those things that influence grief after a traumatic loss and identify ways to build resilience in bereaved students and their parents, and themselves.

Objectives:

At the completion of this program, participants will be able to:

1. Recognize determinants that influence the grief process after a traumatic death
2. Identify how contemporary mourning theories promote mental health after a traumatic death
3. Create a Palette of Grief® to identify clinician's grief reactions and how to use the tool with students
4. Discuss eight pathways of self-care to counter compassion fatigue and enhance resilience

NOTE: The first 30 people to register at each site will receive a free copy of Barbara Rubel's book, *"But I Didn't Get to Say Goodbye: Helping children and families after a suicide."*

REGISTER ONLINE:

Green Bay — <https://login.myquickreg.com/register/event/event.cfm?eventid=21206>

Tomahawk — <https://login.myquickreg.com/register/event/event.cfm?eventid=21207>

Chippewa Falls — <https://login.myquickreg.com/register/event/event.cfm?eventid=21208>

Registration or billing questions:

Mary Devine, CESA #4

(800) 514-3075; mdevine@cesa4.org

Send payment to: ATTN: Mary Devine

CESA #4, 923 East Garland Street, West Salem, WI 54669

PLEASE include and clearly define: Participant name, exact name of workshop, and date, with all checks or purchase orders. Thank you!

E-CIGARETTES A GROWING CONCERN

WHAT ARE E-CIGARETTES?

An electronic cigarette is an oral device that can be used to simulate smoking and that produces an aerosol of nicotine and/or other substances.

THEY TAKE MANY FORMS

E-cigarettes are also known as e-hookahs, hookah pens, vape pens, vaporizers, e-cigars, and e-pipes.



4 REASONS TO BE CONCERNED ABOUT E-CIGARETTES

They produce more than just water vapor

- Secondhand aerosol can contain nicotine, ultrafine particles, heavy metals, and cancer-causing chemicals.¹
- Communities have come to expect clean indoor air; e-cigarette use threatens this standard and makes enforcement confusing.

They haven't been proven safe

- Studies have found some e-cigarettes contain high levels of formaldehyde and diacetyl, chemicals harmful to the human body.²
- Contents vary widely and don't always match the ingredients or amounts listed on labels.³

They aren't approved to help smokers quit

- No e-cigarette has been approved by the FDA as a cessation device.
- E-cigarette users often continue to smoke regular cigarettes as well as use e-cigarettes.⁴

They appeal to youth

- In Wisconsin, 13% of high school students currently use e-cigarettes, surpassing the use of conventional cigarettes.⁵
 - E-cigarettes are the most commonly used tobacco product among youth, a cause for concern since nicotine is known to have harmful effects on adolescent brains.⁶
- Alarmingly, e-cigarette use is associated
- with increased intentions to smoke conventional cigarettes.⁷



1 E-cigarettes: A scientific review. Contemporary Reviews in Cardiovascular Medicine. Circulation, 2014

2 Evaluation of Electronic Cigarette Liquids and Aerosol for the Presence of Selected Inhalation Toxins. Nicotine & Tobacco Research, September 2014.

3 Chemical Evaluation of Electronic Cigarettes. Tobacco Control. February 2014.

4 Electronic Cigarettes and Conventional Cigarette Use Among US Adolescents: A Cross-sectional Study. JAMA Pediatr. March 2014.

5 2016 Wisconsin Youth Tobacco Survey

6 The health consequences of smoking—50 years of progress. US Department of Health and Human Services, CDC, 2014

7 Intentions to smoke cigarettes among never-smoking US middle and high school electronic cigarette users: National Youth Tobacco Survey, 2011-2013. Nicotine & Tobacco Research, February 2014.

E-cigarettes, “Vapes”, and JUULs What Parents Should Know



Are e-cigarettes less harmful than cigarettes?

There is no FDA oversight of the manufacturing of these products – which means there is no oversight regarding potentially harmful ingredients.

- E-cigarettes almost always contain harmful ingredients including nicotine.
- Acrolein, a known ingredient of many e-cigarettes, causes irreversible lung damage. Nicotine exposure during adolescence and can harm the developing brain.
- The most popular e-cigarette among teens is JUUL
 - All JUUL pods contain some nicotine – something many youth don’t realize.
 - According to the manufacturer, one JUUL pod may contain as much nicotine as a pack of cigarettes.
- No e-cigarette has been found to be safe and effective by FDA in helping smokers quit.

Is there a difference between e-cigarettes and JUULing?

- No. JUULs may look different, but they’re actually a type of e-cigarette.
- E-cigarettes are battery powered and deliver nicotine through a liquid which turns into an aerosol.
- The e-liquids come in fruit flavors that appeal to youth.

JUUL is more discrete and looks like a USB drive. Other e-cigarettes may look like phones.

- Cartridge-based e-cigarettes like JUUL contain nicotine salts that do not produce vapor or visible emissions when the device is used and may make the product even more addictive.
- JUUL claims that some of its pods have roughly as much nicotine as an entire pack of cigarettes.

How bad is the e-cigarette epidemic?

Most common reasons youth use e-cigarettes¹



39%

Use by “friend or family member”



31%

Availability of “flavors such as mint, candy, fruit, or chocolate”



17%

Belief that “they are less harmful than other forms of tobacco such as cigarettes”

¹Wang TW, Gentzke A, Sharapova S, Cullen KA, Ambrose BK, Jamal A. Tobacco Product Use Among Middle and High School Students – United States, 2011–2017. MMWR Morb Mortal Wkly Rep 2018;67:629–633. DOI: <http://dx.doi.org/10.15585/mmwr.mm6722a3>

Does the American Lung Association agree with the Food and Drug Administration that youth use of e-cigarettes has reached an epidemic?

- Yes, the American Lung Association agrees that e-cigarette use among youth has reached epidemic levels.
- American Lung Association has been asking the FDA to take action on e-cigarettes for a decade.
- E-cigarettes are the most commonly used tobacco products among youth and have been for several years now.
- Many youth don't realize how they are harming their lungs and their brains by using e-cigarettes.

Several years ago, one study estimated there were about 7,700 flavors of e-cigarettes on the market at that time.



How is the American Lung Association helping your children?

- The American Lung Association urges the Food and Drug Administration to take meaningful action to crack down against products that target youth.
- The Lung Association and our partners filed a lawsuit against FDA for its delay of reviewing products currently for sale.
- The American Lung Association is working to implement proven effective policies that will reduce youth from e-cigarettes, including raising the minimum age of sale to 21 and increasing the price of products.
- Education programs available
 - Not on Tobacco (N-O-T) is the American Lung Association's teen smoking cessation program and helps teens who want to quit, providing the tools, information and support to quit for good.
 - Alternative to Suspension program is offered as an option to students who face suspension for violation of school tobacco-use policy and is administered by an adult facilitator in either a one-on-one or group format in a school or community-based setting.

Contact

Lung HelpLine and Tobacco Quitline is a telephone support line available in over 200 languages, and is a free service allowing callers access to expert staff, including registered nurses, respiratory therapists, pharmacists and certified tobacco cessation specialists.

 **1-800-LUNG-USA (1-800-586-4872) or www.Lung.org/helpline.**

 Learn more about these and other programs at www.Lung.org.

Contact your local American Lung Association office for information on youth leadership groups and other youth tobacco initiatives. **1-800-LUNGUSA**



E-cigarettes, “Vapes”, and JUULs What Schools Should Know

What are these products?

- E-cigarettes are battery-powered devices that use a heating element to heat e-liquid, typically containing nicotine, from a cartridge that produces a chemical-filled aerosol.
- Many e-liquids or “e-juice” come in fruit flavors, making them appealing to kids.

E-cigarettes come in many forms and can look like everyday products like pens, USB flash drives, phones and tubes of lipstick.

- Currently, the most popular e-cigarette among teens is the JUUL, which looks like a USB flash drive and produces little visible aerosol when being used. Many JUUL pods contain high levels of nicotine - one JUUL pod claims to contain roughly the same amount of nicotine as one pack of cigarettes.

Most common reasons kids use e-cigarettes include:²

-  **39%** Use by “friend or family member”
-  **31%** Availability of “flavors such as mint, candy, fruit, or chocolate”
-  **17%** Belief that “they are less harmful than other forms of tobacco such as cigarettes”

Are e-cigarettes less harmful than cigarettes?

- The Surgeon General has concluded that e-cigarette aerosol is not safe.
- E-cigarettes contain harmful and potentially harmful ingredients, including formaldehyde and acrolein, which can cause irreversible lung damage. They also contain nicotine.
- E-cigarettes can be used for delivery of marijuana and other illicit drugs.
- FDA has found no e-cigarette to be safe and effective in helping people quit; in fact, more than half of all adult e-cigarette users continue to use regular cigarettes.

Is youth e-cigarette use really an epidemic?

The FDA has called e-cigarette use among teens an epidemic with no signs of abating.

- E-cigarettes are the most commonly used tobacco products among kids, with nearly 12 percent of high school students nationwide using e-cigarettes and about 20 percent using at least one tobacco product.¹

¹ Wang TW, Gentzke A, Sharapova S, Cullen KA, Ambrose BK, Jamal A. Tobacco Product Use Among Middle and High School Students – United States, 2011–2017. MMWR Morb Mortal Wkly Rep 2018;67:629–633. DOI: <http://dx.doi.org/10.15585/mmwr.mm6722a3>

² Tsai J, Walton K, Coleman BN, et al. Reasons for Electronic Cigarette Use Among Middle and High School Students – National Youth Tobacco Survey, United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:196–200. DOI: <http://dx.doi.org/10.15585/mmwr.mm6706a5>

Impact of e-cigarette use on teens

The bottom line: e-cigarette use is unsafe, especially for young people.

- Schools should work with their students to help educate them about the potential long-term consequences of using e-cigarettes.
- Kids often don't realize that they are harming their lungs and their brains by using e-cigarettes.
- Kids may not realize that the products they are using contain nicotine, which is highly addictive and can harm adolescent brain development.
- It's not just harmless water vapor: secondhand emissions from e-cigarettes can contain nicotine; ultrafine particles; flavorings such as diacetyl, a chemical linked to serious lung disease; volatile organic compounds such as benzene, which is found in car exhaust; and heavy metals, such as nickel, tin and lead.
- The e-cigarette industry is currently using many of the same tactics that worked to sell traditional cigarettes for decades.
- These products are designed to appeal to and be used by teens and can go undetected by adults.



1-800-LUNGUSA | Lung.org

What should schools do to protect their students from these products?

- Institute and enforce comprehensive tobacco-free campus policies, including all e-cigarettes. Punitive policies aren't effective. Many of our youth are already addicted to nicotine through these tobacco products and therefore efforts are needed to help kids quit. Schools should offer programs on-site to help students quit or connect them with resources to support them in breaking free from their addiction.
- Ensure all teachers, administrators and staff know the different kinds of e-cigarettes on the market and the dangers they pose to young people.
- Participate in the "Real Cost Campaign." FDA's tobacco prevention campaign which now features ads to educate teens on dangers of e-cigarettes. Schools can take advantage of free print materials and web content from the campaign.

What resources does American Lung Association offer to address this issue?

- Not on Tobacco (N-O-T) is the American Lung Association's teen smoking cessation program and helps teens who want to quit, and provides the tools, information and support to quit for good.
- The Alternative to Suspension program is offered as an option to students who face suspension for violation of school tobacco-use policy and is administered by an adult facilitator in either a one-on-one or group format in a school or community-based setting.

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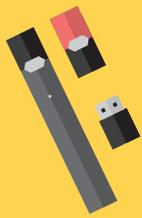


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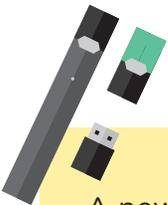
E-CIGARETTES SHAPED LIKE USB FLASH DRIVES: INFORMATION FOR PARENTS, EDUCATORS, AND HEALTH CARE PROVIDERS



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



WHAT'S THE BOTTOM LINE?



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



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



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



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

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

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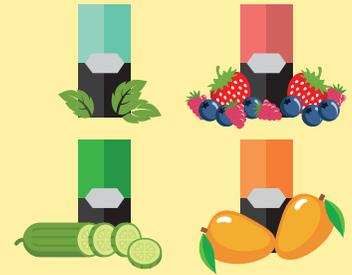
U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

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



Use of JUUL is sometimes called “JUULing.”

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



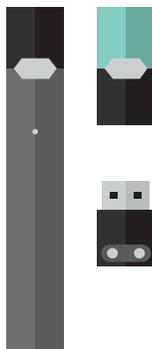
All JUUL e-cigarettes have a high level of nicotine. According to the manufacturer, a single JUUL pod contains as much nicotine as a pack of 20 regular cigarettes.



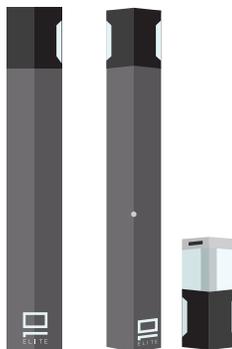
JUUL became available for sale in the United States in 2015. As of December 2017, JUUL is the top-selling e-cigarette brand in the United States.

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

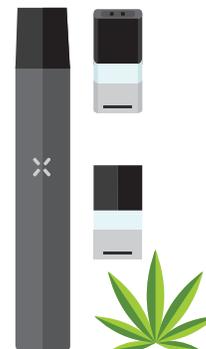
Other devices are becoming available that look like USB flash drives. Examples include the MarkTen Elite, a nicotine delivery device, and the PAX Era, a marijuana delivery device that looks like JUUL.



JUUL



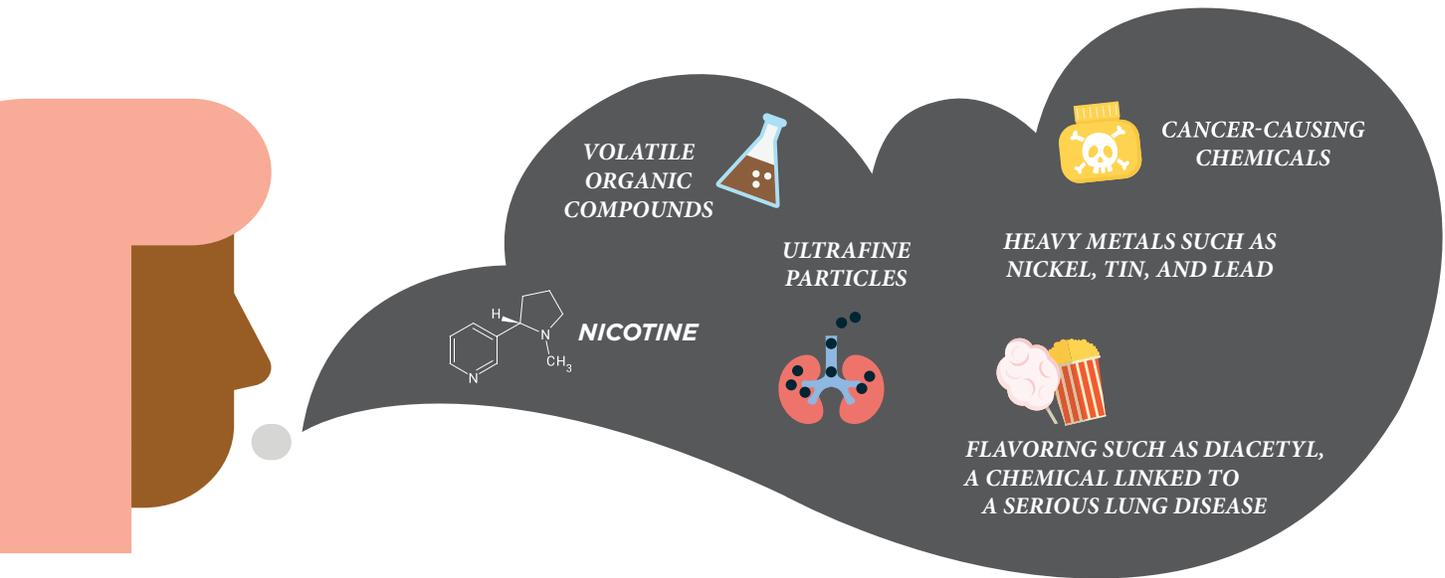
MarkTen Elite



PAX Era

E-CIGARETTE USE IS NOT SAFE FOR YOUNG PEOPLE.

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



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



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



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



PARENTS CAN:

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



EDUCATORS CAN:

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



PEDIATRIC HEALTH CARE PROVIDERS CAN:

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

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



What is JUUL?

JUUL is a new type of e-cigarette that has surged in popularity since its introduction in 2015. JUUL is already the **most widely purchased e-cigarette brand**, representing **nearly half** of the market share in the last quarter of 2017.¹ Despite the fact that its purchase, possession, and use is illegal for minors under 18 years old, JUUL is **especially popular among youth**.

Discreet

JUUL has two components: a rechargeable battery and a detachable cartridge of e-juice called a JUULpod. JUUL's small size and its **close resemblance to a USB flash drive** adds to its youth appeal and allows kids to **discreetly use** and **easily hide the device**. Customizable "wraps" or "skins" featuring different colors and patterns add to the device's concealability.¹



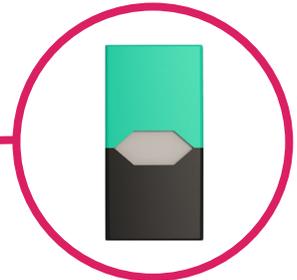
Image from TruthInitiative.org



Image from OhGizmo.com



Images from Amazon.com



Each JUULpod contains **200 puffs** and on average **costs less than a pack of cigarettes**.²

Image from JuulVapor.com

Appealing to Youth



JUULpods come in kid-friendly flavors such as **Cool Mint, Fruit Medley, and Mango**.¹

Nearly 9 out of 10 Wisconsin youth say they probably **wouldn't try an e-cigarette if it wasn't flavored**.³

Image from EJuceConnect.com



JUUL users have a **significant social media presence** through outlets such as YouTube, Twitter, Snapchat, and Instagram, increasing JUUL's **exposure to young people**.¹

Image from YouTube.com

"JUULing"

Youth and young adults refer to JUUL use as "JUULing" instead of "vaping" or "e-cigarette use".²

Not Harmless

JUUL's **highly concentrated levels of nicotine** have been engineered to mimic the kick of cigarettes with less of the harshness that comes with cigarette smoke.²

Nicotine is **highly addictive**, and it can have lasting effects on adolescent brain development, including permanently lowering impulse control and damaging parts of the brain that control attention and learning.^{1,4} Research suggests that youth are **up to seven times more likely** to use other forms of tobacco if they use e-cigarettes like JUUL.⁵



Nicotine in one JUULpod = Total nicotine in a pack of cigarettes!²

Image from SMEHarbinger.net

¹ Bach, Laura. *JUUL and Youth: Rising E-Cigarette Popularity*. Campaign for Tobacco-Free Kids; Washington, DC: 2018. <https://www.tobaccofreekids.org/assets/factsheets/0394.pdf>.

² JUUL 101: The Next Generation of E-Cigarettes. Stanford Medicine Tobacco Prevention Toolkit; Stanford, CA: 2018. <https://med.stanford.edu/content/dam/sm/tobaccoprevention-toolkit/documents/ecigarettes/unit6/juul-101.pptx>.

³ Wisconsin Youth Tobacco Survey: High School and Middle School Fact Sheets. Wisconsin Tobacco Prevention and Control Program; Madison, WI: 2016. High School: <https://www.dhs.wisconsin.gov/publications/p01624.pdf>. Middle School: <https://www.dhs.wisconsin.gov/publications/p01624a.pdf>.

⁴ Know the Risks: E-Cigarettes and Young People. U.S. Department of Health and Human Services; Washington, DC: 2018. <https://e-cigarettes.surgeongeneral.gov/knowtherisks.html>.

⁵ Bold KW, Kong G, Camenga DR, Simon P, Cavallo DA, Morean ME, Krishnan-Sarin S. *Trajectories of E-Cigarette and Conventional Cigarette Use Among Youth*. *Pediatrics*; Itasca, IL: 2018. <http://pediatrics.aappublications.org/content/141/1/e20171832>.

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