

Why Does this Temple have Four Columns?

Linking Transmission Patterns to Infection Control Strategies to Optimize A Safe Re-Opening

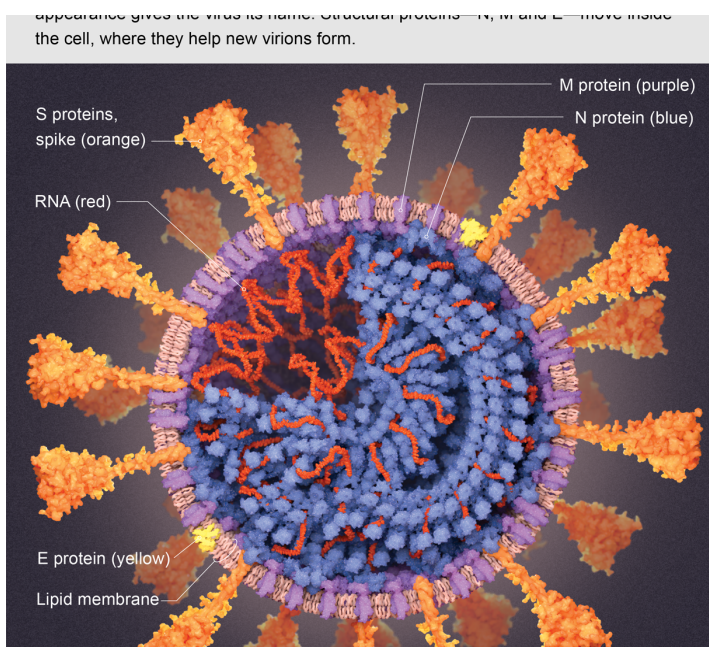
Westyn Branch-Elliman, MD, MMSc
Assistant Professor of Medicine, Section of Infectious Diseases,
VA Boston Healthcare System, Harvard Medical School, and Beth Israel Deaconess Medical Center

No conflicts to disclose



SARS-CoV-2: Background

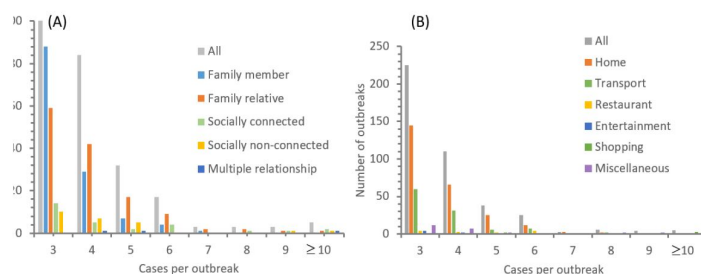
- Novel human coronavirus initially discovered in January 2020.
- Rapidly spread worldwide
- Many (thousands) of different coronaviruses
 - Four cause the common cold
 - Immunity partial and short in duration
 - Three cause severe respiratory syndromes:
 - SARS-CoV1
 - MERS
 - SARS-CoV2
- Mortality rate highly variable according to age and risk profile
- Kids at substantially lower risk of severe infection and death
- No vaccine currently available



Scientific American. A Visual Guide to SARS-CoV-2. 2020

Indoor versus Outdoor Transmission

- 318 independent clusters (defined as three or more cases)
- 1245 confirmed cases in 120 cities
- Home environments the dominant category (254/318 clusters)
- Transport second highest risk (108)
- Only 1 cluster occurred in an outdoor environment (and included only two cases)

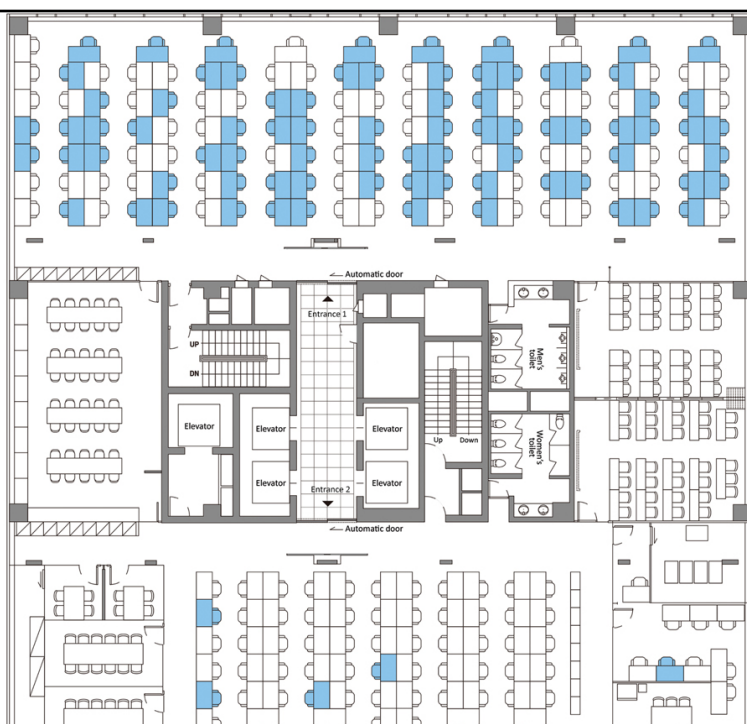


Qian et al. Indoor Transmission of SARS-CoV-2. Pre-print

Telephone Center

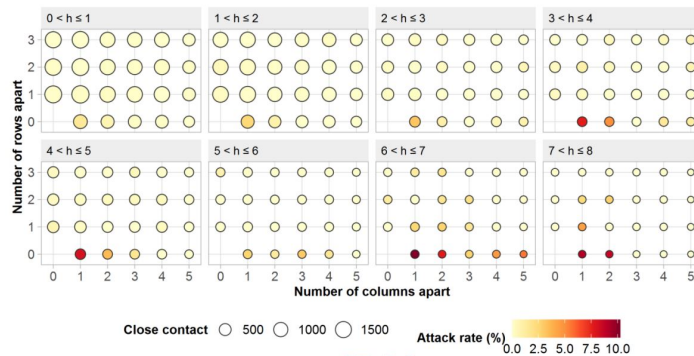
- Call Center in South Korea
- 1143 tested
- 97 positive
 - Blue seats indicate positive cases
 - 43.5% on one floor
- 16.2% secondary (household) attack rate

Park et al. Emerging Infectious Diseases. 2020



COVID spread on a train

- Cohort study of train riders: 2,334 index patients and 72,093 close contacts who had co-travel times of 0–8 hours
- The attack rate in train passengers on seats within a distance of 3 rows and 5 columns of the index patient varied from 0 to 10.3%
 - Risk highest in the same row
 - Adjacent traveler the highest risk (3.5%)
 - Risk increased with increased travel time (0.15% per hour)
 - Decreased rapidly with distance

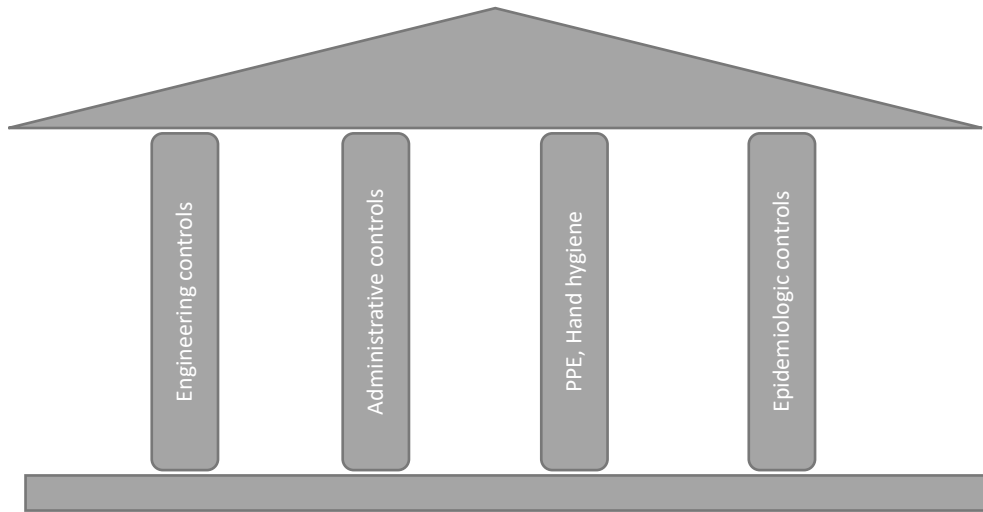


Hu et al. Clinical Infectious Diseases. 2020

So How Does COVID-19 Spread?

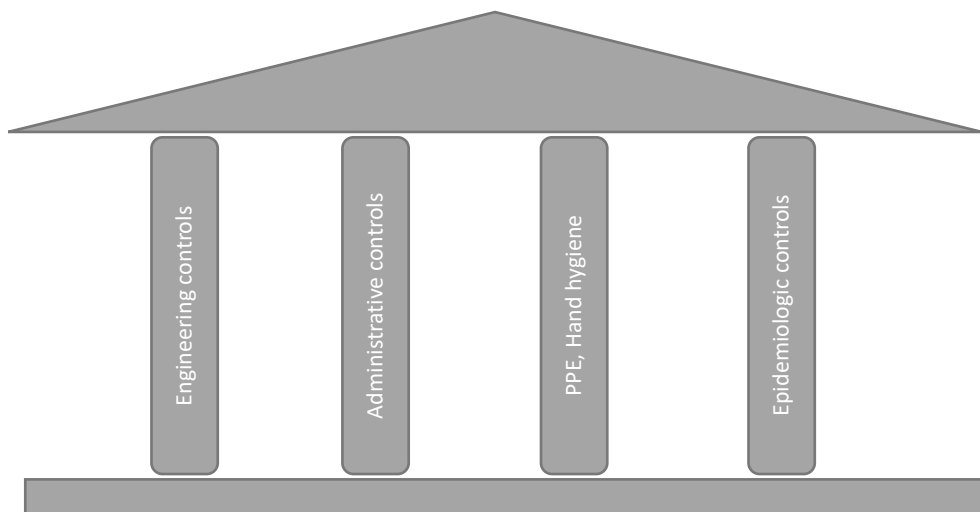
- Based on the currently available evidence, most COVID-19 spread occurs via the large droplet route, and ocular transmission also likely
- Some studies suggest that in indoor settings, with poor ventilation, small particle transmission may occur and may lead to super-shedding events
 - High risk activities implicated— singing, telephone conference rooms, choirs
 - Typically, limited use of infection control strategies when these events occurred
 - Poor ventilation, no PPE, close contacts, etc.
 - Other possible modes of transmission may explain these events
- Little data to support indirect contact as a significant mode of transmission, but self-inoculation (e.g., by eye rubbing) may play a role

The Pillars of Infection Control



Branch-Elliman et al. Curr Envir Health Report. 2015

The Pillars of Infection Control



Branch-Elliman et al. Curr Envir Health Report. 2015

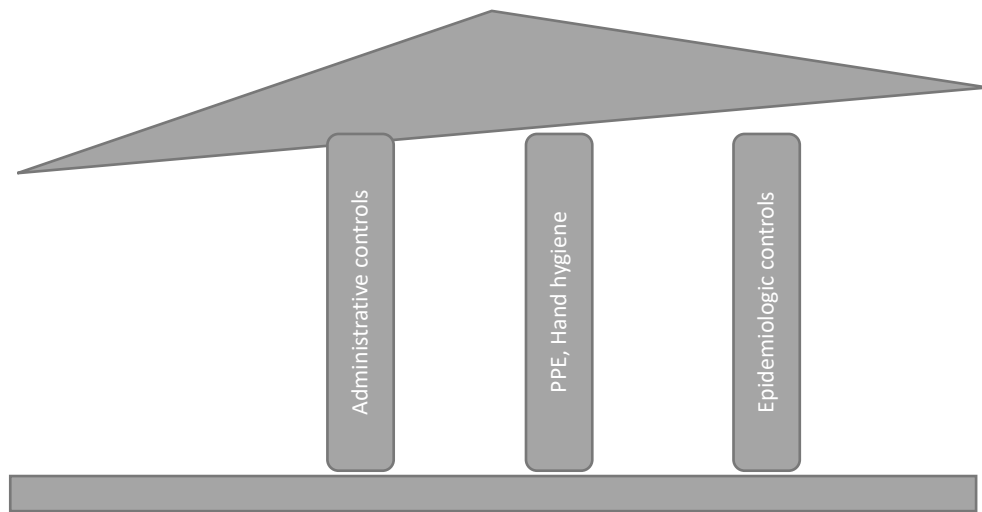
The Tools in Our Arsenal: Linking Mode of Transmission to Infection Control Strategy

Mode of Transmission	Engineering and Environmental Controls	Administrative Controls	Epidemiologic Controls	Hand Hygiene and PPE
Contact/ Environmental	Antimicrobial surfaces (e.g., copper), environmental cleaning	Policies about staying home when sick, no shared food, symptom screens	Contact tracing and quarantine	Hand hygiene, gowns/gloves
Large droplet (May include ocular)	Environmental cleaning	Policies about staying home when sick, mandatory vaccination, social distancing, symptom screens, limiting contacts	Vaccination Contact tracing, quarantine, post-exposure prophylaxis	Surgical masks, consider eye protection Hand hygiene
Airborne	Ventilation systems (negative pressure, filters), including the use of natural airflow	Policies, such as mandatory vaccination, quarantine periods for exposed individuals, symptom screens, limiting contacts	Vaccination, contact tracing	N95/PPARs

Lining up the Infection Control Strategy with the Mode of Transmission: Examples

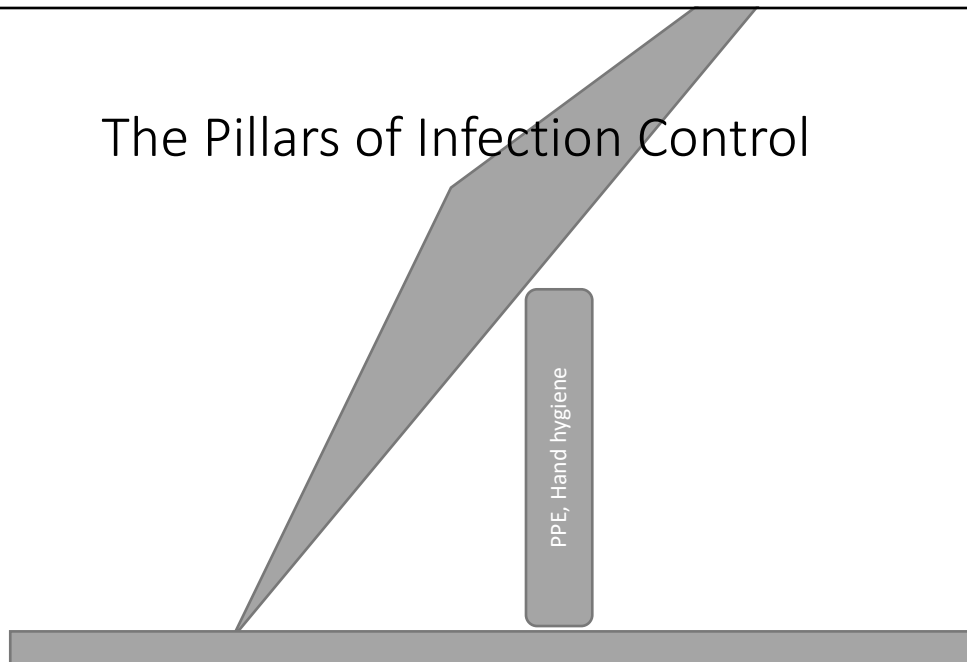
Pathogen	Mode of Transmission	Infection Control Strategies
Measles	Airborne	Ventilation (negative pressure) Masks (N95s) Vaccination Contact tracing Hand hygiene
Influenza	Droplet, mucus membranes (eyes), contact	Eye protection Medical masks Vaccination Post-exposure prophylaxis Contact tracing Hand hygiene Environmental cleaning
Norovirus	Contact	Environmental cleaning Hand hygiene Avoidance of shared food

The Pillars of Infection Control

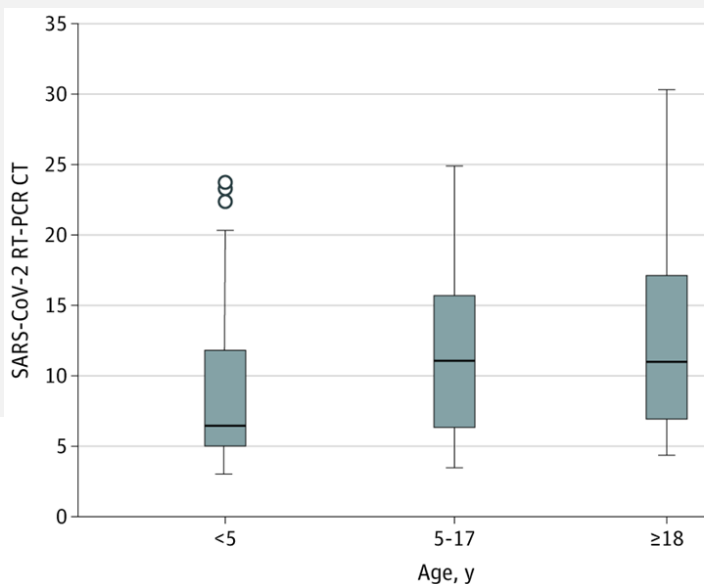


Branch-Elliman et al. Curr Envir Health Report. 2015

The Pillars of Infection Control



Branch-Elliman et al. Curr Envir Health Report. 2015



Can Kids Spread COVID-19?

Head-Sargent et al. JAMA Pediatrics. 2020

Case Study: Georgia Camp

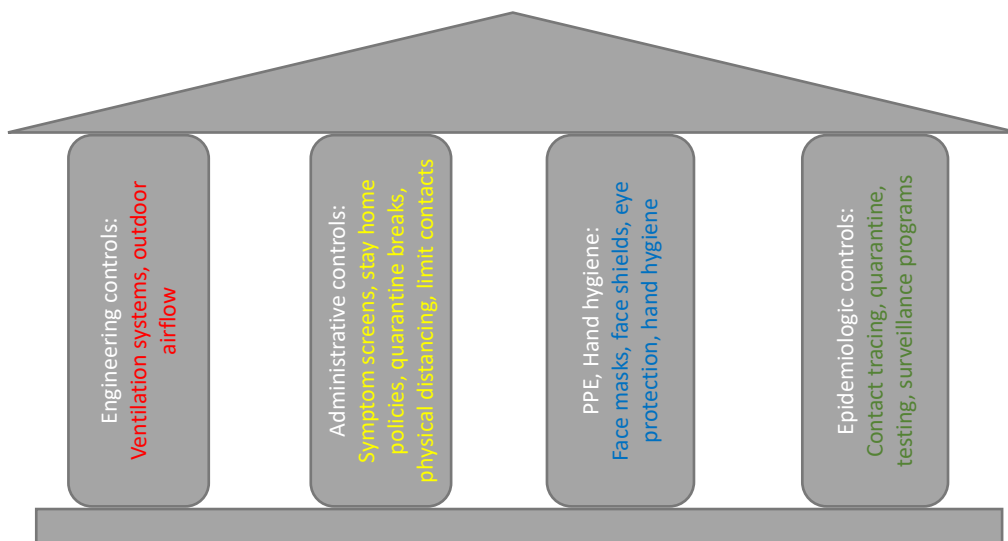
- 597 Georgia residents attended the camp
- 344 with available test results
- 260 positive tests/597 total (not everyone was tested, confirmed attack rate 44%)
 - Children and staff both infected
 - Unclear whether campers or staff drove the outbreak

• Measures not taken:

- No cloth masks for campers
- Opening of windows/ventilation recommendations not followed
- Indoor and outdoor activities, including high-risk activities, such as “vigorous” singing and cheering

Szablewski CM, Chang KT, Brown MM, et al. SARS-CoV-2 Transmission and Infection Among Attendees of an Overnight Camp — Georgia, June 2020. MMWR Morb Mortal Wkly Rep. ePub: 31 July 2020. DOI: <http://dx.doi.org/10.15585/mmwr.mm6931e1external icon>.

The Pillars of Infection Control: COVID



Branch-Elliman et al. Curr Envir Health Report. 2015

What can we learn about what happened in other countries and settings?

- As of June, more than 20 countries re-opened schools
 - Different countries adopted various infection control strategies
 - Common themes: Redundancy in planning, outdoor classrooms, workable PPE plans, cohorting/pods
- Adherence and a multifaceted plan is key!
 - Multiple school-based outbreaks in Israel following re-opening, despite initial success in controlling COVID spread
 - Israel recommendations: Masks for fourth grade and higher, windows open, keep kids six feet apart "whenever possible"
 - Distancing not implemented due to large class enrollment and small classrooms (38 children in 500 square feet of space)
 - Poor indoor ventilation
 - Mask use discontinued in the setting of a heat wave
 - Failure to maintain some prevention interventions at all times likely contributed to the multiple outbreaks
 - Never rely on just one strategy and leverage multiple tools to ensure everyone's safety

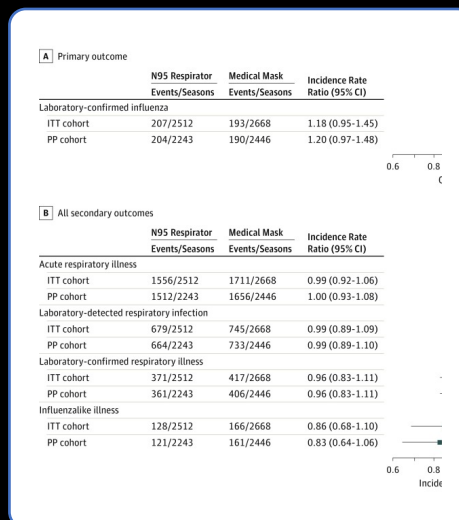
NYT. 2020. When COVID subsided, Israel Re-Opened Its Schools. It Didn't Go Well.

Science. 2020. School Openings Across the Globe Suggest Ways to Keep Coronavirus at Bay.

But Isn't an N95 always better than a medical mask?

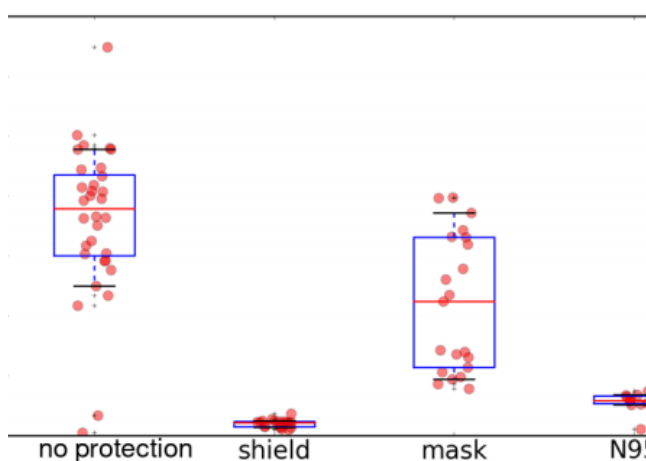
- Cluster randomized trial at 137 outpatient sites
- 1993 participants in 189 clusters randomly assigned to wear N95s during flu season and 2058 in 191 clusters were randomized to wear medical masks when near patients with respiratory illness
- Compliance similar in the two groups (89% in N95 versus 90% in mask)
- No difference in incidence of laboratory-confirmed disease in either group but a trend toward decreased incidence of URI in the medical mask group.

Radonovich et al. JAMA. 2019



Are Face Shields Really Safe?

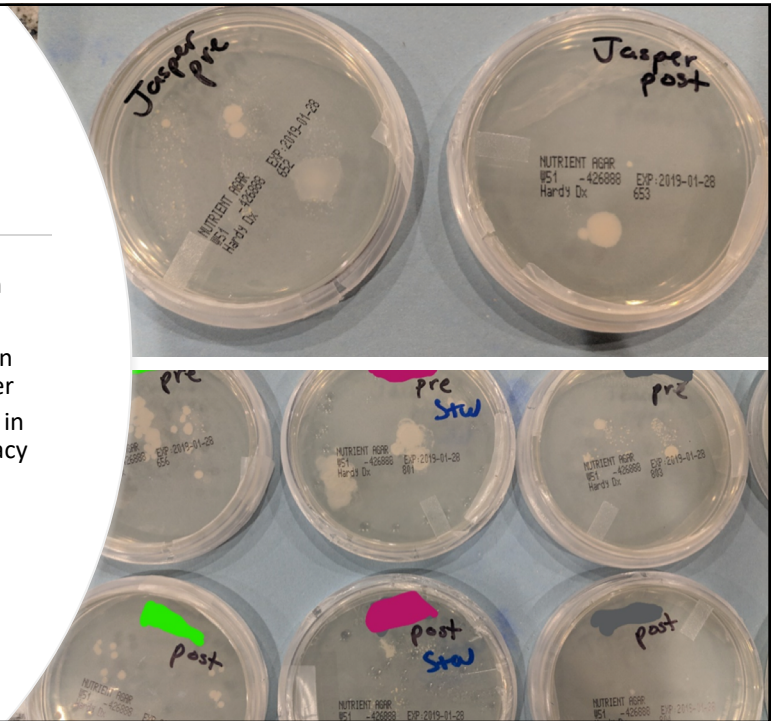
- Experimental study evaluating protection from particles in a laboratory model using manikins and aerodynamic particle sizers
- Medical masks and shields *both* blocked large particles >3 microns (predominant mode of spread).
- For smaller particles (0.3 – 3 microns), the face shield provided 10x more protection than the medical mask
- Unlike medical masks, face shield *also* provides eye protection



Ronen et al. Examining the effectiveness of face shields. Preprint. 2020

Hand Hygiene: Don't Forget the Basics!

- Soap and water and hand sanitizer both work if done effectively
- Hand sanitizer usually performs better in real-world settings because it is a lot easier
 - Multiple randomized controlled trials in schools demonstrate safety and efficacy
 - Schools that use hand sanitizer with fewer outbreaks of GI illness than schools that have a soap and water policy



Testing and Contact Tracing

- Testing and contact tracing are key to outbreak management
- Rapid testing allows a cluster to be identified and contained before it becomes out of control
- Rapid tests less sensitive than PCR tests, however, a recent study suggests they are sufficient for outbreak control in college settings
 - Easier to run
 - Faster response time
- Schools will need a system for obtaining and acting upon testing

	Diagnostic	Screening
	RNA amplification	Antigen testing
Predominant type of test		
Sample collection	Swab 	Swab or saliva
Turnaround time	Days	Minutes
Cost	\$\$\$	\$
Accuracy	High	Moderate
Frequency	Single tests	Multiple tests every week

Sources: Service. Science Magazine. 2020; Kennedy-Shaffer, Lee, Michael Baym, and William Hanage. Perfect as the Enemy of the Good: Using Low-Sensitivity Tests to Mitigate SARS-CoV-2 Outbreaks (2020).

N. DESAI/SCIENCE

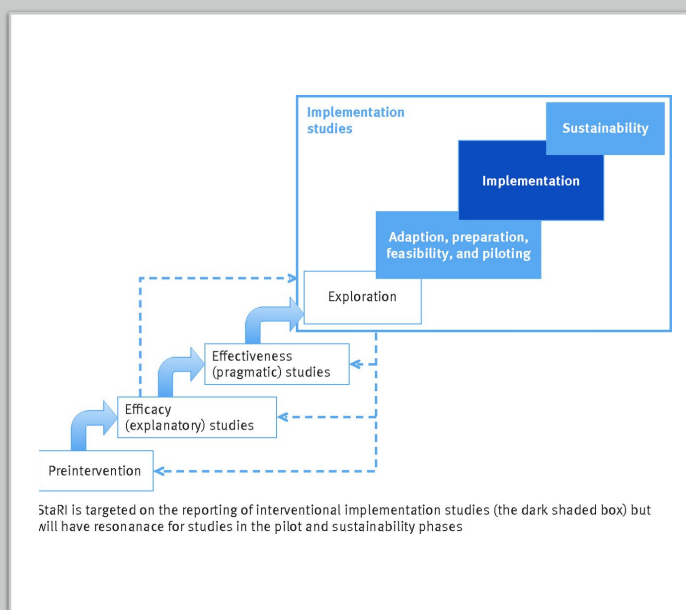
Other Considerations

- Pre-Screening Programs
 - Adopt from hospital settings
 - Online or app-based
- Mandatory Vaccination Programs
 - Including influenza

Don't forget to think about implementation outcomes!

- Implementation Outcomes:
 - **Acceptability**
 - Adoption
 - Appropriateness
 - Costs
 - **Feasibility**
 - **Fidelity**
 - **Penetration**
 - **Sustainability**

Proctor. Adm Policy Ment Health. 2011
Pinnock et al. STaRI. BMJ. 2017

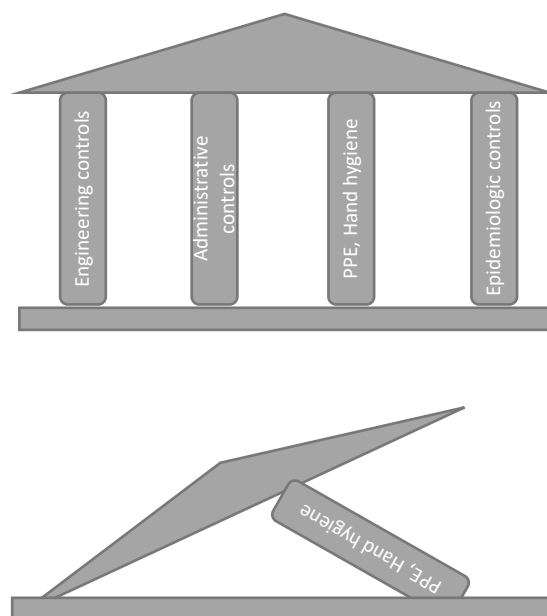


Take Home Points

- COVID-19 primarily spreads via large droplet transmission and contact with mucus membranes
 - This likely includes ocular transmission, although still a source of debate
- COVID-19 does not appear to transmit via classic “airborne” transmission (like measles), but small particle transmission may occur in some settings
 - Indoor, poor ventilation, high risk activities (such as singing)
- Contact-based transmission is not a predominant mode of spread, but don’t forget the basics: good hand hygiene always important

Take Home II

- Assume that *anyone* can become infected and *anyone* can spread the infection
- We can leverage what we know about linking mode of transmission to infection control strategy
 - These include engineering, administrative, epidemiologic, and PPE/hand hygiene controls
- None of these strategies is fool-proof, so always rely on more than one
 - A temple can stand with four columns, and maybe even two, but certainly not one!
- Make sure your plan is one that is acceptable, feasible, and sustainable



Thank you!

- Questions?



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Planner, Presenter, Author Disclosures

Robin Cogan discloses the absence of personal financial relationships with commercial interests relevant to this educational activity within the past 12 months.



M. Wueker/POLITICO

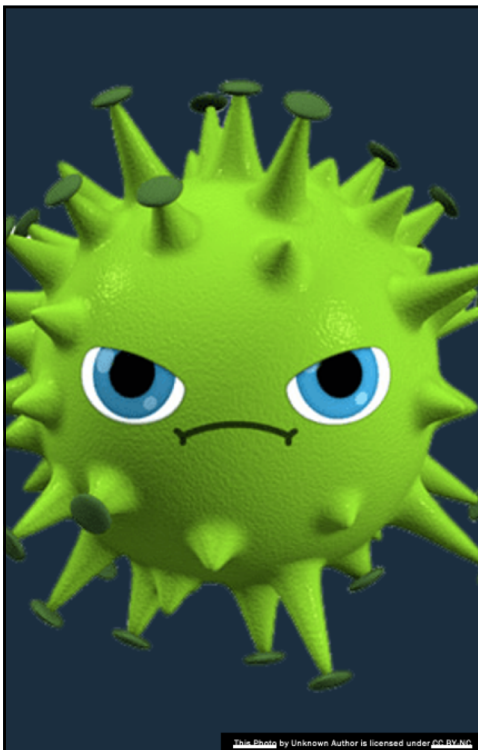


Robin

I have one child left

What should we do about school?

Thu 11:24 PM



HOW MANY HAVE BEEN
INVOLVED IN PLANNING?



This Photo by Unknown Author is licensed under [CC BY-SA-NC](#).

8 S-2573 Sca (1R)
KARABINCHAK
3RDG FINAL PASSAGE
School Nurse Consultant,
State-establish in DOE;
promote school nursing svcs
Y- 70 N- 3 A- 1
KARABINCHAK Y MC CLELLAN

Covid
ActNow

←MapAboutResourcesBlogContact Us

New Jersey

Counties

COVID THREAT LEVEL

Slow disease growth

COVID in New Jersey is spreading in a slow and controlled fashion, and New Jersey's COVID preparedness meets international standards.

i

UPDATES

New key indicator added
We added daily new cases per 100k population.
[Learn more](#)

DAILY NEW CASES

●

3.8 PER 100K

COVID not contained,
but at low levels

New Indicator

INFECTION RATE

●

1.06

COVID is still spreading, but slowly

POSITIVE TEST RATE

●

1.5%

Indicates widespread testing

ICU HEADROOM USED

●

14%

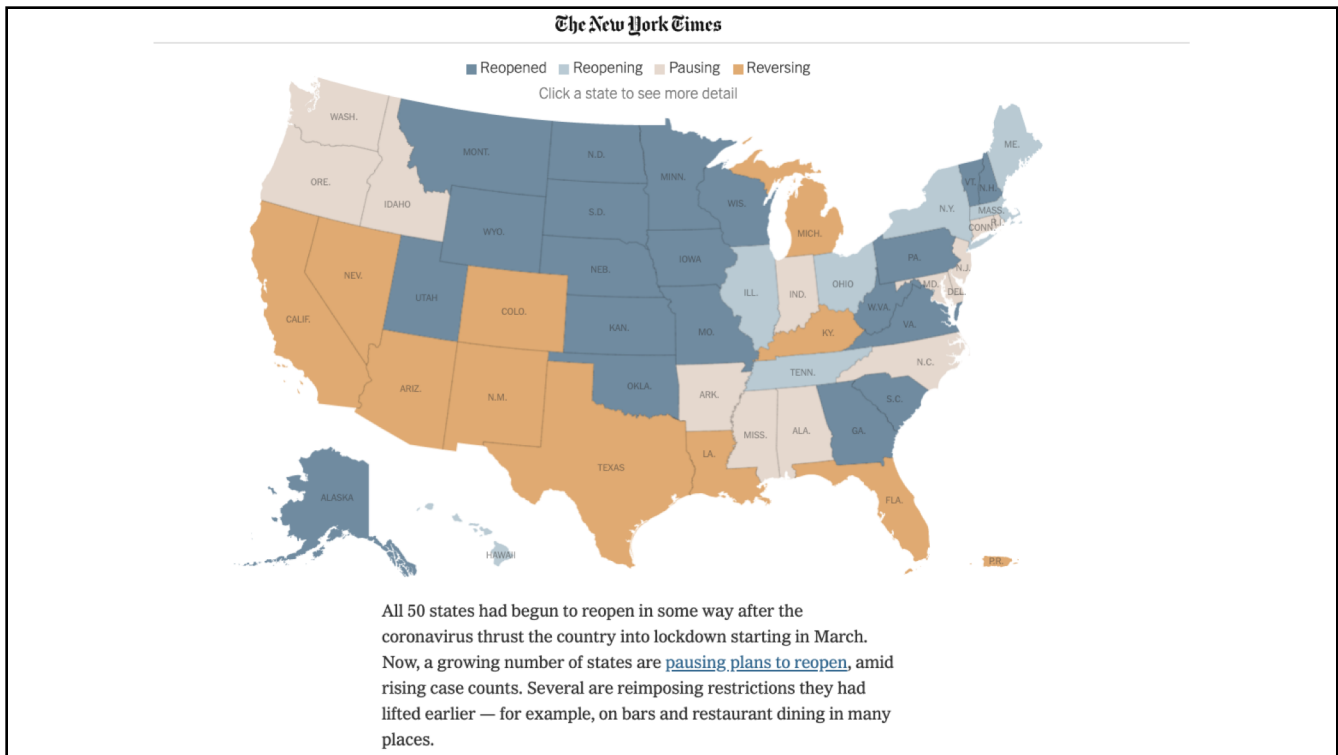
Can likely handle a new wave of COVID

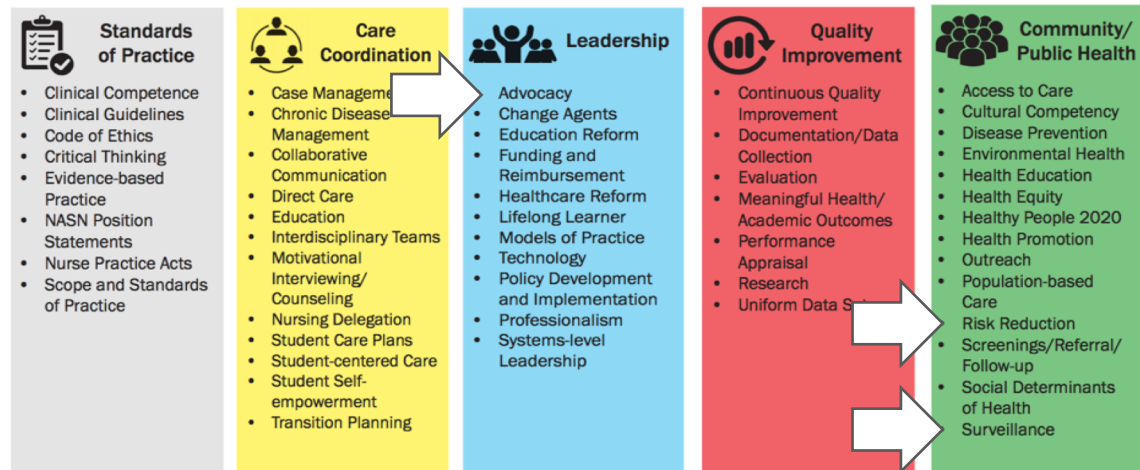
CONTACTS TRACED

●

65%

Insufficient tracing to stop the spread of COVID





ASCD & CDC. (2014). *Whole school whole community whole child: A collaborative approach to learning and health*. Retrieved from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wsc-a-collaborative-approach.pdf>

© National Association of School Nurses, 2015

Rev. 10/6/16

null° Cherry Hill, NJ >

Fri, Aug 07, 2020

Newsweek

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OPINION

The New COVID-19 First Responders? School Nurses | Opinion

DARA KASS AND ROBIN COGAN

ON 8/7/20 AT 10:09 AM EDT



THE DEBATE



Religious Freedom Is Under Attack Like Never Before

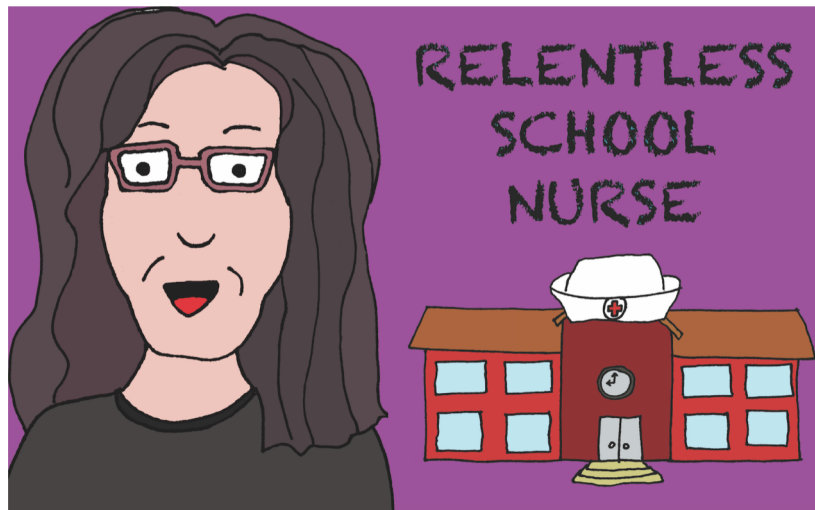
BY KELLY SHACKELFORD

VS

Preserve Our Traditions of Religious Freedom and Church-State Separation

BY MELISSA ROGERS





www.relentlesschoolnurse.com

[@RobinCogan](https://twitter.com/RobinCogan)

Resources/References

[COVID Act Now](#)

[NYT: See How All 50 States Are Reopening \(and Closing Again\)](#)

[The New COVID-19 First Responders? School Nurses | Opinion](#)

COVID-19 Planning the Return to School Buildings

Northeastern University School Health Academy

Karen Rufo MS, PPCNP-BC
Director of School Health Services
Lexington Public Schools



Lexington
Public
School
Nurses

Does anyone else have a headache?



LEXINGTON
PUBLIC SCHOOLS

Emotions



Massachusetts

DESE Task Force

50 members -two School Nurses

MSNO Representative

First Meeting May 7th

Met twice/week for 7 weeks

Bureaucratic exercise



Massachusetts DESE Timeline

These guidelines pertain to regular education, other guidance was released for Summer School and SPED Programs

June 25th Initial guidance released

July 6th Purchasing PPE July 6th

July 10th FAQ's

July 17th Protocols released

July 22nd Transportation

July 24th Additional Safety

Considerations

July 29-30th Additional Staff Training- student days 170

August 3rd FAQ's

Initial Plans due: July 31st

Final Plans due: August 15th

School Start: No later than September



What can you do?

Remain Calm

Self Care

Contact
Tracing

Build
Relationships

Educate

Care
Coordination

Acquire
Knowledge

Advocate

LEAD



Calm and Self Care

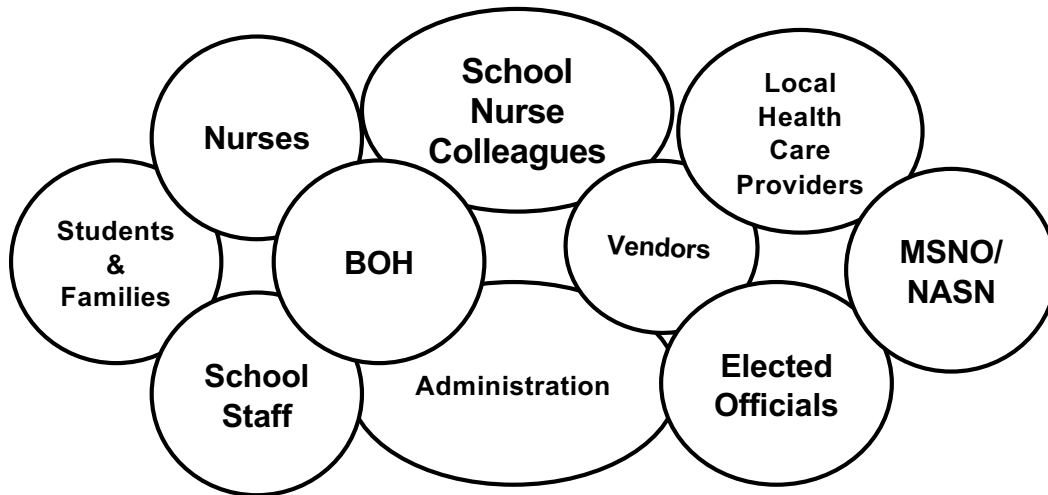


Reminder:
Take
Care of
Myself

IMAGECUP.COM



Building Relationships



MSNO

Many Thanks to:

President Dr. Jenny Gormley lobbied for MSNO to have a seat at the table

MSNO put together a draft for return to school way back in April!

MSNO website has a resource list

Meet and Greet Sessions- President Elect Cathryn Hampson



Knowledge

- Learn as much as you can
- Verify your facts
- Evolving
- Divide and Conquer
- Stay in your lane



Educate

- Each Other
- Nurses
- Administration
- School Committee
- Students
- Families
- Staff
- Community Stakeholders
- DPH/BOH/DESE



Advocate

- Students
- Families
- Nurses
- Staff
- Community
- Funding



Contact Tracing and Care Coordination

Working with BOH

Seating Plans and Bus Seating Plans

Investigative Work

Care Coordination

Student Needs

Testing



LEAD

So important to lead

- Communication
- Clarity and Transparency
- Courage
- Empathy
- Accountability
- Integrity



Two sides of



Going back

- Worries
- Protocols
- Risks
- Evolving situation
- Fear
- Uncertainty

Not going back

- Worries
- Protocols
- Risks
- Evolving situation
- Fear
- Uncertainty



NEW BRAUNFELS ISD ROADMAP TO REOPENING HEALTH SERVICES



Karen S. Schwind BSN, RN, NCSN
NBISD Health Services Coordinator



New Braunfels, Texas

Located between San Antonio and Austin

New Braunfels Independent School District

- NBISD 9860 students
- Pre K Early Childhood Center
- 9 Elementary Schools
- 2 Middle Schools
- Ninth Grade Center
- High School – grades 10-12

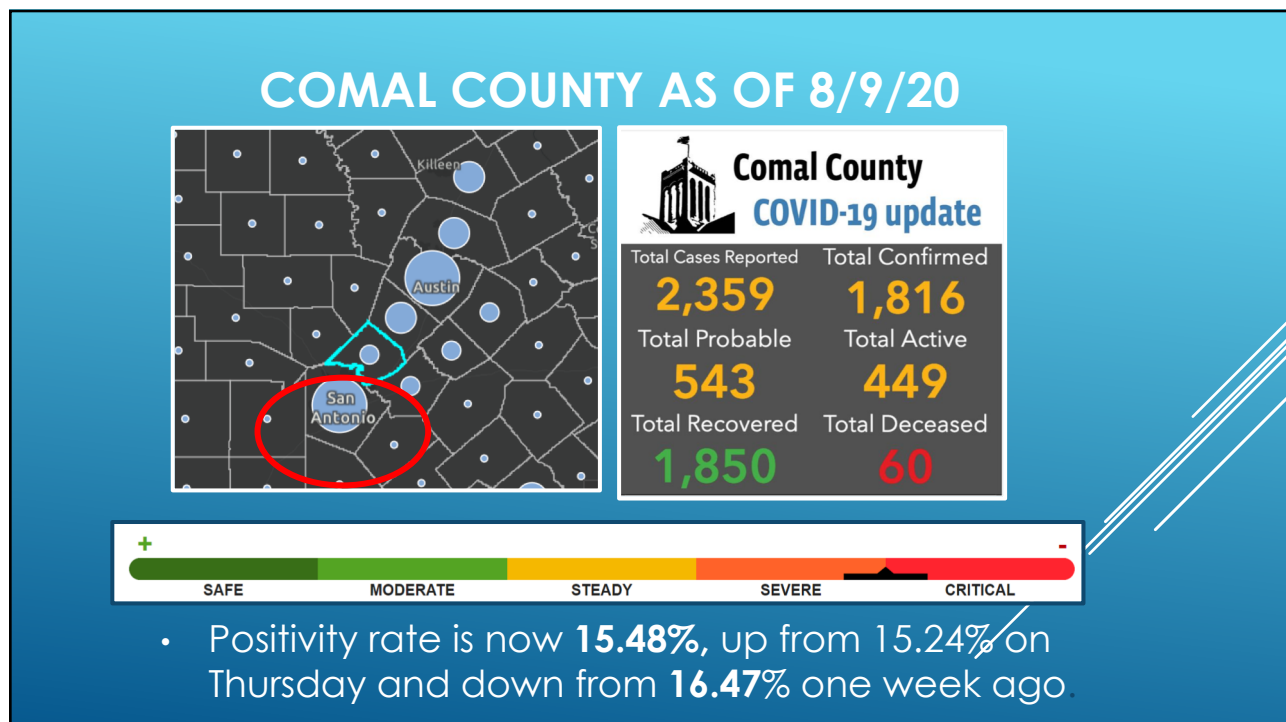
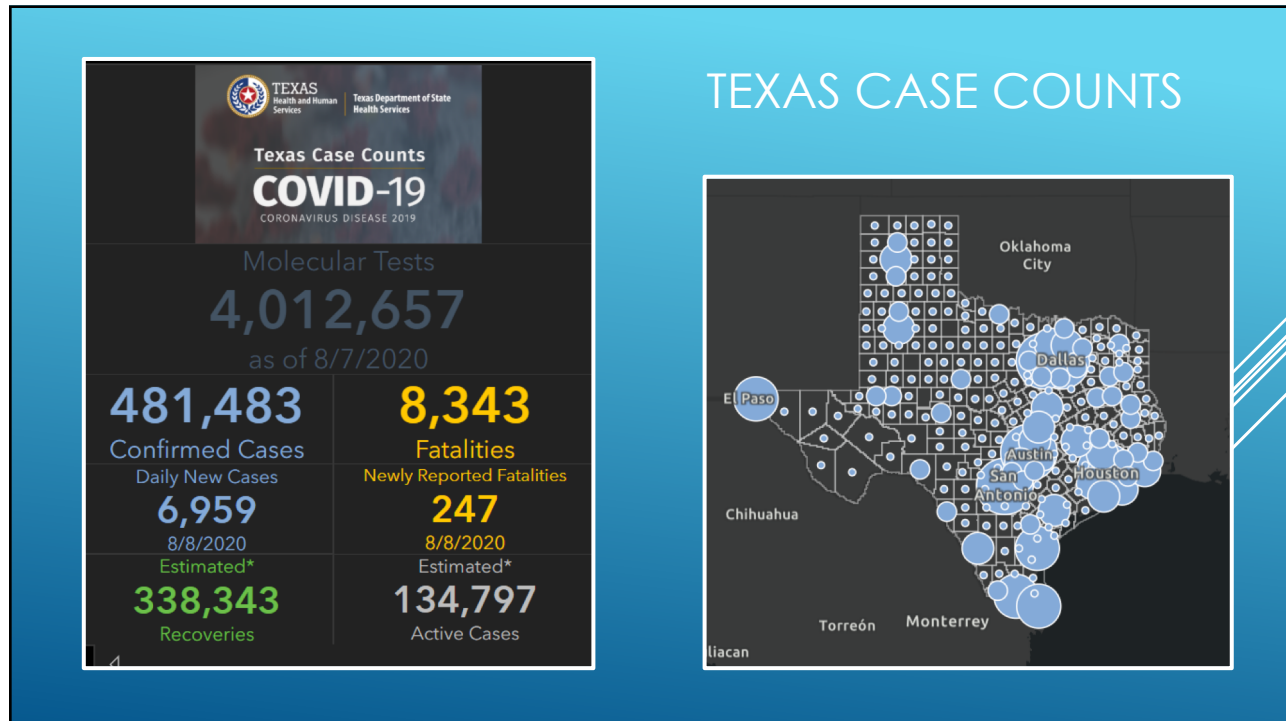


NBISD Health Services

- Coordinator
- RNs=12
- LVNs=3

Virtual Meetings Weekly during March-May, Biweekly since June





HEALTH SERVICES INVOLVEMENT IN REOPENING

- March '20 – May'20 Health Services involvement in COVID Cabinet, table top with county, virtual lessons to students, staff and parents.
- June '20 with **COVID-19 Reopening Committee**: Health Services at the table! (at the zoom) Evolved into the **Strategic Planning Committee with subcommittees**.
- June 21, 2020 began **Strategic Planning Committee for Reopening Schools re School Health Services**: Members include, **3 nurses** (Schwind as lead of group,) student services director, 3 principals, medical director, and safety director. 6 teachers added July 20.
- June – current weekly meeting with development of objectives and plan for health related concerns with recommendations to the **Strategic Planning Committee**. Examples: Face mask for PreK-12. Face shields for staff.

- ▶ 7/21/20: Due to high positivity rate and continued increase in hospitalizations and ICU capacity, **County Medical Authority and Superintendent recommend to the Board of Trustees to remote start for first four weeks. 8/24/20 – 9/21/20.** Then begin with Face to Face or Remote Learning per parent choice.
- ▶ 7/27/20: **Board of Trustees voted against recommendation and school will begin face to face or remote as scheduled 8/24/20.**
- ▶ 8/9/20: Parents have until at 11:59 pm to select choice.
- ▶ 8/17/20: Teachers/Staff/Nurses begin, all staff daily self screening documented in google form, monitored by office staff.
- ▶ 8/24/20: Students face to face or remote, student screening at home by parent.

REOPENING NEW BRAUNFELS ISD TIMELINE

NURSE AND EMPLOYEE CONCERNS

- ▶ Fear for family, fear for self?
- ▶ So many questions with unknown answers?
- ▶ PPE, Social Distance safely, recess & PE?
- ▶ Numerous Resignations and Retirements
- ▶ Criteria for Closing a classroom, a department, the entire campus?
- ▶ Mental Health Protocol?
- ▶ Special needs students, medically fragile?
- ▶ No prior history – creating a new future?
- ▶ Teachers: 50/50 f2f/remote
 - ▶ Parents: 80/20 f2f/remote



Weekly zoom with the Superintendent

- Current stats for the county and plan to reopen
- FAQ's, Question and answer session

NBISD ROADMAP TO REOPENING POSTED AUGUST 1, 2020

[HTTPS://WWW.NBISD.ORG/PAGE/ARTICLE/1208](https://www.nbisd.org/page/article/1208)



- ▶ Written by Strategic Planning Team, including Health Services
- ▶ Provides Guidance for staff and students
- ▶ Based on CDC recommendations and DSHS guidance

- ▶ Health Services Staffing: will remain the same
- ▶ PPE: Ordered head to toe for health office staff. School staff provided 2 cloth masks, 1 face shield, classroom hand sanitizer, classroom cleaning supplies.
- ▶ Isolation areas: Half of schools have isolation area within health office
- ▶ Health Services support to students and staff. No additional staff for health office or employee health.
- ▶ PPE: Texas Education Agency provides district with supplies: gloves, cloth mask, paper mask, hand sanitizer, thermometers.
- ▶ NO NURSE PPE provided by state.
- ▶ Isolation areas to be created in other areas of schools. Attempt to keep the clinic the 'well area.'

READY OR NOT, HERE THEY COME! 8/24/20

Nurse support

- ▶ CDC guidance for reopening K-12.
- ▶ Support from consulting Medical Director and Texas Medical Association.
- ▶ NASN/ TSNO planning toolkits
- ▶ Team work! Shared Google Drives, Nurses support each other within district, regionally, neighboring districts.

No guidance provided

- ▶ No guidance from Texas Education Agency TEA
- ▶ No guidance from Texas Department of State Health Services DSHS

NBISD ROADMAP TO REOPENING
HEALTH SERVICES

► Finalize draft for Health Services Roadmap to Reopening

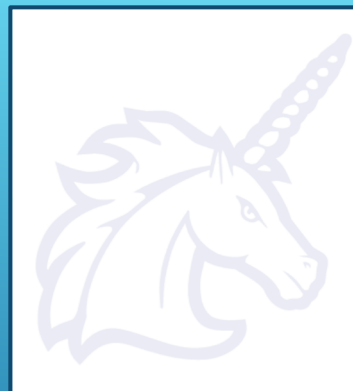
- Standing orders
- Criteria for sending home flowchart
- Isolation areas details
- Staff to assist nurse with isolation
- Procedure for health office referrals
- Notification letters to parents and staff
 - Cases of COVID
 - Close contact exposure
- OBTAIN PPE
- Staff training
 - Collaborative effort with Professional Development
- Student training
 - Plan for consistency with video segments by nurse team:
 - Handwashing, hand sanitizer, social distancing, mask use, nose blowing, cover your cough

HEALTH SERVICES TO DO LIST:
INCLUDES MANY DEEP BREATHS

New Vocabulary for the School Nurse



WE CAN DO THIS!
WE ARE A TEAM!



WE ARE NEW BRAUNFELS UNICORNS!
WE ARE SCHOOL NURSES!

RESOURCES

<https://www.nasn.org/nasn/nasn-resources/practice-topics/covid19>



Coronavirus Disease 2019 Resources

- [Considerations for Post COVID Return to School for Students with Disabilities and Special Healthcare Needs](#)
- [Interim Guidance: Role of the School Nurse in Return to School Planning](#)
- [Guidance for Healthcare Personnel on the Use of PPE in Schools During COVID-19](#)
- [AAP COVID-19 Planning Considerations: Guidance for School Re-entry](#)

THE VALUABLE ROLES OF SCHOOL NURSES DURING COVID-19

School nurses are the eyes and ears of public health and primary care. The National Association of School Nurses (NASN) conducted a survey in April 2020 to learn what key activities school nurses were providing during the COVID-19 crisis. School nurses (N=4788) from all 50 states and the District of Columbia participated. The majority (80.7%) of school nurses were included in district discussions regarding COVID-19. Here are some of the critical activities they did to support student health:



STUDENT OUTREACH

54% Outreach to students at risk
32% Assisting with deliveries to students such as medication and food

HEALTH RESOURCE EXPERT

48% Answering phone calls from parents and community
44% Virtual office hours
18% Virtual support groups
17% Screening of staff or others coming to school

CHRONIC CONDITION MANAGEMENT

72% Medication and equipment returns to families
28% Assisting students manage chronic conditions
71% Working on student healthcare plans

EDUCATION

45% Educating staff on COVID-19, infection control measures
35% Disseminating updates from local health departments
30% Classes/videos on COVID
25% Teaching and providing staff self-care
20% Educating community on COVID-19

UPDATE POLICIES AND PLANS

43% Updating/developing school health policies
41% Updating/developing plan to return to school

In addition, 78% of school nurses used the time to review their data to see new trends, 26% updated/developed their professional webpage, and 68% participated in trainings to stay current on key health issues. School nurses are now planning for the fall so that they can keep students and staff healthy, safe, and ready to learn.

nasn.org



KAREN S. SCHWIND BSN RN NCSN
NEW BRAUNFELS ISD HEALTH SERVICES

Website:
<https://www.nbisd.org/page/health.index>
Email: kschwind@nbisd.org
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**Navigating Uncertainty in the New School Year:
A Survival Guide for School Nurses**

Donna A. Gaffney, DNSc, PMHCNS-BC, FAAN



"We know the way," Moana, 2016



"We can tap our inner navigator in times of uncertainty and change in our personal lives, as well as becoming more intuitive and adaptive leaders professionally."

– Chellie Spiller

Objectives:

- 1) Describe the relationship between resilience, empowerment and well-being
- 2) Recognize empathic distress fatigue,
- 3) Assess personal needs for growth and well-being,
- 4) Identify a 'lesson plan' for action in one's professional and personal lives,
- 5) Curate your navigation instruments —resilience building-tools and strategies.



Photos: Danee Hazama

SELF-COMPASSION . . . WHY?

It is the Foundation!



K Yasser for Unsplash

SELF-COMPASSION

- Three core components of self-compassion:

- *Self-kindness*- be gentle and understanding with ourselves rather than harshly critical and judgmental.
- Recognition of our *common humanity*, feeling connected with others in the experience of life rather than feeling isolated and alienated by our suffering.
- *Mindfulness*-holding our experiences in balanced awareness, rather than ignoring our pain or exaggerating it.

Kristin Neff, *Self-Compassion*

What is self-compassion?



"...Place the oxygen mask on yourself first before helping small children or others who may need your assistance."



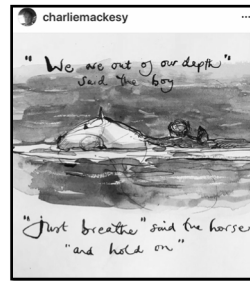
"As soon as you notice you're suffering you automatically embrace yourself with compassion."

— Kristin Neff, Self Compassion

This frequently cited analogy is often used to describe self-care— if you don't put on your own oxygen mask first you won't be able to help others. But it doesn't go far enough. Not only do we need oxygen before and during the emergency, but afterwards well. Self-care is essential and the need for it doesn't end when the stressful situation is over.

Welcome Self-Compassion

- Identify your ability to provide self-compassion.
- Locate support in your work and personal lives.
- Recognize toxicity in relationships and environments.
- Identify and practice mind-body well-being strategies.



SELF-ASSESSMENT

THE FIRST STEP IN CREATING YOUR 'LESSON' PLAN

"Symptom" identification

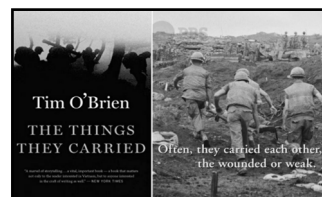
Recognize empathic distress and secondary trauma triggers

Identify and use your resources

Review your personal and professional history to the present day



THE THINGS THEY CARRIED . . .



. . . WHAT DO WE CARRY?



Roberto Nickson for Unsplash

Take a few moments to think about what you carry.

In my backpack. . . in my pockets. . . on my shoulders . . . in my heart?

- My work.
- My students
- My colleagues.
- My family.
- My life.
- My memories.
- My emotions.
- Lessons I have learned.
- My hopes and dreams.



N Pappagoulos

G Delatz

#What We Carry . . .

BUILDING RESILIENCE

- Associated with the ability to cope under adverse circumstances.
- A pattern of adaptive behaviors.
- Not a personality characteristic.
- Not a static or permanent state,
- A dynamic process, associated with—but not identical to—personality features.
- A quality found at all levels—from the individual to the family to the work place to the community.



andrzej_b

Walsh, 2007; UCSF, A Personal Strategy for Engaging and Building Your Resilience

RESILIENCE

- “Capacity to cultivate strengths to positively meet the challenges of life.” (Silliman, 1994)
- “Ability to bounce back from adversity” (Stuart, 2004)
- “Capacity to *bounce forward* from adversity, strengthened and more resourceful” (Walsh, 1998)



Photo: M Kjaergaard CC 3.0

FLOURISHING UNDER PRESSURE

- Socially isolated individuals have a more limited ability to access the necessary resources derived through networks to foster their wellbeing and resilience.

How can you build your resilience to remain positive and flourish (thrive) under pressure?



Marcus Spiske

- The **'fuel'** to build our resilience comes through our self-awareness, self-compassion, self-care practices, relationships, and networks.

Dr. Anne Hofmeyer

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FUELING



Folco Madi

1. The **'fuel'** to build our resilience comes through our self-awareness, self-compassion, well-being practices, relationships, and networks.
2. Self-compassion is visible in kindness toward ourselves and daily self-care practices (Neff, 2003).
3. Look after yourself first so you are strong to help others.
4. 'Work-life fit' is about self-awareness – which is about taking better care of yourself so you are resilient and able to act with compassion toward patients, colleagues and your own family and friends.

Dr. Anne Hofmeyer

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ORGANIZATIONAL RESILIENCE

Schools, Communities, Public Health Organizations, Schools & Universities



Ryan Jacobsen for Unsplash

1. Establishing reserves
 - Material
 - Relational
2. Effective leadership
3. Training and Education
4. Supportive, collaborative, interdisciplinary relationships which can provide the basis for formal and informal support during a crisis.
5. Organizational justice
 - supervisors take their employees' viewpoints into account,
 - suppress their own biases and deal with subordinates in a fair and truthful manner (relational justice), and
 - fairness

Mauder et al., 2008

In healthy empathic responses, three steps occur:



Photo: Nathan Dandao on Unsplash

1. Taking another person's perspective (mentalizing)
 - To see another's situation from their perspective through imagination Resulting abstract, propositional knowledge about the other's mental state.
2. Self-awareness (self-other distinction)
 - Distinguish one's mental state from that of others
3. Emotion regulation

Hofmeyer et al, 2019; Klimecki, 2015; Singer & Klimecki, 2014; Valk et al., 2017

Empathic Distress Fatigue

"A strong aversive and self-oriented response to the suffering of others, accompanied by the desire to withdraw from a situation, disconnect from those who are suffering, and adopting depersonalizing behaviors in order to protect oneself from excessive negative feelings." Singer & Klimecki, 2014



Nadine Shabaana for Unsplash

- Compassion **does not cause fatigue**, 'empathic distress fatigue' may be more appropriate.
- fMRI research shows that 'empathic distress fatigue' is triggered when the 'self-other' distinction is blurred, and clinicians experience the distress of others as their own.
- Without emotion regulation skills, the 'self-other' distinction is blurred. Clinicians absorb another's pain and negative emotions and suffer empathic distress fatigue and triggers:
 - An intense neurological response, fMRI studies reveal overwhelming pain and distress
 - Withdrawal behaviors to protect oneself, empathic distress, and poor role performance.

Hofmeyer et al., 2019; Klimecki, 2015; Singer & Klimecki, 2014; Singer & Klimecki, 2014; Valk et al., 2017; Vachon, 2016

Strategies to Reduce Empathic Distress and Cultivate Compassion

- Be responsive to your own suffering and acting to alleviate or prevent it. It is important to foster four strategies:
 - Compassion;
 - Self-care practices;
 - Self-compassion;
 - Compassionate leadership in healthcare cultures.
- Develop a self-care plan. More effective than an ad hoc approach. Self-care is not just about pursuing pleasurable activities. Self-care incorporates self-discipline, self-awareness, accountability and motivation to make better life choices.
- Enhance your compassion literacy involves a "healthy balance of compassion for others and compassion for oneself" Mills et al., 2018
- Engage in Compassion training:
 - Does not reduce or remove negative emotions.
 - Increases activation in the brain areas associated with love, affiliation, positive emotions, hope and reward.
 - As a protective factor to empathic distress.



Benedict Geyer for Unsplash

Mills, Wand, & Fraser, 2018a, p. 10; Mills et al., 2018b.



Aaron Burden

REFLECTIVE WRITING

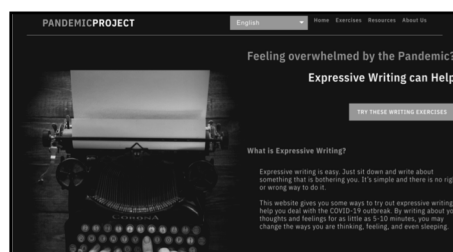
Start with mindfulness, it fosters self-awareness through reflective writing, consider keeping a journal.

Mindfulness is key to fostering resilience and connections with others.

'Mindfulness is our capacity to intentionally bring awareness to present-moment experience with an attitude of openness and curiosity. It is being awake to the fullness of our lives right now'

(Bauer-Wu & Fontaine, 2011, p. 11)

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<http://www.exw.utpsyc.org/>

A "healing narrative." possesses five characteristics :

- It portrays experience concretely, in rich detail.
- It connects feelings to events.
- It balances positive and negative emotion, even as it describes difficulties.
- It provides insight and reflection.
- It relates a full and comprehensible story.

DeSalvo, L, 2013

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YOUR NAVIGATION TOOLS

- What makes you feel hopeful?
- What sustains your resilience?
- What practices are in inside of you?
- What makes up your 'oxygen mask' to keep you strong? Ian Keefe for Unsplash
- What well-being practice can you start now?



Identify a time when you felt exhausted and unable to care for a patient or colleague with your usual energy and compassion.

- What happened?
- What knowledge and skills did you need to be more effective in practicing compassion?

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Taking a leap . . .



Get Involved, raise your voice, speak out and demand a seat at the Table

THIS IS YOUR TIME!



SCHOOL NURSES HAVE THE CAPACITY TO BE THE **GAME-CHANGERS** FOR THEMSELVES, EACH OTHER, THEIR STUDENTS AND STAFF.

Advocacy & Activism: Resilience Builders

Landmine Survivors Network

Mothers Against Drunk Driving

AIDS coalition to Unleash Power

SNEHA – Suicide prevention network in South India



<https://nursemanifest.com/author/peggychinn/>

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PORTFOLIO MAY 4, 2020 ISSUE
A CITY NURSE
Reading in the ICU during COVID-19
Photographs by Robert Cunningham

TELL YOUR STORY IN WORDS AND IMAGES—YOU OWN IT!

<https://www.newyorker.com/magazine/2020/05/04/a-city-nurse>

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COMING HOME: A HEALING RITUAL TO PRACTICE NOW AND EVERYDAY!



Coming Home

Take off our jackets.
Hang them up
Take our gloves off
Take our shoes off
Put them where they're supposed to go.
You take off your brave feeling
Because there's nothing
to be scared of in the house:
No dark caves no monsters
no witches no bees no howling sounds
You don't need your brave anymore
Wash your hands
Eat lunch
Go get cosy

Kate Cleoddy
@KateCleoddy

Nadim the four year old poet is
having a book! @WalkerBooksUK
are putting the poems together
with pictures. You did this twitter,
but your reasons were sound.
Here's his first poem.

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.
» T. S. Eliot, "Little Gidding," The Four Quartet



Time for . . .



Dr. Andrew Weil's 4. 7. 8. Breathing

Before you begin this breathing exercise please remember if at any time or for any reason this exercise doesn't feel comfortable to you or there are parts of it that you'd prefer not to do, simply follow along.

Start by bringing the tip of your tongue to the roof of your mouth. Once the tip of your tongue is at the roof of your mouth, just behind your teeth, you'll want to inhale naturally through your nose and begin to exhale completely through your mouth.

Begin to inhale quietly through your nose to the mental count of four, at that point you would pause your breath for a count of seven, and now begin to exhale completely through your mouth making a whooshing type sound to the count of eight.

Now, these numbers don't have to be exact. If you prefer a smaller number of inhalations or a pause that is a bit shorter, you can always alternate. The main thing is that the exhalation count is longer than the inhalation count.

It's recommended to practice once or twice a day. It can take some time to get used to it, and may feel a little bit uncomfortable in the beginning. Remember it's something you can do anywhere, at any time. The exercise can be done silently, in a seated position or laying down, and at any time during your day.

... Go to the link on the next slide for the exercise.



<https://www.youtube.com/watch?v=1Dv-ldGLnTY>

Dr. Andrew Weil's 4. 7. 8. Breathing

LINKS



https://www.verywellmind.com/body-scan-meditation-why-and-how-3144782?utm_source=emailshare&utm_medium=social&utm_campaign=shareurl-buttons

<https://healingcirclesglobal.org/nursing/>

<https://engage.healthynursehealthnation.org/blogs/9/38>

RESOURCES

- Loving-Kindness Meditation developed by Emma Seppala. <https://emmasseppala.com/gift-loving-kindness-meditation/> (Seppala et al., 2014).
- Chris Germer: <http://www.mindfulnesscompassion.org/>
- Schwartz Center for Compassionate Healthcare: <http://www.theschwartzcenter.org/>
- Free eBook: Compassion, Bridging Practice and Science by Singer and Bolz describes compassion training programs and empirical research. <http://www.compassion-training.org/>



Compassion
Bridging Practice and Science



RESOURCES

GREAT APPS FOR YOUR PHONE

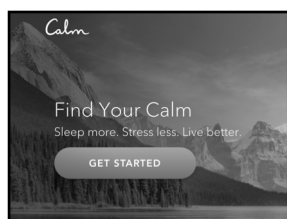
HEADSPACE

<https://www.headspace.com/covid-19>
(free for health care providers!)



CALM

<https://www.calm.com/>



Caring for Yourself in the Face of Difficult Work

https://www.proqol.org/uploads/Healer_Pocket-Card_2020.pdf

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