

CHAPTER FIFTEEN: Pandemic Planning & Response

An **epidemic** refers to a sudden and significant increase in the number of cases of a disease above what is normally expected in a given population, where the agent can be easily transmitted from source to vulnerable hosts (CDC, 2012). When this occurs “worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people” it is recognized as a **pandemic** (Porta, 2008).

Pandemics have been seen throughout history, including the 1918 influenza pandemic, the 2009 H1N1 pandemic, and most recently, the COVID-19 pandemic. Lacking both an influenza vaccine and access to antibiotics, the main course of treatment in the **1918 pandemic** was use of mitigation factors such as quarantine, isolation, hand hygiene and disinfecting practices. It is estimated that during the 1918 pandemic about one-third of the world’s population became infected and at least 50 million died (CDC, 2018). Most schools shut down for up to four months during the time period (Battenfield, 2020). But a few, such as NYC and Chicago, were able to stay open due to strong public health practices, such as school inspection programs and medical examiners, already in place (Stern et al., 2010).

It must be noted that school nurses were a part of NYC school medical inspection teams. In the early 1900s, in response to school medical exclusion policies and poor attendance, Lillian Wald advocated for the placement of public health nurses in schools in order to improve school safety and attendance (Filiaci, 2016). In 1902, **Lina Rogers** began a one month trial program in four NYC schools that included on site treatment, hygiene education, referral, and home visits that successfully pivoted the focus from exclusion to one of treatment and return to class (Filiaci, 2016). Ms. Rogers is an early model of NASN’s Framework for 21st Century School Nursing Practice, acting as leader, care coordinator, and public health expert while also creating practice

Complete before 4/19

guidelines and promoting quality improvement. Ms. Rogers' efforts led to a drastic reduction in absenteeism, establishing the effectiveness of school nursing practice (Filiaci, 2016) and leading to the beginning of the school nursing profession as we know it today. For more information:

School Nurses

Fastforward 100 yrs later and we see the emergence of another deadly pandemic that ravaged communities within and across borders. **COVID-19** was first identified in Wuhan, China in late December of 2019 (CDC, 2020), generating an organization-wide response by the CDC (2021) on January 21, 2020 . The WHO (2021) declared COVID-19 a public health emergency on January 30, 2020 and officially declared it a pandemic on March 22, 2020. The COVID-19 pandemic resulted in the closure of many schools across the country as we struggled to contain the spread of illness. Despite advances in science and technology, we were not prepared for this highly transmissible and deadly virus. Similar to the pandemic of 1918, we have been reliant on mitigation strategies such as hygiene measures, physical distancing, **wearing of masks**, isolation and quarantine as we await effective and widespread vaccinations. **Unlike past pandemics, with COVID-19 people are highly infectious two days prior to showing symptoms and/or may not have any symptoms at all when infected.**

As of March 2021, there have been over 12 million cases of COVID-19 and over 2.78 million deaths worldwide (Johns Hopkins University, 2021). As we continue to battle the COVID 19 pandemic, we must equip ourselves with the tools to contain the virus, even as we prepare for future outbreaks. History has shown us that we will see the emergence of additional pandemics.

In response, school nurses have come together to share knowledge and resources across communities and nations. Here at NJSSNA, we have created the NJSSNA School Nurse

Complete before 4/19

Pandemic Toolkit, accessible to all school nurses. This resource provides links to a variety of organizational and professional websites such as the CDC, New Jersey Department of Health, National Association of School Nurses and The Allergy and Asthma Network, as well as numerous resources developed by school nurses for school nurses.

In order to effectively care for others, we must take care of ourselves. Listed below are resources specific to COVID-19 and mental health as well as general mental health resources. Remember, help is only a phone call or mouse click away.

COVID 19 and Mental Health

- ANA Resources: Six “Quick Videos” that raise awareness of mental health challenges brought on by COVID-19 and how to identify mental health resources.
- RWJB Hope & Healing: RWJBarnabas Health Institute for Prevention and Recovery’s Hope and Healing Program offers emotional support services, education and community-based resources for individuals and families affected by the COVID-19 pandemic.

Mental Health Resources

- SAMHSA’s National Helpline – 1-800-662-HELP (4357)

A free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders. Connect them with local assistance and support.

- Support for healthcare professionals: NAMI National Alliance on Mental Illness

Variety of resources offered in this link: free, confidential and virtual support services; Peer support resources; Resiliency and Wellness Resources

- ANA Wellbeing Initiative: A variety of tools and apps to support mental health and resilience: assessments, apps, free & discounted therapy; self care resources

References

- Battenfield, J. (2020, June 16). 3 lessons from how schools responded to the 1918 pandemic worth heeding today. *The Conversation*.
<https://theconversation.com/3-lessons-from-how-schools-responded-to-the-1918-pandemic-worth-heeding-today-138403>
- CDC. (2020). *Coronavirus Disease 2019 (COVID-19) 2020 interim case definition, approved August 5, 2020*.
<https://www.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/08/05/>
- CDC. (2012, May 18). *Lesson 1: Introduction to epidemiology, Section 11: Epidemic disease occurrence: Level of disease*.
<https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section11.html#:~:text=Epidemic%20refers%20to%20an%20increase,a%20more%20limited%20geographic%20area.>
- CDC. (2018, March 21). *History of 1918 Flu Pandemic*.
<https://www.cdc.gov/flu/pandemic-resources/1918-commemoration/1918-pandemic-history.htm>
- CDC. (2021, February 12). CDC's response.
<https://www.cdc.gov/coronavirus/2019-ncov/cdcresponse/index.html>

Complete before 4/19

Filiaci, A. M. (2016). *School nurses, section II: New York's pilot program for school nurses*.

LillianWald.com. https://www.lillianwald.com/?page_id=846

Johns Hopkins University. (2021). COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU).

<https://coronavirus.jhu.edu/map.html>

Porta, M (Ed.). (2008). *A dictionary of epidemiology* (5th ed.). Oxford University Press.

Stern, A. M., Reilly, M. B., Cetron, M. S., & Markel, H. (2010). "Better off in school": School medical inspection as a public health strategy during the 1918-1919 influenza pandemic in the United States. *Public Health Reports*, 125(3 suppl), 63–70.

<https://doi.org/10.1177/00333549101250S309>

WHO. (2021). Timeline: WHO's COVID-19 response.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline#!>