National Association of School Nurses

Interim Guidance: Role of the School Nurse in Return to School Planning

Disclaimer statement: This document is NOT a substitute for nursing judgment and does not dictate an exclusive course of action. State and district laws and policies should be followed. This document is based on current research available at the time of publishing, 4/29/2020.

NASN wishes to acknowledge the many partners who informed the development of School Re-entry Guidance including

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- NASN Board of Directors and Affiliate Leaders;
- National Association of State School Nurse Consultants;
- Dr. Marian Larkin, AAP-COSH;
- Massachusetts School Nurse Organization
- Iowa Organization of School Nurses
- Greater Houston Area School Nurse Leaders.

The school nurse is an essential member on pandemic preparedness, re-opening and re-entry planning teams. School nurses are on the front lines of exposure to students who are sick or who are asymptomatic but infectious.

As a healthcare professional, school nurses are specialists in public health. The school nurse leads healthcare in schools and practices in a holistic manner to address the needs of students. Current standards of practice are evolving for the care of students during the COVID-19 pandemic and are threaded throughout this guidance document. School nurse leaders should be included in state and local level planning for schools opening.

- Template letter to state and local leaders for inclusion of school nurses
- Template letter to school superintendents for inclusion of school nurses

School nurses' practice within the tenets of the *Framework for the 21st Century School Nursing Practice™ (NASN, 2016), through the principles of Leadership, Standards of Practice, Quality Improvement, Care Coordination, and Community/Public Health.*

Leadership

1. Leadership is a priority as school nurses must be included in all aspects of the national, state, and local response.
   Requirements for re-entry are developing. Refer to most recent guidance from the following:
   a. CDC Guidance for Schools
   b. Consult with state school nurse consultants
   c. Consult with local and state health departments
   d. Consult with local and state government

e. Resource for National Incident Management System (NIMS) Framework & Federal Emergency Management Agency (FEMA) Training
    i. NIMS Framework - Link to NIMS
    ii. FEMA ICS Training

2. School nurses inform school administrators on health considerations for re-opening.
    a. Evaluate the ability and use of resources to institute mass screening. (If the determination is made that mass screening is recommended for school entry):
        i. Additional resources are required as schools are not equipped for daily mass screenings.
            1. Advocate for additional staff and equipment
                a. School nurse in every school
                b. Purchasing Personal Protective Equipment, (PPE), masks, gloves, eye protection, and gowns
                c. Touch free thermometers – pending CDC recommendations
        i. Consult with finance staff and school leadership to ascertain resources and list of needs
        ii. Consult with communication staff to clearly message community members of process and expectations
        iii. Consult with facilities department for best location of an isolation room and methods to implement a negative pressure environment
    b. Return to school policies and procedures for students and staff excluded for presumed or diagnosed with COVID-19
        i. CDC If You Are Sick (See section- How to Discontinue Home Isolation) CDC Guidance on Sick Care
        ii. Follow current federal, state, and local guidance
            CDC Return after illness
            1. Non test-based strategy
                a. 7 days have passed since symptoms first appeared
                b. No fever for 72 hours (3 full days) without the use of fever reducing medication
                c. Other symptoms have improved such as cough and shortness of breath
            2. Test based strategy – test (if available) to determine if still contagious
                a. Provision of results of two negative tests in a row spaced 24 hours apart
                b. No longer has a fever without the use of fever reducing medication
                c. Other symptoms have improved such as cough and shortness of breath

c. Advocacy
    i. State level advocacy to allow provisional extensions of 2019-2020 health plans/medical orders, school physicals, immunization requirements and suspensions of mandated state screenings.
        1. Partner with state school nurse consultants, state and local health departments, state departments of education, state government, healthcare systems, & American Academy of Pediatrics local Chapter.
            a. NASN & NASSNC Role of State School Nurse Consultant in Return to School Planning
    ii. Local level advocacy for students to resume learning in school settings (i.e., seat time) in view of heightened anxiety among students, staff & community.

Quality Improvement

The school nurse is a key school health professional to collect and share school data in compliance with state and federal confidentiality regulations.

1. Data collection is needed before, during, after re-entry
    a. Collaborate with state school nurse consultant and local/regional/state departments of health to collect and share accurate data following state reportable disease guidelines
        i. CDC Symptoms
        ii. CDC Surveillance
    b. Data tracking
        i. Daily tracking of attendance & monitoring for trends
        ii. Daily tracking of staff & students with symptoms of COVID-19 sent home
        iii. Data tracking of how school nurses are supporting students
            1. Number of evidence-based health education sessions
            2. Number of contact tracing
                a. Note: This is not an expectation for school nurses unless trained and supported by local health dept.
            3. Number of students receiving care coordination activities

Care Coordination

The school nurse aligns and coordinates school health services to manage, prevent, and/or reduce health issues.

1. Coordinate with student's family and health team
    a. Plan for acute respiratory treatment care using up to date standard of care
        i. Nebulizer treatments and suctioning are identified by the CDC as aerosol-generating procedures requiring a N95 Mask fitted to the healthcare worker. See CDC Guidance for Aerosol Generating Procedures
        ii. Consult with healthcare provider for alternate asthma medication delivery systems

iii. Consult with school facilities department for clean air filtration system or preferably creating a negative pressure isolation room to reduce exposure.

b. Include trauma informed education practice to address behavioral health needs of students
   i. Resource - SAMHSA Trauma Informed Care SAMSA Trauma-informed
   ii. Train students to recognize the somatization of emotions
      1. Example - Emotion Management K-6 NASN Learning Center K-6 Emotional Management Program
   iii. Establish community behavioral health referral agencies
   iv. Coordinate with school health professionals, counselors, social workers, school psychologists

c. Identify unmet needs
   i. Students with pre-existing medical or mental health conditions
      1. May have stopped treatment
      2. Run out of medication or supplies
      3. Missed important appointments or procedures
   ii. Students with disabilities, (IEP/504)
      1. May not have received needed educational and related services
   iii. Medically fragile students and students with special healthcare needs
      1. Revise IHP's to address current healthcare considerations
      2. Work with interdisciplinary teams to address needs
      3. Communicate with parents and healthcare providers to determine return to school status and modify IEP as indicated
         a. Use secure electronic forms and telehealth
      4. Advocate as needed for home/remote instruction
         a. CDC Children and Youth with Special Healthcare Needs in Emergencies

d. Establish protocols for assessment of students with symptoms of COVID-19
   i. Most common symptoms: fever, cough, and shortness of breath
   ii. Children are less likely to have symptoms as compared to adults, and many have no clinical symptoms
   iii. Reference: CDC MMWR Report

e. Establish protocols for disposition of students/staff demonstrating COVD-19 symptoms
   i. Home- consider having students wear masks if coughing
      1. Isolation for students during wait period
         a. Some parents cannot miss work to pick up students
   ii. Healthcare provider – notify of symptoms in advance
   iii. Emergency Room – notify of symptoms in advance
   iv. 911 EMS – notify of symptoms in advance

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Community/Public Health

The school nurse delivers culturally competent proactive school health services for diverse student populations.

1. Health Education for School Community
    a. CDC Frequently Asked Questions

2. CDC Print Resource Posters for Community Settings (multiple languages)
    a. Print Resources
3. Stigma exists related to fear and anxiety associated with COVID-19. Reduce stigma, counter bias and bullying – education and intervention resources to prevent/stop bias incidents or bullying of students at risk (e.g. Asian ethnicity, homeless, receiving free lunch, living in or moved from a region with high number of cases, etc.)
    a. Resource
        i. Stop Bullying COVID19
4. Address multiple needs of school community
    a. COVID-19 will not be the only health concern addressed by school health offices – state mandated screening; flu, pertussis, asthma, diabetes, severe allergies, seizures, …
    b. Potential for change in economic status of families due to job loss.
        i. Collaborate within systems to curate resource directory
        ii. Assess for and refer as needed:
            1. Lack of access to normal healthcare providers
            2. Lack of adequate nutrition
            3. Lack of transportation
            4. Lack of housing security
            5. Lack of health insurance
5. Create a school environment that supports social distancing.
    Consider:
    a. Staggered start times
    b. Staggered academic days (half students in am/half in PM)
    c. Limit activities when large groups of students are in close proximity
        i. Work with specialists for PE, Music, Art, Recess, Cafeteria
        ii. Revise to small group and outdoor activities
        iii. No sharing of musical instruments
        iv. Limited use of playground equipment
        v. Meals in classroom
        vi. Recess & passing periods
    d. Establish a safer school environment
        i. Review and modify emergency plans, shelter in place, evacuation, etc.
        ii. Implement intensified handwashing protocols/hand sanitizer protocols
            1. When staff and students arrive and dismiss
            2. At regular intervals during the day
                a. Minimum of before meals, after toileting, after recess
        iii. Develop screening protocols for staff and students entering school buildings if indicated
            1. CDC Guidance (pending)

2. State/local health department guidance
    a. Face covering for all staff and students (*if recommended and available)
        1. Local and state guidance
        2. CDC Use of Cloth Face Coverings to Help Slow the Spread of COVID-19
        3. CDC Guidance (pending)
        4. Budget
        5. Availability

iv. Establish isolation area to address students and staff with COVID19 symptoms occurring during school hours See NASN Care of Students and Staff that Become Ill at School
    1. Guidance on engineering flow through isolation process from identification of symptoms, to sending student/staff home from local/state health department

v. Frequent cleaning/disinfection of frequently used surfaces, healthcare workstation and isolation area
    1. Need for sink, toilets, and adequate ventilation in healthcare and isolation areas
    2. Federal, State, and local health department guidance
        i. EPA Guidance on Disinfectants
    3. PPE- acquire prior to school opening
        a. CDC Use of PPE with COVID19
        b. CDC Burn Rate Calculator
        c. CDC Strategies to Optimize PPE
        d. Healthcare Staff considerations
            1. Facemasks – N95 vs surgical masks vs cloth masks
                a. Determine risk based on role & social distancing
                b. NASN Facemask Considerations
            2. Gowns – use of cloth covering as an alternative option
            3. and preferably face shields if available for isolation area
            4. Gloves

vi. Vaccine administration, antibody/antigen testing or other testing for COVID19 at school
    1. Consult with public health, school administrators, and medical advisor to determine indicators, process to establish, obtain permission from guardians
    2. Immunization clinics may be offered for routine and new vaccines (COVID-19)

National Association of School Nurses

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