NBISD Roadmap to Reopening Health Services Resource Guide

August 9, 2020

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NBISD Roadmap to Reopening Health Services Resource Guide

Introduction

These are unprecedented times. Students, families, and educational staff have continued to shift and be flexible in the face of novel coronavirus COVID-19. As schools begin to reopen, there are considerations and resources for school nurses and school health personnel in the delivery of health care services in the educational setting. This document is meant to provide school nurses with resources and the ability to customize issues to the local school/community needs based upon geographical support. It is recognized that there have been phased COVID-19 responses. Based on community transmission rates, school reopening may not occur all at one time. The Region 13 School Nurse Administration Team (SNAT) has developed this to provide recommendations on resources only. It is not a prescriptive document as we recognize the needs of school communities vary within Region 13. School nurses will need to turn to national, state, and local resources in determining the appropriate actions for district policy development, the delivery of care in their own school settings and evaluation of interventions. School nurses should serve in a leadership role in the face of addressing COVID-19. According to the Centers for Disease Control and Prevention (CDC), “School nurses and other healthcare providers play an important role in monitoring health clinic traffic and the types of illnesses and symptoms among students. It is important to designate a staff person to be responsible for responding to COVID-19 concerns” (e.g., school nurse for student health services, & HR personnel to employee concerns). Schools will need to work in partnership with parents, public health, healthcare providers and the community to address COVID-19.
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

CDC Re-Opening Tool for Schools During the COVID-19 (July 2020)

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

In All Phases:

- Establish and continue communication with local and state authorities to determine current mitigation levels in your community.
- Identify, protect, and support vulnerable students who are at higher risk for severe illness, by providing options for virtual learning.
- Ensure that external community organizations that use the facilities also follow this guidance.

Phase 1	Phase 2	Phase 3
● Campuses that are currently closed remain closed. ● Distance learning opportunities should be provided for all students. ● Ensure provision of student services such as school meal programs. ● Schools are restricted to children of essential workers and for children who live in the local geographic area only, which is	● Schools open with enhanced physical distancing measures and for children who live in the local geographic area and inter-district / intradistrict transfer students, with consideration of the transmission area from where they commute. It is recommended that district administration, in collaboration with the school nurse, should examine community transmission rates before or continuing with intra/interdistrict transfers. ● Enhanced physical distancing means	● Schools remain open with distancing measures. ● Restrict attendance to those from limited transmission areas (other Phase 3 areas) only. ● Conditionally admit students transferring from another school in the U.S. (other Phase 2 state) dependent on student's current health and travel history. At the school's discretion and in collaboration with local health department recommendations, a 14-day quarantine period may be required. ● Conditionally admit students transferring from another country dependent on CDC travel guidelines, student's

determined by local administration and the level of need.	ensuring 6 feet of space between two individuals. • Schools should consult with the local public health officer as some counties act in unison with restrictions and instructions.	current health status, and travel history. At the school's discretion and in collaboration with local health care department recommendations, a 14-day quarantine period may be required. a

COVID-19 Infection Control Measures- Relevant in All Phases

Educational settings should develop infection control measures in collaboration with their school nurse and local public health departments. Measures are practiced to prevent the spread of infection and break the chain of infection.

Elements of the measures are described below.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

Healthy Hygiene Practices

Ensure optimal healthy hygiene practices, including handwashing or the use of alcohol-based hand sanitizers, to prevent infections and reduce the number of viable pathogens that contaminate the hands. Handwashing is the single most effective infection control intervention (CDC). Handwashing mechanically removes pathogens, while laboratory data demonstrate that 60% ethanol and 70% isopropyl alcohol, the active ingredients in CDC-recommended alcohol-based hand sanitizers, inactivates viruses that are genetically related to, and with similar physical properties as COVID-19. Hand hygiene is performed by washing hands with soap and water for at least 20 seconds or using hand rub with 60-95% alcohol content until the content dries. If hands are visibly soiled, use soap and water.
(https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html)

Having access to handwashing supplies is essential. There is some evidence that the use of hand sanitizer can reduce school absenteeism, and easy-to-access dispensers serve as a friendly reminder for hand sanitizing efforts (Hammond, Ali, Fendler, Dolan, & Donovan, 2000). Hand sanitizing dispensers should be located throughout the campus where sinks and other hand washing facilities are not readily available. Students, staff, and individuals in the educational setting (volunteers) should be encouraged to wash hands/use hand sanitizer often:

1) After blowing your nose, coughing, or sneezing.
2) After using the restroom.
3) Before eating or preparing food.

4) Before and after touching your face.
5) After contact with animals or pets and playing outside.
6) Before and after providing routine care for another person who needs assistance (e.g., a child).
7) Before putting on and after removing gloves.
8) After touching frequently touched areas (e.g., door knobs, handrails, shared computers)
9) Individuals providing health care services should perform hand hygiene before and after contact with each patient, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.

Encouraging Preventative Measures

Post preventative measures signs in high-traffic areas that will educate students and staff and serve as reminders of ways to prevent the spread of COVID-19. It is recommended that these include reminders to:

Print Material for COVID-19 (CDC)
https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html
Avoid Spreading Germs at Work (CDC)
https://www.cdc.gov/nonpharmaceutical-interventions/pdf/dont-spread-germs-work-item3.pdf
Cover your Cough Posters (CDC)
https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf
COVID-19 Health Information Poster
coronavirus-health_information_flyer__phs_logo_2-28-20_final.pdf
Stay Home if you are Ill Posters (CDC)
https://www.cdc.gov/flu/pdf/freeresources/updated/stay-home-from-work-poster.pdf
Wash your Hands Posters (CDC)
https://www.cdc.gov/handwashing/posters
Physical Distancing
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

1) Encourage individuals to cover their mouth and nose with a tissue when they cough or sneeze, place the used tissue in the opened-top wastebasket, and then wash their hands.

2) If tissues are unavailable, encourage individuals to cough or sneeze into the upper sleeve or elbow, not onto their hands. Then they should wash their hands.
3) Wash hands often with soap and water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub with at least 60% ethanol or 70% isopropanol alcohol content and rub until the contents are dry. https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html
4) Encourage individuals to avoid touching their face with their hands as much as possible.
5) Individuals may be asked to put on a face covering to protect others, depending on the order of the local health officer.
6) Encourage individuals to avoid close contact with people who are sick.
7) Staff, students, volunteers should be instructed not to come to work or school if they are feeling ill.
8) Conduct self-symptom or symptom checks daily via google form to ensure they do not have signs of COVID-19 (Appendix A).

Staff	Students
Daily self-symptom check prior to coming to work	Daily student symptom checks by parent/guardian.

Visits to the Health Office

In order to prevent potential exposure to infectious diseases for vulnerable students receiving other medical treatments, all student visits to the Health Office will be triaged. Care that can be provided in the classroom should be handled there.

Ill Students do NOT need to present to Health Office with the following common Situations:

A. Paper cuts, small abrasions, picked scabs
    1. Wash hands
    2. 2 Direct to the first aid station to apply band aid and triple antibiotic ointment if needed.
B. Minor headaches and/or fatigue & student does is not acting ill in the classroom, especially immediately after lunch or recess
    1. Encourage snack or drink water.
    2. Apply cool water to the face and neck.
    3. Rest 30 minutes.
    4. If worsening, contact the nurse for an office visit.
C. Mild indigestion and/or upset stomach especially immediately after lunch or recess
    1. Allow to use the restroom
    2. Drink water. Rest 30 minutes.

3. If worsening, contact the nurse for an office visit.

D. Localized bug bite
    1. Apply cool paper towel
    2. Direct to first aid station for anti itch relief
E. Clothing or Glasses repair.
    1. Email or call the health office or to determine what supplies are needed.
F. Soiled underwear or clothing.
    1. Encourage parents to keep supplies and multiple changes of clothing in all student backpacks.
    2. Students may be directed to self clean up and discard fecal contaminated clothing in a double bag by a first aid provider, paraprofessional or TA.
    3. If the student needs to be sent home for hygiene, the parent/guardian may be contacted by the teacher, staff or health office.
G. First Aid Stations (if applicable)
    1. At least one employee in every building is CPR/First Aid certified.
    2. Minor first aid, (a -e above) will be directed to a First Aid provider or station.
    3. First Aid supplies will be distributed to teachers and playground attendants at the start of school.
    4. Replacements can be obtained from the health office.
    5. First Aid Stations will be placed in every building for easy access.
    6. When supplies are low, first aid providers will notify the health office to replenish supplies.

If a staff member believes a student needs to be seen in the clinic:

A. Staff will be asked to email, call or radio the Health Office with a request for an ill student visit.
B. Nurse will prioritize the student for a visit and direct them to a “well” or “sick” zone based on symptoms. Some students will be directed to a first aid station.
C. Student will independently ambulate to health office unless one or more of the following symptoms are present:
    1. Confusion/ disorientation
    2. Decreased level of consciousness
    3. Shortness of Breath/Respiratory Distress
    4. Dizziness/Lightheadedness
    5. Spinal Cord Injury/Head Injury complaining of neck pain - DO NOT MOVE THE STUDENT
    6. Vision impairment
    7. Diabetic low blood sugar - hypoglycemia
    8. Life Threatening Bleeding

D. If any of the above-mentioned criteria are met, or per faculty/nurse best judgement, students will stay in place for in-person evaluation.
E. If it is an emergency, 911 should NEVER **BE DELAYED**. Activate EMS and delegate as appropriate.

First Aid

First aid to the degree possible, should be handled by the student and in the classroom to prevent office congregation and possible cross exposure.
The following recommendations are:

1) All classrooms are stocked with first aid supplies.
2) To the extent possible, students provide self-care with staff direction and physical distancing.
3) Teachers should ensure the students wears a mask if not feeling well before sending them to the office.
4) Students are triaged over the phone, (preferred) only those sent with valid health concerns are sent for additional treatment to the office. (For additional interventions, see Appendix B)
5) See the chart below for guidance on when to send students to the office or keep in the classroom.

Teachers are encouraged to contact the school nurse prior to sending the student to the office if they are uncertain or need guidance about student care. Students should be triaged before they come to the office. If students or staff arrive at the office, those potentially feeling ill with COVID-19 symptoms should immediately be relocated to an isolation area so as not to “contaminate” general health office space.		
Valid Office Visit/Nurse Intervention		**Consider Classroom-Based Services**
Symptoms of COVID-19 Scheduled medications that may not be		To the extent possible, students self-administer medication that may be self-carried by law.

delivered by classroom staff; allow physical distancing; stagger times Avulsed tooth Wound care/ Ice pack for small bumps/bruises Scheduled Specialized Physical Health Care Procedures Diabetic care Catheterization GTube Feedings Altered levels of consciousness/concussion Hx of Cardiac (heart) issues; SVT; or current % heart issues Choking; CPR; AED Difficulty breathing Head injury/complaining of neck pain- DO NOT move, keep the student calm. Call 9-1-1 Sudden vision impairment Diabetic “lows” or unconscious SEVERE bleeding or other traumatic injury; Call 9-1-1 Severe abdominal/groin pain Seizure (uncontrolled movement) do not hold down, remove objects that may cause injury Signs and symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C), which may include rash, swollen red eyes, hands, and feet.		Minor Toothache / Primary Tooth comes out Small paper cuts, abrasions, picked scabs. Localized bug bites.(no HX of allergy) Minor headache or fatigue with no other symptoms. Mild stomach ache or nausea. Readily controlled nosebleeds, where the student can deliver self-care. Anxiety/stress/psychological issue- try calming techniques and/or contact school psychologist or counselor

Preparing, Triaging, Monitoring Symptomatic & Sick Space

1) If it is determined that students need additional support and are sent to the office, students should be triaged prior to coming to the office (Additional triaging support may be found in Appendix B).
2) For a person who is not coughing or sneezing, did not undergo an aerosolized generating medical procedure (AGP), and occupied the room for a short period of time, any risk to health care personnel and subsequent patients likely dissipates over a matter of minutes. In addition to ensuring sufficient time for enough air changes to remove potentially infectious particles, healthcare personnel should clean and disinfect environmental surfaces and shared equipment before the room is used for another student.
3) In general, the Campus Clinic will need to establish the following three areas:

General Waiting Students waiting to be triaged (present to office with unscheduled needs)	**Well Student Area (those students that have scheduled medical needs eg. procedures, meds)**	**Students with COVID-19 Symptoms Area (Isolation Area - may need multiple spaces)**
• Students with nonCOVID-19 symptoms (e.g., injury, assessments) • Ask if they have been around someone with COVID-19 or have signs and symptoms of COVID-19. If yes, send immediately to COVID-19 isolation and call parent/send home. • Physical distancing marked off	• Area for well students with health care needs that cannot be addressed in the classroom (e.g. diabetic and other noncontagious health care needs). • Ask if they have been around someone with COVID-19 or have signs and symptoms of COVID-19. If yes, send immediately to COVID-19 isolation and call parent/send home. • Physical distancing marked off	• Areas for students with possible COVID-19 symptoms; away from others • Physical distancing marked off or in separate rooms with external ventilation

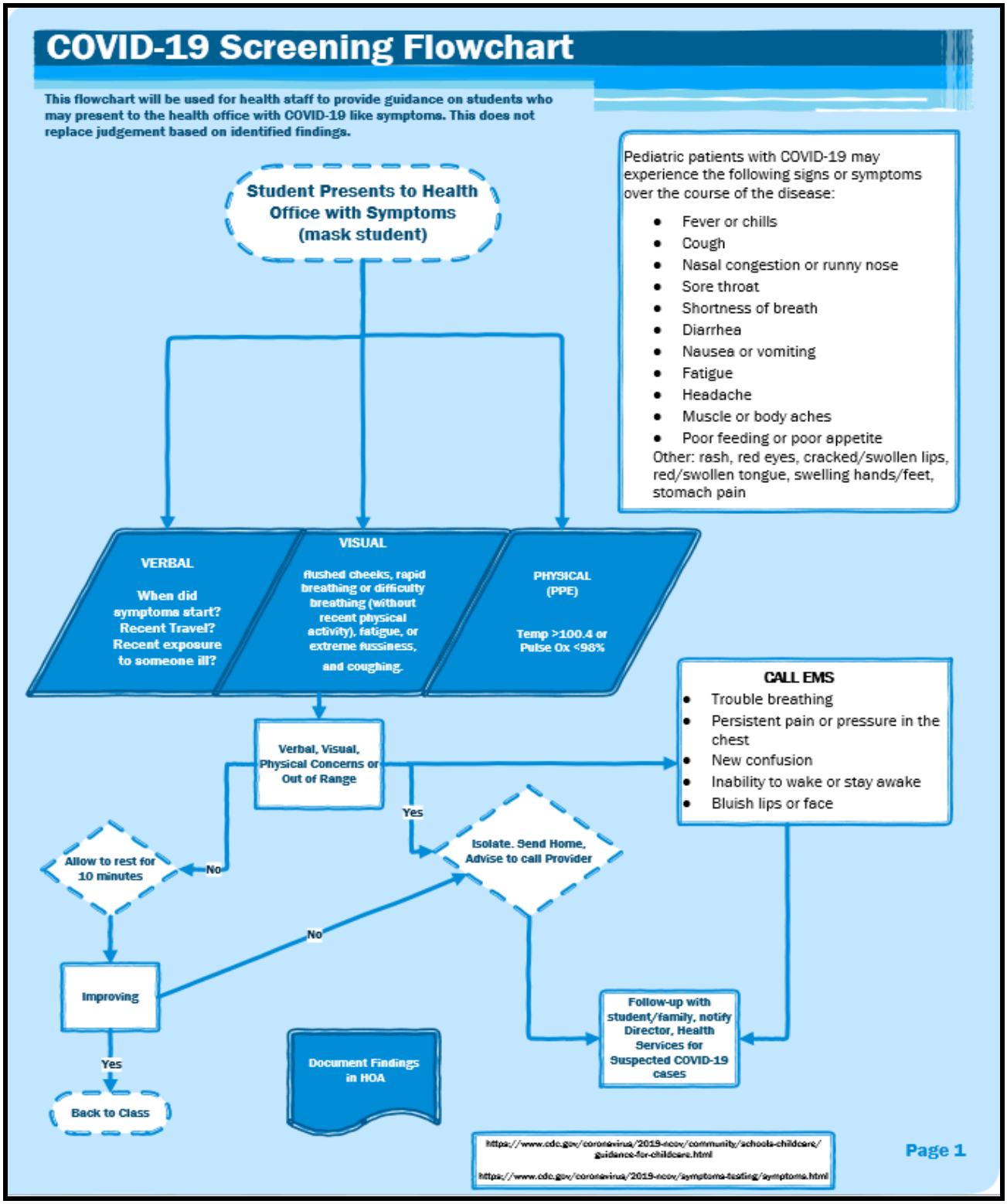
Staff conducting triage may consider wearing gloves and masks, depending on the level of COVID-19 community transmission. Plexiglass or plastic barriers may be in place.	A trained staff member or school nurse provides care. Staff delivering care may need to consider wearing gloves and masks.		Additional non-health compromised staff may be necessary to monitor students in areas not visible by the school nurse or health technician. Staff should wear gloves and masks. Restroom facilities need to be nearby for sick students (separate space) as younger students may have GI symptoms.
Nursing Considerations/Precautions			
Students sanitize/wash hands, Clean area after students leave	Students sanitize/wash hands, Clean area after students leave		Students sanitize/wash hands Students put on masks Non-contact thermometers Isolate student Separate phone (disinfect) Separate restrooms Establish procedures for safely transporting anyone sick home or to a healthcare facility. If you call 9-1-1, please share with the dispatcher if the individual has signs or symptoms of COVID-19. Notify Public Health/contact-tracing team Ventilate the room to outside air after student leaves Clean area 24 hours after

https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

4) Isolate symptomatic students/staff as soon as possible, away from office staff and other students.
5) Have the symptomatic person don a face mask and sit in a room separate from all other students/staff.

6) Health services staff conducting any assessments on known ill individuals must wear Personal Protective Equipment (PPE).
7) Sick policies and guidelines should be established for staff and students that encourage individuals who are feeling ill or exhibit signs and symptoms to stay or go home.
8) Prior to coming to school, students and staff should conduct daily symptom checks and stay home if sick or have signs or symptoms of COVID-19 even without documentation from a health care provider. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html

Back to School Tips


COVID-19 Screening Flowchart
This flowchart will be used for health staff to provide guidance on students who may present to the health office with COVID-19 like symptoms. This does not replace judgement based on identified findings.
Student Presents to Health Office with Symptoms (mask student)
Pediatric patients with COVID-19 may experience the following signs or symptoms over the course of the disease:
Fever or chills
Cough
Nasal congestion or runny nose
Sore throat
Shortness of breath
Diarrhea
Nausea or vomiting
Fatigue
Headache
Muscle or body aches
Poor feeding or poor appetite
Other: rash, red eyes, cracked/swollen lips, red/swollen tongue, swelling hands/feet, stomach pain
VERBAL
When did symptoms start? Recent Travel? Recent exposure to someone ill?
VISUAL
flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and coughing.
PHYSICAL (PPE)
Temp >100.4 or Pulse Ox <98%
Verbal, Visual, Physical Concerns or Out of Range
CALL EMS
Trouble breathing
Persistent pain or pressure in the chest
New confusion
Inability to wake or stay awake
Bluish lips or face
Yes
Isolate. Send Home, Advise to call Provider
No
Allow to rest for 10 minutes
No
Improving
Yes
Back to Class
Document Findings in HOA
Follow-up with student/family, notify Director, Health Services for Suspected COVID-19 cases
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
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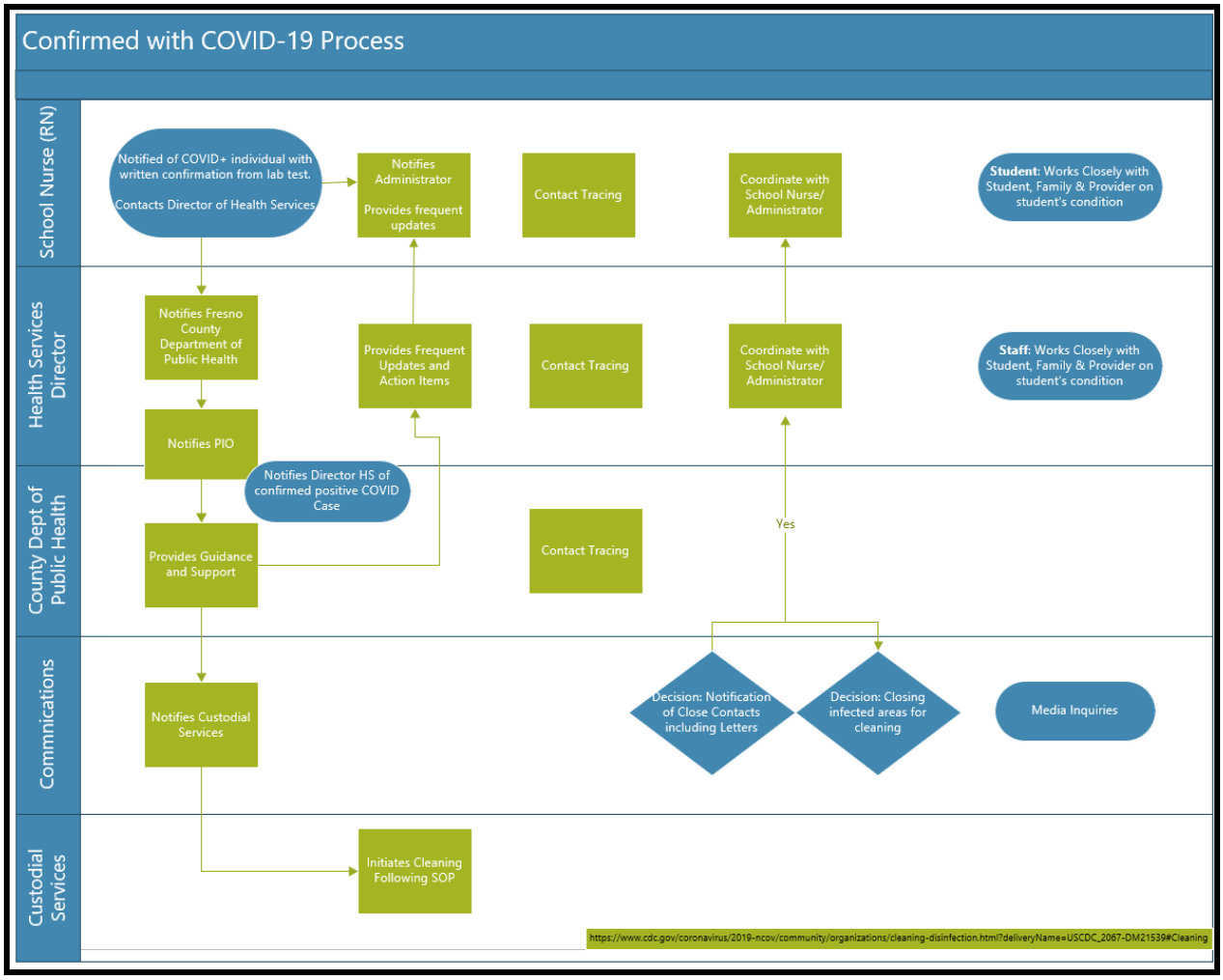

Signs and Symptoms of COVID-19

1) Before coming to school, staff, students, (parents of younger students), and regularly scheduled volunteers who are familiar with the local health officers' symptom checking requirements should self-check for symptoms. Volunteers that are unfamiliar with symptom checking processes will need to have their temperature checked. In some communities, the public health officer may require staff and or student symptom checks prior to school entry.

Staff and Regular Volunteers aware of symptom checking	Students	Visitors & Volunteers (not familiar with symptom checking requirements.)

requirements		
Daily self-symptom check prior to coming to work	If indicated by the Public Health Officer, daily student temp and symptoms checks parent/guardian or staff.	Temp check upon arrival Screen for COVID-19 symptoms

2) Implement COVID-19 screenings safely, respectfully, as well as in accordance with applicable privacy laws or regulations. Staff may self-check symptoms by utilizing tools from local/state health departments, CDC, or with the CSNO form (Appendix A).
3) Privacy, confidentiality, and protected health information should be maintained.
4) School administrators may use examples of screening methods in the CDC's supplemental Guidance for Child Care Programs that Remain Open as a guide for screening children and the CDC's General Business FAQs for screening staff.
5) Staff should stay home if they are sick and inform parents/guardians to keep sick children home.
6) Educate parents/guardians on:
    a) Keeping students home if they are ill and the length of time they must stay home: **Persons with COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:
    - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and,**
    - At least 10 days have passed *since symptoms first appeared*. https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html
    b) Signs and symptoms of COVID-19
    c) Taking and monitoring temperatures at home
    d) Resources
    e) Need for accurate contact information and multiple emergency contacts
    f) Importance of coming to school quickly to pick up their child, if called
    g) Handwashing, face covering, maintaining appropriate distance/space
7) Staff or children who are sick should stay at home per CDC guidelines if they were exposed to someone with COVID-19 for 14 days after last exposure.
8) Contact the local health dept if a person has been diagnosed with COVID-19 within the educational setting. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html
    a) **Based on local health department recommendations, dismiss students and most staff for 2-5 days.** This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation

impacting the school. This allows the local health officials to help the school determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow the further spread of COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html

9) Use an algorithm for non-licensed and licensed staff for student office visits. There will be a need to discern COVID-19 symptoms from other symptoms such as asthma and allergies, including guidance that can be used to determine whether or not a student should be isolated. Please see "COVID Screening Flowchart."
10) Inform those exposed to a person with COVID-19, with less than 6 feet of space for more than 10 minutes, to stay home per CDC guidelines and self-monitor for symptoms and follow CDC guidance if symptoms develop. Per CDC guidelines, data is insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more. In healthcare settings, it is reasonable to define prolonged exposure as any exposure greater than a few minutes because the contact is someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important. https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html
11) Students and staff returning to school after an absence due to COVID-19 related illness may report to school with one of the following criteria met:
    - Symptom-based: At least 24 hours have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and,**
    - At least 10 days have passed *since symptoms first appeared*. https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html
    - Healthcare practitioner's notice to return to work/school in accordance with school district/county office of education policy allowing employees or students return to work or school, respectively. https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.**

People with these symptoms may have COVID-19:

- Fever (100.0 degrees F) or chills
- Cough
- Shortness of breath or difficulty breathing

- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms.

CDC-https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
CDPH - https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx#Protect%20Yourself

Exclusion and readmission criteria per *25 Tex. Admin. Code § 97.7*

- *"(a) The school administrator shall exclude from attendance any child having or suspected of having a communicable condition. Exclusion shall continue until the readmission criteria for the conditions are met...(b) The school administrator shall exclude from attendance any child having or suspected of having a communicable disease designated by the Commissioner of the Department of State Health Services (commissioner) as cause for exclusion until one of the criteria listed in subsection (c) of this section is fulfilled. (c) Any child excluded for reason of communicable disease may be readmitted, as determined by the health authority, by: (1) submitting a certificate of the attending physician, advanced practice nurse, or physician assistant attesting that the child does not currently have signs or symptoms of a*

communicable disease or to the disease's non-communicability in a school setting; (2) submitting a permit for readmission issued by a local health authority; or (3) meeting readmission criteria as established by the commissioner."

Signs and Symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C)

A new rare condition similar to Kawasaki disease and toxic shock syndrome may affect children who had COVID-19 but later recovered. Children who are suspected of having signs and symptoms of MIS-C should be seen by a healthcare provider. Children who exhibit any serious signs and symptoms of illness need to be taken to an emergency room.
https://emergency.cdc.gov/han/2020/han00432.asp;
https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html

Common signs of **Multisystem Inflammatory Syndrome (MIS-C)** include

https://emergency.cdc.gov/han/2020/han00432.asp;
https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html

- High fever, 100.0 F or greater lasting several days

Combined with:

- Abdominal pain
- Pink or red eyes
- Enlarged lymph nodes on one side of neck
- Cracked lips
- Red tongue
- Blotchy rash
- Swollen hands and feet
- Blood pressure/heart rate out of range
- Cardiac inflammation

Guidelines for When to Call 911

It is Important to stay with the student, notify the office, and stay on the line with EMS.

When to Seek Emergency Medical Services (EMS) Attention

Look for emergency warning signs of COVID-19. If someone is showing any of these signs, seek emergency medical care by calling 9-1-1 immediately.

- Trouble breathing
- Persistent pain or pressure in the chest

- New confusion
- Low pulse oximeter saturation reading <95%, unless the student has an underlying health condition and typically has low O_2 saturation readings (Elder, Baraff, Gaschler, & Baraff, 2015). https://pubmed.ncbi.nlm.nih.gov/25526022/
- Inability to wake or stay awake
- Bluish lips or face

*This is not a comprehensive list of symptoms.

Interim CPR Guidelines

(American Heart Association)

https://newsroom.heart.org/news/interim-cpr-guidelines-address-challenges-of-providing-resuscitation-during-covid-19-pandemic

- Make sure the scene is safe
- Call 911
- Limit personnel in area or scene of resuscitation
- Provide CPR with compressions and breaths (if rescuer is willing and able) otherwise perform Hands-Only CPR
- Follow standard precautions. Use a face mask or cloth covering of the mouth and nose of the rescuer and/or victim to reduce the risk of transmission of COVID-
- Use AED as indicated when it arrives.
- Continue CPR until EMS arrives

American Heart Association COVID-19 Guidance

Given the ongoing threat of exposure to COVID-19, with many communities under shelter in place orders to minimize the spread of the disease, the AHA is extending AHA Instructor and Provider Course Completion Cards for 120 days beyond their recommended renewal date, beginning with cards that expire in March 2020.

COVID-19 and Adult CPR

If an adult's heart stops and you're worried that they may have COVID-19, you can still help by performing Hands-Only CPR.

American Heart Association.

Step 1

Phone 9-1-1 and get an AED.

Step 2

Cover your own mouth and nose with a face mask or cloth.

Cover the person's mouth and nose with a face mask or cloth.

Step 3

Perform Hands-Only CPR.
Push hard and fast on the center of the chest at a rate of 100 to 120 compressions per minute.

Step 4

Use an AED as soon as it is available.

COVID-19 and Child and Infant CPR

If a child or an infant's heart stops and you're worried that they may have COVID-19, you can still help.

American Heart Association.

Step 1

Make sure the scene is safe.

Check to see if the child or infant is awake and breathing normally.

Step 2

Shout for help.

If you're alone, phone 9-1-1 from a cell phone, perform CPR with 30 compressions and then 2 breaths (if you're willing and able) for 5 cycles, and get an AED.

If help is available, phone 9-1-1. Send someone to get an AED while you start CPR.

Step 3

Provide CPR with compressions and breaths (if you're willing and able).

■ **Start child CPR**

Push on the middle of the chest 30 times at a depth of 2 inches with 1 or 2 hands.

Provide 30 compressions and then 2 breaths.

Repeat cycles.

■ **Start infant CPR**

Push on the middle of the chest 30 times at a depth of 1½ inches with 2 fingers.

Provide 30 compressions and then 2 breaths.

Repeat cycles.

Use the AED as soon as it arrives. Continue CPR until EMS arrives.

American Red Cross COVID-19 Guidance

The American Red Cross is offering students with certificates set to expire between March and June 2020 the ability to complete an online extension. If you are interested in the extensions they can be found on www.redcross.org

References:
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
https://discoveries.childrenshospital.org/covid-19-inflammatory-syndrome-children/
https://patch.com/california/alisoviejo/s/h3x2o/3-la-children-hospitalized-with-rare-condition-linked-to-covid-19?utm_source=alert-breakingnews&utm_medium=email&utm_campaign=alert

Taking Temperatures

Every effort should be made for schools to have non-contact thermometers. In the event that some school districts may not have non-contact thermometers in time for school openings, staff may need to utilize axillary or temporal thermometers with proper disposable covers. Oral thermometers are discouraged because of the spread of COVID-19.
https://healthychildcare.unc.edu/2020/03/thermometers-and-temperature-taking/

1) Keep as much distance as possible between the staff member and student, stand to the side of the student when possible
2) Non-Contact thermometers will require that you stand in front of the student.
3) Wash hands with soap and water or use hand sanitizer (at least 60% alcohol).
4) Apply gloves and mask, if indicated by the local health officer.
5) Turn on the thermometer and apply probe cover (under the arm or head scan).
6) Insert under the axilla or gently sweep across the forehead (temporal) or point at forehead depending on the manufacturer's direction and type of device.
7) Remove the thermometer - fever equates to any temperature 100.4 degrees or greater.
8) Discard probe cover.
9) Disinfect thermometer.
10) Remove PPE and wash hands.
11) Record results.
12) Based upon results, take next steps to have the individual proceed with normal activity or isolate.

Measuring Oxygen Saturation with Pulse Oximeter

The use of pulse oximetry on an as needed basis may be viewed as a part of vital signs. A therapist or nurse can use their clinical judgment to do an occasional pulse oximetry reading

Keep as much distance as possible between the staff member and student, stand to the side of the student when possible.

1) Wash hands with soap and water or use hand sanitizer (at least 60% alcohol).
2) Apply gloves and mask, if indicated by the local health officer.
3) Read the manufacturer's instructions and operate accordingly. If there are differences in the instructions below and the manufacturer's directions, follow the manufacturer's direction.
4) Assemble the pulse oximeter and turn it on.
5) Conduct an initial respiratory assessment and ask the student to breathe normally.
6) Attach a probe to the best site, usually on the finger. Oximeter needs to be at least ¼ to ½ inches on the placement site.
7) Monitor for pulse sensing bars on the face of the oximeter to fluctuate with each pulsation.
8) Double-check machine pulsations with student's radial or apical pulse.
9) Record results. If pulse oximeter is reading <95% reposition student, unless student has underlying health condition, if no improvement, consider calling 9-1-1.

Contact Tracing

Schools may play a critical role in contract tracing. Contact tracing, a core disease control measure employed by local and state health department personnel for decades, is a key strategy for preventing further spread of COVID-19 (CDC, 2020).
https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html
According to the CDC:

- Contact tracing is part of the process of supporting patients with suspected or confirmed infection. Schools may contact public health when a student or staff member presents with signs and symptoms of COVID-19.https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html
- In contact tracing, public health staff works with a patient (student or staff member) to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious WITHIN THE SCHOOL SETTING.
- Public health staff then warn these exposed individuals (contacts) of their potential exposure as rapidly and sensitively as possible.
- Contacts are only informed that they may have been exposed to a patient with the infection, they are not told the identity of the patient who may have exposed them.
- Contacts are provided with education, information, and support to understand their risk, what they should do to separate themselves from others who are not exposed, monitor themselves for illness, and the possibility that they could spread the infection to others even if they themselves do not feel ill.
- Contacts are encouraged to stay home and maintain physical social distance from others (at least 6 feet) until 14 days after their last exposure, in case they also become ill. They should monitor themselves by checking their temperature twice daily and watching for cough or shortness of breath. To the extent possible, public health staff should check in

with contacts to make sure they are self-monitoring and have not developed symptoms. Contacts who develop symptoms should promptly isolate themselves and notify public health staff. They should be promptly evaluated for infection and the need for medical care.

Supplies

1) Ensure that staff/students and volunteers/visitors have access to:
    a. Water, soap, hand sanitizer
    b. Paper towels, tissue paper
    c. Gloves (non-latex), masks (PPE that prevents or minimizes viral transmission), face shields or goggles
    d. Cloth face coverings/masks as required by the local public health officer
    e. Disposable health items (non-reusable)
    f. EPA cleaning supplies,
    g. Open-faced trash cans.
    h. Non-Contact thermometers

Personal Protective Equipment (PPE)

Using Personal Protective Equipment (PPE) is based upon several precautionary factors including local health officer/department guidance, level of COVID-19 contagion in the community and the role and the responsibility of the individual. For unlicensed assistive personnel (non-licensed paraprofessionals), specific training may need to be offered, with return demonstration, in order to teach proper donning and doffing of PPE. Inappropriate procedures for donning and doffing will increase the risk of contamination. The use of personal protective equipment will vary depending on the role or situation in the educational setting and may include using:

1) Masks (surgical or N-95)
2) Face shields
3) Gloves
4) Gowns

School Nurse/Health Staff - Appropriate PPE must be utilized in conjunction with universal precautions and proper hand hygiene. Health care providers should receive job-specific training on donning, removing and disposing of PPE and demonstrated competency with selection and proper use. Fit testing for N95 face masks - possible coordination with Public Health. Consider NASN PPE considerations.

1) Hand hygiene is required before and after each office encounter and after each intervention.
2) Soap and water scrubbing for 20 seconds is the preferred method. Hand

sanitizer with at least 60% alcohol is also acceptable
3) Soap and water handwashing must be used in the case of gross soiling.
4) Reusable PPE will be cleaned daily. PPE should be discarded after gross contamination, at least weekly and more frequently per RN discretion follow local county health department recommendation
    1) Health care providers should receive job-specific training on donning, removing and disposing of PPE and demonstrated competency with selection and proper use
    2) Fit testing for N95 face masks - possible coordination with Public Health

The CDC has developed a PPE sequence for donning and doffing PPE. Please visit https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html
1. GOWN 2. MASK OR RESPIRATOR 3. GOGGLES OR FACE SHIELD 4. GLOVES

Supplies for PPE continue to serve as a barrier in many situations. School nurses need to work with their business and operations (purchasing) departments to locate PPE now in preparation for reopening. Ensuring proper and sufficient supplies are important.

At the initiation of COVID-19, the CDC issued guidance for multiple situations and organizations. These situations included educational settings, situations where community transmission of COVID-19 and recovery guidance

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Face Shields/Protective EyeWear

Face shields or protective eye wear may be a local decision. Check local health department guidelines for recommendations. Face shields provide full face coverage and, in some cases, may be more effective than facemasks (Walker, 2020). Aside from being comfortable to wear, face shields, “protect the portals of viral entry, and reduce the potential for autoinoculation by preventing the wearer from touching their face (Walker, 2020).
https://jamanetwork.com/journals/jama/fullarticle/2765525
Goggles also provide excellent protection for eyes, but fogging is common. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of the face shield or goggles.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

Gloves (non-latex)

Wear gloves when it can be reasonably anticipated that contact with respiratory, blood, gastrointestinal fluids or other potentially infectious materials, mucous membranes, nonintact

(broken) skin, or potentially contaminated intact skin (e.g., of a student incontinent of stool, urine or vomit) could occur.

Gowns

There may be a need to consider gowns when sputum or other bodily contents may come into contact with an employee's clothing such as a one on one health aid or during suctioning procedures.

Cloth Face Coverings

While not considered personal protective equipment, cloth face coverings may be ordered by the local public health officer. Please check with your local health department for guidance. According to the CDC (2020), "Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance." Cloth face coverings should be washed daily. Care should be taken to avoid touching one's face while wearing cloth face coverings. https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-coverings-information.pdf

Student Mental Health

Students that have experienced loss or trauma during COVID-19 will need access to counseling services with follow-up care. As students return, it is important to work with the district and campus counseling team to identify ways to triage and support students appropriately.

Required Annual Staff Training

The school district may consider offering these trainings online.

Immunizations

Texas School Immunization Unit Site

Medication Administration

In some instances, students may need to take medication at school. To the degree possible, make every effort to identify ways that medications may be taken at home, instead of during school hours. There are sustained released (SR) medications that may be used instead of fast-acting medication. The following steps should be taken to ensure the safety of all students and minimize office clustering.

1) Letter should be sent home to all parents explaining that students that must take medication during school will need to make an appointment prior to the start of school to bring the medication in so that delivery time may be staggered.
2) Any nebulizer medication delivery must be converted to an inhaler with a spacer to avoid Aerosolized Transmissible Diseases (ATD) of COVID-19 (Taras, 2020). The school nurse will need to work with the primary care physician and parents.
3) Parents will bring in the medication coupled with the physician's/health care provider's order to the school nurse
4) Follow district policy for student medication required during the school day and appropriate.
5) Stagger student times of coming into the health office area for medication. Social distancing lines may need to be placed on the office floor to remind students to keep their distance.

Bringing Medications to School

1) Make an appointment with the school office or wait in line, while maintaining social distancing to drop the medication office at the school.
2) Medication must be delivered to the school by the parent/guardian or other responsible adult.
3) Medication must be in your student's original, pharmacy-labeled container or a sealed over-the-counter container.
4) All liquid medication must be accompanied by an appropriate measuring device.
5) Any tablets requiring partial doses (1/2 or 1/4) must be sent to school already cut.
6) A separate form is required for each medication.

Returning Medications

1) Medication must be picked up by the parent/guardian or other responsible adult.
2) Any medication that has not been picked up by the end of the school year will be appropriately disposed of.

Specialized Physical Healthcare Services

Asthma Care

1. For persons with acute respiratory conditions, the continued use of medication is critical. Subsequently, the benefits may significantly outweigh the risks of not using regular preventive and rescue inhalers.
2. Students who regularly use a rescue inhaler with a spacer should be permitted to do so with minimal supervision and very likely with little to no aerosolized air. It is preferable to have the physician prescribe a metered dose inhaler (MDI) or a dry powdered inhaler (DPI) to further reduce aerosolization.
3. For students needing a rescue inhaler, without a spacer, the child should be permitted to use the inhaler by removing the portion of the face covering over the mouth for the inhalation of the medication, re-covering the mouth/nose, and then permitting exhalation to avoid mixing air particles.
4. During COVID-19, nebulizer use is discouraged since nebulizers aerosolize medication. The School nurse needs to work with the student's health care provider and parents to switch to an inhaler with a space chamber (Taras, 2020)
5. Aerosol Generating Procedures (AGP) are those that are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These procedures potentially put healthcare personnel at an increased risk for pathogen exposure and infection. There is currently not sufficient data to create a definitive and comprehensive list. Common procedures include CPR, BiPAP, CPAP, nebulizer treatments, oral suctioning, nasal suctioning, and tracheal suctioning; all of which may occur at schools are suggested to take place outside or in an isolated area which can be sanitized after each use.

Allergy & Asthma NETWORK 35TH ANNIVERSARY

Asthma Care at School Post COVID-19 Outbreak

A student presents at the school Health Office with report of respiratory symptoms

Could it be viral?

Maybe?

Important to note student's anxiety level

School Nurse should wear appropriate Personal Protective Equipment (PPE)

No

Assess for additional viral symptoms
- Fever of over 100.4
- Cough with/without wheeze
- Nasal congestion
- Nausea/vomiting/diarrhea
- Headache/Fatigue
- Myalgia
- Poor appetite
- Swelling/rash on hands & feet

No

Assess for additional asthma symptoms
- Past history of asthma
- No fever
- Audible wheeze / Cough
- Chest congestion or tightness
- Breath sounds on auscultation: expiratory wheeze
- Fatigue, Mental status
- Reports not feeling able to fully participate in daily activities
- Stops talking to catch breath

Yes

Assess for asthma issues & treat as needed,
- Isolate student
- Call parent

Dismiss, refer to healthcare provider, (where possible, provide student with mask)

If confirmed COVID-19:
- Assess risk
- Consult local health officials
- Consider 2-5 day Building Dismissal to clean, disinfect & contact trace *(CDC guidance as of 5/20)*

Yes

Follow Asthma Action Plan
- Green – Follow plan, observe
- Yellow – Administer medication as directed, notify parent
- Red – Administer medication as directed

Call parent as needed
Call 911 if symptoms are or become severe

No

Observe
Return to class as appropriate

Please see Page 2 for Asthma Care Notes

Catheterization Care

1. Urinary catheterization will require PPE of gloves to prevent fluid crossing from the student to the provider in the forms of drainage or splatter. All supplies used for catheterization can be managed with the provider using just gloves and face coverings.
2. A disposable covering or diaper should be used under the buttocks before and during the procedure to catch any drainage, to be used as a place to deposit supplies as they are being used, and to contain supplies once the procedure is done.
3. Once the catheterization procedure is over, gloves need to be removed, hands should be washed, and gloves reapplied before dressing or assisting with dressing the student.
4. Gloves again need to be removed after assisting the student, washing the hands, and reapplying gloves to clean and disinfect the area before use again.
5. Since this procedure does not aerosolize particles, no further PPE may be recommended.

Diabetes Care

1. Students who have been diagnosed with diabetes can often perform their own blood glucose monitoring, carbohydrate counting, mild hypoglycemic and hyperglycemic care with little to no supervision. In the event that a child needs supervision and management by a member of the school health team, he/she should be permitted to report to the well-child area (where other students report for medication administration, first aid, etc.) when needed.
2. Insulin administration or management of the insulin pump and/or continuous blood glucose monitor can be done safely with minimal contact.
3. PPE precautions should continue to be provided by gloves and good hand washing only.

G-Tube Feedings

1. Gastrostomy feedings will require PPE of gloves to prevent fluid crossing from the student to the provider in the forms of spillage, drainage, or splatter from feeding or gastric fluids. All supplies used for the feeding (formula or nutritional feeding, tubes, syringes, etc.) can be managed with the provider using just gloves and face coverings.
2. A towel or a disposable covering around the stomach to catch any drainage should be used to catch drainage and spilled feeding or gastric contents.
3. Since this procedure does not aerosolize particles, no further PPE may be recommended.

Oral / Nasal / Pharyngeal Suctioning and Tracheostomy Care

1. Aerosol Generating Procedures (AGPs) pose risks for healthcare providers. This is particularly the case when providing care to persons needing suctioning or direct care of

the oral/nasal/pharyngeal areas, including mechanical ventilation. Tracheostomy procedures include open suctioning (with a catheter or tool vs a closed suction device), trach tube care, cleaning, dressings, tapes and ties, cuff care, tube management or changes, and changes of ventilator circuits. Several of these activities may need to be performed routinely although not daily.

2. For health care providers delivering care to the student with a tracheostomy or one in need of suctioning, all recommended PPE is required, including a long-sleeved, fluid repellent gown, surgical face mask, eye shield, and gloves.
3. Tracheostomy tubes that have cuffs prevent laryngeal airflow, prevent vocalization and communication and increase the risk when the tube is blocked or dislodged as the patient cannot breathe around the tube. An individual assessment by a registered nurse needs to be performed in order to identify recommendations for both students and health care providers.
4. Physical distancing and the liberal use of face masks and coverings by others, including children, may not be sufficient to prevent exposure to a student using augmented breathing devices. During a COVID-19 outbreak in the community and without the use of a vaccine, it is highly recommended that, for persons who have significant respiratory conditions and/or impaired airway clearance, such as oral suctioning, nasopharyngeal suctioning, suctioning a tracheostomy, with or without ventilator support students, the school nurse and the parents consult with the physician regarding the benefits of on-campus education.
5. Aerosol Generating Procedures should be performed outside or in a separate room:
    - allows for privacy
    - good ventilation
    - outside of the classroom
    - away from other people

National Tracheostomy Safety Project, Pediatric Tracheostomy and Tracheostomy Long-Term Ventilated Care during COVID Pandemic, published April 7, 2020

Important to have a primary or specialty care provider's recommendation(s) for school attendance. Things to consider:

1. Home and Hospital Students: Develop a plan for students to remain on distance learning with a teacher assigned versus home visits.
2. Consider using the Home and Hospital program provided by the school district with physical distancing measures.
3. Parents given support to have students receive distance learning.

It is important to honor equitable access for all students; however medically fragile students may be at higher risk. It is important to work with parents, primary health care providers and

administration in determining what is best for the student. Children with disabilities may not be denied access to education in the least restrictive environment. Equitable access needs to be considered as all students return to school.

Diapering

When diapering a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:

1) Don gloves and any other needed PPE
2) Untape and remove portions of the diaper
3) Using wipes, clean the student from any urine or soiled material
4) Discard wipes and soiled diaper in the trash
5) Make sure the student's skin is free from any urine or soil
6) Reapply a new diaper.
7) Return the student to a secure place.
8) Remove the trash with the soiled diaper and used wipes.
9) Wash child's hands
10) Clean up diapering station
11) Remove the gloves and wash your hands

After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection. (CDC recommendations for diapering in child care settings remaining open during Covid-19 quarantine).

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html

Students Who Need Activities of Daily Living Assistance (ADL) such as Feeding or Toileting

When providing support for Assistance of Daily Living (ADL's) such as feeding and toileting assistance for a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safety procedures. Procedures should be posted in all diaper changing areas. Steps include:

1) Prepare (includes putting on gloves)
2) Clean the child
3) Perform the procedure
4) Remove trash (soiled napkins and wipes)
5) Wash child's hands
6) Clean up the area
7) Wash hands

Mandated Vision and Hearing Screenings

TEXAS Health and Human Services | Texas Department of State Health Services

[The Vision and Hearing Screening Program at the Texas Department of State Health Services (DSHS)]

Announcements from DSHS

Vision, Hearing and Spinal Screening and Reporting Rules are Waived for 2019-2020 School Year. Optional reporting window for screenings already conducted extended to July 31.

- *Due to COVID-19 and school closures, in accordance with section 418.016 of the Texas Government Code, the Office of the Governor grants the Department of State Health Services' request to suspend HSC section 37.001(b), 25 TAC 37.144(c)(1), and 25 TAC 37.145(b)(5) for spinal screening and reporting, and HSC sections 36.004(a), 36.006(d), and 25 TAC 37.23(a), 25 TAC 37.24(a), and 25 TAC 37.26(b)(6) for hearing and vision screening and reporting. This suspension is in effect for the 2019-2020 school year.*
- ***Schools may report screening results of previously performed screenings by July 31st for the 2019-2020 school year if they elect to do so.*** *Results can be submitted to DSHS online at the Child Health Reporting System (CHRS). If you have any questions, please email VHSSprogram@dshs.texas.gov.*

Screening Considerations:

Lion's Club screening dates are postponed with the hope of rescheduling at a later time. Screening should be done with a cohort system calling only students from a particular classroom at a time, in small groups (3 to 5 students) to another room or location that allows for physical/social distancing. Six foot markings for children to stand or sit should be placed

on the floor. Screening may also be performed in each classroom if there is sufficient room for students and screening area. As such, screening will take longer and therefore it is important to communicate this with others. It is important to disinfect equipment between students.

Prior to students touching any eye screening material, it is important they use hand sanitizer or wash their hands since they may touch their face. It is important to have disposable materials such as individual cardboard eye coverings that are handed out individually to each student and then discarded rather than reusing handheld shields or placing eye patches over their eyes. Depending on the level of community transmission, will depend on the level of PPE needed. School nurses may use tools that allow for physical distancing while screening. If there is low level of community transmission, physical distancing measures may suffice. With medium to high community transmission, school nurses may consider wearing gloves and masks.

Depending on the level of contagion, considerations to postponing screening until later in the year may lend to less transmission.

Appendices

Sample Student Symptom Checker

Student Name: _____Site Location: _____
Date:_____ Event:_____

Instructions: Students must undergo a symptom check prior to coming to school or participating in an event. Please check your symptoms at home. Please select Y=Yes and N=No and record on the sheet. If you answer **YES** to any of the below questions, under order of the Public Health Officer you must stay home until 14 days after your last exposure or at least 10 days have passed since symptoms first appeared.

Please record your temperature here_____. If your temperature is more than 100.0F, you may not participate.	No	Yes
Have you been exposed to someone with COVID-19 in the past 14 days?		
Do you feel ill?		
Do you have:		
· Cough · Shortness of breath or difficulty breathing · Chills · Fatigue · Muscle or body aches · Congestion or runny nose · Sore throat · Headache · New loss of taste or smell · Nausea · Vomiting (unidentified cause, unrelated to anxiety or eating) · Diarrhea		

I, the parent of the above named student, attest that the answers above are accurate to the best of my knowledge. I confirm that the above named student has not been exposed to anyone with COVID-19 in the past 14 days.

Printed Name of Parent:

Signature of Parent:

Date:

Current Phone Number:

Sample Student Symptom Checker

Student Name: _____Site Location: _____Month:

Instructions: Under order of the Public Health Officer, students must undergo a symptom check prior to coming to school. Please check your symptoms at home, select Y=Yes and N=No and record. If you answer **YES** to any of the below questions, under order of the Public Health Officer you must stay home. For weekends draw a line through the date. If you have questions please contact your school nurse.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Initials																															
Exposure to COVID-19 in the past 10 days?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Are you feeling ill?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Record tempera-ture. If >100.4 stay home																															
-Cough -Short of breath -Difficulty breathing -Chills Fatigue -Muscle ache -Congestion/runny nose	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

-Sore throat -Headache -New loss of taste or smell -Nausea -Vomiting -Diarrhea																														

SAMPLE STUDENT SYMPTOM CHECKER

(Included in Header, District and County Logos)

Student Name: _____ DOB: _____

School Site: _____ Grade: _____ Teacher: _____

Student complaint (Include duration, precipitating factors):

_____

Student Health Problem(s) (as noted in School Health System or as stated by student/parent):

_____

Student Medication Orders (indicate either on file in the health office or at home):

_____

Has the student been around someone with COVID-19 in the past 10 days?

Student Vitals: Temperature: _____ O2: _____ HR: _____

Respiration: _____ BP: _____

Symptoms (Mark all observed):

- ❏ Non-productive cough
- ❏ Shortness of breath (circle all that apply)
  - ❏ gasping, grunting, wheezing, rapid, slow, shallow, nasal flaring, thoracic contracture
- ❏ Fever (above 100.4F)
  - ❏ Chills, shivering
- ❏ Skin (circle all that apply) pink, pale, white, dry, sweating, red, swollen, rash
- ❏ Headache
  - ❏ location, pain rating (1-5),
- ❏ Sore Throat

  redness, white spots, enlarged tonsils

- ❏ New loss of smell or taste
- ❏ Gastrointestinal symptoms

Add a section for Authorized Health Care Provider to evaluate and clear student to return to the school environment.

(Included in Footer School Nurse Called, Parent Contacted, Documented)

Appendix B

UAP Triaging Support

Triage Students Based on Symptoms

1. Non-Respiratory Condition

Gastrointestinal

- Consider the use of gowns, mask/facial shield, and protective eye wear in the case of active or impending emesis (vomiting).
- Move the student to a separate isolation area in the case of active vomiting.
- If without fever, appropriate isolation to curtained-off cot rather than separate isolation room.
- Contact the parent to take the student home.

Integumentary (Skin Rash, Skin Eruptions, Breaks in Skin etc.)

- Standard precautions evaluate the need of escalation of PPE dependent on clinical picture. (draining wounds, potential exposure to blood borne pathogens)
- Use of gloves, mask /face shield protective eyewear dependent on drainage.
- Cleanse and cover wound, if draining.
- Contact parent/guardian to take the student home if possibly contagious (this doesn't include lice-can remain in school until the end of day and return once treated at home).
- If a student is uncomfortable and unable to return to class contact the parent to take home.

Injury possible concussion or broken limb

- Use of mask additional PPE as needed
- Elevate, immobilize affected areas and apply ice. Apply splint if available.
- If persistent pain, inability to bear weight, swelling or bruising or headache contact parent/guardian to take the student home. Recommend further medical evaluation.

Miscellaneous

- Use clinical judgement to evaluate the risk of exposure and implement appropriate PPE. Sore throat, muscle aches, etc.
- *ALWAYS* ask individuals if they have been exposed to someone with positive or presumed positive COVID-19 (see prior sections related to PPEs, transfer to isolation room and notifications).
- If a student has persistent complaints and your assessment is that the student should not return to class contact the parent to come and take the student home.

Respiratory Condition and **Afebrile**

Upper Respiratory Complaint

- Determine if acute respiratory illness or chronic condition exacerbation. Allergy and asthma symptoms are NOT acute respiratory illnesses.
- Consider face mask and standard PPE.
- Evaluate if the individual has been exposed to someone with positive or presumed positive COVID-19.
- Per CDC, “Patients with even mild symptom that might be consistent with COVID-19 (e.g., cough, sore throat, shortness of breath, muscle aches) should be cared for by HCP wearing all recommended PPE for the patient encounter (gloves, a gown, respiratory protection that is at least as protective as a fit tested NIOSH-certified disposable N95 filtering facepiece respirator or facemask—if a respirator is not available—and eye protection”.*

Respiratory Condition and **Febrile**

- Per the CDC and NASN, “The use of facemasks for persons with respiratory symptoms and fever over 100.4F is recommended if available and tolerated by the person and developmentally appropriate.”
- Investigate if the individual has been exposed to a person with positive or presumed positive COVID-19. Although symptoms are individualized and variable, sometimes even asymptomatic, the CDC has recognized that the primary symptoms are FEVER, COUGH, and SHORTNESS OF BREATH.
- If possibly presenting with COVID-19 symptoms have the individual wear a mask and take them to an isolation room.
- Per CDC, “If the patient is wearing a facemask or cloth face covering, no recommendation for PPE is made typically for HCP transporting patients with a respiratory infection from the patient’s room to the destination.” (i.e. to an isolation room or to home with a parent). However, if transport time is delayed and care rendered FULL PPE should be worn. This should be modified for a school or community setting.
- Isolate the student with a Health Care Provider in a separate area until the parent comes to pick them up.

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