

## **COVID-19 School Health Resources for School Nurses and Other School Health Care Personnel**

**August 15, 2020**

The Department of Health (DOH) is issuing the following targeted guidance to assist school nurses with safely returning to in-person instruction for the 2020-21 school year amidst the COVID-19 pandemic. This guidance should be reviewed in tandem with the [Public Health Guidance Regarding COVID-19 for Phased Reopening of Pre-K to 12 Schools](#) and offers clinical recommendations and best practices for school nurses.

The science and public health conditions surrounding COVID-19 are continually evolving. This guidance will be updated as necessary when new information becomes available. DOH will continue to monitor community transmission rates and other surveillance metrics and may, in close coordination with the Pennsylvania Department of Education (PDE), issue guidance related to targeted school closure as part of a wider public health mitigation strategy.

### **ROLE OF SCHOOL NURSES**

#### **What is the school nurse's role during the COVID-19 Pandemic?**

School nurses are well-positioned to educate students, faculty, and staff about COVID-19 when they return to the school building; to be the first line of screening for students and staff who may be exhibiting symptoms of COVID-19; and to serve on the school pandemic team and interface with DOH staff or county or municipal health department (CMHD) staff when schools have probable or confirmed COVID-19 cases. DOH or CMHD staff will assist schools with [contact tracing](#) and may request information regarding potential close school contacts from school nurses or other school health staff. Notifying DOH or CMHD staff is **not necessary** for symptomatic students, staff, or faculty as other non-COVID-19 illnesses may present with similar symptoms. School nurses should contact DOH or CMHD staff for further guidance if a parent/guardian/caregiver notifies the school of potential exposure by a student, staff member, or school visitor. Refer to the [COVID-19 Symptomatic K-12 Student or Staff Process Flow](#) for steps schools should take when a student or staff member present with symptoms of COVID-19 but are not a confirmed case, including criteria for returning to school.

#### **Cleaning and Disinfection Practices for Nurse's Office**

COVID-19 may survive on certain surfaces for some time, which means it is possible to be infected after touching a contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing, along with cleaning, sanitizing, disinfecting, and ventilating school nurse offices and any other areas used by students (i.e., restrooms, hallways, and transportation) decreases transmission.

- Clean and disinfect cots and treatment tables and re-useable patient care equipment (e.g., blood pressure cuff (use disposable cuff covers if available), stethoscopes, thermometers, etc.) between each use.
- Consider discontinuing use of difficult to clean soft items such as pillows and blankets.
- Use disinfectants registered by the U.S. Environmental Protection Agency (EPA) as effective against SARS-CoV-2, the virus that causes COVID-19. See [List N on the EPA website](#). Refer to and follow manufacturers' direction for use. Only products labeled as [safe for humans and the environment](#) (e.g.,

Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, or citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.

- Refer to the Centers for Disease and Control and Prevention ([CDC Cleaning and Disinfection Guidance](#)) and [CDC Cleaning and Disinfection FAQs](#) for additional cleaning guidance if a confirmed or probable case of COVID-19 is identified.

## **CPR Guidelines**

CPR card holders should refer to guidelines established by their certifying organization regarding additional precautions during the COVID-19 pandemic.

## **Immunizations**

Efforts to reduce the transmission of COVID-19 have led to many children not receiving routine preventative medical services. It is vital that all children receive recommended vaccinations on time and get caught up if they are behind as a result of the pandemic. Routine vaccination prevents illnesses that lead to unnecessary medical visits, additional outbreaks of vaccine-preventable diseases, hospitalizations, and further strain on schools, families, and health care systems.

Schools should work with local pediatricians, school nurses, and public health authorities to promote childhood vaccination messaging before and during the school year. Students, families, and staff should be encouraged to get the influenza vaccination. The flu vaccine is vital to reducing the impact of respiratory illness in communities.

In response to the noted decrease in immunization rates due to the pandemic, for the 2020-21 school year DOH temporarily suspended school immunization regulations for a two-month period after the beginning of the school year and the beginning of enrollment in an early childhood education program. While this temporary suspension is now in effect, DOH continues to stress the importance of immunizations for children and across the lifespan. The temporary suspension is intended to provide flexibility to schools and school nurses, and for parents and guardians, but it is essential that students receive their recommended vaccinations as soon as possible if they are behind schedule as a result of the pandemic. See the [DOH Temporary Regulatory Suspension of Requirements for Children's Immunizations](#) for additional information.

## **Multisystem Inflammatory Syndrome in Children (MIS-C)**

MIS-C has been described as inflammation (swelling) across multiple body systems, potentially including the heart, lungs, kidneys, brain, skin, eyes, and gastrointestinal organs. The CDC is working with state and local health departments to learn more about MIS-C associated with COVID-19 and to gather more information as quickly as possible about how common it is and who is at risk. As new information becomes available, the CDC will update the [information for parents](#) and caregivers as well as information for [healthcare providers](#) and public health professionals.

Signs and symptoms of MIS-C include:

- fever
- abdominal pain
- vomiting
- diarrhea
- neck pain

- rash
- fatigue

Current Pennsylvania MIS-C data may be found on the DOH [COVID-19 Data for Pennsylvania](#) webpage.

### **Nebulizer Treatments**

Current clinical guidance recommends switching to metered dose inhalers (MDI) or dry powder inhalers (turbuhaler or diskus) under most circumstances due to potential for aerosol generation, which could more easily spread SARS-CoV-2, the virus that causes COVID-19.

### **Personal Protective Equipment (PPE) and Supplies**

School nurses and other healthcare personnel should use Standard and Transmission-Based Precautions as outlined in the CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) when caring for sick people.

Schools should have the following PPE available for use by school healthcare personnel:

- Disposable gloves;
- Surgical masks;
- Thermometers – no-touch or digital thermometers with a disposable sleeve; and
- Disinfecting wipes registered with the EPA as effective against SARS-CoV-2, the virus that causes COVID-19. See [List N on the EPA website](#).

School may refer to the [Pennsylvania COVID-19 PPE & Supplies Business-2-Business \(B2B\) Interchange Directory](#) for assistance sourcing these materials. Schools should consider inventorying PPE supplies and tracking usage using the [CDC Burn Rate Calculator](#) to ensure supplies are available.

### **School Based Screenings and Exams**

As schools implement new procedures to deal with COVID-19, there remain requirements for schools to provide health services under the Public School Code of 1949 and DOH regulations. Schools may defer screenings and exams until later in the school year and still be in compliance with the Public School Code so long as the health services, other than those required at entry into school, are completed by the end of the 2020-21 school year.

### **Testing for COVID-19 in School Setting**

While schools play a role in identifying students, faculty, and staff who have COVID-19 symptoms or who have had recent known or potential exposure to SARS-CoV-2, school staff are not expected to directly administer tests for COVID-19. School nurses should advise students, faculty, and staff who have COVID-19 symptoms to see their health care provider for appropriate care and referrals to testing. See [CDC Interim Considerations for K-12 School Administrators for SARS-COV-2 Testing](#) for additional information.

Refer to the DOH and PDE [Public Health Guidance for School Communities – Phased Reopening of Pre-K to 12 Schools During COVID-19](#) for more information and the role of the school in symptom monitoring, responding to confirmed or probable cases of COVID-19, contact tracing, and reopening school.