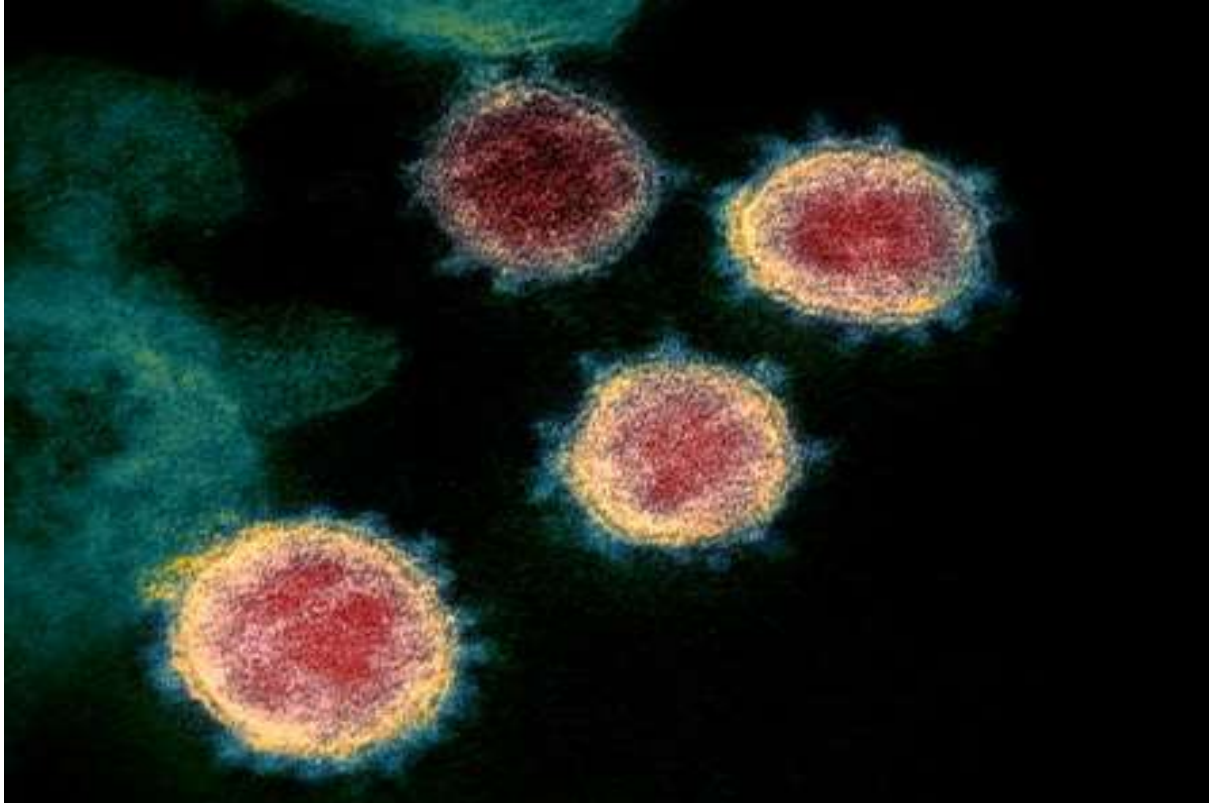


# COVID-19 Health Services Recovery Plan Resource in Educational Settings

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**California School Nurses Organization**

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## June 2020

This document was a collective effort of the California School Nurses Organization. Thank you to Jane Banks, MSN, RN, PHN, CSN, for all of her leadership and insight into this document development. We would like to thank the following for their contributions to this document:

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## COVID-19 Health Services Recovery Resource in Educational Settings

### **I. Introduction**

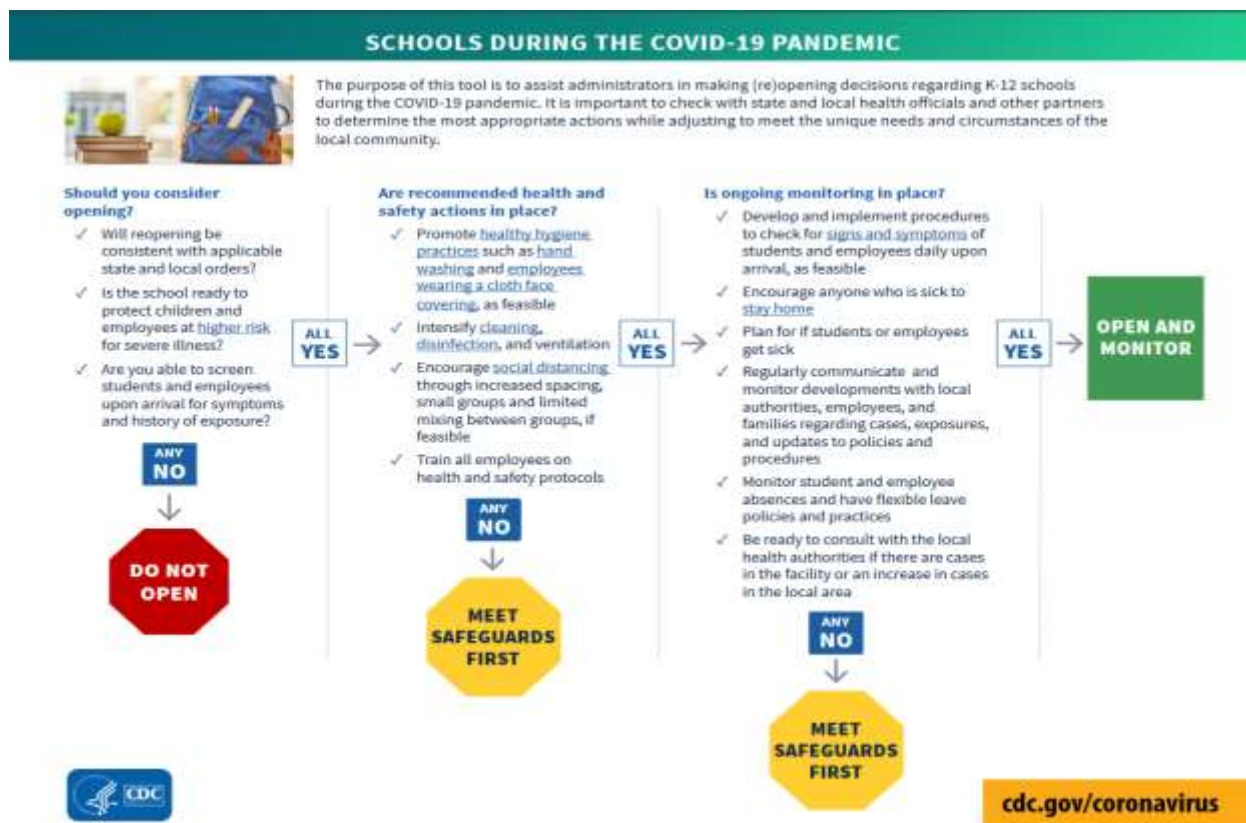
These are unprecedented times. Students, families, and educational staff have continued to shift and be flexible in the face of novel coronavirus COVID-19. As schools begin to reopen, there are considerations and resources for school nurses and school health personnel in the delivery of health care services 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 CSNO Health Services Recovery Resource in Educational Settings is intended to provide recommendations on resources only. It is not a prescriptive document as we recognize the needs of school communities vary within our great state. 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). Employees should know who this person is and how to contact them." When the district has a school nurse, the school nurse should be the designated staff person to respond to COVID-19 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>

If and or when, the California Department of Public Health, releases new guidelines, this document will be updated and resend to CSNO members as well as posted on the CSNO website. CSNO recognizes information on COVID-19 as a fluid situation. Best efforts have been gathered by over 40 school nurses to develop this document, however research and best practices on the COVID-19 disease consistently emerges, which in turn changes practice. With that being said, CSNO encourages individuals to check out information and consult with their respective public health officer/department on specific requirements, since there have been varied county responses to COVID-19.

## **II. CDC Re-Opening Tool for Schools During the COVID-19 (May 2020)**



<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Schools-Decision-Tree.pdf>

#### 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 and staff who are at higher risk for severe illness, by providing options for telework and virtual learning.
- Provide teachers and staff from higher transmission areas (earlier Phase areas). Telework and other options are feasible to eliminate travel to schools in lower transmission (later Phase) areas and vice versa.
- Ensure that external community organizations that use the facilities also follow this guidance.

Phase 1	Phase 2	Phase 3
<ul style="list-style-type: none"> <li>• Campuses that are currently closed remain closed.</li> </ul>	<ul style="list-style-type: none"> <li>• Schools remain open with enhanced physical distancing measures and for children who live in</li> </ul>	<ul style="list-style-type: none"> <li>• Schools remain open with distancing measures.</li> <li>• Restrict attendance to those from limited transmission</li> </ul>



<ul style="list-style-type: none"> <li>• Distance learning opportunities should be provided for all students.</li> <li>• Ensure provision of student services such as school meal programs.</li> <li>• Schools are restricted to children of essential workers and for children who live in the local geographic area only, which is determined by local administration and the level of need.</li> </ul>	<p>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.</p> <ul style="list-style-type: none"> <li>• Enhanced physical distancing means ensuring 6 feet of space between two individuals.</li> <li>• Schools should consult with the local public health officer as some counties act in unison with restrictions and instructions.</li> </ul>	<p>areas (other Phase 3 areas) only.</p> <ul style="list-style-type: none"> <li>• 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..</li> <li>• Conditionally admit students transferring from another country dependent on CDC travel guidelines, student's 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</li> </ul>
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### III. 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>

### IV. 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.

### Hand Sanitizers

According to the California Department of Education:

<https://www.cde.ca.gov/ls/he/hn/handsanitizers.asp>

The California's Department of Public Health (CDPH) and the CDC recommend alcohol-based sanitizers as being effective to kill the flu virus. The CDC states other hand sanitizers that do not contain alcohol may be useful, however there is less evidence on their effectiveness compared to that on hand washing and alcohol-based sanitizers. Therefore, CDPH recommends alcohol-based sanitizers for use in schools.

1. There is no statute or regulation which prohibits schools from providing hand sanitizers for use by students and staff, especially in settings where soap and water are not readily available, such as portable classrooms. Many California schools are making hand sanitizers available to their students and staff.
2. Provisions of the *Education Code* relating to alcoholic beverages do not apply to alcohol-based sanitizers. Schools with "zero tolerance" or other policies forbidding alcohol are

recommended to make an exception for alcohol-based sanitizers. Appropriate instruction and supervision in the use of sanitizers should, of course, always be given.

3. As always, school districts must cooperate with and follow orders issued by a local or state public health officer to protect public health.

Additionally, hand sanitizers do not fall under the purview of the Healthy Schools Act.

[https://apps.cdpr.ca.gov/schoolipm/school\\_ipm\\_law/hand\\_sanitizers.pdf](https://apps.cdpr.ca.gov/schoolipm/school_ipm_law/hand_sanitizers.pdf) Since hand sanitizers are a product used to kill microbes in or on a person, they are not considered a pesticide and are instead regulated by the Food and Drug Administration.

## V. 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](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](https://www.cdc.gov/coronavirus/2019-ncov/communication/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 to ensure they do not have signs of COVID-19 (Appendix A).

Staff	Students	Volunteers
Daily self-symptom check prior to coming to work	If indicated by the public health officer, daily student symptom checks by staff or parent/guardian.	Temperature check upon arrival

## VI. Ensuring Physical/Social Distancing

Phase 1 & 2	Phase 3
<ol style="list-style-type: none"> <li>1) It is recommended that classes include the same group of students, teachers, and paraeducators each day. In the event of an outbreak, 'tracing' will be more conducive to this format and keep COVID-19 transference from other groups or teams.</li> <li>2) If a teacher sees multiple students a day, it is recommended that s/he clean the areas commonly touched by students prior to new students arriving. It is also recommended that instructional groups be small enough to allow for social/physical distancing.</li> <li>3) In instances where there are large educational facilities, grade levels may need to rotate school attendance based upon grade level. For example, 9th and 10th graders attend Monday, Wednesday, and Friday mornings; 11th and 12th graders attend Tuesday, Thursday, and Friday afternoons. For elementary students, there may be a</li> </ol>	<p>Consider keeping classes together to include the same group of students, and teachers each day. Instead, for upper grades, have teachers move to classes rather than students.</p> <p>If a teacher sees multiple students a day, it is recommended that s/he clean the areas commonly touched by students prior to new students arriving. It is also recommended that instructional groups be small enough to allow for social/physical distancing.</p> <p>In instances where there are large educational facilities, grade levels may need to rotate school attendance based upon grade level. For example, 9th and 10th graders attend Monday, Wednesday and Friday mornings; 11th and 12th graders attend Tuesday, Thursday, and Friday</p>

<p>rotation of students 1st, 4th, and 6th graders on Monday and Wednesday: 2nd, 5th, and 7th on Tuesday and Thursday, and K, 3rd, and 8th graders on Tuesday and Friday.</p> <p>4) To keep class sizes small and help address the needs of higher risk (e.g., medically fragile or chronically ill) students and staff, consider a hybrid school day with ½ day on site and ½ day distance learning</p> <ol style="list-style-type: none"> <li>Instructional staff who are at higher risk (medical issues) can provide the distance learning portion of the day.</li> <li>Instructional staff who are not higher risk can teach the same content twice daily to ½ of the class at a time.</li> <li>Students who are higher risk (medically fragile) continue to participate in distance learning, with physician-approved participation in school when appropriate.</li> </ol> <p>*It is important to honor equitable access for all students; however, medically fragile students may be at higher risk for COVID-19.</p> <p>Medically fragile and or special education students may not be excluded from school solely on their condition. The school nurse should work with the parent and healthcare providers 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.</p> <p>5) Restrict mixing between groups, as this may cause cross-contamination.</p> <p>6) Restrict students from entering non-essential classrooms or school</p>	<p>afternoons. For elementary students, there may be a rotation of students 1st, 4th, and 6th graders on Monday and Wednesday: 2nd, 5th, and 7th on Tuesday Thursday, and K, 3rd, and 8th graders on Tuesday and Friday. This will depend on the level of community transmission.</p> <p>Allow minimal mixing between groups.</p> <p>Limit students from entering non-essential classrooms or school buildings.</p> <p>Limit gatherings, events, and extracurricular activities to those where physical/social distancing can be maintained, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).</p> <p>Continue to space out seating to six feet apart.</p> <p>Consider keeping communal use spaces closed, such as game rooms or dining halls; if this is not possible, stagger use and disinfect thoroughly in between uses.</p> <p>Consider continuing to plate each child's meal and serve in a classroom or area where physical/social distancing is possible.</p> <p>Eliminate, to the degree possible, the use of shared serving utensils. Individualize serving portions in small cups.</p> <p>Stagger lunch times that allow for physical/social distancing. If not possible, configure lunch areas in different school locations; plan for "grab and go" bag lunches.</p> <p>Avoid buffet style and "salad" bars where utensils are touched by multiple people.</p> <p>Physical/social distance lunch lines by</p>
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<p>buildings.</p> <ol style="list-style-type: none"> <li>7) Cancel field trips, inter-group events, and extracurricular activities (Phase 1)</li> <li>8) Limit gatherings, events, and extracurricular activities to those that can maintain physical/social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 2; Note: restricting attendance from those in Phase 1 areas).</li> <li>9) Restrict non-essential visitors, volunteers, and activities involving other groups at the same time.</li> <li>10) Space out seating to six feet apart, if possible.</li> <li>11) Close common spaces, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.       <ol style="list-style-type: none"> <li>a) Stagger arrival and drop-off times or put in place other protocols to limit direct contact with parents/guardians as much as possible.</li> <li>b) Libraries and Tech labs may need staggering times with enough time for cleaning and disinfecting as well as for the virus to weaken.</li> </ol> </li> <li>12) If a cafeteria or group dining room is typically used, serve meals in classrooms instead.       <ol style="list-style-type: none"> <li>a) Put each child's meal on a plate, to limit the use of shared serving utensils.</li> </ol> </li> </ol>	<p>placing markings for where students can stand.</p> <p>Consider limiting nonessential visitors, volunteers, and activities involving other groups.</p> <p>Restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).</p> <p>Consider staggering arrival and drop-off times/locations as this limits "groups" of people gathering. Pick up and drop off area for students rather than parents getting out of cars (similar to the airport model).</p>
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## VII. Limit Sharing (Phases 1-3)

- 1) Keep each student's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- 2) Ensure adequate supplies to minimize the sharing of high-touch materials to the extent possible (e.g., art supplies), assign supplies to a single student, or limit the use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- 3) If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Prior to eating, make sure student's wash their hands or use hand sanitizer.
- 4) Develop physical/social distancing markers for individuals to remind them to stay apart.

- 5) Avoid sharing of drinks, food, and utensils.
- 6) Avoid sharing electronic devices, toys, books, and other games or learning aids.
- 7) Avoid allowing students to bring toys to school.
- 8) Stagger lunches and allow for physical/social distancing by marking entrance to dining halls. Look for creative areas on the campus where lunch can be eaten with physical/social distancing considerations. Not all students can eat in the dining hall. In the event of good weather students may sit outside while maintaining physical/social distancing.

### VIII. First Aid

First aid situations, 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 made:

- 1) All staff, including support staff, are certified in first aid or at least one staff per classroom.
- 2) All classrooms are stocked with first aid supplies.
- 3) School nurses are available for Telehealth support.
- 4) To the extent possible, students provide self-care with staff direction and physical distancing.
- 5) Teachers should provide a mask to students in the classroom who report not feeling well before sending them to the office.
- 6) Students are triaged over the phone, only those sent with valid health concerns are sent for additional treatment to the office. (For additional interventions, see Appendix B)
- 7) See the chart below for guidance on when to send students to the office or keep in the classroom.

Teachers may 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	Consider Classroom-Based Services
Symptoms of COVID-19  Scheduled medications that may not be delivered by classroom staff; allow physical distancing; stagger times  Avulsed tooth  Scheduled Specialized Physical Health Care Procedures	Scheduled medications where educational staff may be taught to deliver medications (this means medication will need to be locked up in the respective classroom)  Health services personnel visit classrooms and administer medication to the student (similar to hospital model).



<p>Diabetic care Catheterization GTube Feedings</p> <p>Altered levels of consciousness/concussion</p> <p>Difficulty breathing</p> <p>Head injury/complaining of neck pain- DO NOT move, keep the student calm. Call 9-1-1</p> <p>Sudden vision impairment</p> <p>Diabetic "lows" or unconscious</p> <p>SEVERE bleeding or other traumatic injury; Call 9-1-1</p> <p>Severe abdominal/groin pain</p> <p>Seizure (uncontrolled movement) do not hold down, remove objects that may cause injury</p> <p>Signs and symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C), which may include rash, swollen red eyes, hands, and feet.</p>	<p>To the extent possible, students self-administer medication that may be self-carried by law.</p> <p>Minor Toothache / Primary Tooth comes out</p> <p>Small paper cuts, abrasions, picked scabs.</p> <p>Wound care/ Ice pack for small bumps/bruises</p> <p>Localized bug bites.</p> <p>Minor headache or fatigue with no other symptoms.</p> <p>Mild stomach ache or nausea.</p> <p>Readily controlled nosebleeds, where the student can deliver self-care.</p> <p>Anxiety/stress/psychological issue- try calming techniques and/or contact school psychologist or counselor</p>
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### IX. Preparing, Triageing, 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 office will need to establish the following three areas:



<b>General Waiting</b> <b>Students waiting to be</b> <b>triaged</b> <b>(present to office with</b> <b>unscheduled needs)</b>	<b>Well Student Area</b> <b>(those students that have</b> <b>scheduled medical needs</b> <b>eg. procedures, meds)</b>	<b>Students with</b> <b>COVID-19 Symptoms</b> <b>Area</b> <b>(may need multiple</b> <b>spaces)</b>
<ul style="list-style-type: none"> <li>● Students with nonCOVID-19 symptoms (e.g., injury, assessments)</li> <li>● 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.</li> <li>● Physical distancing marked off</li> </ul>	<ul style="list-style-type: none"> <li>● Area for well students with health care needs that cannot be addressed in the classroom (e.g. diabetic and other noncontagious health care needs).</li> <li>● 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.</li> <li>● Physical distancing marked off</li> </ul>	<ul style="list-style-type: none"> <li>● Areas for students with possible COVID-19 symptoms; away from others</li> <li>● Physical distancing marked off or in separate rooms</li> </ul>
<p>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.</p>	<p>A trained staff member or school nurse provides care. Staff delivering care may need to consider wearing gloves and masks.</p>	<p>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.</p>
<b>Nursing Considerations/Precautions</b>		
<p>Students sanitize/wash hands, Clean area after</p>	<p>Students sanitize/wash hands, Clean area after students</p>	<p>Students sanitize/wash hands Students put on masks</p>

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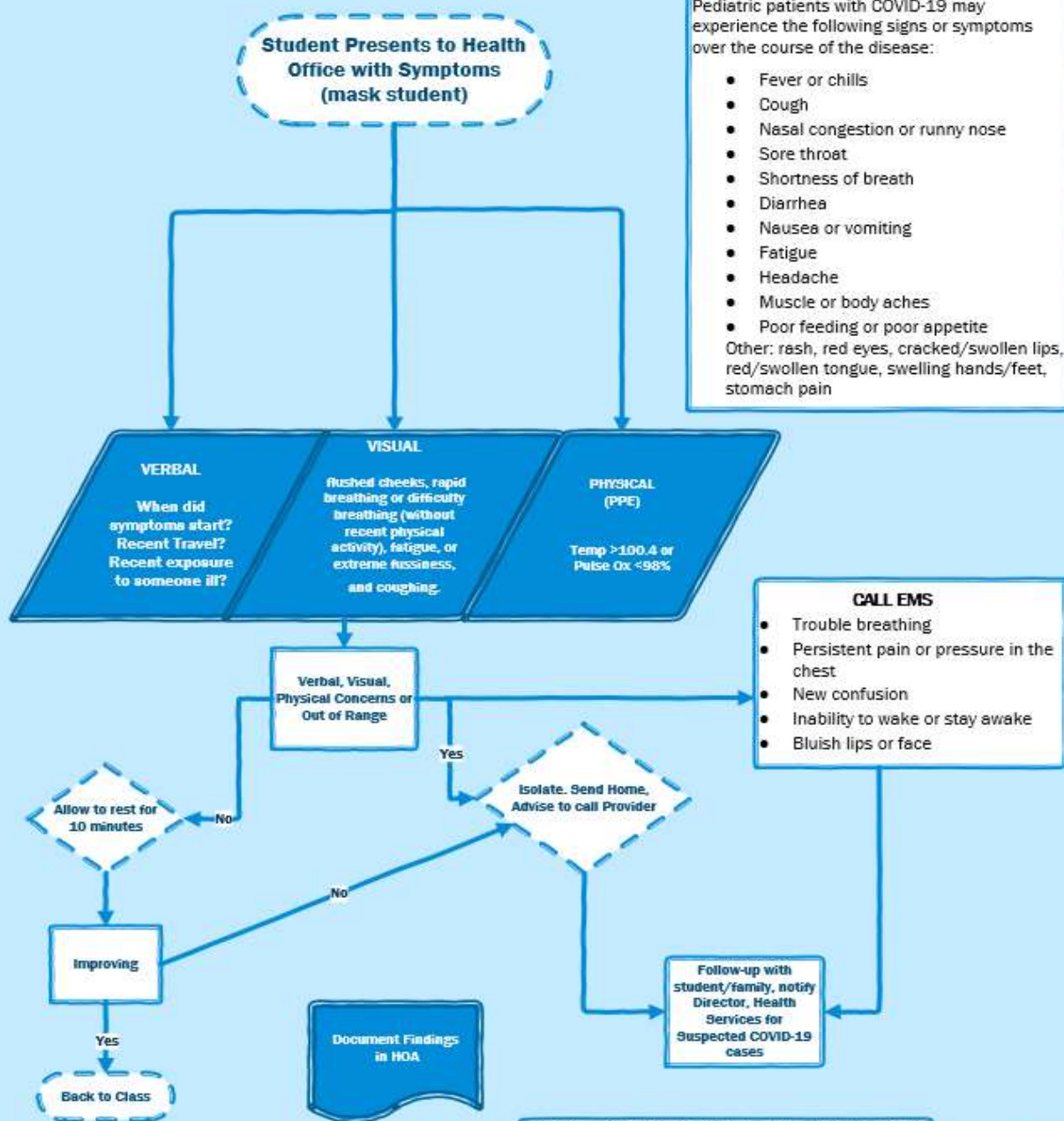
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

- 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). Cal/OSHA's regulations require protection for workers exposed to airborne infectious diseases such as COVID-19. The Aerosol Transmissible Diseases (ATD) standard (Title 8, California Code of Regulations, § 5199) contains the requirements for protecting employees from diseases and pathogens transmitted by aerosols. These requirements must be addressed in school employers' Injury and Illness Prevention Program. At a minimum, the employees potentially impacted by this requirement include school nurses, school police, other first responders, and employees engaged in screening students/staff for disease. (See <https://www.cdph.ca.gov/Programs/CCDC/DEODC/OHB/Pages/ATDStd.aspx>).
- 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>

- 9) Discourage the use of perfect attendance awards and incentives during the COVID-19 situation. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>
- 10) Identify critical job functions and positions, plan for alternative coverage by cross-training staff. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>
- 11) Create an enlarged pool of trained, reliable substitutes so staff can feel confident staying home while ill
  - a) Consistent/adequate sub pay
  - b) Teachers, instructional assistants, front office staff
  - c) Include a plan for substitute school nurses, LVN's, and health assistants
  - d) Consider contracted school nurse and other health office substitutes
  - e) Train office staff to cover some health office responsibilities as back up

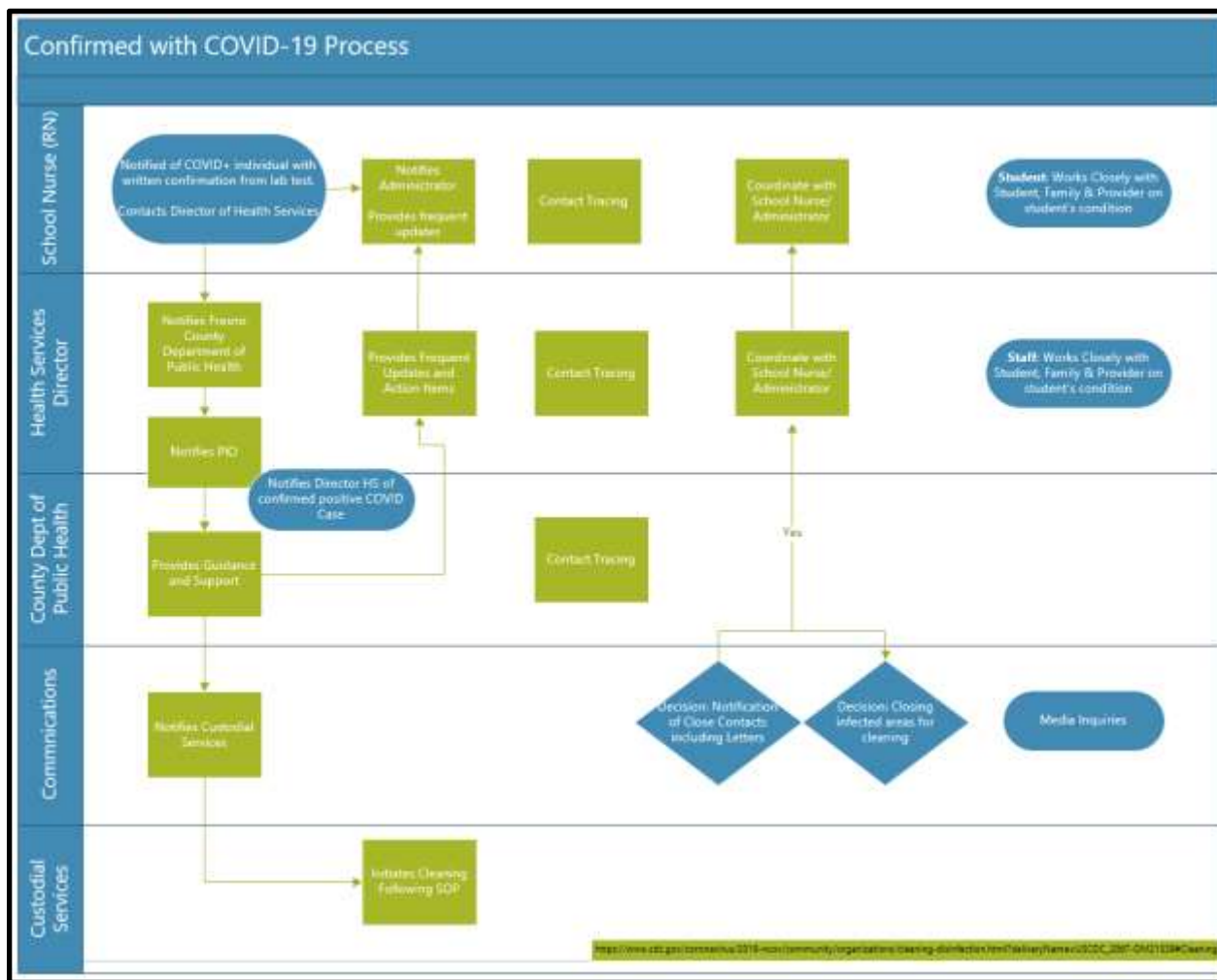
# COVID-19 Screening Flowchart

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.



<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>



### X. 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 check. 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	Students	Visitors & Volunteers (not familiar with symptom
---------------------------------------	----------	--

symptom checking requirements		checking 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 Page 18, “COVID Screening Flowchart.”
- 10) Advise sick staff members not to return until they have met CDC criteria to discontinue home isolation, which means:

**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-hospitalized-patients.html>

- 11) 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>

- 12) 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 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>

- 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 (100.4 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>

## **XI. 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, 100.4F 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

## **XII. Guidelines for When to Call 911**

**[EMS interactive page 10](#) (suggest print and post).**

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<sub>2</sub> 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. Please call a medical provider for any other symptoms that are severe or concerning to you. Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who may have COVID-19.

### XIII. 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 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.


### Step 1

Make sure the scene is safe.

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


### 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.

### 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.

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

KJ-1428 4/20 © 2020 American Heart Association

## 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](http://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](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)

## XIV. 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 oral or temporal thermometers with proper disposable covers.

- 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 (oral or head scan).
- 6) Insert under the tongue (oral) 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.

## **XV. Measuring Oxygen Saturation with Pulse Oximeter**

The Joint Commission standards do not require an order for pulse oximetry. In addition, CMS does not have any requirements which prohibit the use of pulse oximetry without a physician's order. 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 (The Joint Commission, 2019). <https://www.jointcommission.org/en/standards/standard-faqs/home-care/provision-of-care-treatment-and-services-pc/000001744/>

- 1) Keep as much distance as possible between the staff member and student, stand to the side of the student when possible.
- 2) Wash hands with soap and water or use hand sanitizer (at least 60% alcohol).
- 3) Apply gloves and mask, if indicated by the local health officer.
- 4) 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.
- 5) Assemble the pulse oximeter and turn it on.
- 6) Conduct an initial respiratory assessment and ask the student to breathe normally.
- 7) 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.
- 8) Monitor for pulse sensing bars on the face of the oximeter to fluctuate with each pulsation.
- 9) Double-check machine pulsations with student's radial or apical pulse.
- 10) Record results. If pulse oximeter is reading <95% reposition student, unless student has underlying health condition, if no improvement, consider calling 9-1-1. Administer Oxygen if ordered.

## **XVI. Contact Tracing**

Schools may play a critical role in contact 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.
- 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.

## **XVII. 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

## **XVIII. Intensify Cleaning and Disinfection (Phases 1-3)**

The [International Sanitary Supply Association \(ISSA\)](#) has developed cleanliness standards for K-12 educational settings. According to ISSA: The ISSA Family of Clean Standards establishes a framework to help schools and other institutional facilities objectively assess the effectiveness of their cleaning processes. Based on the philosophy of “Clean, Measure, Monitor,” the ISSA Clean Standards contribute to the quality of the indoor environment by focusing on:

- 1) The desired levels of cleanliness that can reasonably be achieved
- 2) Recommended monitoring and inspection procedures to measure the effectiveness of cleaning
- 3) How to use the measurement and inspection results to assess and improve cleaning processes and products, ultimately resulting in a clean, healthy, and safe indoor environment.

Recommend use of [EPA-registered household disinfectant external icon](#).

Follow the instructions on the label to ensure safe and effective use of the product.

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

[List N: Disinfectants for Use Against SARS-CoV-2 | US EPA](#)

- 1) Clean and disinfect high touch areas/surfaces within the educational setting using EPA approved disinfectants. These areas or surfaces may include but are not limited to:
  - a) Door knobs/handles
  - b) Light switches (unless electronically sensed)
  - c) Desktops
  - d) Sink faucet & handles
  - e) Water refill stations/water fountains
  - f) Restrooms knobs
  - g) Keyboards, tablets, mouse, copy machines, phones and laptops
  - h) Playground equipment
  - i) Shared objects (art supplies)
  - j) Counters that students frequently touch (office, library)
- 2) Clean and disinfect frequently touched surfaces on school buses at least daily. Please refer to <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html>
- 3) Follow manufacturer's guidelines for correct application, and use of EPA approved disinfectants. Keep products out of reach and away from children, preferably in a locked cabinet.
- 4) Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease, lead accumulation, and other diseases associated with standing water.
- 5) Consider having hand sanitizer dispensers in all classrooms and offices.
- 6) During COVID-19, discourage toys, blankets, pillows, from home being brought to school.

## **XIX. Training Staff on Cleaning, Sanitizing and Disinfecting**



A comprehensive cleaning program with written protocols can prevent the spread of pathogens that cause infectious diseases. School Districts should consider training all staff in using disinfectants to assist with cleaning identified touch surfaces, which will assist the custodial staff in the day-to-day operations, so they can focus on sanitizing frequently used areas and areas of identified concern.

The [California Healthy Schools Act of 2000 \(HSA\)](#), directed the DPR (Department of Pesticide Regulations) to create the School Integrated Pest Management (IPM) Program, which promotes the adoption of integrated pest management in schools and child care centers. The IPM includes antimicrobial products, including bleach, used in the school or childcare setting but does not include lice products or hand sanitizers

[https://www.cdpr.ca.gov/docs/pestmgt/pubs/hsa\\_factsheet.pdf](https://www.cdpr.ca.gov/docs/pestmgt/pubs/hsa_factsheet.pdf) <https://apps.cdpr.ca.gov/schoolipm/>.

The IPM recognizes that children are more sensitive to pesticide exposure due to: fewer natural defenses, softer more absorbent skin, and immature liver and respiratory systems. They also acknowledge that teaching staff and custodians have been identified as having high rates of occupational asthma. This demonstrates the need for safe, effective, and comprehensive cleaning programs as well as training programs for the application of these products. The DPR provides online training programs for those using pesticides in the school setting

[https://apps.cdpr.ca.gov/schoolipm/training/what\\_hsa\\_course\\_should\\_i\\_take.pdf](https://apps.cdpr.ca.gov/schoolipm/training/what_hsa_course_should_i_take.pdf)

<https://online2.cce.csus.edu/dpr/login/index.php> or school personnel can refer to the appropriate program provided by their IPM Coordinator. The course should be completed annually by those using pesticides at a school site.

School staff will also need resources on best practices for cleaning, sanitizing, and targeted disinfecting in the classroom. School staff can refer to the NEA Health Information Network, the CDC, the CDPR, or their IMP Coordinator for more information

<https://www.quill.com/content/index/education/education-resources/stay-healthy/cleaning-disinfecting-classroom.pdf> <https://www.cdc.gov/flu/school/cleaning.htm>

[https://apps.cdpr.ca.gov/schoolipm/school\\_ipm\\_law/differences\\_antimicrobial\\_gpc.pdf](https://apps.cdpr.ca.gov/schoolipm/school_ipm_law/differences_antimicrobial_gpc.pdf).

## **XX. Ventilation**

- 1) Ensure ventilation systems operate properly and increase the circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Please note that open windows and doors should be closed if they pose a safety or health risk (e.g., allowing smoke or pollen in or exacerbating asthma symptoms) risk to children using the facility, or to protect privacy and confidentiality.
- 2) Check HVAC systems and ensure filters are routinely changed according to manufacturer standards.

## **XXI. Visitors**

- 1) Limit visitors to individuals that are essential (district specific).
- 2) Visitors must be screened using a symptom checker form. Provide a visible marker (i.e., paper wristband or visitor badge sticker), indicating proof of screening.
- 3) Visitors must sign a form attesting to being symptom-free for the past 10 days and not have been recently exposed to anyone known with COVID-19.
- 4) Encourage routine handwashing, for example, between classes or activities, when visitors are working with children or supplies.

## **XXII. Health Mobile Clinics**

Health Mobile Clinics that come on-site (e.g., Dental Van, Health Mobile, Blood Bank, etc.) will need to be in compliance with any district contractual guidelines and agreements brought forth by COVID-19 as well as local and state health guidelines. School Nurses and administration may want to ensure compliance. Visiting organizations should consider their operational plan that includes safety and symptom self-check measures. Additionally, prevention measures may include:

- 1) Disinfecting/Cleaning
  - a) Pens - dirty container
  - b) High touch areas
- 2) Distancing measures
  - a) Sick area
  - b) Wellness area
  - c) One family unit at a time: only patient and 1 parent/guardian
- 3) Staff/visitor screening
  - a) Taking temps with no-touch thermometer
- 4) Personal Protective Equipment
  - a) Facial coverings for all on unit
  - b) Gloves and masks for Health Mobile Staff
- 5) Scheduling appointments ahead of time
- 6) Minimize people in the waiting area/health mobile - waiting area should be outside
- 7) Washing/sanitizing hands upon entering and exiting unit

## **XXIII. Mechanical Barriers**

- 1) Consider using physical barriers such as a plastic/plexiglass barrier to maintain physical distancing in high-frequency areas, these include but are not limited to the following:
  - a) Office
  - b) Dining hall
  - c) Library
  - d) Reception Desk
  - e) Attendance Office
  - f) Health Office



## **XXIV. 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

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**

Cal/OSHA's regulations require protection for workers exposed to airborne infectious diseases such as the 2019 novel (new) coronavirus (2019-nCoV). The Aerosol Transmissible Diseases (ATD) standard (Title 8, California Code of Regulations, § 5199) contains the requirements for protecting employees from diseases and pathogens transmitted by aerosols. These requirements must be addressed in school employees' Injury and Illness Prevention Program. At a minimum, the employees potentially impacted by this requirement include school nurses, school police, and other first responders, as well as any employees engaged in screening students (or others) for disease. (See

<https://www.cdph.ca.gov/Programs/CCDC/DEODC/OHB/Pages/ATDStd.aspx>).

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>

## XXV. Surgical Facemasks

- 1) The local public health officer may require or recommend and not require face masks to be worn. Please check with your local health officer and public health department.
- 2) If recommended by the local health officer, employees with high public contact who may not be able to physical/social distance from others because of limited spacing, or those with high risk health conditions **may** include:
  - Front office staff
  - Attendance office staff
  - Cafeteria staff
  - Bus drivers
  - Special Ed teachers and
  - Paraeducators
  - Administrators
  - Teachers

[CDC Guidelines for cloth face coverings](#)

- 3) Personal protective equipment grade face masks (Surgical masks [face masks] and N-95 Respirators) should be reserved for health care providers who are assessing students and providing health care services
- 4) Symptomatic students/staff- Face Mask
- 5) Education on proper use of PPE is important
- 6) Individuals should be careful not to touch their eyes, nose, and mouth when removing their face covering and wash hands immediately after removing. Cloth face masks should be routinely washed in a washing machine
- 7) School Nurse/Health Staff - follow local county health department recommendation
- 8) Health care providers should receive job-specific training on donning, removing and disposing of PPE and demonstrated competency with selection and proper use
- 9) Fit testing for N95 face masks - possible coordination with Public Health

## XXVI. 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>

## **XXVII. 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.

## **XXVIII. 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.

## **XXIV. 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>

## **XXX. Transfer of Supplies Between School and Home**

Much remains to be learned about COVID-19. There are no documented cases where the virus has been determined to have transmitted through the mail and preliminary evidence suggests the virus can only live on surfaces like cardboard for 24 hours and approximately 2-3 days on plastic. This means that with some very basic sanitation protocols, any risk of transmission of virus on school supplies themselves can be minimized. It is recommended that the following steps be taken prior to exchange of materials:

- 1) No school personnel who have symptoms consistent with COVID-19 should be present during the exchanges or prepare any supplies for exchange. Each day that a staff member will be involved in exchanges or preparation of materials, they should, at a minimum, check their temperature before arriving on campus. Staff members who are symptomatic should isolate as recommended by the CDC.
- 2) No school personnel should be involved in exchange of materials if they know they have had close, direct contact with an individual who has COVID-19 or is otherwise symptomatic. For example, if someone in a school staff member's home is showing signs of the virus, even if the staff member is not yet symptomatic, that school staff member should not be involved in supply exchange.

- 3) Any locations in the school used for preparation and collection of supplies should be thoroughly cleaned, following appropriate cleaning protocols, before preparation, distribution or collection begins. [CDC Procedure](#) for school cleaning.
- 4) If you are placing school supplies/materials in envelopes, choose envelopes that do not require moistening to seal.
- 5) Wait 24 hours before distributing materials to families after preparation if only paper-based materials are involved.
- 6) Consider waiting 72 hours if plastic materials or other materials are used.

### **XXXI. Collection of Supplies: Drop Off by Students/Families**

When it is necessary for families to physically come to school to drop off supplies or work, staff should take care to maximize physical/social distancing during the homework return process:

- 1) Establish a drop-off location that is outside the school building or use vehicle pick-up/drop-off lines. A table, protected from the elements, with clearly marked bins by the classroom can be used.
- 2) Encourage drop-off times that are spread out, so parents and students aren't required to interact with others during the drop-off process.
- 3) Visual ID check is appropriate with staff signature to verify ID of the person returning the item.
- 4) When communicating about the drop off, explicitly encourage parents to maintain distance from other parents while dropping off supplies. For example, parents should remain 6 feet apart from anyone else while at the drop off.
- 5) When communicating about the drop off, explicitly tell parents, "DO NOT COME if you are symptomatic. Either send someone else or wait until you are no longer symptomatic."
- 6) Take all necessary measures to clean the drop-off area after each drop-off cycle.
- 7) Wait 24 hours after a drop-off cycle before beginning to open or handle the collected items/packets. Items that are not paper will require longer time before being handled. Plastics/metals should be left undisturbed for 72 hours if possible.
- 8) If you have provided envelopes for parents/students to return their work or supplies in, use envelopes that do not require them to be moistened to be sealed.
- 9) Hands should be washed frequently and after handling items returned from students.

### **XXXII. Packet / Supplies Distribution: Pick-up by Families**

When distributing supplies to families consideration should be given to maximize social distancing.

**A few things to consider include the following:**

- 1) Establish a pick-up location that is outside the school building. For example, a table protected from the elements, with clearly marked bins by the classroom can be set up.
- 2) Encourage pick-up times that are spread out, so parents and students aren't required to interact with others during the pick-up process.

- 3) Explicitly encourage parents to maintain distance from other parents while picking up packets. For example, they should remain 6 feet from anyone else while picking up packets. Consider placing markers on the ground to ensure six feet of separation.
- 4) Consider using vehicle pick-up/drop-off lines to avoid having families enter the building. You may ask parents to display a sign with their child's name and teacher on the dash of their car. • When communicating about the pick-up, explicitly tell parents, "DO NOT COME TO SCHOOL if you are symptomatic. Either send someone else or wait until you are no longer symptomatic."
- 5) Take all necessary measures to clean the pick-up area after each pick-up cycle.

**[Procedure for Distribution and Collection of supplies/packets/electronics between home and school.](#)**

### **XXXIII. Student and Staff Mental Health**

Students and/or staff may have experienced family and or friend death/losses, income reductions from family members losing their jobs or other issues that have come to fruition during COVID-19 crisis and were unable to access counseling services. As staff begin to return, it is important to work with Human Resources to identify online Employee Assistance Programs that can provide virtual counseling services.

An Employee Assistance Program (EAP) is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems. EAPs address a broad and complex body of issues affecting mental and emotional well-being, such as alcohol and other substance abuse, stress, grief, family problems, and psychological disorders. EAP counselors also work in a consultative role with managers and supervisors to address employee and organizational challenges and needs. Many EAPs are active in helping organizations prevent and cope with workplace violence, trauma, and other emergency response situations.

Students that have experienced loss or trauma during COVID-19 will need access to counseling services with follow-up care. Schools may have site-based counseling services. In light of COVID-19, the California School Counselors released a comprehensive school crisis counseling website <https://covid19k12counseling.org/>

Once students are able to return to school, it is important that they connect with emotional support services specific to their respective district.

### **XXXIV. Required Annual Staff Training**

#### **Mandated Reporter Training for all Staff**

California Law requires that individuals working in educational settings be trained annually in Mandated Reporter training. <https://www.cde.ca.gov/nr/el/le/yr18ltr0328.asp>

The majority of school districts contract with a risk management group for professional learning. During COVID-19, The school district or county office of education may consider offering these trainings online. Coupled with Mandated reporter training, there are also other mandatory training for educators. It is encouraged that while employees are at home during the school year, they take advantage of online learning to meet the statutory training requirements.

If the district does not have an entity they work with and needs resources for mandated training, they may want to consider:

The School Personnel training satisfies the requirements of AB 1432 and should be taken by every Mandated Reporter that works in a school environment.

<https://mandatedreporterca.com/>

### **Bloodborne Pathogen Training**

In addition to Mandated Reporting, employees at risk for exposure to blood, blood products, and bodily fluids are required to take an annual Blood Borne Pathogen training. Again, the majority of school districts contract with a risk management group for professional learning. During COVID-19, offering these trainings online so that staff may meet the training requirements and yet social distancing while at home or on the job is important.

It is encouraged that you check with the Human Resources manager for such online training.

Here are some links for free trainings: <https://www.oshatrain.org/courses/mods/755e.html>

<https://www.youtube.com/watch?v=hd2l7pz>

### **XXXV. Immunizations**

Immunization requirements for admission to school remain unchanged for the 2020-2021 school year. According to the California Department of Public Health's Shots for School website

<https://www.shotsforschool.org/>

"Even with current school closures, immunization requirements for admission to school or child care in California for the 2019-2020 and 2020-2021 school year remain in place."

According to the Shots for School website: <https://eziz.org/assets/docs/IMM-231.pdf>

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry.

Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

As such, school nurses should be working with staff to notify parents now. Parental notification may be done via ConnectEd, Website, parent letters, social media.

### **XXXVI. 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 forms, i.e. Parent/Guardian and Authorized Health Care Provider Request for Medicine.
- 5) To the degree possible, the classroom teacher and staff will be responsible for providing medication administration in the classroom. This minimizes the number of students that must be in the office at one time.
- 6) If delivered in the classroom, safe storage of medication.
- 7) Every teacher that has a student with medication will need to be trained in administration.
- 8) In instances where educational staff are unable to deliver medication, 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.

### **XXXVII. 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.

### **XXXVIII. 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.

### **XXXIX. Specialized Physical Healthcare Services**

#### **Questions and Answers on Providing Services to Children with Disabilities During the Coronavirus Disease 2019 Outbreak (March 2020) online at:**

<https://sites.ed.gov/idea/idea-files/q-and-a-providing-services-to-children-with-disabilities-during-the-coronavirus-disease-2019-outbreak/>

Services for students with Individualized Educational Plans (IEP) must continue under Federal law. Many school districts continue to hold IEP in innovative ways such as using Zoom. In some cases, IEP may need to be modified to meet the student's needs. In seeking support on special education topics, school nurses may want to consult the Disability Rights Education and Defense Fund (DREDF), which may be found at <https://dredf.org/covid-19-advocacy-and-resources/>

Specialized Physical Healthcare Services (SPHCS) are provided to students with disabilities to ensure equal access to health needs and education in the school environment. An authorized health care provider must provide a prescribed procedure intervention(s) necessary for a licensed, or qualified district employee to perform or assist students during the school day. Students must have equal access to curriculum and health care needs in the school environment. The use of personal protective equipment during these procedures following COVID-19 may be consistent with pre-pandemic use for some procedures. For others, additional use may be warranted.

It is important to work with the primary health care provider and parent in determining if it's in the child's best interest for the child to return to school. Some medically fragile students may be impacted by COVID-19. For children with disabilities protected by Section 504 who are dismissed from school during an outbreak of COVID-19 because they are at high risk for health complications, compliance with the procedures described above and completion of any necessary evaluations of the child satisfy the evaluation, placement and procedural requirements of 34 CFR §§ 104.35 and 104.36. The decision to dismiss a child based on his or her high risk for medical complications must be based on the individual needs of the child and not on perceptions of the child's needs based merely on stereotypes or generalizations regarding his or her disability.

<https://sites.ed.gov/idea/idea-files/q-and-a-providing-services-to-children-with-disabilities-during-the-coronavirus-disease-2019-outbreak/#Q-A-4>

In the educational setting, for close face-to-face contact in an enclosed space, healthcare providers who are working with or potentially with COVID-19 positive persons should wear



recommended PPE including face shields, gloves, gowns; especially if the person/student cannot wear a face mask. For brief encounters with COVID-19 positive persons who wear face masks, the use of a face mask/covering for health providers is considered sufficient. When there is no anticipated need to provide medical assistance, there is no need for other PPE than face masks, if ordered by the local health officer.

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.

### 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. The American Lung Association's model policy for school districts: stock bronchodilators recommends using inhalers with disposable spacers/mouthpieces and nebulizers and disposable tubing with masks/mouthpieces. Inhalers and nebulizers should be used and cleaned according to the manufacturer's instructions.  
<https://www.lung.org/getmedia/92bd8d3f-c5ca-46c0-9063-9d5719ec690b/model-policy-for-school.pdf.pdf>
6. 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.

### **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 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

## Students that need Early Intervention Services

When providing early intervention services for students the following recommendations should be considered:

- 1) Call the parent to ensure the student and or family members have not had signs or symptoms of COVID-19 or exposure to someone with COVID-19 for the past 10 days. If so, postpone services.
- 2) If possible, measure the student's temperature; maintaining physical distancing using a non contact thermometer.
- 3) When the intervention services include tools, make sure the tools are cleaned between students and wear gloves when handling tools to and from the student.
- 4) Place the tools in an area where the student can "pick" it up so it minimizes hand to hand contact.
- 5) Open the door to the assessment area so the student does not have to touch the door.
- 6) If possible, keep the room well ventilated.
- 7) To the degree possible keep physical distancing from the student. Use tools that allow for physical distancing ie pulse oximeters to measure pulse; blood pressure machines to measure B/P; non contact thermometers.
- 8) If measuring respirations and listening to breath sounds, it is recommended that the practitioner stand behind the student and wear a surgical mask if necessary.

### **Students that need Home/Hospital Services**

When providing Home/Hospital services for students the following recommendations should be considered:

- 1) Call the parent to ensure the student and or family members have not had signs or symptoms of COVID-19 or exposure to someone with COVID-19 for the past 10 days. If so, postpone services.
- 2) To the extent possible obtain the student's health history via a Zoom call or while maintaining physical distancing.
- 3) If possible, measure the student's temperature; maintain physical distance using a non contact thermometer.
- 4) When the home/hospital services include tools for assessment, make sure the tools are cleaned between students and wear gloves when handling tools to and from the student.
- 5) To the degree possible keep physical distancing from the student. Use tools that allow for physical distancing ie pulse oximeters to measure pulse; blood pressure machines to measure B/P; non contact thermometers.
- 6) If there is a wound, have the parent unwrap and measure if need be using clean home tools. Document the measurements as needed.
- 7) If measuring respirations and listening to breath sounds, it is recommended that the practitioner stand behind the student and wear a surgical mask if necessary. Clean tools between students.
- 8) Ask that the room be well ventilated if possible during your visit.

- 9) Some elements of the assessment may not be feasible. If so, record as unable to obtain because of COVID-19.
- 10) When touching materials i.e. medications, wear gloves and then wash your hands. Maintain physical distancing.

#### **XL. Mandated Vision and Hearing Screenings**

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.

In the event an outside contractor is utilized for screenings, all students entering the location of the screening as in a mobile health van. Students may only be screened adhering to social distancing of 6 feet apart and may only be pulled from a classroom or small group at a time disinfecting between classrooms/groups.

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

#### **XLI. Influenza and COVID-19 Vaccination Efforts**

As schools phase in returning to school, it will be important to launch influenza vaccination efforts early in the school year. School districts can work with local public health agencies via a memorandum of understanding and standing orders to implement School-Based vaccination services (Appendix C). Early influenza vaccination clears the way for later COVID-19 vaccination efforts, since the vaccine is still in clinical trials. As such, influenza vaccination should span wide and deep within the community to prevent individual vulnerabilities caused by influenza and potentially a second wave of COVID-19. COVID-19 emerged as a novel virus where no vaccine was available to mitigate the numbers of affected individuals. Herd immunity is an effective measure and occurs when the majority of a population is immune to an infectious

disease (D'Souza and Dowdy, 2020). <https://www.webmd.com/vaccines/news/20181130/what-herd-immunity-and-how-does-it-protect-us>

Educational settings in California are home to 6.3 million children and comprise 15% of California's population. School-Based vaccination has been shown to be an effective measure in immunizing mass numbers of children and adolescents. School nurses can work with local public health departments and health plans to orchestrate these services. In some counties throughout California, school nurses have delivered influenza vaccinations that have shown to reduce pediatric hospitalizations and have increased student attendance when compared to other counties where such services were unavailable (Chung, 2018). For more details on facilitating a School-Based vaccination clinic, visit Appendix D.

## **XLII. Transportation**

General Education and Special Education transportation.

Identify medically fragile students who need transportation and fall into the CDC's "People Who Are at Higher Risk for Severe Illness." For these high-risk students consider the following:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

- 1) Establish a safe plan for students who may need specialized health care procedures and services while being transported. (Example: trach care, seizure management, etc.).
- 2) Appropriate PPE for staff providing care.
- 3) Developing an emergency plan for the bus driver.
- 4) School Nurses will need to work closely with their operations, custodial and transportation teams to develop district specific standards of practices, to help control and prevent the spread of pathogens (germs) that can cause infectious diseases on school buses. Communication between the school district and the transportation company/team is also important.
- 5) Bus stops and gathering of students. Physical distancing measures.
- 6) Spacing between students on the bus.
- 7) Staggering, adjusting and extending pick up and drop off times.
- 8) Consider face coverings for bus drivers-provide education on appropriate use of PPE if required by a public health officer.
- 9) Cleaning products and measures-U.S. Environmental Protection Agency (EPA)-registered disinfectants or sanitizers.
- 10) Training on appropriate use of products and when bus should be cleaned: at the beginning and or end of each day.
- 11) Between routes disinfect seats, mats, handles, etc.
- 12) Electrostatic sprayer (fogging) machine use for sanitising surfaces.
- 13) Availability of hand sanitizers, tissue, trash can and cleaning supplies.
- 14) Education: staff, students and families on precautionary measures.
- 15) Ventilation - If appropriate, opening doors and windows.



- 16) Temperature checks/screening prior to loading the bus, if recommended by the local health department.
- 17) Minimize field trips until COVID-19 in the community is resolved.

### **XLIII. Tuberculosis (TB) Assessment and Screening**

California Education code 49406, states, " (a) (1) (A) Except as provided in subdivision (j), a person shall not be initially employed by a school district, or employed under contract, in a certificated or classified position unless the person has submitted to a tuberculosis risk assessment within the past 60 days."

[http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=EDC&sectionNum=49406](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC&sectionNum=49406).

In many districts, school nurses assist with TB assessment. With COVID-19, the California Department of Public Health and the California Tuberculosis Controllers Association (CTCA) have made an exception. This may be found in the Frequently Asked Questions section, which states: "Who may administer the TB risk assessment? Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. However, given the COVID-19 emergency response, the TB risk assessment may also be administered via telehealth. The practice of allowing employees or volunteers to self-assess is discouraged."

## Appendices







## Sample Student Symptom Checker

Student Name: \_\_\_\_\_ Site Location: \_\_\_\_\_  
 Date: \_\_\_\_\_ Event: \_\_\_\_\_

**Instructions:** Under order of the Public Health Officer, 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 100.4F, 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:		
<ul style="list-style-type: none"> <li>· Cough</li> <li>· Shortness of breath or difficulty breathing</li> <li>· Chills</li> <li>· Fatigue</li> <li>· Muscle or body aches</li> <li>· Congestion or runny nose</li> <li>· Sore throat</li> <li>· Headache</li> <li>· New loss of taste or smell</li> <li>· Nausea</li> <li>· Vomiting (unidentified cause, unrelated to anxiety or eating)</li> <li>· Diarrhea</li> </ul>		

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 temperature. If >100.4 stay home																															
-Cough -Short of breath -Difficulty breathing -Chills -Fatigue -Muscle ache -Congestion/runny nose -Sore throat -Headache	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





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 Triage 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.



## Appendix C

### Sample Memorandum of Understanding (MOU) Between Educational Setting and Public Health Services

August 18, 2018

To:

From: \_\_\_\_\_, Health Officer

RE: Updated Procedures to the Protocol for the Prevention and Control of Select Communicable Diseases for School Districts

This letter regards an update to the *Standardized Procedures* for School Nurses within the agreement with your school district for the *Protocol for the Prevention and Control of Select Communicable Diseases*. The protocol involves standardized procedures giving medical direction to allow your school nurses and other qualified personnel to provide specific services to the school community.

The documents include:

1. Health Officer Protocol for the Prevention and Control of Select Communicable Diseases for your School District
2. Statement of Approval
3. Issue-specific procedures:
  - o Influenza Vaccine Administration

Prior recent agreements included a procedure for Tdap vaccine administration and that is not included here. We encourage all children to get their Tdap vaccinations through their healthcare providers. That also helps ensure that their other vaccinations are given as needed and recorded at their medical home. Further, the inclusion of the Tdap Vaccine Administration standardized procedure was intended to address the burden imposed by the state law requiring all 7th to 12th grade students to be vaccinated for the 2011-2012 school year.

The attached protocol agreement document (#1 mentioned above) needs to be signed by the Superintendent and returned to our office before your school district may allow anyone to provide the referenced services.

Further, it is important that we have an updated statement of approval (#2 mentioned above) with signatures of each of the personnel who will be working under the *Select*

*Communicable Disease Prevention Standardized Procedures*, also to be returned before they can provide the reference services.

**Please fax the completed form to at 468-xxx and mail the original to Public Health Services, PO Box xxxx, , CA, .** We will return a signed copy of the agreement back to you. If you have any questions, you may call us at .xxx

Thank you and your staff for your assistance in promoting our residents' health.

### Sample Standing Orders for Vaccine Delivery

#### COUNTY HEALTH OFFICER PROTOCOL FOR THE PREVENTION AND CONTROL OF SELECT COMMUNICABLE DISEASES FOR COUNTY OFFICE OF EDUCATION

Education Code Section 49403 requires the County Office of Education to cooperate with the local Health Officer in measures necessary for the prevention and control of communicable disease in school age children.

##### Purpose:

The purpose of this Protocol is to provide Standardized Procedures so that County Public Health Services and the County Office of Education may cooperate in measures necessary for the prevention, detection and control of select communicable diseases in school age children, their families, school employees and the local community.

##### Term:

The term of the Protocol shall be five (5) years from the date of Health Officer approval of this Protocol.

##### Description of Service:

The Health Officer may provide the Standardized Procedures for the administration of services for the prevention and control of select communicable diseases, such as tuberculosis skin tests, head lice and vaccinations. The County Office of Education will supply any necessary resources, such as nursing or other staff, supplies or agents. Updated information regarding the Standardized Procedures shall be provided by the Public Health Officer, from time to time, as indicated by new standard of care recommendations, new products, changes in administration techniques, and changes of indication/contra-indication and untoward effects.

##### Qualified Personnel:

All California licensed Registered Nurses (RN) employed by the County Office of Education and holding a Public Health Nurse certificate or California Credential as a School Nurse, who sign the Statement of Approval developed by the Health Officer, are authorized to follow the Standardized Procedures. A California licensed RN, Licensed Vocational Nurse (LVN), Physician Assistant (PA), Nurse Practitioner (NP), or nursing student who is acting under the supervision of a RN, who has been trained to give vaccinations, is employed by this school district and who signs the Statement of Approval developed by the Health Officer is authorized to follow the Standardized Procedures for the administration of vaccinations.

Liability:

County Office of Education school nurses who perform these services are County Office of Education employees and are covered under the District's liability insurance. The County Office of Education shall indemnify, defend and hold harmless the County of \_\_\_\_\_, its officers and employees from and against any and all claims, demands, actions, loss, liabilities, damages and costs, including payment of reasonable attorney fees arising or resulting from the County Office of Education, its officers' and employees' negligent or intentional acts or omissions in using this Protocol.

Termination:

This Protocol may be terminated by either party with thirty (30) days written notice of intention to terminate.

## STATEMENT OF APPROVAL

### Communicable Disease Prevention

This document is in accordance with the requirements of the California Business and Professions Code, Section 2725 and the California Administration Code, Section 1474 regulating nursing practice. It was jointly derived by nurses, physicians, and administrators of Public Health Services and the County Office of Education.

By signing this Statement of Approval, we, the below named County Office of Education Nursing Supervisor and health practitioners, agree to maintain collaborative and collegial relationships and abide by the attached Standardized Procedures in theory and practice. The County Office of Education Nursing Supervisor/Health Services Coordinator will provide training to the school health care personnel as needed for them to follow the Standardized Procedures.

Additionally, the County Office of Education Nursing Supervisor and health care personnel shall limit the scope of this program to specifically identified procedures and agents per attached Standardized Procedure documents, and personnel as noted below. Any addition or deletion of procedures or agents will require approval of the County Public Health Officer, and modification of the Standardized Procedures.

**School District: xxxxxxxxxxxxCounty Office of Education**

OFFICIAL SIGNATURES HERE



## **County Public Health Services Select Communicable Disease Prevention Standardized Procedures for School Nurses**

Under the supervision of physicians employed by County Public Health Services, California licensed R.N.s holding a Public Health Nurse certificate or California Credential as a school nurse and employed by County Office of Education are authorized to administer tuberculin skin tests, head lice treatment, vaccinations or epinephrine for anaphylaxis as noted in the following pages and as authorized by Health & Safety Code, Education Code 49403, and the Nurse Practice Act. These agents may be provided to students, their family members, school employees and the local community. The County Office of Education must secure written parental consent of minors prior to the administration of such agents.

These Standardized Procedures may be implemented when accompanied by a signed Protocol between Public Health Services and the County Office of Education and a Statement of Approval signed by the school district Nursing Supervisor and the school nurses.

## STANDARDIZED PROCEDURES FOR SCHOOL DISTRICT

### SELECT COMMUNICABLE DISEASE PREVENTION SERVICES

1. Influenza Vaccine Administration (8/2018) **Please note, these standing orders are for influenza vaccine. Vaccines used to address COVID-19, may be considerably different.**

#### **INFLUENZA VACCINE ADMINISTRATION**

**PURPOSE:** To reduce morbidity and mortality from influenza by vaccinating people who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

#### II. Administration of Trivalent or Quadrivalent Inactivated Influenza Vaccine (TIV/QIV)

##### Procedure

1. Identify individuals for whom influenza vaccination is recommended based upon the criteria established by the federal Centers for Disease Control and Prevention (CDC) for a given influenza season or a given influenza vaccine formulation and in accordance with the California Thimerosal Law. (For healthy individuals 2-49 years of age, Live Attenuated Influenza Vaccine (LAIV) should be considered; see Section III.A below).

NOTE: If using the California Department of Public Health (CDPH) purchased vaccine distributed from County Public Health Services, the guidelines for use of that vaccine will need to be followed. This may include restricted target groups.

#### 2. Screen individuals for contraindications and precautions to TIV /OIV

##### a. Contraindications (do not give vaccine):

- History of a serious reaction (i.e. anaphylaxis) after receiving a previous dose of inactivated influenza vaccine or after receiving a component of an inactivated influenza vaccine. (For more information on influenza vaccine use and egg allergies: <http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#egg-allergy>; for a list of vaccine components: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exciption-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exciption-table-2.pdf).)

##### b. Precautions (give vaccine if benefits outweigh risks):

- Current moderate or severe acute illness with or without fever.
- History of Guillain-Barre syndrome within 6 weeks of receipt of influenza vaccine.

### 3. Provide Vaccine Information Statements (VIS)

Provide all recipients of the vaccine with a copy of the most current federal Vaccine Information Statement (VIS). Document the recipient's name, the publication date of the VIS and the date it was given to the recipient. Give Spanish and other language VIS forms to those who need them.

### 4. Administer Vaccine

- For adults, administer 0.5 mL of TIV/QIV intramuscularly into the deltoid muscle, utilizing a 22-25 g, 1-1½ needle.
- For infants and toddlers lacking adequate deltoid mass, use the vastus lateralis.
- For toddlers, children and teens, use the deltoid muscle.
  - Use a 22-25 g needle and a needle length appropriate to the child's age and body mass: infants 6-11 mos.: 1"; 12 mos. and older: 1-1½".
- Give 0.25 ml for children 6-35 months and 0.5 ml for all others aged 3 years and older.

### III. Administration of Live Attenuated Influenza Vaccine (LAIV)

#### Procedure

1. Identify individuals for whom influenza vaccination is recommended and eligible for use of the Live Attenuated Influenza Vaccine (LAIV) based upon the following criteria:
  - Healthy individuals ages 2-49 years of age.
    - For all others, Inactivated Influenza Vaccine (TIV/QIV) must be used (see Section II.A. above).
2. Screen for contraindications and precautions to LAIV:
  - a. Contraindications (do not give vaccine):
    - Concomitant aspirin therapy in children and adolescents.
    - Pregnancy.
    - Chronic medical conditions of pulmonary, cardiovascular, renal, hepatic, neurologic/neuromuscular, hematologic systems or metabolic disorders.
    - Immunosuppression (caused by medications or illnesses such as HIV).
    - Children aged 2-4 years who were treated for asthma or wheezing in the past 12 months.

- Serious reaction (i.e. anaphylaxis) after receiving a previous dose of LAIV or after receiving a LAIV component. (For a list of vaccine components see [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdt](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdt)).
  - TIV/QIV is preferred for close contacts of severely immunocompromised persons during periods when an immunocompromised person requires a protective isolated environment.
- b. Precautions (give vaccine if benefits outweigh risks):
- Moderate or severe acute illness with or without fever.
  - History of Guillain-Barre syndrome within 6 weeks of receipt of influenza vaccine.
  - Asthma in person aged 2:5 years
3. Provide Vaccine Information Statements (VIS)  
Provide all recipients of the vaccine with a copy of the most current federal Vaccine Information Statement (VIS). Document the recipient's name, the publication date of the VIS and the date it was given to the recipient. Give Spanish and other language VIS forms to those who need them.
4. Administer Vaccine  
Administer 0.2 mL of intranasal LAIV - 0.1 mL into each nostril- while the recipient is in an upright position.

#### IV. Timing of Influenza Vaccines

- Children age 8 years and younger who are receiving seasonal trivalent/quadrivalent influenza vaccine for the first time should receive 2 doses, separated by at least 4 weeks.
- LAIV may not be given if any live virus vaccine (MMR, varicella, Zostavax or yellow fever) was given in the past 28 days.

#### V. Medical Emergencies

Be prepared for management of a medical emergency related to the administration of the vaccine by having a written emergency medical protocol available, as well as equipment and medications.

#### VI. Adverse Reactions

Report all vaccine-related adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS reporting forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

References:

Summary Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices- (ACIP)- United States, 2013-14  
<http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm>

## Appendix D

### Influenza and COVID-19 Vaccination Efforts

Educational settings in California are home to 6.3 million children and comprise 15% of California's population. School-based vaccination has been shown to be an effective measure in immunizing mass numbers of children and adolescents. School nurses can work with local health departments and health plans to orchestrate these services. In some counties throughout California, school nurses have delivered influenza vaccinations that have shown to reduce pediatric hospitalizations and have increased student attendance when compared to other counties where such services were unavailable ([Chung, 2018](#)).

To deliver vaccines in an educational setting that allows for mass vaccinations, school nurses can orchestrate the following measures:

#### Prior to the Clinic

- 1) Develop a memorandum of understanding between the local health department and or health plan and your educational setting for the purposes of delivering COVID-19 vaccines in the educational setting
- 2) Work with the local public health officer to develop COVID-19 vaccine standing orders (Immunization Action Coalition, 2016).
- 3) Identify possible vaccine delivery dates and locations.
- 4) Consider conducting "vehicle" vaccination clinic, where individuals do not get out of their car and instead progress from one station to another
- 5) Develop parental consent letters for vaccine delivery
- 6) Work with your school district Public Information Officer (PIO) to send out messaging about the COVID-19 vaccine clinic.
- 7) Disseminate parent consents
- 8) Download VIS statement for the COVID-19 vaccine in multiple languages
- 9) Order supplies
  - a) Band-Aids
  - b) Sharp Containers
  - c) Alcohol Wipes
  - d) Epinephrine-Auto injector injectable in case of anaphylaxis
  - e) Traffic cones
  - f) Tape for demonstrating clinic flow (blue paint tape is bright and easily removed)
  - g) Clipboard
  - h) Pens

- i) Hand sanitizers
  - j) Trash cans
  - k) Ice chests to keep vaccine cold
  - l) Frozen and cold ice packs
  - m) N-95 respirators for individuals who are unable to social distance while performing clinic duties. (vaccine administrators).
  - n) Thermometer to check students who are / have been ill
  - o) Face coverings for visitors
- 10) Enlist staff and volunteers & create badges; ensure enough staff so that there can be physical distancing and accommodations to vaccinate large loads of students.

Vaccination Clinic Role	Responsibility	Skill Set
Coordinator	Responsible for clinic oversight	Administrative
Screeners	Greet and ask about the presence of current symptoms; Provide information forms; Route to proper area; provide VIS statements	Communication Language skills (bilingual)
Registration	Confirm eligibility and provide information and disseminate consent forms as needed. (If consent forms are disseminated prior to clinic, the registration person checks that the individual has their consent form with them)	Communication Language skills, public relations
Health Screener	Screen for medical/infectious diseases and assess for contraindications; route to appropriate area; ask if any questions regarding VIS statement	Nursing student, paramedic, nurse
Immunization Preparation / Drawing Up	Prepare immunizations and maintain cold chain on vaccine	Nursing
Vaccine Administrators	Checks to make sure the individual is the identified person on the consent form. Administration of vaccine; record keeping and sign off of consents	Nursing
Information distributors	Share vaccine follow up information and potential vaccination side effects	Medical

Security/traffic flow	Makes sure traffic in the parking lot is running smoothly Making sure individuals maintain physical distance	Administrator custodian
Other		

\*Immunization Action Coalition

### Afternoon Before Clinic

- 1) Send reminder for students to bring consent forms
- 2) Mark 6 ft spacing for physical distancing measures
- 3) Set-up clinic that fosters physical distancing measures.
- 4) Make sure entrance and exit are two different areas.

### Day of the Clinic

- 1) Establish traffic flow to and from the school ensuring student safety
- 2) If conducting a "vehicle vaccination clinic", work with local law enforcement to ensure traffic safety.
- 3) Obtain bell schedule
- 4) Lay out clinic format (see below)
- 5) Consider conducting "vehicle" vaccination clinic, where individuals do not get out of their car and instead progress from one station to another
- 6) Conduct just in time training so individuals know their roles (provide backup personnel)
- 7) Conduct clinic
- 8) Limit the number of individuals in the clinic to ensure social distancing can be maintained.
- 9) Individuals who are ill should be sent home so as not to infect others.
- 10) Ensure that student's name, DOB, dosage, injection site and student response are recorded. Vaccine delivery in educational settings can be billed via the LEA Medi-Cal Billing Option program.
- 11) Evaluate the clinic process to see what changes need to be made for future clinics.

### Following the Clinic

- 1) Tout the success of your clinic to administrators by providing # of individuals vaccinated.
- 2) Write follow up thank you emails to individuals that participated.
- 3) Start planning for the next clinic (influenza clinic).
- 4) Record vaccinations in local immunization registry.
- 5) Bill LEA Medi-Cal for vaccine delivery.





## Sample Parent Letter Vaccination Clinic

ORGANIZATION LOGO

ORGANIZATION ADDRESS

DATE

Dear Parents/guardians:

The NAME OF SCHOOL is working to provide COVID-19 prevention vaccine to children at school. This vaccine will protect against COVID-19 that circulated this past year impacting the health of many individuals. School staff will send you more information about the disease and the vaccine. There will be no cost to you for this vaccine. They will also send you a form that will include options allowing you to either accept or refuse the vaccination for your child. If you refuse, the vaccination will not be given to your child. Depending on whether they've gotten influenza vaccines in the past, some children younger than nine years of age will need two doses of vaccine spaced about 4 weeks apart. ADD IF CONDUCTING ONE CLINIC [Your child can receive the second dose of vaccine at xxxxxxxxx.] ADD IF CONDUCTING TWO CLINICS [The NAME OF ORGANIZATION will be holding two vaccination clinics at your child's school.]

If you have any questions about the vaccine or the vaccination clinics, please call: xxx-xxx-xxxx from X AM to X PM. Please visit the CDC's COVID-19 web site at <http://www.cdc.gov/flu/> and also <http://www.cdc.gov/flu/parents> for information especially for parents. Your child's health care provider also can answer your questions about the influenza virus and will be able to give your child the COVID-19 vaccineXXXXX.

Sincerely,

School nurse

April 15, 2020

XX Doe  
XX address  
CSZ

Dear XX,

New directives from the County Office of Emergency Services and County Public have been issued to businesses that go into effect April 17, 2020 and impact processes here at SJCOE. While the spread of COVID-19 has slowed, the contagion continues and therefore more stringent requirements have been set into motion. We firmly believe that the health and well-being of our SJCOE team is important and therefore please understand these efforts are put into place to not only protect you but your co-workers.

- If you are ill/sick or believe that you are ill/sick, do not come to work. Individuals arriving to the work setting are now being required to undergo symptom checks prior to entering the workspace. You will need to bring your own thermometer and record your temperature.
- Essential workers who are required to work for essential business, must have their desks 6 feet apart.
- High traffic work areas (washrooms, entrances, and break rooms) are routinely being thoroughly disinfected.
- Please maintain physical distancing; meaning ensure 6 feet of space between others, including while entering and exiting the building.

While some of these measures are familiar, this is a friendly reminder that we need to ensure the health and well-being of all. Our physical distancing protocol is attached as well as posted in all SJCOE buildings. These, as well as other measures, are being implemented to ensure we stay healthy during this difficult time.

Sincerely,

Superintendent or school nurse

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