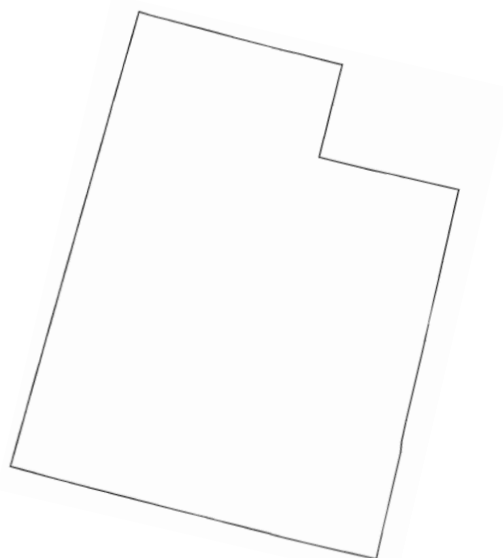




Utah Guidelines for School Re-entry

USNA COVID-19 Response Plan

July 2020



This document was a collective effort of the Utah School Nurse Association



This document represents a collaborative effort from the Utah School Nurse Association and their Professional Review Committee. The recommendations included have been developed based on current information from UDH, CDC, and NASN, as well as other applicable research data. This represents best practice guidelines for the safe return to schools for both students and staff as of July, 2020. It will be up to individual local education agencies as to how they implement these best practice protocols. Please note that this is a fluid document and guidelines may change as prescriptive health orders are updated.

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Utah School Nurse Association COVID-19 Response in Educational Settings

Introduction

These are unprecedented times. Students, families, and educational staff have continued to shift priorities 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 that affect 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. This guide 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.

USNA recognizes information on COVID-19 as a fluid situation. Best efforts have been gathered 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, USNA encourages individuals to check out information and consult with their respective local health department on specific requirements, since there have been varied county responses to 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.

COVID-19 Coordination and Training

Each LEA should establish a COVID-19 Coordinator to establish, review, and implement health and safety protocols. A workgroup should be established to review and implement health and safety protocols. The workgroup should consist of school nurses, administrators, teachers, para-

educators, custodians and other critical school staff who work with and around students and have knowledge to contribute to the safe and healthy reopening of schools.

Resources:

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

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>



COVID-19 Infection Control Measures

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

Protocols should be in place for students and employees who have household members who test positive for COVID-19.

Resources:

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

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



Healthy Hygiene Practices

Ensure optimal healthy hygiene practices, including hand washing or the use of 60% 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).**

Hand hygiene is performed by washing hands with soap and water for at least 20 seconds or using hand rub with 60% alcohol content until the content dries. If hands are visibly soiled, use soap and water. Students under the age of nine should have supervision when using hand sanitizers.

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 or use hand sanitizer often.

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.

Resource:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>



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. Adults should model to younger students how to wash their hands.

Resources:

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

Cover Cough and Sneezes

https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

How to Protect Yourself and Others

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf>

Stay Home if you are Ill Posters (CDC)

<https://www.cdc.gov/flu/pdf/freeresources/updated/stay-home-from-work-poster.pdf>

Handwashing-Clean Hands Save Lives

<https://www.cdc.gov/handwashing/index.html>

Wash your Hands Posters (CDC)

<https://www.cdc.gov/handwashing/materials.html>

Physical Distancing

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>



Symptom Checking

Staff should self-check for symptoms prior to coming to work.

Students are requested to self-check for symptoms prior to coming to school. Daily symptom checks may be necessary (i.e. temperature check) if required by the local health department.

Visitors should self-check for symptoms prior to coming to the school. Visitors should be restricted to only those who are essential. If required by local health department symptom and temperature checks may be required.

Students and staff should follow these guidelines (if positive for COVID OR showing any COVID symptoms) per CDC before returning to school or being around others:

- they have had no fever for at least 72 hours (that is three full days of no fever **without** the use of medicine that reduces fevers), **AND**
- other symptoms have improved (for example, when your cough or shortness of breath have improved), **AND**
- at least 10 days have passed since symptoms first appeared.

See sample documents in appendix to assist with symptom checking:

- Sample symptom self-checklist
- Parent flowchart on when to keep student home
- Sample visitor attestation form

Resources:

CDC: When you can be around others

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fwhen-its-safe.html

When can I be done with self-isolation

<https://coronavirus.utah.gov/faq/>



First Aid

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

- All classrooms are stocked with basic first aid supplies.
- School nurses are available for Telehealth support.
- Teachers and staff should follow flowchart to determine which students can be cared for in the classroom and which should be sent to the health office.

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/nurse intervention:

- 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
 - Diabetic care
 - Catheterization
 - G-Tube Feedings
- Altered levels of consciousness/concussion
- History of Cardiac issues
- Choking; CPR; AED
- Difficulty breathing
- Head injury/complaining of neck pain- DO NOT move, keep the student calm. Call 9-1-1
- Sudden vision impairment
- Diabetic “lows” or unconscious
- SEVERE bleeding or other traumatic injury
- Severe abdominal/groin pain
- Seizure
- Signs and symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C), which may include rash, swollen red eyes, hands, and feet.

Consider Classroom-based services:

- Teachers and other staff may be taught to deliver routine medications
- Health services personnel visit classrooms and administer medication to the student (similar to hospital model).
- Minor Toothache / Primary Tooth comes out
- Small paper cuts, abrasions, picked scabs.
- Wound care/ Ice pack for small bumps/bruises
- Localized bug bites.
- Minor headache or fatigue with no other symptoms.
- Mild stomach ache or nausea.
- Readily controlled nosebleeds, where the student can deliver self-care.
- Anxiety/stress/psychological issue- try calming techniques and/or contact school psychologist or counselor

See appendix for documents teachers can use when determining which students can be treated in the classroom:

- Health office visit request for teachers
- Flowchart for teachers



Preparing, Triaging, Monitoring Symptomatic & Sick Space

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).

The office will need to establish the following three areas:

- General Waiting – Students waiting to be triaged (present to office with unscheduled needs).
 - Students with non-COVID-19 symptoms (e.g., injury, assessments)
 - Ask if they have signs and symptoms of COVID-19. If yes, send immediately to COVID-19 isolation and call parent/send home.
 - Physical distancing marked off

- 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.
 - Students sanitize/wash hands,
 - Clean area after students leave
- Well Student Area – Student that have scheduled medical needs (e.g. procedures, medications).
 - Area for well students with health care needs that cannot be addressed in the classroom (e.g. diabetic and other noncontagious health care needs).
 - Ask if they have signs and symptoms of COVID-19. If yes, send immediately to COVID-19 isolation and call parent/send home.
 - Physical distancing marked off
 - A trained staff member or school nurse provides care.
 - Staff delivering care may need to consider wearing gloves and masks.
 - Students sanitize/wash hands,
 - Clean area after students leave
- COVID-19 Symptom Area – Students who present with COVID-19 symptoms (may need multiple spaces).
 - Areas for students with possible COVID-19 symptoms; away from others
 - Physical distancing marked off or in separate rooms with external ventilation
 - Staff should wear gloves, masks/face shields, and gowns. Restroom facilities need to be nearby for sick students (separate space) as younger students may have GI symptoms.
 - Students sanitize/wash hands
 - Students put on masks
 - Non-contact thermometers
 - Isolate student
 - 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.
 - Ventilate the room to outside air after student leaves (if possible)
 - Clean area – CDC recommends waiting 24 hours for droplets to disburse to protect cleaning staff.
- Health services staff conducting any assessments on known ill individuals must wear Personal Protective Equipment (PPE). OSHA's regulations require protection for workers exposed to airborne infectious diseases such as COVID-19.

- 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.
- 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.

See appendix for sample documents to help school staff evaluate student symptoms:

- Sample symptom checklist
- Sample health office symptom checklist
- Flowchart for students in health office



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.

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

- 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

Resources:

<https://emergency.cdc.gov/han/2020/han00432.asp>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>



Guidelines for When to Call 911

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 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.

Resources:

Possible symptoms (CDC)

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

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

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



Interim CPR Guidelines

Refer to the organization that provides certification for specific guidance on CPR during COVID-19.

- 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-19

Resource:

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



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 ear or temporal thermometers with proper disposable covers. Oral thermometers are discouraged because of the spread of COVID-19.

Resource:

<https://healthychildcare.unc.edu/2020/03/thermometers-and-temperature-taking/>



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 CDC has developed a PPE sequence for donning and doffing PPE.

The use of personal protective equipment will vary depending on the role or situation in the educational setting and may include using:

- 1) Masks or face coverings

- 2) Face shields
- 3) Goggles
- 4) Gloves
- 5) Gowns

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.

Masks or face shields should be worn by all school staff when physical distancing cannot be maintained, including:

- Front office staff
- Attendance office staff
- Cafeteria staff
- Bus drivers
- Special Ed teachers and
- Paraeducators
- Administrators
- Teachers
- School Nurses and other health office staff
- Custodial staff
- Personal protective equipment grade face masks (Surgical masks [face masks] and N-95 Respirators) should be reserved for those who are assessing students and providing health care services (i.e. school nurse, health aide)
- Symptomatic students/staff must wear a face mask to protect those providing care to them.
- Education on proper use of PPE is important
- 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
- Those providing care to symptomatic students should receive training on donning, removing and disposing of PPE and demonstrated competency with selection and proper use
- In areas where wearing masks or face shields is not an option, a plexiglass barrier should be installed.

Resources:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

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

CDC Guidelines for cloth face coverings:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf>

CDC Guidelines for removing PPE:

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>



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.

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.

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



Required Annual Staff 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. 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.



Students with Special Healthcare Needs

It is important to work with the primary health care provider and parent in determining if it's in the student's best interest for the student to return to school. Some medically fragile students may be impacted by COVID-19. For students 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 student satisfy the evaluation, placement and procedural requirements. The decision to dismiss a student based on his or her high risk for medical complications must be based on the individual needs of the student and not on perceptions of the student's needs based merely on stereotypes or generalizations regarding his or her disability.

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. Students 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.

Schools should take reasonable steps to minimize and mitigate risk for students and employees who identify as high-risk as outlined in the Utah Leads Together Plan and by ADA.

School nurses should review all current healthcare plans for students with special healthcare needs and update the healthcare plans as needed to decrease their risk for exposure to COVID-19. This will need to be individualized for each student and situation.

Resources:

<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>

Utah Leads Together:

<https://coronavirus.utah.gov/utah-leads-together/>

USBE School Reopening:

<https://schools.utah.gov/coronavirus?mid=4985&aid=1>

Asthma Care

- 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.

- For students needing a rescue inhaler, without a spacer, the student should be permitted to use the inhaler.
- 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. If this is not an option, follow CDC guidelines on safe use of nebulizer during COVID-19.
- See appendix for flowchart on difference between COVID-19 and asthma symptoms (from Allergy & Asthma Network)

Resources:

<https://allergyasthmanetwork.org/health-a-z/covid-19/>

Catheterization Care

- 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 using just gloves and face coverings.
- Since this procedure does not aerosolize particles, no further PPE may be recommended.

Diabetes Care

- 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 student needs supervision and management by a member of the school health team, he/she should be permitted to report to the well-student area (where other students report for medication administration, first aid, etc.) when needed.
- Insulin administration or management of the insulin pump and/or continuous blood glucose monitor can be done safely with minimal contact.
- PPE precautions should continue to be provided by gloves and good hand washing only.

G-Tube Feedings

- 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.
- 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.
- Since this procedure does not aerosolize particles, no further PPE may be recommended.

Oral / Nasal / Pharyngeal Suctioning and Tracheostomy Care

- For those 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.



Mandated Vision Screenings

Vision screening is mandated in certain grades in all Utah public schools, however, due to COVID-19 this may need to be modified to ensure the safety of students and school employees. For the 2020-2021 school year the Utah Department of Health states “tier 1 screenings can be postponed or suspended for health safety concerns such as the current COVID-19 pandemic”.

A school should only perform vision screening if it can be done safely - for students, school employees, and volunteers. *If unable to conduct vision screening for any student for any reason schools should notify parent and recommend they take their student to an eye care professional for a thorough eye examination.*

Tier 1 vision screening during COVID-19

Depending on the level of contagion, considerations to postponing screening until later in the year may lead to less transmission. Communities with high levels of contagion may want to wait until after vaccine is widely available to conduct screening.

If the school decides to move forward with tier 1 vision screening the following requirements must be followed (it may take several days to complete required grades safely):

- Maintain social distancing requirement.
- If doing mass screening in gym:
 - No more than one class at a time in gym or screening area.
 - All lines must be a minimum of 6 feet apart (10 is better).
 - Six-foot markings for students to stand in line should be placed on the floor.
 - Occluders must be disposable. Do not reuse occluders.
 - May have several lines, as determined by the size of the room where screening is being done. Social distancing must be maintained.
- Other locations may be used for screening only if social distancing can be maintained. No more than one class at a time in screening area. May need to restrict to no more than 3-5 students in room at a time, depending on size of the room.

- If using an approved outside entity to assist with vision screening ensure they follow social distancing guidelines.
- Younger students (PK and Kindergarten) and those with special needs may not be able to be screened this year due to social distancing requirements.
 - If these students MUST have a tier 1 screening and cannot without being closer than 6 feet, make sure the screener is wearing a mask and gloves.
 - Consider referral to eye care professional in lieu of tier 1 vision screening.

Tier 2 vision screening during COVID-19

Vision Symptom Questionnaire should be thoroughly evaluated to determine the need for tier 2 vision screening, or if student could instead be referred to an eye care professional for a thorough eye examination. Tier 2 vision screening should only be done if it can be done safely, and with social distancing.



Appendix

Sample Affirmation

School: _____ Date: _____

Name(s) and grade(s) of students in above named school (if applicable):

Student Name	Grade	Student Name	Grade

It is important that anyone showing any symptoms of COVID-19 not come to the school. This applies to students, parents, school employees, or any visitors.

- ☐ As the parent/guardian I affirm that I will not send my student(s) to school if they exhibit any COVID-19 symptoms, or if my student(s) has been exposed to anyone with COVID-19 within the past 14 days.
- ☐ As the parent/guardian I affirm that I will not come to the school if I exhibit any COVID-19 symptoms, or if I have been exposed to anyone with COVID-19 within the past 14 days.
- ☐ As a school staff member (or school employee) I affirm that I will not come to school if I exhibit any COVID-19 symptoms, or if I have been exposed to anyone with COVID-19 within the past 14 days.

I attest that the answers below are accurate to the best of my knowledge.

Printed Name: _____ Phone Number: _____

Signature: _____

<u>Symptoms of COVID-19:</u>	<u>Additional Symptoms Sometimes Seen in Children</u>
Cough (if student has a history of asthma, does cough continue after using an inhaler?)	Nausea and/or vomiting (unidentified cause, unrelated to anxiety or eating)
Fever 100.4 or greater	Congestion or runny nose
Shortness of breath or trouble breathing	Chills
Sore throat	Fatigue
Muscle aches and pain	Diarrhea
New loss of taste or smell	

If you have any of the above symptoms you should be tested for COVID-19. Testing locations can be found here: <https://coronavirus.utah.gov/utah-covid-19-testing-locations/>

Stay Home Until:

Students and staff should follow these guidelines (if positive for COVID OR showing any COVID symptoms) per CDC before returning to school or being around others:

- they have had no fever for at least 72 hours (that is three full days of no fever **without** the use of medicine that reduces fevers), **AND**
- other symptoms have improved (for example, when your cough or shortness of breath have improved), **AND**
- at least 10 days have passed since symptoms first appeared.

If you feel sick; stay home!

Sample Visitor Attestation

School: _____ Date: _____

Instructions: Please select Y=Yes and N=No and record on the sheet. Please complete and sign below. If you answer **YES** to any of the questions you may not visit the school.

I attest that the answers below are accurate to the best of my knowledge. I confirm that I have not been exposed to anyone with COVID-19 in the past 14 days.

Printed Name of Visitor: _____ Phone Number: _____

Signature of Visitor: _____

	No	Yes
Have you been exposed to someone with COVID-19 in the past 14 days?		
Do you feel ill?		
Do you have:		
Cough		
Shortness of breath or difficulty breathing?		
Chills		
Fatigue		
Muscle or body aches		
Congestion or runny nose		
Sore throat		
Headache		
New loss of taste or smell		
Nausea and/or vomiting (unidentified cause, unrelated to anxiety or eating)		
Diarrhea		
Please record your temperature here: If your temperature is 100.4F or higher, you may not participate.		

IF YOU FEEL SICK; STAY HOME!

Sample Symptom Self-Checklist (by month)

Name: _____ School: _____ Month: _____

Instructions: School students and employees 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, 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	
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	
Record temperature. If 100.4 or higher stay home																															
-Cough	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
-Short of breath	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
-Difficulty breathing																															
-Chills																															
-Fatigue																															
-Muscle or body ache																															
-Congestion/runny nose																															
-Sore throat																															
-Headache																															
-New loss of taste or smell																															
-Nausea or vomiting-Diarrhea																															

IF YOU FEEL SICK; STAY HOME!

SAMPLE HEALTH OFFICE SYMPTOM CHECKLIST

Name: _____ DOB: _____ School: _____
Grade: _____ Teacher: _____

Student complaint: _____

Any chronic health condition(s)? _____

Has the student been around someone with COVID-19 in the past 10 days? ___ Yes ___ No

Symptoms (Mark all observed):

- ☐ Non-productive cough (see instructions on back)
- ☐ Shortness of breath (see instructions on back)
- ☐ Fever 100.4°F or higher (list temperature): _____
- ☐ Chills, shivering
- ☐ Skin (circle all that apply) - pink, pale, white, dry, sweating, red, swollen, rash
- ☐ Headache
- ☐ Sore Throat
- ☐ New loss of smell or taste
- ☐ Gastrointestinal symptoms
 - ☐ Nausea
 - ☐ Vomiting
 - ☐ Diarrhea
- ☐ Other (specify): _____

Action:

- ☐ Return to class
- ☐ Send home
- ☐ Recommend testing for COVID-19* (copy this form and send with student)
- ☐ Recommend student see healthcare provider (copy this form and send with student)
- ☐ Other (specify): _____

Contacted parent (time): _____ Contacted (person): _____

Evaluated by (name): _____ Signature: _____

*COVID-19 testing locations can be found here (<https://coronavirus.utah.gov/utah-covid-19-testing-locations/>). Please contact location before going for testing since most require pre-assessment or appointment.

Utah recommends following the CDC guidelines whenever possible. That guidance can be found here:
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

Staff Instructions (when no school nurse)

Respiratory Condition and temperature 100.3 and below:

Upper Respiratory Complaint

- [Allergy and asthma symptoms are NOT acute respiratory illnesses \(use Allergy & Asthma Network flowchart\).](#)
- 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 people wearing [all recommended PPE](#) for the patient encounter (gloves, a gown, respiratory protection).

Respiratory Condition and temperature 100.4 and above:

- 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.
- Isolate the student with someone monitoring them from a separate area until the parent comes to pick them up.
- Person monitoring student should wear gown, gloves, mask and face shield when in the same room as the symptomatic student.

Students and staff should follow these guidelines (if positive for COVID OR showing any COVID symptoms) per CDC before returning to school or being around others:

- they have had no fever for at least 72 hours (that is three full days of no fever **without** the use of medicine that reduces fevers), **AND**
- other symptoms have improved (for example, when your cough or shortness of breath have improved), **AND**
- at least 10 days have passed since symptoms first appeared.

References:

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fwhen-its-safe.html

<https://coronavirus.utah.gov/faq/>

Parents

Reinforce health hygiene practices with your children which includes:

- **Proper handwashing** for at least 20 seconds with warm water and soap (before eating, after using the bathroom, after blowing your nose, coughing or sneezing, if hands are visibly dirty, and when returning home)
- **Use hand sanitizer** with at least 60% alcohol if soap and water aren't available
- **Do not touch your face** with unwashed hands
- **Sneeze into your sleeve**

Keep your child home if:

- Fever 100.4F or higher
- Shortness of breath or difficulty breathing
- Sore throat
- Muscle aches and pain
- Cough (not related to asthma)
- New loss of taste or smell

Return to school after:

Students and staff should follow these guidelines (if positive for COVID OR showing any COVID symptoms) per CDC before returning to school or being around others:

- they have had no fever for at least 72 hours (that is three full days of no fever **without** the use of medicine that reduces fevers), **AND**
- other symptoms have improved (for example, when your cough or shortness of breath have improved), **AND**
- at least 10 days have passed since symptoms first appeared.

IF YOU FEEL SICK; STAY HOME!

As school begins please help reinforce the following healthy hygiene practices with your students which include:

- **Proper handwashing** for at least 20 seconds with warm water and soap (before eating, after using the bathroom, after blowing your nose, coughing or sneezing, if hands are visibly dirty, and when returning home)
- **Use hand sanitizer** with at least 60% alcohol if soap and water aren't available
- **Do not touch your face** with unwashed hands
- **Encourage students to wear a mask** in times when social distancing is difficult

Can it be treated in the classroom
(to prevent potential exposure to
infectious disease, promote
isolation, and decrease health
office congestion)?

No

Send student
to health office
with Health
Office Visit
Request form
completed

Yes

- Paper cuts (wash site and apply a bandage)
- Minor headaches and/or fatigue (allow student to get a drink of water and wait until next break)
- Mild stomachache and/or nausea (allow student to use bathroom, rest head on desk, get a drink, and wait until next break)
- Bug bite (if no sign of allergic reaction apply cool paper towel to area to discourage scratching)
- Anxiety/Stress/Psychological issue (if not affecting breathing or medical health, try redirection or refer to counseling or other applicable services)
- Loose or lost tooth
- Minor cold symptoms
- Old injuries
- Chapped lips
- Hunger

Situations that should be sent to
health office include:

- Emergency situations involving seizure activity, head injury, severe bleeding, severe allergic reaction (call 911)
- Confusion/disorientation (decreased level of consciousness)
- Fall from height with possible spinal cord injury (do not move student, call 911)
- Shortness of breath/difficulty breathing
- New sudden vision changes
- Foreign object in eye
- Diabetic low blood glucose

IF YOU FEEL SICK; STAY HOME!

Does student have symptoms of COVID-19?

- Temperature 100.4 or greater
- Coughing with shortness of breath or difficulty breathing (students with a history of asthma should follow separate flowchart to determine if symptoms are related to asthma or COVID-19)
- Sore throat
- New loss of taste or smell
- Muscle aches or pain
- Children may also present with:
 - Chills
 - Fatigue
 - Congestion/runny nose
 - Nausea/vomiting
 - diarrhea

Yes

- Provide clean pillow cover for each student
- Wipe down bed and pillow with sanitizer between each student
- Have student wash their hands for 20 seconds before returning to class

When a **CONFIRMED** case of COVID-19 has entered the school:

- Work with local health department to help administration determine a course of action for the school
- Work with administration to communicate with staff, parents, and students to maintain confidentiality of student/staff and present clear message to those involved.

If yes:

- Staff should be wearing PPE (if available), mask and gloves are not optional
- place a disposable mask on student (as tolerated) and send to isolation room
- Notify parent/guardian to come and pick up student. Make recommendation to follow up with health care provider if warranted
- Keep student isolated from other individuals until parent arrives
- Notify custodial staff to come and sanitize the health office. Wait as long as possible (greater than 24 hours preferred) to minimize potential for exposure to respiratory droplets.
- **Call 911 if:**
 - **Trouble breathing**
 - **Persistent pain or pressure in the chest**
 - **New confusion**
 - **Inability to wake or stay awake**
 - **Bluish lips or face**

Health Office Visit Request

Student Name: _____ Date: _____

Time In: _____ Time Out: _____

	Illness		Injury		Emotion
	Cough		Cut		Nervous
	Sore throat		Sprain		Worried
	Breathing difficulty		Pain		Angry
	Fever		Tooth		Sad
	Rash		Bloody Nose		Other:
	Headache		Uncontrolled bleeding		
	Stomach ache		Other:		
	Other:				

I've tried:

_____ Drink of water; _____ Rested head; _____ Bathroom break;
 _____ Positive self-talk; _____ 5 deep breaths; _____ Count back from 10;
 _____ Other (specify): _____

Health Office Visit Request

Student Name: _____ Date: _____

Time In: _____ Time Out: _____

	Illness		Injury		Emotion
	Cough		Cut		Nervous
	Sore throat		Sprain		Worried
	Breathing difficulty		Pain		Angry
	Fever		Tooth		Sad
	Rash		Bloody Nose		Other:
	Headache		Uncontrolled bleeding		
	Stomach ache		Other:		
	Other:				

I've tried:

_____ Drink of water; _____ Rested head; _____ Bathroom break;
 _____ Positive self-talk; _____ 5 deep breaths; _____ Count back from 10;
 _____ Other (specify): _____

Asthma Care at School Post COVID-19 Outbreak

A student presents at the school Health Office with report of respiratory symptoms
Could it be viral?

Maybe?

Important to note student's anxiety level

School Nurse should wear appropriate
Personal Protective Equipment (PPE)

No

Assess for additional viral symptoms

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

No

Assess for additional asthma symptoms

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

Yes

Assess for asthma issues

& treat as needed,

- Isolate student
- Call parent

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

If confirmed COVID-19:

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

Yes

**Follow Asthma
Action Plan**

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

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

No

Observe

Return to class
as appropriate

Asthma Care at School – Post COVID-19 Outbreak

Asthma Care Notes:

Green Zone – No symptoms of an asthma flare, able to perform daily activities

Yellow Zone – Moderate severity – Cough, wheeze, chest tightness or shortness of breath, and/or waking at night due to asthma, can do some, but not all, usual activities, need to use quick relief medication

Red Zone – Severe – Very short of breath, nasal flaring, hunched over, quick relief medications have not fully relieved symptoms, frequent use of quick relief medications, cannot do usual activities, symptoms are the same or get worse after 24 hours in Yellow Zone

Emergency symptoms: Trouble walking or talking due to shortness of breath, lips or fingernails are blue

Post COVID-19 School Care:

- Anxiety may be a major issue for students experiencing shortness of breath.
- Administer medication at school using individual inhaler and spacer/valved holding chamber.
- Avoid use of nebulizers as they spread droplets and are not advised. Nebulizers are often not required for children over the age of 6 (MDI inhalers are equally effective in delivering medication). Viral droplets persist in the air for 1 – 2 hours.
- Respiratory viruses are a common trigger for asthma flares – student's parent/guardian should contact healthcare provider if COVID-19 is suspected or change in care is needed.

Pulse Oximeters:

- Appropriate to use as a portion of a full nursing assessment for both COVID- 19 and/or asthma.
- Provides the registered nurse with objective data on pulse rate and oxygen saturation.
- Reasonable expense for schools, smaller & more portable - more commonly used in the school setting.
- School district should ensure that the nurse is fully trained with a protocol in place to guide interpretation of data and how to respond to the results of pulse oximetry. Maintenance of the unit should be included. Ideally, the school nurse would participate in writing the clinical guideline.
- Oxygen saturations change late in asthma flare, if symptoms are present & saturation level normal, still treat asthma.

Peak Flow Meters:

- Peak flow has been found to have variable results and is not recommended for use in routine care.

School Considerations:

- Schools should create a plan in the event that a symptomatic student needs to be isolated.
- In the event of a confirmed case of COVID-19 among schools or staff, cleaning and educational plans should be in place to close classrooms, schools or districts in compliance with health department and CDC guidance.
- Group size should be limited and social distancing in place per health department and CDC guidance.

The information in this document is developed from guidelines- based asthma care information. Each school nurse must exercise clinical judgement when assimilating into her/his practice. Nurse Practice Acts vary from state to state and each school nurse must ensure that anything related to the practice of nursing must be consistent with applicable laws, regulations and guidance as well as school district policies and procedures.

SCHOOLS DURING THE COVID-19 PANDEMIC



The purpose of this tool is to assist administrators in making (re)opening decisions regarding K-12 schools during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Should you consider opening?

- ✓ Will reopening be consistent with applicable state and local orders?
- ✓ Is the school ready to protect children and employees at [higher risk](#) for severe illness?
- ✓ Are you able to screen students and employees upon arrival for symptoms and history of exposure?

ANY
NO



ALL
YES



Are recommended health and safety actions in place?

- ✓ Promote [healthy hygiene practices](#) such as [hand washing](#) and [employees wearing a cloth face covering](#), as feasible
- ✓ Intensify [cleaning, disinfection](#), and ventilation
- ✓ Encourage [social distancing](#) through increased spacing, small groups and limited mixing between groups, if feasible
- ✓ Train all employees on health and safety protocols

ANY
NO



ALL
YES



Is ongoing monitoring in place?

- ✓ Develop and implement procedures to check for [signs and symptoms](#) of students and employees daily upon arrival, as feasible
- ✓ Encourage anyone who is sick to [stay home](#)
- ✓ Plan for if students or employees get sick
- ✓ Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures
- ✓ Monitor student and employee absences and have flexible leave policies and practices
- ✓ Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

ANY
NO



ALL
YES



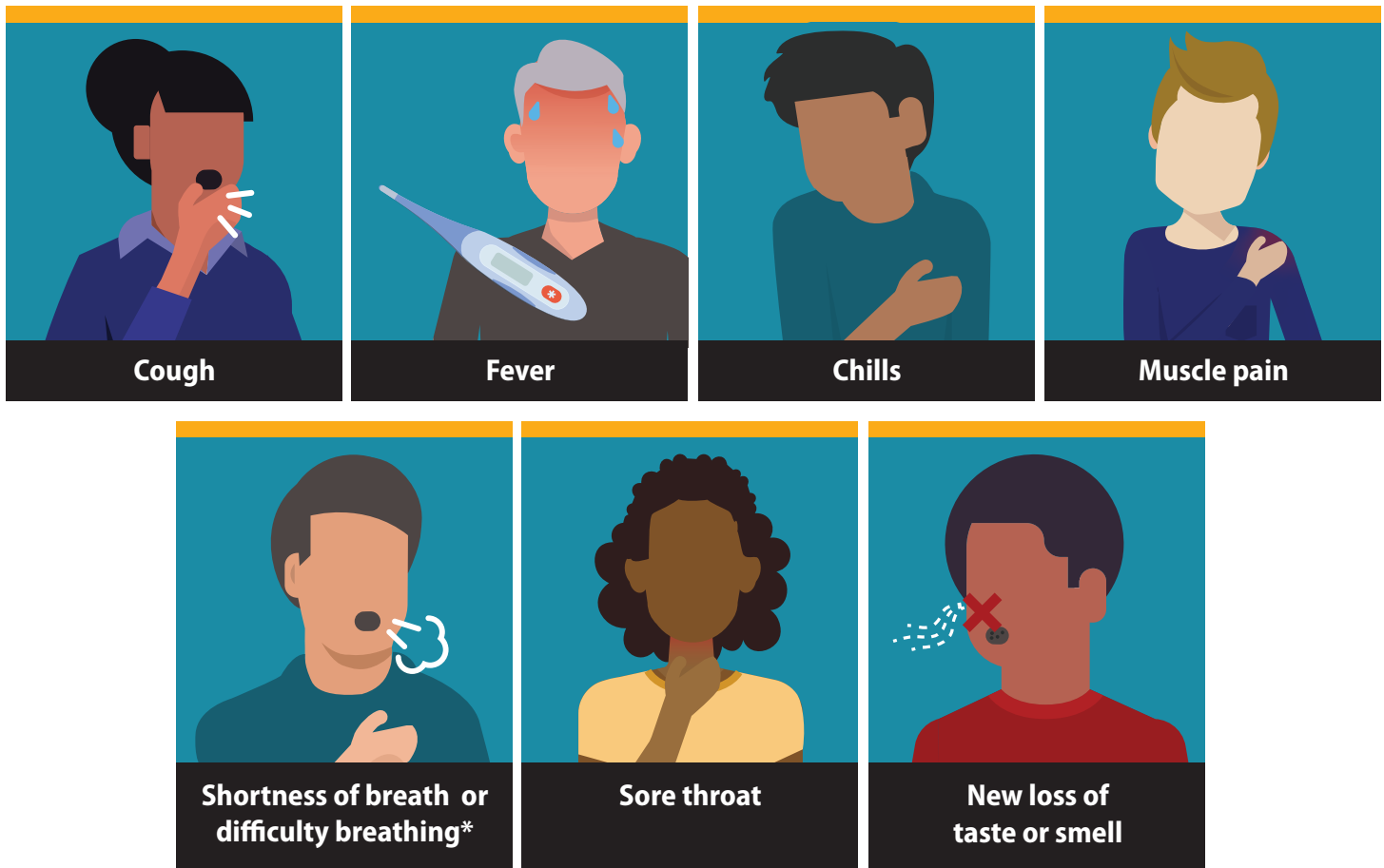
OPEN AND
MONITOR



cdc.gov/coronavirus

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

***Seek medical care immediately if someone has emergency warning signs of COVID-19.**

- 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. Please call your medical provider for any other symptoms that are severe or concerning to you.



cdc.gov/coronavirus

Wear a Cloth Face Covering to Protect You and Your Friends

PUT ON



WASH YOUR HANDS



PLACE OVER NOSE AND MOUTH

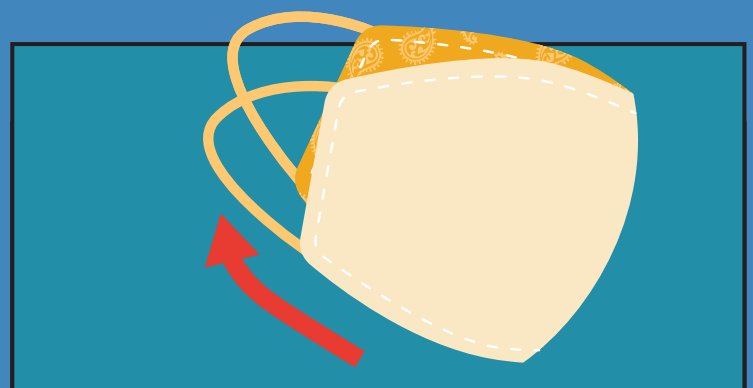


MAKE SURE YOU CAN
BREATHE EASILY

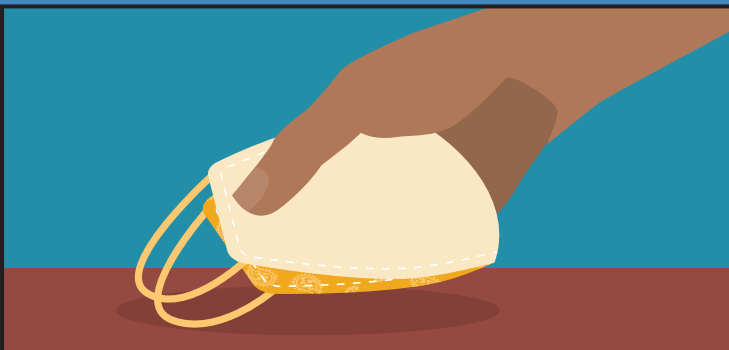
TAKE OFF



TAKE OFF YOUR FACE COVERING



FOLD OUTSIDE CORNERS TOGETHER



PUT ASIDE FOR WASHING



WASH YOUR HANDS

WASH YOUR HANDS OFTEN, WEAR A MASK, AND
STAY 6 FEET FROM OTHERS.



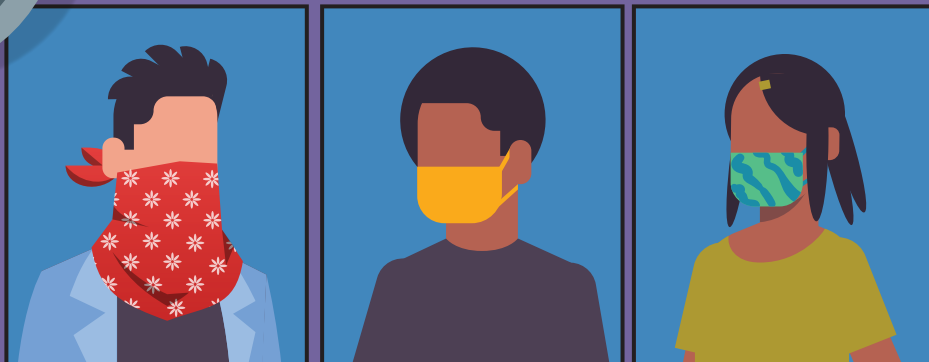
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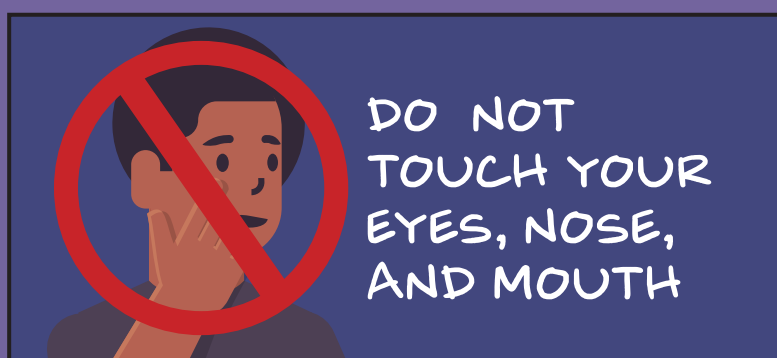
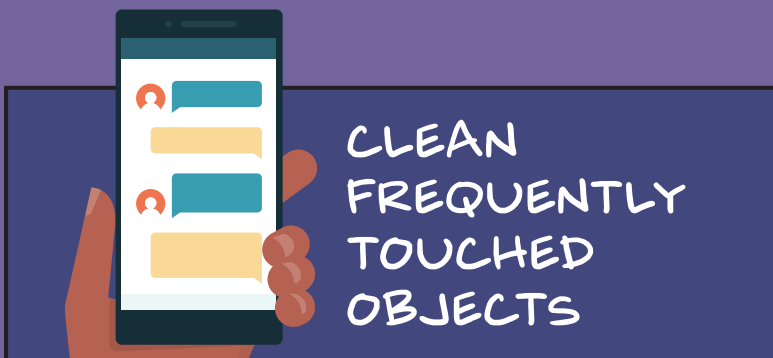
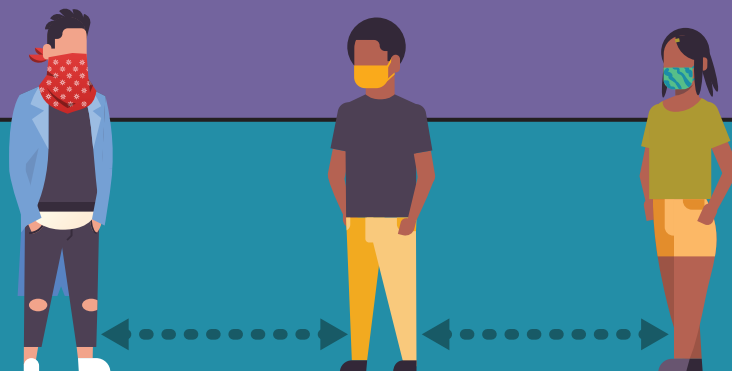
Slow the Spread of COVID-19



WHEN OUT WITH YOUR FRIENDS,
WEAR A CLOTH FACE COVERING



AND STAY
6 FEET APART
FROM OTHERS



cdc.gov/coronavirus