PURPOSE AND BACKGROUND
The following resource was developed to supplement information found in the Returning to School guidance. This document is primarily for use of school nurses. Updates will be communicated.

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School Health Return to School Additional Guidance

Introduction
This *School Health Return to School Additional Guidance* is a document with recommendations and considerations to support the health and wellness of both students and staff during Coronavirus Disease (COVID-19) and the return to school in the 2020-2021 school year. It is intended to be used to support school nurses and other school and district staff and includes resources and tools to assist in the delivery of nursing care in the school setting. Consideration of the needs of the individual school building and population served is vital during planning and implementation while making allowances for modifications and adjustments to keep students and staff healthy and safe during the school day. Interpret guidelines and ensure that they are implemented to the best standard of practice.

School Health Return to School Additional Guidance Document
This guidance and support document is for districts and charters for planning for the opening of the 2020-2021 school year. For additional information refer to DDOE [Returning to School](#) guidance.

District or Charter Site-Based Plan
Refer to the district or charter school’s site-based plan as referenced in the DDOE [Returning to School](#) guidance p. 4 for specific guidance regarding planning and processes.

Lead Personnel and Positive Cases
**FAQs from DPH as of July 30, 2020** indicates the following:
Each district and charter school should identify individuals to be designees and points of contact:
- Delaware Division of Public Health (DPH) will assign liaisons for school districts and charter schools.
- A district office administrator or charter leader should serve as the COVID coordinator for the district or charter.
- The school nurse should serve as the school-level lead and should always be in close contact with the COVID coordinator and the lead school nurse, if applicable.

Positive Cases
The following is the process if a positive case occurs:
- The school nurse will work with an epidemiologist at DPH to support case investigation and contact tracing, which includes assessing each unique situation and determining if other students or staff should be quarantined or tested.
- The school nurse will contact the Office of Infectious Disease Epidemiology within DPH at 1-888-295-5156 and report the case. If DPH learns of the school-related positive case first, DPH will contact the school nurse.
- DPH would then assign an epidemiologist to perform the investigation.
- The school nurse should keep the district- or charter-level COVID coordinator and the lead school nurse, if applicable, in the loop for consistency of communication and messaging.

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**Notification of student or staff member testing positive for COVID-19**

- Schools will trigger a priority response from DPH to the school, and DPH will contact the school nurse within 24 hours of receiving notification of a positive result.
- DPH will identify the COVID-positive staff member or student and work with the school nurse and the positive individual to identify any close contacts that need to be quarantined.
- The school nurse may only disclose the name of the positive individual for the purposes of assisting with contact tracing. For instance, if a young student tests positive, he or she may need a teacher’s assistance in identifying close contacts. In addition, schools should also request that families and staff contact the school if they learn they are positive since this can expedite the implementation of appropriate infectious control actions.
- If the school learns of the case before hearing from DPH, school staff should contact the Office of Infectious Disease Epidemiology within DPH at 1-888-295-5156.

**DPH Process for a student, teacher, bus driver or other school staff member testing positive for COVID**

- Positive cases related to a school setting are considered high-priority cases for DPH, and if they are identified through initial case investigation or contact tracing, a DPH epidemiologist will begin a detailed investigation. Likewise, if the school notifies DPH of a positive case, DPH will assign a DPH epidemiologist to the case.
- The person who tested positive will be instructed to self-isolate for a time period that depends on when he/she developed symptoms or had the test done.
- A person who tests positive will be instructed to stay in touch with DPH.
- DPH will issue an email to the individual (or a parent/guardian for a student) when the individual is cleared to return to school.
- Schools should require individuals to share this documentation with the school nurse before allowing someone who tested positive to return to school.

Only close contacts of the person who tested positive will be required to quarantine. For example:

- If a teacher tests positive but has consistently worn a mask and was not closer than 6 feet for more than 15 consecutive minutes to any of his or her students, then the students do not need to quarantine.
- If a student tests positive and sat at a desk less than six feet apart from another student for more than 15 minutes and did not wear a mask, the student next to the positive case does need to quarantine.
- If a student who tested positive sat three feet apart from another student for more than 15 minutes but was wearing a mask the whole time, the student next to the positive case would not need to quarantine.
- DPH understands that there will be scenarios where, due to the nature of school activities, staff may be uncertain about whether these protocols were followed. The school nurse and COVID coordinator should always work with the assigned DPH epidemiologist, who will help the school make a determination on whether quarantine is necessary based on available information.

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Also, close contacts of close contacts may not need to quarantine. For instance, a sibling in the household of a positive case should be considered a close contact and should quarantine and be tested. Close contacts of the sibling (e.g., other students in the same classroom as the sibling) do not need to quarantine unless the sibling’s results come back positive, but they should self-monitor for symptoms.

A DPH epidemiologist will assist a school in running through the above scenarios. In summary, it is unlikely that an entire class will need to quarantine, or an entire school would shut down in the event of a positive case, unless social distancing and mask requirements are not adhered to.

**Testing protocol for close contacts of positive cases**

The DPH epidemiologist will advise close contacts if and when they should be tested due to potential exposure.

DPH will make testing available for teachers and students who may have been exposed.

All Delawareans are encouraged to get tested at community testing sites, whether or not they’re symptomatic or have been exposed to the virus. If there is evidence of potential widespread transmission of the disease at the school (e.g., two or more cases from different households potentially transmitted at the school), DPH will work with the school to perform widespread testing for the school community. This decision should be based on findings from an investigation by DPH and informed by current levels of community infection.

**Notification to parents/guardians about a positive test in the school**

The school nurse, COVID coordinator, and possibly the school leader will coordinate with the Delaware Department of Education (DDOE) and DPH to notify families of the presence of any positive COVID-19 cases in the classroom and/or school to raise awareness and encourage closer observation for any symptoms at home. The process must include protecting the identity of those who test positive. Refer to the Delaware School Nurse Manual – Chapter 3 Community/Public Health.

**Special cleaning protocols for a positive case**

If a positive case is connected to an individual office or other space that can be left vacant for up to 24 hours, this is best and will allow the viral load to reduce before cleaning and disinfection take place. If the positive case is associated with a classroom or other essential space, regular disinfection and cleaning should take place before the next school day. If enhanced cleaning has been taking place, then those procedures should be continued, and additional or specific cleaning should not be necessary. Enhanced cleaning will reduce risk and should be continued. Commonly touched surfaces (door knobs, railings, etc.) should be cleaned every 15 minutes to 2 hours. It is vital that an EPA-approved disinfectant, or prepared bleach solution, be used to ensure effectiveness against COVID-19. CDC and EPA have guidance for cleaning and disinfecting schools and a simple decision tool for assistance.

**Health and Safety Directives**

The following precautions are provided as a quick reference. For additional information refer to the DDOE [Returning to School](#) guidance.
To enable schools to bring students and staff back safely, districts and charters need to employ precautions. In this section, precautions with the word “must” are mandatory; those with “should” are strongly recommended. These directives are inclusive of updated public health information as of July 2020 and may be updated if conditions change. Communication with family and staff about the return to school precautions should be handled by the district or charter administration. School nurses should refer to the health assessment link under Health Status and Monitoring regarding the at home health assessment recommendation for students and staff.

Face coverings and Hygiene
- All staff and students in grades 4-12 must wear cloth face coverings in the school building, except when doing so would inhibit the individual’s health. Face coverings are strongly encouraged to be worn by children in grades pre-k through 3rd grade, except when doing so would inhibit the individual’s health.
- Students and staff must have access to handwashing facilities and supplies and hand sanitizer and be allowed time to wash hands in between activities.

Social Distancing
- Students and staff should maintain the recommended distance of 6 feet or greater between individuals and must maintain a minimum of 3 feet apart with face coverings, including when seated at desks or standing in classrooms. This may vary depending on activity, such as cafeterias. Please contact those responsible for specific areas for any additional information.

Health Status and Monitoring
- Students and staff must stay home if they are exhibiting any symptoms of COVID-19 or have been confirmed to have COVID-19 or if required by DPH to isolate or quarantine.
- Students and/or their families should complete a student health self-screening every morning before leaving for school, to the extent practicable. The student health self-screening parent/guardian letter is available in English, Spanish and Haitian Creole.
- Staff should also complete a staff health assessment every morning before leaving for school.
- Testing educators, staff and students is a priority for the state. DDOE and DPH will work with all schools on how to make testing available and convenient. Please continue to refer to DDOE website for information related to testing.

Decisions and guidance on enforcing the state health and safety directives for students and staff with medical or behavioral concerns need to be in partnership with the school or district.

Hand Hygiene
It is recommended to “teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff. If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).” Refer to Emergency Regulation 817 Medications and Treatments for requirements related to the use of hand sanitizer. Please

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reference the [FDA hand sanitizer recall information](#). Additional hand hygiene education resources may be found on the [Returning to School Guidance](#) p. 34.

**Health Areas Recommendations**

The school population and current building layout need to be considered when planning the health areas, determining equipment/supplies, method of triaging visits and referrals to the school nurse. It is imperative that the school nurse consults with school administration and other school personnel to establish new processes and workflow for the health areas. Allowance for privacy and confidentiality need to be of priority.

**Separate Areas**

It is preferable for schools to have two separate health areas, a Non-Isolation Area, and an Isolation Area, to address the health needs of the school population. Both areas should have easy access to a bathroom and sink with running water as well as availability of other hand hygiene supplies. These two separate areas need to be in a clearly identified and labeled space that allow for the recommended distance of 6 feet or greater between individuals and must maintain a minimum of 3 feet apart with face coverings. Both areas require a supervising adult to be present. This supervising adult should be determined by the district or school building administration in collaboration with the school nurse. See [Figure 1: Separate Areas Descriptions](#).

The school nurse needs to use nursing judgement and critical thinking in the determination as to what health area to triage the individual based on reason for visit and whether the individual has high risk factors for severe illness.

**Definitions of Isolation and Quarantine**

“Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

- **Isolation** separates sick people with a contagious disease from people who are not sick.
- **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.”

**Description of Suggested Areas**

1. **Non-Isolation Area**
   - This “health office” area is to accommodate triage of well visits, ill visits deemed non-COVID-19, injuries, medications, and routine procedures (e.g., catheterizations, blood glucose checks) type of nursing care performed by the school nurse.

2. **Isolation Area**
   - This isolation area is to be used for assessing and caring for ill students and staff who become ill at school with presumptive COVID-19 like symptoms.
   - “Schools **must** identify an area or room separated from others where a student or staff member who becomes ill at school can wait until they can be picked up, which should be arranged as soon as possible, or transported to a medical facility if necessary.”

   It is recommended that the supervising adult present utilize appropriate personal protective equipment (PPE). This room can be referred to as “going home early room” or other age-appropriate, child-friendly terminology as needed.
The current designated school health office needs to be evaluated to determine if there is adjacent space for isolation. If an adjacent space is not available, consider moving the school nurse work area to another larger location with a separate adjacent space. Consideration of ventilation such as windows and an outside door is preferable to reduce the spread of disease for isolated individuals exiting the building. Computer, phone, internet, and restrooms with handwashing facilities are required in the health areas.10

Aerosolized Procedures
If feasible, aerosolized procedures such as nebulized medication, suctioning, and/or oxygen administration should be conducted in a room separate from others. The school nurse needs to utilize appropriate PPE when administering aerosol procedures.

Due to limited availability of data, it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious.11 “During this COVID-19 pandemic, asthma treatments using inhalers with spacers (with or without face mask, according to each student’s individualized treatment plan) are preferred over nebulizer treatments whenever possible. Based on limited data, use of asthma inhalers (with or without spacers or face masks) is not considered an aerosol-generating procedure. Use of peak flow meters, including in the school setting, includes forceful exhalation. Based on limited available data, forceful exhalation is not considered an aerosol-generating procedure associated with increased risk of transmitting the virus that causes COVID-19. However, for some people with asthma, using a peak flow meter can trigger cough.”12

After the aerosolized procedure or use of peak flow meter has been done, the area used for the procedure should undergo routine cleaning per the cleaning section recommendation in the DDOE Return to School guidance.

School nurses should adhere to Standard and Transmission-Based Precautions when caring for ill individuals and can refer to What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection for additional guidance.13

Ventilation
Ventilation related concerns are to be addressed by the school or district. However, if possible, the health areas should have:

- Dedicated HVAC system
- Exhaust directly outdoors
- Maintain negative pressure to adjoining spaces
- If being utilized as a health area, the traditional nurse office suite design should follow health care facilities design practices as described in standards such as ASHRAE Standard 170 and other applicable guidelines and design information.14

Cleaning
It is essential that the school nurse takes a proactive role in collaborating with the building custodial and administrative staff in ensuring that cleaning and disinfecting procedures used in the health areas are in accordance with the CDC Guidance.15 Refer to the CDC Cleaning and Disinfecting Your Facility for additional information.

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Recommendations

- Frequently touched surfaces, including countertops, light switches, doors, door knobs, handles, faucets, phones, keyboards, chairs, stair railings, benches, bathrooms, etc., should undergo cleaning with either an [EPA-approved disinfectant](https://www.epa.gov) or diluted bleach solution every 15 minutes to two hours and a minimum of at least twice daily.
- Wear appropriate PPE when performing all cleaning activities. This includes gloves, surgical mask, and face shield, for protection from exposure to the cleaning and disinfection products being used and to lower the risk of transmission from the areas being cleaned.
- Clean health related equipment (e.g. blood pressure cuffs, otoscopes, stethoscopes, etc.) following manufacturer’s directions.
- Clean the room where the aerosolized procedure or peak flow and equipment was used after each use.
- **Cleaning and disinfecting the building if someone is sick** (a person suspected or confirmed to have COVID-19), the CDC indicates the following:
  - Close off areas and do not use these areas until after cleaning and disinfection has occurred.
  - Open outside doors and windows to increase air circulation in the area.
  - Wait 24 hours before cleaning and disinfection. If waiting 24 hours is not feasible, wait as long as possible.
  - Clean and disinfect all areas used by the person who was considered sick.
  - Once the area has been appropriately disinfected, it can be opened for use.
  - Individuals without close contact with the person suspected or confirmed to have COVID-19 can return to the area and resume school activities immediately after cleaning and disinfection. 16
**Figure 1: Separate Areas Descriptions**

<table>
<thead>
<tr>
<th>Non-Isolation Area (Non-COVID Like Symptoms)</th>
<th>Reason for Visit Examples</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>● Well visits and injuries</td>
<td>● Initial nursing triage <em>prior</em> to entry into area indicates non-COVID-19 like symptoms</td>
</tr>
<tr>
<td></td>
<td>● Ill visits with non-COVID like symptoms (e.g., ear pain, tooth ache, facial irritation from face covering)</td>
<td>● If signs &amp; symptoms or exposure to COVID-19 is reported, send immediately to <em>Isolation Area</em>, and follow listed Actions</td>
</tr>
<tr>
<td></td>
<td>● Routine procedure (e.g., diabetic care, tube feedings, catherization, wound care or medication)</td>
<td>● Adhere to physical distancing marked off area</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Isolation Area (COVID-19 Like Symptoms)</th>
<th>Reason for Visit</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>● Evaluation of presumptive COVID-19 like symptoms</td>
<td>● Place surgical mask on the individual</td>
</tr>
</tbody>
</table>

Note: Refer to Isolation Guidance in Symptoms Monitoring and Exclusion section

*Coronavirus Disease (COVID-19) Screening Assessment Tool FOR USE BY SCHOOL NURSE*
Health Areas Supplies & Equipment

Refer to the Delaware School Nurse Manual, Leadership, Chapter 4 p. 22 for the “Tentative List of Durable Equipment for School Health Services” as needed when prioritizing purchases and/or obtaining equipment and supplies for use in the health areas while considering the unique needs of the school population. Disposal items should be used as much as possible (e.g., disposable pillow protectors, sheets, thermometers, disposable thermometer sheaths or probes, and disposable otoscope specula). At a minimum, it is recommended that the designated health areas have the following supplies and equipment accessible and back up readily available:

- **Hand Hygiene Supplies**
  - There should be an adequate supply of 60-70% alcohol-based hand rub (hand sanitizer) and soap and running water.
- **Thermometer**
  - Use of a FDA approved non-contact infrared thermometer for taking a person’s surface temperature to reduce cross-contamination and minimize the risk of spreading disease is recommended.\(^\text{17}\)
- **AED**
- **Go Bag for Emergencies**
- **Oxygen**
- **Pulse oximeter**
- **Sphygmomanometer (non-mercury) with pediatric, adult, and large adult cuffs**
- **Ophthalmoscope**
- **Otoscope with disposable probes**
- **Stethoscope**
- **Cots/chairs**
- **Wheelchair**
- **Flashlight**
- **Tissues**
- **Refrigerator of adequate size for storing medications**
- **Pedal controlled, covered waste receptacle with disposable liners**
- **Biohazard sharps waste container**
- **Telephone**
- **Walkie talkie**
- **Computer and printer**

**School Nurse Personal Protective Equipment (PPE)**

Consultation with school administration, district or Lead School Nurse is recommended regarding procurement and allocation of PPE for use by the school. Obtaining PPE may be difficult due to high demand. It is recommended to use a tool to calculate the how much PPE will be needed. The CDC PPE Burn Rate Calculator that is available to assist healthcare facilities calculate the average PPE consumption rate or “burn rate” can be utilized by schools. Additionally, the NY School Reopening Guidance\(^\text{18}\) provides the following regarding disposable masks and materials for staff:

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**Figure 1: Disposable Masks**

<table>
<thead>
<tr>
<th>Group</th>
<th>Quantity per 100 per group</th>
<th>12-week Supply at 100% Attendance</th>
<th>12-week Supply at 50% Attendance</th>
<th>12-week Supply at 25% Attendance</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>100 masks per week</td>
<td>1,200</td>
<td>800</td>
<td>300</td>
<td>1 disposable mask per week per student (to supplement the cloth masks provided by parent/guardian).</td>
</tr>
<tr>
<td>Teachers and other staff</td>
<td>500</td>
<td>6,000</td>
<td>3,000</td>
<td>1,500</td>
<td>5 disposable masks per week per teacher.</td>
</tr>
<tr>
<td>School nurses and health providers</td>
<td>1,000</td>
<td>12,000</td>
<td>6,000</td>
<td>3,000</td>
<td>10 disposable masks per week per school nurse.</td>
</tr>
</tbody>
</table>

**Figure 1: Materials for Staff Members**

<table>
<thead>
<tr>
<th>Item</th>
<th>1-week Supply for 1 Staff</th>
<th>12-week Supply</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposable Nitrile Gloves</td>
<td>10</td>
<td>120</td>
<td>10 pairs disposable nitrile gloves per week, per staff.</td>
</tr>
<tr>
<td>Disposable Gowns</td>
<td>10</td>
<td>120</td>
<td>10 disposable gowns per week, per staff.</td>
</tr>
<tr>
<td>Eye Protection</td>
<td>2</td>
<td>n/a</td>
<td>2 re-usable eye protection per staff total.</td>
</tr>
<tr>
<td>Face Shields</td>
<td>2</td>
<td>n/a</td>
<td>2 reusable face shields per staff total.</td>
</tr>
<tr>
<td>Waste Disposal Medium</td>
<td>1</td>
<td>n/a</td>
<td>1 unit per staff total.</td>
</tr>
<tr>
<td>N-95 Ventilating Masks*</td>
<td></td>
<td>10</td>
<td>120</td>
</tr>
</tbody>
</table>

Note: N-95 masks are recommended *only* if staff will be in contact with a suspected COVID-19 positive case and/or performing aerosol-generating procedures.
School Nurse PPE Considerations

School nurses should refer to the National Association of School Nurses (NASN) document, *Guidance for Healthcare Personnel on the Use of Personal Protective Equipment (PPE) in Schools During COVID-19* regarding PPE use by healthcare personnel and the related risks associated with specific nursing tasks and activities to determine precautions to utilize. Refer to the *Cleaning* section of this document for PPE recommendations to use during cleaning duties. Refer to the NASN guidance in *Section 4: PPE Supply Optimization* for additional information regarding strategies for conservation and reuse measures of PPE if supply becomes low.

**Attire**
- Scrub top, bottoms and lab coat or cloth washable (scrub jacket or smock with high neck and cuffed long sleeves) are strongly recommended for daily duties including identifying one pair of shoes that are designated for work.
- Extra attire is encouraged in case clothing becomes soiled.

**Eye Protection**
- Goggles and face shields are recommended. Contact lenses and eyeglasses are not considered adequate eye protection.

**Face Masks**
- “Use facemasks according to product labeling and local, state, and federal requirements. Facemasks that are not regulated by FDA, such as some procedure masks typically used for isolation purposes, may not provide protection against splashes and sprays. A facemask provides barrier protection against large-particle droplets and does not effectively filter inhaled small particles, fumes, or vapors. A surgical mask is primarily used to protect patients and healthcare workers from people who may have a respiratory infection or to protect sterilized or disinfected medical devices and supplies.”
- Face masks need to be changed if become soiled, wet, damaged, or hard to breathe through.

**Face Shields**
- A face shield provides eye protection. For full protection from respiratory droplets, it must be used with a facemask.
- The use of face shields is not a substitute for facemask or cloth face coverings.

**Gloves**
- Non-sterile nitrile disposable gloves need to be used during each individual student/staff hands on assessment.
- Wearing gloves is not a substitute for hand washing with soap and running water or use of hand sanitizer.
- Washing hands between individuals and donning a new pair of gloves during each individual student/staff hands on assessment is required to decrease exposure to bodily fluids and to prevent pathogen transmission.

**Gowns**
- Disposable protective gowns that are resistant or impermeable to fluids are recommended to be worn during procedures that may illicit aerosolized secretions such as suctioning and nebulized medications and/or respiratory droplets or secretions.
- Gowns need to be changed between potentially infectious cases to prevent cross contamination.

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Respirator

- “A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer’s risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare.”
- “To use N-95s schools must have a fit test program in place. If this is not in place or there is a shortage, a surgical face mask should be used. Some schools may have access to KN95 respirators that have been declassified and not suitable for highest risk tasks without a full-face shield. They may also be allowed as non-PPE per individual states.” Refer to the NASN document Respiratory Protection Program regarding fit testing.
- It is recommended that students who develop a fever or become ill at school “be kept in a designated area of quarantine until they can be transported off campus. Nurses should wear N95 masks when caring for these students, as feasible.”
- Delaware Health and Social Services strategies for optimizing the supply of PPE-95 Respirators indicates the following:
  - Extend the use of N95 respirators by wearing the same N95 for repeated close contact encounters with several different patients, without removing the respirator (i.e., recommended guidance on implementation of extended use)
  - When supplies are running low to use respirators as identified by CDC as performing adequately for healthcare delivery beyond the manufacturer-designated shelf life
  - Use respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators but that may not necessarily be NIOSH-approved
  - Implement limited re-use of N95 respirators for patients with COVID-19, measles, and varicella
  - Use additional respirators identified by CDC as NOT performing adequately for healthcare delivery beyond the manufacturer-designated shelf life
  - Prioritize the use of N95 respirators and facemasks by activity type with and without masking symptomatic patients”

Health Areas Workflow

The school nurse needs to establish the health referral and triage process for school nurse assessment, evaluation, and treatment in collaboration with school administration. There needs to be clear explanation provided to families, students, and school personnel about the modifications in the referral process to the school nurse and delivery of nursing services due to COVID-19. For example, changes related to the nurse office previous designated workspace and location, routines, and method of delivery of nursing services. Nursing judgement and critical thinking will be vital in the decision-making process when determining what health area, Non-Isolation or Isolation, to send the individual who is seeking or being referred for nursing services. The goal is to keep healthy students and staff out of the Non-Isolation Area to minimize exposure to illness. Allowance for privacy and confidentiality need to be of priority when providing nursing services.
Considerations

- Collaborate with school administration on identifying the two separate health areas, Non-Isolation Area and Isolation Area, and related area specifics (e.g., supervising adult and the clearly identified and labeled space that allows for the recommended distance of 6 feet or greater between individuals and must maintain a minimum of 3 feet apart with face coverings).
- Establish the health referral and school nurse triage process for assessment, evaluation, and treatment to both the Non-Isolation and Isolation Areas and notify school personnel of changes.
- Develop the contact method of referral to the health areas (e.g., telephone, intercom, etc.). It is recommended that staff contact the school nurse prior to sending the student or seeking personal treatment to determine health area capacity and school nurse availability.
- Develop a process regarding sending non-students and non-staff (e.g., parents, community agency members) to the health areas in collaboration with school administration. It is recommended to limit outside families, outside visitors, and others entering the school as much as possible.
- Relocate non-medical tasks out of the Non-Isolation Area (e.g., safety pins, lost and found, hand lotion) and identify a new location for such supplies or provide staff with classroom and office supply.
- Provide staff with education on handling minor first aid, what type of situations can be handled in the classroom, and when to refer and contact the school nurse. This is not meant to imply delegation of nursing services nor substitute for nursing care by the school nurse.
- Provide basic first aid supplies (e.g., gloves, Band-Aids, gauze) for school personnel to use in classroom or office.
- Establish a plan that includes a communication process and assignment of extra assistance for when health area(s) reach capacity in collaboration with school administration.
- Review school Crisis Plan.

Health Areas Workflow

Non-Isolation Area

- Triage the student or staff prior the entering the health area to determine which health area to send individual.
  - Refer to Asthma and Allergy Foundation of America’s How Can I Tell the Difference Between Asthma, COVID-19 (New Coronavirus), the Flu, a Cold or Seasonal Allergies?
  - If signs and symptoms or exposure to COVID-19 is reported, place surgical mask on individual and send immediately to identified Isolation Area.
- Consider student and staff visit and referrals to the school nurse as scheduled or staggered appointments unless an emergency (e.g., scheduled medications, routine procedures, evaluation of well visits and injuries).
  - Notify school personnel and students of health area schedule via signs on health area door, email and announcements.

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Isolation Area
- Collaborate with school administration to determine who the supervising adult assigned to this area will be.
- Provide education to supervising adult, if non-nurse, regarding use of PPE, adherence to social/physical distancing, sending home process, room cleaning process, confidentiality and privacy.

In Classroom Nursing Services
- Determine if providing certain types of In Classroom Nursing Services to the student and staff is a viable option while adhering to confidentiality and privacy.
- Consult with the student and family regarding the option of In Classroom Nursing Services.
- Collaborate with administration regarding a system of health office coverage or where individuals go when In Classroom Nursing Services are being provided by the school nurse.
- Establish a schedule and communication process (i.e., walkie talkie, intercom) for when school nurse is out of assigned area.
- Examples of In Classroom Nursing Services can include:
  - Nursing Assessments
    1. Initial evaluation based on contact from school staff or family
    2. Follow up evaluations
  - Treatments
    1. Blood glucose checks and/or continuing glucose monitoring
    2. Ice pack
    3. Wound care
  - Medications
    1. Scheduled (e.g., daily ADHD medication)
    2. Unscheduled (e.g., pain medication)
    3. Non-aerosolized

Medically Vulnerable/High Risk Populations
“People 60 and older, those with serious chronic health conditions, people with disabilities, those who are homeless or are suffering from behavioral health issues, and undocumented immigrants all face greater risks for COVID-19.” Refer to the CDC for additional information regarding People Who Need to Take Extra Precautions.

Recommendations
- “Enable staff who self-identify as high-risk for severe illness to minimize face-to-face contact and allow them to maintain a distance of six feet from others, modify job responsibilities to limit exposure risk, or telework, if possible.
- Encourage families and staff to have individualized discussions with their health care providers to assess their own health risks and determine whether it is safe to attend school in person.
- Allow students and staff, if they choose to do so, to self-identify as having a high-risk medical condition to school staff for planning purposes in the event of an outbreak. Relevant privacy protections and HIPAA must be considered.”

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• Any staff member with personal medical concerns needs to have individual discussion with the school or district human resources.

Considerations

• For students with asthma diagnosis, consider care coordination with healthcare provider to establish and suggest the following:
  o Asthma Action Plan or medication and treatment orders that reflect:
    - Administration of bronchodilator delivered by metered-dose inhaler (MDI) to be used whenever possible instead of nebulizer.
    - Avoidance of using peak flow meters due to the potential of triggering of cough.
  o Medical note from the health care provider for students with acute asthma attacks to attend school and limit physical activity as needed.
  o Contact the parent/guardian regarding use of MDI over nebulizer treatment and obtain medication and supplies to treat the student during the school day.

Non-Healthcare Personnel Guidance for Use of PPE

It is encouraged for the school nurse to collaborate with school personnel to identify situations that may be require PPE beyond a face covering for specific staff if there is potential of being splashed or sprayed by respiratory secretions or droplets while performing daily duties. The additional PPE may include use of a face mask, face shield/eye protection, disposable gloves, and a gown.

Considerations

• Education regarding proper use of PPE, hand hygiene and risk of exposure needs to be provided by the school nurse to the specific staff.
• Collaboration with the school administration or district will be necessary to obtain the additional PPE.

Handling COVID-19 Suspected, Presumptive or Confirmed Cases

Schools and districts need to collaborate with DDOE and DPH to develop and identify processes to gather, track and report public health indicators related to handling suspected, presumptive and confirmed cases of COVID-19.32 “Relevant privacy protections and HIPPA must be considered.” 33 In 2008 the Family Education Rights and Privacy Act of 1996 (FERPA) regulations were revised to clarify the “health or safety emergency exception” allowing educational agencies to disclose personally identifiable information (PII) from student education records without prior written consent to appropriate parties in the event of a health and safety emergency.34 Student COVID-19 illness and related absences maybe disclosed to other students and their parents if the information is shared in a non-personally identifiable form.35 School nurses need to discuss concerns regarding sharing of information and the related communication process with school administration and/or district COVID coordinator. Additional information is available at FERPA & Coronavirus Disease 2019.
Recommendations

Before School Health Assessment
Regularly monitoring for symptoms of COVID-19, including cough, congestion, shortness of breath, or gastrointestinal symptoms are crucial components of mitigation measures.

- Students and/or their families to complete a student health self-screening every morning before leaving for school.
- School staff are to complete a health assessment every morning before coming to work.
- Any affirmative responses to the health assessment should prompt the family to keep the student home from school.
- Students and staff must stay home if they are exhibiting any symptoms of COVID-19 or have been confirmed to have COVID-19 or if required by DPH to isolate or quarantine.
- School nurses need to have printed copies of the DPH COVID-19 symptoms and student health self-screening parent/guardian letter available for distribution to school staff, families, and students. 36

Documentation by School Nurse
Regulation 811, School Health Record Keeping establishes requirements for school nurse documentation in Delaware. School nurses need to document student and staff visits in the electronic documentation program (eSchoolPLUS or Health Accounting) all nursing services and care provided. If necessary, during triage of multiple symptomatic individuals, the school nurse can utilize the Coronavirus Disease (COVID-19) Screening Assessment Tool FOR USE BY SCHOOL NURSE as a worksheet in the triage process. This assessment form is not a mandatory form and it can be shredded once the information is entered in the electronic documentation program.

Sending Home
- A student or staff member who becomes ill at school needs to wait in an area or room separated from others until they can be picked up (as soon as possible) or transported to a medical facility if clinically unstable.
- Students should wear surgical face ask and remain in designated Isolation Area until transported off campus.
- If transportation concerns arise, follow school or district process for getting the student home safely. “Do not allow students who develop fever or become ill at school to ride home on the bus.”37

Returning to School Criteria
- Keep students sent home from school for illness home until they have been cleared by a health care provider.
- Those who have tested positive for COVID-19 need to be cleared by DPH before returning to school. 38
- Refer to the COVID-19 Suspected, Presumptive or Confirmed Return to School Criteria in Appendix A for details about the Before School Health Assessment, DPH COVID-19 Patient Instructions After Testing Instructions and flowchart that can be used by the school nurse and/or COVID Coordinator to determine the return to school criteria.

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Communicable Disease Monitoring
The school nurse will need to collaborate with the district or charter COVID coordinator, if not
deeded the coordinator, regarding COVID-19 related concerns and school building illness and
absenteeism trends. Districts and charters will be assigned a public health expert/liaison to aid
the district and/or school in making decisions and serve as a resource in meeting the needs of
the school community. Each charter or district will have a DPH liaison for questions and to support
contact tracing, as necessary. Refer to Delaware DPH Contact Tracing and CDC Contact
Tracing for additional information.

Recommendations
• Establish plan and method of how/when to contact the district or charter COVID coordinator.
• Establish a plan and method of how/when to contact the district or charter assigned DPH
  public health expert/liaison. Contact your district/charter leadership for your assigned DPH
  liaison.
• Establish a plan and method of how/when to contact Ann Covey, DDOE School Health
  Services (Ann.Covey@doe.k12.de.us)
• Collaborate with COVID coordinator and DPH to determine the parameters, conditions, or
  metrics (e.g., increased absenteeism or increased illness in school community) that will serve
  as early warning signs that positive COVID-19 cases may be increasing beyond an
  acceptable level.
• Review requirements as outlined under Lead Personnel and Positive Cases in the event that a
  student or staff member tests positive for COVID-19.
  o Assist with monitoring classmates closely for any symptoms.
  o Coordinate with DDOE and DPH to notify families of the presence of any positive
    COVID-19 cases in the classroom and/or school to encourage closer observation for
    any symptoms at home.
  o Assist with keeping students sent home from school for illness home until they have
    been cleared by a healthcare provider.
• Stay current on school or district processes and DPH guidelines.

COVID-19 Codes
• Codes will be used in eSchoolPLUS and Health Accounting to track students and staff
  presenting with COVID-19 symptoms. Guidance will be forthcoming.

Other Considerations
• Work with charter or district human resource office regarding policy for staff who
  identify as high-risk for severe illness and questions regarding exposure to COVID-19
  related to employment. It is advised that all staff concerns be handled by the charter or
  district human resource office.
• Work with charter and district to have the individual school nurses be identified as the
  building level point of contact for confirmed COVID-19 (+) cases or related inquire that
  arise.
• Work with charter or district on the daily absenteeism monitoring and process.

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School Entry and Screening Requirements
School health requirements including Physical Exams, Health Screenings, Immunizations, Tuberculosis Test or Risk Assessment, Lead Test Date will remain in effect for all newly entering and current students in accordance with the State of Delaware Administrative Code: Title 14, Section 800 Health and Safety. Refer to Title 14: Education: 800 Health and Safety unless notified differently.

The COVID-19 pandemic has created changes in the healthcare system, which may result in the student and family encountering barriers to accessing health care services for routine well-child visits and vaccine administration. It is the responsibility of the school nurse to support these students and families. The school nurse can provide guidance regarding school health entrance requirements and screenings and provide additional resources for access to care.

Delaware Interscholastic Athletic Association (DIAA)
Refer to DIAA for the Return to Play Plan that includes DIAA Emergency Regulation 1010, Athletic Director/Admin Forms and COVID-19 Signage.

Communication
Communication by the school nurse to the school personnel, families, students, and other community agencies will be vital with return to school regarding modifications in the health office routines, being sent home due to illness and return to school criteria and adherence to the recommended health directives. Clear explanations that addresses the rationale for limiting the number of students in the nurse office to decrease pathogen exposure will be necessary. Helping school personnel, families and students understand the importance of the criteria for when being sent home ill and when to return to school are key in reduce the spread of COVID-19.

School nurses are in the pivotal role to be proactive to communicate, educate and reinforce health promotion, preventative measure and precautions related to COVID-19. It has been recommended by the DDOE for signage about frequent handwashing, cough etiquette and nose blowing be posted and disseminated along with other communication methods per public health guidance. Collaboration with the school team regarding mental health concerns and return to school transition will be vital.

School nurses are encouraged to work with the charter or district to develop clear and consistent age appropriate messaging and communication tools to disseminate information. Language barrier considerations need to be addressed in the communication process.

Health Education
Safeguarding the health and well-being of the school community is a challenge presented by COVID-19. School nurses are encouraged to work with the school, district, and district Lead School Nurse to be proactive, create health related learning opportunities and strategize to meet the needs of the school community. The goal is to support positive health behaviors, health promotion and disease prevention. Consideration for the learning needs, style, age, and developmental level are fundamental in targeting the educational offerings. Active participation by the learner is fundamental in facilitating the learning process. Readiness to learn, language
barriers, time constraints and teaching delivery method also need to be considered when addressing learning needs and the educational offering.

**Considerations**

- Work with the school, district, and district lead school nurse to identify the following:
  - Target audience (e.g., family, student, staff; group (school or district) or individual adhering to social/physical distancing)
  - Educational offering delivery method (e.g., face to face, website, online virtual meeting platform, mailings/newsletter)
  - Educational session timing (e.g., before/during/after school, ongoing)
  - Educational topics, objectives, content, and goals (see below Suggestion Topic Areas)
  - Available health related resources and educational materials
- Identify community partnerships for outreach to aid in relaying educational information to targeted audiences (e.g., DPH, local hospital, faith-based organizations, United Way)
- Remain current regarding DPH COVID-19 guidance and resources

A COVID-19 Health Related Topics & Resources PowerPoint will be made available as a guide for school nurses to use when developing and providing educational offerings to the school community. Some suggested topics are listed by target audience (family, student, and school personnel) and includes objectives and resources.
Acknowledgements

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Appendices

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Appendix A
COVID-19 Suspected, Presumptive or Confirmed Return to School Criteria
COVID-19 Suspected, Presumptive or Confirmed Return to School Criteria

This flowchart is to be used by the school nurse and/or COVID Coordinator.
Note: There may be changes in guidance per the Delaware Division of Public Health.

Based on daily Home Health Assessment before coming to school COVID-19 symptoms are exhibited
(See p. 1 for Health Assessment details)

Do NOT Come to School

 Sent Home by School

Required by DPH to isolate or quarantine

Confirmed COVID-19

Do NOT Come to School

COVID-19 Test ordered by healthcare provider
[See p. 2 for DPH Testing Guidance]

Evaluated by their healthcare provider

Cleared without test

Cleared by their healthcare provider

Negative Test

Positive Test

Cleared by DPH

Return to School

7/26/2020
Appendix B
Referral to Health Areas Guide

Objective
To provide education to school personnel, families, and students about the changes in the referral process to the school nurse and nursing services during COVID-19.

Content Suggestions:

Define Isolation and Quarantine
Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease. Isolation separates sick people with a contagious disease from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. (Centers for Disease Control and Prevention. (2020). Quarantine and isolation. https://www.cdc.gov/quarantine/unisp.html)

Review the 2 Separate Health Areas
1. Non-Isolation Area
This “Health Office” area is to accommodate triage of well visits, ill visits deemed non-COVID-19, injuries, medications, and routine procedures (e.g., catheterizations, blood glucose checks) types of nursing care performed by the school nurse.

2. Isolation Area
This isolation area is to be used for assessing and caring for ill students and staff who become ill at school with presumptive COVID-19 like symptoms. Will need to wear a surgical mask.
- Both areas allow for distance of 6 feet or greater between individuals and must maintain a minimum of 3 feet apart with face coverings.
- Both areas require a supervising adult to be present.
- Location of both areas if not the regular school nurse office.
- Name of contact for person assigned to the area if not school nurse.
- Contact methods - phone call, email, intercom, walkie-talkie.

New Referral Process & Workflow (See p. 2 Figure 1)

Referral of Request to Visit Health Areas (if possible)
- Contact school nurse prior to sending the student or seeking personal treatment to determine health area capacity and school nurse availability.

On Arrival to Health Area (if possible)
- Wait for school nurse prior to entering area for triage.
- The school nurse will determine which health area to send the individual based on reason for visit and symptoms.
- Those potentially feeling ill with COVID-19 symptoms will immediately be relocated to the designated Isolation Area so to avoid potential cross contamination and exposure in the health office. Will need to wear a surgical mask.

Emergencies
- Contact the school nurse via established school process.

In-Classroom Nursing Services
- Review if this will be an option with privacy/confidentiality.
- Review the established schedule and communication process (i.e. walkie-talkie, intercom) for when school nurse is out of assigned area.
- Describe the possible In-Classroom Nursing Services
  - Nursing Assessments (e.g., initial evaluation based on contact from school staff or family; follow up appointments).
  - Treatments (e.g., blood glucose checks and continued glucose monitoring, ice pack, wound care).
  - Medications (e.g., scheduled daily ADHD medication, un-medicated pain medication, any non-aerosolized).

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## Referral to Health Areas Guide

#### Figure 1 Sample Referral to Health Areas:

<table>
<thead>
<tr>
<th>Handle in Class</th>
<th>Send to School Nurse</th>
<th>Immediately Call School Nurse</th>
</tr>
</thead>
</table>
| - Small paper cuts, abrasions, picked scabs
- Safety pins
- Vaseline for chapped lips
- Hand lotion
| - Reports of symptoms of COVID-19 *
  - Fever of 100.4 degrees or greater
  - Cough
  - Shortness of breath or difficulty breathing
  - Chills
  - Muscle pain
  - Headache
  - Sore throat
  - New loss of taste and/or smell
  - Fatigue
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
  - Multisystem Inflammatory Syndrome in Children (MIS-C) above plus rash, bloodshot eyes, neck pain and abdominal pain
| - Diabetic report of feeling “low” or “high” *
  - Altered level of consciousness/concussion *
  - Difficulty breathing *
  - Chest pain *
  - Vision impairment
  - Severe abdominal/grain pain
  - Loss of tooth
  - Nosebleed that is not self-controlled controlled or several nosebleeds in a row
  - Any injury that poses concern
  - Vomiting
  - Scheduled or request for medications
  - Scheduled Specialized Health Care Procedures
    - Ongoing care
    - Catheterization
    - G-Tube Feedings
* Send with supervising adult adhering to Social Physical Distancing. Call school nurse if needed. |

- Unconscious
- Head injury/complaining of neck pain- DO NOT move, keep the student calm
- Uncontrolled bleeding or other traumatic injury.
- Seizure (uncontrolled movement) do not hold down, remove objects that may cause injury

*Note: Activate school emergency plan per protocol*