

Safety, Health, and Wellness

FOCUS AREA 1 Isolation Measures

In light of the threats to the health and wellness of students due to the COVID-19 Pandemic, the Centers for Disease Control and Prevention (CDC) has highly recommended that at-risk students are isolated from larger groups of students. At-risk students are defined as "students" who are vulnerable to pre-existing conditions and have a compromised immune system. In addressing the isolation measures prescribed by the CDC, school districts need to keep in mind the use of space, social distancing, and sheltering students with a high risk of infection. Isolation measures for the specialized needs of students can vary from student to student. It is highly recommended that the school site staff carefully examine the health records of at-risk students and confer to address how these student needs will best be met from a logistical perspective. For example, some students might require specialized group or individualized instruction with extra isolation measures in place.

EQUITY CONSIDERATION

Note that for for students experiencing homelessness, simple supplies such as hand sanitizer and face masks may not be tools at their disposal. We suggest working with stakeholders to explore topics such as how you might provide them with hand sanitizer and how best to provide them with facial masks considering that they may need more than one.

1. ESSENTIAL QUESTION: How will school districts implement isolation measures?

Implementation, Recommendations, and Considerations

School districts should be prepared to follow public health guidance regarding exclusion and isolation protocols for sick children and staff identified at the time of arrival or throughout the school day. If the local health department is not able to respond immediately, then evidence-based resources should be utilized by the CDC until a local plan is established.

Resources

- Copenhagen International School: Post-C19 Re-opening Plan
- Centers for Disease Control and Prevention COVID-19:
 Communities, Schools, Workplaces, & Events

2. ESSENTIAL QUESTION: What are the steps a school district should follow if there are confirmed cases of COVID-19?

Implementation, Recommendations, and Considerations

In the event of confirmed or suspected cases of COVID-19 among students or staff, schools should have in place guidance on appropriate cleaning and contingency plans for closing classrooms, schools, or districts based on identified cases, and in compliance with public health and CDC guidelines. The Department of Public Health should be notified to coordinate the response. School districts should consult if contact has not already been established. School districts consult with the facilities department, then a location for an isolation area or room can be identified.



3. ESSENTIAL OUESTION: What are the isolation guidelines for schools if there is a suspected case of COVID-19?

Implementation, Recommendations, and Considerations

In the event of a suspected case of COVID-19, the current school nurse-designated space should be evaluated and a determination should be made as to whether an adjacent space for isolation is available. If an adjacent space is not available, consider moving the healthcare area to a 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 hand washing facilities are required in the school nurse designated space as per CDC guidelines. The use of face masks for persons with respiratory symptoms and fever over 100.4 F is recommended if available and tolerated by the person and developmentally appropriate. Work closely with communication staff for the school/school system and local public health to share resources with the school community to help families understand when to keep children home.

Notify the Department of Public Health promptly regarding the suspected case to facilitate testing. Although the student should be dismissed home while they are ill, quarantining or isolating their contacts should only be done by the Department of Public Health based on any testing done. However, the school should be prepared to collect a line-item listing of spaces and likely contacts within them, similar to other airborne-transmissible disease exposures such as measles, chicken pox, TB, and present it to the Department of Public Health upon request.

Schools and districts are strongly discouraged from doing actual contact tracing, even if the case is confirmed. This function is performed by the local health department.

Resources

- Guidelines for School Meal Programs: What to do if a staff person tests positive or is presumed to have COVID-19
- Riverside University Health System: PUBLIC HEALTH Novel Coronavirus (2019-nCoV) Triage Flow Chart For Educational Settings
- CDC Coronavirus Disease 2019 (COVID-19): Considerations for Schools
- American Academy of Pediatrics: COVID-19 Planning Considerations: Return to Education in Schools
- California Department of Public Health. (2020). School district COVID-19 response plan [Report].
- CDC Infection Control: Standard Precautions for All Patient Care

- Riverside University Health System Public Health: Coronavirus
- COVID-19 Planning Considerations: Return to In-person **Education in Schools**
- COVID-19 Update: Shots for School
- Guidance Documents: Coronavirus Disease 2019 (COVID-19)
- Guidance on Providing Pediatric Well-Care During COVID-19
- American Academy of Pediatrics: Guidance Related to Childcare During COVID-19
- California School Nurses Organization: COVID-19 Health Services Recovery Plan Resource Guide in Educational **Settings**
- National Association of School Nurses. (2020). Interim guidance: Role of the school nurse in return to school planning.
- CDC: Schools During the COVID-19 Pandemic

4. ESSENTIAL QUESTION: What extra measures can school districts take to prevent communicable disease transmission?

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Implementation, Recommendations, and Considerations

School districts can take a number of measures to prevent disease transmission. These measures include:

- No-touch hand sanitizer stations should be provided to the students throughout the campus.
- Grab-bag COVID-19 kits should be readily available for district personnel. Items of the kit include: Aerosolized Transmission (aka. COVID-19) kit contents: Hand sanitizer, gloves, masks, eye covering, vomit bags, disposable gown, reusable gown, trash bags (for reusable gown or other if needed), thermometer, blood pressure cuff, stethoscope (for nurse use), pulse ox (for nurse use), water bottles, disposable cups, procedure tray covers, tissues, paper towels.
- Taking temperatures of the students and staff upon entering school. The use of a no-touch thermometer is strongly advised if this is implemented.
- Train staff to recognize signs and symptoms (visual inspection) - report/call school nurse for further assessment/direction.
- Personal protective equipment is recommended for staff taking temperatures. Impermeable plastic or acrylic (Plexiglass) face shields are one such example, as are surgical masks.
- Parents might have to be utilized for temperaturetaking of their own child upon arrival to school.
- Frequent hand washing is advised in all settings, particularly when leaving the health office.
- Lab coats and masks for staff are recommended.
- Consistent messaging to parents about when to keep students home through mailing, phone blast, website, email, etc.

- Teach and reinforce use of cloth face coverings. Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. Face coverings should be worn by staff and students (particularly older students) as feasible, and are most essential in times when physical distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to staff, students, and students' families on proper use, removal, and washing of cloth face coverings. The following should be considered:
 - » Cloth face coverings and masks should not be placed on children younger than 2 years old, anyone who has trouble breathing or is unconscious, and anyone who is incapacitated or otherwise unable to remove the face covering without assistance. Cloth face coverings are

meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment.

Consider hiring additional healthcare personnel (i.e. health technicians, LVNs, RNs, etc.) to assist with temperature checks and/or health assessments.

Resources

- Academy of Pediatrics: Guidance Related to Childcare During COVID-19
- National Association of School Nurses: Interim Guidance: Role of the School Nurse in Return to School Planning
- American Academy of Pediatrics: Guidance on Providing Pediatric Well-Care During COVID-19

FOCUS AREA 2

Supporting Social Distancing and Infection Control

COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs. Studies indicate that people who are infected but do not have symptoms, likely also play a role in the spread of COVID-19. Keeping space between individuals is one of the best interventions to avoid being exposed to this virus. Social distancing slows the spread of COVID-19 locally and across the country, and the world. School districts should be observing social distancing measures to prevent the spread of COVID-19. Social distancing is especially important for people who are at higher risk for severe illness from COVID-19. Furthermore, school districts should develop infection control measures in collaboration with their school nurse and local public health departments. Measures are practiced to prevent the spread of infection and break the chain of infection. School districts have a role to play in slowing the spread of infectious disease.

1. ESSENTIAL QUESTION: How do we create a school environment that supports social distancing?

Implementation, Recommendations, and Considerations

School districts can take a number of measures to create a school environment that supports social distancing. These measures include: staggered start time, staggered academic days, limiting activities when large groups of students are in close proximity, and working with specialists for PE, Music, Art, Recess, and Cafeteria. Additional measures should be taken into consideration to include: revision to small groups and outdoor activities, no sharing of musical instruments, limited use of playground equipment, evaluating the use of drinking fountains, encouraging eating meals in the classroom or having a staggered cafeteria plan, and having a recess and passing periods plan. School districts should seek to establish a safer school environment by reviewing and modifying emergency plans, shelter-in-place, and evacuation plans.

Students with food allergies should be encouraged to bring their own lunches. Nutrition services should be ready to provide meal accommodations as outlined in previous year(s). A plan for staff lunch breaks should be developed for school sites in which students are required to eat in classrooms. Restrictions, as well as proper disinfecting protocols, should be in place for policies and procedures pertaining to students' use of restrooms.

- Interim Guidance: Role of the School Nurse in Return to School Planning
- https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

2. ESSENTIAL QUESTION: How will we implement intensified hand washing protocols/hand sanitizer protocols?

Implementation, Recommendations, and Considerations

Preventive measures can be taken to establish intensified hand washing/hand sanitizer protocols. Free signage from the CDC website on hand hygiene should be utilized in high-traffic areas. The signage 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. Hand washing measures should focus on: when staff and students arrive and dismiss, at regular intervals during the day, and before meals, after toileting, and after recess.

Hand washing is the single most effective infection control intervention (CDC). Hand washing mechanically removes pathogens, while laboratory data demonstrate that 60% ethyl alcohol, the active ingredient in CDC-recommended fragrance-free alcohol-based hand sanitizers, inactivates viruses that are genetically related to, and with similar physical properties as COVID-19.

Hand hygiene is performed by washing hands with soap and water for at least 20 seconds or using hand rub with 60% ethyl alcohol content until the content dries. Hand sanitizer should only be utilized if soap and water are not immediately available. Please note children under the age of nine should have supervision when using hand sanitizers.

If anyone enters the health office, then the expectation is that staff/students wash their hands immediately after exiting the room. If we expect staff/students to comply with hand washing/hand sanitizer protocols, then consistent messaging needs to be sent to parents, students, and staff.

Resources

- Guidance for School Administrators to Help Reduce the Spread of Seasonal Influenza in K-12 Schools
- CDC Coronavirus Print Resources
- CDC: Don't Spread Germs at Work
- CDC: Cover Your Cough
- CDC: Water, Sanitation & Environmentally-Related Hygiene
- COVID-19 Health Information
- CDC: Hand Washing
- CDC: Common Flu Signs & Symptoms
- CDC: Coronavirus Disease 2019 (COVID-19) How To Protect Yourself

3. ESSENTIAL QUESTION: How are we going to train cafeteria staff on new COVID-19 protocols?

Implementation, Recommendations, and Considerations

Training cafeteria staff on new COVID-19 protocols will be critical in ensuring optimal healthy practices. Some considerations are as follows: cafeteria staff/aides bring food to the classroom, limited choices for breakfast/ lunch, food trays already pre-filled, protocol to ensure students with allergies are safe, a special line for students with allergies, and encouraging a culture of no food sharing.

If there is a special line for those students identified as having a food allergy, then the possibility of FERPA violations needs to be addressed.

Resources

- Guidelines for School Meal Programs: What to do if a staff person tests positive or is presumed to have COVID-19
- **4. ESSENTIAL QUESTION:** How does one return to school after a diagnosis of COVID-19?

Implementation, Recommendations, and Considerations

It is important to maintain privacy and prevent discrimination for those who may have COVID-19 while ensuring wellness for other students and staff.

Parents, students and staff should be reminded constantly to check for signs and symptoms of COVID-19.

The Department of Public Health is responsible for clearance of individuals infected with COVID-19, including students and staff. After a positive diagnosis is made, individuals should expect to be in isolation for at least 10 days after the test, and potentially longer if they continue to remain symptomatic. They should not return to regular work or school until they have been cleared by the Department, and school nurses should not clear any infected individual that has not been already cleared by the Department.

- CDC Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings
- CDC What to Do If You Are Sick
- CDC COVID-19: Interim Guidance for Administrators of US K-12 Schools and Child Care Programs
- FERPA & Coronavirus Disease 2019 (COVID-19) Frequently Asked Ouestions

FOCUS AREA 3

Important Considerations

Communities in the United States are preparing to open K-12 schools. There are several important considerations for school districts as they plan to open up. Public health agencies, CDE, and the CDC offer several considerations for schools that can help protect students, teachers, administrators, staff and slow the spread of COVID-19. Schools can determine, in collaboration with state and local health officials to the extent possible, how to implement these considerations while adjusting to meet the unique needs and circumstances of all students, and the local community. According to the CDC, implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community.

1. ESSENTIAL QUESTION: What are important considerations for districts as we prepare to open up?

Implementation, Recommendations, and Considerations

Students, families, and educational staff have continued to shift and be flexible in the face of COVID-19. As schools begin to re-open, there are important considerations. Based on community transmission COVID-19 data, school re-opening may not occur all at one time. School districts should ensure that criteria is met in order to safely re-open. The CDC has released a decision tree that should be utilized: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Schools-Decision-Tree.pdf.

In addition, the following should be taken into consideration:

- Students who have had intercontinental travel into the United States should be excluded from school for 14 days.
- Review the district's communicable disease/pandemic plan to make sure there is alignment.
- Establishing options for a phased re-opening, such as by beginning with reduced hours or certain classes/ grades that will allow for monitoring the impact on the epidemiology of the outbreak at a local level before full re-opening.
- Based on current medical knowledge, the risks to students with high-risk medical conditions, especially mechanical ventilation-dependent children or children with tracheostomies, should inform whether individual students should continue a distance learning program or receive home or hospital instruction even after school re-opens. The few pediatric deaths reported to date have involved these highly vulnerable individuals.

If students are extremely vulnerable and are medically fragile, then it is recommended that the students obtain clearance from their physician in order to be in school.

Resources

- CDC Schools During the COVID-19 Pandemic
- CDC Coronavirus Disease 2019 (COVID-19): People with Disabilities
- CDC Coronavirus Disease 2019 (COVID-19): People Who Are at Higher Risk for Severe Illness



2. ESSENTIAL QUESTION: How will schools address new disinfecting measures?

Implementation, Recommendations, and Considerations

School districts should consider implementation of measures to limit the spread of COVID-19 within the school setting, such as appropriate disinfectant/ sanitizing procedures; screening, monitoring, and testing for illness among staff and students; use of masks; and limiting interactions of students (e.g. teachers moving between classrooms rather than students). The ability to acquire necessary supplies to achieve the above strategies is critical. If specific disinfectants are going to be utilized, then facilities need to ensure that the solvents are on the approved EPA list for schools.

- CDC Coronavirus Disease 2019 (COVID-19): Cleaning and Disinfecting Your Facility
- List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)

3. ESSENTIAL QUESTION: What type of personal protective equipment should schools anticipate purchasing?

Implementation, Recommendations, and Considerations

Purchasing personal protective equipment (PPE), e.g., masks, gloves, eye protection, and gowns should take place as soon as possible. Updated PPE recommendations for the care of patients with known or suspected COVID-19 include the following:

- Face masks should be worn by staff, and placed on individuals who are symptomatic (such as with a cough) where practical and age-appropriate.
 Specialized masks such as N95 respirators should be reserved for health care professionals specifically trained in their use.
- When possible, face shields are the preferred safety measure for isolation areas.
- Eye protection (which a full face shield will provide, but goggles are also acceptable), gown and gloves continue to be recommended.
- Gowns should be prioritized, particularly in the event of shortages, for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of health care partners.
- Touch-free thermometers
- Non-latex gloves
- Soap and water
- Towels
- Alcohol-based (60%) hand sanitizer if no soap and water are present
- Tissue
- Non-touch trash receptacles

Assistance from the local department of public health should be sought in the event PPE is limited and/or LEAs are facing difficulty in obtaining supplies. LEAs should consider the use of cloth masks or 3D printers in the event face shields are limited or difficult to obtain.

Resources

- CDC Coronavirus Disease 2019 (COVID-19): Strategies to Optimize the Supply of PPE and Equipment
- CDC Coronavirus Disease 2019 (COVID-19): Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

4. ESSENTIAL QUESTION: How do we track COVID-19 data in the schools?

Implementation, Recommendations, and Considerations

Contact tracing is a vital basic public health intervention to find people at risk, particularly for highly transmissible diseases such as COVID-19. Although schools are discouraged from doing contact tracing themselves, school attendance information can provide important data to public health officials during the contact tracing process. Therefore, school districts should take the following into consideration:

- Daily tracking of attendance & monitoring for trends should take place.
- Daily tracking of staff & students with symptoms of COVID-19 that are sent home should take place.
- Data tracking of how school nurses are supporting students should take place.
- Data tracking of the number of evidence-based health education/training sessions should take place.

Resources

- Interim Guidance: Role of the School Nurse in Return to School Planning
- CDC: Case Investigation and Contact Tracing: Part of a Multipronged Approach to Fight the COVID-19 Pandemic

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5. ESSENTIAL QUESTION: How do we address limited group sizes in the school setting?

Implementation, Recommendations, and Considerations

School districts should anticipate continued restrictions on physical distancing/group size, per the CDC and/or the local or state health department. Scheduling and staffing models must be prepared to accommodate having fewer students and staff in a given classroom or space. This will also likely affect sporting events, team practices, and conditioning sessions. Currently, there are no specific limits other than to ensure that social distancing can be achieved in a typical space, but limits may be re-instituted depending on local disease spread. If the state or local health department does not have a local limit for approved group sizes in the schools, then information and guidelines from the CDC should be sought.

Resources

 COVID-19 Planning Considerations: Return to In-person Education in Schools

FOCUS AREA 4 Mental Health

Public health emergencies such as COVID-19 have a significant impact on students, their families, and educators, as well as the school mental health system. Concern has been raised about adverse mental health consequences of social isolation, lack of access to usual therapies and activities, and family stress related to finances and illness. School mental health professionals are critical in shaping messages to students and families about school re-entry including addressing anxiety, social acclimation, etc. Schools are encouraged to adopt an approach of universal services for mental health support for all students.

1. ESSENTIAL QUESTION: How do we address the mental health needs of students during the pandemic?

Implementation, Recommendations, and Considerations

School mental health professionals are critical in shaping messages to students and families about school re-entry including addressing anxiety, social acclimation, etc. Schools are encouraged to adopt an approach of universal services for mental health support for all students. Teachers and other school personnel should receive training on how to talk to and support children during a pandemic and principles of psychological first aid. If mental health professionals are limited, then school districts should ensure that school personnel have some type of basic psychological first aid training.

Resources

- American Academy of Pediatrics: COVID-19 Planning Considerations: Return to In-person Education in Schools
- 2. ESSENTIAL QUESTION: How do we address a student that has lost a loved one due to COVID-19?

Implementation, Recommendations, and Considerations

Students requiring more mental health support, including those who are exhibiting suicidal ideation, should be referred for additional services. Support should be provided to grieving students as well as those experiencing other losses (e.g., missed experiences). Schools are encouraged to contact students who do not return to school, as they may be experiencing school avoidance due to anxiety related to the pandemic. Schools should be attuned to the broader social and family stressors that may affect a student's ability to attend school or be ready to learn. If school districts want to provide mental health information prior to the start of school, then information should be evidencebased and disseminated in several formats and languages.

Resources

• USC School of Social Work: Guidelines for Responding to the Death of a Student or School Staff

- CDC COVID-19: Coping with Stress
- **3. ESSENTIAL OUESTION:** How will schools address students that are having difficulty concentrating/ learning due to the stress associated with the pandemic?

Implementation, Recommendations, and Considerations

Schools need to incorporate academic accommodations and support for students who may still be having difficulty concentrating or learning new information due to stress associated with the pandemic into planning considerations. Schools should establish community behavioral health referral agencies. Schools should coordinate with school health professionals, counselors, social workers, and school psychologists.

If a student presents with an anxiety/panic attack, then schools need to be prepared to address the student's needs.

- Managing Mental Health During COVID-19
- Maslow's Hierarchy of Needs

