

COVID-19 Return to School Plan
Everett Area School District
School Health Services
(Updated July 21, 2020)

The purpose of this plan is to outline the Everett Area School District School Health Services return to school guidelines and re-opening of schools within the Everett Area School District throughout the COVID-19 pandemic.

School nurses are essential health care providers in the community working on the frontlines of the COVID-19 pandemic in schools (NASN, 2020). These guidelines have been carefully considered to help ensure and promote the safety, health, and welfare of all of our students, staff, and community according to current standards of care and practice.

Background

According to the [CDC](#), COVID-19 is an illness caused by a virus that can easily spread from person to person. Symptoms of the virus can range from mild (or no symptoms) to severe. In particular, [children](#) are less likely to have symptoms as compared to adults (NASN, 2020). One can become infected with COVID-19 by coming in close contact with (less than 6 feet) a person that has COVID-19. Transmission occurs through droplets from an infected person with COVID-19. Transmission can also occur when an individual comes in contact with contaminated surfaces, and then touches their eyes, mouth, or nose. Currently, there is no vaccine available.

The best way one can protect themselves is to avoid coming in contact with the virus by staying home and avoiding contact with individuals that are sick. Additional recommendations to help prevent infection include wearing a cloth face covering that covers your nose and mouth in public settings, clean and disinfect frequently touched surfaces, wash hands often with soap and water for at least 20 seconds, or use an alcohol based hand sanitizer that contains at least 60% alcohol. Everyone is at risk for getting COVID-19.

Symptoms

[Symptoms](#) of COVID-19 can include fever, cough, shortness of breath, headache, malaise, chills, muscle pain, repeated shaking with chills, achiness, sore throat, and a new loss of taste and smell. Other symptoms of COVID-19 can include nausea, vomiting, and diarrhea. Symptoms can appear 2-14 days after exposure to the virus.

Symptoms requiring immediate medical emergency services:

- Trouble breathing
- Persistent chest pain or pressure in the chest
- New confusion or inability to arouse
- Cyanosis to lips or face

Isolation

If a student or staff member presents to the Health Office with any of the described symptoms of COVID-19, the following [isolation guidelines](#) should be enforced:

- Identify an area for possibly isolating the ill student or staff member.
- If a location cannot be identified in the Health Office, consider temporarily moving the school nurse work area to another location, with a separate adjacent area to allow isolation of the individual. Make sure to consider ventilation (ie. windows and outside doors) to help reduce the spread of disease for the isolated individual exiting the building. Make sure to consider access to computer, phone, internet, and restroom with handwashing facilities.
- The School Nurse should apply [Personal Protective Equipment \(PPE\)](#) in caring for the potentially infected COVID-19 student/staff member as available, including eye protection, gown, gloves, and facemasks. N95 masks are recommended for health care workers. If N95 masks are not available due to supply issues, other facemasks may be [used](#). (CDC & NASN, 2020).
- The School Nurse should be aware that nebulizer treatments and suctioning are identified as aerosol-generating procedures, requiring a N95 mask. The School Nurse should refer to [CDC's Guidance for Aerosol Generating Procedures](#). In addition the School Nurse should consult with the student's physician for an alternate asthma medication delivery system (NASN, 2020). No nebulizer treatments will be permitted in the Health Office.
- Applying a face mask (if available and tolerated by the individual and developmentally appropriate) to an individual with **ANY** signs and symptoms of viral illness and/or a fever over 100 degrees Fahrenheit is recommended.

Exclusion from School

Symptoms Requiring Being Sent Home or Absence:

- Active vomiting or diarrhea
- Fever/chills/generalized body aches - Fever constitutes 100 degrees Fahrenheit or higher. (However, evaluate the clinical picture. A temperature of 99.9 with body aches and other symptoms likely indicates acute illness).
- The first 24 hours of various antibiotic treatments (i.e. strep throat, pink eye, etc.)
- Undiagnosed, new, and/or untreated rash or skin condition (i.e. generalized hives, wound with purulent drainage, etc.) until medically cleared by physician.
- Physician orders requiring an individualized plan of care for a student to remain at home.

- If a student presents with COVID-19 symptoms (**fever, cough, shortness of breath, headache, malaise, chills, muscle pain, repeated shaking with chills, achiness, sore throat, and a new loss of taste and smell**), the student must follow up with an approved medical provider with a clearance note prior to returning to school.
 1. Have the parent/guardian contact the student’s physician for further guidance regarding presenting symptoms.
 2. Encourage telephone calls and telemedicine visits first to prevent potential community transmission of infectious disease if stable and clinically appropriate referral at time of assessment.
 3. [The Centers for Disease Control and Prevention \(CDC\) and the Pennsylvania Department of Health \(PADOH\)](#) (The decision to discontinue home isolation for persons with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or a test-based strategy. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.)
 - a) “Symptom-based strategy” guidance **For Persons with COVID-19 Under Isolation:** *“Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:*
 - i. *At least 10 days have passed since symptoms first appeared **and***
 - ii. *At least 24 hours have passed since last fever without the use of fever-reducing medications **and***
 - iii. *Symptoms (e.g., cough, shortness of breath) have improved.”*
 - b) “Test-based strategy” guidance **For Persons with COVID-19 Under Isolation:** *(Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.)*

“Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

 - i. *Resolution of fever without the use of fever-reducing medications **and***
 - ii. *Improvement in symptoms (e.g., cough, shortness of breath) **and***

- iii. *Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens)*”.
- If student/staff have been **exposed** to a person who tested positive for COVID-19 or is a person under investigation:
 1. Stay home (quarantine) until 14 days after your last exposure or until cleared by doctor.
 2. Check your temperature twice a day and watch for symptoms of COVID-19.
 3. If possible, stay away from people who are at [higher-risk](#) for getting very sick from COVID-19.
- If student/staff have **NOT** had COVID-19 symptoms but **tested positive** and are under isolation:
 1. [The Centers for Disease Control and Prevention \(CDC\) and the Pennsylvania Department of Health \(PADOH\)](#) “Time-based strategy” guidance: ***“Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:***
 - a. *At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.*
 - b. *If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.”*
 2. [The Centers for Disease Control and Prevention \(CDC\) and the Pennsylvania Department of Health \(PADOH\)](#) “Test-based strategy” guidance: ***“(A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.) Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:***
 - a. *Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.*

Return to School

- If diagnosed with COVID-19, with or without positive test and/or symptoms, please refer to the [CDC protocol](#) for return to school or work. School Nurses should direct staff members to their immediate supervisor or Administration, with concerns about their absence.
- Active vomiting or diarrhea – 24 hours since last episode.
- Fever - 24 hours fever-free without the use of fever-reducing medication.
- After 24 hours on antibiotics for variety of bacterial cause.
- Doctor's note of clearance for various student-specific medical conditions.

School Support

Students, faculty, and staff will be highly encouraged to stay home if they are sick. If an individual presents to school with the above-mentioned symptoms, they will need to go home until clearance criteria for school return is met.

Everett Area School District will continue to support students with acute or chronic health conditions. Short-term absences will be handled on a case-by-case basis with the parent/guardian to contact the school and follow normal attendance policies. Long-term absences will be evaluated if criteria is appropriate for medical leave or other potential medical accommodations.

School Nurses are to be considered collaborators in the case management of any student that is considered to be on [homebound instruction/remote learning](#) due to the COVID-19 pandemic. Furthermore, it is essential that the School Nurse align and coordinate school health services to manage, prevent, and/or reduce health issues with students. Coordination of services can include:

- Assist families in accessing necessary medical appointments and treatments, medications, medical supplies.
- Revise Individualized Health Plans to best support a student with a health concern(s) during the pandemic.
- Collaborate and assist the academic team in modification of a 504 or IEP to best support a student.
- Communicate with parents and healthcare providers by telephone or electronically as needed.

When to Visit the Health Office

Student may independently ambulate to office for a variety of individualized health needs including but not limited to:

- Injury to the head, neck, or face
- Bleeding which cannot be controlled by the student doing self-care or washing and placing a band-aide
- Any bee or wasp sting
- Appears ill
- Appears injured or reports injury with symptoms
- Bathroom accident
- Any human or animal bite
- Presence of new cast, splint, wrap, sling, crutches, etc.
- Unexplained or multiple bruising or injuries
- Diabetic needs
- Medication needs
- Any time teacher is not comfortable with the situation!

Student may independently ambulate to office as long as none of the following symptoms are present:

- Confusion/ "doesn't seem to be themselves"/disorientation
- Decreased level of consciousness
- Shortness of Breath/Respiratory Distress
- Dizziness/Lightheadedness
- Spinal Cord Injury/Head Injury complaining of neck pain - DO NOT MOVE POSITION
- Vision impairment
- Diabetic "Lows"
- Hemodynamic compromise

Communicable Disease Precautions

School Community

All students, staff, and community members will be encouraged to follow the following recommendations:

- Avoid close contact with people who are sick.
- Stay home when an individual is sick.
- Cover cough or sneeze into an elbow or a tissue, then discard the tissue into the trash.
- Follow with hand hygiene.
- Avoid touching your eyes, nose, and mouth.
- Wash hands often with soap and water (20 seconds).
- If soap is not available, use hand sanitizer (60–95% alcohol based).
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Ensure all vaccines are up-to-date of self and household members.

- Promote non-contact methods of greeting another person.
- Promote up-to-date vaccinations including the flu vaccine, according to [PADOH](#).
- Plan interventions proactively for communicable disease outbreaks.
- Social distancing measures when there is a communicable disease outbreak.

Health Offices

In the Health Offices, the School Nurse must practice cleaning and disinfection of frequently used surfaces, several times throughout the school day. Only District approved disinfectants should be utilized. The School Nurse must utilize the [appropriate PPE](#) and follow standards in [applying PPE](#) and [removing PPE](#), in conjunction with universal precautions and proper hand hygiene.

- Hand hygiene is required before and after each office encounter and after each intervention. Soap and water, scrubbing for 20 seconds is the preferred method. Hand sanitizer with at least 60% alcohol is also acceptable if handwashing is unavailable. Soap and water handwashing must be used in the case of gross soiling.
- **Non-Respiratory Condition**
 - *Gastrointestinal* - Consider the use of gowns, mask/facial shield, and protective eye wear in the case of active or impending emesis. Move the student/staff member to a separate isolation area in the case of active emesis.
 - *Integumentary* - Standard precautions, evaluate the need of escalation of PPE dependent on clinical picture (i.e. draining wounds, potential exposure to blood borne pathogens).
 - *Miscellaneous* - Use clinical judgement to evaluate the risk of exposure and implement appropriate PPE.
- **Respiratory Condition and Afebrile** - Carefully consider applying a mask during nursing assessment to prevent droplet transmission during close contact.
 - If lung sounds auscultated clear, secretions are clear or absent, and cough is intermittent or absent in nature - teach the student proper respiratory hygiene etiquette. Evaluate clinical picture, if appropriate, to remain in school.
 - If lungs sounds auscultated other than clear and/or secretions are yellow or green, and cough is persistent - use a mask and refer the student out for further evaluation. Move the student to an isolation room, if possible.
- **Respiratory Condition and Febrile/Any Signs and Symptoms of Viral Illness** – Apply a face mask (if available and tolerated by the individual and developmentally appropriate) to an individual with **ANY** signs and symptoms of viral illness and/or a fever over 100 degrees Fahrenheit is recommended. Dependent on the clinical picture,

consider use of other PPE (i.e. protective eyewear and gown) if assessing within close proximity and risk of droplet transmission.

- Isolate the student/staff in a separate area.
- The student/staff must be sent home to follow up with a medical provider with a clearance note prior to returning to school.
- Encourage telephone call or telemedicine visits to prevent further community transmission of infectious disease if the student/staff member is stable and is clinically appropriate at the time of referral based on the School Nurse's physical assessment.
- **Febrile with/without Acute or Comorbid Condition** - Apply a face mask (if available and tolerated by the individual and developmentally appropriate) to an individual with **ANY** signs and symptoms of viral illness and/or a fever over 100 degrees Fahrenheit is recommended. Send home until "Return to School" guidelines met. Educate parents on recognizing [warning signs](#) about when to consult a higher level of care.

Mental Health and Stigma

Pandemics such as COVID-19 and infectious disease breakouts can be stressful and [traumatic](#) for students, staff, and families. Stress and anxiety can present as worries about one's own health or their family's health, changes in eating or sleeping patterns, worsening of chronic health or mental health conditions, and increased use of alcohol, tobacco, and drugs. In addition, such fear and anxiety can lead to social stigma towards an individual, places, or things because of their race or having had COVID-19.

The School Nurses should be alert for the [signs and symptoms](#) of stress when assessing and interacting with students, staff, and families, and work with the School Counselor, Psychologist, and SAP Team members in providing supportive resources. In addition, School Nurses should provide [the facts about COVID-19](#) to students, staff, and community to help ease fears, anxiety, and reduce [stigma](#). [Visual aids](#) throughout the school building are recommended to be utilized to assist in [educating](#) students and staff about COVID-19.

Communicable Disease Monitoring

If the Everett Area School District has a direct case of COVID-19, the Bedford County State Health Center/PA Department of Health (PADOH) health officials will help identify those individuals exposed and will collaborate with the Everett Area School District and will provide guidance and follow-up on the next steps.

Internal

School Nurses are to monitor community illness for communicable disease trends. School Nurses are to collaborate with building principals and secretaries to monitor student absences. The identified school representative will be in contact with a student's parent/guardian or with ill staff members, to gather any necessary information pertaining to the individual's absence if deemed necessary.

If 10% of the student population, whether across a grade, among an entire school population, or throughout the district is absent or identified as having similar symptoms - the Everett Area School District will seek further guidance from PADOH.

In addition, the School Nurse will be in communication with PADOH as necessary to share data according to reportable disease guidelines. Further data tracking by the School Nurse can include but is not limited to daily tracking of staff and students with symptoms of COVID-19 sent home, number of evidence-based health education sessions, and the number of students receiving care coordination activities (NASN, 2020).

External

School Nurses should maintain ongoing monitoring of local, national, and global health trends. Daily monitoring for up to date communication from the [PADOH](#), [CDC](#), [Office of the Governor](#), and the [Pennsylvania Department of Education](#) regarding community-specific communicable disease concerns, planning, and interventions.

Considerations for Closure of School

The Everett Area School District Administration will consider/follow recommendations and orders from the [PADOH](#), [CDC](#), [Office of the Governor](#), and the [Pennsylvania Department of Education](#) related to school closure. The School Nurse will communicate with parents regarding medications in school about retrieval, storage, or destruction options.

Resources

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“Interim Guidance for Childcare Programs and K-12 Schools.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 19 Mar. 2020, www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html.

“Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States.” *Centers for Disease Control and Prevention*,

Centers for Disease Control and Prevention, 10 Mar. 2020, www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html.

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