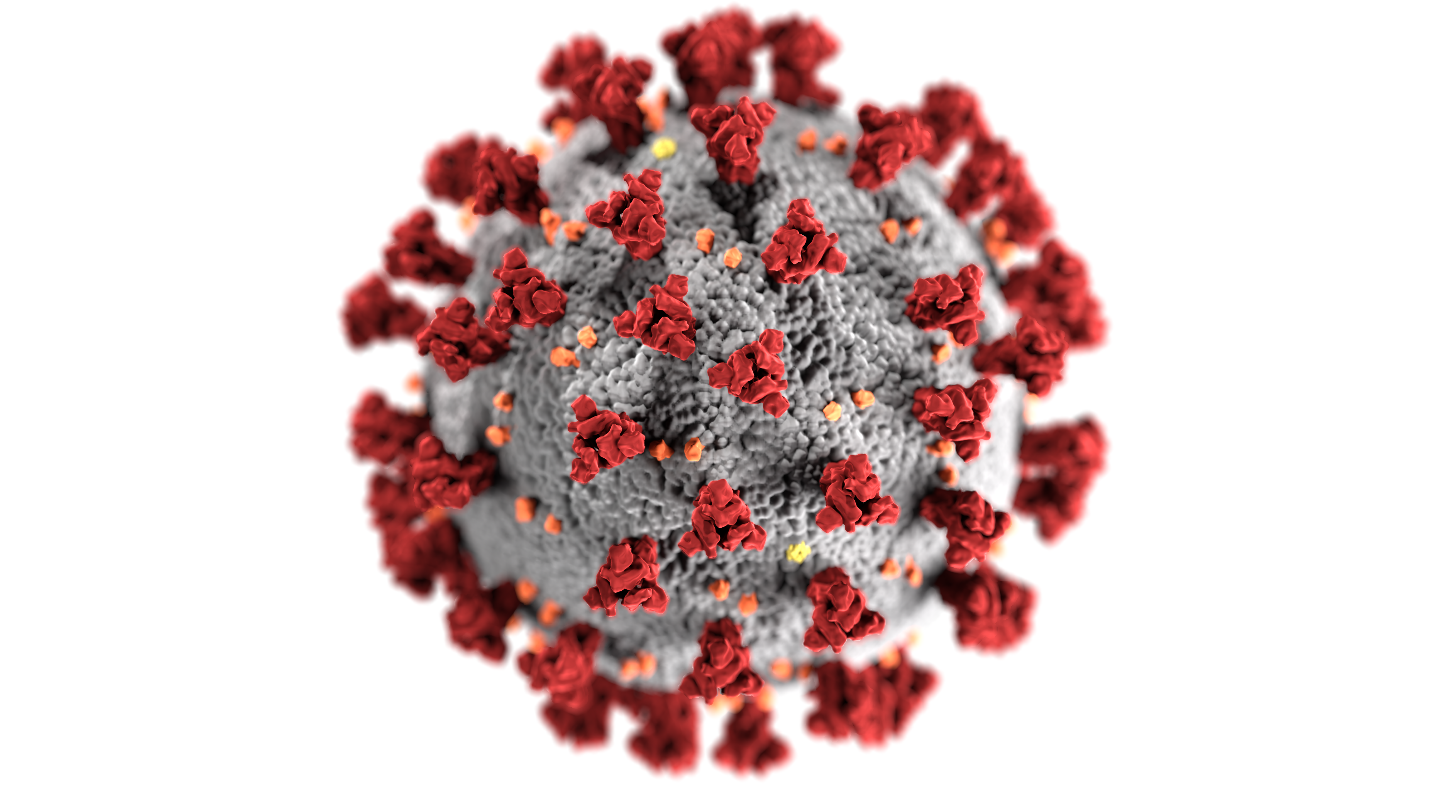
**Health Office Specific Information Guide**

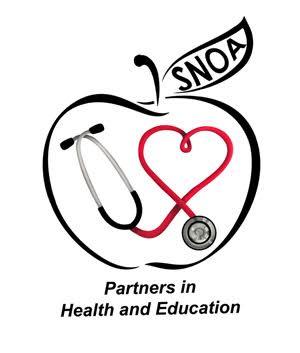
**For**

**Environment, Processes, and Workflow**

**During the COVID-19 Pandemic**



**School Nurses Organization of Arizona**



**June 2020**

**SNOA’s Role During the COVID-19 Pandemic**

**\_\_\_\_\_\_\_\_\_\_\_School Nurses Organization of Arizona\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Statement**

**POSITION**

The School Nurses Organization of Arizona (SNOA) as a professional partner in supporting and caring for children and families, as well as, a public health entity recognizes it has a significant role in offering relevant, timely, and data driven information to our members. This information can be used to formulate the approach to care for students in the school setting moving forward through this Pandemic. We are tasked with, and it is our public health responsibility to collaborate with Federal, State and Local agencies in aligning overall guidance for the school setting to encompass approaches of care and safety regarding students, staff, families, and community. We recognize the various needs, demographics, resources, and personnel within each of Arizona’s multiple school districts and counties. We will be working with our partners to provide valuable sources for reference, guidelines and resources related to COVID-19, for schools, as well as specific tools and tips that our members can utilize in designing their specific district health office re-opening and functioning plan. We align our general guidelines with the Centers for Disease Control, Arizona Department of Health Services, Arizona Department of Education, and the National Association of School Nurses. As the data and information we are learning about this novel virus is ever fluid and changing, so must be our approach as well. We will make updates to our resources as new information unfolds, as needed, in the best interest of care and public health for all. We emphasize that our that our resources and guidelines are tools for schools to tilize in custom fitting their policies and procedures and they are not intended to supersede any district policies, as districts will be developing policies based on the presentation of the virus within the varying districts of our state.

**RATIONALE POSITION**

The School Nurses Organization of Arizona recognizes that not only are there varying needs within the counties of Arizona related to the COVID crisis but there are varying personnel planning, providing and implementing what the health delivery will manifest as for the upcoming school year. We will be working with our partners and providing general resources and guidelines to support the health and safety of all students in the educational setting. We also encourage procedures implemented within the health office, be data driven and in the best interest of all students. We will be focusing our information on tools, tips, and resources specific to the health office procedures, processes and workflows.

**RATIONALE**

At this time, the state of Arizona does not regulate or provide guidelines regarding the professional status or educational preparation for personnel or operating the school health office and not all schools have a health office. Arizona is a local control state, as related to education, and therefore, the SNOA recommendations or guidelines are provided to support the individual school or district policies. SNOA shares the responsibility to guide in the best interest of the safety and health of our members, students, staff, families, and communities and therefore; we are collaborating with Federal, State, Affiliate and County workgroups and task forces to have a voice in developing school plans. Our organization will continue to represent and inform through tips, links, data and resources that are relevant and up-to-date for our members, school health personnel and partners in formulating their district health plans related to COVID-19.

**Disclaimer**

This document is to offer guidance, resources, and talking points through these unprecedented times. It is designed to support District Personnel in the preparation, planning, and Implementation of their School District’s Plans, not to replace it.

This is not designed as a document to provide legal, scope of practice, or educational implementation advice. It is not meant to supersede any state, county, district, licensing agency; district policies, procedures, or trust Guidelines.

School Health office personnel should always refer to their job title, tasks, licensing agencies, District policies and procedures, as well as their legal department prior to implementing any actions.

All liability with respect to actions taken or not taken based on this document are hereby expressly disclaimed.

**Professional Resource Partners**

**Arizona Department of Education (ADE):** [**https://www.azed.gov/communications/2020/03/10/guidance-to-schools-on-covid-19/**](https://www.azed.gov/communications/2020/03/10/guidance-to-schools-on-covid-19/)

<https://www.azed.gov/communications/2020/03/12/pandemic-preparedness/>

**Arizona Department of Health Services(AZDHS)**: <https://www.azdhs.gov/>

**CDC:** [**https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html**](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html)

<https://www.cdc.gov/>

**Maricopa Department of Public Health:** <https://www.maricopa.gov/5302/Public-Health>

**National Association of School Nurses (NASN):** <https://www.nasn.org/nasn/nasn-resources/practice-topics/covid19>

<https://www.nasn.org/home>

**Arizona Immunization Guidelines:** <https://azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#vaccines-children-home>

**Arizona Nurses Association (AzNA)**: <https://www.aznurse.org/>

**Kristen Meliska,** BSN, RN, CPN, Nursing Program Coordinator of Outpatient Pulmonology at ***Phoenix Children's Hospital***

<http://www.phoenixchildrens.org> [**KMeliska@phoenixchildrens.com**](mailto:KMeliska@phoenixchildrens.com)

**Infection Control**

Infection control measures should be consistent with all previous infection control measures and expanded upon to include specifics related to COVID-19. These measures should align with and be developed in partnership with those set forth by the CDC, your local county health department and school district.

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

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

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

**Healthy Hygiene Practices**

It is important, as the health representative in your educational setting, to empower students, staff, families and your community regarding hygiene practices in general and specific to COVID-19 on an ongoing basis through media, signage, and example. It will be imperative to work with your school’s facilities and finance departments to ensure the supplies necessary to maintain proper hygiene are readily available for use.

**Hand Hygiene: According to the CDC,** Regular handwashing is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others. It is important to wash hands correctly with soap and water for at least 20 seconds when visibly soiled and in keeping with the CDC recommendations below.

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

<https://www.cdc.gov/healthywater/hygiene/hand/handwashing.html>

**Hand Sanitizing**: The CDC recommends a fragrance-free hand sanitizer that contains at least 60% alcohol, as this has been shown to inactivate viruses that have similar properties to COVID-19. “Gel In-Gel Out”

It is important to remember that according to the CDC hand sanitizing does not get rid of all types of germs or remove harmful chemicals, pesticides, or heavy metals so please follow appropriate CDC guidelines. Isopropyl alcohol is not recommended as it is more toxic, can be absorbed through the skin, and is flammable.

<https://www.cdc.gov/healthywater/hygiene/hand/handwashing.html>

<https://www.cdc.gov/handwashing/show-me-the-science-hand-sanitizer.html#swallowing>

**Respiratory Etiquette**, Cover cough and sneeze: encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.

If a tissue is not available, an individual should be encouraged to sneeze or cough into their upper sleeve or elbow, not their hands.

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

<https://www.youtube.com/watch?v=mQINuSTP1jI>

**Cloth Face Coverings:** It is highly recommended that if a six-feet physical distance cannot be maintained, a cloth face covering or mask should be worn. However, there are many factors which need to be taken into considerations when making these decisions.

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

**Physical Distancing-*Not socially distant****:* We want people to be connectedand engaged, but stay responsibly physically distant. According to CDC, an appropriate physical distance is at least six-feet or an arm’s length from another person.

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

<https://www.youtube.com/watch?v=Ghwj3hNcBnE>

**Additional CDC resources**

**CDC Print Material and Social Media Tool Kit:**

<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

<https://www.cdc.gov/coronavirus/2019-ncov/communication/social-media-toolkit.html>

<https://www.cdc.gov/coronavirus/2019-ncov/communication/social-media-toolkit-es.html>

**Health Office Visits**

**To limit visits and traffic:**

To the extent possible, minor first aid situations should be handled in the classroom. Students can be encouraged to provide their own self-care under staff direction and supervision.

To prevent cross-contamination and in an attempt to decrease the flow of traffic and needs of the health office, the following are some tips we have compiled to assist you in your design flow.

**Example 1: Taken from California School Nurses Association**

Teachers may contact the school health office prior to sending the student to the office if they are uncertain or in need of guidance about student care. Students should be triaged before coming to the health office. If students or staff arrive at the office, those potentially feeling ill with COVID-19 symptoms should immediately be relocated to an isolation area so as not to ‘contaminate’ general health space.

|  |  |
| --- | --- |
| **Valid Office Visit/Nurse Intervention** | **Consider Classroom-Based Intervention** |
| Symptoms of Covid-19  Scheduled medications that may not be delivered by classroom staff. Stagger time and allow for physical distancing or wear a mask  Avulsed tooth  Scheduled specialized physical health care procedures: Diabetic Care  Catheterizations  G-tube feedings  Altered level of consciousness/possible concussion  Hx of cardiac (heart) issues, SVT; or current c/o heart issues  Choking, CPR, AED  Difficulty breathing  Head Injury, c/o neck pain-DO NOT MOVE, keep student calm and call 911  Sudden vision impairment  Diabetic “lows” or unconscious  SEVERE bleeding or other traumatic injury: Call 911  Severe abdominal/groin pain  Seizures  COVID symptoms  Signs or symptoms of Multisystem Inflammatory Syndrome in children  (MIS-C), which may include rash, swollen red eyes, hands and feet | Scheduled medications where educational staff can be taught to deliver medications. (this means medications would have to be locked up in the respective classroom)  Health Services personnel visit classrooms and administer medication to the student (like the hospital model)  To the extent possible, students self-administer medication that may be self-carried by law.  Minor toothache/Primary tooth comes out  Small paper cuts, abrasions, picked scabs  Wound care/ice pack for small bumps/bruises  Localized bug bites  Minor headache or fatigue with no symptoms.  Mild stomach ache or nausea  Readily controlled nose bleeds, where the student can deliver self-care.  Anxiety/stress/psychological issue-try calming techniques and/or contact school psychologist or counselor. |

**Example #2 Mesa Unified School District**

Guidelines for Sending Students to the Health Office

The health office is asking for your assistance in preventing the spread of communicable illnesses. This sheet provides some guidelines for sending students to the health office. When possible, please call the health office prior to sending a student. Health assistants are encouraged to have no more than five students in the health office at a time when they are alone. Your cooperation is greatly appreciated.

|  |  |
| --- | --- |
| **Send to Health Office**  **\*\* Do not send alone** | **Does Not Have to Come to the Health Office** |
| \*\*Any student having an asthma attack, excessive coughing or difficulty  breathing  \*\*Head trauma  \*\*Any diabetic student who is not feeling well, or not acting like themselves  Any eye trauma or evidence of eye discharge and redness  Lacerations  Any student who feels "hot to touch" and appears ill. Any rash with fever  Vomiting: Remember that vomiting is a symptom and the student may not need to go home  Infected wounds (red, swelling, drainage)  Medication (if daily medication- no need to call first)  \*\*Suspected allergic reaction  Large bruise  Earache in a child who appears uncomfortable  **Serious health situations:**  **Call for help!**  Loss of consciousness - fainting  Head/neck injuries or serious fall  Possible broken bone  Remember: Stay with the student, maintain a good airway, remain calm and use gloves for control of bleeding. Do not move the child for suspected neck or back injury. | Student who has just arrived at school and "want to go to the nurse" Allow them time to settle into class.  Minor cut, bruise or abrasion (give band-aid and have student wash)  Loose baby tooth (not bleeding)  For breakfast or appropriate clothes  To call their parent for non-specific complaints  For a safety pin  To sleep  To fix their glasses  To have a "time out" for emotional upset  "Stomach ache" in a child who appears well. Direct student to use bathroom - send if no improvement  "Headache" in a child who appears well. Have them rest and drink water- send if no improvement  Blister on hands (wash in bathroom)  Chapped lips / cold sores  Bug bites from home  **Jr. and Sr. High:**  Dress Code Violations  Sanitary Supplies: when possible, supplies may be purchased in the student store |

To limit the need for minor health visits, we recommend each classroom, support program, and playground aide area are supplied with the first aid supplies you deem necessary and a few pairs of gloves. These should be replenished as needed throughout the year.

If your health office is utilized for things like miscellaneous bathroom visits, staff lunch storage, dress-code violations, naps, stress-relief rest time, meal observation, or Brain Food we recommend that you design an alternative plan for these things with your school team(s).

When possible, there are some medications and medical procedures which can be done in the student’s classroom following the appropriate parent/principal delegation and the nursing delegation process.

<https://img1.wsimg.com/blobby/go/c2c0bb0d-1d86-408e-804150e9820d4b6c/downloads/Delivery%20of%20Specialized%20Healthcare%20in%20the%20Scho.pdf?ver=1591202045869>

**Sample Parent Letter**

Dear Parents and Guardians,

With the health and safety of our school community, the following protective measures are recommended. Please understand that we want to support our students and staff and appreciate your support and understanding in this very unprecedented time.

Health Assessment

* Daily screening before leaving home for infection including: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. Stay home if any of the above.
* Support your child with information to maintain physical distancing as much as possible

Hand Hygiene:

Student’s hygiene protocol to wash their hands or use an alcohol based hand gel. Do not rely solely on hand sanitizer, use soap and water in between hand sanitizer use

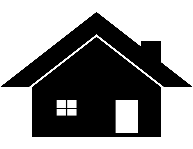
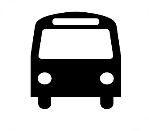
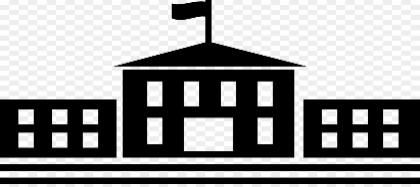
* Arrival at school
* Before and after outside activities
* After restroom use
* Prior to lunch
* Before leaving the building at dismissal Classroom
* No sharing of food or personal items
* Utilize personal water bottle – not utilizing drinking fountains
* Hand shaking or other contact will be discouraged
* Physical distancing will be strongly encouraged
* Fabric face coverings and/or masks are highly recommended
* Students may bring only necessary belongs, water bottle, no personal toys or books

Health office protocol

* Emergency contact numbers should be up to date
* Parents will be asked to pick up ill students within 30 minutes of being notified
* Acetaminophen (Tylenol)/Ibuprofen will not be provided in the health office as to not mask symptoms.
* Students presenting with symptoms of fever and/or cough, shortness of breath, etc. will be sent home for evaluation for 72 hours until after fever and symptoms of acute infection (not allergies or asthma) are gone, without use of fever-reducing medication. Parent should report any diagnosis to the health office.
* Students may be asked, if tolerated, to put on a mask to reduce exposure
* Medication and procedures that can be done at home should be to limit exposure
* Procedures that aerosolize the virus cannot be done at school: Nebulizers (breathing treatment), High-flow oxygen, suctioning- oral and tracheal
* Minor injuries and non-medical needs will be met in the classroom
* Medical complex students should get clearance from their medical provider to return to school

**Student Assessment**

As an organization, we have indicated in our official position statement regarding this COVID epidemic that we will err on the side of caution and use conservative judgement in recommendations. That stands true for our thoughts on the assessment of an ill child. That being said, you will continue to do what you have always done when a child comes into the health office. You will utilize physical, visual, and verbal assessment skills to gather essential and relevant information, which can point you toward your nursing diagnosis and interventions. The nursing process does not change with the introduction of a new disease, or in this case the COVID-19 virus. What *may* change is your approach to care and intervention choices. We understand that not all children will need to go home. Each of you know your students who require daily medications, care, and follow-up. You know those students who have care-plans and emergency actions plans, as well as those, who by history, require a little more attention or TLC throughout the day. The key will be to set up a system that works best for your district, school, and health office needs. Limiting the flow of traffic and visits will certainly assist in your ability to meet the surge of needs you will most likely see, in a safe productive manner following best practice guidelines. Our thoughts on screening and assessing students related to COVID align with what was brought forth in the Arizona Department of Education’s [Road Map to Re-opening Schools](https://www.azed.gov/communications/files/2020/03/FINAL-DRAFT-AZ-Roadmap-for-Reopening-Schools_6_1_20-1.pdf) for continuum of screening.

**SCHOOL** is the final point

on the screening

continuum. LEA staff

should visually check for

symptoms (which may

include temperature

checks) and/or confirm

with families that students

are COVID-19 symptom free. \*Follow up with

healthcare professional

**TRANSPORTATION** is the

second point on the

screening continuum. LEAs

should use clearly visible

signage to communicate the symptoms students should not have if traveling on a school bus.

**HOME** is the first point on the screening continuum.

LEAs should educate and

support families on

identifying the symptoms

that indicate staff and

students must stay at

home.

Families should be

encouraged to self-report

symptoms of illness,

which could include fever,

new onset of cough, etc.

Self-reporting mechanisms could include

calling the school, calling

health-care provider, etc

**We do not advise that a school check the temperatures of all children/staff arriving at school. It is not feasible, there will be false readings, and it can give a false sense of security**

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

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

**Staff Assessment**

As of June 15th, 2020, Maricopa County released updated guidelines stating that school employees are considered essential workers. School districts have already begun, if not already developed, plans for their staff during this time to assure and provide due diligence guidance on what to do if they are ill. Like so many other work places, it is not unusual for staff members to come to school with minor illnesses or when experiencing minor symptoms. But again, it is in the best interest of public health that we encourage our staff members to follow the guidance of the CDC, ADE, ADHS and their district plan for employees moving forward. Many districts have developed staff protocols which include things like daily self-temperature checks, daily self-symptom questionnaires and checks, etc. As with the assessment of a student, if you assist a staff member who exhibits signs or symptoms of illness unrelated to a disclosed disorder, we would encourage you to follow the same conservative path of assessment and intervention(s) as with your students. If they are ill, they should go home.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>

**Volunteers & Student Nurses:** You may need to think about and work with your district to determine if the health office will allow additional visitors or volunteers in your health office or school(s). Again, the goal is to limit multiple people within the health office to reduce the possibility of cross-contamination.

**Confidentiality:** As with any health-related issue, it is important to maintain privacy for those who may have COVID-19 while ensuring safety and protection for other students and staff. Follow your county and school district’s plan for communication and notification of COVID-19 positive cases.

**Educate:** Parents, staff, and families through your district’s social media resources and with the use of signage, newsletters, and direct communication. Topics should cover the following:

1. Staying home if ill and the length of time they should stay home

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

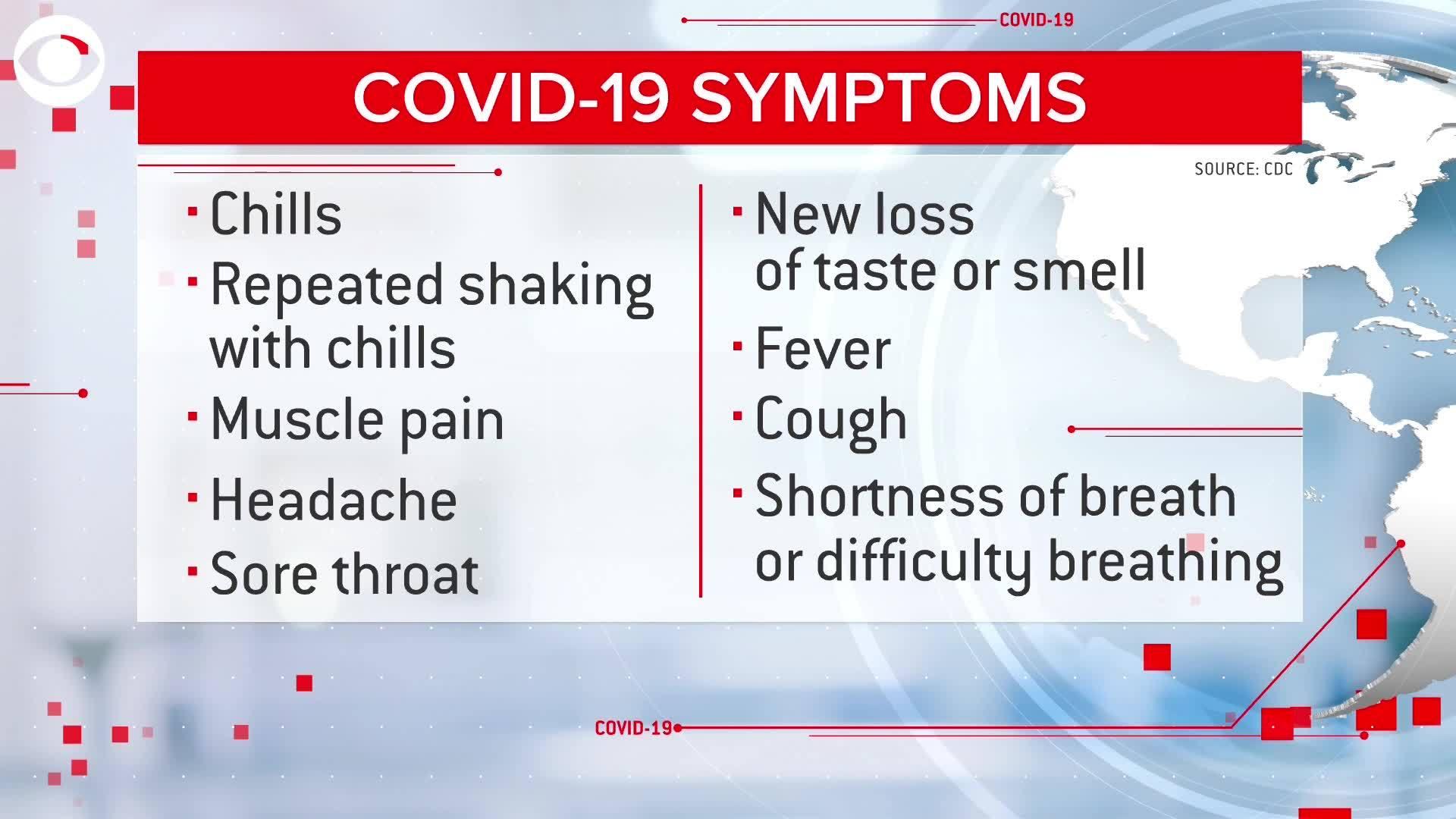
1. Signs and symptoms of flu, flu like illness, and possible COVID-19, as well as, Multi-system Inflammatory Disease in Children
2. Reporting absences to the school
3. Taking and monitoring temperatures at home
4. Resources
5. Importance of coming to school quickly (we recommend within 30 minutes whenever possible) to pick-up their child if called.
6. Handwashing, sanitizing, face covering (to include use and cleaning recommendations), and maintaining appropriate distance/space

**COVID-19 Symptoms**

COVID-19 has a wide range of symptoms reported and ranging from mild to severe. According to the CDC **symptoms may appear 2-14 days after exposure to the virus**. The symptoms may include any combination of the following:

* Fever (100.4 degrees F) or chills
* Cough
* Shortness of breath or difficulty breathing
* Fatigue
* Muscle of body aches
* Headache
* New loss of taste or smell
* Sore throat
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea

This may not be a complete list, it is important to stay current with information about this disease, and its symptoms, the CDC will continue to update the list as they learn more about the disease. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms.html>



**\*Added COVID symptoms as of June 15th, 2020: Congestion and/or runny nose**

**Signs and Symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C)**

MIS-C is a rare Kawasaki disease and toxic shock syndrome that may be associated with children who had COVID-19, but later recovered. Students suspected of having signs and symptoms of MIS-C should be referred to their healthcare provider. The common signs of MIS-C are as follows:

* High fever (100.4 or greater, lasting several days)

**Combined with**

* Abdominal pain
* Congestion or runny nose
* Pink or red eyes
* Enlarged lymph nodes on one side of neck
* Cracked lips
* Red tongue
* Blotchy rash
* Swollen hands and feet
* Blood pressure/heart rate out of range
* Cardiac inflammation

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

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

**\*\*As with any situation, if an individual is having difficulty breathing, exhibiting persistent chest pain, new confusion, bluish lips or face, an altered level of consciousness or inability to stay awake, 911 should be contacted immediately.**

The following is an example algorithm that you are welcome to utilize or adjust to meet your needs. We chose this one as it follows the design of the Arizona Department of Health Services ‘Emergency Guidelines for Schools’.

<https://azdhs.gov/documents/prevention/womens-childrens-health/ocshcn/nursing/emergency-school-guidelines.pdf>

**COVID-19 Assessment and Referral Algorithm**

Student is experiencing one or more of these **symptoms**: fever (100.4 or above), cough, SOB or respiratory difficulty, chills, sore throat, loss of taste or smell, congestion, runny nose, nausea, vomiting, diarrhea **Other:** rash, red eyes, cracked/swollen lips, red/swollen tongue, swelling hands/feet, stomach pain

NO YES

Continue assessment per health office protocol

Mask student and separate from other students within the health office

**Use Verbal/Visual/Physical cues to assess student:**

**Verbal**: When did symptoms start? Recent exposure to someone who is ill?

**Visual**: Flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity and unrelated to underlying respiratory condition), fatigue, or extreme fussiness, and coughing

**Physical**: Temp>100.4, elevated pulse

**Trouble breathing, persistent pain/pressure in the chest, new confusion, inability to arouse or stay awake, bluish lips/face**

**Call Parent to come and pick up student**

**Call EMS/911**

Advise to follow-up with health care provider

\*\*For further instructions follow-up with your local Health Department Guidelines

**Example guidelines for actions and reporting**

**Guidance for Childcare and Educational Settings in the Management of COVID-19**

Prevent the spread of infection by maintaining high standards of hygiene, including hand washing and regular cleaning and disinfection of surfaces. This will help prevent COVID-19 spreading in schools, as well as other infectious diseases.

COVID-19 Case Definition: Fever, cough, shortness of breath, fatigue, sore throat, muscle/body ache, congestion/runny nose, loss of taste or smell, abdominal pain, diarrhea, red eyes, rash.

|  |  |  |  |
| --- | --- | --- | --- |
| **Suspected case in child or staff member** | **Confirmed case in child or staff member** | **2 or more confirmed cases in the same group/class** |  |
| Stay home and away from others for 72 hours (3 days) after your fever (100.4 F  or greater) and symptoms or respiratory infection,  have subsided without the use of fever reducing medicine. | Follow MCPHD guidelines | Notify MCPHD |  |
| Contact MCPHD @ 602-  560-6767 | Clean and disinfect area |  |  |
| Clean child/staff work area- use appropriate PPE | If further suspected or confirmed cases occur, they need to isolate for 7 days from when symptoms started. Any siblings also in the same setting (but a different, unaffected area) would need to isolate at this point. |  |  |
| Positive – follow confirmed case |  |  |  |
| Negative – Can return to school |  |  |  |

**June 15th, 2020 Updated Quarantine Guidelines from Maricopa County Department of Public Health**

[**https://www.mcdph.org/**](https://www.mcdph.org/)

Maricopa County Department of Public Health has adjusted the guidelines for quarantine of close contacts to a COVID19 case. They recommend all close contacts (household and non-household) who have been within 6 feet of a COVID-19 case for longer than 10 minutes quarantine at home for 14 days after their last exposure. This includes not going to work (unless the person works in an essential service\*\*), school, or public areas.

A summary of current recommendations is below:

1) **If you have symptoms and tested positive for COVID-19, you should:**

* Remain in home isolation until 10 days have passed since your symptoms first started AND
* At least 3 days (72 hours) have passed since your fever has gone away without the use of fever-reducing medications AND your respiratory symptoms (cough, shortness of breath or difficulty breathing, sore throat, congestion or runny nose, and loss of taste/smell) have improved.

2) **If you have symptoms and tested negative for COVID-19, you should:**

* Stay home and away from others until 3 days (72 hours) have passed since your fever has gone away without the use of fever-reducing medications AND your respiratory symptoms (cough, shortness of breath or difficulty breathing, sore throat, congestion or runny nose, and loss of taste/smell) have improved.

3) **If you have never had symptoms and tested positive for COVID-19, you should:**

* Remain in home isolation until 10 days have passed since the date your first positive COVID-19 test was done, as long as you have not started to have any symptoms since that test.

4) **If you previously had symptoms and tested positive for COVID-19, do not have symptoms now, and are being retested at the end of the 10-day isolation period and your repeat PCR test is positive,** you will have to remain in isolation for 10 more days following your repeat positive test.

Quarantine Guidance for Household and Close Contacts of a Person with COVID-19:

Stay at home for 14 days after your last contact with the person with COVID-19, except to get essential medical care, prescriptions, and food.

* Do not go to work (unless you work in an essential service\*\* AND do not have any symptoms associated with COVID-19), school, or public areas (e.g., shopping centers, movie theaters, stadiums, etc.). Do not use public transportation, including rideshares and taxis. Do not go on long-distance travel.
* If you work in an essential service\*\* AND do not have any symptoms associated with COVID-19 and must go to work during the 14 days after your last contact with the person with COVID-19, you **must** wear a cloth face mask when you are within 6 feet of other people.

\*\*Essential services were defined by Governor Ducey’s Executive Order here:

<https://azgovernor.gov/governor/news/2020/03/governor-ducey-issues-executive-order-detailing-essential-services>

**According to & Referencing Maricopa County Health Department**

If a person is symptomatic\* and has not been tested for COVID-19 by PCR, antigen testing, or serology\*\*:

● Stay home away from others or under isolation precautions until you have had no fever for at least 3 days (72 hours) without the use of medicine that reduces fevers; AND

● Other symptoms have improved; AND

● At least 10 days have passed since symptoms first appeared.

The benefit in being tested and being NEGATIVE is that the isolation is only 72 hours with resolution of symptoms.

If a provider determines the symptoms are due to ANOTHER illness, isolation is:

Stay home away from others or under isolation precautions until you have had no fever for at least 24 hours without the use of medicine that reduces fevers; AND Other symptoms have improved

**When to Seek Medical Attention**

If you feel like your symptoms are worsening, especially if you have difficulty breathing, call your healthcare provider or seek medical attention.

In adults, emergency warning signs include\*:

* Difficulty breathing or shortness of breath
* Persistent pain or pressure in the chest
* New confusion or inability to arouse
* Bluish lips or face

\* This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Before you go to a doctor’s office or emergency room, call ahead and tell them about your symptoms and any recent travel. This will help them prepare for your arrival so that they can take steps to reduce symptom exposure to themselves and other patients.

Please follow these guidelines during your home isolation period.

**If you have symptoms and tested positive for COVID-19, you should:**

Stay home and away from others for 10 days since your symptoms first started AND at least 72 hours (3 days) after your fever has gone away without the use of fever-reducing medications AND your respiratory symptoms (cough, shortness of breath or difficulty breathing, sore throat, congestion or runny nose, and loss of taste/smell) have improved.

**If you have symptoms and tested negative for COVID-19, you should:**

Stay home and away from others until 3 days (72 hours) have passed since your fever has gone away without the use of fever-reducing medications AND your respiratory symptoms (cough, shortness of breath or difficulty breathing, sore throat, congestion or runny nose, and loss of taste/smell) have improved.

**If you have never had symptoms and tested positive for COVID-19, you should:**

Remain in home isolation until 10 days have passed since the date your first positive COVID-19 test was done, as long as you have not started to have any symptoms since that test.

If you previously had symptoms and tested positive for COVID-19, do not have symptoms now, and are being retested at the end of the 10-day isolation period and your repeat PCR test is positive, you will have to remain in isolation for 10 more days following your repeat positive test.

**In addition:**

Stay away from others. As much as possible, you should stay in a specific “sick room” and away from other people in your home. Use a separate bathroom, if available.

Do not go to work, school or any public areas. Have someone help you with essential tasks like grocery shopping. Public Health Medical Absence Form (En Español).

Stay in touch with your doctor. Call before you get medical care. Be sure to get care if you feel worse or you think it is an emergency.

Avoid public transportation: Avoid using public transportation, ride-sharing, or taxis.

Limit contact with pets & animals: You should restrict contact with pets and other animals, just like you would around other people. When possible, have another member of your household care for your animals while you are sick. See COVID-19 and Animals for more information.

Wear a facemask when in the same room with other people and when you visit a healthcare provider. If you do not have a facemask, you can use a bandana or scarf to cover your mouth and nose as an alternative.

Cover your coughs and sneezes with your elbow. Throw used tissues in the trash.

Wash your hands and avoid touching your eyes, nose, and mouth.

Avoid sharing household items like dishes, cups, eating utensils, and bedding.

Clean and disinfect: Routinely clean and disinfect surfaces that are touched often, like counters, tabletops, and doorknobs.

[www.Maricopa.gov/coronavirus](http://www.Maricopa.gov/coronavirus)

Public Hotline:1-844-542-8201 *or* 211

**Medication Administration in the Health Office**

For those students who do not self-carry or who cannot administer their own medications and must come to the health office we recommend the following:

* Physical distancing procedures to mitigate transmission
* Stagger medication administration times
* Limit volume of students-one to two students in the health office
* Routine procedures should be performed in the ‘well area’ of the health office (sick children should be in a different space)
* We do not recommend giving Tylenol or Ibuprofen in the health office during this time as it can mask the symptoms of COVID-19
* It is recommended that any nebulizer medication delivery be converted to an inhaler with a spacer to avoid aerosolized transmission of COVID-19, and a new physician’s order must be provided with the medication to the school health office.
* In the event a student or trained educational staff cannot administer the medication and the student must come to health office for medication administration physical distancing should be maintained and placing district approved physical distancing lines or marking on the health office floor may assist the staff and students with this.

**Medication or Supply Drop-off and Pick-up**

When it is necessary for a family member to come to a school to drop off supplies or medications, staff should maximize physical distancing during the process and institute the following:

* Establish a drop-off time to spread out traffic
* Consider a location other than the health office
* Wipe container(s) once accepted or place in a bag for 24-48 hours before storing
* Follow hand hygiene recommendations
* Request parent bring their own pen
* Establish a communication routine: For example, request that when parent arrives, he/she should remain six feet apart from anyone else during the process or wear a mask.
* Letters should be sent home to all parents explaining that students who must take medication during the school day will need to make an appointment prior to the start of school to bring medication in so that delivery times can be staggered.

**High Risk Students and Staff**

* Procedures that aerosolize the virus cannot be performed safely in schools such as:

-Nebulizers

-Suctioning: oral and tracheal

-High flow oxygen

* Specialized PPE is highly encouraged or may be mandated for procedures that require less than a six feet distance, these may include:

-School health assessments of ill or injured students

-Behavioral interventions

-Hand over hand Instruction

-Diapering or toileting

-Medical procedures: Catheterizations, tube feedings, ostomy care, diabetes care

-PT/OT/Speech/Adaptive PE

* Schools may want to establish guidelines related to physician’s clearance and/or physician’s guidelines for medical procedures for their Medically fragile students returning to school.
* Vulnerable student populations: foster care, homeless, mental illness, ACES, special education, medically complex and medically fragile, chronic disease
* Staff with chronic illness or age-contributing health factors.

Kristen Meliska, BSN, RN, CPN, Nursing Program Coordinator of Outpatient Pulmonology at Phoenix Children's Hospital and a Healthcare partner contributed the following information as it may apply to some schools medical Fragile classrooms or settings:

Per the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>):

The potential for asymptomatic SARS-CoV-2 transmission underscores the importance of applying prevention practices to all patients, including social distancing, hand hygiene, surface decontamination, and having patients wear a cloth face covering or facemask (for source control) while in a healthcare facility. To protect patients and co-workers, HCP should wear a facemask at all times while they are in a healthcare facility (i.e., practice source control). Use of a facemask, instead of a cloth face covering, is recommended for HCP, because a facemask offers both source control and protection from exposure to splashes and sprays of infectious material from others.

HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic patients with COVID-19. If COVID-19 is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow [Standard Precautions](https://www.cdc.gov/hicpac/recommendations/core-practices.html) (and [Transmission-Based Precautions](https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html) if required based on the suspected diagnosis). They should also:

Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from splashes and sprays of infectious material from others.

For HCP working in areas with minimal to no community transmission, the universal eye protection and respirator recommendations (described above) for areas with moderate to substantial community transmission are optional. However, HCP should continue to use eye protection or an N95 or higher-level respirator whenever recommended for patient care as a part of Standard or Transmission-Based Precautions. Universal use of a facemask for source control is recommended for HCP

Definitions:

[Substantial community transmission](https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html): Large scale community transmission, including communal settings (e.g., schools, workplaces)

Minimal to moderate community transmission: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases

No to minimal community transmission: Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting

Based on limited available data, it is uncertain whether aerosols generated from some procedures may be infectious, such as:

* nebulizer administration\*
* high flow O2 delivery
* \*Aerosols generated by nebulizers are derived from medication in the nebulizer. It is uncertain whether potential associations between performing this common procedure and increased risk of infection might be due to aerosols generated by the procedure or due to increased contact between those administering the nebulized medication and infected patients.

References related to aerosol generating procedures:

Tran K, Cimon K, Severn M, Pessoa-Silva CL, Conly J (2012) Aerosol Generating Procedures and Risk of Transmission of Acute Respiratory Infections to Healthcare Workers: A Systematic Review. PLoS ONE 7(4); https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/#!po=72.2222external iconexternal icon).

**Special Considerations**

Your district may want to consider waivers or extended deadlines for the following:

* Immunizations: Immunization requirements to attend school remain the same
* Health screenings for kindergarten and “new to district”
* Chronic illness status
* Student 12th grade CPR/AED hands on training
* Homebound service implementation

**Asthma Care**

As stated above, procedures that aerosolize the virus ***cannot be performed*** safely in schools, e.g. Nebulizers, SVN’s

* It is recommended that any nebulizer medication delivery be converted to an inhaler with a spacer to avoid aerosolized transmission of COVID-19 and a new physician’s order must be provided with the medication to the school health office
* Parents should be encouraged to check with their child’s medical provider for those students who regularly use a rescue inhaler without a spacer
* Students who regularly use a rescue inhaler with a spacer should be permitted to do so, but encourage families to check with their medical provider to see if they can be prescribed a metered dose inhaler or a dry powder inhaler to further reduce the possibility of aerosolization.

<https://mail.google.com/mail/u/0/#search/nadine/FMfcgxwHNghBHgLhZcVDJpkNqJCcMgbd?projector=1&messagePartId=0.1>

<https://www.lung.org/getmedia/92bd8d3f-c5ca-46O-9063-9d5719ec690b/model-policy-for-school.pdf.pdf>

**Food Allergies/Anaphylaxis**

The CDC guidelines for food allergies are imbedded within their CDC guidelines for daycare and schools related to COVID-19 <https://www.cdc.gov/healthyschools/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf>

If schools decide to alter their meal delivery system within the school day to students eating in their classrooms, SNOA recommends that health office staff do the following:

* Clarify through physician’s order if the allergy is a sensitivity vs an allergy
* If an Allergy, is the Allergy based on ingestion, contact, inhalation or all of the above? (Would the allergy be triggered by the item being present in someone else’s lunch)
* Have clear communication with parents/guardians related to your schools food service plan and how to best meet the needs of their individual child.

Once these things are determined, enhanced communication, teaching, training and cleaning measures should be implemented with the staff, students, parents and Food and Nutrition services for that classroom. Parents may want to think about providing a second epi-pen for the classroom or keeping the school provided epi-pen located in that classroom following medication storage, delegation and training guidelines. It is important to follow a student’s IHP or 504 plan; as well as, ADA and HIPAA regulations.

Continued compliance with handwashing through a routine supported by verbal reminders, examples, and signage according to CDC guidelines is paramount. Individual meals as opposed to family style service, as well as, individually wrapped paper products is encouraged.

<https://www.cdc.gov/handwashing/when-how-handwashing.html>

Follow your School’s Food and Nutrition plan for food service and safe handling

Safety protocols, procedures, and processes should also be in place and discussed regarding those schools who participate in the National School Lunch and National School Breakfast Programs as well as programs such as Brain Food, etc.

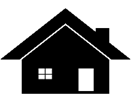
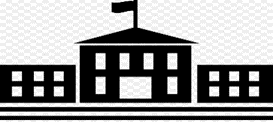
It will be important during this time for the nurse to assess for or identify a family or families needing extra nutritional supports during this time or ongoing and identify those families to the your program lead or family support partner at your school. Extra resources and information should be made readily available in office, on webpages and through newsletters addressing not only overall community and state resources but those specific to financial, nutritional, housing and health needs.

**Special Medical Procedures/ADL’s/Toileting and Diapering**

Universal precautions should be used for providing any of the above care and PPE protocols for use of gloves, face coverings/shields, gowns, and hand hygiene etc. Your district and school procedures should be strictly adhered to.

**Mental Health**

Although the attention to an individuals’ physical health during a health crisis usually takes initial focus, we as health professionals have a heightened awareness of the mind-body-spirit connection and the role that attention to mental health that must be addressed during this time as well. The well-being of staff and student’s mental health must be supported through general identification, assessment, referral and resources. Each District and school should have a plan and process in place for support of Social Emotional Learning and Trauma Informed Care. We recognize the importance of a continuum of care between home, school and community referenced in the ADE guidelines. Supporting coping and resiliency through education, identification, resources, referral and assistance. Consistent processes.

**HOME**

LEAs should educate and support families on identifying the indicators that signal staff and students are suffering from anxiety, depression, or lack of coping strategies. Families should be provided with resources and contact information for community mental health resources.

**SCHOOL**

LEAs should ensure that all staff is trained on identifying the indicators that signal staff and students are suffering from anxiety, depression or lack of coping strategies. Staff should be provided with resources and contact information for community mental health resources.

<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/family-and-educator-resources>

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

<https://211arizona.org/about/>

<https://www.azahcccs.gov/BehavioralHealth/crisis.html>

national distress hotline: 1-800-985-5990, or text TalkWithUsto 66746

**The Physical Design of the Health Office**

The health offices should consider establishing three separate areas.

**Area 1:** A waiting area for those students waiting to be triaged (those who present to the offices with unscheduled needs) Consider spacing the chairs, removing unnecessary items and implementing a call ahead system from your teachers.

**Area 2:** Well students are for those who have a scheduled medical need e.g. medications). Consider staggering medication times, establish an on-deck chair, promote in class self-carry and self-administration of medication(s) when possible and follow allowable and appropriate delegation of minor medical procedures. Utilize markings, lines, posters, etc. to promote and educate awareness of physical distancing. Discourage use of the health office for rest, eating, stress relief, misc. storage, dress code, and Brain Food.

**Area 3:** An ill student area, with or without suspected COVID-19, (may need multiple areas) and if possible, a separate room to isolate student with suspected COVID-19 awaiting parent pick-up. Consider Plexiglas dividers in certain areas, utilize closed curtains, and separate your cots to opposite sides of the health office.

**Cleaning of the Health Office**

Work with your facilities to have ample supplies of your district approved COVID-19 cleaning materials. All areas of the health office should be cleaned regularly throughout the day with additional cleaning per your district and school’s facilities plan. Follow the directions you are given for the cleaning solutions provided and follow the MSDS guidelines and use appropriate PPE. When cleaning periodically throughout the day special attention should be paid to:

* Door handles, high touch points
* Sinks
* Water fountains
* Printers/copiers/shared technology equipment
* Phones
* Staff only areas (break rooms, mailroom, etc.)
* Shared spaces
* Recommend cleaning at least every two hours

We encourage all health offices to limit personal items kept within the office, and clean out unnecessary stored and miscellaneous items.

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

**Additional Resources**

[**https://azgovernor.gov/executive-orders**](https://azgovernor.gov/executive-orders)

<https://www.vox.com/21262268/coronavirus-tips-covid-social-distancing-harm-reduction>

<https://d2hn3mximu8soe.cloudfront.net/wp-content/uploads/2020/05/08195516/ZShield-Product-Sheet_Flex_01.pdf>

<https://www.schoolcounselor.org/school-counselors/professional-development/learn-more/coronavirus-resources>

<https://azgovernor.gov/governor/news/2020/03/governor-ducey-issues-executive-order-detailing-essential-services>