



DEPARTMENT OF HEALTH

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STATE DEPARTMENT OF EDUCATION

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## **School Health Services Frequently Asked Questions (FAQ)**

Updated October 23, 2020

The following guidance is provided to assist school nurses and other school health services staff respond to the COVID-19 pandemic. For non-public schools that do not have a school nurse or other school health services personnel on site, school administrators and any staff designated to manage ill children and staff during the school day should review this guidance and implement the components that are applicable. As the COVID-19 pandemic continues to evolve, it is important to check this document and links frequently for updated information. Additional guidance can be found in [COVID-19 Guidance for Maryland Schools](#).

### **1. What personal protective equipment (PPE) should the school nurse/school health services staff wear when providing direct care to students and staff?**

School nurses should refer to Appendix A of this document to determine the appropriate PPE for school nurses and other school health services staff who are providing direct care to students/staff. The school nurse may also evaluate individual scenarios when making decisions about appropriate PPE based on the type of service or task to be performed and the individual health assessment of student/staff (e.g., potential to be splashed or sprayed by bodily fluids, ability of student to manage secretions, and ability of student to appropriately wear facial covering).

Note: Schools should ensure that adequate supplies of the appropriate PPE are available to school nurses and other school health services staff for safe performance of direct care activities in the school setting.

[CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) (July 2020)

[CDC: Protective Equipment- Questions and Answers](#) (August 2020)

[Strategies for Protecting K-12 School Staff from COVID-19](#) (August 2020)

[CDC: Considerations for Wearing Masks](#) (August 2020)

### **2. Does the school nurse/school health services staff need to quarantine if he/she has had close contact with a student or staff person with confirmed COVID-19 in the school?**

In general, use of recommended PPE by the school nurse/school health services staff when working with students and staff will prevent the need for quarantine due to close contact with an individual who is determined to have confirmed COVID-19. The school nurse/school

health services staff should quarantine if they had close contact with a student or staff person with confirmed COVID-19 under any of the following circumstances:

- Close contact while NOT wearing an N95 respirator or equivalent or surgical facemask;
- Close contact while NOT wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or surgical facemask; or
- Performance of an aerosol-generating procedure while NOT wearing all of the recommended PPE (i.e., gown, gloves, eye protection, N95 respirator or equivalent).

[Interim US Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#) (June 2020)

### **3. Should teachers call the health room before referring a student?**

Yes. Whenever possible, teachers/school staff should communicate with the school nurse/school health services staff before sending a student to the health room. This will allow the school nurse to triage students in the safest way possible and avoid overflow to the health room or waiting area. When teachers call the health room, it is important they indicate, if possible, if the student is exhibiting COVID-19 symptoms so appropriate triage and isolation may be done, as soon as possible. Other strategies to consider include:

- Communicating that no student may self-refer to the health room at this time;
- Providing classrooms with basic first aid supplies to allow teachers to handle minor health room requests in class;
- Setting up a first aid/medication station outside of the health room to provide services to the “walking well”; and
- Arranging for the school nurse/school health services staff to visit well students in a designated area outside of the classroom.

[Maryland Together: Recovery Plan for Education](#) (June 2020, page 61)

### **4. Is a designated isolation area required for individuals who develop symptoms of COVID-19-like illness while at school?**

Yes. In collaboration with the school administrator and school nurse, each school should designate an isolation space for effective infection control management and the reduction of spread of infections related to COVID-19. The isolation space should be separate from any space designated for routine visits such as medications, treatments, diabetes care, etc. It is strongly recommended that the isolation space consist of a separate room with a door and ventilation to the outside. Consider using spaces that may have recently become available/vacant due to physical distancing requirements (e.g., teacher’s lounge, music room, or conference rooms). It may also be possible to modify some existing spaces by adding ventilation, installing appropriate physical barriers, and maintaining safe physical distancing.

[CDC: Operating schools during COVID-19](#) (September 2020)

**5. If a student develops symptoms of COVID-19-like illness in school, should their cloth face covering be changed to a surgical mask and face shield?**

When a student develops symptoms of COVID-19-like illness in school, a surgical mask, if available, should be placed on the student, as soon as possible, as tolerated. A surgical face mask provides better source control than a cloth face covering and should be worn until the student vacates the school premises. The use of a face shield by all students with COVID-19 symptoms is not necessary, but a face shield may be considered for a student who is unable to wear a mask.

**6. Can other school personnel be assigned to the isolation area if separate from the health room?**

Yes. The designated isolation area might not need to routinely be staffed by a school nurse, school health services staff, or other medical professional unless medically indicated based on nursing judgement. The school nurse and administrator should identify appropriate school personnel for this role who are CPR/AED certified. Schools should maintain records of staff present in the isolation area for contact tracing purposes.

**7. Can a student self-carry their emergency medications if they are unable to self-administer during the COVID-19 pandemic?**

Yes. The current procedure/process for self-carrying emergency medication has not changed during the COVID-19 pandemic. A student may self-carry if a plan has been developed by the school nurse, parent/guardian, and health care provider. When emergency medication is needed, training must be provided to school personnel regarding the emergency care plan including the location of medication, plan for administration, and process of notification of school health nurse/school health services staff.

**8. Can a student self-administer their emergency medication?**

Yes. The current procedure/process for self-administration has not changed during the COVID-19 pandemic. However, symptoms do often overlap with COVID-19-like illness.

The school nurse should develop a plan and complete preliminary teaching with the student authorized to self-administer emergency medications. Special consideration needs to be given for students who self-administer respiratory inhalers as needed. This plan should include a safe location for self-administration of respiratory inhalers. All students should report his/her symptoms to the health room and when he/she used their emergency medication.

The school nurse/school health services staff should continue to monitor the student for symptoms of COVID-19-like illness and follow the Maryland Department of Health/Maryland State Department of Education guidance entitled, "[Response to a](#)

[Laboratory Confirmed Case of COVID-19 and Persons with COVID-19-like Illness in Schools.”](#)

**9. Is the school nurse/school health services staff permitted to care for "well" students once he/she has been working in the isolation space?**

Yes. The school nurse/school health services staff is permitted to care for well students and students in the isolation area provided proper policy/procedures for hand hygiene, PPE, and safe cleaning/disinfecting have been followed. Again, it is recommended that a separate isolation space be identified. Gowns used in the isolation space should be removed and discarded before entering other areas of the health room or school building.

**10. Can the school nurse/school health services staff administer discretionary medications this school year?**

The administration of discretionary medications is a local decision. Schools should be vigilant about monitoring for signs and symptoms of illness and follow the, [“Response to a Laboratory Confirmed Case of COVID-19 and Persons with COVID-19-like illness in Schools”](#), when students develop symptoms during school.

**11. Which face coverings are recommended for routine use by non-health staff and students at school?**

The CDC recommends face masks with two or more layers of washable, breathable fabric to stop the spread of COVID-19. Face masks should cover the wearer’s nose and mouth, fit snugly against the sides of the face, and not have gaps. The CDC does not recommend the use of gaiters or face shields (as a substitute for a cloth face mask). Evaluations of these face coverings are on-going, but effectiveness is unknown at this time.

[CDC: How to select, wear, and clean your mask](#) (August 2020)

**12. Is hearing and vision screening waived this school year?**

As of the date of this guidance document, there is no waiver of hearing and vision screening requirements.

**13. Should teachers and other support staff working with students with special health care needs wear additional PPE?**

Teachers and other staff should wear appropriate PPE based on the specific interactions they are having with students (e.g., instruction, behavior support, personal care, activities of daily living, etc.) and using the considerations below. The CDC recommends following the guidance for direct service providers (DSPs) which include personal care attendants, direct support professionals, paraprofessionals, therapists, and others.

When assessing risk and planning appropriate PPE for teachers and support staff consider the following:

- Potential for close contact;
- Ability to maintain safe physical distance;
- Ability of student to appropriately and consistently wear a cloth facial covering;
- Potential to be splashed or sprayed by bodily fluids (e.g., management of secretions);
- Cognitive level and behavior(s) of student including ability to access information due to visual, hearing, or other limiting factors; and
- Difficulties with change in student’s school routine.

[CDC: Guidance for Direct Service Providers](#) (June 2020)

[CDC: Operating schools during COVID-19](#) (August 2020)

[Kennedy Krieger Institute: SHNIC COVID-19 Planning Considerations](#) (August 2020)

**14. If a nebulizer treatment or other aerosol generating procedure (e.g. tracheostomy suctioning, changing tracheostomy) must be performed at school, what special considerations should be taken to minimize risk?**

Due to limited availability of data, there is not a consensus as to whether aerosols generated by nebulizer treatments may transmit the COVID-19 virus. There is a potential risk, therefore, whenever possible, inhalers (with spacer) should be used rather than nebulizer treatments. During the COVID-19 pandemic, nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler. Caring for a student who requires a nebulizer, tracheostomy care, or other aerosol generating procedures (AGPs) during the school day will require additional planning and training during COVID-19. Consider the following to mitigate risk:

- Treatments could be performed outside of the building, if possible, in a sheltered area while maintaining 6 feet distancing;
- If inside, perform the treatment in a separate area outside of the classroom or health room and away from others. Limit the number of people present to the student and the staff member administering the treatment
- The identified area should ideally be a space with a window and door and stocked with the appropriate PPE (See Appendix A), trash can, and cleaning supplies; the door should remain closed during the treatment and ventilated afterward for as long as possible;
- The treatment should be performed with the window open when safe to do so. Fans can be used to increase the effectiveness of open windows. Portable high-efficiency particulate air (HEPA) fan/filtration systems can be used to help enhance air cleaning;
- The identified area should undergo routine cleaning and disinfection.

[CDC: Strategies for Protecting K-12 School Staff from COVID-19](#) (August 2020)

[CDC: K-12 Schools and Child Care Programs](#) (June 2020)

## Appendix A: Personal Protective Equipment (PPE) for School Health Services Staff

The table below reflects Maryland Department of Health and Maryland State Departments of Education guidance on the PPE that is necessary to protect school nurses and other school health services staff who are providing direct care to students/staff in the school setting during the COVID-19 pandemic. **Use of a disposable surgical mask is the minimum standard face covering for health room staff.** Schools should ensure that adequate supplies of the appropriate PPE are available to school nurses and other school health services staff for safe performance of the direct care activities listed below.

Types of Services	Disposable Surgical Mask	N95 or Equivalent	Eye Protection: Face Shield or Goggles	Disposable Gloves (non-latex)	Disposable Gowns
Personal care (e.g., diapering, toileting, oral and G-tube feeding) that could expose staff to well student's bodily fluids.	Required <sup>1</sup>	Not required	Optional	Required	Optional
Direct care (e.g., first aid, medications, diabetes care) and monitoring of well students unrelated to COVID-19 symptoms.	Required <sup>1</sup>	Not required	Optional	Required	Not required
Direct care (e.g., assessment) or close contact with ill staff/students when there may be exposure to bodily fluids (e.g., cough, sneezing, runny nose, vomiting).	Required	Not required	Required	Required	Required
Direct care (e.g., assessment) or close contact with ill staff/students when exposure to bodily fluids is not expected (e.g., headache, muscle aches, sore throat, fatigue, fever).	Required	Not required	Required	Required	Optional
Direct care (e.g., assessment) or close contact with staff/students who have confirmed COVID-19 or probable COVID-19 (e.g., COVID-19 symptoms and known exposure) <sup>2</sup>	Not required	Required	Required	Required	Required
Performing or present during aerosol generating procedures including nebulizers, open trach suctioning, and trach care.	Not required	Required	Required	Required	Required
Collecting nasal specimens for COVID-19 testing.	Required	Not Required	Required	Required	Optional

<sup>1</sup>Required because it is the minimum standard for face covering within the school setting for school nurses and other school health services staff, not due to infection risk from these specific services.

<sup>2</sup>School nurses and other school health staff should not routinely need to provide direct care for individuals with confirmed or probable COVID-19 if recommended notification, isolation, and quarantine procedures are being implemented.