



**DEPARTMENT OF HEALTH**

*Dennis R. Schrader, Secretary*

**STATE DEPARTMENT OF EDUCATION**

*Dr. Karen Salmon, Superintendent*

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

Updated May 18, 2021

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.

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

Schools 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 a face 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.

### **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?**

[Fully vaccinated](#) school nurses/school health services staff who have no COVID-19 symptoms do not need to quarantine following exposure to a person with confirmed COVID-19 and can continue to work in a school. Fully vaccinated people who do not quarantine should still monitor for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should isolate themselves from others and be clinically evaluated for COVID-19, including SARS-CoV-2 testing, if indicated. These same recommendations apply for asymptomatic school nurses/school health staff who have tested positive in the past 3 months and recovered. Quarantine should still be considered for fully vaccinated school nurses/school health services staff with higher-risk exposures who have underlying immunocompromising conditions which might impact the level of protection provided by the COVID-19 vaccine.

School nurses/school health services staff who are not fully vaccinated should quarantine if they had close contact with a student or staff person with confirmed COVID-19 under any of the following circumstances:

- Prolonged close contact while NOT wearing an N95 respirator or equivalent or surgical facemask;
- Prolonged 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).

Exposures can also occur after prolonged close contact with someone with suspected SARS-CoV-2 infection when testing has not yet occurred or if results are pending. Quarantine should also be considered for school nurses/school health services staff exposed to a student or staff person with suspected COVID-19 under the same circumstances listed above if test results for the person are not expected to return within 48 to 72 hours.

### **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.

### **4. Is a designated isolation area required for individuals who develop symptoms of COVID-19 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 reduction in the 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.

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

When a student develops symptoms of COVID-19 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 in addition to a mask 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. CDC does not recommend face shields as a substitute for masks when a mask can be worn, however.

**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.

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 their symptoms to the health room and when they used their emergency medication.

The school nurse/school health services staff should continue to monitor the student for symptoms of COVID-19 and follow the Maryland Department of Health/Maryland State Department of Education guidance entitled, "[Response to a Confirmed Case of COVID-19 and Persons with COVID-19 Symptoms 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 after working 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 guidance entitled, "[Response to a Confirmed Case of COVID-19 and Persons with COVID-19 Symptoms 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 choosing face coverings/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, not have gaps, and if possible, have a nose wire to prevent air from leaking out of the top of the mask. Additionally, the CDC indicates that masks made of fabric (e.g. vinyl) that make it hard to breathe and those with exhalation valves or vents which allow virus particles to escape should not be used. Face shields are not endorsed by the CDC as a substitute for face masks, and the CDC does not recommend the use of masks that are intended for healthcare workers, including N95 respirators, for routine use by the general population.

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

As of the date of this guidance document, there is no waiver of the hearing and vision screening requirements for School Year 2020-2021. Schools should refer to "[Recommendations for Mandated School Hearing and Vision Screening During the COVID-19 Pandemic](#)" for strategies to safely conduct hearing and vision screening.

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

In certain situations, PPE such as eye protection, gowns, and gloves may be appropriate for teachers and support staff working with students with special health care needs. When assessing risk and planning appropriate PPE, the following should be considered:

- Type of service being provided (i.e. direct care, personal care, instruction, behavior support);
- Student's medical condition and anticipated risk of exposure to body fluids (e.g. tracheostomy, increased oral secretions, spitting, grabbing, etc.);

- Student’s behavior and cognitive level impacting their ability to follow mitigation strategies (e.g. physical distance, wearing face covering).

The CDC recommends following the guidance for direct service providers (DSPs) which include personal care attendants, direct support professionals, paraprofessionals, therapists, and others.

**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:

- Perform treatments outside of the building, if possible, in a sheltered area;
- If inside, perform the treatment in a separate area outside of the classroom or health room and away from others;
- 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 the space ventilated afterward for as long as possible;
- The treatment should be performed with the windows open when safe to do so. Portable high-efficiency particulate air (HEPA) filtration units can be used to help enhance air cleaning;
- Limit the number of people present to the student and the staff member administering the treatment and use physical distancing to the extent possible for safe and effective performance of the treatment;
- The identified area should undergo routine cleaning and disinfection after the treatment.

**References**

Centers for Disease Control and Prevention (CDC)

[Operational Strategy for K-12 Schools through Phased Prevention](#)

[Interim US Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2](#)

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

[Guidance for Wearing Masks](#)

[Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#)

[Interim Public Health Recommendations for Fully Vaccinated People](#)

[Caring for People with Disabilities](#)

Maryland Department of Health and Maryland State Department of Education

[COVID-19 Guidance for Maryland Schools](#)

[Response to a Confirmed Case of COVID-19 and Persons with COVID-19 Symptoms in Schools](#)

[Recommendations for Mandated School Hearing and Vision Screening During the COVID-19 Pandemic](#)

Other

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

National Association of School Nurses: [Guidance for Healthcare Personnel on the Use of Personal Protective Equipment \(PPE\) in Schools During COVID-19](#)

## 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.**

Types of Services	Recommended PPE				
	Disposable Surgical Mask	N-95 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	✓		Optional	✓	Optional
Direct care (e.g., first aid, medications, diabetes care) and monitoring of well students unrelated to COVID-19 symptoms	✓		Optional	✓	
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)	✓		✓	✓	✓
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)	✓		✓	✓	Optional
Direct care (e.g., assessment) or close contact with staff/students who have confirmed COVID-19 or suspected COVID-19		✓	✓	✓	✓
Performing or present during aerosol generating procedures including nebulizers, open trach suctioning, and trach care		✓	✓	✓	✓
Direct collection of nasal specimens for COVID-19 testing - higher risk (e.g., diagnostic testing for COVID-19 symptoms, crying/sneezing likely)		✓	✓	✓	✓
Direct collection of nasal specimens for COVID-19 testing - lower risk (e.g., asymptomatic screening)	✓		✓	✓	