MARCUS J. MOLINARO COUNTY EXECUTIVE



A. K. VAIDIAN, MD, MPH COMMISSIONER

CATHI TEGTMEIER, RN, MPH, AEM ASSISTANT COMMISSIONER

DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH

Office of the Assistant Commissioner

COVID-19 Dutchess County School Nurse Training Overview Notes

Screening and Temperature Checks must be implemented, which includes temperature checks, of students, faculty, staff, and, where applicable, contractors, vendors, and visitors to identify any individuals who may have COVID-19 or who may have been exposed to the COVID-19 virus. Temperature checks should be done each day – ideally, at home, prior to departing to school – before entering any school facility. If an individual presents a temperature of greater than 100.0°F, the individual must be denied entry into the facility, or sent directly to a dedicated area prior to being picked up or otherwise sent home.

A daily screening questionnaire for faculty and staff reporting to school; and periodically use a questionnaire for students, particularly younger students, who may require the assistance of their parent/legal guardian to answer must be completed.

The school nurse or responsible parties conducting the screening is prohibited from keeping records of student, faculty, staff, and visitor health data (e.g., the specific temperature data of an individual), but are permitted to maintain records that confirm individuals were screened and the result of such screening (e.g., pass/fail, cleared/not cleared).

Screening is strongly recommended to be conducted remotely (e.g. by electronic survey, digital application, or telephone, which may involve the parent/legal guardian), before the individual reports to school, to the extent possible; or may be performed on site at the school. Remote screening should be coordinated to identify individuals who should not go to school and should be referred to their health care provider for further evaluation and COVID-19 testing.

On-site screening should be coordinated in a manner that prevents individuals from intermingling in close or proximate contact with each other prior to completion of the screening.

Screening for all students, faculty, staff, and, visitors, contractors, and vendors, must be completed using a questionnaire that determines whether the individual has: (a) knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19; (b) tested positive through a diagnostic test for COVID-19 in the past 14 days; (c) has experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 14 days; and/or (d) has traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days.

Please note that the manifestation of COVID-19 in children, although similar, is not always the same as that for adults. Children may be less likely to present with fever as an initial symptom, and may only have gastrointestinal tract symptoms, which should be taken into consideration during the screening process. Schools should also consider reminding parents/guardians that students may not attend school if they have had a temperature of greater than 100.0°F at any time in the past 14 days, even if a fever-reducing medication was administered and the student no longer has a fever. Responsible Parties should remain aware that quarantine of students, faculty, or staff may be required after international travel or travel within certain states with widespread community transmission of COVID-19.

Any individual who screens positive for COVID-19 symptoms, if screened at the school, must be immediately sent home with instructions to contact their health care provider for assessment and testing.

Students who are being sent home because of a positive screen (e.g., onset of COVID-19 symptoms) must be immediately separated from other students and supervised until their parent/legal guardian or emergency contact can retrieve them from school.

The nurse or responsible party must immediately notify the local health department about the case if diagnostic test results are positive for COVID-19.

The nurse or responsible party must establish policies, in consultation with the local health department(s), about the requirements for determining when individuals, particularly students, who screened positive for COVID-19 symptoms can return to the in-person learning environment. This returning to learning protocol must include at minimum documentation from a health care provider evaluation, negative COVID-19 testing, and symptom resolution, or if COVID-19 positive, release from isolation.

Responsible Parties must ensure that any personnel performing in-person screening activities, including temperature checks, are appropriately protected from exposure to potentially infectious individuals entering the facilities

The nurse must develop protocols for caring for a student, faculty, or staff member who develops COVID-19 symptoms during the school day. These protocols must include: Identification of a dedicated area to separate students, faculty, or staff with symptoms of COVID19 from others until they can go home or to a health care facility, depending on severity of illness; Plans to ensure that symptomatic students who are waiting to be picked up remain under the visual supervision of a staff member who is socially distanced; PPE requirements for

2

As of: August 21, 2020

school health office staff caring for sick individuals, which must include both standard and transmission-based precautions. In areas with moderate to substantial community transmission, eye protection (i.e., goggles or face shield) should be added. When caring for a suspect or confirmed individual with COVID-19, gloves, a gown, and a fit-tested N-95 respirator should be used, if available (or surgical face mask and face shield, if not available), as well as eye protection.

Nurses must develop protocols for asthma-related acute respiratory treatment care using up to date standard of care. Nebulizer treatments and suctioning are identified by the CDC as aerosol-generating procedures requiring a N-95 mask fitted to the healthcare worker.

As of: August 21, 2020