



Indiana State Department of Health

Back to School Resources, School FAQs Clinics, Transportation and Miscellaneous

Clinic logistics and clinical concerns

Q: We have one nurse for our corporation. Do you suggest having a healthcare worker at each school?

A: Having a healthcare worker at each school is ideal, but we recognize that it may not be financially feasible for many school systems. In lieu of an on-site healthcare provider, we recommend that your front desk staff and administrators who normally deal with ill students be educated about COVID-19's signs and symptoms to ensure proper isolation and infection-control steps if a student shows symptoms. Check the [Back to School Resources](#) and the Indiana Department of Health's [COVID-19 website](#) for the latest tools and information.

Q: What daily documentation do we need to chart in our health records? Temperatures for all staff and students entering the building?

A: We recommend self-screening at home before leaving for school because daily temperature checks as students and staff enter the building could create more congestion that does not allow for physical distancing. The Centers for Disease Control and Prevention (CDC) no longer recommends routine temperature screening at schools.

Q: What type of precautions should be in place to protect school nurses? Should a plexiglass shield be installed around our desks? Should we have N95 respirators available, and when would we wear them (for example, during nebulizer treatments only)?

A: The Indiana Department of Health recommends that nebulizer treatments not be given in the school environment. If nebulizer treatments are given, the nurse would need an N95 mask. The room would be contaminated and would need to sit idle for a period of time then be thoroughly cleaned. If no aerosol-producing treatments are being performed, surgical-grade masks and gloves are sufficient, with a gown on hand in case there is a need. If you have students with asthma, please ask parents to obtain an albuterol inhaler, spacer and mask (the mask is for the littlest ones) if needed for use in the school clinic.

Q: Is it an option to omit counting controlled medications with parents to eliminate them entering the building?

A: Controlled substances should still be counted upon delivery to the school. We recommend counting them with parents at the car so they don't enter the building.

Q: Would it be reasonable to limit contact with healthy students by not giving before-school meds (this is becoming a huge thing so parents don't have to deal with it at home).

A: Whenever possible, morning and other daily medications should be given at home. Lunch medications, rescue inhalers and diabetic medications are examples of those critical during the school day. If schools are on half days, examples of critical medications include rescue inhalers and diabetic medications. Encourage parents to take responsibility for administering any before-school medications to reduce the potential of healthy students who are seeking routine morning medications being exposed to sick students. Schools should work with parents to determine when medications must be administered. Many medications that school nurses administer early in the day are for attention deficit hyperactivity disorder (ADHD) and are best given before school so they have time to enter the bloodstream before the educational day.

Q: What is the best type of thermometer? Are oral thermometers acceptable?

A: Thermal, no-touch thermometers that scan the patient are preferred because the nurse can be at a distance from the patient. Ear (tympanic) thermometers with disposable covers are a reasonable option and can be wiped down between students. If oral thermometers are used, they must be thoroughly disinfected between each use. We recognize thermometers may be on back order and understand that you will need to adapt to what you have.

Q: Would it be better for a nurse to take medication to students and escort students with possible COVID-19 symptoms to the holding area or have such students come to the nurse?

A: It is unlikely the nurse will be able to leave the clinic to deliver medication/treatments in the classroom. However, feel free to proceed if this works well with your school's procedures. It is recommended that students report to the nurse or school clinic unless it's not safe to do so. We recommend that you identify an area where healthy students awaiting medications can be socially distanced, such as chairs spaced 6 feet apart in the hallway outside the clinic.

Q: May the clinical space for symptomatic students and staff be shared? If so, how many students can use the area at one time?

A: Sick students and staff can be isolated in the same room, but efforts should be taken to ensure they are spaced 6 feet apart, all individuals are wearing masks and that hygiene recommendations are followed. If the symptomatic individuals have different illnesses (e.g., one student has an asthma exacerbation and a different student has a fever and cough), you will not want to isolate them together. All efforts should be made to socially distance and mask individuals with symptoms.

Q: What do you recommend for improving the air quality and ventilation in the health office if moving to a different space is not an option?

A: Open windows if they are available and it is safe to do so. Check the Harvard Schools for Health's ["Risk Reduction Strategies" report](#) for air quality recommendations (under Healthy

Buildings). The CDC now recommends using [portable high efficiency particulate air \(HEPA\) fan/filtration systems](#) to enhance air cleaning, especially in high-risk areas such as nurses' offices and special education classrooms.

Q: If we need a clean and a dirty school clinic, do we need two nurses or a nurse and medical assistant? Will the person dealing with the sick need to wear personal protective equipment (PPE)? If there's only one nurse, will that person hand out PPE for each student — especially if the nurse sees sick students and then deals with the clean side (such as diabetics, medications, tube feedings, etc.)?

A: Separating sick students from those with other medical needs would be preferable. All students should be masked in the clinic, along with any medical professional. Frequent handwashing and appropriate PPE will support nurses in their ability to move between students with COVID-19 symptoms and those with other needs.

Q: Can you give specific recommendations regarding the space for isolating students? Our nurse's office is too small to isolate anyone, and we will have to use a separate space.

A: Choose an area that can be closed off and where you can socially distance ill students and staff. Ensure that sick students know how to get help if they need it while they wait for their parent or guardian to pick them up. The guidance recommends that each school have a separate space away from the nurse's clinic where ill staff and students are evaluated or waiting for pickup. Preferably, this area is large enough to space everyone 6 feet apart.

Q: Can we designate an area in our clinic for illness-related symptoms, making sure students are masked and separated from other students, until we can determine if they are ill and need to go home?

A: Yes. That is at the school's discretion if you have enough space and staff.

Q: Can the clinical COVID-19 space be in the nurse's office but divided from it by a vinyl curtain? Having it in a separate room doesn't let the one-person staff supervise both areas. Can students and adults share the space? Do students in the quarantine room need to have a staff person monitor them while there?

A: It's recommended that students be monitored while in the quarantine room. The level of monitoring depends on the level of illness: A student with difficulty breathing should not be left alone, but a student with a mild sore throat can be left alone for short periods as appropriate for the patient's age and abilities. If you are the lone healthcare provider, and the quarantine room is remote, consider adding a video baby monitor to keep an eye on that room. Students and staff may share that space if you can maintain mask, physical distance and hygiene recommendations.

The best option is two separate areas, but we acknowledge not all clinics/schools have that capacity. In these instances, clear vinyl shower curtains are an option, along with 6 feet of social

distance between bays/cots to care for both sick and well students. If you believe there are COVID-19 and non-COVID cases in the clinic, we recommend separating those students while evaluating/awaiting parent or guardian pickup.

Q: Can a school use partitions in lieu of masks or social distancing recommendations?

A: Partitions that are cleaned between each class can help reduce the need for social distancing, but they would not negate the requirement to wear masks under the governor’s executive orders.

Q: What PPE should the nurse or staff person be wearing while monitoring a student in the quarantine room?

A: Anyone monitoring ill students should wear a mask and gloves. Add gowns, goggles/face shields to your mask if increased secretions, vomiting or other bodily fluid contact is likely.

Q: Is the school nurse or health aide permitted to enter and exit the isolation room and still provide care for the rest of the building, or should there be separate staff for each area? Does someone have to stay in the isolation room with the student(s) waiting to be picked up?

A: Staffing is a school decision. Per the guidance, a record should be kept of everyone who enters the room, and the room should be disinfected several times throughout the day. Staff must wear appropriate PPE. The staff member should remove gloves and wash or sanitize hands and put on new gloves between patients. The same mask may be worn unless it becomes soiled. The nurse or aide should not touch the front of the mask.

The state’s [“Mask Up 101” graphic shows](#) how to put on and take off your mask, store and wash it.

Transportation

Q: What is the minimally acceptable standard for bus transportation? One child per seat? Two children, if they wear masks? Every other row only?

A: The CDC has [transportation recommendations](#) (search for “bus” and “transport” under “Maintaining healthy environments” and “Maintaining healthy operations”). We recognize that separating students on a bus may not be feasible. In those cases, we recommend limiting the number of children to two per seat, requiring masks and assigning seats, which will aid with contact tracing should a student test positive. Siblings should also sit together.

Q: Let’s say there’s a bus:

- full of students and
- all are wearing cloth masks and
- social distancing of 6 feet isn’t possible

If someone on the bus was positive for COVID-19, would everyone else have to quarantine for 14 days, or could they return to school with self-monitoring for 14 days?

A: Everyone within 6 feet of the sick person for a total of more than 15 minutes in a 24-hour period would be identified as close contacts and [should quarantine](#). That would apply regardless of whether they were wearing masks at the time of exposure.

Miscellaneous

Q: What should local health departments (LHDs) do about sports plans we get from our schools? Are we to review them and give guidance or review and approve/disapprove them?

A: The governor's Stage 5 [Executive Order 20-43, Sections 6](#) includes gatherings or events that expect more than 500 people, including sport or racing competitions. It requires organizers to develop and submit to the LHD a written plan that outlines specific steps to mitigate COVID-19. Such plans are due at least 14 days before the event; the local department may review and approve/disapprove event plans or ask for adjustments. The Indiana High School Athletic Association also provides guidance in its COVID-19 [Resource Center](#).

Q: Are sports limited to 250 people or 50% capacity? For outdoor events, must each group of 250 have a separate entrance/exit, or can groups share entrances/exits and concessions? Is the group on the field (players, coaches) considered its own group of 250?

A: Check the [Indiana High School Athletic Association \(IHSAA\) COVID-19 Resource Center](#). It addresses all capacity questions.

Q: Should there be an alternative for elementary teachers who travel between buildings to teach special classes? It puts them in weekly contact with almost all students in a building.

A: Traveling teachers should practice the same mask wearing, hand hygiene and social distancing measures that they would if they remained in one facility all day. Schools also may want to consider allowing these teachers to hold virtual meetings.

Q: We have a lot of materials that are shared between students in classrooms, including art supplies. What should we do?

A: While surfaces are not believed to be the primary means of transmission for COVID-19, there is much we still don't know about how long the virus may last on surfaces. We recommend to avoid sharing materials when possible, but if that can't be done, [they should be regularly cleaned and disinfected](#) (search for "share" under "Continuum of risk" and "Maintaining healthy environments").

Q: We are a private school and don't have a nurse on staff or a separate room to isolate students. What should we do?

A: We recommend that you consult your current healthcare services provider, who will be most familiar with your setup.

Q: If schools require parents/guardians to have their child tested for COVID, will schools pay for the testing?

A: Under the Families First Coronavirus Response Act (FFCRA), most people should not face costs for the COVID-19 test or associated costs for the duration of the public health emergency. The act requires all forms of public and private insurance, including self-funded plans, to cover Food and Drug Administration-approved COVID-19 tests and costs associated with testing. The exception is that insurance will not cover tests for “back to work” or other programs designed to screen people before attending school or work.

Q: Is there a training video available to educate staff or students on the importance of handwashing, social distancing and the symptoms to look for when dealing with COVID-19?

A: The CDC has a [library of educational videos about COVID-19](#) on its website. You can search by topic, audience and language (American Sign Language, English and Spanish/Español). Visit the Indiana Department of Health’s [website](#) under Back to School Resources for kid-friendly videos and graphics.

Q: Can you share any screening form for families to use for their children at home?

A: You can use the state Department of Health’s [COVID screening tool for parents](#) in English, [Monitoreo del COVID-19 para padres](#) in Spanish/Español and [COVID-19 မိဘမ ချထားအတွက်စစ်ဆေးချက်ခွဲခြားခြင်း](#) in Burmese.

Q: Is it OK for cohorts of kids to play kickball, basketball, etc., if they use good hand hygiene before and after and equipment is cleaned after use? Should gaga ball pits be used for recess?

A: Yes, to recess and cohorts of kids playing together. Unless a gaga pit is large, and students can get some distance, consider limiting the number of players or not using the pits.

Q: Can local health departments give schools the name of a positive case?

A: Yes, but only for the purposes of contact tracing. That information is not to be shared broadly and should only be used to identify others who need to be notified about their exposure. Share as little identifiable information about the positive case as possible.

Q: Can schools share the name of a positive case with teachers or other students?

A: Schools should not broadly share the names of positive individuals. Only the minimum information necessary to gather information for contact tracing should be shared. Contact tracers will never identify a positive case to close contacts and will only notify close contacts of their exposure.