



Indiana State Department of Health

COVID-19 Planning for Schools and Local Health Departments: Frequently Asked Questions

Clinics, Transportation and Miscellaneous Questions

Clinic logistics and clinical concerns

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

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 the signs and symptoms of COVID-19 so that you can ensure that proper isolation and infection-control steps occur in the event that a student shows symptoms. Check the Back to School Resources section of the Indiana State Department of Health's (ISDH's) website at [coronavirus.in.gov](https://www.in.gov/coronavirus) for the latest tools and information.

What daily documentation do we need to chart in our health records? Daily temperatures? For all staff and students entering the building?

Daily temperature checks as students and staff enter the building could create more congestion that does not allow for social distancing, which is why we recommend self-screening at home before leaving for school.

What type of precautions should be in place to protect the school nurse? Should a Plexiglas shield be installed around our desks? Should we have N95s available, and when would we wear them (for example, during nebulizer treatments only?).

ISDH recommends that nebulizer treatments not be given in the school environment. If nebulizer treatments are given, the nurse would need an N95 mask and the room would be contaminated and would need to sit idle for a period of time and then be thoroughly cleaned. If no aerosol-producing treatments are being performed, surgical grade masks and gloves would be 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.

Is it an option to omit counting controlled medications with parents to eliminate the parents entering the buildings?

We recommend that controlled medications be counted with parents at the car so that parents do not enter the building.

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

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 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 exposure to sick students by healthy students seeking routine morning medications. Schools should work with the parent to determine when medications must be administered. Many medications administered early in the day by the school nurse are for ADHD and are best given before school so that they have time to enter the bloodstream prior to the educational day.

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

Thermal, no-touch thermometers that scan the patient are preferred because the nurse can be at a distance from the patient. 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, so understand that you will need to adapt to what you have.

Would it be better as a nurse to take medications, MDIs, etc. to the student versus having the student report to the nurse's office? If a teacher has a student who is suspicious for symptoms of COVID-19, would it be better to go to the student and escort them back to the holding area if necessary? Basically, who do we most want wandering the building -- the nurse or student?

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 clinic unless it is not safe to do so. We recommend that you identify an area where healthy students awaiting medications can be socially distanced, such as chairs in the hallway outside the clinic that are spaced 6 feet apart.

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

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

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?

Open windows if they are available and it is safe to do so. HEPA filters are also an option. Check the Harvard Schools for Health [document](#) for air quality recommendations.

We have been hearing a lot of information about needing a clean and a dirty school clinic. If that is true, will there need to be two nurses or nurse and MA? Will the nurse dealing with the sick need to wear PPE? If only one nurse, will she be handing out PPE for each student -- especially if she is seeing sick students and then dealing with the clean side, such as diabetics, medications, tube feedings, etc?

Separating sick students from those with other medical needs would be preferable. All students

should be masked in the clinic, along with the nurse. Frequent handwashing and appropriate PPE will support nurses in their ability to flex between students with COVID symptoms and those with other needs.

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.

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 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.

Many times we have students say "I don't feel good" and until we can really have time to assess them, it can be hard to determine if they are truly ill or having anxiety, hunger, or other non-illness issues. I would hate to send them to the "ill" room when that might not be the case. Can we possibly designate an area in our clinic for illness-related symptoms, making sure the student is masked and separate from other students until we can determine if they are ill and need to go home?

Yes, that is at the school's discretion if you have enough space and staff.

Can the clinical COVID-19 space be in the nurse's office but divided from the office by a vinyl curtained area? Having it in a separate room does not allow supervision for both areas by the one-person nursing office staff. Can the space be shared by students and adults? Do students in the quarantine room need to have a staff person monitor them while they are in the room?

It is recommended that students be monitored while they are in the quarantine room. The level of monitoring is dependent on the level of illness of the student. For example, a student with difficulty breathing should not be left alone, but a student with a mild sore throat can be left alone for short times as appropriate for the patient's age and abilities. The best option is two separate areas, but we acknowledge not all clinics/schools have the capacity for separate rooms. 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 during the school day. IF you are the lone healthcare provider and the isolation room is remote, consider adding a video baby monitor to keep an eye on the alternate location. The space can be shared between students and staff as long as you can maintain masks, distance and hygiene recommendations. IF you believe there are COVID and non-COVID cases in the clinic, we recommend separating those students while evaluating/awaiting parent pickup. One idea to help if staffing is a concern is to place a baby monitor with video capabilities in the room.

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

Partitions that are cleaned in 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.

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

Anyone monitoring ill students should wear a mask and gloves. Add gowns if increased secretions, vomiting, or other bodily fluid contact are likely.

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?

Staffing would be 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 take care not to touch the front of the mask. Procedures on proper care of masks, including how to place and remove them, are on the CDC [website](#).

Transportation:

One of the largest barriers to any re-entry plan is that even if we can properly socially distance students in class, how will we get them here responsibly? What is the minimally acceptable standard for bus transportation? One child per seat? Two children if they wear masks? Every other row only?

The CDC has recommendations for transportation [guidance](#). 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.

If there is a bus full of students and they cannot be spread apart 6 feet, but are all wearing cloth masks, does that make any impact on the risk assessment that is done to determine who would meet the criteria for high or low risk exposure? If everyone was masked, would they still have to quarantine for 14 days, or could they return to school with self-monitoring for 14 days?

Those individuals who were within 6 feet for more than 15 minutes would be identified as close contacts and would be required to quarantine. That would apply regardless of whether they were wearing masks at the time of exposure. Wearing a mask does offer additional protection against the spread of infection.

Miscellaneous:

Added 8.15.20

Can you share guidance on what the expectations are for LHDs regarding school sports? We are receiving school sport plans from our various schools. Are local health departments to review them and give guidance or review and approve/disapprove them?

Executive Order [20-36](#): Section 2(b)i refers to special or seasonal events and does mention “sport or racing competitions.” The local health departments can provide decision making for athletic activities by school district or other organization (intramural, rec leagues, etc.)

Are sports limited to 250 people or 50% capacity? Also, for outdoor events, does each group of 250 have to have a separate entrance/exit, or can they have shared entrances/exits and concessions? Is the group on the field (players, coaches) considered its own group of 250?

Check the IHSAA [website](#)/resource center related to COVID-19. All capacity questions are addressed there.

At the elementary level, teachers travel between buildings to teach special classes while classroom teachers have a preparation period. These teachers typically see all the students in the building over a week. This results in many contacts between teachers and students. Should alternative be found for traveling teachers?

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.

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

While surfaces are not believed to be the primary means of transmission for COVID, there is much we still don't know about how long the virus may last on surfaces. We recommend that shared materials be regularly cleaned.

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

We recommend that you consult whomever provides healthcare services to your school currently as they will be most familiar with your setup.

If schools require parents/guardians to have their child tested for COVID, will schools be responsible for paying for the testing?

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 FDA-approved COVID-19 tests and costs associated with testing with no cost-sharing. 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.

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? Is there a video we can share with parents about what they can do to screen their children at home each day before sending them to school?

The CDC has a library of educational videos about COVID-19 on its website:

<https://bit.ly/2ZJsgoa>. Visit ISDH's [website](#) under Back to School Resources for kid-friendly videos and graphics.

Do you have any kind of screening form created that you can share for when we are asking families to screen children at home? The CDC has created a self-checker that can help with self-screening. You can find that here: <https://covid19healthbot.cdc.gov/>. You also can use [this screening decision tree](#)

Should gaga pits be used for recess? Is it okay for cohorts of kids to play kickball, basketball, etc. if they use good handwashing before and after and equipment is cleaned after use?

Yes to recess and co-horted play. Unless the gaga pit is large and students can get some distance, consider limiting the number of players or not using them.

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

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.

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

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 a close contact of their exposure.