As the 2020 school year approaches, communities are continuing to make decisions about the nature of public school in the time of COVID-19. Many schools are beginning the year with a fully online approach, where students may not see the inside of the classroom until the fall or beyond. However, the United States is currently still within the first wave of the Coronavirus, with spikes and the potential for new surges emerging as time goes on. Therefore, as public education stakeholders continue to work in the best interest of the health and safety of our students, we must consider all aspects of how to open and maintain a safe school environment over time and plan accordingly.

Not only are our public schools responsible for our students’ intellectual and emotional growth, they are also responsible for students’ physical health and safety, a responsibility that is in large part reliant upon the field of school health and profession of school nurses. I spent the last few weeks separately and informally interviewing a small group of school nurses in the Northern Virginia area about issues they are facing as districts attempt to reopen school buildings.
COVID-19 clinics

Both school nurses and clinic aides are most known for their direct services to students, where they are responsible for monitoring and providing care for both students with continuing health conditions and those who develop illnesses at school. Important questions arise when we think about how school health is able to respond to COVID-19.

With an epidemic like COVID-19 present, will schools have two clinics now? One being the COVID-19 clinic where students with suspected COVID-19 go and the other for those who have more general issues and continuing care needs?

• Will any symptom of COVID-19 be grounds to place a student in the COVID-19 clinic? For example, will a student with complaints of diarrhea automatically be put there?
• Who will staff this COVID-19 clinic?

Additionally, the clinic is traditionally a space for students who have underlying, chronic, and lifelong health conditions to be supported. As with all students, these students in particular require a safe space for care, such as those with daily medication needs, diabetes, asthma, and catheters.

• How will we ensure that these students continue to receive appropriate care and monitoring?
• How will we ensure that these students, who are potentially more vulnerable to a virus like COVID-19, are protected?
• Who will staff this particular clinic?
Staffing

Not every public school in the United States has a full-time nurse. According to the National Center for Educational Statistics (2020), during the 2015-16 school year “just over half (52%) of the public schools had a full-time nurse... Including part-time nurses, over three quarters (82%) had at least one full-time or one part-time nurse.” This also points out that there are schools in United States without a nurse. However, the American Academy of Pediatrics’ recommendation as of June 2016, was that schools have at least one full-time nurse available for student's health needs (Sheets & Welch Holmes, 2016). Without the necessary number of school nurses, school nurses face challenges in providing the best care for their charges. Add a pandemic and you have an even more critical shortage of very necessary personnel.

- Are we able to hire more school nurses to ensure each school has at least part-time coverage?
- Is there a steady stream of funding for this?

During normal circumstances, a school clinic may not have the benefit have a full-time nurse or may share a nurse with several different schools. Many of the nurse’s responsibilities are then carried out by an unlicensed assistive personnel (UAP) (Rich, 2020). These UAPs, frequently referred to as clinic aides or assistants, do not have the same education, training, or experience as school nurses and are not licensed health care professionals.

- Are UAPs and school personnel capable of providing the routine and critical care necessary for a healthy and safe school?
- Will these individuals receive additional trainings?
- Are these trainings possible to implement for this and following school years?

Traffic in the clinic

During a normal week, the school clinic is a busy place and with COVID-19 straining school health resources it will be critical to try to keep people in the classroom and minimize traffic to the clinic. To do this though, routine issues that were normally sent to the clinic, such as an upset stomach,
headache, etc. may need to remain in the classroom to allow nurses to identify and provide service to the most critical cases. School clinics also see mental health conditions that manifest as physical symptoms. Often, students rely on the clinic as a safe space to take a time out and regroup before returning to the classroom.

- What will happen to these students who may not be able to be seen in either clinic?
- Will the classroom then take on the responsibility of administering certain degrees of care to students?

Personal Protective Equipment and supplies

Interacting with and caring for students with potential for COVID-19 and symptoms requires that school nurses and aides be wearing and utilize Personal Protective Equipment (PPE). Their responsibilities will include conducting a clinic as a kind of triage which is dependent on scope of caring, where nurses determine who is ill or not, with the worst cases necessitating full PPE. Additionally, specialized medical equipment is needed for ensuring safety and detecting symptoms. With a continuing nationwide shortage of PPE in hospitals, there remain many questions about how PPE will be provided to school buildings.

- Where will school districts find additional funding for PPE and medical supplies?
- Where are schools receiving the PPE from?
- Will there be enough N95 masks for nurses and staff?
- Are they expected to recycle these items as we have been seeing in health care and hospitals?
- Will there be enough contact thermometers and other supplies for every clinic in every school?

Sending students home

Public schools have systems in place for contacting parents/guardians, and they are responsible for picking up their children from school. Students have parents/guardians who must respond to summons and pick up their children when they are unable to remain in school. However, even on a typical day it is often challenging for school nurses to get in touch with responsible parties. Parents who work multiple jobs or in government positions for example may be unable
to be contacted during the day or they cannot leave work immediately to pick up their child.

• How will the expectations around school to family contact change during this period?

Medical decision making and arrangements for care and supervision of students

While students are in the school building, the school is responsible, *in loco parentis*, for their health and safety. Decision making for students’ health happens during normal circumstances in the school environment. Just a few examples include occasions where emergency services are called, health referrals are made, nurses perform life-saving procedures (CPR), and students are sent home or to the doctor. Another situation that occurs is when a parent/guardian is unable to be reached for a sick student and some other legal resources may be involved in arranging for care of the student. These medical decisions and actions being taken by schools are a great and serious responsibility and will only become more so with COVID-19.

• Where will the liability fall during these circumstances?
• Will there be increased responsibility for a parent/guardian to immediately pick up their child?

Training of teachers and staff

With the increased workload of school nurses and clinic staff, more tasks will need to be allocated to teachers and other school staff. Since the majority of the students’ time is spent in the classroom and outside of the clinic, it is imperative that teachers and staff be trained in detecting COVID-19 symptoms and procedures of care for students. School health will be relying on these stakeholders to be trained and working as second pairs of eyes. It will be all hands on deck.

• Who will provide the training to teachers and staff?
• Will this solely be the responsibility of teachers, or will administrators and staff also receive trainings?
Increased stress and responsibilities

As medical professionals in a school, nurses play a number of critical roles in care of students. Each decision that school nurses make impact students’ health and safety. This responsibility is great, and the stakes are only going to grow higher. Nurses will now responsible for a greater workload. The same can be said for the UAPs working in school clinics, who will now have increased responsibilities. The amount of stress was already high, but now it is growing exponentially.

Cleaning of the building

It has been suggested that a viable solution to reopening and maintaining schools is to have routine deep cleanings of school buildings. However, this has several components that need to be thought through. According to the Department of Homeland Security, “essential workers” are those who conduct a wide range of operations that are essential in continuing of critical infrastructure operations (National Conference of State Legislators, 2020). Maintaining the cleanliness and safety of the school would allow the critical operations of the school to continue, making these cleaners and custodians essential workers. However, the Economic Policy Institute reminds us that despite being labelled “essential workers,” many of these workers do not receive the most “basic and safety measures to combat the coronavirus” (McNicholas & Poydock, 2020).

• How often will these cleanings take place?
• How are we protecting these individuals who are providing essential services?
• Will these workers be outfitted in appropriate PPE at all times?
• Are we ensuring that these workers have health insurance?
• And that safety protocols are put in place to protect them?
• Is there reliable funding available for these cleanings and services?
Advocacy for school nurses and school health

All of these concerns and questions are reflective of the challenges that school nurses are facing and there are still more present. However, how do we address these issues and solve them if school health is not brought into the local and national conversation and are closely worked with in the decision-making process? According to a recent NPR article interviewing school nurses, school nurses have not been a part of the decision making process and do not have a seat at the proverbial table. When many schools closed in April 2020, the National Association of School Nurses (NASN) surveyed its members around the country about their roles in pandemic plans. “While about 60% of those school nurses were part of the conversation with their school teams around COVID, about 40% of school nurses weren't involved in the conversation,” said Donna Mazyck, NASN executive director (Lombardo, 2020).

• Will we ensure that school nurses are included in decision making processes for reopening and maintenance of schools?
• How will we ensure this?

School nurses are facing one of their greatest challenges yet: a pandemic that needs the appropriate funding and protocols to allow the safe return and maintenance of schools. The only way that our students and staff should return to school is when we have thought through these issues and others. Without the necessary understandings and supports, we are on course to put every person within the school building in danger. We must have every voice present at the table and take the time to listen to them. They are the experts.
References


