

School Nurse UPDATE

#8 February 25, 2021

Greetings!

Since publishing the last School Nurse Update (#7), I have sent out three emails with updated guidance, and one email announcing the Department of Health Services (DHS) **move forward to the [next eligible individuals](#) for COVID vaccination on March 1, 2021**. That information is repeated **and updated** in this #8 School Nurse Update, along with information on **the new DHS vaccine registry, a DHS FAQ on post vaccination quarantine for educators and child care workers, and new resources on the DPI webpage for school nurses working with students who have special health needs**.

Not surprisingly when asked during a recent Podcast interview about the biggest challenges for school nurses during COVID, I replied in part, “staying current with the most recent research and guidance.” **PRACTICE POINTS** contains my answer to another question posed to me during that interview, “**how has the role of school nurses changed during COVID?**”

Under ACIP (p.7), Medscape Nurses (p.6) and Miscellaneous (p.9) are links to articles to help keep readers abreast of current information. Because school nursing is not just COVID, other articles, webinars, and trainings regarding topics such as **a cancer writing contest for teens, farm safety, and human trafficking training** are included in this Update.

I highly encourage school nurses to consider attending the **National Association of School Nurses (NASN) annual conference** this year as its virtual platform makes it accessible and more readily affordable. See NASN News for more information. A national conference is a great opportunity for professional development and a fun way to stay current.

As always please contact me if you have questions, or are in need of locating resources.

Louise

FEATURED STORIES

**PRACTICE POINTS –
School Nurse Role During
COVID**

New Resources For
Supporting Students with
Special Health Needs (p. 2)

DHS Post Vaccination FAQ
(DHS News p. 4)

How to Spot a Fake N95 (p.
6)

SAVE THE DATE

Wisconsin School Nurse
Network Zoom Meeting-
March 17, 2021 1:00-2:00
PM. Link to meeting will be
sent out 3/15/2021.

NASN2021 Conference-
Transforming Student
Health: School Nurses
Leading the Way
June 24 - June 27, 2021
(preconference June 23,
2021)

DPI News



Educators Become Eligible for Vaccinations March 1

The Department of Health Services (DHS) intends to move forward to the [next eligible individuals](#) for COVID vaccination on March 1, 2021. Districts that have established plans with vaccinators will be asked to provide vaccinators with numbers of vaccines needed. Vaccination of educators will begin while simultaneously continuing to ensure vaccination of critical healthcare workers and individual over the age of 65.

In an effort to advance the vaccination of K-12 education and child care staff as a priority population, DHS has established an alternative process for allocating vaccines for education and child care staff. The intent with this new approach is to assure swift and efficient vaccination of K-12 education and child care staff by the end of April.

DHS has confirmed that substitute teachers and student teachers are eligible for vaccination on March 1 as they are considered staff and all staff in public and private school programs are eligible. [Eligible educators](#) include all staff in regulated childcare, public and private school programs, out-of-school time programs, virtual learning support and community learning center programs and all staff in preschool and Head Start through K-12 education settings.

DPI and DHS encourage school districts to work with their local and tribal health departments in arranging for vaccinations for their staff. This is particularly important given this alternative allocation process. DPI provides these two resources for school districts [Vaccination for Educators Planning Check list](#) and [Logistical Considerations for Hosting COVID Vaccination Clinics Onsite](#).

Vaccine supply remains limited. DHS and DPI encourage school districts to communicate with their staff the reality of the timeline and need for patience.

New Resources For Supporting Students with Special Needs

A new section has been added under Professional Practice Resources on the [COVID-19 School Health Services webpage](#) containing resources targeting children and youth with special healthcare needs. Of particular interest is a link to [Information for School Nurses from the Specialized Health Needs Interagency Collaboration](#) which contains resources for providing direct care, managing the health care plan, educating staff about emergency plans, identifying possible classroom accommodations for the student, as well as providing resources for parents for students with special health care needs.

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DPI News

School Nurse Consultant Elected Officer of NASSNC

DPI's School Nurse/Health Services Consultant, Louise Wilson, MS, BSN, RN, NCSN, was elected to serve a two-year term as vice-president of the National Association of State School Nurse Consultants (NASSNC) at their annual meeting on February 10, 2021. NASSNC is the national professional association for school nursing/health services state level consultants dedicated to cultivating and fostering member abilities and efforts in improving the health and academic success of the nation's children and youth. DPI thanks Louise for her leadership while representing Wisconsin at the national level.



DPI Anti-Human Trafficking Video Facilitation Guide and Lessons - Virtual Training for School Staff and Other Professionals Supporting Anti-Trafficking

Sessions will provide school staff, such as pupil service staff and professionals working in trafficking prevention and response, training on using the DPI Anti-Human Trafficking Video Facilitation Guide, and accompanying videos with students. While not restricted to pupil service staff, staff should have some training and experience handling difficult topics, handling student disclosures, and the ability to assess risk and safety concerns. Participants will gain access to the video series, as well as the facilitator guide and related resources.

Participants will be able to lead lessons for students grades 7-12 to help them understand what human trafficking is, some of the dynamics involved, and to recognize warning signs and unsafe situations, how to get help, and where to find additional resources.

School staff and professionals in the community are encouraged to attend training together to collaborate on lesson delivery for students. Visit the [WISH Center](#) website for more information and to register for spring and fall dates. Funded by the WI Department of Public Instruction, the Department of Children and Families, and the WISH Center, sessions are free and are not recorded. In an effort to reach all interested parties, there is no fee, but registration is required.

While not restricted to pupil service staff, staff should have some training and experience handling difficult topics, handling student disclosures, and the ability to assess risk and safety concerns.

DPI News



COVID-19 Special Education Question and Answer Document

The department added a question and answer to the [COVID-19 Special Education Question and Answer Document](#), Placement question J.5. addresses providing in-person services in the home if a student cannot access services virtually or outside the home.

Department of Education Releases Reopening Guidance

The U.S. Department of Education has released [ED COVID-19 Handbook. Volume 1: Strategies for Safely Reopening Elementary and Secondary Schools](#). The handbook provides examples and roadmaps educators and staff can use to implement CDC's mitigation strategies for in-person learning.

Our Military Kids Award

Our Military Kids provides a wonderful grant opportunity for children whose parent(s) have been wounded or deployed. Our Military Kids awards up to \$300 per child for the activity of their choice, providing opportunities to engage in activities that release stress and gain self-confidence. Funded activities and programs include sports, fine arts, enrichment programs, tutoring, and camps. For more information on program eligibility, see the [DPI-ConnectEd](#) story!

The handbook provides examples and roadmaps educators and staff can use to implement CDC's mitigation strategies for in-person learning.

DHS News

Respiratory Report

[The Weekly Respiratory Report](#) (detailing influenza data) is available and updated bi-weekly.

DHS Posts School and Child Care Post Vaccination FAQ

An FAQ has been added in a dropdown box on the DHS [COVID-19: Schools and Child Care webpage](#) answering the question "What are the exclusion criteria in schools and child care settings when someone experiences symptoms post-COVID vaccination?" A copy of that FAQ is attached to this Update.

DHS News



Wisconsin COVID-19 Vaccine Registry Launching March 1

The Wisconsin Department of Health Services (DHS) is launching a new service March 1 that will help connect individuals people with available vaccine. The [Wisconsin COVID-19 Vaccine Registry](#) will provide a central place let people know where and when they can they can get vaccinated, and let them schedule an appointment. The Wisconsin Vaccine Registry will be used by those who opt in and will not be a comprehensive resource for all vaccination options. Health care systems, pharmacies, and local health departments may already have their own registration and scheduling software.

“This registry will be vital in our effort to get all Wisconsinites access to the COVID-19 vaccine,” Wisconsin Governor Tony Evers said. “It will make it easier for the public to get vaccinated, and assist vaccinators in tracking available supply. It is important to remember that the vaccine supply in Wisconsin is extremely limited and that most people will not be able to get appointments to be vaccinated right away.”

The vaccine registry will require people to answer several questions to determine if they are in one of the groups eligible for the COVID-19 vaccine and help them schedule an appointment. If they are not eligible, or if no appointments are currently available, they will be placed on a waiting list. Appointments can only be made through this system in communities with vaccinators who are using the vaccine registry.

[View the entire news release.](#)

DHS COVID-19: Wear a Mask Webpage Revised

The DHS [webpage related to mask wearing](#) was updated on February 19, 2021. Note proper mask fit is emphasized.

Science shows that wearing a mask over your nose and mouth can help prevent transmission of the respiratory droplets and aerosols that spread COVID-19. Protect your loved ones, neighbors, and fellow Wisconsinites by [wearing a mask.](#)

MASK FIT IS IMPORTANT

Gaps in your mask can let air with respiratory droplets and aerosols leak in and out around the edges.

Improve the way your mask fits and functions. Follow this checklist:

- ✓ Wear your mask snug around your face.
- ✓ Choose a mask with a nose wire and fit it around your face.
- ✓ Add layers of material by using a cloth mask with multiple layers of fabric, or wearing a disposable mask underneath.

YOU STOP SPREAD

WISCONSIN DEPARTMENT OF HEALTH SERVICES

NASN News

NASN2021 Virtual Conference

We are very excited about getting together for NASN2021, and are ready to gather, to celebrate, and to educate how school nurses are Leading the Way in Transforming Student Health.

NASN has made the decision to offer the Annual Conference in 2021 as a virtual experience. We want all our attendees to have the chance to interact with one another and with our content, and the virtual environment will allow us to do that, regardless of travel concerns related to COVID-19. Please save the dates June 21-25 for Virtual NASN2021,



Counterfeit N95 face masks are on the rise and according to the Centers for Disease Control and Prevention, there is no guarantee they provide the same protection as masks approved by the National Institute for Occupational Safety and Health (NIOSH),

Medscape Nurses

Fauci: Data 'Favorable' That Vaccines Limit Transmission

Researchers know by now the available COVID-19 vaccines prevent people from getting COVID around 95% of the time. But the million-dollar question remains: Are people less likely to spread the illness after they get the vaccine? According to preliminary data, the odds are good.

[Read more.](#)

COVID Vaccine Can Be Stored in Standard Freezers, Pfizer Tells FDA

Pfizer and BioNTech have submitted data to the US Food and Drug Administration (FDA) demonstrating that their COVID-19 vaccine can be safely stored at temperatures commonly found in pharmaceutical freezers and refrigerators. [Read more.](#)

How to Spot a Fake N95

Counterfeit N95 face masks are on the rise and according to the Centers for Disease Control and Prevention, there is no guarantee they provide the same protection as masks approved by the National Institute for Occupational Safety and Health (NIOSH), the agency in the United States that regulates filtering facepiece respirators. But recognizing phony N95s can be easy using a few simple steps. [Read more.](#)

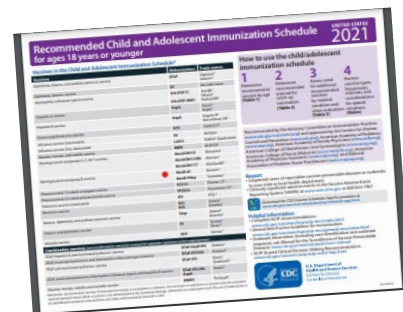
CDC Chief Lays Out Attack Plan for COVID Variants

It is expected that 5% of persons who are vaccinated against COVID-19 will nevertheless contract the disease. Sequencing will help answer whether such persons who have been vaccinated and who subsequently contract the virus are among those 5% or whether have been infected by a variant that evades the vaccine. [Read more.](#)

ACIP

2021 U.S. Recommended Immunization Schedule for Children and Teens Released Along with MMWR Article Detailing Changes

On February 12, CDC posted the 2021 recommended immunization schedules for children and adolescents on CDC's [Immunization Schedules for Healthcare Providers](#) web page.



The immunization schedule for children and adolescents is available on the CDC web page titled [Table 1: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2021](#). Also updated are [Table 2: Catch-up Schedule](#) as well as [Table 3: By Medical Indications](#).

[Access the full-color, 8-page PDF of the child/adolescent schedule.](#)

Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older – United States, 2021

At its October 2020 meeting, the Advisory Committee on Immunization Practices (ACIP)* approved the Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2021. After the Emergency Use Authorization of Pfizer-BioNTech COVID-19 vaccine by the Food and Drug Administration, ACIP issued an interim recommendation for use of Pfizer-BioNTech COVID-19 vaccine in persons aged ≥ 16 years at its December 12, 2020, emergency meeting (1). In addition, ACIP approved an amendment to include COVID-19 vaccine recommendations in the child and adolescent and adult immunization schedules. After Emergency Use Authorization of Moderna COVID-19 vaccine by the Food and Drug Administration, ACIP issued an interim recommendation for use of Moderna COVID-19 vaccine in persons aged ≥ 18 years at its December 19, 2020, emergency meeting (2). https://www.cdc.gov/mmwr/volumes/70/wr/mm7006a2.htm?s_cid=mm7006a2_w

The 2021 immunization schedule for children and adolescents is available on the CDC web page.

CDC

New CDC Guidance for Schools

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

provides reinforcement of clear and consistent mitigation strategies to open schools and keep them open. CDC also released a science brief on the [Transmission of SARS-COV-2 in K-12](#). This brief addresses schools providing data on the relationship between school transmission, in-person learning, and community rates of transmission. Data demonstrates that in-school transmission of COVID-19 is relatively low.

Improve How Your Mask Protects you

There are [many types of masks](#) you can use to protect yourself and others from getting and spreading COVID-19. Cloth masks can be made from a variety of fabrics, and many types of cloth masks are available. Do not wear cloth masks with exhalation valves or vents, single layer or masks made of thin fabric that don't block light. Disposable face masks are widely available. Do not wear disposable masks with gaps around the sides of the face or nose, or if wet or dirty.

Sign up for CDC COVID-19 email updates.

https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_2067

CDC COVID-19 Resources for School Nutrition

CDC released two new resources to support school nutrition professionals preparing and serving school meals during the COVID-19 pandemic. We invite you to use these documents as tools to help continue operations in ways that reduce the risk of COVID-19 spread while addressing community food access. Find these resources and more on the new [COVID-19 School Nutrition Resource page](#):

- [Safely Distributing School Meals during COVID-19](#): New resource that details the unique set of model-specific mitigation practices for several COVID-19 adapted school meal distribution models, including Drive-through, Walk-up, Home Delivery, Mobile Route Delivery, Bus Route Delivery, Meals in the Classroom, and Meals in the Cafeteria.
- [Checklist for School Nutrition Professionals Serving Meals Eaten at School](#): Provides a printable overview of key mitigation strategies for staff who are preparing and serving meals that will be eaten at school.



Operational Strategy for K-12 Schools through Phased Mitigation provides reinforcement of clear and consistent mitigation strategies to open schools and keep them open.

Miscellaneous

Gov. Evers Signs Bill Expanding Who May Administer COVID-19 Vaccines

Gov. Tony Evers signed Assembly Bill (AB) 4, now 2021 Wisconsin Act 3, which would allow pharmacy technicians and students to administer COVID-19 vaccines under certain conditions. AB 4, now [2021 Wisconsin Act 3](#), allows a pharmacy student who has completed two years of pharmacy school to administer a vaccine under the supervision of a healthcare provider who is authorized to administer vaccines. Additionally, under AB 4, additional persons would be allowed to administer vaccines under certain conditions, including the following:

The person has completed at least two hours in a course of study and training, approved by the Accreditation Council for Pharmacy Education or the board, in hands-on injection technique and the recognition and treatment of emergency reactions to vaccines;
The person acts under the direct supervision of a pharmacist who has completed a course in study on topics relating to vaccination;
The person holds a current certification in basic life support or cardiopulmonary resuscitation; and
The person holds a certified pharmacy technician certification from either the Pharmacy Technician Certification Board or the National Healthcareer Association.

Video Explaining Vaccine Side Effects

[This video](#) was shared by a county public health officer and explains vaccine development and side effects. It might be useful in vaccine messaging.

Study Finds Hand Sanitizer is Hurting More Children's Eyes

Hand hygiene is an important way to prevent the spread of Covid-19 and, when soap and water isn't available, alcohol-based hand sanitizer is the next best way to do this.

Dispensers of hand sanitizer have popped up in malls, schools, workplaces and on public transportation to make it easier for people to disinfect their hands. However, one consequence, documented in France, has been chemical injuries in children who have accidentally gotten sanitizer in their eyes. [Read more.](#)



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Miscellaneous

Farm Safety for Children and Youth: Risks and Rewards Webinar

Thursday, March 4, 2021

2:00 -3:00 pm CST

There are many benefits to living and working on farms and ranches, including developing a good work ethic, learning responsibility, and developing respect for the land. While farms and ranches are wonderful places for children and youth to live, work and play, they are also one of our nation's most dangerous worksites and the only worksite where children of any age can be present. Eighty-one percent of occupational fatalities among youth 15 - 17 years old were in the agricultural/forestry/fishing and hunting sector, making agriculture the most dangerous industry for young workers in the U.S. While in non-agricultural industries, regulations and work standards indicate appropriate work for children, the standards and regulations in agriculture are different and often do not apply to the family farm. Marsha Salzwedel of the National Children's Center for Rural and Agricultural Health and Safety will outline the risks and benefits of farm work, share evidence-based/informed prevention strategies, challenges, and resources. Amy Rademaker of Carle Hospital in Illinois, will share her experiences working with farmers and their families through the Progressive Ag Safety Day Program. Marla Vanore of the Children's Hospital of Philadelphia and an active member of the Child Safety Now Alliance (CSN-A) will moderate this webinar. [Register for the webinar](#). This webinar will be recorded and archived.

Cancer Unwrapped Writing Contest

Share our [contest flyer](#) with teens in grades 9-12! The **Cancer Unwrapped Teen Writing Contest** opens a dialogue with teens about their emotions and realities when dealing with cancer, whether their own diagnosis or the diagnosis of a loved one.

This national program encourages teens to write about their experiences for the opportunity to win one of several \$1,000 cash prizes.

We aim to give a voice to teens representing an array of social identities and lived experiences. Our mission at Cancer Pathways (formerly Gilda's Club Seattle) is to 'face cancer together' - this writing contest is one of the ways we help teens and their families realize they are not alone.

2021 Contest Eligibility & Guidelines:

- Open to students in the United States in grades 9-12
- Essay length must range between 500-1,000 words
- The contest deadline is **March 14th, 2021, midnight PST**
- Cash prizes of \$1,000 will be awarded to the winners.

You can [read previous contest essays online](#) - we guarantee that reading these stories will move you and leave you feeling inspired. *The most current guidelines and information can be found [here](#).*

Practice Points

By Louise Wilson

School Nurse Role During COVID

How would you answer the question “how has the school nurse role changed due to COVID?”

This question was posed to me this week as I recorded a podcast with CESA Purchasing Administrator Jane Wynn. My answer is below, but I wonder how each of you would answer that and will answer that, when you write your end of the year report for your school administration and school board. Never too early to be thinking about how you will present what you did to address the health needs of your students through an unprecedented pandemic school year.

That's a great question, but also provides me an opportunity to get up on my soap box and tout the role of the school nurse!

COVID-19 has made the very challenging role of the school nurse, even more so. This year school nurses across the nation and in Wisconsin have risen to the challenge in AMAZING ways! The one thing the pandemic has brought to light, is the need for a school nurse in every school. Yet, Wisconsin has no such requirement and in fact- 107 out of the 421 public school districts in Wisconsin, do not report having a school nurse. Even those that do, most often one school nurse covers multiple schools and is responsible for hundreds and even thousands of students. Only 176 school districts in Wisconsin have at least one fulltime nurse, or FTE.

Pre-COVID, school nurses managed students' chronic and acute health needs while in they were in school and participating in extracurricular activities. School nurses removed barriers to learning by doing vision and hearing screenings, referring some for further exams and helping families connect to resources. School nurses prepared staff to handle health emergencies and wrote Emergency Action Plans for students with high risk health conditions such as food allergies, asthma, heart conditions, seizure disorders and diabetes. School nurses ensured students who receive medication at school did so safely. School nurses tracked and promoted immunization compliance protecting vulnerable populations and communities from vaccine preventable diseases.



COVID-19 has made the very challenging role of the school nurse, even more so. This year school nurses across the nation and in Wisconsin have risen to the challenge in AMAZING ways! The one thing the pandemic has brought to light, is the need for a school nurse in every school.



School nurses have always provided nursing care to communities and been leaders in their schools, but in my opinion, COVID solidified those roles. School nurses back in February 2020 were updating their pandemic plans, informing their administration, teachers, students and families regarding the latest developments surrounding what came to be known as SARS-CoV2. The situation as you remember was fluid and evolving, and school nurses were right there providing accurate, evidenced based recommendations on mitigation and infection control measures. They still are.

School nurses' role as health educator has greatly expanded. They answer staff and parent questions regarding COVID transmission, travel recommendations, symptoms and quarantine, and now vaccinations.

School nurses are performing contact tracing for their students and staff, often late into the night and on weekends. School nurses are referring students and staff to clinics or settings where they can get tested for COVID. Some school nurses have been providing COVID testing at school. Recently school nurses have been advising administrators and helping to arrange for vaccination clinics for school staff. Some school nurses will be trained to give COVID vaccinations themselves to help increase the capacity at clinics.

All this has been and is being done while still caring for the daily physical and mental health needs of students both attending in person and virtually.



School nurses have always provided nursing care to communities and been leaders in their schools, but COVID solidified those roles.

This publication is available from:
 Learning and Support
 Student Services Prevention and Wellness Team
 (608) 266-8857
<https://dpi.wi.gov/sspw/pupil-services/school-nurse>

February 2021 Wisconsin Department of Public Instruction

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Vision Screening Considerations During the Coronavirus Disease 2019 (COVID-19) Pandemic for Schools, Head Start and Early Care and Education Programs

November, 2020

Introduction

As schools, Head Start/Early Head Start, and early care and education programs reopen during the COVID-19 pandemic, practices that occurred routinely for decades must be reconsidered and redesigned to prevent the spread of the virus among children and staff, and ultimately, the community. Vision screening is one of many services that meet critical needs of children and is an essential service to eliminate poor vision and eye health problems as a barrier to academic and classroom success. Fortunately, vision screeners can employ strategies to manage the risk of COVID-19 exposure and potential transmission during vision screening.

This document suggests considerations for modifying vision and eye health screening procedures during the COVID-19 pandemic. This document provides a summary of currently available resources that vision screeners and school nurses can consult as they formulate independent judgment. **This document is not intended to provide clinical standards or guidelines. Vision screeners and school nurses are responsible for complying with applicable federal, state, and local laws, regulations, ordinances, executive orders, policies, and any other applicable sources of authority, including any applicable standards of practice.**

The science of COVID-19 is evolving rapidly. This document is dynamic and will be updated with the emergence of new knowledge and practices in risk management and reduction. **It is important to be familiar with and closely follow all school district and local guidelines as well as federal and state infection-control recommendations.** Conducting vision screening in school and community settings while adhering to physical distancing requirements will be challenging. **We stress the importance of adhering to evidence-based vision screening procedures.** Using modified vision screening practices without evidence may result in inappropriate referrals to eye care providers, causing children and parents/guardians unnecessary exposure to medical settings during a pandemic. Conversely, not adhering to evidence-based practices may miss a vision or eye health disorder and a proper referral to eye care. Refer to the [FAQ](#) document for more detailed information on vision screening.

Planning

- Some school districts, Head Start, and early education and care programs are barring individuals/volunteers who are not school employees into buildings during the pandemic ([CDC](#)). Investigate the program's or school's policy on visitors, contractors, and itinerant employees.
- Verify the screening site has assigned a well-lit room where the ventilation is working properly per guidelines from the [CDC](#).
- Determine if the assigned room enables separate entrance and exit doors.
- Verify the assigned room will be deep-cleaned and sanitized prior to use per [CDC guidelines](#).
- Identify the records that need to be maintained in the event contact tracing is required and request or create a template for managing that documentation.
- Conduct a simulated dry run of the traffic flow, timing, spacing needs, supplies, and screening procedures with adults who are informed of, and participating in, safety procedures.
- Verify availability of assigned monitors for children traveling to and from the screening room.
- Every effort should be made to locate the vision screening room near sinks and running water for handwashing. Handwashing with soap and water is [preferred by the CDC](#) over using hand sanitizer. Verify handwashing facilities are fully stocked with hand towels, soap, and no-touch trash receptacles.
- Identify who is responsible for notifying parents, teachers, and administrators of vision screening.

- Schools, Head Start, and early care and education programs may have alternating days of in-person attendance, in which different cohort groups of students attend on set schedules. Screeners need to plan the schedule around cohorts.
- Verify that face coverings will remain on students and adults during the entire screening session.

Hand Hygiene

- Children must wash hands per [CDC guidelines](#) for 20 seconds before and after screening.
- Screeners must wash hands per [CDC guidelines](#) before screening, after any child contact, and at regular intervals throughout the day.
- If soap and water are unavailable, hand sanitizer that contains at least 60% alcohol can be used.
- Gloves are not necessary ([CDC, 2020](#)).
- [CDC handwashing](#) guidelines recommend drying hands with paper towels or air drying, and do not include drying hands with motorized hand dryers.

Face Coverings (Masks)

- Screeners and children should wear cloth face coverings per [CDC guidelines](#) during screening. The [CDC](#) provides instructions [on how to properly wear a mask](#). Screeners should not conduct vision screening if they cannot wear a mask for a medical reason.
- If children do not have a mask or the mask is not secure or does not cover the nose and mouth, disposable masks should be provided and should be put on by the child prior to entering the screening area.
- Consider not performing a vision screening on any child who cannot wear a mask. Children who cannot wear a mask should be referred to their primary health care provider for vision screening. [Masks are not required](#) for:
 - children younger than age 2 years
 - children who have trouble breathing
 - children who are unable to comply with wearing a mask due to physical or mental health limitations or developmental delay
- If a well-fitted mask is unavailable for a child, offer the screening later when a mask is available or masks for children are optional or unnecessary.
- Screeners should wear [cloth masks](#) that fit snugly and cover the mouth and nose. Screeners may wear [goggles that cover the sides of the eyes](#) and/or a face shield with a mask. [CDC does not recommend use of face shields as a substitute for cloth face coverings](#). [Johns Hopkins offers additional guidance on face masks](#).
- Children and screeners should [wash their hands](#) before putting on a cloth face covering.
- To put children at ease, screener's may wear a badge or a sign with a smiling photo of their face.

Supplies Needed Specific to COVID-19 Considerations

- Face coverings consistent with [CDC guidelines](#).
- Goggles (if screener chooses—in addition to face covering).
- Face shield (if screener chooses in addition to face covering).
- Soap.
- Sanitizer with at least 60% alcohol (for screener and older children only) and paper towels
- Disinfectant wipes.
- No-touch trash cans – with enough capacity for wipes, occluders, and paper towels.
- Disposable occluders ([do not use homemade paper occluders, nor tissues or hands – disposable occluders are available for purchase from vision supply vendors](#)).
- Disposable matching lap cards (for preschool children – make paper copies of the matching lap Card: one per child to be screened, and then discard).
- Tape and or floor markings.
- Entry and exit door signs.

- Measuring tape or 6-foot measure.
- Disposable single-use gloves for cleaning.
- Cleaning supplies that meet [EPA Guidelines](#) for COVID-19.
- Supplies for vision screening.

Cleaning and Disinfection

- Verify the room assigned for screening was deep-cleaned and sanitized per [CDC guidelines](#) prior to entry.
- Clean and disinfect frequently touched surfaces often ([CDC Guidelines](#)).
- Develop and adhere to a schedule for increased routine cleaning and disinfection.
- Cleaning products used by screener must be secured out of reach from children.
- Do not use cleaning products near children.
- Verify that there is adequate ventilation when using cleaning products in the screening space to prevent children or adults from inhaling toxic fumes.
- Standard use of visual acuity charts used at a testing distance of 10 feet should be wiped clean with disinfecting wipes before and after each screening day.
- Vision screening instruments (photoscreeners, autorefractors, etc.) should be cleaned and disinfected at the beginning and end of each screening day per manufacturer's guidelines.
- Do not allow food and beverages in the screening room.

Shared Objects

- Do not allow items (e.g., stuffed animals, books) that are difficult to clean or disinfect.
- Ensure adequate supplies of disposable materials to eliminate sharing of high touch items such as occluders and matching lap cards.
- Mass screening for color vision deficiency is not recommended. Consider postponing color vision deficiency screening if it is mandated in your program or state. If a teacher or parent is concerned about color vision, refer the child to an eye care provider.

Screening Schedule

- Mark floors to provide a visual guide for maintaining 6-foot distancing between the screener, the child, and between adults.
- The [CDC](#) recommends one-way traffic with separate entrance and exit doors.
- Sanitize chairs used during vision screening between children's use. Screener should wash hands after sanitizing objects.
- Children should stand 6 feet apart while waiting outside the screening room. Mark floors where children should stand.
- Do not call the entire class to the screening area and limit the number of children waiting - based on the amount of space available for waiting. If possible, screen children one at a time to ensure physical distancing space between children.
- If pods or cohorts are used ([AAP, 2020](#); [CDC, 2020](#)), clean and disinfect the screening area before children from another cohort or pod arrive.

Vision Screeners

- Consider limiting screening personnel to three adults:
 - Screener,
 - Facility employee to clean chairs and monitor distancing, and
 - Staff to accompany children traveling to and from classroom and monitor handwashing before and after screening.

- The CDC recommends cohorting of children and staff ([CDC, 2020](#)). Consider eliminating conducting screening at multiple schools, Head Start centers, or early care and education programs ([CDC, 2020](#)). If screeners are assigned to screen children at multiple schools or programs, allow 14 days to elapse between screenings in different locations. In communities where the virus is spreading, COVID-19 testing for screeners may be considered.
- **More details about screening can be found in the [FAQs](#).**

Training

- Screeners must be trained on all district, school, Head Start, or early care and education facilities' COVID-19- related health and safety protocols ahead of screening.
- The [American Academy of Pediatrics](#) (2020) recommends that all training be conducted virtually.
- Screeners should make contact with screening site administrators 2 days in advance of screening to identify any changes in the facility's health and safety protocol.

Vision Screening (Note, this section addresses adaptations to evidence-based vision screening recommendations during the Covid-19 pandemic. For more information on vision screening generally, please visit <https://nationalcenter.preventblindness.org/vision-screening-guidelines-by-age/>)

- Standard use of visual acuity charts, used at a testing distance of 10 feet and that children do not touch, should be wiped clean before and after each screening day (to protect the screeners) but need not be cleaned between each child's screening.
- Distance visual acuity screening can be performed according to safety standards. To minimize screening duration time, near acuity, color vision deficiency, and stereoacuity screening is not recommended at this time.
- **Please see the [FAQ](#) document for more detailed information on vision screening methods and tools.**

Parent and Caregiver Education

Vision screening is an important component of pediatric preventative health care and should continue during the COVID-19 pandemic. Prevent Blindness developed the NCCVEH's [12 Components of a Strong Vision Health System of Care](#). These components address parent and caregiver education as well as vision screening, referral to eye care, and more. Whether children attend Head Start, an early care and education program, or school, we encourage parents and guardians to observe and listen to a child for signs of a possible vision disorder. An appointment with an eye care provider should be made if there is ANY concern about a possible vision problem. [Close-up work](#) required by online and remote learning can exacerbate a previously unknown vision problem, such as myopia. Therefore, parents and guardians need to be vigilant.

When a comprehensive vision screening program cannot be implemented (such as during virtual learning), a [document](#) describing signs of a possible childhood vision disorder can be given to parents and guardians. Programs and schools should stress the importance of having the child examined by an eye care provider if the child shows one or more of the signs or symptoms. An [easy-to-use checklist](#) for Head Start and early care and education programs is available through Prevent Blindness. From birth through the first birthday, chart screening is not developmentally possible and there is no evidence to support use of instruments in this age group. The NCCVEH recommends using the *18 Vision Development Milestones From Birth to Baby's First Birthday* in [English](#) or [Spanish](#) as a vision screening tool for Early Head Start and other early care and education programs.

Conclusion

School and community screenings are safety net programs. If screenings cannot be conducted, families should be instructed to take their children to their primary health care provider for a vision screening or eye care doctor for a comprehensive eye examination. **Vision screening should be conducted as part of a regular well-child visit at the**

primary health care provider's office. The [American Academy of Pediatrics](#) strongly encourages families to schedule and keep well-child checks throughout the COVID-19 pandemic. Parents and guardians should receive educational material about the importance [of child vision health](#).

Teachers, administrators, nurses, vision screeners, support professionals, Head Start, Early Head Start, early care and education personnel, and para-professionals are anxious about the difficulties they are facing to meet new educational expectations. The considerations suggested in this document are designed to ensure that vision screening continues to help children have the best vision possible to succeed academically.

Please see the accompanying [FAQ](#) document for more detailed information on vision screening.

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Resources

[FAQ](#) for Vision Screening During the Coronavirus Disease 2019 (COVID-19) Pandemic for Schools, Head Start and Early Care and Education Programs

Centers for Disease Control and Prevention. (2020, June 3). K-12 Schools and Child Care Programs: FAQs for Administrators, Teachers, and Parents. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>

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“Think of Vision” fact sheets for teachers of [preschool](#) and [school-age](#) children from Children’s Vision Massachusetts

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Workgroup chair and lead author: Martha Dewey Bergren, DNS, RN, NCSN, PHNA-BC, FNASN, FASHA FAAN, University of Illinois Chicago

Workgroup Members: Lynne Meadows, MSN, BSN, RN, Fulton County Schools (GA) (Vice-Chair); Geoffrey E. Bradford, MS, MD, West Virginia University Eye Institute; Elizabeth Clark, MSN, RN, NCSN, FNASN, National Association of School Nurses; P. Kay Nottingham Chaplin, EdD, and Donna Fishman, MPH, National Center for Children’s Vision and Eye Health at Prevent Blindness; Kira Baldonado, BA and Julie Grutzmacher, MSW, MPH, Prevent Blindness; Kathleen Murphy, DNP, RN, NEA-BC, FAAN, University of Texas Medical Branch; Jill Thornton, MA and Shavette Turner, Director of Children’s Programs, Prevent Blindness-Georgia, and Stacy Lyons, OD, FAAO, New England College of Optometry. Membership in the work group does not imply organizational sign on.

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Please contact us for more information: info@preventblindness.org

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School and Child Care Post COVID-19 Vaccination FAQ

What are the exclusion criteria in schools and child care settings when someone experiences symptoms post-COVID vaccination?

Systemic signs and symptoms, such as fever, fatigue, headache, chills, muscle aches/pain, and joint pain, can occur following COVID-19 vaccination. Preliminary data from mRNA COVID-19 vaccine trials indicate that most systemic post-vaccination signs and symptoms:

- are mild to moderate in severity,
- occur within the first three days of vaccination (the day of vaccination and the following two days, with most occurring the day after vaccination),
- resolve within 1-2 days of onset, and
- are more common and severe following the second dose, and among younger persons compared to those who are older (>55 years).

Cough, shortness of breath, runny nose, sore throat, or loss of taste or smell are **not** consistent with post-vaccination symptoms, and instead may be symptoms of SARS-CoV-2 or another infection.

The following chart should be followed for exclusion criteria when someone starts to experience **symptoms within 3 days** (the day of vaccination and following two days) of receiving either dose of the COVID-19 vaccine.

Signs and Symptoms	Suggested approach
<p>Signs and symptoms <i>unlikely</i> to be from COVID-19 vaccination:</p> <ul style="list-style-type: none">• Cough• Shortness of breath• Runny nose• Sore throat• Loss of taste or smell.	<p>Follow exclusion criteria in the Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in Child Care Settings and Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin.</p> <p>If performed, a negative SARS-CoV-2 antigen test in a staff member who has signs and symptoms that are not typical for post-vaccination should be confirmed by a SARS-CoV-2 nucleic acid amplification test (NAAT), such as RT-PCR or LAMP.</p>

Signs and Symptoms	Suggested approach
<p>Signs and symptoms <i>that may be</i> from either COVID-19 vaccination, SARS-CoV-2 infection, or another infection (e.g. influenza):</p> <ul style="list-style-type: none"> • Fever • Fatigue • Headache • Chills • Muscle aches/pain • Joint pain 	<p>Recommend evaluation by healthcare provider.</p> <p>Staff who meet the following criteria may be considered for return to work without viral testing for SARS-CoV-2:</p> <ul style="list-style-type: none"> • Feel well enough and are willing to work and • Are afebrile* and • Systemic signs and symptoms are limited only to those listed to the left (i.e., do not have other signs and symptoms of COVID-19 including cough, shortness of breath, sore throat, or change in smell or taste. <p>If symptomatic staff return to work and symptoms are not improving or if symptoms persist for more than 2 days, they should be excluded from work pending further evaluation from a healthcare provider. If feasible, recommend viral testing.</p> <p>If diagnosed with another illness, refer to you districts return to work policy.</p> <p>*Staff with fever should be excluded from work pending further evaluation, including consideration for SARS-CoV-2 testing. If an infectious etiology is not suspected or confirmed as the source of their fever, they may return to work when they feel well enough.</p>