



Guidance for Missouri School-Based Health Programs During the COVID-19 Pandemic

Released on June 9, 2020

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About this Resource

This resource was developed to support school-based health program (SBH) staff and their school district partners in the reopening of services to students following school re-entry during the COVID-19 pandemic.

The Alliance would like to thank the Membership Development and Education Committee of the Board of Directors for their support in the development of this guidance. A special thanks also to the Missouri School Board's Association Center for Education Safety for the timely development of guidance on the re-entry and reopening of schools, which was the foundation for developing this guidance specifically for SBH programs.

This document will be updated periodically to remain timely. The guidance and considerations presented herein are intended to be used as a template for guiding local discussions. Given variation in the impact of the COVID-19 pandemic across Missouri as well as the unique local response, **all decisions should be made in close collaboration with local school districts and public health authorities.**

For questions or suggestions for improvement, please contact the Alliance at info@moschoolhealth.org or (800) 807-8494.

About the Show-Me School-Based Health Alliance of Missouri

The Show-Me School-Based Health Alliance (MOSBHA) is the Missouri state affiliate of the National School-Based Health Alliance, established to improve the health of children and youth by advancing and advocating for school-based health (SBH) programs. MOSBHA connects stakeholders from across the state to learn from and inspire each other and to leverage resources and expertise to increase access to healthcare for children by promoting the continued growth of SBH.

SBH programs are critical healthcare access points that provide comprehensive services—primary, behavioral/mental, and oral health care as well as prevention and early intervention services—to children and adolescents in their school, a location that is safe, convenient, and accessible. Some SBH programs in Missouri also serve families, school staff, and the community. SBH programs provide care through partnerships between school districts and SBH providers, which include federally qualified health centers, local health departments, community health centers, hospitals, and other community institutions. Currently, 55 organizations sponsor 684 SBH programs in Missouri, serving over 520,428 students. They operate in rural, urban, and suburban Missouri communities, serving primarily low-income and medically underserved children and adolescents who may otherwise have untreated chronic health conditions.

Decades of research support the role of SBH programs in reducing health care costs and removing barriers to health care as well as improving attendance and school connectedness. The Community Preventive Services Task Force, an independent panel of public health and prevention experts, recommends school-based health centers, one type of SBH program, as an “effective intervention for improving health equity and influencing health and educational outcomes.” SBH programs have many benefits, including improved student health outcomes, continuity of care, and access to health care. They also increase student attendance and graduation rates and decrease dropout rates as well as faculty and staff sick days for those programs who serve them in addition to students. Due to the positive impact of SBH programs, they result in cost savings for state government and the healthcare and education systems.

Letter from the MOSBHA Executive Director

To Missouri school districts & school-based health & mental health providers,

Due to COVID-19, Missouri children and adolescents will likely not be in school again before the start of the 2020/2021 school year. For many who rely on school-based health (SBH) programs, this will lead to months of untreated chronic illness, missed preventive care visits and required vaccinations, and compounded unmet mental health needs as access to these programs has been limited. Many students and staff will also return to school with the added trauma of having lost loved ones and the stress of economic instability within their families.

We also know that COVID-19 will continue to be a threat in many communities when school returns, and SBH programs will have a critical role to play as frontline responders in schools to control further spread. When schools reopen, SBH programs can also provide preventative and routine healthcare related to COVID-19, as well as other key physical, oral, and mental healthcare services for Missouri's most vulnerable youth.

Healthcare programs and schools/districts must develop and maintain a collaborative effort—now more than ever—to address student and school community needs. This document was created to support and foster additional collaboration between existing SBH programs and the school communities they serve as well as encourage school districts and healthcare providers to consider partnerships to address student needs. Our guidance was based on [school re-entry guidance provided in the Missouri School Boards' Association's Pandemic Recovery Considerations](#), which we recommend as an additional resource for schools and their SBH program partners.

In addition to planning for the safe re-entry of students, we urge you to also prioritize the social/emotional well-being of students through your SBH program efforts as well as support you provide to school district partners. A heightened awareness of and attention to trauma and mental health will be critical as well as diligence to measures to prevent discrimination and stigmatization surrounding COVID-19. Additional focus should be given to crisis response and maintaining fair discipline practices, as students will return to school after several months of disruption in their daily routines.

Please do hesitate to reach out to us as you collaborate to plan for reopening your SBH programs and schools amidst the COVID-19 pandemic.

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Checklist of Considerations for Missouri School-Based Health Programs: Planning for the 2020-2021 School Year

Operations & Physical Space

- ☐ **Create and/or adapt protocols for screening for the Coronavirus.**
 - Develop and implement screening questions and temperature check protocols for before students/patients enter the SBH program space.
 - Consider separating sick and well visits to prevent potential spread while still providing preventative and routine care. Solutions may include scheduling sick vs. well appointments for different times of the day or separating sick and well within the clinic space if possible.
 - Create plans for isolation of suspected/symptomatic students. SBH programs with permanent physical space within the school building may also be able to support the school by providing additional space to support isolation measures.
 - Consider who will have access to the center, including parents if accessing to attend an appointment with their child or to take them home.

- ☐ **Develop plan for social distancing of students and staff.**
 - Current guidance from the Centers for Disease Control and Prevention recommends maintaining 6 feet of distance between people. Following this guidance, determine flow of traffic through the center.
 - Consider using tape, signs, or other markers to alert students and visitors of where to stand.
 - Consider current staffing within the SBH program space and whether altering schedules or implementing a work-from-home policy for some SBH program staff would help to maintain social distancing.

- ☐ **Determine if program will be testing for Coronavirus or referring to testing site.**
 - If referring to testing sites, know when testing sites near your center are open and their testing criteria. Access a list of [Missouri testing sites here](#).
 - If testing within the SBH program, create the appropriate protocols, working closely with your sponsoring agency.

- ☐ **Evaluate the role of telemedicine in your program.**
 - Consider if your program will provide telemedicine visits if the school district resorts to e-learning again.
 - Consider consent processes for telemedicine visits—confirm you with organization’s legal department what adaptations need to be made to existing consent.
 - For programs who offer telemedicine exclusively, consider infection control/PPE measures for the operator.

Infection Control

- **Develop or adapt written protocol for disinfecting the SBH program space using EPA-approved cleaning products.**
 - Follow guidance from the CDC on cleaning and disinfecting in their [Cleaning and Disinfecting Guide](#).
 - A list of EPA approved products is available [here](#).
 - An alternative cleaning solution is bleach solution. Combine 1/3rd cup bleach per gallon of water.
- **Procure adequate PPEs, including masks for staff and students, gloves, and gowns.**
 - Educate staff about use of PPE. Post instructions or infographics as reminders. See Appendix A for detailed recommendations on PPEs.
 - Consider protocols for the conservation of PPEs—see Appendix B for additional guidance on conserving PPEs during COVID-19.
- **Consider updating protocols to address asthma exacerbation without the use of a nebulizer.**
 - Consider the use of MDIs (metered dose inhalers) in place of the use of a nebulizer.
- **Promote prevention of infection including handwashing in the clinic and encourage it throughout the school day.**
 - Several posters/resources for educating about handwashing include the [Stop the Spread Poster](#), [CDC Handwashing Resources](#), and [MODHSS Cover Your Cough and Handwashing Posters](#)

Addressing Student Needs

- **If you do not already screen for these, consider implementing systemic screening for food insecurity and depression.**
 - Prepare resource handouts or work with a community partner to prepare resource guides to assist families in enrolling in Medicaid and SNAP benefits.
 - Determine clinic protocol for screening, scoring, and connecting to resources during patient visits. Screening tools to consider, based on population, include PREPARE, Arizona Self Sufficiency Matrix, and the Healthy Kids Social Service Assessment.
- **Heighten efforts to collect signed parent/guardian consent forms.**
 - Considering that students may need to be seen quickly, consider changes to the process if student w/o consent presents w/ symptoms.
- **Communicate, in partnership with school district partners, the services offered at the school-based site and reiterate enhanced infection control measures to help assure parents/guardians it is safe for students to be seen by the SBH program.**
 - Develop combined communication plan with school leadership. Determine who communicates what and through which communication channels.

- Consider posting SBH information and updates on district website or social media platforms as appropriate.

Support & Collaboration with School District Partners

- ☐ **Collaborate early and often with school administrators and school nurses.**
 - Schedule periodic meetings throughout the summer.
 - Support school district in making decisions related to the school re-entry process. It is essential to include all community stakeholders as school and SBH re-entry plans are developed to ensure that each organization is following current policies and procedures.
 - Help to establish protocols related to screening and assessing symptoms and the establishment of school cleaning and sanitizing procedures.
 - Review and update the plan on a regular basis to ensure the highest level of success in responding to and meeting the healthcare needs of the students.
 - If possible, support school staff and school nurses with medical supplies such as PPEs and thermometers.
- ☐ **Determine health priorities to address student needs.**
 - Given the lapse in care many students will have experienced throughout school closures and COVID-19, discuss with school partners what the school-based health program should prioritize. Immunizations? Mental health? Reproductive health?
- ☐ **Review plans for addressing suspected COVID-19 cases of students or staff.**
 - Determine if the SBH program will assist in the determination of suspected cases of COVID-19 or provide a space for student isolation.
 - Discuss who can receive your school-based health services and if it changes given COVID-19—students only, students and staff, community members, etc.?
- ☐ **Partner to provide education for school staff on the symptoms of COVID-19.**
 - Help to provide education on the signs and symptoms of COVID-19, when students should be sent to the nurse's office and/or the SBH program, and precautions to take.
- ☐ **Review plans for students in crisis or who are suicidal.**
 - Determine how the SBH program will play a role to support crises.
- ☐ **Partner to prepare trainings on trauma-informed practices and resiliency for teachers and SBH program staff.**
 - Leverage local trauma-informed practice trainings and resources to prioritize resiliency in responding to student needs.

Community Partnerships

- **Reach out to your local health department as early as possible and determine their role and expectations.**
 - Some local health departments have received additional funding to provide PPEs for local entities such as schools and they will be key partners if they are contact tracing.
- **Consider developing a community-based task force to address student needs and determine what stakeholders should be present.**
 - Key partners to engage may include school leadership, your local health department, parent/teacher organization, or hospital/health system.
- **Collaborate with school social workers and community partners to create resource referral lists (or on-site services) for students and families.**
 - Clearly define roles and responsibilities of SBH staff and school support staff as they relate to addressing student needs.
 - Critical referrals to have ready include mental health resources, food, housing, utility assistance, and employment support/workforce development.

Guidance for School Re-entry and Reopening

Re-entry Resources

- [Pandemic Recovery Considerations: Re-Entry and Reopening of Schools](#) from the Missouri School Board Association's Center for Education Safety includes Missouri-specific considerations for school reopening and is a critical resource for planning.
- [Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#) from the Centers for Disease Control and Prevention will continuously be updated with national guidance on school reopening.
- The [Return to School Roadmap](#) is informed by best practices in public health and education emergency operations. This interactive guide from The Opportunity Labs provides information on both the school district and individual school levels.
- The National Association of School Nurses has released [several resources](#) providing guidance for school nurses through planning for and returning to school.

Additional Guidance for School Districts without an SBH Program

- Proactively reach out to local health department to understand how they may be able to help support, including potentially providing PPEs and other supplies.
- Reach out to federally qualified health centers (FQHCs) in your area for potential support. Visit [the Missouri Primary Care Association](#) for a map of FQHCs in Missouri

Appendix A—COVID-19 PERSONAL PROTECTIVE EQUIPMENT BY RESPIRATORY PROTECTION TYPE

COVID-19 Personal Protective Equipment by Respiratory Protection Type*

Facemask or Cloth Face Covering Recommended

Any team member not interacting with patients or with limited public interactions should wear masks or cloth face coverings if six feet of social distance cannot be maintained. Wear gloves only if there's possible exposure to body fluids.

Examples: Office-based worker with no patient contact and minimal public interactions



Isolation Mask Recommended

Any team member interacting with patients who are negative for COVID-19 or any team member with significant public interaction are encouraged to wear isolation mask and gloves (only if possible exposure to body fluid).



Isolation Mask Highly Recommended

Any team member participating in the care of patients who are positive for COVID-19 or with patients with respiratory symptoms where diagnosis not established, must wear isolation mask, eye protection, gown and gloves.

N95 Respirator Highly Recommended

Any team member participating in the care of patients who are positive for COVID-19 or patients under investigation (PUI) for COVID-19 that are having aerosol-generating procedures or other procedures of concern should wear an N95 respirator/PAPR/CAPR, eye protection, gown and gloves.

Examples: nebulizer therapy, high flow oxygen therapy, BiPAP or CPAP, suctioning, bronchoscopy, intubation, CPR

N95 respirators may also be used at the point of patient's first contact with the health system when judged appropriate by care providers, including initial evaluation of patients.

*Adapted from guidance provided by BJC HealthCare and Washington University Physicians. Images adapted from [How to Make Cloth Face Coverings](#), [Sequence for Putting on Personal Protective Equipment \(PPE\)](#), and [COVID-19 Personal Protective Equipment \(PPE\) for Healthcare Personnel](#) from the Centers for Disease Control and Prevention.



Appendix B—RECOMMENDATIONS FOR THE CONSERVATION OF PPE DURING COVID-19 OUTBREAK FROM ESSE HEALTH



Recommendations for the conservation of PPE during COVID-19 outbreak

Gowns

- Use a risk-based approach to prioritize the use of isolation gowns
- Consider alternatives – non-sterile surgical gowns and/or aprons
 - during patient care where splashes and sprays are anticipated, including aerosol-generating activities (e.g., nebulizer use)

Surgical facemasks

- Extend use where applicable
 - Staff continues wearing the same isolation masks between close contact encounters with several different patients, without removing the isolation mask between patient encounters.
 - Minimize unnecessary contact with the surface of the isolation mask, strict adherence to hand hygiene practices, and proper PPE donning and doffing technique.
 - Do not pull the isolation mask down around his neck or place on top of the head between patient encounters.
 - Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the isolation mask.
- Discard isolation mask if
 - Visibly soiled
 - Moist or wet
- Process for reusing
 - write first and last name and date of first use on a paper bag
 - after use, remove surgical mask per standard doffing sequence
 - If the facemask is NOT visibly soiled, torn or saturated, place on a paper towel, exterior side down.
 - Fold the paper towel with mask and place it in the pre-labeled bag for reuse.
 - Discard the mask if visibly soiled, moist, or wet.
 - To reuse, inspect the mask for damage. If not damaged, follow the below steps:
 - Perform hand hygiene
 - Retrieve mask from the bag and put on
 - Perform hand hygiene
 - Finish donning PPE as applicable
 - Perform hand hygiene anytime mask is touched

N95 respirator

- N95 respirators may be used by providers (Physicians and Advanced Practice Providers) that are in close contact with patients for greater than 5 minutes at a time.
- Respirators are to be used by the personnel involved with aerosol-generating procedures (e.g., nebulizer treatments).
- Extend use where applicable

- Staff continues wearing the same N95 between close contact encounters with several different patients, without removing the N95 between patient encounters.
- Minimize unnecessary contact with the surface of the N95, strict adherence to hand hygiene practices, and proper PPE donning and doffing technique.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the isolation mask.
- Reuse where applicable. A single wearer must only reuse N95 respirators.
- Discard N95 respirators if
 - Visibly soiled
 - Moist or wet
 - Following use during aerosol generating procedures
- Process for reusing
 - write first and last name and date of first use on a paper bag
 - after use, remove surgical mask per standard doffing sequence
 - If the facemask is NOT visibly soiled, torn or saturated, place it in the pre-labeled bag for reuse.
 - Discard the mask if visibly soiled, moist, or wet.
 - To reuse, inspect the mask for damage. If not damaged, follow the below steps:
 - Perform hand hygiene
 - Retrieve N95 from the bag and put on. Ensure a proper fit.
 - Perform hand hygiene
 - Finish donning PPE as applicable
 - Perform hand hygiene anytime N95 is touched
- Discard any N95 that is damaged or becomes hard to breathe through.
- Pack or store N95 masks between uses so that they do not become damaged or deformed.

Goggles/Eye Protection

- Touch goggles with clean hands only.
- Disinfect goggles after each patient encounter with alcohol or other disinfectant wipes.
- Store in a way to prevent contamination until next use.

References

BJC – Recommended Conservation Strategies as of April 8th, 2020.

Ask the expert: N95 respirator reuse. OSHA Healthcare Advisor. <http://blogs.hcpro.com/osha/2009/05/ask-the-expert-n95-respirator-reuse/>

CDC - Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings. <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

Updated 4/19/2020