Preparing for Students – Assessment, Risks, and Decisions

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Outline

I. KM: Introduction to the series – COVID Response for Schools
II. AS: COVID Overview and Transmission
III. AS: Who is at high risk?
IV. RM: Symptom Checker – Assessment
V. RM: : Swim Lane COVID algorithm
VI. KM: Children's Resources
VII. ALL: Q&A session

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COVID Response for Schools

Kim McClintick

Objectives & Benefits

In partnership with the Nebraska Department of Education, Children's offers opportunities to learn and interact with Children's experts throughout this school year.

- Bi-directional training sessions on how to address the needs of students, with attention to those with chronic health conditions and special health care needs
- Inform and support to school nurses on how to safely assess students and staff for COVID-19 and how to isolate sick individuals
- Access to current information, practices and resources on a variety of COVID-19 related topics; networking with other school nurses and Children's experts in a community of practice; shared problem-solving; educational resource
- Children's webpage for school nurses (coming soon!)

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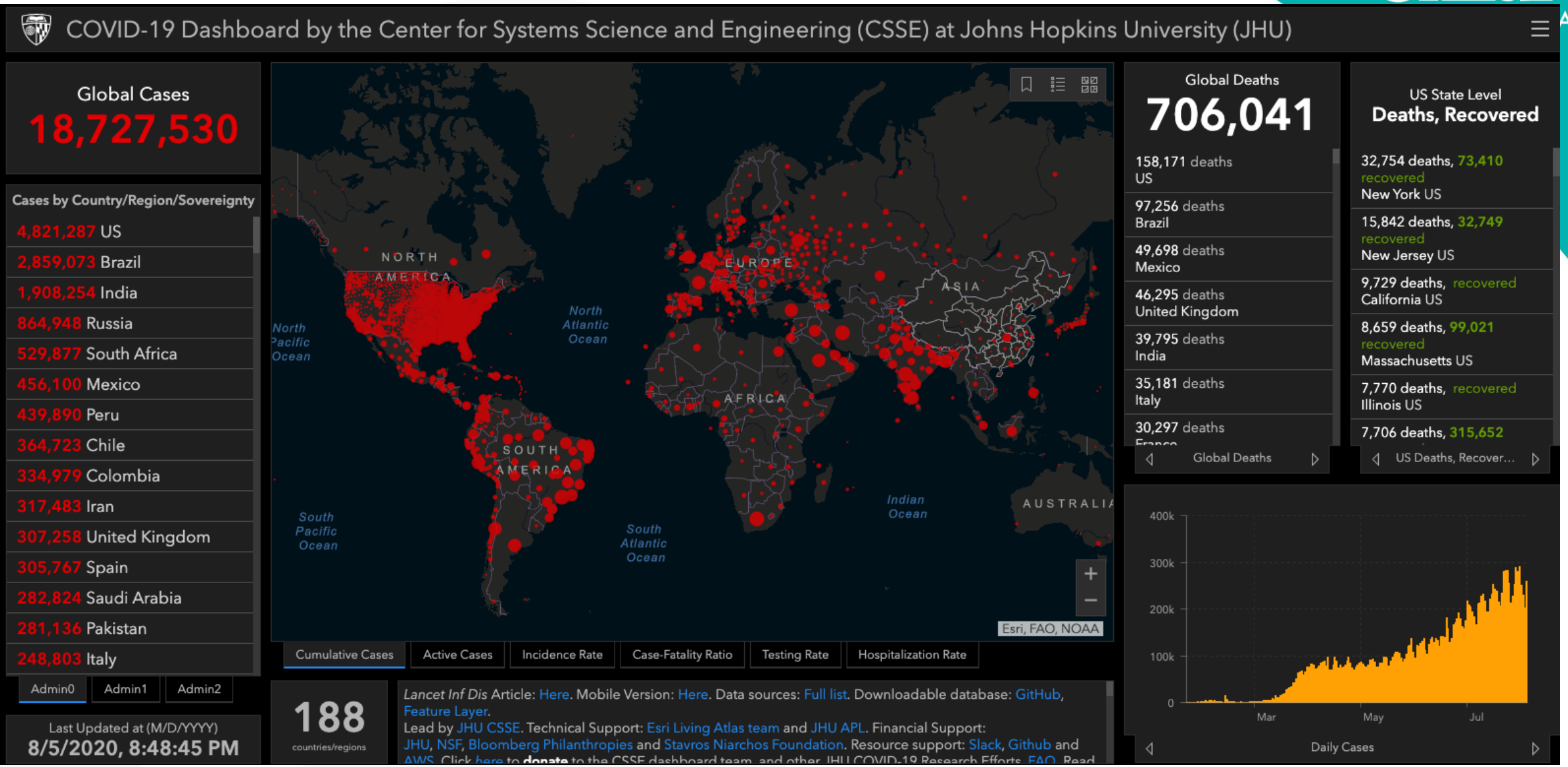
SARS-CoV-2 Pandemic: Overview

Alice Sato


COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)
Global Cases
18,727,530
Cases by Country/Region/Sovereignty
4,821,287 US
2,859,073 Brazil
1,908,254 India
864,948 Russia
529,877 South Africa
456,100 Mexico
439,890 Peru
364,723 Chile
334,979 Colombia
317,483 Iran
307,258 United Kingdom
305,767 Spain
282,824 Saudi Arabia
281,136 Pakistan
248,803 Italy
Admin0
Admin1
Admin2
Last Updated at (M/D/YYYY)
8/5/2020, 8:48:45 PM
NORTH AMERICA
EUROPE
ASIA
AFRICA
SOUTH AMERICA
AUSTRALIA
North Pacific Ocean
North Atlantic Ocean
South Pacific Ocean
South Atlantic Ocean
Indian Ocean
Esri, FAO, NOAA
Cumulative Cases
Active Cases
Incidence Rate
Case-Fatality Ratio
Testing Rate
Hospitalization Rate
188
countries/regions
Lancet Inf Dis Article: Here. Mobile Version: Here. Data sources: Full list. Downloadable database: GitHub, Feature Layer.
Lead by JHU CSSE. Technical Support: Esri Living Atlas team and JHU APL. Financial Support:
JHU, NSF, Bloomberg Philanthropies and Stavros Niarchos Foundation. Resource support: Slack, Github and
Global Deaths
706,041
158,171 deaths
US
97,256 deaths
Brazil
49,698 deaths
Mexico
46,295 deaths
United Kingdom
39,795 deaths
India
35,181 deaths
Italy
30,297 deaths
Global Deaths
US State Level
Deaths, Recovered
32,754 deaths, 73,410 recovered
New York US
15,842 deaths, 32,749 recovered
New Jersey US
9,729 deaths, recovered
California US
8,659 deaths, 99,021 recovered
Massachusetts US
7,770 deaths, recovered
Illinois US
7,706 deaths, 315,652
US Deaths, Recover...
400k
300k
200k
100k
0
Mar
May
Jul
Daily Cases

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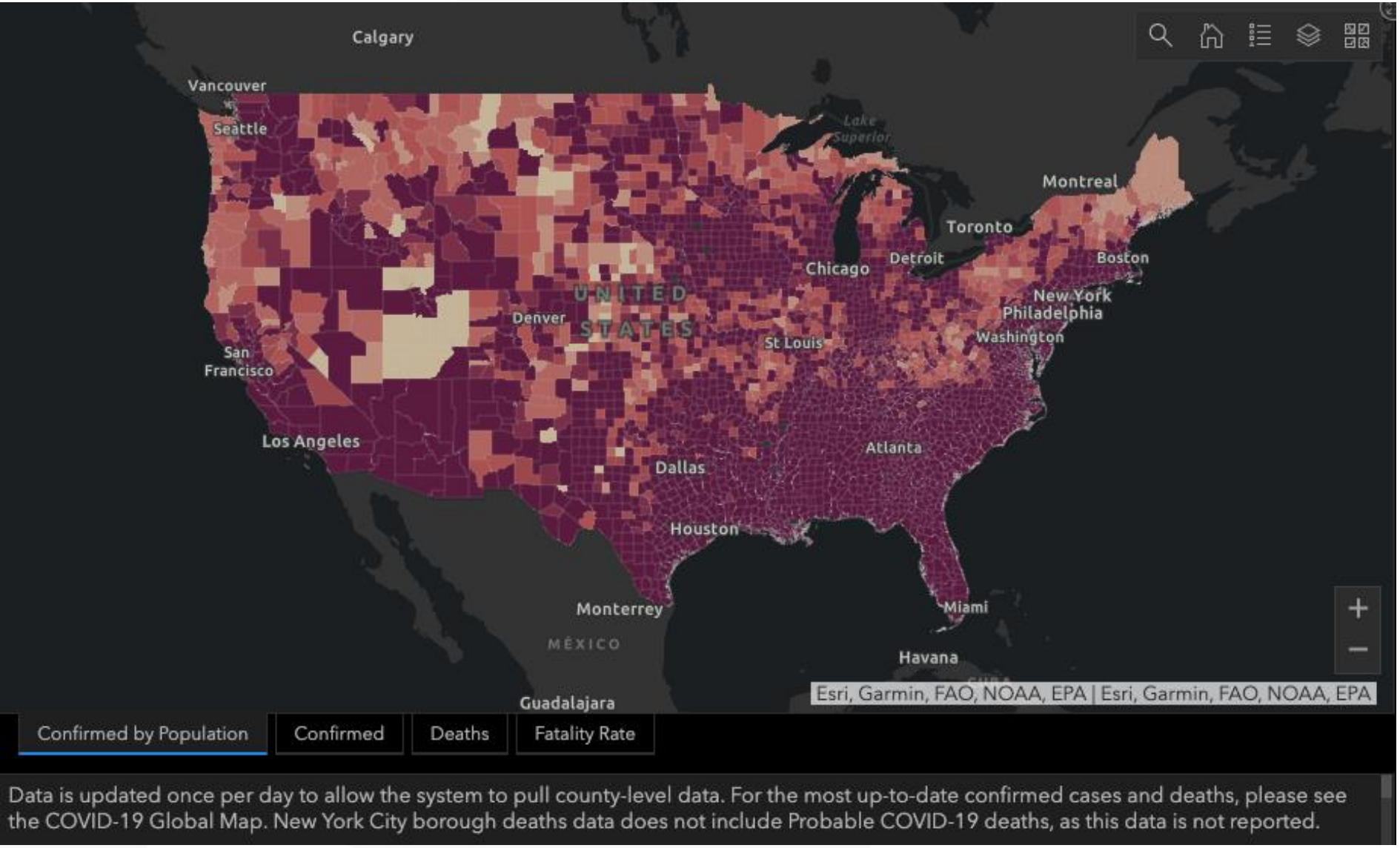

Data is updated once per day to allow the system to pull county-level data. For the most up-to-date confirmed cases and deaths, please see the COVID-19 Global Map. New York City borough deaths data does not include Probable COVID-19 deaths, as this data is not reported.

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Coronavirus COVID-19 Nebraska Cases by the Nebraska Department of Health and Human Services (DHHS)

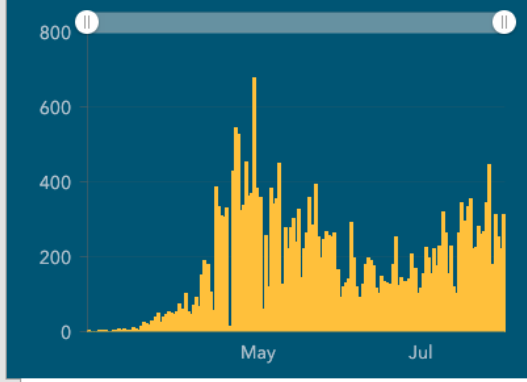
Total Positive Cases

27,489

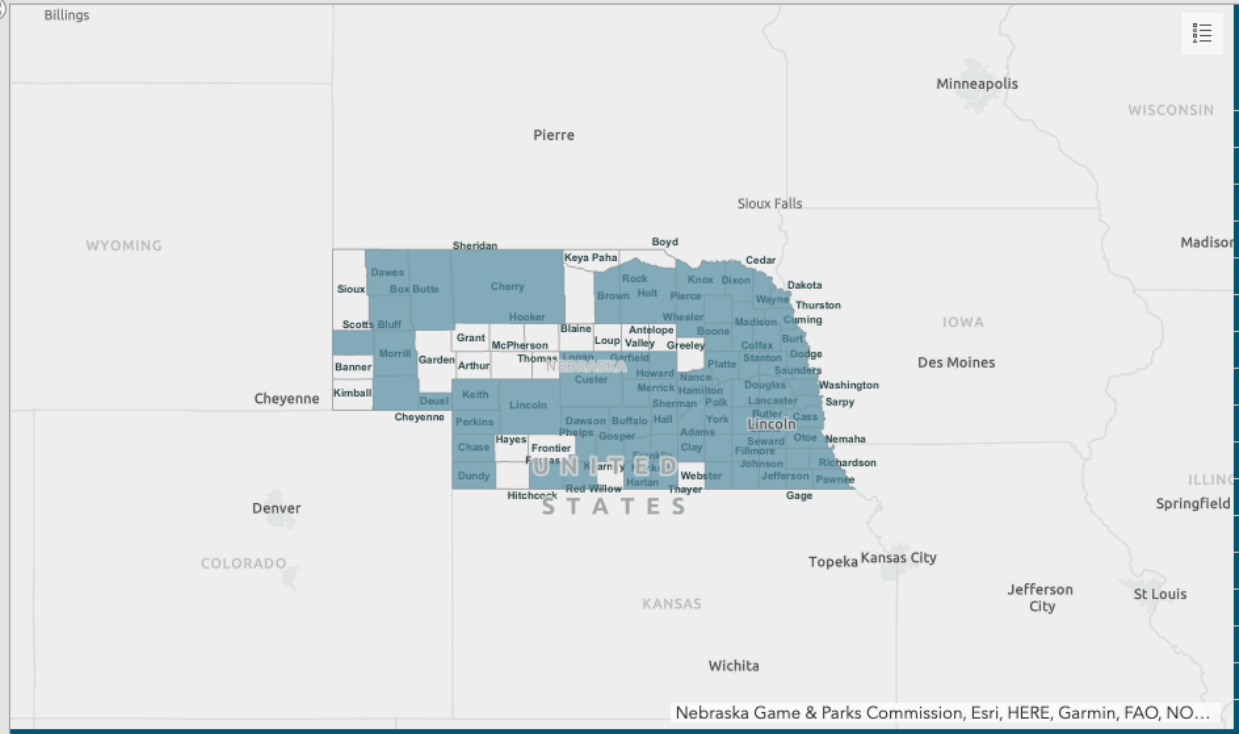
Total Tested	Tested: Not Detected	Deaths
290,477	262,692	335

*Does not include inconclusive results

New positive cases by date results were received



Positives by Date



Number of positive tests by county in the last 14 days

1,836	Douglas
560	Lancaster
513	Sarpy
125	Buffalo
72	Hall
60	Dodge
58	Dawson
54	Platte
47	Seward
37	Cass
36	Saunders
35	Madison
34	Scotts Bluff
34	Washington
32	Dakota
31	Saline
25	Lincoln
24	Adams

Last Updated: 8/5/2020, 6:30:00 PM CDT

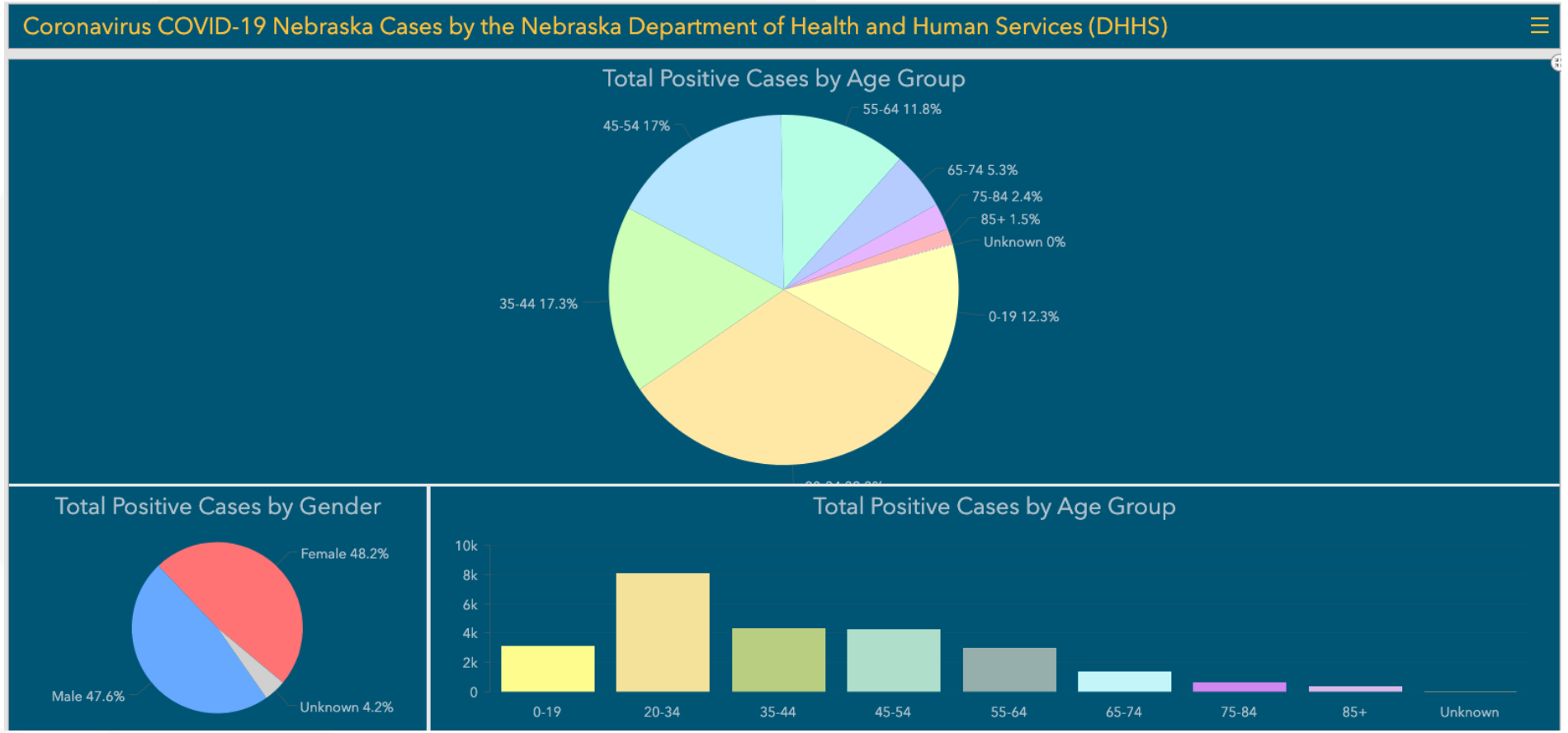
Last 14 Day Positive Cases | Total Positive Cases | Hospital Capacity | Positive Cases | Hospitalized Cases | Recoveries | Deaths | Race | Ethnicity | About the Data

Contact Nebraska Department of Health and Human Services (DHHS)
http://dhhs.ne.gov/coronavirus
Information Line: (402) 552-6645
Data are representative of Nebraska residents, are provisional and data reported by the local health department should be considered the most up to date.

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

https://experience.arcgis.com/experience/ece0db09da4d4ca68252c3967aa1e9dd

Higher percentage in children than initial reports: 12.3%



Total children hospitalized: 40

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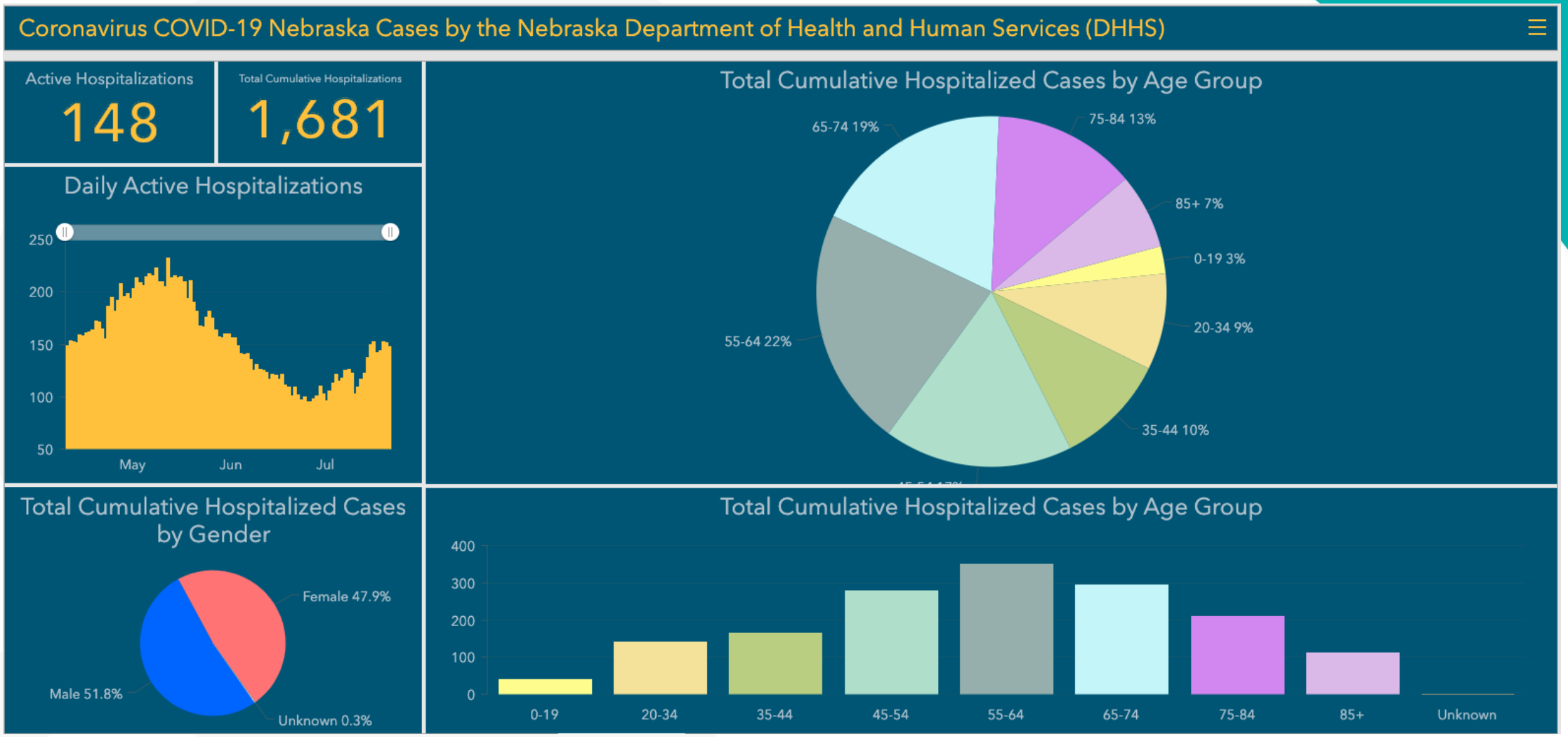
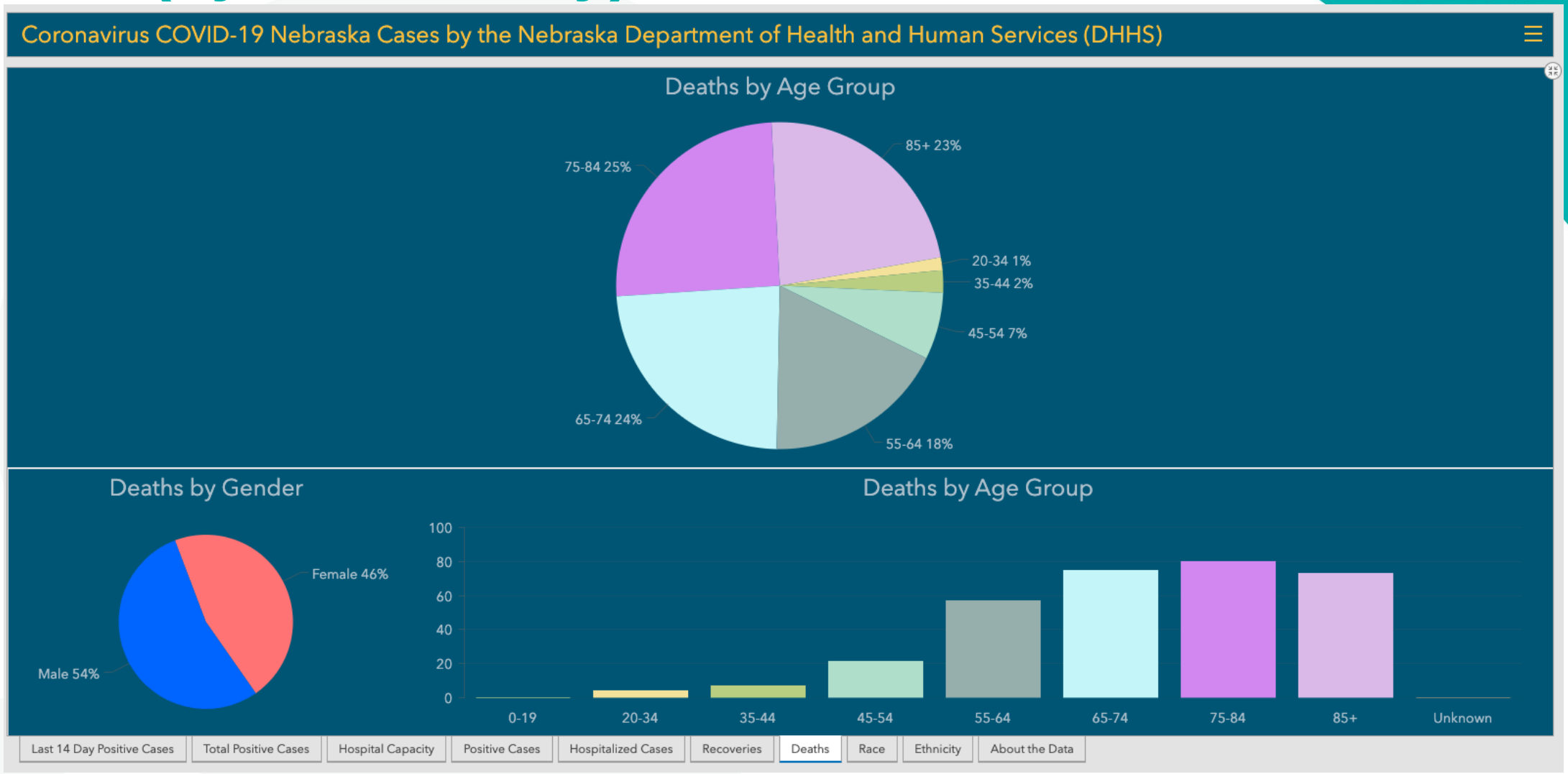


Total pediatric deaths: 1
US (by end of July):



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Coronavirus COVID-19 Nebraska Cases by the Nebraska Department of Health and Human Services (DHHS)

Last 14 Day Positive Cases | Total Positive Cases | Hospital Capacity | Positive Cases | Hospitalized Cases | Recoveries | Deaths | Race | Ethnicity | About the Data

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Coronavirus COVID-19 Nebraska Cases by the Nebraska Department of Health and Human Services (DHHS)

Last 14 Day Positive Cases | Total Positive Cases | Hospital Capacity | Positive Cases | Hospitalized Cases | Recoveries | Deaths | Race | Ethnicity | About the Data

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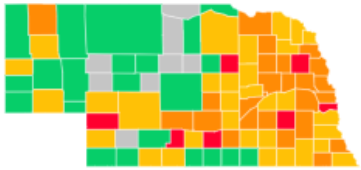
Map About Resources Blog Contact Us

Search for your state or county

NEBRASKA USA



Nebraska

SHARE RECEIVE ALERTS

COVID THREAT LEVEL

At risk

Nebraska is at risk of an outbreak. COVID cases are either increasing at a rate likely to overwhelm hospitals and/or the state's COVID preparedness is below international standards.

UPDATES

New key indicator added
We added daily new cases per 100k population. That changed the threat level from Medium to High. Learn more

Click to add text

151 per million

DAILY NEW CASES	INFECTION RATE	POSITIVE TEST RATE	ICU HEADROOM USED	CONTACTS TRACED
15.1 PER 100K	1.07	9.0%	23%	65%
Very large number of new cases	COVID is still spreading, but slowly	Indicates adequate testing	Can likely handle a new wave of COVID	Insufficient tracing to stop the spread of COVID
New Indicator			Beta	Beta

Updated August 5, 2020

https://covidactnow.org/us/ne?s=824153

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TESTING OVERVIEW

New Daily Cases

+180 new

WEEKLY TREND

THIS WEEK → LAST WEEK ↗

Daily Tests

1.7 tests per 1,000

WEEKLY TREND

THIS WEEK → LAST WEEK ↘

Daily % Positive

9.0% positive

ABOVE THRESHOLD?

THIS WEEK ↑ LAST WEEK ↑

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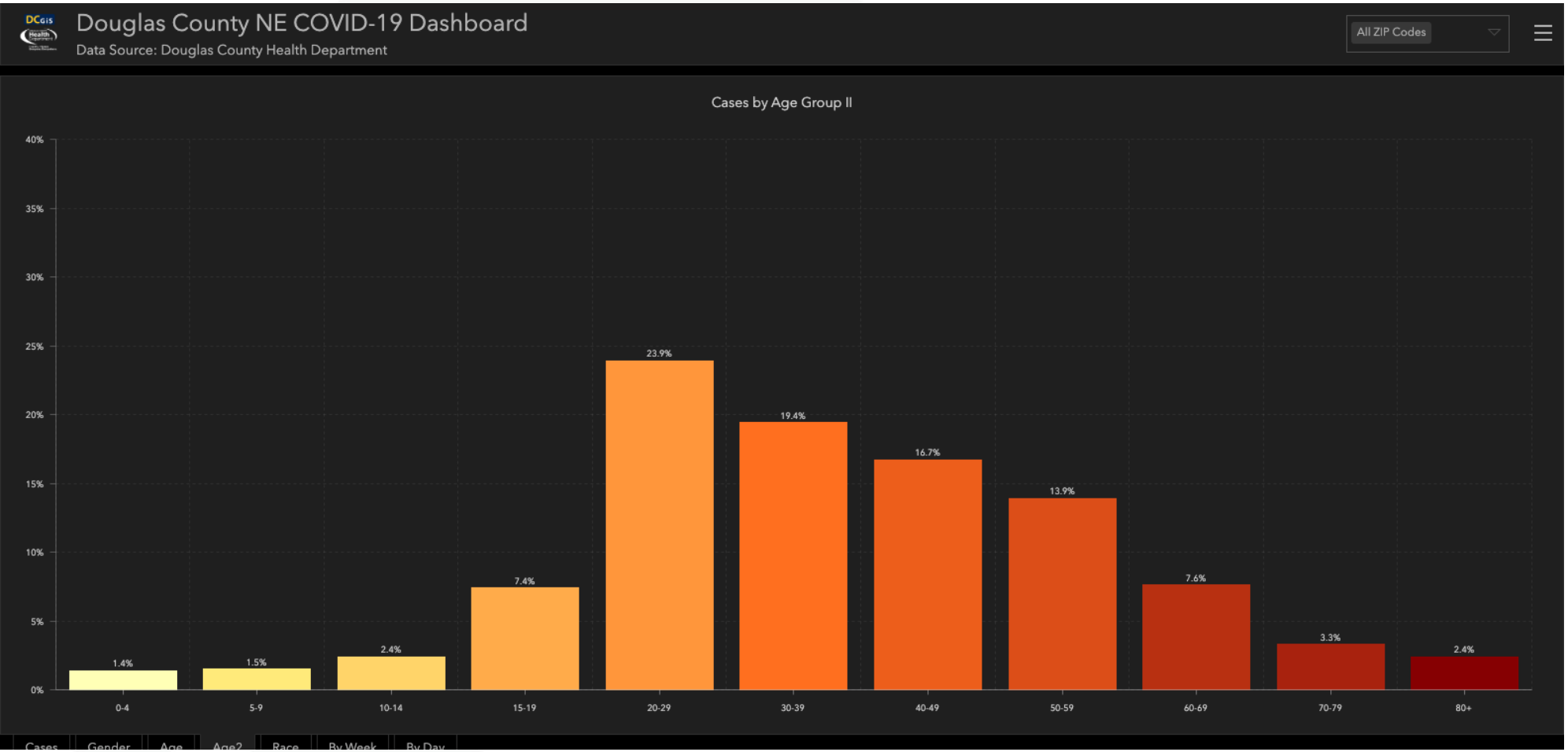

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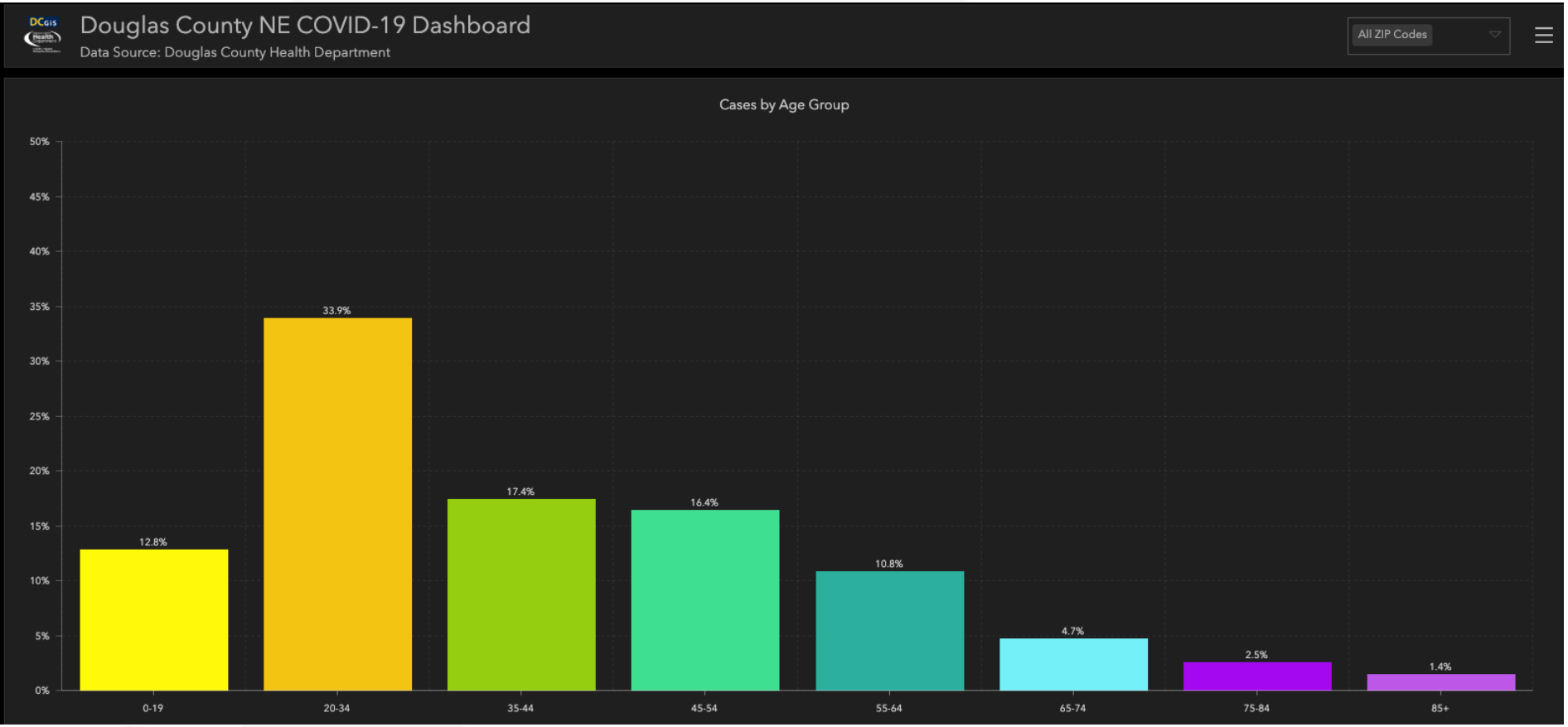
Douglas County NE COVID-19 Dashboard

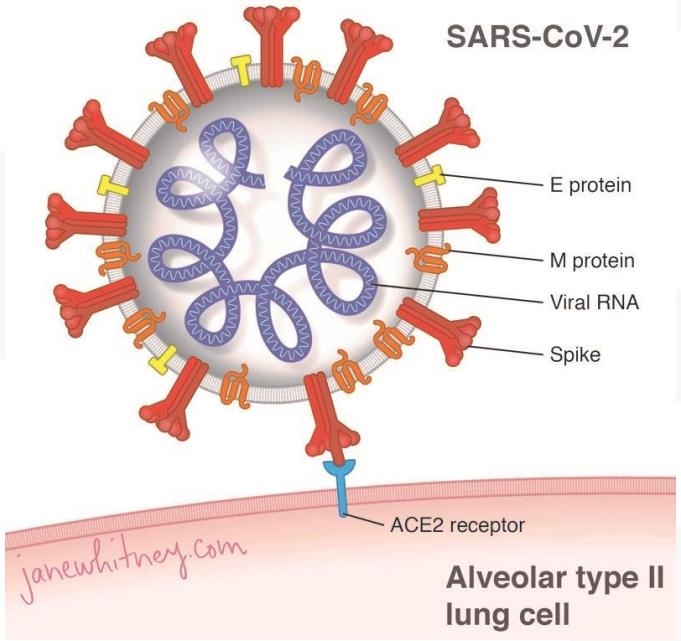
Data Source: Douglas County Health Department

All ZIP Codes



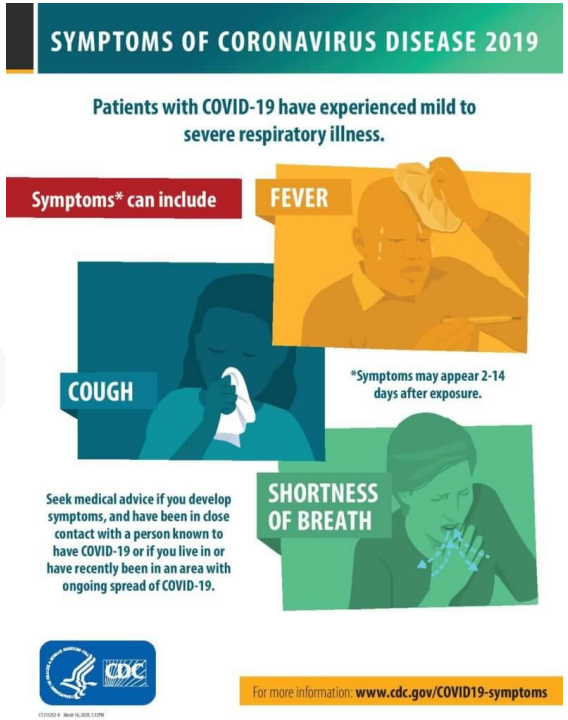
DEFINITIONS

- SARS-CoV-2: the novel coronavirus that emerged in 2019



VS

- COVID-19



- MIS-C (or PMIS)

Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19)

HAN HEALTH ALERT NETWORK

NVH This is an official CDC HEALTH ADVISORY

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COVID-19:
acute infection

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing

- Fatigue
- Muscle or body aches
- Headache

- New loss of taste or smell
- Sore throat
- Congestion or runny nose

- Nausea or vomiting
- Diarrhea

MIS-C:
(probably) post-infectious

- Fever
- Abdominal pain
- Vomiting
- Diarrhea

- Neck pain
- Rash
- Bloodshot eyes

- Feeling extra tired

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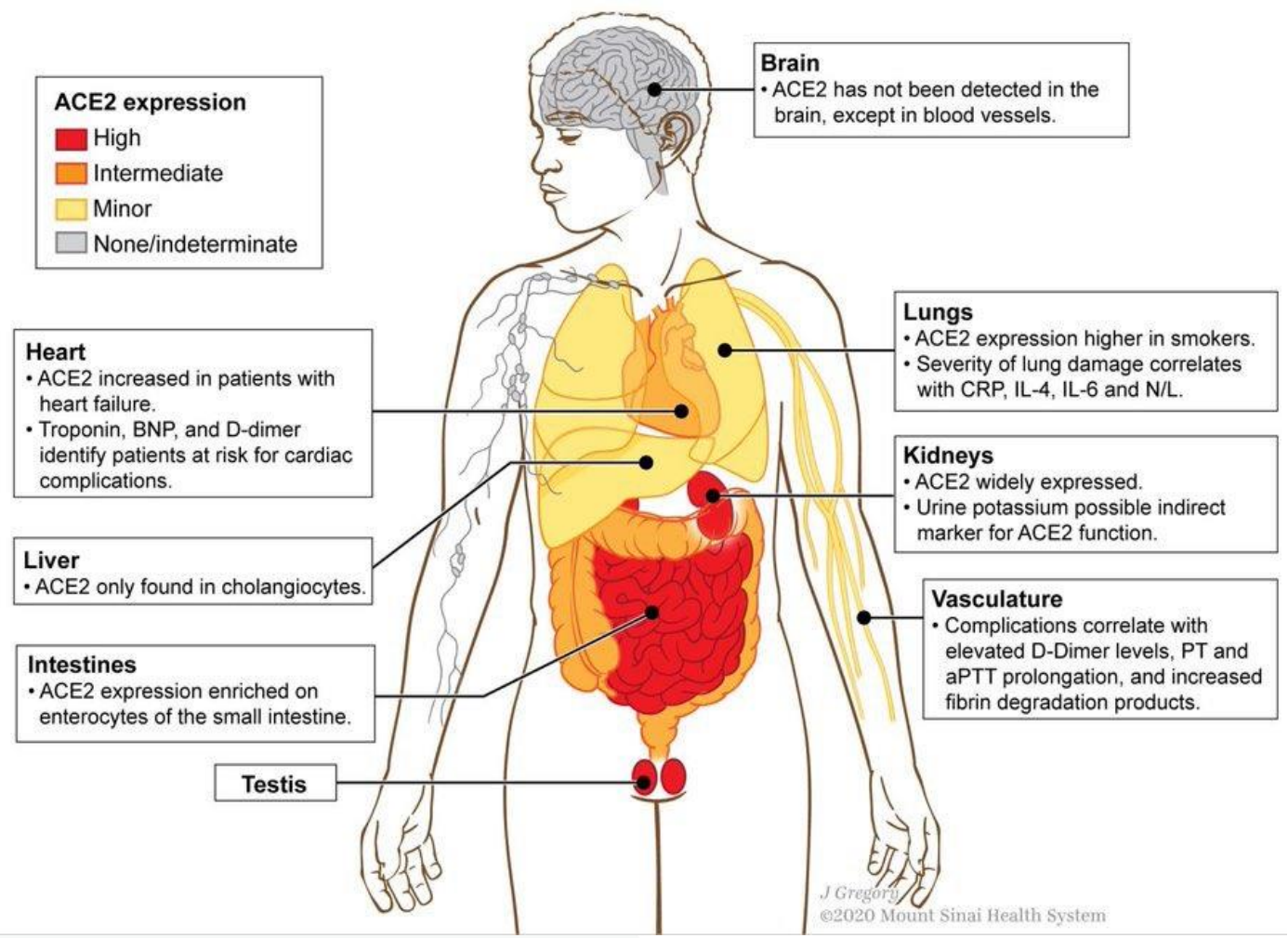
ACE2 Expression: Multiple Tissues



Transmission of SARS-CoV-2

Alice Sato

SARS-CoV-2 Transmission

- Transmission may be through
  - droplets (splatter)
  - fomites/surfaces
  - in the air*

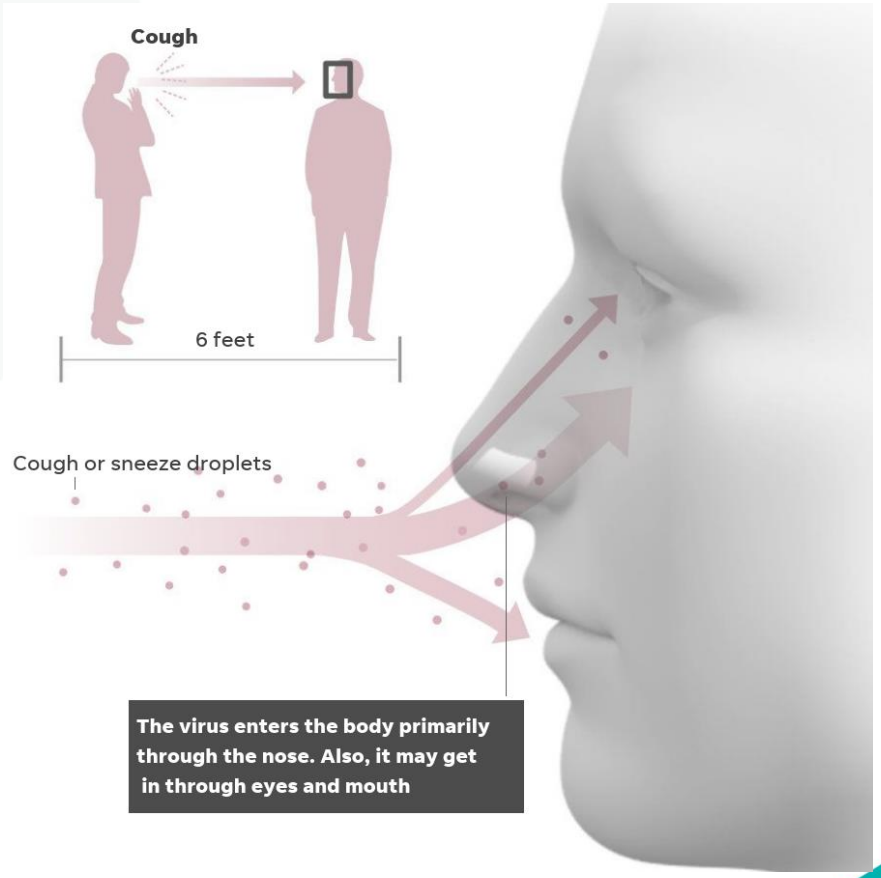


Image:
USA Today

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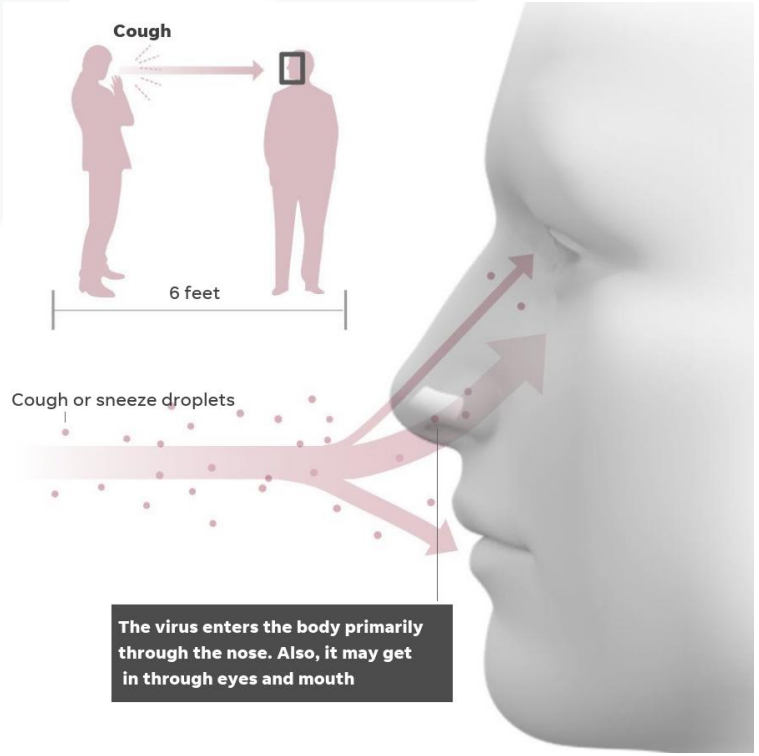
SARS-CoV-2 Risks

- When an infected person coughs, sneezes, or talks they spread respiratory droplets or aerosols

- Touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.

PREVENTION METHODS;

1. Physical distancing
2. Masking/eye protection
3. Hand washing, not touching eyes/nose/mouth
4. Good ventilation (or outdoors)



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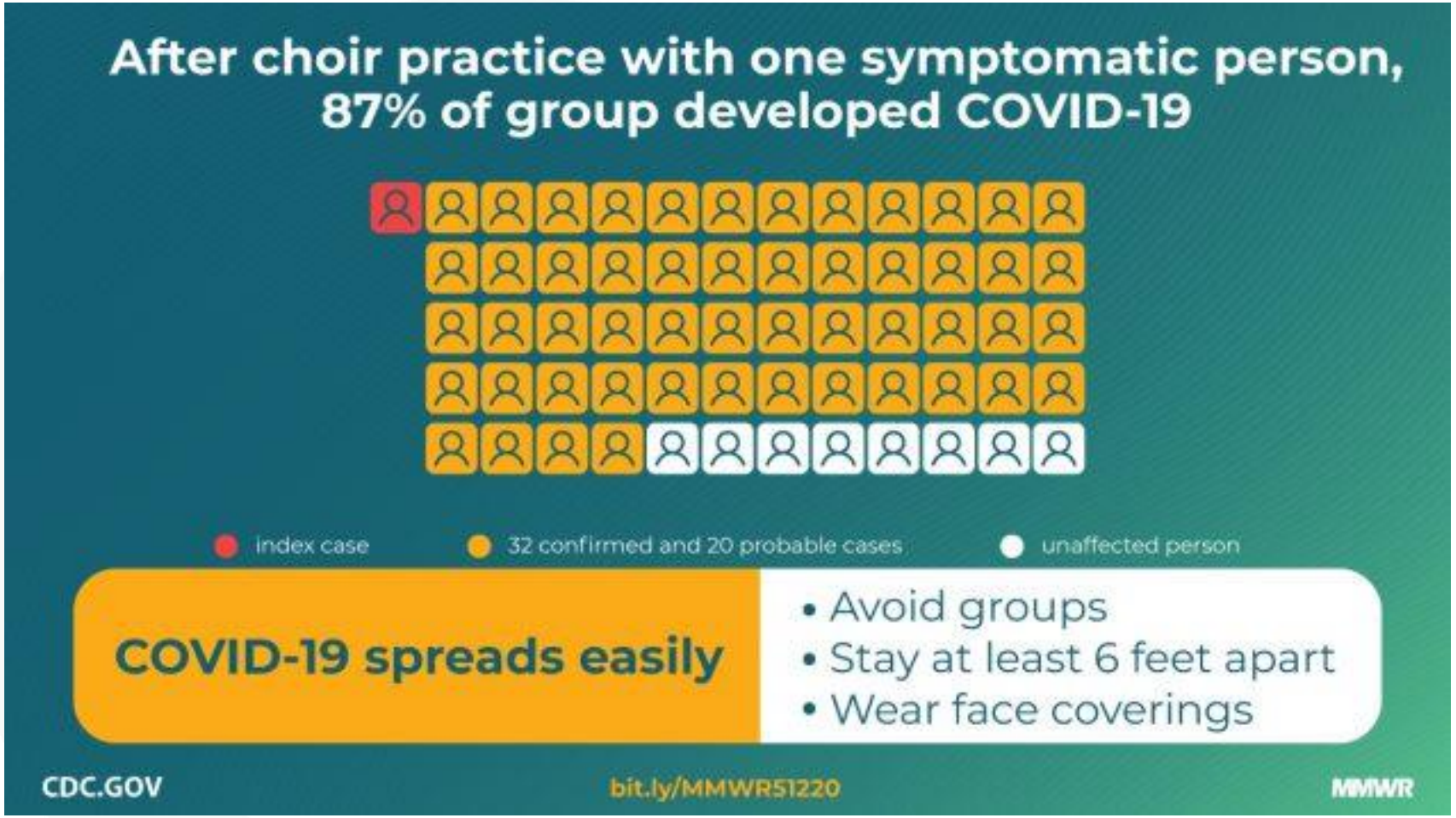
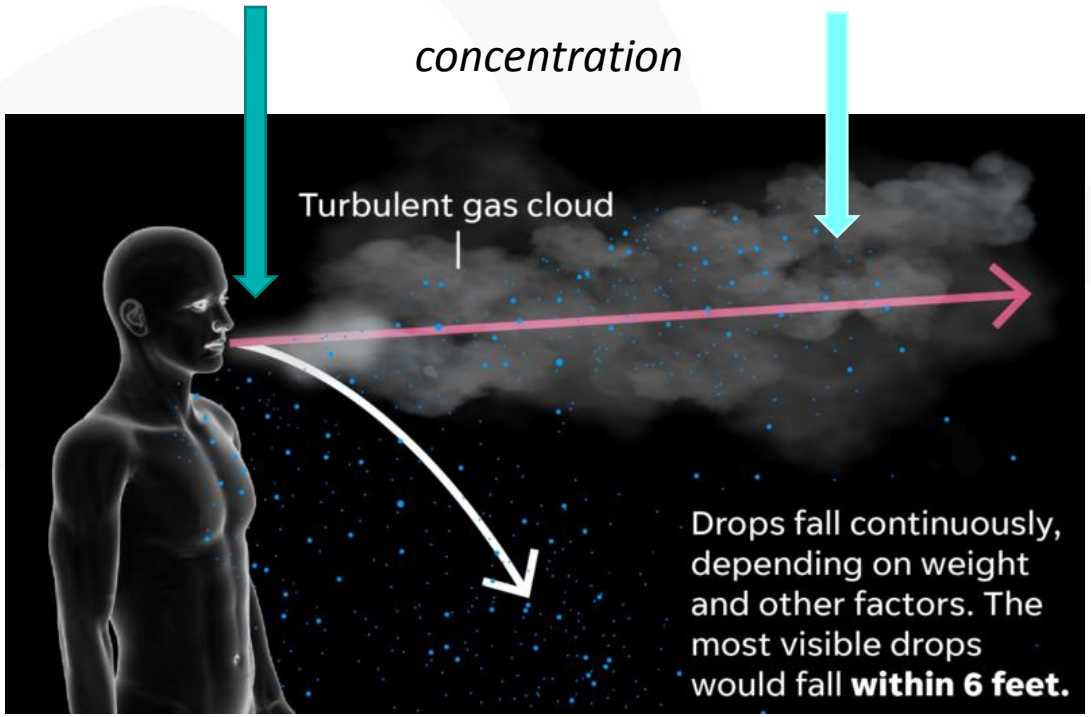
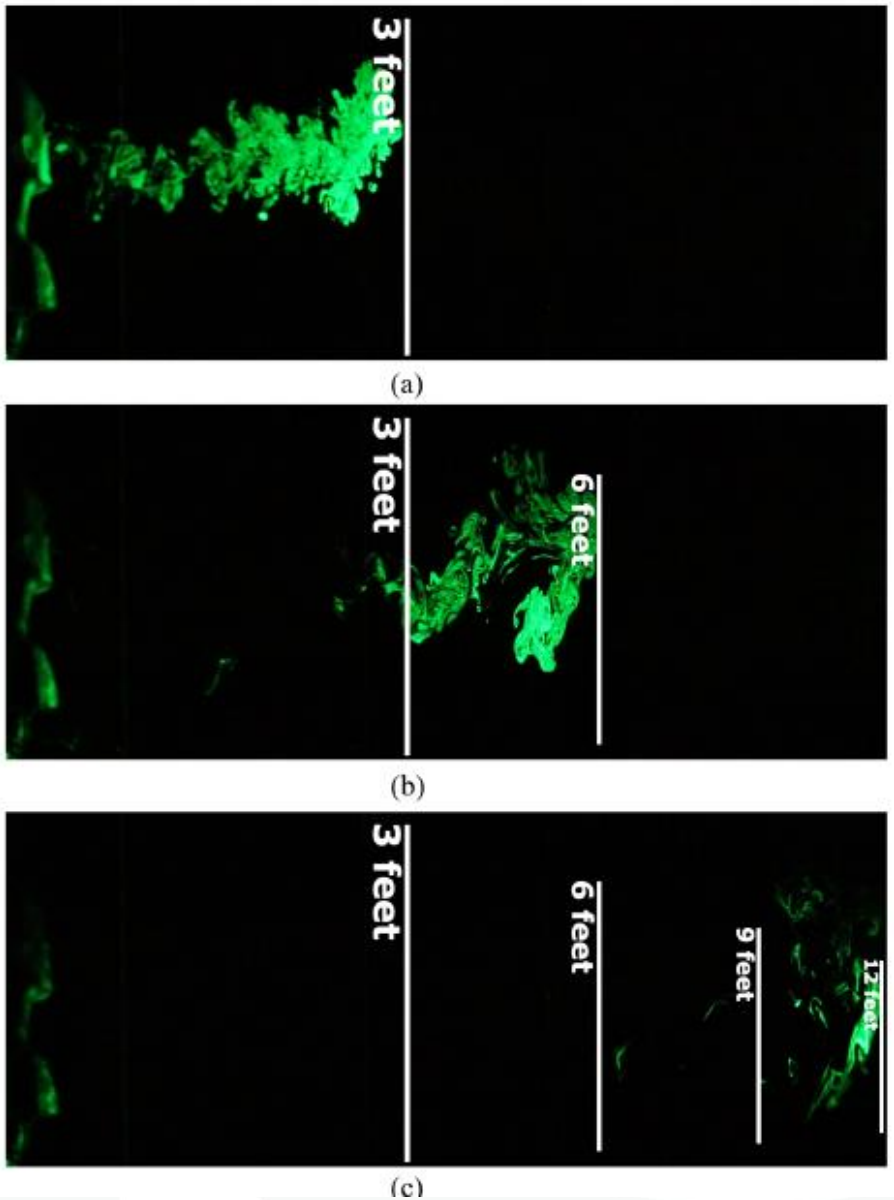


How is COVID-19 spread?

Risk depends on distance and covering of nose/mouth

- droplets affected by gravity
- gas cloud disperses into volume; air exchange effects





Visualizing the effectiveness of face masks in obstructing respiratory jets

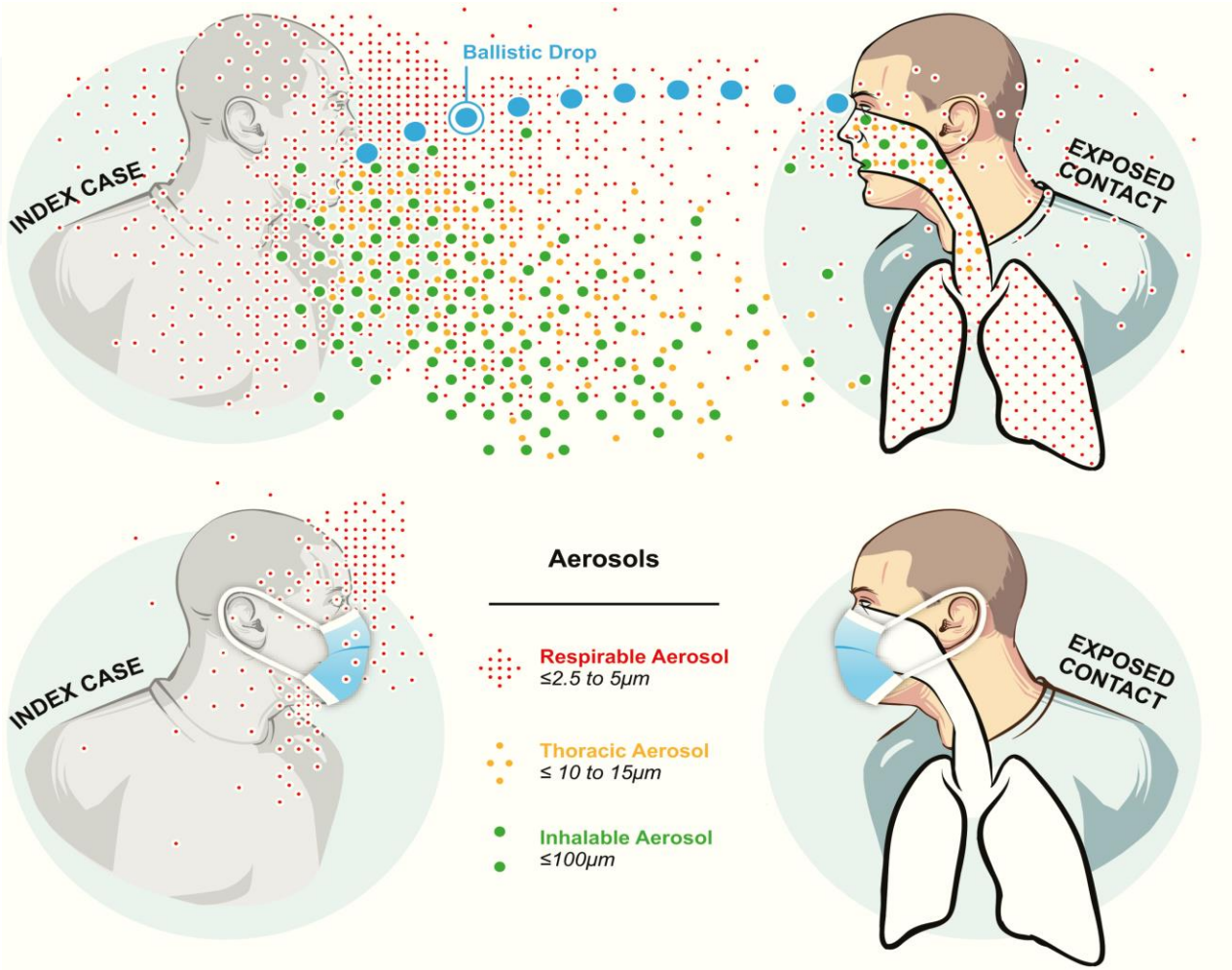
Cite as: Phys. Fluids 32, 061708 (2020); doi: 10.1063/5.0016018
Submitted: 31 May 2020 • Accepted: 6 June 2020 •
Published Online: 30 June 2020

Siddhartha Verma,[a] Manhar Dhanak,[b] and John Frankenfield[c]

FIG. 2. An emulated heavy cough jet travels up to 12 ft in ~50 s, which is twice the CDC's recommended distancing guideline of 6 ft.[7] Images taken at (a) 2.3 s, (b) 11 s, and (c) 53 s after the initiation of the emulated cough.

COUGH = SPLATTER

Figure 1. Short-range transmission potential of ballistic drops and droplet aerosols in the inhalable, thoracic, and ...



Source control

Protection

J Pediatric Infect Dis Soc, piaa079, https://doi.org/10.1093/jpids/piaa079

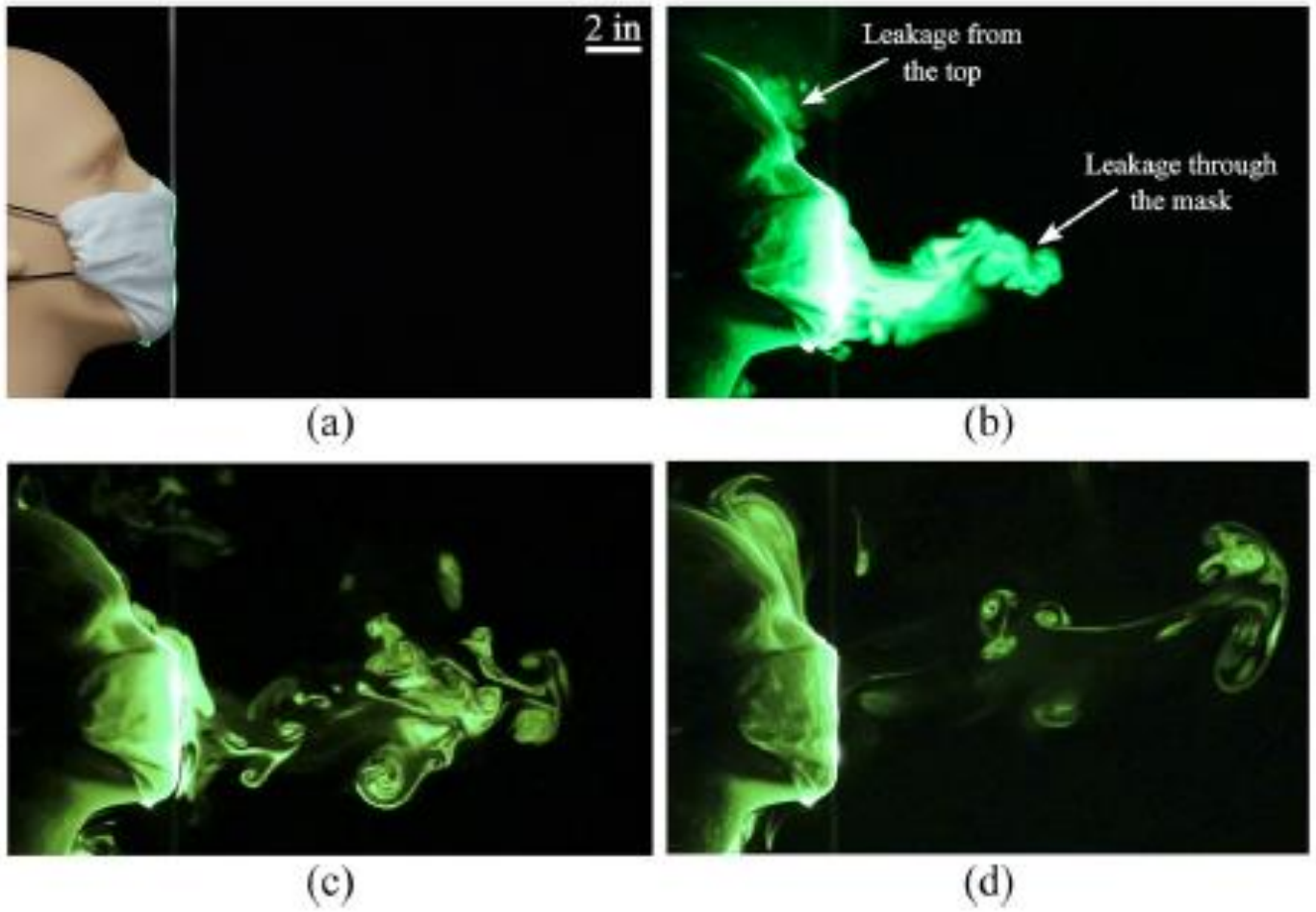


FIG. 3. (a) A face mask constructed using a folded handkerchief. Images taken at (b) 0.5 s, (c) 2.27 s, and (d) 5.55 s after the initiation of the emulated cough.

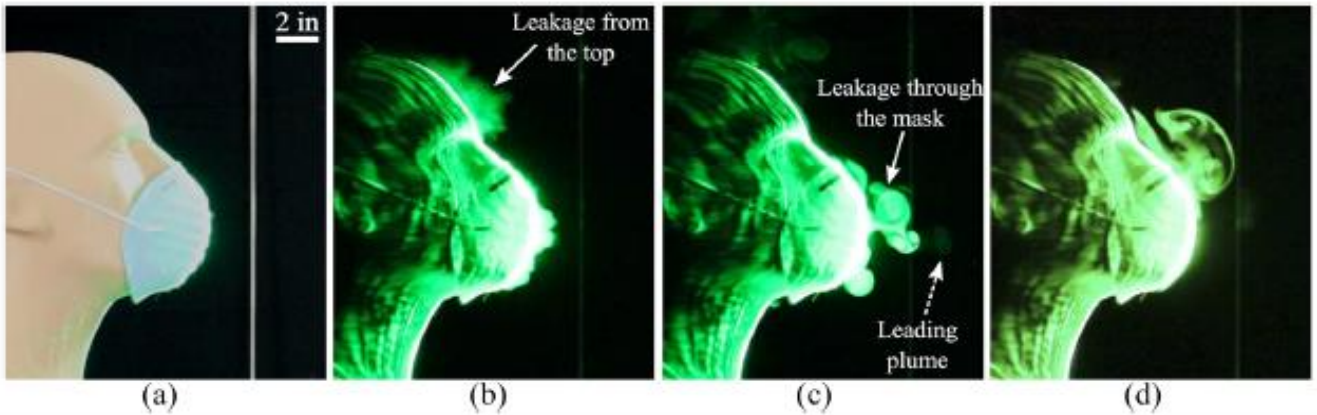


FIG. 5. (a) An off-the-shelf cone style mask. (b) 0.2 s after initiation of the emulated cough. (c) 0.97 s after initiation of the emulated cough. The leading plume, which has dissipated considerably, is faintly visible. (d) 3.7 s after initiation of the emulated cough.

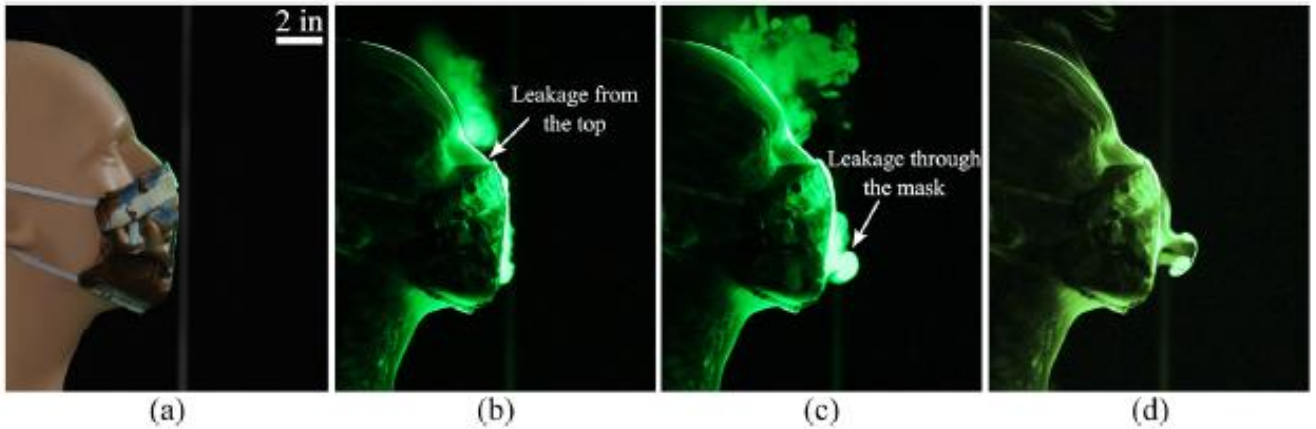


FIG. 4. (a) A homemade face mask stitched using two-layers of cotton quilting fabric. Images taken at (b) 0.2 s, (c) 0.47 s, and (d) 1.68 s after the initiation of the emulated cough.

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TABLE I. A summary of the different types of masks tested, the materials they are made of, and their effectiveness in impeding droplet-dispersal. The last column indicates the distance traveled by the jet beyond which its forward progression stops. The average distances have been computed over multiple runs, and the symbol "~" is used to indicate the presence of high variability in the first two scenarios listed.

Mask type	Material	Threads/in.	Average jet distance
Uncovered	...	...	~8 ft
Bandana	Elastic T-shirt material	85	~3 ft 7 in.
Folded handkerchief	Cotton	55	1 ft 3 in.
Stitched mask	Quilting cotton	70	2.5 in.
Commercial mask[a]	Unknown	Randomly assorted fibres	8 in.

[a]CVS Cone Face Mask.

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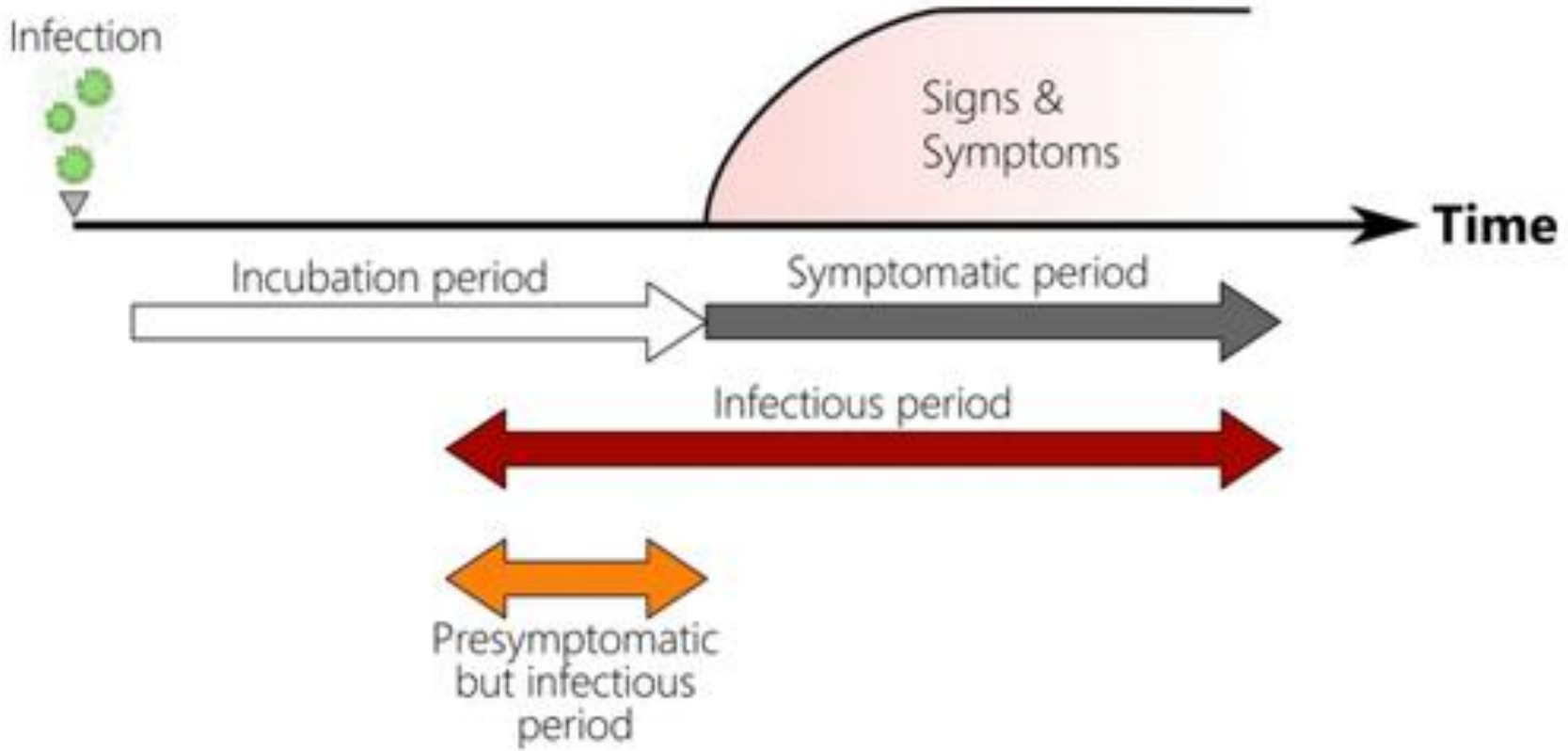


Ian M Mackay for virologydownunder.com
Created: 10MAR2020

Asymptomatic spread

40-45% of infections are asymptomatic, but infectious

https://www.medpagetoday.com/infectiousdisease/covid19/87168

During all interactions with clients at salon A, stylist A wore a double-layered cotton face covering, and stylist B wore a double-layered cotton face covering or a surgical mask.

During Stylist A's symptomatic period, the two stylists interacted while neither was masked during intervals between clients.

K-12 School Relative Risk Index

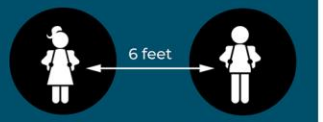
COVID-19 RECoVERY CONSULTING

www.covid19reopen.com

Requirements

For all students and adults

Low community spread



Physical distance

Mask wearing

Hand hygiene and disinfection

HEPA air filtration indoors or outdoor activities

Transportation to and from school	Routine classwork	Lunchtime (Assuming 6 feet of distancing at all times)	Arts & Humanities	Recess & Athletics
Low: Walk or ride a bicycle	Low/Medium: Desk-based instruction	Low/Medium: Picking up prepackaged meals	Low/Medium: Art Indoor	Low/Medium: Outdoor playground
Low: Automobile Household members only	Low/Medium: Shop/ Vocational-technical	Low/Medium: Outdoor eating	Low/Medium: Supervised clubs /Organizations	Low/Medium: Outdoor non-contact sports
Medium: Automobile Carpool/non-household members	Low/Medium: Going to the restroom	Medium: Cafeteria lunch line	High: Band/Orchestra	Medium: Indoor non-contact sports
High: School bus	Medium: Unmonitored study hall	Medium: Indoor eating Classroom	High: Choir	High: All contact sports, indoor or outdoor
High: Public transportation (Subway, bus)	Medium/High: Lockers/Changing rooms between classes	Medium/High: Indoor seating Cafeteria	High: Drama performances	High: Locker rooms

Risk Reducing Actions

1. Classes outdoors (e.g., using tents)
2. Maximum class size of 10–15 students
3. Open classroom windows
4. Stagger drop-off and pick-up times
5. Pod students in groups
6. Switch teachers between classes, not students
7. Limit shared items
8. Make unused spaces classrooms (e.g., gyms and band rooms)

Ezekiel J. Emanuel, MD, PhD Perelman School of Medicine at the University of Pennsylvania
James P. Phillips, MD George Washington University School of Medicine and Health Sciences
Saskia Popescu, PhD, MPH University of Arizona/George Mason University

SOURCES:

CDC (https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html)
NASEM (https://www.nationalacademies.org/our-work/guidance-for-k-12-education-on-responding-to-covid-19)

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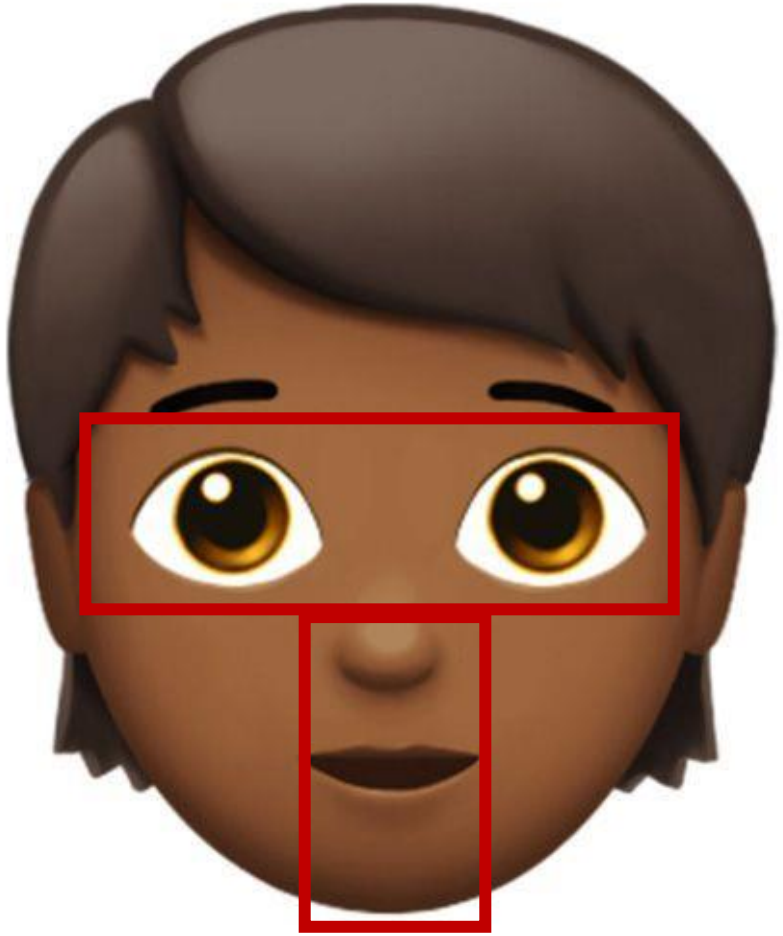
Protect this!



Masks
EVEN WHEN 6 FT APART

Eye protection/face shield

Avoid the "3 Cs"

https://www.burlingtonvt.gov/covid-19/guidance

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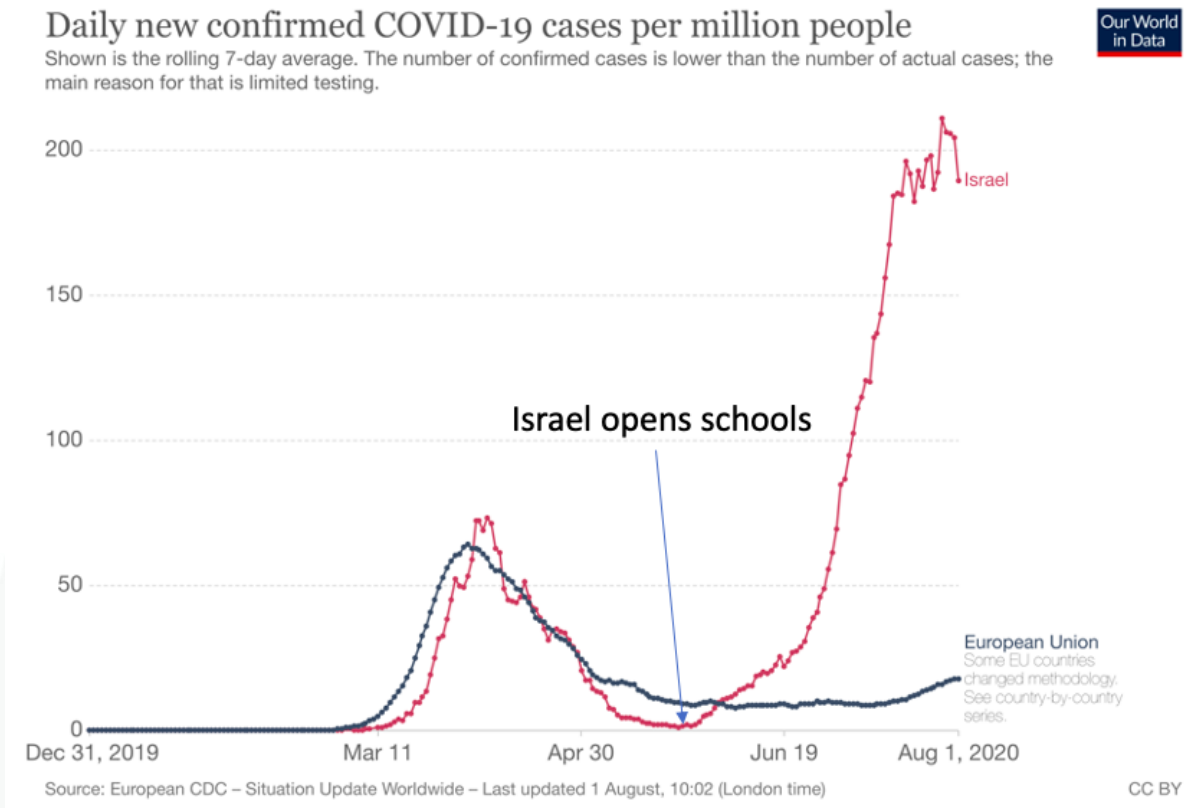

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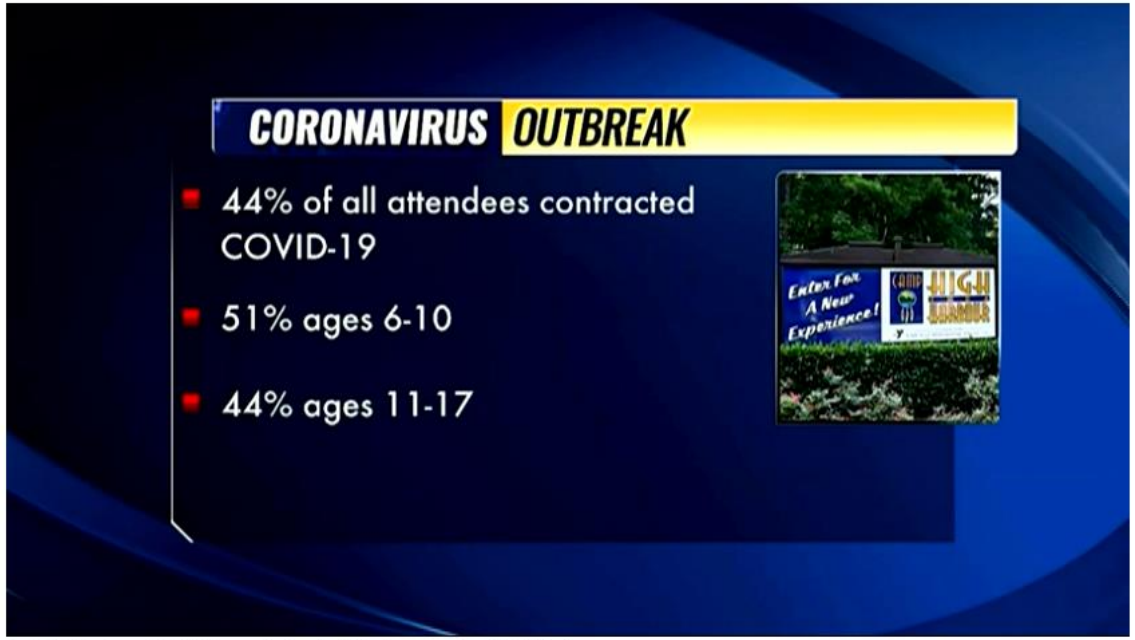
bellco.org/personal/.../online-banking.aspx

WATCH LIVE NEWS CORONAVIRUS ON YOUR SIDE WEATHER S

Georgia camp with COVID-19 outbreak didn't require masks



Hospitalizations from COVID-19 increase in Georgia; CDC releases report on YMCA infections

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www.covid19reopen.com

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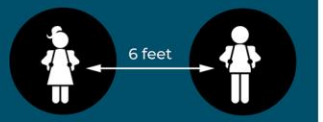

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Low: Walk or ride a bicycle	Low/Medium: Desk-based instruction	Low/Medium: Picking up prepackaged meals	Low/Medium: Art Indoor	Low/Medium: Outdoor playground
Low: Automobile Household members only	Low/Medium: Shop/ Vocational-technical	Low/Medium: Outdoor eating	Low/Medium: Supervised clubs /Organizations	Low/Medium: Outdoor non-contact sports
Medium: Automobile Carpool/non-household members	Low/Medium: Going to the restroom	Medium: Cafeteria lunch line	High: Band/Orchestra	Medium: Indoor non-contact sports
High: School bus	Medium: Unmonitored study hall	Medium: Indoor eating Classroom	High: Choir	High: All contact sports, indoor or outdoor
High: Public transportation (Subway, bus)	Medium/High: Lockers/Changing rooms between classes	Medium/High: Indoor seating Cafeteria	High: Drama performances	High: Locker rooms

Risk Reducing Actions

1. Classes outdoors (e.g., using tents)
2. Maximum class size of 10–15 students
3. Open classroom windows
4. Stagger drop-off and pick-up times
5. Pod students in groups
6. Switch teachers between classes, not students
7. Limit shared items
8. Make unused spaces classrooms (e.g., gyms and band rooms)

Ezekiel J. Emanuel, MD, PhD Perelman School of Medicine at the University of Pennsylvania
James P. Phillips, MD George Washington University School of Medicine and Health Sciences
Saskia Popescu, PhD, MPH University of Arizona/George Mason University

SOURCES:

CDC (https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html)
NASEM (https://www.nationalacademies.org/our-work/guidance-for-k-12-education-on-responding-to-covid-19)

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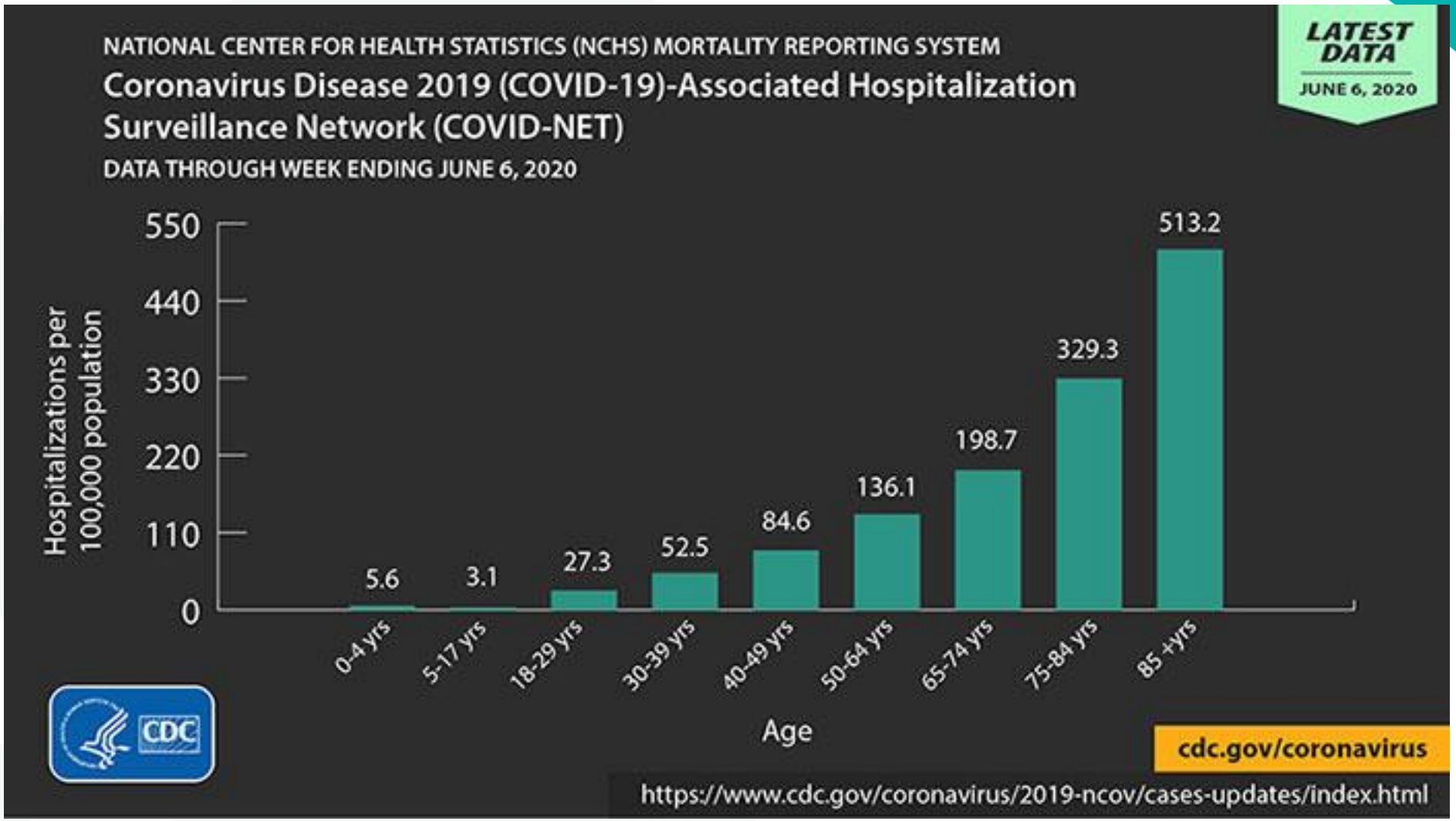
Who is at highest risk for severe COVID-19?

Alice Sato

Age


NATIONAL CENTER FOR HEALTH STATISTICS (NCHS) MORTALITY REPORTING SYSTEM
Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET)
DATA THROUGH WEEK ENDING JUNE 6, 2020
LATEST DATA
JUNE 6, 2020
Hospitalizations per 100,000 population
550
440
330
220
110
0
5.6
3.1
27.3
52.5
84.6
136.1
198.7
329.3
513.2
0-4 yrs
5-17 yrs
18-29 yrs
30-39 yrs
40-49 yrs
50-64 yrs
65-74 yrs
75-84 yrs
85 +yrs
Age
CDC
cdc.gov/coronavirus
https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/index.html

Underlying Medical Conditions

- CDC: Increased risk – Any AGE
  - Cancer
  - Chronic Kidney disease
  - COPD
  - Weakened immune system from solid organ transplant
  - Obesity (BMI ≥30)
  - Serious heart conditions
  - Sickle Cell Disease
  - Type 2 diabetes

Might be at increased risk?

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

Children:
Who is at Highest Risk?

"Children who have medical complexity, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease **might be** at increased risk for severe illness from COVID-19 compared to other children."

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html

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from imgur u/lostfly

Below-the-nose community stunned as study shows nose connected to lungs

Ogden, Utah (UPI) — Scientists with the National Institute for Understanding Basic Anatomy shocked the world today by announcing the discovery that in humans, the nose is attached to the lungs. The revelation deals a stunning blow to the growing community of those who wear Covid masks below the nose.

"What? How can that be?" asked an incredulous Roger Shmutz of Peoria, Illinois, mask dangling from his upper lip. "My nose is right next to my mouth. How is it not connected to the stomach? That doesn't make any sense."

Wearing a mask protects YOU... And ME!

- Viral load (amount of virus) at time of infection directly correlates with severity of illness for influenza, other viruses
  - Shown in humans and animal models

- SARS-CoV-2*:
  - Healthcare workers in China, Italy more severely affected before universal masking

*h/t Monica Gandhi, MD MPH (UCSF)

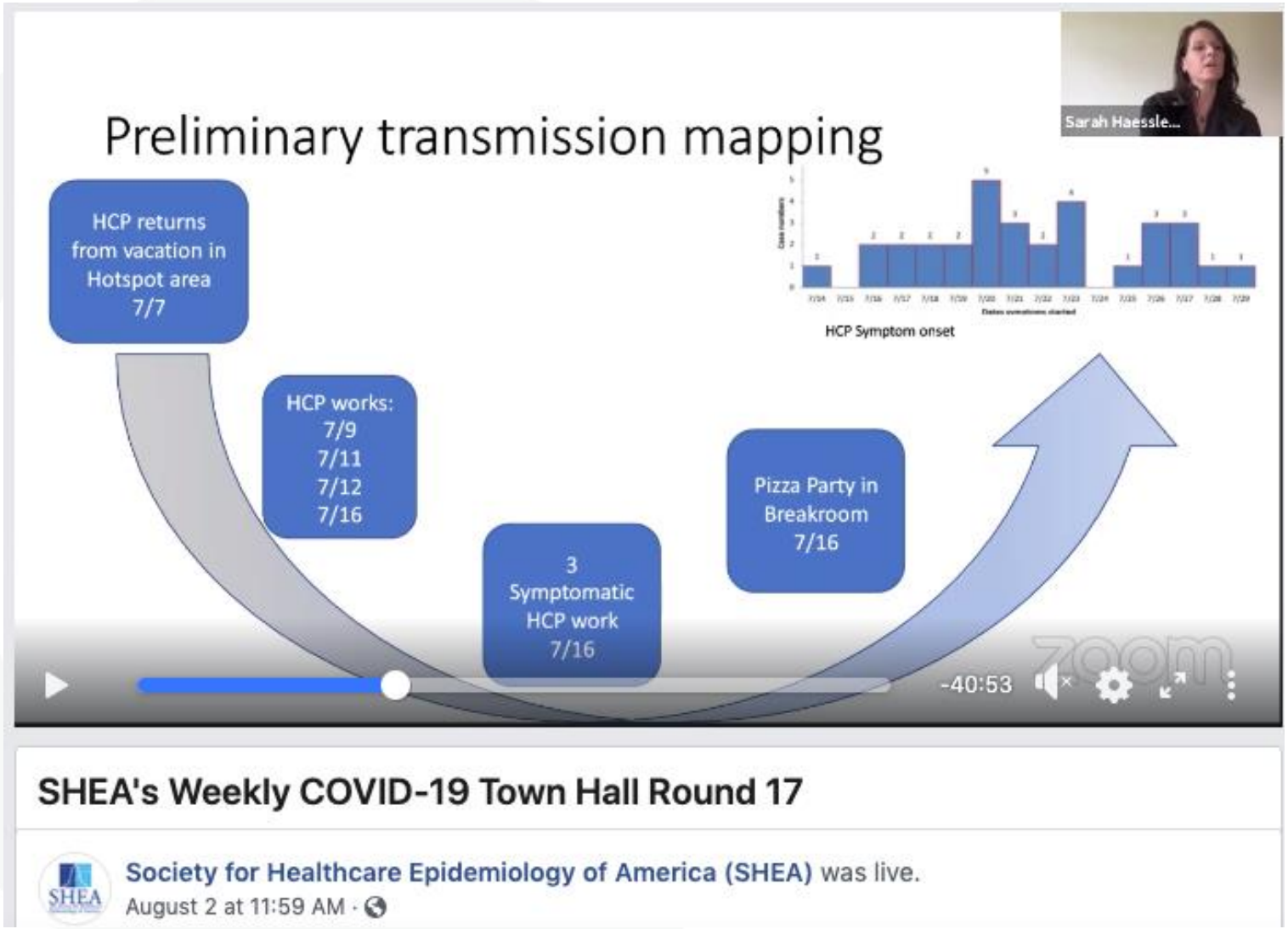
Wearing a mask protects YOU... And ME!

- SARS-CoV-2*:
  - Argentinian cruise ship provided masks (surgical to passengers, N95s to crew) -> 81% asymptomatic
  - Indiana pediatric hemodialysis unit outbreak with universal masking: seroconversions but no illness in 11/25 HCWs (44%) and 3/13 patients (23%)
  - Missouri Tyson chicken plant, masks issued: 371 employees infected, 85% asymptomatic
  - Oregon Pacific Seafood facilities, masks issued: 124 infected, 95% asymptomatic

40-45% of infections are asymptomatic

*h/t Monica Gandhi, MD MPH (UCSF)

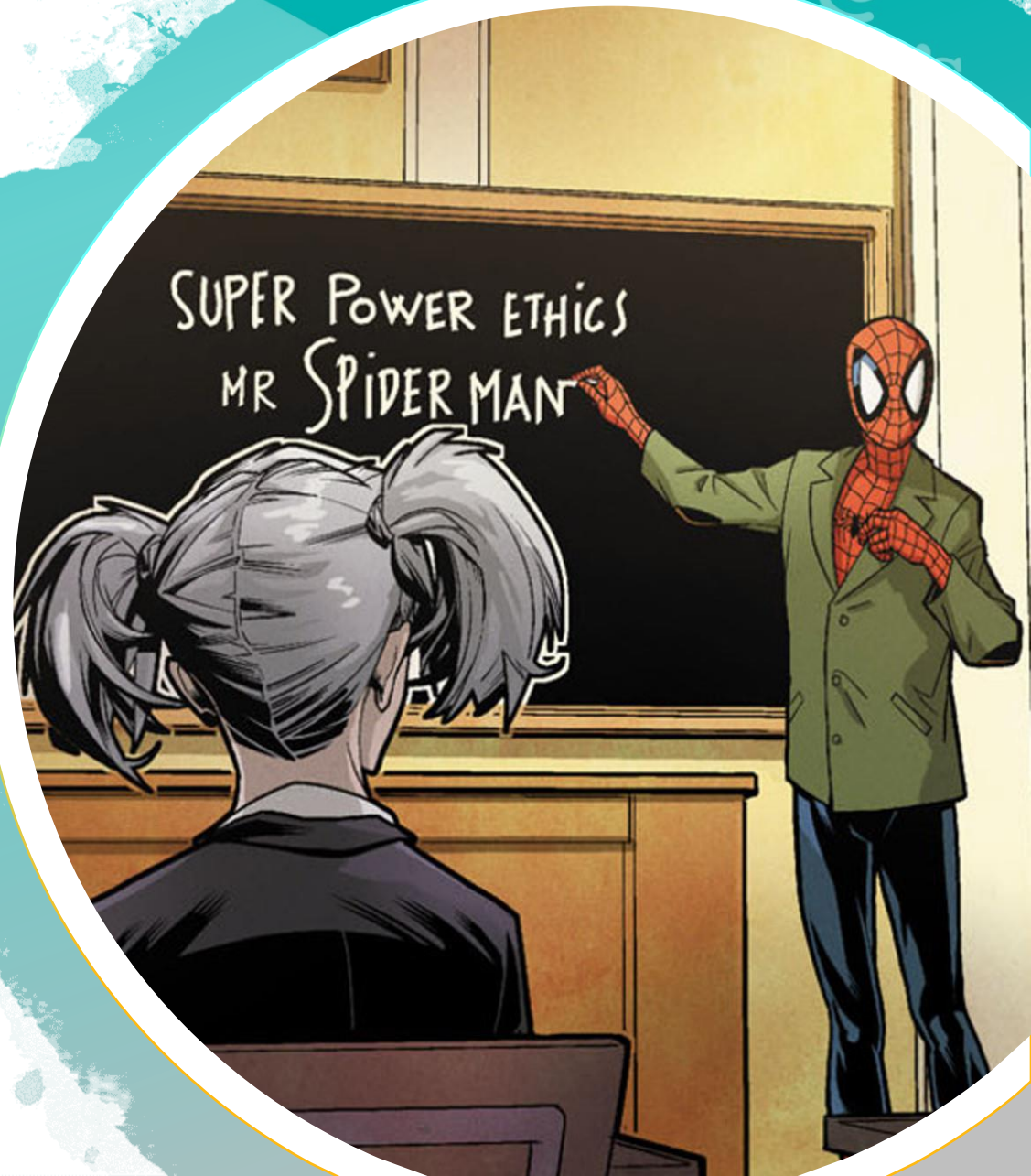
Co-worker transmission



Be like Spider-Man!

- Eye protection
- Cloth mask
- Social distancing
- Often outdoors
- Ethical

- With great power...



Outline

I. KM: Introduction to the series – COVID Response for Schools
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Symptom Checker

Russell McCulloh

Symptom Screening

- <u>CDC Guidance:</u>
- "Parents/caregivers strongly encouraged to monitor their children for signs of infectious illness every day."
- "Students who are sick should not attend school in-person."

Students with two of the following: fever (measured or subjective), chills, cold/shivering, muscle pain, headache, sore throat, nausea, vomiting, diarrhea

OR

At least one of the following: new cough, shortness of breath, difficulty breathing, loss of taste and smell

→

Students and staff who screen positive should be immediately isolated in the designated area and sent home as soon as possible. Require the symptomatic person to wear a surgical or procedure mask while waiting, if tolerable.

Returning to School

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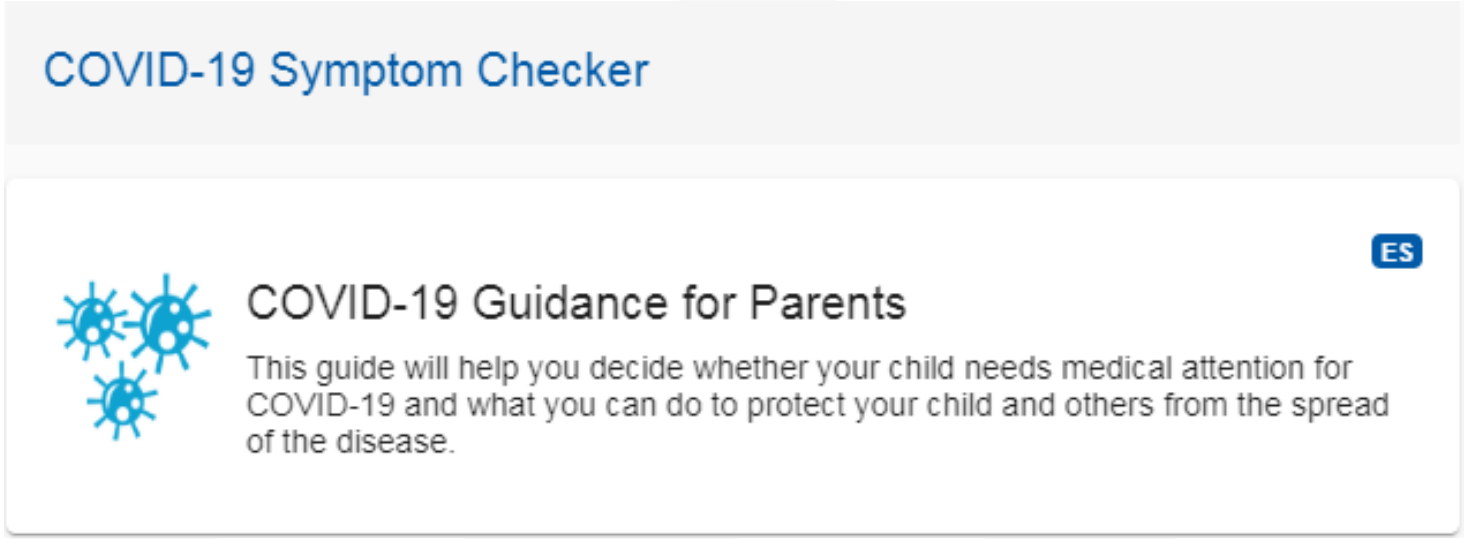
Re-Admittance to School

Staff and students who test positive:	Staff and students not tested:	Symptomatic staff/student who tests negative:
Exclude for: - At least 10 days since symptoms first appeared **AND:** - At least 24 hours with no fever without fever-reducing medication **AND:** Symptoms have improved	**Exclude for:** - At least 10 days since symptoms first appeared **AND:** - At least 24 hours with no fever without fever-reducing medication **AND:** Symptoms have improved May return to school if a doctor establishes an alternative diagnosis and presents a doctor's note.	Exclude until fever free for 24 hours (or meets the schools requirements for readmission) **AND** improved respiratory symptoms

There is no reason for a student or staff member to get a "negative test" to be cleared for the return to school. A COVID-19 positive individual does not need a repeat COVID-19 test or a doctor's note in order to return.

Challenges to Screening

- Remembering the guidance
- Communicating guidance
- Generating usable information for:
  - Parents
  - Students
  - Schools
  - Health Departments
- Rapidly adjusting guidance to changing knowledge and circumstances



- Released April 21, 2020
- Provides stepwise reference for parents on symptoms, diagnosis, prevention, and contact info for Children's COVID-19 Help Line
- Used by over xxx users to date
- Available in English and Spanish

Household Screener

- Developed based on COVID-19 Symptom Checker
- Designed to combine
  - School district information
  - Health department guidance/CDC guidance
- Daily use by households or students

ES

Duchesne COVID-19 Screener

This screener is for families with students who attend Duchesne Academy of the Sacred Heart. It will help you decide if your student(s) should attend school today or seek testing/medical care for possible COVID-19 infection.

In the last 14 days, has anyone in the household been tested for COVID-19?

- ◯ Yes, one or more household members tested positive
- ◯ Yes, all household members tested, tested negative
- ◯ Yes, but the results have not come back yet
- ◯ No one in the household has been tested

General Considerations

Duchesne's Return to School Plan
Student Handbook Addendum' includes COVID-19 related safety procedures, absence policies & online learning requirements

Did your student(s) test positive for COVID-19?

- ◯ Yes
- ◯ No

Your student(s) who tested positive should not attend school today.

Positive testing students may return to school when the following conditions are met:

- It has been at least 10 days since their symptoms first started

AND

- They have been symptom-free for 24hrs without the use of medication

---

Asymptomatic and/or negative testing students in the household should also not attend school until:

- It has been more than 15 days since any household member who tested positive last had symptoms

OR

- It has been more than 14 days since the student had contact with any positive testing household member.

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Community-level insight

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Anonymous user activity

Rolled up to school district level

Can also be rolled up to the county level

Reporting for schools, health departments

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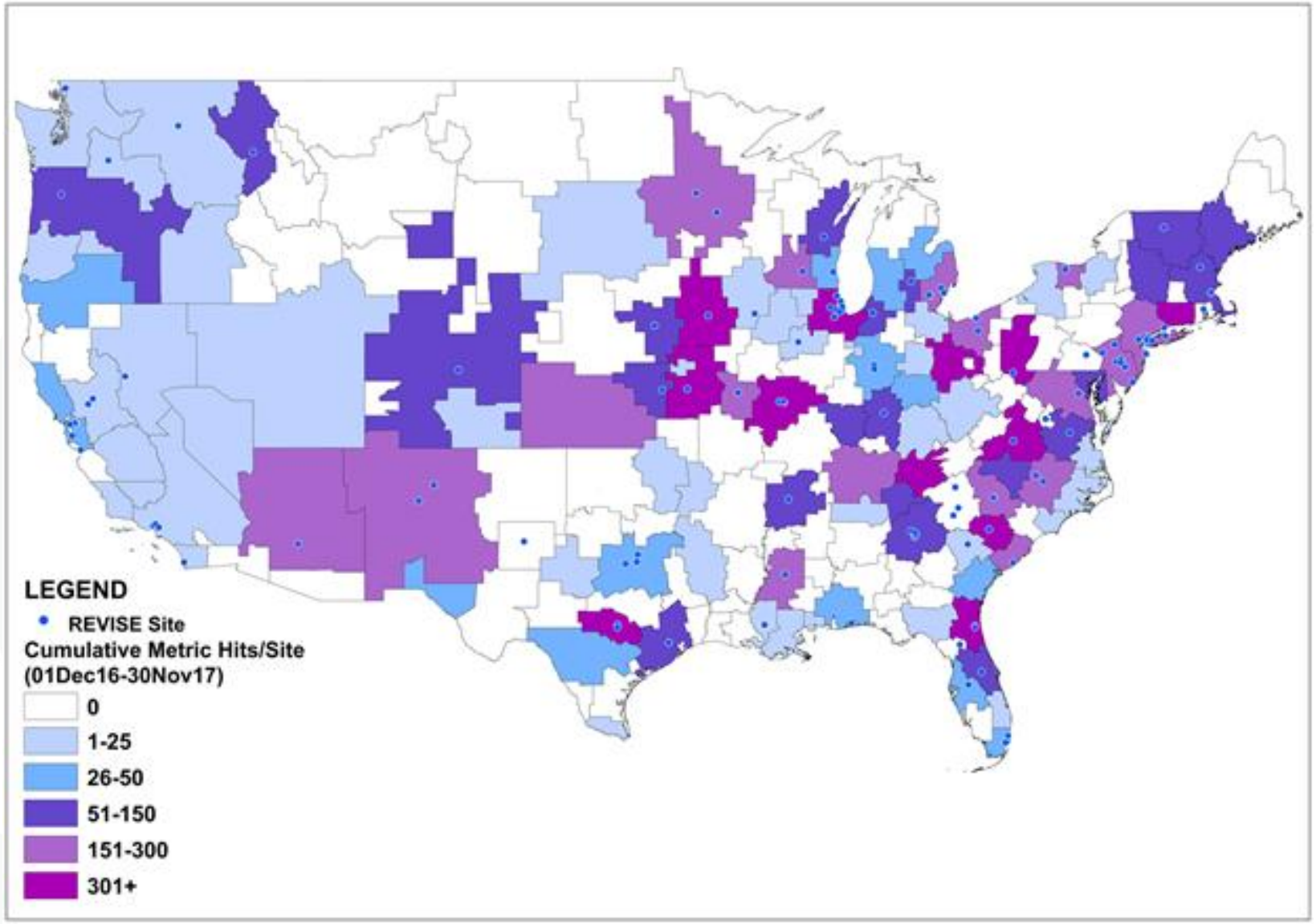

Rationale

- Household and student information can help:
- Gauge disease activity
- Estimate positive testing impact on households
- Enable schools, public health entities to better direct resources
- Educate parents and students about COVID-19
- Connect families to important resources in the community

Swim Lane COVID algorithm

Russell McCulloh

General Community School COVID-19 Assessment

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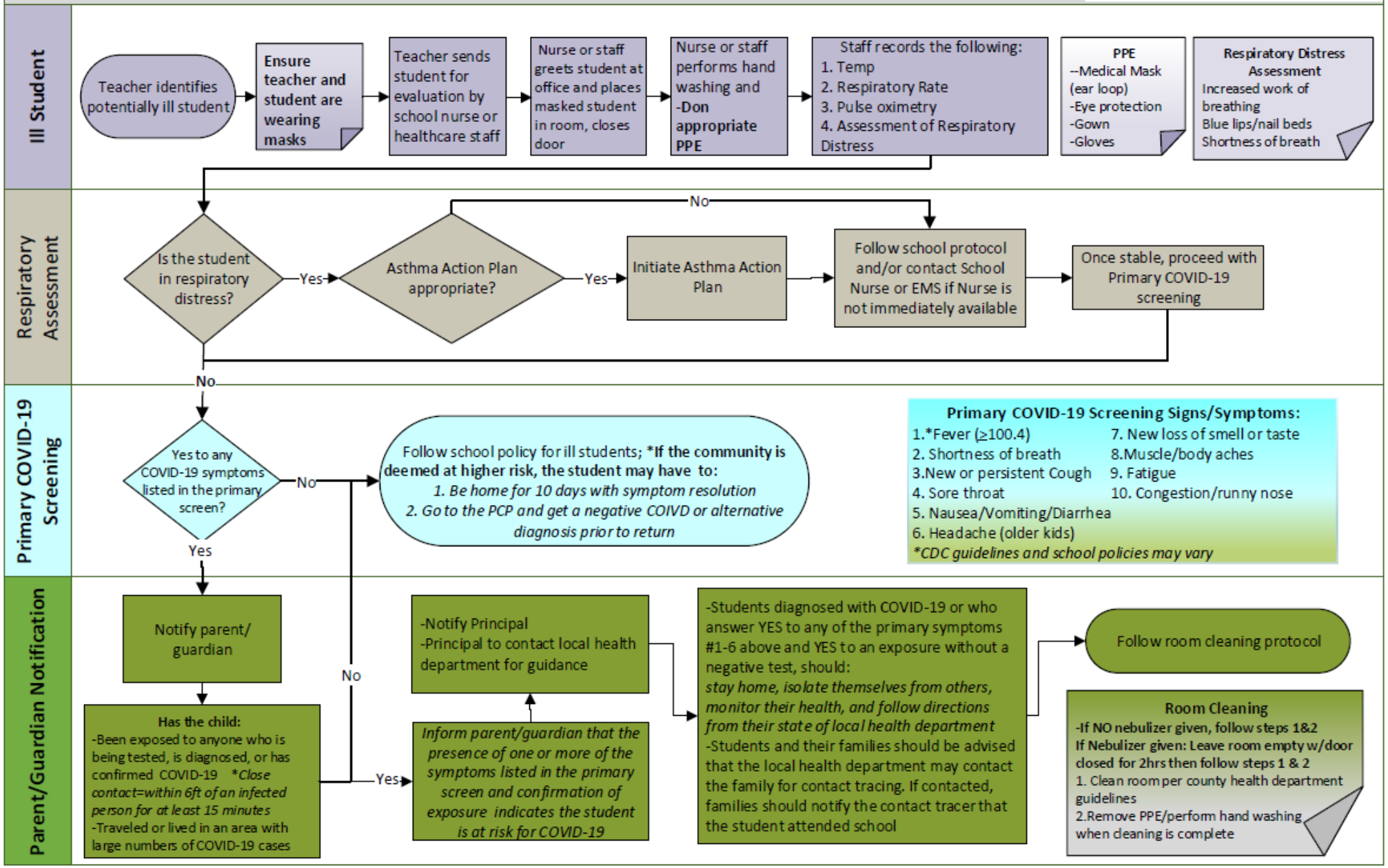

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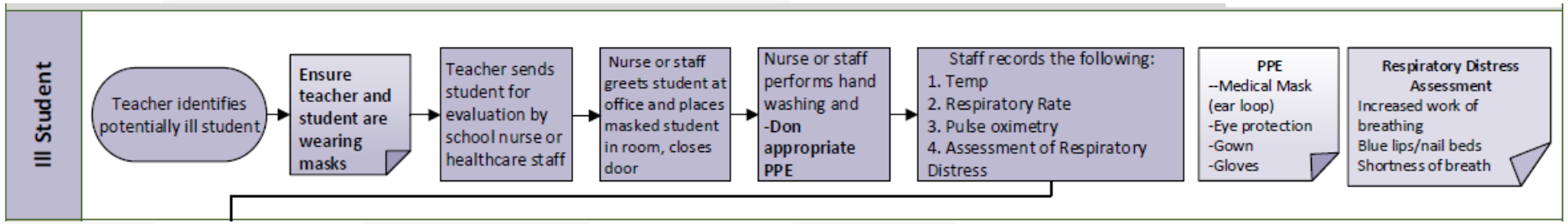
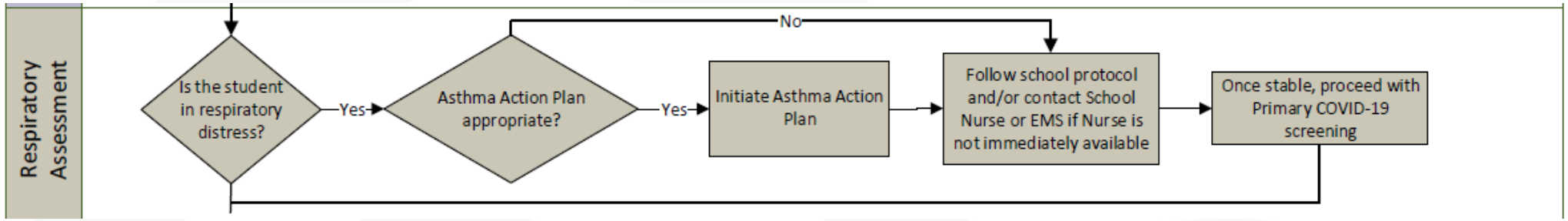
Ill Student



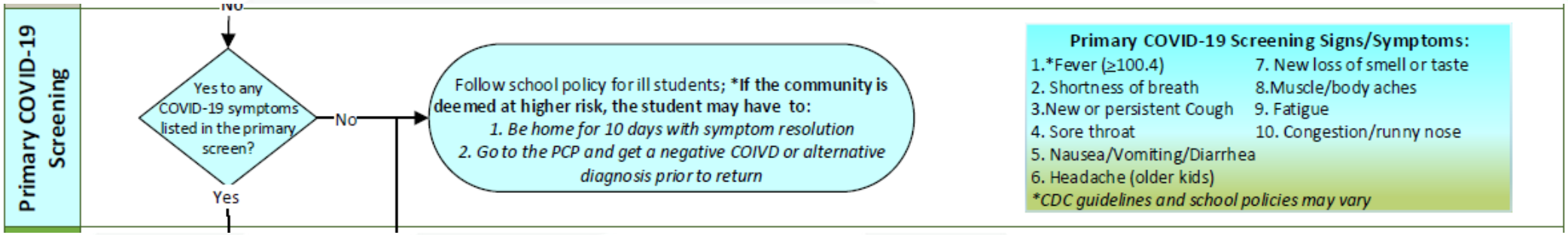
- PPE: Ear-loop mask, eye protection, gown, gloves
- Assessment:
  - Temp, RR, Pulse Ox, respiratory distress
- Work of breathing, blue lips, nail beds, shortness of breath, etc.

Respiratory Assessment



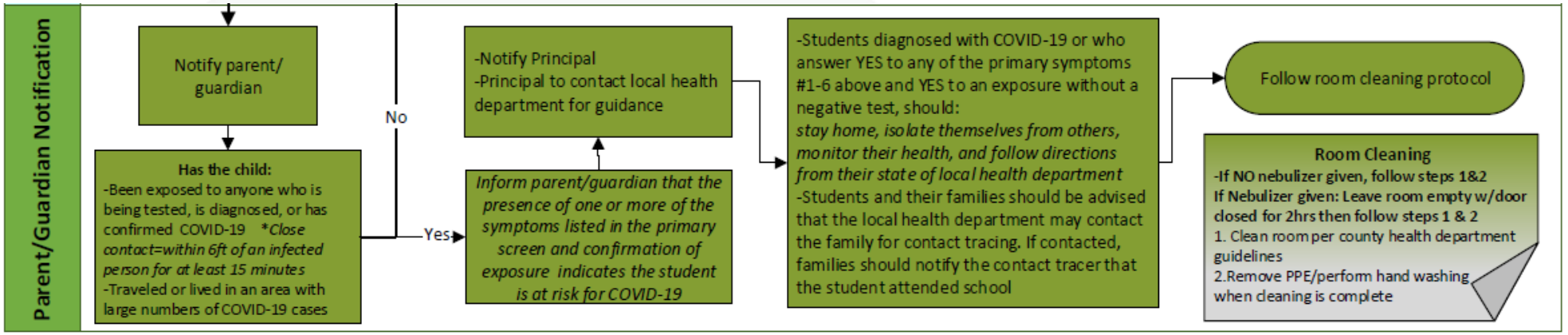
- If respiratory distress, address and contact EMS as appropriate
- If child has asthma, initiate asthma action plan
- Once stabilized, move to COVID-19 screening

COVID-19 Screening



- Follow your school's policy for ill students at high risk of COVID-19
- Assess symptoms based on your school's plan and local guidance
- Children's Symptom Checker can also be used (based off CDC guidelines)

Parent/Guardian Notification



- If exposure risk, follow your school's plan for high-risk exposures
- If family contacted by contact tracer, they should notify them that the student attended school
- Terminally clean room where student was examined

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Resources – what CHMC has, where to find, topics

Kim McClintick

https://www.childrensomaha.org/back-to-school/

- Lots of great information!
- Videos, articles, additional resources
- School health webpage for school nurses and other staff (go to bottom of page)

Have questions? Send specific questions to:

kmcclintick@childrensomaha.org

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Questions

Kim McClintick, Alice Sato, Russell McCulloh

How are nebulizer treatments being handled during the school day?

Is there guidance on having fans in the classrooms?

policy or plan they could share regarding how hot non-air-conditioned classrooms?

· Neck gaiters? Are they less effective or equal to masks?

· Should we be banning the face masks with exhaust valves?

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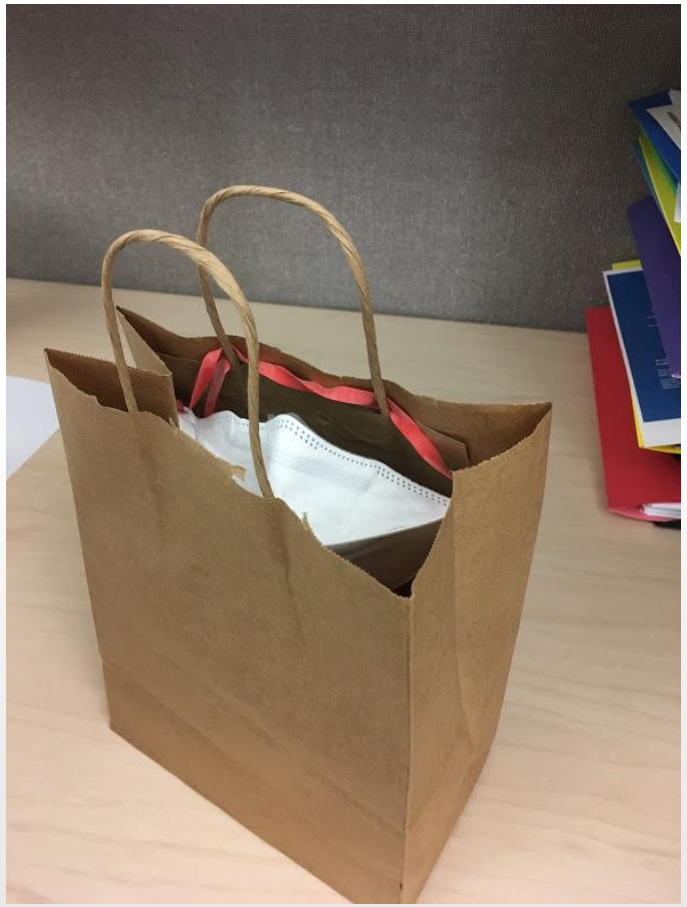
When students and staff remove their face covering during lunch how and where are you instructing them to store it until it is time to put it back on?



Additional Resources

Resources

- Johns Hopkins global map https://coronavirus.jhu.edu/map.html
- Johns Hopkins dashboard: Nebraska https://coronavirus.jhu.edu/region/us/nebraska
- Nebraska coronavirus dashboard
- NYT interactive map: Nebraska https://www.nytimes.com/interactive/2020/us/nebraska-coronavirus-cases.html#map
- NYT tool: Risk of students arriving at school infected https://www.nytimes.com/interactive/2020/07/31/us/coronavirus-school-reopening-risk.html

Resources

- Mask dynamics video https://www.lavision.de/en/news/2020/4302/
- Argentinian cruise ship https://thorax.bmj.com/content/75/8/693
- Indiana hemodialysis unit cohort https://jamanetwork.com/journals/jama/fullarticle/2766215
- Missouri Tyson chicken plant outbreak https://www.news-leader.com/story/news/local/2020/06/26/missouri-coronavirus-tyson-foods-positive-covid-19-noel-facility/3266269001/
- Oregon seafood facility outbreak https://www.oregonlive.com/coronavirus/2020/06/65-coronavirus-cases-reported-at-pacific-seafood-facility-in-newport.html
- M Gandhi: Protective effects of mask wearing https://link.springer.com/article/10.1007/s11606-020-06067-8

Mask Basics for Staff

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Facemask Do's and Don'ts
For Healthcare Personnel

When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.

DO secure the elastic bands around your ears.

DO secure the ties at the middle of your head and the base of your head.

CS 316493A June 2, 2020 11:30 AM

When wearing a facemask, don't do the following:

DON'T wear your facemask under your nose or mouth.

DON'T allow a strap to hang down. DON'T cross the straps.

DON'T touch or adjust your facemask without cleaning your hands before and after.

DON'T wear your facemask on your head.

DON'T wear your facemask around your neck.

DON'T wear your facemask around your arm.

CS 316490A June 2, 2020 11:30 AM

- Don't use if wet or dirty
- Wash your hands after removing
- Wash cloth mask in soap or detergent preferably with hot water daily

Thank You!

For further questions or information, please contact:

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