Preparing for Students – Assessment, Risks, and Decisions

Kim McClintick, MSN, RN
School Health Nurse Coordinator, Center for the Child & Community

Alice Sato, MD PhD
Hospital Epidemiologist, CHC, and Assistant Professor of Pediatric Infectious Disease, UNMC

Russell J. McCulloh, MD
Division Chief, Pediatric Hospital Medicine, and Associate Professor of Pediatric Hospital Medicine and Infectious Diseases, Children's Hospital & Medical Center/UNMC
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
Higher percentage in children than initial reports: 12.3%
Total children hospitalized: 40
Total pediatric deaths: 1
US (by end of July):
Nebraska

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

151 per million

DAILY NEW CASES
- 15.1 PER 100K
Vary large number of new cases

INFECTION RATE
- 1.07
COVID is still spreading, but slowly

POSITIVE TEST RATE
- 9.0%
Indicates adequate testing

ICU HEADROOM USED
- 23%
Can likely handle a new wave of COVID

CONTACTS TRACED
- 65%
Insufficient tracing to stop the spread of COVID

Updated August 5, 2020

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

New Daily Cases

Daily Tests
1.7 tests per 1,000

Daily % Positive
9.0% positive

WEEKLY TREND
THIS WEEK  LAST WEEK
WEEKLY TREND
THIS WEEK  LAST WEEK
ABOVE THRESHOLD?
THIS WEEK  LAST WEEK
DEFINITIONS

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

• COVID-19

• MIS-C (or PMIS)
Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19)
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
ACE2 Expression: Multiple Tissues

**Heart**
- ACE2 increased in patients with heart failure.
- Troponin, BNP, and D-dimer identify patients at risk for cardiac complications.

**Liver**
- ACE2 only found in cholangiocytes.

**Intestines**
- ACE2 expression enriched on enterocytes of the small intestine.

**Brain**
- ACE2 has not been detected in the brain, except in blood vessels.

**Lungs**
- ACE2 expression higher in smokers.
- Severity of lung damage correlates with CRP, IL-4, IL-6 and N/L.

**Kidneys**
- ACE2 widely expressed.
- Urine potassium possible indirect marker for ACE2 function.

**Vasculature**
- Complications correlate with elevated D-Dimer levels, PT and aPTT prolongation, and increased fibrin degradation products.
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
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)
After choir practice with one symptomatic person, 87% of the group developed COVID-19.

COVID-19 spreads easily
- Avoid groups
- Stay at least 6 feet apart
- Wear face coverings

index case
32 confirmed and 20 probable cases
unaffected person

bit.ly/MMWR51220
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

concentration

Turbulent gas cloud

Drops fall continuously, depending on weight and other factors. The most visible drops would fall within 6 feet.
COUGH = SPLATTER
Figure 1. Short-range transmission potential of ballistic drops and droplet aerosols in the inhalable, thoracic, and ...

Source control

Protection

The content of this slide may be subject to copyright: please see the slide notes for details.
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. 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) 1.08 s after 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.
**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.

<table>
<thead>
<tr>
<th>Mask type</th>
<th>Material</th>
<th>Threads/in.</th>
<th>Average jet distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncovered</td>
<td>...</td>
<td>...</td>
<td>~8 ft</td>
</tr>
<tr>
<td>Bandana</td>
<td>Elastic T-shirt material</td>
<td>85</td>
<td>~3 ft 7 in.</td>
</tr>
<tr>
<td>Folded handkerchief</td>
<td>Cotton</td>
<td>55</td>
<td>1 ft 3 in.</td>
</tr>
<tr>
<td>Stitched mask</td>
<td>Quilting cotton</td>
<td>70</td>
<td>2.5 in.</td>
</tr>
<tr>
<td>Commercial mask*</td>
<td>Unknown</td>
<td>Randomly assorted fibres</td>
<td>8 in.</td>
</tr>
</tbody>
</table>

*CVS Cone Face Mask.
Infection

Incubation period

Symptomatic period

Infectious period

Presymptomatic but infectious period

Time

Signs & Symptoms

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

**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.**
K-12 School Relative Risk Index

### Transportation to and from school
- **Low**: Walk or ride a bicycle
- **Low/Medium**: Household members only
- **Medium**: Carpool/non-household members
- **High**: School bus
- **High**: Public transportation (Subway, bus)

### Routine classwork
- **Low**: Desk-based instruction
- **Low/Medium**: Shop/Vocational-technical
- **Medium**: Going to the restroom
- **Medium**: Unmonitored study hall
- **Medium/High**: Lockers/Changing rooms between classes

### Lunchtime
- **Low/Medium**: Picking up prepackaged meals
- **Low**: Outdoor eating
- **Medium**: Cafeteria lunch line
- **Medium**: Indoor eating Classroom
- **Medium/High**: Indoor seating Cafeteria

### Arts & Humanities
- **Low**: Art indoor
- **Low/Medium**: Supervised clubs/Organizations
- **High**: Band/Orchestra
- **High**: Choir
- **High**: Drama performance
- **High**: Locker rooms

### Recess & Athletics
- **Low/Medium**: Outdoor playground
- **Low**: Outdoor non-contact sports
- **Medium**: Indoor non-contact sports
- **Medium**: All contact sports, indoor or outdoor

### 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)

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**Sources:**
- 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
- Saskaia Popeaua, PhD, MPH: University of Arizona/George Mason University

**Resources:**
- (ASH) [https://www.nationalalliance.org/our-work/guidance-for-k-12-educators-according-to-covid-19](https://www.nationalalliance.org/our-work/guidance-for-k-12-educators-according-to-covid-19)
Protect this!

Masks
EVEN WHEN 6 FT APART

Eye protection/face shield
Avoid the "3 Cs"

https://www.burlingtonvt.gov/covid-19/guidance
Daily new confirmed COVID-19 cases per million people

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Israel opens schools

Source: European CDC – Situation Update Worldwide – Last updated 1 August, 10:02 (London time)

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

- 44% of all attendees contracted COVID-19
- 51% ages 6-10
- 44% ages 11-17

Hospitalizations from COVID-19 increase in Georgia; CDC releases report on IMCA infections
K-12 School Relative Risk Index

**Transportation to and from school**
- Low: Walk or ride a bicycle
- Medium: Carpool/non-household members
- High: School bus, Public transportation (Subway, bus)

**Routine classwork**
- Low/Medium: Desk-based instruction
- Medium: Shop/Vocational-technical
- High: Going to the restroom

**Lunchtime**
- Medium: Picking up prepackaged meals
- High: Cafeteria lunch line

**Arts & Humanities**
- Low/Medium: Art indoor
- Medium: Supervised clubs/Organizations

**Recess & Athletics**
- Low/Medium: Outdoor playground
- Medium:Outdoor non-contact sports
- High: Indoor non-contact sports

**Risk Reducing Actions**
1. Classes outdoors (e.g., using tents)
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3. Open classroom windows
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8. Make unused spaces classrooms (e.g., gyms and band rooms)

**Requirements**
- For all students and adults
  - Low community spread
  - 6 feet
  - Physical distance
  - Mask wearing
  - Hand hygiene and disinfection
  - HEPA air filtration indoors or outdoor activities

**Sources:**
- NASM (https://www.nasmedicinal.org/nas-work/guidance-for-k-12-schools-as-regarding-to-corona-19)
Who is at highest risk for severe COVID-19?

Alice Sato
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."

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

Preliminary transmission mapping

- HCP returns from vacation in Hotspot area 7/7
- HCP works: 7/9, 7/11, 7/12, 7/15
- 3 Symptomatic HCP work 7/16
- Pizza Party in Breakroom 7/16
- HCP symptom onset

SHEA’s Weekly COVID-19 Town Hall Round 17

Society for Healthcare Epidemiology of America (SHEA) was live.
August 2 at 11:59 AM - ☁️
Be like Spider-Man!

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

- With great power...
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Symptom Checker
Russell McCulloh
Symptom Screening

• CDC Guidance:
  • "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

Re-Admittance to School

Staff and students who test positive:
- Exclude for:
  - At least 10 days since symptoms first appeared
  - At least 24 hours with no fever without fever-reducing medication
  - Symptoms have improved

Staff and students not tested:
- Exclude for:
  - At least 10 days since symptoms first appeared
  - At least 24 hours with no fever without fever-reducing medication
  - Symptoms have improved

Symptomatic staff/student who tests negative:
- 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
COVID-19 Symptom Checker

COVID-19 Guidance for Parents
This guide will help you decide whether your child needs medical attention for COVID-19 and what you can do to protect your child and others from the spread of the disease.

• 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
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.

Did your student(s) test positive for COVID-19?
- Yes
- No

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

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.
Community-level insight

- Anonymous user activity
- Rolled up to school district level
  Can also be rolled up to the county level
- Reporting for schools, health departments
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

Ill Student
- Teacher identifies potentially ill student
- Ensure teacher and student are wearing masks
- Teacher sends student for evaluation by school nurse or healthcare staff
- Nurse or staff greets student at office and places masked student in room, closes door
- Nurse or staff performs hand washing and -Don appropriate PPE
- Staff records the following:
  1. Temp
  2. Respiratory Rate
  3. Pulse oximetry
  4. Assessment of Respiratory Distress
- PPE
  - Medical Mask
  - Eye protection
  - Gown
  - Gloves
- Respiratory Distress Assessment
  - Increased work of breathing
  - Blue lips/nail beds
  - Shortness of breath

Respiratory Assessment
- Is the student in respiratory distress?
  - Yes: Asthma Action Plan appropriate?
    - Yes: Initiate Asthma Action Plan
    - No: Follow school protocol and/or contact School Nurse or EMS if Nurse is not immediately available
  - No: Once stable, proceed with Primary COVID-19 screening

Primary COVID-19 Screening
- Follow school policy for ill students: *If the community is deemed at higher risk, the student may have to:
  1. Be home for 10 days with symptom resolution
  2. Go to the PCP and get a negative COVID or alternative diagnosis prior to return

Primary COVID-19 Screening Signs/Symptoms:
1. *Fever (>100.4)
2. Shortness of breath
3. New or persistent Cough
4. Sore throat
5. Nausea/Vomiting/Diarrhea
6. Headache (older kids)
7. New loss of small or taste
8. Muscle/body aches
9. Fatigue
10. Congestion/runny nose
*CDC guidelines and school policies may vary

Parent/Guardian Notification
- Has the child:
  - Been exposed to anyone who is being tested, is diagnosed, or has confirmed COVID-19
  - Close contact within six feet of an infected person for at least 15 minutes
  - Traveled or lived in an area with large numbers of COVID-19 cases
- Notifies Principal:
  - Students diagnosed with COVID-19 or who answer YES to any of the primary symptoms 1-6 above and YES to an exposure without a negative test should stay home, isolate themselves from others, monitor their health, and follow directions from their local health department.
  - Students and their families should be advised that the local health department may contact the family for contact tracing. If contacted, families should notify the contact tracer that the student attended school.
- Follow room cleaning protocol:
  - Room Cleaning
    - If NO nebulizer given, follow steps 1 & 2
    - If Nebulizer given: Leave room empty w/door closed for 2hrs then follow steps 1 & 2
    1. Clean room per county health department guidelines
    2. Remove PPE/perform hand washing when cleaning is complete

Notify parent/guardian
- Parents notify a local health department for guidance
- Inform parent/guardian that the presence of one or more of the symptoms listed in the primary screen and confirmation of exposure indicates the student is at risk for COVID-19.
III 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)

Primary COVID-19 Screening Signs/symptoms:
1. Fever (>100.4)
2. Shortness of breath
3. New or persistent Cough
4. Sore throat
5. Nausea/Vomiting/Diarrhea
6. Headache (older kids)
7. New loss of smell or taste
8. Muscle/body aches
9. Fatigue
10. Congestion/runny nose

*CDC guidelines and school policies may vary
• 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?
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
• NYT tool: Risk of students arriving at school infected
Resources

- Argentinian cruise ship https://thorax.bmj.com/content/75/8/693
- Indiana hemodialysis unit cohort https://jamanetwork.com/journals/jama/fullarticle/2766215
Mask Basics for Staff

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.
Cloth Masks

- 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:

Kim McClintick, MSN, RN
School Health Nurse Coordinator
Center for the Child & Community
Children’s Hospital & Medical Center
402.955.6875
kmccclintick@childrensomaha.org