New Jersey State School Nurses Association
Leading, Teaching, Caring.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

New Jersey School Nurses

Champions of Public Health

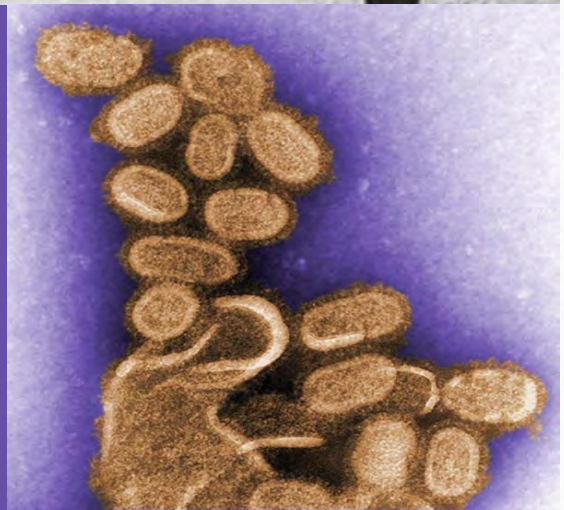
NJAAP 30th Annual School Health Conference
October 20, 2021

Robin Cogan, MEd, RN, NCSN, FAAN
Eileen Gavin, MSN, FNP-BC, NCSN
Cynthia Samuel, PhD, RN
Gina Emge, MSN, RN, NCSN
Catherine Grano, MSN, RN, CSN- NJ
Moderator: Donna M Pleus, MSN, RN, NCSN

Pandemic Effect: Then and now!

Pandemic of 1918

Pandemic of 1918



SAVE YOURSELF

FROM INFLUENZA AND

PNEUMONIA
BAD COLDS
MEASLES
TUBERCULOSIS
DIPHTHERIA
SCARLET FEVER
WHOOPING COUGH
MENINGITIS
MUMPS

FOLLOW TWO SIMPLE RULES

RULE 1

Whenever you cough or sneeze, bow your head or put a handkerchief over your mouth and nose.

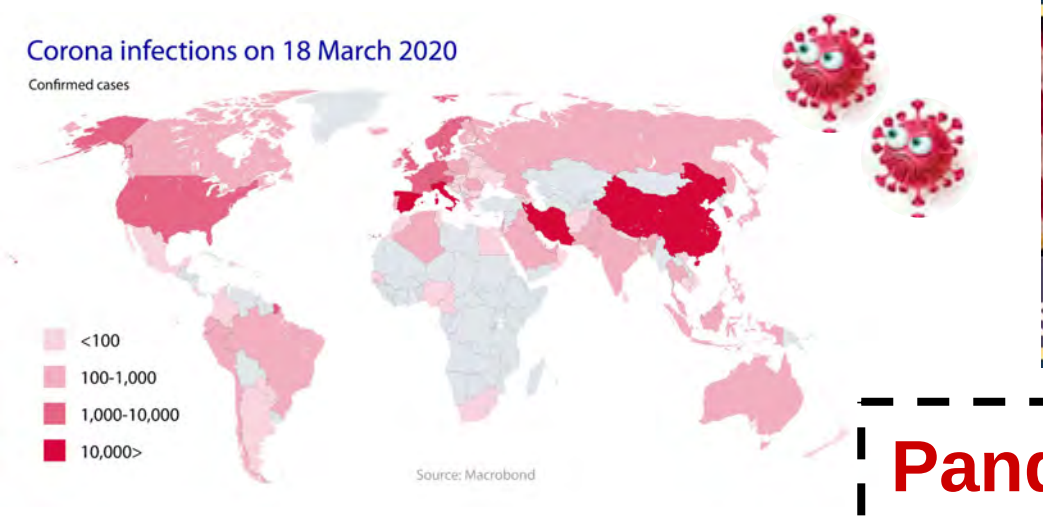
RULE 2

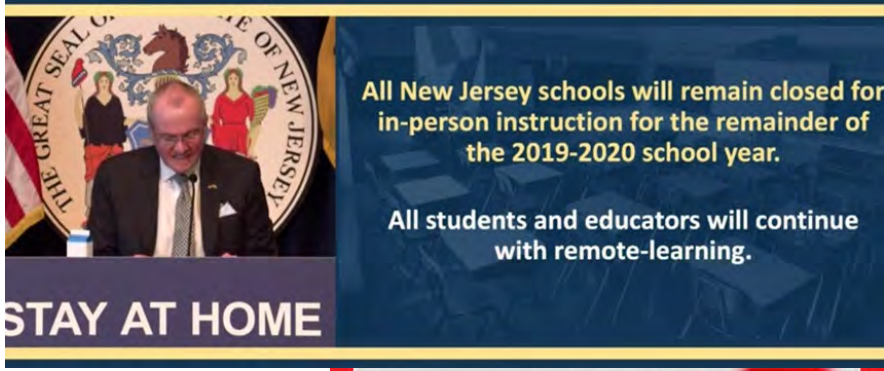
Don't put in your mouth fingers, pencils, or anything else that does not belong there, nor use a common drinking cup.

The Germs of these Diseases are spread through the secretions of the mouth and nose of sick people and carriers.

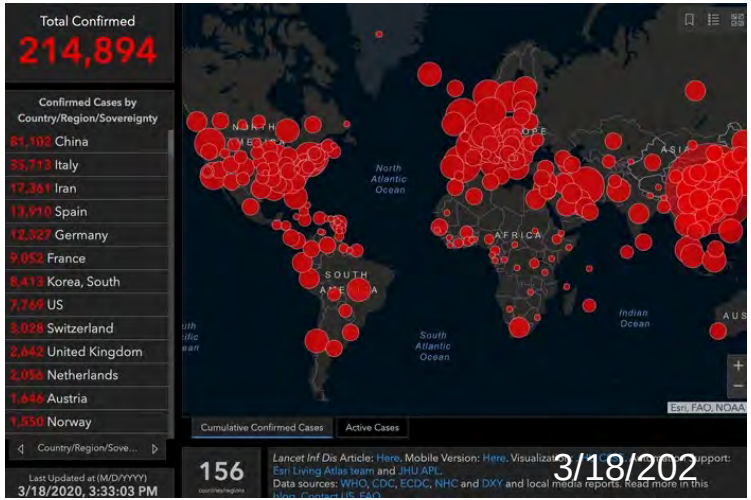
Furnished by THE VIRGINIA STATE BOARD OF HEALTH

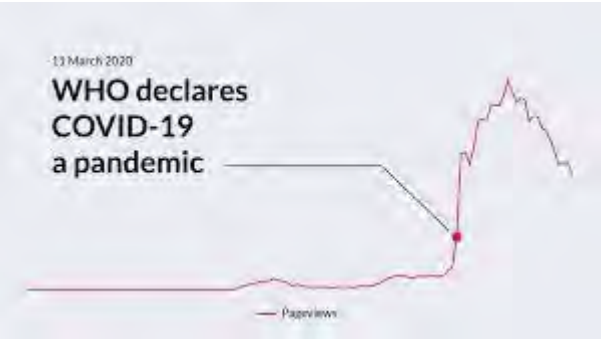
PLEASE POST · Council of National Defense, C. R. Keiley, Federal Field Secretary





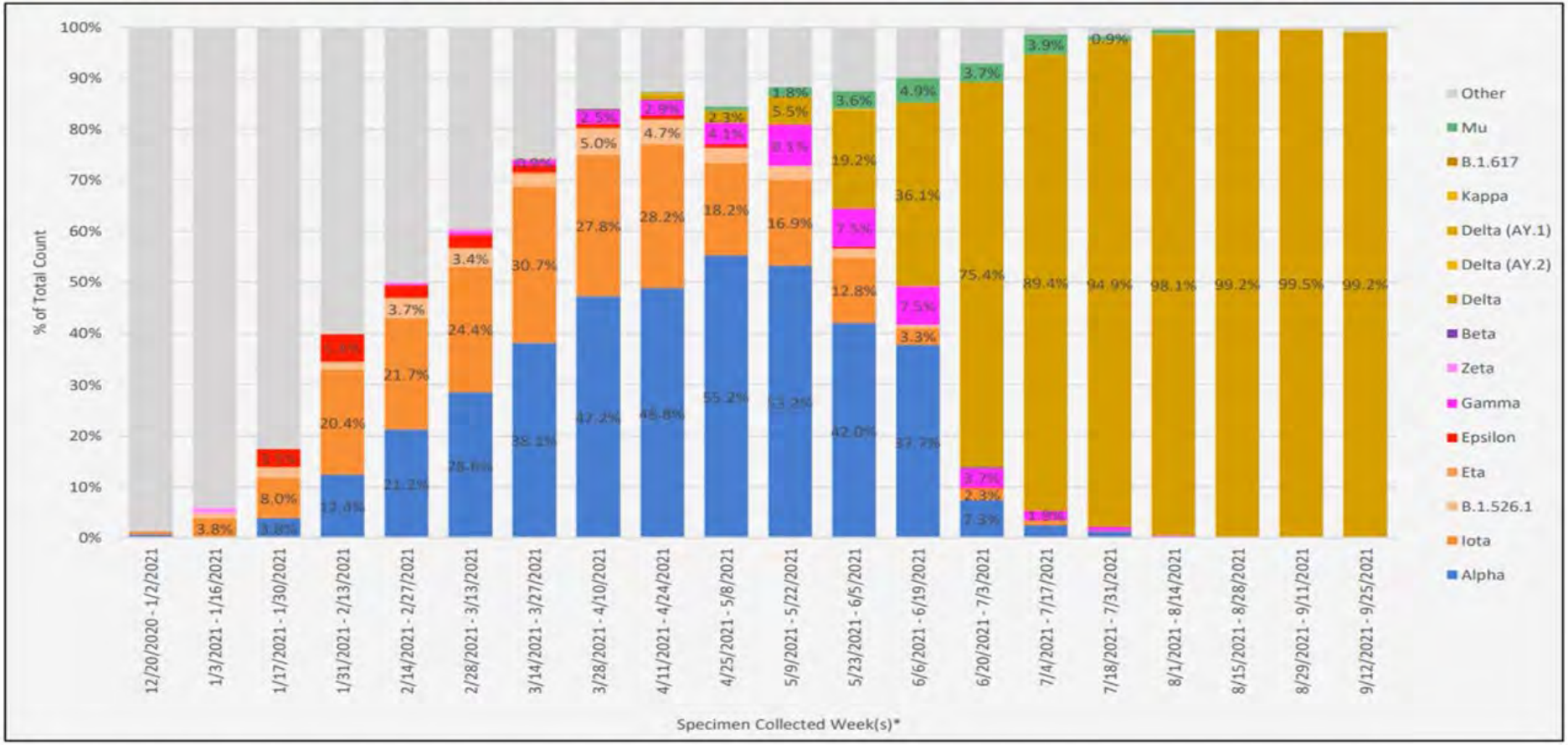
Pandemic March 2020





-19 variant surveillance in NJ (as of September 25th)

19 variant surveillance by specimen collected, week-cumulative summary as of September 25th, %



esent the proportion found in the specified variant lineage. "Other" represents 158 additional lineages which include other COVID-19 variants not classified as variants of concern or variants of interest.
cted 9/12/2021 – 9/25/2021 reflects data for two weeks with a total of 939 specimens.

The status of 12-17 year old vaccination in New Jersey

~685K **Total number of children** (12-17 year olds) in NJ

~61% **Vaccination coverage** in the State of New Jersey for 12-17 year olds

~271K Total number of children (12-17 year olds) who are **unvaccinated** in in NJ[1]

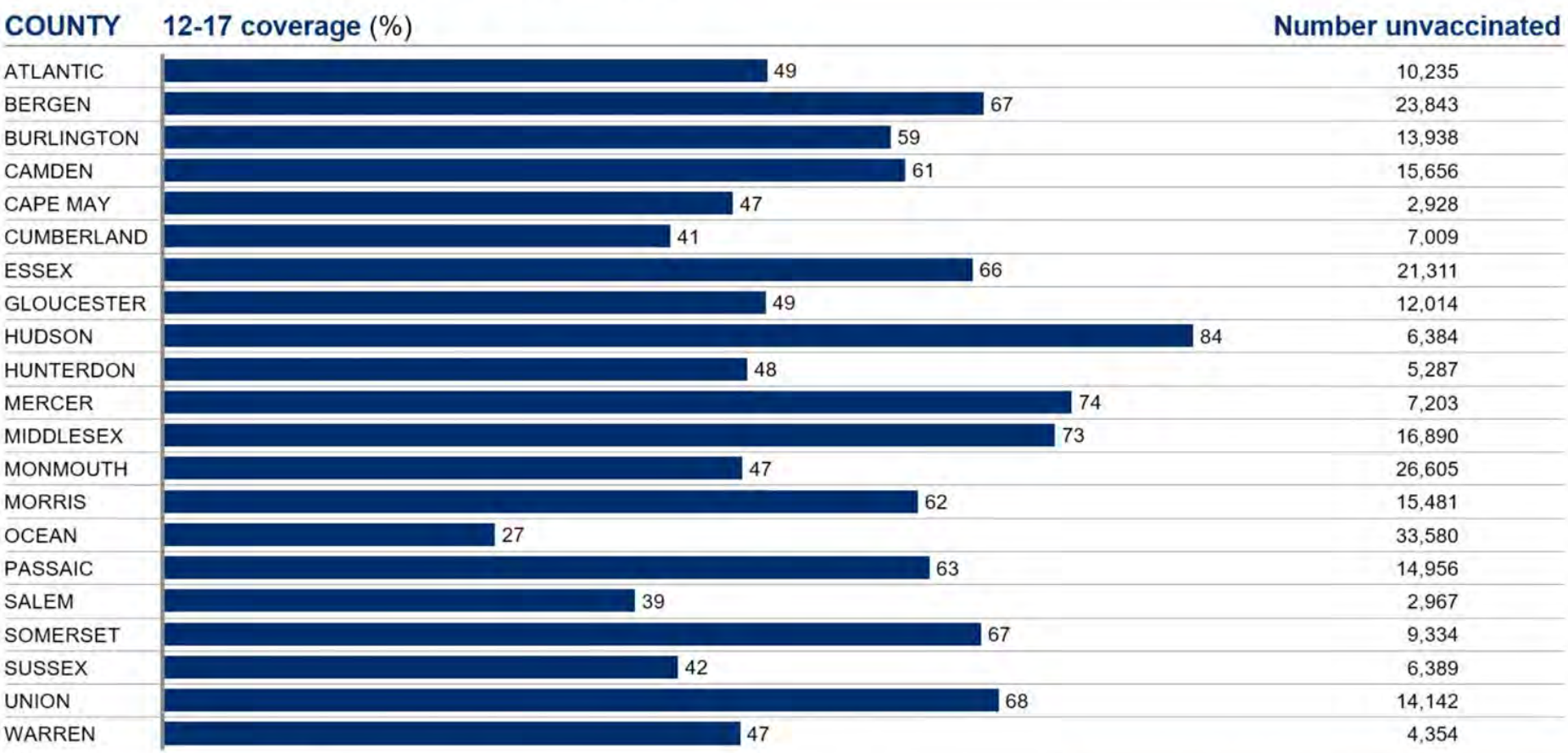
17-100% **Range of vaccination coverage** across municipalities in NJ for 12-17 year olds

Given that ~271K children are unvaccinated in NJ, in the immediate coming weeks the intent is to raise the relative level of protection among school-going children

1. Defined as those without first doses; vaccinated people include NJ residents in NJ and NJ residents vaccinated out of state

Source: Tiberius, Q4 Experian, NJIIS

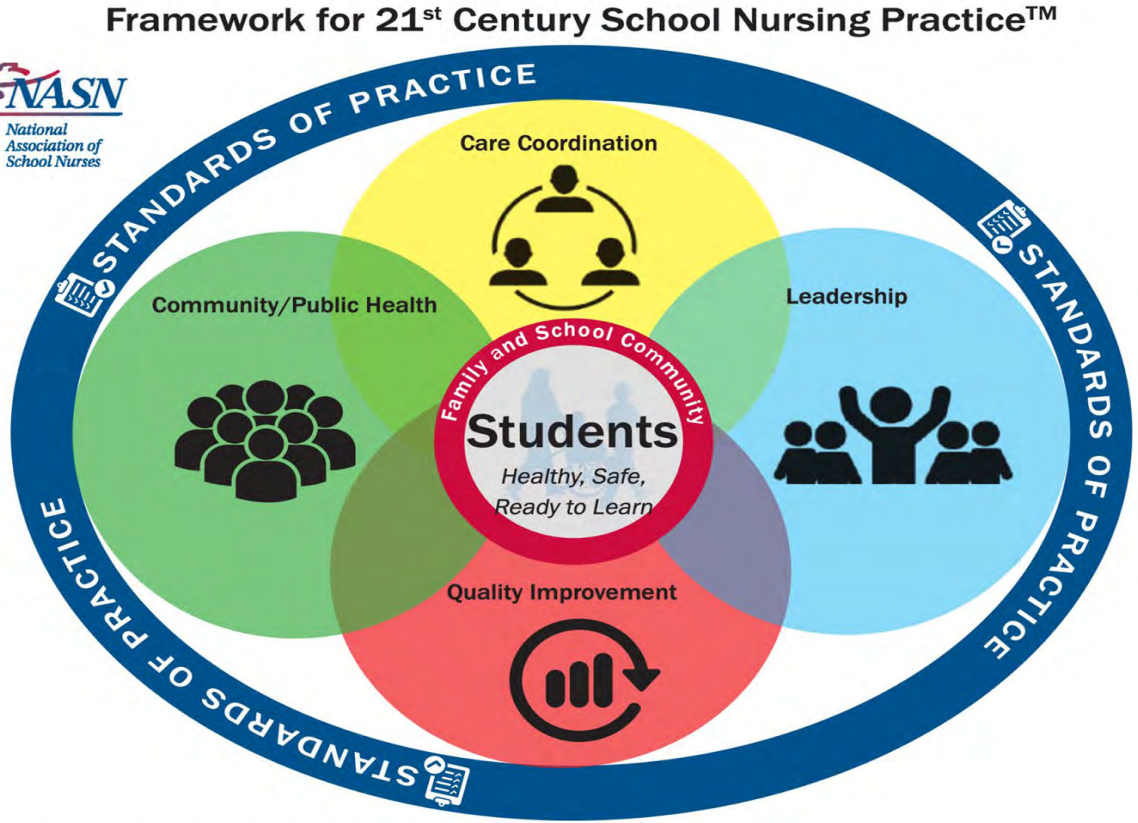
12-17 coverage, all counties (at least 1 dose)



Preliminary, pre-decisional, and deliberative. Based on input provided by State agency leaders and staff, to date, and subject to change.

Out-of-state integration is ongoing and numbers may change

Poll Question: Do you have communication to share the value of school nurse's roles in the school system beyond bandaids?



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Rev. 10/6/16

Poll Question: How do we promote school nursing?

Framework for 21st Century School Nursing Practice™

NASN's *Framework for 21st Century School Nursing Practice* (the *Framework*) provides structure and focus for the key principles and components of current day, evidence-based school nursing practice. It is aligned with the Whole School, Whole Community, Whole Child model that calls for a collaborative approach to learning and health (ASCD & CDC, 2014). Central to the *Framework* is student-centered nursing care that occurs within the context of the students' family and school community. Surrounding the students, family, and school community are the non-hierarchical, overlapping key principles of *Care Coordination, Leadership, Quality Improvement,* and *Community/Public Health*. These principles are surrounded by the fifth principle, *Standards of Practice*, which is foundational for evidence-based, clinically competent, quality care. School nurses daily use the skills outlined in the practice components of each principle to help students be healthy, safe, and ready to learn.

ASCD & CDC. (2014). *Whole school whole community whole child: A collaborative approach to learning and health.* Retrieved from http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wscc-a-collaborative-approach.pdf

© National Association of School Nurses, 2015

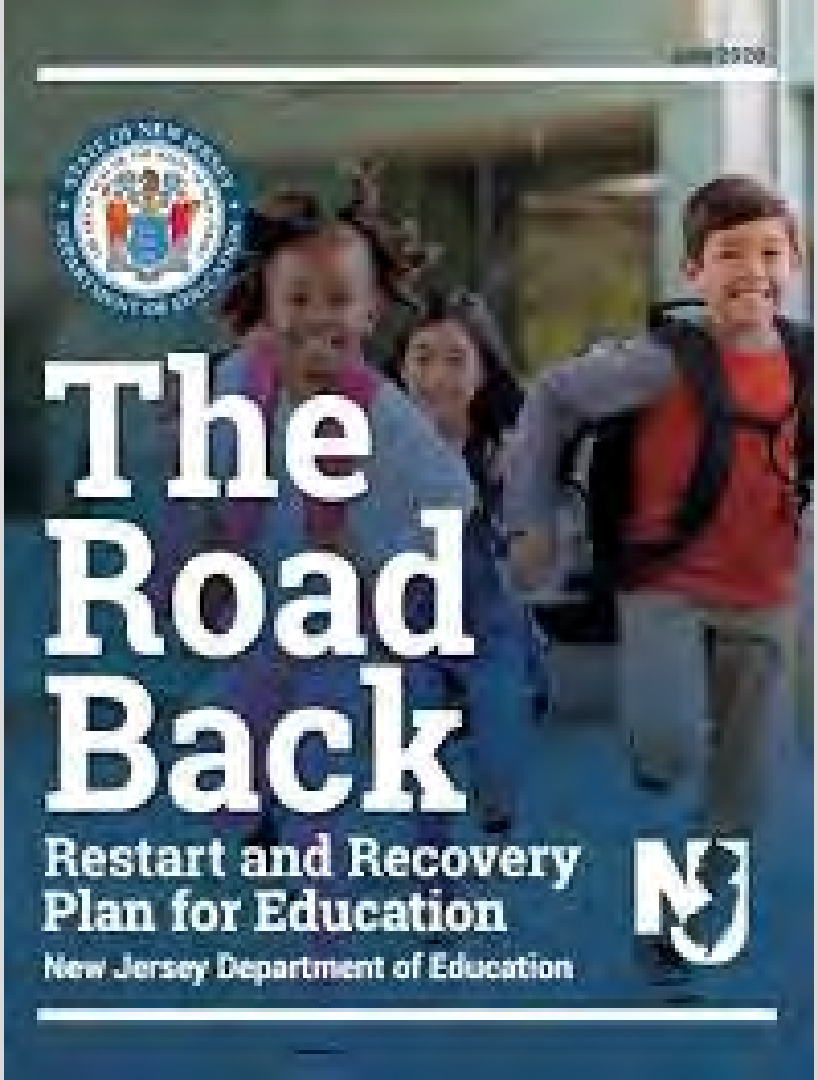
BETTER HEALTH. BETTER LEARNING.™

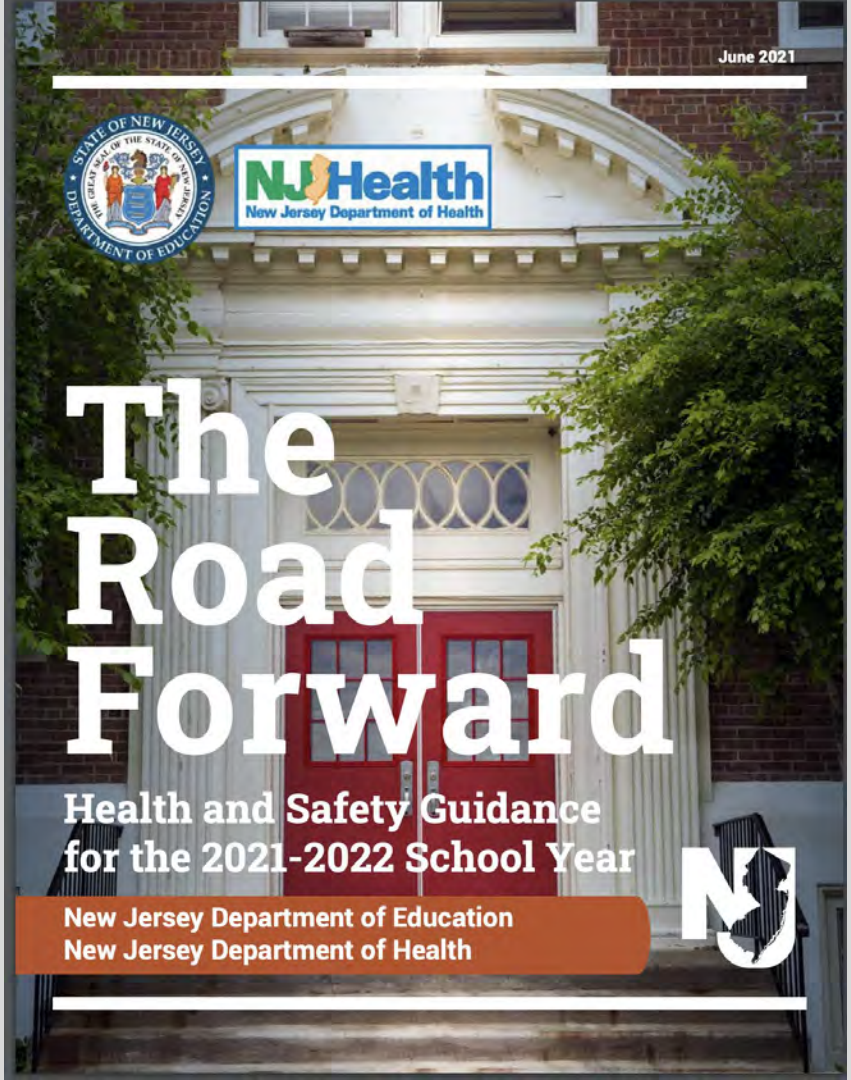
Rev. 10/6/16

Poll Question: Can you review quarantine and recent guidelines?

M. Wueker/POLITICO

Pandemic School Nursing


The Road Back
Restart and Recovery Plan for Education
New Jersey Department of Education


June 2021
NJ Health
New Jersey Department of Health
The Road Forward
Health and Safety Guidance for the 2021-2022 School Year
New Jersey Department of Education
New Jersey Department of Health

NJ CALI SCORE

COVID-19 Activity Level Report

New Jersey Department of Health
Communicable Disease Service
Week ending October 9, 2021 (MMWR week 40)[1]

COVID-19 Statewide Activity Level Timeline

Low | Moderate | High | Very High

Region[2]	Current Activity Level
Northwest	MODERATE
Northeast	MODERATE
Central West	MODERATE
Central East	HIGH
Southwest	MODERATE
Southeast	MODERATE
STATEWIDE	MODERATE

COVID-19 Activity Level Index (CALI)

	Case Rate[3]	Percent CLI[4]	Percent Positivity[5]	CALI Score[6]
Northwest	14.71	3.77	4.37	2
Northeast	9.63	3.62	2.72	2
Central West	10.78	3.95	3.15	2
Central East	16.63	6.43	4.77	3
Southwest	18.68	4.86	5.32	2

How do I sign up for the NJ Local Information Network and Communication System (NJLINCS)? (County specific)

The Monmouth County Board of Health

Marianne Longobardi
President

3435 HIGHWAY 9
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456
FAX (732) 409-7579

Christopher P. Merkel, M.P.H.
Public Health Coordinator
and
Health Officer

New Jersey Local Information Network and Communications System (NJLINCS)

In 1997 the New Jersey Department of Health (NJDOH), Office of Local Health, and New Jersey local health departments developed the Local Information Network and Communications System (LINCS).

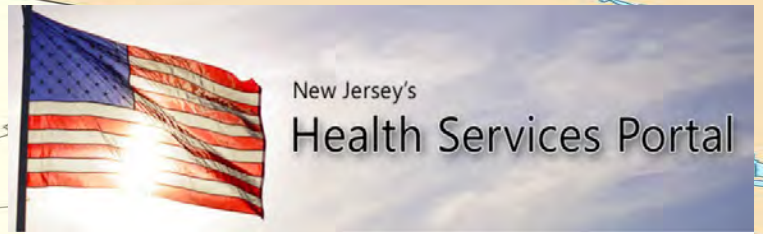
LINCS is an electronic public health information system that enhances the ability to identify and control diseases and conditions that threaten the public's health. Built on electronic communication technologies (personal computer, fax, and mobile devices), the Community Health Alert and Information Network (CHAIN) connects local health departments, NJDOH, various community-based organizations, and other stakeholder groups for information sharing and response to public health incidents.

Various forms of information are exchanged through LINCS. Some examples include public health alerts, general information on such important topics as infectious disease and emerging pathogens, and updates on any emergency issues or situations such as the public health response to threats of bioterrorism.

If you are not a part of the LINCS network and would like to be; or your contact information has changed, please contact:

Kate Andrews, LINCS Coordinator
at the Monmouth County Health Department, 732-431-7456 ext. 5814
or e-mail Kate.Andrews@co.monmouth.nj.us.

Your participation requires a business or personal e-mail address, and a lead person to whom the free public health information can be forwarded.



MONMOUTH COUNTY HEALTH DEPARTMENT

ORGANIZATION INFORMATION

School Name: _____

Address: _____

_____

Telephone #: _____ Fax #: _____

Superintendent: _____

E-mail Address : _____

Principal: _____

E-mail Address: _____

Nurse: _____

E-mail Address: _____

Additional Contacts: _____

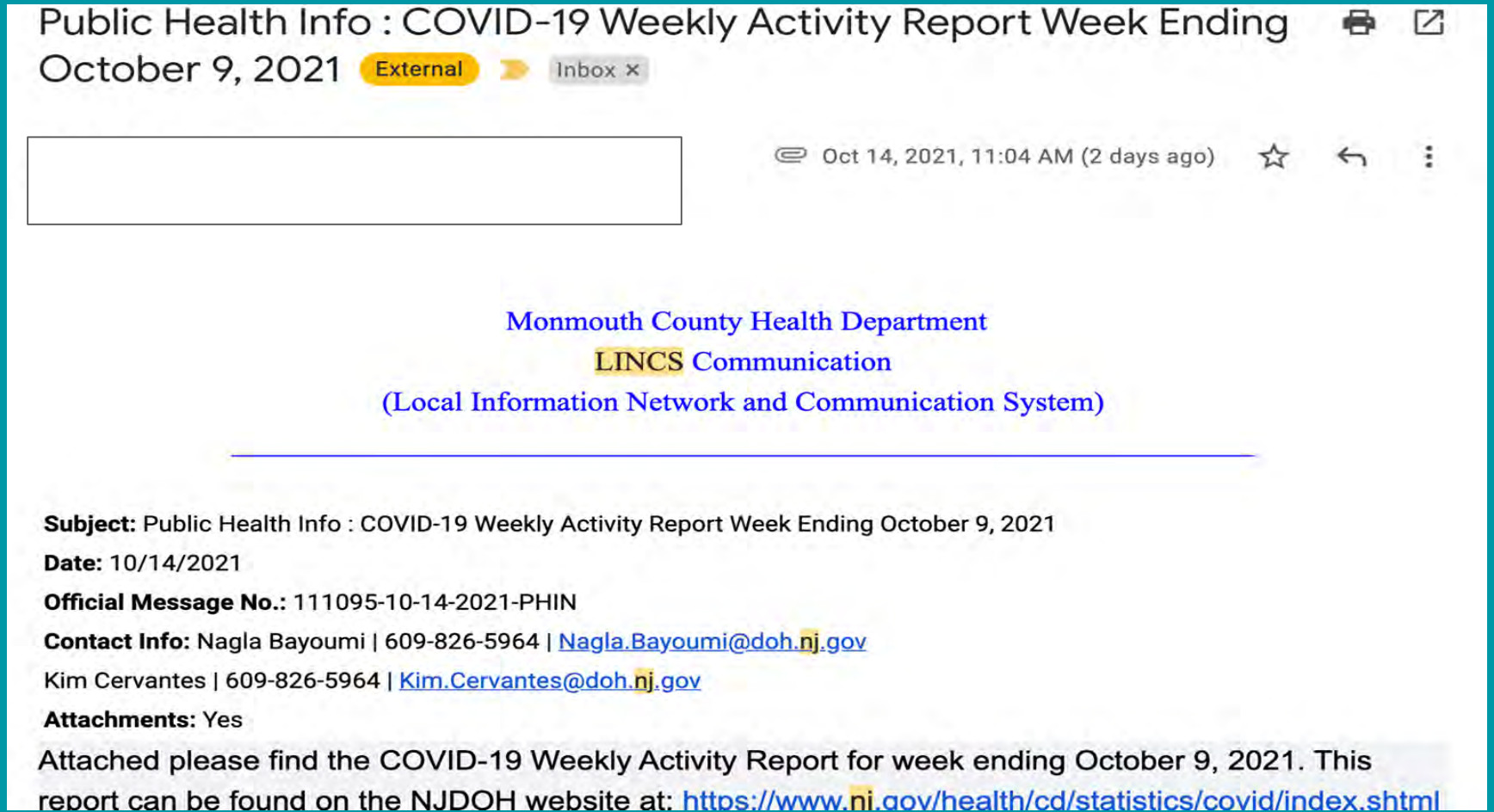
Title: _____

E-mail Address: _____

Please return this form to:
Christie.Visokay@co.monmouth.nj.us or
Kate.Andrews@co.monmouth.nj.us
Monmouth County Health Department
3435 Highway 9
Freehold, NJ 07728
~ or ~
fax: 732-409-7579

LINCS is a statewide public health partnership for the protection of community health!

What does it look like in your email?



Public Health Info : COVID-19 Weekly Activity Report Week Ending October 9, 2021

External Inbox ×

Oct 14, 2021, 11:04 AM (2 days ago)

Monmouth County Health Department

LINCS Communication

(Local Information Network and Communication System)

Subject: Public Health Info : COVID-19 Weekly Activity Report Week Ending October 9, 2021

Date: 10/14/2021

Official Message No.: 111095-10-14-2021-PHIN

Contact Info: Nagla Bayoumi | 609-826-5964 | Nagla.Bayoumi@doh.nj.gov

Kim Cervantes | 609-826-5964 | Kim.Cervantes@doh.nj.gov

Attachments: Yes

Attached please find the COVID-19 Weekly Activity Report for week ending October 9, 2021. This report can be found on the NJDOH website at: https://www.nj.gov/health/cd/statistics/covid/index.shtml

COVID-19 Public Health Recommendations for Local Health Departments for K-12 Schools

Updated October 8, 2021

This guidance is based on what is currently known about the transmission and severity of COVID-19 and is subject to change as additional information is learned. The following recommendations should be used by local health departments to aid schools in developing a layered prevention strategy to help prevent the spread of COVID-19. Schools should implement as many layers as feasible, although the absence of one or more of the strategies outlined in this document does not preclude the reopening of a school facility for full-day in-person operation with all enrolled students and staff present.

Although COVID-19 vaccines are safe, effective, and accessible, not all school-aged children are currently eligible to be vaccinated. Most K-12 schools will have a mixed population of fully vaccinated and not fully vaccinated individuals, thereby requiring preventative measures to protect all individuals. For the purposes of this guidance, individuals are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as the Johnson & Johnson/Janssen vaccine

If schools are unable to determine the vaccination status of individual students or staff, those individuals should be considered not fully vaccinated.

This guidance document outlines NJDOH COVID-19 public health recommendations for school settings and is intended for use by local health departments (LHDs). This guidance is based on what is currently known about the transmission and severity of COVID-19 and is subject to change as additional information is known. Please check the NJDOH, NJDOE and CDC websites frequently for updates.

Communication

School officials and local health departments should maintain close communication with each other to provide information and share resources on COVID-19 transmission, prevention, and control measures and to establish procedures for LHD notification and response to COVID-19 illness in school settings.

In accordance with Executive Directive No. 21-011, schools must report weekly student and staff case counts as well as information on student/staff censuses, and the total numbers of fully vaccinated students/staff to NJDOH through the Surveillance for Influenza and COVID-19 (SIC) Module in CDRSS.

In order to enroll for reporting in the SIC module, schools should follow one of the below two options:

1. For existing school users who report ILI/COVID-19 surveillance data into the Communicable Disease Reporting and Surveillance System (CDRSS), nothing additional needs to be done. (same login at https://cdrs.doh.state.nj.us/cdrss/login/loginPage)

2. For schools who aren't current CDRSS users, go to https://cdrs.doh.state.nj.us/cdrss/login/loginPage and under "System Announcements" go to "K-12 Module and Enrollment Training" and follow the

COVID-19 Public Health Recommendations for LDH for K-12 Schools Updated October 8, 2021

Exclusion criteria for persons with COVID-19, COVID-19 compatible symptoms and close contacts [1]

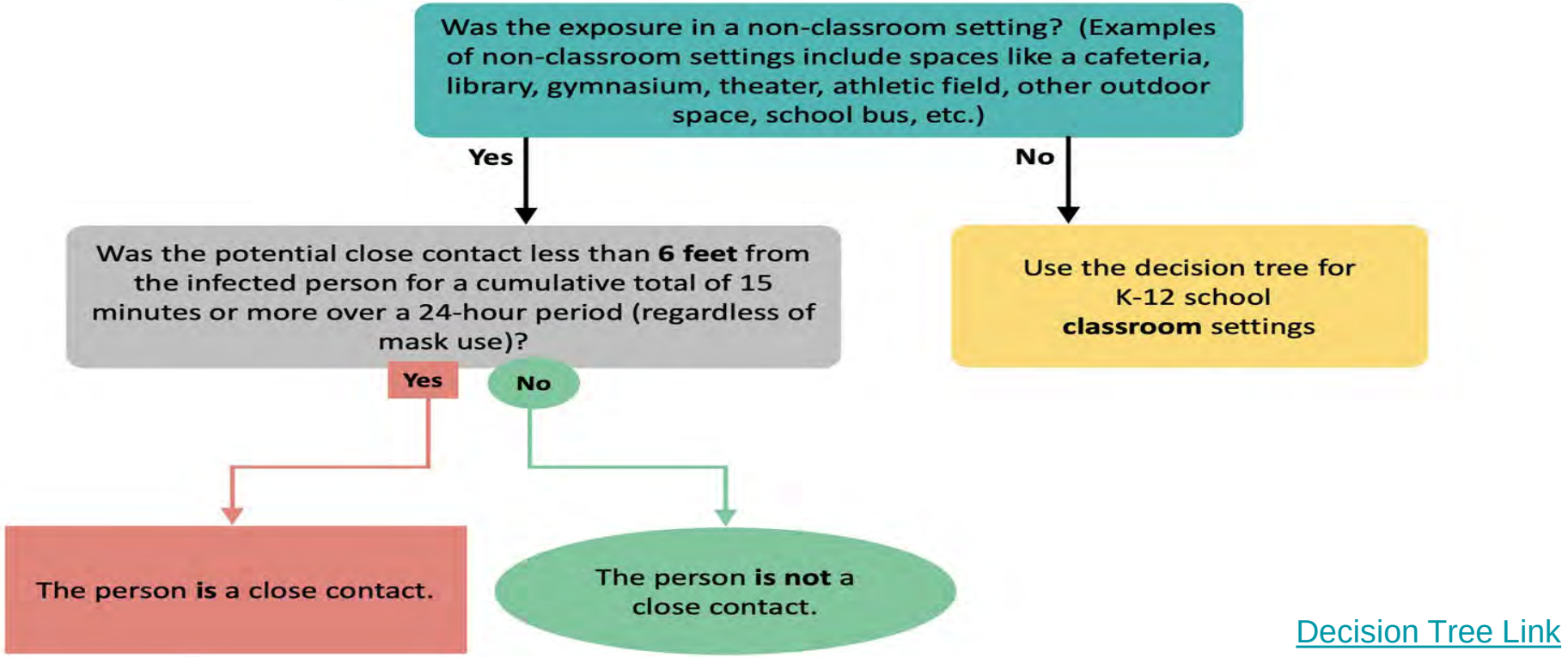
	Low Risk	Moderate Risk	High Risk	Very High Risk
COVID-19 positive (viral test), symptomatic or asymptomatic	Exclude according to COVID-19 exclusion criteria Identify and exclude school-based contacts for 10 days (in absence of testing) from last exposure and report to local health department.	Exclude according to COVID-19 exclusion criteria Identify and exclude school-based contacts for 10 days (in absence of testing) from last exposure and report to local health department.	Exclude according to COVID-19 exclusion criteria Identify and exclude school-based contacts for 14 days from last exposure and report to local health department.	Further recommendations will be based on additional circumstances and available resources at that time
COVID-19 - compatible symptoms but not tested for COVID-19	If no potential exposure to a COVID-19 case in the last 14 days, individual can follow NJDOH School Exclusion List If person has potential exposure to COVID-19 in the last 14 days, exclude according to COVID-19 exclusion criteria	Exclude according to COVID-19 exclusion criteria	Exclude according to COVID-19 exclusion criteria	
COVID-19 - compatible symptoms and negative COVID-19 test (viral test)[2]	Exclude individual through 24 hours after their fever has ended without the use of fever reducing medications and other symptoms improve	Exclude individual through 24 hours after their fever has ended without the use of fever reducing medications and other symptoms improve	Exclude individual through 24 hours after their fever has ended without the use of fever reducing medications and other symptoms improve	
Close contact of staff or student with COVID-19[3,4]	Close contacts of a COVID-19 case who are not fully vaccinated should be excluded for 10 days (in absence of testing) from date of last contact[5]	Close contacts of a COVID-19 case who are not fully vaccinated should be excluded for 10 days (in absence of testing) from date of last contact[5]	Close contacts of a COVID-19 case who are not fully vaccinated should be excluded for 14 days from date of last contact[5]	

COVID-19 Public Health Recommendations for Local Health Departments for K-12 Schools (10/8)

- No need to quarantine symptomatic, untested students' close contacts.
- In all risk levels, students/staff who are not fully vaccinated & who are household members of a student/staff member with COVID-19 compatible symptoms should be excluded from school until the symptomatic individual receives a negative test.
- During **outbreaks (3 or >positive cases/14 days epi-linked)** regardless of community transmission levels, close contacts of individuals with COVID-19 who are not fully vaccinated should be excluded for **14 days** from the date of last contact.

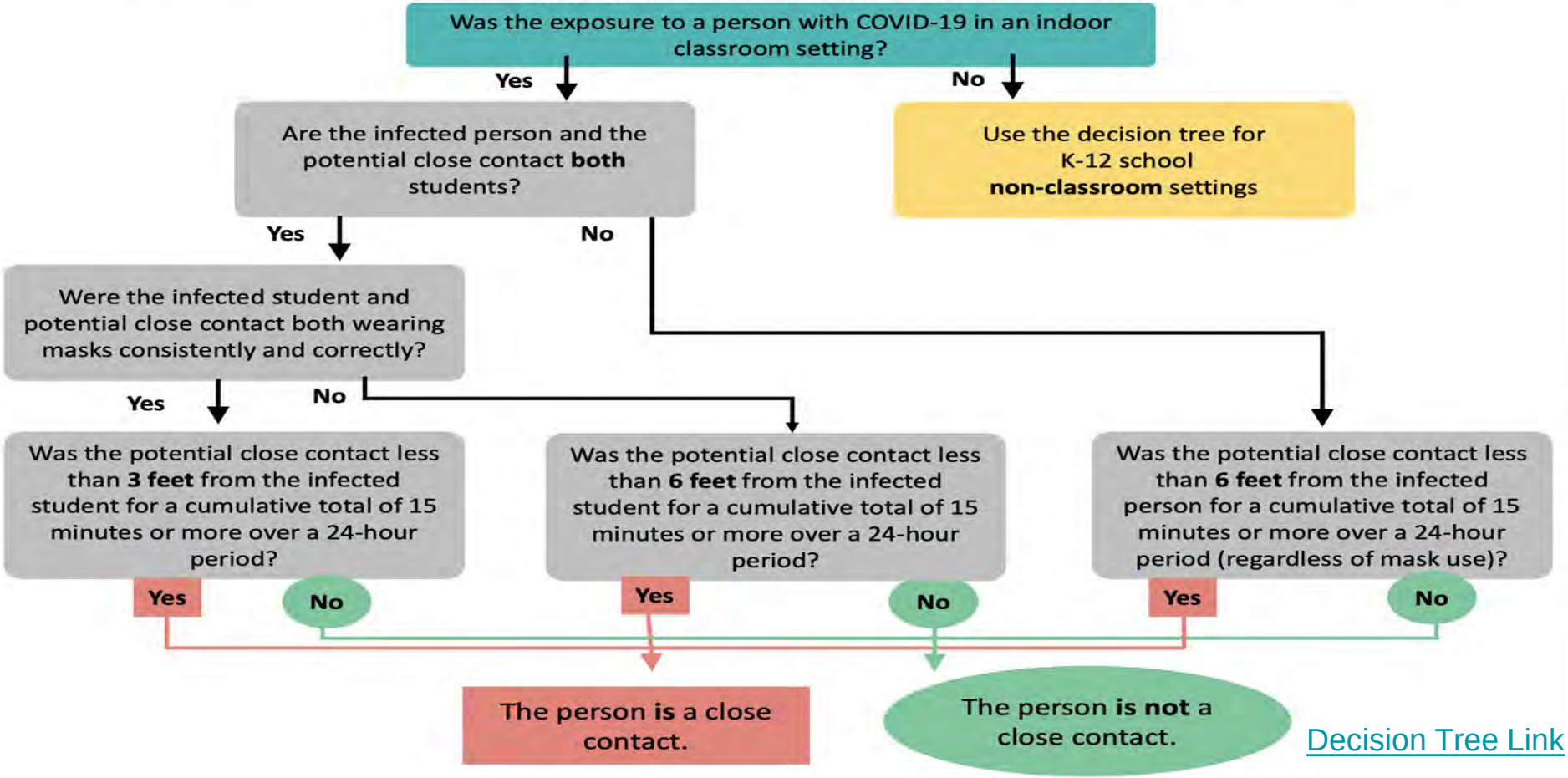
Decision Tree for Identifying COVID-19 Close Contacts in K-12 School NON-CLASSROOM Settings

Note: Complete this decision tree for anyone in a non-classroom setting who was within 6 feet of the infected person starting 2 days prior to symptom onset or positive test. If the infected person is not showing symptoms, use the date the test was collected.



Decision Tree Link

Note: Complete this decision tree for students and adults in an indoor classroom setting who were within 6 feet of the infected person starting 2 days prior to symptom onset or positive test. If the infected person is not showing symptoms, use the date the test was collected.



Decision Tree Link

DOH Testing Recommendations October Updates

Updated Guidance for Schools on COVID-19 Reporting Requirements, Reporting Point of Care (POC) COVID-19 Test Results, and Screening Testing Program

October 7, 2021

This document provides updated COVID-19 information for schools:

1. New COVID-19 reporting requirements
2. New option for reporting individual COVID-19 test results
3. Update on the NJDOH screening testing program

COVID-19 Reporting Requirements

NJDOH sent a LINCS message to schools on September 13, 2021 concerning reporting of influenza-like illness (ILI) and COVID-19 surveillance data and including school-based COVID-19 screening/testing efforts.

NEW! NJDOH Executive Directive #21-011 requires that as of October 26, 2021, all schools shall complete the Surveillance for Influenza and COVID-19 (SIC) Module in the Communicable Disease Reporting and Surveillance System (CDRSS), available at: https://cdrs.doh.state.nj.us/. Required information to report is outlined in the "Surveillance for Influenza and COVID-19 (SIC) Module: User Guide for Schools" (available at: https://cdrs.doh.state.nj.us/). Data is reported at the individual school level but can be entered into CDRSS by a school district on behalf of multiple schools within their district. Data must be entered weekly by 5:00 p.m. on Wednesday for the previous week. Aggregate reporting data may be shared publicly at the county level.

How to Report Weekly Data to NJDOH

- For existing school users who report ILI/COVID-19 surveillance data into CDRSS, nothing additional needs to be done. (login at https://cdrs.doh.state.nj.us/cdrss/login/loginPage)
- For schools who aren't current CDRSS users, go to https://cdrs.doh.state.nj.us/cdrss/login/loginPage and under "System Announcements," go to "K-12 Module and Enrollment Training" and follow the instructions to enroll to report your schools' data. Email the completed user agreement to CDS.COV.RPT@doh.nj.gov and a username and password will be provided to new users by email.

Public Health Recommendations for Implementing COVID-19 Screening Testing in K-12 Schools

Updated October 8, 2021

Overview:

Viral testing strategies in schools are part of a comprehensive prevention approach. Testing should not be used alone, but in combination with other prevention strategies to reduce the risk of SARS-CoV-2 transmission in schools. When schools implement testing combined with prevention strategies, they can detect new cases to prevent outbreaks, reduce the risk of further transmission, and protect students, teachers, and staff from COVID-19.

Testing strategies can be broadly divided into diagnostic testing, which evaluates symptomatic individuals or individuals who have been exposed to COVID-19, and screening testing, in which entire groups or cohorts of asymptomatic cases are tested. All K-12 schools should have a plan to provide or refer students and staff for diagnostic testing and are strongly encouraged to develop a screening testing strategy to identify asymptomatic infections to prevent further transmission in school. The below recommendations are intended to provide guidelines for K-12 schools for implementing screening testing for students and staff. All testing strategies in K-12 schools should be developed in consultation with local health departments.

Types of Screening Tests

Viral tests (molecular or antigen) should be used for screening testing in K-12 schools. When considering which test or tests to use for screening testing, schools or their testing partners should choose those that can be reliably supplied and that provide results within 24-48 hours.

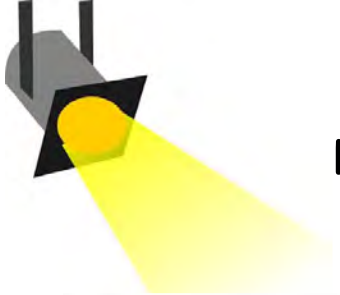
Molecular Tests

Molecular tests, which include nucleic acid amplification tests (NAAT) such as RT-PCR, are highly accurate viral tests for the virus that causes COVID-19. Most molecular tests need to be processed in a laboratory where results may take up to 1-3 days, but some molecular tests can be performed at or near the point-of-care with results available in about 15 minutes.

Antigen Tests

Antigen tests are less sensitive than molecular tests, but most carry the advantage of rapid processing at the point-of-care with results available in about 15 minutes. Antigen test results might need confirmation with a molecular test in certain circumstances, such as a negative test in persons with symptoms or a positive test in persons without symptoms. Schools should work with public health agencies to develop a confirmation and referral plan before implementing antigen testing.

Antigen tests can be used for screening testing in schools. The immediacy of results (test results in 15–30 minutes), modest costs, and feasibility of implementation of antigen testing make them a reasonable option for school-based screening testing.



NJDOH Executive Directive #21-011 requires all schools complete the Surveillance for Influenza and COVID-19 (SIC) Module

Information to Report

- *Absenteeism:* Number of students who are absent on Tuesday of the current week, the number of students absent due to COVID-like illness (CLI) and the predominant symptoms associated with absenteeism.
- *COVID-19 Cases:* Number of new COVID-19 cases among students and staff members in the previous week and the cumulative numbers of student/staff cases since the beginning of the current term (e.g., fall, spring, summer).
- *Exclusion:* Number of students temporarily on remote learning due to COVID-19 exclusion.
- *Vaccination Coverage:* Number of fully vaccinated students and staff.
- *Screening/Testing Data:* Number of tests conducted and the number of positive tests in the prior week.

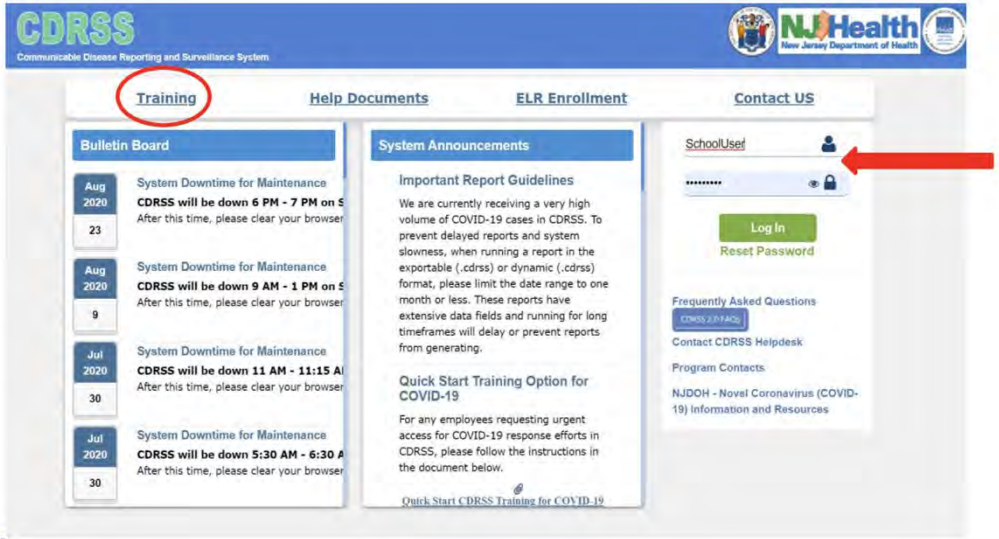
Poll question: Please Review COVID-19 Reporting to the DOH?

Surveillance for Influenza and COVID (SIC) Module: User Guide for Schools

This Surveillance for Influenza and COVID-19 (SIC) Module Guide for Schools will take you step by step through the weekly process of reporting absenteeism and COVID activity in your school(s) or school district(s), as well as reporting for school screening and testing. School-based data must be entered into this module between **Tuesday 12:00 am** and **Wednesday 12:00 pm** each week. Access to the NJDOH Communicable Disease Reporting and Surveillance System (CDRSS) is required to enter data into the SIC module.

This user guide and other SIC Module training materials are on the CDRSS homepage:
https://cdrs.doh.state.nj.us/cdrss/login/loginPage

Begin by logging into CDRSS at https://cdrs.doh.state.nj.us/cdrss/login/loginPage with your user ID and password.



Poll Question: Can you review COVID testing?

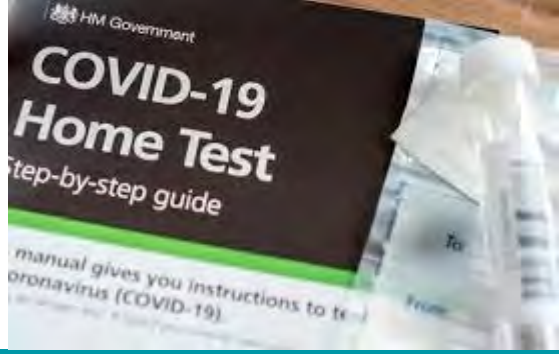
Molecular test is also known as a PCR test:

- Detects the genetic material of the virus at the time of testng.
- It is considered very accurate. Nose, throat swab or saliva specimens collected.

Antigen Test:

- Detects certain proteins that are part of the virus. This test is not as sensitive as a PCR test, and there may be increased chance of false negative results.
- Nose or throat swab specimens are collected for antigen testing.

Home testing in schools



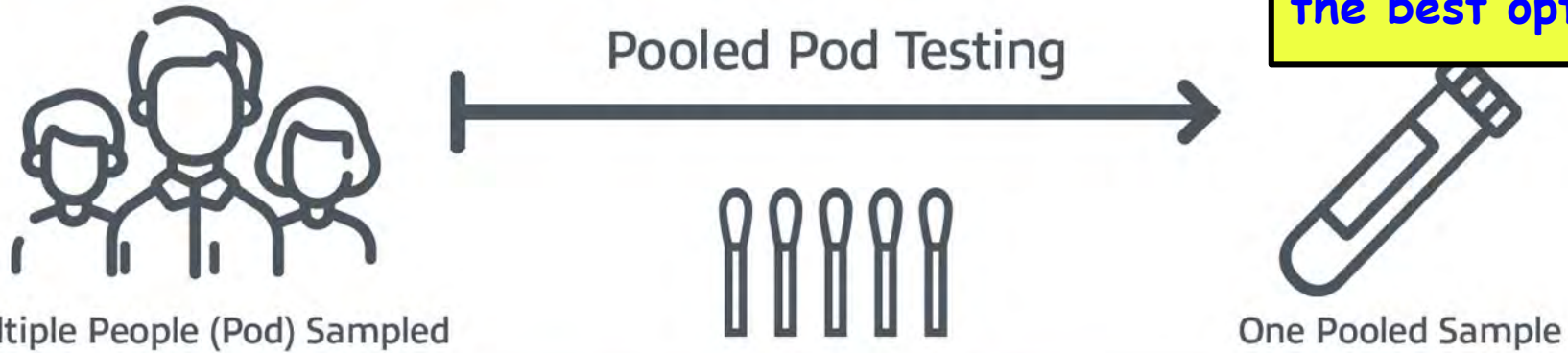
K-12 schools, home-based tests:

- May be used for screening testing of asymptomatic staff/students with no known exposure
- May be used to shorten quarantine from 10 to 7 days after travel
- Should not be used to determine whether symptomatic individuals may return to school (unless performed with direct healthcare oversight or performed in a testing laboratory)
- Should not be used to shorten quarantine from 10 to 7 days after exposure to a COVID-19 case unless performed with direct healthcare oversight or performed in a testing laboratory

What is Pooled Testing?

How Does Sample Pooling Testing Work?

Deconvolution the best option!



Public Health Recommendations for Implementing COVID-19 Screening Testing in K-12 Schools (10/8/21)

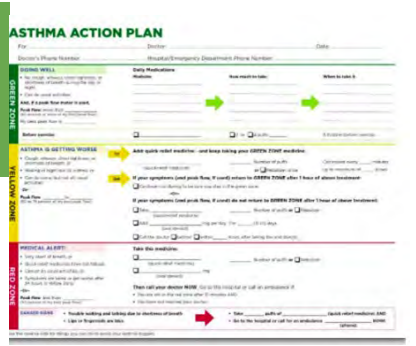
Screening Testing Matrix Based on COVID-19 Activity Level (CALI)[1]

<table>
<tr><th>Low</th><th>Moderate</th><th>High</th><th>Very High</th></tr>
<tr><td colspan="2">Teachers and staff: Screening testing of teachers and staff who are not fully vaccinated once per week[2]</td><td colspan="2">Teachers and staff: Screening testing of teachers and staff who are not fully vaccinated twice per week[2]</td></tr>
<tr><td>Students: Screening testing for students may not be necessary[3]</td><td colspan="3">Students: Screening testing of students who are not fully vaccinated or random samples of students[4] at least once per week</td></tr>
<tr><td colspan="2">Sports[5] and high risk extracurricular[6] activities: Testing of students who are not fully vaccinated participating in all sports and higher-risk extracurricular activities at least once per week</td><td colspan="2">Higher risk sports and extracurricular activities[5]: Testing of students who are not fully vaccinated participating in these activities twice per week

Lower risk sports: Testing of students who are not fully vaccinated participating in these activities at least once per week</td></tr>
</table>

NJ Health
New Jersey Department of Health

Poll Question: What about masks and those with asthma?



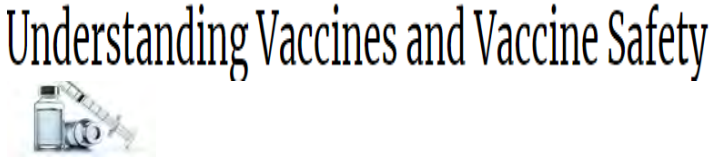
- Mask are generally considered safe for those with asthma and help to stop the spread of COVID-19
- If someone with asthma is having difficulty breathing while wearing a FM, they should consult with their HCP:
  - Are they following their asthma action plan ?
  - Is the asthma under control?
  - Is there a face mask that is more comfortable for their personal needs?
  - Are their additional exposures that can be reduced (cleaning supplies, disinfectants)

Many people with asthma have questioned if it is safe for them to wear a mask. According to the American Academy of Allergy, Asthma & Immunology (AAAAI), **there is no evidence that wearing a face mask can worsen your asthma.**

Data from a **recent study presented at the 2021 AAAAI annual meeting** found that wearing a face mask does not affect oxygen saturation levels, whether the wearer has asthma or not. Oxygen saturation levels among study participants were between 93-100%, with an average of 98% for people with asthma. Normal oxygen saturation is between 96-98%.

Poll question: How can nurses play a role in increasing immunizations/ vaccinations that are not required including HPV, flu and COVID?

- Be a vaccine champion & encourage other community leaders to do so!
- Share your reasons for getting yourself/your family vaccinated.
- Be ready with education resources and share them both in person and via social media: Key messages, FAQs, and common misconceptions
- Motivational interviewing:
  - Listen, acknowledge concerns, address barriers, provide research based info
  - Link for communicating re: COVID-19 vax



Poll question: How are nurses handling the added job duties of unofficially working for the NJDOH, and getting their normal duties required by their district achieved?

It’s been a challenge, to say the least. But what are some tangible things that we can do?

- Prioritize: Safety, basic needs, time sensitive demands
- Delegate non nursing duties to others
- Accept that some things will have to wait
- Caring for our own well-being is essential

How are School Nurses this School Year?

Covid 19- A Collective Trauma

A collective trauma is a traumatic psychological effect shared by a group of people of any size, up to and including an entire society.

HELP

GIF

The Columbus Dispatch

Columbus City Schools nurses plead for help, saying they're overworked, overwhelmed

Columbus City Schools nurses plead for help, saying they're overworked, overwhelmed ... School nurse Deb Strouse, left, helps fourth grade student...

3 weeks ago

The Philadelphia Inquirer

Philly's school nurses are exhausted as staff shortages and COVID-19 double their workload

With new variants and cases spiking, many nurses say they are overburdened and lack critical supplies and adequate support to do their jobs. And...

3 weeks ago

Scary Mommy

School Nurses Are Essential And Overworked—Don't Forget About Them

School Nurses Are Essential And Overworked--Don't Forget About Them · Students tend to be absent less, leading to increased funding for schools...

4 weeks ago

The Sun-Gazette

Visalia Unified hires help for overworked school nurses

Visalia Unified approves contract with Maxim Healthcare Staffing to assist school nurses with routine medical issues, contact tracing and...

3 weeks ago

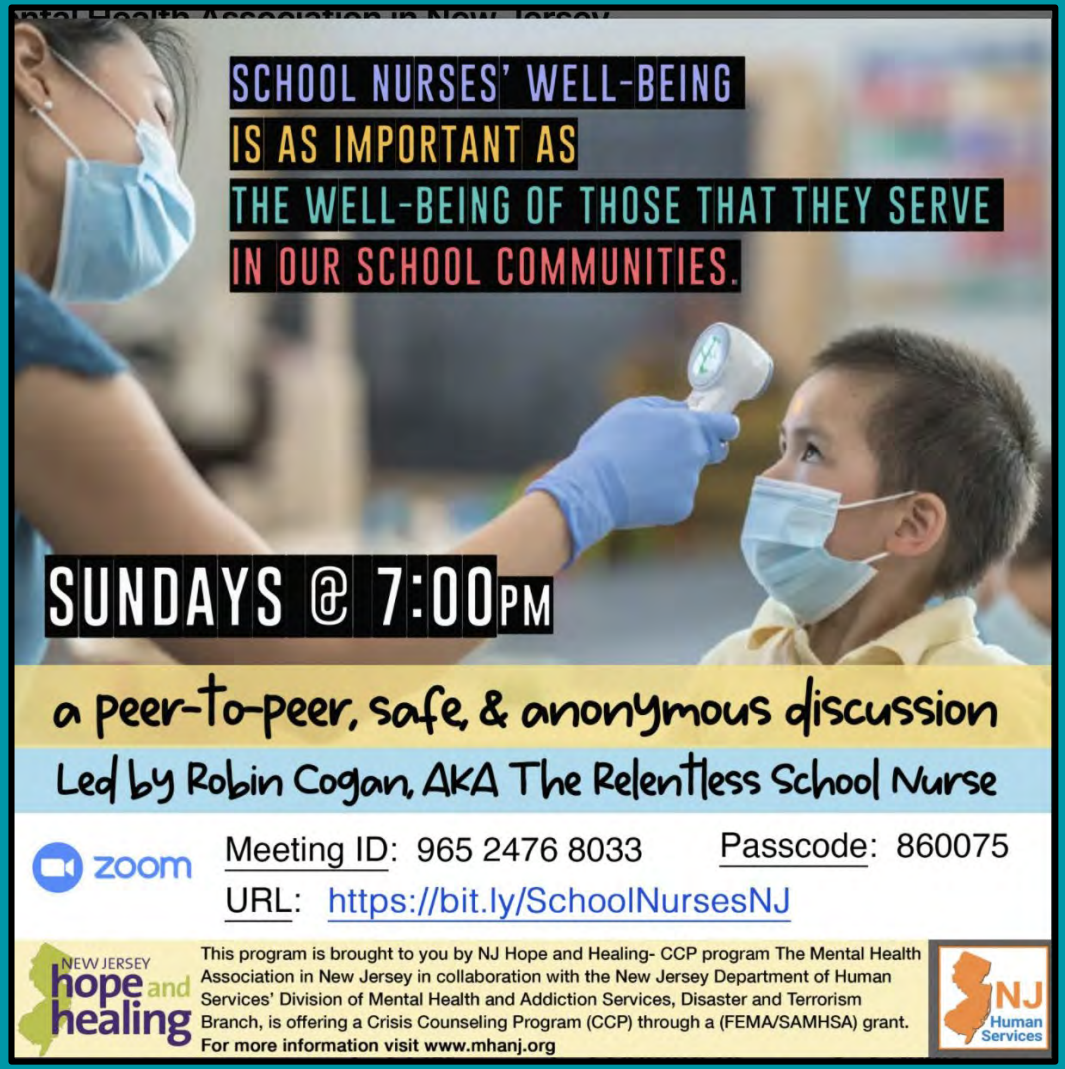
Let's Prioritize Our Own Well Being Too!

Think of self-care as having three basic aspects:

Awareness	The first step is to seek awareness. This requires you to slow down and focus inwardly to determine how you are feeling, what your stress level is, what types of thoughts are going through your head, and whether your behaviors and actions are consistent with the who you want to be.
Balance	The second step is to seek balance in all areas of your life including work, personal and family life, rest, and leisure. You will be more productive when you've had opportunities to rest and relax. Becoming aware of when you are losing balance in your life gives you an opportunity to change.
Connection	The final step is connection. It involves building connections and supportive relationships with your co-workers, students, friends, family, and community. One of the most powerful stress reducers is social connection.

Adapted from *Psychological First Aid for Schools*

The National Child Traumatic Stress Network: TRAUMA-INFORMED SCHOOL STRATEGIES DURING COVID-19


SCHOOL NURSES' WELL-BEING
IS AS IMPORTANT AS
THE WELL-BEING OF THOSE THAT THEY SERVE
IN OUR SCHOOL COMMUNITIES.
SUNDAYS @ 7:00PM
a peer-to-peer, safe, & anonymous discussion
Led by Robin Cogan, AKA The Relentless School Nurse
zoom
Meeting ID: 965 2476 8033
Passcode: 860075
URL: https://bit.ly/SchoolNursesNJ
NEW JERSEY hope and healing
This program is brought to you by NJ Hope and Healing- CCP program The Mental Health Association in New Jersey in collaboration with the New Jersey Department of Human Services' Division of Mental Health and Addiction Services, Disaster and Terrorism Branch, is offering a Crisis Counseling Program (CCP) through a (FEMA/SAMHSA) grant.
For more information visit www.mhanj.org
NJ Human Services

Actions4ACEs

New Jersey State
School Nurses Association
Leading, Teaching, Caring.

Home | About NJSSNA | Continuing Education | Legislation | Policy and Research | Resources | Members | search

Resources | School Nurse Pandemic Toolkit

School Nurse Pandemic Toolkit

SCHOOL NURSE PANDEMIC TOOLKIT

* Updates 8/19/21

Members may share resources and revise/adapt accordingly to your District's Pandemic Plan.

Portions of the School Nurse Pandemic ToolKit will be updated as new information is presented.

Disclaimer: The NJSSNA ToolKit may contain links to other Web Sites ("Linked Sites"). The Linked Sites are not under the control of NJSSNA - New Jersey State School Nurses Association is not responsible for the contents of any Linked Site, including without limitation any link contained in a Linked Site, or any changes or updates to a Linked Site. NJSSNA is providing these links and resources to you only as a convenience to assist school nurses for Pandemic Planning.

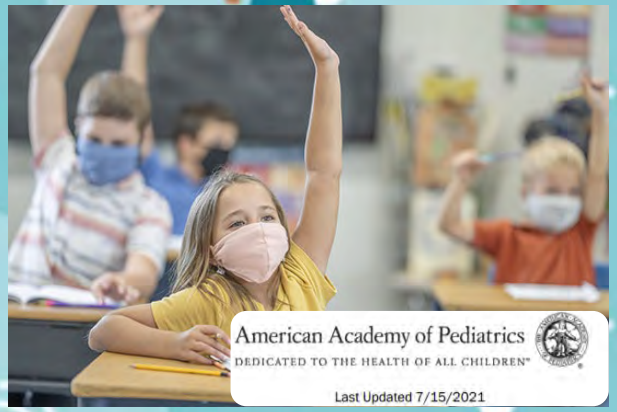
Pandemic Guidelines & Recommendations 2021-2022 SY

American Academy of Pediatrics (AAP)

- July 17, 2021 American Academy Pediatrics (AAP) COVID-19 Guidance For Safe Schools

Contact Tracing/Communicable Disease Levels

NJLINCS: To sign up to receive health alert messages
8/05/21: CDC: Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education (IHEs)
3/23/21 NJDOH: COVID-19 Public Health Recommendations for Local Health Departments for K-12 Schools
10/1/2020:COVID_Aerosol_Template.pdf
2/16/21: Severe Acute Respiratory Syndrome Coronavirus 2 or SARS-CoV-2
Free Contact Tracing Course from John Hopkins University



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Last Updated 7/15/2021

Toolkit for K-12 Schools

Updated Jan. 14, 2021 Print

CDC

Guidance and tools to help school administrators mak
and communicate with their communities.

NASN

Covid-19 Reference

Home and Main Topic Menu | All Subtopics | About This Reference | Featured Content | NASN Statements

NASN's COVID-19 Reference contains condensed information and evidence-based references and resources designed to assist school nurses in responding to the COVID-19 pandemic as they formulate nursing judgement and participate in planning and policy development.

Content on this site is organized into the topics listed below. Click on a topic to see related subtopics. Each topic page also includes links to resources shared by school nurses on our SchoolNurseNet community. Resources shared on the SchoolNurseNet community are only viewable by NASN members, and posting of and use of these resources are governed by the SchoolNurseNet Code of Conduct.

This reference is not intended to provide clinical standards or guidelines. The school nurse is 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.

In addition, to these resources, please visit the Centers for Disease Control Schools & Childcare Programs Guidance web page for their latest resources and information in response to the COVID-19 pandemic.

RESOURCES

National Association of School Nurses: Resources

Featured Content

CALL FOR ABSTRACT SUBMISSIONS

CLAIM YOUR SCHOOL

AMERICAN RESCUE PLAN

COVID-19 REFERENCE

DIABETES CARE TOOLS AND TECHNOLOGY

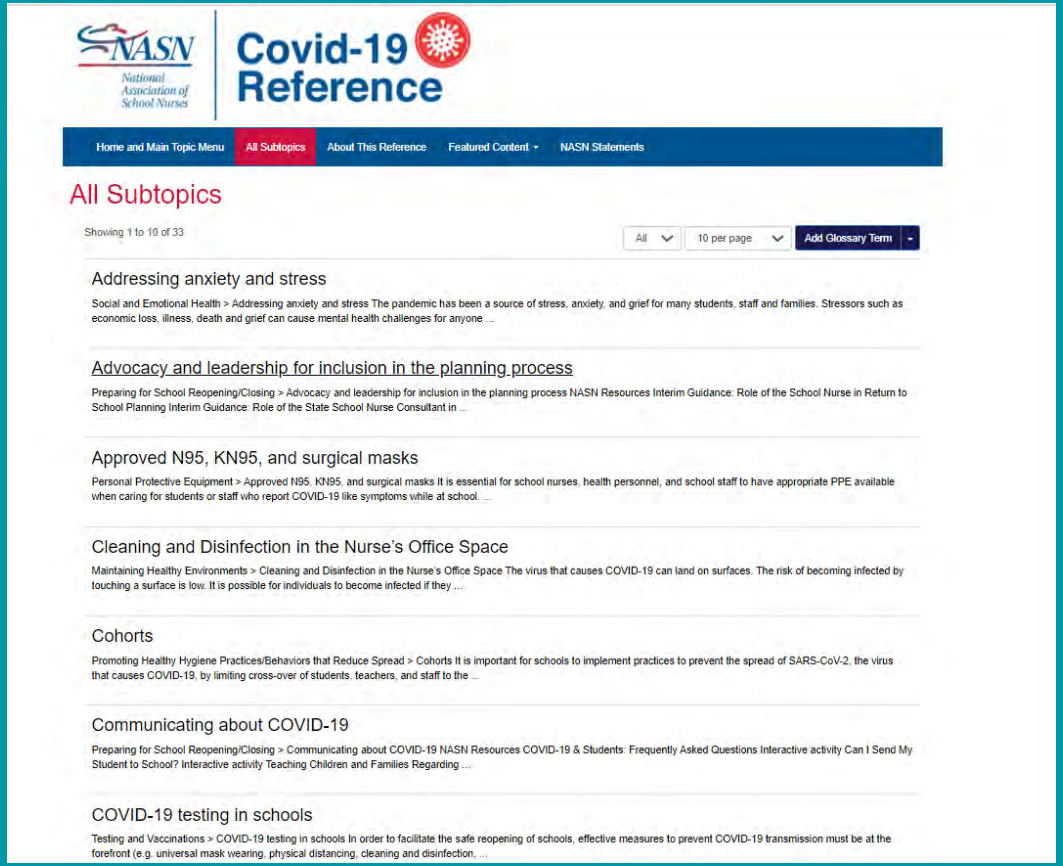
FRAMEWORK FOR 21ST CENTURY SCHOOL NURSING PRACTICE

SIGHT FOR STUDENTS

NATIONAL SCHOOL HEALTH DATA SET: EVERY STUDENT COUNTS!

National Association of School Nurses: Resources

National Association of School Nurses: Resources



NASN National Association of School Nurses

Covid-19 Reference

Home and Main Topic Menu | All Subtopics | About This Reference | Featured Content | NASN Statements

All Subtopics

Showing 1 to 10 of 33

All | 10 per page | Add Glossary Term

Addressing anxiety and stress

Social and Emotional Health > Addressing anxiety and stress The pandemic has been a source of stress, anxiety, and grief for many students, staff and families. Stressors such as economic loss, illness, death and grief can cause mental health challenges for anyone ...

Advocacy and leadership for inclusion in the planning process

Preparing for School Reopening/Closing > Advocacy and leadership for inclusion in the planning process NASN Resources Interim Guidance: Role of the School Nurse in Return to School Planning Interim Guidance: Role of the State School Nurse Consultant in ...

Approved N95, KN95, and surgical masks

Personal Protective Equipment > Approved N95, KN95, and surgical masks It is essential for school nurses, health personnel, and school staff to have appropriate PPE available when caring for students or staff who report COVID-19 like symptoms while at school. ...

Cleaning and Disinfection in the Nurse's Office Space

Maintaining Healthy Environments > Cleaning and Disinfection in the Nurse's Office Space The virus that causes COVID-19 can land on surfaces. The risk of becoming infected by touching a surface is low. It is possible for individuals to become infected if they ...

Cohorts

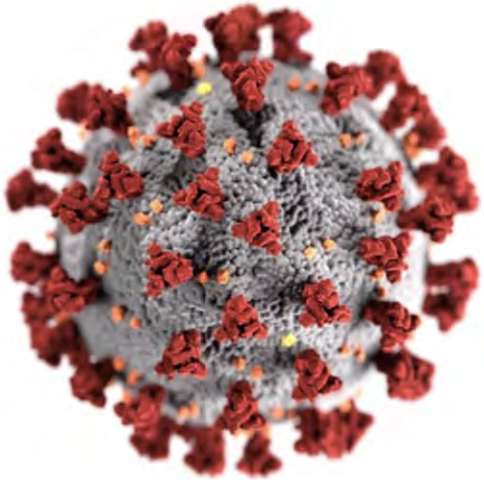
Promoting Healthy Hygiene Practices/Behaviors that Reduce Spread > Cohorts It is important for schools to implement practices to prevent the spread of SARS-CoV-2, the virus that causes COVID-19, by limiting cross-over of students, teachers, and staff to the ...

Communicating about COVID-19

Preparing for School Reopening/Closing > Communicating about COVID-19 NASN Resources COVID-19 & Students: Frequently Asked Questions Interactive activity Can I Send My Student to School? Interactive activity Teaching Children and Families Regarding ...

COVID-19 testing in schools

Testing and Vaccinations > COVID-19 testing in schools In order to facilitate the safe reopening of schools, effective measures to prevent COVID-19 transmission must be at the forefront (e.g. universal mask wearing, physical distancing, cleaning and disinfection, ...



"I can be changed by what happens to me But I refuse to be reduced by it"

Maya Angelou

Thank you for all that you do to keep our school communities safe!

New Jersey State
School Nurses Association
Leading, Teaching, Caring.

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