

# COVID-19 RESOURCES FOR MISSOURI SCHOOLS: LESSONS LEARNED 2020 – 2021

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## **SUMMARY REPORT**

### **COVID-19 RESOURCES FOR MISSOURI SCHOOLS: LESSONS LEARNED**

The COVID-19 pandemic began in winter, 2020 and by the beginning of the 2020-2021 school year, states and school districts had begun developing policies and resources for school personnel; the goal was to keep the school community as safe as possible. Multiple entities in Missouri took leadership within their separate organizations to develop resources for school administrators, school health providers, and sports personnel.

The Missouri Department of Health and Senior Services (DHSS) recruited Dr. Linda C. Wolfe and Dr. Janice Selekmán to conduct multiple forms of data gathering to determine the effectiveness of the multiple resources developed by the state (Report One) and to synthesize the ‘lessons learned’ during the first year of the pandemic and the fall of the second year. The project consisted of four parts: review of Missouri COVID-19 resources for schools (Report One); Focus groups with Missouri Lead School Nurses (Report Two); Interviews with resource developers of key agencies in Missouri and/or distributors who had a role in developing policy recommendations and resources for school personnel and the families they serve (Report Three); and a survey of all school nurses in Missouri to evaluate resources and the impact on their role in the schools (Report Four).

The initial eight resources assessed in this study were identified by the Missouri State School Nurse Consultant (SSNC) at DHSS. An additional eight were identified during the Lead School Nurse Focus Groups.

#### **Initial Resources:**

1. COVID-19 and Kids ECHO
2. COVID-19 ECHO
3. DHSS/Department of Elementary and Secondary Education (DESE) COVID-19 webinars for Schools and Local Public Health Agencies
4. Online communication by the School Health Program with timely updates/announcements
5. DHSS/DESE School Reopening and Operating Guidance
6. Missouri’s BinaxNOW Antigen Testing Program Guidance for K-12 Institutions
7. Kansas City Children’s Mercy online publication, “Returning to School during COVID-19-Information for Educators and School Health Professionals”
8. St. Louis Children’s Algorithms for when to stay in school

Six focus groups (Report Two) of Lead School Nurses helped to identify multiple resources provided to schools during the pandemic; these were used in the survey questionnaire.

#### **Additional Resources:**

9. Local public health agency (LPHA) agency direct communication, information, and partnerships
10. Johns Hopkins COVID-19 Contact Tracing program
11. Missouri State High School Activities Association (MSHSAA) Return to Play Guidelines

12. Informal group of Missouri Lead School Nurses in eight school districts in the St. Louis area
13. Centers for Disease Control and Prevention (CDC)
14. National Association of School Nurses (NASN) School Nurse Administrator Discussion Group
15. Urban League of Metropolitan St. Louis (Urban League)
16. Local pharmacy

Beyond the resources, there was a clear sense of availability and access to resources, a dedication to serving the school community, and a valuing of partnerships. There was a consistent sense of stress and frustration expressed, primarily focused on one issue: the lack of a unified approach in the state of Missouri in its COVID response in the schools. The Lead Nurses repeatedly described the need for a specific coordinated approach from the top down. Local health departments gave different messages and directives resulting in confusion and stress. This was not helped by differing directions from private physicians and hospitals as well as political interference. As a result, parents were angry with the messenger: the school nurse. This anger was exacerbated in the area of school sports, with different protocols in different districts. The increased responsibility for contact tracing, testing, and other COVID-related activities, often without emotional or fiscal support, resulted in job dissatisfaction and significant attrition.

Interviews with the key stakeholders who had developed or distributed resources (Report Three) included representatives from the Missouri Chapter of the American Academy of Pediatrics, the Missouri Department of Elementary and Secondary Education (DESE), the Missouri Department of Health and Senior Services (DHSS) Section for Community Health & Initiatives and School Health, the Missouri School Board Association (MSBA), the Missouri State High School Activities Association (MSHSAA), and a Pediatric Infectious Disease Physician. There was very consistent messaging coming from all entities. They saw themselves as advocates for children with a goal of keeping children safe. They all saw themselves as experts and community-based leaders whose roles were to assist their constituents by developing resource materials that were referred to as ‘guidance documents’ and ‘recommendations’ rather than policy, as they had no authority to mandate. The agencies/organizations did not appear to collaborate with each other to ensure that the resources’ messaging was consistent across agencies/organizations, especially that of the local public health agencies. All that reported their documents were based on CDC guidance; however, their nuanced interpretations differed. This forced school districts to ‘choose’ the recommendation they were going to follow.

The final component of the project was a statewide survey to all school nurses in Missouri (Report Four). With a 46.5% return rate, almost all counties were represented. The most useful resources for school nurses during year one of the pandemic were the 1) Centers for Disease Control and Prevention, 2) the Department of Health and Senior Services (DHSS) and the Department of Elementary and Secondary Education’s (DESE) Reopening and Operating Guidance, 3) DHSS/DESE COVID-19 webinars for schools and local Public Health Agencies, 4) online communication by the School Health Program with Timely Updates, and 5) direct communication, information and partnerships with the local public health agency. Of concern was the fact that one-quarter of respondents were unaware that the resources were available,

especially the ECHO programs, the publications and algorithms from Kansas City Children’s Mercy Hospital and St. Louis Children’s Hospital, as well as the MSHSSAA guidelines.

Resources also came for some in the form of support from individuals, most specifically the district Lead School Nurses, the State School Nurse Consultant (Marjorie Cole, MSN, RN, FASHA), their district administrator, local public health staff, informal sharing groups of district nurses, and the school Principal or Assistant Principal. School nurses expressed a need for materials that they could share with staff and parents, additional staff to assist with contact tracing, and documents with a cover page that highlighted key points. They were almost unanimous in wanting resources and programs that provided new and up-to-date information that they could trust, with the important information highlighted. They certainly needed materials where the authors understood the role of the school nurse. Some school nurses were able to form new partnerships with other professionals, which they saw as a positive, but that was not an identified outcome for 90% of school nurse respondents.

During the pandemic, school nurses were asked/mandated to assume additional responsibilities, primarily COVID contact tracing and testing, as well as all of the follow-up involved in those activities. COVID-related activities now account for over half of the school nurse’s workload, and yet there was no indication that traditional school nurse responsibilities were excused. Over 50% of the nurses indicated carrying out fewer activities over the past year in health education, health screenings (with the exceptions of immunizations), and care coordination/management.

Missouri has 558 school districts that range in size from less than 500 to over 20,000 students. Just 7% of the districts serve approximately half of the school population, while 47% of the districts have 499 or less total student enrollment in their schools. Missouri is a state that values and safeguards local control. This translates to educational and health standards and decisions being made by local school boards and public health agencies at the county or city level. Each county and large city, e.g., St. Louis and Kansas City, has a local public health agency. Districts may have schools located within multiple counties.<sup>1</sup> This accounts for the variances existing across the state.

Perhaps most distressing of the findings was that almost 93% of school nurses experienced significant stress during year one of the pandemic, and this stress did not abate during year two. While some were supported by the professionals around them, others were left extremely dissatisfied, frustrated, and disillusioned. This was reflected in the 150 comments written into the final question of the survey. In addition to the “overwhelming” workload, stress was exacerbated by frequently changing and inconsistent COVID prevention and mitigation guidelines within and among counties. This resulted in parent anger and a worsening of the relationship with parents that school nurses had worked for years to develop. The need for supporting healthcare workers’ mental health is not isolated to school nursing. One author described the stress of hospital nurses due to changes in interactions with families, new roles for the nurse, and moral distress (“when nurses feel powerless to take actions, they know are ethically correct”)<sup>2</sup>.

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<sup>1</sup> Missouri information provided in personal communication from State School Nurse Consultant.

<sup>2</sup> Owens, I. T. (2020). Supporting nurses’ mental health during the pandemic. [www.Nursing2020.com](http://www.Nursing2020.com).

Since its inception at the turn of the 20<sup>th</sup> century, the profession of school nursing has historically responded to the needs of the community. There is evidence that Missouri school nurses stepped up to the challenges of COVID and adapted their practice to care for the school community. Further, the role of the SSNC in advocating for and distributing information was a valued resource.

## CONCLUSIONS:

This statewide evaluation of selected resources developed and provided to the schools resulted in significant findings from the perspective of the school nurse. Themes that were heard from all entities evaluated included the following:

1. There was inconsistent leadership across the state related to COVID. There was a feeling that “no one was in charge.” This led to:

- Inconsistent messaging across disciplines, media, and state/county agencies
- Inconsistent policies and procedures between and among schools and districts
- Inconsistent application of policy (testing and quarantine) within the school sports arena related to sports practices and games with teams in other districts
- Significantly increased stress among school nurses as they attempted to explain protocols to parents and staff and to implement them; parental anger regarding enforcement of COVID-related policies was often directed to the school nurse.

2. There was a breadth of programs developed for school health providers and administrators, many of which were well-received and appreciated by school nurses. There was little evidence of communication between and among the programs so that a consistent and concise message was developed.

- Organizations/agencies saw their role as developing “recommendations” and “best practice”, as they had no authority to mandate. Their goal was to assure safety for students.
- With one exception, the programs developed were not evaluated for their efficacy.

3. The COVID pandemic resulted in a significantly increased workload for school nurses. At least 50% of their days were spent doing contact tracing, COVID testing, and other duties related to mitigation measures. This resulted in the need to work overtime and often was without assistance, recognition, or remuneration. It resulted in multiple school nursing responsibilities not being completed.

4. Many school nurses and school nurse leaders developed or improved a strong working relationship with their local Public Health agency. Collaboration with local and state agencies and organizations was valued by the SSNC, key resource developers and distributors, lead school nurses, and school nurses.

5. The role of the State School Nurse Consultant is a critical one in communicating and educating the school health workforce. This position has the potential to inform all schools.

School health leaders and school nurses applauded the leadership of the State School Nurse Consultant Marjorie Cole for recognizing and responding to the needs of school nurses for sound, reliable information; providing a means for school nurses, who are isolated in the education system, to dialogue and network with experts and colleagues; and taking the leadership role in having an assessment of the resources provided in order to synthesize lessons learned in preparation for the next pandemic/emergency.

## RECOMMENDATIONS:

### 1. Develop shortened resources and communications

Lengthy resource documents should be streamlined to communicate key points easily and quickly, e.g., synopsis, bullet points. Further information should augment and support, not conflict, with other current guidelines and protocols, including athletic guidelines.

### 2. Provide a standardized response

There must be someone in charge of the state's response to a pandemic or emergency in a way similar to responding to natural disasters. This will allow a consistent message from the top down so that practice and policies are consistent within the state. If the state does not assume this role, then "regional coordinating bodies" could coordinate sharing of staff and services<sup>3</sup> and key stakeholders should work towards consensus guidelines and protocols for the state. The Georgetown Washington University Study, September 2021, described a similar recommendation as "harmonize policy development".<sup>3</sup>

### 3. Address unsustainable workloads

Workload policies need to be evaluated and adjusted during a pandemic/emergency so that additional personnel can be deployed to areas of need (such as help doing contact tracing) and essential services can be provided, such as screening and student health education. There are multiple examples within Missouri and across the U.S. of stipends being provided to school staff for overtime. "Returning the school nurse to a focus on the whole student and traditional school health program activities that are necessary for a healthy student, in school, ready to learn" are needed<sup>4</sup>.

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<sup>3</sup> Milken Institute School of Public Health, The Georgetown Washington University. (2021, September). Missouri's Public Health Responses to COVID-19: Key Recommendations for State Action and Investment. <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewjV14fK8Yz2AhXpc98KH aDFBIOQFnoECAIQAAQ&url=https%3A%2F%2Fmffh.org%2Fwp-content%2Fuploads%2F2021%2F09%2FGW-Missouris-Public-Health-Response-to-COVID-issuebrief-web.pdf&usg=AOvVaw1PGbzJSJUcrmCVOZjAfEV5>.

<sup>4</sup> National Association of State School Nurse Consultants. (2020, February 1). The National Association of State School Nurse Consultants (NASSNC) raises school nurse concerns with extended pandemic response. <https://www.schoolnurseconsultants.org/wp-content/uploads/2022/02/NASSNC-Position-Statement-with-logo.pdf>

#### 4. Implement mental health support

Schools and state agencies must be aware of the increased stress on all employees, especially front-line workers, that occurs during a pandemic/emergency and respond accordingly. This includes, but is not limited to: education on accessible mental health resources<sup>5</sup>, increased communication<sup>5</sup>, a hotline for “any type of need or concern”<sup>5</sup>, debriefing opportunities<sup>5</sup>, reasonable workloads, teaching on coping strategies<sup>6</sup>, enhancing peer support opportunities, and including the school nurse in decision-making related to school health.

#### 5. Acknowledge the school nurse’s role and contributions

Recognize the outstanding performance and contribution of the Missouri school nurses as frontline providers in the pandemic. This includes consideration for “fair compensation for school nurses when regularly required to exceed normal contract hours”<sup>4</sup>, as well as the need to “ensure equitable public health funding across the state”.<sup>3</sup> The role of the school nurse is unique and school nurse representation in decision-making bodies would enhance the state and local emergency or pandemic response.

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<sup>5</sup> Owens, I. T. (2020). Supporting nurses’ mental health during the pandemic. [www.Nursing2020.com](http://www.Nursing2020.com).

<sup>6</sup> Choflet, A., Barnes, A., Zisook, S., Lee, K. C., Ayers, C., Loivula D., Ye, G., & Davidson, J. (2022). The nurse leaders’ role in nurse substance abuse, mental health, and suicide in a peripandemic world. *Nursing Administration Quarterly* 46(1), 19-24.

*students' and school communities' needs ahead of their own, for their commitment to school health, and for their generous hearts.*

