



Considerations for COVID-19 Preparedness and Response in U.S. Schools of Nursing

Updated March 20, 2020

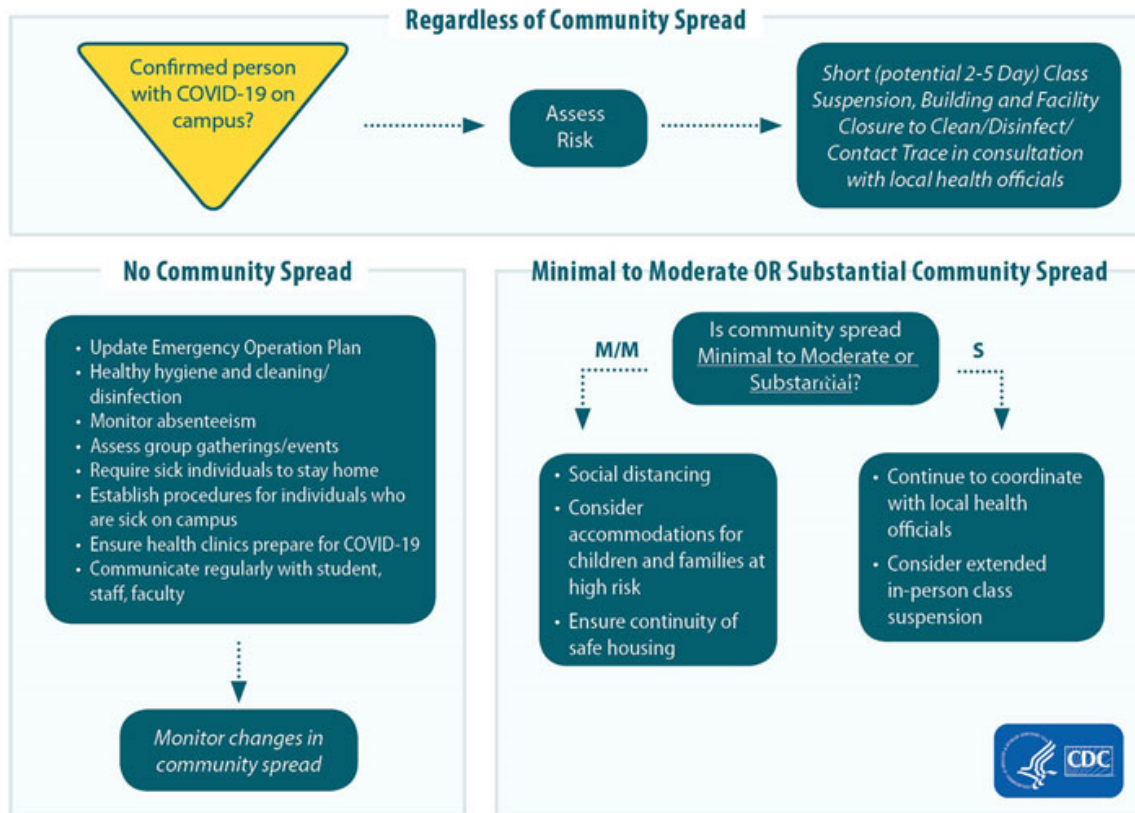
Taking into consideration the current spread of COVID-19 within the United States, the American Association of Colleges of Nursing (AACN) is providing the following information to Schools of Nursing to help guide decision-making and to support efforts to maintain quality nursing education programs during this challenging time. The document was prepared on AACN's behalf by [Dr. Tener Goodwin Veenema](#) from Johns Hopkins University with input from our colleagues at the [Association of American Medical Colleges](#).

Note: This document has been updated since its original release on March 12, 2020 in light of new guidance from the Centers for Disease Control and Prevention for Institutions of Higher Education and in response to efforts to contain community spread that many states are experiencing.

On March 11, the World Health Organization (WHO) formally declared COVID-19 a pandemic (WHO, 2020). As of March 19, there were over 223,000 confirmed cases across the globe with more than 9,000 deaths. AACN is committed to ensuring the safety of faculty and students, and recognizes the importance of continuity of teaching and learning throughout the outbreak. Given the rapid spread of COVID-19 within the United States, the following updated information is provided to schools of nursing to help guide decision-making:

- ***CDC Updated Guidelines for Institutions of Higher Education:*** On March 18, the CDC issued updated guidance for Institutions of Higher Education (IHE), which recognizes that working together with local health departments, schools can play an important role in slowing the spread of diseases and protecting vulnerable students, staff, and faculty by helping to ensure a safe and healthy learning environment. Guidance for IHEs is organized into three categories based on the level of community transmission: 1) when there is no community transmission (preparedness phase), 2) when there is minimal to moderate community transmission, and 3) when there is substantial community transmission. ***Consult with your local health department to determine what level of transmission is currently occurring in your community.*** The CDC decision tree below should be used as a foundation for preparedness and response action steps.

Institutions of Higher Education (IHE) Decision Tree



<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html#role>

- ***Suspension of Nonclinical Courses:*** Many IHEs have already elected to suspend in-person classes through the end of the spring semester to protect the health and well-being of faculty, students, and staff. Each school of nursing should follow institutional policies and local public health agencies' recommendations. **Where local outbreaks are occurring, local public health decisions *must be followed*, and schools will be obligated to *not* convene in-person classes, large group meetings, etc. Schools may choose to be more restrictive than local public health agencies require.** You are strongly encouraged to put into place what is needed to move all coursework online and to develop your communication strategy. ***Graduation ceremonies and all school-related events involving greater than ten people should be postponed or cancelled.***

Schools should implement their contingency plan for all classroom-based work. Resources to consider: Moving course content to online course software platforms; use Zoom, WebEx, GoToMeeting, and similar platforms to host e-lectures; pre-record lectures to send to students; and increase access/license online content to enhance and deliver knowledge through digital and mobile resources.

- ***Clinical Placements and Patient Interactions:*** Student nurses are valuable members of the healthcare team, who contribute to the provision of care in hospitals and community healthcare settings. In these situations, student placements and level of involvement in the patient care arena is determined by school policies and healthcare institutional policies that consider well-established transmissibility data and morbidity/mortality data. For COVID-19 (as of March 19, 2020), critical data regarding transmissibility, morbidity, and mortality is still evolving, even as we need to make important decisions. ***Therefore, it may be advisable as decisions are made to continue clinical experiences in healthcare facilities, in the interest of student safety, to limit student direct care of known or suspected cases of COVID-19 infection until better epidemiologic data are available. For now, other than limiting direct care of COVID-19 patients, students in clinical settings may continue their roles as part of the care team. Schools should communicate regularly with their local health departments and healthcare facilities for updated guidance and make changes to this policy as needed. Local flexibility based on public health guidelines, the needs of the community partners, and the public is key.***

Schools of Nursing are encouraged to develop contingency plans should future restrictions on clinical placements occur. These plans may include the expanded use of simulation, telehealth, and virtual reality in keeping with best practices and guidelines from state boards of nursing and other regulatory bodies; the use of online resources for teaching clinical care; and online group chat features.

- ***Personal Protective Equipment (PPE):*** Concerns persist regarding the shortage of personal protective equipment in the U.S. It is recommended that ***student clinical placements that require the use of PPE should be deferred in order to protect the nation's supply of PPE.***
- ***Educational experiences that require faculty and/or student travel*** such as study abroad programs, medical and nursing mission trips, and online nursing programs with on-site immersion experiences: Schools of Nursing should follow the CDC and Department of State travel advisories to postpone or cancel all international travel. Schools should postpone all domestic travel for now as the outbreak spreads.
- ***Teaching:*** Each School of Nursing should review the infection control and prevention content contained within its curriculum and consider ***expanding the amount of content covered and the frequency with which it is offered.*** Infection control and prevention content can be threaded through multiple courses and programs or offered as just-in-time training. This information is **critical** to helping keep nurses and nursing students safe. At a minimum, basic infection control and prevention topics to cover include:

Surveillance and Detection

Isolation, Quarantine, and Containment

Standard, Contact and Airborne Precautions

Proper Handwashing, Cough, and Respiratory Etiquette

Selection and Appropriate Use of Personal Protective Equipment (PPE)

- ***Surge Capacity as Outbreak Intensifies:*** Pandemic contingency staffing plans may include the potential use of nursing students should the outbreak accelerate to the point that our current national nursing workforce is unable to meet the demand for healthcare services. ***While we hope that this situation is not realized, schools of nursing are advised now to develop plans and protective actions should the pandemic worsen.***
- ***Illness:*** Faculty, students, and staff who are ill or develop COVID-19 [symptoms as defined by the CDC](#) **need to stay home** from school, clinical placements, and work. They should contact their primary healthcare providers (call before going to the office or emergency department, wear a facemask), and then notify their school and occupational health officer if they recently have been in the clinical setting.
- ***Emotional/Mental Health/Well-Being Support:*** Everyone is affected by the pandemic, and the nursing education community is encouraged to follow the three C's of disaster response: Communication, Collaboration, and Cooperation. Working together, we can strengthen our contribution to the response effort, sustain business continuity, and build our resilience for future events. Schools of Nursing are encouraged to remain vigilant of the emotional and mental health burden that this outbreak is creating on faculty, students, and staff, and should ensure that resources are available for anyone who needs support.
- ***Resources for Faculty, Students, and Staff:*** The Centers for Disease Control and Prevention (CDC) is our “gold standard” for evidence-based information in the U.S., and they have developed a dedicated [COVID-19 web page](#). Nurses should visit this site for updated guidance on the rapidly evolving pandemic. The CDC also has released specific guidance for [Institutions of Higher Education](#). For other helpful resources, see AACN's [Coronavirus Resources for Nurse Educators](#).

The nursing education community is committed to ensuring the safety of faculty, students, staff, patients, families, and communities. **Nursing is Public Health**, and we play a leading role in reducing confusion and correcting the epidemic of misinformation that is circulating regarding COVID-19. We must remain calm, use our best judgment, apply the scientific principles of disease containment to community and clinical care, and continue our commitment to improving individual and population health outcomes.