



**National League  
for Nursing**

Message to the Nursing Education Community  
Faculty, Students, and Staff  
Considerations for Covid-19 Preparedness and Response in U.S. Schools of Nursing

March 10, 2020

In light of the current spread of Covid-19 within the United States, the following information is provided to schools of nursing to help guide decision-making:

- *Nonclinical courses:* Each school of nursing will make its own decisions in this area, following institutional policies and local public health agencies' recommendations. **If a local outbreak occurs, 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 start thinking now about what needs to be in place, as well as your communication strategy.

For classroom work (including small group work), schools should develop a contingency plan. Resources to consider: Moving course content to online course software platforms using Zoom, WebEx, and Go-to-Meeting to host e-lectures and pre-record lectures to send to students.

- *Clinical placements and patient interactions:* Student nurses are valuable members of the health care team and can provide meaningful care. These students, after receiving appropriate education and training, are regularly involved in the care of patients with communicable diseases like influenza, measles, TB, Hepatitis, and HIV. In these situations, student level of involvement is determined by school policies that consider well-established transmissibility data and morbidity/mortality data. How can Schools of Nursing apply these principles to the current situation? For COVID-19, as of March 10, 2020, we do not have these critical data about transmissibility, morbidity, and mortality, even as we need to make important decisions. **Therefore, it may be advisable, 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. We suggest that for now, other than limiting direct care of COVID-19 patients, clinical students continue their roles as part of the care team.**



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In anticipation of future restrictions on student attendance at clinical, public health and community placements, Schools of Nursing are encouraged to develop contingency plans. These plans may include the expanded use of simulation and virtual reality, the use of online resources for teaching clinical care, and online group chat features.

- *Educational experiences* that require faculty and/or student **travel** such as study abroad programs, medical and nursing mission trips, and online nursing programs with ‘onsite’ immersion experiences: Schools of nursing should follow the CDC and Department of State travel advisories to postpone or cancel all international travel. Schools may need to consider postponing domestic travel on an event-by-event basis as the outbreak spreads.
- *Teaching*: Each School of Nursing should review the infection control and prevention content contained within its curriculum and to consider **expanding the amount of content covered and the frequency with which it is offered**. Infection control and prevention content can be easily ‘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)***

- *Illness*: Faculty, students, and staff who are ill or develop Covid-19 symptoms (fever, cough, shortness of breath) **need to stay home** from school, clinical placements, and work. They should contact their primary health care providers (call before going to the office or emergency department and wear a facemask), and then notify their school and occupational health officer if they have recently been in the clinical setting.
- *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. The CDC Covid-19 web page can be found at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Nurses should visit this site regularly for updated guidance on the rapidly evolving pandemic.



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- CDC Resources for Institutes of Higher Education:  
[https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fcolleges-universities.html](https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fcolleges-universities.html)

The Johns Hopkins School of Engineering interactive coronavirus map is updated daily and can be found at

<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>.

In summary, all of us in the nursing education community are committed to ensuring the safety of faculty, students, staff, patients, families, and communities. As educators, we not only teach but we role-model health and respiratory hygiene behaviors every day.” **Nursing Is Public Health.** We can do a lot to reduce the current confusion and epidemic of misinformation that is circulating regarding Covid-19. We can remain calm, use our common sense, apply the scientific principles of disease containment to community and clinical care, and continue our commitment to improving individual and population health outcomes.

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