



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

March 12, 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](#).

Recommendations for Nursing Education Programs

- *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; use Zoom, WebEx, Go to Meeting, and similar platforms to host e-lectures; and pre-record lectures to send to students.

- *Clinical placements and patient interactions:* Student nurses are valuable members of the healthcare 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, the 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 9, 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.***

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, which facilitate the attainment of program outcomes.

- *Educational experiences* requiring 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 the Department of State travel advisories for all international travel and 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 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 to keep nurses and nursing students safe. At a minimum, topics to cover should 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 healthcare providers (call before going to the office or emergency department, wear a face mask), 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., and they have developed a dedicated [COVID-19 web page](#). Nurses should visit this site for updated guidance on the rapidly evolving pandemic. The Department of Education released a message that encourages schools to be flexible in the event that the completion of student courses is directly or indirectly impacted by COVID-19. This communication is titled [Guidance for Interruptions of Study Related to Coronavirus \(COVID-19\)](#).
 - [CDC Resources for Institutes of Higher Education](#)
 - [The Johns Hopkins School of Engineering Interactive Coronavirus Map](#)

The nursing education community is 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**, 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 judgement, apply the scientific principles of disease containment to community and clinical care, and continue our commitment to improving individual and population health outcomes.