Who Should Provide Care For Students With COVID Symptoms In D.C. Schools?

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Martita Fleming keeps things running at Washington Latin Public Charter School. As director of operations, her job encompasses a lot — she makes sure classes have textbooks, that lights stay on, and the copier is running.

Fleming's responsibilities expanded further when Washington Latin fully reopened for in-person learning last month. She and a small team of school deans and teachers oversee coronavirus testing and screening of students, and they monitor students who are isolating.

In short, Fleming is managing the school's COVID-19 response almost entirely without help from a school nurse.

“It’s definitely a lot of effort and hours,” she said.

That’s because school nurses hired by the city are not allowed to monitor or treat students exhibiting COVID-19 symptoms, according to accounts from several school leaders. It has put administrators in the difficult position of deciding who should respond to students with symptoms inside their buildings.

Some schools have spent extra money to hire outside nurses, sometimes at the expense of other needs. Others, including Washington Latin in Brightwood Park, are relying on existing school staff without formal medical training to determine if students should be sent home.

The Office of the State Superintendent of Education (OSSE) said the nurses, who are contracted through Children’s National Hospital, are responding to students' many other health needs. That includes administering medication, monitoring blood sugar levels, and making sure students are up to date on immunizations.

Schools are also not allowed to use the nurse’s office, also called health suites, to isolate students with possible COVID symptoms to prevent the virus from spreading.

“Health suites will be busy, not just with walk-ins but because school nurses are proactively checking on children who have been out of in-person school for over a year and who may not have been seen in-person by a clinical professional for over a year,” OSSE said in a statement.

If a student is showing symptoms that could indicate COVID-19, nurses tell school staff to isolate the child. Once a student is isolated, the school is left to figure out what should happen next based on written criteria from the city.

Part of the difficulty is that staff may not have the expertise to distinguish symptoms of COVID-19 from
other health issues, school leaders say. They feel nurses, many of whom have built close relationships with students and families, should play a larger role in the coronavirus response on campuses.

Fleming said she pores over health guidance and regularly consults with city health experts. But she does not feel fully equipped to decide when a student should stay or leave campus.

“I would like a medical professional, someone who has been to school for this, somebody who is not me, to be evaluating that,” she said. “I don’t want to use mom medicine. I want to use real medicine.”

Before the pandemic, students at Washington Latin were sent to the nurse’s office when they needed any medical attention, according to Peter Anderson, the head of school. The nurse would decide if students should go home, answer questions from families, and recommend follow-up care.

He would like the school nurse to do the same for students exhibiting COVID-19 symptoms rather than relying on school workers.

“We’re talking about people who are not professionals relying on their best judgement,” he said.

A spokesperson for Children’s National referred questions to D.C. Health, which devised reopening guidelines for schools. D.C. Health did not respond to messages seeking comment. Wala Blegay, an attorney for the District of Columbia Nurses Association, a union that represents school nurses, did not respond to messages seeking comment.

Nearly 180 schools in the District are assigned a nurse through the public-private partnership with Children’s National.

Public schools — both traditional and charter — are entitled to 40 hours of nursing coverage each week under D.C. law, but jurisdictions across the region have long struggled with staffing shortages.

It is hard to pinpoint when, and exactly how, school leaders learned that nurses would not treat students exhibiting COVID symptoms.

Some administrators said city health officials shared the guidance with schools over the summer. Others believed the guidance had been in place since last year when students returned to buildings in small groups. One school leader said he learned about the guidance directly from school nurses and their supervisors at Children’s National.

The issue gained more attention as campuses prepared to fully reopen for the start of this academic year, according to Anne Herr, the director of policy and programs at the DC Charter School Alliance, which advocates for charters.

“We’re not sure if everyone is getting the same guidance,” she said. “As everyone is moving back in person...
and students are coming back on campuses, there’s been some confusion.”

Sojourner Truth Public Charter School was one of about a dozen campuses that provided limited in-person learning last fall. All along, staff members monitored students isolating with potential COVID-19 symptoms, according to Justin Lessek, the middle school’s founding executive director. Lessek said he and the school’s principal, office manager, and special education coordinator, have taken on those responsibilities.

He said D.C. Health leads weekly calls to give safety advice to school leaders and provides training for staff to become contact tracers. But he would like to consult the school’s nurse if a student is exhibiting COVID-19 symptoms or to help determine close contacts of someone who tests positive.

“Some of us have worked very hard to read all the guidelines, to understand the symptoms as well as possible,” he said. “But we are not, for the most part, trained nurses or trained doctors.”

The traditional public school system and other charter operators have hired more workers to help with testing, screening and isolating students.

D.C. Public Schools, which educates more than half of the city’s public school students, hired one patient care technician for each of its campuses to support daily health screening and to supervise sick children who need to isolate, according to OSSE.

The school system also hired an additional nurse for every five schools. Those nurses, who are not employed by Children’s National, are dispatched to campuses to assess students who are isolating and test them for the coronavirus.

Some elected officials have criticized the arrangement to keep city-contracted nurses out of providing care for students with potential COVID symptoms. The arrangement is “inefficient & a mess in waiting,” At-large D.C. Councilmember Christina Henderson said on Twitter.

Jessica Sutter, who represents Ward 6 on the D.C. State Board of Education, argued the city is complicating an already high-stakes reopening process.

“We have medical professionals in a building who are assigned to be there to support the health of children,” she said. “But we are not directly involving them in the riskiest health situation our schools are called to deal with this year.”

DC Prep, a charter operator with six elementary and middle school campuses, relied on its school nurses to oversee coronavirus testing during summer school, said Neils Ribeiro-Yemofio, the charter’s chief of external affairs. The nurses also looked after students who exhibited potential COVID symptoms.

That process worked smoothly, he said. But after learning in August the city’s nurses could no longer

handle those responsibilities, DC Prep rushed to hire outside nurses.

The charter redirected $700,000 it was going to spend to purchase equipment for outdoor learning to pay for the nurses and set up their offices.

“It’s been a huge, herculean task,” he said.

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