



School-Focused Nurses Initiative

Evaluation Report
April 2021 – May 2022

AUGUST 2022

Prepared by the Ontario Association of Public Health Nursing Leaders (OPHNL) in collaboration with Kovacs Group Inc. for the Ministry of Health.

Report Contributions

We would like to extend our gratitude to the Evaluation Steering Committee for their guidance and support in the development of the evaluation and this report. The Evaluation Steering Committee was comprised of the following members:

- **Emily Belita**, School of Nursing, McMaster University
- **Anita Cramp**, Middlesex-London Health Unit
- **Ryan Dyck**, Ministry of Health
- **Amanda Fung**, Ministry of Education
- **Stephanie Gee**, Ontario Public Health Evaluation Network
- **David Groulx**, Ontario Association of Public Health Nursing Leaders
- **Sana Javed**, Ministry of Health
- **Adam Ladak**, Ministry of Health
- **Andrew Locker**, Ministry of Education
- **Heather Lokko**, Ontario Association of Public Health Nursing Leaders; Middlesex-London Health Unit
- **Kathleen MacLellan**, Ministry of Health

We are grateful to those who provided support with organizing and scheduling Evaluation Steering Committee meetings and evaluation activities, translating communication and evaluation materials into French, and facilitating focus groups. Thank you also to Joelle Martel (Foundation Standard Specialist at Public Health Sudbury & Districts) for your support in facilitating the Francophone focus group session and translating focus group communications and materials into French.

To all those who participated in the evaluation of the School-Focused Nurses Initiative, we are grateful for the thoughtful and candid feedback you shared about your experiences implementing and being engaged with the initiative, which contributed to the development of this report.

Table of Contents

- Executive Summary 4
- Section 1.0 Introduction 17
 - 1.1 About the School-Focused Nurses Initiative 17
 - 1.2 Purpose of the Evaluation 18
 - 1.3 Purpose of the Report 19
- Section 2.0 Methodology 20
 - 2.1 Data Collection Methods 20
 - 2.2 Data Analysis 23
 - 2.3 Data Limitations 25
- Section 3.0 Results 26
 - 3.1 Respondents 26
 - 3.2 Result 1: The School-Focused Nurses Initiative Met Its Objectives. 28
 - 3.3 Result 2: The School-Focused Nurses Initiative Benefited the Public Health
COVID-19 Response. 36
 - 3.4 Result 3: There Were a Variety of Factors That Influenced Initiative and School-
Focused Nurse Position Implementation. 46
 - 3.5 Result 4: School-Focused Nurses Roles and Functions Can Be Utilized to
Enhance Future School Health Programs. 55
- Section 4.0 Lessons Learned 66
- Section 5.0 Conclusion 69
- Appendix A: Monthly Activity Reporting Questions 70
- Appendix B: Focus Group Questions 73
- Appendix C: Monthly Activity Report Data Analysis 74

Executive Summary

Introduction

The School-Focused Nurses Initiative was launched in the 2020-2021 school year to provide rapid-response support with facilitating public health and preventative measures related to the COVID-19 pandemic in schools, child care, and camps. The objectives of the School-Focused Nurses Initiative were to:

1. Provide support in the development and implementation of COVID-19 health and safety plans;
2. Provide sector-specific support for infection prevention, surveillance, screening, and testing, outbreak management, case and contact management, and COVID-19 vaccinations; and
3. Support communication and engagement with local school communities, as well as the broader health care sector.

While the priority focus of the initiative was to support COVID-19 response in schools, flexibility was also built into the funding agreements to enable School-Focused Nurses to also support the fulfilment of board of health requirements to improve the health of school-aged children and youth as per the School Health Program Standard and related guidelines and protocols under the Ontario Public Health Standards (OPHS), and to support child care centres, home child care premises, and other priority settings as needed (e.g., high risk settings such as long-term care).

Purpose of the Evaluation

As part of its ongoing partnership with the Ministry of Health to support the initiative, OPHNL conducted an evaluation of the School-Focused Nurses Initiative. The objectives of the evaluation were to:

1. Assess whether the initiative met its objectives in supporting the pandemic response in schools, child care, and camps.
2. Determine whether the initiative benefited the public health COVID-19 response.
3. Explore enablers and barriers to implementation of the initiative and School-Focused Nurse positions.
4. Capture lessons learned to inform planning and implementation of future pandemic/outbreak response in schools and child care settings, as well as ongoing partnerships between public health and education to support school health program delivery.

Methodology

Data from monthly activity reports completed by each public health unit outlining activities conducted by School-Focused Nurses between April 1, 2021 and May 31, 2022 was included in the evaluation. Further, between June 10, 2022 and July 7, 2022, 22 virtual focus groups were conducted to gather feedback from those involved with the School-Focused Nurses Initiative, including public health leadership and management, School-Focused Nurses, and school administrators.

Quantitative data derived from the monthly activity reports was analyzed at an aggregate, provincial level by question to prepare descriptive statistics. Analysis included total cumulative results across the entire reporting period as well as monthly results to explore changes in activities over time. Qualitative data derived from the focus groups and written school board response was collated across focus groups and respondent groups and analyzed by question. Reflexive thematic analysis using a latent, inductive approach was conducted to identify common themes (i.e., themes appearing across focus groups and/or respondent groups).

Results

Respondents

A total of 178 unique individuals participated in a focus group, including 58 individuals involved in the initiative through a public health leadership or management role, 88 individuals who identified as School-Focused Nurses, and 32 individuals in a school administrator position.

Result 1: The School-Focused Nurses Initiative Met Its Objectives.

Overall, results from the evaluation, including data from monthly activity reports and focus group respondents, indicate the three priority objectives of the School-Focused Nurses Initiative were met.

Figure 1: Average Percentage of All Time Spent on Activities Between April 2021 and May 2022

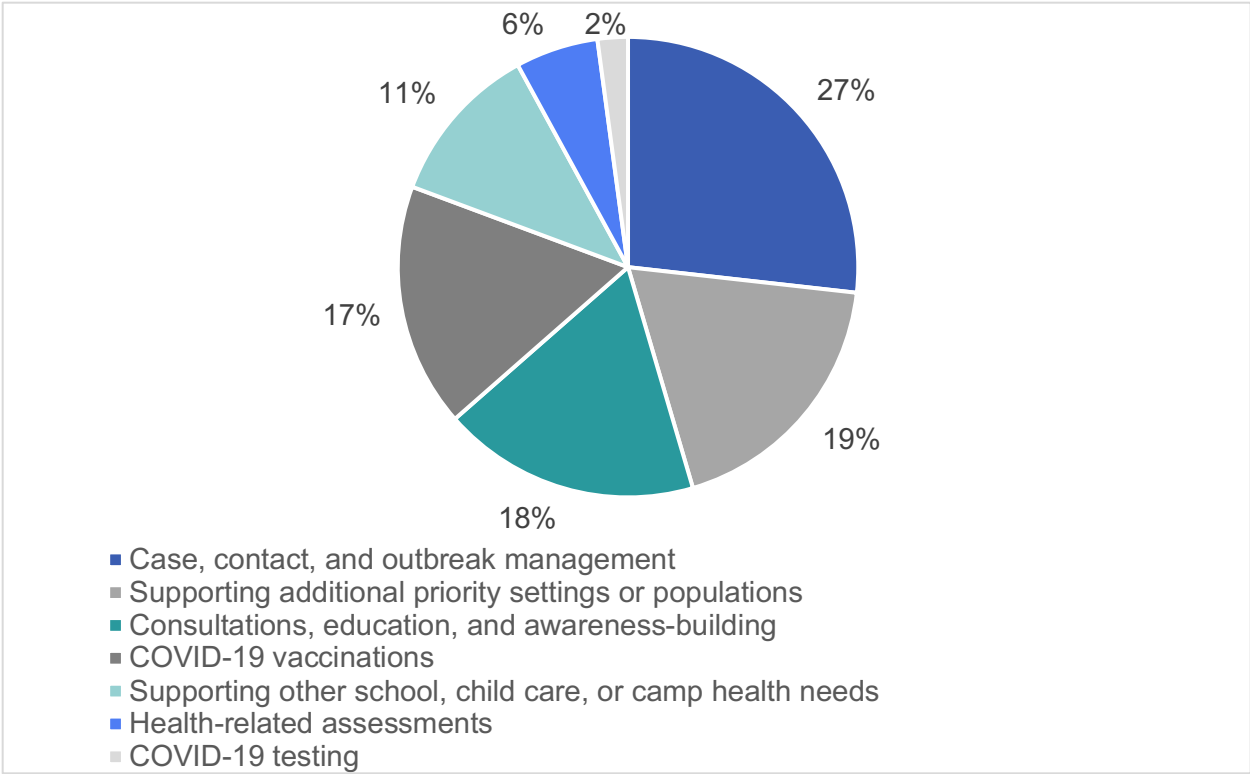


Figure 1 presents cumulative data from across all monthly activity reports and outlines the roles of and activities conducted by School-Focused Nurses during the implementation of the initiative. The information contained in Figure 1 is instrumental to the key findings presented below.

Key Finding: The Initiative Provided Support in the Development and Implementation of COVID-19 Health and Safety Plans.

There is evidence to demonstrate the initiative met the objective of providing support in the development and implementation of COVID-19 health and safety plans. As per Figure 1, School-Focused Nurses spent on average 6% of their time conducting health-related assessments, supporting a total of 17,269 assessments for schools, child care centres, and other settings related to the health of school-aged children and youth. Respondents also reported School-Focused Nurses provided support with developing and reviewing health and safety plans, developing COVID-19 related protocols and processes, and informing program modifications.

Key Finding: The Initiative Provided Sector-Specific Support for Infection Prevention, Surveillance, Screening, and Testing, Outbreak Management, Case and Contact Management, and COVID-19 Vaccinations.

Evaluation results indicate the initiative met the objective of providing sector-specific support for infection prevention, surveillance, screening, and testing, outbreak management, case and contact management, and COVID-19 vaccinations. Monthly activity report data in Figure 1 shows School-Focused Nurses spent almost half of their time (46%) conducting or supporting case, contact, and outbreak management, COVID-19 vaccinations, and COVID-19 testing in support of schools, child care, and camps.

Further, respondents described the roles School-Focused Nurses carried out throughout the initiative in alignment with this objective, including providing support with case and contact management, offering support and resources to understand and implement COVID-19 guidance, assisting with infection prevention and control (e.g., conducting and reviewing IPAC assessments), facilitating and supporting outbreak management, and promoting, managing, and administering vaccines for the school community.

Key Finding: The Initiative Supported Communication and Engagement With Local School Communities, as Well as the Broader Health Care Sector.

Findings also show the initiative met the objective of supporting communication and engagement with local school communities, as well as the broader health care sector. On average, School-Focused Nurses spent 18% of their time conducting or supporting consultations, education, or awareness-building activities, as shown in Figure 1. Further, of the 180,961 consultations conducted by School-Focused Nurses, the majority (98%) were focused directly on supporting the school community. Respondents also described School-Focused Nurses conducting activities in alignment with this objective, including supporting communication and relationship development in the school community (e.g., developing and disseminating communication and education materials, responding to questions or concerns from staff and families, etc.) and building staff capacity (e.g., supporting problem-solving, providing education, etc.).

Key Finding: School-Focused Nurses Supported Mental Health and Well-Being for the School Community and Other Comprehensive School Health Activities.

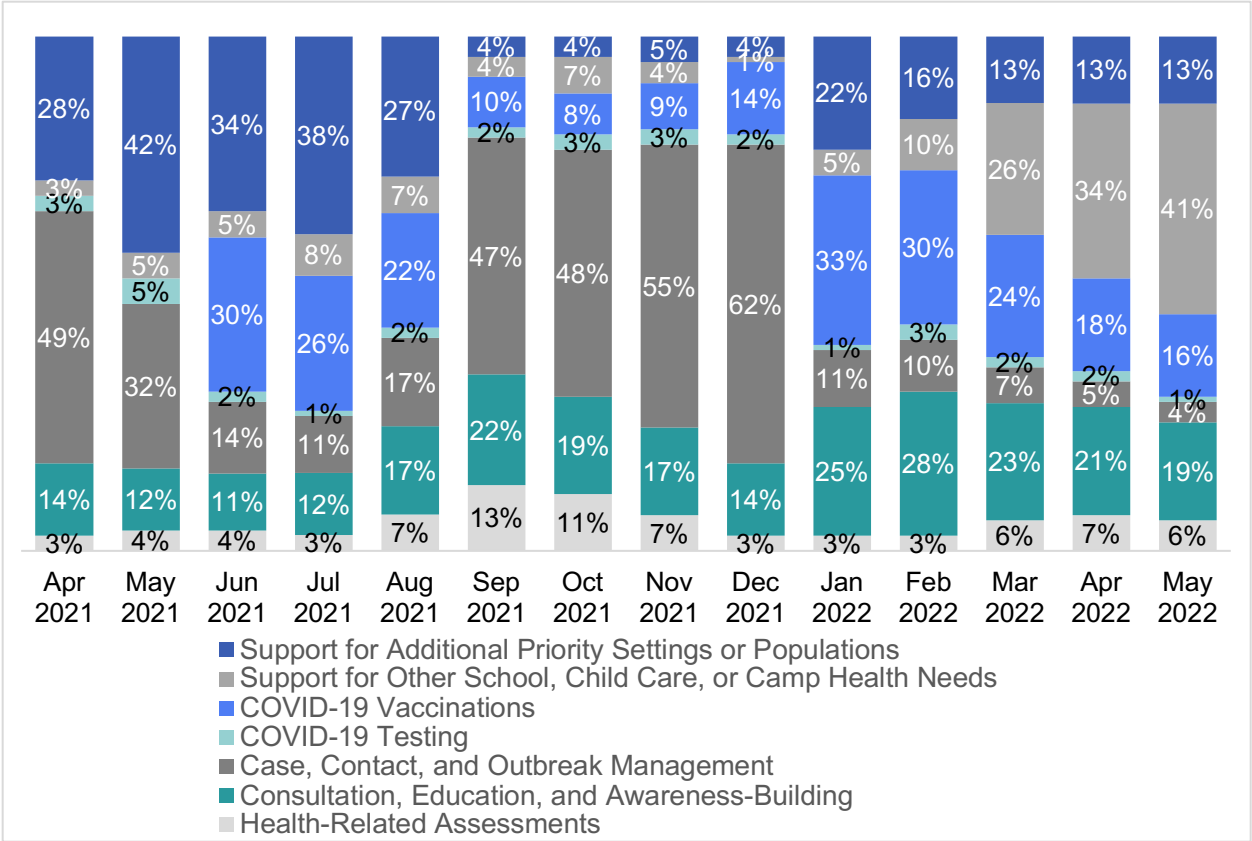
In addition to meeting the priority objectives of the initiative, results also demonstrate School-Focused Nurses conducted activities that supported mental health and well-being for the school community as well as other comprehensive school health programming during the COVID-19 pandemic response.

With School-Focused Nurses spending an average of 11% of their time supporting other school, child care, or camp health needs outlined in Figure 1 (e.g., related to comprehensive school health), types of activities supported included routine immunizations, Healthy School programming, mental health awareness education and resources, physical activity promotion, and nutrition and healthy eating programming.

Result 2: The School-Focused Nurses Initiative Benefited the Public Health COVID-19 Response.

Evaluation results indicate the School-Focused Nurse positions provided several benefits to the public health COVID-19 response, including benefits for schools, child care, and camp settings as well as other community and priority settings. Further, the unique knowledge and skill sets of School-Focused Nurses contributed to the successful implementation of the positions and the benefits arising from the initiative.

Figure 2: Average Percentage of Time Spent on Each Activity by Month^{1,2}



¹ Data about time spent supporting COVID-19 vaccinations was not collected in monthly activity reports in April 2021 and May 2021. In May 2021, time spent supporting vaccinations was captured in other categories and a reporting category for time spent supporting COVID-19 vaccinations was added starting in June 2021.

² Data for August 2021, September 2021, and March 2022 does not sum to 100% due to rounding.

Figure 2 provides a breakdown of the average amount of time School-Focused Nurses spent conducting each activity and responsibility on a monthly basis during the implementation of the initiative. To provide context for the data presented in Figure 2, a summary of key events that may have influenced how School-Focused Nurses spent their time each month is outlined below. For a more detailed description of key events, see page 39.

- **April 2021** – In-person learning was not offered after the April break for the remainder of the school year.
- **May 2021** – COVID-19 vaccine eligibility was expanded to children and youth aged 12-17 years old.
- **September 2021** – Schools returned to in-person learning with optional virtual learning. Additional measures/modifications based on local context may have been recommended and cohort dismissals were implemented.
- **October 2021** – Voluntary, targeted COVID-19 rapid antigen screening for unvaccinated students and increased access to low-barrier testing options were announced.
- **November 2021** – COVID-19 vaccine eligibility was expanded to children and youth aged 5-11 years old and PCR Testing resources were provided.
- **December 2021** – The Omicron variant surge resulted in a shift to mitigating transmission in the highest risk settings and populations and additional health and safety measures, including enhanced testing options (e.g., continued PCR testing, distribution of rapid tests for in-person learning and winter break).
- **January 2022** – Schools moved to remote learning January 5-17 and COVID-19 management in schools shifted from individual case management to monitoring school-level absenteeism.
- **March 2022** – The COVID-19 approach shifted from emergency response to longer-term management and endemicity and public health measures in schools were lifted (e.g., masking, cohorting, distancing, screening).

Figure 2 demonstrates the ability of School-Focused Nurses to address varying needs and shifting priorities throughout the course of the pandemic, thereby benefiting the public health COVID-19 response, and provides context for the key findings regarding the benefits of the School-Focused Nurse positions presented over the next two pages.

Key Finding: School-Focused Nurse Positions Provided Resources Needed to Implement a Focused COVID-19 Response in Schools, Child Care, and Camps.

By providing dedicated resources and staffing through the initiative, the School-Focused Nurse positions enabled implementation of a focused response and supports required to meet the specific needs of schools, child care, and camps during the COVID-19 pandemic. School-Focused Nurses were critical to supporting schools, child care, and camps with essential COVID-19 response activities. Much of this work would not have been possible without the School-Focused Nurse positions and implementation of the dedicated response helped to reduce and contain transmission in this higher risk population.

Key Finding: School-Focused Nurse Positions Provided Flexibility to Meet Changing School and Community Needs and Local Contexts.

The School-Focused Nurse positions benefited the public health COVID-19 response by enabling public health units to be flexible in responding to the changing needs and contexts within the local community, including in schools, child care, and camps as well as other priority settings. These positions increased the overall local public health nursing capacity, creating resources to support COVID-19 response activities in other community and priority settings when needed, particularly during case surges. The flexibility of the positions and wide-ranging skill sets of the School-Focused Nurses allowed them to adapt and move between functions and responsibilities as the prioritization of COVID-19 response activities shifted over time in alignment with how the pandemic evolved, local needs, changes in guidelines, and dynamic school, child care, camp, and community contexts.

Key Finding: School-Focused Nurse Positions Supported Strong Communication to Address COVID-19 Needs or Concerns Within Local School Communities.

A benefit of the School-Focused Nurse positions to the COVID-19 response was their ability to provide robust communication supports to school, child care, and camp administrators, parents, and students to address their COVID-19 needs or concerns. By providing consistent communication and acting as a direct, central line of contact between public health units and school communities, School-Focused Nurses supported timely responses to COVID-19 related calls and inquiries, greater transparency, problem-solving, and the provision of accurate and context-specific COVID-19 related information. School-Focused Nurses also applied their communication and crisis de-escalation skills to navigate challenging situations, effectively interact with parents and staff, and foster strong working relationships between health units and schools, child care, and camps.

Key Finding: The Relationships School-Focused Nurses Fostered With Schools, Child Care, and Camps Extended the Reach of the Initiative and COVID-19 Supports in the Local Community.

School-Focused Nurse positions benefited the public health COVID-19 response by fostering strong working relationships with existing partners and developing new relationships that extended the reach of COVID-19 supports to a greater proportion of the local school community. Enhancing supports for and strengthening relationships with schools improved understanding among school board and administrators of the role of public health nurses and the types of services they could offer.

Further, with increased staffing through the School-Focused Nurse positions and hiring of nurses who spoke multiple languages, public health units were able to build relationships with and provide COVID-19 related services to segments of the local school community with which they previously did not have a strong connection (e.g., French school boards, private schools, rural communities, etc.).

Key Finding: School-Focused Nurse Positions Provided Expertise and Guidance on COVID-19 Measures and Their Implementation.

The expertise and guidance School-Focused Nurses provided on COVID-19 measures benefited the public health COVID-19 response by helping to increase understanding of, adherence to, and confidence implementing the measures among families and school, child care, and camp administrators. The nursing knowledge and expertise of those in the School-Focused Nurse positions contributed to their ability to translate complex information in a way that could be easily understood by school staff and families and enabled School-Focused Nurses to effectively support implementation and understanding of COVID-19 guidance and measures.

Result 3: There Were a Variety of Factors That Influenced Initiative and School-Focused Nurse Position Implementation.

Results from the evaluation demonstrate there were a variety of factors that influenced the implementation of the School-Focused Nurses Initiative and the School-Focused Nurse positions, including factors that enabled and supported implementation and factors that created barriers to implementation.

Key Finding: Infrastructure, School-Focused Nurse Skill Sets, and Supportive Leadership Enabled Effective Initiative Implementation

Data gathered through the evaluation illustrates factors that supported and enabled implementation of the initiative and School-Focused Nurse positions included infrastructure, School-Focused Nurse skill sets, and supportive leadership.

Infrastructure

Key components of a strong infrastructure were provided to support effective implementation of the School-Focused Nurses Initiative and positions. Funding was identified as a critical component, without which the School-Focused Nurse positions would not have existed. Respondents were emphatic that the positions were critical to public health units, schools, parents, and children “surviving the pandemic.”

Additional important infrastructure components that enabled implementation included communication networks between initiative stakeholders (e.g., ministries, school, child care, and camp administrators, and public health unit staff), guidance from the Ministry of Health and Ministry of Education regarding implementation of the initiative and positions, technology that allowed School-Focused Nurses to work remotely and communicate effectively across large geographic areas, and training resources provided to prepare staff for their roles.

School-Focused Nurse Skill Sets

The skill sets School-Focused Nurses brought to the position were also considered important enablers of the initiative. These included communication skills, which helped School-Focused Nurses support administrators and address and alleviate parent concerns, the ability to foster new and existing relationships between public health units, schools, and child care and camp operators, and collaboration skills used to implement a team approach, with School-Focused Nurses willing to assist where needed.

Supportive Leadership

Support from those in leadership positions, having an excellent manager who valued the input of School-Focused Nurses, and being able to work closely with managers were deemed as imperative to the success of the School-Focused Nurse position and the initiative. Managers were recognized for being supportive, knowledgeable, and available for consultations and to answer questions, provide relevant information, and address concerns.

Key Finding: The Changing Environment and Roles, Staffing Capacity and Recruitment, and Some Systems Presented Barriers to Initiative Implementation.

Evaluation results indicate barriers that may have influenced implementation of the initiative and positions included the changing environment and School-Focused Nurse roles, staffing capacity and recruitment, and some systems.

Changing Environments and Roles

With policies and guidelines changing often and quickly, School-Focused Nurses experienced challenges keeping internal resources up to date to address school community needs and effectively responding to questions from schools and parents. Changes in priorities, guidelines, the local context, and service demands throughout the pandemic also meant School-Focused Nurses were redeployed and required to change their priorities from supporting schools, child care, and camps to other populations and priority settings, which disrupted relationships with schools and caused some frustrations. Shifting guidelines, priorities, and schedules also contributed to a lack of clarity of the role and expectations of School-Focused Nurses at times, and the “constant environment of change” was identified as a contributing factor to staff burnout.

Staffing Capacity and Recruitment

Given the number of schools requiring support coupled with staff on leave, vacant positions, and changing priorities, there “was more work than people.” The volume of work and long days strained staff physically and mentally. Further, the short-term nature of the School-Focused Nurse contracts led to feelings of insecurity and made it difficult to retain staff, which impacted operational effectiveness and efficiency. Challenges were also experienced with hiring and recruitment, including fast-paced mass hiring, competition with other public health units, a labour pool that did not always have the appropriate skills or competencies required for the position, and the temporary nature of the position. Additionally, due to the urgency to onboard School-Focused Nurses, respondents noted the typical comprehensive orientation and onboarding process had to be condensed.

Systems

While it was essential to “get up and running quickly,” respondents shared that the lack of policies and procedures at the beginning of the initiative and lack of a strong framework hindered implementation. Further, changes to guidance and responsibilities contributed to lack of role clarity.

It was also highlighted that new phases of the pandemic required changes to policies, procedures, and workflows in-the-moment, causing some stress and uncertainty. Initiative reporting requirements were also identified as a barrier to implementation, and technology proved to be a barrier to implementation when it did not work properly or when staff were less familiar with using certain technologies in their work.

Result 4: School-Focused Nurse Roles and Functions Can Be Utilized to Enhance Future School Health Programs.

Findings from the evaluation suggest School-Focused Nurse positions and the specialized knowledge and skill sets School-Focused Nurses developed through the initiative can be used to enhance school health programs and activities focused on promoting the health of school-aged children and youth in the future.

Key Finding: School-Focused Nurse Roles and Skill Sets Would Be Valuable to Future Emergency and Outbreak Responses in Schools, Child Care, and Camps.

Respondents valued the supports provided by School-Focused Nurses through the initiative and endorsed continued investment in the position to ensure resources and staff experienced in pandemic response are readily available and able to quickly mobilize in response to future emergency or outbreak situations. School-Focused Nurses would add value to future responses by providing support with: case, contact, and outbreak management; communications and knowledge translation; IPAC assessments and vaccinations; response management and logistics; planning, evaluation, and quality assurance of future responses; proactive safety and response planning; and relationship development within school communities. Further, School-Focused Nurses could add value to future emergency and outbreak responses by providing staff capacity required to maintain comprehensive school health programming.

Key Finding: School-Focused Nurse Positions Present an Opportunity to Enhance Public Health Interventions in Schools.

With the primary objectives of the initiative being focused on responding to COVID-19 specific needs, respondents identified the pandemic “stalled” health promotion and disease and injury prevention programs and that there is an increasing need for “recovery” planning and comprehensive school health programming to address health needs among school-aged children and youth exacerbated by the pandemic. Evaluation results indicate School-Focused Nurse support with and experience implementing comprehensive school health activities was valued in schools, child care, and camps during the COVID-19 response, and there is an opportunity to leverage School-Focused Nurses’ knowledge and experience in this area to support and enhance public health interventions in schools in the future. Respondents encouraged funding to extend the School-Focused Nurse positions or to make them permanent in order to help achieve common goals related to supporting positive health outcomes for school-aged children and youth over the long-term.

Key Finding: School-Focused Nurse Positions Could Help to Support Health Equity and Reduce Health Disparities in School-Aged Children and Youth.

Based on the results of the evaluation, there is also an opportunity for School-Focused Nurses to enhance initiatives focused on promoting health equity and reducing health disparities in school-aged children and youth. Roles for School-Focused Nurses include: addressing local school community needs (e.g., by establishing trusting relationships, providing in-person opportunities for staff, students, and parents to connect with a nurse, etc.); assessment, planning, and resource development (e.g., assessing local and school needs, conducting health equity impact assessments, etc.); coordinating with community agencies and local service providers to offer community-based interventions; data collection and evaluation to support evidence-informed initiatives and monitoring of trends; extending the reach of health equity resources to more schools and increasing the scope of work to “target more health disparities”; supporting policy development and planning at a system level; and applying a proportionate universalism approach to allocate resources proportionate to the needs of each school population.

Lessons Learned

Overall, the following key lessons were derived from the evaluation results:

1. Role flexibility is valuable, but changing guidelines and assignments can pose implementation challenges.
2. Developing strong infrastructure is valuable to effective initiative implementation.
3. Consistent, direct communication supports are essential and promote strong relationships built on trust.
4. Adequate staff capacity is critical to implementing an effective response.
5. There is value in maintaining comprehensive school health work during emergency and outbreak responses.
6. School-Focused Nurses could add value to evidence-informed planning and evaluation activities in the future.
7. Respondents had varying experiences of initiative implementation.

Conclusion

Overall, findings from the evaluation of the School-Focused Nurses Initiative demonstrate that the initiative was successful in meeting its objectives related to supporting the COVID-19 pandemic response in schools, child care, and camps, and that School-Focused Nurse positions were utilized in alignment with their outlined responsibilities. Further, results indicate the School-Focused Nurses Initiative not only benefitted the public health COVID-19 response, but that School-Focused Nurse positions and skill sets would add value to and can be leveraged for future emergency and outbreak responses, mandatory and comprehensive school health program delivery (including routine immunization and mental health and well-being promotion), and initiatives focused on enhancing health equity and reducing health disparities among school-aged children and youth.

The information presented in this report will be shared with key stakeholders to help inform planning and implementation of future pandemic and outbreak response in schools, child care, and camp settings as well as ongoing partnerships between public health and education to support school health programming.

Section 1.0

Introduction

This section of the report provides background information about the School-Focused Nurses Initiative, the purpose of the evaluation, and the focus of the report.

1.1 About the School-Focused Nurses Initiative

1.1.1 Background and Context

The School-Focused Nurses Initiative was launched in the 2020-2021 school year as part of the Government of Ontario's plan to prioritize the health and safety of students and staff in response to the COVID-19 pandemic. One-time funding was provided to create up to 625 new, temporary full-time equivalent School-Focused Nurse positions to increase capacity in every health unit in Ontario.

1.1.2 Purpose of the Initiative

The purpose of the School-Focused Nurses Initiative was to provide rapid-response support to schools, child care, and camps to facilitate public health and preventative measures related to the COVID-19 pandemic.

1.1.3 Initiative Objectives

The objectives of the School-Focused Nurses Initiative are outlined below:

1. To provide support in the development and implementation of COVID-19 health and safety plans;
2. To provide sector-specific support for infection prevention, surveillance, screening, and testing, outbreak management, case and contact management, and COVID-19 vaccinations; and
3. To support communication and engagement with local school communities, as well as the broader health care sector.

While the priority focus of the initiative was to support COVID-19 response in schools, child care, and camps, flexibility was also built into the funding agreements to enable School-Focused Nurses to also support the fulfilment of board of health requirements to improve the health of school-aged children and youth as per the School Health Program Standard and related OPHS guidelines and protocols, and to support child care centres, home child care premises, and other priority settings as needed (e.g., high risk settings such as long-term care).

1.1.4 School-Focused Nurse Responsibilities and Functions

The responsibilities or functions of the School-Focused Nurse position specific to COVID-19 pandemic response could include, but were not limited to:

- Helping develop and support the implementation of school COVID-19 health, safety, and prevention plans (including before and after school programs);
- Building staff capacity (e.g., knowledge, skill-building) to implement COVID-19 measures, like infection prevention and control (IPAC) or other prevention and preparedness measures;
- Assisting with modifying school programs in the context of COVID-19;
- Acting as a school's key public health contact for IPAC support, guidance, surveillance, screening, and management of COVID-19 cases or outbreaks in school;
- Supporting communication with families and the broader school community about COVID-19 protocols; and
- Supporting mental health and well-being for the school community by providing resources and connecting with community supports.

1.2 Purpose of the Evaluation

OPHNL conducted an evaluation of the School-Focused Nurses Initiative as part of OPHNL's ongoing partnership with the Ministry of Health to support implementation of the initiative.

The objectives of the School-Focused Nurses Initiative evaluation were to:

1. Assess whether the initiative met its objectives in supporting the pandemic response in schools, child care, and camps.
2. Determine whether the initiative benefited the public health COVID-19 response.
3. Explore enablers and barriers to implementation of the initiative and School-Focused Nurse positions.
4. Capture lessons learned to inform planning and implementation of future pandemic/outbreak response in schools and child care settings, as well as ongoing partnerships between public health and education to support school health program delivery.

1.3 Purpose of the Report

This report provides information about how the School-Focused Nurses Initiative evaluation was conducted and results of the evaluation, including how School-Focused Nurse positions were utilized, factors impacting and experiences related to implementation of the initiative, and opportunities to leverage School-Focused Nurse positions and functions for ongoing school health programs and partnerships.

Results from the evaluation will be shared with key stakeholders to help inform planning and implementation of future pandemic and outbreak response in schools and child care settings as well as ongoing partnerships between public health and education to support school health programming.

Section 2.0

Methodology

Information about the data collection and analysis methodologies implemented for the School-Focused Nurses Initiative evaluation is outlined in this section of the report as well as a description of data limitations that provide context for understanding the evaluation results. Please see Appendix A for a copy of each data collection tool.

2.1 Data Collection Methods

Outlined below is a description of each data collection method used in the evaluation from which data presented in this report has been derived.

2.1.1 Monthly Activity Reports

Monthly activity reports were completed by each public health unit and submitted to the Ministry of Health throughout the duration of the initiative. Monthly activity reports reflect activities conducted by School-Focused Nurses to support schools, child care, and camps in facilitating public health and preventative measures related to the COVID-19 pandemic. Monthly activity reports included information about the following:

- The approximate percentage of work time School-Focused Nurses spent in the past month on activities to support schools, child care, and camps with COVID-19 pandemic response, other school, child care, or camp health needs, and additional priority settings or populations and related supports.
- The number of unique schools, child care centres, and camps School-Focused Nurses supported through the reported activities, either in person or virtually during the past month.
- The cumulative number of unique times School-Focused Nurses conducted or supported IPAC assessments and other health-related assessments.
- The cumulative number of unique times during the past month School-Focused Nurses conducted or supported consultations, education, and awareness-building activities for: school boards; schools, child care centres, and camps; parents/guardians, families, and/or students; and other audiences or settings.
- Key highlights, success, or barriers experienced with the initiative and additional comments relating to the experiences of School-Focused Nurses and/or School Health more broadly during the reporting period.

While monthly activity reports reflect contributions of the School-Focused Nurses Initiative within public health units, it is important to note that activity reports do not represent the full scope and breadth of work conducted at the public health unit level in support of school-aged children and youth. Further, public health units across Ontario represent unique and diverse communities. As such, public health units are comprised of different governing structures with unique partnerships and collaborations with community partners and resources.

Monthly activity report data included in the evaluation represents activities conducted by School-Focused Nurses between April 1, 2021 and May 31, 2022.

2.1.2 Focus Groups

Between June 10, 2022 and July 7, 2022, a series of 22 virtual focus groups were conducted to gather feedback from individuals involved with the School-Focused Nurses Initiative about their experience implementing and engaging with the initiative.

Focus groups were conducted with public health leadership and management, School-Focused Nurses, and elementary and secondary school administrators. Separate focus groups were conducted for each respondent group based on the following criteria:

- **Public Health Leadership and Management** – Any senior public health leader (i.e., Directors) and program managers/supervisors responsible for overseeing or decision-making with respect to School-Focused Nurses (e.g., staffing, logistics, allocation, direct supervision, and management, etc.).
- **School-Focused Nurses** – Those who were currently (i.e., during the time period when focus groups were conducted) or completed part of a contract in a School-Focused Nurse position, which may include experience across diverse roles (e.g., case and contact management, vaccine clinics, etc.).
- **School Administrators** – Superintendents, Principals, Vice Principals, or other school administrators involved with the School-Focused Nurses Initiative.

A snowball sampling method was used to recruit focus group participants. Specifically, an invitation email with a focus group registration link was distributed to key contacts, including public health unit managers, School-Focused Nurses Initiative managers, and COVID-19 leads in school boards/authorities, who were asked to forward the invitation to others involved in the School-Focused Nurses Initiative who met the inclusion criteria.

Each focus group was 60 minutes in duration and participation was voluntary. Prior to each focus group, all participants were sent a copy of the focus group questions. Focus groups were recorded and voice recordings were transcribed into text using voice-to-text transcription software to support data analysis. One of the focus groups facilitated with school administrators was conducted in French. A French language voice-to-text transcription software was used to transcribe the voice recording and translation software was used to translate the text from French to English.

One school board that was unable to participate in a focus group due to focus group timing requested an opportunity to provide feedback in the form of a written response. To support their participation, the focus group questions were provided to the school board, which submitted a written response to each question. These responses were included in the data analysis along with the focus group responses.

2.2 Data Analysis

2.2.1 Data Cleaning Process

Prior to analyzing the quantitative data, a data cleaning process was conducted to ensure complete and accurate data.

Data reported through monthly activity reports about the approximate percentage of work time School-Focused Nurses spent in the past month on activities to support schools, child care, and camps with COVID-19 pandemic response, other school health needs, and additional priority settings or populations unrelated to the health of school-aged children and youth were adjusted to sum to 100%.

For monthly activity reports where this data did not sum to 100% and where the margin of error was 5% or less (i.e., $100\% \pm 5\%$), correction was applied whereby data in the largest response category was adjusted by the required amount to sum to 100%. For example, if the total summed to 99%, +1 was added to the largest response category. For monthly activity reports where data did not sum to 100% and the margin of error was larger than 5%, the data was excluded from the analysis. There were seven entries for which the margin of error was larger than 5% and data was excluded from the analysis, and given the large data set and collection of data over an extended period of time, exclusion of these data points did not statistically introduce bias or skew the data, meaning the validity of the data was not impacted by the exclusion of these data points.

Further, during the data cleaning process, it was identified that six monthly activity reports were missing from the data set (e.g., they may not have been submitted or were not initially included due to awaiting follow-up for clarification of responses). Work was conducted to gather and include missing reports in the data set, with five of the six missing reports identified and included. Therefore, only one reporting period (May 2021) is missing one activity report, meaning quantitative data for May 2021 represents 33 of 34 public health units. All other monthly reporting periods are inclusive of data from all 34 public health units.

2.2.2 Quantitative Data Analysis

Quantitative data included in the evaluation was derived from monthly activity reports. Data from across all public health units was collated, meaning data represents results from across all public health units in Ontario (i.e., data is presented at a provincial level). Data was analyzed at an aggregate level by question to prepare descriptive statistics. The analysis was conducted to determine total cumulative results across the entire reporting period (i.e., April 2021 to May 2022) as well as determine monthly results to understand changes in activities over time.

Further, where monthly activity reports asked for a description of the submitted quantitative data (i.e., for time spent supporting activities related to other school, child care, or camp health needs and for time spent supporting other priority settings or populations), content analysis of open-ended responses was conducted to categorize responses and determine the frequency of responses in each category.

For detailed results from the analysis of quantitative data contained in the monthly activity reports, see Appendix C.

Throughout the report, “n=” has been used to indicate the frequency of a response (e.g., the total number of times an activity was conducted).

2.2.3 Qualitative Data Analysis

Qualitative data included in the evaluation was derived from the focus group and written school board responses. Qualitative data from across all focus groups and respondent groups was collated for analysis at an aggregate level, and data was analyzed by question. Reflexive thematic analysis using a latent, inductive approach was conducted to identify common themes (i.e., themes that appeared across focus groups and/or respondents groups).

Throughout the report, “respondents” refers to focus group participants and the school board that provided a response to each of the focus group questions.

The question about the unique knowledge and specialized skill sets School-Focused Nurses brought to the position role(s) and/or function(s) was not asked of school administrators and therefore only represents responses from public health leadership and management and School-Focused Nurses. Further, in alignment with their area of focus and experience, school administrators were only asked about what School-Focused Nurse role(s) or function(s) could support future emergency and outbreak response planning in schools, whereas public health leadership and management and School-Focused Nurses were also asked about response planning in child care and camps in addition to schools.

2.3 Data Limitations

Data limitations occur with any evaluation. Below is a description of the data limitations encountered during data collection and analysis to provide context for the results. These data limitations should not be considered to negate the findings presented in this report.

- **Adjustments to Monthly Activity Reporting** – As COVID-19 vaccinations for those aged 12 years and older were not available in Ontario until mid-May 2021, activity reports submitted in April and May 2021 did not collect data related to support for or administering of vaccinations and School-Focused Nurse time spent conducting COVID-19 vaccination-related activities were captured under “Supporting other school, child care, or camp health needs” and/or “Supporting additional priority settings other than schools, child care, or camps.” To reflect the availability of and work done to support COVID-19 vaccinations for school-aged children, a specific category for the percentage of time spent by School-Focused Nurses supporting or administering COVID-19 vaccinations was introduced in the June 2021 activity report and was included in all subsequent monthly activity reports.
- **Monthly Activity Reporting Data Inconsistencies** – Data included in monthly activity reports is self-reported by public health units, resulting in some inconsistencies in reporting. To address data inconsistencies, data clarity follow-ups were conducted regularly and monthly report results were updated as required.
- **Self-Reported Data** – Qualitative results from focus group responses are based on self-reported data. Some participants may have responded to focus group questions in a way they believed to be “right” or socially acceptable based on their level of comfort discussing their experiences. To address this limitation, focus groups were facilitated by evaluation team members who had no prior contact with or relationship to the participants, participants were not required to turn their video on during the virtual focus group and were encouraged to be candid in their responses, and participant names were not associated with specific responses to support anonymity. Further, participants were provided with information about the evaluation and participating in a focus group (e.g., information about voice recording and transcription, maintaining confidentiality, removal of potentially identifying information, voluntary participation, the ability to request withdrawal of responses, etc.) prior to and at the start of the focus group to support informed consent and comfort participating.

As responses reflect varying experiences and perceptions of respondents based on how the initiative was implemented in their area and their role in the initiative, some themes presented in the report may be contrary to one another.

Section 3.0

Results

Through the evaluation of the School-Focused Nurses Initiative, the following questions were explored:

1. Did the initiative meet its objectives in supporting the pandemic response in schools, child care, and camps?
2. Did the initiative benefit the public health COVID-19 response?
3. What were enablers and barriers to implementation of the initiative and School-Focused Nurse positions?
4. In what ways could the School-Focused Nurse roles and functions be utilized to enhance School Health programs?

Evaluation results and related key findings are presented in this section of the report.

3.1 Respondents

3.1.1 Participation by Respondent Group

In total, 178 unique individuals participated in a focus group. Specifically, 58 individuals participated in one of the seven focus groups for public health leadership and management, 88 individuals participated in one of the 10 focus group for School-Focused Nurses, and 32 individuals participated in one of the five focus groups for school administrators.

Of the 32 individuals who participated in a focus group for school administrators, five participated in a focus group conducted in French.

In addition, one school board provided written responses to the focus group questions.

3.1.2 Geographic Representation of Respondents

Work was done to promote representation of focus group respondents from public health units and school boards/authorities across Ontario.

Focus groups conducted with public health leadership and management and School-Focused Nurses included representatives from across 30 different health units, which reflects responses from 88% of all public health units in Ontario.

Focus groups conducted with school administrators included representatives from 21 different school boards, including nine English public school boards, eight English Catholic school boards, and four French Catholic school boards. Further, written responses to the focus group questions were provided by an English public school board. In total, this reflects responses from 31% of all school boards in Ontario.

3.2 Result 1: The School-Focused Nurses Initiative Met Its Objectives.

Overall, results from the evaluation, including data from monthly activity reports and focus group respondents, indicate the three priority objectives of the School-Focused Nurses Initiative were met. These include:

1. To provide support in the development and implementation of COVID-19 health and safety plans;
2. To provide sector-specific support for infection prevention, surveillance, screening, and testing, outbreak management, case and contact management, and COVID-19 vaccinations; and
3. To support communication and engagement with local school communities, as well as the broader health care sector.

Results also indicate School-Focused Nurses supported mental health and well-being for the school community and other comprehensive school health activities.

Data related to the ways in which the School-Focused Nurses Initiative met its objectives is presented in the key findings below.

3.2.1 Key Finding: The Initiative Provided Support in the Development and Implementation of COVID-19 Health and Safety Plans.

Monthly activity report data and focus group responses demonstrate the School-Focused Nurses Initiative was successful in supporting schools, child care, and camps with COVID-19 health and safety planning.

Figure 3: Average Percentage of All Time Spent on Activities Between April 2021 and May 2022

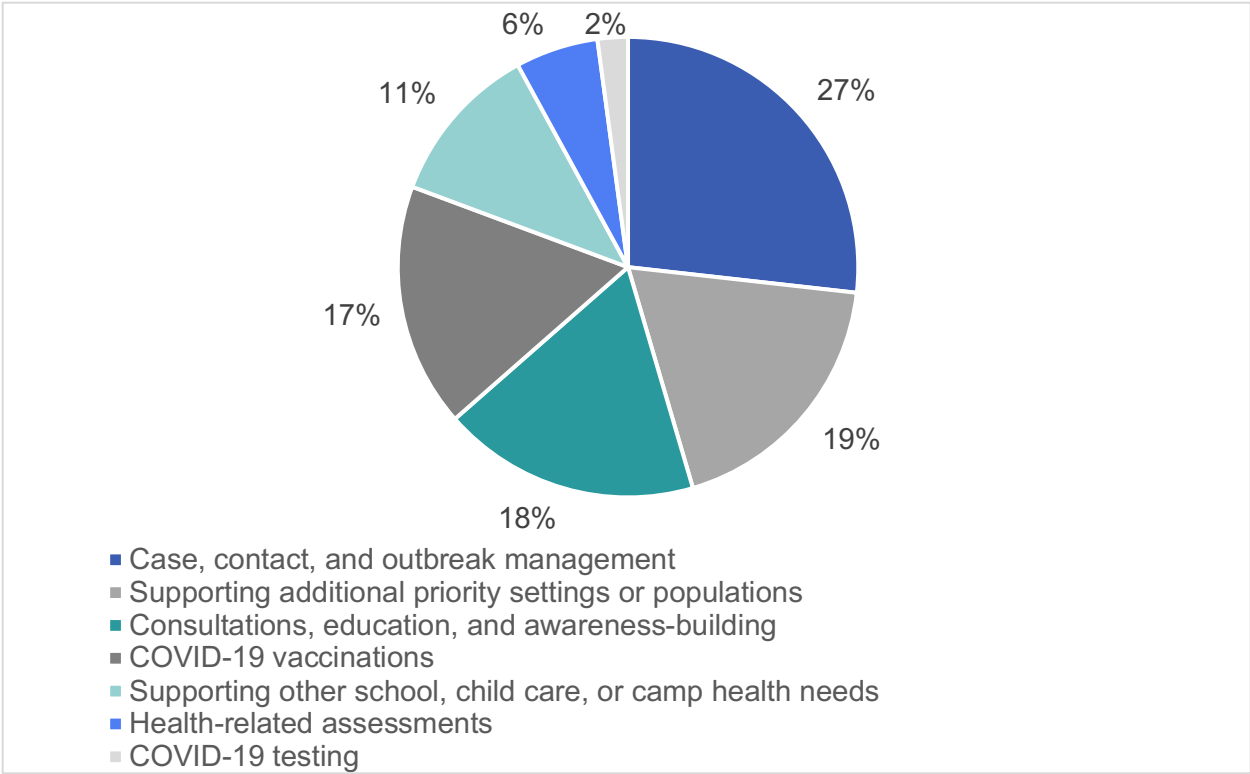


Figure 3 presents cumulative data from across all monthly activity reports to provide an overview of the overall roles of and activities conducted by School-Focused Nurses between April 2021 and May 2022 as part of the School-Focused Nurses Initiative.

Results from Figure 3 demonstrate that School-Focused Nurses spent on average 6% of their time conducting health-related assessments. In support of COVID-19 health and safety planning, School-Focused Nurses conducted and supported a total of 17,269 assessments for schools, child care centres, and other settings related to the health of school-aged children and youth between April 2021 and May 2022. Of the 17,269 assessments conducted and supported by School-Focused Nurses, 11,944 (69%) were IPAC assessments.

When discussing whether the initiative objectives were met, respondents also reported that School-Focused Nurses provided support with developing and reviewing health and safety plans and developing COVID-19 related protocols and processes. Further, School-Focused Nurses helped inform program modifications, such as sports, music, and physical education programs and lunch periods, to identify and promote health and safety measures in these settings.

3.2.2 Key Finding: The Initiative Provided Sector-Specific Support for Infection Prevention, Surveillance, Screening, and Testing, Outbreak Management, Case and Contact Management, and COVID-19 Vaccinations.

Figure 3 demonstrates that School-Focused Nurses conducted activities in alignment with the initiative objective of providing sector-specific support for infection prevention, surveillance, screening, and testing, outbreak management, case and contact management, and COVID-19 vaccinations. Specifically, between April 2021 and May 2022, School-Focused Nurses spent almost half of their time (46%) conducting or supporting case, contact, and outbreak management (27% of all time), COVID-19 vaccinations (17% of all time), and COVID-19 testing (2% of all time) in support of schools, child care, and camps.

Further, respondents reported that School-Focused Nurses conducted a variety of activities in alignment with the initiative objectives, including supporting case and contact management, COVID-19 guidance, infection prevention and control, outbreak management, and vaccine administration. A description of each is presented below.

Case and Contact Management

School-Focused Nurses supported case and contact management, with this work becoming a main focus as COVID-19 cases emerged in schools, child care, and camps. This support included conducting contact tracing for children, parents, and staff, following up with schools about positive cases, contacting families directly to discuss a case and provide information and isolation advice, preparing and sending informational letters, providing guidance to administrators about how to manage cases in their facilities, and monitoring new variants of concern.

COVID-19 Guidance

According to respondents, School-Focused Nurses supported school, child care, and camp administrators as changes in COVID-19 guidance and protocols occurred. Specifically, School-Focused Nurses provided updates, answered questions, and provided clarifications to ensure protocols were being followed correctly, developed recommendation and reference documents, and provided support with understanding nuances or differences between various policies and how to implement them in different contexts.

Infection Prevention and Control

Another important function of School-Focused Nurses, as discussed by respondents, was providing assistance with infection prevention and control. School-Focused Nurses supported schools, child care, and camps by completing onsite IPAC assessments/ reviewing IPAC checklists, identifying gaps or areas of concern and providing recommendations for infection prevention, control and containment, and risk mitigation measures, and facilitating COVID-19 testing initiatives. School-Focused Nurses also conducted consultations with staff and administrators about screening protocols and answered questions about prevention and control measures.

Outbreak Management

Respondents reported that School-Focused Nurses facilitated and supported outbreak management in schools, child care, and camps by investigating and declaring outbreaks, providing guidance and directives to administrators about managing outbreaks, conducting class/cohort dismissals, and implementing isolation protocols, and assessing the need for facility closures.

Vaccine Administration

Promoting, managing, and administering vaccines for the school community were also School-Focused Nurse functions discussed by respondents. Specifically, respondents reported School-Focused Nurses were an “integral part of setting up the COVID-19 vaccine clinics within school settings,” acted as a main point of contact for school-based vaccine clinics, developed and disseminated messaging to provide education about vaccines and promote vaccine uptake, and facilitated mobile and pop-up clinics in school communities.

3.2.3 Key Finding: The Initiative Supported Communication and Engagement With Local School Communities, as Well as the Broader Health Care Sector.

Data from monthly activity reports and focus groups also support the finding that the School-Focused Nurses Initiative met its objective of supporting communication and engagement with local school communities and the broader health care sector.

As outlined in Figure 3 on page 29, School-Focused Nurses spent an average of 18% of their time between April 2021 and May 2022 conducting or supporting consultations, education, or awareness-building activities.

Figure 4: Total Number of Consultations Conducted by Audience/Setting Between April 2021 and May 2022

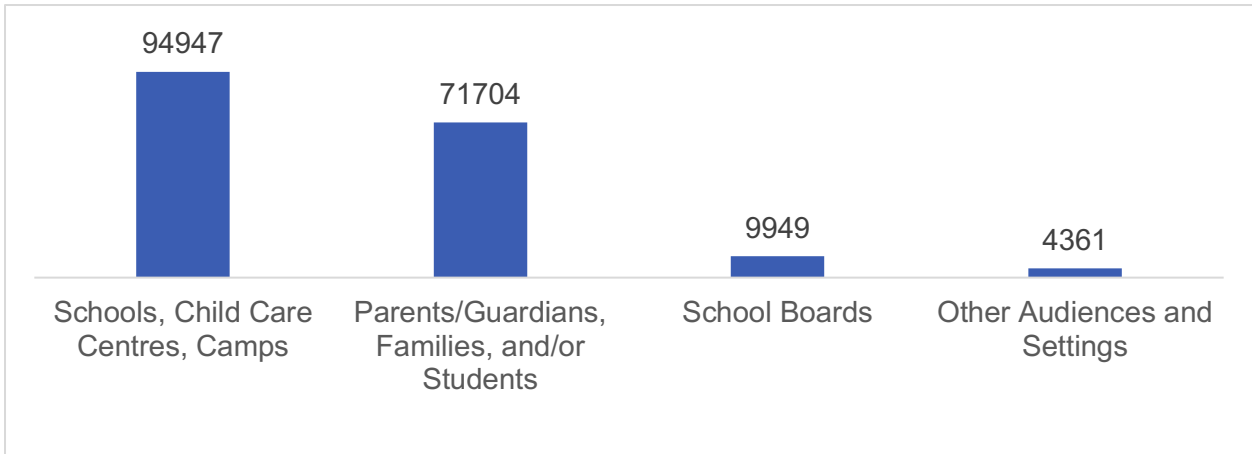


Figure 4 also demonstrates that in alignment with the objective of supporting communication and engagement with local school communities, of the 180,961 times School-Focused Nurses conducted and supported consultations, education, and awareness-building, 52.5% (n=94,947) were conducted for schools, child care centres, and camps, 40% (n=71,704) were conducted for parents/guardians, families, and/or students, and 5.5% (n=9,949) were conducted for school boards.

Respondents also discussed School-Focused Nurse roles and functions that aligned with this objective, including supporting communication and relationship development and staff capacity building. A brief description of each is outlined below.

Communication and Relationship Development

Developing and disseminating communication and educational materials, communicating with and responding to questions or concerns from staff and administrators, school boards, parents/families, and students, and facilitating internal communication with the School-Focused Nurses Initiative team or other health unit teams were critical activities conducted by School-Focused Nurses.

Respondents reported a variety of effective communication strategies were used, including outreach in the school community (e.g., holding community meetings with parents), recommendation documents and informational letters, emails, text messages, webpages, call centres or a phone line dedicated to schools and parents, having a dedicated School-Focused Nurse liaison, regular meetings, webinars, onsite visits, social media posts, and online reporting tools.

Staff Capacity Building

By assisting administrators with problem-solving, providing education and support to school staff, creating resources for staff could share with school communities, and conducting question and answer sessions, respondents explained that School-Focused Nurses promoted skill development and capacity building among staff and administrators. It was noted that this capacity building work helped empower school staff to communicate more effectively and confidently with families.

3.2.4 Key Finding: School-Focused Nurses Supported Mental Health and Well-Being for the School Community and Other Comprehensive School Health Activities.

In addition to meeting the priority objectives of the School-Focused Nurses Initiative, results also demonstrate that School-Focused Nurses conducted activities that supported mental health and well-being for the school community and other comprehensive school health programming during the COVID-19 pandemic response. While this was not a primary objective of the initiative, flexibility was built into funding agreements to enable School-Focused Nurses to also support other comprehensive school health activities, including mental health and well-being.

Overall, as shown in Figure 3 on page 29, School-Focused Nurses spent an average of 11% of their time supporting other school, child care, or camp health needs, such as routine immunizations, oral/vision screening, health promotion and disease and injury prevention programs, etc.

Figure 5: Average Percentage of Time Spent Supporting Other School, Child Care, or Camp Health Needs by Month

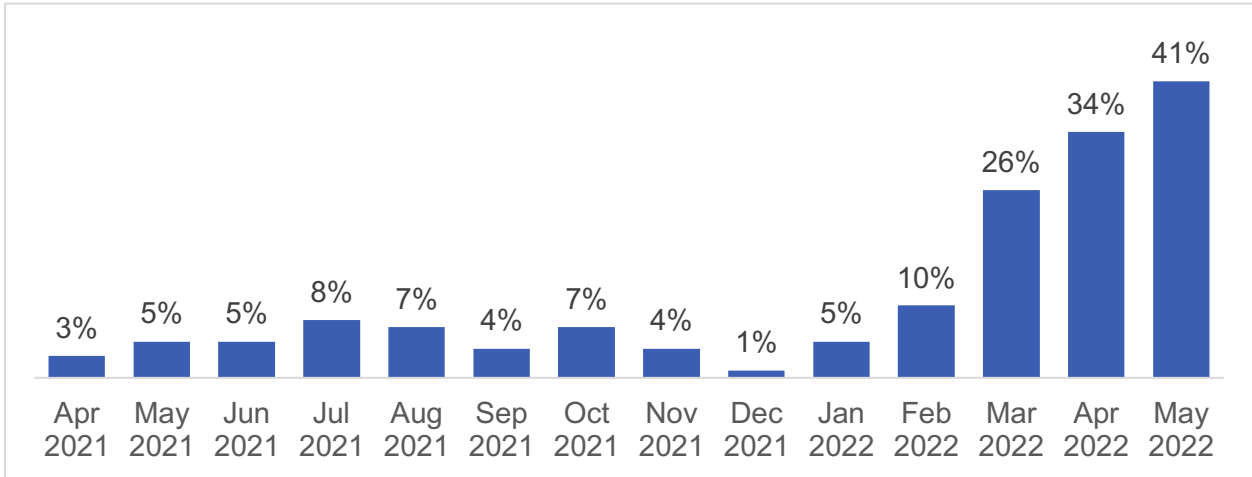


Figure 5 also demonstrates that School-Focused Nurses spent time each month between April 2021 and May 2022 supporting additional school, child care, and camp needs. Further, since March 2022, the work of School-Focused Nurses has started to shift towards spending more time addressing additional school, child care, and camp needs, with School-Focused Nurses spending one-quarter or more of their time in this area.

Additionally, of the 17,269 assessments for schools, child care centres, and other settings related to the health of school-aged children and youth School-Focused Nurses conducted between April 2021 and May 2022, 31% (n=5,325) were focused on other health-related needs (e.g., related to comprehensive school health).

Respondents also reported that addressing mental health and well-being and supporting comprehensive school health activities was another function supported by School-Focused Nurses. Specifically, School-Focused Nurses supported Healthy Schools work, routine immunization catch-up clinics, mental health awareness education and programming efforts, development of coping and stress management resources for students and families, promotion of physical activity, and nutrition and healthy eating programming.

Respondents highlighted that while mental health and well-being supports were provided, they were not a primary focus during the COVID-19 response, particularly when case counts were high and the primary focus was on case, contact, and outbreak management. Further, respondents explained that due to the nature of the pandemic being a public health emergency requiring a rapid response and case, contact, and outbreak management being a primary focus, School-Focused Nurses were unable to dedicate as much time as they and schools would have liked on offering mental health supports and that comprehensive school health activities or programming was “put on hold” in some instances.

Here's What Respondents Had to Say...

"From my perspective, I think we definitely met the objectives. We had to shift because of different pressures. A lot of our support was directed toward outbreak management in schools and helping individual principals and administrators problem-solve their very first case, and there was some skill development and building there. Unfortunately, because of the amount of work and Delta and Omicron [variants], during those waves, our nurses weren't able to develop those relationships, so it was kind of just a really brief encounter of supporting them through that time and getting them through to the end."

"I would say that our focus was really on supporting the case and contact management for the schools, and we had some really good relationship building in terms of support about what to do about case and contact management."

"[The School-Focused Nurses] were integral to facilitating important, ongoing communication between the health unit and the schools, from planning, to case management, to outbreak management, to school-based and mobile pop-up clinics within the school neighbourhoods."

3.3 Result 2: The School-Focused Nurses Initiative Benefited the Public Health COVID-19 Response.

Overall, evaluation results indicate the School-Focused Nurse positions provided several benefits to the public health COVID-19 response, including benefits for COVID-19 response in schools, child care, and camp settings as well as other community and priority settings. A variety of knowledge and skill sets of School-Focused Nurses contributed to the successful implementation of the positions and the resulting benefits.

The results presented below that inform the key findings highlight the ways in which the School-Focused Nurse positions benefited the public health COVID-19 response and the skill sets of School-Focused Nurses that supported implementation of the initiative.

3.3.1 Key Finding: School-Focused Nurse Positions Provided Resources Needed to Implement a Focused COVID-19 Response in Schools, Child Care, and Camps.

By providing dedicated resources and staffing through the initiative, the School-Focused Nurse positions enabled implementation of a focused response and supports required to meet the specific needs of schools, child care, and camps during the COVID-19 pandemic, thereby adding value to the overall public health COVID-19 response.

Respondents explained that the School-Focused Nurses were critical to supporting schools, child care, and camps with essential COVID-19 response activities, including contact tracing, infection prevention and control practices, outbreak management, vaccine programs, guidance and education, and reducing barriers to COVID-19 supports (e.g., test kits, vaccines). Further, respondents discussed that given the demand for support in school communities during the pandemic, much of this work would not have been possible without the School-Focused Nurse positions, and that implementation of the dedicated response in schools, child care, and camps helped to reduce and contain transmission in this higher risk population.

The additional staff capacity created through the School-Focused Nurse positions also enabled public health units to support schools, child care, and camps more effectively during the COVID-19 pandemic. Specifically, the additional staff capacity allowed school assignments to be distributed across a larger team, which helped with managing the workload, supported improved coverage and team scheduling, enabled staff to take some time off, and helped to address burnout.

When discussing the skill sets School-Focused Nurses contributed to the COVID-19 response, respondents also stated that School-Focused Nurses were enthusiastic about the work, eager to help, and willing to “do whatever needed to be done.”

School-Focused Nurses were lauded for “stepping up to the plate” and working long days, offering new perspectives, being dedicated to the work, and maintaining a positive attitude, all of which supported the COVID-19 response in schools, child care, and camps.

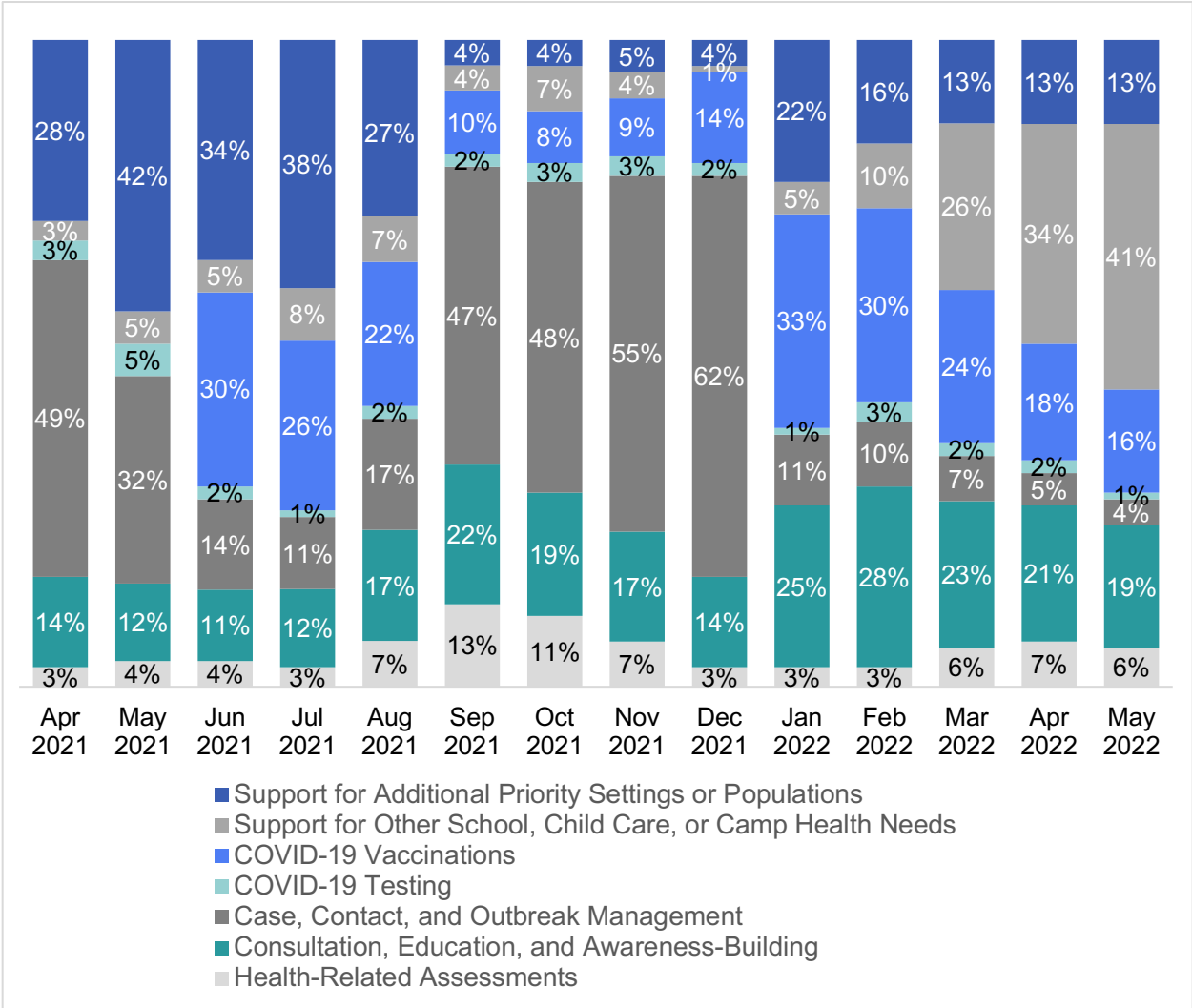
3.3.2 Key Finding: School-Focused Nurse Positions Provided Flexibility to Meet Changing School and Community Needs and Local Contexts.

Through the implementation of the initiative, the School-Focused Nurse positions benefited the public health COVID-19 response by enabling public health units to be flexible in responding to the changing needs and contexts within the local community, including in schools, child care, and camps as well as other priority settings.

Respondents explained that the School-Focused Nurse positions increased the overall local public health nursing capacity, creating resources to support COVID-19 response activities in other community settings when needed, particularly when cases in the community were high. Further, within school, child care, and camp settings, School-Focused Nurses were not “geared towards one small task,” but rather, with the flexibility of their positions and application of their wide-ranging skill sets, were able to adapt and pivot to meet multiple and changing needs.

Adaptability to change was also highlighted by respondents as a key skill set of School-Focused Nurses that contributed to the initiative. School-Focused Nurses were open to uncertainty throughout the pandemic and their ability to “wear multiple hats,” learn quickly, pivot, and take on new roles were all ways in which School-Focused Nurses addressed and increased the volume of work that could be completed throughout the pandemic.

Figure 6: Average Percentage of Time Spent on Each Activity by Month^{3,4}



Quantitative data from the monthly activity reports further highlights the flexibility of School-Focused Nurse positions throughout the COVID-19 pandemic. Figure 6 provides an overview of the average percentage of time School-Focused Nurses spent conducting each type of reported activity each month between April 2021 and May 2022.

³ Data about time spent supporting COVID-19 vaccinations was not collected as part of the monthly activity reports in April 2021 and May 2021. In May 2021 when COVID-19 vaccine eligibility expanded to children and youth aged 12-17 years old, School-Focused Nurse time spent conducting vaccination-related activities was captured under “Supporting additional school, child care, or camp health needs” and/or “Supporting additional priority settings or populations.” A reporting category for time spent supporting COVID-19 vaccinations was added to monthly activity reports starting in June 2021.

⁴ Data for August 2021, September 2021, and March 2022 does not sum to 100% due to rounding to whole numbers.

Overall, Figure 6 demonstrates the variability of the School-Focused Nurse role and their ability to move between functions and responsibilities as the prioritization of each activity shifted over time to support high-priority settings or populations in alignment with how the COVID-19 pandemic evolved, local needs, changes in guidelines, and dynamic school, child care, camp, and community contexts.

Table 1 provides a description of key events and factors that may have influenced the amount of time School-Focused Nurses spent on the various activities to provide context for shifts in position activities and responsibilities in a given month.

Table 1: Key Events Influencing School-Focused Nurse Functions and Responsibilities

Timeline	Key Events
April 2021	<ul style="list-style-type: none"> • Ontario schools did not offer in-person learning after the April break for the remainder of the 2020/2021 school year, with school ending in June 2021. • School-Focused Nurse activities shifted to reflect the closure of Ontario schools, including support for additional community public health needs such as COVID-19 vaccinations and broader community case and contact management.
May 2021	<ul style="list-style-type: none"> • COVID-19 vaccine eligibility was expanded to children and youth aged 12-17 years old as of late May 2021.
September 2021	<ul style="list-style-type: none"> • Ontario announced a return to in-person learning along with optional virtual learning. Public health units may have recommended or directed additional measures or modifications based on local context. • A case and contact management approach was put in place, including cohort dismissals.
October 2021	<ul style="list-style-type: none"> • Ontario announced a voluntary, targeted COVID-19 rapid antigen screening program for unvaccinated students. • Ontario announced increased access to low-barrier testing options for students and staff.
November 2021	<ul style="list-style-type: none"> • Ontario announced COVID-19 vaccine eligibility for children aged 5-11 years old. • COVID-19 Polymerase Chain Reaction (PCR) Self-Collection Testing resources were provided to School-Health Managers.

Timeline	Key Events
December 2021	<ul style="list-style-type: none"> • The highly transmissible Omicron variant became the primary COVID-19 strain in Ontario. Containment measures (e.g., case and contact management, cohort dismissals) that were effective for previous COVID-19 strains were less effective for Omicron. The provincial pandemic response shifted to mitigating transmission in the highest risk settings and among individuals with the highest risk of severe disease. • Additional health and safety measures were added within schools and school communities in response to the Omicron variant surge, including enhanced testing options. • PCR testing eligibility continued for symptomatic elementary and secondary students, education staff, and participating private and First Nation operated schools who received a PCR self-collection kit through their school. • Ontario distributed 11 million rapid tests for public school students learning in person ahead of the December break to add an additional layer of protection over the holiday period and as students returned to school in January.
January 2022	<ul style="list-style-type: none"> • Ontario announced a move to remote learning from January 5-17, 2022 for all public funded and private schools. • COVID-19 management in schools shifted from individual case management to monitoring population-level data (i.e., school-level absenteeism). This may have influenced School-Focused Nurse time spent conducting case, contact, and outbreak management. <ul style="list-style-type: none"> ○ If a school's absenteeism rate rose significantly above their baseline absence rate (approximately 30%), school principals were required to notify their local public health unit. This approach allowed public health units to target interventions in communities experiencing increased transmission or schools where there may have been lapses in infection prevention and control measures. ○ Public health units were no longer expected to follow up on individual cases in schools, conduct contact investigations, or dismiss cohorts if there was a confirmed or presumed positive COVID-19 case in a school setting.

Timeline	Key Events
March 2022	<ul style="list-style-type: none"> • The provincial COVID-19 approach shifted from emergency response to longer-term management and a movement towards endemicity. • Harmonized guidance between school and community settings and the retirement of sector-specific school guidance documents occurred on March 9, 2022. • In alignment with community measures, the province lifted the majority of public health measures in schools on March 21, 2022, including masking, cohorting, distancing, and daily onsite confirmation of screening.

When discussing shifts in the responsibilities or functions of School-Focused Nurses during the COVID-19 response, respondents noted that in alignment with changing guidance from the Ministry of Health and/or Ministry of Education, School-Focused Nurses provided updated documents, developed new tools, and prepared communication materials to support schools, child care, and camps. Further, as the needs of schools changed throughout the pandemic and school administrators became more comfortable implementing COVID-19 measures, restrictions eased, and a larger proportion of the school population was vaccinated, schools had reduced need for consultation with School-Focused Nurses and for case, contact, and outbreak management supports. Respondents also noted that as cases decreased in schools, School-Focused Nurses spent more time supporting comprehensive school health programming, which is reflected in Figure 6 as School-Focused Nurses have spent increasingly more time supporting additional school, child care, and camp health needs since February 2022.

In alignment with timeline of key events, respondents also noted that as new vaccine approvals were confirmed for children and youth, School-Focused Nurses adjusted their focus to spend more time conducting and supporting COVID-vaccinations for school-aged children and youth. This shift can be seen in Figure 6 as School-Focused Nurses spent increased time facilitating and administering COVID-19 vaccinations for schools, child care, and camps in the two to three months after new approvals for children and youth in May 2021 and November 2021.

Respondents also noted that during school closures and periods of remote learning (i.e., between mid-April 2021 to June 2021 and in early January 2022) and summer and winter breaks, School-Focused Nurses were utilized elsewhere in the community to support COVID-19 response activities for other priority settings or populations, and that when schools re-opened, School-Focused Nurses returned to supporting schools.

This trend can be seen in Figure 6 on page 38 with the average percentage of time School-Focused Nurses spent supporting additional priority settings or populations being higher during these periods (e.g., between April 2021 and August 2021 and in January 2022).

Further, in alignment with a surge of COVID-19 cases in April 2021, a return to in-person learning between September 2021 and December 2021, and the Omicron surge in December 2021, Figure 6 demonstrates that School-Focused Nurses spent a greater proportion of their time supporting case, contact, and outbreak management in schools, child care, and camps during these time periods. Respondents also reported that surges in COVID-19 cases and the emergence of new variants impacted the responsibilities and functions of School-Focused Nurses, with School-Focused Nurses being primarily focused on case, contact, and outbreak management during times of increased case counts of outbreaks in schools, child care, and camps.

3.3.3 Key Finding: School-Focused Nurse Positions Supported Strong Communication to Address COVID-19 Needs or Concerns Within Local School Communities.

As indicated by the evaluation results, another benefit of School-Focused Nurse positions was providing robust communication supports to school, child care, and camp administrators, parents, and students to address their COVID-19 needs or concerns.

When discussing the responsibilities and functions of School-Focused Nurses as well as the benefits of the positions, respondents identified that School-Focused Nurse positions supported consistent communication to schools, child care, and camps. Specifically, the work done by School-Focused Nurses helped to facilitate a direct, central line of communication between public health units and school communities, more timely responses to COVID-19 related calls and inquiries, greater transparency, and support with problem-solving.

Communications from School-Focused Nurses also helped to reinforce and increase trust in messaging provided to the school community. Respondents noted that being able to speak with a School-Focused Nurse ensured administrators, staff, and families had access to and received accurate and context-specific COVID-19 related information from someone with medical knowledge and expertise, and helped to ease student, parent, staff, and school administrator stress and anxiety. Further, according to respondents, School-Focused Nurses' communication and crisis de-escalation skills helped to defuse situations when families may have been confused or angry, and their client care background meant School-Focused Nurses could effectively interact with parents, school staff, and families to navigate challenging situations.

Ongoing, open communication also helped to foster strong working relationships and collaborative partnerships between health units and schools, child care, and camps to implement COVID-19 responses. Further, through the initiative, regular communication at a public health leadership level (i.e., across public health units in Ontario) helped to promote a more consistent approach and COVID-19 response across school boards and different jurisdictions.

3.3.4 Key Finding: The Relationships School-Focused Nurses Fostered With Schools, Child Care, and Camps Extended the Reach of the Initiative and COVID-19 Supports in the Local School Community.

School-Focused Nurse positions also benefited the public health COVID-19 response by fostering strong working relationships with existing partners and developing new relationships that extended the reach of COVID-19 supports to a greater proportion of the local school community.

Respondents reported the School-Focused Nurse positions and providing dedicated supports to schools played a valuable role in promoting strong, trusting relationships and collaboration between public health units and school boards or school administrators throughout the COVID-19 response. Some School-Focused Nurses also had “years or decades” of experience engaging with schools and had established local relationships, which further supported effective and efficient implementation of the initiative as these School-Focused Nurses were able to navigate the school systems and quickly and easily build trust with and work effectively alongside school staff and parents.

According to respondents, enhancing supports for and strengthening relationships with schools also resulted in an improved understanding among school boards and administrators of the role of public health nurses and the types of services they could offer schools, as well as a strong foundation for ongoing partnership between public health units and schools to the future.

Additionally, because of the School-Focused Nurse positions and increased staffing dedicated to supporting schools, child care, and camps, respondents explained that public health units were able to build relationships with and provide COVID-19 related services to segments of the local school community they previously did not support or had few resources available to support. This included fostering relationships with French school boards, private schools, and rural communities.

School-Focused Nurse positions hired through the initiative also increased the number of staff who spoke multiple languages, which allowed public health units to offer support to administrators and families in languages other than English, thereby further extending the reach of the COVID-19 response. Specifically, these School-Focused Nurses supported translation of materials and information, communicated with families in other languages, and helped build relationships with French languages schools.

3.3.5 Key Finding: School-Focused Nurse Positions Provided Expertise and Guidance on COVID-19 Measures and Their Implementation.

Data from the evaluation supports the finding that the expertise and guidance School-Focused Nurses provided on COVID-19 measures and their implementation benefited the public health COVID-19 response.

As discussed by respondents, School-Focused Nurses supported the development of COVID-19 related tools, resources, recommendation documents, and education sessions, which helped increase understanding of, adherence to, and confidence implementing COVID-19 guidance among families and school, child care, and camp administrators. Respondents also valued timely responses to questions about COVID-19 protocols and support from School-Focused Nurses to “translate and interpret what was being directed,” particularly as COVID-19 guidance changed.

The nursing knowledge and expertise of those in the School-Focused Nurse positions contributed to their ability to effectively support school, child care, and camps with implementing and understanding COVID-19 guidance and measures. Respondents reported that because they were trained as nurses and possessed nursing competencies, School-Focused Nurses were able to not only complete and support assessments, immunizations, case and contact management, etc., but they also possessed knowledge of proper documentation practices, medical terminology, infection prevention, health promotion, quality client care, etc. that enabled them to translate complex medical information in a way that could be easily understood by school staff and families.

Further, respondents highlighted that School-Focused Nurses also applied their diverse expertise and experience in a variety of settings such as public health, hospitals, acute care, etc., to bring new perspectives and knowledge of newer processes and guidelines to the work, which helped them to improve services, work together to solve complex challenges, and support diverse populations through the School-Focused Nurses Initiative.

Here's What Respondents Had to Say...

"Honestly, I don't know how we would have functioned without those extra positions, being able to do all the outbreak management with our schools and our child care at the time. And then when waves changed and there were spikes in other areas, they were pulled as well into those other areas."

"We had the manpower with these extra nurses to provide the support to schools and child care. And I think it really helps foster a really strong relationship with our school partners that I don't think we would have been able to do without all of that extra support."

"I would say it afforded us the flexibility to adapt because we have the extra resources."

"They know the school itself, so they know different demands on each particular school, what's unique about that school, what the populations are like within the school, even what the setups are like."

"We were able to hire a wide diversity of staff, from new grads to experienced nurses. We were able to add new language capacity, including French and other languages that helped in translation of some of our resources and meeting the variety of needs in the community."

3.4 Result 3: There Were a Variety of Factors That Influenced Initiative and School-Focused Nurse Position Implementation.

Results from the evaluation illustrate there were a variety of factors that influenced the implementation of the School-Focused Nurses Initiative and the School-Focused Nurse positions, including factors that enabled and supported implementation and factors that created barriers to implementation.

Key findings and supporting data related to enablers and barriers that may have influenced implementation of the initiative and School-Focused Nurse positions is presented below.

3.4.1 Key Finding: Infrastructure, School-Focused Nurse Skill Sets, and Supportive Leadership Enabled Effective Initiative Implementation.

Data gathered through the evaluation illustrate factors that supported and enabled implementation of the initiative and School-Focused Nurse positions included infrastructure, School-Focused Nurse skill sets, and supportive leadership.

Infrastructure

Respondents discussed a variety of factors that created the infrastructure needed to support effective implementation of the School-Focused Nurses Initiative and positions.

Communication Networks

Respondents reported the Ministry of Health and Ministry of Education came together and met with initiative stakeholders, developed networks, and put forums in place, demonstrating their commitment to the COVID-19 response in schools, child care, and camps. Further, regular contact between these ministries and school and health unit staff created opportunities to clarify information and ask questions and resulted in strengthened relationships.

Funding

Respondents explained that without the funding provided, the School-Focused Nurse positions would not have existed and were emphatic that the positions were critical to public health units, schools, parents, and children “surviving the pandemic.” The funding provided the foundation needed to expand the workforce and increase capacity to support schools, child care, and camps.

Ministry Guidance

Guidance from the Ministry of Health and Ministry of Education helped the implementation of the initiative and School-Focused Nurse positions by providing consistent direction across the province. Data and information provided by the ministries was also noted as useful for informing decision-making.

Position Flexibility

While the School-Focused Nurses Initiative was focused on supporting schools, child care, and camps, respondents lauded the Ministry of Health for providing the right amount of flexibility in role development. According to respondents, this flexibility allowed public health units to pivot, move, or reassign School-Focused Nurses to where the greatest need existed and adapt to changing priorities at different points throughout the pandemic. Further, the flexibility of the positions allowed public health units to maintain daytime and evening operations, seven days a week.

Technology

Technology aided the School-Focused Nurses Initiative in that it made it possible for staff to work remotely, communicate virtually, and complete work efficiently. Respondents mentioned that technology allowed them to connect easily across a large geographic area and also made hiring from across the province possible. Having the technological infrastructure available also made it possible to pivot to working virtually and increased communication opportunities with parents because phone, email, and virtual meeting software could all be used as communication modalities.

Training

As a result of the training resources available, respondents reported that staff in the School-Focused Nurse position received excellent training. Specifically, cross-training opportunities, Registered Nurses' Association of Ontario orientation resources, and the OPHNL online training modules were identified as being "very useful" in preparing staff for the work they were doing as part of the initiative.

School-Focused Nurse Skill Sets

The skill sets School-Focused Nurses brought to the position were also considered important enablers of the initiative. Key School-Focused Nurse skill sets respondents discussed as initiative enablers are described below.

Communication Skills

Varied, direct, and ongoing communication was described as essential to the implementation of the School-Focused Nurses Initiative. Communication modalities employed by School-Focused Nurses included weekly touch points, virtual meetings, email, and phone. School-Focused Nurses also applied their communication skills to connect directly with parents, which helped to address and alleviate parent concerns.

Relationship Development

Respondents explained that strong, existing relationships between staff in School-Focused Nurse positions at public health units and schools were critical to the initiative. The trust that had been “built over the years” resulted in quick and efficient implementation of the School-Focused Nurses Initiative. Where relationships did not previously exist, respondents noted that School-Focused Nurses fostered new relationships between public health units, schools, and child care and camp operators. Further, respondents explained that having the same, consistent point of contact throughout the pandemic was foundational to continued relationship building and overall initiative outcomes.

Teamwork

According to respondents, teamwork among School-Focused Nurses and other public health unit staff was a “significant enabler of success.” Team members worked well together, with everyone willing to assist where needed. Respondents shared that using a team approach, receiving support from their team members, and partnering senior and newer nurses “made a difficult job much easier.” Human resource and finance team members also offered extensive support to the initiative.

Supportive Leadership

Support from those in leadership positions, having an excellent manager, and being able to work closely with managers were deemed by respondents as imperative to the success of the School-Focused Nurse position and initiative.

Specifically, initiative managers were recognized for being supportive, knowledgeable, and available to answer questions, provide relevant information, and address concerns. Further, respondents noted that having managers who were present and available for consultation with staff allowed School-Focused Nurses to clarify changes and remain up-to-date on new information. Additionally, respondents noted that it was important to have a supportive manager who “understands the scope of a nurse’s practice,” had knowledge of how nurses’ skills can be applied, and who valued the input of School-Focused Nurses.

Here’s What Respondents Had to Say...

“Pairing up the nurses with the principals, and just that key collaboration that took place between the school boards and our health unit, as well as our neighbouring health units. So working together to implement similar programs within the schools was very helpful.”

“The funding was provided in order to have them available within the schools. The mandate was clear, which assisted us in ensuring that we had the School-Focused Nurses available for the schools themselves. The health unit was aware of it, boards were aware of it, so it was clear communication from the onset, which allowed us to have and build that relationship that schools had with our School-Focused Nurses. I think if that wouldn’t have been a clear message, those resources may have been used elsewhere.”

“I would say having management behind you. We had an incredible manager who was very supportive throughout this entire process. Even when things got challenging, they were always present and providing that support to staff.”

3.4.2 Key Finding: The Changing Environment and Roles, Staffing Capacity and Recruitment, and Some Systems Presented Barriers to Initiative Implementation.

Evaluation results indicate barriers that may have influenced implementation of the initiative and positions included the changing environment and School-Focused Nurse roles, staffing capacity and recruitment, and some systems.

Changing Environment and Roles

Respondents described challenges related to changing policies and guidelines, redeployment in response to shifting priorities and local contexts, and role variability. These are described in more detail below.

Changing Policies and Guidelines

Respondents explained that policies and guidelines changed often and quickly, and they received communication about guideline changes at the same time as the general public. Schools and parents would immediately contact School-Focused Nurses for clarification or to ask questions and they felt unprepared to provide support because they were still processing the implications of the changes. Respondents noted it would have been helpful to receive notification about guideline changes in advance to appropriately plan and be prepared to support schools and families. Changes happened so quickly that it was also complicated to keep internal resources up to date to address what the school communities needed at that time.

Redeployment

Changes in priorities, guidelines, the local context, and service demands throughout the pandemic also meant School-Focused Nurses were redeployed and were required to change their priorities from supporting schools, child care, and camps to other areas such as community case, contact, and outbreak management, community vaccination clinics, and supporting other high risk settings. This caused frustration for and disrupted relationships between School-Focused Nurses and schools as schools would reach out via phone or email and School-Focused Nurses would not be available to respond.

Role Variability

Open-ended responses from monthly activity reports about the additional priority settings and populations School-Focused Nurses supported provide some insight into the variability of roles and settings experienced by School-Focused Nurses. These settings and populations included providing the following:

- General community case, contact, and outbreak management (n=146)
- General community COVID-19 vaccination (n=143)
- Long-term care home and congregate living outbreak, case and contact, and vaccination supports (n=25)

- Day care/child care and camp supports (n=21)
- Supporting general community information/communication lines (n=16)
- Workplace case, contact, and outbreak management (n=14)
- Supporting general clinic and health promotion and disease and injury prevention work (n=14)
- Vaccination, testing, and case, contact, and outbreak management in hospital and health service settings (n=11)
- Supporting immunization for other infections/communicable diseases (n=9)
- Day program outbreak management (n=5)
- Farm related outbreak, testing, and vaccination support (n=5)
- Outbreak and vaccination support for emergency shelters and housing focused services (n=5)
- Support for correctional facility outbreaks and vaccinations (n=4)
- Vaccination support for Indigenous communities and services (n=4)
- General community COVID-19 testing (n=3)
- Post-secondary school outbreaks (n=1)

Because priorities could change daily, respondents felt that the role and expectations of School-Focused Nurses were never clear and some responsibilities such as contact tracing were “downloaded to school board staff.” According to respondents, this experience was especially true for School-Focused Nurses who had a very versatile skills set as they were “moved around significantly,” whereas those who did not have as much skill set versatility stayed in similar roles more consistently. Shifting guidelines and schedules also meant that staff were in a constant state of change. This “constant environment of change and not knowing what to expect coming in every day” was identified as a contributing factor to staff burnout.

Staffing Capacity and Recruitment

Respondents also described implementation challenges related to the volume of work and having adequate staff capacity to respond to the need, the short-term nature of the School-Focused Nurse position, and recruitment and onboarding of staff.

Staff Capacity and Volume of Work

According to respondents, it felt as though there were never enough people to complete the “insurmountable workload.” Respondents noted that “it may sound absurd” that there weren’t enough staff given the number of positions, but the number of schools that needed to be supported coupled with staff on leave, vacant positions, and changing priorities meant there “was more work than people.”

To provide context for the volume of work, between April 2021 and May 2022, School-Focused Nurses supported an average of 4,086 unique schools, child care centres, and camps each month. Being a small public health unit with a smaller team and less staff capacity also posed challenges to implementation, particularly for health units supporting multiple school boards and private schools. The volume of work, long days, early mornings, and late evenings strained staff physically and mentally. While staff were “resilient” and “did the best they could,” the pandemic contributed to a decrease in well-being, affected job satisfaction, and left staff exhausted, and service demands often “took an emotional toll.”

Short-Term Position

Additionally, the short-term nature of the School-Focused Nurse contracts was a reported barrier to implementation because it resulted in operational challenges. The short-term nature of the position made it difficult to retain staff because they would seek out and leave for permanent or long-term positions. This resulted in a “constant and unmanageable cycle” of recruitment and training, and impact operational effectiveness and efficiency. This also confused schools because their contact person was regularly changing. Further, the lack of job security, instability of contracts, and not knowing if a contract would be extended put School-Focused Nurses in a stressful situation and led to feelings of insecurity, which affected their mental health. While some health units hired the position as full-time, permanent to avoid the sense of instability, they are now in a position of having to lay off many School-Focused Nurses.

Recruitment and Onboarding

Respondents also noted implementation challenges related to School-Focused Nurse recruitment and onboarding. Respondents explained that while they were grateful for the positions, mass hiring had to happen quickly and in competition with other health units in the region, which made recruitment a challenge. Additional barriers to recruitment included a labour pool that did not always have the appropriate skills or competencies required for the position and the temporary nature of the position. The temporary nature of the position also meant turnover was high and recruitment became part of the ongoing workload, which strained HR and management resources.

Due to the urgency to onboard staff, respondents stated that the typical extensive and expansive orientation and onboarding processes and practices for this type of position often had to be condensed. As many School-Focused Nurses did not have experience in public health and an understanding of the unique needs of the population, how schools worked, and the unique relationships that needed to be built and fostered, there was a “steep learning curve” for some School-Focused Nurses entering the role and significant training and mentoring was required to build the skill set of newly hired staff.

Further, while excellent onboarding and orientation resources existed for the School-Focused Nurse position, some respondents reported they were not initially aware these resources existed and that knowing these resources existed at the onset would have been helpful.

Systems

Respondents also highlighted various systems that posed implementation challenges, including an initial lack of and ongoing changes to policies and procedures, initiative reporting requirements, and technology barriers.

Lack of Policies and Procedures

While it was essential to “get up and running quickly,” respondents shared that the lack of policies and procedures at the beginning hindered the implementation of the initiative. Some respondents noted that with the COVID-19 pandemic being “new to everyone,” lack of a “strong, firm framework for implementing the [School-Focused Nurse] positions” and ongoing changes to guidance and responsibilities contributed to lack of role clarity or structure at times for School-Focused Nurses. In addition, according to respondents, each time a new pandemic phase or wave was entered, the previous policies and procedures weren’t relevant and new ones needed to be created. Often, respondents were creating policies, procedures, and workflows in the moment, which was “not ideal” for program implementation, as it caused stress, chaos, and uncertainty.

Reporting Requirements

Initiative reporting was also identified as a barrier to implementation of the School-Focused Nurse position. Specifically, respondents stated that completing the initiative reporting requirements was challenging because it was time consuming and was not provided in a user-friendly format where multiple people within a health unit could contribute to it. The initiative reporting tool was also limited in that respondents felt that it did not capture the continuum or full scope of the work being done.

Technology Challenges

Another system-related barrier influencing implementation of the initiative and School-Focused Nurse position was technology. While identified as an asset, respondents reported that technology proved to be a barrier to implementation of the School-Focused Nurses Initiative when it did not work as a result of Internet outages. The use of a variety of virtual communication tools also meant that staff were available 24/7, which made it difficult for School-Focused Nurses to “turn off” for the day and set boundaries. Technology also posed a challenge for those who did not know how to use it or did not prefer it as a communication tool.

Here's What Respondents Had to Say...

"I think our biggest challenge was this mass hiring that had to happen very quickly in competition with other health units that surrounded our region. So trying to get that staff and securing that staff was difficult."

"Just the constant change in general to public health and Ministry guidelines. A lot of the time, the public was finding out a bit at the same time that we were. So there were days where it was hard to be helpful and to provide advice and guidance when we were kind of reactive and not always given the appropriate time to prepare, not always having a heads up about changes coming."

3.5 Result 4: School-Focused Nurses Roles and Functions Can Be Utilized to Enhance Future School Health Programs.

Findings from the evaluation suggest School-Focused Nurse positions and the specialized knowledge and skill sets School-Focused Nurses developed through the initiative can be used to enhance school health programs and activities focused on promoting the health of school-aged children and youth in the future. Specifically, results indicated that School-Focused Nurse roles and skill sets would be valuable to future emergency and outbreak responses in schools, child care, and camps, could help to enhance public health interventions in schools, and could contribute to promoting health equity and reducing health disparities in school-aged children and youth.

Key findings and supporting data regarding the ways in which School-Focused Nurse roles and functions can be utilized to enhance future school health programs are presented below.

3.5.1 Key Finding: School-Focused Nurse Roles and Skill Sets Would Be Valuable to Future Emergency and Outbreak Responses in Schools, Child Care, and Camps.

Overall, respondents valued the supports provided by School-Focused Nurses through the initiative and endorsed continued investment in the School-Focused Nurse position. Respondents noted that creating a permanent position in public health units for School-Focused Nurses would ensure resources and staff experienced in pandemic response are readily available and able to quickly mobilize in response to the next emergency or outbreak. Further, respondents highlighted that maintaining the position would help to formalize the practices, processes, and responsibilities associated with the role, including those related to supporting emergency and outbreak responses as well as comprehensive school health activities.

All roles and functions School-Focused Nurses conducted as part of the School-Focused Nurses Initiative were identified by respondents as being applicable during future emergency and outbreak responses. Below is an overview of the roles where School-Focused Nurses would add value during future responses.

Case, Contact, and Outbreak Management

Respondents reported that providing education about and directly supporting case, contact, and outbreak management were key School-Focused Nurse roles that would be critical during future emergency and outbreak responses.

Further, education about the general principles of outbreak management and how to manage communicable diseases would be valuable. Respondents explained that it is important to develop “a very cohesive response” to manage outbreaks, including conducting testing, assessing symptoms, managing logistics, providing consultations, and contacting families to follow up on positive cases. Where possible, respondents also recommended providing in-person support for assessment, consultation, and testing.

Communications and Knowledge Translation

For future emergency and outbreak responses, respondents identified a critical School-Focused Nurse role is acting as a liaison and ensuring strong, direct communication with schools, child care, and camps, as well as internal communication within/across public health teams. Respondents reported this role is integral to disseminating information quickly to target groups (e.g., parents, administrators, etc.) and ensuring information is available through a variety of communication channels. Further, respondents identified knowledge translation, such as interpreting and providing clarification about guidelines and protocols, conducting education sessions, and developing “plain language” messaging or resources, as an important School-Focused Nurse role when implementing future responses.

IPAC and Vaccination Support

Assisting with IPAC assessments in order to prevent or respond to future infectious disease outbreaks is another essential School-Focused Nurse role respondents identified. Further, to support future response planning, respondents discussed that School-Focused Nurses could help to develop IPAC training tools and review IPAC protocols to proactively help identify opportunities for improvement. Respondents also reported providing support with vaccination clinic management and vaccine administration were important School-Focused Nurse roles that would be critical to maintain during future emergency and outbreak responses.

Management and Logistics

Respondents reported that to ensure effective and efficient emergency and outbreak responses in the future, it is important to develop and maintain supportive organizational structures, such as standardized orientation, coaching and mentorship, and team leads for key activities (e.g., contact tracing, internal and external communication and coordination, etc.), and that School-Focused Nurses would be a valuable resource in supporting these management and logistics functions.

Planning, Evaluation, and Quality Assurance

Respondents explained that School-Focused Nurses would be a valuable asset to evaluation and quality assurance projects, including projects assessing the COVID-19 response and those related to future emergency and outbreak responses. Specific roles for School-Focused Nurses included collecting data (e.g., administering surveys, questionnaires, and focus groups), analyzing data, and using data to inform future policies and procedures. Respondents also noted that reviewing research and data to inform best practices and recommendations is an important role for School-Focused Nurses during future emergencies or outbreaks. School-Focused Nurses could also play a valuable role in supporting planning at a provincial level to ensure a strong framework is in place for future responses.

Safety and Response Planning

Developing resources to inform future response planning, policies, and procedures is another important role for School-Focused Nurses. Respondents noted School-Focused Nurses gained significant experience in infection prevention and control and could leverage their knowledge and lessons learned from the School-Focused Nurses Initiative to help inform planning not only for future emergencies or outbreaks, but also for managing seasonal infectious diseases such as the flu. This type of support would help schools, child care, and camps to be “better prepared for the next emergency response or outbreak response.” Further, respondents identified important functions for School-Focused Nurses during future responses include helping schools, child care, and camps develop and review safety plans, conducting inspections, and offering recommendations to improve safety.

Supporting Comprehensive School Health

With many health promotion and disease and injury prevention programs “stalled” during the COVID-19 pandemic response, respondents explained a valuable School-Focused Nurse role during future emergency and outbreak responses is maintaining health promotion and disease and injury prevention programming for school-aged children and youth to help limit the impacts of the emergency or outbreak on other areas of health and well-being. Respondents discussed the importance of maintaining programming related to chronic disease prevention, tobacco control, mental health, substance use and addictions, nutrition, routine immunization, oral health, and physical health.

Trust and Relationship Development

According to respondents, developing and maintaining strong working relationships with school, child care, and camp partners is a key School-Focused Nurse role that would contribute to effective future emergency and outbreak response planning. Respondents explained that it is important to maintain an up-to-date list of key emergency contacts (e.g., school administrators, child care and camp operators). Further, it was discussed that maintaining a consistent public health contact administrators can reach out to would help with building trust and rapport and “an easier transition” should another emergency or outbreak occur, as the public health contact would already have a strong understanding of the school, child care, or camp environment.

Here’s What Respondents Had to Say...

“Certainly the knowledge gained with respect to IPAC, general principles of outbreak management, how to manage cases of communicable diseases, etc. The School-Focused Nurses now have the ability to quickly pivot, adapt to any need.”

“Probably support developing resources for future response planning, and also delivering health promotion and prevention education to schools in the future related to any other response. Also supporting quality assurance of projects, evaluating different emergency and outbreak responses since we’ve already had this experience working in COVID-19.”

3.5.2 Key Finding: School-Focused Nurse Positions Present an Opportunity to Enhance Public Health Interventions in Schools.

Evaluation results indicate School-Focused Nurse support with and experience implementing comprehensive school health activities was valued in schools, child care, and camps during the COVID-19 response, and there is an opportunity to leverage School-Focused Nurses’ knowledge and experience in this area to support and enhance public health interventions in schools in the future.

Value of Comprehensive School Health Support During the Initiative

During the initiative, as cases decreased in schools, child care, and camps, School-Focused Nurse positions provided a valuable resource for supporting other comprehensive school health activities. Respondents reported School-Focused Nurses helped to support recovery planning and address health areas that were particularly affected by the pandemic, like routine immunizations, mental health, and regular healthy schools programming. Further, for some public health units, the added School-Focused Nurse positions allowed their existing school health teams to continue providing some comprehensive school health services during the COVID-19 pandemic response.

Additionally, respondents stated that some School-Focused Nurses had a comprehensive school health promotion background, including knowledge about how schools operate, the demands experienced within schools, and the unique needs of schools. School-Focused Nurses were also committed to improving health outcomes for school-aged children and youth and had a keen awareness of the developmental ages and stages of children, which School-Focused Nurses used to develop appropriate resources that could be sent to parents.

Based on open-ended responses from monthly activity reports about, the types of other school, child care, or camp health needs School-Focused Nurses supported included health promotion, disease and injury prevention, and well-being activities (e.g., providing resources supports to address mental health, sexual health, substance use, healthy eating, oral health, physical activity, etc.) (n=125), supporting and administering routine immunizations (n=95), and conducting research (e.g., providing insights to inform quality improvement initiatives and completing assessments) and planning related to OPHS work to prepare for upcoming school years (n=17).

Opportunities for School-Focused Nurses to Support Future Comprehensive School Health Work

Overall, respondents encouraged funding to extend the School-Focused Nurse positions or to make them permanent in order to help achieve common goals related to supporting positive health outcomes for school-aged children and youth over the long term. Respondents explained that the added staff capacity is critical to ongoing health promotion and disease and injury prevention interventions in schools and would “help make our connections with [schools, child care, and camps] much stronger.”

Respondents also expressed concerns about funding for the School-Focused Nurse positions ending, noting that they “do not want to lose the skills that have been developed” and that it may put a strain on work and relationships with schools if the positions are removed partway through the school year when programming or initiatives are “just getting ramped up.”

Respondents described the following opportunities for School-Focused Nurses to support longer-term positive health outcomes for school-aged children and youth in the future.

Comprehensive School Health Service Enhancement

Respondents reported that School-Focused Nurses could help to strengthen and “expand the suite of universal services that are available to all [schools].” Specifically, respondents explained knowledge of the school environment and competencies School-Focused Nurses developed from implementing the School-Focused Nurses Initiative (e.g., immunization, IPAC assessment, outbreak management, communication and coordination, relationship development, knowledge translation and resource development, etc.) would be valuable in the delivery and expansion of health promotion and disease and injury prevention activities/curriculum, as well as comprehensive school health programs and services focused on improving the health and well-being of school-aged children and youth and meeting the Ontario Public Health Standards.

COVID-19 Pandemic Recovery Support

Health issues with potential long-term impacts for school-aged children and youth that have been exacerbated by the COVID-19 pandemic, such as mental health, food security and nutrition, substance use and addictions, self-regulation and social skill development, managing school transitions, routine immunization, sedentary behaviour, vision, and oral health, are issues respondents reported School-Focused Nurses could help to address through public health interventions in schools. Based on the needs in school populations, respondents noted “there will be a lot of demand for our mental health literacy resources and our leadership,” and that School-Focused Nurses can provide valuable “recovery” planning support to schools.

Health Equity Promotion

Respondents explained there is a role for School-Focused Nurses in providing more individualized and intensive supports to “high-risk” or “target” schools, such as schools where children and families were disproportionately impacted by the COVID-19 pandemic and where there are the greatest inequities. With additional staff capacity through the School-Focused Nurse position, respondents expressed that they could “expand the number of target schools that we’re able to work with,” “increase intensity towards those target schools,” “have a presence in schools,” and “be more involved with the community,” which would help to create greater impact in these school communities through a proportionate universalism approach.

Other Infectious Disease and COVID-19 Surge Support

Another School-Focused Nurse function respondents reported could enhance public health interventions offered in schools was providing support to address other infectious disease outbreaks as well as possible future COVID-19 surges.

Respondents noted the additional staffing capacity provided by School-Focused Nurses would allow flexibility to be responsive to future outbreaks and COVID-19 surges while maintaining other health promotion and disease and injury prevention initiatives in schools.

Program Assessment, Planning, and Implementation

According to respondents, School Focused Nurses' experience with assessing, planning, and implementing interventions would be an asset to and would help enhance school-focused public health initiatives. This may include reviewing literature or gathering and analyzing data to help inform an intervention, conducting assessments to identify schools' needs, developing or updating resources based on research and best practices, facilitating inter-departmental collaboration, providing support with system navigation, providing technology support for delivery of virtual services, and assessing or evaluating implemented initiatives.

Relationship Development and Communications

Another School-Focused Nurse role respondents reported could enhance public health interventions in schools is supporting relationship development and strong communication with school communities, including direct communication with administrators, parents/families, and students. Respondents highlighted the importance of maintaining and building on the relationships between schools and School-Focused Nurses established during the initiative and increasing awareness of the supports and resources public health nurses can offer. Further, respondents suggested School-Focused Nurses provide information and education to parents and staff about practices that will help keep children and schools safe and healthy, offer support on-site at schools to engage with students and staff, and meet with school administrators to discuss individual school needs and contexts.

Staff Wellness Support

As discussed by respondents, students benefit from having "healthy individuals leading healthy families and healthy classrooms." In alignment with this concept, respondents identified there is a role for School-Focused Nurses in supporting health and well-being for public health teams as well as teachers and school staff, including developing mental health and well-being action plans or strategies, preparing resources, and providing wellness education to staff.

System-Level Planning and Coordination

Respondents also reported that School-Focused Nurses could help enhance public health interventions in schools by being engaged in planning at a school board, health unit, and government (e.g., Ministry of Education and Ministry of Health) level. Specifically, respondents explained there would be value in having School-Focused Nurses involved in policy planning and development, identifying joint interests and priorities, developing partnership and data sharing agreements, creating a shared understanding of the role of public health in schools, developing accountability measures, and overall, promoting system-level collaboration.

Here's What Respondents Had to Say...

“The regular OPHS work with the school community, that’s essential. That hasn’t been done for so long. And also the implications of the pandemic and increased needs related to mental health, the uptake of substances, addictive behaviours, eating disorders – there is so much more work to be done on that front end to prevent and deal with it.”

“School-Focused Nurses have worked closely to develop and build that relationship with school admins/communities during the past two years. They are able to connect with the identified staff in their schools to address specific issues and work with parents, students, and staff to achieve a healthier school and address priority issues/topics specific to each school community.”

“Mental health, physical activity, nutrition, sexual health, tobacco and substance use cessation, family health – Public Health Nurses do it all. It is so important that our communities know they are supported by nurses even before they access acute care, and we are the key to prevention or mitigating the onset of acute care needs, but also maintain a good position to be a liaison for point of care access if needed. And School-Focused Nurses can do that.”

3.5.3 Key Finding: School-Focused Nurse Positions Could Help to Support Health Equity and Reduce Health Disparities in School-Aged Children and Youth.

Based on the results of the evaluation, there is also an opportunity for School-Focused Nurses to enhance initiatives focused on promoting health equity and reducing health disparities in school-aged children and youth. Outlined below are roles or functions respondents reported School-Focused Nurses could contribute to health equity initiatives.

Addressing Local School Community Needs

According to respondents, ensuring support is available from a nurse who not only has health expertise, but also has knowledge of a specific school, its population, and their needs and who has an established relationship with the school administration, students, and parents is essential to building trust and strengthening initiatives focused on reducing health disparities for school-aged children. Respondents emphasized that where possible, providing in-person opportunities for staff, students, and parents to connect with a nurse (e.g., through presentations, school-based clinics, scheduled school visits, etc.) would also help to reduce barriers to support for parents and families experiencing concerns such as food insecurity, access to basic needs items, or struggling with mental health, particularly in school communities where health disparities are high.

Assessment, Planning, and Resource Development

According to respondents, addressing and reducing health disparities among school-aged children requires “time, intention, and a lot of planning,” and School-Focused Nurses’ skills in assessment and planning could be leveraged to support this work. For example, School-Focused Nurses have experience assessing local and school needs and could conduct health equity impact assessments, they are skilled in developing resources and inclusive communications based on identified needs, and they have experience planning interventions for the school context and implementing developed action plans.

Community-Based Intervention Support

Respondents explained that an important role School-Focused Nurses could play in helping to reduce health disparities among school-aged children is engaging and coordinating with community agencies and other local service providers to offer community-based interventions to parents and students. Respondents noted that implementing community-based interventions would help families to navigate and get connected to existing services in their communities based on their needs.

Data Collection and Evaluation

Working with schools and school boards to collect data and use it to identify priority schools requiring additional supports is another School-Focused Nurse role respondents discussed could contribute to addressing health disparities among school-aged children. Respondents identified the Learning Opportunities Index, Adverse Childhood Experiences scores, and Early Development Instrument as tools to better understand areas of need. Further, respondents noted the importance of conducting literature reviews to support evidence-informed initiatives, monitoring data trends, conducting environmental scans, and engaging communities to better understand each school's population, as well as applying an equity lens when identifying priority schools and evaluating implemented initiatives.

Extension of School Reach and Scope of Work

Engaging School-Focused Nurses would increase staff capacity to work with more priority schools and reach more families, “target more health disparities,” and provide an enhanced level of support/school programming. Engaging School-Focused Nurses that speak multiple languages would also help to reach more families who speak English as a second language and may experience barriers accessing health supports. Respondents explained that additional nurse resources and enhanced services for schools with populations disproportionately affected by social determinants of health would help increase student engagement with and access to health supports, promote healthy school environments, and ultimately create positive long-term health impacts for school-aged children experiencing health disparities.

Policy Development and System-Level Planning

In order to reduce health disparities among school-aged children, work must also be done at a system level, with respondents suggesting there is a role for School-Focused Nurses in system-level planning and coordination. Respondents reported School-Focused Nurses could play a valuable role in meeting with school boards to determine areas of need and local priorities, communicating and coordinating efforts with the Ministry of Health, the Ministry of Education, and other key stakeholders, and bringing a health equity lens to policy development and resource allocation.

Targeted Neighborhood Service Provision

Respondents suggested creating and implementing a targeted neighbourhood approach where additional resources and School-Focused Nurses would be allocated to neighbourhoods where health disparities are higher, while continuing to provide general comprehensive school health supports in neighbourhoods where health disparities are lower. According to respondents, implementing a tailored response would help to address priority areas of need in each neighbourhood. Proportionate universalism was also suggested as an approach to consider for allocating resources proportionate to the needs of each school population.

Here's What Respondents Had to Say...

"Having more public health presence in schools allows another point of contact for students and staff to be supported for issues and topics they want to address in their schools. It is nice to have a face from public health around."

"We have seen an obvious disparity among certain populations and groups, so having access to nursing staff with support in our schools is another way that we can provide access to health supports in this area for some of our families who may not have the means to get to access various supports on their own."

"Addressing or reducing health disparities takes time, intention, and a lot of planning. Additional School-Focused Nurse staffing supports with the background of addressing health inequities highlighted through the pandemic would be beneficial in reaching more schools, more individuals, and targeting more health disparities."

"The School-Focused Nurses became not only familiar with the school and school community, but also the communities within which the school is located, and so they can work with other agencies to support community-based interventions."

Section 4.0

Lessons Learned

Based on the evaluation results, overall lessons learned from the implementation of the School-Focused Nurses Initiative are presented in this section of the report.

- 1. Role flexibility is valuable, but changing guidelines and assignments can pose implementation challenges.** While flexibility in the School-Focused Nurse position benefited the COVID-19 response by allowing health units to readily pivot to meet changing school, child care, and camp needs and adapt to changing priorities and surges in the community, variability of the School-Focused Nurse role also posed a challenge to implementation. Redeployment of the positions pulled support away from the school-focused work, putting strain on some school relationships and resulting in less individualized and responsive supports. Further, regularly changing guidelines, priorities, and schedules made it challenging to keep resources up to date and impacted School-Focused Nurse well-being and job satisfaction.
- 2. Developing strong infrastructure is valuable.** Ensuring strong infrastructure is in place to support a large-scale response is critical, as lack of a strong framework and changing responsibilities or guidance can result in lack of clarity of roles and expectations. Providing consistent direction and communications across the province and jurisdictions, developing leadership support networks across health units, school boards, and ministries, maintaining technological infrastructure for virtual supports, providing training resources and mentorship opportunities, and developing clear policies, procedures were identified as critical components required for successful implementation of a response such as the School-Focused Nurses Initiative.
- 3. Consistent, direct communication supports are essential and promote strong relationships built on trust.** Maintaining a direct line of contact between School-Focused Nurses and schools, child care, and camps, providing multiple communication modalities, and providing consistent and ongoing communication were critical School-Focused Nurse functions that supported successful implementation of the initiative. Further, maintaining strong communication was identified as a vital School-Focused Nurse role in future emergency and outbreak responses and future public health initiatives in schools.

Not only did strong communication support transparency and timely responses, it ensured school staff and families had access to professional guidance, promoted increased understanding of and adherence to guidance and protocols, helped alleviate administrator and family concerns, supported increased understanding of the role of public health, and ultimately helped foster trust and strong relationships between public health units and school communities, which are foundational to the success of future initiatives.

4. Adequate staff capacity is critical to implementing an effective response.

The COVID-19 response in schools, child care, and camps greatly benefitted from the funding dedicated to increasing public health unit staff capacity through the School-Focused Nurse positions. However, factors such as short-term contracts, recruitment challenges, and high turnover put a strain on staffing resources and School-Focused Nurses' ability to meet demands. As indicated by respondents, while small teams and reduced staff capacity impacted the ability of School-Focused Nurses to maintain strong and individualized communication and manage the high volume of work, maintaining adequate staff capacity supported School-Focused Nurses to manage the workload and improve scheduling, reach more schools, maintain strong communication and relationships, provide more timely, efficient, and organized responses, and ultimately achieve the objectives of the School-Focused Nurses Initiative.

5. There is value in maintaining comprehensive school health work during emergency and outbreak responses.

While School-Focused Nurses were able to provide some support to address mental health and well-being for the school community during the School-Focused Nurses Initiative, many health promotion and disease and injury prevention programs such as routine immunizations and dental/vision screening programs were interrupted during the pandemic. Respondents also noted the pandemic has created secondary health impacts of concern for school-aged children and youth in areas such as mental health, substance use and addiction, nutrition, and physical activity. Taking these factors into consideration, future emergency and outbreak responses may benefit from dedicated resources and staffing to support mental health and well-being and maintain comprehensive school health programming where possible to help reduce secondary health impacts during emergencies or outbreaks. Further, respondents noted that where possible, in-person opportunities for administrators, staff, parents, and students to connect with a School-Focused Nurse could help to build trust, stronger relationships, greater community engagement, and reduce barriers to health services.

- 6. School-Focused Nurses could add value to evidence-informed planning and evaluation.** The knowledge, skills, and experience School-Focused Nurses have gained from implementing the School-Focused Nurses Initiative may be valuable in supporting evidence-informed planning for future emergency and outbreak responses, including system-level planning such as developing policies, procedures, and guidelines, preparing orientation resources, implementing training, supporting planning and coordination between school boards, health units, and ministries, identifying common goals and success/accountability measures, and informing resource allocation using a health equity lens. School-Focused Nurses could also apply their skills conducting consultations and assessments as well as preparing evidence-informed resources and recommendations that they developed through the initiative to support planning and evaluation of health promotion and disease and injury prevention initiatives in schools, child care, and camps.
- 7. Respondents had varying experiences of initiative implementation.** The evaluation results demonstrate respondents may have had differing experiences of the implementation of the School-Focused Nurses Initiative based on a variety of factors, such as how the initiative was operationalized in their area, the size of their initiative team, geography, the impacts of the pandemic in their area, etc. While common themes arose across respondent groups, this variation in experience of the initiative can be seen by the presence of some themes that may appear to be contrasting (e.g., flexibility of the School-Focused Nurse positions enabled initiative implementation, but changing roles and guidelines presented challenges; some respondents identified Ministry guidance as a factor that enabled initiative implementation while others noted lack of a strong framework posed a challenge to fully meeting the position responsibilities and initiative objectives; respondents reported the work could not have been done without the increased capacity, yet burnout was identified as a challenge; etc.).

Section 5.0

Conclusion

Overall, findings from the evaluation of the School-Focused Nurses Initiative demonstrate that the initiative was successful in meeting its objectives. Specifically, there is evidence to demonstrate the initiative: 1) provided support in the development and implementation of COVID-19 health and safety plans; 2) provided sector-specific support for infection prevention, surveillance, screening, and testing, outbreak management, case and contact management, and COVID-19 vaccinations; and 3) supported communication and engagement with local school communities as well as the broader health care sector. In addition to meeting the primary objectives of the initiative, results also indicates School-Focused Nurses supported mental health and well-being for the school community and other comprehensive school health activities.

Further, results indicate the School-Focused Nurses Initiative benefitted the public health COVID-19 response by providing resources needed to implement a focused COVID-19 response in schools, child care, and camps and creating flexibility within the School-Focused Nurse positions to meet changing school and community needs and local contexts. Further, School-Focused Nurse positions benefitted the COVID-19 response by supporting strong communication to address COVID-19 needs or concerns within local school communities, extending the reach of available COVID-19 supports, and providing expertise and guidance on COVID-19 measures and their implementation.

Findings also suggest School-Focused Nurse positions can be utilized to enhance school health programs moving forward. Specifically, School-Focused Nurse roles and skill sets would be valuable to future emergency and outbreak responses in schools, child care, and camps, the positions present an opportunity to enhance public health interventions in schools, and School-Focused Nurses could help to support health equity and reduce health disparities in school-aged children and youth.

Evaluation results and lessons learned from implementing the School-Focused Nurses Initiative outlined in this report provide valuable insights about the School-Focused Nurse roles and functions that supported a successful emergency outbreak response, as well as factors that influenced and were critical to implementation of the initiative.

The information presented in this report will be shared with key stakeholders to help inform planning and implementation of future pandemic and outbreak response in schools, child care, and camp settings as well as ongoing partnerships between public health and education to support school health programming.

Appendix A: Monthly Activity Reporting Questions

Section 1: Introduction

1. Please select your Public Health Unit:

- Algoma PHU
- Brant County PHU
- Chatham-Kent PHU
- City of Hamilton PHU
- City of Ottawa PHU
- Durham Regional PHU
- Grey Bruce PHU
- Haldimand-Norfolk PHU
- Haliburton, Kawartha, Pine Ridge District PHU
- Halton Regional PHU
- Hastings
- Huron Perth PHU
- Kingston, Frontenac and Lennox and Addington PHU
- Lambton PHU
- Leeds, Grenville and Lanark District PHU
- Middlesex-London PHU
- Niagara Regional Area PHU
- North Bay Parry Sound District PHU
- Northwestern PHU
- Peel Regional PHU
- Peterborough County-City PHU
- Porcupine PHU
- Renfrew County and District PHU
- Simcoe Muskoka District PHU
- Southwestern PHU
- Sudbury and District PHU
- The Eastern Ontario PHU
- Thunder Bay District PHU
- Timiskaming PHU
- Toronto PHU
- Waterloo PHU
- Wellington-Dufferin-Guelph PHU
- Windsor-Essex County PHU
- York Regional PH

2. Please indicate the reporting period:

- April 2021
- May 2021
- June 2021
- July 2021
- August 2021
- September 2021
- October 2021
- November 2021
- December 2021
- January 2022
- February 2022
- March 2022
- April 2022
- May 2022

Section 2: Prioritization of Work

Support for Schools, Child Care, and Before/After School Programs:

To gain a better understanding of the prioritization of work, please indicate the approximate % of work time that the SFNs in your PHU spent on each of the activities described in questions 3 - 7 during the reporting period (i.e., average across all SFNs within the PHU), as they relate to schools, child care, or before/after school programs:

3. Conducting or supporting health-related assessments (e.g., IPAC assessments, comprehensive school health, health equity audits, etc.)?
4. Conducting or supporting consultations, education, or awareness-building activities (e.g., responding to parent/guardian inquiries, addressing IPAC questions or education needs from school staff, supporting schools to adapt learning environments or instructional design formats, etc.)?
5. Conducting or supporting case, contact, and outbreak management (e.g., leading/supporting outbreak investigations, supporting schools to identify close contacts, conducting case management, supporting outbreak communications with school communities, etc.)?
6. Facilitating, supporting, or administering COVID-19 testing (e.g., facilitating pop-up or on-site testing, supporting targeted testing in schools, administering at-home tests for marginalized communities, etc.)?
7. Supporting other school, child care, or before/after school health needs (e.g., immunizations, oral/vision screening, health promotion and prevention programs, etc.)?
8. If applicable, please briefly describe the other school, child care, or before/after school health needs and related activities referred to in question 7.

Other Activities/Support for Other Priority Settings:

9. Please indicate the approximate % of work time that the SFNs in your PHU spent conducting other activities not mentioned above, or supporting additional priority settings other than schools, child care, and before/after school programs (e.g., community vaccinations; case, contact and outbreak management in other settings, etc.)?
10. If applicable, please briefly describe the other activities and/or additional priority settings referred to in question 9.

Reach: Number of Schools Supported

11. In total, how many unique schools did the School-Focused Nurses in your PHU support through the activities described in questions 3 - 7 (i.e., assessments; consultation, education or awareness building; case, contact and outbreak management; testing; supporting other health needs), either in-person, or virtually, during the reporting period?

Section 3: Scope and Frequency of Activities

To gain a better understanding of the scope of work, frequency of activities, and target audiences of School-Focused Nurses within the reporting period, please indicate how many unique times the SFNs in your PHU (cumulative total for all SFNs in your PHU) conducted the following activities, as they relate to schools, child care, or before/after school programs:

12. Conducted or supported IPAC assessments (e.g., using PHO's school IPAC checklist)?

13. Conducted or supported other health-related assessments (e.g., comprehensive school health)?

14. Coordinated and/or facilitated access to testing?

15. Administered testing (e.g., swabbing)?

Conducted or supported consultations, education and awareness-building activities for:

16. School boards?

17. Schools?

18. Parents/guardians, families and/or students?

19. Other audiences and settings?

Section 4: Optional Comments

20. If applicable, please share any comments or explanatory notes regarding your responses to the questions above.

21. Please share any key highlights, successes or barriers experienced with the School Focused Nurse initiative during the reporting period.

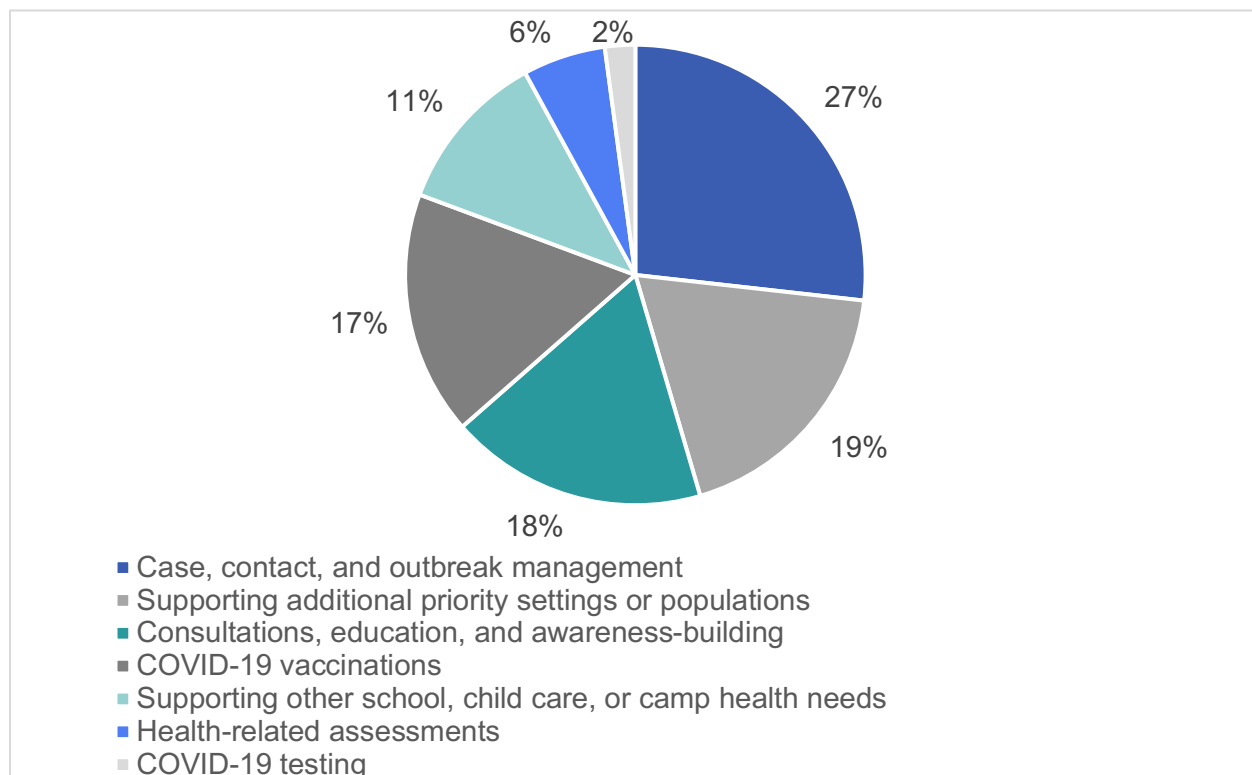
22. Please share any additional comments relating to the experiences of the School-Focused Nurses and/or School Health more broadly during the reporting period.

Appendix B: Focus Group Questions

1. Based on your experience, do you believe the School-Focused Nurse positions were utilized in a similar way to these objectives? If yes, why? If not, why not?
2. Did the responsibilities/function(s) of the School-Focused Nurse position change during the COVID-19 response? If yes, why did they change?
3. What benefits (if any) did the School-Focused Nurse positions provide during the COVID-19 response?
4. What enablers influenced the implementation of the School-Focused Nurse positions?
5. What barriers influenced the implementation of the School-Focused Nurse positions?
6. What unique knowledge and specialized skill sets do you think the School-Focused Nurse's brought to the School-Focused Nurse position role(s) and/or function(s)?
7. What School-Focused Nurse role(s)/function(s) could support future emergency and outbreak response planning in schools, childcare, and camps, and how?
8. What School-Focused Nurse role(s)/function(s) could enhance public health interventions offered within schools, and how?
9. What School-Focused Nurse role(s)/function(s) could contribute to reducing health disparities among school-aged children, and how?

Appendix C: Monthly Activity Report Data Analysis

Figure 7: Average Percentage of All Time Spent on Activities Between April 2021 and May 2022



Based on monthly activity reports submitted between April 2021 and May 2022, on average, School-Focused Nurses spent the most time conducting or supporting case, contact, and outbreak management (27% of all time). Activities where School-Focused Nurses spent the least amount of time between April 2021 and May 2022 included facilitating, supporting, or administering COVID-19 testing (2% of all time) and conducting or supporting health-related assessments (6% of all time).

Public health units were asked to describe the types of support provided for other school, child care, or camp health needs, which may or may not be COVID-19 related.⁵

⁵ As open-ended responses are based on self-reported data, some responses related to support provided for other school, child care or camp health needs and supporting additional priority settings or populations may align more closely with a different reporting category, but have been coded with the open-ended responses in alignment with how they were reported.

Responses included the following categories:

- Supporting health promotion, disease and injury prevention, and well-being activities (n=125)
- Supporting and administering routine immunizations (n=96)
- Facilitating and providing communications and guidance (n=56)
- Reviewing, updating, and developing resources and documents related to both COVID-19 and school health activities (n=28)
- Promoting and conducting COVID-19 vaccination/immunization (n=26)
- Engaging in staff training and development (n=17)
- Providing insights to inform quality improvement initiatives, completing assessments, and conducting planning related to OPHS work for upcoming school years (n=17)
- Supporting program and event modifications and adaptation to a virtual learning environment (n=10)
- Conducting administration and management activities (n=10)
- Supporting other populations (n=4)

Public health units also described the additional priority settings or populations and related activities supported by School-Focused Nurses, which may include children and youth, but have a broader focus on the general population or high-priority populations.

The following categories were reported:

- General community case, contact, and outbreak management (n=146)
- General community COVID-19 vaccination (n=143)
- Long-term care home and congregate living outbreak, case and contact, and vaccination supports (n=25)
- Engaging in or supporting internal staff training and management (n=24)
- Day care/child care and camp supports (n=21)
- Supporting general community information/communication lines (n=16)
- Workplace case, contact, and outbreak management (n=14)
- Supporting general clinic and health promotion and prevention work (n=14)
- Vaccination, testing, and case, contact, and outbreak management in hospital and health service settings (n=11)
- Reviewing data, research, and reports and conducting planning (n=9)
- Supporting immunization for other infectious/communicable diseases (n=9)
- Developing, updating, and translating educational materials and documents (n=7)
- Day program outbreak management (n=5)
- Farm related outbreak, testing, and vaccination support (n=5)
- Outbreak and vaccination support for emergency shelters and housing focused services (n=5)
- Conducting quality improvement activities (n=5)

- Support for correctional facility outbreaks and vaccinations (n=4)
- Vaccination support for Indigenous communities and services (n=4)
- General community COVID-19 testing (n=3)
- Post-secondary school outbreaks (n=1)

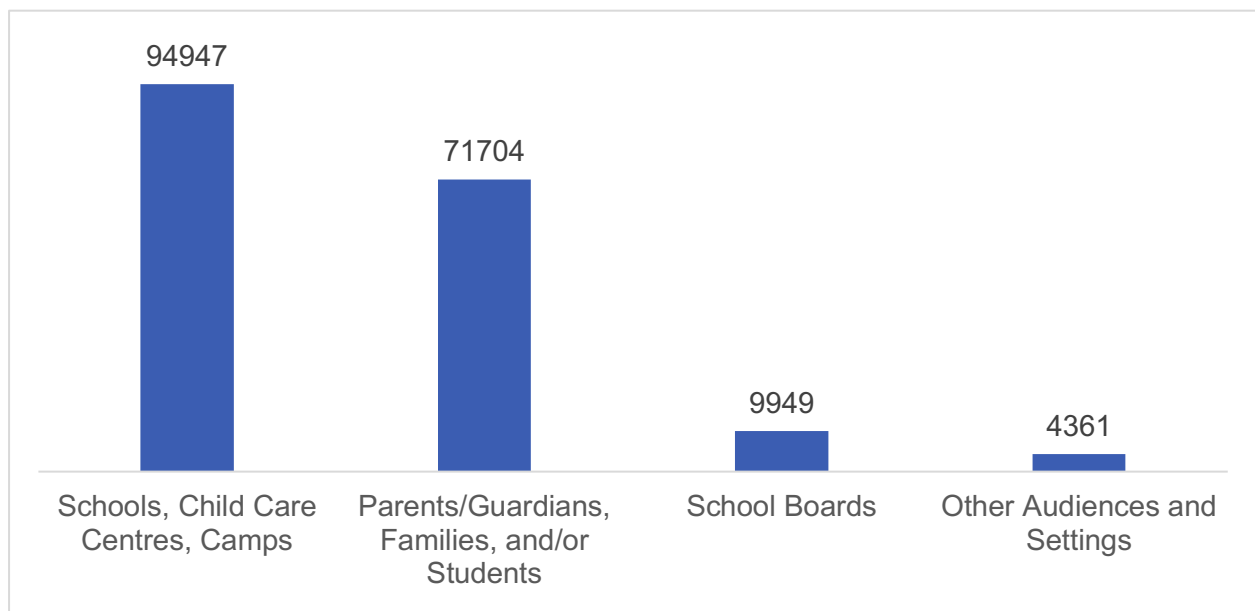
Aggregate Average Reach Per Month

Between April 2021 and May 2022, School-Focused Nurses supported an average of 4,086 unique schools, child care centres, and camps each month.

Aggregate Frequency of Assessments

In total, School-Focused Nurses conducted and supported a total of 17,269 assessments related to schools, child care centres, and other settings related to the health of school-aged children and youth between April 2021 and May 2022. Of the 17,269 assessments conducted and supported by School-Focused Nurses, 11,944 (69%) were IPAC assessments and 5,325 (31%) were other health-related assessments (e.g., related to comprehensive school health).

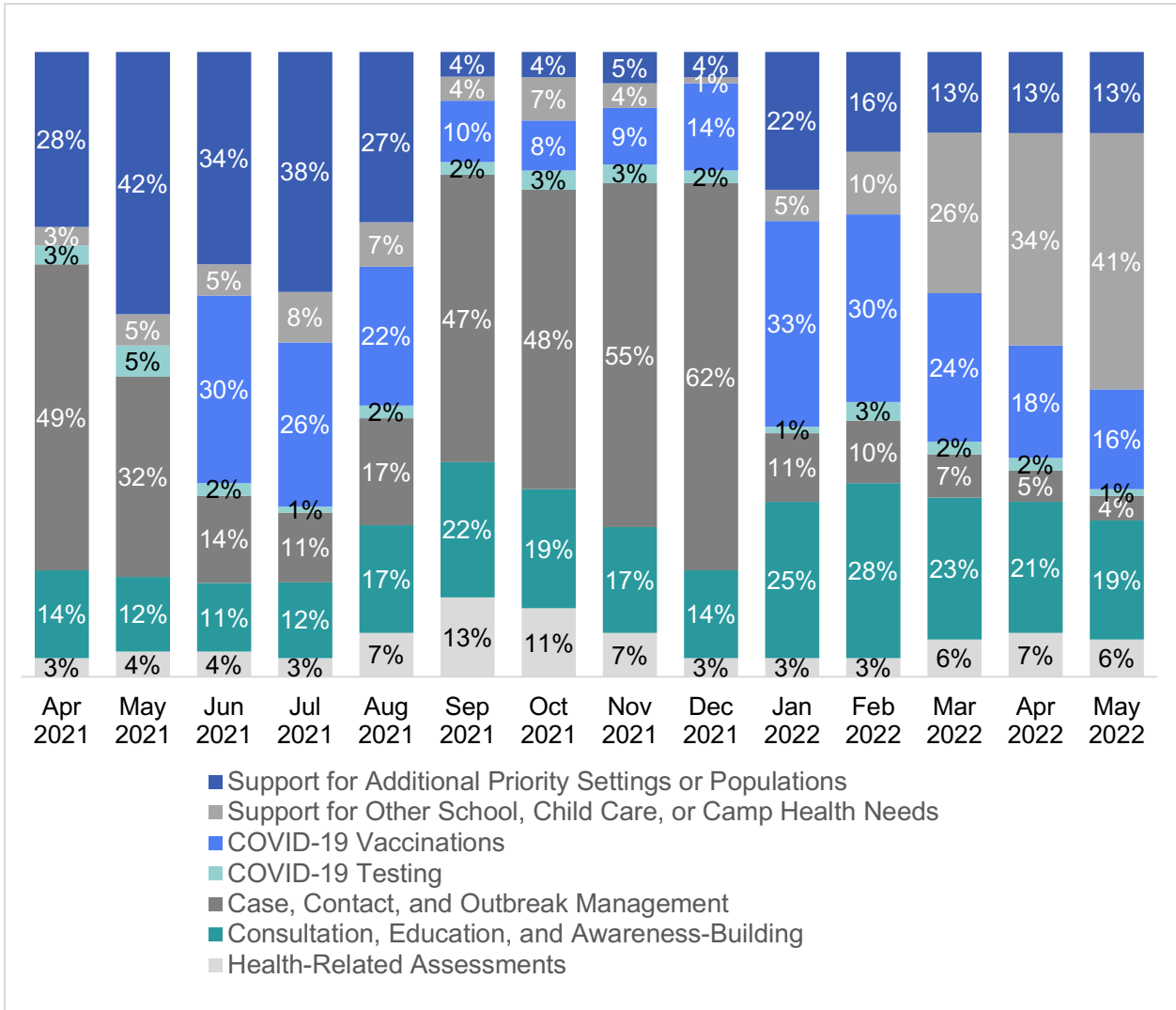
Figure 8: Total Number of Consultations Conducted by Audience/Setting Between April 2021 and May 2022



Between April 2021 and May 2022, School-Focused Nurses conducted and supported consultations, education, and awareness-building activities a total of 180,961 times.

Specifically, 94,947 consultation, education, and awareness-building activities (52.5%) were conducted for schools, child care centres, and camps, 71,704 activities (40%) were conducted for parents/guardians, families, and/or students, 9,9494 activities (5.5%) were conducted for school boards, and 4,361 activities (2%) were conducted for other audiences and settings.

Figure 9: Average Percentage of Time Spent on Each Activity by Month^{6,7}

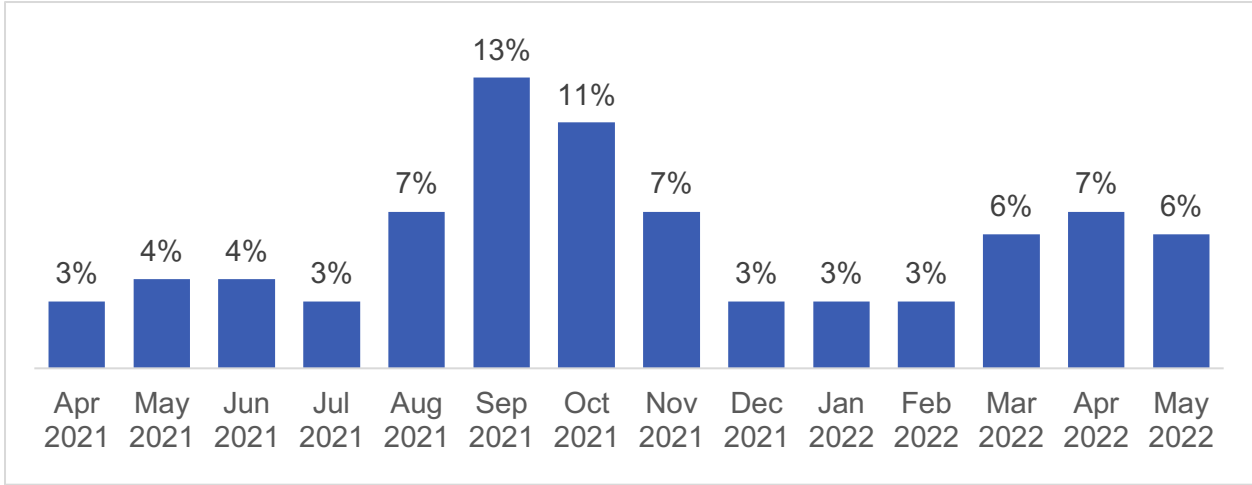


⁶ Data about time spent supporting COVID-19 vaccinations was not collected as part of the monthly activity reports in April 2021 and May 2021. In May 2021 when COVID-19 vaccine eligibility expanded to children and youth aged 12-17 years old, School-Focused Nurse time spent conducting vaccination-related activities was captured under “Supporting additional school, child care, or camp health needs” and/or “Supporting additional priority settings or populations.” A reporting category for time spent supporting COVID-19 vaccinations was added to monthly activity reports starting in June 2021.

⁷ Data for August 2021, September 2021, and March 2022 does not sum to 100% due to rounding to whole numbers.

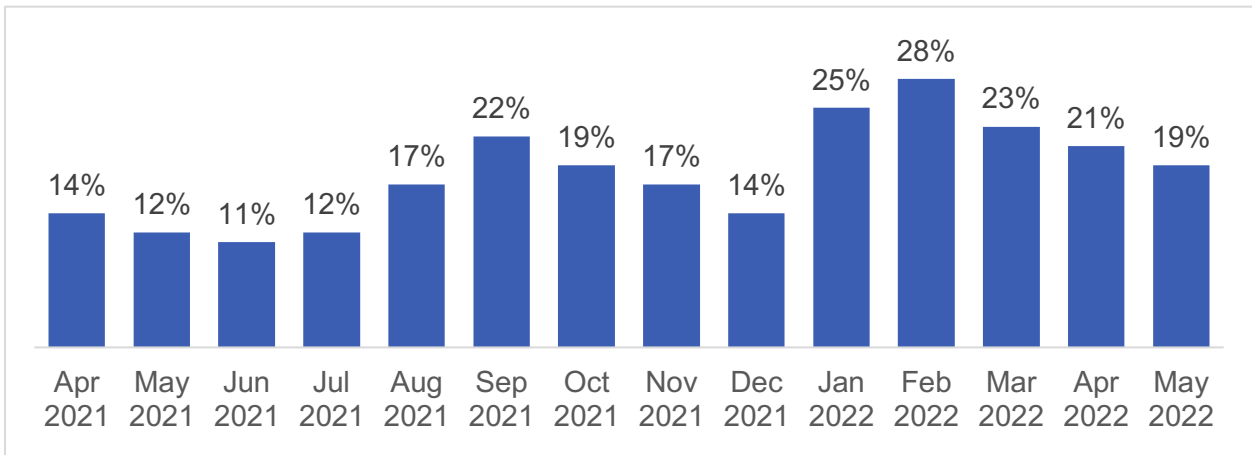
Figure 9 provides an overview of the average percentage of time School-Focused Nurses spent conducting each type of reported activity each month between April 2021 and May 2022. An analysis of the average time spent conducting each activity over time is presented in more detail below, with each activity presented in a separate chart.

Figure 10: Average Percentage of Time Spent on Health-Related Assessments by Month



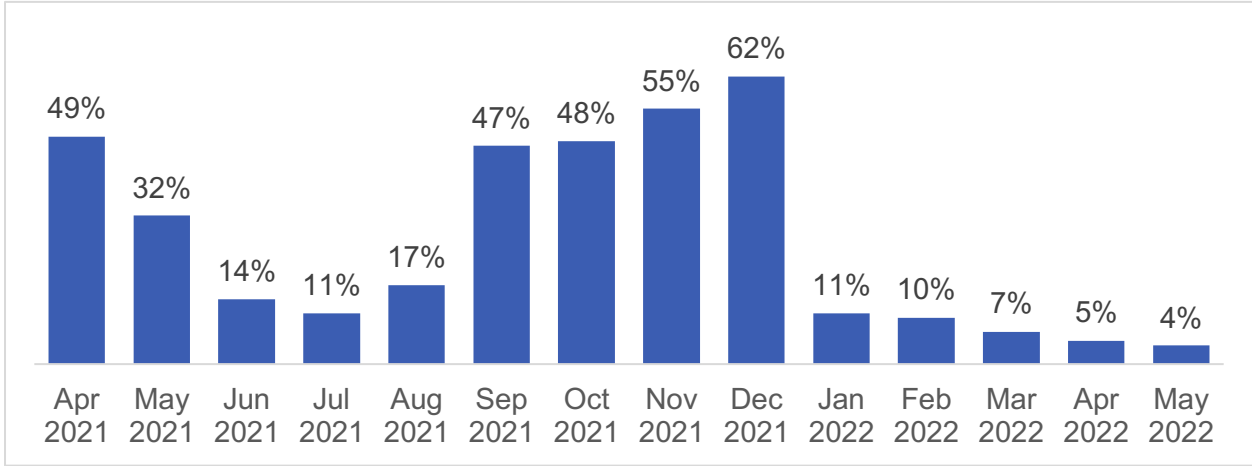
The average percentage of time School-Focused Nurses spent conducting or supporting health-related assessments (e.g., IPAC assessments, comprehensive school health assessments, health equity audits, etc.) fluctuated between April 2021 and May 2022, with School-Focused Nurses spending the highest proportion of time conducting assessments in September 2021 and October 2021 (13% and 11% of all time respectively).

Figure 11: Average Percentage of Time Spent on Consultation, Education, and Awareness Building by Month



Between April 2021 and May 2022, the average percentage of time School-Focused Nurses spent conducting or supporting consultations, education, or awareness-building activities (e.g., responding to parent/guardian inquiries, addressing IPAC questions or education needs from school, child care, or camp staff, providing support to adapt learning environments or instructional design formats, etc.) has fluctuated. School-Focused Nurses spent the most time supporting consultations, education, or awareness-building activities in September 2021 (22%), January 2022 (25%), and February 2022 (28%).

Figure 12: Average Percentage of Time Spent on Case, Contact, and Outbreak Management by Month

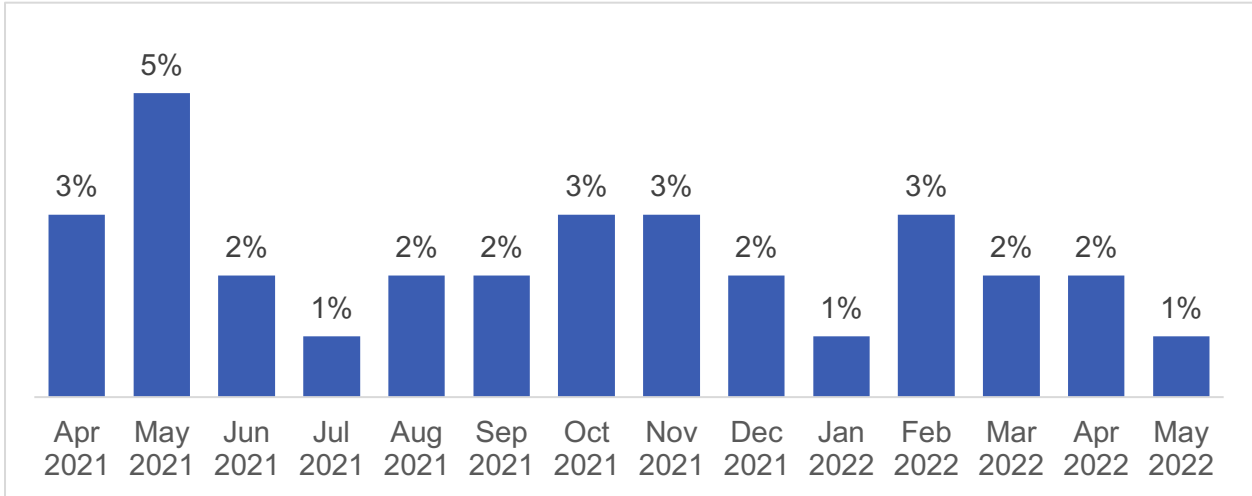


Between April 2021 and July 2021, the average percentage of time School-Focused Nurses spent conducting or supporting case, contact, and outbreak management (e.g., leading/supporting outbreak investigations, supporting schools, child care, or camps to identify close contacts, conducting case management, supporting outbreak communications, etc.) decreased from 49% in April 2021 to 11% in July 2021.

The average percentage of time spent supporting case, contact, and outbreak management then increased each month between July 2021 and December 2021, with School-Focused Nurses spending approximately six times as much time on case, contact, and outbreak management in December 2021 (62%) compared to July 2021 (11%). Since January 2022, the average percentage of time School-Focused Nurses spent supporting case, contact, and outbreak management has remained low and consistently decreased each month.

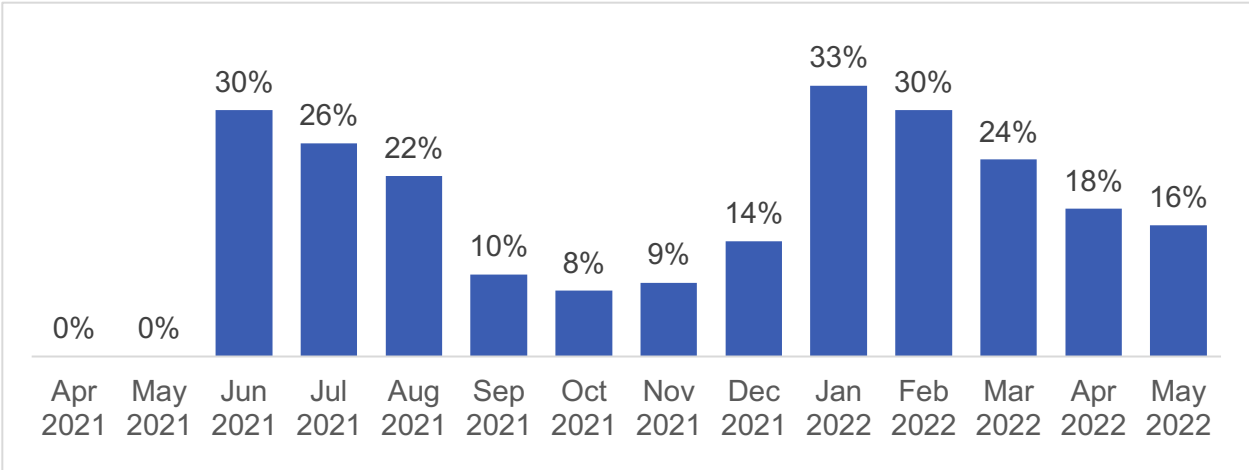
It is important to note that School-Focused Nurse time spent supporting case, contact, and outbreak management followed trends in COVID-19 circulation in the community. Further, key changes to COVID-19 guidance and the approach to case, contact, and outbreak management in January 2022 may have influenced the time School-Focused Nurses spent conducting case, contact, and outbreak management.

Figure 13: Average Percentage of Time Spent on COVID-19 Testing by Month



The average percentage of time School-Focused Nurses spent facilitating, supporting, or administering COVID-19 testing (e.g., facilitating pop-up or on-site testing, supporting targeted testing in schools, child care, or camps, administering at-home tests for marginalized communities, etc.) remained fairly consistent between one to three percent of all time spent on initiative activities, with School-Focused Nurses spending the most time on COVID-19 testing in May 2021 (5%).

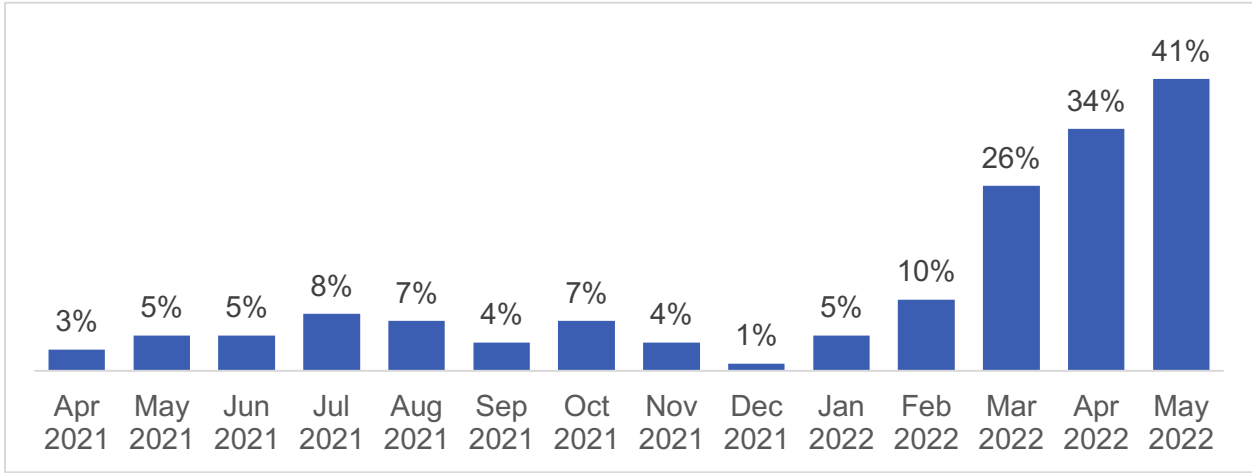
Figure 14: Average Percentage of Time Spent on COVID-19 Vaccinations by Month⁸



The average percentage of time School-Focused Nurses spent planning, facilitating, or administering COVID-19 vaccinations (e.g., developing a plan for vaccinating school-aged children and youth, supporting targeted vaccinations in school communities, organizing block appointments for school-aged children, youth, and their families, etc.) decreased each month between June 2021 (30%) and October 2021 (8%). Time spent on COVID-19 vaccination then increased each month until January 2022 when the average percentage of time spent supporting COVID-19 vaccination peaked at an average of 33% of all time conducting initiative activities. Since January 2022, the average percentage of time School-Focused Nurses spent supporting COVID-19 vaccination has decreased each month.

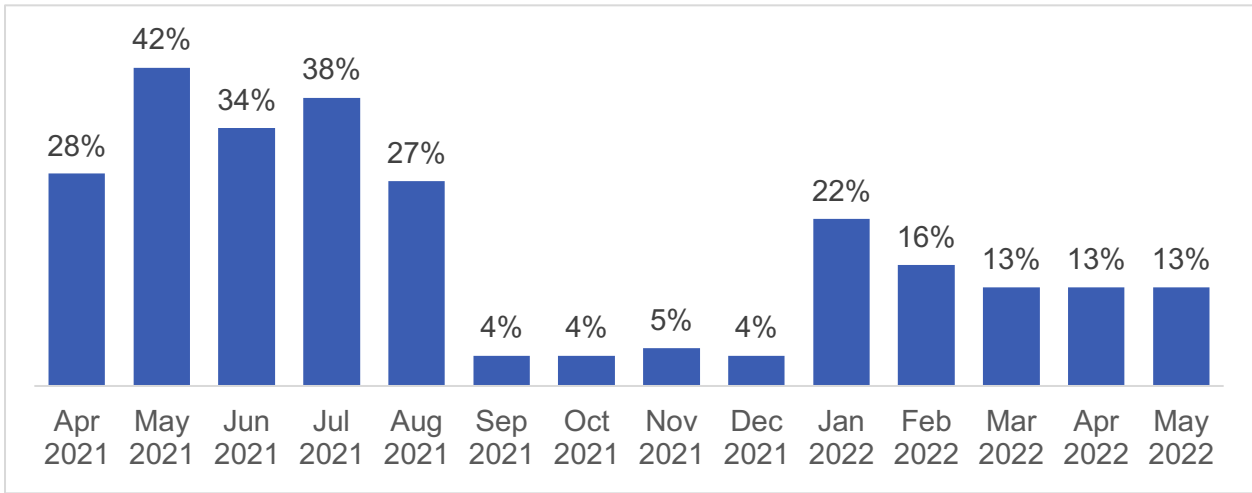
⁸ Reporting of time spent planning, facilitating, or administering COVID-19 vaccinations started in June 2021. Time School-Focused Nurses spent conducting COVID-19 vaccination was captured under “Supporting other school, child care, or camp health needs” and/or “Supporting additional priority settings other than schools, child care, or camps in April and May 2021.

Figure 15: Average Percentage of Time Spent Supporting Other School, Child Care, or Camp Health Needs by Month



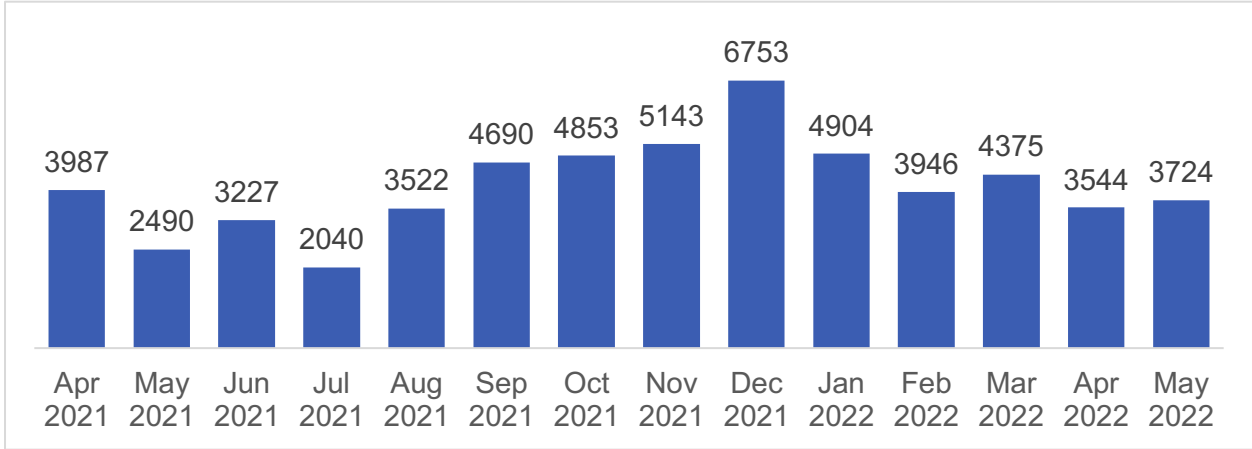
Between April 2021 and January 2022, the average percentage of time School-Focused Nurses spent supporting other school, child care, or camp health needs (e.g., immunizations, oral/vision screening, health promotion and prevention programs, etc.) remained fairly consistent between one to eight percent of all activity time. The average percentage of time School-Focused Nurses spent supporting other school, child care, or camp health needs then increased each month between January 2022 (5%) and May 2022 (41%), with School-Focused Nurses spending approximately eight times as much time supporting other health needs for school-aged children and youth in May 2022 compared to January 2022.

Figure 16: Average Percentage of Time Spent Supporting Additional Priority Settings or Populations by Month



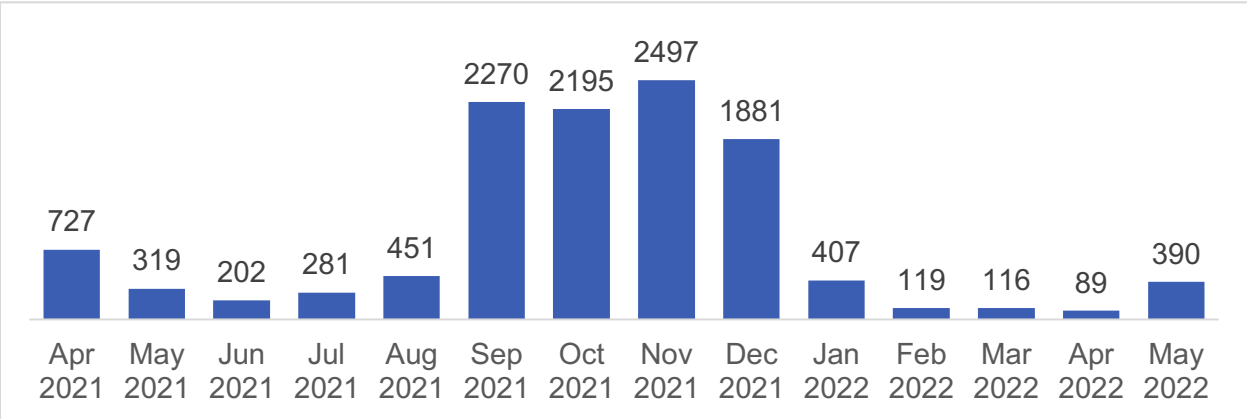
School-Focused Nurses spent the most time supporting additional priority settings or populations unrelated to the health of school-aged children and youth between April 2021 and August 2021 when School-Focused Nurses spent between 27% and 42% of their time supporting other priority settings or populations. The average percentage of time School-Focused Nurses spent supporting additional community needs then decreased significantly in September 2021 and remained low, between four and five percent of all activity time, between September 2021 and December 2021. School-Focused Nurses then spent a larger proportion of their time supporting additional community needs in January 2022 (22%) and February 2022 (16%). Between March 2022 and May 2022, the average percentage of time spent supporting additional priority settings or populations has remained consistently at 13% of all activity time.

Figure 17: Total Number of Unique Schools, Child Care, and/or Camps Supported by Month



The number of unique schools, child care, and/or camps School-Focused Nurses supported either in person or virtually with initiative activities (e.g., assessments, consultation, education, or awareness building, case, contact, and outbreak management, vaccinations, etc.) fluctuated each month between April 2021 and May 2022, with the fewest schools, child care, and/or camps being supported in July 2021 (n=2,040) and School-Focused Nurses supporting the most schools, child care, and/or camps in December 2021 (n=6,753).

Figure 18: Total Number of IPAC Assessments Conducted by Month



School-Focused Nurses conducted the most IPAC assessments between September 2021 and December 2021, with School-Focused Nurses conducting between 1,881 and 2,497 IPAC assessments each month during this time period. The number of IPAC assessments conducted by School-Focused Nurses remained lower between April 2021 and August 2021 (between 202 and 727 assessments each month) and between January 2022 and May 2022 (between 89 and 407 assessments each month), with the fewest IPAC assessments conducted in April 2022 (n=89).

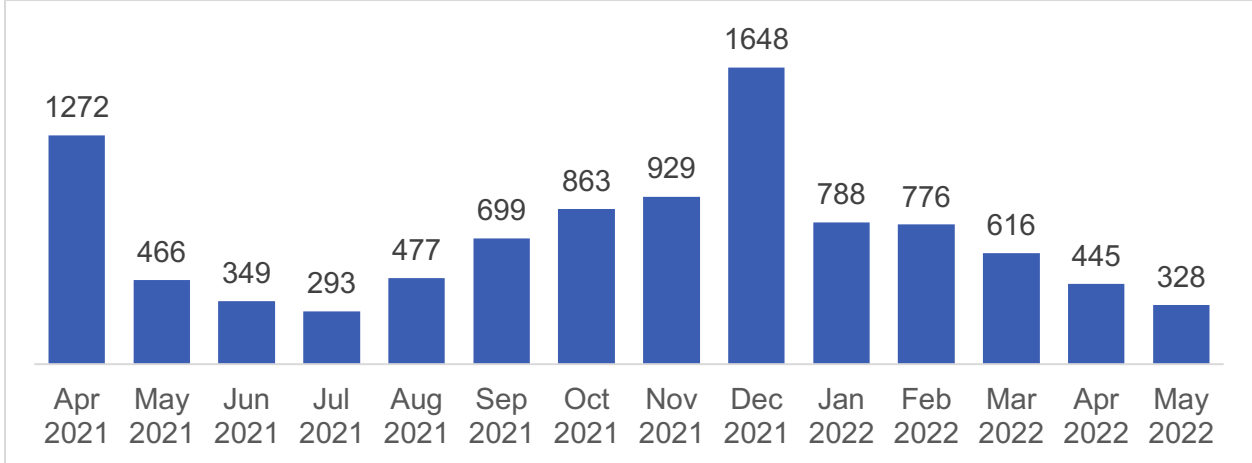
Figure 19: Total Number of Other Health-Related Assessments Conducted by Month



School-Focused Nurses completed 625 other health-related assessments in April 2021, which decreased to between 169 and 228 assessments each month between May 2021 and August 2021. The number of other health-related assessments conducted by School-Focused Nurses then almost tripled between August 2021 and September 2021 from 189 assessments in August 2021 to 488 assessments in September 2021.

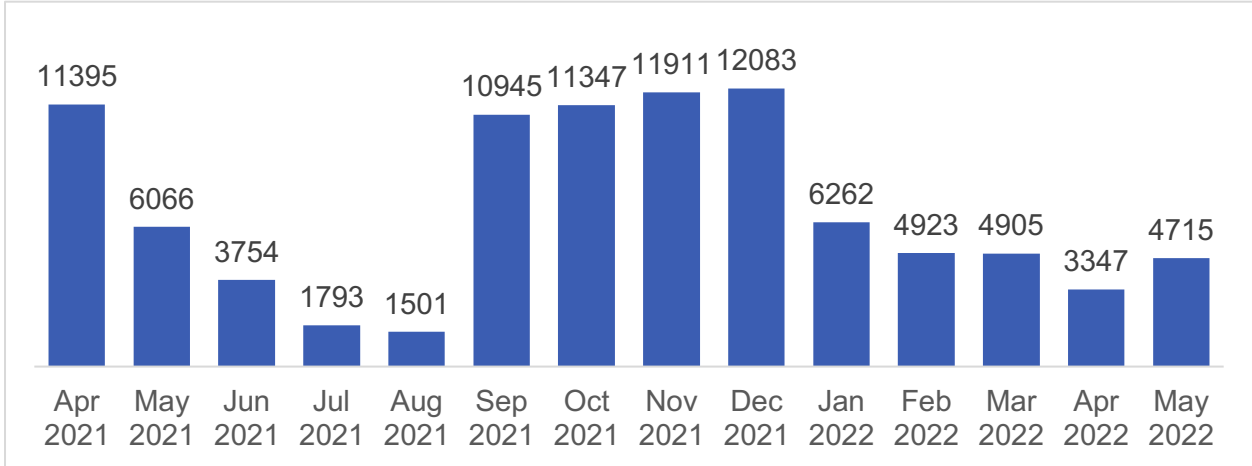
The number of other health-related assessments remained higher between 488 and 570 each month from September 2021 to December 2021, then decreased in January 2022 to 305 assessments and to 178 assessments in February 2022. Between February 2022 and May 2022, the number of other health-related assessments School-Focused Nurses conducted then increased each month from 178 assessments in February 2022 to 615 assessments in May 2022, representing an increase of 246%.

Figure 20: Total Number of Consultations Conducted for School Boards by Month



In April 2021, School-Focused Nurses conducted 1,272 consultations, education, and awareness-building activities for school boards. The number of consultations for school boards then decreased each month until July 2021 when the fewest consultations (n=293) were conducted for school boards. School-Focused Nurses then experienced an increase in the number of school board consultations each month between July 2021 and December 2021, with the number of school board consultations peaking at 1,648 in December 2021. The number of times School-Focused Nurses conducted consultations for school boards then decreased each month since December 2021.

Figure 21: Total Number of Consultations Conducted for Schools, Child Care Centres, and Camps by Month



School-Focused Nurses conducted a total of 11,395 consultations, education, and awareness-building activities for schools, child care centres, and camps in April 2021, which then decreased each month until August 2021 when the fewest consultations (n=1,501) were conducted for schools, child care centres, and camps. The number of consultations School-Focused Nurses conducted for schools, child care centres, and camps then increased significantly in September 2021 with School-Focused Nurses completing approximately seven times as many consultations (n=10,945) for school, child care centres, and camps in September 2021 compared to August 2021.

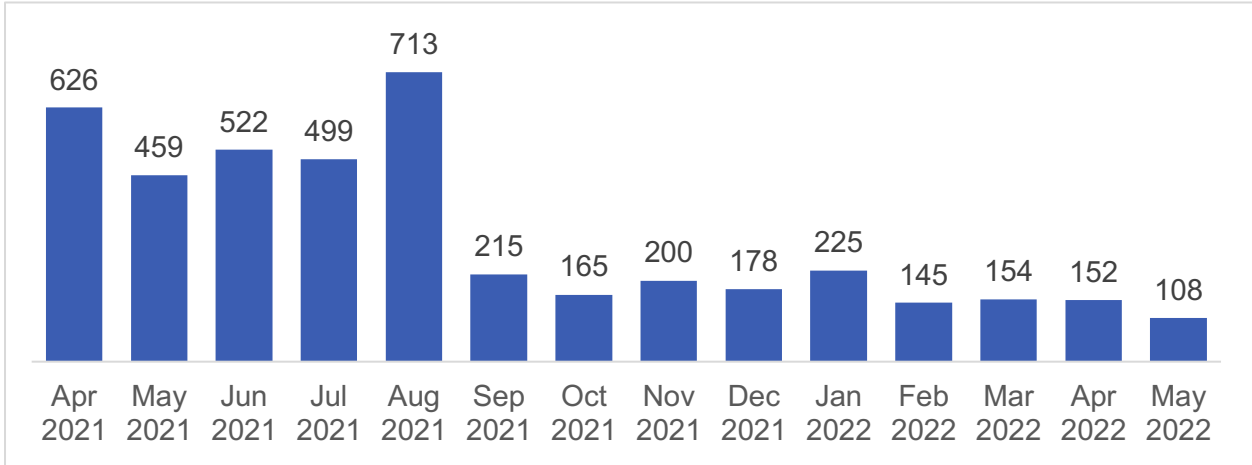
The number of consultations for schools, child care centres, and camps remained high between September 2021 and December 2021, with School-Focused Nurses conducting between 10,945 and 12,083 consultations each month for schools, child care centres, and camps during this time period. The number of consultations conducted for schools, child care centres, and camps then decreased in January 2022, with School-Focused Nurses conducting approximately half as many consultations in January 2022 (n=6,262) compared to December 2021 (n=12,083). Between February 2022 and May 2022, the number of consultations for schools, child care centres, and camps remained fairly consistent between 3,347 and 4,923 consultations each month.

Figure 22: Total Number of Consultations Conducted for Parents/Guardians, Families, and/or Students by Month



The number of consultations, education, and awareness-building activities School-Focused Nurses conducted each month for parents/guardians, families, and/or students has fluctuated between April 2021 and May 2022. School-Focused Nurses conducted the most consultations for parents/guardians, families, and/or students in September 2021 (n=8,926), October 2021 (n=8,683), and December 2021 (n=8,405), with the fewest consultations for this target audience being conducted in June 2021 (n=1,641), July 2021 (n=1,654), and May 2022 (n=1,701).

Figure 23: Total Number of Consultations Conducted for Other Audiences and Settings by Month



School-Focused Nurses conducted or supported the most consultations, education, and awareness-building activities for other audiences and settings between April 2021 and August 2021, with School-Focused Nurses conducting between 459 and 713 consultations for other audiences or settings each month during this time period. Between August 2021 and September 2021, the number of consultations conducted for other audiences or settings decreased, with School-Focused Nurses conducting approximately three times fewer consultations for other audiences or settings in September 2021 (n=215) compared to August 2021 (n=713). Between September 2021 and May 2022, the number of consultations School-Focused Nurses conducted for other audiences or settings has consistently remained lower, between 108 and 225 consultations each month.