Considerations for the return to school of children and youth with specialized care needs

Developed by the Kids Come First Health Team
• Schools are critical to students’ health, including mental health and well-being
• Everyone at school plays a crucial role
• For children with specialized care needs, each situation is unique -- there is no perfect solution
• Our goal is to provide guidance to prioritize staff and student safety
• We have a unique opportunity to work together (parents, students, teachers, support staff, administration, Ottawa Public Health, the Kids Come First Health Team, and all other stakeholders)
What are specialized care needs?

- Dependent on medical technology (e.g. tracheostomy, urine catheter)
- Assistive devices (e.g. walker, wheelchair)
- Medications (e.g. insulin pump)
- Specialized supports (e.g. enteral feeds, respiratory support)

Not in scope:

- Development of re-entry or screening plan - CHEO guidance to parents forthcoming on considerations for return to school of medically fragile children and youth:
  - To be developed in collaboration with school, child, parents/caregivers, therapists
  - May also include school nurses, behavioural and mental health teams in school boards
- Suspected COVID-19 case management and contact tracing – from Ottawa Public Health
Student with specialized care needs

- Transportation
- Screening
- Management of suspected COVID-19 case
- Procedures and PPE
- Personal Safety
Screening

• **Guiding Principles:**
  - Some students have chronic symptoms at baseline
  - They do not need to be excluded from school
  - Screen for worsening of baseline symptoms and/or new symptoms

• **Considerations:**
  - Create a separate screening entrance or staggered entry for students who require extra time and/or physical space
  - Develop individualized plan with family caregiver, healthcare provider and school
    - Awareness of baseline symptoms e.g. cough, secretions, body temperatures, vomiting and/or reflux
Personal safety measures

• **Guiding Principles:**
  
  • Infection prevention and control measures will reduce infection risks among students and staff
  
  • These personal safety measures should be performed regularly and consistently in every environment
    • Includes classrooms, cafeterias, staff rooms, bathroom, administration offices = everywhere!
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<th>Considerations</th>
<th>Student safety</th>
<th>Staff safety</th>
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| Physical distancing in addition to 2 metre distance where possible | - Small class cohort to minimize exposures  
- Reduce staff to student ratio as much as possible e.g. 1 to 1 for daily care + 2 for lifting = 3 in pod  
- Staggered lunches or physical barriers eg. plexiglass if physical distancing not possible | - Small class cohort to minimize exposures  
- Physical distancing especially at meal times when masks removed |
| Universal face covering as “source control” (i.e. wearer is infectious) | Face shield or mask if tolerated | Face shield and/or mask during routine interactions |
| Hand hygiene | Education and support to perform frequent hand hygiene | Education and handwashing station in room for frequent hand hygiene |
| Environmental cleaning and disinfection | - Wherever possible, minimize the use of shared equipment  
- Any shared equipment should be disinfected before use with another student  
- Frequent cleaning of common high-touch surfaces  
- Consider additional equipment for integrated classrooms e.g. microphones for FM system | - Frequent cleaning of common high-touch surfaces in classroom  
- Hand hygiene after wiping down shared equipment |
| Staff and resource support | Consistent educator and EA presence:  
- Minimize exposures  
- Familiarize with student’s baseline and note changes concerning for new infection | Provide IPAC training and real-time support for staff to follow when providing assistance to students |
Procedures and PPE

• Guiding Principles:
  • COVID-19 is spread through respiratory droplets during close contact
  • Hand hygiene is the most effective way to prevent infection spread
  • Face coverings protect others from your infectious droplets
  • Personal Protective Equipment (PPE) protects you (the uninfected wearer) from exposure to respiratory droplets and body fluids (e.g. saliva, urine, feces)
    • You don’t need to wear PPE for routine interactions
  • When possible, provide therapy in separate room
    • In cases where separate room is not available, therapy should not be deferred
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<th>Considerations</th>
<th>PPE Recommendation</th>
<th>Location</th>
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<td>Lifting patient to and from large equipment</td>
<td>Face mask + eye protection</td>
<td>Classroom</td>
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<td>Catheterization</td>
<td>Face mask + eye protection + gloves</td>
<td>Separate area</td>
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<td></td>
<td>Gown if anticipated exposure to urine</td>
<td></td>
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<tr>
<td>Oral suction, tracheostomy care, nebulized therapies, chest physiotherapy</td>
<td>Face mask + eye protection + gloves</td>
<td>Separate area</td>
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<td></td>
<td>Gown if anticipated exposure to secretions</td>
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<td>Feeds</td>
<td>Face mask + eye protection</td>
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<td></td>
<td>Gown + gloves if anticipated exposure to secretions</td>
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<td>Toileting</td>
<td>Face mask + eye protection + gloves</td>
<td>Separate area</td>
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<td></td>
<td>Gown if anticipated exposure to stools</td>
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<tr>
<td>Acute deterioration (e.g. seizures, breathing difficulties)</td>
<td>Face mask + eye protection + gloves + gown</td>
<td>On-site wherever required</td>
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These PPE recommendations are for students who screen negative for infectious symptoms: any encounter at less than 2 metres requires mask and shield. If a child becomes ill, then staff should wear gown and gloves in addition to face mask + eye protection while in close contact.
Personal Protective Equipment (PPE) Resources for Staff

- **Hand hygiene**
  - IPAC handwashing – Public Health Ontario

- **Putting on PPE:**
  - Hand hygiene → gown → mask → eye protection → gloves
  - Putting on full PPE – Public Health Ontario

- **Taking off PPE:**
  - gloves → gown → hand hygiene before touching face
  - eye protection → hand hygiene
  - mask → hand hygiene as hands considered dirty
  - Taking off full PPE – Public Health Ontario
Management of suspected case

• Guiding Principles

• If a person develops COVID-19 symptoms, then they become a “suspect case”

• Successful management of a suspected case relies on:
  • Identification of change in health AND
  • Prompt isolation AND
  • Appropriate use of PPE (droplet-contact precautions)
Management of suspected case - continued

• Operational considerations:
  • Administrator to be notified when a symptomatic student or staff is identified
  • Designated isolation and assessment area
    • closed door
    • available gowns and gloves for staff attending to ill individual
    • area for putting on, taking off and disposing of PPE
  • Notification of parents
  • In-school testing for medically complex children with parental presence + consent (to be determined with Ottawa Public Health)
  • When feasible, minimize staff movement across classrooms and schools to prevention infection spread
Transportation

• Guiding Principle:
  • Students and drivers need to get to and from school safely

• Considerations:
  • Use physical barriers (e.g. plexiglass) between driver and passengers, including students and attendants
  • Ensure physical distancing by limiting the number of passengers in the vehicle at one time, and limited close contact of driver, attendant and student
  • Wear face covering (shield or mask) if driver, attendant and passenger if feasible
  • Promote enhanced cleaning of high touch points (surfaces) after every ride
Resources

Guidance for return to school:
• CHEO – Back to school resources
• Back to school recommendations – Holland Bloorview
• COVID-19 Recommendations for School Reopening – SickKids
• COVID-19 and Schools – Ottawa Public Health

Personal safety resources:
• Handwashing Song (hand hygiene technique with musical memory aid)
• PPE: Routine practices and additional precautions – Ottawa Public Health
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