



Specialized Health Needs Interagency Collaboration

COVID-19 PLANNING CONSIDERATIONS STUDENTS WITH SPECIAL HEALTH NEEDS

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Preparing for staff and students to safely return to school during COVID-19 requires effective communication and planning. Children and youth with special health needs (CYSHN) may require additional considerations for the delivery of care in the educational setting related to their chronic condition, medical needs, or intellectual disability. Children with specialized healthcare needs comprise 25% of the student population and are at increased risk for COVID-19 complications (NASN, 2020). The purpose of this tool is to help the school nurse understand his/her role in supporting students with special health care needs and be a member of the school COVID-19 re-entry plan.

1. What is your school health staffing model?
2. What routine medications are administered?
3. What scheduled procedures occur in the health room?
4. How many students have an individualized healthcare plan and/or emergency care plan?
5. Where is your health room located?
6. Do you have an isolation area identified within your school or health room?
7. Have you considered a triage area for students entering health room?
8. How do teachers communicate with the school nurse about current student concerns during the day?
9. Are classrooms and teachers equipped to manage basic first-aid?
10. How does your local school system communicate and work with private duty nursing or aides in your school building?

- Review data on previous health room visits. Note scheduled medication(s), time, common PRN medication(s), and reasons for frequent sick visits.
- To minimize health room visits and traffic, communicate with families that routine medication should be taken at home when possible.
- Create a communication plan with teachers to triage any student before potentially sending to health room. Work with school counselors to create plan to reduce health room visits for mental health.

IDENTIFYING STUDENTS WITH SPECIAL HEALTH NEEDS

- Collaborate with family, healthcare provider, and special educator of students with special health care needs. Work as a team to determine if return to school is in the student's best interest.
- Consider health risk of student
 - Immunocompromised, quadriplegia, uncontrolled asthma, chronic lung disease, diabetes, seizures, high blood pressure, etc.
- Consider cognitive level and behavior(s) of student
 - Unable to follow physical distancing, unaware of personal/private space, spitting, biting, hands to face and mouth, etc.
- Consider students who require personal care support
 - Oral secretions, toileting, feeding, physical support for mobility, use of wheelchair/equipment, etc.
- Consider assigning a dedicated adult and backup adult to student/group who requires assistance to maintain a cohort and prevent over exposure/cross contamination.
- Review immunization status to limit the risk for other vaccine-preventable diseases; immunization compliance should continue to be prioritized.
- Update and verify emergency contacts or persons to contact in case of student illness.
- **NEW** Note any necessary modifications to the Emergency Care Plan to reflect schedule/location of learning (i.e. virtual, hybrid) and necessary contact information.
- Consider creating contract with caregiver for pick-up protocol if student becomes ill (consider time/travel distance to get to school, where to enter/exit school, where to meet student/nurse, etc.).
- Assess current state of health. Identify and fill any unmet healthcare needs including stopped or missed treatment, medication, appointments, procedures, and access to supplies.
- **NEW** Plan for coordinating medication drop-off and plan if school closes again (i.e. outside of school buildings, scheduled drop off times, LSS policy regarding visitors).

GENERAL AND HEALTH ROOM SAFETY

- Consider the use and safe storage of cleaning supplies in classrooms and health room (i.e. note allergies, keep out of reach of student).
- **NEW** Communicate with your facilities management department to discuss health room ventilation and additional modifications as necessary (i.e. portable high-efficiency particulate air (HEPA) fan/filtration systems to enhance air cleaning).
- Consider safety risk assessment of open windows and doors used to increase ventilation (i.e. allergies, elopement).
- Consider alternate health room space to perform routine well-visits of students with special health care needs (tube feeding, catheterization, glucose monitoring, etc.).

- Consider using physical barriers such as a plastic or plexiglass barrier to maintain physical distancing in high-frequency areas.
- De-clutter unnecessary items in health suite (décor, books, extra clothing, blankets, etc.).
- Consider replacing cloth privacy curtains with plastic alternatives (i.e. shower curtain) that can be cleaned or wiped down between visits.
- Ensure furniture and other surfaces can be easily disinfected.
- Include other high-touch surface areas in cleaning/disinfecting protocol (grab bars, handicapped push buttons to open doors, bathrooms, etc.).
- Consider limiting or prohibiting communal drinking fountains and providing alternatives.
- Note interim CPR guidelines by *American Heart Association* (April 2020):
 - Emphasize adequate PPE and reduce the number of people responding to an event
 - Importance of early activation of EMS and defibrillation
 - Lay rescuers should consider “Hands-only” CPR without mouth-to-mouth ventilation, using high-quality compressions
 - Use a facemask or cloth covering mouth and nose of rescuer and/or victim to help reduce risk of disease transmission
 - In the case of pediatric resuscitation (high likelihood of respiratory arrest causing cardiac arrest), advise that if willing, rescue breaths are provided along with compressions.
 - When using an Ambu bag, use a 2-hand technique to ensure a tight seal by the most experienced person, with second person assist with bag ventilation. HEPA filter between mask and bag.

NEW PERSONAL PROTECTIVE EQUIPMENT (PPE)

Use clinical judgment to evaluate the risk of exposure and implement appropriate PPE for direct-care and related-services staff interactions with students. There should be a plan for staff members that includes required PPE based on the specific support service and the student-specific considerations including:

- Type of service being provided (i.e. direct care, personal care, instruction, behavior support)
- Student’s medical condition and anticipated risk of exposure to body fluids (i.e. tracheostomy, increased oral secretions, spitting, grabbing, etc.)
- Student’s behavior and cognitive level impacting their ability to follow mitigation strategies (i.e. physical distance, wearing facial covering)

EQUIPMENT

- Limit storage of equipment/supplies in health room (i.e. consider only keeping 1-week of student supplies).
- Involve school nurse in plan for cleaning/disinfecting protocol of equipment/supplies that travel, are shared, or are considered high-touch surfaces.
 - Wheelchair- arm support, knobs, buttons, wheels, handrims, push handles, joy stick and controls (Beneficial Designs, 2020)
 - Other assistive mobility devices that are shared among students like stander, gait trainer, etc.
 - Tablets, white boards, other communication device

TRANSPORTATION

- Establish a safe plan for students who may require specialized health care procedures and services while being transported.
- Consider physical distance of assisting student on/off bus and wheelchair spacing.
- Consider safety risk assessment of open windows used to increase ventilation (i.e. allergies, elopement, etc.).
- Update necessary emergency care plans and complete training.

ACTIVITIES OF DAILY LIVING (ADL'S)

- Assess student's ability to perform ADL's as being independent, requires prompting, or requires adult assistance.
- For hand hygiene, note location and accessibility of sinks and/or hand sanitizing stations.
- For oral feeding, note location where meal is to occur (classroom, private area, etc.) and ability to create safe distance.
- Consider use of disposable food service items when able or cleaning of non-disposable supplies or adaptive equipment should they be required for use.
- Wear gloves while preparing area by cleaning/disinfecting table surfaces.
- When the intervention requires use of adaptive equipment, place items in an area that can maximize student independence and minimize hand-to-hand contact.
- For toileting or diapering, note location and accessibility of bathroom.
- Consider assigning a specific bathroom.
- Note availability or necessary modifications that could include changing table, special chair, safety bar, etc.
- Develop cleaning procedure of these areas and supplies.

PROCEDURAL SUGGESTIONS- ORAL FEEDING

1. Wash hands before preparing food set up and throughout as appropriate.
2. Wash student's hands before feeding.
3. Put on gloves.
4. Set up meal.
5. After feeding, remove soiled napkins and wipes before removing gloves.
6. Wash your hands and students hands after meal.

PROCEDURAL SUGGESTIONS- DIAPERING

1. Gather supplies including gloves, additional PPE as necessary, diaper, wipes, and disposable pad/barrier for surface and to contain supplies once completed.
2. Wash hands and put on gloves.
3. Un-tape and remove portions of the diaper. Clean urine or stool using wipes.
4. Discard wipes and soiled diaper in appropriate trash. Remove gloves.
5. Wash hands and **apply new gloves** to assist with dressing student.
6. Secure child and assure safety of student. Wash student's hands.
7. Remove gloves and wash hands.
8. Apply new gloves to clean and disinfect the area before use again.

SPECIALIZED HEALTH CARE NEEDS

- Individualized Health Care Plans (IHP) and Emergency Care Plans (ECP) may need to be reviewed and/or revised for the required nursing care to be safely performed in the educational setting.
- Communicate changes and complete training as the updated ECP requires.
- Consider alternate health room space to perform routine well-visits of students with special health care needs.
- Use clinical judgment to evaluate the risk of exposure and implement appropriate PPE for direct-care and related-services staff interactions with students.
- Consider student's behavior and developmental level impacting their ability to follow mitigation strategies.

ASTHMA

Caring for students with asthma may require additional planning and training related to proper PPE and safe use of medications in the school setting.

- Communicate with parent/guardian and healthcare provider prior to start of school to review/update asthma management plan.
- **NEW** Update Asthma Action Plan. Note necessary modifications that could include changes to schedule/location of learning (i.e. virtual, hybrid, etc.)
- Communicate with students the importance of taking their asthma medication and keeping their asthma well controlled.
- Consider policy for use/cleaning of pulse oximeter.
- Consider location/storage of emergency medication (consider classroom-based medication storage).
- Note additional concerns with student's ability to wear a cloth facial covering, possible allergens with cleaning products, environmental allergen exposure with open windows/doors, fans, etc.
- Educate about symptoms of asthma, allergies, and COVID-19. Symptoms may overlap including cough and shortness of breath. Therefore, students experiencing acute asthma attacks should not be attending school without approval by a healthcare provider.
- Note if respiratory treatment medications are usually considered routine or PRN for that student while at school. Treatments for PRN symptoms should be considered a "high alert."
- Review LSS self-carry/self-administer policies as this could reduce number of health room visits for medication during this time.
- If an asthma attack starts at school, a student may need a bronchodilator treatment before being sent home or before an ambulance arrives.

INHALER

- The use of inhaler (with or without face mask, according to each student's individualized treatment plan) are preferred over nebulizer treatments whenever possible. The use of inhalers is not considered an aerosol-generating procedure.
- Communicate with family and health care provider to consider switching prescription to a metered dose inhaler (MDI) or a dry powdered inhaler (DPI).
- If your school stocks bronchodilators, the use of disposable spacers/mouthpieces are recommended.
- Additional strategies to further minimize cross-contamination include using spacers with one-way valves and not allowing the student to touch the inhaler (e.g., the student can touch the spacer, but only the school staff administering the inhaler can touch/handle the inhaler).
- Consider developing plan with student of how inhaler will be administered in accordance with facial covering.
- If students uses the school's stock inhaler, the inhaler should be used and cleaned according to the manufacturer's instructions.

PEAK FLOW METER (NEW)

- The use of a peak flow meter involves forceful exhalation. While not considered an aerosol generating procedure (AGP), it can trigger a cough and PPE should be used.
- If it is necessary at school for a student to use a peak flow meter, consider the following to mitigate risk:
 - Full PPE includes gown, gloves, N-95 mask or equivalent, and eye protection or a face shield. Consider that a face shield would protect the N95 mask.
 - Identify a separate area for the student to use a peak flow meter. Room should be well ventilated or performed outside of the building in a sheltered area. Peak flow meter usage should be performed in an area that limits exposure to others and with minimal staff present.
 - The room should undergo routine cleaning after a peak flow meter has been used.
 - If appropriate based on the student's age and level of maturity, the staff member could observe from a distance of 6 feet or observe from outside the room but within sight.

NEBULIZER

- **The administration of a nebulizer treatment, regardless of symptoms or frequency, should be considered an aerosol-generating procedure (AGPs) in the school setting.**
- Nebulizer treatments at school should be reserved for children whose healthcare providers have determined they require a nebulizer treatment.
- If a nebulizer treatment is necessary at school for a student, consider the following to mitigate risk:
 - Full PPE includes gown, gloves, N-95 mask or equivalent, and eye protection or a face shield. (Consider that a face shield would protect the N-95 mask)
 - Identify a separate area to administer the treatment. Rooms should be well ventilated and have a door or treatments should be performed outside of the building in a sheltered area. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present.
 - After the nebulizer treatment, the room should undergo routine cleaning and disinfection.
 - If appropriate based on the student's age and level of maturity, the staff member could observe from a distance of 6 feet or observe from outside the room but within sight.
 - Use of a nebulizer with disposable tubing with mask/mouthpieces is recommended.

TRACHEOSTOMY (UPDATED)

Caring for a student who requires tracheostomy care and suctioning during the school day will require additional planning and training during COVID-19. Plans should address challenges related to proper PPE, physical space, and cleaning procedures related to suctioning and aerosol generating procedures (AGPs).

- Aerosol-generating procedures pose risk for transmission of COVID-19. In the school setting, this includes tracheostomy procedures like open suctioning of the respiratory tract, tracheostomy related care procedures, tube changes, and changing heat and moisture exchange filters.
- **Trach care procedures, regardless of symptoms or frequency, should be considered an aerosol-generating procedure (AGP) in the school setting.** Consider the following to mitigate risk:
 - Staff should wear full PPE would include gown, gloves, N-95 mask or equivalent, and eye protection or a face shield. Consider that a face shield would protect the N-95 mask.

- Identify a separate area to perform the treatment. Rooms should be well ventilated and have a door or treatments should be performed outside of the building in a sheltered area.
 - Treatments should be performed in a space that limits exposure to others and with minimal staff present.
 - After the treatment, the room should undergo routine cleaning and disinfection.
 - If appropriate based on the student's age and level of maturity, the staff member could leave the room and return when treatment is complete.
 - Review suction frequency as ordered by the health care provider (i.e., suctioning should be performed after assessment for signs of distress and not on hourly schedule).
 - Encourage the student to cough independently to produce secretions, while wearing trach covering (i.e., HME).
- Establish method of communication with the private duty nurse and/or agency. Reinforce best practice education and communicate any changes to procedural guidelines in the school setting (i.e. safe physical space for trach suctioning).
 - Students with a tracheostomy should never have an open tracheostomy tube. It should be covered with a heat moisture exchanger (HME) or other appropriate cap.
 - **NEW** Placing a surgical mask over the tracheostomy tube AND a second surgical mask over the mouth and nose is recommended.



(American Journal of Speech-Language Pathology, 2020)

VENTILATORS

- All students on a ventilator should have been changed to a closed system tracheal suctioning with a viral valve filter.
- A vented patient with a Passy Muir Valve (PMV) in place is not able to wear the viral filter at the same time. Staff working with a vented patient with a PMV will need to wear an N95 or Controlled Air Purifying Respirator (CAPR).

SUCTIONING

- It is highly recommended that for persons who have impaired airway clearance or require significant respiratory suctioning, the school nurse and caregiver consult with primary/specialty healthcare provider for considerations on returning to school.
- Oral or nasal suctioning and closed or in-line tracheal suctioning is not considered an AGP. Continue with PPE, ventilation, and cleaning/disinfecting procedures as appropriate
- Suctioning should not be performed in the classroom setting during this time, if possible.
- Review suction frequency as ordered by health care provider (i.e., suctioning should be limited and as performed as needed instead of on a standardized schedule).
- Closed system tracheal suctioning should be used when possible.

URINARY CATHETERIZATION

- Review ordered catheter frequency/time to accommodate scheduling changes.
- Designate area and necessary equipment for this routine procedure, including available changing table, cot, accessible toilet, etc.
- Consider additional PPE related to close physical distance and/or student behaviors during procedure.

PROCEDURAL SUGGESTIONS- URINARY CATHETERIZATION

1. Gather supplies including gloves, additional PPE as necessary, catheter, urine collection device, and disposable pad/barrier for surface and to contain supplies once completed.
2. Wash hands and put on gloves.
3. After performing the catheterization, discard used supplies and remove gloves.
4. Wash hands and **apply new gloves** to assist with dressing student.
5. Remove gloves and wash hands.
6. Apply new gloves to clean and disinfect the area before use again.

TUBE FEEDINGS

- Review orders for scheduled feeding tube times to accommodate scheduling changes.
- Gather all supplies needed to perform feeding including nutritional needs, water for flushing, syringes, and extension tubing.
- Prepare additional supplies like paper towels or wipes in event of draining or spill when accessing tube or preparing for feed.

- Continue to maintain good hand hygiene and infection control.
- Use clinical judgment to evaluate the risk of exposure and implement appropriate PPE. Consider student's behavior and other medical conditions such as tracheostomy, increased oral secretions, spitting, grabbing, etc. Face shields or other forms of eye protection should also be used when working with students unable to manage secretions.
- Consider and plan distraction techniques for student as appropriate.

DIABETES

- Review the student's Diabetes Medical Management Plan for updates.
- Continue to maintain good hand hygiene and plan appropriate PPE as necessary.
- Assess a student's competence and ability to self- manage in the classroom
- If the student does require supervision, consider classroom-based services in a private area.
- Consider location/storage of emergency medication (consider classroom-based medication storage)

SEIZURES

- Continue to monitor students for changes in seizure activity that could potentially be caused by fever or infection.
- Note that some medicines to control seizures also affect the immune system.
- Continue to maintain good hand hygiene and infection control.
- Consider location/storage of emergency medication (consider classroom-based medication storage).
- Consider having accessible PPE in event of generalized tonic-clonic seizure (oral secretions, etc.)

SENSORY

Any type of change made at school in response to COVID-19 could affect a student's sensory system leading to dysregulation. Consider student's ability to wear mask, physically distance, and follow safety protocols.

AUDITORY

- Students with hearing aids or ear abnormalities might need adaptable masks.
- Staff may need to increase their voice volume when communicating with students while wearing a mask.

VISUAL

- Not being able to see the face and mouth of school staff might pose difficulty for students with communication challenges.
- Consider clear masks for staff working with students who need to see to face expressions and read lips.

OLFACTORY

- The increased use of cleaning products might potentially overwhelm a student's sense of smell.
- Be mindful of the discomfort this could cause students when using cleaning products near students or on their equipment.

TACTILE

- Some students may not be able to tolerate wearing a mask or will be irritated by the feel of the mask.
- Consider experimenting with various types of cloth face coverings and accessories such as headband, hat, or ear saver devices.

SOCIAL/EMOTIONAL

- Plan for re-engaging activities before school starts.
- Provide opportunities and offer orientation-type activities for students to be introduced to staff and school building. Work with your school counselor, special educator, and other mental health professional.
- Develop social stories about school re-entry, meeting staff, etc.
- Share pictures/videos message of staff with/without wearing mask and other PPE.
- Create a virtual walk through of health room (and isolation area).
- Communicate changes in physical distancing, safe social boundaries, visiting health room, flow of hallway and health room traffic, etc.

RESOURCES

American Academy of Pediatrics (February 2021). Caring for Children and Youth with Special Health Care Needs During the COVID-19 Pandemic. <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/caring-for-children-and-youth-with-special-health-care-needs-during-the-covid-19-pandemic/>

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Centers for Disease Control and Prevention (February 2021). K-12 Schools and Childcare Programs FAQs for Administrators, Teachers, and Parents. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/FAQ-schools-child-care.pdf>

Centers for Disease Control and Prevention (February 2021). Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

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