



## COVID-19 Planning Considerations Students with Special Health Needs

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, health care provider, and special educator of students with special health care needs. Work with the primary healthcare provider and parent in determining 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.
- 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.).

## Equipment

- Limit storage of equipment/supplies in health room, 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 devices

## Safety

- Consider the use and safe storage of cleaning supplies located within classrooms and health room (i.e. note allergies, keep out of reach of student).
- Consider safety risk assessment of open windows and doors used to increase ventilation (i.e. allergies, elopement).
- 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.

## Health Room

- Consider alternate health room space to perform routine well-visits of students with special health care needs (tube feeding, catheterization, glucose monitoring, etc.).
- De-clutter unnecessary items in health suite (décor, books, extra clothing, blankets).
- Consider replacing cloth privacy curtains with plastic shower curtains that can be cleaned or wiped down.
- 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.).

## Transportation

- Establish a safe plan for students who may require specialized health care procedures and services while being transported.
- Consider plan for additional PPE when safe physical distancing cannot be maintained assisting student on/off bus.
- Consider physical distance of wheelchair spacing on bus.
- 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.).
- Consider safe distancing or required PPE when staff assisting student to eat.
- 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, during, and after preparing food set up.
2. Wash student's hands before and after feeding.
3. Put on gloves.
4. Set up meal.
5. After feeding, remove soiled napkins and wipes before removing gloves.

### Procedural Suggestions- Diapering

1. Wash your hands and the student's hand prior to diapering.
2. Put on gloves and any additional needed PPE (consider student's behavior and other medical conditions such as tracheostomy, increased oral secretions, spitting, grabbing, etc.)
3. Un-tape and remove portions of the diaper. Clean urine or stool using wipes.
4. Discard wipes and soiled diaper in appropriate trash.
5. Change gloves if soiled.
6. Secure child and assure safety of student. Wash student's hands.
7. Clean/disinfect diaper station.
8. Remove your gloves and wash hands using soap and water.

## Specialized Health Care Needs

- **A student's Individualized Health Care Plan (IHP) and Emergency Care Plan (ECP) may need to be reviewed and/or revised in order for the required nursing care to be safely performed in the educational setting.**
- **Communicate changes and complete training as necessary as the updated ECP requires.**
- **Consider alternate health room space to perform routine well-visits of students with special health care needs.**
- **Consider additional PPE (even when the procedure does not aerosolize particles) related to the student's behavior and/or other medical concerns such as tracheostomy, increased oral secretions, spitting, grabbing, etc.**
- **Consider student's cognitive and developmental abilities to follow changes in school and health room safety procedures.**

### Asthma

- Communicate with students the importance of taking their asthma medication and keeping their asthma under control.
- Students experiencing acute asthma attacks should not attend school without approval by a healthcare provider.
- PPE should include gloves, medical or surgical facemask, face shield and/or eye protection.
- The use of inhalers with spacers (with or without face mask) are preferred over nebulizer treatments whenever possible.
- 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.
- To further minimize cross-contamination, use spacers with one-way valves and consider not allowing the student to touch the inhaler (i.e. the student can touch the spacer, but only the school staff administering the inhaler can touch the inhaler).

- Nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with or without spacer or face mask).
- The use of peak flow meters and forceful exhalation is not considered an aerosol-generating procedure associated with increased risk of transmission. However, for some people with asthma, using a peak flow meter can trigger cough (CDC, 2020)
- Limit the number of people in room to only the student and staff member necessary to administer a required nebulizer treatment or peak flow meter. If appropriate based on the student's age and level of maturity, the staff member could leave the room and return when the treatment is complete.
- Note additional concerns with student's ability to wear a cloth face mask, possible allergens with cleaning products, environmental allergen exposure with open windows/doors, fans, etc.
- Consider policy for use/cleaning of pulse oximetry, reportable level
- Consider location/storage of emergency medication (consider classroom-based medication storage)

## Tracheostomy/Suctioning

- Per the *National Tracheostomy Safety Project* (2020), aerosol-generating procedures pose risk for transmission of COVID-19. This includes tracheostomy procedures like tracheostomy tube care, change, and open 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.
- Identify a separate and private area where aerosol-generating procedure(s) are safe to occur.
  - Note ventilations concerns with identified location
  - PPE for such procedures should include long-sleeved gown, N95, face shield, eye protection, and gloves
- Closed suction systems should be used where possible.
- Communicate and reinforce best practice education with private duty nursing.
- 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).

## Urinary Catheterization

- Review ordered catheter frequency/time to accommodate scheduling changes.
- Designate area and necessary equipment for this routine procedure, including availability of 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, mask, pad/barrier for surface, catheter materials, and urine collection device.
2. Wash hands prior to putting on gloves.
3. After performing the catheterization, discard used supplies before removing gloves.
4. Remove gloves, wash hands, and apply new gloves to assist with dressing student.
5. Clean/disinfect area.
6. Remove gloves, and wash hands using soap and water.

## 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.
- Consider additional PPE and/or distraction techniques for student.

## Diabetes

- Students with diabetes are not at a greater risk of contracting COVID but are at a greater risk of complications if they do become infected with COVID or any virus.
- Continue to maintain good hand hygiene and PPE.
- 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.
- Some students with epilepsy, regardless of seizure control, have other health conditions and treatments that may put them at higher risk from COVID-19.
- 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 and may lead to dysregulation (i.e. student schedule, classroom size, layout, seating location, etc.).
- 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.
- Vision
  - 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.
- 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.
- 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.
  - Is it appropriate for the student to wear a mask? Dependent on the student's disability, physical distancing from staff might not always be appropriate.

## 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 how to visit health room, how traffic will flow, etc.
- Education on physical distancing and safe social boundaries

## Resources

American Diabetes Association (2020). Diabetes and Coronavirus.

<https://www.diabetes.org/coronavirus-covid-19>

Beneficial Designs (2020). Attention: Wheelchair and Assistive Technology Users Precautions for COVID-19. [https://www.va.gov/MS/WC\\_COVID19.pdf](https://www.va.gov/MS/WC_COVID19.pdf)

California School Nurses Organization (June 2020). COVID-19 Health Services Recovery Plan Resource in Educational Settings  
<https://docs.google.com/document/d/1s2EdTE7AHRaBxc4OOYJqr9cFOfTjBRHLIkOH5X5IJp0/edit>

Centers for Disease Control and Prevention (June 2020). K-12 Schools and Child Care Programs. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>

Children's Hospital of Philadelphia, Policy Lab (May 2020). Policy Review: Evidence and Considerations for School Reopening.  
<https://policylab.chop.edu/reports-and-tools/policy-review-evidence-and-considerations-school-reopenings>

Complex Child: Masks 101: A Guide for Children who are Medically Complex  
<https://complexchild.org/articles/covid/masks101/>

National Association of School Nurses (2020). Coronavirus Disease 2019 Resources.  
<https://www.nasn.org/nasn/nasn-resources/practice-topics/covid19>

National Tracheostomy Safety Project (April 2020). Pediatric Tracheostomy and Tracheostomy Long-Term Ventilated Care during COVID Pandemic.  
<http://tracheostomy.org.uk/storage/files/NTSP%20Paed%20Tracheostomy%20and%20LTV%20during%20COVID%20FINAL%2008042020.pdf>

School-Based Health Alliance (2020). Covid-19 Resources.  
<https://www.sbh4all.org/resources/covid-19-resources/>