

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

Developed by the Kids Come First Health Team

Context

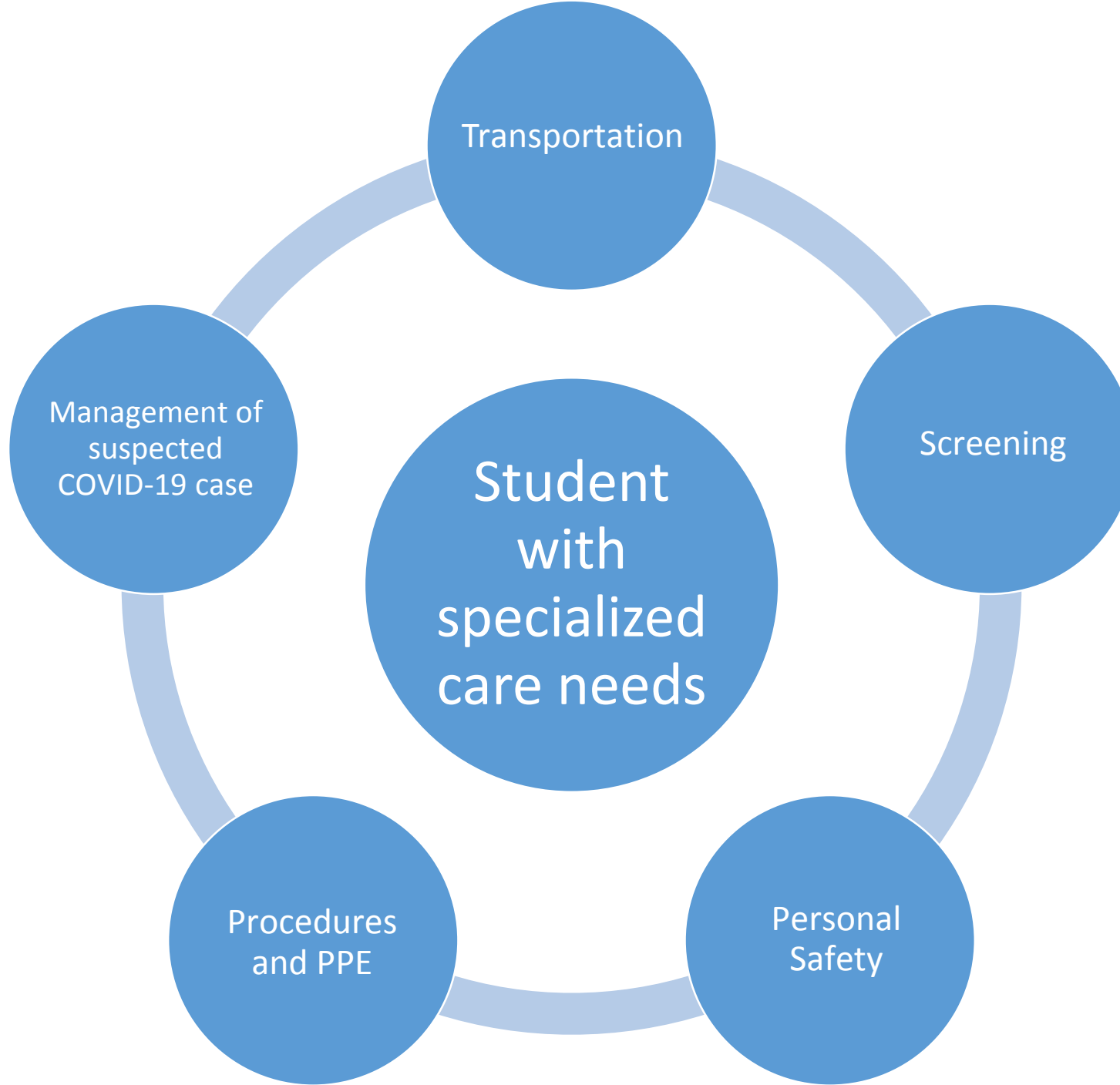
- Schools are critical to students' health, including mental health and well-being
- Everyone at school plays a crucial role
- For children with specialized care needs, each situation is unique -- there is no perfect solution
- Our goal is to provide guidance to prioritize staff and student safety
- 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



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!

Considerations	Student safety	Staff safety
Physical distancing in addition to 2 metre distance where possible	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - Frequent cleaning of common high-touch surfaces in classroom - Hand hygiene after wiping down shared equipment
Staff and resource support	<p>Consistent educator and EA presence:</p> <ul style="list-style-type: none"> - 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

Considerations	PPE Recommendation	Location
Lifting patient to and from large equipment	Face mask + eye protection	Classroom
Catheterization	Face mask + eye protection + gloves Gown if anticipated exposure to urine	Separate area
Oral suction, tracheostomy care, nebulized therapies, chest physiotherapy	Face mask + eye protection + gloves Gown if anticipated exposure to secretions	Separate area
Feeds	Face mask + eye protection Gown + gloves if anticipated exposure to secretions	Separate area
Toileting	Face mask + eye protection + gloves Gown if anticipated exposure to stools	Separate area
Acute deterioration (e.g. seizures, breathing difficulties)	Face mask + eye protection + gloves + gown	On-site wherever required

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 prevent 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

Acknowledgements

- Parent advisor:
 - Stephanie Paravan
- Learning environment experts:
 - Amy Hannah
 - Stacey Kay
 - Christine Kessler
 - Samara Murphy
 - Mari Murray
 - Peter Symmonds