National Association of School Nurses

Return to School Post COVID-19 Closure Considerations for Students with Disabilities and Special Healthcare Needs

Disclaimer statement: This document provides a summary of currently available resources that school nurses can consult as they formulate independent nursing judgement for their practice or when participating in policy discussions in their districts. This document is not intended to provide clinical standards or guidelines. The school nurse is responsible for complying with applicable federal, state, and local laws, regulations, ordinances, executive orders, policies, and any other applicable sources of authority, including any applicable standards of practice. 7/30/2020.

Introduction

The purpose of this document is to guide school nurses when planning for return to school for students with disabilities and special healthcare needs (D/SHN) as defined by Section 504 or Individual Education Program (IEP) teams. School nurses understand the susceptibility of these students to environmental factors. While research is still emerging, results from early studies suggest that students with D/SHN have a higher prevalence of comorbidities associated with less favorable outcomes after infection with COVID-19, including higher fatality rates at younger ages compared to typically developing peers (Turk et al., 2020).

A free and appropriate public education (FAPE) guarantees that all students, including those with D/SHN, must have an equal opportunity to access education during the pandemic. Based on the decisions made by the Section 504 or IEP team, while affording equal access, these opportunities may differ based on student need (U.S. Department of Education, 2020).

Areas of Consideration

Pre-Existing Health Conditions

The Centers for Disease Control and Prevention (CDC) (2020, May 29) recommends that students with significant health risk factors be monitored for symptoms or signs of concern by their caregivers at home. Limited studies suggest that those with underlying health conditions may be at increased risk of severe disease or worse outcomes when infected with COVID-19. Conditions currently identified by the CDC (2020, July 17) with the strongest link to severe outcomes include:

- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Chronic kidney disease
- Obesity (BMI> 30)
- Sickle cell disease
- Solid organ transplant and
- Type 2 diabetes mellitus

Health conditions also currently under investigation as comorbidities related to poor COVID-19 outcomes include chronic lung diseases; asthma; metabolic disorders, including type I diabetes mellitus;

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immune deficiencies; liver disease; and neurologic conditions. As of this publication these conditions have either mixed research results or limited evidence to support their inclusion (CDC, 2020, July 17).

Routine School Health Services & Treatments

Routine health services for students with D/SHN are to be performed in a separate room, apart from students who become ill during the school day (CDC, 2020, June 3). The latest recommendations from CDC (2020, August 21) include multiple measures to improve ventilation in the health office including the use of a fan to increase the effectiveness of an open window, increasing total airflow supply, and use of portable high-efficiency particulate air (HEPA) fan/filtration cleaning systems. In addition, school nurses should be prepared to follow the current public health guidance regarding exclusion and isolation protocols for students and staff who present at school with acute symptoms of illness (AAP, 2020).

The American Academy of Allergy Asthma & Immunology, in collaboration with the American College of Allergy, Asthma & Immunology and the Canadian Society of Allergy and Clinical Immunology (Shaker et al., 2020) recommend that all students using a nebulizer to deliver asthma medications be switched to a metered dose inhaler (MDI) with spacer or dry powder inhaler (Abrams & Szefler, 2020). The spacer should have a tight-fitting mouthpiece or facemask (Global Initiative for Asthma (GINA) 2020). This is due to the underappreciated transmission risk posed to the student due to the larger droplet size of nebulized medication going deep into the lungs and to care providers delivering nebulizer treatments, should the student be a carrier of COVID-19 (Amirav & Newhouse, 2020).

The latest recommendation from GINA (2020) is to use an MDI with spacer during a student's acute asthma exacerbation. The spacer traps the medication, allowing the student greater opportunity for inhalation. MDI with spacer is appropriate for all ages and equally effective as nebulizer (GINA, 2020). The school nurse should coordinate care with healthcare providers and family regarding this recommendation.

Students unable to cooperate with use of a metered dose inhaler, follow the directions required, or who have a poor inhaler response will still need nebulizer treatments (Abrams & Szefler, 2020; CDC, 2020, June 3). An N95 fit-tested face mask, eye protection or a face shield, and a waterproof gown is advised when delivering treatments via nebulizer (NASN, 2020, July 20). In times of N95 facemask shortage, the local public health department should be contacted regarding safe alternatives (CDC, 2020, June 28). Aerosolizing procedures should not be performed where other individuals without adequate PPE could potentially inhale particles. It is also recommended to designate one area for nebulizer treatment with sparse furnishings, adequate ventilation, and that can be closed off after the procedure for later disinfection.

Multisystem Inflammatory Syndrome in Children (MIS-C)

Families may have concerns that their D/SHN student could contract MIS-C, a recently recognized syndrome currently under research. According to the CDC, MIS-C affects those under 21 years. The individual presents with fever, laboratory evidence of inflammation, and severe illness with multisystem organ involvement requiring hospitalization. This individual has no other plausible diagnoses, has a

positive test for current or recent SARS-CoV-2 infection or COVID-19 exposure within the four weeks prior to symptom onset (CDC, 2020, May 14). At this time, treatment is supportive care. Current information including a complete case definition for MIS-C can be found on the CDC website (2020, May 14).

Care Coordination

Ideally, parents or caregivers will seek the input from their child's primary health care provider to determine if or when a student may return to class in the school building. The school nurse is in an optimal position to assist families and healthcare providers by sharing information, having both knowledge of the student and district COVID-19 mitigation plans. For a limited number of students with D/SHN, a period of homebound instruction may be required. During this time the school nurse should remain a virtual member of the 504 or IEP team to provide guidance to both the family and education staff (NASN, 2020, May 13).

The American Academy of Pediatrics (AAP) (June 25, 2020, p. 1-2) recommends that "no child or adolescent should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs. Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed." School nurses are in an ideal position to lead this collaboration.

Infection Control

General mitigation measures advised for all students and staff, including frequent hand washing, physical distancing, limiting group size, and staying home when ill apply to students with D/SHN. Listed below are some additional factors to consider for those students:

Facial Coverings

- The CDC recommends that cloth facial coverings should not be worn by anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance (CDC, 2020, July 16). Given this recommendation, the use of personal protective equipment (PPE) can only be effective for special education students able to understand and comply with directions for proper use.
- Some students with sensitivity to touch, smell, or pressure may not tolerate facial coverings.
- Adapted face coverings for teachers and staff, such as those with a clear panel to allow for visualization of lip reading and facial expressions, may be useful for some students.
- Konda et al. (2020) found that cloth masks with three layers of fabric may be effective both to contain personal droplets from spreading to others as well providing limited protection from others.

Face Shields

- Face shields combined with a mask are recommended for staff when a student cannot wear a facial covering and cannot control secretions, including sneezes, coughs, forced expiration of breath, or spitting. This combination is also recommended when staff are unable to maintain physical distancing, such as when providing personal hygiene. To fit properly, a face shield

should extend below the chin anteriorly, to the ears laterally, and there should be no gap between the forehead and the device frame (Perencevich, Diekema, & Edmond, 2020).

- Face shields effectively block droplets when combined with recommended social distancing, while allowing others to see facial expression and lip movement. Face shields can be cleaned, are capable of reuse after disinfection, and may be more comfortable to wear in comparison to facial coverings (Perencevich, Diekema, & Edmond, 2020). At the time of this publication, the CDC (July 16, 2020, p.3) "does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings".
- Some families of D/SHN may send their child to school wearing a face shield instead of a facial covering. The school return to learning plan should address required and allowed forms of facial coverings. The school nurse should also determine when additional guidance may be needed by the 504 or IEP team.

Gowns and Gloves

- Gowns and gloves would only be required if needed for standard precautions. Consider the use of gowns or lab coats to cover staff clothing when providing personal care for multiple students within the same day.

Staff Training

- The CDC (2020, June 3) recommends staff training regarding COVID-19 precautions prior to school reentry. Content of the training should include:
    - Signs and symptoms exhibited by a student or reported to staff by a parent that warrant immediate nursing assessment
    - Signs and symptoms that indicate when staff should not enter the school building
    - Explicit training regarding when to use PPE for D/SHN students and what PPE is required for specific tasks
    - Appropriate use of PPE and location of supplies
    - Care and storage of PPE, if reusable
    - Guidelines for PPE application and removal to maximize product efficacy
    - Efficient disposal of used PPE to avoid staff and student contact
    - Proper handwashing technique
    - Appropriate use and storage of greater than 60% ethanol or 70% isopropanol alcohol content instant hand sanitizer
        - Considerations when hand sanitizer could become a hazard to students
    - Safe disinfection of objects and surfaces for students who explore their environments or self- soothe by mouthing (EPA Disinfectants List, 2020)
    - Appropriate techniques to approach students who may be afraid or confused by PPE.

Mental and Behavioral Health

Students with D/SHN may have more difficulty with the social and emotional aspects of transitioning into and out of the school setting. Routines are extremely important to these students and a period of readjustment may be required before a new routine is established. Families can assist with reintegration by practicing new routines such as physical distancing, use of hand sanitizer, and applying

/removing/storing a facial covering. Also, after a period of absence due to school closure, students may experience school avoidance due to anxiety and fear associated with returning. Additional resources may be needed to support these students and could include access to mental health services (AAP, 2020).

For students of all ages with D/SHN, behavioral techniques such as social stories, video modeling, picture schedules, and visual cues may be useful to address changes in school routines and student expectations. Small rewards such as favorite non-food treats or activities may incentivize students to adapt to routines and to follow recommendations. The Icahn School of Medicine at Mount Sinai (2020) website offers multiple webinars and behavioral strategies that can be adapted to address student need. When the student has a behavior intervention plan or a behavioral goal, the school nurse should consult with the rest of the 504 or IEP team prior to initiating additional behavioral strategies.

It is essential that school staff provide developmentally appropriate ways for students to process negative thoughts and emotions related to school return in the midst of a pandemic. Successful techniques should be shared with all teachers and with the student's family. It is possible that these thoughts and emotions may impact a student's medical regimen. School nurses should be alert to this possibility. Some students with D/SHN may not have adequate language to express or process this impact. The school nurse can collaborate with school counselors and special education teachers to schedule coping and calming activities into a student's day (American Psychological Association [APA], 2020). For additional resources access the APA website.

Transportation

The National Association for Pupil Transportation, (NAPT, 2020) developed a task force, Student Transportation Aligned for Return to School, (STARTS) detailing considerations for safe student transport. Their final report can be found at this NAPT link. School nurses are advised to work closely with families, school administrators, and staff to address student transportation needs. Reference also CDC guidance provided for mass transit (2020, May 26) and the local education agency's COVID-19 mitigation plan for further information. The Maryland State Department of Education has developed a decision-making tree to assist with problem-solving transportation issues for students with D/SHN. It too can be downloaded from this NAPT site.

Extended School Year (ESY) / Compensatory Services/ Other Educational Opportunities

Given the number of school closings across the country in spring, 2020 and the challenges posed for some students by virtual instruction, more students may qualify for ESY or compensatory services. It is imperative that school nurses consult with IEP teams to ensure that health related services as outlined in the student's IEP are provided (AAP, 2020). School nurses should also consult with staff regarding the need for health related 504 accommodations during all educational opportunities offered.

Conclusion

Students with D/SHN pose a unique challenge to school reentry in the midst of the COVID-19 pandemic. The school nurse is an integral member of student-specific 504 and IEP teams, having knowledge regarding development, chronic health conditions, and COVID-19. Through conscientious, collaborative

planning with primary healthcare providers, families, and staff most students with D/SHN can attend school when adaptations and accommodations are provided.

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