COVID-19 & the Classroom Webinar Series

Planning to accommodate children, teachers, and staff with special needs
The information presented here is the most up-to-date, data-driven and evidence-based science to help school districts make important decisions regarding face-to-face instruction.

Duke University and its partners will not make decisions nor will they advise specific action.
Thank you for joining us this evening!

- We will take questions from the comments section in YouTube and will supplement our presentations with some of your questions.
- Questions that are not answered during the webinar will be collated and may be combined with other questions and will be addressed in a “Frequently Asked Questions” document or future webinars.
- The link to the YouTube live stream will continue to work and you can view this webinar again, at your convenience.
- We are developing a website that will contain these materials. The website will be available at the end of September.
Definitions: “Special Needs”

- Children with special needs may include:
  - Chronic conditions like asthma, diabetes or obesity
  - Children with medical complexity (e.g. require medication administration, feeding and/or toileting assistance, or breathing support during the school day)
  - Children with mental health or developmental conditions, such as anxiety/depression, ADHD, sensory processing disorders, or autism.
Definitions: “Special Needs”

• Staff and teachers with special needs may include:
  – Chronic health condition with increased risk (e.g. hypertension, obesity, diabetes, etc.)

• Special needs situations that apply to everyone:
  – Difficulty wearing a mask (anxiety/sensory disorders)
  – Vulnerable person in home household
  – Racial or ethnic identity that has a known associated disparity
What special needs situations were identified by school teachers and staff?

- Conditions that limit mask-wearing ability (student or teacher)
- Special services that require close or prolonged face-to-face contact with student
- COVID-19 transmission in body fluids (saliva, stool, feeding/breathing tubes)
- Conditions that place individuals or family members at high risk of severe disease
Question 1: What special-needs conditions limit a child’s ability or requirement to wear a mask?

• Short answer: very few!

• Face coverings are recommended for all children, including those with special needs, while in congregate settings outside the home.

What we have learned from the hospital: Masking Works!

How do you determine the best mask for you?

- Polyblend cotton cloth face masks that fit without exhalation valves and vents
- Surgical masks preferred for nursing areas (and special needs?)
- CDC does not recommend the use of gaiters or face shields alone.
- Exceptions (as per CDC):
  - Children under age 2
  - Children who are having trouble breathing (i.e. acute asthma attack; does not include children with asthma not currently in respiratory distress)
  - Children who are unconscious or incapacitated and are unable to physically remove the mask without assistance

Retrieved from CDC.gov
Cases in the community will mean cases in schools but not necessarily mean disease spread

- In Rhode Island, cases occurred in 29 child care programs. 20 (69%) had 1 case with no secondary transmission.

- Possible secondary transmission was identified in 4 of the 666 programs (0.006%)

- All transmission occurred in the last 2 weeks of July, when community transmission in Rhode Island increased.

Link-Gelles R, DellaGrotta AL, Molina C, et al. MMWR. 2020
Transmission Dynamics of COVID-19 Outbreaks Associated with Child Care Facilities — Salt Lake City, Utah, April–July 2020

<table>
<thead>
<tr>
<th>COVID-19 Precautions</th>
<th>Facility A</th>
<th>Facility B</th>
<th>Facility C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mask for staff</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Mask for children &gt; 2 years</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Distance</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Avoid work while sick or exposed</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Temperature check &amp; symptom screening</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

Lopez AS, Hill M, Antezano J, et al. MMWR. 2020
Helping children with disabilities become comfortable with mask

- Look in the mirror with the face coverings on and talk about it.

- Put a cloth face covering on a favorite stuffed animal.

- Decorate them so they're more personalized and fun.
  - Show the child pictures of other children wearing them.
  - Draw one on their favorite book character.

- Ask parents to have child practice wearing the face covering at home to get used to it.
Question 2: What special needs among children, teachers and staff are associated with increased risk and may require additional precautions?
COVID-19 disparities among children: race and ethnicity

Percent of population, COVID-19 cases, and COVID-19 related deaths among children aged 5-17 in the US as of 2020

https://covid.cdc.gov/covid-data-tracker/#demographics

Number of household members and risk for infection

- Number of households with secondary transmission:
  - 2 persons: n = 1/5 (20%)
  - 3 persons: n = 8/17 (47%)
  - 4 persons: n = 9/17 (53%)
  - 5 persons: n = 7/10 (70%)
  - ≥6 persons: n = 6/9 (67%)

Number of persons living in the household:

0% - 100%
COVID-19 disparities and children: Poverty

Figure 1. SARS-CoV-2 Testing and Positivity by Median Family Income

Question 3: How can we safely deliver services that require close or prolonged contact?

• **Speech therapy, mental health counseling, EC services (IEP, 504)** requires close and prolonged face to face contact between therapist and child. Recommend adding face shield in addition to mask, consider providing service remotely using technological assistance.

• **Inability to tolerate mask**: Teachers working with children < 2 years or children with sensory, anxiety, or autism spectrum disorders that are not able to tolerate a mask consistently, should consider expanded PPE (surgical mask, mask + face shield).

Question 4: Is COVID-19 transmitted in body fluids that I might be exposed to?

- Saliva: Can contain viral particles and cause spread. Aim for masks, distancing and face shields

- These are not main sources of transmission [infographic – see example]
  - Stool: While studies have identified the virus that causes COVID-19 in stool samples, investigators have not been readily able to culture virus from stool. Therefore infectivity from stool is unclear and has not been documented so far
  - Diapers
  - Feeding tubes
  - Syringes
  - Medication
  - Hair
  - Skin
How does COVID-19 spread?

• Person-to-person transmission
  – Respiratory droplets from an infected person (e.g. coughs or sneezes)
    • Land in mouths or noses, inhaled by close contacts
    • Contaminate surfaces
  – Close contact (< 6 feet, >15 minutes)

• Transmission from people who have asymptomatic infection occurs through same mechanisms
Why do we need masks or face coverings to prevent transmission?

IDEAL STATE

Infected Person With a Mask

Uninfected Person With a Mask
Question 5: Should teachers exposed to body fluids wear eye protection?

- Eye protection may be worn at teacher’s discretion
  - Prevents droplets/aerosols from contacting mucous membranes of eyes
  - Provides additional layer of protection, especially when non-compliance with masking is expected
Risk from assisting with bathroom breaks or toileting.

• Goal should be to ensure proper handwashing before and after close contact for bathroom breaks

• Keep groups small
  – May require increased staffing to allow for staggered bathroom breaks

• Toilet flush spread?
  – Toilets are known to generate aerosols and have been associated with transmission of bacteria in hospital settings
  – While studies have identified the virus that causes COVID-19 in stool samples, investigators have not been readily able to culture virus from stool. Therefore **infectivity from stool is unclear and has not been documented so far**

• Frequency of cleaning?
  – High-touch surfaces should be cleaned routinely
Movement through the building and assisting children with special needs

• Should students move classes?
  – Preference would be to limit the movement of students and maintain cohorts
  – By maintaining small cohorts of students that stay together, you decrease the number of potential opportunities for exposure
  – Teachers can rotate between classes as needed – wash hands and clean environment

• What about hallway traffic?
  – Would minimize movement of students in hallways and ensure there are not opportunities to congregate in hallways
  – Low risk with short interactions
  – Goal is to minimize mixing of students from different classes
OTHER QUESTIONS
Question 6: Should teachers wear special clothes/scrubs/shower after work?

- Special clothes or procedures for arriving to or upon leaving work are **not required** for safety
- Prioritize hand hygiene, masking, distancing....
- Some may choose to establish routines based on personal preference
Question 7: When is it okay for teachers to remove masks at school?

- Yes - If alone, in a closed office/room and only for brief periods
- Masks should be worn at all times while indoors.
  - Plexi-glass is an added physical barrier but does not provide the same level of source control as wearing a mask
  - Still required to be worn even when > 6 feet of other individuals
    - Prevents transmission of aerosols that can travel more than 6 feet and prevents contamination of the environment
  - Options to explore if students need to read lips?
    - Clear mask or face shield
    - Physically distance but use technology if 1:1 interaction
Question 8: Are there times when teachers and staff can be < 6 feet from a student?

- Remember the exposure definition: < 6 feet, > 15 minutes
  - Would always strive to maintain this when doing static activities

- Risk of transmission is low with brief interactions between masked individuals
  - Keep it short and focused

- What if I need to assist a student with something? Do I need to wear gloves?
  - Gloves are not always needed. Use if there is a chance of contact with bodily fluids (e.g. saliva, urine, stool)
  - Perform hand hygiene before/after
  - Wash hands with soap and water if visibly soiled
COVID-19 Prevention tips for mental health counselors

- Create a general school counseling program re-entry action plan and calendar based on school and student needs, including, but not limited to, determining best methods for delivering individual and group services remotely.

- Need for private space that may not allow for physical distancing

- Mask use should be prioritized

- Flexible options for meetings: Consider conference rooms, outdoor locations (privacy concerns?), virtual meetings

- Increase capacity to deliver social support services by increasing number of on-site social workers.
Safe delivery of services

• **Crisis management**: FEMA has provided a resource on crisis counseling which includes
  – Prevention: screening, communication with child’s physician early if concerns arise
  – Leverage remote forms of communication
  – Identify crisis hotlines to connect parents with resources quickly

• Where possible, AAP recommends **minimizing the three “C”’s**:
  – Close contact
  – Closed spaces
  – Crowded places

Resources

• Ask the Pediatrician: How can I help my child, who has a developmental disability, cope during COVID-19?

• Disaster Preparedness for Children and Youth with Special Health Care Needs

• Coronavirus Information and Resources from Family Voices

• Providing Services to Students with Disabilities During the Coronavirus Disease 2019 Outbreak - U.S Department of Education

• Q&A on legal responsibilities for local educational agencies in providing services to children with disabilities, including 504 and IEP plans, in accordance with the Individuals with Disabilities Education Act (IDEA).
Thank you.