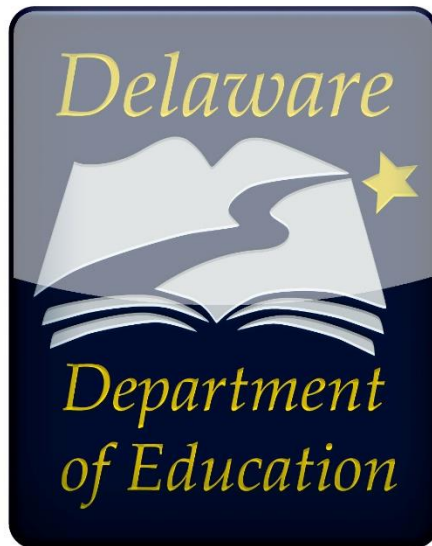


State of Delaware

Considerations for Students with Special Healthcare Needs



The following resource was developed to supplement information found in the [Returning to School](#) guidance and [School Health Return to School Additional Guidance](#). This document is primarily for use by school nurses collaborating with school personnel providing care for students with special healthcare needs.

September 23, 2020

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As schools prepare for the safe return of students during the Coronavirus (COVID-19) pandemic, effective communication with stakeholders, and proper planning and preparation for safe practice must be at the forefront of the guidance. For children and youth who have special healthcare needs, additional considerations may be necessary to deliver specialized care.

While some information in this document is Delaware school nurse specific, the purpose of this tool is to guide school personnel who assist in delivering specialized care to vulnerable students in the school setting. This information may provide support to individuals overseeing personnel working with students who have special healthcare needs. In addition, this guidance is intended to assist the Delaware school nurse to implement standards of care using best practice while maintaining a safe and healthy environment.

Routine School Nurse Responsibilities

- Maintain up-to-date demographic and health information on students
 - Review emergency card and student health history update (verify emergency contact information-students must be picked up if they become ill)
 - Communicate with the caregiver to discuss any new health information
 - Initiate/update consents to allow for communication between the student's entire healthcare team
 - Maintain existing school physical and immunization requirements-emphasize the importance of continuing with routine and specialist appointments to promote health and wellness
- Maintain current physician orders and care plans
- Keep emergency medications in stock and up to date in the nurse's office.
- Review and revise individualized healthcare plans (IHP) as appropriate
- Communicate any pertinent student health information, such as emergency care plans, with the classroom staff as appropriate
- Provide daily assessments, direct care, and interventions as ordered by the student's physicians
- Communicate with stakeholders as appropriate (parents/caregivers, healthcare team, school team)
- Advocate for appropriate accommodations to support student learning
- Educate parents/caregivers on the benefits of getting the influenza vaccine yearly for both themselves and their child

Personal Protective Equipment (PPE)

- Keep in mind that you will "look different" to your students while wearing PPE.
 - Communicate with your students about what you are wearing and what procedures/interventions you will be performing, considering the student's educational and developmental level

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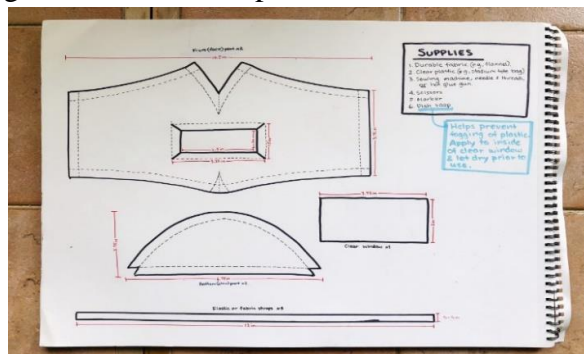
- Use visual, verbal, and touch cues as appropriate
- The school nurse may be advising school personnel on what PPE should be worn throughout the school day according to the most up to date recommendations
- The school nurse should communicate with administration regarding the importance of proper PPE and the needs of the individual schools
- Each classroom should be stocked with a supply of PPE for use by the school personnel in case of an emergency
- Schools with a higher percentage of students with disabilities and special healthcare needs will require a larger stock of PPE ([PPE Burn Rate Calculator](#)) including face coverings, N95/KN95 masks, face shields/eye protection, gowns, and gloves. For further guidance, see [Return to School NASN doc for Students with Special Healthcare Needs](#) and [Guidance for Delivering Direct Student Support Services: Staff PPE](#)
- Proper hand washing must be performed both before and after the use of PPE
- [Donning PPE](#)
- [Doffing PPE](#)

Face Coverings/Masks

- [In the State of Delaware, all students in grades kindergarten and above are required to wear a face covering in school.](#)
- [Per the 25th modification of the State of Emergency Declaration, schools shall make reasonable accommodations or modifications to their face coverings policies to accommodate who cannot wear face coverings due to their health or disability](#)
- [According to the American Academy of Pediatrics \(2020\) many children with medical conditions can safely wear a face covering.](#)
- [The school nurse may require a medical note on an individual basis. Otherwise, all students and staff are required to wear a mask according to public health guidelines.](#)
- [When it is not feasible for students with disabilities or special healthcare needs to wear a face covering due to their inability to safely manage the mask, the school personnel or caregiver must wear proper PPE when providing direct care or instruction.](#)
- [Clear face masks](#), which cover the nose and mouth, may be an option when working with students who need to visualize speech/expressions such as the student with a hearing impairment. Please see the images below for examples.



Or



Considerations for Students with Special Healthcare Needs

Face Shields/Eye Protection

- In addition to a face mask, school personnel must wear a face shield or eye protection when directly supporting a student with personal care needs where physical distancing is unable to be maintained (i.e. tube feedings, oral feeding, aerosol-generating procedures, suctioning, wound care, toileting, etc.), and there is potential for respiratory droplets, splashes or sprays.
- The same face shield/eye protection can be worn throughout the day. Clean if soiled.
- Face shields and eye protection can be reused and stored in a paper bag or cardboard box after they have been cleaned.
- The CDC does not recommend use of face shields instead of masks for normal everyday activities or as a substitute for cloth face coverings. Face shields may be worn in addition to masks but masks must be worn. [See face-cover-guidance for further information.](#)

N95/KN95 Masks

- N95 or K95s should be used during any aerosol-generating procedure.
- Follow the manufacturer's user instructions, including conducting a user seal check. [Self-fit/Best-fit test may be used if a standard fit test program is unavailable.](#)
- Follow the manufacturer's maximum number of donnings or up to five if the manufacturer does not provide a recommendation. Masks can be reused if not soiled and they have a tight seal. An additional face covering or surgical mask may be used to cover N95/KN95 to reduce surface contamination and preserve it. [Recommended guidance for extended use and limited reuse of PPE](#)
- Use a paper bag or cardboard box to store the mask for reuse.
- The CDC [PPE Burn Rate Calculator](#) that is available to assist healthcare facilities calculate the average PPE consumption rate or "burn rate" can be utilized by schools.

Gowns

According to the CDC, gowns should be prioritized for the following activities:

- During personal care activities where splashes and sprays are anticipated, which typically include aerosol generating procedures.
- During the following high-contact personal care activities that provide opportunities for transfer of pathogens to the hands and clothing of care providers, such as:
 - Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, feeding, device care or use, wound care
- School personnel providing the above noted personal care activities should wear a gown.
- Disposable gowns are designed for one time usage. After completion of procedure, gowns should be properly disposed of.
- [Strategies for optimizing the supply of gowns.](#)

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Gloves

- School personnel who could come in contact with blood, body fluids, non-intact skin, mucous membranes, and contaminated items must wear medical grade disposable gloves. Latex-free gloves may be considered. Gloves should fit securely around the wrist.
- The [Delaware Department of Education Returning to School Guidance](#) recommends that gloves must be worn for cleaning and other activities normally indicated. Traditionally, these activities involve exposure to bodily fluids or meal preparation/serving.
- Gloves must be changed in between students and/or tasks.
- [The Center for Disease Control and Prevention Hands stipulates performing hand hygiene before and after the use of any PPE](#)

Disposal of PPE in School

[Disposable PPE can be placed in a lined trash can for proper disposal. Facility waste does not need disinfection.](#)

Cleaning/Sanitizing

- School personnel may collaborate with the custodial staff to arrange cleaning of surfaces and procedural spaces as appropriate.
- Cleaning must be between every 15 minutes to 2 hours using [EPA-approved cleaning and disinfecting](#) solutions as outlined in [Delaware's Department of Education Returning to School Guidance](#).
- School personnel may collaborate with their school's physical therapists to determine the most appropriate cleaning methods for mobility equipment in order to comply with manufacturer's guidelines (i.e. wheelchairs, standers, gait trainers, etc.).
- School personnel may collaborate with their school's occupational therapists and speech language pathologists to determine the most appropriate cleaning methods for adaptive equipment in order to comply with manufacturer's guidelines (i.e. switches, voice output devices, PEC system, etc.).
- Soft surfaces (i.e. tumble forms, bean bags, etc.) should have a covering that can be cleaned in between uses. Efforts should be made to minimize sharing materials between students as much as able. [Delaware's Department of Education Returning to School Guidance](#).
- Table paper should be used on the changing tables in addition to proper cleaning between uses as recommended in enhancing restroom protocols as noted [public health guidance](#).

Establishing a culture of hand hygiene

- Establish daily routines for students and staff to wash hands, especially at key times like after bathroom breaks, before lunch, or after playing outside.
- Provide hand sanitizers with at least 60% alcohol (as recommended by CDC) for teachers, staff, and students. Hand sanitizers may be placed near frequently touched

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- surfaces (e.g. doors, shared equipment) and areas where soap and water are not readily available (e.g., cafeterias, classrooms, gyms).
- The school nurse should advise classroom staff to use soap and water to wash hands in lieu of applying hand sanitizer for those students who frequently have their hands in their mouths. According to the American Academy of Pediatrics (AAP), “Washing hands with soap and water for at least 20 seconds is the best way for children to remove germs. Swallowing just a tiny amount of hand sanitizer can cause alcohol poisoning in children.” [AAP](#)
 - Encourage supervision of students when they use hand sanitizer to prevent swallowing alcohol or contact with eyes.

According to Delaware Department of Education Emergency Order 817, parents/guardians are not required to provide permission for their student to use hand sanitizer but can indicate to the school they do not want their student using hand sanitizer. [Sample Parent/Guardian Letter: Hand Sanitizer Opt Out/Assistance with Self-Use](#)

Aerosol-Generating Procedures (AGP)

- These are procedures that are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. ([Minnesota Department of Health, 2020](#))

COVID-19 Aerosolized -Generating Procedures

Procedures commonly recognized as aerosol-generating:

- Open suctioning of airway secretions*
- Sputum induction
- Cardiopulmonary resuscitation (CPR)
- Endotracheal intubation and extubation
- Intussusception
- Non-invasive positive pressure ventilation (NIPPV) (e.g., BiPAP, CPAP)
- Bronchoscopy Manual ventilation

Procedures that may generate aerosols based on limited data:

- Nebulizer administration
- High-flow oxygen delivery
- Tracheostomy
- Nasal endoscopy or endoscopic sinus surgery
- Flexible laryngoscopy
- Transsphenoidal surgeries
- Nasogastric or nasojejunal tube placement
- Nitrous oxide sedation

Procedures that are not believed to generate aerosols:

- Nasal suctioning with bulb syringe or mushroom adapter
- Metered dose inhaler (MDI) with spacer
- Swabs of Nasopharyngeal (NP) and oropharyngeal (OP), or nares

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Nebulizers

- The school nurse may collaborate with parents/caregivers and healthcare providers to update the student's [Asthma Action Plan](#). The school nurse should discuss the recommendations from the Allergy and Asthma Network, the American Lung Association and the Center for Disease Control to make an effort to avoid the use of nebulizers if possible due to the potential spread of infectious droplets. Instead, use of a metered dose inhaler with a spacer/valved chamber if recommended as a first option. For more information, see [Covid-19 and Asthma in Schools](#), [Back to School with Asthma during COVID-19](#) and [K-12 Schools and Childcare Programs FAQs for Administrators, Teachers and Parents](#)
- The school nurse should send the [Parent/Guardian Letter Regarding Asthma Inhaler vs. Nebulizer](#) in the school setting.
- If the student is unable to properly use an inhaler, the following guidelines are suggested:
 - The school nurse dons a self-fitted N95 mask, face shield/eye protection, gloves, and gown in order to remain in the area during treatment.
 - If the student does not have their own nebulizer equipment, the nebulizer machine may be used; however, it must be cleaned properly as directed after use. Supplies used for nebulizer treatments must not be shared.
 - The aerosolized procedure is administered in an isolated area where no other students/staff are present, preferably with a closed door and ventilation.
 - If able, the school nurse should physically distance from the student while they are receiving their treatment.
 - If the procedure is performed in an airborne infection isolation room (AIIR), the door should remain closed for 30 minutes following the procedure. If the procedure is performed in a regular room, the door should remain closed for 60 minutes following the procedure. Clinicians may exit the room during this time; if a clinician stays in the room during this period, they should stay in the same PPE as what they wore for the procedure.
 - After the appropriate time has passed to allow for adequate air exchanges to clear the air, the person cleaning will enter the room with a mask, face shield, gown and gloves. [COVID-19 Aerosol-Generating Procedures](#)
 - Do not remove PPE until cleaning is complete. If a custodian is cleaning the area, proper PPE must be worn as per their [guidelines](#).
[Guidance for Providing Nebulization Treatments in Schools](#)

Suctioning

- Oral and nasal suctioning performed with a bulb syringe or mushroom adaptor are not considered an aerosol-generating procedure.
- In-line or closed tracheal suctioning is not considered an aerosol-generating procedure.
- Open suctioning of a tracheostomy is considered an aerosol-generating procedure and requires the following precautions:

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- The school nurse dons a self-fitted N95 mask, face shield/eye protection, gloves, and gown in order to remain in the area during treatment.
- The aerosolized procedure is administered in an isolated area where no other students/staff are present, preferably with a closed door and ventilation.
- Proper ventilation is important. A HEPA filtration unit may be considered.
- If the procedure is performed in an airborne infection isolation room (AIIR), the door should remain closed for 30 minutes following the procedure. If the procedure is performed in a regular room, the door should remain closed for 60 minutes following the procedure. Clinicians may exit the room during this time; if a clinician stays in the room during this period, they should stay in the same PPE as what they wore for the procedure.
- After the appropriate time has passed to allow for adequate air exchanges to clear the air, the person cleaning will enter the room with a mask, face shield, gown and gloves. [COVID-19 Aerosol-Generating Procedures](#)
- Do not remove PPE until cleaning is complete. If a custodian is cleaning the area, proper PPE must be worn as per their [guidelines](#).

Standard Precautions

- To ensure that all blood and body fluids are handled properly, school personnel should be aware of the dangers of infections from body fluids.
- School personnel should be particularly alert to the proper techniques in handling and disposal of materials.
- [After incidental touching, providing hand-over-hand guidance with educational or technology materials, tactile American Sign Language, Print on Palm, Protractile Communication, or other similar points of touching.](#)

Catheterizations

- Use standard precautions in addition to your face covering.
- If your student is unable to wear a face covering, use a face shield or eye protection in addition to your face covering.
- A disposable gown is recommended. ([PPE Guidelines](#))

Diabetes Care

- Use standard precautions in addition to your face covering.
- Depending on the level of assistance required by the student and their ability to manage their own secretions, further PPE may be needed for protection. ([PPE Guidelines](#))

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Gastrostomy/Jejunostomy (GT/JT) Feedings

- Use standard precautions in addition to your face covering and face shield or eye protection.
- A gown is recommended due to potential for contact with bodily fluids. ([PPE Guidelines](#))

Medication Administration Oral

- Use standard precautions in addition to your face covering.
- Depending on the level of assistance your student needs, and their ability to manage their own secretions, you will need to determine if you need further PPE for protection. ([PPE Guidelines](#))

Medication Administration Enteral

- Use standard precautions in addition to your face covering and a face shield or eye protection.
- A gown is recommended due to potential for contact with bodily fluids. ([PPE Guidelines](#))

Seizures

- When monitoring seizure activity use standard precautions and face covering.
- When providing interventions, such as oral suctioning, or emergency medication administration, consider the use of a face shield or eye protection. ([PPE Guidelines](#))

Caring for Students with Sensory Issues

[Kennedy Krieger Institute: Specialized Health Needs Interagency Collaboration](#)

- Be aware of your student's response to all the changes made at school as a result of COVID-19. These changes could lead to dysregulation.
 - Olfactory-increase use of cleaning products
 - Vision- not being able to see faces of staff and other students due to mask use (consider masks with windows)
 - Auditory- difficulty hearing teachers with masks on
 - Tactile- difficulty tolerating a mask all day
- [Specialized Healthcare 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.

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- 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.

Tackling Social Skills for Children with Autism during Social Distancing

- The coronavirus pandemic may be especially difficult for individuals with autism. These resources and activities may help keep your students busy and engaged.
- [Wearing Masks During the COVID-19 Pandemic: Strategies to Overcome Sensory Issues](#)
- [COVID-19 Information By and For People with Disabilities](#)

Social/Emotional

- Students have never experienced the trauma associated with a pandemic.
 - Collaboration with school nurse, school counselors, school psychologists, special education coordinators, the 504/IEP team, and community mental health professions is essential to identify student needs and appropriate interventions.
 - According to [Delaware Association of School Psychologists \(DASP\)](#) Executive Board, students may have adverse reactions to COVID-19 and the many changes to their world may cause them to experience internalizing and externalizing problems not before seen.

De-escalation Interventions

- For physical intervention, while safely managing behaviors, follow [Delaware guidelines](#) in limitations on use of seclusion and restraint such as Crisis Prevention Intervention (CPI).
 - Trained school personnel should wear disposable gloves, cloth face coverings, face shields, and long sleeves to the maximum extent possible when intervention may be indicated.
 - School personnel should not wear plastic protective gowns that can be easily ripped or torn; these gowns may become a hazard.
 - [Limiting Risk of Infection](#) before, during and after de-escalation.

Cardio-Pulmonary Resuscitation (CPR) Guidelines:

- In arriving at this [interim guidance](#), the AAP “reviewed existing American Heart Association CPR recommendations in the context of the COVID-19 pandemic and considered the unique pathophysiology of COVID-19 with reversal of hypoxemia as a central goal. We sought to balance the competing interests of providing timely and high-

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quality resuscitation to patients while simultaneously protecting rescuers. This statement applies to all pediatric and neonatal resuscitations in patients with suspected or confirmed COVID-19 infection unless otherwise noted. The guidance contained herein is based on expert opinion and needs to be adapted locally based on current disease burden and resource availability.”

- [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.

General Principles for Resuscitation in Suspected and Confirmed COVID-19 Patients:

- Rescuers must continuously balance the immediate needs of the patients with their own safety.

Private Duty Nurses

- The school nurse should review this guidance with their private duty nurses and collaborate to determine the best way to service their students under this guidance.
- The school nurse may collaborate with the private duty nurse and administration to identify additional procedural spaces, or develop a schedule for routine procedures to maintain safety for all.

Transportation

- [Reference pages 17-18 in the Delaware Returning to School Guidance](#)
- School personnel may collaborate with administration and transportation to ensure proper physical distancing can be maintained on the school bus for those students being transported in strollers or wheelchairs.
- The school nurse may collaborate with administration, transportation, and the caregiver to determine the risk of having windows open on the buses for increased ventilation versus potentially exacerbating the student’s allergies or respiratory status.

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Acknowledgements

Written by Heidi Hildick, MSN, RN, CPN, lead school nurse for Colonial School District. This document was written for the Delaware Department of Education as a guiding document for Delaware school nurses and school personnel caring for students with special healthcare needs.

Contributor and Editor

Ann Covey BSN, RN, NCSN
Education Specialist, School Health Services
Student Support Services
Delaware Department of Education

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[COVID-19 Aerosol Generating Procedures \(2020, July 22\)](#)

[COVID 19 School Resources for Managing Asthma and Allergies](#)

[Demonstration of Donning](#)

[Demonstration of Doffing](#)

[Guidance for Providing Nebulization Treatments in Schools](#)

[Guidance for School-Based Evaluations during COVID-19 \(August 19, 2020\)](#)

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