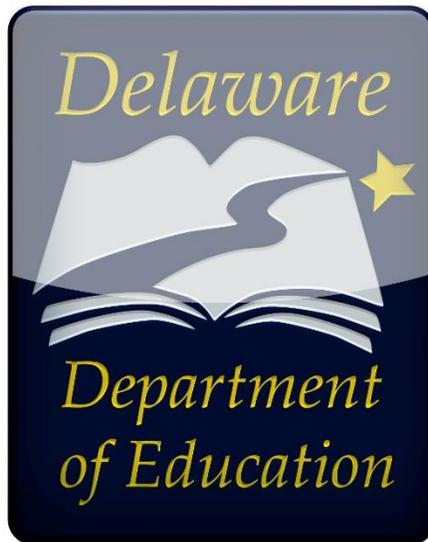


State of Delaware

Considerations for Students with Special Healthcare Needs



The following resource was initially developed to supplement information found in the Returning to School guidance and [School Health Return to School Additional Guidance](#) (September 23, 2020). This document is primarily for use by school nurses collaborating with school personnel providing care for students with special healthcare needs.

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September 23, 2020
Revised Document
August 30, 2021

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August 2021 Summary of changes:

- Specific nursing procedures and PPE specific info removed
- Musts changed to should, except mask mandate noted
- Additional information regarding SEL return to school
- Added COVID Vaccination
- Added Antigen testing
- Updated resources and links

Updates noted in green font

Considerations for Students with Special Healthcare Needs

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 should be at the forefront of the recommendations. 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 practices 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)

- Generally, PPE should be worn when necessary, based on the specific support service provided to each student. PPE should be removed and properly disposed of, and hand washing should be completed before interacting or working with another student.
- Keep in mind that you will "look different" to your students while wearing PPE.

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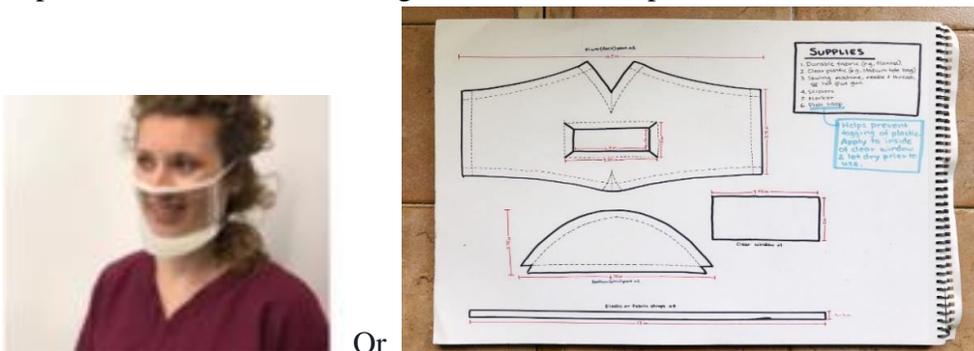
- Communicate with your students about what you are wearing and what procedures/interventions you will be performing, considering the student's educational and developmental level
- Use visual, verbal, and touch cues as appropriate
- The school nurse may be advising school personnel on what PPE should 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 may 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

- [School Guidance and Recommendations: Fall 2021](#)
 - Required and recommended mitigation strategies for Delaware public and private schools. May be continually updated based on CDC guidance.
- [Infographic: Responding to positive COVID-19 tests and close contacts](#)
 - Defines close contacts in school settings as well as response protocol based on vaccination status, including mask wearing and COVID-19 testing.
- [According to the American Academy of Pediatrics \(2020\) many children with medical conditions can safely wear a face covering.](#)
- [Given new evidence on the B.1.617.2 \(Delta\) variant, CDC has updated the guidance for fully vaccinated people.](#)
- [CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place.](#)
- [Emergency Regulations Order Final \(delaware.gov\): Title 16 Del. Admin. C. § 4202: Control of Communicable and Other Disease Conditions outlines requirements for masks in schools.](#)
- [Delaware Regulations Emergency Order: Administrative Code: Title 14: Regulation 815 Health Examination & Screening was amended to add section 6.0 related to masks in schools.](#)

Considerations for Students with Special Healthcare Needs

- When it is not feasible for unvaccinated 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 should [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

Face Shields/Eye Protection

- In addition to a face mask, school personnel **should** 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.
- [A face shield is effective at protecting the person wearing it from splashes to the face, particularly the eyes, but face shields do **not** protect others from respiratory droplets exhaled by the wearer. A face shield worn without a mask also does not protect the person wearing it from inhaling respiratory droplets.](#)

N95/KN95 Masks

- N95 or KN95s 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.

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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, properly dispose of gowns.
- [Strategies for optimizing the supply of gowns.](#)

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.
- 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.
- [CDC and EPA have guidance for cleaning and disinfecting schools and a simple decision tool for assistance. For more information on cleaning and disinfecting practices, please see: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html>.](#) 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.). ([Summer School Guidance and Recommendations](#))
- 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.).
- In most situations, the [risk of infection from touching a surface is low](#). The most reliable way to prevent infection from surfaces is to [regularly wash hands or use hand sanitizer](#).

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- 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 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 Regulation 817 9.0 Medications and Treatments and Regulation 612 4.2.2 Possession, Use or Distribution of Drugs and Alcohol](#), 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](#))
- Aerosol Generating Medical Procedures include:
 - High risk:
 - Endotracheal intubation & extubation
 - High frequency oscillatory ventilation
 - Cardio-pulmonary resuscitation (CPR) with BVM
 - Bronchoscopy and Broncho alveolar lavage
 - Laryngoscopy
 - Positive pressure ventilation (BiPAP & CPAP)
 - Nasopharyngeal washing, aspirate, and scoping
 - Sputum induction
 - Other:
 - Airway suctioning
 - High-flow oxygen (including single and double O2 set ups,

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- Optiflow and Airvo)
 - Breaking closed ventilation system, intentionally (e.g., open suctioning), unintentionally (e.g., patient movement)
 - Tracheotomy/Tracheostomy care
 - Chest physiotherapy (manual and mechanical cough assist device (MI-E))
 - Administration of aerosolizing or nebulizing medications in the presence of known or suspect respiratory infections
 - Abscess/wound irrigation (non-respiratory TB) (Consult IPAC for extrapulmonary TB cases with drains)
 - Mastoidectomy
 - Non-Aerosol Generating Procedures:
 - Nasal suctioning with bulb syringe or mushroom adapter
 - Metered dose inhaler (MDI) with spacer
 - Swabs of Nasopharyngeal (NP) and oropharyngeal (OP), or nares
- ([Infection Prevention and Control](#))

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-12Schools 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

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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.
- [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:
 - 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.
 - [Infection Prevention and Control](#)

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.](#)
- [CDC: Standard Precautions for All Patient Care](#)
- [COVID-19 Overview and Infection Prevention and Control Priorities in non-US Healthcare Settings | CDC](#)

Considerations for Students with Special Healthcare Needs

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.
- 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](#)
- [Helping kids with autism transition back to in-person school: 10 tips](#)

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.

Considerations for Students with Special Healthcare Needs

- 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, 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. Staff should:
 - Ensure that only those required for safely restraining a student are involved; one additional staff member should monitor and address protective equipment needs for those staff who are involved in the physical hold in the event that protective equipment needs to be altered or adjusted.
 - Keep hands clear of eyes, mouth, and nose of self and others.
 - Avoid long and extended physical holds.
 - Avoid touching your face and limit contact with hard surfaces before washing your hands.

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-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

Considerations for Students with Special Healthcare Needs

- 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

- Masks must be worn on buses at all times, except when doing so would inhibit the individual's health.
- Schools should seek to minimize student to student contact, which could include loading buses from back to front, assigning seating, and opening windows (safety permitting).
- 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.

COVID-19 Vaccinations

- [Where can I get my vaccine?](#)
- [Delaware's COVID-19 Response](#)
- [Pfizer fact sheet](#)
- [Covid-19 Vaccine: For Youth with Special Needs or Disabilities](#)
- [AAP Publications: COVID-19 Vaccines in Children and Adolescents](#)
- [AAP: Caring for Children and Youth With Special Health Care Needs During the COVID-19 Pandemic](#)
- [CDC Parent FAQs \(available in multiple languages\)](#)
- [CDC Resources for Encouraging Routine Childhood Vaccinations](#)

Considerations for Students with Special Healthcare Needs

COVID-19 Antigen Testing Program

- Delaware Division of Public Health (DPH) in partnership with Quidel is providing **asymptomatic** COVID-19 screening services to participating school districts.
- Student Antigen Testing: Helpful resources for implementation of student COVID-19 antigen testing in the school setting.

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.

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[UC Davis Health](#)

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