COVID-19 School Re-entry: Key Considerations and Resources to Creating a Healthy and Safe Environment

June 26, 2020
11:30 a.m.-1 p.m.
Webinar Details

Agenda

• What We Know About COVID-19 and Children

• Key Considerations
  • Managing the Environment
  • Returning to Sports: How to Create a Game Plan
  • Supporting Mental and Behavioral Health

• Question and Answers

• Resources, Tools, Next Steps

What we hope to accomplish

• Provide an overview on COVID-19 and children

• Identify health-related issues for safely reopening school

• Review key practices to maintain and monitor safe environment

• Share resources and tools to support schools
Webinar Details

• All lines are muted
• How to ask questions:
  • Questions will open during the first presentation
  • Submit a question via the chat function
  • We will try to address all questions
  • Responses to all unanswered questions will be sent to meeting participants
• Webinar is being recorded and will be sent to all attendees
• Attendance will be tracked through the Feedback Surveys

What We Know About COVID-19 and Children

Jennifer Goldman, MD, MS
Pediatric Infectious Disease

Jennifer Schuster, MD, MS
Pediatric Infectious Disease
Disclosures

• No disclosures
Terminology

• CoV: Coronavirus

• SARS: Severe Acute Respiratory Syndrome

• SARS-CoV-2: The virus causing COVID-19

• COVID-19 (coronavirus disease 2019): The disease caused by SARS-CoV-2

• MIS-C: Multisystem Inflammatory Syndrome in Children
Objectives

• Review the epidemiology of COVID-19 in children
• Discuss what is known about transmission of SARS-CoV-2
• Identify the unattended consequences of school closure
• Discuss potential risk mitigation strategies for schools
Epidemiology
COVID-19 Timeline

12/31/2019
Dozens of cases of pneumonia of unknown etiology in China

1/9/2020
Cause of illness identified as SARS-CoV-2

1/23/2020
Wuhan City placed on quarantine

1/30/2020
WHO declares global pandemic

1/31/2020
Travel restrictions to/from China

2/15/2020
400 U.S. citizens evaluated from cruise ships

3/1/2020
NY reports first case

3/7/2020
Missouri reports first case

3/15/2020
Missouri universities transition to online learning

3/19-4/6/2020
Stay-at-home orders issued

5/4/2020
Missouri begins reopening
Globally, as of 3:18pm CEST, 19 June 2020, there have been 8,385,440 confirmed cases of COVID-19, including 450,686 deaths, reported to WHO.

Confirmed Cases Over Time

8,385,440 confirmed cases
Source: World Health Organization

Deaths Over Time

450,686 deaths
Source: World Health Organization
Children and COVID-19

COVID-19 cases in MO persons <20 yrs: 5.6%
Number of persons <20 years in MO: ≈25%
Pediatric COVID-19 is less severe than adults

- 2143 pediatric patients
  - 731 (34.1%) lab confirmed cases
  - 1412 (65.9%) suspect cases
- Median age: 7 years
- Almost all (94.1%) had non-severe disease
  - 4.4% asymptomatic
  - 50.9% mild
  - 38.8% moderate
  - 5.2% severe
  - 0.6% critical

Pediatric COVID-19 symptoms are different

<table>
<thead>
<tr>
<th>Sign/Symptom</th>
<th>No. (%) with sign/symptom</th>
<th>Pediatric</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever, cough, or shortness of breath*</td>
<td>213 (73)</td>
<td>10,167 (93)</td>
<td></td>
</tr>
<tr>
<td>Fever*</td>
<td>163 (56)</td>
<td>7,794 (71)</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>158 (54)</td>
<td>8,775 (80)</td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>39 (13)</td>
<td>4,674 (43)</td>
<td></td>
</tr>
<tr>
<td>Myalgia</td>
<td>66 (23)</td>
<td>6,713 (61)</td>
<td></td>
</tr>
<tr>
<td>Runny nose*</td>
<td>21 (7.2)</td>
<td>757 (6.9)</td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td>71 (24)</td>
<td>3,795 (35)</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>81 (28)</td>
<td>6,355 (58)</td>
<td></td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>31 (11)</td>
<td>1,746 (16)</td>
<td></td>
</tr>
<tr>
<td>Abdominal pain*</td>
<td>17 (5.8)</td>
<td>1,329 (12)</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>37 (13)</td>
<td>3,353 (31)</td>
<td></td>
</tr>
</tbody>
</table>

Prospective surveillance of symptomatic children demonstrated low COVID-19 rates

<table>
<thead>
<tr>
<th>Site Location</th>
<th>Specimen Collection Date Range</th>
<th>All</th>
<th>Age range tested (yrs)</th>
<th>n/N (%) positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rochester, NY</td>
<td>1/2/20–3/30/20</td>
<td></td>
<td>0–17</td>
<td>0/370 (0)</td>
</tr>
<tr>
<td>Pittsburgh, PA</td>
<td>1/2/20–3/20/20</td>
<td></td>
<td>0–17</td>
<td>0/758 (0)</td>
</tr>
<tr>
<td>Cincinnati, OH</td>
<td>2/1/20–3/31/20</td>
<td></td>
<td>0–17</td>
<td>1/302 (0.3)</td>
</tr>
<tr>
<td>Nashville, TN</td>
<td>2/2/20–3/30/20</td>
<td></td>
<td>0–17</td>
<td>0/402 (0)</td>
</tr>
<tr>
<td>Kansas City, MO</td>
<td>2/3/20–3/31/20</td>
<td></td>
<td>0–15</td>
<td>0/264 (0)</td>
</tr>
<tr>
<td>Houston, TX</td>
<td>1/2/20–3/22/20</td>
<td></td>
<td>0–17</td>
<td>0/604 (0)</td>
</tr>
<tr>
<td>Seattle, WA</td>
<td>1/1/20–3/31/20</td>
<td>0–16</td>
<td>3/487 (0.6)</td>
<td></td>
</tr>
<tr>
<td>All sites</td>
<td>1/1/20–3/31/20</td>
<td>0–17</td>
<td>4/3187 (0.1)</td>
<td></td>
</tr>
</tbody>
</table>

### Multisystem Inflammatory Syndrome in Children (MIS-C)

#### Case Definition for Multisystem Inflammatory Syndrome in Children (MIS-C)

- An individual aged <21 years presenting with fever, laboratory evidence of inflammation*, and evidence of clinically severe illness requiring hospitalization, with multisystem (≥2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); **AND**
- No alternative plausible diagnoses; **AND**
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms

*Fever ≥38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours

*Including, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin

#### Additional comments:

- Some individuals may fulfill full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C
- Consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection
Transmission
Person to person spread occurs

• Droplet
  • Close contact (within 6 feet)
  • Respiratory droplets from coughing, sneezing, talking land in the mouth and noses
  • Asymptomatic/ pre-symptomatic patients can spread the virus

## Duration of viable virus on surfaces

<table>
<thead>
<tr>
<th></th>
<th>Aerosols</th>
<th>Plastic</th>
<th>Stainless steel</th>
<th>Copper</th>
<th>Cardboard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time (hours)</td>
<td>3</td>
<td>72</td>
<td>72</td>
<td>4</td>
<td>24</td>
</tr>
</tbody>
</table>

- It is not known what this means in terms of transmission
- The virus can be spread by touching a surface or an object
  - Not the main way that the virus spreads
- Handwashing is key!

Van Doremalen N et al. Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1. NEJM. 2020; 382:1564-1567
Duration of infectivity

• Live virus has not been cultured >9 days after symptom onset
• CDC recommends discontinuation of precautions
  • ≥72 hours since resolution of fever AND improvement of respiratory symptoms AND
  • ≥10 days since symptoms first appeared
• Repeat testing is not necessary to discontinue precautions
Transmission from children

- 9 adults and 9 children with COVID-19 in an Australian school system
  - 0/128 teacher/staff close contacts infected
  - 2/735 children close contacts infected
  - Secondary attack rate: 0.3%

Transmission among children

Unintended consequences of school closures
Impact of school closures

- Food insecurity
- Child abuse
- Trauma
- Obesity
- Loneliness
School closure impact on education

Coronavirus school closures impact 1.3 billion children – and remote learning is increasing inequality
Non-education effects of school closures

Table 2. Results of the Questionnaire Survey.†

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>Lockdown</th>
<th>Δ</th>
<th>95% CI</th>
<th>t</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetable intake*</td>
<td>1.34±0.74</td>
<td>1.27±0.69</td>
<td>-0.07±0.60</td>
<td>-0.26/0.12</td>
<td>-0.78</td>
<td>0.438</td>
</tr>
<tr>
<td>Fruit intake*</td>
<td>1.16±0.74</td>
<td>1.39±0.70</td>
<td>0.23±0.75</td>
<td>-0.01/0.47</td>
<td>1.98</td>
<td>0.055</td>
</tr>
<tr>
<td>Potato chips*</td>
<td>0.07±0.24</td>
<td>0.51±0.83</td>
<td>0.54±0.86</td>
<td>0.26/0.81</td>
<td>3.99</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Sugary drinks (#/day)</td>
<td>0.40±0.90</td>
<td>0.90±1.16</td>
<td>0.50±1.08</td>
<td>0.16/0.84</td>
<td>2.97</td>
<td>0.005</td>
</tr>
<tr>
<td>Screen time (hrs/day)</td>
<td>2.76±1.64</td>
<td>7.61±2.13</td>
<td>4.85±2.40</td>
<td>4.10/5.61</td>
<td>12.94</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Sports (hrs/week)</td>
<td>3.60±4.25</td>
<td>1.29±1.44</td>
<td>-2.30±4.60</td>
<td>-3.76/0.85</td>
<td>-3.21</td>
<td>0.003</td>
</tr>
</tbody>
</table>

[Image: https://www.brookings.edu/wp-content/uploads/2020/05/Fig1_new_LO.png]


https://www.npr.org/2020/04/20/828026185/school-counselors-have-a-message-for-kids-it-s-ok-to-not-be-ok

https://www.statnews.com/2020/05/07/child-trauma-unseen-harms-shutting-down-americas-schools/
Risk mitigation strategies
Identify your high-risk children

- Long-term dependence on technological support
- Immune suppression/malignancy
- Obesity
- Extremes of ages
- These are similar risk factors in other respiratory illnesses

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, median (IQR), y</td>
<td>13 (4.2-16.6)</td>
</tr>
<tr>
<td>Age group, y</td>
<td></td>
</tr>
<tr>
<td>&lt;1</td>
<td>8 (17)</td>
</tr>
<tr>
<td>1-5</td>
<td>6 (13)</td>
</tr>
<tr>
<td>6-10</td>
<td>7 (15)</td>
</tr>
<tr>
<td>11-21</td>
<td>27 (56)</td>
</tr>
<tr>
<td>Comorbidities</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>8 (17)</td>
</tr>
<tr>
<td>Medically complexa</td>
<td>19 (40)</td>
</tr>
<tr>
<td>Immune suppression/malignancy</td>
<td>11 (23)</td>
</tr>
<tr>
<td>Obesity</td>
<td>7 (15)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4 (8)</td>
</tr>
<tr>
<td>Seizures</td>
<td>3 (6)</td>
</tr>
<tr>
<td>Congenital heart disease</td>
<td>3 (5)</td>
</tr>
<tr>
<td>Sickle cell disease</td>
<td>2 (4)</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>2 (4)</td>
</tr>
<tr>
<td>Other congenital malformations</td>
<td>2 (4)</td>
</tr>
</tbody>
</table>

Returning to school has risks
SCHOOLS DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist administrators in making (re)opening decisions regarding K-12 schools during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Should you consider opening?
- Will reopening be consistent with applicable state and local orders?
- Is the school ready to protect children and employees at higher risk for severe illness?
- Are you able to screen students and employees upon arrival for symptoms and history of exposure?

Yes → ALL YES → OPEN AND MONITOR

No → ANY NO → DO NOT OPEN

Are recommended health and safety actions in place?
- Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible
- Intensify cleaning, disinfection, and ventilation
- Encourage social distancing through increased spacing, small groups and limited mixing between groups, if feasible
- Train all employees on health and safety protocols

Yes → ALL YES → MEET SAFEGUARDS FIRST

No → ANY NO → MEET SAFEGUARDS FIRST

Is ongoing monitoring in place?
- Develop and implement procedures to check for signs and symptoms of students and employees daily upon arrival, as feasible
- Encourage anyone who is sick to stay home
- Plan for students or employees who get sick
- Regularly communicate and monitor developments with local authorities, employers, and families regarding cases, exposures, and updates to policies and procedures
- Monitor student and employee absences and have flexible leave policies and practices
- Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

Yes → ALL YES → MEET SAFEGUARDS FIRST

No → ANY NO → MEET SAFEGUARDS FIRST

cdc.gov/coronavirus
<table>
<thead>
<tr>
<th>Prevent Infection (safety actions)</th>
<th>Contain (monitor and prepare)</th>
<th>Respond (closings)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>Know who is ill</td>
<td>Close when needed</td>
</tr>
<tr>
<td>Ill children/staff stay home</td>
<td>Ill children/staff stay home</td>
<td>Children requiring isolation can continue online learning</td>
</tr>
<tr>
<td>Hand hygiene</td>
<td>Contact tracing</td>
<td></td>
</tr>
<tr>
<td>Social distancing</td>
<td>Determine when children can return</td>
<td></td>
</tr>
<tr>
<td>Masking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohorting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restrict visitors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prevention is key

The Pyramid of Prevention Sets Priorities for Infection Prevention in the Workplace

Prevention strategies
- Masking
- Handwashing
- Screening
- Stay at home when sick
- Changes in ventilation
- Clean high touch surfaces
Contain

- Cohort
- Cohort
- Cohort

Containment strategies

- Minimize mobilization
- Use outdoor spaces
- Set up physical distances
- Consider mask usage as able
- Respiratory etiquette
- Desk distancing
- Contact tracing
Respond

Response strategies

- Monitor community trends
- Notify health department
- Cancellation of school-related activities
- Classroom dismissal
- School dismissal
- Increased cleaning
- Distance learning
- Follow CDC and health department recommendations for return to school

https://www.actionforhappiness.org/news/covid-19-how-to-respond
I think or know I had COVID-19, and I had symptoms

You can be with others after

- 3 days with no fever and
- Symptoms improved and
- 10 days since symptoms first appeared

I tested positive for COVID-19 but had no symptoms

If you continue to have no symptoms, you can be with others after:

- 10 days have passed since test

Depending on your healthcare provider’s advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.

If you develop symptoms after testing positive, follow the guidance above for “I think or know I had COVID, and I had symptoms.”

For Anyone Who Has Been Around a Person with COVID-19

It is important to remember that anyone who has close contact with someone with COVID-19 should stay home for 14 days after exposure based on the time it takes to develop illness.
COVID-19 cases since school reopening

https://www.cgdev.org/blog/back-school-tracking-covid-cases-schools-reopen
Children cannot wait until COVID-19 is gone to return to school
Pediatric COVID-19 summary

• The majority of children have mild disease
• Children are at risk for a very rare post-infectious multisystem inflammatory syndrome (MIS-C)
• Children appear to be less likely to be infected and to transmit the virus compared with adults
• Children have many unintended consequences of not being in school
• Risk mitigation strategies, flexibility, and multiple plans are needed
Key Considerations
Overview

Margo Quiriconi, RN, MPH
Director, Community Health Initiatives
Many Pieces to the Puzzle

• Informed
• Transparent
• Collaborative
  o Staff
  o Community
  o Parents and students
  o Health departments
• Flexible
What About…

- Vulnerable populations
- Sick child and staff protocols
- Building environment
Screening Continuum

Home
- Child Assessment by Parent
- Staff Self Assessment - QRS Code

Bus
- Visual Reminders
- Masks on bus

School
- Single Entry
- Assessment questions for Staff, Parents and Visitors
- Temperature Scan for Staff, Parents and Visitors
North Carolina Example

1. Have you had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?
   - Yes  > The person should not be at school. The person can return 14 days after the last time they had close contact with someone with COVID-19, or as listed below.
   - No   > The person can be at school if they are not experiencing symptoms.

2. Since you were last at school, have you had any of these symptoms?
   - Fever
   - Chills
   - Shortness of breath or difficulty breathing
   - New cough
   - New loss of taste or smell

   If a person has any of these symptoms, they should go home, stay away from other people, and call their health care provider.

3. Since you were last at school, have you been diagnosed with COVID-19?
   - Yes  If a person is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.
   - No
North Carolina Example

Screen for COVID-19

- NO FLAGS
  - Proceed to school
    - Exposure, no symptoms
      - Cannot go to school
        - Home for 14 days since exposure
    - Diagnosis, no symptoms
      - Cannot go to school
        - Home for 10 days since first positive COVID-19 test
  - AT LEAST 1 SYMPTOM
    - Fever
    - Chills
    - Shortness of breath/difficulty breathing
    - New cough
    - New loss of taste or smell
    - Cannot go to school
      - Home until:
        - 10 days since first symptoms
        - No fever for 3 days (without fever medicine)
        - 3 days of symptom improvement, including coughing and shortness of breath
A person can return to school when a family member can ensure that they can answer YES to ALL three questions:

- Has it been at least 10 days since the child first had symptoms?
- Has it been at least 3 days since the child had a fever (without using fever reducing medicine)?
- Has it been at least 3 days since the child’s symptoms have improved, including cough and shortness of breath?

If a person has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

If a person has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If a person has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.
Social Distancing

6 FEET

Minimizing Congestion

- Designate one-way directions for hallways, exterior paths
- Assign entry and exit doors, and stagger students' arrival and departure times

SOURCE: National Council on School Facilities and Cooperative Strategies
Image: iStock/Getty
Transportation

How Many Students Can Ride the Bus?

WITHOUT MASKS
1 student every other row, alternating sides

WITH MASKS
1 student per seat, alternating left and right positions
Learn, Eat, and Play Together

Limiting Exposure and Transmission

Students stay in the same small group, or "bubble," and remain in a single classroom. If needed, teachers can rotate through the bubbles.

CDC’s RECOMMENDED STRATEGY

Arranging Instructional Spaces

SOURCE: Education Week reporting

LOVE WILL.
Face Coverings/Masks

All children should wear masking on buses, in hallways and other common areas where social distancing is not possible and there are risks for mingling of children. For classrooms, if kids are cohorted with their classmates (learn, eat, and recess together) then masks aren’t required.

Staff and visitors advised to wear masks when in public spaces.

Consider staff use of face shields for teaching hard of hearing, English Language Learners, spelling, phonics.
Managing the Environment

Luke Gard, CIEC, CMC, BOC,
Healthy Schools Program Manager
Environmental Health
CMH - Safe and Healthy School Program

Key activities include:

• Education/training for administrators, custodians, nurses and the community
• Evaluation of existing policies with recommendations
• Perform “proactive” environmental assessments of buildings
• Perform complex environmental investigations (health issues/facility concerns)
• Assist districts with media relations or legal issues regarding building issues and occupant concerns
• Guidance on COVID-19 related issues (cleaning, ventilation, building operation)
Key Building Systems and Features

- Structural integrity (e.g., walls, foundation)
- Roofing
- Interior light fixtures
- Exterior light fixtures
- Plumbing
- Heating, ventilation, and air conditioning systems
- Fire protection systems
- Electrical systems
- Windows
- Doors
- Conveyance (e.g., elevators and lifts)

Both

Safety and security (e.g., cameras, alarms, access control)

Telecom systems (e.g., phone, cable, WiFi)

Environmental conditions (e.g., exposure to asbestos, lead, mold)

Indoor air quality monitoring

Water quality monitoring

Physical accessibility projects

Priorities When Updating School Facilities

- Interior design features
- Student access to technology
- High performance, sustainable buildings or systems (e.g., energy management systems)
- Building resilience (i.e., ability to withstand or recover from natural disasters)
- Sufficient and usable outdoor common-use and recreational space
- Sufficient and usable indoor common-use and recreational space
- Access to natural light
- Flexible educational space
COVID-19 Creates Uncertainty for Schools

• Re-opening normally
• Having a plan in place to address COVID-19 issues and concerns
• Performing additional cleaning and disinfecting
• Changes in ventilation

*** Ultimate goal is to provide safe and healthy learning environments for both students and staff.
COVID-19 Cleaning and Disinfecting

• Paradigm shift to “Cleaning for Health”
• EPA N-List of disinfectants and sanitizers approved for surfaces
• Environmental Work Group (EWG)
  • List of 16 products deemed safe and effective (each of which earned grades of A or B)
  • Safer active ingredients include: Hydrogen peroxide, ethyl alcohol, citric acid, L-lactic acid, octanoic acid and thymol
HVAC / Ventilation

- Increase fresh, outside air/decrease re-circulated air
- Increase system filtration efficiency
  - High-Efficiency Particulate Air (HEPA) filtration?
- Isolate ventilation in clinic and COVID-19 care rooms (under negative (-) pressure)
- Discourage use of fans (mixing air)
Use caution regarding some items

- UV light
  - Degrades surfaces
  - Depends on application

- Disinfecting foggers
  - Product composition
  - Aerosolized droplets are a concern

- Ionizers/Electrostatic Precipitators
  - Generate ozone
Considerations

• Increased hand washing
• Additional cleaning and disinfecting
  • Consider common areas
  • Routinely touched surfaces
  • Can children help in the classroom?
• Flushing water systems prior to re-starting school
• Guidelines for closure, public relations, etc.
Returning to Sports: How to Create a Game Plan

Nicole Fillingame, MS, LAT, ATC, CES, PES
Sports Medicine Outreach and Athletic Training Manager
Considerations

• Ever changing situation
• Acknowledge risk & no strategy to eliminate risk of COVID-19
• Rely on the experts
  • CDC & Health Departments
  • State/local authorities
  • National Federation of High School Sports
  • State High School Associations
  • Adjunct/compliment experts
Recommendations

- Screenings
  - Athletes, Coaches, School Participants
  - Create a team
  - Consider one entrance, record keeping
- Action Plan for positive screens
  - No participation, reporting
  - Create policy on return

- Chain of Command
  - Reporting positive screens
- Masks
  - Recommend for adults
  - School policy for athletes
- Social distancing during
  - Screenings
  - Workouts
  - Conditioning
  - Weightlifting
Recommendations

• Cleaning & disinfecting per CDC guidelines (EPA approved disinfectants)
  • Wash your hands with soap and water!
  • Equipment cleaned before and after each athlete use
  • All surfaces cleaned at the end of the day

• Don’t share water bottles or towels
• Consider alternative methods for hydrations stations
Supporting Mental and Behavioral Health

Simone Moody, PhD
Clinical Psychologist, Children’s Mercy
Assistant Professor of Pediatrics, UMKC SOM
Objective

Provide school re-entry mental and behavioral health considerations as it relates to:

• Teachers and staff
• Children and families
• Policies and procedures
Teacher and Staff Considerations

Teacher and Staff Involvement

• If they understand the why, they are more likely to comply!
• Solicit information on priorities and feasibility, create work-groups, involve them in the decision-making process

Offer trainings in evidence-based mental/behavioral health.

• Trauma-informed care
• Youth Mental Health First Aid (free for schools in Missouri!)
• Classroom behavior management
Teacher and Staff Considerations

- Staff well-being is essential to promote student well-being
- School staff serve as models for student adjustment
- Mental health supports
  - Inventory of existing resources
  - Creative team effort examples
    - School counselor groups
    - Social workers identify resources
  - Promote teacher self-care
Student and Family Considerations

Accommodating different needs and abilities to foster well-being.

- Solicit student and family input
- Simple and clear expectations
- Offer choices when possible
- Provide information to families on changes in advance of school
- Create a line of two-way communication
Student and Family Considerations

• Student Mental and Behavioral Health
  • Assessment: When to be concerned
    • Child or family self-report
    • Significant changes to a child's emotional and/or behavioral functioning
    • Emotional and/or behavioral concerns interfering with the child's ability to participate in school

• Intervention: What to do
  • Inventory of existing resources
  • Shift resources or programs to address school re-entry if possible
  • Create ways to connect and collaborate
    • Ex: Volunteer staff mentor and peer programs
    • Ex: Collaborate with outside mental health and health professionals
Policy and Procedure Considerations

- Plan adjustment time for teachers to connect and teach new procedures
- Implement programs to encourage children to comply
  - Primary positive behavior supports for following new procedures (e.g., wearing a mask, social distancing, washing hands)
- Be transparent about consequences for not following procedures
- Children with special needs
  - Set realistic expectations and goals
  - Adjust consequences accordingly
# Promoting Emotional and Behavioral Well-Being

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Listen</strong></td>
<td>Create procedures to ensure staff, students, and caregivers feel heard</td>
</tr>
</tbody>
</table>
| **Share** | Be transparent with expectations  
Offer on-going, two-way communication |
| **Support** | Create support networks  
Offer resources |
| **Anticipate** | Anticipate challenges  
Solidify processes for WHEN there are procedural challenges |
Questions & Answers
Resources, Tools, and Next Steps

Atenas I. Mena, RN, MSN, CPN
Manager of School Based Health Services
aimena@cmh.edu
Children's Mercy Resources & Tools

• School Health Website: https://www.childrensmercy.org/in-the-community/school-health-support/
• Recommendations for a Safe Return to Sport and Physical Activity After COVID-19
• How-to Put On & Take Off Mask Video
• How-to Wash Your Hands Video
• Coming Soon:
  • Recommended Products to Disinfect during COVID-19
  • Tips for Classrooms (geared toward Teachers)
• COVID-19 School Assistance: submit questions/concerns or request consultation
  • https://cmhredcap.cmh.edu/surveys/?s=4XH8EXDTC9
Additional Resources

- National Council on School Facilities State Level Guidance: https://www.facilitiescouncil.org/covid19-stateguidance
- Show-Me School: Based Health Alliance of Missouri: https://moschoolhealth.org/
- Environmental Protection Agency: https://www.epa.gov/iaq-schools?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=
- Missouri Center for Public Health Excellence: https://www.mocphe.org/
Additional Resources

American School Counselor Association and National Association of School Psychologists

School Reentry Considerations: Supporting Student Social and Emotional Learning and Mental and Behavioral Health Amidst COVID-19

https://www.nasponline.org/

Collaborative for Academic Social and Emotional Learning (CASEL)

An Initial Guide to Leveraging the Power of Social and Emotional Learning as You Prepare to Reopen and Renew Your School Community

https://casel.org/covid-resources/
42ND ANNUAL
SCHOOL HEALTH CONFERENCE
VIRTUAL CONFERENCE
FRIDAY, JULY 31, 2020

CONFERENCE PURPOSE:
This annual conference is for school nurses and school health professionals providing care for children in the school setting. We will focus on current health/mental health issues with engaging presentations by pediatric and school health providers.

TARGET AUDIENCE:
School nurses, health aides and other health professionals dedicated to providing care for children in the school setting.

CONFLICT OF INTEREST:
No conflicts of interest have been identified for the planners and presenters for this education activity.

CONFERENCE FEES:
There is no fee for this virtual conference, but registration is required by July 30, 2020.

REGISTRATION:
Registration Link: https://bit.ly/SHConference

SPECIAL ACCOMMODATIONS:
If you have special needs, as described by the Americans with Disabilities Act, please contact the conference coordinator at least 7-10 days in advance. All reasonable efforts will be made to accommodate your needs.

EMAIL OR CALL FOR MORE INFORMATION:
Angie Knackstedt, BSN, RN, MPD-BC
angiek@cmh.edu
(913) 296-4738

Alanna Manno, MSN, CPN, RN
almanno@cmh.edu

PROGRAM AGENDA
7:45 a.m. – 11:45 a.m.
Friday, July 31, 2020
Virtual Conference

7:45 - 8:00 a.m.  Sign-on by attendees
8:00 - 8:15 a.m.  Welcome & School Health update (resources, tools, etc.)
8:15 - 9:00 a.m.  Asthma Management Update in the School Setting
                  Misty Smith, MSN, RN, INF-C, CPN
9:00 - 9:45 a.m.  Diabetes Management Update in the School Setting
                  Tiffany Musick, DO
9:45 - 10:00 a.m.  Question & Answer Session
10:00 - 10:15 a.m.  Break
10:15 - 11:45 a.m.  COVID-19 Panel
                     • What’s New with COVID-19 and Children? (Angie Myers, MD, MPH)
                     • Anxiety & Fear: Helping Kids Cope with COVID-19 (Simone Moody, PhD)
                     • Going Back to School & COVID-19 (Shelby Rebeck, MSN, BSN, RN)

CONTINUING NURSING EDUCATION
This program has been awarded 3.25 contact hours.

In order to receive full contact credit for this CNE activity, participants will need to:
• sign in virtually
• attend entire conference
• complete online post-conference evaluation by Aug. 21, 2020

Children’s Mercy Kansas City is approved with distinction as a provider of nursing continuing professional development by the Midwest Multistate Database, an accredited provider by the American Nurses Credentialing Center’s Commission on Accreditation.
Please Complete Feedback Survey


Thank You!!