Staff Working with Students with Complex Needs and Populations Needing Close Contact: Additional Considerations

Students with complex needs include students with underlying conditions that may be regarded as chronically ill, medically complex, or medically fragile.

Specialized clinical procedures

Specialized clinical procedures are those necessary for the management of student health conditions that must either be performed by a licensed registered nurse (RN) or delegated to unlicensed assistive personnel (UAP) who are supervised by an RN or who have received specialized training from an RN. Some examples of specialized clinical procedures include management of medical devices (e.g., ostomies, catheters, feeding tubes, and tracheostomies) and complex conditions (e.g., diabetes, seizure disorders, and adrenal insufficiency).

Routine clinical practice and infection control measures should be enforced for care of students with underlying illness in the school setting, ensuring that the health room space is not in close proximity to isolation spaces.

During the COVID-19 pandemic, additional consideration should be given to procedures with the potential for increased infection risk, specifically in the context of aerosolized particles.
This guidance is intended for school nurses and other school health staff planning support for students with special health care needs, with specific content on aerosolizing procedures in school and procedures that lend to close proximity contact between staff and students.

Examples of clinical procedures that are non-aerosolizing:

- Ostomy Care
- Catheter Care
- Diabetic Care
- Gastrostomy Tube Feedings

Examples of common procedures that may require routine or potentially increased personal protective equipment (PPE) due to close proximity:

- Mobility support
- Support with personal care needs (not limited to toileting or changing of briefs)
- First aid
- Cardiac care such as pacemaker interrogation, Holter monitors
- Vagus nerve stimulation or other seizure support
- Emergency injectable medications (glucagon, Solu-Cortef, epinephrine)
- Behavior support
- Physical restraints

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Aerosol-Generating Procedures (AGP)

The transmission behavior of COVID-19 is still being defined. It is likely that the virus that causes COVID-19 (SARS-CoV-2) is transmitted predominantly by respiratory droplets and direct contact with an infected person or contaminated surface, and at least minimally through airborne transmission and aerosolization. Aerosol-generating procedures (AGP) such as suctioning or direct care of oral/nasal/pharyngeal areas are more likely to generate infectious respiratory aerosols than coughing, sneezing, talking, or breathing.

Oral/Nasal/Pharyngeal Suctioning and Tracheostomy Care

Children who use nebulizers, have tracheostomies, are on mechanical ventilators, or are suctioned are not at higher risk of contracting COVID-19 by merely using such devices. Instead, these devices may lend to the increased spread of infection to those in close proximity. The risk of exposure to the virus from aerosolization is not limited to the staff performing procedures because aerosols can persist in the air for minutes to hours. Also at risk are those who may be within close proximity after procedures, specifically if ventilation is insufficient in the space where the procedure was performed.

Poor secretion management or having a tracheostomy alone does not predispose a student to having complications associated with COVID-19. However, underlying conditions that cause the student to require a tracheostomy, ventilator, oxygen, or other respiratory equipment may place that student in a high-risk group. It is important to note that in almost all situations, the benefits of the device or procedures far outweigh the risk of stopping it.

It is critical that medically fragile students, especially those requiring specialized procedures, be evaluated by their physician regarding risks and benefits of receiving care at school and overall care considerations during COVID-19 circulation.

Nebulizers

The CDC identifies asthma as a condition that may increase a person's risk of severe COVID-19 disease. Nebulizer use is discouraged. Instead, it is recommended that all students using a nebulizer to deliver asthma medications be switched to a metered-dose inhaler or dry powder inhaler. This is due to the potential transmission risk posed by the nebulized medication creating respiratory aerosols, should the student be asymptomatically infected with SARS-CoV-2.

The school nurse could work with the student's healthcare provider and parents to switch to a metered dose inhaler (MDI) with a space chamber, a dry powder inhaler (DPI), or a hydrofluoroalkane (HFA). Parents may elect to take their student out of school to perform nebulizer treatments and return the student to school after the treatment if the student has stabilized.

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Required

- ❑ All clinical procedures in the school setting must adhere to nurse practice laws and delegation laws as well as best infection control practices and procedures. All procedures require up-to-date orders from the student's managing physician.
- ❑ Completion of any required training, certification, and preparation to meet qualifications to deliver any of the listed procedures within the scope of practice and delegation.
- ❑ Physician's orders for medical procedures and individual health care plans, as applicable.
- ❑ Individual student plans must be followed including IEP, 504, Health Management, Behavior Support Plans, or other student plans.
- ❑ Adherence to standard precautions and use of specific PPE required for specific procedures.
- ❑ Collaborate with the family, the provider, and the administrator in advance of return to school to assess needs, risks, and whether return to in-person learning is in the student's best interest during the pandemic, and to aid in the determination of whether school personnel can safely provide care given increased risk and facility infection control requirements.
- ❑ Maintain routine PPE as well as specific additional PPE associated with COVID-19 workplace recommendations (such as medical-surgical mask and gloves, with consideration for additional PPE based on student development and behavior).
- ❑ Aerosol-generating procedures can be considered in settings that can fulfill all of the following:
  - Strict adherence to illness exclusion guidelines.
  - Screening of students for COVID-19 symptoms is performed prior to procedures (positive symptoms may result in isolation and exclusion).
  - A designated treatment room with adequate ventilation is established that is neither the health room nor the isolation space and can remain closed to other procedures for a two-hour minimum following clinical procedures.
  - An effective sanitizing procedure is in place for this room *after* the two hours have passed.
  - Aerosolizing procedures are never performed where other individuals without adequate PPE could potentially inhale particles.
  - Only one student is receiving aerosolizing procedures at a time.
  - High-risk staff are not required to perform aerosolizing procedures.
  - Staff have school-provided access to appropriate full, disposable PPE (fit-tested N-95 respirator, eye protection (face shield or goggles), gloves, isolation gown).

Recommended

- ⇨ All students with asthma should have updated orders, medication, and asthma action plans before returning to school in person, to avoid unnecessary exclusion due to symptoms of their chronic condition.
- ⇨ Understanding of principles of trauma-informed care.
- ⇨ Certification in CPR.