Ensuring Safety and Equity for Students who Experience Complex Medical Needs: Guiding decisions about Covid-19 mitigation when standard strategies cannot be used.

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Recent CDC guidance and the most critical aspect of layered strategies for Covid-19 mitigation in schools prioritize universal and correct use of masks, and physical distancing of at least 6 feet. **A small but important subset of students require close physical assistance from staff members and are unable to wear masks during daily care and educational activities at school. For this subset of students, both critical layers of mitigation-masks and distance- are removed.** It becomes incumbent on IEP teams to determine a plan for personalized mitigation strategies which can be adapted to protect students and staff from risk of exposure to Covid-19.

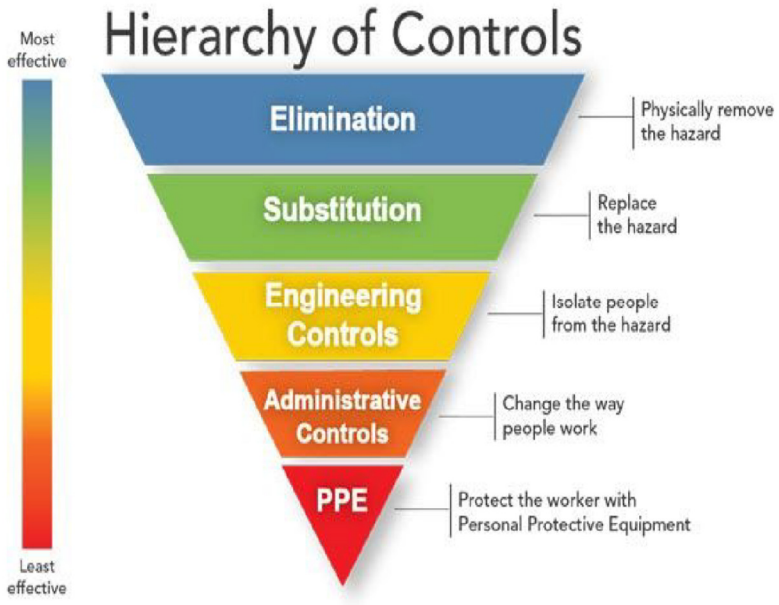
Impact on Equity:

School districts are responsible for meeting the educational (academic, behavioral, and functional) needs of all students and ensuring access to a Free Appropriate Public Education (FAPE) for students who experience disability. District responsibility for supporting student needs under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973, includes a review of the applicability of a student's IEP or Section 504 plan during Comprehensive Distance Learning (CDL) or Hybrid instructional models. Standard district IDEA and 504 processes and protocols, even prior to COVID-19, account for students who may require adaptation, accommodation, or modification to ensure access to instruction and other school programming. School districts should therefore make reasonable modifications in their policies, practices, or procedures—including any addressing the use of face coverings—when those modifications can be made consistent with the health, safety, and well-being of all students and staff, and are necessary to avoid discrimination on the basis of disability. For more information please see: Navigating Adaptation, Accommodation, or Modification, Supplemental Guidance to Student Face Covering Requirements.

Covid19 is spread by contact, respiration, and aerosols. The virus can enter airways, eyes, and skin openings. The duration of aerosol exposure affects the quantity of the virus that is expelled by the infected person and potentially inhaled by another person, but virulence of the aerosols also plays a role over a shorter duration. The hazard of aerosol contamination is higher from the breathing, talking, coughing, and sneezing of unmasked, symptomatic, or asymptomatic virus carriers, as well as from procedures such as suctioning airways and use of nebulizers.

RSOI provides information, training, resources and referrals to school districts and educational programs throughout Oregon about the needs of young children and students with orthopedic impairments. RSOI is funded by the Oregon Department of Education using IDEA funds.

Safe performance of daily care procedures is not specifically detailed in ODE's guidance document, ***Oregon's Ready Schools Safe Learners*** **(RSSL)**or in the supplement entitled ***Staff Working with Students with Complex Needs and Populations Needing Close Contact: Additional Considerations***. **RSSL** requires that when a student is unable to wear a mask because of their disability, "...districts and schools must limit the student's proximity to students and staff to the extent possible to minimize the possibility of exposure." In addition, RSSL guidance cites the Centers for Disease Control (CDC) recently issued ***Operational Strategy for K-12 Schools through Phased Mitigation*** .



The CDC ***Hierarchy of Controls*** (Figure 1) offers a paradigm which can be used when making decisions about how to meet the needs of students who are unable to wear masks as a result of their disabilities, while also best controlling for the hazard and mitigating the exposure presented by the Covid-19 virus. Control methods at the top of the triangle are potentially more, universal, effective, and protective than those at the bottom. As summarized by Oregon State University's Environmental Health and Safety Division, the first three levels of the *Hierarchy of Controls* describe efforts to *control the hazard*, the final two levels include efforts to *control the exposure* of people and the environment.

Figure 1: Retrieved from **https://www.cdc.gov/niosh/topics/hierarchy/default.html**

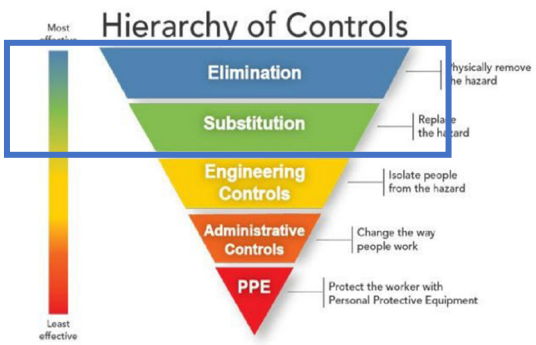
IEP Team Responsibility:

ODE's ***Guidance for Decision Making Concerning Student Use of Face Coverings and Face Shields*** identifies the actions that an IEP team should take in order to determine whether a student's inability to wear face coverings at school is a manifestation of the student's disability. It is incumbent on the IEP team to make this determination. However, once it is made, IEP teams also follow OHA, ODE and CDC guidelines to develop mitigation strategies to protect both students and the staff who work with them when a student cannot wear a mask. Strategies for mitigating Covid-19 infection risk during daily routines and activities can be developed using the CDC Hierarchy of Control triangle. This document offers examples and sample decision trees that can assist teams in planning for student inclusion in in-person educational settings.

Application of the CDC Hierarchy of Controls to student decisions about Covid-19 mitigation when standard strategies cannot be used

This section addresses application of the CDC Hierarchy of Controls by describing the actions that may be taken at each level of the hierarchy. Examples are offered for students with complex medical needs when physical distancing is not possible and/or who are unable to wear masks. The examples offered are not exhaustive of all possibilities, nor are they prescriptive for individual students. They are meant to suggest a way of thinking about student and staff protection which can be applied to a wide variety of in-person educational settings. Occupational Therapists (OTs), Physical Therapists (PTs), Speech and Language Pathologists (SLPs), and other IEP team members can apply the concepts represented here as they plan Covid-19 mitigation protocols for individual cases. The CDC Hierarchy can be used by teams to think through situations for specific students in order to arrive at a range of solutions.

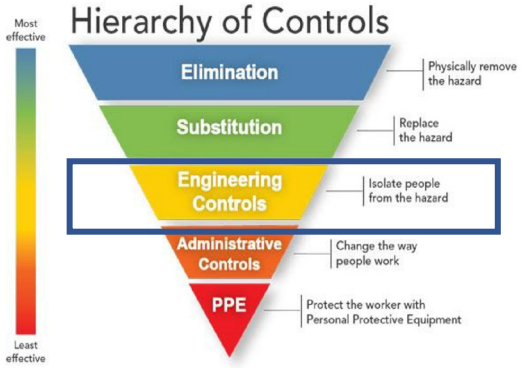
Elimination or Substitution of the Covid-19 Hazard



Physically Remove or Replace the Covid-19 Hazard

- Telepractice from professionals
- Remote consultation or coaching
- Remote trainings
- Demonstration Videos for students, families and staff
- Option of virtual instruction is offered

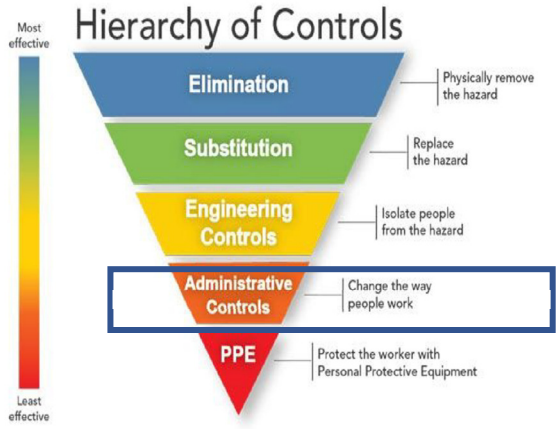
Engineering Controls of the Covid-19 Hazard



Isolate People from the Covid-19 Hazard

- HEPA filter ventilation systems
- Consultation with HVAC professionals on ways to improve ventilation.
- Use of toilet lids or other washable cover prior to flushing toilets
- Separate room with plexiglass barriers for feeding high risk dependent students
- Clear shower curtain dividers
- Plexiglass barriers
- Separate room for unmasked students engaged in high-risk activities

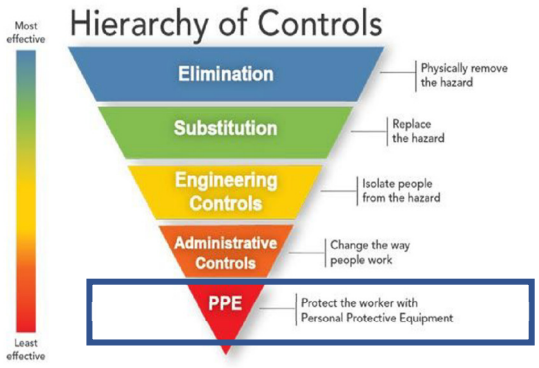
Administrative Controls



Change the Ways People Work

- Minimize movement of therapists and students between buildings and within building
- Administer temperature checks for students before entering the bus or school or as required by district
- Work outdoors when possible and open windows after consultation with HVAC personnel
- Optimize student 6-foot distance during routines
- Avoid nonessential hallway trips
- Assess appropriateness of student's equipment, given pandemic and six-foot safe distancing requirements
- Organize student schedule with IEP/504 team to minimize number of dependent transfers
- Modify activities/equipment to ensure least time duration and least physical contact, minimizing duration and frequency of high-risk activities
- Maximize simplicity of position change (e.g., side-lying, wheelchair tilt) for dependent students to ensure least duration of contact
- For training multiple people, simulate bathroom transfers in a larger, well-ventilated room
- Disinfect positioning equipment after, and before, each use; eliminate use of equipment that cannot be disinfected
- Keep individual supplies in covered student-specific boxes
- Consult with family as to whether they are willing to reduce oral feedings at school in order to minimize exposure risk

Personal Protective Equipment (PPE)



Protect Workers and Students With PPE

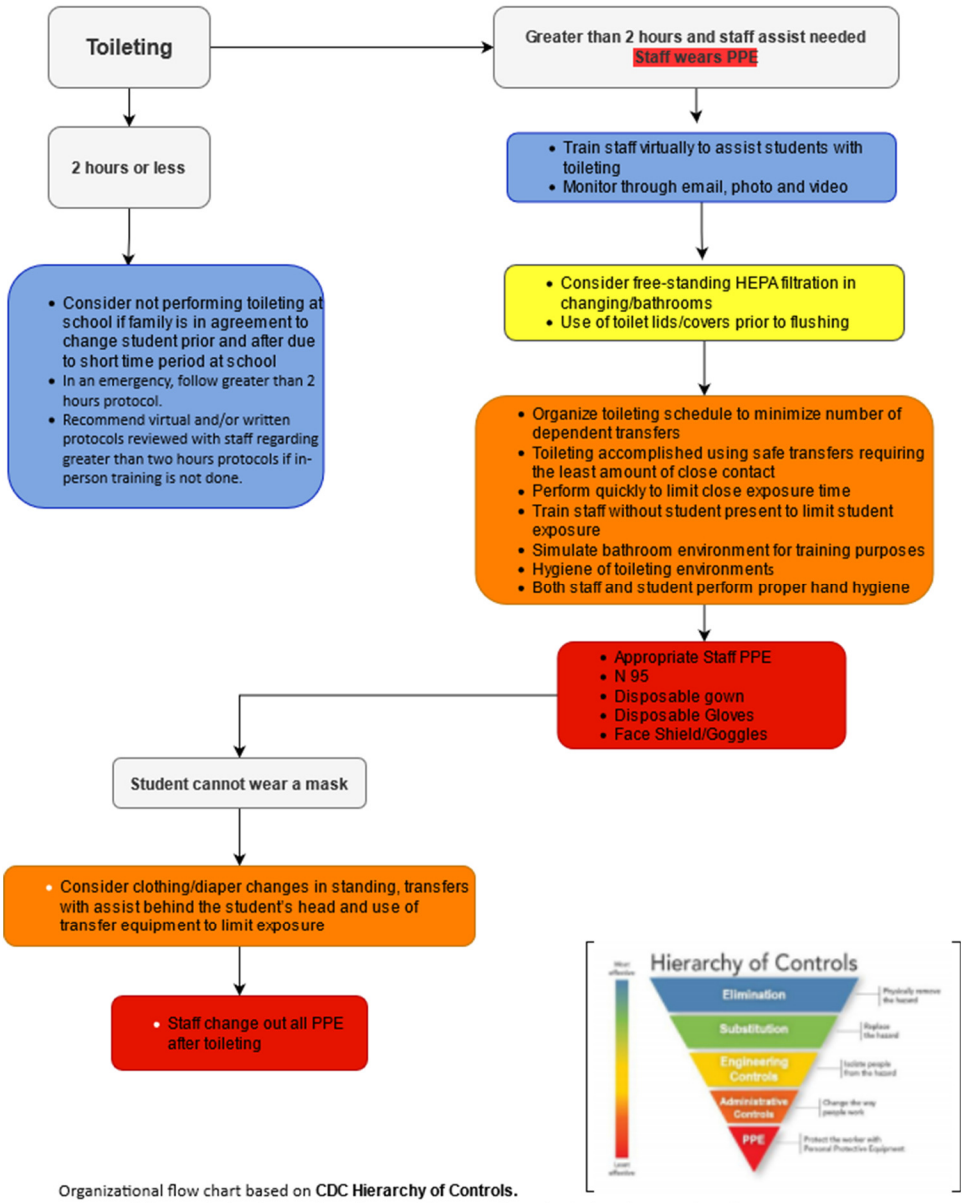
PPE are indicated when working with students who require physical assistance, close proximity and/or cannot provide their own mobility. This includes:

- Face shield or goggles: For all student centered activities that need to be done closer than 6 feet/close proximity, masked or unmasked student
- Gown addition: When working with masked or unmasked students who cannot manage bathroom/hygiene/feeding themselves. Gown and glove change after bathroom/feeding assistance.
- N95 Mask: All student-centered activities that need to be done closer than 6 feet with unmasked student

Application of the CDC Hierarchy of Controls to the environment when standard strategies cannot be used

This section addresses application of the CDC Hierarchy of Controls by describing the actions that may be taken in a variety of environments and activities where close proximity is required between students and staff or when students cannot wear masks. Examples describe common classroom routines and activities. They are not exhaustive of all environments, nor are they prescriptive for individual students. These decision trees are meant to suggest a way of thinking about student and staff protection in common classroom activities such as feeding and toileting. Occupational Therapists (OTs), Physical Therapists (PTs), Speech and Language Pathologists (SLPs), and other IEP team members can apply the concepts represented here as they plan Covid-19 mitigation protocols for activities of individual students.

Example of Applying CDC Hierarchy of Controls to Physical Therapy in the Schools: Toileting



Organizational flow chart based on **CDC Hierarchy of Controls.**
To be used along with the Therapist's professional discretion for individual student needs and situations.
All bullet points are suggestive, not exhaustive, and would not necessarily be used simultaneously.

Example of Applying CDC Hierarchy of Controls to Physical Therapy in the Schools: Stair Training

Safety on Stairs

Staff assist needed with student on stairs
Staff wears PPE

Arrange student schedule to avoid need to use stairs

- Train staff virtually to assist students with stairs i.e. virtual meeting, video review, or handout and written protocols
- Monitor ongoing stair passage through email, video and photos

- Perform in person stair training on a set of outside stairs if available

- Minimize schedule to reduce stair use or need
- Problem solve for staff assist requiring the least amount of close contact ie: assist from behind<assist from side<assist from in front
- Train staff in person without student present to limit exposure
- Perform in person stair training at time away from other students
- Proper hand hygiene observed after touching handrails

- Appropriate Staff PPE
- N 95
- Disposable gown
- Disposable Gloves
- Face Shield/Goggles

Student cannot wear a mask

- Consider having student traverse stairs away from or with increased distance from other students/staff

- Staff change out all PPE after stair assist

Organizational flow chart based on **CDC Hierarchy of Controls.**
To be used along with the Therapist's professional discretion for individual student needs and situations.
All bullet points are suggestive, not exhaustive, and would not necessarily be used simultaneously.

Feeding Students with Complex Needs
(Requiring adult support < 6ft proximity)

Four Hours or Less

Consider not feeding at school
In an emergency, follow Greater than Four Hours protocol

Feeding Training Options if not in person:
Train staff virtually to assist students with feeding to eliminate need for student/Feeding Specialist exposure
Monitor through email/photo/video

Greater Than Four Hours
STAFF WEARS PPE

Student is at risk of generating aerosols (e.g., severe oral/pharyngeal dysphagia)

Yes

70 square foot isolation room with ventilation and filtration
Not to be used for any other purpose for two hours after each eating opportunity

Handwashing before/after each eating opportunity
Feeder to sit across from student, behind plexiglass
Same adult feeding student across all mealtimes + 1 backup
Stagger mealtimes
Reduce or eliminate snack opportunities
Dishwasher available for feeding utensils and equipment (vs classroom sink)

Appropriate Staff PPE:
N-95 Mask
Disposable Gown
Disposable Gloves
Face Shield/Goggles

Appropriate Student PPE:
Disposable Bib

No

Single mealtime areas with at least 35 sq ft each and spaced 6 ft apart in a well-ventilated room with filtration
Plexiglass/shower curtain barriers at each location

Handwashing before/after each eating opportunity
Support staff to sit across from student and behind plexiglass
1:1 feeding support to eliminate cross-contamination
Reduce # of individuals in the room
Stagger mealtimes
Dishwasher available for feeding utensils and equipment

Appropriate Staff PPE:
N-95
Disposable Gown
Disposable Gloves
Face Shield/Goggles

Appropriate Student PPE:
Mask when not eating

Applying CDC Hierarchy of Controls to Feeding in the Schools:
This flow chart to be used along with the Therapist's professional discretion for individual student needs and situations.

Example of Applying CDC Hierarchy of Controls to Occupational Therapy in the Schools: OT Evaluations

OT Evaluation

- Complete Evaluation Virtually
- Work in collaboration with support staff and/or family to complete Evaluation
- Consider giving staff or family activities the OT wants to observe or assess in advance of planned virtual assessment times

Evaluate in person and unable to maintain 6'
Staff wears PPE

- Train/educate staff in advance virtually to prompt students with evaluation tasks to be observed when OT is on site in person to evaluate
- Request some evaluation information through emails, pictures and video in advance to reduce amount needed to do in person

- Consider plexiglass barrier
- Open doors and windows if possible for airflow
- Consider performing evaluation outside
- Simulate classroom environment for evaluation purpose

- Use of disposable assessment equipment or evaluation tools that can be disinfected
- Both staff and student perform proper hand hygiene

- Appropriate Staff PPE
- N 95
- Disposable gown
- Disposable Gloves
- Face Shield/Goggles

Student cannot wear a mask

- Consider performing evaluation activities outside or away from other students/staff

- Staff Change out all PPE after evaluation

Organizational flow chart based on **CDC Hierarchy of Controls.**
To be used along with the Therapist's professional discretion for individual student needs and situations.
All bullet points are suggestive, not exhaustive, and would not necessarily be used simultaneously.