

Questions and Answers - Information for Parents on Return to School for Children with Special Needs- 8/19/20

Q: Are there any contraindications to mask wearing with a child with seizures?

A: They should have someone with them at all times that could remove a mask if needed during a seizure. Otherwise, it is not a direct contraindication.

Q: What is the risk for a reactive airway to wear a mask for 6+ hours?

A: At this time there is no evidence that mask-wearing is contraindicated with RAD. You can discuss concerns with your pediatrician as well.

For children with asthma, the risk is variable. A child who has asthma and who has a rescue inhaler once or twice a year is probably at the same COVID risk as the general population. A child who has asthma who gets hospitalized every year or is on steroids a couple of times a year is at a higher risk. There hasn't been any research that shows oxygen saturations go down with mask wearing in a child with asthma. Masks shouldn't cause an asthmatic flare unless the child is allergic to cats and he rubs his face mask on a cat and then puts it on his face, for example. So, just use clean masks. Kids should do fine with mask-wearing, and it should not be a contraindication because they have asthma, and the vast majority of those kids with asthma are at the same risk as the general population. Children with very severe asthma would be at greatest risk.

Q: Can we request a phone appointment with our child's pediatrician to have a 1 on 1 conversation to talk about what the best decision is for my specific child?

A: Yes. You can also access the below links even before you have a conversation with your doctor. (see links at the end of this document)

Also, there is a very strong parent toolkit on the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/decision-tool.html>) to help you break down what's important for your family, and what is important if there are high risk versus low risk situations. You can review areas like your family dynamic, where you live (zip code), the environments of the classroom setting. That would be a great to have going into that appointment with your pediatrician. You would benefit from a little more background before the appointment to help the pediatrician understand your situation. It's really going to be a family decision, and the pediatrician will likely say this as well. However, the pediatrician probably knows your child's medical history better than anybody so they would know whether there are frequent hospitalizations, for example. They may have some very specific insights into your child rather than general guidance. So, a conversation with your pediatrician is a great idea, especially for really anxious families.

Q: Our daughter has a genetic condition and had low muscle tone and receives OT, PT and speech. Is low muscle tone a concern regarding more severe response to the virus? Otherwise no significant health issues.

A: I would not expect that a child whose main problem is low tone would have an increased risk for COVID. One of the things that we say is to judge how the child has tolerated illness in the past. So, when she's had respiratory illness in the past, has she tolerated it well? If so, then she probably will tolerate COVID well, but there are no guarantees. Additionally, low tone alone does not place a child in the high-risk category like immunosuppression, cardiac and diabetes does, for example. However, I do agree that if the child previously had issues with the flu or other previous viruses, that may suggest she would have a harder time if she got COVID.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/decision-tool.html>

Q: Our daughter has a cough and sore throat chronically from allergies, and she is on Pen VK for high strep. Her strep is not contagious. Because of Down Syndrome, lower muscle tone, and food issues, she has diarrhea at times. These are all some of the signs or symptoms of COVID. Per NYS DOH, they would have to send her home if she shows ONE of these symptoms. How do we ensure they do not mistake COVID from her normal?

A: You may need a letter from your pediatrician that says what symptoms are typical for your child and what symptoms would be concerning.

Q: Our school district refuses to do temp checks. Is that something that is important in your eyes for a school to be doing? They expect families to do it at home.

A: It depends on the School District. Some are doing temperatures; some are having parents check temps at home versus in the direct school setting. Some have parents do it right before they get on the bus, some have the school bus drivers taking temps, parents taking the temp right outside the bus before the student boards, some have staff taking the temps right inside the school as students enter the building, etc. Logistically, having a whole bunch of kids stand in a line to do a temperature check on 20 kids increases congregation, so it is understandable why they may want to avoid it. If there's a kid that's coughing in the classroom, they're still going to send that kid down to the nurse to get a temp check and, if that temperature is high, they're still going to send that kid home.

Parents are going to make the decision that works for their family on sending children to school in person. There are going to be some days that you're not happy with that decision, and others when your child may come home and say, "so and so took off their masks and threw it at me." It's not going to be perfect. One of the take-homes is that we have to assume that all the other families are doing the best that they can for their kids. The teachers are doing the best thing that they can for the kids and themselves. And the school districts have our kids' best interest in mind. If we come at this from a place of acceptance and know that it's not going to be perfect, that will help. There are going to be rotten days, but that's life in COVID world.

Q: Under what circumstances would you suggest a child not return to school?

A: This is a family-pediatrician decision that will need to be based on health risk for the child and family, and educational need. For instance, is the parent undergoing chemo? If the parents are undergoing chemo and is at very high risk, maybe that child is not sent to school. Is the child in and out of the hospital every month and they see six different specialists? They are incredibly medically complex, then

maybe that child is not sent to school. The majority of kids could go safely. It's the select few kids who are really medically complex or whose families are really at very high-risk that really shouldn't go.

Q: How do you feel about band and PE if social distancing is observed? My child has autism and will observe rules and wear a mask when needed.

A: The [CDC does have some guidance](#) on this. Students who are not playing an instrument are required to wear their masks, but while students are playing instruments you need to keep them at least six feet apart. If it's safe and weather permits, schools should consider moving the class outdoors where air circulation is better than indoors and maintain at least 6 feet distance between the students. The CDC strongly suggests being outside. Social stories are so important, we can't push them enough for families. They can start using those stories as cues for kids that might have some sensory issues. Having the child be a part of the decision-making for the mask is important. A lot of the kids in the very small, self-contained classes that are autism specific will have a lot of kids that are not wearing masks for most of the day. Having a mask on when you're in the hallway, when you're coming in and out of the building, when you're changing classes, all those times are important to be masked. But if the kids are social distanced in the classroom, having the teachers work on increasing their tolerance for wearing masks is important.

Gym is a healthy activity, and if kids wear masks, there shouldn't be any reason that they can't do PE. Also, according to the CDC guidelines cloth-based face coverings may be considered during those times. So, they might be able to have those gym classes where they can be more than six feet apart and outside and away from each other. Hopefully with masking in place, kids with ADHD and anxiety can have those movement breaks that they need. One of the greatest things that might be beneficial in the 504 plans are mask breaks when going into the classroom. If we know that there's certain timelines and timers, this might be helpful for parents to start at home right now practicing before they get into the academic environment.

Q: If your child does not tolerate a mask or face shield for sensory issues, are you suggesting doctors notes or are the children covered by the ADA?

A: If your child is not able to tolerate a mask at the beginning of the year, a doctor's note may be needed indicating that they are working on mask wearing but it is not tolerated all the time yet. We do not recommend blanket letters that exempt the child from wearing a mask altogether. We would rather the school and family work with the child to increase mask compliance as that is the safest long term option and with support almost all children should be able to wear masks safely.

Q: How do we find a mask to fit a child with down syndrome facial features? Are there any sites that have supplies? Her tiny ears have hearing aids and glasses behind them already.

A: There are plenty of sites that I've seen out there. It might be a little tricky again with facial features. You might need to tighten around the back of the head as well. So, when you're tying over the face and the back top of the head and behind the neck versus over the ears. So, you might have to try different styles. I'm sure there's some areas that could be beneficial too for other families. One of the websites that have the Golisano one that we are going to post with the face mask PDF will be a strong resource

for families to look at as well for when you're looking for certain facial features.

<https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/strong-center-developmental-disabilities/documents/Mask-Wearing-Toolkit.pdf?fbclid=IwAR0tluBK6iTbA830O4ZOFDLkwpgk6IXEgW2rly8AKYJdKlk1BI4rLTfHp14>

We also like the flat masks with trifolds because the masks that have the molded stuff around the face, almost without fail, kids noses as fall out of them. All sorts of kids noses. I've also seen some kids who have slightly dysmorphic ears, smaller than typical ears, and having hooks around the back of the head rather than relying on the ears for masking is a good idea. There are little attachments that you can put on the back of the heads for a fabric pleated mask. Another idea is to cut a little bit in the side and stick the wire from bread bags into the nose for a nose piece which helps just a little bit. Another challenge with masks is the wearing glasses and a mask, the glasses tend to fog up. You could look into buying spray to put on the lenses to help to keep them from fogging. Whether you have fabric or paper masks, make sure that you have a few alternatives to go throughout the day. When we're talking about what type of masks to wear, avoid the masks that have the valves on the side because they don't protect people around you because it just allows germ filled breath to go out the valve of the mask.

Q: Do you have the direct links to social stories for parents?

A: This is a good website for social stories and the virus as well as other resources:

<https://familiestogetherinc.org/coronavirus-covid-19/#kids>

Q: My son drools so the paper masks get wet and tear easily.

A: Send a few masks to school to interchange during the day. And they make masks for exercise that are made of a water wicking fabric as well.

Q: We have not yet been able to find a face mask that is tolerable, but we did find a face shield should we be requesting a letter to request the shield be wore instead of a mask as much as possible.

A: That's great that you've been able to find something that your child can tolerate. We recommend use of face shield and mask, however, use of face shield while building up tolerance to the mask is better than no face covering at all. And prioritize using the face mask when social distancing is not possible. We know that there are going to be some kids that mask wearing is just not possible overall. And this might be one of those case-by-case situations. Those are the kind of conversations you can have with the school and with pediatricians to see if there might be ways to have the face shield used in those areas if you know there's good social distancing, you know that they are going to be limited exposures or the smaller classroom settings. Those are certain situations that the school might need to address based on the classroom setting with the families because that then allows someone with an open airway and nose to possibly be in an environment where other parents might not be comfortable with it. So again, it's something that can be addressed with the school. Some providers might say face shields can work, but it again comes down family dynamics of if we can go to school, if we're going to have childcare, etc. Make sure that you have that ability to work on face shields versus face masks discussions.

Q: What about a child with asthma that requires a daily nebulizer and a mother with Lupus? She's regressed a lot. She has autism but is inappropriately over social. Needs toileting help.

A: It is a hard decision, and you'd have to look at the child's developmental needs. Are the child's developmental needs able to be met virtually or does that child also have nonverbal autism and is not going to engage in any virtual learning? Those are the types of balances that you have to make and conversations with Mom's doctor and the kid's pediatrician. You can also reach out to the special ed teacher that you've worked with before, or another school person, and talk to them about what thoughts they have. Are there ways to make virtual learning more accessible for her? Are there ways to keep her safer in the school setting? I think for your situation it's going to be a decision that you make with everybody involved and re-evaluate as time goes.

Q: How do I present or request for my daughter who has significant learning disabilities that has been in a co-teaching classroom to be able to attend a minimum four days a week? Our school has established two days of school and three days of virtual at home. She has significant regression with her reading math and logic skills. Our district is allowing students of the special education population, who are in a 12 to 1 classroom to attend four days a week. My daughter needs the instruction time as well as her services required through her IEP and it won't happen two days a week.

A: This is where that creative planning comes into play. The child is probably in an integrated class or a co-teach class because their needs are not significant enough to be in a self-contained smaller special education class. Her social needs may be very different than the other kids in their class, and there might not be a good cohort of kids in a 12:1:2 to class or 12:1:1 class to meet those needs. The infrastructure for that child to be in the classroom for four days a week might not be possible. So, having the two days in person and then having more specific instruction by video with one-on-one with her special education teacher or more creative thoughts for how we can meet those needs. For some school districts having the kids go more days a week might be possible, but for a lot of school districts, they're not set up to have the infrastructure to change on a kid by kid basis.

Q: What is expected for social distancing for busing, classrooms, mealtimes, mealtime help and potty training.

A: We had talked before about how we might need to come up with creative solutions. The recommendation is to wear masks when you're not able to be within six feet of people and even if you are within six feet. But, if somebody needs one-on-one assistance for feeding, the caregiver should wear a mask if they really want to be protected. Maybe they want to wear an N95 because that would be the highest level of protection, just during mealtimes when the child has the mask off, especially for a child who you're feeding and might be at a higher risk for aspiration. The child might cough and that would put that caregiver at higher risk. Busing – there are very detailed rules about how many kids are allowed to be on a bus, who sits where, etc. We know that families can sit together on the bus. The school district has very strict details on these busing requirements.

Mealtime help and potty training are times that you're going to break social distancing. You have to be able to provide the care for the kids that they need and that's something that the school caregivers are just going to have to deal with; that is part of them bringing the kids back to school. And where we know the appropriate PPE is in place by the school caregivers, gowns, masks and shields are used, then you

can feel that to the best of their capabilities the caregivers and children are protected. Parents understand where those situations would be possible because they know that those gowns can be disposed of, masks can be cleaned, and the face masks can clearly be cleaned.

Q: What about kids with autism and masking?

A: We see all sorts of kids here. All of us see kids with significant autism and with significant sensory issues who wear masks, who keep them on for their entire visits with us, and these are long appointments. I think that it's the family and the school district's responsibility to help desensitize that kid to wearing a mask. Like any other challenge for a child with autism, it's not going to happen overnight. Try to have the child wear the mask watching a video, and work on increasing the time they wear the mask at home. You are going to send the child into school with a mask; you're going to have the teachers work on mask wearing; and have the teachers work on the social stories. Having a letter saying that the child doesn't need to wear a mask puts that child at risk and it also puts the other kids in the classroom at risk. I would prefer not to do letters if at all possible. I think that it's up to the medical providers, the school district, and the families to come up with ways to get that kid to wear a mask.

Here are some consideration and ideas to help your child with the transition back to school.

- Mental health issues can crop up or become more serious. Please look for these issues and get help early if they are developing.
- If possible, request a visit to school before it officially reopens and meet their teacher if possible.
- Explain and demonstrate social distancing rules.
- Explain new rules for lunches.
- School transportation may be different with different routes, buses, times, and different children.
- Let the school staff if your child is experiencing a lot of stress over return to school.
- Classes may be split into smaller groups and there may be limited contact with friends. This needs to be explained to your child.

Additional resources:

- What about Individuals who have difficulties with masks?
- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/cloth-face-cover.html>
- Social Story link: https://www.youtube.com/watch?v=lnP-uMn6g_U
- Mask Wearing Toolkit:
 - <https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/strong-center-developmental-disabilities/documents/Mask-Wearing-Toolkit.pdf?fbclid=IwAR0tluBK6iTbA83004ZOFDLkwpkg6IXEgW2rly8AKYJdKik1BI4rLTfHp14>
- Here is some general guidance on return to school:
<https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Return-to-School-During-COVID-19.aspx>

- American Academy of Pediatrics Guidance for School Re-Entry:
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>
- Here is a tool for families to use to help with the decision to return to school for a child with special needs. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/decision-tool.html>
- New York State Education Department School Reopening Guidance
<http://www.nysed.gov/common/nysed/files/programs/reopening-schools/nys-p12-school-reopening-guidance.pdf> (special education begins on page 112)
- This is a good website for social stories and the virus as well as other resources:
<https://famielstogetherinc.org/coronavirus-covid-19/#kids>
- A couple of links I have are the social distancing social story -
https://drive.google.com/file/d/1UJjFP1g32zi75gFnANganNVjKq622ye6/view?fbclid=IwAR2_oQRjEGmiLH8xRkC0JXDj_RaVg9FFvtextOwKwul_qSJ2KEkev9ff_kE
- And, the Golisano “Helping your child wear a mask during COVID-19” PDF -
<https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/strong-center-developmental-disabilities/documents/Mask-Wearing-Toolkit.pdf?fbclid=IwAR0tluBK6iTbA830O4ZOFDLkwpgk6IXEgW2rly8AKYJdKlk1BI4rLTfHp>