

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



<https://bit.ly/2B5zcLf>

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

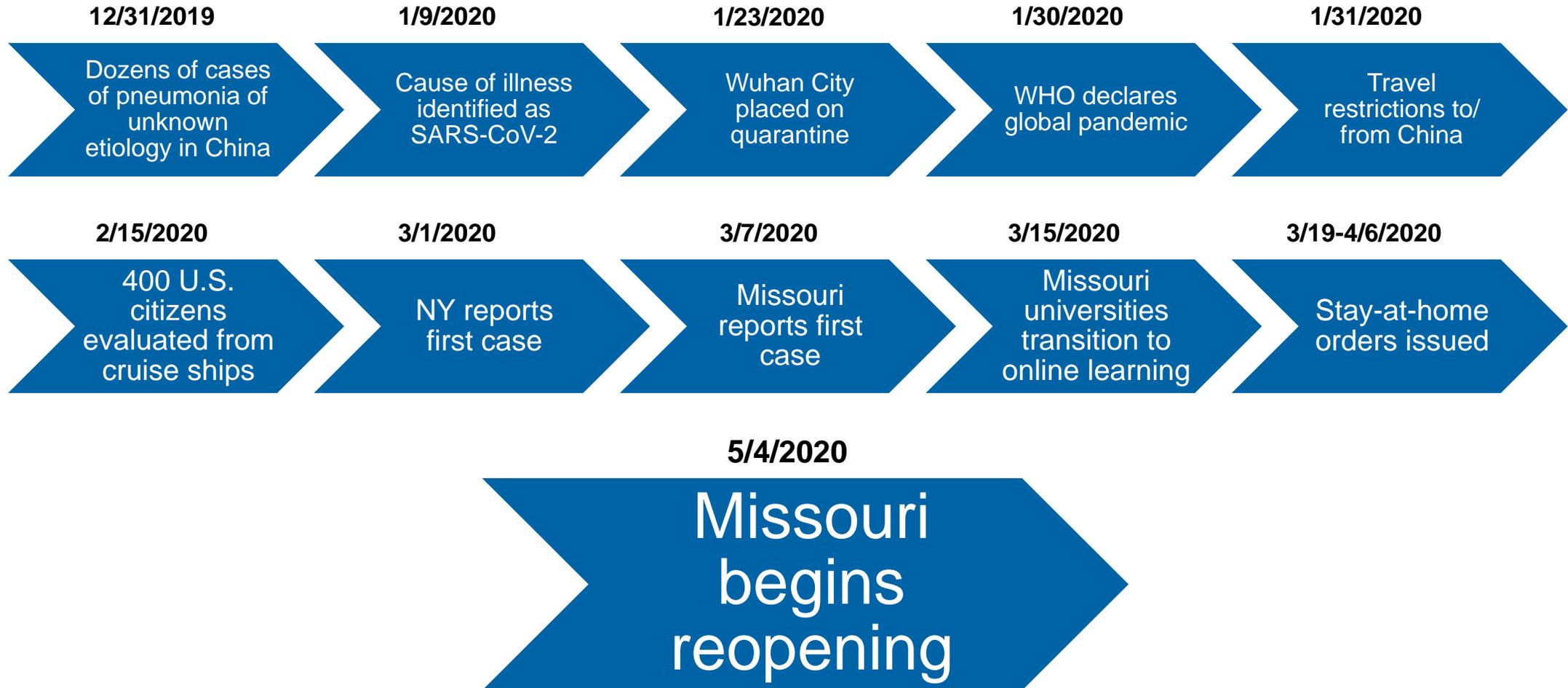
- CoV: Coronavirus
- SARS: Severe Acute Respiratory Syndrome
- SARS-CoV-2: The virus causing COVID-19
- COVID-19 (coronavirus disease 2019): The disease caused by SARS-CoV-2
- MIS-C: Multisystem Inflammatory Syndrome in Children

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



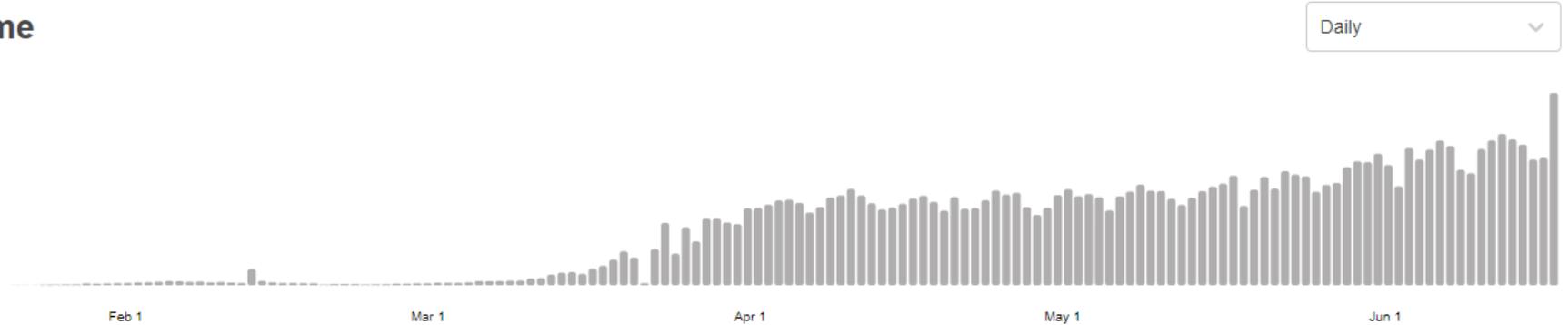
Globally, as of 3:18pm CEST, 19 June 2020, there have been **8,385,440 confirmed cases** of COVID-19, including **450,686 deaths**, reported to WHO.

Confirmed Cases Over Time

8,385,440

confirmed cases

Source: World Health Organization

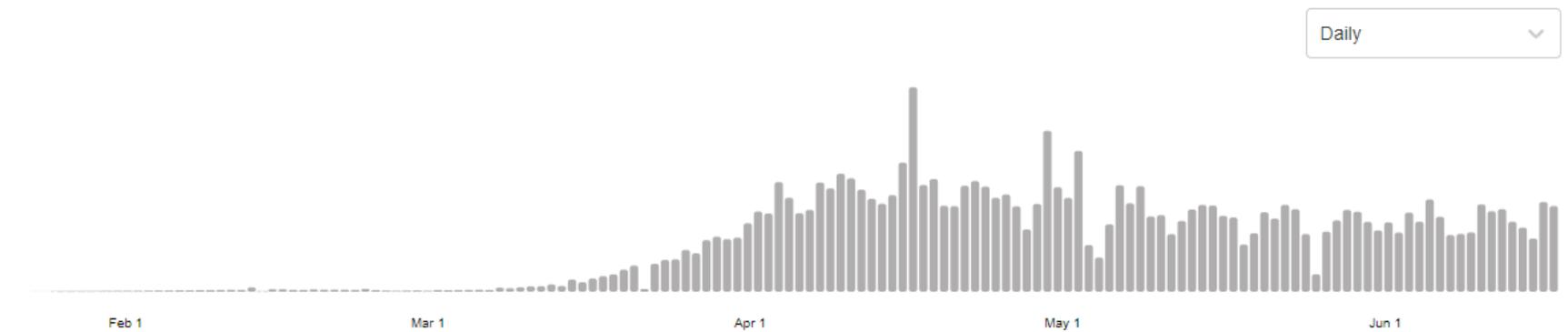


Deaths Over Time

450,686

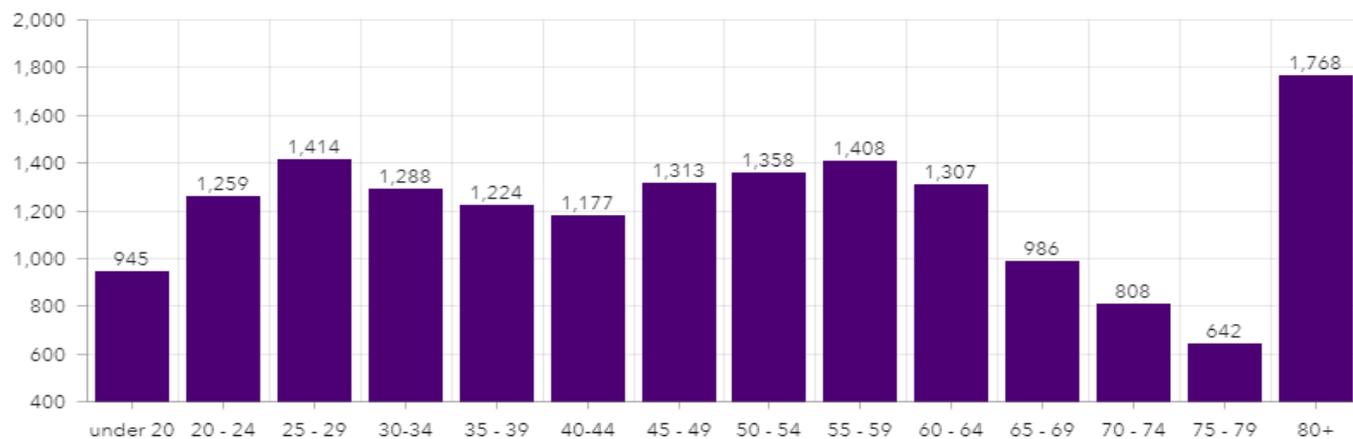
deaths

Source: World Health Organization



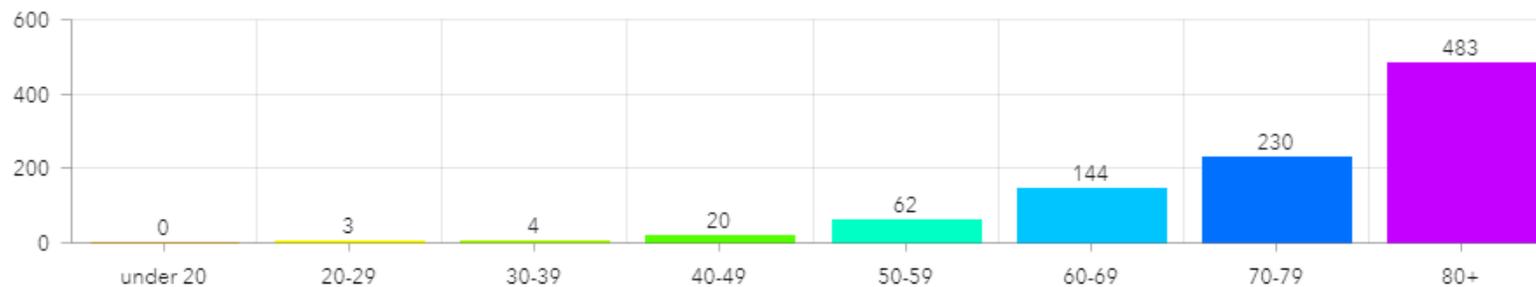
Children and COVID-19

Missouri Covid-19 Cases By Age



COVID-19 cases in MO persons <20 yrs: 5.6%
Number of persons <20 years in MO: ≈25%

Deaths by Age Range



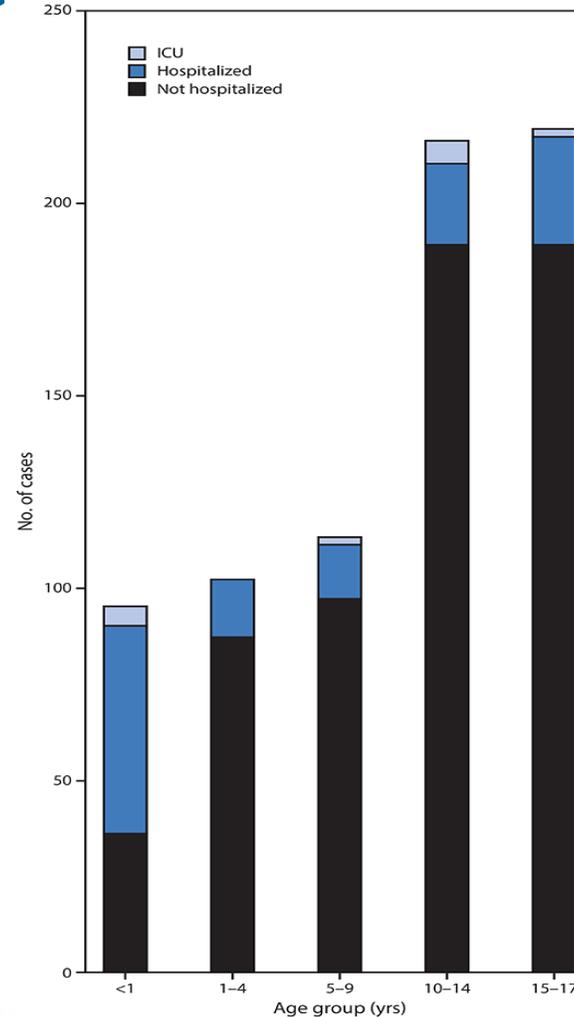
Pediatric COVID-19 is less severe than adults

- 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. Signs and symptoms among 291 pediatric (age <18 years) and 10,944 adult (age 18–64 years) patients* with laboratory-confirmed COVID-19 — United States, February 12–April 2, 2020

Sign/Symptom	No. (%) with sign/symptom	
	Pediatric	Adult
Fever, cough, or shortness of breath [†]	213 (73)	10,167 (93)
Fever [‡]	163 (56)	7,794 (71)
Cough	158 (54)	8,775 (80)
Shortness of breath	39 (13)	4,674 (43)
Myalgia	66 (23)	6,713 (61)
Runny nose [¶]	21 (7.2)	757 (6.9)
Sore throat	71 (24)	3,795 (35)
Headache	81 (28)	6,335 (58)
Nausea/Vomiting	31 (11)	1,746 (16)
Abdominal pain [¶]	17 (5.8)	1,329 (12)
Diarrhea	37 (13)	3,353 (31)



Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. MMWR Morb Mortal Wkly Rep 2020;69:422–426.

Prospective surveillance of symptomatic children demonstrated low COVID-19 rates

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

Multisystem Inflammatory Syndrome in Children (MIS-C)

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

- An individual aged <21 years presenting with feverⁱ, laboratory evidence of inflammationⁱⁱ, 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

ⁱFever $\geq 38.0^{\circ}\text{C}$ for ≥ 24 hours, or report of subjective fever lasting ≥ 24 hours

ⁱⁱIncluding, 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

	Aerosols	Plastic	Stainless steel	Copper	Cardboard
Time (hours)	3	72	72	4	24

- 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!

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

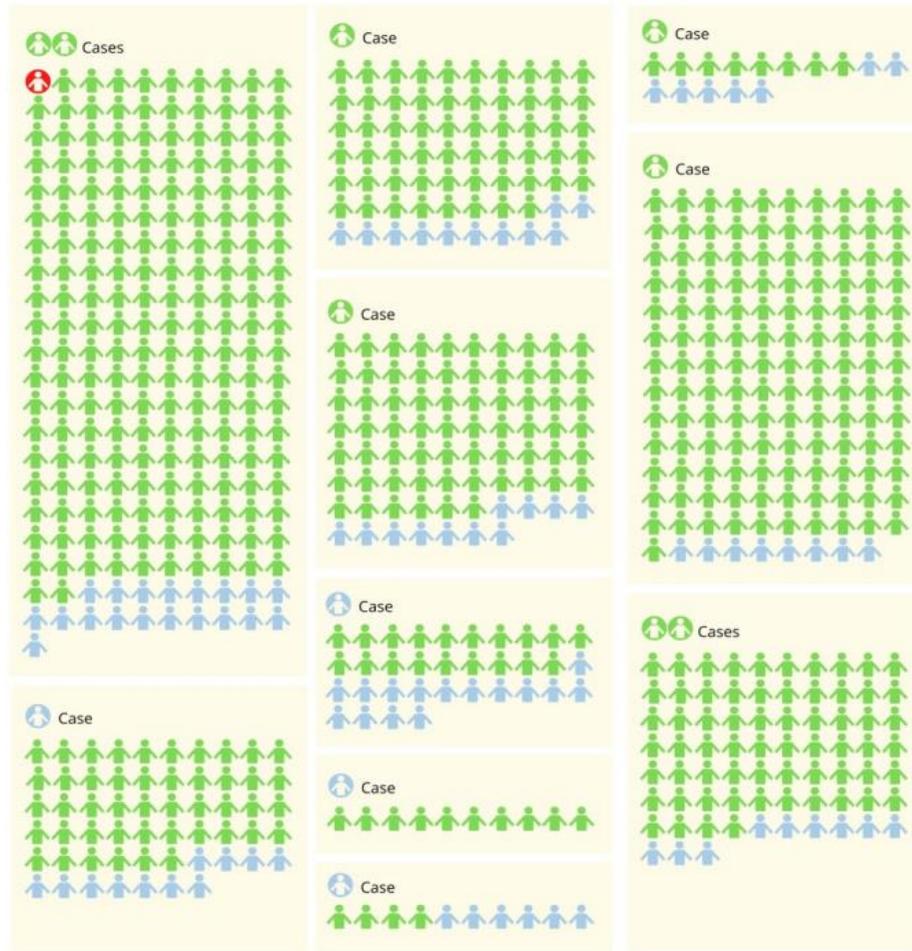
- 9 adults and 9 children with COVID-19 in an Australian school system
 - 0/128 teacher/staff close contacts infected
 - 2/735 children close contacts infected
 - Secondary attack rate: 0.3%

Transmission among children

Cases
 Staff case (blue person icon)
 Student case (green person icon)

Close contacts
 Staff close contact (blue person icon with red outline)
 Student close contact (green person icon with red outline)

Secondary cases
 Secondary student case (red person icon with red outline)



Cases
 Staff case (blue person icon)
 Student case (green person icon)

Close contacts
 Staff close contact (blue person icon with red outline)
 Student close contact (green person icon with red outline)

Secondary cases
 Secondary student case (red person icon with red outline)



Unintended consequences of school closures

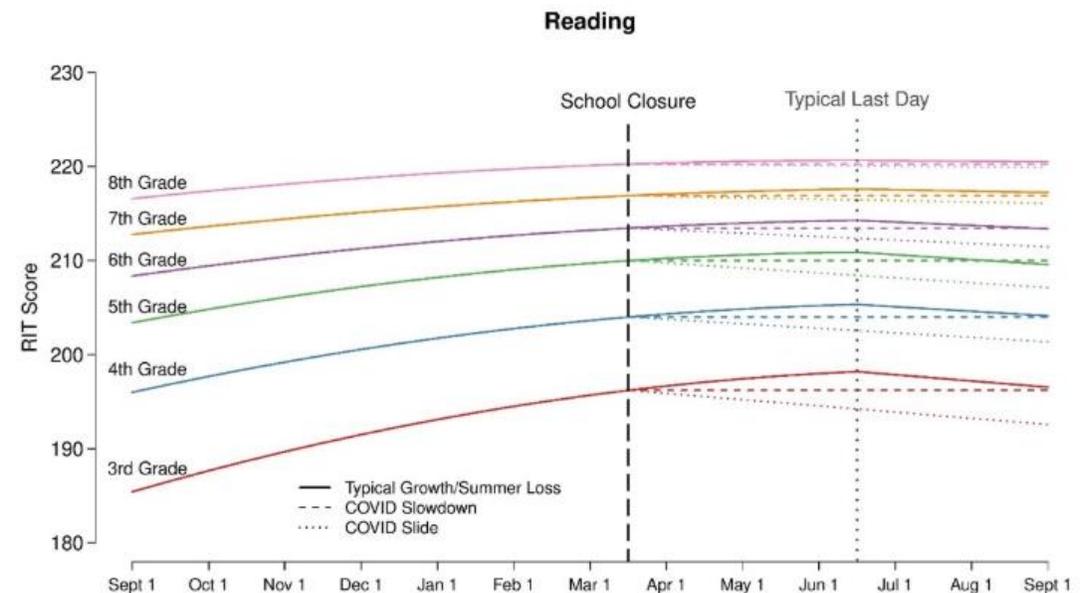
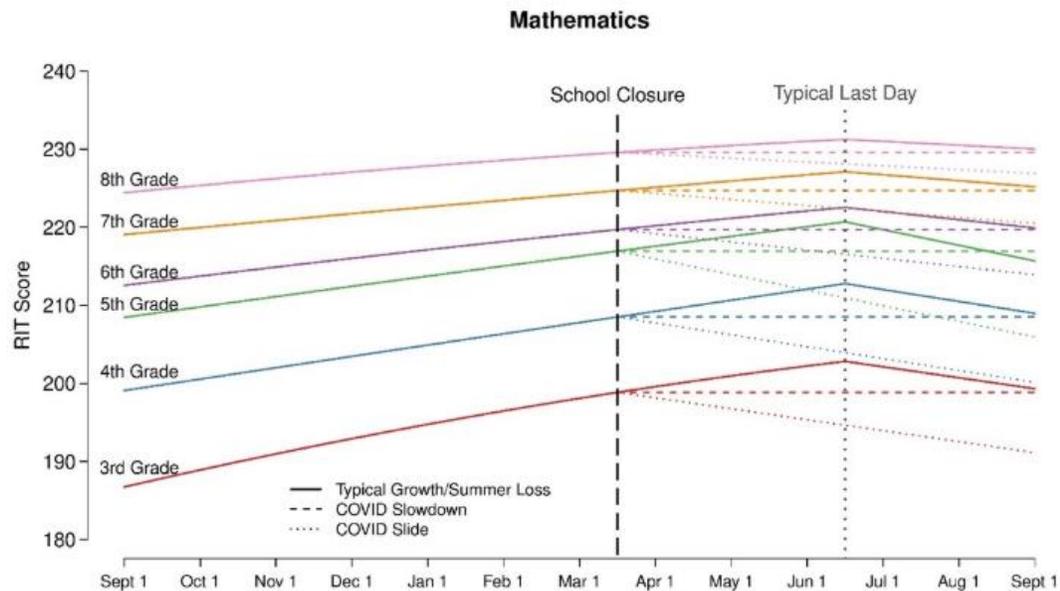
Impact of school closures

- 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

May 18, 2020 4.08am EDT



Non-education effects of school closures

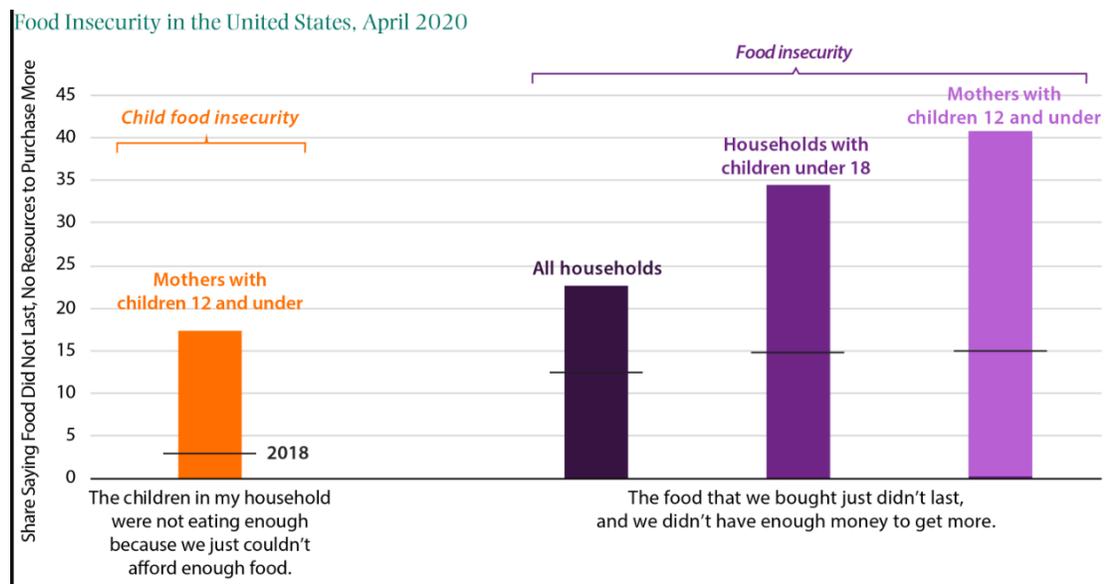


Table 2. Results of the Questionnaire Survey.[†]

Variable	Baseline	Lockdown	Δ	95% CI	t	p-value
Vegetable intake*	1.34±0.74	1.27±0.69	-0.07±0.60	-0.26/0.12	-0.78	0.438
Fruit intake*	1.16±0.74	1.39±0.70	0.23±0.75	-0.01/0.47	1.98	0.055
Potato chips*	0.07±0.24	0.61±0.83	0.54±0.86	0.26/0.81	3.99	<0.001
Sugary drinks (#/day)	0.40±0.90	0.90±1.16	0.50±1.08	0.16/0.84	2.97	0.005
Screen time (hrs/day)	2.76±1.64	7.61±2.13	4.85±2.40	4.10/5.61	12.94	<0.001
Sports (hrs/week)	3.60±4.25	1.29±1.44	-2.30±4.60	-3.76/-0.85	-3.21	0.003

Closed Schools Are Creating More Trauma For Students

Child trauma is one of many unseen harms from shutting down America's 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 1. Presentation and Demographic Characteristics of 48 Children Treated in Pediatric Intensive Care Units for Coronavirus Disease 2019 (COVID-19)

Characteristic	No. (%)
Age, median (IQR), y	13 (4.2-16.6)
Age group, y	
<1	8 (17)
1-5	6 (13)
6-10	7 (15)
11-21	27 (56)
Comorbidities	
None	8 (17)
Medically complex ^a	19 (40)
Immune suppression/malignancy	11 (23)
Obesity	7 (15)
Diabetes	4 (8)
Seizures	3 (6)
Congenital heart disease	3 (6)
Sickle cell disease	2 (4)
Chronic lung disease	2 (4)
Other congenital malformations	2 (4)

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?

ANY NO



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

ALL YES

ANY NO



ALL YES

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 if students or employees get sick
- ✓ Regularly communicate and monitor developments with local authorities, employees, 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

ALL YES

ANY NO

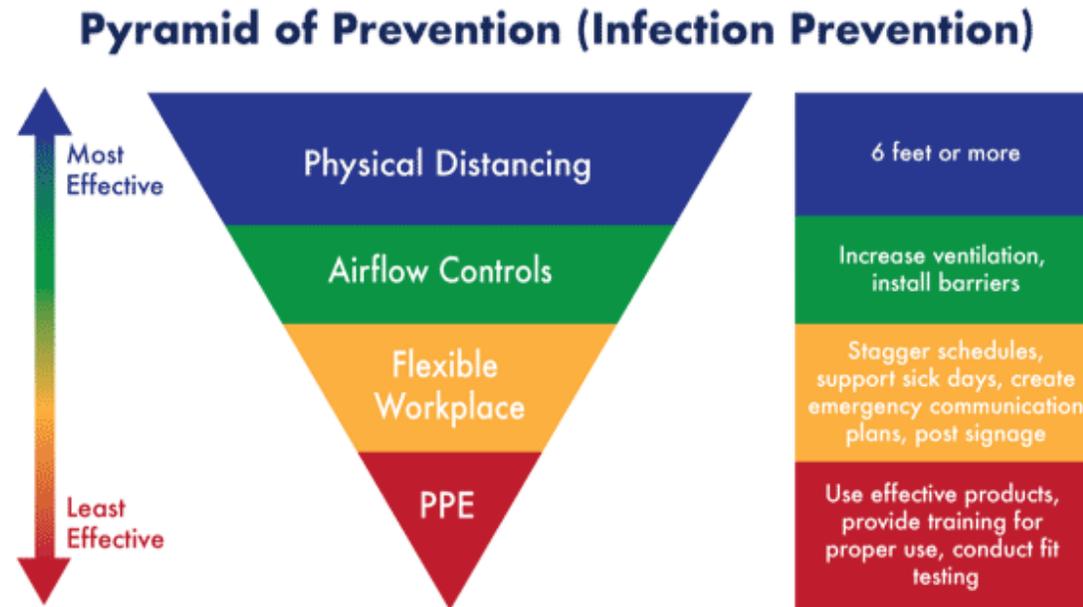


cdc.gov/coronavirus

Prevent Infection (safety actions)	Contain (monitor and prepare)	Respond (closings)
Screening	Know who is ill	Close when needed
Ill children/staff stay home	Ill children/staff stay home	Children requiring isolation can continue online learning
Hand hygiene	Contact tracing	
Social distancing	Determine when children can return	
Masking		
Cohorting		
Restrict visitors		

Prevention is key

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

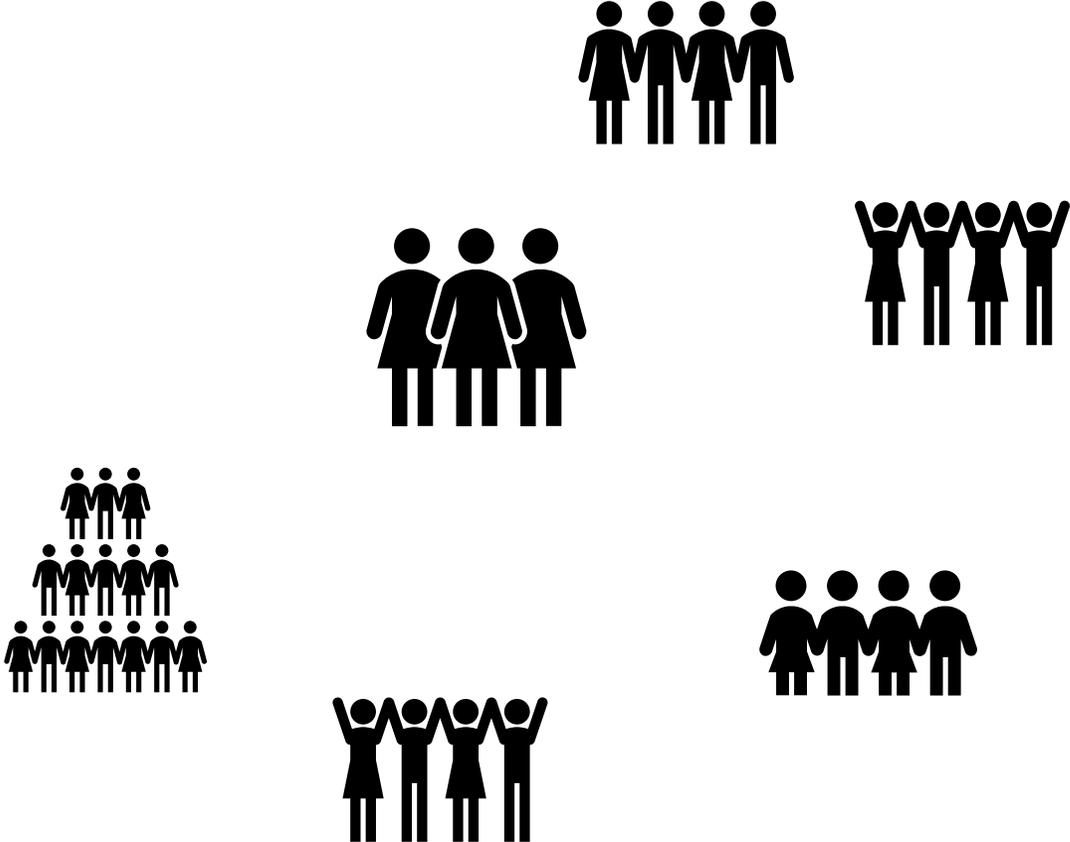


Prevention strategies
Masking
Handwashing
Screening
Stay at home when sick
Changes in ventilation
Clean high touch surfaces

The Pyramid of Prevention was created by Kelly Reynolds and researchers in the *Environment, Exposure Science and Risk Assessment Center (ESRAC)* at the University of Arizona. Graphic by Rachel Larson, MEZCOPH public health student.

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

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



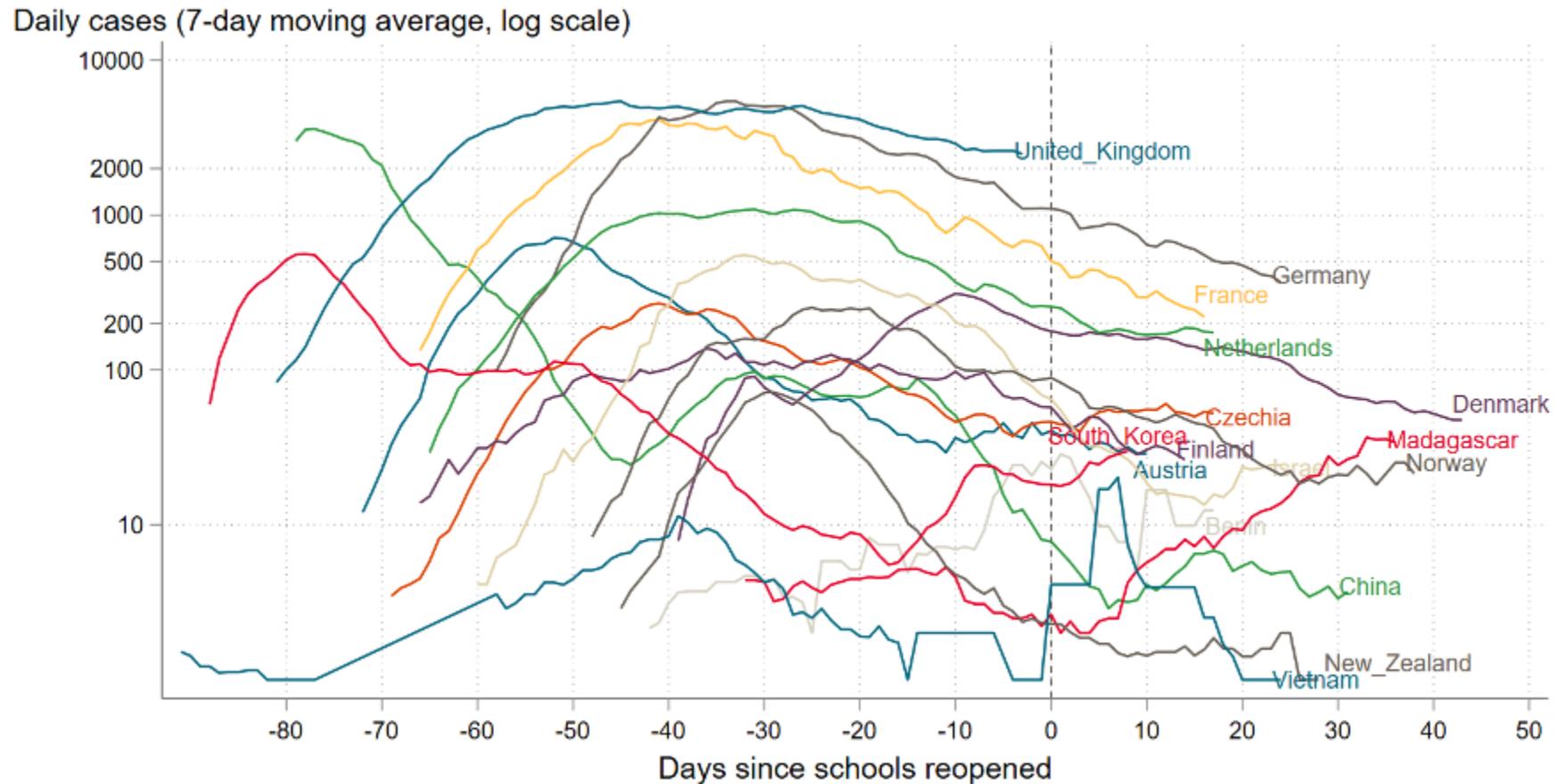
Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.

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

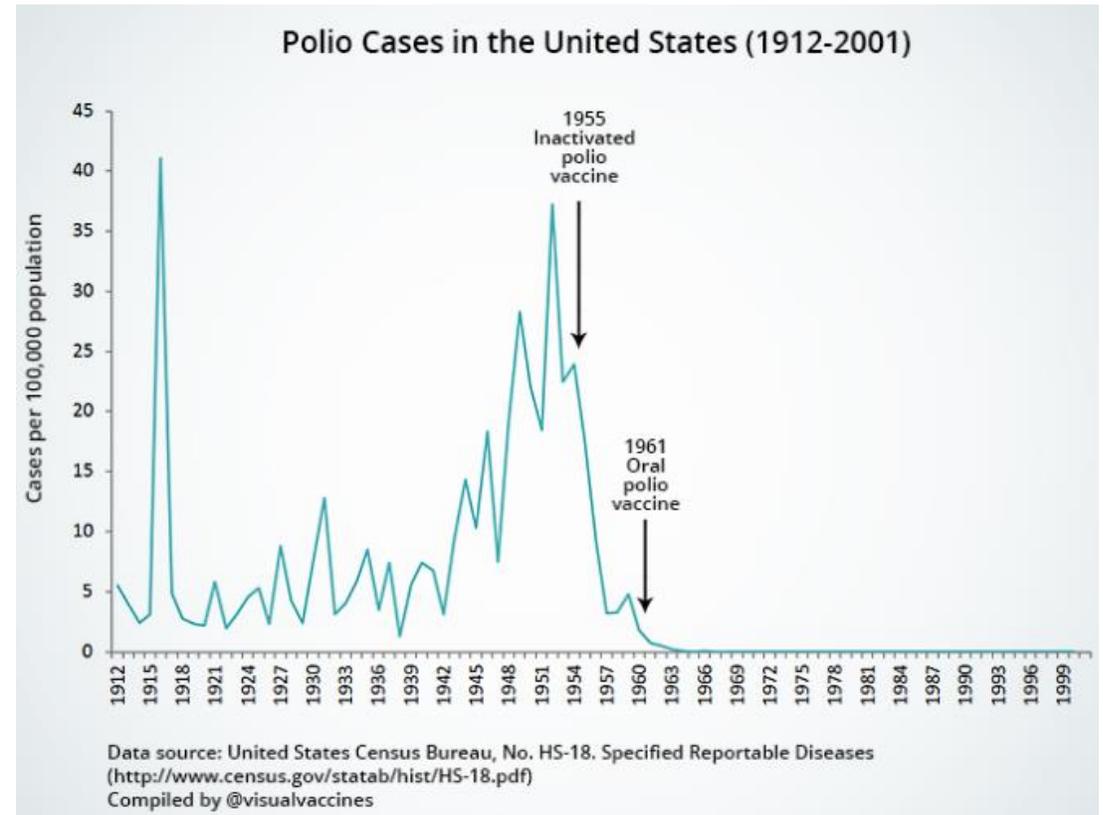
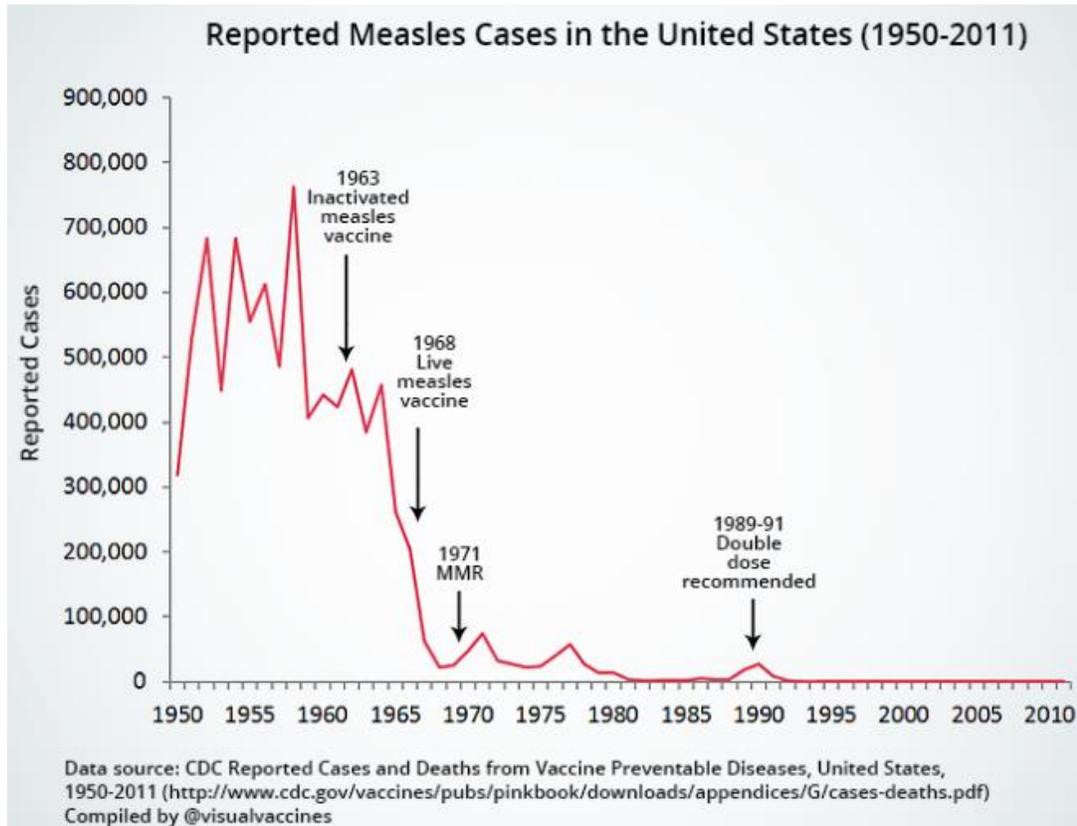
For Anyone Who Has Been Around a Person with COVID-19

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



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

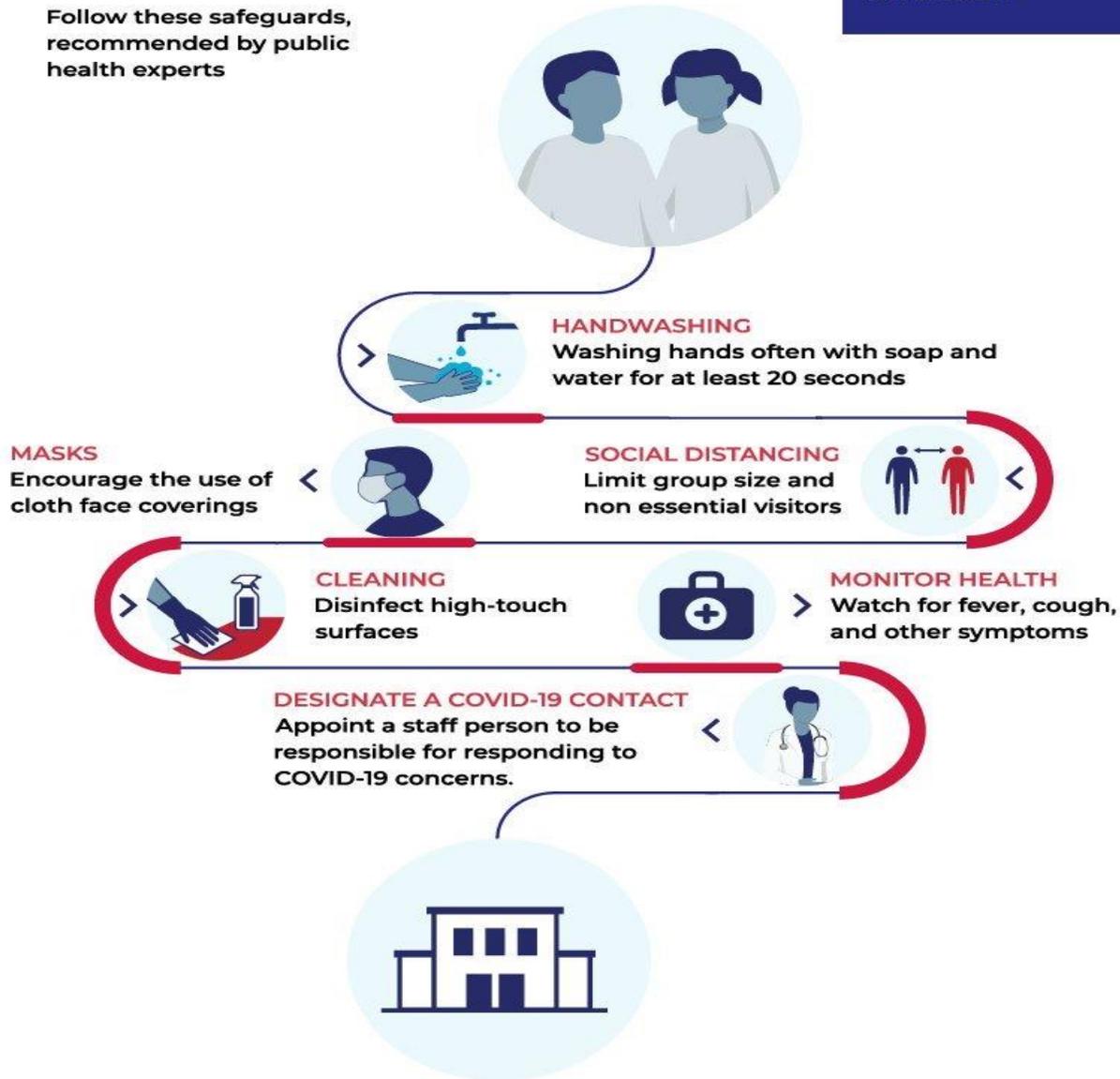
- Informed
- Transparent
- Collaborative
 - Staff
 - Community
 - Parents and students
 - Health departments
 - Health providers
- Flexible



How to Protect Students and Staff

Follow these safeguards, recommended by public health experts

CDC
RECOMMENDED
STRATEGY



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
 - No
- 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.

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



North Carolina Example

Returning to School

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.

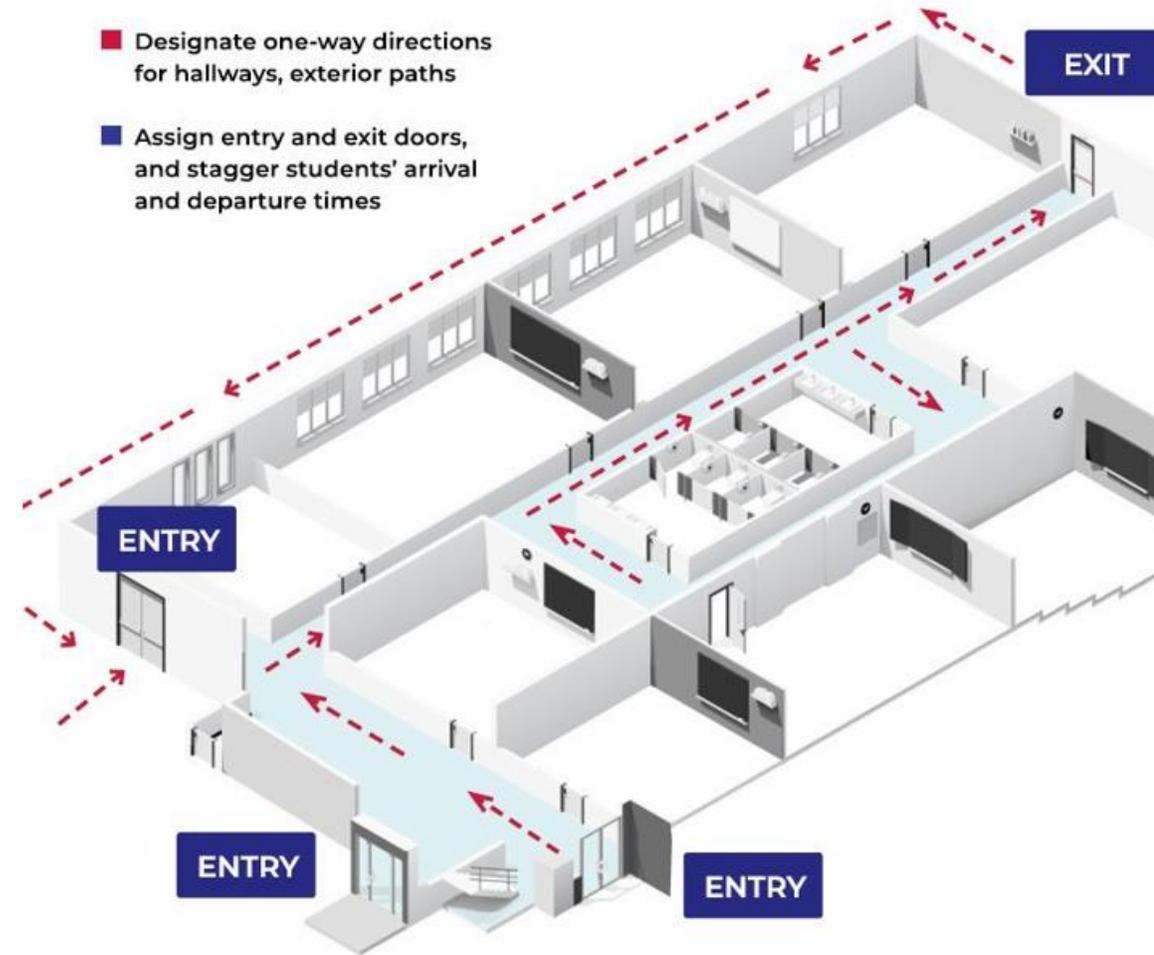
If a person has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if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

Social Distancing



Minimizing Congestion

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



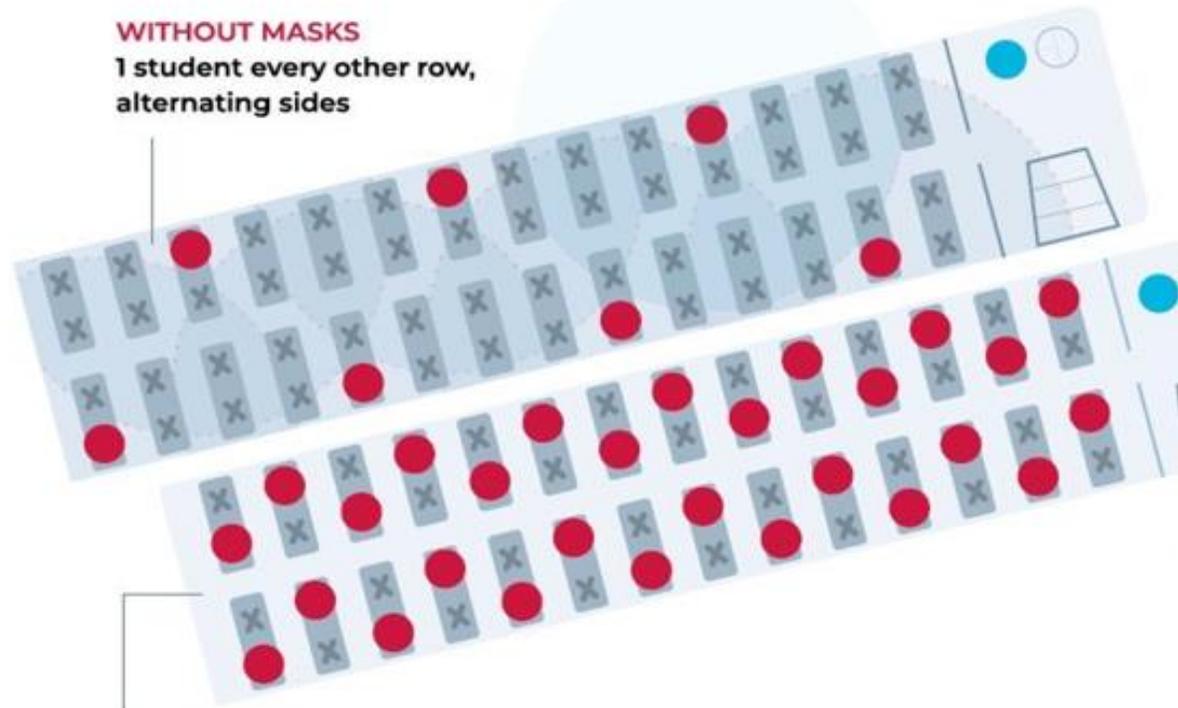
SOURCE: National Council on School Facilities and Cooperative Strategies
Image: iStock/Getty

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

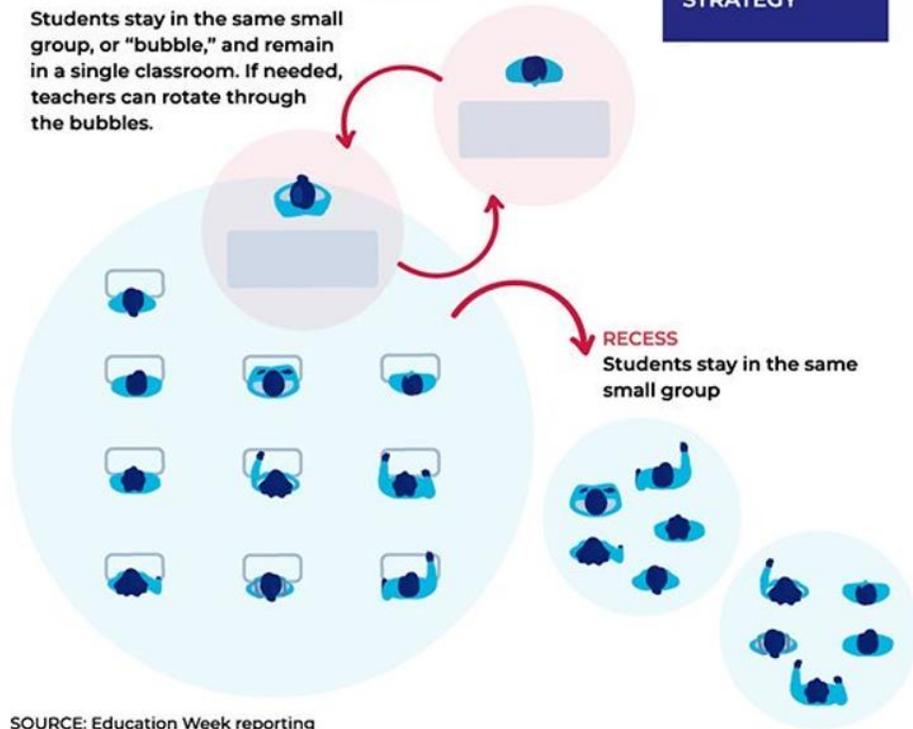


Learn, Eat, and Play Together

Limiting Exposure and Transmission

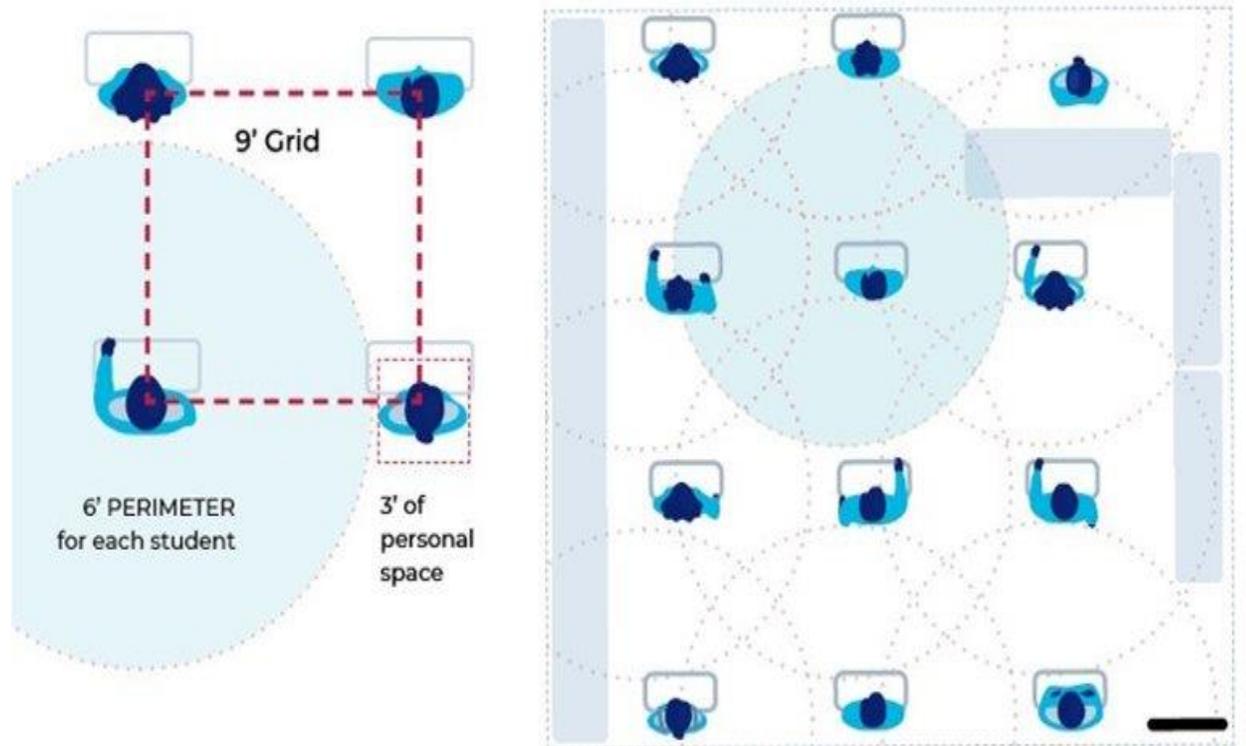
Students stay in the same small group, or "bubble," and remain in a single classroom. If needed, teachers can rotate through the bubbles.

CDC's
RECOMMENDED
STRATEGY



SOURCE: Education Week reporting

Arranging Instructional Spaces



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

“Students will be fidgeting with their masks all day.”

“The idea of having to wear a mask all day will surely increase my anxiety.”

“Where do the masks go during lunch.”



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)

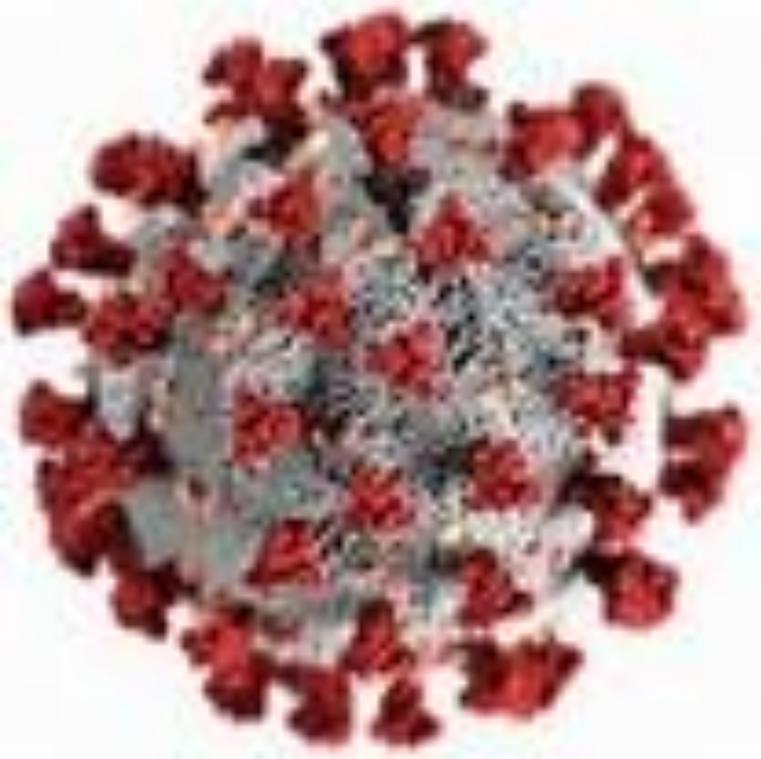
Sufficient and usable outdoor common-use and recreational space

Sufficient and usable indoor common-use and recreational space

Access to natural light

Flexible educational space

COVID-19 Creates Uncertainty for Schools



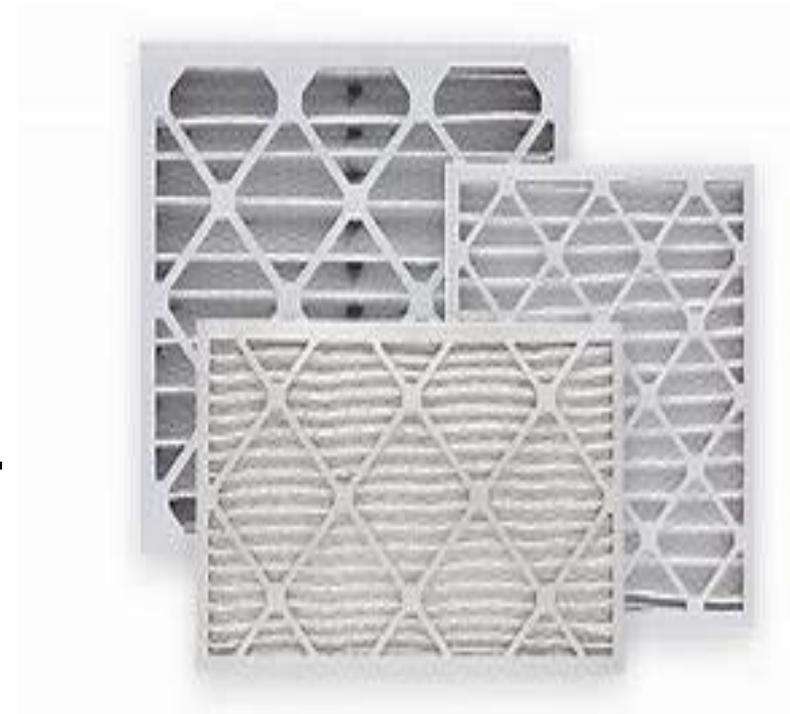
- Re-opening normally
 - Having a plan in place to address COVID-19 issues and concerns
 - Performing additional cleaning and disinfecting
 - Changes in ventilation
- *** Ultimate goal is to provide safe and healthy learning environments for both students and staff.*

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

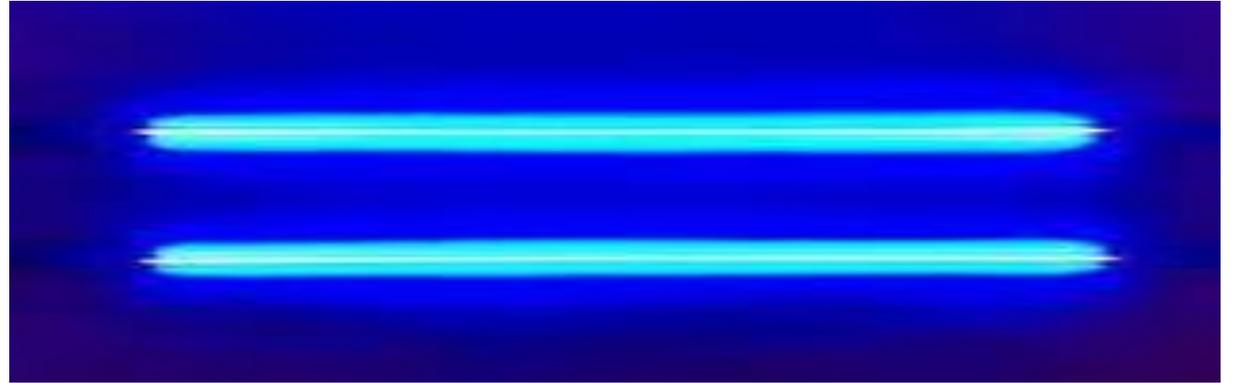
HVAC / Ventilation

- 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



The official health care provider
of Sporting Kansas City



LOVE WILL.



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 hydration stations

Supporting Mental and Behavioral Health

Simone Moody, PhD

Clinical Psychologist, Children's Mercy

Assistant Professor of Pediatrics, UMKC SOM



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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

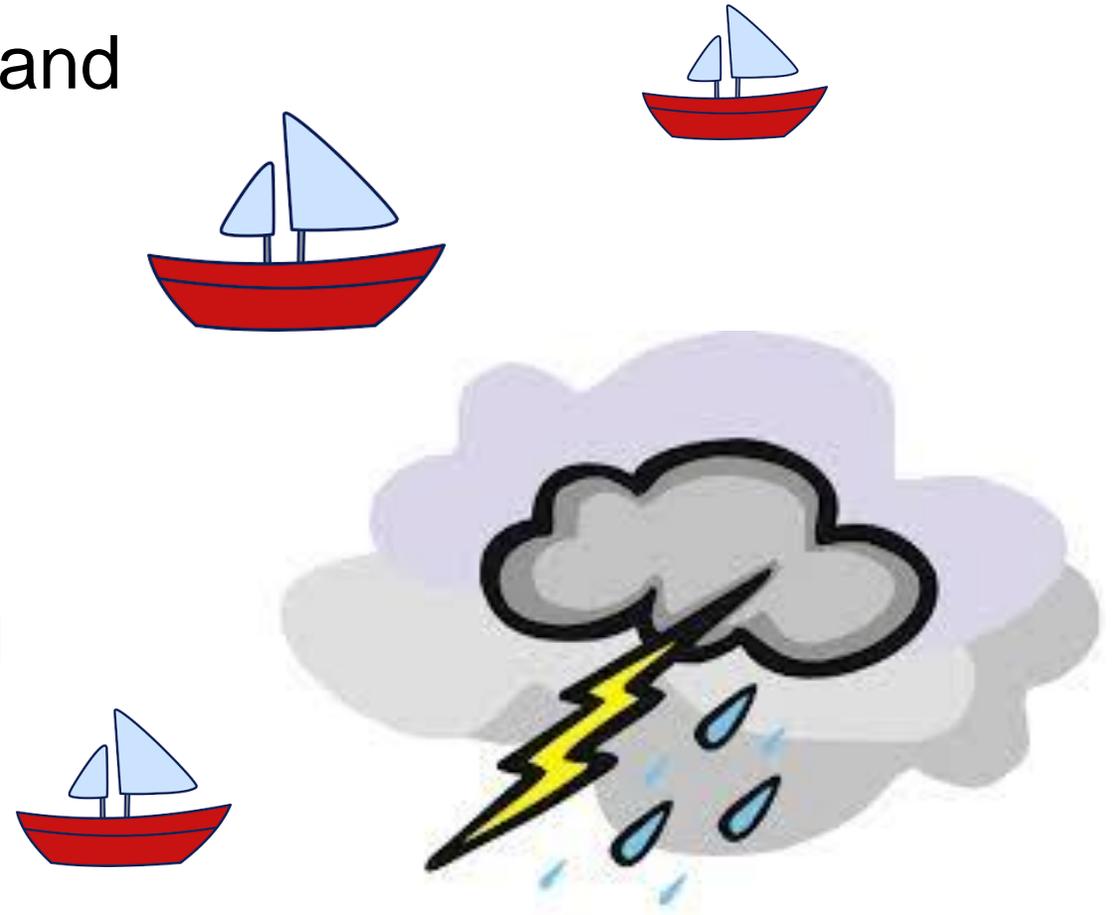
Teacher and Staff Considerations

- 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



Listen

Create procedures to ensure staff, students, and caregivers feel heard



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

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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

- CDC School Guidance (pg. 38): <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>
- 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/>
- American Academy of Pediatrics: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/>
- Environmental Protection Agency: https://www.epa.gov/iaq-schools?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=
- How to Safely Wear and Take Off Masks: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf>
- Missouri Center for Public Health Excellence: <https://www.mocphe.org/>



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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 29, 2020.

REGISTRATION:

Registration Link:
<https://bit.ly/42ndHealthConference>

SPECIAL ACCOMMODATIONS:

If you have special needs, as described by the Americans with Disabilities Act, please contact the conference coordinator at (816) 701-5297 at least two weeks in advance. All reasonable efforts will be made to accommodate your needs.

EMAIL OR CALL FOR MORE INFORMATION:

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42ND2020



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, FNP-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 <ul style="list-style-type: none"> • 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 Robeck, 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 Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



Please Complete Feedback Survey



<https://bit.ly/2B5zcLf>

Thank You!!