

Things to Consider Before Resuming Face-to-Face Practice
A Pediatrician's Perspective

Marc Lerner, M.D.



Marc Lerner, MD
University of California, Irvine

Center for Autism and
Neurodevelopmental Disorders

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Objectives:

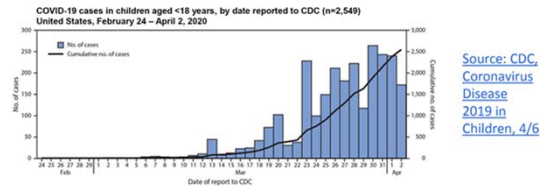
- Address the differences in risk for children during the COVID pandemic in comparison to those of adults.
- Discuss 'things to consider' before resuming in-person sessions
- Share activities and procedures that promote safety for educational therapists when beginning face-to-face student services

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Early Growth in Pediatric COVID Cases

COVID-19 Confirmed Cases by Age: United States

Highlights: Children 0-17 years represented 1.7% of all confirmed cases reported to CDC



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Children (and Educational Therapists) At Risk

- Chronic disease of the lungs, heart, liver, kidney
- Cardiac diseases
- Immunocompromised
- Severe obesity
- Diabetes
- Multisystem Inflammatory Syndrome in Children (MIS-C)

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Vulnerable Populations

- African American, Latin and Native American populations are at a disproportionate rate
 - Black patients were hospitalized at nearly three times the rate of white and Hispanic patients, according to an analysis of patient records from a large health care system in Northern California.
 - The disparity remained even after researchers took into account differences in age, sex, income and the prevalence of chronic health problems that exacerbate Covid-19, like hypertension and Type 2 diabetes.
- Many of these individuals are in industries deemed essential and may not have access to PPE, live in more crowded settings
- Longstanding inequities contribute to vulnerability

<https://www.nytimes.com/2020/05/23/health/coronavirus-black-patients.html>

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Influenza and COVID 19

- Many children and adults benefit from influenza vaccination
- In the context of the COVID-19 pandemic, fevers associated with the flu will lead to missed school and possible quarantine while families are sent for COVID testing
- Influenza can produce moderate to severe illness and vaccination can preserve scarce health care resources (PPE, hospital/ICU beds)
- Does the flu shot increase your risk of getting COVID-19? No!

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HealthCare.gov

Get Coverage Keep or Update Your Plan See Topics - Get Answers

Life changes?
See if you qualify for coverage.

You can enroll in or change plans if you have certain life changes, or qualify for Medicaid or CHIP.

SEE IF I CAN ENROLL SEE IF I CAN CHANGE


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Health Challenges

- Different normal
- Telehealth, mental health, teledentistry
- Phone / video
- Medications / medical supplies
- Working with pharmacies
- 30 days of meds at home and consider 90-day scripts
- Access to testing centers

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We can't fit a child's emotions into our container if it's already filled with our own.



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Statement by American Academy of Child and Adolescent Psychiatry and the APA

- The education of children with special needs requires additional resources to adapt instructional techniques. Vulnerable populations include children with emotional, learning and physical disabilities.
- Attention must be paid to those in foster care, poverty and for English language learners
- The mental health of students must be continually addressed because mental health is an intrinsic part of overall health and well-being. This includes the opportunity for mental health care for all educators, school staff and parents, who are teaching at home.

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When Children Are Overwhelmed:

- Reassure (you are safe, you are safe)
- Start with talking about COVID
- Anything that is human is mentionable
- Anything that is mentionable is manageable (Mr. Rogers)
- Limit media
- Routines (communicate safety)
- Regulation: (kids need to know that the caretaker will keep their mind in mind)
- Mindfulness: focus on one thing to calm the stress response
 - Headspace / headspace for kids
 - Breath2relax
 - Blowing bubbles

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Coping and Resilience

- Encourage students / staff to exercise, eat healthy and sleep well
- Reduce media exposure on COVID
- Post national distress hotline:
Call: 1-800-985-5990
or
Text: 'TalkWithUs' to 66746

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COVID Recovery: Phase 1

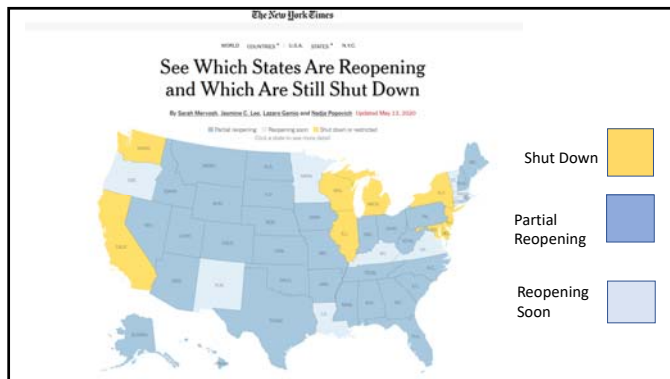
- Schooling: Restrict to children of essential workers in areas needing significant mitigation.
- SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) that are currently closed should remain closed.
- All 50 States have left Phase 1

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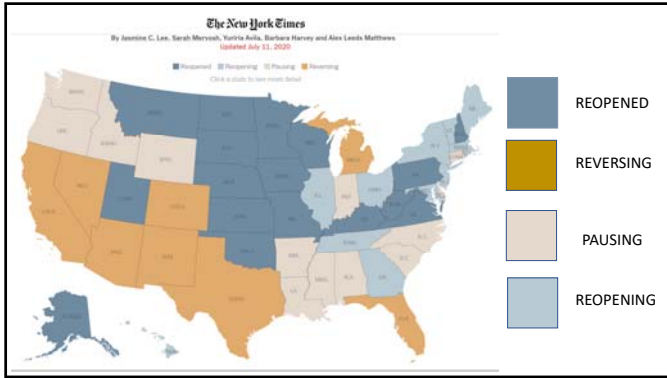
CDC Interim Guidance: Return to School

- Phase 1: Restrict to children of essential workers in areas needing significant mitigation.
- Phase 2: Expand to all children with enhanced social distancing measures. SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) can reopen
- Phase 3: Remain open for all children with social distancing measures.

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COVID-19 Planning Considerations: Guidance

Critical Updates on COVID-19 / Clinical Guidance / COVID-19 Planning Considerations: Guidance for School Re-entry

- Policies must be flexible and nimble in responding to new information
- Develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community
- No child or adolescents should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs.

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AAP Statement: Return to In-person Education in Schools

- Students across the country may have experienced educational loss due to prolonged school closures during this pandemic
 - The impacts of lost instructional time and social emotional development on children should be anticipated and schools will need to be prepared to adjust curricula and instructional practices accordingly
- Nutrition is critical; school districts must consider ways to provide meals, including in non-traditional settings
- Schools personnel should review the needs of each child with an IEP to determine the needs for compensatory education to adjust for lost instructional time and other related services
- School districts may consider limited extensions for families to submit annual paperwork required for start of school; immunization compliance must be a priority
- Students with high risk medical conditions may continue a distance learning program

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

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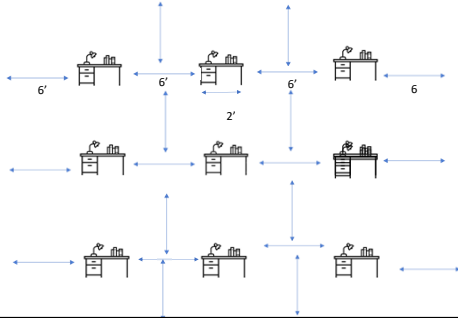
School Class Sizes

- 20 elementary school children typically need 1,029 square feet of classroom area (36 feet by 30 feet = 1080 sq feet)
- 20 secondary students require 1,344 square feet
- CA Average KG Class size: 22 students
- CA Average 3rd Grade size: 23
- CA Average 6th Grade size: 27

University of Georgia's School of Design and Planning Laboratory
Cal Ed Facts

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New Class Design?



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The New Face of Educational Therapy?

CDC Mask Use Exceptions:
Children under 2 years, people with difficulty breathing, those unable to place / remove a mask



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Evaluation of Physical Distancing, Masks and Eye Protection

- N = 172 observational studies across 16 countries and six continents (n=25697 patients)
- No randomized controlled trials
- 44 relevant comparative studies in health-care and non-health-care settings.

Findings:

- Transmission of viruses was lower with physical distancing of 1 m or more, compared with a distance of less than 1 m
- Protection was increased as distance was lengthened
- Face mask use could result in a large reduction in risk of infection
 - Stronger associations with N95 or similar respirators compared with disposable surgical masks or similar
- Eye protection (eye shield / goggles) are associated with less infection
- No intervention, even when properly used, was associated with complete protection from infection.

Other basic measures (eg, hand hygiene) are still needed

[https://www.thelancet.com/journal/2020/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journal/2020/article/PIIS0140-6736(20)31142-9/fulltext)

• Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis

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A Significant Portion (25%) of the School Workforce are at High Risk (How About You?)

Number of Teachers in Selected Age Groups - CalEdFacts

This content is part of California Department of Education's information and media guide about education in the State of California topics, visit the full [CalEdFacts](#)

Report of California public school teachers in selected age groups for the 2017-18 school year.

Age Group	Number of Teachers	Percentage of Teachers
Over 55	65,303	18.1%
46 to 55	99,756	27.6%
Under 46	196,599	54.3%
Not reported	0	0.0%
Total	361,718	100.0%

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COVID DEATH RISK FACTORS: AGE

- Patients older than 80 were at least 20 times more likely to die from Covid-19 than those in their 50s, and hundreds of times more likely to die than those below the age of 40.

<https://www.nature.com/articles/s41586-020-2521-4>



Ponce de León's name wasn't tied to the Fountain of Youth until 14 years after his death. (The Granger Collection, NYC)

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COVID INFECTION/DEATH RISK FACTORS:

People of any age with certain underlying medical conditions are at increased risk for severe illness from COVID-19:

- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

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Children are Not Commonly a Primary Source of Infectious Transmission of COVID

- Swiss Study: In only 8% of 39 households was a child the suspected index case, with symptoms in the child preceding illness in adults.
- French Study: A 9-year-old with respiratory symptoms & influenza A and COVID coinfection exposed over 80 classmates at three schools; no secondary contacts became infected with COVID
- Australian Study: nine students and nine staff infected with COVID had close contact with a total of 735 students and 128 staff. Only two secondary infections were identified
- “School-aged children are far less important drivers of COVID transmission than adults. Therefore, serious consideration should be paid towards strategies that allow schools to remain open, even during periods of COVID-19 spread”

COVID-19 Transmission and Children: The Child is Not to Blame
Lee B and Raszka WV Jr.; Pediatrics. published online May 26, 2020.

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‘Older Children Spread Coronavirus Just as Much as Adults’

- Early modelling studies of COVID-19 predicted that school closures alone would prevent 2–4% of deaths (much less than other social distancing interventions)
- Most of the evidence was collected in countries that were already in lockdown
- Few countries have systematically tested children for the virus or for antibodies that would indicate whether they had been exposed to the virus.
- New study of 65,000 people in South Korea suggests that school re-openings will trigger more outbreaks
 - Children under 10 were roughly half as likely as adults to spread the virus to others
 - Children between the ages of 10 and 19 can spread the virus at least as well as adults do
- WHAT AGE IS THE CLIENT YOU INTEND TO SUPPORT FACE TO FACE?

<https://www.nytimes.com/2020/07/18/health/coronavirus-children-schools.html>
[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30095-X/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30095-X/fulltext)

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Return to School: Taiwan

- <https://www.youtube.com/watch?v=wmK9Bt1xcnY>

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Return to School: Taiwan

- Young children are encouraged to wear face coverings (brought from home), but they were not forced to.
- All staff members wear face coverings
- Temperatures are taken every morning for every child using infrared thermometers
- Students do not keep even 3 feet distance from one another, They are permitted to be close together.
- Students eat in the classroom at their desks, albeit with a flimsy barrier
- Students wash their hands before entering classroom.

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01 Illustration of example measures that schools in countries are taking to ensure health and safety (1/3)

Non-exhaustive

Physical infrastructure	Changes to ensure physical distancing Establish controlled entrances and exits (e.g. based on grade levels, students and teacher entry) and flows (e.g. one-way traffic in tight corridors) Restrict access to places that allow larger gatherings (e.g. cafeterias, staff rooms, libraries) or close these entirely Grid off sections for common spaces and lunch areas to help students separate and reduce seating to ensure 10ft physical distance Separate partitions in open spaces with high risk of instructor contact (e.g. playground, trackway) Add plastic barriers and guards between desks (students and teachers)
	Changes to enable health and sanitation protocols Install no-touch bathroom fittings, no touch trash cans Install hand sanitizing stations at entrances, common areas in the school Discontinue vending machines
	Changes to create healthy buildings Improve building conditions and airflow (e.g. ventilation per OSHA guidance)
Transportation and food service	Changes to transportation, routes, floors, and sanitization procedures Increase number of bus routes to reduce occupancy on each bus Change bus schedules to bring students to facilities that align to cohorts (grade level, floors) Sanitize school transportation after each use Subsidize parking/ sponsor carpools / create safe bike/walking routes to encourage use of private transport
	Changes to food service to reduce cross-contamination Ensure all food items and choices are fully boxed and no food can be directly touched by students; enforce "take what you touch" Package cutlery, seasonings, sauces and napkins in single serve packages Stagger lunch times by class to ensure physical distancing; add markings on ground to prevent crowding

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Liability and COVID

- It is unclear whether a COVID-19 waiver relieving a service provider of liability for exposure claims would be enforceable. This is due, in part, to the practical reality that no court in the country has yet analyzed such waiver in this context.
- It is crucial that waivers are drafted in a manner that guarantees customers will understand the risks associated with the services, as well as the rights they intend to waive. A clear intention to waive specific rights is paramount.

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APA Document for Informed Consent for In-Person Care

- Risks of Opting for In-Person Services
You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.
- TOPICS:
 - Your Responsibility to Minimize Your Exposure
 - My Commitment to Minimize Exposure
 - If You or I Are Sick
 - Your Confidentiality in the Case of Infection
- Informed Consent: This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together. Your signature below shows that you agree to these terms and conditions.
- <https://www.apaservices.org/practice/clinic/covid-19-informed-consent>

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The CARES Act and Teletherapy

- CMS is waiving the requirements of section 1834(m)(1) of the ACT and 42 CFR § 410.78(a)(3) for use of interactive telecommunications systems to furnish telehealth services, to the extent they require use of video technology, for certain services.
- This waiver allows the use of audio-only equipment to furnish services described by the codes for audio only telephone evaluation and management services, and behavioral health counseling and educational services.
- Unless provided otherwise, other services included on the Medicare telehealth services list must be furnished using, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site.
- The waiver of these requirements expands the types of health care professionals that can furnish distant site telehealth services to include all those that are eligible to bill Medicare for their professional services. Physical therapists, occupational therapists, and speech language pathologists can use telehealth to provide many Medicare services

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Teletherapy



- Clinicians can now provide more services to beneficiaries via telehealth so that clinicians can take care of their patients while mitigating the risk of the spread of the virus. Under the public health emergency, all beneficiaries across the country can receive Medicare telehealth and other communications technology-based services wherever they are located.
- Clinicians can provide these services to new or established patients. In addition, health care providers can waive Medicare copayments for these telehealth and other non-face-to-face services for beneficiaries in original Medicare. Many other insurances now follow these rules.

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Returning to Face to Face Practice

- In my opinion, your return to in-person provision of care should be modeled by the factors that inform decisions on whether to allow children and school staff to return to face-to-face education.

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Factors to Consider Prior to Resuming In-Person Services (APA)

- Determine whether an in-person visit is necessary
 - Does the client have access to, and can they use a telecommunication platform?
 - If there is treatment on-line, is the client making progress or declining?
- Assess the status of your client and their health, occupation and family behaviors that may create heightened risk for an in-person session
- An educational therapist can refuse to see patients face-to-face, particularly if they have risk conditions or live with family with heightened risk.
- What is the local Covid-19 situation and what are the state regulations regarding conducting business at this time?

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Open Like Denmark?

- Young students following a decline in the rate of new infections
- Place therapist seating and student desk six feet apart
- Staggered student arrivals
- Wash hands on arrival and every two hours
- Clean between students and surfaces twice a day

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APA Notice on Office Safety Precautions

Office Safety Precautions in Effect During the Pandemic

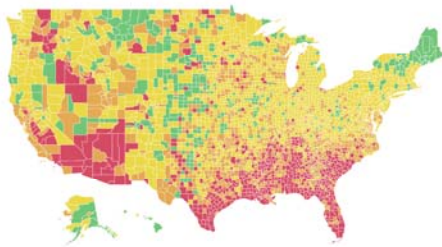
My office is taking the following precautions to protect our patients and help slow the spread of the coronavirus.

- Office seating in the waiting room and in therapy/testing rooms has been arranged for appropriate physical distancing.
- My staff and I wear masks.
- My staff maintains safe distancing.
- Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
- Hand sanitizer that contains at least 60% alcohol is available in the therapy/testing rooms, the waiting room and at the reception counter.
- We schedule appointments at specific intervals to minimize the number of people in the waiting room.
- We ask all patients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.
- Credit card pads, pens and other areas that are commonly touched are thoroughly sanitized after each use.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are thoroughly disinfected at the end of each day.

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Risk Level by State/County

This map displays COVID Risk Levels for each county in the United States. Hover over a county for detailed information on cases and deaths counts. Risk Levels are calculated based on daily cases per 100,000 population (7 day rolling average). [Learn more](#)



<https://globalepidemics.org/key-metrics-for-covid-suppression/>

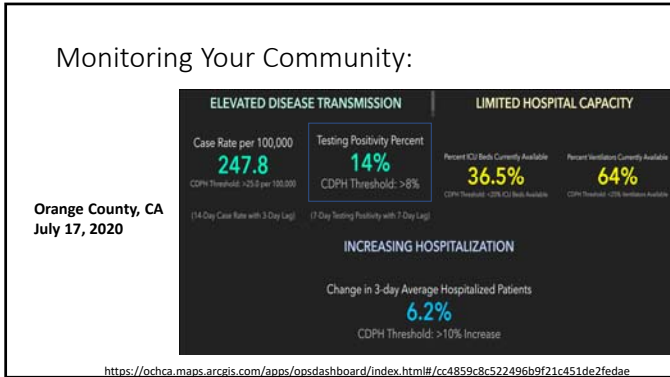
Risk Levels: Green Yellow Orange Red

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County-by-County Risk: Example Colorado

Daily Cases per 100,000 7 day moving average:			Cases / Deaths		
08069	Larimer County, CO	5.6	Yellow	982	30
08071	Las Animas County, CO	2.0	Yellow	11	0
08073	Lincoln County, CO	0.0	Green	4	0
08075	Logan County, CO	0.6	Green	641	5
08077	Mesa County, CO	3.4	Yellow	162	0
08079	Mineral County, CO	55.7	Red	17	0

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California Governor Rolls Back Reopening 7/17/2020

- Counties on the 'monitoring list' = 80% of State's population begin year with distance learning
- For schools to reopen, counties would have to have 14 days of a declining number of Covid-19 cases
- All school staff and all students in grades 3 to 12 will be required to wear face coverings
- If a student or educator test positive for the virus, a classroom would have to close and the students and teacher would quarantine for 14 days.

Elevated Disease Transmission	Increasing Hospitalization	Limited Hospital Capacity
Case Rate >100	>10% Increase	<20% ICU Beds Available
OR		OR
Case Rate >25 AND Positivity >8%		<25% Ventilators Available

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Department of Education Guidance on
Returning to School / Reopening Your Office

- Ensure that the state where you practice has lifted / relaxed the 'Stay-At-Home' order
- Ensure that the county where you practice has lifted their 'Stay-At-Home' order
- Have sufficient protective equipment to comply with local ordinances and Division of Occupational Safety and Health Administration requirements
- Have a plan for an ongoing supply of protective equipment
- Consider a no touch thermal scan thermometer
- Have enough cleaning supplies to continuously disinfect your facility
- Ensure sufficient supplies of hand sanitizers, handwashing capacity, tissues, no-touch trash cans and paper towels





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COVID Screening Questionnaire for Day of In-Person Session

- Have you or anyone in your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit?
- Have you or anyone in your household been tested for COVID-19?
- Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days?
- Are you or anyone in your household a health care provider or emergency responder?
- Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?
- Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?
- To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19?
- If patient answers "yes" to any question, should be reviewed by a physician to assess whether the patient can do face-to-face appointments. Clients will be contacted again after decision-making.

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Applying an 'AAP-like' Approach to Ed Therapy:
Physical Distancing

- Parents should, in general, be discouraged from entering the school building 
Parents should be discouraged from entering the therapy setting
- Congregating in shared spaces should be discouraged  No use of an office waiting room
- Adults should attempt to maintain 6 feet of distance from other persons as much as possible, particularly around other adults  Therapists should maintain 6 feet of distance from clients.
- For all of the below settings, physical distancing by and among adults is strongly recommended, and meetings and curriculum planning should take place virtually if possible
 Parents do not meet face to face with the therapist for planning, planning, payment

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Recommendations for Specific Implementation:

- Handwashing
- Face coverings
- Teachers (Ed Therapists) may use face shields
- Suspend use of site resources leading to shared touching (bring water bottles, no fountains)
- Adequate supplies to minimize sharing (art supplies, pencils, etc.)

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Know Your Student: Conditions That May Place Your Student at Increased Risk for Severe COVID-19 Illness (CDC)

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

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Learning Space and COVID

- Remain in the same space
 - Minimize movement of student within your facility
 - Maximize space between desks and other seating
 - Maintain 3-6 foot spacing and use markings to assistTurn in work in fashion to minimize contact
- OUTSIDE IS SAFER
Establish more ways to enter your therapy space and stagger passing times
Consider instruction outside

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Multisystem Inflammatory Syndrome in Children (MIS-C)

342 U.S. children have contracted a rare but serious inflammatory condition linked to COVID-19, and six have died.

Features: 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)

The majority of multisystem inflammatory syndrome in children (MIS-C) cases have been among Hispanic/Latino (38%) and Black (33%) children.

Most have occurred in children ages 1-14, with an average age of 8.



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Resources:

- National Center on Early Childhood Health and Wellness**
 - [Responding Positively to Your Child's Behavior](#)
 - [Implementing Physical Activities with Children in Mixed-Age Groups](#) (webinar recording)
 - [COVID-19 and the Head Start Community: Health and Hygiene](#)
- CDC**
 - [CDC Guidance for Child Care Programs that Remain Open](#)
 - [Child Care Programs During the COVID-19 Pandemic](#)
 - [CDC Milestone Tracker App](#)
- HealthyChildren.org**
 - [COVID-19: Information for Families of Children and Youth with Special Health Care Needs](#)
 - [2019 Novel Coronavirus \(COVID-19\)](#)
- Radio MD**
 - [How the COVID-19 Pandemic Impacts Kids with Special Healthcare Needs](#)

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