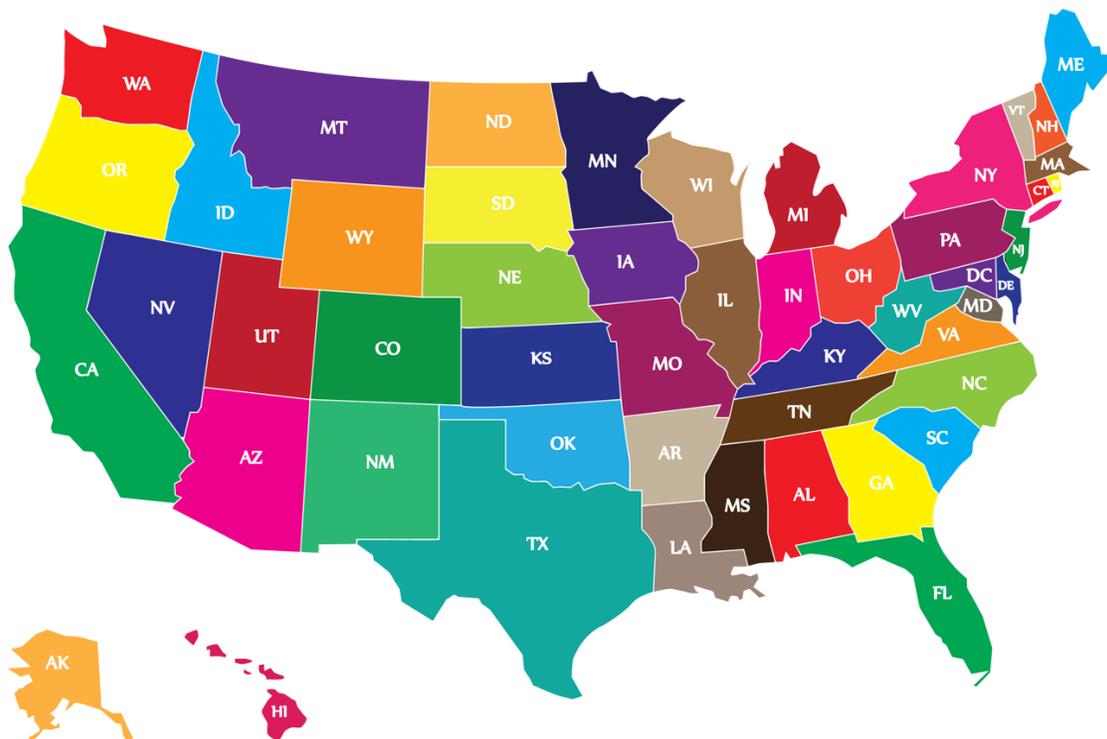


# School Reopening Considerations for School-based Physical Therapists (SBPTS)

In this time of uncertainty with varied school reopening plans, SBPTS need to be aware of the latest recommendations from organizations like the Centers for Disease Control (CDC), Occupational Safety & Health Association (OSHA), and the World Health Organization (WHO). As professionals and school leaders, we are creative and forward thinking, and ready to reimagine how to serve our students while adhering to the safest guidelines. Many of our students may have difficulty initially accepting and learning to wear a mask, while other students may not be able to wear a mask due to medical and/or behavior risks. When considering Personal Protective Equipment (PPE) use, it is important to refer to state guidelines and local agencies for guidance. Use of physical distancing, frequent hand hygiene as well as frequent and thorough cleaning and disinfecting procedures are important as first line procedures to reduce the transmission of COVID-19. Due to the need to be closer than the minimal physical distancing requirements or the need to provide physical supports when working with some students with disabilities, PTs should consider guidelines for “direct service providers” provided by the CDC. School-based PTs will be called upon to assist with individualizing PPE and daily procedures for students, instructional staff, and others to ensure safety and prevent virus transmission. As school reopening plans are released, it seems likely that as professionals who serve students in multiple buildings and sometimes different school units/districts, we may need to use hybrid models (face-to-face and tele-delivery) more frequently than other staff. (See page 3 for frequently asked questions.)

## INFORM YOURSELF AND HELP INFORM OTHERS

### State Reopening Plan Interactive Map



## Links to learn from

- ✓ COVID-19 [infection trends](#)
- ✓ CDC school reopening [checklist](#)
- ✓ Readiness to protect [higher risk](#) individuals
- ✓ Recognized resources (CDC, EPA) for:
  - [Personal protective equipment](#) (PPE)
  - Cleaning [protocols](#) and [supplies](#)
  - Use of signage for staff and visitors
  - [Handwashing](#) and [hand sanitizer](#)
  - Use of [cloth face coverings](#)
  - [Physical distancing](#)
- ✓ [OSHA guidance](#)
- ✓ Signs and symptoms
  - [COVID-19 in children](#)
  - [Multisystem inflammatory syndrome in children](#)
- ☐ APTA Pediatrics guidance
  - Telehealth vs. Face to Face Decision Guide
  - School Special Interest Group
- ✓ [Youth sports guidelines](#)
- ✓ [Physical activity](#) considerations during pandemic

## CONSIDERATIONS BEFORE RETURN TO SCHOOL

### Consult with...

1. School physicians and nurses regarding school- and child-specific health plans
  - a. To determine the PT's potential role in assessing health status, temperature checks, etc.
  - b. To track and relay information about symptoms and exposures for the PT and the students served.
  - c. To assist in collecting and relaying information about student-to-staff ratios.
  - d. To exchange information about the students with the highest risk.
2. Transportation staff on seating and mobility options while maintaining social distance.
3. Building administration and custodial staff to access therapy spaces with adequate ventilation and collaboration with cleaning schedules, as needed.
4. Administration to ensure flexibility with schedule and appropriate equipment necessary to maintain safe exposure for the PT and students supported by multiple related service providers.
5. Other related service providers, classroom staff, and educators to plan for limiting exposure to multiple staff and other students each day or week.
6. Parents for consent to photograph/document signs/symptoms of COVID-19 infection
7. Other PT professionals on the APTA Pediatrics Forum with questions not answered at the state and local levels

### Resources and contacts, identify...

1. Reporting structure and procedures for exposures or other incidents
2. Staff/administration referral contacts for: reporting trauma, abuse/neglect, non-compliant staff or identified exposure/transmission risks, problem-solving, transportation issues, families who may need assistance or are at risk, family support, and student counselling need.
3. Wellness supports for employees/staff, counseling, and physical activity. (For example, PTs could offer yoga or mindfulness training for staff/administration.)
4. Local reopening plans and any relevant or temporarily enacted policies including the administrative point of contact
5. Point of contact for parents or teachers with questions.

## Advocate for additional equipment and materials

1. **Appropriate PPE.** Due to the close nature of PT supports and services, the PT will need additional PPE and a means to get more when it becomes unusable.
2. **Pulse oximeter, blood pressure cuff, stopwatch** Due to the cardiovascular consequences of the COVID-19 infection and the use of masks, additional vital sign monitoring is recommended.
3. **Touch-free thermometer and trashcans:** Due to precautions, PTs should opt for touch-free devices as possible.
4. **Tape and plexiglass partitions:** To increase likelihood of social distancing protocols and limit droplet spread, tape can be used to mark paths on the floor.
5. **Child-specific materials:** To limit potential for cross-contamination across multiple children and decrease amount of time spent cleaning and disinfecting during the school day, child-specific materials should be used as possible.

## Frequently Asked Questions

### What PPE do I need to wear if my students are unable to wear a mask or face covering?

School PTs should consider the use of PPE and the addition of goggles or a face shield (with a mask). According to standard and droplet CDC precautions, the eyes, nose and mouth should be covered to protect from droplet transmission.

### Do I need to wear gloves, shoe covers and a gown upon return to school?

Gloves and gown are recommended to be used as part of a standard precaution procedure. The additional use of a gown (or availability of a clean change for clothes that have become contaminated) should be considered when there is potential for contact with bodily fluids. Gloves should be considered when there is potential for contact with student bodily fluids but do not replace the need for frequent hand hygiene. Care should be taken to prevent “touch transmission” both when wearing gloves and when not wearing gloves. Therapists should avoid touching the face, mask, or other PPE to reduce the risk of transmission of infectious material to their PPE and themselves.

## CONSIDERATIONS UPON RETURN TO SCHOOL

### Develop Personal Safety/Infection Plan

**Personal PPE** (likely in each school) recognizing level of barrier control needed

- If using N95 respirator, use surgical mask over top to protect to increase number of potential uses
- Store & seal clean masks in paper bags between use (1/student), see [optimizing face mask supply](#)
- Consider use of communicator masks (mask with clear shield) to facilitate reading lips and see facial expressions
- Use of scrubs, smocks or gowns, inexpensive ponchos and raincoats

### Cleaning

- Ensure adequate supply and process of how to attain more
- Disinfecting car, devices, equipment, areas where therapy occurs (stairs/rails, doors, hallways, bathrooms)
- Cleaning supplies for therapy and personal spaces
- Cleaning student's equipment
- Consider cleaning/laundry clothing at school (if possible) to limit transfer of materials
- Documentation Forms for cleaning, communication, exposure & incident** [MIS-C](#) reports, weekly schedules

### **Minimizing Exposure Risk (including hybrid model of service delivery)**

- Optimize schedule to mitigate risk inherent in itinerant practice
- Minimize movement between buildings and between spaces within single buildings
- Staggered student sessions for highest risk students at times when safety concerns are lowest
- Use outdoor spaces whenever possible, set up tents outdoors
- Use of alternate larger spaces (gymnasium)
- Delivery of service within the classroom
- Minimize higher risk times in school (eating & bathroom)
- Alternating and coordinating schools, service providers with face-to-face and tele-delivery
- Mark paths for travel, including where therapeutic equipment will be used (gait trainers, adapted bikes/tricycles)

### **Practice Considerations**

- Ongoing monitoring of vital signs and integumentary screens (for MIS-C)
- Identify disparities in educational access, report, and mitigate individually and with team input
- Screen all students for changes in mental health
- Reassess IEP goals for priority and modify goals based on new present levels of function
- Adapt IEP goals for current methods of service delivery (virtual, hybrid, or face-to-face)
- Additional family consultation to support participation of programming at home
- Assess growth and appropriateness of current equipment (seating, bracing, standing, transport)
- Identify students most likely to have had regressions
- Prioritize assessments while in person
- Strategies to support distancing (pool noodles, etc.)
- Use coaching model with school staff (remote and face to face)
- Use of remote video modeling for parents & staff
- Visual supports and child-friendly teaching materials for safety precautions (accessible/culturally conscious)
- PT-supported IEP objectives to include physical distancing, respiratory etiquette, hygiene

### **Training Considerations**

- Biomechanics for exposure avoidance for instructional & transportation team members (transferring students from behind to minimize droplet exchange)
- Training new staff if previously responsible staff are at higher risk for exposure
- Cleaning, including student's personal mobility equipment

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