

Children and Youth with Special Health Care Needs and COVID-19 Phone Call:
Wednesday 12th August 3:00pm-4:00pm

Welcome everyone and thank you for joining. I'm Joanne Singleton, the Program Manager for Children and Youth with Special Health Care Needs (CYSHCN) for the State of Alaska. You're on a call for CYSHCN during the COVID-19 pandemic with a focus on health and special education. Today we will respond to questions previously submitted. As there is not a chat box available to ask questions during the call, please feel free to email me directly if you have additional questions. My email is joanne.singleton@alaska.gov

I'll begin by introducing those on the call who will answer questions. First, we have Dr. Elizabeth Ohlsen, a family practice physician working with the Department of Health and Social Services on the COVID-19 response. Next is Don Enoch, the Special Education Director for the State of Alaska and Kirsten Spencer the 619 Coordinator for Early Special Education with the State of Alaska. And from the Section of Women's, Children's, and Family Health we have the Section Chief, Becky Morisse and Christie Reinhardt, who is the Unit Manager for Perinatal and Early Childhood.

So let's begin with previously submitted questions by asking Dr. Ohlsen:

How can children and youth with disabilities, and their families continue to protect themselves during the pandemic?

Dr. Ohlsen: "Households should evaluate who they've been in contact with, within the last two weeks, and try and determine a way to bring that number down to as few people as possible. Keep a contact log for 14 days for everyone in the household who you've been within 6 feet of. Keeping distance is a really good and a highly effective way to avoid this virus. Wearing masks is also a good idea as well as frequent hand hygiene. Because we know this virus is spread through close contact keeping distance is the best way to keep your family safe from the virus".

What should parents be doing about Well Child Visits and getting their children immunized?

Dr. Ohlsen: "Now more than ever is an important time to have a detailed conversation with your doctor (about what you need to do). Some offices are able to this by telemedicine (through video or phone calls), while other offices are able to see patients in the office with safety precautions. It's critically important to get the appropriate vaccines that we have available, especially the influenza vaccine. Many of the COVID-19 symptoms and flu symptoms overlap and if we manage to minimize the amount of flu we have in schools this year that will both substantially reduce the danger to children for respiratory viruses, since we know that the flu can be a dangerous respiratory disease in children as well. Getting the flu shot can also help children not be as sick or have to be out of school sick as often or as long. Another reason to talk to your doctor should be to have a conversation with the physician that knows your child best about the risk/benefit trade-off for your child to attend school in person, if this option is available. For most children the risk-benefit trade-off of attending school in-person as much as possible is better, while for some children that may not be the right plan. It's important to talk to your doctor before school starts to ensure everyone is on the same page."

My child needs to receive OT, PT, and Speech. What are the best ways for these services to safely be accessed? Do you have any suggestions for what to do if in person visits aren't possible?

Dr. Ohlsen: "I've had the opportunity to meet with some OT/ PT specialists within the school district. This question is at the forefront of their minds and they've been doing a lot of planning. Generally speaking PT/ OT therapists are adapting what they need to do to this situation and a lot that involves making sure they have proper PPE (Personal Protective Equipment). So what that would look like is your child receiving the same services as before but with a therapist with PPE to protect the child and therapists. As for non-in-person services, this is also something they are taking into consideration. However, it would be best to reach out to the experts within your child's care to find out what their plans are."

Now some questions for Don Enoch. I am a parent with a child on the Autism spectrum. My main question is, if I decide to do independent study learning with my child rather than virtual learning. How does this affect his IEP (Individual Education Plan) now and when we go back to school?

Don Enoch: "First and foremost the IEP is individualized for the student. Even in a pandemic those services may look different or be delivered in a different format whether that be teletherapy or in person with PPE in place, but the actual services the student receives do have to be individualized. If something is not working an IEP meeting can be called at any time by the parent. The parent should be keeping in contact with the school district to let them know what is and isn't working so they can on the fly be fixing what they can. Regardless of whether a child is in school full-time, part-time or at home, keeping that line of communication with the district flowing is very important. When the student returns to school an IEP amendment may need to be put in place. There may be regression and remediation might need to be addressed. The IEP should remain flexible and reactionary to what the student is going through."

How can we as parents and caregivers have our school districts more involved in making accommodations for children with IEP's or 504 plans this school year? Mainly because strictly e-learning will not work long term for most of those under an IEP or 504 plan.

Don Enoch: "504 is really outside of Individuals with Disability Education Act (IDEA). It has different rules and works out of civil law, so the rulebook is slightly different than an IEP. But the key to either is an open line of communication with the school district and the parent."

Another question for Dr. Ohlsen, on the topic of masks and accommodations for those with mental or physical health needs – Do you have suggestions for how to navigate situations where masks are required but for some people wearing them is not possible?

Dr. Ohlsen: "We have found that many people have been able to get used to some form of masks rather than others. What I've been encouraging people to do is to start wearing a mask for a small

portion of the day and then increase the hours as you go. Also, experimenting with different materials. Many children like surgical masks, it's what's comfortable and feels best on their skin and then there are children who find cloth masks to be the most tolerable. There are other options available for example; Humanity Shields has a face shield option with droplet guards that go down to the neck. I know that some schools and teachers are looking at using something like this. Face shields do not stop the circulation of the virus unless it has a respiratory droplet shield. Masks should be individualized for the child. For children with tracheostomy tubes, there are mask options too. You can speak to your physician for more information."

For those who can wear a mask do you have suggestions for how to help a child get used to wearing the mask?

Don Enoch: "I've had parents tell me that their students will absolutely not wear a mask to school and they can't be made to keep one on. The same conversation was met with allowing the student to make their own masks, decorating them and individualizing them. And the same child who refused to wear one was very happy to wear one that they felt they had some control over what it looked like. As long as the mask is functional and does what it is supposed to do there is no problem with that. This particular student was decorating a cloth mask with a pattern on it that he didn't like. So we gave him access to a disposable mask that he could draw on himself and that made all the difference. Teachers are infinitely creative, more creative than I am at this stage of my career. But complimenting someone on their mask that can make the difference on a child's day."

Any suggestions about how to keep masks clean for children going to school?

Dr. Ohlsen: "I go through at least 3 masks a day. They definitely need to be cleaned any time they get wet or soiled. It makes the most sense for children to go to school with multiple masks. After exercise or heavy breathing there are more respiratory droplets so it's important children have changes of masks."

Emailed questions: This question is for Christie Reinhardt: What supports, respite or home visiting assistance is available to help for parents of CYSHN where the bubbles need to be small?

Christie Reinhardt: "In the home-visiting world some of our programs are starting to look at guidelines for screening prior to an in-person visit to ensure health and safety of both the family and the visitor. The types of in-person visits we're seeing are being done outdoors to practice social distance without worry."

If there are two or three different households who are meeting biweekly in person, with masks and the 6ft apart is there really a difference in lowering the households' risk as if they were to just have physical contact during those visits?

Dr. Ohlsen: "It's really important to make sure that you're not expanding your contact list more than you know. So the tricky thing is if two or three households are meeting and each household

has 4 people, then suddenly your risk is the same risk as 12 people interacting with the community rather than 4 people interacting with the community. In some countries they have promoted bubbling and I know we have talked about that here in Alaska as well, where households enter a conscious agreement to extend the definition of their household to include another household. So for example a family of 4 joins another family of 4 to make a household bubble of 8 people. But you know that concept hinges really on if the households enter into a stable, formal agreement, saying really that for the duration of the pandemic the 8 of us will consider ourselves as a household and not have any involvement outside this bubble. This really only works if households bubble with only one other household and they never ever switch, and it also only works if each member of the household agrees that they're also not going to socialize with other families or have a job that allows for close contact with other people. So for example I am in a household of two people, but we don't think it is appropriate to bubble with another household because I see patients, and have contact with people who have COVID and I'm not willing to add my risk to the risk of another household. So I think in theory if it's done just right it could work, but in practice I've heard it can be very hard to not significantly multiple the risk for the household. And this is definitely not a days or weeks type of commitment. This is more a months, potentially long commitment. And for bubbling to be effective you wouldn't be able to trade off bubbling with another household in a few weeks or months from now."

In special education what if services are not compatible with the times and it's just not possible?

Don Enoch: The district may want to enter into a "Cooperative Agreement" that offers compensation to the parent stating that we will make these services up at a different time or will find a way to provide or find a local person to work with the student, with the school district reimbursing. There a lot of creative ways this could be written up. Sometimes you just have to give compensatory relief to the parent, and do the best you can to work within the parameters when it's safer for the child because we never want to sacrifice a student's safety to provide services no matter how critical those services are."

You can find more information regarding all that has been discussed for Special Education at www.aklearns.org

Final thoughts from Dr. Ohlsen: I want to take time to thank everyone for being on this call. This really is a marathon, not a sprint and I think that has really been driven home over the last six months. As much as possible finding the things that work for you, and your family and finding things that allow you to do the important work that you do every day. And trying to taking time for yourself when you need it is really critical to the longevity of everything we're doing. We're all in this together even though we are 6ft apart. And the more we can as a community and as society support each other through this, then I think the effort is worthwhile."