Our understanding of COVID-19 is evolving rapidly. This presentation is based on our knowledge as of September 3, 2020, 5 PM.
WHERE WE ARE NOW

• More than 26.5 million cases and 873,000 deaths due to COVID-19 confirmed worldwide
• Daily U.S. case counts decreasing in most states
• A case report confirmed COVID-19 reinfection in an immunocompetent patient from Hong Kong and a pre-print report showed a possible a case of re-infection in U.S.
• FDA issued emergency use authorization for investigational convalescent plasma in hospitalized patients on August 23, 2020
CUMULATIVE CASES WORLDWIDE

>26.5 million cases
>873,000 deaths
9/3/20
MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C)

- Emerging syndrome initially described in April among children in Europe, appears to be related to previous SARS-CoV-2 infection.

- As of 9/3/20, 226 NYC patients meeting CDC MIS-C case definition (<21y, febrile, hospitalized, with ≥2 system involvement and elevated inflammatory markers) have been reported to DOHMH.


- Report all possible cases to the DOHMH by calling the Provider Access Line: (866) 692-3641

CDC Health Alert. 5/14/2020. https://emergency.cdc.gov/han/2020/han00432.asp
Two differing pictures seen in overnight summer camps

**Georgia (high transmission state)**
- 597 attendees over 11 days
- No universal face coverings
- No post-arrival testing
- Both indoor and outdoor activities
- Singing and cheering with no face coverings
- Identified 260 COVID-19 cases (44% attack rate)
  - Attack rates increased by length of stay at camp
  - Mostly asymptomatic transmission

Maine (low transmission state)

- 1,022 attendees over 6-8 weeks
- Face covering required for all
- Pre- and post-arrival testing and isolation
- Limited indoor activities
- Daily symptom monitoring
- Staggered dining, bathroom use
- Identified 3 COVID-19 cases (0.3% attack rate)
  - No secondary transmission

• Advise patients of the need for quarantine if they have traveled or plan to travel out of state

• Travelers returning to NY must quarantine 14 days after leaving restricted states
  • Seven-day rolling average of positive COVID-19 diagnostic test rate > 10% OR > 10/100,000 residents
  • As of 9/3, 33 U.S. states and territories

• Quarantine details
  • Individual must not be in public
  • Self-quarantine from other family members
  • Travelers will receive phone reminders to quarantine
  • Does not apply to passing through a state for <24 hours during travel

EXEMPTIONS: ESSENTIAL WORKERS, FIRST RESPONDERS, HEALTH CARE PERSONNEL

• May work if certain conditions are met
• All advised to minimize contact with others, self-monitor for COVID-19 symptoms, wear face covering, observe hand and other hygiene practices.
• Long-term (traveling to NYS for >36 hours) also advised to
  • Seek diagnostic testing within 24 hours of arrival
  • Maintain physical distancing, self-monitoring, expanded hygiene practices ≥ 14 days
  • Avoid extended periods in public or in congregate settings ≥ 7 days
• Additional industry-specific guidance may apply (consult employer).

BLOOD AND PLASMA DONATION

- Ongoing shortage of blood supply due to decrease in blood drives
- Urgent need for red blood cell and convalescent plasma donors
- Help by organizing or promoting safe blood drives
- Donate at New York Blood Center donor sites
RETURN TO SCHOOL
INFORMATION FOR
MEDICAL PROVIDERS

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AGENDA

- School Reopening Plan
- Return to School Preparation for Providers
- Office of School Health (OSH) Clinical Services
- Clinical Evaluations in Schools
- Anticipatory Guidance for Parents
SCHOOL REOPENING PLAN
Timeline

- March 1: First confirmed COVID-19 case in New York State (NYS)
- March 16: NYC schools close due to the COVID-19 Pandemic
- March 23: Regional Educational Centers (RECs) opened to support families of frontline/essential workers
- April 11: NYC declares students will continue with virtual learning for the remainder of the 2019-20 school year
- May 1: Governor declares schools across NYS will stay closed through the end of the school year
- July 12: DOE launches school reopening website, Return to School 2020
- July 7: NYC DOE submits preliminary school reopening plans to New York State
- August 7: Deadline for parents to submit survey for learning preferences
- August 14: 1200 schools submitted school schedule plans
- September 1: Decision made to delay in-person learning until September 21 (remote learning begins on September 16)
NYC DOE Reopening Plan: Guiding Principles

- Physical and mental health of our students, teachers, staff, and families
- Greater equity among students with respect to the education they receive and the learning environment in which they receive it
- Academic achievement for students through high-quality instruction, tailored enrichment, and culturally responsive educational practices
- Social-emotional and trauma-informed support for all students
- Community and Continuity all year among students, teachers, and staff
Learning Preference Options

- In-person learning
- Virtual learning
- Blended learning: combination of in-person + virtual learning, with a specific schedule
- Information regarding student’s learning status will be shared with Office of School Health (OSH) staff
In order for schools to reopen, NYC must meet the following:

- The percent of positive tests in NYC is less than 3% using a 7-day rolling average. If we cross this threshold, we will not reopen.

Thresholds for School Opening

Schools will need to close if NYC meets the following:

- The percent of positive tests in NYC is equal to or greater than 3% using a 7-day rolling average. If we cross this threshold, schools will close.

Thresholds for School Closure
• If there is one or more confirmed COVID-19 in a single classroom, all students in the classroom will convert to virtual learning for 14 days

• If there are two or more students with confirmed COVID-19 diagnosed within 7 days of one another with known links to each other or any person with COVID-19, the entire school building will convert to virtual learning for 14 days

• Students with confirmed positive testing cannot return for 10 days and must be fever-free without medications for 24 hours and have improving symptoms
Students, family and school staff should monitor for signs of illness. School-based staff and students cannot report to school if they have:

- Experienced any symptoms of COVID-19 during the past 10 days
- Had a positive diagnostic test for COVID-19 during the past 10 days
- Were knowingly in close contact with anyone who has had a positive diagnostic test for COVID-19 during the past 14 days
- Traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days
Health and Safety in Schools: Monitoring

- Daily health screenings for students and school-based staff
  - Details still under discussion
- Students and staff strongly encouraged to have COVID-19 testing but they are not required to do so
Health and Safety in Schools: Monitoring

- Students exhibiting symptoms of COVID-19 will be evaluated by a school nurse in the isolation room.
- Staff showing symptoms of COVID-19 at school will be asked to leave the building.
- Schools should strongly encourage staff members to see a doctor and get tested for COVID-19.
FOUR CORE ACTIONS FOR PREVENTING THE SPREAD OF COVID-19

- **Stay Home if Sick**
  Only leave for essential medical care and testing or other essential errands.

- **Keep Physical Distance**
  Stay at least 6 feet away from other people.

- **Keep Hands Clean**
  Wash your hands often with soap and water. Use hand sanitizer if soap and water are not available.

- **Wear a Face Covering**
  You can be contagious without symptoms. Protect those around you by wearing a face covering.
Health and Safety: Physical Distancing

- All individuals must stay at least 6 feet apart
  - At building entry
  - During movement through hallways and stairwells
    - Single file routes
    - One-way direction stairwells
  - In classrooms
  - In shared spaces (gyms, cafeterias, auditoriums, playgrounds)
  - In elevators and bathrooms
  - At dismissal
  - During transport
Health and Safety: Physical Distancing

- Staff will be placed in high-traffic areas to help ensure students are practicing physical distancing
- To reduce movement, teachers should travel from class to class, with students remaining in the same room throughout the day, to the extent possible
- Where possible, student should remain in cohorts
- Physical barriers will be constructed in main offices
- Visitors will be limited
Use of face coverings while in NYC DOE buildings is mandatory, with the following exceptions:

- Students who cannot tolerate a face covering for medical reasons or students for whom the use of such coverings would impair their physical or mental health
- Age (< 2 years old)
- Modifications for certain students: hearing impairment or loss, students receiving language services

Face coverings with vents/valves are not allowed at school.

NYC DOE will have face coverings available on site for all staff, students, and essential visitors.
Health and Safety: Hand Hygiene

• Students and staff will need to thoroughly clean their hands:
  • As soon as they enter the school building
  • Between classes
  • Before and after physical education
  • Before and after meals/snacks
• Age-appropriate lessons have been developed to teach students about hand and respiratory hygiene
• Hand sanitizing dispensers will be installed throughout the facility
• Posters and signage will be placed throughout schools to reinforce the importance of these practices
Health and Safety: Cleaning and Disinfection

- The Division of School Facilities has a Cleaning Protocol that follows CDC and NYS DOH Guidance, including procedures to perform in the event of a confirmed case of COVID-19 in a school
  - Ensure schools have adequate cleaning and disinfection supplies
  - Ensure deep cleanings are completed on a nightly basis, including with the use of electrostatic sprayers
  - HVAC improvements to ensure proper ventilation
  - Implement improved cleaning of classrooms, bathrooms, and high-touch surfaces such as doorknobs and shared equipment like computers
  - Provide cleaning supplies for classroom teachers if requested
- OSH Medical Room staff will follow OSH protocols for cleaning and disinfection
DOE will create a plan for school return that maximizes consistency in relationships, schedules, and routines while creating space for reflection and healing.

Healing-Centered Schools:

• Create trauma-informed care resources, including a bridge to school program
  • Use the first 2-4 weeks of school as a “stabilization period,” focusing on structures, routines, and social-emotional activities to create emotional safety and stability
  • Allow students to build coping skills, process their recent experiences, and re-establish or maintain emotional constancy

• Strengthen school-wide implementation of proactive social emotional learning instruction and support

• Ensure all DOE schools are able to provide direct mental health services on-site.
Health and Safety: Other Programs

- Early Childhood Contracted Programs:
  - Before care and aftercare programs must train their staff in the relevant health and safety guidelines
- Extracurricular and afterschool program availability will depend on:
  - The level of risk of COVID-19 transmission
  - Modifications needed to mitigate transmission
  - The form in which the activity will be possible
  - Level of interest from students and families
Sports Programs

- Per New York State, all interscholastic sports programs are postponed
- Students diagnosed with COVID-19 should be evaluated and cleared for sports participation by a physician
RETURN TO SCHOOL PREPARATION: PROVIDERS
Provider Checklist

• Complete annual well child care visits
• Follow up with students with chronic diseases
• Ensure that vaccinations are up to date
• Complete relevant school forms
• Provide guidance to students and families preparing for school
School Entry Requirements

Health screenings:
- Schedule catch-up visits for visits that were postponed during COVID-19 peak
- Complete relevant school forms
- **SH65: Medical Requirements for School and Childcare**
  - Annually updated guide outlining health screening and immunization requirements
School Entry Requirements

- Complete a [Child and Adolescent Health Examination Form (CH205)] for:
  - All New School Entrants
  - Children attending childcare (form must be completed annually)
  - Students who entered school prior to age 5 years must have an additional CH205 completed within 1 year of turning 5

- Due to COVID-19 public health emergency, OSH will accept completed CH205 forms based on physical examinations and screenings performed within the previous 18 months.
  - OSH will not accept a CH205 that does not include the results of an in-person physical examination
  - This modified requirement will remain in effect until December 31, 2020 and may be re-evaluated as the pandemic evolves
Chronic Disease Management

Follow up with patients with chronic diseases
• Review management regimen
• Ensure adequate supply of medications in the home
• Make appropriate specialty referrals and ensure follow up
• Assess family’s need for additional support and resources, especially during COVID-19 emergency
Immunizations

• Follow CDC Advisory Committee on Immunization Practices (ACIP) guidelines

• Schedule catch up immunization visits as needed. See https://www.cdc.gov/vaccines/pandemic-guidance/index.html

• Influenza vaccination:
  • Required for childcare
  • Vaccines for Children (VFC) vaccine distribution started, order now if you haven’t already
  • Initial guidance was sent, see https://www1.nyc.gov/assets/doh/downloads/pdf/immm/flu-kick-off-letter-08132020.pdf
Medication Administration Forms (MAFs):
• Must be completed for any medications or procedures to be performed during the school day
• Per NYS law, nurses cannot administer medications or perform a procedure without an order from a licensed medical provider (MD/DO/NP/PA)
• Exceptions: emergency administration of:
  • Epinephrine
  • Glucagon
All forms are available on the DOE Website ([Health Forms](#)) in fillable PDFs:

- Allergy and Anaphylaxis MAF
- Asthma MAF
- Diabetes MAF
- General Medication MAF
- Seizure MAF (New!)
- Medically Prescribed Treatment/Non-Medication Form
Submission of Forms

• Give to school nurse on first day of school
• Diabetes Medication Administration Forms (DMAFs): rightfax
• Other MAFs and CH205s: borough-based inboxes (submit to borough where the student will attend school):
  • BronxMAF@health.nyc.gov
  • BrooklynMAF@health.nyc.gov
  • QueensMAF@health.nyc.gov
  • ManhattanMAF@health.nyc.gov
  • StatenIslandMAF@health.nyc.gov
Accommodations

- Complete accommodation request forms for students needing additional educational or medical support:
  - 504 Accommodations
  - Request for Transportation Accommodations (Special Education Students)
  - Home Instruction
  - Medical Exemption for Immunization (Religious exemptions are not allowed in NYS)
- Submit forms to School IEP or 504 team
- If medications or procedures are a component of the accommodations request, complete applicable MAF
- Office of School Health clinical staff review medical accommodation requests for medical necessity
OFFICE OF SCHOOL HEALTH
Office of School Health (OSH)

• DOHMH and DOE joint program
• Supports and advocates for the clinical needs of NYC students
• Provides:
  • Direct clinical services
  • Chronic disease management
  • Health education
  • Bi-directional communication with community providers
• Clinical Staff:
  • Nursing: daily presence in the schools
  • Clerical support staff
  • Physicians and nurse practitioners (NPs)
Provide clinical support to NYC students

- Serve as clinical expert in schools
- Public health/population health managers
- Chronic disease management
- NYC Health Code-mandated health screenings
- Reproductive health
- Collaboration with community providers
- Support school nurses
- Provide health education
OSH Role During the COVID-19 Emergency

• Outreach to families of students with chronic disease
• Medication refills for students with asthma and reproductive health needs
• Referral and resources provided to families:
  • Medical
  • Mental Health
  • Food
  • Housing
• Connected community medical providers and families
Diabetes Management

- Over 2,000 students with diabetes attend NYC public schools
- Updated DMAF based on feedback from both OSH Clinical Staff and community provider endocrinologists
- OSH Diabetes Unit:
  - On-staff endocrinologist
  - Nurses trained in diabetes management provide additional support to students and families
Comprehensive Asthma Management in Schools

- Administration of rescue and maintenance medications during the school day
  - Inhaled Corticosteroids (ICS)
  - Stock albuterol and fluticasone (Flovent)
- Asthma assessment
- Asthma education
- Asthma case management program
- Collaboration with community providers to ensure appropriate asthma management
Asthma Management

- Symptoms of asthma and COVID-19 may overlap, including cough and shortness of breath
- Students with symptoms of COVID-19 should not attend school
- Children with moderate to severe persistent asthma may be at higher risk for complications from COVID-19.
- Patients with asthma should not stop their prescribed inhaled corticosteroid controller medication (or prescribed oral corticosteroids) during the COVID-19 emergency
Asthma Management

- Nebulizer therapy in patients with COVID-19 can transmit potentially viable coronavirus to susceptible bystander hosts.
- Based on the potential risks, asthma inhaled medications will be administered in medical rooms via metered-dose inhalers with a dedicated spacer whenever possible. Nebulizer use will be avoided whenever possible to minimize possible COVID-19 transmission.
- If nebulizer use is absolutely necessary, it will be treated as an Aerosol Generating Procedure (APG); OSH staff will administer the treatment in a separate room and will wear an N95 respirator.

1. CMAJ. 2020 Mar 30; 192(13): E346
2. Respir Med June 2020
3. https://www.thoracic.org/patients/patient-resources/resources/aerosol-generating-procedures
Accommodation Reviews

• Medical Accommodations are submitted by the school Individualized Education Plan (IEP) and 504 teams, and are reviewed by OSH Physicians:
  • Transportation
  • 504 paraprofessional
  • Home instruction
  • Immunization exemption

• All requests are reviewed for medical necessity
• OSH Physicians will contact the requesting physicians if clarification of a request or a discussion of services is needed
CLINICAL EVALUATIONS IN SCHOOLS
The Medical Room: Supplies

- OSH will use the same PPE guidelines as recommended by the CDC for health care providers:
  - Surgical masks
  - Hand sanitizer
  - Gloves
  - Face shields
- PPE will be provided for all OSH staff
- Each medical room will have a non-contact thermometer
- All rooms must have mechanical ventilation (e.g., HVAC system that delivers outdoor air) or an operable window
The Isolation Room:
• Must be a designated space in the school building
• Staffed by DOE personnel
  • Staff in the isolation room must always wear appropriate PPE
• Should provide for physical distancing of 6 feet
• Must have adequate ventilation (mechanical or operable window)
• Students in the isolation room should wear face coverings and must remain in the isolation room pending disposition
Student Evaluation

COVID-Like Illness (CLI) Symptoms:
• Oral or temporal temperature of > 100.4 F
• Axillary temperature of > 99.4 F
• New onset cough
• Shortness of breath or chest pain
• Loss of smell or taste
If a student has CLI Symptoms:
• Student should be sent home
• 12S Form must be completed and given to parent/guardian
• Family advised to take child to a health care provider for evaluation of their symptoms
• Family will be provided with list of COVID-19 testing sites
Student Evaluation

• If student has a positive diagnostic test or is symptomatic and does not receive testing, they must remain out of school for the full isolation period.
  • A provider letter is not needed to return to school.

• If a student is identified as a close contact of a confirmed case, they must remain out of school for the full quarantine period, even if they receive a negative diagnostic test result.
  • A provider letter is not needed to return to school.

• If a student had symptoms and receives a negative COVID-19 diagnostic test result, they can return to school if certain criteria is met (currently under development).
ANTICIPATORY GUIDANCE
Anticipatory Guidance For Parents

Back to school checklist:

• Ensure that your child wears a fresh, clean face covering daily
  • Do not use face coverings with an exhalation valve

• Backpack supplies
  • Extra face covering—label with your child’s name
  • Personal hand sanitizer

• Provide school with updated contact information and emergency contact information
Anticipatory Guidance
For Parents

• Practice the Core Four at Home:
  • Model all behaviors for your child
  • Reinforce hand hygiene
  • Teach how to wear face coverings and practice wearing at home
    • Child should own and engage in choosing face covering (patterns, colors)
    • Advise them not to trade masks with others

• Monitor your child for symptoms before sending to school
  • Keep child home if sick
  • Your child can only attend school if fever-free without taking fever-reducing medication.

• Keep all medications in stock at home for your child for chronic disease management

• Limit social media and news exposure—talk about COVID-19 in a developmentally appropriate way

• Ask for help and resources
Anticipatory Guidance For Parents

• Ask them what they are feeling
  • Acknowledge fears and anxiety about returning to school (in any learning format)
• Monitor for behavioral signs of stress
• Remove mental health stigma
Anticipatory Guidance
For You, The Medical Provider

- We have all been traumatized in some way by the pandemic.
  - Self Care
  - Compassion Fatigue
Back to School
QUESTIONS?