Addendum 3

Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together

Connecticut State Department of Education



Fall Reopening Resource Document for Students with High Needs

(July 28, 2020)

The information presented herein is provided to supplement the identified sections in the <u>Adapt</u>, <u>Advance</u>, <u>Achieve document</u>. Thus, information from that document should also be taken into consideration when viewing this document and consider including in the program/district plan.

Special Considerations When Providing In-Person Supports and Services for Students with High Needs

Statement of Need:

The Connecticut State Department of Education (CSDE) has issued the Adapt, Advance, Achieve Reopening document for the fall reopening of schools in Connecticut. The following guidance is provided to assist school districts and school programs when planning to support students with high needs during the upcoming school year.

The students referred to in this resource document may present or often present with intensive needs and:

- have experienced significant challenges accessing remote educational opportunities as a result of the impact of their learning challenges, behavior, and level of engagement;
- require constant or consistent supervision by adults, often with an adult to student ratio of 1:1 or 2:1;
- require physical assistance to learn and attend to their basic safety, health, and self-care needs (e.g., mealtime supports, toileting, medical interventions);
- often present with skill deficits with functional communication via both verbal and nonverbal means, thus limiting their ability to effectively express feelings and symptoms of illness. Undetected illness may pose a safety risk to themselves and others;
- exhibit significant behaviors that, at times, require an escort to safe areas or, in the case of emergency and only as a last resort physical restraint; and
- may not be able to wear personal protective equipment (PPE), practice social distancing (in accordance with), or abide by other Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), and CSDE reopening guidance.

Despite these challenges, it is essential that this student population have equal opportunity to return to school as soon as possible.

Many public schools have designed their own in-district programs to serve students who present with high needs, and those students typically have an individualized education program (IEP). If a school district is unable to implement the student's IEP, districts often turn to the local Regional Educational Service Centers (RESCs) or Approved Private Special Education Programs (APSEPs) to meet the needs of this student population.

Consistent with the approach to the Reopening Plan guidance, the below items should be considered "Guidance" to schools, specific to this population.

Section 5: Operations Plan

Facilities

- 1. For students who require 1:1 assistance to transition from class to class or in the hallway, avoid face to face contact, use gloves as needed, and provide extra space allotments in settings and halls to avoid overstimulation.
- 2. Post maximum room capacities and ensure adequate space allotted for those students who may need an emergency intervention necessitating additional staff support.
- 3. Provide spaces that allow for movement within the building for those students who, due to allergies, asthma, or other medical conditions, are unable to access the outside environment.
- 4. Perform facilities walkthroughs prior to school formally opening to support students in responding appropriately to their new environment. These could be augmented with video tours, social stories, photos, and visuals, which explain what is the same and what is different as it relates to each individual child.
- 5. Prohibit visitors within the school building during student hours with the exception of providers essential to the provision of IEP services and external members of the planning and placement team (PPT) for IEP meetings. Ensure the necessary technology is available for student and staff to participate in virtual direct and consultative services by outside service providers if they cannot provide those services in the school building.

Transportation

1. Staff will don PPE prior to assisting students in and out of vehicles (see Table 1).

Section 6: Health Practices and Protocols

All students will be assessed with regard to the health and safety skills, which, if not learned, will significantly limit their access to life during this pandemic. Some of these include: wearing a mask, tolerating others wearing masks, ability to socially distance, hand washing, hygiene protocols such as, use of tissue and coughing in elbow, waiting in line, and following directional cues. For students who are unable to practice social distancing and/or wear facial coverings, other mitigating strategies should be implemented.

- 1. Develop teaching plans with regard to each of the critical life skills mentioned above, staff trained in implementation, baseline data collected and programs implemented.
- 2. To the extent possible, limit the number of staff working with each individual student.
- 3. Ensure staff will be garbed in appropriate levels of PPE, depending on the tasks being performed. Begin each day with sufficient PPE for each person in the classrooms to minimize traffic throughout the building (see Table 1).
- 4. Provide students their own designated materials, cubbies or lockers to reduce the need to share materials. When materials must be shared (e.g., pass a communication picture to staff for the purpose of communication), they will be cleaned and disinfected prior to initial use, between users and prior to storing at the end of the day. Reusable paper materials will be laminated so they can be cleaned. For shared items such as a communication device, staff will wear disposable gloves while activating the device. The number of staff using the device with the student will be limited and the device should be sanitized frequently.
- 5. Store materials in designated individual student areas, not in bathrooms. Hygiene materials must be sent in from home, sanitized daily and secured in appropriate containers that allow for airflow.
- 6. Consider supplying classrooms with basic first aid supplies so teachers are able to handle basic first aid within their classrooms in order to reserve nursing skills for COVID-19 safety practices and minimize traffic within the building.

- 7. Develop teaching materials and lesson plans to instruct students on COVID-19 health practices, consistent with their developmental level and level of need. This may include but not be limited to video modeling, teaching stories, social equations, visual supports, role-playing and direct instruction. Reinforcement systems for students implementing safety practices may be helpful in motivating students to use and generalize skills across persons and environments. Teaching plans and strategies for generalizing skills to home will be critical. This may encompass parent training, modeling, and videotaping students involved in safety practices to support home generalization. Training content must include general information related to COVID-19 from the CDC as well as content to ensure students are familiar with changes to their regular school practices, such as routines for entering and exiting the school, snacks/meals, assembling, passing in hallways, being transported via bus or van, and accessing the bathroom.
- 8. Provide clear masks and/or face shields as needed for staff who work with students who are deaf and/or hard of hearing.
- Provide safety materials and instructional approaches to students with visual impairments to support them in traveling in a new environment and accessing materials related to health and safety content.
- 10. Plan for mask breaks for both staff and students. Students with high needs may need more frequent mask breaks than their typical peers.

Need for Assistance with Activities of Daily Living

- 1. Mealtime: If students supply their own meals (common in programs for students with high needs), plan for meals and utensils to be brought to school in a lunch box or container (closed receptacle) and labeled with the student's name. The lunch box will be placed in the student's individual cubby/locker until mealtime. Breakable plastic utensils are discouraged as they pose a swallowing risk. Garbage and disposable items will be placed in a closed receptacle and removed from student access. Utensils will be wiped clean following use and placed in the student's lunch box to return home. Students who need designated adaptive equipment will have their own, and each item will be labeled. Following use, items will be cleaned, sanitized and stored for subsequent use. To minimize cross-contamination by using a shared microwave or refrigerator, families will be encouraged to use thermal containers to keep food items warm or cold.
- Mealtime supports: When assisting students feeding or implementing oral motor programs or mealtime supports, plan for staff to wear PPE as indicated (see Table 1). All materials will be sanitized following OSHA guidelines.
- 3. Toileting: Continue to follow OSHA guidelines related to bodily fluids, handwashing and hygiene, and proper use of PPE. Staff will wear PPE as indicated while assisting in these activities (see Table 1).

Need for Assistance to Prevent, Minimize and Manage Behavioral Challenges

- Prior to program entrance, review each student's individual profile, previous functional behavior assessments, behavior intervention plans, and behavioral data available before and during COVID-19 school closure.
- 2. Prior to program entrance, consider the use of visuals that would assist the student to prepare for the school environment and include parent training as necessary to support this preparation.
- 3. Prior to opening, develop re-entry plans for students to build rapport, gradually increase demand, implement teaching plans to ensure comprehension of building and schedule changes, as well as ensuring students are able to functionally communicate their feelings, wants and needs. For students who are nonverbal, a communication dictionary would be developed and reviewed with team members to support their understanding of student's nonverbal communication.
- 4. Attempt to minimize cross-contamination with staff when working with multiple students.

- 5. Use of non-edible reinforcers will be used as much as possible. Keep student edible reinforcers in labeled, sealed containers. Staff will wear a face covering and gloves when administering.
- 6. Emphasize preventative strategies, supporting emotional regulation and de-escalation training.
- 7. Retrain staff in use of emergency physical interventions with use of PPE as required.
- 8. Evaluate and formulate effective responses to individual student's challenging behavior.
- 9. Provide frequent opportunities for movement across the day, maximizing the outside environment as much as possible.

Nursing Interventions

- 1. Prepare nurses or other medical professionals on staff to adjust health plans based on health indicators and guidance from health officials and primary care providers prior to re-entry into the program.
- 2. Provide nurses with appropriate PPE (see Table 1).
- 3. If the school has access to more than one nurse, assign one nurse to support students who are ill and one nurse to support care of students who are well (e.g., med. administration).
- 4. Maintain the nurse's office as a clean space (unoccupied by students who are ill) when possible by providing non-invasive medical treatment in classrooms (i.e., administration of medications, application of Band-Aid for small cuts) to limit students traveling to and from classroom. Standardized first-aid supplies will be provided to each classroom. Isolation rooms are to be used for students with suspected COVID-19 symptoms only.
- 5. Develop symptom checklists with nursing staff, which are posted and readily accessible to staff and students.
- 6. Plan for nursing staff to review parent health assessments of students daily.
- 7. Plan for nursing staff to provide materials and training to families on COVID-19 and safety practices.

Medical Screening of Staff and Students

- 1. Develop a policy for all staff to be asked to self-report symptoms, and temperature checks will be available upon request.
- 2. Plan for all students who do not wear masks due to an exemption to have a daily temperature check upon arrival (note: this may change with evolving guidance).
- 3. Plan to observe all students upon arrival and throughout the day for signs or symptoms of illness.

Section 10: Academics/Special Education (Community Based Instruction)

- 1. Develop plans for in-person community-based instruction with the parent/student to ensure agreement with the continuation of this service/instruction during this time.
- 2. Assess the student's ability to adhere to current safety protocols prior to their returning to community settings.
- 3. Ensure distancing and other CDC transportation protocols are in place in all school transportation vehicles.
- 4. Ensure IEP based transportation equipment is installed in school vehicles i.e. harnesses.
- 5. School transport vehicles will be cleaned in between student groups.
- 6. Engage a policy that driver and staff will wear required PPE (see Table 1).
- 7. Contact previous job sites for students to determine if they are ready and willing to have students return. Educational team representative should visit the job site prior to the student going out to ensure safety protocols are in place.

Provision of Related Services

- 1. Determine the method of service provision on a case by case basis. This may include in-person service, virtual service, or a hybrid model depending on student needs and current safety protocols in the building.
- 2. Consider various approaches. For example, staff may be present in the building and teaching virtually from within the building with instructional staff supporting the student during the sessions.
- 3. Allow staff that are contracted to provide an IEP service or to implement a recommendation of the planning and placement team (PPT) in the building. This will include an agreement with the district/program and service provider regarding understanding of and abiding by the district/ program COVID-19 related precautions. The method of delivering the service will be based on the needs of the student and the current safety protocols in the building.

Emergency Physical Intervention Protocols

Note: The following guidance is to be used in conjunction with Connecticut regulations regarding emergency restraint and emergency seclusion. The term "emergency physical intervention," used below, refers to the use of emergency physical restraint, forcible escort, and/or emergency seclusion. **An** emergency is defined as an event which poses imminent risk of injury to self or others. Direct service providers should be mindful that seeing staff putting on PPE or being approached by staff wearing PPE can create anxiety in students. Exhaust all de-escalation strategies and use a student-centered approach and offer reassurance throughout interactions.

- Limiting Risk of Infection Prior to an Emergency Physical Intervention
 - While administering an emergency physical intervention, ensure that staff will wear PPE as indicated (see Table 1).
 - Ensure student's PPE does not interfere with student safety.
 - If staff PPE is removed while administering an emergency intervention, an alternate trained staff member with PPE will be on call to replace staff.
 - Avoid use of protective gowns that can be easily ripped or torn, as they may become a hazard.
- Limiting Risk of Infection during an Emergency Physical Intervention
 - Keep hands clear of eyes, mouth, and nose of self and others.
 - Relieve staff as soon as possible if not wearing appropriate PPE due to emergency circumstances and/or PPE is compromised or obvious exposure has occurred.
 - Limit number of individuals involved in interventions. Only staff required for safely intervening with a student should be involved; additional staff will monitor and address safety and PPE needs as necessary.
- Limiting Risk of Infection after an Emergency Physical Intervention
 - Following these emergency interventions, plan for staff to assist students with recommended hygiene practices.
 - Remove and dispose of and/or clean PPE immediately following an emergency physical intervention according to guidelines (see PPE guidelines following an emergency physical intervention).
 - Remind staff and students to avoid touching their face, and limit contact with hard surfaces before washing hands.
 - To minimize potential exposure, develop a policy for staff and students to have a change of clothing available in cases where their clothing become contaminated.

- Place contaminated clothing in a (sealed) plastic bag or wash it in a washing machine.
- Clean any rooms or areas that were used during an emergency physical intervention once the student has exited the space.
- Clean any mats used during an emergency physical intervention once the student is no longer in contact with the mats.
- Once all health and safety issues have been addressed, follow debriefing and reporting procedures for the emergency physical intervention.

Staff Training Specific to Working with High Needs Students

- 1. Consider a school/program training plan identifying staff who will need to be trained and what that training (e.g., nursing interventions, , meal-time, toileting, use of PPE, de-escalation strategies, emergency use of physical restraint, physical prompting, activities including direct contact) should address (see Table 2).
- 2. Determine who will provide the training and what materials will need to be procured. Trainers will be qualified to conduct associated trainings and utilize resources from accredited organizations when possible.
- Develop a timeline for training needs to include training that needs to be conducted prior to the start of in-person instruction and what trainings need to be provided as ongoing support will be developed.
- 4. Develop a system for monitoring staff completion of required trainings.
- 5. Consult current vendors and/or affiliated health and safety organizations to determine what resources are readily available.
- 6. Share resources related to training between districts, collaborative organizations, and approved special education schools and programs.
- 7. Develop a mechanism for staff to communicate additional training needs.
- 8. Identify training needed for families of students with disabilities.
- 9. Ensure training is provided by qualified professionals.
- 10. Plan that training must include all staff who have contact with students, including but not limited to educators, support and related services staff, administrators, clerical staff, transportation providers, custodial staff and food service providers (see Table 2).

Table 1: Personal Protection Equipment (PPE) Recommendations for Service Provider (SP)

Classification of Individual Wearing Protective Equipment	NIOSH approved N95 mask	Face Shield	Disposable Gowns	Disposable Gloves	Gowns or Other Body Coverings	Face Covering
SP in the same facility but not in the care areas for students with suspected COVID-19						x
Transportation personnel/ monitors						x
SP providing personal care to students with- out suspected COVID-19 but who may poten- tially be exposed to bodily fluids		Х		X		X
SP (nursing) performing or present during aerosol- generating procedures such as nebulizers	х			х	х	
SP using direct physical contact during emergency restraint or seclusion		х		x	x	x
SP in care of student identified at school with COVID-19 symptoms	x	Х	x	х	х	x

Table 2: Training Plan Complete Grid based on Program/School Requirements

Professional Development Training Template Adapt, Advance, Achieve Section 13: Staffing and Personnel

Торіс	Who Should Attend	Person(s) Delivering the Training	Method of Training Delivery	Training Date (s) and Location	Number of Persons Able to Attend
Signs and Symptoms of COVID-19	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Standard Public Health Protocols	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Critical Hygiene Practices	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Protocols for self- health assessment and reporting illness	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:

Торіс	Who Should Attend	Person(s) Delivering the Training	Method of Training Delivery	Training Date (s) and Location	Number of Persons Able to Attend
PPE Requirements per task as well as donning, doffing and disposing of soiled PPE	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Assessment of and teaching plans for student skills critical to community access, health and safety	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Protocols for emergency situations (to include use of PPE, back up staff, cleaning, etc.)	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Building and equipment cleaning and sanitizing	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:

Торіс	Who Should Attend	Person(s) Delivering the Training	Method of Training Delivery	Training Date (s) and Location	Number of Persons Able to Attend
Review of new policies, i.e., attendance, any changes in job descriptions or dress codes, mealtime, toileting, student materials, teaching hygiene skills, etc.	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
New building set up, i.e., max room capacities, furniture setup, directional signs, playground procedures, use of touchless appliances if appropriate	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
If appropriate, changes in nursing procedures, i.e., medications being delivered, first aid kits in each classroom, etc.	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Method and curriculum for instructing students in information related to Covid-19	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:

Торіс	Who Should Attend	Person(s) Delivering the Training	Method of Training Delivery	Training Date (s) and Location	Number of Persons Able to Attend
Virtual Teaching platforms, skills and resources	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Provision of and supporting delivery of Related Services	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Other:	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Other:	 Administrators Teachers/BCBA's/ Nurses Support Staff Related Services Contracted Service Providers Parents Other: Other: 		 In person Virtual Materials Provided for Review with Q&A sessions following Other: Other: 	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Creation	Date:	Revision Date 1:	Revisi	on Date 2:	