

Caring for Children with Special Healthcare Needs During COVID-19

Marco Beltran: Good afternoon and welcome. I want to start off with some housekeeping prior to starting the webinar. We really want to hear from you, so please use the "Ask a Question" feature to submit your questions. We will try to answer as many questions as we can. You can also download a PDF copy of today's presentation. A recording of this webinar will be posted on the ECLKC. You can also use the webinar link that you used to join the broadcast to watch the recording again for a month. And before we get started, I want to recognize the National Center on Early Childhood Health and Wellness. The Center is jointly administered by the Administration for Children and Families, Office of Head Start, in partnership with the Office of Child Care and the Health Resources Service Administration, Maternal and Child Health Bureau. For participants that are seeking a certificate for participating in today's webinar, you will receive an email with the link to download the certificate of attendance at the end of the live event or the on-demand viewing. If you have questions related to the certificates, you can send an email to the email address on this slide. Once again, my name is Marco Beltran. Good afternoon, and I am the Health Lead for the Office of Head Start, and I would like to welcome you to "Caring for Children with Special Health Care Needs During COVID-19" webinar. We have received many questions related to how to support children with special health care needs, and how does this align with recommendations about being ready to protect children at higher risk for severe illness. Keeping children safe within our programs is a concern for all of us, and many of us are seeking strategies or recommendations for keeping children with special health care needs safe. At this point, I want to introduce Dr. Jessica Foster. Dr. Foster works at the Akron's Children's Hospital as a director of the Division of Developmental Behavioral Pediatrics and the Neuro Developmental Science Center. She is active with the Ohio chapter of the American Academy of Pediatrics, with advocacy in programming for kids with disabilities, as well as to receive promotion. She is also a current member of the Executive Committee of the Council of Children's with Disabilities for the American Academy of Pediatrics. Locally, she serves as a board member for the Autism Society of Greater Akron. Prior to her current position, she turned – she served as Ohio's Title Five Children with Special Health Care Needs Medical Director at the Ohio Department of Health. Prior to the role – prior to her role at the Ohio Department of Health, she worked at – at Nationwide Children's Hospital in Nisonger Center at the Ohio State University. She completed her pediatrics residency, Developmental Behavioral Pediatric Fellowship, and a master's on Public Health at the University of Kansas. She is a proud mom of three boys. Now, I want to turn it over to Dr. Foster.

Jessica Foster: All right. Thanks for the introduction, Marco. I – I appreciate that. I'm very excited to be with you all here today. It was very cool to see the level of interest in this topic. I believe something like over eight thousand individuals have registered to listen in. So, it just really speaks to my heart that this population is on your mind. You all serve a really critical role in caring for our kids and families and in – in serving. You also serve an important role in how you are able to connect them to community resources and obviously this population. It's an especially critical time to have you all involved. So, again, thank you, and I am super excited to be here. I also just want to quickly thank my partners at the AAP. As well as a handful of

colleagues, who have helped me put this information together today. So, I hope you will find this useful. So, I wanna start out by just commenting that our federal government defines children with special health care needs as children who have health, developmental, and behavioral conditions that require additional support and services above and beyond that which we normally expect a child to require. So, that definition of children with special health care needs is pretty broad. It – it includes kids that might have medical conditions, such as asthma, complex heart disease, cancer, those sorts of things that ... It also includes kids who might have developmental disabilities, such as autism or intellectual disabilities. Kids who may have behavioral conditions like ADHD. And certainly, there are kids with developmental disabilities who also have those behavioral health conditions, as well as underlying complex chronic medical conditions. And you will definitely serve kids from these populations within your program. So, I'm gonna try to address a little bit about each of these groups of kids with special health care needs as we go through the slides today. I am planning to start by talking a little bit about what we know about COVID-19. I know that you all have been getting hammered with this information, but I think it is really important to have that solid foundation about how we understand this disease to be spread and what we understand about current recommendations for reducing risk. And if you understand how it is spread, then I think those recommendations make a lot more sense, and then you can start to logically apply those recommendations in certain situations that maybe are a little bit unique when working with kids with different special needs.

I am also going to talk a bit about the CDC guidelines for child care program. This is certainly not the focus of this talk. I know this group actually offered a really nice comprehensive presentation a while back on that topic. So, if you are looking for a detailed review of that topic, there's a great webinar that's out there that you can access. My purpose in including the guidelines today is really to highlight some of the considerations as you are implementing those guidelines that you may need to make for kids with special health care needs. I also want to talk a little bit about the challenges faced by families of children with these different needs. You know, these families are always higher risk group. They are always the higher stressed group, and now, with these new complications of, you know, being abruptly pulled out of services, having to figure out how to navigate a healthcare system that does not work the same way anymore. Families are really highly stressed, and I think in your role, you can really be there to support these families, and help them make the connections they need to make to make to make sure kids' needs are getting met. We'll also talk a little bit about supporting individual needs, and maybe some ideas for strategies. And – and I can't, in good conscience, give a talk without ending by talking a little bit about self-care. I know in my own field, in health care, we are constantly reminding each other, within my own institution, but also when I'm meeting with national groups and national leadership groups, of the importance of caring for ourselves during this incredibly stressful time, so that we can be at our best to – to do our job and take care of our families. All right, so let us get started. So, I think it's really important to say from the get-go it is critical that you are relying on evidence-based resources as you are continuing to work to understand what we know about COVID-19. The Centers for Disease Control and Prevention have some excellent guidance out there. It really is pretty well organized and easy to navigate through, and – and really, it's quite readable. I'm sure many of you have spent time

looking at those resources. The American Academy of Pediatrics also has some really nice stuff out there. Well, there is a slide with some nice resources at the end, that will point you to specifically. In addition to making sure that you are relying on those appropriate resources, you also have an important role to ensure that your families are seeking appropriate evidence-based resources as well. So, we know there is a lot of misinformation out there, and certainly some of our populations of kids with special health care needs. For example, in – in our autism population, we know that there's a lot of misinformation about immunization, and those same pathways through social media, unfortunately, are being used to spread misinformation about COVID as well. So, there's some great resources out there for families as well that you can check out on [healthychildren.org](https://www.healthychildren.org) And make sure that you're really doing a good job educating your families. If your families have the same level of understanding that you do, then you are gonna have better luck keeping everybody safe and healthy.

So, as everyone knows, this is spread through respiratory droplets, I'm probably spreading respiratory droplets on my cellphone, as I am giving this presentation to you right now with my speech. You guys in – in child care understand in great detail about snotty noses and coughing children, children who are mouthing toys, etcetera. So, I think it is very easy to understand how this could be easily spread within your settings, and if we understand how it spreads, then we also understand the recommendations that are – that are being made to try to prevent that spread. So, we'll talk a little bit about social distancing issues related to this population. Of course, hand washing is going to come up. Remember that cloth facial coverings are really meant to keep others safe should you be infected or be a carrier of this – of this particular virus and not know it. And again, if you understand how this is spread, you understand the importance of wearing that cloth face covering appropriately, and how that cloth face – cloth face covering might serve to prevent the respiratory droplet spread. And it can also do things like keep you from touching your nose or touching your own mouth, which, believe it or not, adults do much more frequently than – than you might think. And again, later in the talk, we'll talk about implications for – for kids. So, this is another big picture of comments that I think is important to frame this discussion. We also know that there are populations in this country who unfortunately are affected at a significantly disproportionate rate. And – and there are a lot of good reasons for this. These are vulnerable populations that probably many of you work with. And – and you probably know who these – who these folks are. And – and you probably really understand some of the unique challenges facing these populations if they are kids and families that – that you are serving. So, we know that there are places in this country that have limited access to running water, for example. That makes it really difficult to wash your hands. We know that there are families who live in multigenerational households, that makes it difficult to stay physically distanced. Many of these same populations are also considered essential health care workers, health workers – sorry, essential workers. And – and again, they may be in health care, but they also may be in industries that we have heard about, you know, such as meat packing where there have been challenges following these – these precautions and disease has easily spread. Then these individuals may come home, and they really may not have the ability to appropriately distance from family members. So, again, that is going to put those kids at higher risk.

So, you want to be aware of these – of these types of things as you are planning within your own communities too. It's not a focus today, but I do think important to raise because, again, you have a really important role in – in thinking about this. And – and helping to address these disparities and directing these families to services within your community. So, this is a little infographic that was put out by the CDC, that I'm guessing much of this audience is familiar with. This is designed to help walk child care directors and administrators through the process of thinking about how to safely open. I put this graphic here partly to remind myself to emphasize to you all the critical importance of working closely with your state public health officials, as well as your local public health officials to really understand what is happening within your own community. We know that there is a significant... difference in what is going on in – in our different communities around this country in terms of things like access to testing or contact tracing activities. We know that the burden of – of disease is really different from community to community. So, that information is really gonna be critical to guide you as you are making your decisions about how to safely open your facility. And how – how you are thinking about putting your own procedures in place. So, when we think about the potential risks for kids who may be at higher risk for serious disease, families need to be able to understand all these factors. They're going to be factors related to that individual child's health condition, but families also need to understand the level of risk within their own community and also the level of risk that may be present within the program that that child may be attending based upon the different strategies that the program has been able to implement. So – so, we really want to give families all of that information, so that they can understand risks potentially faced by their children as – as they are working with you. If you have questions about all that or need to know how to connect with your local public health officials, you could think about using your resources like your child care health consultant, they could help. As part of Head Start, be sure to access your Health Services Advisory Committee. They can help you with that. If you are not sure who those resources are, reach out to your local childcare resource and referral agencies and – and they can point you in the right direction. So, a quick word on some of the child care guidance. As you all are working towards opening or perhaps already are opening, and how you might think about some of this guidance from the frame of kids with special health care needs. So, social distancing is a big challenge. And – and that's a challenge in – in childcare, regardless of whether or not you have a special health care need. So obviously, if you are caring for infants and toddlers, you can't be maintaining a six-foot distance.

Frankly, it's very hard for me to imagine an early childhood classroom with children sitting neatly six feet apart with face masks, with their hands on their laps all day, that it is just not going to happen. So, I think the other quick comment I wanna make is that there really is a nice emphasis now on switching from the terminology of "social distancing" to "physical distancing." So, again, remember the – remember the purpose of this strategy. So – so, we know that our children are still going to need our comfort. They are gonna need play, they need to interact. They need to be physically active. And – and you may have kids with special health care needs who will require hands-on care throughout the day. So, maybe that is a young child who needs hands-on support to use the nebulizer with a spacer. Maybe that is a child with a physical disability, such as cerebral palsy, who maybe uses a wheelchair or equipment for mobility, and

you need to physically support them to do that. Or a child who uses an alternative communication strategy, like a text board or a device. There are circumstances for this population where it just will require hands-on care. So, I think be thoughtful about that as you are thinking about how to group your children and providers. There's been some nice advice within this guidance about thinking about small ratios. Keeping the same kids and providers together day to day to limit those contacts. If you know you have a child who is gonna have to have a medication administered, think about who is going to do that, and – and do you really want children that need medications administered cycling in and out of one particular space? Or how – how do you want to handle that? I think that is something important to think about. Also, think about substitute caregiver situation. So, what if that staff gets sick? What if that staff who had that particular connection, maybe with that child with autism to help them be successful in the classroom, or had a really good understanding of working with a child with a physical disability, or, again, working with a child who needed a medication administered. Be planful about that and what happens if those caregivers are not able to be at work because they are sick. Think about drop off and pick up, and – and screening procedures. So, as you are – as you are considering how to stagger, coming and going, you are thinking about how to distance from parents, the parents that are dropping off. You may need to take into consideration things like that child that may arrive with equipment in their car that needs to be transferred from the car into your program. So, plan for that ahead of time along with the parent to understand the best way to make that happen. Things like screening procedures at arrival.

So, depending on how you decided to implement this, it is possible that coming into your center will be a very different experience than it has ever been before. You know, it might be that, depending on the procedure that you decide to implement, maybe you even have staff that are standing in PPE outside of your facility taking temperatures. Perhaps you have staff that are greeting and transferring kids that are in face masks that aren't the same staff that normally met the child. Perhaps the route that the child is now entering the program is – is different than it was before. So, if I am a child who has underlying anxiety, or who has autism spectrum disorder – so, kids with autism often really struggle with adjusting to changes in routine – procedures like this could be really upsetting and distressing. So, think about that ahead of time. Maybe you want to take some photos of what the – what the center now looks like, how the entrance has changed. Maybe you want a couple of photos of – of those favorite staff in their face coverings, so that the kids can see – can see them ahead of time and know what to expect. Families could walk through those photos, or sort of the simple social story, so that kids know what to expect. So, those are some things to think about as you're planning these new procedures. I've already talked quite a bit about physical care. I think you are very familiar with, you know, diapering and cleaning and holding and hugging when it comes to infants and toddlers. And – and I think that it is important to remember, for older children, especially with developmental disabilities, but also with some medical or health care needs, they may also require diapering or those sorts of hands-on procedures. So, you just need to be planful about that when you are thinking about how you're grouping kids in classrooms, how you're setting up your – your resources and supplies, gloves, those sorts of things. A word on hand hygiene. You – you guys in child care, I think do a great job with this. You know, you are –

you are already, like, keenly aware of the issue of having little germ factories in – in your rooms on a daily basis. So, you are already probably pretty top of the game at teaching this stuff. And – and so basically, it's – it's just time to step it up a little bit, and oftentimes, kids who understand a little bit about what's going on, they can really buy into the idea of doing a good job of washing their hands with soap and water for 20 seconds, if they know that it's something that they can do to help keep themselves safe and to protect their families. So, you know, this is a great time to think about how you are implementing creative strategies. You know, maybe – maybe you no longer use the button that the kids push on the wall that plays a song for 20 seconds, because we don't want all the kids pushing a button on the wall. It just adds another high touch surface. But maybe there is a song or a game that you play with your kids to help them get that – that 20-second rule down. And then, of course, remember to be diligent about hand hygiene yourself. A quick word on eating. You will definitely have kids with different abilities that do have needs related to feeding, that may need to be fed. Again, that is going to require some hands-on care.

You'll also have kids that have sensitivities to textures in food, strong food preferences, issues related to exploring new foods. And so, we wanna make sure that those kids still have a semblance of mealtime. We know feeding and eating is a really social activity. You just want to think – you want to be real thoughtful about how to space kids. You want to be thoughtful about presenting meals in a – in a separate way for each child. But you still want those children to have that – that social experience, because that is gonna help those kids that are struggling continue to develop these skills. Cleaning and disinfection; again, you guys are – you guys are the stars at thinking about this already, and – and it really is just a matter of intensifying those efforts. And, as I've mentioned, for kids with special – special health care needs, while in both cases, you're probably saying, you know, "No toys," "Nothing coming from home." Again, they may be coming with devices or equipment that they really need to use during the day. I do want to quickly comment on communication devices. Maybe use of a text card system that's laminated, or, you know, an iPad or something like that. We really need kids to be able to communicate. And – and so, if those are the strategies that they are able to use, I think we just need to be thoughtful about how we – how we keep things clean and disinfected, but we really don't want to impair communication abilities. That – that can lead to lots of other trouble, including behaviors that – that again, can put folks at risk for – for potential contact with virus. And then I quickly want to comment on face covering. Children under two, of course, should not be wearing face coverings, but really anyone that cannot remove the face covering themselves should not be wearing a face covering, it's just not safe. So, if you have children, for example, who have – maybe a condition like cerebral palsy that affects their motor movement, they really – they should not be wearing a face covering. You also might have children, again, who have anxiety, or conditions like autism or just typical children who really do not tolerate the face coverings, and if those children are constantly reaching up and under the face covering, touching their nose, touching their mouth, taking it off, leaving it around the room, then – then it's almost worse to – to use the face covering than it is to just forget about it. And kids are probably going to be a lot less likely to be messing with – with their faces. So, that's food for thought on that topic.

So, communication is key. I – I'm preaching to the choir with the – with the early childhood community. It is really important that we are talking directly with our parents about any of these special health care needs. Parents know their kids the best. They understand the underlying health conditions, and they really are the ones to go to as you are trying to make plans for these kids. You also really want to talk to your parents about how kids are coping. This – this is gonna be great information for you to have. It's – it's gonna be really helpful to understand who is really struggling. It's gonna help you to kind of, you know, to take that – take that trauma based approach when – when you're thinking about kids who really may be having a hard time, so that you have the ability to understand where they are coming from and – and respond appropriately. Some of our kids are still receiving services and support from folks, such as speech occupational therapists or behavioral therapists, and they can be resources to you. You know, they – they may or may not, depending on your set up, be providing hands-on support in the classroom like they did before, but may still be able to provide quite a bit of assistance for families at home, as well as for you in a child care setting, maybe through teleservice phone consultation, you know, something like that. So – so, think about that. And we've already talked a little bit about social determinants, but remember, you know these families well. In some cases, you may be their only solid connection to their community, and you may be the one that has the opportunity to really uncover something that a family is struggling significantly with. And – and you can point these families to the best community resources that can help meet their needs at this time. So, this is really a specific strategy for communicating in a really direct way about children's needs. One thing I did mean to mention on the prior slide, also, make sure that your families know how to talk to you. So, you know, the days of standing on the sidewalk or in the classroom talking directly to a parent standing in close contact are – are gone. You know, you really do want to be distanced from – from parents. So, how are you going to be communicating with parents? Are you – are phone calls best? Are emails best? Are you using some sort of a video modality? You know, make sure your parents know how to get a hold of you, and – and then care plans can be a really useful tool at this time. There are a whole variety of templates for this type of a plan that – that exists out there. You can find them online, lots of them are available totally free without any you know, without any charge. Again, this is a great example of something that somebody, like your child care health consultant, could help you with. Your Health Services Advisory Committee, if you are part of Head Start, could help you think about this. You probably have families who have great care plans, that just need to be reviewed and updated. This is also a great opportunity to develop one if that family of a child with special health care needs has never gone through this process.

And so, these plans can include critical things, like contact information for providers, information about allergies, about medications, about how to administer medications. You know, what is the most successful strategy for administering that inhaler spacer for this particular child? What are those sort of routines or maybe special quirks that – that kids have? Triggers, things that might set off behaviors, or strategies that parents use at home that they know can really offer comfort and calm kids and can prevent behaviors. All that kind of stuff could potentially go into a care plan. And I think many folks are quite familiar with asthma action plans, and – and one of the big comments I wanted to make here is that it's really

important to be following these plans at this time. So, if we are managing underlying health conditions well, we're, you know, we're gonna be reducing risk. We're going to be keeping kids healthier. It's a good time to keep kids healthy and out of the hospital and out of clinics. But, at the same time, we want to make sure that our kids are accessing their health care providers, so that they are staying on things, like controller meds, and they are staying healthy. So, we'll talk a little bit more about that in a minute. A quick comment about at-risk population. The list of conditions that is written on this slide are the list of conditions that is currently published by the Centers for Disease Control. In the case of children at this time, it seems that children with chronic lung disease, children with heart disease, and also, conditions that affect the immune system seem to be the group of kids that are at the highest risk. It is still true that children in general are faring quite well during this pandemic. Kids just do not get as sick. They do get COVID, but most kids just don't get as sick, and may not even carry the kind of viral load that adults do, and may not be, you know, the spreaders. The same spreader type of spreaders that – that adults are. So – so, it's been a very interesting time to be in pediatrics. You know, often our kids are more – more vulnerable. And in this case, that has just not been true. However, there is some evidence that of the population of kids who have required hospitalization, and certainly the children that have required intensive care, those kids generally are kids who have underlying complex health conditions. I also wanted to just very briefly mention the Multisystem Inflammatory Syndrome in children. This is the Kawasaki-like syndrome that is in the news. I wanted to bring it up, because it is the current hot topic. The CDC is working really hard to – to understand what is going on in this syndrome, and the health care community is working hard to make sure we are reporting cases. We still don't really understand who is at the most risk for this condition, but I think this is a great example of an area where we will be learning more.

All right, so, let's talk a little bit about the challenges faced by families. When I was commenting on asthma, I've already alluded to the fact that this is a really important time for families to stay connected to their health care providers, and health care providers and health care systems are using Telehealth. Depending on the system, providers are doing video visits. They may also be doing visits by phone call for families that cannot access video visits for whatever reason. This can be a little challenging to navigate for – for parents. It – it may be a little bit different in terms of how you get a hold of your health care provider. There might be issues with Internet access. Some of these systems could be a little tricky. Families might have to load an extra app onto their phone or iPad or computer. So, this is a great example of a place that you can really provide support for families if they are having a hard time staying connected with their providers. But remember, we want kids to stay healthy and well. So – so, it really is critical that they continue to stay connected. Families also need information about access to testing centers. This is a great example of something that varies widely from community to community. So, this is a good thing to stay informed about. And help – help families to understand if there are places like drive up centers that are offering COVID testing, should that become something that they need to access. I think I have alluded to this, but we really want to make sure that the kids have access to their medications at this time. So, part of that comes by making sure you stay connected with your providers. CDC is recommending that we – that families have 30 days worth of medications stored at home to make sure that meds do not run short. They may also

wanna consider things like a 90-day script for – for chronic medications if they have not thought about that before, and also want to be making sure that they have adequate medical supplies. And again, their health care providers can help with this. Pharmacies can also help families navigate some of these things as well. So, again, these are sort of conversations you can be having with families. And if you realize they're struggling, you can – you can help provide them support, and – and that can really make a difference in keeping kids healthy. The last comment I wanted to make on this slide is we know that families of children with special health care needs, those parents are often the true care coordinators for those children. And – and even though, yes, many of our health care systems and community systems offer different types of care coordination, oftentimes, it really is the family that is pulling all this together, and – and that is complicated in usual times. But imagine the level of complication in this currently stressful time. So those families, just like many of you on this call, have probably also become teachers for their – for older kids in their family. They're probably still working. They're – They're facing all of these same stressors, and so, I think it is important to acknowledge that. And again, it is something for you all to be aware of, and – and you can really step it up and provide important support. I have to mention access to services. This's been a real crisis for some of our kids with special health care needs. I've already talked quite a bit about the importance of continuing to access the health care system. My immunizations bullet on this slide is to remind me to mention to this group that ongoing well child care continues to be important, especially for our youngest kids, and especially for our kids with underlying complex medical conditions, who really need to still get access to things like immunizations. So, this is an important message that you can help us send.

I've alluded a little bit to support through the education system. So, you will have kids within your programs, who do have IEPs or IFSPs, and continued access to those critical services has been really variable for our families. Some families feel like the rug has just been pulled out from under them. Other families have been able to navigate teleservices from their districts. It's really varied all over the place. And so, again, these are connections that you can help make within your community. We've also definitely had children who have had challenges accessing evaluations to get set up for those IFSPs and IEPs. We know that we are still responsible for identifying kids who have developmental delays, are at risk for things like developmental disabilities. And so, again, you could really serve a role for a child that you know is struggling to help that family connect with the school district and figure out how that evaluation is gonna happen if – if you are concerned about those risks. Same thing in – in early intervention. We wanna make sure we are still ... Those – those early signs of things like autism and global delay, and behavior concerns are still presenting, but – but referrals into systems, like early intervention, are down. So, again, you guys can play that critical role. Keep your developmental screening. Use resources that are out there to monitor and refer those kids. A quick word on helping children understand COVID. This is another good way to mitigate risk, if kids understand the importance and why they're doing this hand washing, why they need to be separated, it can really go a long way to making a difference. Remember that kids with developmental delays and young children may have really concrete ways of thinking. So, you want to be – to make sure you are giving really simple answers. You wanna answer questions that children are asking, and you wanna correct misunderstandings that might be causing fear or anxiety in children.

And you want to be really calm and reassuring. Children definitely pick up on your cues. This is another great example of a topic where there's tons of resources out there, cool social stories. This particular one on the slide is about wearing a mask. There are eBooks that have been created on the topic, videos, all kinds of stuff. So, lots of ways to help teach your children this message, even your children that may have some differences in how they communicate or understand things. I have to present this information to this group. I think it is super important. I know that you are all fully aware that behavior is often communication, but I think it's really important to emphasize this when we're talking about population of kids with special health care needs. They really may have specific reasons why their communication abilities are quite limited.

And so, in this time of increasing stress, significant change, these kids are – you are likely to see increased behaviors at this time. And so, again, you know, I mentioned before, remembering those trauma-based approaches that you've learned about before. Try to understand where these behaviors are coming from. They're – they're not bad kids, they're kids under stress. And – and so, we need to be providing support, remaining calm, setting a positive, calm atmosphere, and we can really go a long way to prevent negative behaviors. You can also certainly get your mental health consultants involved if you need help, if you don't know how to find those resources. Think about reaching out to your child care resource and referral agencies, or again, your Health Services Advisory Committee if you are a Head Start program.

I am almost finished because I know wanna leave time for questions. Routine, routine, routine. So, this is another mantra that I know you all are highly familiar with being early childhood professionals. You know very well how important it is for kids to be able to anticipate what is happening next during their day. For kids to be able to understand things like, "Okay, if I can make it through this non-preferred activity, I can look, and I know that the next thing that is gonna happen is that I get to go outside." So, I bring up this topic here because, again, just like some of these other considerations, this is especially critical for kids who have different special needs. Especially related to – to development in – in behavior. You really want to keep kids busy and engaged. This is a time to get creative. You know, how are you going to keep kids moving, keep kids active and really work on some of the physical distancing? There are really some creative games and ideas that you may be able to think of to accomplish that. And – and you want to consider the kids that might be in your classroom who might have needs related to movement. You know, again, maybe a child with cerebral palsy. It is really important that we keep those kids moving, not – not just for their emotional well-being, but – but for their physical wellness as well. And again, those kids might require some hands-on assistance to keep moving, but it's super important. So – so, think about those activities as you're setting up your day and how you are going to engage this special population. You definitely wanna add in some stress reducing activities. This is a great time to dip your toe in – in things like kiddie yoga, if you have never done it before, or – or, you know, breathing exercises. And remember, for kids, that physical activity – getting outdoors when you can, running – that's so important, not just for their bodies, but for their brains, for their development, and for their behavior. And – and again, this is another preaching to the choir comment, I'm sure, but remember to use that strategy of choices when possible.

During stressful times, it's really important that children continue to feel that they have some sense of control of what is happening around them. So, I promised I had to – had to mention this. This is my friendly reminder to you that while you are professionals working in this area and – and trying to make all of these plans and decisions and set these policies, you are also moms and dads; you are grandmas and grandpas; you are daughters and sons; and you are living this right along with everyone else in – in your community. Your family may be facing significant financial stress, job loss. You may be struggling to teach your own kids at home. You are still doing the laundry, you are cooking the food, etcetera, etcetera. It's – it's an incredibly stressful time, and you really do need to – to take care of yourself. And – and I think you can – you can really help each other by reminding each other about this, and asking each other, "Hey, how did you get moving today?" "What did you do to take a break and take care of yourself?" And – and remember, it's not social distancing, it's physical distancing. Connect with friends and loved ones. Those relationships are what keep us healthy and well. So, I wanted to end with this really nice statement. Be flexible, be – be creative, empower parents, and be forgiving. So, we know that we are still learning every day. Guidance is changing all the time related to our response to this situation. Probably, by the time we hang up on the call, there'll be something new or different that has been posted on the CDC website. We – we are all doing the best that we can. You – you will implement things that will not work, and you're gonna have to be flexible and change and go with the flow, and just do your best every day.

Be creative. Again, this is a real opportunity. You know, who would've thought we would see the kindergarten classes on Zoom calls? You know, what – what a riot! It – it really ... There are some real positives that are coming out of this. Please, don't forget to empower your parents who are struggling. They are doing their very best, and they need lots of positive reinforcement just like kids do. And please be forgiving of each other and remember the stress that we are all under. And – and be sure that you are taking care of one another. So, here are a variety of resources that we've put together for you, that I think you'll find useful. This – this is the tip of the iceberg with each of these. When you dig into them, you'll find additional links to great information that hopefully you'll find useful. Again, sticking to these evidence-based resources is highly recommended, and, again, that's not just for you. You know, think about what you may want to provide your families to ensure your families are also operating from the same appropriate level of information. All right, now, I think that's everything. I went a little long, I apologize, Marco.

Marco: No, thank you so much. I – I really – really appreciated your slide about being flexible, being creative, how things have changed. Ever since we started this webinar series, we've already gone through three renditions of recommendations. So, being flexible, being creative is really key. So, thank you for reminding us about that. We've – we've gotten a ton of questions that I'm to try to do – try to do the people that ask the questions justice. I'm going to try to categorize them in – in phases, so that we can try to capture as many of the questions that were coming in. The first – the first question ... Well, there was a series of questions around masks, and – and so, we – we have the gamut of people being really concerned about issues related to the anxiety – the stress kids not being able to keep the mask on, and then, issues related to kids, especially for adults, we have the kids wearing the mask, and then the other set

of questions are around adults wearing masks, and some of that social cues – or some of those cues that happen from not having a mask on that a kid might not have access to. Can you – can you explain a little bit more about, one, the importance of the mask on – on – on staff members and why it's there, or – or why it's recommended? And then, two, can you just reiterate some of your points related to children wearing masks?

Jessica: Yeah, those are great questions, and I think this is a great example of a topic that you want – you're gonna want to keep up to speed with, because I – I think this is something that has – that has changed some over time, and probably will continue to evolve going forward. But I think it is really important to remember the purpose of the mask is to protect others from yourself. So, we know that you can carry this virus, and we know that you can be infected with this virus for days before knowing you have it – before you know you are sick. So, you know, I think one other thing I should've said out loud if I didn't: Please, please, please, if you are sick, do not go to work. Please, support your staff in staying home if they are sick, and – and kids who are sick should not be coming. So, let me – let me get that message out there too. So, but there are circumstances where, again, you may have folks who are providing care, who are indeed infected and just do not know it. And so, the purpose of the face covering is to prevent you from spreading that virus. And – and the other reason that face coverings, and I am saying face covering intentionally because the term "mask" is – is being used more, sort of, in the health care system, and I think when we talk about masks, that also takes us down a PPE route, which is a little more complicated. So, you know, right now, what's been – what's been recommended in community settings are our cloth face coverings. And the other reason that it makes a difference for adults is you would be shocked how often during the day you might put your finger in your nose or in your mouth or something like that, and not even realize you are doing it, and – and that's a great way to spread disease. So – so, that's a word about why it's important for adults. I think we all understand that – that having children wear masks all day long – there is a multitude of reasons why that is going to be a – a challenge, and you – you will have plenty of kids that really cannot tolerate it. And, again, if – if kids are not wearing masks appropriately, then there really is no purpose to wearing the mask. So, if the mask is bothering the child so much that they're constantly fidgeting with their face, putting their hands up under the mask. Then again, if that child is a carrier and you didn't know it, if that child is constantly playing with their face, they're probably spreading things and putting your classroom at higher risk than they would if you decided to just leave that child unmasked. And then, they're – they're probably less likely to be touching their face. So, I think that's how I would answer that question for now. I think those are really important questions, and I think those are things that you need to continue to have a dialogue you know, within your profession, about going forward.

Marco: Great, that's a great explanation. I – I often worry about the idea of children wearing masks, and for some reason, that becoming a disciplinary issue whether the child has a special health care need or not, where children are not gonna get in trouble, quote on quote, because they're touching their mask or not wearing their mask, so I – I think the piece about education and the importance of why the mask is there or not there is – is – is that – is that education piece that all staff need to have, as well as – as our families. So, thank you.

Jessica: Yeah, that – that's a terrific, terrific comment. Yes.

Marco: There's a lot of questions around asthma, and – and I'll give you the range of questions so you can help – help me figure out how you want to approach it. One is people having a different understanding of where the guidance is with special health care needs or – or children who have severe illness and thinking about what to do with them as it relates to the CDC guidance. And then, you have people ... Then going from there to, "Is asthma one of those things that we need to be excluding children from child care for?" And then, going into, "How do you do medication administration for children with asthma?" So, that is how the questions typically landed.

Jessica: Great. So, again, I think this is another really interesting topic that I think we are still learning about. I think that we had anticipated that children with asthma would really be quite a bit more severely affected than they have been. I think it has been interesting in talking with some of my pulmonary colleagues, you know, the clinics have been a lot quieter than – than we expected. So, again, you know, children in general just are not getting as sick, and that is also true for kids with asthma, but I think that is an important thing to keep in mind. In terms of thinking about exclusion from child care settings, that needs to be a very individualized decision. So, I would, you know ... You definitely do have kids, as you guys are fully aware, asthma, you know, ranges from mild to more severe presentation. And when you – when you are talking about those kids who may have more severe presentation, the parent needs to be having a really careful dialogue with the health care provider, and together, they need to be considering issues related to that child's personal health status and control of their disease. But you also need to be weighing factors, like control of this illness within your own community. So, there are communities where the likelihood – where the – the disease burden, if you will, is just not as high, and it – it may be that there's different advice that's – that's given in that particular community. So, I think the answer to that is it really needs to be quite individualized and – and based upon the needs of that specific child within that specific community setting. And then, medication. So, in general, we recommend use of a – of a meter dose inhaler with a spacer as the best way to administer medication. You are going to have young kids who will need hands-on assistance to administer medication through an MDI with a spacer, who may need to be held in your lap you know, while you are administering it. So, if you need specific help or training related to the meter dose inhaler, that's a great example of something, again, that your child care health consultant or Health Services Advisory Committee could help you guys with in terms of accessing training related to that. The nice thing about spacers is they can go home with the child and be washed with soap and water, and – and so, you know, we can do a pretty good job of keeping that – that particular item directly for that child.

I know nebulizer treatments is the other question that has come up. That is a – that's a bit of a controversial topic. It's something else that I think is going to be evolving. So, you know, keep your ear to the ground. It is true that, in infants and very young children, there are times when a physician might recommend a nebulizer treatment in – be administered in a child care setting. Currently, the Centers for Disease Control have not classified nebulizers as an aerosol – aerosol generating procedure. However, they said that, with a little asterisk next to the word

"nebulizer", that also – that also acknowledges that we really don't know for sure. So, we really aren't totally sure. You know, the nebulizers nebulize the medication into the air. We really do not know if that potentially increased risk. And then, remember, when you are administering that, you are very close to that child. So, the answer is: we really do not know yet. So, I think in a circumstance like that, those are worth, again, a conversation related to that particular child's needs. So, you know, what does the timing of the administration of that medication really need to be? Does it need to be done during the child care day? If the child really needs those nebulizer treatments, is that a reason that that child maybe should be excluded? And again, I think that's an individualized decision that has to be made. And then, if you are in a circumstance where you are going to be administering something like that, that's a great time to involve your local public health folks to give you the best guidance. And again, folks like your child care ... your health consultants and your health services advisory group to help you figure out the best way to safely do that within your program. I hope that covers up that.

Marco: That did, and I have – I have one – I have one final question for you. Earlier on, when you were talking about – you kind of were talking about the CDC guidance, that one of the pieces was related to adjusting for changes – changing routines for, as it relates to, like, drop offs and just kind of getting kids used to new things and how things have to change. One of the things you mentioned was related to social stories as a strategy. Can you explain a little bit more?

Jessica: Yeah, absolutely. And – and this is ... I'll tell you, use of social stories as a strategy is definitely – you can definitely Google that and learn all kinds of things about it. So, I encourage you to read more. [Laughter] But so, specifically related to something like a drop off procedure, so, you might even take a photo of what the front of the entrance is going to look like, a photo of the person that is going to be greeting that child, a photo of what the – the room now looks like, where the child will be getting care, and maybe even photos. You know, the groups may have changed, too, right, because of how you need to group kids. So, maybe photos of the children that will be in the class, and you can put that together into a little book, or, you know, it could be something that – that families could access online, and then the family can use that with their child ahead of time as part of their routine, you know, maybe as a bedtime story or something like that, and can talk that child through what to expect while giving them that – that great visual. So, you know, language for young children can help, in terms of communicating about change, but a much more effective way to communicate about change is – is through visuals. So, if that child has had a couple of nights to see what to expect when they come the next day, then they are gonna be much more prepared for those changes and it will be much less stressful. I – I hope that helped clarify.

Marco: It did, Thank you so much. And that's all the questions I have for you, so, I really, really appreciate you answering all the questions that were coming in, and I hope I did an all right kind of approach to trying to group the questions to make it more manageable. So, once again, thank you.

Jessica: Yeah, thank you.

Marco: So, for the folks on – on ... The participants ... So, many of you have sent questions to our National Center already, which we use to plan our "Ask the Experts" series with pediatricians. Please check our upcoming events page using the URL that is on the screen to find the dates and registration links for each of these webinars. We will post this information on the events page as soon – as soon as it's available. Also, as many of you know, MyPeers is a collaborative platform for ECE programs to ask questions and share resources. Our National Center regularly posts information in the Health and Safety, and Wellness Community and many other communities on MyPeers. If you are not a member of MyPeers, you can use the link on the slide to set up an account. This information is also on the resources handout that you can download during the presentation. So – so we just ... We know that many of you are worried about providing safe services to children and families, and many of you are concerned for the well-being of children and are doing everything that you can to ensure that they are connected and that their needs are being met. I want to thank you for doing that. Thank you for doing what you do every day. I also want to thank you all for participating and asking questions, and I would also like to thank Dr. Foster for helping to address questions and for sharing her expertise. This concludes our presentation. Sorry for going over – over time. I thought the information was really – really useful, and – and Dr. Foster's explanations really gave us some – some pieces of information that we need to think about and strategies of moving forward. So, thank you, Dr. Foster. So, thank you for joining us today, and please continue to reach out to us with your questions and concerns. Stay healthy and safe.