



APTANJ Guidance for School Based Physical Therapists Regarding the Reopening of Schools Under Covid-19

Introduction: School Based Physical Therapists are health professionals who work in schools. They provide services to ensure that children with motor disabilities have access to the school environment. As highly trained health professionals, three key principles should guide decision making with regard to provision of services under the challenging situation imposed by Covid-19.

- **Promoting the health and well being of students, staff, and themselves.**^{1,2}
- **Acting in a way that is consistent with the need to ensure the health of the communities they serve.**¹
- **Making decisions based on best available evidence and best practice.**

Traditional Models of Service Delivery in School Based Physical Therapy^{3, 4,5}

Districts and families should be informed that school based services may be

- Integrated - provided in the classroom setting
- Direct pull out - provided in a location outside of the classroom
- Consultative - providing instructional strategies geared towards teachers and support staff

Considerations in Provision In-Person Physical Therapy under Covid-19

- Direct in-person pediatric physical therapy services involves contact with students done in close proximity and often while handling the student. In these cases, the safe and effective implementation of in-person pediatric physical therapy cannot be carried out within guidelines for social distancing (maintaining 6 feet between individuals).
- Many, if not most, of the students who require physical therapy may have difficulty maintaining hygiene precautions (hand washing, avoiding putting hands on their faces, avoiding putting hands in their mouths, controlling their saliva, or covering a cough or sneeze). This can be true for multiply disabled students and students on the autism spectrum of all ages. The same is true for most preschoolers and many younger elementary level children in general education.⁶
- Many students who require physical therapy, as well as classified preschoolers, may require moderate to maximal assistance with toileting.^{6,7}
- Many students who require physical therapy already have compromised immunity.
- Many of the students who receive physical therapy will have difficulty with, or be unable to wear a mask. Some of these children have compromised respiratory status.⁸ Others may have sensory or behavioral challenges that affect mask wearing.

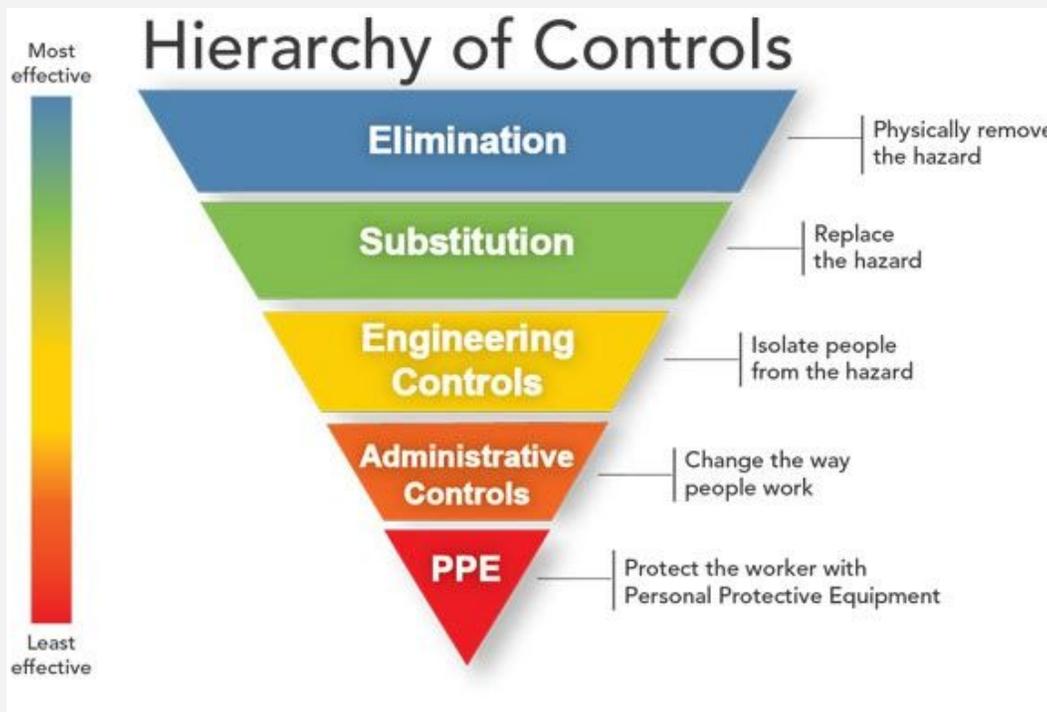
- Since aerosols may pose a risk, parents and administrators would benefit from being informed that children may be serviced in a room where students who are unable to wear a mask may have been serviced.⁹

The ramifications of the above conditions suggest that extra measures, or modifications in scheduling, must be in place to protect the students and the therapists. In addition, flexibility in modes of service should accommodate therapists' own assessment of personal risk.

Principles of Elimination of Hazard and Ensuring Safety in Work/School Environments

Decision making should take into account the guidelines established by The National Institute of Occupational Safety and Health (NIOSH) (See: [Hierarchy of Controls](#))^{10, 11,12,13}

NIOSH illustrates these principles with the following diagram:



The idea behind this hierarchy is that the control methods at the top of the diagram are potentially more effective and protective than those at the bottom, though all protections should be provided. Following this hierarchy has been shown to lead to the implementation of inherently safer systems, decreased spread of illness, and decreased rate of injury.

NIOSH leads a national initiative called [Prevention through Design](#) (PtD)¹² to prevent or reduce occupational injuries, illnesses, and fatalities through the inclusion of prevention considerations in all designs that impact workers. Hierarchy of controls is a PtD strategy. To learn more, visit the [PtD website](#).

Considerations in Determining Service Delivery under Covid - 19⁸

Many factors must be taken into account in determining the safest and most effective model of service delivery.

Options for Service Delivery

1 - **Continue remote learning options for a certain percentage of students, whether based on parental risk assessment, therapist risk assessment, and the potential of the school district to ensure safety for students and therapists.** This may entail provision of improved technology for families and flexible scheduling on the part of therapists to accommodate academic schedules and parent work schedules. Therapists who are able, may consider providing services after the typical school hours, or even on weekends.

2 - **A hybrid model of service provision.** This involves seeing children in-person in the school building for a determined percentage of their IEP requirements and providing the remainder of services in the remote format.

3- **A more limited hybrid model.** Limiting in-person contact to assessment or for teaching caregivers specific procedures that may be difficult to convey remotely.

4 - **In-person services for direct intervention.** This would entail full personal protective gear and strict cleaning measures (see below).

Promoting Safety for Students and Therapists in the During In-Person, Direct Service

1 - Possible Ways to Reduce Risk based on Health Assessment Measures

- Parents should be provided information about health management requirements for school attendance.
- It would be highly beneficial for schools to follow CDC guidelines for Covid-19 testing as outlined for nursing home staff and patients.¹⁴ (This is not the standard for schools).⁸
- All students with symptoms should stay home from school.^{8 14,16}
- Students who become symptomatic during the school day should be sent home.⁸
- In cases where family members test positive for Covid-19 the child should stay home and be under quarantine for 14 days.¹⁷
- In cases where the student has mild illness (colds), consider providing services remotely.
- Therapists who have symptoms should stay home and where symptoms are mild, be allowed to provide services through remote technology.

2 - Guidelines for Modifying Risk in the Environment

- Decrease the number of staff and students in a room.⁶
This will require increased flexibility in scheduling.

- Decrease the amount of equipment in the room.
- Avoid the use of shared toys⁸ or toys that cannot be cleaned.¹⁸
- Allow extra time between students for cleaning equipment. (This includes, mats, balls, swings, trampolines, including the floor in cases where students do activities with hands on the floor). Custodial assistance can be considered.^{6,8}
- Provide cleaning equipment and solutions.⁸
- Provide hand sanitizer.⁶
- A sink for hand washing should be in close proximity and accessible to students and staff. (Therapist may consider suggesting portable sinks, where necessary).
- Provide services in a well-ventilated space, such as one with windows that can be opened and/or filtering air.^{9,6,19,20,21,22}

2 - Personal Protective Equipment.

- Sensory and behavioral strategies should be used to promote mask wearing where it is safe for students.
- Due to lack of social distancing, **therapists benefit from having full PPE** to protect themselves and prevent any possible spread when close contact is required. PPE includes high caliber protective masks, face shields, gloves, and protective garments.^{8,6,21}
- Therapists should consider following CDC recommendations for health professionals with respect to use and cleaning of protective gear.⁸

3 - Consider modifications to in-person consultation with teachers and staff

- Some consults can be done via phone, electronic communication, video conferencing to decrease exposure as well as aid in limiting the number of adults in the classroom.
- Therapists may propose to districts that these consultations be billable as in-person time when the service would have been billable previous to the Covid-19 crisis.

Considerations to Reduce Risk For Physical Therapy Assessment

The following statements are based on available cited sources as well as the professional experience of a committee of the APTANJ Pediatric Special Interest Group in the provision of school based services. Decision making is ultimately up to each individual therapist based upon the particular circumstances.

- Therapists should be included in child study team intake meetings.
- Therapists can support use of previous assessments, if acceptable to the child study team.
- Therapists should consider use of parent survey based tools.
- In cases where physical therapy data will not influence eligibility for preschool, functional assessment based on parent/teacher report and observational assessment via remote technology may be acceptable and should be considered as an option.
- Parents should be able to indicate their preferences regarding in-person or remote based assessment.

- All cleaning measures and protective gear outlined for in-person treatment should be maintained during assessment.^{8,6}

Summary

Providing school based physical therapy under the conditions imposed by Covid-19 will require careful thought and decision making. Any determination should take into account the child's age, medical condition, level of disability, and family preferences. In addition, it is beneficial for therapists to assess the nature of the available physical space, the ventilation, the availability of cleaning equipment, the time available for cleaning, and the level of risk in a community. The availability of full PPE, the child's ability to wear a mask, and any other issues specific to a given case are also important. Finally, therapists should take into account their own, or family members', level of risk with respect to Covid-19.

Assessing Risk in Provision of School Based Physical Therapy Under Covid-19

Key: = Green - Lowest Risk

Yellow -Possible Option

Red =highest risk

The following summary table is meant to assist therapists as they determine what model of service delivery is best in a given situation. Any in-person treatment assumes that PPE is available for the therapist and the ancillary personnel. Ultimately, the final decision is up to each individual therapist in conjunction with the child's family. Refer to the discussion in the APTANJ Guidance for School Based Physical Therapists Regarding the Reopening of Schools under Covid-19.

| Constraints | Remote (assumes flexibility in scheduling to parent needs.) | Hybrid Model (assumes PPE¹⁸ and cleaning for in person therapy, and flexibility in scheduling) | In Person only (assumes PPE¹⁸, flexibility in scheduling, and thorough cleaning between each session.) |
|---|--|--|--|
| Child/Family Has Health Risks ^{8,19} | | Largely for assessment or parent instruction | |
| Therapist/Family Have Health Risk ^{8,19} | | Largely for assessment or parent instruction | |
| Family has time constraints | | | |
| Therapist has time/family constraints | | | |
| Family has language barriers | Send written instructions or have some translation | With some translated instructions | |
| Child able to wear a mask | | | |
| Child unable to wear a mask for medical reasons ⁷ | | With PPE, try facial shield ^{6,18} | With PPE, try facial shield ^{6,18} |
| Child unable to wear a mask for sensory or behavioral issues ⁹ | | Try sensory and behavioral strategies to teach mask wearing, use, Facial shield | Try sensory and behavioral strategies to teach mask wearing, use, facial shield |
| Level of Infection in the community is low. ^{23,24} | | | |
| Level of infection in the community is high. ^{22,23} | | | |

Assessing Risk in Provision of School Based Physical Therapy Under Covid-19

Key: = Green - Lowest Risk

Yellow -Possible Option

Red =highest risk

| | | | |
|--|--|--|------------------------------------|
| Classroom areas lack adequate ventilation ^{6,8,9} | | May be ok if child wears face mask | May be ok if child wears face mask |
| Lack of space in the school to promote adequate social distancing ^{8,6} | | Hybrid model decreases number of students in rooms | May not be an option in many cases |
| Therapist or parent risk tolerance is low | | Possibly | |
| Insufficient PPE ²¹ | | | |
| Insufficient ability, time, or equipment for cleaning | | | |

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Additional Resources:

Telehealth Services during the COVID-19 Pandemic Frequently Asked Questions (FAQs), NJ DIVISION OF CONSUMER AFFAIRS (April 2020), <http://www.njamha.org/links/publicpolicy/FAQ-Telehealth.pdf>.

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