Upcoming WEBINARS

Urticaria & Angioedema: Seeking Satisfaction in 2021
- Thursday, April 22, 2021
- 7:00 PM ET

Eosinophilic Asthma: Medications & Management
- Thursday, April 29, 2021
- 3:00 PM ET

Asthma Month Virtual Fitness Challenge
- May 1 – May 31
- Join us for a positive, energizing and fun virtual community challenge! Get exercise, boost your immune system and feel healthier as you raise awareness of asthma and support Allergy & Asthma Network. Register at “Events” on our website!

Register at allergyasthamanetwork.org ➡ News ➡ Webinars

The ABC’s of COVID-19 and School Reopening: Assessment, Beliefs and Care
April 14, 2021
OUR SPEAKERS

Dr. Purvi Parikh
Clinical Assistant Professor of Medicine NYU Langone School of Medicine & Director, Allergy and Asthma Association, Murray Hill
National Spokesperson, Allergy & Asthma Network

Tonya Winders
President & CEO, Allergy & Asthma Network
President, Global Allergy & Airways Patient Platform

Poll Question

• We’d like to know who is with us today!
• What category best describes you? (we have a limited number of answers or would offer more!)
PROGRAM OUTLINE

- Current State of COVID-19
- Assessment of Student & Staff Health
- Beliefs about COVID-19: Vaccines, Masks & Social Distancing
- Caring for Students at School with Asthma & Allergies

Current State of COVID-19

Tonya Winders
Johns Hopkins Global Map

US Data Report – CDC
In the News

- 35.9% of U.S. population has received at least one dose of vaccine
- 21.9% of Americans have been fully vaccinated
- Cases are rising in some parts of the country
- US average well below January peak

---

In the News

- The U.S. is recommending a “pause” in administration of the single-dose Johnson & Johnson COVID-19 vaccine to investigate reports of potentially dangerous blood clots
  - FDA investigating clots in 6 women that occurred 6 to 13 days after vaccination
  - More than 6.8 million doses of the J & J vaccine have been administered – vast majority with no or mild side effects
- Dr. Fauci: “We see so many pulling back on some of the public health measures, the mask mandates, the restaurant opening, the bars, we can’t be doing that. We’ve got to wait a bit longer until we get enough vaccine into people that we will clearly blunt any surge.”
COVID-19 Cases in US by Date Reported

New Cases by Day

Vaccine Update

Dr. Purvi Parikh
Vaccine Update

- Some people who have suffered from long COVID symptoms say they are finding relief after getting vaccinated
- Long-haul COVID is still not well understood by doctors
- One theory— the vaccines help eliminate the so-called “viral reservoir,” where the virus may still be lingering in the body and causing chronic symptoms
Assessment of Student & Staff Health

Dr. Purvi Parikh
Need for a SCHOOL NURSE

A registered professional nurse brings assessment skills into the school

- Care coordination
- Population health
- Leadership in managing the public health crisis

Be PREPARED

PPE
- Be sure you get what you reasonably need
- Masks
- Face shields? – Effectiveness unknown
- Gloves

Facility
- Appropriate cleaning
- Be aware of how the smells of some cleaners may affect students with asthma
- Isolation area as needed

DO choose masks that
- Have two or more layers of washable, breathable fabric
- Completely cover your nose and mouth
- Fit snugly against the sides of your face and don’t have gaps
- Have a nose wire to prevent air from leaking out of the top of the mask
Be PREPARED

School Community Support & Education

- Administration
  - Strong partnership – “watch each other’s backs”
- Staff
  - Encourage vaccination when available
  - Meet fears supportively with evidence-based information
- Students & Families
  - Assess continually – for physical & mental health concerns

COVID-19? Allergies? Flu?
What do we think when a child comes to the Health Office with a cough & shortness of breath?

- Use algorithm
- Note student’s anxiety level
- Know student’s health history
- Assess for viral symptoms
- Assess for asthma symptoms

**Is it viral?**

**Is it asthma?**

**Assessment — COUGH / SHORTNESS OF BREATH**

- Maybe viral?:
  - Fever of over 100.4
  - Cough with/without wheeze
  - Chest congestion or tightness
  - Nausea/vomiting/diarrhea
  - Fatigue
  - Myalgia
  - Poor appetite
  - Swelling/rash on hands & feet

- Maybe asthma?:
  - Asthma symptoms
  - Assess for additional asthma symptoms

- Could it be viral? (Algorithm)

- Is it viral?
  - No
  - Yes

- Is it asthma?
  - No
  - Yes
Assessment –
COUGH / SHORTNESS OF BREATH

Maybe asthma? –
Assess for additional respiratory symptoms

- Past history of asthma
- Audible wheeze/cough
- Nasal congestion
- Breath sound on auscultation: expiratory wheeze
- Fatigue, mental status
- Reports not feeling able to full participate in daily activities
- Stops talking to catch breath

MIS-C

- Some children may develop the rare but serious condition associated with COVID-19 called Multisystem Inflammatory Syndrome in Children (MIS-C)
  - Where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs
Assessment
OF ANAPHYLAXIS

• More eating in classroom
• Assess environment for possible food allergen exposures
• More specifics in Care section

Anaphylaxis At a Glance

Anaphylaxis is a life-threatening allergic reaction that affects more than one organ system. Common symptoms:

FOOD
• Peanuts
• Tree nuts: almonds, pecans, cashews, walnuts
• Shellfish
• Cow’s milk products
• Hen’s eggs
• Fish
• Soy
• Wheat

VENOM
• Yellow jackets
• Wasps and hornets
• Honeybees
• Fire ants
• Spiders

LATEX
• Balloons
• Rubber gloves
• Condoms
• Elastic bands (i.e., physical therapy bands/rubber bands)
• Dental dams

Foods with cross-reactive proteins to natural rubber: banana, avocado, chestnut, and kiwi

MEDICATION
• Penicillin
• Aspirin, ibuprofen and other NSAID pain relievers

Epi Everywhere! Every Day! Right Away!

Recognize the severity:
Anaphylaxis is life-threatening, unpredictable, presents in multiple ways and can progress quickly. If symptoms appear, refer to your Emergency Care/Action Plan.

Use epinephrine immediately:
Epinephrine is the first line of treatment to stop the progression of anaphylaxis. Use your epinephrine auto-injector at the first sign of symptoms—don’t wait to see what happens!

Call 911:
Always call for emergency medical assistance and go to the emergency room for follow-up observation and treatment.

Carry two auto-injectors:
Keep two epinephrine auto-injectors on hand, in case symptoms recur before emergency medical assistance is available. Up to 35% of people will require more than one dose.

Follow up:
Consult a board-certified allergist for accurate diagnosis and prevention/treatment plan.

Beliefs about COVID-19:
Vaccines, Masks & Social Distancing

Tonya Winders
“Every family has their own beliefs & experience with COVID-19.”

Can be a CLASH OF CULTURES

**Home Culture**
- Beliefs about COVID-19
- Beliefs about efficacy of social distancing
- Understanding about vaccine – anxiety, hesitancy
- Concerns about social exposure – return to school
- Trust of authority

**School Culture**
- Experience with COVID-19
  - Administration, Faculty, Staff
- Experience/ Guidance on social distancing
- Vaccine availability for staff
- Environmental preparation for return to school
- Communication with families
### Full-time School Attendance
#### 3 LARGEST CONCERNS

<table>
<thead>
<tr>
<th>Families</th>
<th>Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will our child/family get</td>
<td>1. How do we get people to</td>
</tr>
<tr>
<td>sick?</td>
<td>trust that we can keep</td>
</tr>
<tr>
<td></td>
<td>schools &amp; staff safe &amp; healthy?</td>
</tr>
<tr>
<td>2. Can our child “catch up”</td>
<td>2. How do we set goals for</td>
</tr>
<tr>
<td>on schoolwork?</td>
<td>students that are</td>
</tr>
<tr>
<td></td>
<td>attainable but ambitious?</td>
</tr>
<tr>
<td>3. Will our child experience</td>
<td>3. How do we improve lines</td>
</tr>
<tr>
<td>anxiety with full time</td>
<td>of communication so</td>
</tr>
<tr>
<td>school?</td>
<td>everyone feels listened</td>
</tr>
<tr>
<td></td>
<td>to?</td>
</tr>
</tbody>
</table>

### Poll Question

- Where are you getting most of your information about COVID-19 and Schools?
- You can choose multiple answers!
Recent Changes to ONGOING CDC GUIDANCE – March 19, 2021

- Revised physical distancing recommendations to reflect at least 3 feet between students in classrooms and provide clearer guidance when a greater distance (such as 6 feet) is recommended.
- Clarified that ventilation is a component of strategies to clean and maintain healthy facilities.
- Removed recommendation for physical barriers.
- Clarified the role of community transmission levels in decision-making.
- Added guidance on interventions when clusters occur.

Key Points - CDC

- Evidence suggests that many K-12 schools that have strictly implemented prevention strategies have been able to safely open for in-person instruction and remain open.
- CDC's K-12 operational strategy presents a pathway for schools to provide in-person instruction safely through consistent use of prevention strategies, including universal and correct use of masks and physical distancing.
- All schools should implement and layer prevention strategies and should prioritize universal and correct use of masks and physical distancing.
- Testing to identify individuals with SARS-CoV-2 infection and vaccination for teachers and staff provide additional layers of COVID-19 protection in schools.
Goals for SCHOOLS

- Promote: behaviors that reduce COVID-19’s spread
- Maintain: healthy environments, maintain healthy operations
- Prepare: for when someone gets sick
  - State and local leaders may create stricter guidance

COVID & STUDENTS

- Most children and adolescents with the virus that causes COVID-19 have mild symptoms and some have no symptoms at all
- Children and adolescents with underlying medical conditions are at increased risk for severe illness from COVID-19
Continue
MITIGATION PRACTICES

• Signage –
  ✓ 3 W’s
  ✓ Social distancing specific to your school

• Encourage students & staff to stay home when sick

Thresholds for COMMUNITY TRANSMISSION OF COVID-19

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Low Transmission Blue</th>
<th>Moderate Transmission Yellow</th>
<th>Substantial Transmission Orange</th>
<th>High Transmission Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total new cases per 100,000 persons in the past 7 days</td>
<td>0-9</td>
<td>10-49</td>
<td>50-99</td>
<td>≥100</td>
</tr>
<tr>
<td>Percentage of NAATs that are positive during the past 7 days</td>
<td>&lt;5.0%</td>
<td>5.0%-7.9%</td>
<td>8.0%-9.9%</td>
<td>≥10.0%</td>
</tr>
</tbody>
</table>

CDC recommends the use of two measures of community burden to determine the level of risk of transmission: total number of new cases per 100,000 persons in the past 7 days, and percentage of nucleic acid amplification tests (NAATs), including RT-PCR tests, that are positive during the last 7 days.

The transmission level for any given location will change over time and should be reassessed weekly for situational awareness and to continuously inform planning and decision-making.
Caring for Students at School with Asthma & Allergies

Dr. Purvi Parikh

“This has been a difficult time for students and staff.”
COVID-19, Asthma, Allergy CARE

Assess for asthma issues & treat as needed

Isolate student

Call parent - dismiss, refer to healthcare provider, (where possible, provide student with mask)

If confirmed COVID-19:

- Assess risk
- Consult local health officials
- Consider 2-5 day Building Dismissal to clean, disinfect & contact trace

COVID-19 Treatment Information – Monoclonal Antibodies

- Studies have shown in non-hospitalized adults at high risk for disease progression a single intravenous infusion of monoclonal antibodies significantly reduced COVID-19-related hospitalization and death
- Regeneron Pharmaceuticals said it will ask the FDA to allow its Covid-19 antibody therapy to be used as a preventative treatment
  - The drug is already authorized to treat adults with mild-to-moderate Covid-19 and pediatric patients at least 12 years of age who have tested positive for the virus and are at high risk of severe disease
10 Things to Manage COVID-19 Symptoms at Home

1. Stay home from work and school. Avoid using public transportation, carpooling, or taxis.
2. Monitor your symptoms carefully. Call your healthcare provider immediately if symptoms get worse.
3. Get rest and stay hydrated.
4. If you have a medical appointment, call the healthcare provider ahead of time and tell them you have or may have COVID-19.
5. For medical emergencies, call 911 and notify the dispatch personnel that you have or may have COVID-19.
6. Cover your cough and sneezes with a tissue or use the inside of your elbow.
7. Wash your hands often with soap and water for at least 20 seconds or with an alcohol-based hand sanitizer that contains at least 60% alcohol.
8. As much as possible, stay in a specific room and away from other people in your home. Use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a mask.
9. Avoid sharing personal items with other people in your household, like dishes, towels, and bedding.
10. Clean all surfaces that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

Anxiety may be a major issue for students experiencing shortness of breath. Avoid use of nebulizers as they spread droplets and are not advised. Nebulizers are often not required for children over the age of 6 (MDI inhalers are equally effective in delivering medication). Viral droplets persist in the air for 1 – 2 hours.

Respiratory viruses are a common trigger for asthma flares – student’s parent/guardian should contact healthcare provider if COVID-19 is suspected or change in care is needed.
### Is it ASTHMA?

Assess for additional asthma symptoms:

- Past history of asthma
- No fever
- Audible wheeze / Cough
- Chest congestion or tightness
- Breath sounds on auscultation: expiratory wheeze
- Fatigue, Mental status
- Reports not feeling able to fully participate in daily activities
- Stops talking to catch breath

### Asthma CARE

#### Follow Asthma Action Plan

**Green – Follow plan, observe**

**Yellow – Administer medication as directed, notify parent**

**Red – Administer medication as directed**

**Call parent as needed Call 911 if symptoms are or become severe**

### Asthma Action Plan for Home & School

**Name:**

**Asthma Severity:**
- Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent

**School Staff:**

- Follow the Yellow and Red Zone plans for rescue medicines according to asthma symptoms.
- Unless otherwise noted, the only controllers to be administered in school are those listed as “given in school” in the green zone.
- Both the asthma provider and the parent feel that the child may carry and self-administer their inhalers.
- School nurse agrees with student self-administering the inhalers.

**Asthma Provider Printed Name and Contact Information:**

**Asthma Provider Signature:**

**Date:**

**Parent/Guardian:**

- I give written authorization for the medications listed in the action plan to be administered in school by the nurse or other school members as appropriate.
- I consent to communication between the prescribing health care provider/clinic, the school nurse, the school medical advisor and school-based health clinic providers necessary for asthma management and administration of this medication.

**Parent/guardian signature:**

**Date:**

**School Nurse Reviewed:**

**Date:**

**Asthma Triggers:**

(List)

**Please send a signed copy back to the provider listed above.**

### Green Zone

- Have the child take these medicines every day, even when the child feels well.
- Always use a spacer or inhaler as directed.

**Controller Medicine(s):**

**Controller Medicine(s) Given in School:**

**Rescue Medicine:** Albuterol/Levalbuterol puffs every four hours as needed

**Exercise Medicine:** Albuterol/Levalbuterol puffs 15 minutes before activity as needed.

### Yellow Zone

- Begin the sick treatment plan if the child has a cough, wheeze, shortness of breath, or tight chest. Have the child take all of these medicines when sick.

**Rescue Medicine:** Albuterol/Levalbuterol puffs every 4 hours as needed

**Controller Medicine(s):**

- Continue Green Zone medicines:
- Add:
- Change:

If the child is in the yellow zone more than 24 hours or is getting worse, take the child home and call the doctor right away!

### Red Zone

- If breathing is hard and fast, ribs sticking out, trouble walking, talking, or sleeping.

Get Help Now

**Rescue Medicine:** Albuterol/Levalbuterol puffs every

Take:

If the child is not better right away, call 911.

Please call the doctor any time the child is in the red zone.
Food Allergy Recommendations

1. Schools should always promote strict handwashing before and after meals with soap and water; cleaning surfaces with a detergent before and after meals and avoid sharing food as a common policy

2. Food bans should not be included in accommodation plans or strategies used as part of Section 504 Plans

3. Incorporate reasonable, evidence-based, and mutually beneficial accommodations into 504 plans given the unusual restrictions posed by also minimizing infection risk of contracting COVID-19 at school


4. Schools that do not already stock unassigned epinephrine should be strongly encouraged to immediately adopt this policy

5. Train all teachers, staff and volunteers at the school in the recognition of signs and symptoms of food-allergic reactions including anaphylaxis, and how to properly treat reaction symptoms with emergency medication

6. Institute a zero-tolerance policy for food allergy related bullying

Food ALLERGY RECOMMENDATIONS

7. Consider adopting unique approaches or modify current school district or CDC policies or recommendations, as indicated by special circumstances.

8. School should develop very clear communication strategies and channels to help promote open dialogue and engagement, for fostering trust with families of food-allergic children.

Change can be DIFFICULT – at any age!

- Changes in routine
- Daily structure
- Uncertainty of pandemic
  - Will we stay in school?
  - Will we be learning virtually again?
- Children & youth who have changed schools during pandemic – transitions – i.e. – going to middle school.
“How do you teach students to socially connect in a socially distanced world?”

Mental Health

ISSUES

Some children & youth are afraid to go back to school
- Separation anxiety
- Unfamiliar new environments – safe space at home

Existing mental health issues before COVID-19, some new
- Anxiety
- Depression
- ADHD
- Prior trauma
Poll Question

• Please indicate your thoughts about this statement:

“Children need to be back in school full time as soon as possible.”

Key Take-Away MESSAGES

Be Prepared • PPE, Equipment, Plans

Be Sensitive • Each family’s experience with COVID-19 has been unique

Be Aware • Take the time to assess physical and mental health

Be Flexible • To meet staff and student needs
TIME FOR QUESTIONS

Record your questions in the question box - We’ll get to as many as we can!

JOIN US FOR OUR NEXT WEBINAR

Urticaria & Angioedema: Seeking Satisfaction in 2021

April 22, 2021
7:00 PM ET
FOR MORE INFORMATION

Visit Allergy & Asthma Network at www.allergyasthamanetwork.org

Want more information on Webinars?
Go to News – then Webinars