

COVID-19 Return to School for Children with Respiratory Illness

Frequently Asked Questions

1. Is it safe to send our kids with respiratory conditions back to school or should we home school?

The decision for children to return to school during the COVID-19 pandemic may be challenging for families of children with underlying respiratory illness and other family members with medical conditions. Each family will have to consider risks and benefits in relation to their own situation. Decisions to return to school may also be affected by the rate of COVID-19 virus spread (or number of cases) in the community.

In general, children appear to have a lower risk of COVID-19 infection than adults. They also appear to have less severe disease, fewer hospital admissions and are less likely to die than adults. Typical symptoms in children are fever, cough, sore throat, nasal congestion and diarrhea, although some children will have no signs of illness. A small number of children infected with COVID-19 will develop an inflammatory condition, known as Multisystem Inflammatory Syndrome in Children (MIS-C), which can also cause severe illness.

There is little information about children with respiratory conditions such as asthma and cystic fibrosis. In April, the Canadian Pediatric Society suggested there was no evidence that children with asthma are infected with COVID-19 more than others. They do suggest that, in theory, COVID-19 may cause an asthma exacerbation with serious health problems. The Centre for Disease Control in the United States suggests that having cystic fibrosis or moderate to severe asthma might increase the severity of COVID-19 infection. There is not enough information to know the exact risk. Most children with asthma and CF infected with COVID-19 have recovered well.

Pediatric medical groups are suggesting to balance the health risk of returning to school with the benefits that schools give, including effects on education, access to special education and school health programs, meal programs, vaccines, mental health support and physical education. Home school may also result in financial and child care issues for families.

Children with lung disease should be given both in person and remote learning options. Families should have the opportunity to decide which option is right for their child and family, with help from their health care team as needed. They should discuss health interventions that will be placed in schools before returning to school and consider their child's ability to follow precautions. Good communication should be established with the schools, and families should know when there has been COVID infection in the school and when levels are high in the community.

2. Should children with respiratory conditions avoid common areas such as cafeterias and gymnasiums?

Yes, if possible. Large gatherings should continue to be avoided. Schools should aim to keep students in their classroom cohort for eating and physical activity. Schools may have students eat in their classrooms or physically distance cohorts in a cafeteria. Lunch and recess times should be staggered to limit the number of students moving in hallways and cafeterias at one time. If the school provides meals, these should be dispensed from the kitchen, instead of being self-served.

3. Should children still participate in school sports?

Physical activity is an important part of healthy living. Physical activity should be completed outside when possible. Classroom cohorts should be maintained. Interactions with other cohorts, such as team sport competitions, should be limited, especially for children who may be at higher risk. Consider individual sports where social distancing and friendly competition can be maintained.

4. What is the best mask choice – cloth vs. medical grade? How can I help my child wear it?

Alberta Education requires that all children grade 4 and higher need to wear a face mask when physical distancing can not be assured. Children in Kindergarten to grade 3 are encouraged to wear masks when possible. Fabric masks will be given to each student in Alberta and are appropriate in most circumstances. Some groups suggest using a medical grade mask for children with health conditions to decrease virus spread to the wearer. Masks with exhalation valves are not suggested as they may transmit virus from the wearer. N-95 masks are not needed.

Alberta Health and Health Canada have provided recommendations on appropriate face coverings here:

<https://www.alberta.ca/masks.aspx>

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html>

Check out our mask wearing tips here:

<https://www.ualberta.ca/alberta-respiratory-centre/media-library/alberta-respiratory-centre/arc-kids/covid-kids.htm>

It is very important to teach children proper mask wearing practices. This includes making sure the mask fits well to limit gaps and prevent frequent face touching to readjust masks. Hands should be washed before and after placing and removing the mask. Masks should only be touched by the ear loops. Masks should be kept in a clean, dry place between use, such as an envelope or paper bag. **Masks should not be shared.** Reusable masks should be washed daily.

5. Kids with respiratory conditions cough. Will this affect their ability to pass school health screens? Will the clinic provide a letter to schools explaining that chronic cough is normal?

Daily health screening is an important way to limit virus spread at school and work. Children and adults with any change in health, such as fever, cough, shortness of breath, runny or stuffy nose, sore throat, diarrhea or otherwise feeling unwell should stay home and call 811 or complete the AHS self assessment to arrange COVID testing and assessment if needed.

Chronic cough and nasal congestion may be expected with certain respiratory conditions. During times of increased viral illness, even during a typical year, it is important to complete all recommended medical treatments to ensure the child is as healthy as possible. Families should be aware of the baseline symptoms for their child and isolate when these symptoms increase, until further testing and assessment can be arranged. Chronic cough or nasal congestion, which has not changed, will not affect a child's ability to go to school.

Health care teams can provide information about the child's medical condition to the school at the parent's request. The parent is encouraged to discuss the child's health condition with the school to consider if any further accommodations are required.

Special considerations for children with respiratory conditions include not using nebulizers in school if at all possible, as these can promote virus spread. If this is not avoidable, personal protective equipment, including N-95 masks should be used for the caregiver. Nebulizers can be used at home. Children with tracheostomies or non-invasive ventilation during the day should talk to their health care providers about risks, benefits and accommodations at school.

6. My child is having trouble coping with being out of school or returning to school during the pandemic and is showing signs of worry or anxiety. How can I help them?

It is normal for unusual situations, such as the COVID-19 pandemic, to cause worry and anxiety in children and adults. Having a chronic medical condition may increase worry. The pandemic has also increased isolation from friends and family, which may increase stress.

It is important to talk to your children about their worries in words appropriate for their age. It is also important for parents to talk to friends, family and their health care team when they are concerned about their child's health in this unusual situation.

The Canadian Pediatric Society has given some helpful hints on how to talk to youth : <https://www.cps.ca/en/blog-blogue/how-to-help-youth-tackle-the-blues-during-covid-19>

The British Psychological Society has also given helpful suggestions based on children's ages:

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Talking%20to%20children%20about%20coronavirus.pdf>

If you have concerns about your child's worries, anxieties, sleep or other mental health concerns, please talk to your health care team.

7. What else can be done to limit the spread of COVID-19 to children with respiratory conditions?

Home isolation is the most effective way to limit virus spread, but is associated with disadvantages as discussed above. Schools will enact public health interventions to limit virus spread as much as possible. Families will need to decide which school option is best for their child.

Main considerations for limiting virus spread in schools include:

1. Stay home when sick. Complete the AHS online self-assessment here: <https://myhealth.alberta.ca/Journey/COVID-19/Pages/Assessment.aspx>, or call 811 for health advice and consider COVID testing for any concerns or exposures. **Screen your child every day for new signs of infection.**

2. Alberta Health recommends students and teachers have COVID testing before school starts.

3. Ensure your child's respiratory condition is as well controlled as possible. This will require taking any regular medications prescribed by your child's doctor. Make sure your child has enough medication refills and rescue medication. Follow your child's treatment [action plan](#) and let your health team know if there are increased symptoms.

Check your child's asthma control here:

<https://cumming.ucalgary.ca/research/icancontrolasthma/resources/all-about-asthma/asthma-control>

4. Teach proper handwashing and good cough and cold practises to all children. Hands should be washed at least 5 times daily, and always before eating, before touching your face or mask and after using the washroom. Use soap and water when you can, and hand sanitizer at all other times. Check out:

<https://www.albertahealthservices.ca/info/Page14955.aspx>
https://www.youtube.com/watch?v=OjrKDX6S4rk&feature=emb_logo

5. Use a mask when not able to keep physical distance of 2 metres. Children over 2 years old should wear a mask when they are able to when physical distance of 2 metres is not possible. Most children in grade 4 and up will now be required to wear masks in school.

6. **Maintain physical distance of 2 metres** as much as possible. Schools will also cohort (or group) students together to limit mixing between large groups of students. Families should also keep their cohorts limited to those suggested by public health.

7. **Be aware of public health and school guidance about COVID-19** within the community. Knowledge about COVID-19 will change over time and suggestions from health care teams may be updated.

For further information, check out:

Edmonton Public School Board:

<https://epsb.ca/schools/goingtoschool/schoolre-entry/>

Alberta Health Services

<https://www.alberta.ca/schools-and-child-care.aspx>

Alberta Respiratory Centre

<https://www.ualberta.ca/alberta-respiratory-centre/covid19-links.html>

University of Calgary | Can Control Asthma COVID links

<https://cumming.ucalgary.ca/research/icancontrolasthma/resources/covid-19-information>

Canadian Pediatric Society:

<https://www.cps.ca/en/blog-blogue/reflections-on-caring-for-children-with-medical-complexity-during-covid-19>

<https://www.cps.ca/en/documents/position/paediatric-asthma-and-covid-19#:~:text=No%20evidence%20to%20date%20suggests,effects%20on%20the%20respiratory%20tract%2D>.

Canadian Cystic Fibrosis Foundation

<https://www.cysticfibrosis.ca/about-cf/covid-19-information-for-cf-community/general-covid-19-questions-answers>

Asthma Canada

<https://asthma.ca/wp-content/uploads/2020/06/AC-COVID-19-and-Asthma-061220.pdf>

United States Centre for Disease Control

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/decision-tool.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>