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## **Guidance for Schools Regarding Special Needs Assistants (SNAs) Supporting Children and Young People with Additional Care Needs in the Context of COVID-19**

**V1.0 05.10.2020**

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## **Purpose**

The purpose of this document is to provide guidance to support the work of Special Needs Assistants and any other people who may provide similar support in the educational setting, for children and young people with additional care needs.

## **Scope**

This guidance document is intended to support those managing or working in educational services and similar settings for those with additional care needs. This guidance is not a rulebook that must be followed to the letter. The appropriate use of this guidance requires the use of compassion and good sense and a reasonable judgment of the level of risk in most situations. If the general principles of this guidance are implemented, the risk that any given pupil in the educational setting on any given day has infectious COVID-19 is very low and all additional measures are applied as practical to the context with a view to further lowering of that risk.

## **Introduction**

### **The role of the Special Needs Assistant and Associated Risks of COVID-19**

People living with certain disabilities associated with increased medical vulnerability may be disproportionately affected by COVID-19. The measures taken to control the spread of COVID-19 can also have a very serious impact on people with disability. Some disabled children and young people have additional care needs that must be met to support them in achieving their full potential. Children have a right to education and ensuring continued access to education for people living with disability is critical to managing the public health emergency in an inclusive way. Special Needs Assistants play a vital role in supporting the additional care needs of some children and young people.

- a. Some parts of the work performed by SNAs are similar to tasks performed by healthcare workers and in particular, the nature of the work is such that it is often not possible to maintain distance.

- b. Some children and young people concerned may display behaviours that are associated with an increased risk of virus transmission if they are infectious.
- c. Some children and young people concerned may have limited ability to self-report symptoms therefore recognising infection may be more difficult.

In this context, there is a requirement for specific guidance to support the work of SNAs and any other people who may provide similar support for children and young people with additional care needs.

### **The COVID-19 Pandemic**

The virus, which causes COVID-19 infection, is called SARS-CoV-2 and belongs to the broad family of viruses known as coronaviruses. It was first identified in the Wuhan province in China in December 2019 and a global pandemic event was declared in March 2020.

### **Key Signs and symptoms of COVID-19**

COVID-19 is a contagious viral infection that typically causes respiratory illness in humans.

As above common signs and symptoms, include new onset of:

- Cough
- Fever (temperature equal to or greater than 38°C)
- Shortness of breath
- Loss of sense of smell or taste
- Distortion of sense of taste

Some people with infection have none of these features and some people may have other symptoms (muscle aches, extreme fatigue, loss of appetite, decline in function, vomiting and diarrhoea). Some people have few symptoms or no symptoms.

Laboratory testing is currently performed on people with clinical features that suggest COVID-19 and also in specific circumstances on people where there are no clinical features of COVID-19 where required by national policy.

### **Clinical Course**

Most people with COVID-19 will have mild disease and will recover. A small number will develop more serious illness. Based on current evidence children and younger people are much less likely to develop serious illness. However, children and young people who have serious problems with their immune system or certain underlying medical conditions such as heart or lung disease or diabetes mellitus, chronic kidney disease may be more likely to have severe disease.

### **Transmission**

Like other respiratory viruses, the transmission of SARS-CoV-2 occurs mainly through respiratory droplets generated from the mouth and nose of an infected person during activities such as coughing, sneezing, talking or laughing. The droplets may carry virus directly to the mouth, nose and eyes of person standing nearby or may land on a nearby surface. Under certain circumstances, airborne transmission may occur (such as when aerosol generating procedures are conducted in health care settings or potentially, in indoor crowded poorly ventilated settings elsewhere). In general, higher levels of virus are present around the time of first onset of symptoms. Some people who never notice any symptoms may be infectious to others (asymptomatic transmission). Recognising infection is likely to be more difficult in people who are not able to describe their symptoms or communicate easily that they feel unwell however parents, SNAs, teachers and others who are very familiar with the baseline function of a child or young person may notice changes that suggest infection and may warrant medical assessment.

Virus can remain on the surface for some time and be transferred to the mouth, nose and eyes of another person on their hands after they touch the contaminated surface. The virus does not penetrate through the skin.

## **Survival in the environment**

Virus on surfaces is easily removed or with common household cleaning products (detergent) and in those circumstances where disinfection is needed common bleach and a number of other disinfectants are effective.

## **Duration of Infectivity**

People may be infectious for up to two days before they develop symptoms (pre-symptomatic transmission).

In Ireland, people with COVID-19 are generally considered infectious for up to 10 days after the date of onset of symptoms or for 10 days after the date of their first positive test if the date of onset of symptoms is not clear. A longer period may apply to people who were hospitalised with COVID-19. After 10 days, the person is no longer considered infectious if they have been free of fever for 5 days. Doing another test at the end of the ten days is not usually not useful and should only be done if specifically requested by a doctor.

## **Practical Measures for Harm Reduction Related to COVID-19 when addressing Additional Care Needs in the educational Setting**

The following practical measures for preventing harm related to COVID-19 when addressing additional care needs in the education setting are organised under 3 main headings, reducing the risk of introduction of COVID-19, reducing the risk of spread of COVID-19 and reducing the impact of COVID-19 infection if it occurs.

## **Reducing the risk of introduction of COVID-19 into the Educational Setting**

The virus that causes COVID-19 cannot spread in any setting unless it is introduced. Although there is significant anxiety about introduction of virus on objects in practice the virus is essentially always introduced by a person who is infectious and is shedding the virus. Although some people with no signs or symptoms can be infectious, people are generally most infectious for others when they have symptoms

and signs of infection.

1. School staff should be familiar with the main symptoms and signs of COVID-19 (see above) so that they may be able to recognise if a pupil develops obvious signs of infection.
2. Pupils (as appropriate to their ability) their parents, guardians and families should be informed of the main symptoms and signs of COVID-19 (see above) so that they may be able to recognised if a pupil develops obvious signs of infection.
3. School staff as well as pupils (as appropriate to their ability), their parents, guardians and families should be aware that the must not attend school or training if they have symptoms or signs that may suggest COVID-19 until they have taken appropriate medical advice and testing if appropriate. This message should be reinforced regularly.
4. School staff as well as pupils (as appropriate to their ability), their parents, guardians and families should be aware of the general advice they should follow outside of the educational setting to lower the risk that they become infected with COVID-19.
5. Limiting the number of people entering the educational/training setting to those essential to provide the service reduces risk of introduction of the virus.
6. Staff should be alert for any signs of illness that suggest that they, a pupil or a colleague may have COVID-19 on arrival for school and throughout the day.

## **Reducing the risk of spread of COVID-19 in the Educational Setting**

If the virus is introduced into an educational setting, the highest risk of spread is related to close contact with an infectious person or their immediate surroundings. Therefore the most important measures to reduce the risk of spread are doing all that is practical to limit the degree to which different groups of people within the education/training setting mix and interact with other groups. This is especially the case indoors.

It is recognised that there are practical considerations that must be taken into account when it necessary for an SNA to support multiple students across different

settings in the course of a working day. It is also the case that some children will need to move from their special class into a mainstream class during the day to ensure that their integration needs for educational purposes are addressed. As below, where movement is necessary the risk can be reduced by hygiene measures.

The risk of spread can also be reduced to some degree by the highest practical standard of personal and environmental hygiene. In the context of COVID-19, the risk is associated with droplets and fluids from the respiratory tract. There is very little risk of spread of COVID-19 from other body fluids (such as urine and faeces) although they may carry other infectious microorganisms.

### **Reducing Mixing Between Groups**

1. To the greatest degree that is practical in the context of the educational and care needs of the pupils groups/classes should avoid mixing with other groups particularly indoors.
2. SNA should support the smallest number of pupils that is practical (a pod of pupils) and should move between pods as little as is practical to do so recognising that flexibility is sometime essential to manage absence due to leave or illness.
3. If movement between pods/classes is necessary SNAs should move between the least possible number of pods/classes on any given day.
4. If members of discrete pods/classes assemble in one area for meals or other activities maintain as much distance as is practical between the pods/classes and manage entry and exit to reduce interaction between members of different pods/classes as much as is practical.

### **Promoting Key-Behaviours that Reduces risk of Person to Person Spread**

1. Promote hand hygiene for staff and pupils particularly on boarding a bus if there is shared transport, on arrival at the school/centre each day, prior to departure, before meals and after any contact with the pupil that is likely to have resulted in contact with oral or nasal fluid.
2. There should be ready access to hand sanitiser in all educational settings with due regard in relation to placement to avoid the risk of ingestion by pupils.

Please note also that alcohol based hand rub is flammable and needs to be kept away from naked flame.

3. Providing SNAs with personal pocket size dispensers of alcohol hand gel may be useful, particularly if wall mounted dispensers are not a safe option in a particular context and also for use during outdoor activities.
4. Promote respiratory hygiene and cough etiquette to the greatest extent possible.
5. Support in performing hand hygiene should be provided to pupils who need assistance.
6. Limit sharing of items between members of the pod in so far as is practical especially with respect to items that pupils may put in their mouth.

### **Personal Protective Equipment (PPE)**

1. Personal protective equipment in the setting of COVID refers to items that are used to reduce the risk of infection in particular settings.
2. PPE can be of value as an addition to all the other measures outlined here to reduce the risk of infection for SNAs.
3. As with all children, pupils with additional care needs should not be required to wear a face covering if they are under 13 years of age. Those who choose to wear a face covering may do so.
4. Pupils with additional care needs who are 13 years or older should not be required to wear a face covering if the face covering causes distress or is a barrier to their education and care needs.
5. In this context and in association with other measures specified the use of a face covering should be routine for SNAs in accordance with Government guidance.
6. When SNAs are within 2m of a pupil and performing healthcare like tasks (personal care) the face covering should normally be a surgical mask. If a surgical mask is not practical for any reason, they should use a visor or a quality suitable for use in a healthcare setting.
7. Mask and visors should be donned and doffed and disposed of as demonstrated in videos available at <https://www.hpsc.ie/a->



[z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/](https://www.hpsc.ie/hpsc/infectionpreventionandcontrolguidance/ppe/). Masks should be removed and disposed of if they are wet or damaged. Masks should be removed and disposed of if going on a break or visiting the toilet.

8. Gloves and aprons should not be used routinely in the educational setting.
9. If providing care that involves specific risk of exposure to blood or body fluids (oral fluids, faeces, urine) use of gloves and a disposable plastic apron is appropriate. These must be removed and disposed of safely and hand hygiene performed after caring for each individual. Note with respect to faeces and urine the risk of infection is related to other infectious organisms rather than COVID-19.
10. Hand hygiene should be performed before donning and after removing gloves.
11. If providing care that involves a risk of splashing of body fluids a visor is required to protect the eyes from splashing even if already wearing a surgical mask.
12. Used PPE is generally discarded directly into domestic waste.
13. PPE use when attending to a person with suspected COVID-19 while waiting for collection can be placed in a separate plastic bag, which is then placed in domestic waste.

### **Environment and cleaning**

1. The educational environment should provide discrete rooms for each group to the greatest degree practical and be as spacious as is practical with as much natural ventilation as practical.
2. Surfaces should be easy to clean.
3. Outdoor activity is associated with lower risk and should be encouraged where appropriate and weather permits.
4. The highest practical standards of general hygiene should be maintained.
5. The floors, tables, chairs and other items should be easily cleanable and cleaned at least daily.
6. Cleaning is generally with water and detergent or detergent wipes. If disinfection is required in specific circumstances then this is always in addition

to and never instead of cleaning.

### **Isolation for people who develop symptoms or signs in the educational setting**

1. If anyone develops symptoms or signs that cause concern about COVID-19 during the day the person should move as quickly as possible to a separate room or if that is not possible to a separate area more than 2m away from other people other than the person(s) needed to provide support until they can leave.
2. The parents/guardian should be telephoned to come and take the pupil home as soon as is reasonably practical. This needs to be done reasonably promptly but this is not an emergency. It is important that parents and guardians do not expose themselves and others to other risks (for example road traffic accident) on the understanding that this is an emergency.
3. Parents/guardian should take medical advice regarding the requirement for testing and the duration of exclusion from education.
4. There is no requirement for other pupils or school staffs to interrupt their scheduled activity immediately if one person develops symptoms.
5. Contact surfaces in the immediate vicinity of the person with symptoms should be cleaned/wiped down.
6. The person accompanying a pupil waiting to be collected should limit physical contact as much as is practical consistent with the pupil's need, should use a surgical mask, visor and nitrile gloves. Hand hygiene must be performed after removal of gloves.
7. When the pupil is collected, the accompanying person can resume work with other pupils after removing used PPE and performing hand hygiene.
8. It is not appropriate to required certification from a doctor before the pupil returns to education.

### **Reducing the Impact of COVID-19 Infection**

It is likely that COVID-19 infection will impact on some pupils and SNAs during the coming school year as a result of infection acquired in everyday life or in the workplace. The likelihood of suffering serious harm as a result of COVID-19 infection

depends on the age and general health of the person when they became infected and on access to healthcare if they need it.

1. Maintaining a healthy lifestyle (exercise, nutrition, avoiding exposure to smoke) and good care of an existing medical conditions improves the likelihood of making a good recovery from COVID-19.
2. Early access to appropriate medical care, if required, is important in recovery from COVID-19. All pupils and school staffs should be registered with a GP to provide care if required.

## Appendix 1

### Some useful materials

#### Pre- training

Materials to become familiar with prior to training/working in community assessment hubs. Important to check regularly for updates on [www.hpsc.ie](http://www.hpsc.ie).

#### Videos

PPE donning and doffing videos training programme <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/primarycareguidance/videoresources/>

PPE donning and doffing video

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/>  
<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/>

Doffing ear looped surgical mask:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/>  
<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/>

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