Guidance for Return to School for Transplant Families

Many families have questions and concerns as the school year approaches about whether their transplanted child or their siblings should return to school given the Coronavirus pandemic.

The decision on whether to return to school is complex as there are so many factors that need to be considered. For instance, what is the prevalence of COVID in your community? Is your child on high level immunosuppression? What are the other needs of your child that may make it more pressing for them to return to school? Because of this, the decision about going back to school is a personal decision for families based on considering the relative risks.

Attendance at school has major benefits for children with optimized learning, social development, improved emotional well-being, and even economic benefits for families. While the COVID data in children is reassuring, we still must be aware that transmission and illness is possible. We do not know that transplant recipients are at higher risk for severe COVID-19, but we would consider them higher risk than other children.

If your child’s school is returning to in person school and you do not wish to send your transplanted child, we will support you in this decision. Most school districts are providing an elearning alternative, but if not, we can provide documentation for this accommodation.

Minimum Requirements:

For any transplant patients to return to school, we recommend these MINIMUM infection prevention measures should be in place:

- Physical distancing: All pediatric transplant recipients should maintain a safe distance (ideally six feet but 3 feet or more is okay) from other students and staff at all times when they would have prolonged contact of more than 15 minutes with another student or staff.
- Masking: If physical distancing is not possible and contact with other students and staff will be prolonged, a face covering should be worn. We recommend surgical face mask (more information available at the end of this document).
• Hand Hygiene: Hand hygiene should be encouraged for all students including, but not limited to, upon classroom entry, before and after eating and use of bathrooms, and before and after touching shared objects.
• Cleaning and Disinfection: Schools should ensure that cleaning and disinfection practices adhere to local health department guidance from the CDC.
• Sick day policies: It is important that students and staff who are sick, as well as those who have been exposed to a known COVID-19 case, stay home. Schools should also have policies about what happens if a student or staff member gets sick while at school.

Assessing risk:

Any return to school comes with the risk of COVID-19 transmission. This is similar to how any time someone drives, it comes with the risk of being hurt in an accident. The right decision for your child comes from considering measures to prevent transmission (see minimum requirements above) and the risks to your child.

Some items to consider when assessing risk include:

Level of Immunosuppression: If your child is on high levels of immunosuppression (for instance, they are within their first three months of transplant, or recently treated for rejection) they may have a greater risk of transmission and we would recommend that they participate in school on an e-learning platform. Pediatric transplant recipients at the lowest risk are usually on one or no immunosuppressants, and probably have a risk closer to children in the general community.

Prevalence of COVID in your community: If you reside in a “COVID hot spot”, it would not be recommended your child return to in person school at this time. An area can be considered a “hot spot” if greater than 10% of the tests performed are positive, and the number is increasing. In Illinois, you can find this information on the Illinois Department of Public Health website: https://www.dph.illinois.gov/countymetrics

Other Underlying Conditions: Transplant patients with other underlying conditions, including asthma and other lung conditions and diabetes, may have increased risk of more severe disease from COVID-19.

Specific Educational Needs: If your child has specific educational needs that you don’t feel can be met on an e-learning platform, you may want to consider them returning to school IF the minimum requirements outlined can be met.

Emotional Well-Being: Some children thrive in the e-learning environment, and others struggle with the isolation it can cause.

Family Needs: It is important that families can work and provide for their families. If you are required to work outside of the home, this makes e-learning more difficult. You may consider in person schooling provided the minimum requirements are met and your child is not on high levels of immunosuppression.
**Siblings:**

Siblings of transplanted children can return to school. They should practice the minimum requirements and evaluate for symptoms.

**Sports & After School Activities:**

Sports and After School activities that cannot ensure social distancing or be done with a mask should not be resumed at this time.

**Colleges & Universities:**

There are additional considerations for returning to in person schooling at colleges and universities. These include:

- Classrooms need to be able to meet the minimum criteria outlined above.
- If living away from home, you need to consider the living environment. It may be difficult to ensure that roommates will practice strict social distancing guidelines. Shared bathrooms facilities would not be recommended. If needing to dine in a cafeteria, safety measures that limit crowds and allow social distancing will need to be in place to make that a safe environment.

**Surgical Mask Guidance:**

Here are some basic guidelines when purchasing surgical masks. Surgical masks should meet the Level 1 ASTM guidelines which should be listed on the specs.

<table>
<thead>
<tr>
<th>Level 1 characteristics</th>
<th>Requirements</th>
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<tbody>
<tr>
<td>Bacterial filtration efficiency</td>
<td>≥95%</td>
</tr>
<tr>
<td>Sub-micron particulates filtration efficient at 0.1 micron</td>
<td>≥95%</td>
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<tr>
<td>Differential pressure, mm H2O/cm2 (Breathability)</td>
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<tr>
<td>Resistance to penetration by synthetic blood, minimum pressure in mm Hg for pass result</td>
<td>80 mm Hg</td>
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<tr>
<td>Flame spread</td>
<td>Class 1</td>
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