PolicyLab

School-Based COVID-19 Testing: Supporting Students

<u>Project: ACE-IT</u> (Assisting Childhood Education through Increased Testing) is a program within PolicyLab at Children's Hospital of Philadelphia (CHOP) that supports safe in-person learning for students and staff through routine COVID-19 testing. One way to provide increased protection against the spread of COVID-19 in schools is to perform regular student testing. While students may have previously had a COVID-19 test, they may have a different response when having the test done in a school setting. The focus of this resource is to provide guidance, suggested language and strategies for teachers and school staff to best support students at your school.

To help guide these conversations with students, child life specialists at CHOP offer these helpful tips.

Factors that may influence a student's response to school-based COVID-19 testing
- Age and development
- Communication and sensory considerations
- Previous health care or COVID-19 testing experiences
- Preparation prior to testing
- Peer influence

Preparing
One way to reduce a child's worry is to provide honest, simple information.
- The student may be wondering why COVID-19 testing is occurring in school.
  - One way to explain it might be, "*Similar to mask-wearing, this type of testing is another way to keep school a healthy and safe place.*"
- Prepare the student by using words they understand and can relate to.
  - For an anterior nasal swab test, consider saying, "*First, you will be asked to pull your mask down below your nose. Then a small Q-tip will go a short distance into one side of your nose and circled around for about 10-15 seconds. The same thing will happen on the other side of your nose.*"

Supporting
Children respond differently to hearing new information.
- Validate how they are feeling.
  - For example, "*It seems that you're upset by hearing this information. It's okay to feel that way. Let's figure out a way to make this as comfortable as possible.*"
- Avoid comparing students to other children as this can lead to embarrassment. Instead, consider sharing what has worked well with other children.
  - For example, "*Some kids tell me it helped when….*"

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Coping

When children can participate in their own care, they often feel a sense of control. This can lead to increased cooperation during a new experience. If the student appears anxious about school-based COVID-19 testing, talk about what has helped them cope previously and what could help in this situation.

- While most children benefit from preparation, some will escalate when given too much information. Ask the student if they would like to be told what is going on before and during the test or if they'd rather focus on something else (distraction).
- For children who may prefer distraction, consider talking, singing or using an electric device.
- Depending on the child, seeing other students get tested may help or hinder their experience. A private space for testing should be available.

De-escalating

Despite your efforts to prepare and support students, some may have a strong response to this experience. Listed below are de-escalation strategies to take into consideration:

- Take a break
- If possible, consider introducing a different team member
- Dim lights and minimize the number of people talking
- Include preferred method of coping or communicating (e.g., fidget toy, comfort item, communication board)
- Use simple, direct language (see chart* on page 3)

Partnering

In the event testing becomes too challenging for the student or cannot be completed, consider partnering with caregivers to explore alternative approaches to care. Most likely, caregivers can offer suggestions that have worked in the past such as:

- Their child's communication needs (e.g., verbal, non-verbal, iPad, communication board, Sign Language)
- Sensory considerations (e.g., one person talking at a time, calm voice when speaking, dim lights, simple commands)
- Calming strategies (e.g., sensory toys, offer a break, change testing clinician)
- Having a caregiver present during the testing process for holding and/or comforting

For additional information, please visit: https://www.chop.edu/testing-children-covid-19-resources-test-providers

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*Children are influenced by the way in which we communicate. Listed below are phrases often used that may confuse or escalate a student during a stressful experience and recommended phases to use in their place.

Confusing Phrases	Why We Shouldn't Use Them	Recommended Phrases
"If you move, we have to do this again"	Even if the child doesn't move there may need to be a second attempt.	"Your job is to keep your head very still. This will help the test feel easier and faster for you."
"It's okay" OR "You're fine"	The child probably does not believe it is ok or fine during an uncomfortable procedure.	"It's okay to feel this way right now. Let's figure out a way to make it easier."
"Don't cry"	Crying is okay when children are upset	"It's ok to cry, but it is really important to try to stay still."
"Be a big girl/boy"	This statement suggests that the child is acting infantile by crying or reacting to something uncomfortable.	"Other kids your age tell me they feel the same way. One of the students told me it helped when…"
"I'm sorry"	Saying I'm sorry means you are taking responsibility for doing something wrong when you are just doing your job.	"I know that was difficult, but you held very still just like we talked about."
"It's not going to hurt"	It might hurt. Something that might not hurt you, might hurt a child.	"Some kids say that it feels uncomfortable and others say that it feels like we're cleaning their nose. I am going to try to make it as comfortable as possible. Can you tell me how it feels for you when we're done?"

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