

GUIDELINE

Rapid responses in the context of COVID-19

Title: Supporting children and adolescents, including those with a chronic disease, during lockdown exit

Validated by the HAS Board on 14 May 2020

Last update 23 June 2020

Key points

Reassuring parents, children and adolescents, including those with a chronic disease, during lockdown exit

Rapid response No. 1: Assist parents, children and, especially, adolescents with lockdown exit arrangements and adaptation of their lifestyles based on a decision-making process shared between the family and the doctor or care team.

- Provide reassurance about the low risk of symptomatic or serious forms in the majority of cases in children, even those with a chronic disease.
- Reassure parents, children and adolescents that it is normal and legitimate to have an immediate or more delayed stress response to the lockdown period or the lockdown exit period. The reversibility of the epidemic situation should enable a return to normal behaviour and, in particular, the restoration of social interactions, favourable to the development of children and adolescents.
- Explain the importance of continuing or resuming treatments and physical and rehabilitation therapy, and of returning to early-years childcare facilities or school, while taking reasonable precautions, adapted to the child's age and their acceptability.
- If necessary, seek a compromise between the adequate level of protection, preservation of the emotional and physical development of children or adolescents and a return to usual activities.

Preventing COVID-19 infection in children and adolescents and protecting their families

Rapid response No. 2: It is essential that all children and adolescents, regardless of their age, learn how to implement the appropriate protective and hand hygiene measures, promoting a positive strategy to get them involved as prevention promoters/champions (protection of themselves and of their family, particularly if the family includes people at potential risk of serious COVID-19 forms (siblings, pregnant women, grandparents).

Rapid response No. 3: Physical distancing and mask-wearing should be adapted to the children's age and their acceptability. Masks must not be used in infants and young children. Only the adults looking after them should wear fabric masks designed for general public use (Afnor standard). Masks are not worn by nursery or primary school children. They are only recommended in secondary school (middle school and high school) pupils. Adolescents, in particular, should be reminded to avoid direct contact with other people: handshaking, embracing, kissing.

Rapid response No. 4: The creation of an environment conducive to prevention of the spread of the virus within schools and specialised facilities should be consistent with the preventive measures implemented in the children's homes, particularly in the event of shared parental custody arrangements or if they are looked after by grandparents : protective measures, hand hygiene, airing of rooms, cleaning and disinfection of frequently touched surfaces (door handles, mobile phones, computer keyboards).

On returning home from school or a specialised facility, or a healthcare or physical or rehabilitative therapy structure, hand-washing is essential.

Rapid response No. 5: Adapt the preventive measures in some children with a chronic disease in liaison with the child's regular doctor, on the basis of relevant learned society guidelines, to facilitate the resumption of usual activities in these children. Only a few children treated for rare and serious diseases and who are in a very vulnerable situation due to their clinical condition or the treatments they are taking, may need to take specific precautions or even to maintain home-based care, educational activities and schooling.

Rapid response No. 6: Make sure that the child or adolescent is in good health and ensure the adults looking after them (parents, healthcare professionals, teachers) are aware of the signs and symptoms that may be associated with COVID-19 (deterioration in general health; diarrhoea; fever; cough; rhinitis, etc.).

Ensuring the continuity of healthcare of all infants, children and adolescents and a return to usual activities

Rapid response No. 7: Take the initiative to contact families whose usual medical care, particularly in the context of compulsory medical examinations or procedures, has been interrupted during the lockdown period, being particularly attentive to families who are vulnerable in psychological, social or financial terms or due to domestic violence or ill-treatment.

Rapid response No. 8: Use the schedule of compulsory medical examinations as a guide to resume the healthcare of children. Maintain all compulsory vaccinations in infants and complete screening and gradually catch up with vaccinations not performed in children and adolescents. The other vaccinations recommended in the general population above the age of 2 years should be continued, in particular seasonal influenza vaccination in French overseas regions.

Rapid response No. 9: Identify the negative impacts of lockdown and those that may be expected during lockdown exit in terms of adaptations of lifestyle (physical activity, diet, screen use) and behaviour (excessive reactions in response to hygiene measures and physical distancing, fear of others). Management is necessary, particularly in adolescents expressing distress related to the lockdown period and to lifestyle adaptations; adjustment difficulties; a climate of family tensions or domestic violence; phobic disorders, anxiety; eating disorders; exacerbation of obesity.

Rapid response No. 10: In children and adolescents with a chronic disease, it is important to take the initiative to contact families whose children are at high risk of decompensation of a chronic condition or whose care pathway has been interrupted.

- Adjust the treatment and care plan on the basis of assessment of the impact of lockdown on control of the disease and self-management, weight and height charts in children or adolescents depending on their family or on professionals for their nutrition.
- Ensure coordination within the care team or between healthcare professionals (resumption of treatments, physical and rehabilitative therapy, educational activities), agreeing arrangements and follow-up with the child or adolescent and the parents.

Rapid response No. 11: Reassure parents and, in partnership with them, encourage a return to school or to the medico-social services and facilities previously attended for all children and adolescents, including the most vulnerable and those with a chronic disease since this is beneficial to their physical and mental health and well-being.

Rapid response No. 12: All healthcare professionals must be attentive to the health of parents and advise them, where necessary, to consult their own doctor to assess the impacts of lockdown on their health. Solutions appropriate to their needs and expectations can be sought with them: psychological support, respite, help and assistance. User associations that have developed help and support tools for their members can be mobilised. Contact with local social services and local social welfare centres (CCAS) can be arranged in very vulnerable situations.

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Context

This toolkit guide concerns support for parents, children and, especially, adolescents with lockdown exit arrangements to enable them to adapt their lifestyles and calmly envisage a return to their usual activities based on a shared decision-making process. It describes:

- how to prevent COVID-19 infection in children and adolescents by promoting a positive strategy;
- how to ensure the continuity or resumption of healthcare and a return to usual activities for all infants, children and adolescents, including those with a chronic disease, seeking additional precautions compared to the general population, in the rare cases in which this proves to be necessary.

It is aimed at the following professionals: general practitioners, paediatricians, psychiatrists, psychologists, school doctors and nurses, midwives, nurses, physiotherapists, speech therapists, orthoptists, occupational therapists, psychomotor therapists, dieticians, pharmacists, social and medico-social sector professionals.

Reminder

These rapid responses drafted on the basis of available knowledge on the date of publication are liable to evolve on the basis of new data.

Supporting lockdown exit arrangements via a shared decision-making approach

Reassuring parents, children and adolescents, including those with a chronic disease

Concerning paediatric COVID-19 infection

According to *Santé publique France* (rapid synopsis of 4 May 2020), children appear to be less prone to infection with SARS-CoV-2 than adults. Paediatric COVID-19 cases account for a small percentage (1 to 5%) of all cases reported worldwide: this is primarily due to the fact that the majority of infected children present asymptomatic or mild forms. Serious forms and deaths in children are exceptional.

Monitoring of the development of atypical paediatric systemic illnesses, either confirmed or suspected to be linked with COVID-19, is currently being investigated (Inserm, 16 April 2020) (*Santé Publique France*, 12 May 2020). Cases of possible vascular involvement (Kawasaki disease) have been described but remain to be confirmed (Inserm 2020).

According to the *Société française de Pédiatrie* [French Paediatric Society], the infection remains mild in children with a chronic disease, but these children may have been under-exposed to the virus due to the protective measures put in place by their families from the outset of the epidemic (SFP, 2020).

Fears have been expressed concerning other chronic conditions and, in particular, obesity. But there are currently no clinical arguments supporting a higher frequency of severe forms in children with diabetes or other chronic conditions or obesity (*Société française d'endocrinologie et de diabétologie pédiatrique, Aide aux jeunes diabétiques* [French Society of Paediatric Endocrinology and Diabetology, Assistance for young diabetics], 2020).

Despite the absence of epidemiological data, to date no validated studies have reported an additional risk in children with a chronic respiratory disease. As knowledge currently stands, the risk of decompensation of a respiratory disease following viral infection with COVID-19 in children cannot be completely excluded (*Société pédiatrique de pneumologie et allergologie* [French Society of Paediatric Pulmonology and Allergology], 2020).

SARS-Cov-2 usually causes a mild, self-limiting illness in infants, children and adolescents, even in those who are immunocompromised (NICE, 2020).

Concerning the impact of lockdown

The closure of schools and lockdown may have repercussions on the physical and mental health and well-being of children, today and in the long term, due to their impact on psychosocial, social and environmental health factors. These repercussions will not be uniformly distributed across the population and a deepening of social inequalities in terms of health - already significant in children - is likely (*Santé publique France*, 2020).

Immediate or more delayed stress responses are normal and legitimate as a reaction to COVID-19, the lockdown period and the lockdown exit period. It is necessary to reassure parents, children and adolescents. The reversibility of the epidemic situation should enable a return to normal behaviour and, in particular, the restoration of social interactions, favourable to the development of children and adolescents.

Listen, inform and support families in their decision-making

A **decision-making process that is shared** between the family and Family physician

or care team makes it possible to exchange information, listen to and support parents, children and, especially, adolescents with lockdown exit arrangements to enable them to adapt their lifestyles and return to their usual activities.

Box 1: Supporting arrangements for lockdown exit, adaptation of lifestyle and a return to usual activities: steps for shared DECISION-MAKING

Provide information on the low risk of infection in children in the majority of cases. Explain the importance of resuming usual activities, continuing or resuming healthcare and physical and rehabilitative therapy. Facilitate understanding of protective measures and hand hygiene. Physical distancing and mask-wearing should be adapted to the children's age and their acceptability.

Explain and discuss any vulnerability criteria presented by children with respect to COVID-19 (specific characteristics of their chronic disease, associated comorbidity, disability, vulnerability risks related to their context (isolation or loss of social contact and bearings, interruption of support or care, exhaustion of parents, psychological fragility or socio-economic difficulties). Balance them with the benefits of a return to usual activities (physical and mental health, well-being of children, school learning, socialising).

Understand the fears or concerns of parents and children or adolescents and reassure them that it is entirely legitimate to express distress associated with the lockdown period. Immediate or more delayed stress reactions are normal. Lockdown exit arrangements and adaptation of their lifestyles may be a source of concern. The reversibility of the epidemic situation should enable a return to normal behaviour and, in particular, the restoration of social interactions, favourable to the development of children and adolescents.

Invite parents and children, especially adolescents, to express what they want, their imperatives, their possibilities with respect to the organisation of usual activities, the arrangements for medical follow-up of the disease, healthcare, physical and rehabilitative therapy, educational activities and their needs in terms of support or assistance.

Provide additional information if necessary, and reassure parents and children who have been particularly protected during lockdown due to their chronic disease and who fear bringing the virus home when lockdown is lifted.

Clarify and specify with parents the choice that suits them best and, if they wish, allow them time to consider their decision.

Sum up the decision made by the parents, the child and, especially, the adolescent and inform them that the healthcare professionals dispensing care are available to discuss matters further if necessary.

Preventing COVID-19 infection in children and adolescents

Hand-washing, protective measures, physical distancing and mask-wearing are recommended for the population as a whole, with the exception of very young children in whom mask wearing is not advised (HCSP [French National Council for Public Health], 24 April 2020).

Learning how to implement these measures is essential, especially hand-washing, which can be learned by the great majority of children and adolescents with a view to returning to usual activities, in particular going back to school and continuing treatments and physical and rehabilitative therapy. Physical distancing and mask-wearing should be adapted to the children's age and their acceptability.

Coherent measures between different living spaces

The creation of an environment conducive to prevention of the spread of the virus should be consistent in the homes of children with shared parental custody arrangements or who are looked after by grandparents (protective measures, hand hygiene, airing of rooms, cleaning and disinfection of frequently touched surfaces: door handles, mobile phones, computer keyboards). On returning home from school or a specialised facility, or a healthcare structure or physical or rehabilitative therapy setting, it is essential to wash hands and, if possible, to change clothes (*Académie de médecine* [French Academy of Medicine], 7 April 2020) (HCSP, 20 April 2020).

General measures apply to everyone and in every healthcare setting

- In private medical practices, mother and baby welfare clinics (PMI), hospitals, medico-social structures, early medico-social action centres for children (CAMPS), etc.:
 - compliance with protective measures by children or adolescents, the person accompanying them and the caregiver, from the start of care;
 - hand-washing by the patient, accompanying person and caregiver;
 - secure access circuit;
 - mask-wearing in accordance with the recommendations for face mask use (HCSP, 21 April 2020) (Ministère des solidarités et de la santé [French Ministry of Solidarity and Health], 6 May 2020) (Société française d'hygiène hospitalière [French Society for Hospital Hygiene - SF2H], 12 May 2020):
 - procedures involving a risk of aerosols in patients diagnosed of COVID-19 or with symptoms suggestive of COVID-19 and when the caregivers perform the bio-cleaning and

eration of the room following this type of care: protection with a FFP2 mask for the health professional;

- other situations: protection with a surgical mask;
- airing of room before and after care procedures;
- in the context of home care, airing before arrival of the healthcare professional (10 to 15 min).

For any health consultations, treatment or physical or rehabilitative therapy sessions, professionals check that the child or adolescent is in good health

The adults looking after them (parents, healthcare professionals, teachers) are aware of the signs and symptoms that may be associated with COVID-19, remembering that they are not very specific (box 1). In young adults or adolescents, the same clinical forms as in adults are observed.

- In the event of symptoms of infectious illness, the opinion of the child or adolescent's regular doctor must be sought.

Focus 1: Symptoms suggestive of COVID-19 in the paediatric population (HCSP, opinion of 20 April 2020)

Without signs of infection: fever, chills

And the classic signs of respiratory infection

The sudden development of the following clinical signs are factors pointing towards a possible diagnosis of COVID-19:

- **All the signs in the general population:** unexplained asthenia; unexplained myalgia; headaches in the absence of known migraine; anosmia or hyposmia (loss or reduction of sense of smell) without associated rhinitis, ageusia or dysgeusia (loss or alteration of sense of taste)
- **And specifically in children:** deterioration in general health; diarrhoea; isolated fever in infants under 3 months of age.

Ensuring the continuity of healthcare of all infants, children and adolescents and a return to usual activities

Use the schedule of compulsory medical examinations as a guide

- The doctor usually responsible for the infant, child or adolescent's care takes the initiative to contact families whose usual medical care has been interrupted during the lockdown period: height and weight, physical and psychomotor development, child's emotional development, screening tests to be completed in the months following birth (hearing, congenital hip dislocation), early screening for abnormalities or deficiencies;
- Vaccinations that have not been performed are gradually caught up with and screening tests are completed if necessary.

The HAS considers that it is essential to maintain all compulsory vaccinations for babies (at 2, 4, 5, 11, 12 and 16-18 months) in the context of the COVID-19 epidemic and lockdown

measures. It considers that the other vaccinations recommended in the general population above the age of 2 years should be continued, in particular seasonal influenza vaccination in French overseas regions (2020 vaccine schedule).

Promote a return to early-years childcare facilities

Early-years childcare facilities (0–3 years) are gradually resuming, in accordance with the health advice delivered to childcare assistants and early-years childcare facilities (regular daycare centres, multi-care centres, micro-crèches, parent-led playgroups, childcare assistant centres, drop-in daycare centres, kindergartens) (Ministère de la santé et des solidarités [French Ministry of Solidarity and Health], 6 May 2020).

In young children hand-washing with soap and water is the main measure to be taken. The use of alcohol-based hand sanitiser is not recommended (risk of ingestion). Children should not wear masks. Only the adults looking after them should wear fabric masks designed for “general public” use (Afnor standard).

Interaction with children to talk, exchange, explain changes in usual habits in a temporary, exceptional situation, as well as learning how to live together without fear of others should be a priority for the carers.

Evaluate the negative impacts of lockdown on behaviour and lifestyle habits

- During the consultation with parents (offering dedicated individual time with the child or adolescent, with the agreement of their parents), it is important to perform the following:
- discuss how they feel about the lockdown period, the positive aspects and any negative impacts of lockdown: anxiety, tensions, family conflicts, feelings about siblings, bereavement after the death of a relative or loved one during the COVID-19 period, quality and quantity of sleep, decreased appetite or urge to constantly snack;
- talk about any fears they may have concerning circulation of the virus, the gradual easing of lockdown or going back to school, and answer their questions and concerns, reassure them;
- provide advice about resuming good lifestyle habits, having first assessed their level of physical activity, sedentarism, diet (variety and quantity), sleep quantity and quality (annex 2).
- All healthcare or physical or rehabilitative therapy professionals delivering care should advise the parents or, if applicable, specialised youth worker, to contact their paediatrician or general practitioner if they notice any difficulties or problems.
- It is important to be attentive to symptoms of stress or psychological distress in children during lockdown exit, especially in adolescents, and to any problems requiring specialised management (box 2).
- It is also important to be attentive to the potential resumption of sexual activity in adolescents and to demonstrate a willingness to talk about the issue with them (sexual and reproductive health, including protection against unwanted pregnancy and sexually transmitted infections (STIs) and access to specialised care structures if necessary).

Focus 2: Signs to look out for in adolescents

Expression of distress associated with the lockdown period;

Adjustment difficulties: persistent inversion of nyctohemeral rhythm, withdrawal, loss of interest in school, etc., which require specialised management;

Climate of family tensions or domestic violence;

Adolescents who felt protected during the lockdown (phobic disorders, anxiety, adolescent with a chronic disease considered to be at risk or with a relative who is at risk);

Eating disorders;

Exacerbation of obesity, which requires the resumption of contact with the doctor or care team having delivered care during the lockdown period.

For particularly vulnerable children (child welfare sector), the Ministry of Solidarity and Health proposes two tools to assess the consequences of lockdown on the child's health: one is a detection tool for healthcare professionals and the other is designed to identify warning signs and is aimed at all other professionals in contact with the child (Ministère de la santé et des solidarités [French Ministry of Solidarity and Health], 10 May 2020).

Adjust the treatment and care plan if necessary in children and adolescents with a chronic disease

During the lockdown exit period, it is important to take the initiative to contact families whose children are at high risk of decompensation of a chronic condition or care pathway interruption.

Assess the impact of lockdown on control of the disease and self-management

- Destabilisation of the disease: frequency of symptoms, decompensation episodes, impact on everyday activities;
 - Complications, decompensation or progression of the chronic disease;
 - Difficulties adhering to medicinal and non-medicinal treatments;
 - Difficulties continuing care, physical or rehabilitative therapy, psychological follow-up, schooling or group educational activities;
 - In children or adolescents depending on their family or on professionals for their nutrition, it is necessary to regularly monitor height and weight charts (HAS, 2019).
- ➔ Part of the consultation may be conducted as individual time with the child or adolescent on their own.

Continue or resume care, physical or rehabilitative therapy and educational activities and ensure coordination within the care team or between healthcare professionals

- Discuss the care and follow-up to be put in place during lockdown exit, any particular points to look out for, what to be done in the event of a difficult situation for the child, adolescent or family; if applicable, discuss priorities on the basis of the situation and clarify the roles of each person.

- Resume or continue consultations, preferably face-to-face, to ensure follow-up of the health of children and adolescents with a chronic disease (*Société française de pédiatrie*, 2020; NICE, 2020). Remote consultations and remote care are possible alternative options, as well as telephone contact and tele-prescription.
- Reinforce information exchange in these situations: interruption of care pathway, vulnerability of children or adults, potential combination of somatic, cognitive and psychological problems.
- Establish contact with local social services and local social welfare centres (CCAS) in very vulnerable situations.

Agree on the continuation or adjustment of the care plan or personalised care project (for disability situations), and follow-up arrangements

The gradual resumption of physical or rehabilitative therapy and support suspended or carried out only partially during the lockdown period is essential to maintain progress made and develop capacities.

- Take into account the family situation and imperatives related to lockdown exit (parents' return to work, possibility of teleworking, progressive reopening of schools and non-residential medico-social units, availabilities of healthcare professionals, physical and rehabilitative therapy professionals to organise implementation of the care plan or personalised care project.
- For young people followed up in a day hospital, sessions (treatments, physical or rehabilitative therapy, psychological follow-up, etc.) should be able to resume immediately from lockdown exit, with adaptations (individual management or in small groups preferably).
- The continuity or initiation of educational activities can preferably be ensured on a face-to-face basis (individual or in small groups), adhering to the recommended precautions and (re)-defining priorities if necessary. Examples of educational activities to be adapted on the basis of educational needs are appended (box 3). Several of these activities are essential:
 - the continuity of self-management and adaptation to the disease;
 - learning (or reinforcement), depending on age and acceptance, of protective measures (hand-washing, physical distancing, mask-wearing);
 - maintenance of physical activity and a balanced diet, reduction in sedentarism, taking into account the chronic disease (annex, boxes 4 to 6).
- Online educational resources may be recommended by healthcare professionals.

Going back to school is beneficial for the physical and mental health and well-being of children and adolescents

The *Société française de pédiatrie* [French Paediatric Society] (SFP -, 2020), the *Société française pour la santé de l'adolescent* [French Society for Adolescent Health] (SFSA, 2020), the *Association française de pédiatrie ambulatoire* [French Association of Ambulatory Paediatrics] (AFPA, 2020) and the *Aide aux jeunes diabétiques* [Support for Young Diabetics] association (AJD, 2020) for issues related to diabetes, underline the importance of encouraging a return to school for all children and adolescents with a chronic disease, including the most vulnerable. That is because it is beneficial to their physical and mental health and well-being.

Recommendations for all children

Based on an analysis of the available guidelines, *Santé publique France* indicates that the reopening of schools must be accompanied by preventive measures to limit community transmission: avoidance of symptomatic children or their contacts, adaptation to the age of the children of protective measures and physical distancing, which is neither possible nor desirable with very young children (SPF, 2020).

With respect to mask-wearing, the protocols issued by the Ministère de l'éducation nationale et de la jeunesse [French Ministry for National Education and Youth] on 29 April 2020 specify that:

- for nursery school pupils, masks must not be used;
- for primary school pupils, the wearing of masks is not recommended but children may wear them if they wish and if they are capable of wearing them without any risk of misuse;
- in secondary schools (middle and high schools), masks designed for general public use are compulsory in all situations where there is a risk that physical distancing rules cannot be respected.

Recommendations for children with a chronic disease

For the very great majority of children with a chronic disease, the *Société française de pédiatrie* (SFP, 2020) proposes the strict application of the hygiene and protective measures recommended for all children, taking into account their age and willingness to comply.

Only a few children treated for rare and serious diseases and who are in a very vulnerable situation due to their clinical condition or the treatments they are taking, may need to take additional tailored precautions (box 2).

- These tailored precautions (maintenance of schooling or educational continuity, of home-based physical or rehabilitative therapy activities) should be the subject of direct discussion by the family and the regular doctor.
- Their needs are assessed on the basis of several criteria: stability of the chronic disease, high risk of decompensation; combination of several chronic conditions; significant difficulty or even impossibility of putting in place protective measures in certain children or adolescents with intellectual deficiencies or behavioural disorders, requiring the continuation of home-based care and schooling.
- The creation of an environment conducive to prevention of the spread of the virus within schools should be consistent with the preventive measures implemented in the children's homes (SFSP, 2020).

Box 2: Additional precautions for certain rare and serious diseases

According to the proposals of the *Société française de pédiatrie* and French societies for paediatric specialities, to promote the return to school of children with chronic diseases on exit from lockdown. 26 April 2020.

For all children, irrespective of their disease

- Strict application of the recommended hygiene and protective measures.

Additional precautions for certain diseases and on the basis of the risk

- Wearing of masks indicated for some at-risk children, at least during journeys and between classes.

- Chronic respiratory insufficiency (requiring oxygen therapy or non-invasive or invasive ventilation); Lung disease (cystic fibrosis, primary ciliary dyskinesia, bronchial dilation, bronchopulmonary dysplasia) with severe exacerbation or obstruction in the opinion of the regular specialist doctor; Severe asthma (GINA grade 4.5 or HAS severe persistent under nebulisation < 36 months) that is symptomatic (exacerbations or absence of control);
 - Active inflammatory disease, not controlled by treatment;
 - Autoimmune inflammatory disease or auto-inflammatory disease associated with an immune deficiency;
 - Immunosuppressive therapy (including corticosteroid bolus and biologic therapies).
- Maintenance of home schooling, to be discussed on a case-by-case basis with the regular doctor.
- Hereditary metabolic disease and high risk of decompensation due to viral infection.

A certificate indicating a temporary contraindication to going back to school, ideally produced by the reference paediatric specialist in liaison with the regular doctor would make it possible to identify these very exceptional cases.

Children with a chronic disease very often have an individual school care plan (PAI) involving specific adaptations and/or a care protocol. In areas with access to a national education authority doctor, the latter draws up the individual school care plan with the information provided by the child's general practitioner or regular specialist. An opinion sent by the regular specialist to the national education authority doctor will enable validation of the schooling conditions of the child or adolescent for whom additional precautions are recommended (see Box 2).

For children with neurodevelopmental disorders or a chronic neurological disease, it is necessary to promote their support, in particular, the maintenance of the mechanisms and aids put in place for their schooling: presence of a support worker for disabled pupils (school support assistant, disabled pupil teaching assistant) with the same measures as for teaching personnel.

This support worker explains and assists learning of protective measures and takes the time to restore routines and rituals, which have been lost or modified in many cases.

Communication difficulties related to mask-wearing between personnel and children who use lip-reading in order to adapt to hearing loss can be solved by the use of masks with a transparent section.

If a child or adolescent presents signs of infectious illness or the classic signs of respiratory infection at school

In the event of symptoms of infectious illness, the opinion of the child or adolescent's regular doctor must be sought.

- Reassure the child or adolescent; move them to the infirmary or a dedicated room if possible if they have a cough, help them put on a paediatric mask (or ask adolescents to keep their mask on), contact the parents (or phone the emergency services (15 in France) in the event of respiratory signs), monitor and be attentive to any changes in clinical condition.
- The measures to be taken are those recommended for the general population as a whole: contact the regular doctor, who will propose appropriate management. The support of a national health authority doctor or nurse may be sought if the parents/legal guardians have difficulties implementing this care strategy.

- If COVID-19 infection is confirmed, the pupil may only return to school once advised to do so by their regular doctor and the Covid-19 platform doctor or the national health authority doctor.

It is also important to look after the health of parents

Some parents or carers from within the family may have found that looking after their child made them feel psychologically stronger (self-esteem, sense of being socially useful).

Conversely, lockdown may have had direct negative effects on the health of parents: anxiety, physical and mental load in the absence of usual care provision, support and assistance. Particular attention should be paid to parents with children with cognitive disorders or disabilities, who may be physically and mentally exhausted.

Parents too may decompensate when their child goes back to an educational facility at the end of lockdown.

Other parents will remain in lockdown for longer due to their child's vulnerability or difficulties implementing protective and hygiene measures and physical distancing outside the home, and will need to continue supporting their child day-to-day, while community life starts up again outside.

Parents may need psychological support, respite, help and assistance. User associations that have developed help and support tools for their members can be mobilised.

Medico-social services are stepping up their home interventions to support the progressive easing of lockdown, along with home support and assistance services to contribute to educational continuity, the gradual resumption of parents' work activities and the need for respite of families and siblings.

All healthcare professionals should discuss the effects of lockdown on parental health, in particular with parents who have supported children or adolescents with a chronic disease or disability, and advise them to consult their doctor for an assessment and to seek solutions together.

Annexes

Examples of educational activities adapted to specific precautions associated with lockdown exit

Annex 1: Educational activities to be adapted to the needs of children and adolescents (and their parents, depending on the age of children) with a chronic disease

Understanding COVID-19: know how to talk about it with children, adolescents (parents) without over-dramatising the situation, the concept of risk, the concept of protecting yourself and others.

Implementation of protective and hand hygiene measures, physical distancing, mask-wearing outside the home and at home (to be adapted to the child's age): encourage (parents, caregivers, support professionals) a positive strategy to get children and adolescents involved as prevention promoters/champions (protection of themselves and others). In particular, routinely implement hand-washing with soap and water and proceed step by step; practise wearing a mask as a family (for older children and adolescents) and practise checking they are properly fitted together or self-checking with a mirror, choose the location where masks will be stored before washing.

Learning self-monitoring, self-measuring and self-assessment techniques: recognising warning signs or unusual signs or symptoms (decompensation of the disease, signs of COVID-19).

Parents and children, depending on their age:

Application of procedure to be followed in the event of a warning sign, acute episode, signs of decompensation. Learning a care practice or technique with or without the use of equipment for day-to-day management of the disease.

Everyday management of medicinal treatments: regular administration, dangers or self-medicating or changing doses in the event of fever, cough.

Preparing for the end of lockdown and a gradual resumption of usual activities: identify fears with respect to infection, coping with emotions, decision-making and problem-solving (parents, children, adolescents, depending on their age), manage stress by choosing an activity to be done as a family (breathing exercises, movements, dance, music), avoid rolling news channels.

Learn how to look after yourself: healthy lifestyle (parents, children, adolescents depending on their age) and family health (parents): maintaining physical activity (at home and outdoors), combating sedentarism, balanced diet.

Know where to seek support and reliable information: social circle (family, friends, colleagues, other parents), healthcare professionals. Understanding and using healthcare system resources, patient associations, social and medico-social aid.

Maintenance of physical activity, reduction of sedentarism and maintenance of balanced diet

Physical activity was decreased during lockdown and sedentarism increased. Usual eating habits could not always be maintained.

Annex 2: Recommendations for physical activity

The progressive easing of lockdown will make it possible to exercise outdoors, but with no collective sports or contact sports. Increased physical distancing (5 metres for fast walking and 10 metres for running or cycling) are recommended (HCSP, 24 April 2020).

Recommend adequate daily outdoor exercise, in addition to exercise at home, even in a small space.

In children under 6 years of age, the physical activity guides issued by the *French Agency for food, environmental and occupational safety* (Anses) in 2016 remain applicable during lockdown: at least 3 hours of physical activity per day, i.e. 15 min/hour per day.

In children from 6 to 17 years of age: maintain a total duration of 60 cumulative minutes per day (measure physical activity time); divide up the physical activity time into periods of 10 to 20 minutes, several times per day); maintain moderate intensity activity for at least two periods of 10 minutes; carry out muscle-strengthening exercises twice per week (Anses, 2016 adapted to COVID-19).

Annex 3: Recommendations to limit sedentarism

Recommend moving around in order to reduce the amount of time spent sitting or lying down each day (watching television, reading, carrying out manual activities, etc.), by mobilising more often than usual.

In children under 6 years of age and children from 6 to 17 years of age: get up every 30 minutes ideally; maintain fun, regular physical activities; take care to limit the increase in leisure and passive screen time (Anses, 2016 adapted to COVID-19).

Annex 4: Maintain a balanced diet if possible and limit snacking

During lockdown, screen time has increased (tablet, PC, mobile phone), along with associated snacking behaviour.

- Advise avoiding sugary or high-salt snacks, eating between meals and replacing proper meals with snacks, the risk being a deviation from usual eating habits or loss of own personal bearings with respect to eating.
- If possible, maintain a varied diet, reduce portion sizes and energy-dense foods and avoid fizzy drinks and foods high in fat, sugar or salt.
- Encourage the family to eat more fruit and vegetables if possible (including canned), and to draw up menus in advance, taking care to ensure a good balance over the day, and to cook more healthily (steaming or boiling rather than frying), make a shopping list accordingly and avoid buying ready-made foods and snacks.
- Encourage the family to eat meals at planned times (even more important for people in lockdown alone), to take their time, to concentrate on what they are eating, chew slowly and savour each mouthful; to avoid screens and listening to the news.
- Reduce portion sizes at mealtimes and use smaller plates in the event of overweight.

Resources

These rapid responses will evolve as knowledge in the field of COVID-19 increases. They supplement the websites, documents and guidelines developed by learned societies.

See all the Haute Autorité de santé [French National Authority for Health's] [rapid responses in the context of COVID-19](#).

<https://www.hcsp.fr/Explore.cgi/avisrapports?Langue=en&filtrer=filtrer>

For healthcare professionals

Haute Autorité de Santé. Avis n° 2020.0025/AC/SEESP du 1^{er} avril 2020 du collège de la Haute Autorité de santé relatif au maintien de la vaccination des nourrissons dans le contexte de l'épidémie de COVID-19. https://www.has-sante.fr/jcms/p_3169084/fr/avis-n-2020-0025/ac/seesp-du-1er-avril-2020-du-college-de-la-haute-autorite-de-sante-relatif-au-maintien-de-la-vaccination-des-nourrissons-dans-le-contexte-de-l-epidemie-de-covid-19

Haute Autorité de Santé. Avis n°2020.0030/AC/SEESP du 30 avril 2020 du collège de la Haute Autorité de santé relatif au maintien de la campagne de vaccination contre la grippe saisonnière à la Réunion dans le contexte de l'épidémie Covid-19 en France. https://www.has-sante.fr/jcms/p_3182752/fr/avis-n2020-0030/ac/seesp-du-30-avril-2020-du-college-de-la-haute-autorite-de-sante-relatif-au-maintien-de-la-campagne-de-vaccination-contre-la-grippe-saisonniere-a-la-reunion-dans-le-contexte-de-l-epidemie-covid-19-en-france

Haute Autorité de Santé. Place des tests sérologiques rapides (TDR, TROD, autotests) dans la stratégie de prise en charge de la maladie COVID-19, 14 mai 2020. https://www.has-sante.fr/jcms/p_3179992/fr/place-des-tests-serologiques-dans-la-strategie-de-prise-en-charge-de-la-maladie-covid-19

Haute Autorité de Santé. Fiche pédagogique. Pré-requis sur les tests, 18 mai 2020. https://www.has-sante.fr/upload/docs/application/pdf/2020-05/fiche_pedago_tests_serologiques.pdf

Haute Autorité de Santé. Diagnostic de la dénutrition de l'enfant et de l'adulte, 2019. https://www.has-sante.fr/jcms/p_3118872/fr/diagnostic-de-la-denuitration-de-l-enfant-et-de-l-adulte

Haute Autorité de Santé. Avis n° 2020.0035/AC/SEESP du 4 juin 2020 du collège de la Haute Autorité de santé relatif à la reprise des activités de vaccination dans le contexte de la levée des mesures de confinement dans le cadre de l'épidémie de COVID-19. https://www.has-sante.fr/jcms/p_3188687/fr/avis-n-2020-0035/ac/seesp-du-4-juin-2020-du-college-de-la-haute-auto-rite-de-sante-relatif-a-la-reprise-des-activites-de-vaccination-dans-le-contexte-de-la-levee-des-mesures-de-confinement-dans-le-cadre-de-l-epidemie-de-covid-19

Documents du Ministère chargé de la santé, Ministère de l'Education nationale et de la jeunesse, du HCSP

Site du Ministère des solidarités et de la santé <https://solidarites-sante.gouv.fr/soins-et-maladies/maladies/maladies-infectieuses/coronavirus/professionnels-de-sante/>

Ministère des solidarités et de la santé. Coronavirus (Covid-19). Accompagnements personnalisés hors du domicile pour les enfants et adultes en situation de handicap, 29 avril 2020. <https://solidarites-sante.gouv.fr/IMG/pdf/accompagnements-personnalises-hors-domicile-ph.pdf>

Ministère des solidarités et de la santé. Coronavirus (COVID-19). Guide ministériel COVID-19. Modes d'accueil du jeune enfant, 6 mai 2020. <https://solidarites-sante.gouv.fr/IMG/pdf/guide-deconfinement-petite-enfance-covid-19.pdf>

Ministère des solidarités et de la santé. Coronavirus (COVID-19). Guide ministériel Covid-19 - Protection de l'enfance. Pour un accompagnement de la phase de déconfinement des missions de protection de l'enfance, dans le respect des règles sanitaires et des impératifs de distanciation physique, 10 mai 2020. <https://solidarites-sante.gouv.fr/IMG/pdf/deconfinement-guide-protection-enfance-covid-19.pdf>

Ministère des solidarités et de la santé. Coronavirus (COVID-19). Recommandations d'utilisation des masques faciaux dans le contexte d'un processus progressif de déconfinement, 6 mai 2020. <https://solidarites-sante.gouv.fr/IMG/pdf/deconfinement-recommandations-utilisation-masques-covid-19.pdf>

Ministère des solidarités et de la santé. Calendrier des vaccinations 2020 <https://solidarites-sante.gouv.fr/prevention-en-sante/preserver-sa-sante/vaccination/calendrier-vaccinal>

Ministère de l'Éducation nationale et de la jeunesse. Un retour prioritaire des enfants en situation de handicap à l'école <https://solidarites-sante.gouv.fr/IMG/pdf/deconfinement-accueil-eleves-situation-handicap-covid-19.pdf>

Ministère de l'Éducation nationale et de la jeunesse. Guide relatif à la réouverture et au fonctionnement des collèges et des lycées. Protocole sanitaire établissements secondaires. Procédure de gestion d'un cas COVID, 29 avril 2020 <https://www.education.gouv.fr/coronavirus-covid-19-reouverture-des-ecoles-colleges-et-lycees-303546>

Ministère de l'Éducation nationale et de la jeunesse. Guide relatif à la réouverture et au fonctionnement des écoles maternelles et primaires. Protocole sanitaire écoles maternelles et élémentaires. Procédure de gestion d'un cas COVID, 29 avril 2020 <https://www.education.gouv.fr/coronavirus-covid-19-reouverture-des-ecoles-colleges-et-lycees-303546>

Suivi médical de l'enfant : examens médicaux obligatoires <https://www.service-public.fr/particuliers/vosdroits/F967> [Mise à jour 01 mars 2019].

Avis du Haut conseil de la santé publique

<https://www.hcsp.fr/explore.cgi/avisrapports>

[In English https://www.hcsp.fr/Explore.cgi/avisrapports?Langue=en&filtrer=filtrer](https://www.hcsp.fr/Explore.cgi/avisrapports?Langue=en&filtrer=filtrer)

Avis du Conseil scientifique COVID-19

<https://solidarites-sante.gouv.fr/actualites/presse/dossiers-de-presse/article/covid-19-conseil-scientifique-covid-19>

Fiche « Qualité et sécurité des actes de téléconsultation et de téléexpertise » ; mise en œuvre, mai 2019 https://www.has-sante.fr/upload/docs/application/pdf/2019-07/fiche_memo_teleconsultation_et_teleexpertise_mise_en_oeuvre.pdf

Assurance maladie <https://www.ameli.fr/medecin/actualites>

Assurance maladie <https://declare.ameli.fr/>

For users/patients

Document d'information sur la téléconsultation destinée au patient, mai 2019 : ce document est proposé dans deux versions avec ou sans prise de rendez-vous https://www.has-sante.fr/upload/docs/application/pdf/2019-07/fiche_dinformation_du_patient_et_rendez-vous_teleconsultation.pdf

Fiches pratiques de l'équipe pour toute la famille pendant les périodes de confinement et de déconfinement liées au COVID-19. Centre d'excellence des troubles du neurodéveloppement, Service de psychiatrie de l'enfant, hôpital Robert Debré - Paris <https://www.pedopsydebre.org/fiches-pratiques>

France Assos Santé. Covid-19 – Faire face à une maladie chronique pendant le confinement. Document usagers. https://www.has-sante.fr/jcms/p_3178865/fr/faire-face-a-une-maladie-chronique-pendant-le-confinement

- [Des réponses à vos questions](#)
- [Des lignes d'écoute et de soutien pour les personnes atteintes d'une maladie chronique](#)

Un numéro vert national COVID-19 24h/24 et 7j/7, 0 800 130 000

Le secrétariat d'état chargé des personnes handicapées

- [Des informations générales en lien avec le COVID-19](#)
- [Des lignes d'écoute et de soutien pour les personnes en situations de handicap](#)

https://www.sp2a.fr/spa_actualites/comment-protoger-votre-enfant-atteint-dune-maladie-respiratoire-chronique-du-nouveau-coronavirus-covid-19/

UNAF. FAQ pour les aidants <https://www.unaf.fr/spip.php?article26057>

Annuaire agevillage. Covid-19 : soutiens et initiatives pour aider les aidants. Conseils et ressources pour les aidants <https://www.agevillage.com/actualite-18624-1-Covid-19-conseils-et-ressources-pour-les-aidants.html>

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Drafting method and warning

The method used for this rapid response is based on a narrative summary of the most relevant available data, national and international guidelines and the consultation of stakeholders (by email).

This document was jointly drafted by the French National Authority for Health and experts designated by: SFP, SFSA, CNPP, AFPA, CMG, SDEDP, FFN, APOP, SOFMEN, and was reviewed by the AJD and the UNAF.

Validation by the HAS Board on 14 May 2020

Last update 23 June 2020

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These rapid responses are drafted on the basis of available knowledge on the date of publication and are liable to evolve on the basis of new data.

These rapid responses are based on what appears to be preferable or necessary at the time of their formulation. They do not take into account personal protective equipment procurement capacities.