

**Guidance On School Reopening  
Black Coalition Against COVID  
July 23, 2020**

**We at the Black Coalition Against COVID (BCAC) understand that every community in our nation is struggling with the questions of whether, when and how to reopen school buildings. There are no easy answers. The physicians and health experts associated with the BCAC offer the following information to assist in the inclusive and collaborative conversations between parents, teachers, and policy makers as, together, they make the critical decisions relevant to the students in the District of Columbia.**

**1. The Importance Of Getting Children Back To School Buildings:**

**As physicians and health advocates, we understand the imperative for children to get back to school. The American Academy of Pediatrics has developed reopening guidelines that clearly state that the AAP “strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school.”**

**The prestigious National Academy of Medicine (NAM) in a recent report entitled “Reopening K-12 Schools During the COVID-19 Pandemic” has also highlighted the importance of prioritizing reopening schools, especially for grades K-5 and students with special needs. Among the key priorities reflected in this conclusion is that many children have experienced extreme illness or death of multiple close family members even as their families and communities are facing the stress of serious economic setbacks, and, as such, need the nurturing and emotional support offered by the in-school environment.**

**However, the NAM report also recommends that “federal and state governments provide significant resources to districts and schools to help them cover the cost of COVID-19 precautions...”**

## **2. The Extent Of The Presence of The Virus Within The Community:**

**The most important factor in making the decision to reopen schools is the extent and magnitude of the presence of the virus within the community. If community spread is not under control, then it would be ill-advised to send children back into school environments. First, control the community spread and then school buildings can reopen thoughtfully. Therefore, all decision makers must carefully monitor community epidemiological data and actively participate, in partnership with DC Health, in the extensive community-wide efforts to mitigate the spread of COVID throughout the community at large.**

## **3. The Challenge Is In How To Balance the Risks:**

**The NAM report states emphatically that: "...it will be impossible for schools to entirely eliminate the risk of COVID-19..." As such, school officials, in association with public health authorities, must plan for the possibility that some students, teachers or staff will contract covid-19. The challenge is how to assess the relative risks from not having children in school buildings vs the risks of having them return.**

## **4. Assessing The Risks For Four Key Constituencies:**

### **A. To the community at large:**

**A key question about school buildings reopening in the fall is whether returning students could increase community COVID-19 rates. We know from past experience with the influenza virus that kids shed much more influenza virus than adults, and they do that for much longer periods of times. Whether**

**the same holds true for COVID 19 has not yet been ascertained. Also, the question is still open whether children who become infected with COVID-19 but are without symptoms are extensive transmitters of this infection.**

**A study from South Korea indicated that, while children under 10 years old are less likely to spread the coronavirus, young people between 10 and 19 years old will spread it similarly to adults. This has important implications for how we discuss the school age population. It is now suspected that children less than ten years old may be different from those older than ten, or those in their teens, who may be more likely to spread the virus. In other words, one-size may not fit all when formulating policy approaches.**

**We need more and rigorous scientific studies on the potential for school-based spread if sound policy is to be formulated.**

#### **B. To Family Members:**

**Elderly family members and those with pre-existing health challenges are well known to be especially vulnerable to the COVID-19 virus. Nationally, more than 3 million people age 65 or older live with school-age children and people of color are more likely to live with a school-age child compared to their white counterparts. Additionally, many teachers have school age children themselves and they will have to live with the fear of potential exposure in a school setting could be transmitted to their own children.**

#### **C. To Children Themselves:**

**We have a lot more to learn about the frequency with which children transmit COVID to each other, or to and from adults. As for the effects of COVID infection on children, we are concerned about the reports in the scientific literature describing "Multi-system Inflammatory Syndrome" in children linked with Covid-19 infection. One study of 186 children and adolescents documented that this virus led to serious and life-threatening illness in previously healthy children and adolescents. We also know that it is common for COVID-19 infection to be prolonged and to exhibit a wide variety of symptoms and secondary complications. More scientific knowledge is required to fully understand the dimensions of this risk concern.**

#### **D. To Teachers And Other School Personnel:**

**One fourth of the national, broadly defined, teaching workforce, or 1.5 million people, are estimated to be at heightened risk of Covid-19 complications, because of age or pre-existing conditions. The risks to such people who become exposed to COVID-19 are well documented. The World health Organization has concluded that the virus is circulated in the air in aerosolized forms, thereby posing a danger for crowded indoor spaces with poor ventilation.**

**Other personnel such as school bus drivers face their own challenges as they are left in an enclosed space with children who may not comply with mask policies and who may have short turnaround times that challenge proper disinfecting strategies. Similarly, cafeteria workers are confined in limited indoor spaces with numerous congregating students who yell, shout, laugh, and have the propensity to contaminate common surfaces with their hands.**

#### **5. Lessons learned From Other Countries:**

##### **A. Several Countries Have Successfully Reopened School Buildings:**

**Several countries have demonstrated that it is possible, with the proper strategy and support, to reopen school buildings safely and not experience a surge in cases. Those that have been successful did so after reducing infection levels in the larger community. They also imposed and enforced strict requirements such as physical distancing and limits on class sizes, among other interventions.**

**Norway and Denmark are good examples of success. Both reopened their schools a month after they were initially closed, and when they did, they initially opened them only for younger children, keeping high schools shut until later. They strengthened sanitizing procedures, kept class sizes limited, restricted children to small groups at recess, and maintained space between desks.**

##### **B. Other Countries Have Experienced Serious Challenges:**

**For example, in Israel, it has been reported that their schools were not well prepared for reopening. On June 3, two weeks after schools opened, over 244 students and staff were found positive for COVID-19. Additionally, 1,400 Israelis were diagnosed with the disease last month and 657, or 47 % of the total, were infected by the coronavirus in schools.**

**In Canada, an elementary school documented almost an entire class of 12 students tested positive in late May.**

## **6. CDC Guidance Summarized:**

**The CDC has made a series of recommendations that include the following:**

- Begin teaching children proper hygiene practices now, including hand-washing, in preparation for returning to school buildings. This should be reinforced continuously throughout the school experience.**
- Require sick staff members and students to stay home. Schools should have flexible policies and practices for sick leave so that staff members can "stay home when they are sick, have been exposed, or caring for someone who is sick," without being punished for staying home.**
- Desks should not only be spaced apart, but all facing the same direction.**
- Schools should have physical reminders, like markings on sidewalks and walls, that mark off six feet, and signs reminding students of protective measures. The OSSE suggests that this will be helpful in managing the flow of students into and out of the building and thereby decreasing congestion.**
- Physical barriers, like sneeze guards or partitions, should be in place when six feet of distance isn't possible.**

- **Facial covering should be worn by both students and faculty, "as feasible," and especially when keeping a distance isn't possible.**
- **Prioritize cleaning, ventilation and air filtration. Rooms should be well ventilated, bringing in and circulating air from the outside if possible.**
- **Cancel gatherings, such as sports events and practices, field trips and assemblies.**
- **Cancel or modify classes such as choir or physical education, where students are in close contact. OSSE further recommends that classes should be modified or cancelled when students are likely to be in very close proximity, unless group size and physical (social) distance of 6 feet between individuals can be maintained.**
- **Try to limit students mixing with one another:**
  - **Have them eat meals in the classroom, not in a dining hall. Communal areas should be shut, including cafeterias and dining halls -- the CDC recommends that students eat in their classrooms -- and playgrounds.**
  - **Stagger the release of classes and arrivals and dismissals to prevent overcrowding at school entrances.**
    - **Note that OSSE recommends opening additional doors for entry and exit to avoid funneling all students through a single point of entry.**
  - **Students, especially younger ones, should remain in one classroom with the same group and teacher all day. For older students, that should be done "as much as possible."**

- **One promising strategy they recommend is to group students of ten or fewer together in one place and keeping the same staff there throughout the school day.**
- **Note that The Office of State Superintendent of Education (OSSE) recommends that for indoor classes or activities, no more than 12 individuals (staff and students) clustered in one room. One additional staff member (13 total individuals) can briefly be added to the group if necessary. Additionally, they recommend that in grades where students traditionally transition between classes, schools must rotate teachers and staff between classrooms, rather than students. Such rotation of teachers and staff should be limited to the extent feasible.**
- **For students of all ages, the AAP recommends holding classes outside when possible, especially physical education and chorus, because exercise and singing increase exhalation.**
- **Note that OSSE recommends that for outdoor activities, each group of 12 (or, briefly, 13) individuals must interact only with their own group and not mix between other groups. Each group must have extra physical (social) distance (more than 6 feet) between them and the next group and chalk markings should indicate the distance.**
- **Limit nonessential visitors.**
- **Provide hand washing stations or hand sanitizer for all people who enter school buildings, minimize contact with shared surfaces and increase regular surface cleaning.**
- **Sharing of equipment, games, supplies should be avoided. If that's not possible, they should be cleaned after each use.**

- **Students and school staff, should be encouraged to bring water from home instead of using water fountains. Note that The OSSE recommends that water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) be evaluated as safe to use**
- **Symptom screening and checking student's temperatures when they arrive at school may be a helpful tool, and it probably will keep some sick students out of school, but, since a large portion of infected children are thought to be asymptomatic, symptom screening alone isn't sufficient.**
  - **OSSE further recommends that, where feasible, schools may choose to implement a physical temperature check that confirms that the student or staff member had their temperature checked at home 2 hours or less before their arrival, and the temperature was less than 100.4 degrees by having the student/parent/guardian or staff member exhibit a photograph of the thermometer or verbally confirm that the temperature was less than 100.4 degrees.**

## **7. Additional Guidance From The Office of State Superintendent of Education**

- **It is imperative for all students to be fully vaccinated according to CDC and DC Health standards.**
- **When traveling to and from School, students and staff should be encouraged to maintain at least six (6) feet of distance and to wear a face covering when traveling, and to avoid congregating in large groups at intersections and transit stops.**
- **Designate an area for students or staff who exhibit symptoms and keep separate from the area used for routine healthcare.**

## **8. Identifying and Tracking Outbreaks Exeditiously Is Essential:**

**Given that it is inevitable that there will be some spread of the virus within the community, families, school personnel and/or children when school buildings reopen, a robust contact tracing program must be available to identify and trace the contacts of new cases.**

**In summary, it is clear that students need to be returned to their school buildings as expeditiously as possible. It is equally clear that doing so within the context of a pandemic entails considerable risks for multiple stakeholders. All stakeholders deserve to have adequate resources and public policies in place to ensure that, to the greatest extent possible, the risks have been minimized. Resources are essential and jurisdictions are responsible for ensuring that they are available in sufficient supply to create safe school buildings. Finally, the process of assessing risks and determining the timetable and character of school building reopening should be transparent and collaborative between the critical stakeholders and public officials.**



