

Keeping Students Safe and Physically Present in School: An Overview of the Latest Guidance and Evidence on School Covid-19 Plans

Dennis Z. Kuo, MD, MHS

Associate Professor of Pediatrics, University at Buffalo
Division Chief, General Pediatrics

Medical Director, Pediatric Primary Care, Oishei Children's Hospital

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Objectives

- Overview of keeping students safe
- Review guidance for school openings
- Focus on special populations

This is a high level overview – it is impossible to cover every detail. My hope is that you will be able to approach your professional and personal school discussions with a framework, evidence, and flexibility.

Take-home messages

- The presentation today is intended to help you understand the framework for school safety and be a conversation starter to help you advocate for your children and schools
- We have plenty of evidence, tools, and experience
- CDC and AAP guidance are excellent



More take home messages

- Pay attention to community COVID-19 rates
- Implement and adjust multilayered protection
 - MASK – this really should not be a question at all!
 - Daily screener for symptoms
 - Distancing protocols
 - Consider screening testing of asymptomatic population
- Vaccinate, vaccinate, vaccinate
- Health equity – pay close attention to subpopulations



Broad overview

- Schools serve a place for learning, and also serve many other roles: therapies, child care, community support
- Schools play a substantial role in addressing racial and social inequity
- CDC and AAP call for school to be open for all kids
 - A lot of missed in-person school (remote, hybrid) last year
 - Disproportionate effect on minoritized, disabilities
 - US schools are starting to reopen in the South and yes, there are outbreaks, but in the context of severe outbreaks
 - It's decision time again in the North, by schools and by families

Children: what we know

- Initial impression = lower incidence rate, however now thought to be because of fewer exposures
 - Much of data also obtained from last year's experience = different variants!
- Children are more frequently asymptomatic or have mild symptoms
 - However they can become sick – as of July 7, 2021, 391 children have died
 - Disproportionately impacted: Black, Hispanic
 - Underlying medical conditions more commonly reported among hospitalized: obesity, pulmonary, neurologic, cardiac
- Now 15-20% of cases



Thoughts on schools

- Goal of all children being in-person in school
 - Time away from school leads to interruption in supportive services, social isolation, food insecurity, and reduction in physical activity
 - School closings have disproportionate impact on Black, Latinx, and Native American / Alaskan Native children
- Schools are relying on last year's data
 - No delta variant
 - No vaccinations
 - MUCH stricter adherence to protocols

What we learned in 2020-21

- Children can attend school safely, under the right circumstances and conditions
- Children really suffered as a group when they weren't in school
 - Learning
 - Therapies
 - Social
 - Mental health

What's coming up for 2021-22

- Children will attend school in larger numbers
- We have tools we didn't have last year: vaccine, testing, data, experience
- Widespread community transmission which is largely caused by abandoning safety protocols
 - Delta is more contagious, but little evidence it is inherently more dangerous or uncontrollable
 - Virus is still regarded as respiratory droplet transmission
 - Nothing has really changed about our understanding of how we limit spread
 - Vaccine is not 100% - but none are



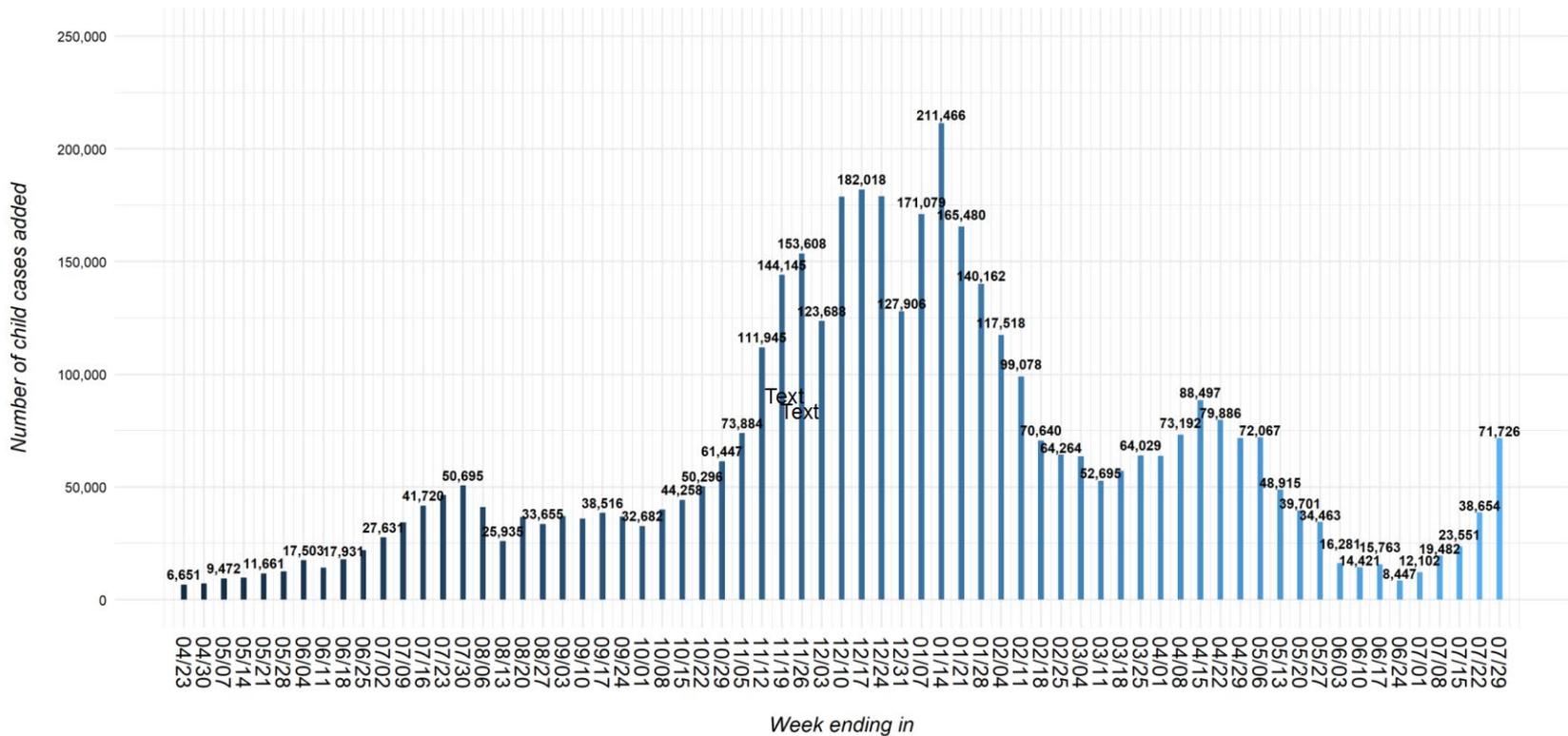
Schools and risk

- Best protection is LOW COMMUNITY TRANSMISSION
- Next best protection is strong school protocols
 - When protocols followed, transmission in schools is lower but they continue to parallel community transmission
 - At Substantial/High transmission, school cases in MI and WA increased; they parallel community transmission
 - Historically most cases happen staff-to-staff
- Transmission in high school settings appear to be more common, which is not surprising as transmission in adolescents parallel adults

So where are we now...



Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week*

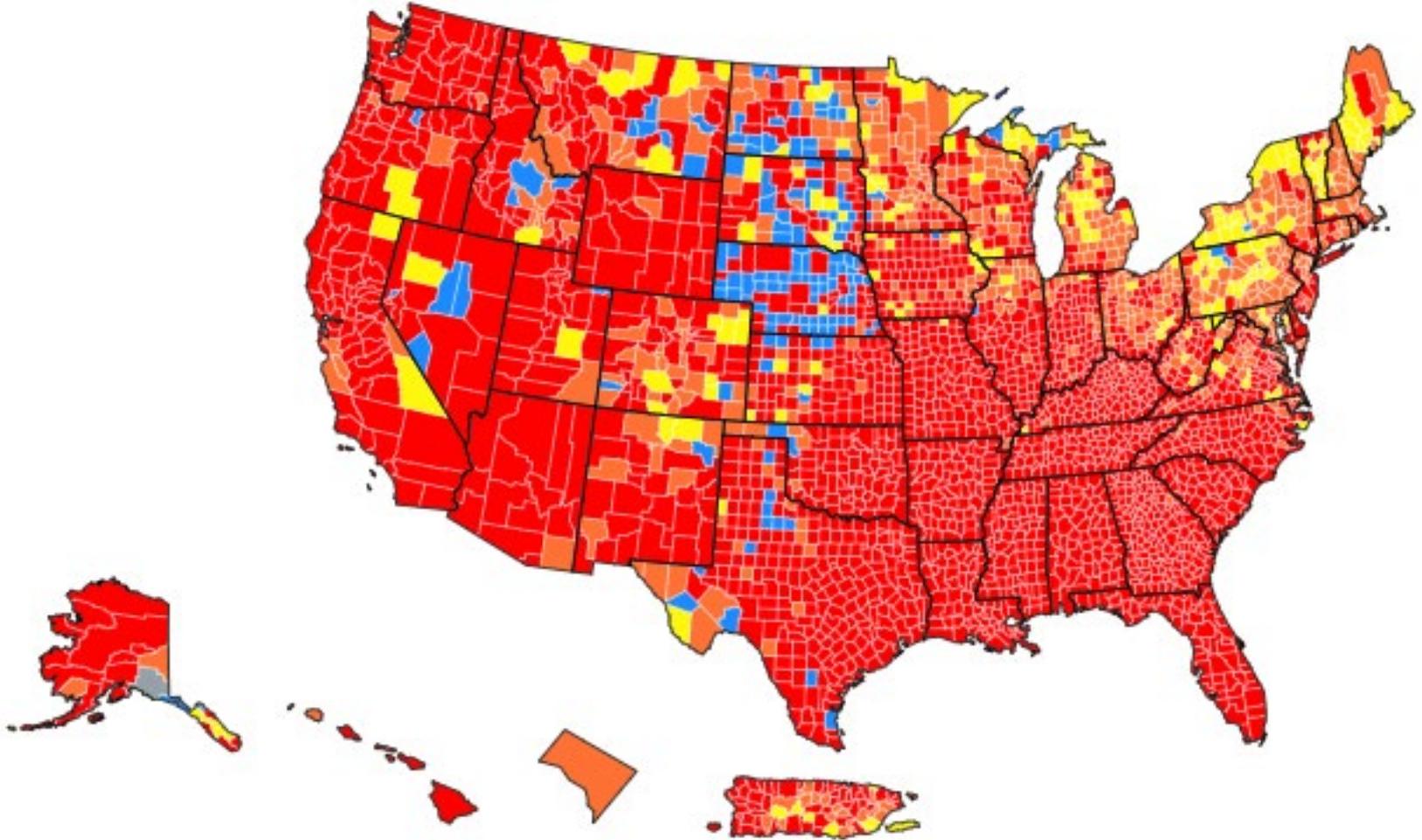


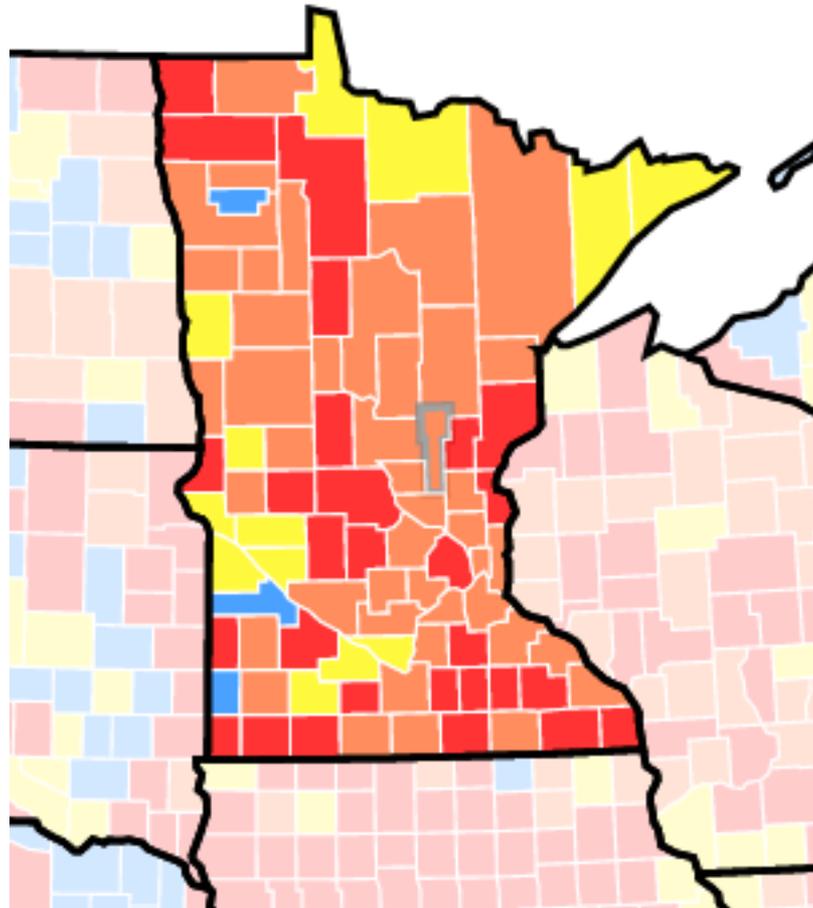
Source: Children and COVID19: State Data Report. AAP / Children’s Hospital Association, 7/29/21

Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

- Low: Test, trace, isolate
- Moderate: Adherence to individual and selected community level prevention strategies
- Substantial: Everyday activities should be limited to reduce spread and protect health care system
- High: Significant measures to limit contact, prioritize essential activities and services

Text

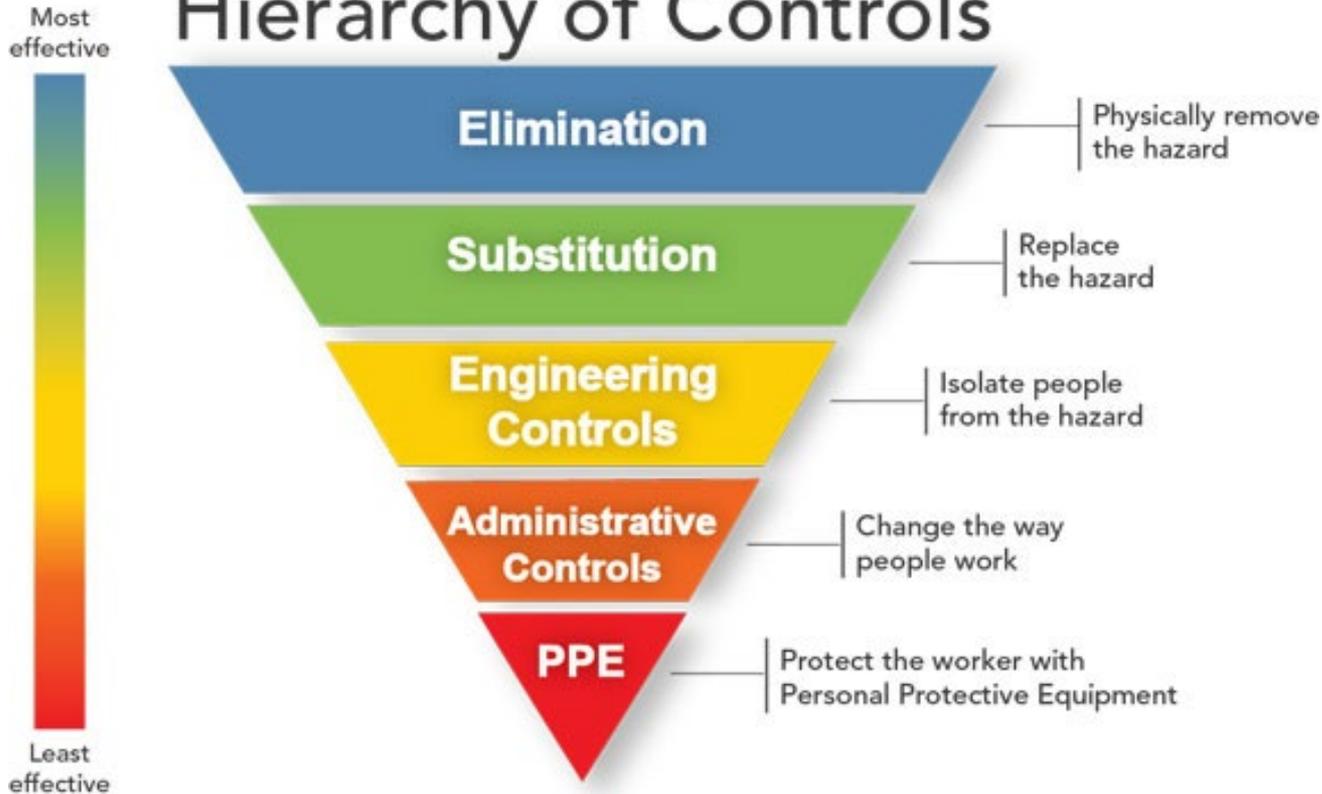




Considerations

- Community spread appears to be the most important factor in determining the safety of reopening schools
- Deliberate planning, with input from many stakeholders, is needed for buy-in and commitment
 - Address health and safety considerations for students and teachers/staff
 - Implement effective learning methods with continuity, based on standards, regardless of the modality
 - Address health and education equity and focus on special populations

Hierarchy of Controls



Elimination: "crush the curve," vaccine

Substitution: distance learning

Engineering Controls: ventilation, barriers, density, cleaning

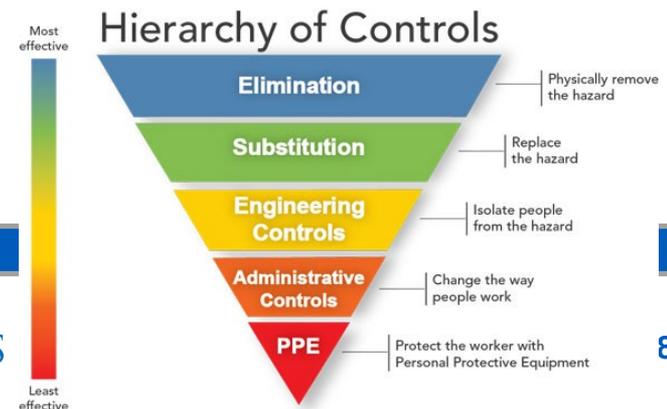
Administration Controls: training in new routines (handwashing), reduce large gatherings

PPE: masks and face shields

NAS Reopening K-12 Schools During the Pandemic, 2020

Kuo's interpretation...

- When you are “getting back to normal...”
- ...that is code for getting rid of “substitution” and maybe “administrative” ...
- ...and if you're lucky you might still have “engineering” but that isn't typically enough...
- ...and we clearly haven't crushed the curve yet, as most kids can't be vaccinated yet...
- ...so you have to MASK and maintain “administrative”



CDC guidelines: highlights

- Vaccinate
- Universal indoor masking
- ≥ 3 feet distance between students in classrooms (6 feet for everyone else)
- Layered protection
 - Ventilation
 - Handwashing
 - Respiratory etiquette
- **Stay home when you are sick**
- Contact tracing (assigned seating will help)

Screening testing

- Schools may opt for regular screening, particularly of unvaccinated students, teachers, staff
 - Particularly in yellow, orange, red zones
 - Weekly suggested
- Schools may have resources available to set up screening tests, which are typically PCR swabs
- This is different from **diagnostic** testing (when you have symptoms and need to know if you have covid)

AAP guidelines: highlights

- Vaccinate
- Universal masking
- Test, trace, isolate
- Multi-pronged, layered approach
- **Special considerations and accommodations to account for diversity of youth including medically fragile and complex, developmental challenges, disabilities**
- Address overall health and well-being of all children, adolescents, families, communities

When you are sick or exposed

- Sick
 - Generally need a negative covid test and improvement of symptoms to return
 - If no test, assume you have covid and stay out for ten days from start of symptoms
- Exposed
 - Vaccinated may not have to quarantine unless symptomatic
 - Get a covid test within 2-3 days (**this is an updated recommendation**)
 - If unvaccinated, quarantine
- **Follow all state and local guidance, particularly if a contact tracer calls you**

What if you've had covid?

- Follow up with your doctor to assess for any residual symptoms (and assess for potential myocarditis symptoms: chest pain shortness of breath, fainting)
 - Moderate symptoms - ≥ 4 days fever, ≥ 1 week fatigue – needs to be seen in-person by primary care physician
 - Severe symptoms, including hospitalization – cardiology evaluation; restricted 3-6 months
- Return to play guidelines
 - < 12 years, as tolerated
 - ≥ 12 years, gradual return to play

Sports: higher risk activities

- Indoor sports greatest risk in general, particularly wrestling, ice hockey, basketball
- Outdoor sports thus far confirm low transmission
- **Most transmission has been due to off-field activities:** sharing meals, transportation in vehicles, when unmasked

Children and youth with special health care needs

- Vaccinate
- Multipronged, multilayered approach at baseline, with goal to open schools and keep schools open
- Creative, flexible and responsive accommodations to safely achieve inclusion
 - **Advocate for inclusion**
 - **Most CYSHCN can safely attend school when protocols are followed**
- Shared decision making around best options for optimal educational and environment, particularly for those who may be at risk for severe biological illness

CYSHCN: school considerations

- Vaccinate
- IEP and 504s need to be updated accordingly
- Compensatory services may be needed
 - Learning
 - Therapies
 - Mental health counseling
- Considerations for mental health for both students and staff

CYSHCN at high risk

- Vaccinate
- Discuss with your doctor and schools
 - Highest risk: lung disease, neurodevelopmental disability, cardiac disease, obesity
 - Take community prevalence and safety procedures into account
- Be creative, flexible, and accommodation
 - Preference for larger, better ventilated, less crowded indoor or outdoor spaces
 - Heightened attention to PPE, surface cleaning, hand hygiene
- Update IEP based on current needs
- If virtual, consider home aides, nursing, to assist with learning; arrange virtual and home-based therapies

Mask exemption?

- Almost all children can wear a mask or a face shield
 - Explain, ask, model, find (comfortable mask)
 - Gradual desensitization with practice. Don't rush!
- Find out what is the school policy on masks (and the policy may differ based on community transmission and whether child is vaccinated)
- Assess risk/benefits of in-school vs. home learning
 - Prevalence of COVID-19 in community
 - Testing availability (test, trace, isolate)
 - Understand school protections
 - Consider places of exposure (including transportation)

Risk vs benefit

Risk

- Levels of circulating coronavirus in community
- Adequate safety policies
- Potential for biological illness
- Impact to mental health, including isolation
- Diminished access to learning and therapies, with potential regression

Benefit

- Protection from illness
- Reduction of anxiety
- Increased level of home care and possibly individual attention to specific therapies
- Consistent learning plan

School responsibility

- State, county, school district guidance for safety
- Legal requirements for learning – IEP, ADA
 - IEPs must be updated annually, regardless of learning/attendance modality (virtual, hybrid, in-person)
 - Families/caregivers of CYSHCN should be supported in adjusting IEP plans and goals as needed



The elephant in the room

- Some states and communities will “mandate” these protections. Others may strongly recommend, others will say follow CDC and AAP guidance.
- Still others will resist them. Or, even more may resist state mandates
- Advocate, advocate, advocate
 - Follow available guidance, which really is quite good now
 - Follow community transmission
 - Model for your children

References

AAP: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

AAP (CYSHCN): <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/caring-for-children-and-youth-with-special-health-care-needs-during-the-covid-19-pandemic/>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

NAS: <https://www.nap.edu/catalog/25858/reopening-k-12-schools-during-the-covid-19-pandemic-prioritizing>



Thank You!

Questions?

