

Is it Safe for K-12 Students to Return to School Amid the Pandemic?

POSTED BY KEN PICARD ON FRI, JUL 17, 2020 AT 11:21 AM



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- Dr. Lewis First

As school districts throughout Vermont prepare to hold in-person classes this fall for the first time since March, when Gov. Phil Scott ordered them closed due to the coronavirus pandemic, many parents are debating whether they're comfortable sending their kids back to the classroom.

Though Vermont's infection rate remains among the lowest in the country, COVID-19 cases are skyrocketing elsewhere, with no end in sight.

Further complicating parents' decisions are the mixed messages coming from the national level. President Donald Trump and U.S. Secretary of Education Betsy DeVos have urged schools across the country to reopen this fall, while the U.S. Centers for Disease Control and Prevention have said that opening them too soon in some areas could further spread the virus and extend the pandemic.

In June, the American Academy of Pediatrics issued its own recommendation that, despite the risks, students are best served by returning to their classrooms but should only do so based on scientific evidence and the guidance of public health experts, along with input from local school leaders, educators and parents.

Dr. Lewis First, chief of pediatrics at the University of Vermont Children's Hospital, is also editor of the AAP's peer-reviewed journal, *Pediatrics*. He points out that, as of early July, no children had been hospitalized in Vermont for COVID-19. As he explains below, the benefits of students returning to the classroom far outweigh the risks posed by the virus itself or by children's continued home isolation — assuming, that is, that the prevalence of the virus remains low.

SEVEN DAYS: Why did the AAP make this recommendation?

LEWIS FIRST: The AAP recognizes the importance of school being critical to a child's development. That is why their recommendation is to do what can be done in a community to safely open the schools. At this time, the ultimate decision is dependent upon the epidemiology of the virus, how a particular location is faring, and what measures schools can put in place to reduce risk, prevent transmission and minimize exposure.

SD: What does the current research say about COVID-19 in children?

LF: Right now we know several things: Children are less likely to become infected. We know from studies both in the U.S. and overseas that children are less likely than adults to spread infection. A number of studies have shown that the most common way children get the virus is from adult-to-child transmission. Children are also less likely than adults to come down with severe symptoms of the disease, and the complication we hear about in the news, called multisystem inflammatory syndrome in children, or MIS-C, is rare.

As of July, we have not seen it in Vermont. Of the small number of children and teens who have gotten MIS-C in this country, 98 percent have survived, according to CDC data.

SD: Why is it important for kids to be physically in school rather than taught remotely?

LF: When it comes to the fundamentals of children and teenagers' development and well-being, school is about more than just academic instruction, though that is certainly important. It's also about learning social and emotional skills, engaging in physical activity, and, for many children, eating nutritious meals. There are also emotional and mental health support services that schools provide that students cannot get through online learning.

Additionally, for children who don't have adequate access to mental health care, reliable nutrition and other social supports, such disparities only worsen the longer students stay home. For children who are experiencing physical, emotional or sexual abuse at home, schools provide an important outlet for keeping them safe. We know that reports of child mistreatment have declined in recent months, and not necessarily because there is less emotional and physical abuse directed against children. More likely, it's because many of those cases are going unreported because children are isolated in the home and not in school.

Of course, there are also children who are immunocompromised, or have

family members who are. In such cases, health care professionals, schools and families must decide whether the benefits of returning to class outweigh the risks for those children. If they don't, then schools need to help those students meet their learning needs from home.

SD: How can schools open safely?

LF: It's not as simple as just saying, "Go!" It's a partnership among the Vermont Agency of Education, the Vermont Department of Health, school administrators, teachers and families to set up systems that mitigate the risk for everyone.

It begins with preparations before kids return to school. All immunizations should be up to date before starting the school year. Families will need to prescreen their own children each morning, especially if schools don't have adequate staff to do so. This means temperature and symptom checks: Do they have a cough, a sore throat, shortness of breath, muscle aches, nausea, vomiting, diarrhea, or loss of their sense of smell or taste? If students have a temperature of more than 100.4 Fahrenheit, they can't go to school until they're asymptomatic for at least 24 hours.

Because half of all children diagnosed with COVID-19 have fevers, we can weed out half of the possible exposures simply by taking kids' temperatures every morning.

SD: What about protecting children once they're in school?

LF: The best thing schools can do is to follow all the prevention measures recommended by the Vermont Department of Health in conjunction with CDC and AAP guidelines. Physical distancing will be critical in the classroom. The AAP has stated that even if schools can't keep kids six feet apart, three feet would be more than adequate, with all desks facing the same direction. Other measures to reduce risk include face cloth coverings and meticulous hand hygiene before and after most classroom activities. High-touch areas such as toys, computer screens

and keyboards will need to be disinfected constantly. Meals should be served in the classrooms, and school-provided meals should be prepackaged to minimize the spread of germs if children or teachers are serving themselves or others.

Schools will also need to keep children in small groups for virtually all daily activities and stagger indoor and outdoor sessions so that classes do not intermingle while passing from one classroom or outdoor activity to another. This way, if a child tests positive or becomes symptomatic during the school day, it will be much easier to minimize the risk of an outbreak, test the other kids in that same class and not necessarily shut down the entire school.

Having teachers rotate into the classroom rather than rotating the children or teens in high school can reduce the amount of intermingling and decrease exposure. Depending on the situation, students may alternate days of in-class instruction with remote learning to limit the number of students in the classroom at any time. Of course, if the prevalence of the virus changes in Vermont or in regions of the state, and we see increased transmission rates in school settings, then we can reassess whether a particular school, district or all schools in Vermont should remain open.

It's worth noting that before COVID-19 came along, many children in Vermont with learning challenges had Individual Education Plans, or IEPs, designed by the schools to maximize their learning potential. In preparing to return these children to school, the IEPs should be revisited in advance of their return to decide whether the best setting for providing those individualized services are in school under pandemic conditions, at home or a combination of the two.

SD: Is sending children back to school just a way to restart the economy?

LF: This is not a question of one versus the other. It's a matter of doing the right thing for all children. Getting children into school is critical for

their development. If children are in school, parents and other caregivers can more easily return to work. If viral transmission is not under control and schools do not open, then both children and the economy suffer. Certainly, the longer we keep kids at home, the more likely we're going to have difficulty returning parents to the workforce, which only leads to more stressors in the home and the inability to provide critical services to children who need them.

SD: How do schools protect teachers, administrators and other staff?

LF: All adults in the schools will need to carefully adhere to all the recommended preventative measures we have become so familiar with. As with students, adults should stay home if they're ill. Strict use of cloth face coverings, hand hygiene and maintenance of physical distancing are the backbone of any strategy to keep everyone safe. Health screening, appropriate ventilation, and disinfecting surfaces and high touch areas will all help minimize the risk of virus transmission. Adults who are at higher risk for severe COVID-19 infection based on CDC criteria will need to take additional measures or may need to teach from home rather than being in the classroom physically. Teachers' health care providers can help them determine whether the risk of being in the classroom outweighs the benefits.

SD: Will students need to wear masks throughout the day?

LF: If children are outside playing and exercising and are at least six feet apart, they don't need masks. It's recommended that they wear masks indoors all day, even with appropriate physical distancing, unless they're eating or drinking. There will be children who cannot wear a mask for medical or psychological reasons, and if this is the case, they should not be forced to do so. Teachers should set the example and help students keep their masks on. Parents can be supportive and help to encourage the wearing of masks during the school day.

SD: What happens if a child or teacher tests positive?

LF: This is where school nurses will need to work closely with the Vermont Department of Health and local health care professionals. Schools will need to establish isolation areas for any child suspected of having the virus, so that they can be picked up from school and quarantined at home. If a child tests positive, their classroom and isolation area will need to be disinfected. The health department will need to conduct appropriate testing and contact tracing of students and teachers in that class. The more teachers can keep windows open during nicer weather and conduct activities outdoors, the better. Districts will also have to address the geography of school buildings. Whenever possible, hallways and stairwells should be one-way only so that children and teens can remain six feet apart, all move in the same direction and not face each other.

SD: Should lockdown drills that require students to be in close quarters continue during the pandemic?

LF: Schools will still need to conduct preparedness drills, but whenever possible, drills should focus on physical distancing to minimize the risk of exposure.