



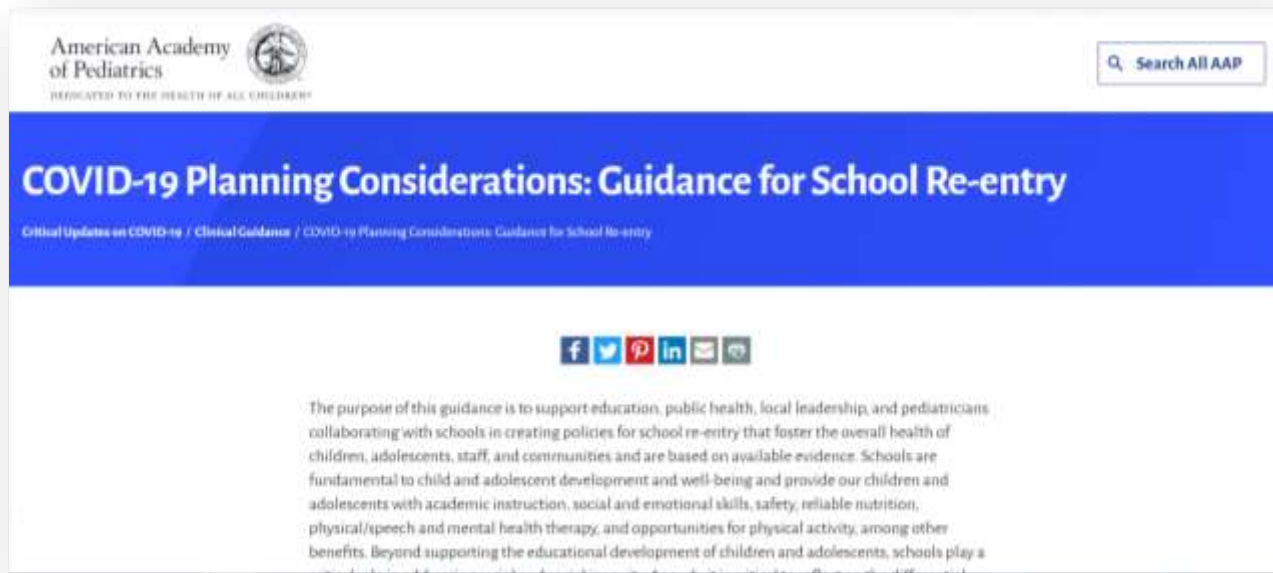
Returning to School in the Context of COVID-19

Sally Goza, MD, FAAP
AAP President

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



AAP Return-to-School Guidance



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

Search All AAP

COVID-19 Planning Considerations: Guidance for School Re-entry

Critical Updates on COVID-19 / Clinical Guidance / COVID-19 Planning Considerations: Guidance for School Re-entry

[f](#) [t](#) [p](#) [in](#) [e](#) [r](#)

The purpose of this guidance is to support education, public health, local leadership, and pediatricians collaborating with schools in creating policies for school re-entry that foster the overall health of children, adolescents, staff, and communities and are based on available evidence. Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. Beyond supporting the educational development of children and adolescents, schools play a

“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.*”



Physical Distancing Guidelines

- CDC guidance
 - 6 feet distance between desk/kids when feasible
 - Some countries have been able to successfully reopen schools using 3 feet distance between students without increases in community spread.*
- Important to encourage social distancing between adults
 - Increasing evidence of higher degree of spread between adults than from children to adults
- Grade specific:
 - Pre-Kindergarten/Preschool: Cohort classes to decrease crossover
 - Elementary: Spacing of desks and cohorting
 - Secondary: Spacing of desks, minimizing/eliminating lockers, increased spacing if activities include increased exhalation (singing, exercise)

*Based on evidence in *Lancet* that spacing of 3 feet may approach the benefits of 6 feet, especially if students are asymptomatic.



Special Distancing Issues

- Bussing
 - Taking into account physical distancing and recommendations for use of face coverings
- Hallways
 - Strategies to reduce traffic in hallways
- Meals/Cafeteria
 - Maximizing distancing by reimagining where students eat (classrooms and other spaces)
- Playgrounds
 - Enforcing physical distancing outdoors may be difficult and most effective strategy to reduce risk
 - Managing group sizes and cohorting are models to help manage risk



Face Coverings and PPE Guidelines

- Cloth face coverings should be used as possible based on developmental capacity and on feasibility
- Critical for staff to wear face coverings particularly if closer than 6 feet with students
 - Consideration for when teaching language/reading
- Masking and protective equipment for medical procedures should be based on current recommendations
- Grade specific:
 - Prekindergarten/preschool: May be difficult to implement
 - Elementary: Use of cloth face coverings should be encouraged when harms do not outweigh benefits
 - Secondary: Universal use of cloth face coverings for middle and high school students when not able to distance at least 6 feet



Cleaning and Disinfecting Guidelines

- Frequent handwashing
- Reduce high touch areas as much as possible and at least daily cleaning if not possible to reduce
- Cleaning of high touch outdoor spaces should be included in plans



Screening and Testing

- Temperature and symptom screening at schools may not be feasible in person
 - Regardless, parents should be encouraged to keep their child or adolescent home if they are ill
- Testing prior to school re-entry will only give a false sense of security
- Staff or students with symptoms should be encouraged to connect with their medical provider to discuss the need for testing



School Attendance for Sick Children/Adolescents

- Many more children will be sent home from school when sick this school year
- Schools are likely to require clearance from pediatricians before return is permitted
- Guidance encourages testing for known exposure to COVID-19 patient or COVID-19 symptoms
 - Symptoms are extensive (see to right)
 - Can expect guidance to change as flu season and COVID-19 cases increase

COVID-19 Symptom List:

- Fever, chills, rigors
- Cough
- Shortness of breath
- Rash
- Nasal congestion or rhinorrhea
- Sore throat
- Nausea or vomiting or diarrhea
- New loss of taste or smell
- Fatigue
- Headache
- Myalgia
- Poor feeding or poor appetite



CDC Return to School Criteria

Pediatrician-confirmed alternative diagnosis and afebrile for for 3 days without fever reducing meds or:

- 3 days without fever reducing meds **and**
- Respiratory symptoms have improved **and**
- 10 days since symptoms first appeared **or**
- 10 days after test if no symptoms **or**
- 14 days after exposure to known contact **or**
- 2 negative COVID tests 24 hours apart



COVID-Positive Individual: School Open or Closed?

Original recommendations:

- Individual in one class: Close class for cleaning
- More than one individual impacted: Close school
- Across multiple schools: Close district

Updated data:

- Increasing evidence of low risk of transmission from child to adult (Iceland) and adult to adult transmission in schools (Australia)
- Isolation of sick individuals
- Contact tracing
- Cleaning of spaces



AAP's Consistent Messages on Reopening Schools

- School is important for child health
- Schools must be flexible and nimble to reopen safely
- Schools must adapt based on COVID transmission in school and community
- Schools need funding for safety measures





Stay Tuned ...

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

