

## Fall 2020

# Returning to School Safely

Nebraska Child Health & Education Alliance

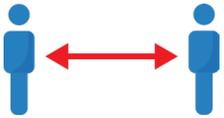
## HOW TO STOP THE SPREAD OF COVID-19



Students and school personnel must wear masks whenever possible. Limit all other visitors.



Encourage teachers, or other staff, to complete temperature checks in classroom, or require parents to check before drop off.



School personnel and students should social distance at all times.



Assign an office to quarantine students with temperatures above 100.4 degrees F and require prompt pickup by parents.



Practice frequent hand washing and increase hand hygiene stations using at least 60 percent alcohol sanitizer.



Require a note from physician and/or negative COVID-19 test before a student may return to the classroom.

## CLASSROOM PREPAREDNESS



- Face students forward in the classroom.
- Practice social distancing (at least 3 ft.) between students and with other classrooms. Limit exposure in common places.
- Encourage outdoor exercises and activities throughout the day.



- Create an e-learning protocol for quarantined students and for long-term implementation.
- Develop flexible absenteeism policies.
- Clean desks, devices and common areas routinely.

## RESOURCES & PROTOCOLS

**American Academy of Pediatrics Guidance** - [www.bit.ly/2ZTZClg](http://www.bit.ly/2ZTZClg)

**LaunchNE** - [www.launchne.com](http://www.launchne.com)

**Children's Hospital & Medical Center** - [www.bit.ly/2VYRvcd](http://www.bit.ly/2VYRvcd)

**National Association of School Nurses** - [www.bit.ly/2ZOwWAD](http://www.bit.ly/2ZOwWAD)

**Nebraska State Education Assoc.** - [www.bit.ly/NSEASafeReopen](http://www.bit.ly/NSEASafeReopen)

**Nebraska Association of School Boards** - [www.bit.ly/NASB-Plan](http://www.bit.ly/NASB-Plan)

**CASEL Mental Health of Students** - [www.bit.ly/casel-resources](http://www.bit.ly/casel-resources)

**Local county health department** - [www.bit.ly/323TVKN](http://www.bit.ly/323TVKN)

# Key Principles for School Re-Entry

- School policies must be flexible in responding to new information. Administrators must be willing to refine approaches when specific policies are not working.
- Develop strategies that can be revised and adapted depending on the level of viral transmission in the school/ community. A relationship and constant communication with state and/or local public health authorities is key.
- Policies should be practical, feasible and appropriate for child and adolescent developmental stages while also considering vulnerable students' needs.
- Pediatricians, families and schools should collaborate to identify and develop accommodations.
- With the above principles in mind, the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in schools.
- Asymptomatic students wearing a mask could safely socially distance with only 3 feet between students. Physical barriers, like plexiglass, should be considered when physical distancing cannot occur.
- Children should wear face coverings when harms (eg, increasing hand-mouth/nose contact) do not outweigh benefits (potential COVID-19 risk reduction).
- Cohort classes to minimize crossover among children and adults within the school. Exact size may vary. Stagger class periods by cohorts to limit the number of students in hallways.
- Consider creating one-way hallways to reduce close contact. Place physical guides, such as tape, on floors or sidewalks to create one-way routes.
- Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately affected by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions.
- Assign lockers by cohort or eliminate lockers altogether.
- Utilize outdoor spaces when possible. Outdoor transmission of virus is known to be much lower than indoor transmission.
- Ideally, for students riding the bus, symptom screening would be performed prior to being dropped off at the bus. Use assigned seating or tape marks to indicate where students should sit to maintain social distancing. When a 6-foot distance cannot be maintained between students, face coverings should be worn.
- Create separate lunch periods to minimize the number of students in the cafeteria at one time. Wash hands or use hand sanitizer before and after eating.
- Symptom screening: Schools should have a policy regarding symptom screening and what to do if a student or school staff member becomes sick with COVID-19 symptoms. Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments. Schools should develop plans for rapid response to a student or staff member with fever who is in the school. Parents should be instructed to keep their child at home if they are ill. Any student or staff member with a fever of 100.4 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school.

# Key Principles for School Re-Entry

- **Cleaning:** Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants. When using disinfectants, the manufacturers' instructions must be followed, including duration of dwell time, use of personal protective equipment (PPE), if indicated, and proper ventilation. The use of EPA approved disinfectants against COVID-19 is recommended (EPA List N). When possible, only products labeled as safe for humans and the environment (eg, Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects. Children should not be present when disinfectants are in use and should not participate in disinfecting activities. Most of these products are not safe for use by children, whose "hand-to-mouth" behaviors and frequent touching of their face and eyes put them at higher risk for toxic exposures. If disinfection is needed while children are in the classroom, adequate ventilation should be in place and non-irritating products should be used.
- Collaboration with school nurses will be essential, and school districts should involve School Health Services staff early in the planning phase for reopening and consider collaborative strategies that address and prioritize immunizations and other needed health services for students, including behavioral health.
- Schools should anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen.
- Plans should be made prior to the start of the school year for how students participating in free- and reduced-meal programs will receive food in the event of a school closure due to COVID-19.
- Existing school immunization requirements should be maintained and not deferred because of the current pandemic.

## About Nebraska Child Health & Education Alliance (NCHEA):

NCHEA is a unique broad based advocacy organization built around the principle goal of ensuring Nebraska children and youth have access to health services to ensure success as educated, healthy adults. The membership is made up of entities from the private sector who want to work together to foster this very important goal.



Nebraska Child Health & Education Alliance

### Our Guiding Principles:

- *Access to quality, comprehensive health care for Nebraska children is paramount to sustained academic achievement in Nebraska's schools.*
- *Invest in public health insurance programs like Medicaid and CHIP (Children's Health Insurance Program) which are vital to ensure every child in Nebraska has access to quality, affordable health care.*
- *Expanding access to health care services in Nebraska's schools can both increase children's health outcomes and raise academic achievement, while also working to achieve a strong workforce.*
- *Strong, vibrant, and healthy public schools are the foundation to Nebraska's future economic success.*

### Nebraska Child Health & Education Alliance Members:

*Children's Hospital and Medical Center, Boys Town National Research Hospital, Nebraska Medical Association, University of Nebraska Medical Center, CRCC, Nebraska Association of School Boards, CHI Health, Nebraska State Education Association, Project Harmony*