

COVID-19 Guidance Document:
Students (K-12), Parents/Guardians, and School Staff and
Administrators for In-Person Learning

Purpose:

This document gives advice to Central New York schools and their families on how to stay safe during the COVID-19 pandemic. This document should be used by students, parents, and school leaders. The document provides our advice on how to keep our community safe, common questions and answers, and the science (about what we know). The guidance was developed by adult and pediatric infectious diseases physicians, internal medicine specialists, public health and epidemiology experts, and laboratory and infection control and prevention professionals. The guidance may need to be changed depending on the situations or if our knowledge about COVID-19 changes.

Summary:

Many families and school personnel are concerned about students attending school face-to-face or in-person. The decisions to open schools and attend schools are based on many factors. Risk is one of these factors. We can think about risk in three ways: community risk, individual risk, and school risk. Let's start with community risk. Schools are located in a community and educate children from the community. Communities with a low rate of COVID-19 (low risk) should consider in person learning. Schools with high rates of COVID-19 (high risk) should consider distant learning. Now let's talk about individual risk which is another factor to consider. If you are healthy, you are more likely to not need medical help (low risk) when you get COVID-19. If you have chronic medical conditions (i.e. heart or lung disease, weak immune system), you have higher risk of getting really sick and needing medical intervention (high risk). Students who are healthy should consider attending school face-to-face. Student with chronic medical conditions should consider learning remotely. Family units with members who have chronic medical conditions should weigh the pros and cons of attending face-to-face learning. Lastly, when considering attending school face-to-face, family and staff should think about the school risk. Many schools are taking steps to keep the school community safe by following guidance from public health experts. Schools who are following guidance have lower risk. Schools that are not in a position to adhere to the experts' guidance should delay opening until they are ready.

Sustaining in-person learning opportunities throughout the academic year will depend largely on the decisions and actions of students, parents or guardians, school staff, and the surrounding community. The goal is to lower the risk of spreading COVID-19 during face-to-face learning (in schools). Below is a list of recommendations to help lower the risk of spreading COVID-19 among students, teachers, and school staff.

Recommendations:

1. Family Daily Health Screening: Every day, people should monitor their health. That means, students and parents should check their temperature, and know if their health has changed. Students and parents should check their temperature and health before leaving for school and before entering the school building. You can spread COVID-19 to other people if you are sick. If you are sick, stay home. Call your health care provider for next steps.
2. Limit the Size of Groups: The students' social circles should be small. Any school or group gathering should be small. Schools should limit high-density indoor group gatherings. There is more of a risk for spreading COVID-19 when large groups of people get together.
3. Check Temperature at Door: The school should check the students and staff temperatures as they enter the building.
4. Be Safe on the Bus: Students and staff should be physically distanced (more than 6 feet apart) on the bus. Students and staff should wear face masks on the bus.
5. Keep Physical Distance at School: Physical distance is defined by being more than 6 feet away from someone and should be maintained in all situations where masks cannot be worn. Schools should keep students and staff physically distant throughout the day. The school should monitor where people gather like entrances, playgrounds, bus drop-off sites, bus pick-up sites. Schools should make changes to ensure students and staff are able to maintain physical distancing.
6. Wear Face Mask: Face coverings (masks) should be worn at all times by all students and school staff. The only time people should remove their mask is when they are eating or drinking and when they are physically distant. Masks with valves or vents do not prevent spread of the virus. They should not be worn.
7. Healthy Air: Schools must use an approved ventilation system. The ventilation systems should be working correctly.
8. Clean Touch Surfaces: High touch surfaces (i.e. door handles, bathrooms, etc.) should be cleaned often. The cleaning should be done on a schedule (i.e. three times a day). The cleaning materials should be approved by the Centers for Disease Control and Prevention (CDC).
9. Wash Your Hands: Hand washing stations (i.e. gel stations) should be available throughout the school buildings. Hand washing should be encouraged for anyone in the school building. Students and adults should be washing their hands often. The school should consider making people wash their hands before entering a group setting (i.e. classroom, library etc.).
10. Leave School if You Are Sick: Students and staff should leave school immediately if they become sick. Anyone who is sick should call their health care provider. Students and staff should call their health care provider if they think their sickness is COVID-19. If you are unsure about your symptoms, talk to your health care provider. Students and staff should be tested for COVID-19 when they are sick. Even minor symptoms (i.e. runny nose) can mean you have COVID-19. Students and staff should quarantine at home until they have their test results and feel completely better.
11. Someone Is Positive for COVID-19: You may be at risk for COVID-19 if you were in close contact (less than 6 feet) with an infected person for more than 15 minutes. Stay home for 14 days and stay physically distant from people (at least 6 feet). Monitor your symptoms daily

such as cough, shortness of breath, sore throat, runny nose, vomiting, diarrhea and check your temperature twice a day. If you had close contact with an infected person you should be tested. Talk to your health care provider about when and where to get tested.

Common Questions and Answers:

Is it safe for children to return back to school?

Yes. COVID-19 activity in CNY is low. We continue to be in a unique position compared to many parts of the U.S. The CNY region has low infections and has been stable this summer. In addition, schools with in-person learning have taking steps to reduce risk of spreading COVID-19.

Families and school personnel should be aware that communities with low infection rates also have low rates of population immunity. CNY remains highly susceptible to getting COVID-19. It is important to maintain public health measures, such as: hand washing, social distancing, self-monitoring, and wearing a face mask during the fall and winter months. The New York State Education Department and the New York State Department of Health have issued guidance for schools to maintain a safe learning environment for students and staff. It's important to know, we cannot eliminate the risk of COVID-19 infection at school or in our community but we can lower the risks by social distancing, wearing a face mask, washing our hands, avoiding crowded areas and self-monitoring.

How to decide if a student should attend school virtually or in person?

The decision to attend school in person or virtually can be difficult. Families should consider the child's and household members' health and vulnerability to severe COVID-19. Families should also consider access to online education, support needed, access to school services such as PT/OT, individualized learning plan, counselling, parental need to work to support family, and the student's desire to go back to school. The family and the student's physician should discuss each unique family situation and participate in the decision-making process. Each family has different resources and support, and they all need to be taken into an account. A student who has underlying medical conditions that puts them more at risk for severe COVID-19 infection or chronic symptoms which may mimic symptoms of COVID-19 should strongly consider online learning.

How do I health screen my student at home before each school day? How do I know when to keep my student at home?

Screen your student daily for new symptoms of COVID-19. Concerning symptoms would include new onset of respiratory symptoms such as a new or worsening runny nose, cough, shortness of breath, sore throat, congestion. Generalized symptoms would also be concerning and include fever, headache, muscle aches, fatigue, or lethargy. Atypical symptoms such as abdominal pain, nausea, diarrhea, and vomiting may be an indicator of COVID-19 but may also represent other infections which should prompt you to keep your student home. Take your child's

temperature and don't send your child to school if he or she has fever (100°F or greater). Temperature is one potential indicator of illness and should be taken in the context of the entire picture. For example, a student with a temperature of 99°F and new runny nose and sore throat should NOT go to school even though they do not have fever. Mild symptoms should not be ignored. Many students and staff without COVID-19 will stay home out of concern of COVID-19, but this is an important trade off to ensure that truly infected students and staff remain out of school.

Should I drive my student to school and not take group transportation (i.e. bus)?

Whether or not a student should take personal or group/public transportation to school depends on the student's transportation resources, individual risks associated with potential COVID-19, and whether group transportation can comply with the guidance provided in the Summary section.

Should everyone be tested?

The availability of tests, variation in the time to get test results, and how the various tests perform limit their usefulness for mass testing or testing everyone. People with potential COVID-19 symptoms should be tested, as well as any significant contacts of people who test positive for COVID-19. There are other circumstances where testing may be of value but these are specific situations which fall outside the in-person learning discussion.

What if someone tests positive at my child's school?

Everyone should expect that at some point in time during the school year a student or staff member will test positive for COVID-19. Everyone should plan accordingly for this event. The local health department will guide the school's response. Each school should have a plan in place to react to a positive test. Every parent or guardian should also have a plan in place if school is to be closed or if their student is required to transition to remote learning. The decision to close school and switch to online education will depend on the extent of infection spread in school, i.e. isolated case versus sustained transmission. Children and staff will be required to quarantine if they are exposed to someone with COVID-19 infection and will be required to isolate if they test positive.

How can I make sure my child wears a mask?

Talk to your child about the importance of wearing mask and what role masks play in keeping her/him, classmates, teachers and family safe. Teach your child how to properly wear a mask (cover nose and mouth). Discuss with your child that mask-free breaks will be scheduled to ease the burden of mask wearing and to enhance compliance.

Reasoning and Science:

Many families and school personnel may still be concerned about being in a school environment. This section helps to summarize the reasoning and current science. Please be mindful that what we know today, may change tomorrow.

In-person learning in schools or other institutions provides an optimal learning environment for many students. They also serve as a safe place where students can receive meals and essential services such as physical/speech therapy and mental health services. Teachers and staff function as important reporters of at-risk situations to Child Protective Services. Schools and other institutions also serve an important role in supporting working parents which, in turn, supports the local economy. Furthermore, schools help to balance social and racial inequities as their services are provided based on need rather than parental socioeconomic status.

New York State was one of the hardest hit states in the US with over 430,000 confirmed COVID-19 cases as of Aug. 23, 2020 and over 25,000 deaths. The epidemic peaked in New York on April 14 and the number of new cases has been steadily declining since. The number of new cases has plateaued with between 500-1000 new cases a day with all regions reporting a sustained testing positivity of <1% as of Aug. 24, 2020. Even though the community transmission of the virus is low, virus circulation and infections continue.

Strict adherence to public health principles will be required to avoid a resurgence of viral infections in the community as many communities return to in person learning. With the progressive re-opening of the economy, industry, businesses, and social venues and with people returning to indoor activities, there is a significant risk of increased virus transmission and Central New York becoming a COVID-19 “hotspot” once again. Capitalizing on the benefits of sustained in-person learning will require behavior modifications and sacrifices in other areas.

SARS-CoV-2 (virus causing COVID-19) appears to behave differently in children and adolescents compared to adults. SARS-Cov-2 infects children but their disease is mostly asymptomatic or mild in nature. Severe disease is unusual and more often limited to children with underlying conditions or infants. Symptoms of COVID-19 can be similar to those in adults and include: fever, cough, sore throat, myalgia, arthralgias, fatigue, vomiting, diarrhea and rash. Multisystem inflammatory condition in children (MIS-C) emerged as a new and rare complication of COVID-19 mostly among healthy children.

The role children play in transmission remains unclear. Early observation from household outbreak investigations concluded that children are not the main drivers of the pandemic and the first case in a cluster of cases was typically an adult. When children get infected in the household they usually acquire infection from their mother consistent with the closer interactions children have with mothers.

Studies that have evaluated the amount of SARS-CoV-2 virus in children remain inconclusive with some of them reporting no difference between different ages and some of them concluding greater levels in children < 5 years of age compared to older children and adults. A recent study from South Korea showed that children 10 years and older were as likely as adults to be the original case in a household outbreak but least likely to do so in non-household settings.

We have learned a great deal about SARS-CoV-2 manifestations in children but need more information regarding the role children play in virus transmission, especially in classroom settings. Around the globe, different countries have implemented different strategies regarding school closure. Some countries did not close schools at all (i.e. Sweden, Taiwan), some closed and opened once viral transmission was under control (Israel, European countries) and some never opened (i.e. US). Interestingly, day care settings serving children of essential health care workers have rarely seen outbreaks of SARS-CoV2. Mathematical models suggest that school closures have had a limited impact on death due to COVID-19, as closures alone would prevent only 2 to 4 percent of deaths, much less than other social distancing interventions.

The decision to send students back to school is a balance between family and individual student needs and the risks associated with in-person learning and virus transmission in the congregate setting created by the same. Parents of students with chronic medical conditions, especially those associated with the heart, lungs or weakened immune system, should talk to the student's healthcare provider to determine if their student is at increased risk for severe COVID-19. Students with medical conditions that predispose them to severe COVID-19 should carefully consider NOT going back to school.

Document developed by SUNY Upstate Medical University staff and faculty:

Dr. Kathryn Anderson

Dr. Mitchell Brodey

Dr. Scott Riddell

Dr. Jana Shaw

Dr. Telisa Stewart

Mr. Paul Suits

Dr. Stephen Thomas