

Roundtable News

10 Takeaways to Safely Reopen Schools

Infectious Disease Specialists Speak



On July 16, an informative and sobering virtual town hall, hosted by the National PTA and sponsored by an impressive coalition of education and health care organizations, explored the question: How Can We Safely Reopen Schools in the Fall? Moderated by Education Trust president John King, a former education department secretary, it featured Dr. Wendy Armstrong, Professor of Medicine, Division of Infectious Diseases, Emory School of Medicine, and Dr. Tina Tan, Professor of Pediatrics, Division of Infectious Diseases, Northwestern Feinberg School of Medicine, both board members of the Infectious Disease Society of America.

This summary barely scrapes the surface. A video recording of the full town hall along with the slide presentation are available at <https://tinyurl.com/y2azqtgb> and <https://tinyurl.com/y2rluzom>

Significant issues that arose during the discussion were the need for paying **attention to equity**, for students from low-income families and those challenged with disabilities, as well as making sure **immunizations** are up to date. Communities of color are especially at risk: Hospitalization rates for Native and Black Americans are five times that of whites; for Hispanic/Latinx communities, the rate is four times that of whites.

Meanwhile, amidst the pandemic, immunization rates have declined and a situation in which the virus and influenza flared up at the same time could be disastrous.

Here are 10 key takeaways from the town hall:

1. Schools cannot be opened safely for in-person instruction if the virus is not contained in the local community. Ideally, local communities are following mitigation strategies including masks, social distancing, hand washing, and ventilation protocols. Examples of schools opening safely in Denmark and Finland are drawn from societies in which the virus was under control.

2. The decision to open schools has to be a local decision based on the latest available, local scientific data. The fact is individual communities don't know where the virus will be in September. Everyone wants all students back in school in traditional brick-and-mortar settings, but that has to happen safely based on local science and data.

Some argue that a local daily infection rate of less than 5% is an indicator that the community has the virus in check. Dr. Armstrong thought in terms of trends: even with small numbers the disease could be rising. She preferred to see a downward trend of at

least a few weeks. (CDC guidance calls for a downward trend for 14 days.

3. Infection rates for children aged 10-19 are similar to infection rates for adults 20-49. Although it is often said that children are less likely to contract the coronavirus than adults, the finding breaks down when children are disaggregated by age. Children from 5-9 are less likely to be infected, but that is not true of children of 10 or older.

4. Schools need well-developed protocols for reopening and for steps to follow if the virus appears in a school. Schools need to be transparent about their procedures for taking students in each day—temperature checks, hand washing, sanitation procedures, and the like—as well as procedures to be followed in the event the virus strikes a student or staff member.

Protocols for both intake and treatment need to be agreed on in advance, not invented amidst a crisis.

5. Schools should consider strategies that encourage cocooning, staggered drop-off and pickup times, social distancing on buses, and making best use of ventilation. If children can be “cocooned” during the school day into small groups of 6-10 students, it is easier to quarantine the “cocooned” group than the entire school if an infection appears. Staggered times of arrival and departure and staggered days for students in different grades might make sense. Everyone on school buses must wear a mask while students are socially distanced.

Ventilation is another important consideration. Improved HVAC filtering . . . open windows if needed . . . and even holding classes outside (in playgrounds inside tents) are all sensible precautions, if possible.

6. Is a vaccine likely to bail us out? The issue of a vaccine needs to be off the table right now. There is no possibility of a vaccine appearing in the next 6-8 weeks.

7. Teachers in schools need protection, but so do non-teaching staff. All adults in the school need to focus on masks, hand washing, and social distancing. Cafeteria workers, counselors, and administrative staff might not have extended interactions with students, but they require protection, perhaps in the form of face guards and Plexiglass barriers.

Break rooms, where teachers and staff remove masks and perhaps eat together in confined spaces, need attention.

8. Extracurricular activities are going to be an extremely challenging area for school safety.

We have already seen community outbreaks in choral groups and choirs, activities involving expelling a lot of air. We may need to put a hold on them. Band and orchestra don't present the same problem, but frequently instruments are exchanged, so that may be a challenge. A golf team doesn't have the same risks as basketball, football, or soccer, where players are exerting themselves in close proximity to each other. These teams will be major concerns.

9. The costs of attending to all this are astronomical, at a time when state and local revenues will decline due to the crippling unemployment and recession accompanying the pandemic. The Council of Chief State School Officers has estimated that schools will need between \$150 and \$250 billion to ensure that schools can do what is required to open safely. Congress and the federal government need to step up. Fully 98% of those following the town hall agreed that Congress should provide additional emergency COVID-19 relief funding for K-12 public schools.

10. The town hall audience was skeptical that it would be safe for students and educators if all schools fully reopened at the beginning of the 2020-21 school year. The question, of course, was loaded, but nearly half of the hundreds of viewers (47%) were “very unconfident” about safety, with another quarter “somewhat unconfident.” Just 2% were “very confident.” On the assumption that most of the viewers were educational or health care professionals, that's hardly a vote of confidence on where we stand.

A final word

Dr. King noted that Finnish schools reopened successfully building on national commitments to masks, extensive testing and contact tracing, as well as support for the kinds of public health strategies outlined by Dr. Tan and Dr. Armstrong. We don't, he said, have the same level of commitment here.

His panelists agreed. Dr. Tan: “If we don't do the measures that Dr. Armstrong and I spoke about, you're not going to be able to attend school at all. Everything is going to have to be virtual.”