

COVID-19 Strategies for Schools

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Metro Denver Partnership for Health




COLORADO **HEALTH** INSTITUTE
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COVID-19 Strategies for Schools

Recommendations from the Metro Denver Partnership for Health

Continued school closures threaten the health and safety of Colorado children. In addition to learning losses, children face increased risks of food insecurity, potential abuse, poor mental health and social-emotional wellness, and lack of physical activity. And these harms may fall hardest on children from lower income families.¹

Colorado children need to get back to school. The Metro Denver Partnership for Health (MDPH) is pleased to provide evidence-informed guidance to our region's school superintendents to support their efforts in reopening school safely.

MDPH is led by the six local public health agencies serving the seven-county Denver metro area: Boulder County Public Health, Broomfield County Department of Health and Human Services, Denver Department of Public Health and Environment, Denver Public Health, Jefferson County Public Health, and Tri-County Health Department serving Adams, Arapahoe, and Douglas counties.

While at least six feet of physical distancing, as currently recommended for other social settings, is preferred in schools, we recognize this is difficult to ensure. Given the growing data on low transmission potential from children to others and the relative harms of keeping kids out of school, we believe that schools can implement a suite of complementary infection control and prevention measures that can provide a comparably safe environment for students and staff.

This document provides guidance for in-person school attendance. It also identifies considerations that school superintendents can use to inform

decision-making. For example, limited use of physical distancing will require schools to adopt other measures, including creating consistent cohorts of students and teachers; requiring face covering/face shields as much as possible; daily symptom checking for students and staff; rigorous hand hygiene; access to routine COVID testing; and vaccination for other infections that cause respiratory illnesses.

Adjustments may need to occur over time based on changing epidemiology in the community and evolving knowledge and prevention strategies. MDPH will work with our school leaders to ensure they have timely data and information to support their decisions and promote the health, safety, and well-being of students, teachers, staff, and families. This includes understanding community transmission, the relative risk and disease burden in the community and region, and communicating with parents and teachers.

Background

More than three months after Colorado's first reported case of COVID-19, and with almost 9 million cases of COVID-19 diagnosed worldwide, several patterns relevant to school re-opening are beginning to emerge. First, children appear to have lower



rates of infection than do older persons and, when infection does occur, are much less likely to have serious complications than adults.² Second, while children (including those not showing symptoms) can transmit COVID-19, emerging evidence indicates that children are not primary drivers of transmission and that school reopening is likely to have minimal impact on transmission between students or between students and staff.^{3,4}

Much of the decision-making regarding school closures in March was based on the decades of research showing that schools are a major venue for influenza transmission. However, the emerging evidence suggests that COVID-19 transmission among children is quite different from influenza. For example, recently published contact tracing data from several other countries indicate that children with COVID-19 illness transmitted infection to very few other individuals in school settings: 0/122 other children in France, 0/924 children and 0/101 adults in Ireland, and 2/735 children and 0/128 adults in Australia.^{5,6} These observations are supported by assessments of outbreaks in household settings where children rarely appear to be the primary source of illness in other family members.⁷

In spite of these reassuring observations, getting kids back to school involves risk, especially as the

evidence regarding COVID-19 continues to evolve. No reopening structure can ensure zero transmission and some infections are likely to occur among students, staff, and families, whether from exposure in the home, the community, or in school. However, the American Academy of Pediatrics Colorado Chapter argues that the harms of school closures, including isolation and loss of community, will lead to adverse risks that can and should be mitigated by thoughtful prevention measures to allow a return to school.⁸

On balance, we think the health benefits of in-person school attendance outweigh the health risks. Furthermore, school closures are likely to provide less net societal benefit than other closure strategies that Colorado recently used in its Stay at Home and Safer at Home phases of physical distancing.

Vaccines for COVID-19 are in development, but none are available at present. However, vaccination for other infections that involve the respiratory system (influenza, measles, and pertussis [whooping cough]) are available and are underused in our community. Preventing these infections will decrease the occurrence of symptoms that might suggest COVID-19. Expanding access to vaccination among students and school staff will also help us prepare for the time when a COVID-19 vaccine has been licensed.



Starting Dates

Guidance

- **Students:** Returning to school in August.
- **Principals and teachers:** Returning prior to student arrival.

Other Considerations

- Consider condensing school calendar to maximize current low rates of transmission in anticipation of possible outbreaks later in the year. For example, minimize student holidays and out-of-class days until November or December break.
- Consider prolonging spring break for the same reason if needed.

Resources

[Centers for Disease Control and Prevention \(CDC\) School Guidelines](#)



Masks and Other Protective Equipment

Guidance

- **Students:** Face covering strongly encouraged unless 6 feet of physical distancing can be maintained, or mitigating circumstances preclude use.
- **Teachers/Staff:** Face covering strongly encouraged unless 6 feet of physical distancing can be maintained, or mitigating circumstances preclude use.

Other Considerations

- Masks can reduce respiratory droplet transmission, especially indoors with less than six feet of separation.
- Consider face shields (or N95 masks if feasible) as added barrier option for staff and for teachers, especially when working in close proximity or when students are unable to wear masks consistently, such as in some special education classes.
- Masks are strongly encouraged, except where doing so would inhibit the individual's health, in which case reasonable accommodations should be pursued to maintain safety and health.

Resources

[Centers for Disease Control and Prevention \(CDC\) School Guidelines](#)



Vaccination

Guidance

- Assure access to vaccination for influenza, measles (MMR), and pertussis (DTaP)

Other Considerations

- In-school immunization programs and collaboration with healthcare systems can provide access to current vaccines.



Cohort Grouping

Guidance

- **Students and teachers:** Keep same group together each day.
- Use technology if/when new teachers need to join a classroom for a time-limited period.
- Common space such as libraries and cafeterias should be accessed as a cohort.
- Limit or discontinue use of lockers and locker rooms.

Other Considerations

- Create schedules that decrease opportunities for group of students to mix such as limiting passing periods and in-between class times.
- For mixed cohorts (A/B, morning and afternoon cohorts) that cannot be physically distant: disinfect shared spaces/classrooms between cohort changes; require face coverings as feasible under previous guidance; monitor daily symptom screening checks; and promote hand hygiene.
- Indoor extracurricular programs should work to adhere to physical distancing and masking guidelines if cohorts are mixed.

Resources

[Centers for Disease Control and Prevention \(CDC\) School Guidelines](#)

[Colorado High School Activities Association Athletics Guidance](#)



Physical Distancing

Guidance

- Maintain six feet of distance in indoor and outdoor settings if possible
- One-way hallways
- **Primary School:** Stagger recess times
- **Secondary School:** Limit or discontinue use of lockers; limit in-between class time

Other Considerations

- Mandatory face covering (except where doing so would inhibit the individual's health), hand hygiene, disinfection, cohorting, and daily symptom checks are strongly encouraged if 6 feet not feasible.
- Consider physical demarcations outlining six foot intervals for pick up, drop off, bus loading, etc.
- Avoid large groups, especially indoors (performances, assemblies).

Resources

[Reopening Schools in the Context of COVID-19: Health and Safety Guidelines from Other Countries](#)

[Center for Disease Control and Prevention \(CDC\) School Guidelines](#)



Bus Transportation

Guidance

- One student per seat

Other Considerations

- Masking should be required.
- Consider exceptions for members of the same household, such as siblings, who could share a seat.

Resources

[Guidelines for Public Transportation Providers](#)



Hand washing and Sanitizing

Guidance

- **Students:** Observed hand washing/sanitizing at regular intervals
- **Teachers, staff:** every few hours through the day

Other Considerations

- Implement health hygiene education (covering coughs and sneezes in tissues/elbows).
- Consider sneeze guards in some settings such as teacher or reception desks.

Resources

[Centers for Disease Control and Prevention \(CDC\) School Guidelines](#)



Temperature and Symptom Screening

Guidance

- **Students:** Self-reported by families (or self-report for secondary school) prior to arrival on school grounds. If incomplete, screened upon arrival.
- **School-based adults:** Self-reported prior to arrival on school grounds. If incomplete, screened upon arrival.

Other Considerations

- Screen to include temperature checks.
- Designate a room to isolate any symptomatic individuals until he/she can safely return home or seek care.
- Develop streamlined process for same day testing of symptomatic students and staff in partnership with local health department and delivery system or providers.
- Districts can collaborate with Gary Community Investments for access to app-based symptom monitoring.

Resources

[Centers for Disease Control and Prevention \(CDC\) School Guidelines](#)

Contact Eric Parrie (eparrie@garycommunity.org) with Gary Community Investments for access to app-based symptom monitoring and access to testing for staff and students through [CovidCheckColorado.com](https://www.covidcheckcolorado.com).



Building Entry/Exit

Guidance

- Stagger drop-off/pickup times (assigned by cohort)
- Limit student and staff contact by parents or other adults who do not need to be on school grounds.

Other Considerations

- Establish pickup procedure for anyone with COVID symptoms being sent home.

Resources

[Centers for Disease Control and Prevention \(CDC\) School Guidelines](#)



Ventilation

Guidance

- Ensure that ventilation systems operate properly per OSHA guidance.
- Increase circulation of outdoor air as much as possible by opening windows and doors and other methods when indoor and outdoor conditions safely permit.
- Improve engineering controls using the building ventilation systems to maximize air exchange rates.

Resources

[Centers for Disease Control and Prevention \(CDC\) School Guidelines](#)

[CDPHE Guidance for Preventing, Reporting and Mitigating Workplace Outbreaks](#)



Cleaning Procedures

Guidance

- Clean frequently touched surfaces in schools and on buses at least daily and between use as much as possible
- Primary School: Remove toys or classroom items that cannot be easily cleaned or sanitized, such as plush toys.

Resources

[CDPHE Environmental Cleaning Guidance](#)

[Centers for Disease Control and Prevention \(CDC\) School Guidelines](#)



Testing

Guidance

- Develop systems for prompt referral of symptomatic teachers, staff, and students for fast-turnaround testing

Other Considerations

- While a negative test result does not necessarily allow an adult or student with COVID-like symptoms to avoid isolation at home, it can enhance faster detection of outbreaks if positive cases are detected
- Districts can collaborate with Gary Community Investments for streamlined access to testing.

Resources

[CDPHE Testing Overview](#)

Contact Eric Parrie (eparrie@garycommunity.org) with Gary Community Investments for access to app-based symptom monitoring and access to testing for staff and students through CovidCheckColorado.com.



Protocols for Positive Cases and Return to School

Guidance

- Symptomatic adults and students should not come to school or should be sent home.

Other Considerations

- Symptomatic students on school grounds should be isolated until they can return home safely.
- Work with Colorado Department of Public Health and Environment to develop guidelines on return to school, contact tracing, and indications for classroom to avoid school closure.

Resources

[Centers for Disease Control and Prevention \(CDC\) School Guidelines](#)



Comorbidities (Who is at greater risk and should not be in-person at school?)

Guidance

- Develop approaches to allow adults or students who are at greater risk of serious complications from COVID to learn/work remotely.
- For students, this should be determined by a health care provider.
- For adults, highest priority for remote work should be given to those 65 and older or with highest-risk underlying illnesses (i.e, heart disease, lung disease, diabetes).

Other Considerations

- Consider offering use of medical grade masks (with appropriate fit) as an alternative to remote work.

Resources

[Centers for Disease Control and Prevention Information People at Higher Risk for Severe Illness](#)

Endnotes

- ¹Van Lancker W, Parolin Z. COVID-19, school closures, and child poverty: a social crisis in the making. *Lancet Public Health*. 2020;5(5):e243-4 [https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667\(20\)30084-0.pdf](https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(20)30084-0.pdf)
- ²Stephanie Bialek, CDC; Ryan Gierke, CDC; Michelle Hughes, CDC; Lucy A. McNamara, CDC; Tamara Piliushvili, CDC; Tami Skoff, CDC. Coronavirus Disease 2019 in Children – United States, February 12 – April 2, 2020. *Morbidity and Mortality Weekly Report*. April 10, 2020. 69 (14). <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6914e4-H.pdf>.
- ³Jonas F Ludvigsson. Children are unlikely to be the main drivers of the COVID-19 pandemic – a systematic review. *Acta Paediatrica*, May 19, 2020. <https://onlinelibrary.wiley.com/doi/abs/10.1111/apa.15371>
- ⁴Heavey et al. No evidence of secondary transmission of COVID-19 from children attending school in Ireland, 2020. *Euro Surveill*. 2020; 25(21), May 28 2020. <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.21.2000903>
- ⁵Danis K, Epaulard O, Benet T, Cluster of coronavirus disease 2019 (Covid-19) in the French Alps, 2020. *Clin Infect Dis*. 2020.
- ⁶Heavy (2020).
- ⁷Ludvigsson (2020).
- ⁸Treitz, Meghan, MD. Lev, Rasha, MD. Statement of AAP Colorado on School Reopening Considerations. 2020.



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