



A message to education administrators, leaders, educators, and staff, from the Unified Health Command.

Across the United States, many schools have safely reopened during the COVID-19 pandemic by adhering to recommended mitigation strategies. Since schools have reopened, we have learned more about the foundational multi-layered components of in-school learning plans that must be incorporated to reduce the risk of COVID-19 transmission within the school and maximize in-person education time. **When used together, mask wearing, hand hygiene, physical distancing, cohorting, and effective contact tracing can promote a safe learning environment and in-person education.** In our own community, we have seen both success and challenges with reopening schools in the face of high rates of community transmission.

In this follow up to our school reopening recommendations from July 2020, we want to emphasize two mitigation practices that have been challenging to execute: **physical distancing and cohorting.** What follows are recommendations from world-renowned experts in pediatric infectious disease and public health that elaborate on how these practices can be implemented. These practices are essential for limiting the spread of COVID-19 within the school building and **decreasing risks to students and staff.** Furthermore, in light of the updated guidelines on close contacts from the Centers for Disease Control and Prevention, which include quarantine of contacts who have been exposed to a COVID-19 positive individual for a **cumulative >15 minutes over 24 hours**, adhering to these practices is even more important to **limit the number of students and teachers excluded from education for quarantine.**

These recommendations are guided by data on respiratory virus transmission risks as well as the emerging scientific literature, worldwide school reopening policies, and guidance from pediatric infectious disease and public health experts. We recognize there is often a conflict between optimal academic and social/emotional learning and strict adherence to physical distancing and cohorting guidelines. **Despite the difficulty, schools should weigh the benefits of adherence to these guidelines, versus the downside of significant extended exclusion from in-person education through quarantine or remote learning becoming the only alternative.**

Lastly, strong communication with families and students about **mitigating risk with these same measures outside the school building is critical.** A significant amount of transmission is occurring due to lapses in mitigation practices in the context of sports, extracurricular activities, social, and family events. Emphasizing reduced gathering sizes, limiting the number of contacts outside of school, and practicing these same mitigation strategies outside the school building is important. **Additionally, schools should be working with local public health and other**

experts to determine the safety of youth sports and activities with increasing rates of community transmission that we are experiencing.

No policy or decision will completely eliminate risk and both flexibility and adaptability will be essential to designing and implementing school reopening plans in our community. Please be aware that our collective understanding of COVID-19 is constantly evolving. As your local experts in pediatric healthcare and public health we offer our support through these challenging decisions and hope to collaborate to improve the health of our children, adolescents, families, and community members as we reopen schools amid COVID-19.

Guidance adapted from recommendations from the American Academy of Pediatrics, Children's Hospital Colorado, and Children's Hospital of Philadelphia Public Health Policy Lab^{1,2,3}

Physical Distancing:

Schools should prioritize selective distancing measures, given strong evidence of their effectiveness in reducing transmission. Generally, everyone should have as much space around them for as much of the day as possible. It's also important to think not only about the student, but the staff interactions as well.

Classroom considerations:

- Six-foot physical distancing is preferable
- Classroom arrangements should plan for teacher and aide distancing from students, in addition to distancing between students.
- Students should all be facing the same direction, rather than facing one another.
- Table partitions may provide protection when distancing is not feasible.
- Hybrid virtual/on-site instructional models have been proposed as a strategy to reduce on-site class size.
- Hybrid models would need to be supported by broad access to technology. In some areas, community buildings such as libraries or recreation centers provide an alternate site for WiFi access on students' virtual learning days.
- Before care and after care programs often have increased student-teacher ratios, so may require special attention in the administration of additional staffing to meet distancing protocols.

Minimizing contact between groups of students in hallways and other small spaces:

Staggering transitions, arrivals, and dismissals, as well as one-directional hallway designations are options. Limiting classroom rotations by students (instead having teachers rotate rooms while students remain in place) is another strategy to reduce hallway crowding.

Considering alternate approaches to student lunch routines:

Crowding and increased social contact in lunchrooms and dining halls increase transmission risk. Schools should consider classroom-based meals eaten at student desks or increased staggering of meal times in multiple locations of the school with enforcement of physical distancing. Sharing of food is discouraged.

Cohorting:

Schools can minimize contact between students and teachers by considering a small cohort model: This model **identifies set groups of student cohorts to spend all day together in classes, lunch, bathroom breaks, transitions, and recess.** The concept of cohorting is to reduce mingling as much as possible, by managing and limiting the interactions of groups, or cohorts of people. These isolated cohorts are maintained during lunch, recess, and all daily instruction. **Thus, if a student is positive for COVID-19, it will impact only one cohort, but if every cohort is interacting, all students are exposed. The larger the cohort the more children who are potentially exposed and will need to quarantine.**

- Even if students spend time in after-school activities or in the community outside of cohorts, the use of cohorts can still impede transmission within the school day and potentially simplify decisions around quarantine and selective closure if outbreaks are identified.
- There is not yet evidence to guide the ideal cohort size, but schools should aim for the smallest groups feasible given staff and space limitations. Consider dividing classrooms into “teams” who do not interact with other “teams” in the same class. Sports teams could divide into smaller groups within a team and all drills, workouts, and weightlifting sessions will be done only with these small groups. This way interaction among teammates can be decreased, which will decrease the likelihood of spreading infection or having entire teams needing quarantine.
- A cohorting strategy works well with staggered days and arrival/departures, breaks, passing periods and transportation.
- For high school students, these recommendations may mean students stay in the same homeroom with teachers rotating.
- Ongoing symptom surveillance will allow small isolated cohorts to move to virtual learning if a cohort begins to show symptoms or an individual tests positive for COVID19.

References

1. American Academy of Pediatrics. (2020). COVID-19 Planning Considerations: Guidance for School Re-entry. Retrieved from <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>
2. Children’s Hospital Colorado. (2020). Risk-based Approach to Reopening Schools Amid COVID-19. Retrieved from <https://www.childrenscolorado.org/49e98e/globalassets/community/reopening-schools-during-covid19.pdf>
3. Children’s Hospital of Philadelphia Policy Lab. (2020, October 21). Evidence and Guidance for In-Person Schooling During the COVID-19 Pandemic. Retrieved from <https://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab-Policy-Review-Evidence-Guidance-In-person-Schooling-During-COVID-19.pdf>

