Preparing For Back to School

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While getting ready to go back to school can make children and parents anxious and excited, the anxiety will be even greater this year due to the COVID-19 pandemic. Many parents, students and teachers are asking questions about the safety of children returning to school. Unfortunately, this is an extremely complex issue and there are no simple answers.

The American Academy of Pediatrics (AAP) strongly recommends that the goal should be to have children physically present in school. In addition to learning reading, math, science and history, children also learn social and emotional skills while attending school, get healthy meals and exercise, and receive mental health and other services that they cannot easily get on-line. In addition, schools play a crucial role in addressing racial and social inequalities.

While returning to school is extremely important for the healthy development of our children, it must be done in a way that is safe for all students, teachers, and staff. Pediatricians, families, schools and communities first need to partner together, and we must all take steps to reduce the risks for our communities as a whole. This includes social distancing, wearing masks, washing our hands and avoiding crowds.

Earlier this summer, the AAP published guidelines to reduce the risk of transmission of COVID-19 in schools (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/). These measures include physical distancing in classrooms for both students and staff (minimum of 3-6 feet), use of face coverings, cleaning and disinfecting classrooms and materials, and screening for illness prior to coming to school.

The Ohio AAP and the Ohio Children’s Hospital Association recommend that all children grades K-12 wear masks, with consideration for the following exemptions:

- Any child unable to remove the mask without assistance
- A child with a significant behavioral/psychological issue that may be exacerbated by wearing a mask (severe anxiety or tactile aversion)

*Allergies, asthma and sinus infections are not contraindications to wearing a mask.

The AAP does not currently recommend testing all students for COVID-19 prior to the start of school. Widespread testing is not feasible in many settings at this time. Even in areas where this is possible, it is not clear that such testing would reduce the likelihood of viral spread in schools. As such, it is recommended that families monitor their children daily at home. It is vital that we advise our parents to keep their children at home if they have ill symptoms. Temperatures and symptom screening should be performed daily prior to the start of school. Testing for COVID-19 will be instrumental in decreasing spread of the virus. Children and staff who test positive will need to isolate for 10 days. Children and staff who have a close contact (less than 6 feet for more than 15 minutes) will need to quarantine for 14 days. Immunization requirements should be maintained and not deferred due to the pandemic. Influenza vaccine should be encouraged for all children.

Schools and pediatricians also need to be prepared to address a wide range of behavioral and emotional issues when schools reopen. These include, but are not limited to depression, anxiety, agoraphobia and suicide. Continued screening for mental health concerns will be vital during this time. Students
with disabilities may have a difficult time transitioning back to school. It is recommended that schools review the needs of each child that has an Individualized Education Program prior to the start of school.

Even with these precautions, it is important to note that we cannot eliminate all risks of spreading and catching the virus, but with these guidelines, we can decrease the risks and make it safer to return to school. Fortunately, we know that children who do contract COVID-19 usually experience less severe symptoms than older people. Given all of the emerging data and facts noted above, the benefits of having most children physically present in school outweighs the risks of getting ill with and transmitting COVID-19. However, each family must make a decision in regard to what is safest for their unique situation. Pediatricians may be asked to consult with families to determine risks for their patients as well as family members living in the home. Special consideration must be given to children and adults with chronic diseases, immune disorders/immunosuppression, and advanced age.

The AAP recommendations were not meant to be universally overgeneralized. Currently it is up to individual school districts in Ohio to decide what is best for their schools in regard to reopening. Each school district must evaluate the current local trends of the number of new COVID cases, the positivity rate, and hospitalization rates when making decisions about reopening. Each week we are learning more about the effects of the virus and the local situation can change rapidly. We need to be able to monitor disease rates and severity in schools and communities, and schools will need to remain flexible if there is a local outbreak and be ready to transition to remote learning if warranted.

More resources for your practice and patients can be found at the Ohio AAP COVID Resource Page: http://ohioaap.org/covid19resources