



Statement on School Re-opening in Washington State

The Washington Chapter of the American Academy of Pediatrics (WCAAP) supports the guidance of the American Academy of Pediatrics (AAP) for return to school planning and preparation, with the goal of returning to in-person education where possible and with appropriate precautions to keep students, educators and staff safe.

As we learn more about COVID-19 it is clear that time spent in close proximity to others carries risk, yet prolonged time away from the structure and support a school environment provides can be detrimental to children, especially those with health disparities, special needs, or living at low incomes.

Kids learn more than math, reading and science in school. They also learn social and emotional skills, get school-provided meals and exercise, mental health support, and other resources that cannot always be provided with online learning. The structure, time with peers, and support from teachers and staff that school provides are crucial positive shaping forces in children's lives, and the absence of those forces can result in real adverse impacts for many children. Beyond supporting the education and development of children and adolescents, schools play a critical role in addressing racial and social inequity. Being out of school takes a larger toll on families who rely on school-provided meals, have limited access to the Internet or health care, and whose primary home language is not English. Unfortunately, without swift intervention to improve access to education for our children, this pandemic will greatly exacerbate inequities in educational attainment for kids of color and children living in families with low incomes.

Achieving a balance between the public health caution required to control COVID-19 spread in our communities and the educational, social and mental health needs of children is a significant challenge that will require flexibility from parents, teachers, and students. Schools must be prepared to adapt quickly as community rates of infection change, and as we learn more about COVID-19. Any plans to reopen schools must take into account rates of community transmission, educator workforce concerns, and ability to enact infection prevention strategies both within the schools themselves and within their larger communities.

We have relatively limited data about COVID-19 given its recent emergence but are obtaining new information every day. Evidence indicates that children and adolescents are less likely to have symptoms or severe disease from COVID-19 infection, and studies show that young children appear less likely to spread infection and they may be less likely to become infected than adults. Using infection prevention strategies within health care systems has allowed the health care workforce to remain largely healthy, and we must also acknowledge the importance of addressing legitimate concerns from teachers and school staff about their own health and safety given the variable capacity of schools to adopt optimal

infection prevention measures. To keep adult staff in school environments safe, physical distancing, face coverings, and frequent handwashing and cleaning of surfaces must be implemented. With increasing knowledge of aerosolization of the virus, maximizing outdoor education and indoor ventilation (such as keeping windows and doors open) are also important safety strategies for back to school.

We also recognize that the decision to return to in-person education when it becomes available in any form is unique to each family, and that multiple factors contribute to each decision matrix. For example, we know that because of systemic racism, children of color and their families are disproportionately affected by COVID and may be justifiably wary to return to in-person education. Communities of color face barriers to accessing health care and have a higher burden of chronic disease, which may make them and their children at risk for poorer outcomes if infected with SARS-CoV2. Caregivers who are essential workers, families of children with high-risk individuals living in the home, and those who depend on other higher-risk individuals for child care may all have additional considerations that factor into these decisions, and there are any number of additional scenarios that make each family's risk calculation unique.

When schools conduct in-person learning, we recommend classroom cohorting to minimize the number of people students and educators are in contact with each day. Optimally, we recommend a maximum group size of 5-9 students for pre-k through Kindergarten, and 10-15 students for grades 1 through 12. It is also critically important, no matter the age of the students, that each cohorted group of students remain constant in the same classroom – minimizing movement within buildings and campuses, eliminating interactions with other students and other cohorts as much as is feasible, and having teachers move classrooms only as necessary to deliver diverse subject matter in higher grades. When possible, 6 feet of physical distancing is optimal. When this is not possible, we recommend 3-6 feet of physical distance with the aforementioned preventive measures and cohorting also in place to the greatest degree possible. All measures should be informed by science and developmentally appropriate for the age group. We also wish to acknowledge that in-person education may be significantly more important for younger grades, although large disparities in access to technology and resources in the home setting persist through all grade levels and must be addressed.

We support the Office of the Superintendent of Public Instruction's guidance for returning to school after having suspected symptoms of COVID-19, with an important recommended change as noted in bold italics. For staff and students who do not want to wait a minimum of ten days from the onset of symptoms for return to school, a negative COVID test result should be required. We support our state's public health goals to increase testing, which will help communities better respond to and contain the virus.

A staff member or student who had symptoms of suspected or confirmed COVID-19 can return to school when:

At least 24 hours have passed since recovery – defined as no fever without the use of medications and improvement in respiratory signs like cough and shortness of breath; AND at least 10 days have passed since symptoms first showed up.

OR It has been at least 24 hours since recovery AND ***the staff member or student has a negative viral (e.g. PCR) test result for COVID-19.***

Decisions to alter the school schedule, such as partial days or alternate attendance days, or to temporarily close schools, must be made by local and state officials according to the prevalence of COVID-19 in the community. The goal should be to have students physically present in school for families who choose this option, as long as safety measures for children and adult staff can be met. We must keep students, staff, and teachers safe and recommend that measures be implemented to protect educators in their work, including strong emphasis on hand hygiene, medical-grade masks for teachers, and changing the way in which students are grouped and move through school buildings and the mechanisms by which teachers interact with students.

Given that educating in outdoor settings is likely the safest physical environment for children and teachers during the pandemic, and taking into account the significant disruptions or reductions in education likely during the traditional 2020-2021 school year, we are highly interested and supportive of recent proposals drafted by some Seattle School Board members for outdoor education as early as this fall. If this is feasible for schools, it could potentially create the safest learning environment for students and staff. Given the short lead time, in the event that outdoor education is not possible in the traditional academic year, we urge school leaders to consider how to hold in-person school outdoors in the summer months of 2021, appropriate to regional differences in climate and access to safe outdoor learning space. We seek ongoing collaboration between educators, public health officials, pediatric health care providers, mental health care professionals, and parents, informed by the most recent data available. WCAAP supports state and local efforts around students returning to school and supports teachers and staff in their need to have safe working environments.

For media inquiries please contact WCAAP communications manager, [Jennifer Donahue](#). For legislative or state agency support, please contact WCAAP executive director, [Sarah Rafton](#), or our legislative Liaison, [Amber Ulvenes](#).

Resource: AAP guidance on COVID19 Planning Considerations: Return to In-Person Education In Schools [https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-ret-urn-to-in-person-education-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/)