

COVID-19 Planning Considerations: Return to In-person Education in Schools

[Critical Updates on COVID-19](#) / COVID-19 Planning Considerations: Return to In-person Education in Schools

The American Academy of Pediatrics (AAP) supports collaborative decision-making among school districts and local and state public health departments about when it is safe to open schools. These decisions will be dependent on several factors, including but not limited to:

- Local and national epidemiology of SARS-CoV2 ([COVID-19](#)).
- The availability of testing by commercial and academic entities and local and state public health departments; the capacity of state and local health departments to conduct community surveillance and contact tracing.
- Implementation of measures to limit the spread of COVID-19 within the school setting, such as appropriate disinfectant/sanitizing procedures; screening, monitoring, and testing for illness among staff and students; use of masks; and limiting interactions of students (e.g. teachers moving between classrooms rather than students). Ability to acquire necessary supplies to achieve the above strategies is critical.
- Emerging data about the role that school-aged children and adolescents play in transmission of COVID-19.
- The possibility of intermittent closures of schools in the event of COVID-19 infections.
- Establishing options for a phased re-opening, such as by beginning with reduced hours or certain classes/grades that will allow for monitoring the impact on the epidemiology of the outbreak at a local level before full re-opening.

Student Considerations

Students across the country may have experienced educational loss due to prolonged school closures during this pandemic. While some school districts have implemented distance learning, this is not generally believed to replicate the in-person learning experience. Such districts may also experience a widened divide in academic progress, with certain children able to access distance learning and continue to grow academically, while others might experience difficulty accessing or engaging with virtual instruction. Additional considerations include:

- **Education:** The impacts of lost instructional time and social emotional development on children should be anticipated and schools will need to be prepared to adjust curricula and instructional practices accordingly without the expectation that all lost academic progress can be caught up. Plans to make up for lost academic progress due to school closures and distress associated with the pandemic should be balanced by a recognition of the likely continued distress of educators and students that will persist when schools re-open. If the academic expectations are unrealistic, school will likely become a source of further distress for students (and educators) at a time when they need additional support. It is also critical to maintain a balanced curriculum with continued physical education and other learning experiences rather than an exclusive emphasis on core subject areas.
- **Nutrition:** Millions of American children rely on nutritious meals provided at school. In the aftermath of the COVID-19 pandemic, which may include prolonged stay-at-home or shelter-in-place orders and significant economic impact on families and communities, school meals are likely to remain an even more critical source of nutrition for children. Prior to re-opening in-school education, school districts play an important role to consider ways to provide meals, including in non-traditional settings. The United States Department of Agriculture has extended significant flexibilities to states in administering school meal programs, including meal service in non-congregate settings, on weekends and with multiple days of meals distributed at once. Districts are encouraged to leverage such flexibilities to best meet the needs of families, as available at the time of school re-opening.
- **Students with Disabilities:** The impact of loss of instructional time and related services, including mental health services, as well as occupational, physical and speech language therapy during the period of school closures is significant among this population. Students with disabilities may also have more difficulty with the social and emotional aspects of transitioning out of and back into the school setting. As schools prepare for reopening, school personnel should develop a plan to ensure a review of each child with an Individual Educational Program (IEP) to determine the needs for compensatory education to adjust for lost instructional time as well as other related services. Further, schools can expect a backlog in evaluations, therefore, plans to prioritize those for new referrals as opposed to re-evaluations will be important. Many school districts require adequate instructional effort before determining eligibility for Special Education services. However, virtual instruction or lack of instruction should not be reasons to avoid starting services even if a final eligibility determination is postponed.
- **Special Populations:** Based on current medical knowledge, the risks to students with high risk medical conditions, especially mechanical ventilation-dependent children or children with tracheostomies, should inform whether individual students should continue a distance learning program or receive home or hospital instruction even after school opens.
- **Annual School Health Requirements:** In many jurisdictions, the availability of well child care in the pediatric practice may have been impacted by the COVID-19

pandemic. School districts may consider limited extensions for families to submit annual paperwork required for start of school, to accommodate delays in accessing well child care during the public health emergency. To limit the risk for other vaccine-preventable diseases during this critical period, immunization compliance should continue to be prioritized.

- **Onsite School Based Health Services:** Onsite school health services should be supported if available, to complement the pediatric medical home and to provide pediatric acute and chronic care. Collaboration with [school nurses](#) will be essential and school districts should involve School Health Services staff early in the planning phase for re-opening and consider collaborative strategies that address and prioritize immunizations and other needed health services for students, including behavioral health and reproductive health services.
- **Athletics:** It is likely that sporting events, practices and conditioning sessions will be limited in many locations. Preparticipation evaluations should be conducted in alignment with the [AAP Preparticipation Physical Evaluation Monograph](#), 5th ed. and state and local guidance.
- **Mental Health:** School mental health professionals are critical in shaping messages to students and families about school re-entry including addressing anxiety, social acclimation, etc. Schools are encouraged to adopt an approach of universal services for mental health support for all students. Teachers and other school personnel should receive training on how to talk to and support children during a pandemic and principles of psychological first aid. Students requiring more mental health support, including those who are exhibiting suicidal ideation, should be referred for additional services. Support should be provided to grieving students as well as those experiencing other losses (e.g., missed experiences). Schools are encouraged to contact students who do not return to school, as they may be experiencing school avoidance due to anxiety related to the pandemic. Schools should be attuned to the broader social and family stressors that may affect a student's ability to attend school or be ready to learn. Schools need to incorporate academic accommodations and supports for students who may still be having difficulty concentrating or learning new information due to stress associated with the pandemic into planning considerations.

Environmental Considerations

The following considerations should be part of the planning phase. The best resource, which is updated regularly as we learn more about the virus, is the CDC recommendations for schools and childcare programs (and the cleaning and disinfection of [community facilities](#)). Follow CDC [guidance](#) in partnership with your state and local health departments. Consider spacing/social distancing, staggered scheduling, transportation/bussing, eating areas, and waiting areas (e.g. pickup).

- **Isolation measures:** School districts should be prepared to follow public health guidance regarding exclusion and isolation protocols for sick children and staff identified at the time of arrival or throughout the school day. In the event of confirmed or suspected cases of COVID-19 among students or staff, schools

should have in place guidance on appropriate cleaning and contingency plans for closing classrooms, schools, or districts based on identified cases and in compliance with public health and CDC guidelines.

- **Group Size:** School districts should anticipate continued restrictions on physical distancing/group size, per the CDC and/or the local or state health department. Scheduling and staffing models must be prepared to accommodate having fewer students and staff in a given classroom or space. This will also likely affect sporting events, team practices and conditioning sessions.

Preparing for the Future

Until the broad availability of a vaccine and/or treatment for COVID-19 exists, there is a risk for future waves of disease impacting communities across the country; it is important that schools plan for the possibility of additional periods of school closures and prepare strategically for distance learning or other educational options.

Additional Information