

School Public Health and Education Committee Guidance – August 2020

The members of this committee have met twice weekly over a period of weeks to examine the safety and health issues that pertain to beginning the school year and opening the schools after having been shut down from March 2020 through the present time. We have reviewed specific issues regarding early childhood education, special education and children with special needs including medical special needs, kindergarten through fifth grade education, and middle school and high school education. We have examined the various activities and factors that may contribute to the spread of infection and increased risk across the wide spectrum of daily learning, extracurricular, and sports activities in which students participate. We have also examined the various environments in which children learn, play, eat, engage in fine arts activities, and participate in sports as these environments pertain to the relative risk of spreading of the infection and increasing the prevalence of coronavirus.

Importantly, we have also examined the variety of adult issues that are involved with schools whether they fully open, partially open, or stay at distance learning. The staff and faculty of schools, the custodians, the bus drivers, sports coaches, fine arts teachers, secretaries, and administrators are all part of the essential school environment for children and adolescents. We have also taken into consideration the perspectives of parents, guardians, babysitters, foster care parents, grandparents, and all family members who take care of and support children and adolescents.

We have ever been aware of the disparities of risk in communities of color where parents are more likely to be essential workers and hence rely on schools to provide a safe, supportive, nurturing environment while they are at work. We have considered deeply the needs of single parents and parents who both work, which is an increasingly common occurrence in our day. In addition, we have looked carefully at the effects on students in special education and the early years of grade school, whose return to in-person learning should be prioritized.

The overarching principle guiding our work and recommendations is: first, **do no harm** as we attempt to layout practices to safely reopen schools. The concept (*or goal*) to “do no harm” as an ethical principle undergirds the committee’s stance to not privilege any particular population, point of view, or popular opinion in setting forth our recommendations. Instead, we are relying on all the available data, the principles of epidemiology and science, and time-tested approaches to making tough decisions in medicine and public health.

It is also important to emphasize that during time periods of higher viral spread, it is certain that no plan will provide complete protection from infection with a coronavirus. Complete protection is only possible when the virus is virtually eliminated. The plans and guidelines we set forth are plans to reopen schools with mitigation and reduction of risk.

We have reviewed sophisticated modeling approaches from academic and public health institutions in order to understand: the community prevalence of the virus, the rate of propagation of the virus in a community—the R0 number--, the number of infections

resulting in hospitalization or ICU stays, the capacity for hospitals and ICUs, the known number of positive tests within a community realizing that the true number of cases is likely many times greater.

Based on all these sources of data, we have concluded that at the current high level of spread of infection within the Dallas County area, **we recommend schools offer virtual learning only at this time.** We will provide standards, guidelines and recommended numbers in guidance for school districts to open safely when infection rates in the community are lower.

We understand children and adolescents are eager to return to school. We are aware that teachers miss their students and being in the classroom very much. We are also aware that the eventual return to school in the coming weeks and months will be a very different kind of school experience for students and teachers. It will not be a return to a typical school day. Students and teachers will all have on masks. Everybody will be social distancing. Student and teachers will not be eating seated together. Students will not be engaging in sports, choir, band or theater together. Already, 63 of the 101 largest school districts in the country have decided to start the year with virtual learning.

Most schools have made extensive preparation for a return to in-person learning including mask mandates, hand hygiene stations, physical distancing plans, staggered entry and schedules, and disinfection of spaces on a frequent basis. Our recommendation not to return to in-person learning in no way reflects any opinion that the schools are not ready or eager to take on this challenge. We know that they are. Acknowledging the reality that children and teens may not always comply with social distancing and hygiene represents another risk factor in the setting of high viral spread.

Research published very recently acknowledges that several hundred thousand children in the U.S. have been infected with coronavirus over the past months, including nearly 100,000 childhood infections in the last two weeks of July alone. We know that children do get sick with the virus, although typically less than adults both in numbers and severity. Adolescents, in particular, appear to transmit the virus at the same levels that adults in the community do. It is certain that by returning to in-person learning, the rates of transmission of the virus will increase. In this sense, a return to in-person learning is a large-scale natural experiment conducted nationally with millions of students. The results of this experiment are as yet unknown, but the inherent risks appear formidable given the current positivity index in Dallas County.

The members of the committee are aware of the recent flattening of the curve of propagation of infection in Dallas and its very recent downward slope. We welcome this trend and believe this downward slope is due to the effects of increasing compliance with wearing facemasks, social distancing, and the community working together to defeat the virus.

Our guidelines and recommendations respect the available science, decrease the risk of further spread, and contribute to the eventual elimination of the virus as a significant

threat. The community of Dallas County, its schools, and our committee will need to frequently review the ongoing and rapidly evolving picture of the virus's presence in Dallas County and in North Texas to make modifications that seem fitting.

We recommend during periods of high community transmission of COVID-19, when schools remain at safe distance learning, that **students not engage in the following activities at school or off campus:** strength training or group conditioning; team drills; contact sports, including scrimmages; playing of musical instruments in groups, especially band and wind instruments; or any singing activities as these have been found to contribute to the spread of COVID-19 infection.

We recommend that **schools not sponsor or condone** organized sporting activities, music practices and events, theater, and choir and any other singing during times when levels of spread of the virus precludes in-person learning. When the initial phase of return to in-person learning is deemed to be safe, with some students safely returning to campus with social distancing, masks mandated, and frequent hand hygiene, educators should assess how to safely implement play periods for younger children outdoors and physical education with social distancing outdoors for older students. We know that the science will likely dictate that the entry into this phase should not, however, be interpreted as a finding to permit return to high risk activities such as strength conditioning in a gym, contact sports, team sports with close physical proximity and other similar activities associated with high risk of viral transmission such as band and choir.