

COVID-19 Advisory Committee to the Local Medical Associations (OMC) Position Report, 24/08/2020

COVID-19-OMC REPORT ON THE REOPENING OF EDUCATION CENTERS IN LIGHT OF THE REACTIVATION OF COVID-19

The **increase in COVID-19 cases** is bad news, and indicates that with the "new normal" the response patterns of the population and the authorities' actions are not appropriate, particularly in some territories and localities. The forthcoming **opening of the education sector** worries the whole of society, as it increases interaction and contact among people, and, if not managed correctly, it can mean increasing the risk of infection for students, teachers, and their families and community.

This concern regarding the increase in the incidence of COVID-19, adds to the **lack of information** on how "back to school" will be carried out, and the growing evidence that the preparation by the educational authorities lacks the attention and incremental resources required to ensure that the sector can be reactivated in safe, appropriate conditions.

Given the concern and uneasiness that this situation causes, the medical profession wants to clarify five fundamental aspects:

- 1- **The opening of educational centers is a social and health priority**; the authorities must ensure that this occurs in an orderly and safe manner.
- 2- **There is a set of recommendations** and technical measures that can allow this safe return to the classroom; its application and local adaptation must be implemented without delay, and using extra resources to ensure that the Contingency Plans are prepared, provided, and applied. The political and institutional leaders of the education sector are now faced with a fundamental challenge: a special effort and commitment must be asked of them, and they must be reminded that they must be held accountable in the future.
- 3- We highlight the following **measures**, which are formulated by the health authorities and are the most important:
 - Physical distancing, frequent and adequate hand hygiene, and proper mask use.
 - Adequate funding and training to respond to the new organizational requirements of the classes: Teachers, cleaning, health professionals, and professionals responsible for attention to diversity.
 - Avoid contact with surfaces such as door handles by leaving them open. Keeping some windows open, even if

the air-conditioning is on, is a prudent measure to facilitate the dispersion of aerosols.

- Small fixed groups of children (bubble).
- Well-defined epidemiological surveillance networks for early detection of cases and isolation of cases and contacts.
- Transportation to school must be as safe as possible, and in the case of school transportation ensure allocated seats for each child, use masks, and open windows.
- School and work schedules should facilitate work-life conciliation to prevent grandparents from having to take on the task of bringing their grandchildren to and from home.

4- The **health sector** must combine its support for the education sector, with the control of chains of infection and outbreaks, and the provision of health care to the sick. The **strengthening of Primary Care and Public Health are essential**, and this is not being materialized with the intensity and political intention that would be desirable everywhere. Some functions are going to be basic at this stage: **pediatric care** in Health Centers, contact and case **tracing activities**, and the availability of tools and measures so that isolations and quarantines can be carried out effectively.

5- It is essential to develop **clear and close communication with parents, relatives, and guardians, which allows them to understand how schools will function, particularly the staggering of entrances, exits, and recesses**. Hygienic measures should also be insisted upon and encouraged to be taken at home to ensure the protection of children and adults.

The measures that will be implemented in schools, based on the data of the evolution of the pandemic, should be the subject of **evaluative research**, promoted by the Ministries of Health and Education, to generate knowledge about the measures' effectiveness and be able to generalize good practices.

The document prepared by the Ministries of Health and Education¹, as well as those of the European agency ECDC², the US CDC³ for disease prevention and control, and the Spanish Association of Primary Care Pediatrics (AEPap) are remarkably coherent in their proposal lines. We believe that it may be useful and pertinent to review the main measures that are being proposed for a safe and healthy reopening of schools and other educational institutions.

SUMMARY OF THE HEALTH RECOMMENDATIONS FOR THE SAFE REOPENING OF EDUCATIONAL CENTERS.

INTRODUCTION

Faced with a start of the school year accompanied by great uncertainty and the likely start of the second phase of the COVID-19 epidemic in 2020, several important conceptual aspects must be taken into account:

1. The first years of life are essential for health: the full development of a person's capacities in their childhood determines their future health and well-being and impacts the lifelong burden of disease.
2. Schooling allows a redistribution of wealth and offers opportunities to all children and especially to children in situations of vulnerability or abandonment.
3. Schools, beyond the obvious impact on purely academic learning, have an impact on the emotional development and social relationships of children.
4. The beginning of the school year has three unavoidable aspects: reconciling the right to health (for all), education (boys and girls), and work (parents).

In the following 15 points, we highlight a series of basic recommendations and indications for the restart of activities in educational centers:

¹ Medidas de Prevención, Higiene y Promoción de la salud frente a COVID-19 para Centros Educativos e el curso 2020/2021 [Prevention, Hygiene, and Health Promotion Measures for COVID-19 for Education Centers for the school year 2020/2021]. Ministerios de Sanidad y de Educación y Formación Profesional [Ministries of Health and Education and Professional Training]. 22/06/2020 <https://www.educacionyfp.gob.es/dam/jcr:7e90bfc0-502b-4f18-b206-f414ea3cdb5c/medidas-centros-educativos-curso-20-21.pdf>

² COVID-19 in children and the role of school settings in COVID-19 transmission. European Centre for Disease Prevention and Control. 6/06/2020. <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-schools-transmission-August%202020.pdf>

³ School Decision-Making Tool for Parents, Caregivers, and Guardians. Centers for Disease Control and Prevention. 7/23/2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/decision-tool.html>

1- Physical distancing:

Maintain, whenever possible, a separation of at least 2 meters between all people in the school (teachers, staff, students, parents...).

Distance between desks/tables 1.5 meters apart if it can be guaranteed that students wear masks.

Adjust the ratios of students per classroom according to the physical space available to respect safety distances.

Adequate staffing (teachers, cleaning staff, administration, control, social integration, and educational and complementary services) to be able to meet needs.

2- Hand hygiene:

Systematic and scheduled hand hygiene of students and teachers with soap and water or hydroalcoholic solution is essential to reduce the probability of infection.

3- Face masks:

All children over 4 years of age and all adults must wear a mask correctly (covering the nose and mouth). When worn correctly, masks are safe to wear for long periods of time, such as the duration of the school day.

4- School premises (classrooms, offices, dining room, gym...):

Whenever possible, the teachers will be the ones to change classrooms instead of the students.

Leave classroom doors open to help reduce contact with common surfaces such as doorknobs.

5- Dining hall.

Encourage student lunches to be in the classroom or in small groups outside, rather than in cafeterias.

In addition to the safety distance, ensure a fixed composition of groups that sit together in the dining room.

6- Temperature control:

Systematic temperature measurement is not recommended for students or teachers as it is not an efficient early detection measure.

Neither teachers, staff, nor students should go to school with a fever or symptoms of illness (temperature above 38°C)

7- Exposure to an infected person:

If a student or staff member has close contact with someone known to have SARS-CoV-2 infection, they must self-quarantine for 14 days from the last day of contact. Close contact means being within 1.5 meters of the person for at least 15 minutes. A person is known to be infected if they have a

laboratory-confirmed infection or illness consistent with COVID-19; For this reason, the PCR tests must be done quickly to have the results as soon as possible.

To facilitate the isolation and quarantine of school contacts, it is recommended that small groups “bubbles” spend the day together, including classes, recess, or lunch. So if a positive is detected, they are quarantined by these bubble groups. Two or more positives in different groups could be an indicator for the school's closure.

8- Symptoms at school.

The centers must be provided with associated or assigned health professionals (nurses-doctors) who will attend to anyone who feels sick during the school day. If not, rapid coordination networks should be established with Primary Care and Public Health.

There must be a specific area to isolate students who present symptoms compatible with COVID19. In these cases, PPE must be used by health professionals/school educators.

9- Cleaning and infection.

Schools must follow the guidelines established by the Ministry of Health on proper disinfection and disinfection of classrooms and common areas.

10- Buses, corridors, recreation areas, and play areas.

Assign seats and require the use of masks. Whenever possible, promote other ways to get to school.

Establish properly marked circulation circuits (mark corridors and stairs with one-way arrows).

Avoid using lockers and showers.

Encourage outdoor activities, such as using the playground in small groups and at staggered times

The preschool play area must be included in the cleaning plans.

11- Students with high clinical risk.

Students with high-risk medical conditions may need special adaptations that health professionals must analyze, preferably those corresponding to the center and in collaboration with Primary Care.

12- Students with disabilities.

Considering the clinical expression of symptoms and the communication level of some students with disabilities, special attention should be paid to this group of students. Likewise, strategies must be established so that the protection measures can be fulfilled by these students and adequately equip the centers with diversity attention personnel.

13- Students in vulnerable situations:

Be especially attentive to children who may be in a situation of vulnerability that may be aggravated in the current situation or while in quarantine, including mistreatment and abuse, or unaccompanied minors, among others.

14- Communication, health promotion, and health education:

Appropriate communication plans, channels, and frequency of communication must be established with the interested parties (teachers and workers in educational centers, parents and other guardians of children, primary care and health professionals in schools...) that respond in the best way and with the best evidence to the many doubts that may arise.

Schools should frequently remind students, teachers, and staff to stay home if they have a temperature of 38°C or higher or have any signs of illness, and in the event of suspicious symptoms to take their temperature at any time during the day.

It is advisable to create a culture of handwashing and mask use among students.

15- Structural aspects to consider:

Efficient epidemiological surveillance networks:

1. Availability and speed in obtaining diagnostic test results
2. Adequate and structured provision of case and contact tracers

Structural adaptation of the centers to meet the proposed requirements.

Establish measures to guarantee the employment of children's parents if they go into quarantine or if distance education (online) is decided. Right now you cannot count on the resources of grandparents so easily.

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