COVID-19

DOES YOUR SCHOOL'S INFECTION CONTROL PLAN STAND UP TO COVID-19?

4 STURDY LEGS stabilize a robust plan. Plans should closely follow Centers for Disease Control and Prevention guidance.

1 ADOPT SAFE PROCEDURES
   • Physical distancing of at least 6 feet
   • Students grouped in “pods” to limit mixing with others
   • Staggered attendance
   • Limiting visitors

2 REQUIRE SAFE BEHAVIORS
   • Wearing face coverings correctly
   • Practicing hand hygiene
   • Covering coughs and sneezes

3 CREATE A SAFE ENVIRONMENT
   • Ventilation
   • Disinfection
   • Plexiglass barriers
   • Contactless fixtures (like wastebaskets, paper towels)

4 MANAGE SICK STUDENTS AND STAFF
   • Daily symptom checks at home
   • Isolation of symptomatic students and staff
   • Methods to communicate with caregivers of a sick child

Parental buy-in to the plan provides it with a firm foundation.

High community transmission of COVID-19, however, can overwhelm even well-crafted plans. COVID-19 cases and outbreaks may result in quarantines or campus closures.

Texas Medical Association
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How can physicians help their communities achieve a successful return to school?

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TMA’s School Reopening Workgroup recommends the following sources. The workgroup comprises members of the TMA COVID-19 Task Force, Committee on Infectious Diseases, and Committee on Child and Adolescent Health.
- Centers for Disease Control and Prevention (CDC): Toolkit for K-12 Schools
- Texas Education Agency (TEA): SY 20-21 Public Health Guidance
- National Academies of Science, Engineering, and Medicine: Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities

2. Identify potential vulnerabilities.
Compare your local school’s infection control plan with best practices from the expert sources above. Identify its vulnerabilities, including whether it relies on too few mitigation measures or enforces them weakly or lacks clear communication with parents and caregivers.

Remember: COVID-19 is primarily transmitted by respiratory droplets released when people talk, cough, sneeze, yell, or sing. Measures to interrupt respiratory droplet transmission, such as physical distancing and face coverings worn over the nose and mouth, are “must-haves.”

3. Help schools troubleshoot.
Help your local schools identify what activities in their control they must do well to create the least hospitable campus environment for COVID-19. Every school is different, and resources or facilities available to manage COVID-19 will be different, too. No guidance document can address every issue, but those who know the school and community best can apply evidence to solve local challenges.

4. Counsel families.
Help families weigh the benefits and risks of various return-to-school options. Many schools are offering families the choice between in-person and remote learning to begin the academic year. Physicians can direct families to the CDC resource Families Deciding How to Go Back to School, or go through it together. Physicians also can also reaffirm recommended behaviors to prevent spread of COVID-19 and remind parents to keep children home if symptomatic.
5. **Consider high-risk activities.**  
Pay maximum attention to activities such as contact sports, use of gyms and locker rooms, performing arts, use of common areas and hallways, and school bus transportation. During uncontrolled COVID-19 spread in the community, risk of certain activities may be unmanageably high. Be prepared to help school leaders weigh alternatives. Remember: Nearly any school activity has the potential to be a high-risk activity if appropriate precautions are not observed.

6. **Encourage school collaboration with local health departments.**  
Emphasize to school leaders the importance of close collaboration with local health authorities to respond promptly to campus needs and minimize potential for outbreak if COVID-19 cases do occur. Local health officials monitor community transmission of COVID-19, and advise their jurisdictions regarding prevention and control measures. Local health authorities may issue temporary closures in the event of COVID-19 outbreak on campus. In counties where there is no local health authority, the Texas Department of State Health Services regional medical directors serve in that role.

7. **Follow CDC and LHD guidance for evaluation and treatment of children with COVID-19 symptoms.**  
Symptomatic children with suspected COVID-19 who are excluded from school may be referred to a physician, per their district’s policy.  
- Communicate case findings as directed by your LHD and/or school district to permit quarantining of the child’s potential contacts, if necessary.
- Report probable and confirmed cases of COVID-19 to the LHD or DSHS immediately. CDC defines probable [cases](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/cases-and-sampling.html) as meeting certain symptom and epidemiological criteria in absence of laboratory confirmation.

Remind patients of appropriate [isolation](https://www.cdc.gov/coronavirus/2019-ncov_prevention-control/case-isolation.html) and [quarantine](https://www.cdc.gov/coronavirus/2019-ncov_prevention-control/quarantine.html) protocol, including CDC criteria for [discontinuation of isolation](https://www.cdc.gov/coronavirus/2019-ncov_prevention-control/case-isolation.html). Anyone in a household with a confirmed COVID-19 case should quarantine for 14 days from last contact with the person. For children unable to isolate from the rest of the household, this may mean exposed household members need to start their quarantine after an infected child has completed his or her own isolation period.

Be familiar with return-to-school recommendations from TEA, CDC, and your local school district. TMA does not recommend a physician note be required to return to school.

8. **Encourage universal mask wearing at all practical times.**  
Almost all people over age 2 can wear a mask safely unless they have a medical condition for which face coverings are not recommended. Physicians can educate children and families in their practice on the importance of wearing a mask at school, including demonstrating correct fit over the nose and mouth. Physicians also can advocate for school policies requiring the use of masks at all practical times. See also:  
- [TMA/TPS statement on mask wearing in schools](https://www.tma.org/Advocacy/StateLegislation/Reports/Texas-Mask-Order/2020-08-27-Texas-Mask-Order-Statement)  
- [AAP: Cloth Face Coverings for Children during COVID-19](https://www.aap.org/en-us/advocacy-and-policy/policy-reports/Pages/Cloth-Masks-for-Children.aspx)

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**Medical Standard of Care**  
The information and opinions presented are not be used or referred to as establishing medical standards of care for the purposes of litigation, including expert testimony. The standard of care is dependent upon the particular facts and circumstances of each individual case and no generalization can be made that would apply to all cases. Patients should consult with their own physicians for specific medical advice.