

QUICK REFERENCE GUIDE FOR REOPENING SCHOOLS

With schools in the United States considering strategies to safely hold in-classroom instruction amid the COVID-19 pandemic, we prepared this quick reference guide to support local jurisdictions and school administrators in their planning. Based on our more comprehensive policy review, "[Evidence and Considerations for School Reopenings](#)," this document summarizes the latest emerging evidence on how COVID-19 presents in children, our suggestions for community transmission thresholds for school reopening and an overview of our recommended safety protocols for K-12 in-school learning. Please reference our policy review for more details. Trends in incidence and test positivity rates for many counties across the United States are displayed in [our COVID-Lab model](#).

All decision makers should be mindful that as long as there are cases of SARS-CoV-2 in the community, there are no strategies that can eliminate transmission risk in schools entirely. The goal is to keep transmission as low as possible so as to safely continue school activities.

HOW COVID-19 PRESENTS IN CHILDREN

There is evidence that symptomatic children of all ages can spread COVID-19. [Older children](#) have similar transmission risks as adults. The role of young children in transmission is less clear, though it likely varies based on a child's age, viral load, [symptom presence](#) and number of contacts. It's important to note that much of the data on [child transmission](#) and symptomatic infection was generated while child activities were limited. Recent outbreaks in [summer camps](#) and [schools](#) reveal that COVID-19 can spread quickly among children who gather for extended periods of time and do not adhere to recommended mitigation strategies, especially where there is high community disease burden.

Early evidence suggests children are at lower risk from severe disease. The [evidence to date](#) reveals that, overall, children and adolescents are at lower risk of serious complications from COVID-19 than adults, though the risk is not zero. Despite lower rates of symptomatic children, some who do become sick require hospital-level care, including a very small subset who develop [an inflammatory syndrome](#) following SARS-CoV-2 infection. To date, children with most comorbid medical conditions, including asthma and immune suppression, have not presented with COVID-19 in significant numbers, with the exception of obesity. With [increasing child infection rates in recent weeks](#), consideration of the data with respect to children with special health care needs remains a high priority.

SAFEST, MOST CAUTIOUS REOPENING OPPORTUNITY GIVEN SUMMER COMMUNITY SPREAD:



Delay resumption of in-school or hybrid learning plans, including incremental reopening for younger or special needs children, until the **first week of October**, assuming by mid-September a stable or declining **weekly case incidence rate approaches 10 cases per 100,000 AND a 7-day rolling average of test positivity declines by 5%**.

This strategy reflects concern for current upward case trends in many geographies as well as a potential resurgence following holiday travel on Labor Day weekend, given increased case counts seen after Memorial Day and July Fourth.



GUIDANCE ON COMMUNITY TRANSMISSION THRESHOLDS* FOR SCHOOL REOPENING

For guidance on resuming sports and activities, see page 3.

All decisions to return to in-person instruction should be made with corresponding plans for health and safety (page 4).

THRESHOLD

GUIDANCE

Stable or declining weekly case incidence approaching 10 per 100,000 AND less than 5% test positivity	Reopen school previously online for full in-class or hybrid instruction, in compliance with state and district guidance.
Stable or declining weekly case incidence between 10-35 per 100,000 AND less than 5% test positivity	Consider incremental reopening strategy, returning special needs and/or elementary age children to the classroom.
Stable weekly case incidence AND 5% - 9% test positivity	If already resumed in-class instruction, cautiously continue with plan, provided there is no evidence of transmission among students in the classroom, activity groups or teachers/staff. Actively monitor county rates with the public health department.
9% or greater test positivity	Revert to online schooling only

! Outbreaks within schools must supersede these guidelines. If an outbreak occurs within a school, schools should consult with their local department of health for guidance.

INCREMENTAL STRATEGIES FOR POPULATIONS THAT MAY HAVE DIFFICULTY LEARNING VIRTUALLY



Schools may choose to prioritize special populations for in-school learning who face challenges with virtual learning, such as children with special education needs or the youngest elementary school aged children, particularly when they are nearing, but not yet at, reopening thresholds for their full student body.



Plans for in-person instruction for special populations should consider thresholds of **declining case incidence that does not exceed 35 cases per 100,000 per week (average of 5 new cases/daily) and testing positivity below 5%**. Additional considerations might include:

- Whether the school community, apart from the county, is likely or confirmed to have lower rates of community transmission and test positivity. For example, this might include private schools or districts in less densely populated sections of the county or some private schools.
- The size of enrollment and physical building(s) and campus. Smaller school communities present a more favorable opportunity to identify and manage transmission risks. Large buildings and campuses present a more favorable environment for adequate distancing.
- The strength of the school reopening plan that includes: daily symptom and exposure monitoring, masking, physical distancing, hygiene/disinfection, and communication plans with the health department and families.

*These thresholds reflect a combination of both case incidence and testing positivity trends. Testing positivity is based on a 7-day rolling average of testing positivity within a county. Daily case incidence trends are based on daily incidence per 100,000 individuals, calculated as a 7-day rolling average of the past 7 days as compared to the previous 7 days. Decisions regarding school-level closures and openings should consider the sequential trends of at least two 7-day periods (14-21 days). These data metrics are available through state or county departments of health.



GUIDANCE ON COMMUNITY TRANSMISSION THRESHOLDS* FOR SPORTS & ACTIVITIES

Even during periods of virtual instruction, schools may consider **small group or individual** sports, activities or student clubs that adhere to strong prevention practices. *Find more sports guidance [here](#) and additional school guidance [here](#).*

THRESHOLD

GUIDANCE

Weekly case incidence less than 10 per 100,000 AND less than 1% test positivity

Higher-contact sports and high-risk activities without the ability to distance athletes or participants may cautiously participate in team competitions.

Team competitions should only be permitted with another team whose local area positivity rates and daily case incidence fall within these guidelines.

Stable or declining weekly case incidence AND 1% - 5% test positivity

Same as above with the exception of moderate-contact sports or activities

Moderate-contact sports (*soccer, field hockey, lacrosse*) may continue to scrimmage under local health department guidelines, but would be recommended to keep those events local or isolated with a few partner schools or teams in the area whose positivity rates and daily case incidence fall within these guidelines.

Moderate-risk activities (*e.g., indoor competitions/clubs including science, engineering, debate clubs*) may continue indoor activity with masking and distancing protocols for all participants.

Stable weekly case incidence AND 5% - 9% test positivity

All sports may do individual-level drills and distanced and/or masked group training.

Lower-contact sports or activities with the ability to distance athletes or participants during competition (*e.g., baseball, softball, track, swimming, golf*) may continue to scrimmage or pursue team competition under local health department guidelines, but would be recommended to keep those events local or isolated with a few partner schools or teams in the area whose positivity rates and daily case incidence fall within these guidelines.

Moderate-contact sports (*soccer, field hockey, lacrosse*) should only do individual-level drills with distancing protocols in place and not participate in team scrimmages or competitions.

Moderate-risk activities (*e.g., indoor competitions/clubs including science, engineering and debate clubs*) should consider virtual competitions as feasible. Where indoor activity occurs, minimize the size of gatherings, enforce masking and distance all participants.

Higher-contact sports and high-risk activities without the ability to distance athletes or participants (*e.g., wrestling, football, basketball, water polo*) should only do individual-level drills or rehearsals with distancing protocols in place (*6 ft. minimum*) and not participate in team scrimmages or competition.

9% or greater test positivity

Suspend all team/group competition and group sports training, revert to individual or online training and activities.

Music programs: 20-foot distancing is recommended for music programming that includes choir, brass and/or woodwind instruments and stage productions (actor-audience). Other music activities should maintain 6-foot distancing and masking.

✓ OVERVIEW OF RECOMMENDED SAFETY PROTOCOLS

→ Plan for a strong immunization campaign for influenza.

Sanitation and hygiene

- Schools should disinfect at regular intervals throughout the day and emphasize increased student and staff hand hygiene.

Symptom Surveillance (for students, teachers, staff & families)

- Symptom screening should occur daily.
- [The Council of State and Territorial Epidemiologist](#) recommends the following set of symptoms for surveillance:
 - *Two of the following: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose*
 - OR**
 - *At least one of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory or taste disorder*

Masking

- Medical or surgical masks covering the mouth and nose are recommended for all staff and adults in school buildings; cloth masks may be acceptable—refer to our [policy review](#) for more information.
- Masks are [strongly recommended](#) for all children in school buildings; [asthma](#) and most other medical conditions are not a contraindication to use of a face covering.
- Children should not wear masks during times of physical activity or sleep.
- Short supervised mask breaks throughout the day may be appropriate with appropriate distancing.

Ventilation

- Consider holding some classroom activities in outdoor spaces or larger in-school spaces (e.g., auditoriums, gymnasiums).
- Maximize ventilation with open windows and using larger spaces when possible.

Physical Distancing

- 6-foot physical distancing is strongly recommended except for brief interactions while masked, and plans for instruction and other school activities should reflect this goal even if occasional breaks to protocols are anticipated.
- Minimize contact between groups in hallways, bathrooms and other small spaces by staggered scheduling.
- Consider alternate approaches and settings to student lunch routines.

→ Use a cohort model to keep sets of students and teachers together when possible.

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