

Initial Fall Reopening Guidance

A planning resource to ensure a safe return to school for the 2020-21 school year

June 25, 2020

DESE is grateful for the continued engagement of multiple stakeholders from the education and medical communities whose perspectives have shaped our guidance



Health experts and medical community

- COVID-19 Command Center Medical Advisory Board
- Dr. Sandra Nelson, MD, Infectious Disease, Massachusetts General Hospital
- Dr. Lloyd Fisher, incoming President, Massachusetts Chapter of the American Academy of Pediatrics

Return-to-School Working Group

45-member group consisting of students, parents, teachers, superintendents and school administrators, leaders from educational non-profit organizations, and municipal officials

Collaboration with key stakeholders

Superintendents, administrators, parents, experts in public health and teaching and learning, teachers' unions

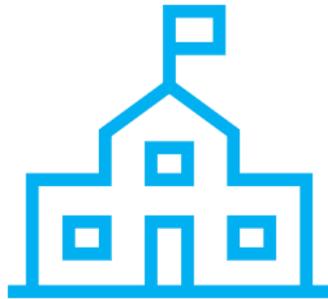
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DESE is asking districts to prioritize the safe return of students to in-person school settings to maximize learning and address students' holistic needs

Initial Fall Memo

DESE's initial fall memo is intended to help districts achieve the goal of safe, in-person student learning and includes the following



Return to school

Health & Safety Requirements

for in-person learning this fall

Reopening Plans

to address three possible learning models

Upcoming DESE Guidance

to support fall planning

Our philosophy and approach balances COVID-19 related health and safety risks with risks of keeping students out of school



Our goal is the **safe return of as many students as possible to in-person school settings**, to maximize learning and address our students' holistic needs



Our initial fall guidance is based on an **extensive review of current medical literature**



Our guidance attempts to **balance the health and safety risks of COVID-19 with the health, safety, socioeconomic, and achievement risks** of keeping students out of school



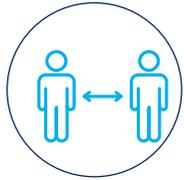
It is not one mitigation strategy but a **combination of mitigation strategies taken together** that will substantially reduce the risk of transmission

Getting students and educators back to school in-person, safely, relies on a combination of strategies, including key health and safety measures



Masks/ face coverings

Primary route of transmission for COVID-19 is respiratory. **Masks/ face coverings protect against COVID-19 infection** (study estimates 80% effectiveness in reducing transmission¹)



Physical distancing

Physical distancing helps mitigate virus transmission. Aim for six feet between individuals when feasible; **a minimum physical distance of three feet is appropriate as informed by evidence when combined with the other measures outlined in the list of safety requirements**



Handwashing / hand sanitizing

Handwashing removes pathogens from the hands. While **handwashing with soap and water is the best option**, alcohol-based hand sanitizer (at least 60 percent ethanol or at least 70 percent isopropanol) may be utilized when handwashing is not available



Staying home when sick

Students and educators should stay home if they are sick or have had close contact with a person diagnosed with COVID-19

1. <https://gh.bmj.com/content/bmjgh/5/5/e002794.full.pdf>

Review of medical literature suggests that children are less susceptible to and less likely to transmit COVID-19

Schools do not appear to have played a major role in COVID-19 transmission

- In a review of COVID clusters, only ~4% (8 of 210) involved school transmission¹

In general, rates of COVID-19 infection are lower for children than for adults

- Based on an analysis of data from six countries, children under 20 are half as susceptible to COVID-19 infection than adults²

If exposed, children may be less likely to become infected with COVID-19

- In China, in households with COVID-19 exposure, children under the age of 18 were infected at a rate of 4% compared with 17% for adults.³

If infected, children may be less likely to infect others with COVID-19

- In Switzerland, a study of household clusters found that only 8% had a child as the index case. In nearly 80% of the cases, the child got COVID-19 from an adult family member.⁴

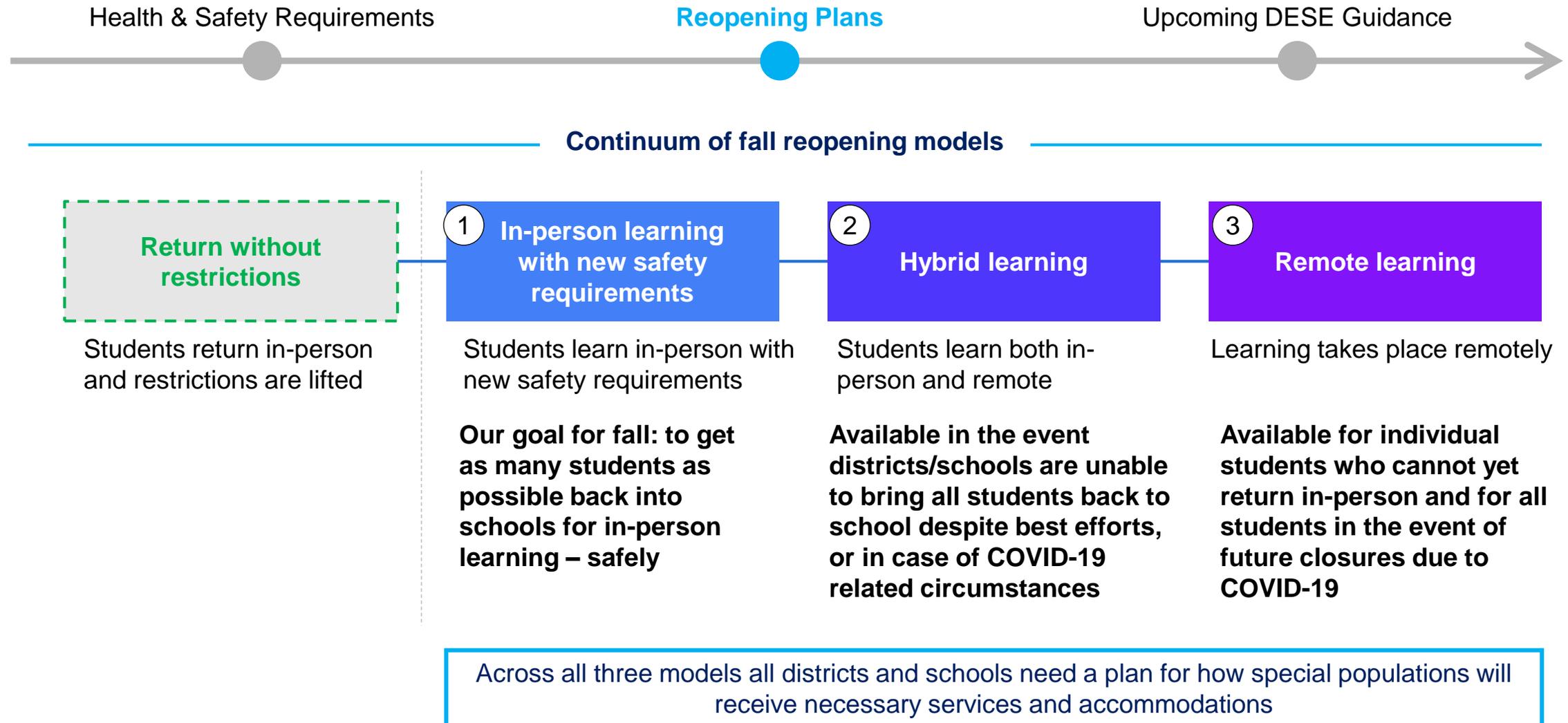
¹ Leclerc, Q. J., Fuller, N. M., Knight, L. E., Funk, S., Knight, G. M., & CMMID COVID-19 Working Group. (2020). What settings have been linked to SARS-CoV-2 transmission clusters?. *Wellcome Open Research*, 5(83), 83. Available at <https://wellcomeopenresearch.org/articles/5-83/v2>

² Davies, N.G., Klepac, P., Liu, Y. et al. Age-dependent effects in the transmission and control of COVID-19 epidemics. *Nat Med* (2020). <https://doi.org/10.1038/s41591-020-0962-9>

³ Wei Li, Bo Zhang, Jianhua Lu, Shihua Liu, Zhiqiang Chang, Cao Peng, Xinghua Liu, Peng Zhang, Yan Ling, Kaixiong Tao, Jianying Chen, Characteristics of Household Transmission of COVID-19, *Clinical Infectious Diseases*, , ciaa450, <https://doi.org/10.1093/cid/cia450>

⁴ Posfay Barbe, C., Wagner, N., Gauthey, M., Moussaoui, D., Loevy, N., Diana, A., & L'Huillier, A. (2020). COVID-19 in Children and the Dynamics of Infection in Families. *Pediatrics*, e20201576. Available at <https://pediatrics.aappublications.org/content/early/2020/05/22/peds.2020-1576>

Each district and school needs to plan for three possibilities on the continuum of reopening



Districts and schools will be required to submit their comprehensive fall reopening plans (all three models) to DESE in August



Districts and schools will be required to **submit their comprehensive fall reopening plans for all three models** to DESE

DESE will provide more guidance to districts shortly

To facilitate planning, DESE is working on additional, comprehensive guidance for districts on the following topics

