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OFFICE OF PUBLIC INSTRUCTION
STATE OF MONTANA

Putting Montana Students First **A+**



MEETING PROJECT NAME: Education Advocates Meeting with County and District Superintendents

DATE OF MEETING: August 4, 2020

TIME: 12:15 PM

TOPIC & PRESENTER INFO

Child Health and Safety Presentation, *John Cole, MD, MTAAP Vice President (Kalispell), David Higgins, MD, (Billings), Laurie Carter, MD, (Missoula), Jordan LeJeune, MD (Great Falls), Ericca Berry, NP, (Glendive)*

- Materials Follow

Thank you for your patience and **Putting Montana Students First** during this uncertain time.

[Full Education Advocates meeting can be listened to at this link](#)

Montana Chapter

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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July 30, 2020

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Dear Education Administrators, Leaders, Educators, and Staff,

Given new data showing increased transmission of COVID-19 to adults from children >10 years old, the Montana Chapter of the American Academy of Pediatrics (MTAAP), representing our 130+ pediatric members across the state, would like to update and clarify recommendations on cloth facial coverings (masks) in schools:

- Middle School/High School: masks are **REQUIRED** for in-person learning when social distancing of 6 feet cannot be maintained
- Elementary School: masks are **STRONGLY** recommended for in-person learning and should be utilized for all children when social distancing of 6 feet cannot be maintained.

The goal is to return kids back to school safely and ideally maintain in-person instruction. Cloth facial coverings are a tool to reduce risk of transmission, decreasing the likelihood of transmission within a school and the likelihood that a school will need to revert to distance learning. These recommendations aim to protect teachers, administrators, students and families. We understand that no policy or decision will eliminate risk altogether and both flexibility and adaptability will be essential to designing and implementing school reopening plans in our community. We also recognize that our collective understanding of COVID-19 is constantly evolving. As your local experts in pediatric healthcare and public health we offer our support to you through these challenging decisions and hope to collaborate in order to improve the health of our children, adolescents, families, and community members as we reopen schools amid COVID-19.

Sincerely,

Cathy White, MD
Butte, MT
Montana AAP President

John Cole, MD
Kalispell, MT
Montana AAP Vice President

Lauren Wilson, MD
Missoula, MT
Montana AAP Secretary/Treasurer

Dear education administrators, leaders, educators, and staff,

The COVID-19 pandemic has significantly impacted every member of society on a community, state, and global scale. Although each individual and community has been affected in different ways, in unique ways children have been deeply affected by the lack of in-person learning. Montana, like many other states, closed schools along with other public health measures to limit COVID-19 transmission. Although these measures slowed the rate of COVID-19 transmission, the absence of in-person learning has negatively affected the education, development, mental health, and overall wellness of children, adolescents, and their families. The goal of safely returning students physically to school is shared by educators, pediatric healthcare providers, public health officials, community members, families, and students alike. The challenge schools have in achieving this goal while balancing the numerous factors that influence school reopening decisions is formidable.

The state of Montana Office of Public Instruction (OPI) recently released *Reopening Montana Schools Guidance*¹ to provide guidance for reopening Montana schools this fall. Although the OPI guidance gives a state-wide framework for school reopening, it recognizes that the best decisions are made locally by district administrators, school boards, educators, local health departments, community members, and students. As local pediatric health experts we offer the following recommendations which highlight and expand on several OPI recommendations for high-yield, low-cost practices aimed at mitigating risk of COVID-19 transmission in schools in our community. The OPI recommendations we emphasize are based on the currently available data and guidance from local and national experts in pediatric health and infectious diseases. In considering these recommendations, several resources were valuable including the CDC *Considerations for Schools*², the American Academy of Pediatrics *COVID-19 Planning Considerations: Guidance on School Re-entry*³, and Children's Hospital Colorado *Risk-Based Approach to Reopening Schools Amid COVID-19*⁴.

We understand that no policy or decision will eliminate risk altogether and both flexibility and adaptability will be essential to designing and implementing school reopening plans in our community. We also recognize that our collective understanding of COVID-19 is constantly evolving. As your local experts in pediatric healthcare and public health we offer our support to you through these challenging decisions and hope to collaborate in order to improve the health of our children, adolescents, families, and community members as we reopen schools amid COVID-19.

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Recommendations

The Children’s Hospital in Colorado (CHCO) released helpful tiered reopening practices which have a high level of impact on reducing transmission of COVID-19 in school settings. These practices assume that anyone exhibiting symptoms of illness is advised to stay home and/or inform the school immediately. The recommendations are grouped into Tiers based on their level of impact with Tier 1 being the most impactful.

TIER	RISK MITIGATION PRACTICE	
1	Hand Hygiene	Tier 1: Core principles, most effective at minimizing risk
	Distancing	
	Face Coverings	
	Vaccination	
2	Screening	Tier 2: Practices to complement the effect of Tier 1
	Exclusion	
	Pod-style Learning	
	Touch-free Surfaces	
3	Enhanced Cleaning	Tier 3: Existing practices that, when steadily maintained, further enhance Tiers 1 and 2
	Contact Tracing	
	Airflow/Ventilation	
	Communication	

Note. Reprinted from *Population Health Risk-Based Approach to Reopening Schools Amid COVID-19*. Children’s Hospital Colorado.

Keeping in mind the above tiered risk-based system and recommendations from the CDC and AAP, these are the OPI recommendations we feel will be the most impactful...

OPI recommendation- Sanitation/Hygiene:

- **“Hand hygiene”**: is simple, effective and critical to prevent the spread of disease. We encourage creativity in incorporating hand hygiene into classrooms and lesson plans. While every room cannot have a sink, having hand wipes or sanitizer available and used frequently will reduce spread of disease.

OPI recommendation- Physical Health:

- **“Require anyone (student and staff) with COVID-19 symptoms to stay home”**: COVID-19 symptoms include fever greater than 100.4, chills, new onset cough, shortness of breath, body/muscle aches, fatigue, loss of taste/smell, vomiting, diarrhea, new onset runny nose, and sore throat. Schools can also consider a household screening question to track recent contact with someone who is ill at home even if the student does not have illness symptoms. We encourage creativity and overlapping layers of screening to incorporating this recommendation prior to a student attending school using online surveys and smartphones, screening before bus/transportation, controlled school entry points, and screening at classroom attendance times.
- **Student isolation when sick**: Despite screening for illness, students will inevitably attend school with symptoms of COVID-19. There should be a clear plan for isolation of these students in a place where they can continue to be monitored, cared for, and learn until a caregiver is available. They should be

isolated away from other students, especially students with chronic medical conditions. The staff caring for these students may consider appropriate PPE beyond a face covering such as a face shield, eye protection, and gloves.

- **School exclusion:** In addition to the above recommendations, schools should be flexible with sick leave for teachers, and absentee days for students. Depending on the local COVID-19 prevalence in our community, to prevent the spread of any respiratory illness, healthcare providers in the community will be recommending longer home isolation for sick students and teachers than in years past. These recommendations may include:
 - **Students with any illness** should be fever free for 24 hours in addition to improving symptoms prior to returning to school. In most cases, COVID-19 is clinically indistinguishable from other common respiratory illnesses. COVID-19 testing may be required to determine if a student is virus free. In this case, the student and other family members should remain home until testing results are known.
 - **Students with a positive COVID-19 test result or if COVID-19 cannot be ruled out with a negative test** the student will be quarantined at home until it is safe to be around others, which is after 24 hours with no fever, respiratory symptoms have improved, **AND** 10 days since symptoms first appeared/positive test result.
 - **Students with a COVID-19 exposure** will be required to quarantine at home for a minimum of 14 days, even if they are asymptomatic.

***This will potentially mean many more days missed of school than in years past, especially if COVID-19 or other similar viral illnesses are spreading through the schools. This will quickly use up teacher and staff sick leave, and student's allotted absentee days. We would suggest a hybrid model, utilizing at home learning for students and teachers who are home for extended periods.

OPI recommendation- Physical distancing:

- **"Distancing"**: From CHCO guidelines⁴... "While 6 feet is shown to be effective, it is not always possible. In these situations, achieving 5 feet of distancing is still better than 4 feet, and 4 feet is better than 3 feet, et cetera. Even 3 feet of physical distancing between students has been used successfully in some countries. Generally, everyone should have as much space around them for as much of the day as possible. Use of larger spaces, such as outdoor areas and gymnasiums, and assigned seats in classrooms, cafeterias and buses, can help to give students and staff space and direction to move. High-traffic environments, such as hallways, will need to be assessed to support movement at a safe distance and prevent congregating. It's also important to think, not only about the student, but the staff interactions as well. More often, staff will need to connect virtually for previously in-person interactions. Schools can consider closing, limiting access to, or repurposing shared common areas, such as break rooms and playgrounds."
- **"Face coverings"**: Face coverings are highly recommended for children and staff with social distancing is not possible. It will be especially important in a bus setting or hallways where children are in close proximity. Young children who are unable to wear a mask all day may require distancing to be the primary risk mitigator.
- **"Keep students in the same groups"**: - In an environment with an inherently large number of people, it becomes less important how many people are in the room than it is how many other people those people interact with. The concept of pod-style learning is to reduce mingling as much as possible, by managing and limiting the interactions of groups, or pods of people. These isolated pods are maintained

during lunch, recess, and all daily instruction. Thus, if a student becomes sick, it may only impact one pod, but if every pod is interacting, all students are exposed. For high school students these recommendations may mean students stay in the same homeroom with teachers rotating⁴.

Unsubstantiated practices:

- **Additional Personal Protective Equipment (PPE)** including gloves, gowns, and hats have limited value and do not replace mask-wearing, hand-washing, and other social distancing measures
- **UV light and other unsubstantiated cleaning technologies** are of limited value and may be harmful. There is no evidence that these disinfecting methods are effective against COVID-19 and additional studies are needed before recommending these.
- **Universal testing** is of limited value. Testing is recommended for all children with COVID-19 symptoms but there is no evidence to support universal testing of children or staff as a prerequisite for school attendance. Children or staff who test negative could subsequently be exposed and develop COVID-19 on subsequent days between testing intervals and is of limited benefit at this time based on the data. Antibody-based testing should not be used to inform decisions regarding school attendance according to CDC guidelines
- **Lower Student to teacher ratios** do not have significant impact on transmission of COVID-19 according to current evidence
- **Door screening:** While screening for COVID-19 symptoms is essential to identify students who have arrived to school ill, any screening that requires long waits in large, bottlenecked groups would be counterproductive, and may increase exposure.

1. Office of Public Instruction. (2020). *Reopening Montana Schools Guidance*. Retrieved from <http://opi.mt.gov/Portals/182/COVID-19/Reopening%20MT%20Schools%20Guidance-Final.pdf?ver=2020-07-02-114033-897>.

2. Center for Disease Control and Prevention. (2020). *Coronavirus Disease 2019 (COVID-19) Considerations for Schools*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>.

3. American Academy of Pediatrics. (2020). *COVID-19 Planning Considerations: Guidance for School Re-entry*. Retrieved from <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

4. Children's Hospital Colorado. (2020). *Risk-based Approach to Reopening Schools Amid COVID-19*. Retrieved from <https://www.childrenscolorado.org/49e98e/globalassets/community/reopening-schools-during-covid19.pdf>