



Managing COVID-19: Back to School Guidelines

As many schools begin to re-open across the US, the COVID-19 pandemic is presenting new challenges to pediatric cardiomyopathy families regarding the decision to return to the classroom.

Many schools are offering parents and guardians a choice between in-person and virtual modes of instruction for their children. The Children's Cardiomyopathy Foundation (CCF) encourages parents and caregivers to check with their child's medical team regarding the risk vs. benefit of returning to school for in-person instruction for their child. This decision will likely be impacted by a child's health status and disease, the number of active cases of COVID-19 in a community/school, and the parent's own personal situation.

If a return to in-person learning is not recommended by the medical team, parents and guardians can send a letter to the principal, with input from the doctor if possible, to address the feasibility of other available educational options.

Parents and guardians are encouraged to review their school district's reopening plans to inquire about what procedures and infection prevention measures are in place to ensure the health and safety of students and staff. The Centers for Disease Control (CDC), the Prevention and the Pediatric Infectious Diseases Society, which include pediatric transplant physicians, along with infection prevention and public health specialists, and the American Academy of Pediatrics have issued back to school considerations during COVID-19. More information can be found on their website:

- [CDC: School Decision-Making Tool for Parents, Caregivers, and Guardians](#)
- [Pediatric Infectious Diseases Society Summary Points for School Entry](#)
- [COVID-19 Planning Considerations: Guidance for School Re-entry](#)

The following are some key considerations to reduce the spread of COVID-19 in schools:

Promote behaviors that reduce spread

Physical Distancing: Students should be able to maintain a safe distance of 6 feet from other students and staff within the school building and if they spend more than 15 minutes in the presence of others.

Masks: If a student cannot stay at least 6 feet away and will be around other students or staff for more than 15 minutes, a face covering should be worn.

- A cloth covering is adequate if all students and staff are wearing cloth face coverings.

- If other students and staff do not have face coverings on, a surgical mask (3-ply disposable mask) or a cloth face covering with a plastic face shield is recommended.
- Pediatric organ transplant recipients who are considered high risk should always wear a surgical mask (instead of a cloth covering) when in school, even if other students and staff have cloth face coverings on.
- It is not known if the use of a face shield without a mask provides the same protection as a mask. If used in certain situations (needing to read lips, child unable to wear/remove mask), then the shield should fit properly, including wrapping both cheeks and below the chin.

Hand hygiene: Frequent hand hygiene should be encouraged and available for all students. This can be done by washing hands with soap and water for 20 seconds or using hand gel containing at least 60% ethanol.

Physical Barriers and Guides: Physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for students to remain at least 6 feet apart should be installed. Physical guides, such as tape on floors or sidewalks and signs on walls, are recommended to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating “one way routes” in hallways).

Modified Layouts: Desks and or seating should be at least 6 feet apart when feasible. Desks should be turned to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart. If bus transportation is a necessity, distance between children on school buses should be created (e.g. seat children one child per row, skip rows) when possible.

Communal Spaces: If possible, common spaces such as dining halls and playgrounds with shared playground equipment should be closed. Otherwise, it is suggested to stagger use of the area and clean and disinfect between use. Physical barriers, such as plastic flexible screens, can be installed between shared areas when they cannot be at least 6 feet apart.

Maintain healthy environments

Cleaning and disinfection: Schools should ensure regular cleaning and disinfection practices that comply with guidance from local health departments and the Centers for Disease Control and Prevention (CDC).

Shared Objects: Sharing items, such as electronic devices, games, books, and learning aids that are difficult to clean or disinfect should be discouraged. Each child’s belongings should be kept separate from others’ and in individually labeled containers, cubbies, or areas.

Transportation: The mode of transportation to and from school should have measures in place to prevent the spread of COVID-19 such as decreased bus/transit capacity, wearing masks, and increased cleaning/disinfecting practices.

Maintain healthy operations

Identifying Small Groups and Keeping Them Together (Cohorts): Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children). Stagger arrival and drop-off

times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.

Prepare for sick days

Sick day policies: It is important for students and staff to stay home when sick. Staff or students who have been exposed to a person with known COVID-19 should also stay home. Schools should screen for possible symptoms or exposures. The type and extent of screening will vary by school and may include symptom and exposure screening or temperature checks. Schools are encouraged to implement policies that define who needs to stay home, what happens if a student or staff member gets sick while at school, when a person can safely return to school after illness and what measures schools will take when active cases rise within the community.

The decision to send a child back to in person learning can be difficult and there are no easy answers for parents and guardians. When weighing options, it is important to consider each family's unique needs, individual medical considerations, and the comfort level with the procedures each school is taking to reduce the spread of COVID-19.