

Kansas COVID Workgroup for Kids

Recommendations for School Reopening

*As the information regarding COVID-19 (SARS-CoV-2) is rapidly evolving, KCWK intends for this to be a working document. Recommendations will require updates as new evidence emerges. This document is updated as of **July 28, 2020**.*



Contact: KansasCOVIDWorkgroup4Kids@gmail.com

This document has been endorsed by:

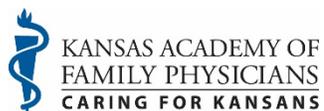


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Objective

The main objective of this document is to provide general guidance for the reopening of Kansas schools in the COVID-19 pandemic. This document has been created and vetted with input of regional family medicine and pediatric physicians, child psychologists, and school nurses as members of the Kansas COVID Workgroup for KIDS. We acknowledge that we are not school educators and do not understand the legal considerations and logistical operations of running a school district. With that in mind, we hope this document can provide some general guidance and recommendations as we are able to interpret the medical literature and assist in stratifying risks related to disease transmission.

COVID-19 and children

As of July 23, there have been over 288,287 confirmed cases of COVID-19 (or SARS-CoV-2) in children in the United States. This represents about 8.4% of all confirmed cases. This number has been increasing gradually as more testing has been available. 88,103 new cases between 7/9-7/23 represent a 44% increase in child cases. Subset reports demonstrate that hospitalization (0.8-2.9% of all total hospitalizations) and death (0-0.8% of all COVID-19 deaths) are uncommon in children. Across reporting states, 0.6-9% of all child COVID-19 cases result in hospitalization and 0%-0.3% of all child COVID-19 cases result in death.¹

Risk

Reopening Kansas schools in fall 2020 during the COVID-19 pandemic is not without risk. The KCWK considers that prolonged school closure and poor access to social and emotional support and the services that schools provide to children also hold significant risk for each student’s well-being. The recommendations within this document support the calculated risk of reopening schools in fall 2020. Local burden and transmission of COVID-19 will directly impact the success of schools reopening and their ability to remain open for in-person education. It is important to consider local disease prevalence when deciding on how safe it is for schools to reopen for in-person education. School-based transmission of community-associated seasonal respiratory viral infections is common, and it will not be possible to remove all risk of infection and transmission of SARS-CoV-2. Modified policies and procedures to mitigate the risk of SARS-CoV-2 transmission among students and staff are essential and will be required for the foreseeable future.

School reopening

Elementary schools (pre-kindergarten-5th/6th grade) should be encouraged to reopen for the 2020 fall semester after appropriately considering local disease prevalence, implementing recommended health safety actions and developing ongoing monitoring practices. Asymptomatic elementary-aged students are unlikely to be a significant source of community transmission of SARS-CoV-2.²⁻¹¹

Middle and high schools may be at higher risk to transmit SARS-CoV-2 among students and staff but should be encouraged to work toward reopening for the 2020 fall semester after appropriately considering local disease prevalence, implementing recommended health safety actions and developing ongoing monitoring practices.



For students who are unable to physically attend school during the 2020-2021 academic year due to student or family health risks or due to parent/caregiver preference, a public school option for remote distance learning should be an option to ensure that all students within the state have access to appropriate education and academic success.

Alternative school schedules and format

1. Consider a prolonged winter break. Many colleges and universities have decided on a prolonged winter break from in-person learning. We recommend school districts to strongly consider a prolonged break to mitigate transmission of SARS-CoV-2 during the typical winter viral season when expected seasonal respiratory viruses such as influenza and RSV may also be prevalent in the community. This can improve the overall health of our community, decrease a potential winter re-emergence of COVID-19 and help relieve stress on the local health care system.
 - a. Students should plan to leave for winter break with all their belongings to allow for cleaning of the classrooms.
 - b. Assure students have adequate supplies for distance learning over the prolonged break.
 - c. Consider virtual learning options or online testing formats to complete semester requirements and finals during this time period, if necessary.
2. Consider prolonged fall and spring breaks depending on community transmission of SARS-CoV-2. If community spread is low, consider shortening these breaks in order to achieve more days of in-person instruction and education with recommended prolonged winter break.
3. During prolonged breaks from school, communicate clear expectations that if students or families travel during the break, then they should follow Centers for Disease Control and Prevention (CDC) and Kansas Department of Health and Environment (KDHE) travel recommendations and quarantine requirements and that all students should be back home by at least 1 week prior to returning to school.
4. Consider hybrid educational models that include both on-site and remote learning to decrease the number of students in the school building at one time.
5. Consider alternative schedules and methods of fulfilling public education requirements if prolonged breaks from in-person education are required.
6. Develop plans to continue support services, social services, therapies and meal provision during possible prolonged breaks from in-person education.
7. Consider alternative school-year schedules to decrease student exposure while at school. Examples include:
 - a. Trimester system, which can allow students to only have five classes per trimester rather than eight classes per semester, which would decrease the number of peers each student is exposed to during each school day;
 - b. Alternative block schedules arranged so that students are in each block of classes for a week at a time, decreasing the number of peers that each student is exposed to during each week.



School nurse support and nurse office recommendations

School nurse positions

1. All school buildings should have an on-site, full-time nurse.
2. If a school nurse placement is not possible, schools should have specific plans to address school health and safety standards.

Personal protective equipment

1. School nurses should protect themselves from SARS-CoV-2.
2. Meticulous hand hygiene should be practiced.
3. School nurses should have adequate personal protective equipment (PPE) that includes disposable gowns, gloves, N95 masks, surgical masks, and face shields or other eye protection.
4. Nurses should wear appropriate PPE when they are evaluating students or staff who become ill at school.
5. Nurses should wear a N95 mask and eye protection when providing care for ill students who are unable to wear a mask, who are unable to manage their secretions, or who are receiving nebulized therapy.
6. School nurses and staff should be trained on the appropriate PPE donning and doffing techniques.

Ill students or staff

1. Processes need to be in place to screen for and evaluate ill students. Consider non-contact screening via video or telephone prior to direct nurse evaluation so that the nurse can prepare appropriately for the encounter.
2. When ill, students or staff should be separated from others during evaluation.
3. Students seeking evaluation should be required to wear a mask.
4. Students waiting for parents to arrive should wait in a room that is separate from other students.
5. Staff who are ill should be sent home immediately.
6. Spaces where ill students or staff have been evaluated should be disinfected with approved disinfectants.

Partner with local medical homes

1. Facilitate partnerships with local health care professionals to ensure that students continue to receive care through their established medical homes through innovative care models.

Return to school following illness

1. Schools should follow CDC, KDHE and local health department guidance regarding qualifications for the return of students and faculty with possible or confirmed SARS-CoV-2 to the school setting.
2. Modify return-to-school parameters following illness as per recommendations from the CDC, KDHE, local health department and the American Academy of Pediatrics (AAP).

Students with asthma

1. Students with asthma should provide their own personal labeled spacer and metered dose inhaler for school use.



2. Nebulization therapy is considered an aerosol-generating procedure and should be avoided at school.
 - a. If nebulization is unavoidable, a signed order from the student's physician/clinician should indicate that nebulizer is required over spacer and metered dose inhaler.
 - b. If nebulization treatment is required at school, all other students should be relocated from the nurse's office and the number of staff present should be minimized.
 - c. The school nurse must wear adequate personal protective gear that includes an N95 mask, eye protection with goggles or face shield, gown and gloves during nebulization therapy.
 - d. Nebulized therapy should be performed in a room that is well ventilated.
 - e. The area should be avoided for 60 minutes post therapy to allow particles to settle and then all surfaces wiped and disinfected with approved disinfectants. Appropriate PPE should be worn while disinfecting the room.

Contact tracing

1. School administrators and nurses should have adequate staff support to provide a robust contact tracing program for students or staff who test positive for SARS-CoV-2.
 - a. Consider training specific staff about COVID-19 contact tracing via the free [Johns Hopkins COVID-19 Contact Tracing Course](#) or another formal program.
2. Work with the local health department for contact tracing programs and protocols.
3. Follow local, state and federal reporting guidelines in cooperation with the local and state health departments.

General health safety actions for staff and students

Screening prior to school entry

1. According to CDC guidance updated July 23, 2020, for K-12 schools, schools are not expected to screen children, students or staff to identify cases of COVID-19. If a community has cases of COVID-19, local health officials will help identify those individuals and follow up on next steps.
 - a. CDC does not currently recommend universal symptom screenings (screening all students grades K-12) be conducted by schools.
 - b. Parents or caregivers should be strongly encouraged to monitor their children for signs of infectious illness every day.
 - c. Students who are sick should not attend school in-person.¹²
2. On-site temperature screening of students upon arrival to school or prior to boarding transportation to school is not recommended and would cause potential crowding in lines and delayed entry and start times. In addition, temperature screening in young children is not a reliable screen as fever is present in ~50% of infected children.¹²
3. While routine general screening for all students and staff is not recommended by the CDC, it is essential that students and staff who have symptoms of illness at school be recognized, removed from the classroom and sent home as soon as possible.



4. Teachers and staff should be provided with education and information on the symptoms of COVID-19 in children so that appropriate and timely recognition may take place if a student develops symptoms during the school day.
5. Staff should use a self-screening survey/checklist prior to coming to work and should stay home if they have a positive screen. It may be beneficial and likely more feasible to screen staff, visitors and adults prior to school entry for symptoms as well as with a temperature check.
6. Strict exclusion policies for symptomatic students and staff should be implemented and enforced.
7. Families should be empowered by placing the responsibility of screening on the parent/caregiver. Families should be provided a checklist for daily screening prior to school entry. Families should receive clear communication on expectations of self-monitoring and the expectations of students staying at home if they have a positive screen.
8. Consider posting a self-screening checklist at each entry point to the school.
9. Testing and return-to-school guidelines should be determined in conjunction with the local and state health department recommendations
10. Examples of screening tools and questions:
 - a. CDC Screening Questions: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>
 - b. Missouri Hospital Association - <https://www.mhanet.com/mhaimages/COVID-19/ScreeningForm.pdf>
 - c. Kansas Department of Health and Environment - <https://www.coronavirus.kdheks.gov/DocumentCenter/View/1229/COVID-19-Employee-Health-Screening-Form--PDF---5-20-20>
 - d. Phone applications such as Apple COVID-19 Application or UnitedHealth ProtectWell App

Limit non-essential visitors

1. Strictly decrease the number of non-essential visitors on campus.
2. Limit parent entry by modifying drop-off and pick-up procedures.
3. Consider staggered drop-off and pick-up times to decrease the number of parents/caregivers on the schoolgrounds at any one time.
4. Encourage parent volunteerism and involvement in ways that do not require the parent to be physically present at school, such as making masks and signs to promote health and safety and helping teachers through home volunteer assignments.
5. Utilize a parent portal to promote strong communication between parents and teachers through alternative and non-face-to-face conversations.
6. Develop modified return-to-school procedures to limit the number of students, parents and families in the school.
 - a. Consider virtual, online or telephone enrollment.
 - b. Organize staggered in-person enrollment with risk mitigation strategies in place to significantly reduce the number of people in the school for enrollment events at one time.
 - c. Consider virtual “Meet Your Teacher” events.
7. Modify parent/student/teacher conference protocols. Consider virtual conference formats



8. Limit all non-essential school-based events and outside events that use school property. Consider alternative strategies to community-building and fund-raising that limit gathering of individuals and comply with physical distancing recommendations.

Promoting hand-hygiene practices

1. Respiratory viruses, including SARS-CoV-2, are primarily spread through respiratory droplet transmission. Viral shedding can also occur prior to symptom onset. Therefore, routine proper hand hygiene, either with soap and water or with hand sanitizer containing at least 60% alcohol, is critical to lessen the transmission of SARS-CoV-2 and is one of the most effective methods to prevent spread.¹³⁻¹⁵
2. All students and staff should receive proper hand hygiene education and guidance that is consistent with their age and developmental skills.
 - a. Hands should be washed with soap and water for at least 20 seconds.
 - b. Consider supervised hand washing as developmentally appropriate until competence is demonstrated by the student. Hand sanitizer should contain at least 60% alcohol. Cover all surfaces of hands and rub them together until they feel dry.
 - c. If any student or staff coughs or sneezes into their hand, they then should wash hands or use hand sanitizer immediately afterward.
 - d. Students and staff should be encouraged to cough or sneeze into their shirt sleeve.
 - e. Hands should be washed after touching masks.
3. The preferred method of hand drying is the use of single-use disposable paper towels rather than electric air-based hand dryers.¹⁶
4. Consider installing touchless faucets, soap dispensers, paper towel dispensers.
5. Consider incentives for good hand-washing behaviors for children.
6. Hand sanitizer containing at least 60% alcohol should be readily available and easily visible for students and staff at each entry point of the school, as well as upon entry to each classroom.
7. Formal education for all students and staff on limiting face touching and avoiding touching eyes, nose and mouth as much as possible. Education should be age appropriate and in a positive, non-judging manner.
8. Age appropriate signage should be displayed throughout the school and classrooms as visual reminders for hand hygiene.
9. Consider having routine hand hygiene breaks with hand sanitizer throughout the day in addition to the use upon school entry, prior to meals/snacks, following toileting or following cough/sneeze.

Masking/face shields/partitions:

Due to the risk of SARS-CoV-2 transmission from asymptomatic and presymptomatic individuals, and in accordance with current CDC recommendations, we recommend mask requirements for school systems as detailed below. The CDC recommends use of non-medical grade cloth face coverings in public settings where other physical distancing measures are difficult to maintain.¹⁷ Using a non-medical grade mask will not decrease all risk of viral transmission, but in addition to other mitigation efforts, masks can further reduce transmission of SARS-CoV-2 in a school or building. Other mitigation efforts include physical distancing, effective hand hygiene, and routine cleaning and disinfecting.^{13-15,17,39-44}

Masks are more effective at decreasing transmission of viral particles when worn by the infected individual by decreasing the number of viral particles that they expel while coughing, sneezing, touching their face or



performing other activities. This is especially important if there are asymptomatic or presymptomatic students or adults that are unaware that they are sick but may be at risk of spreading their infection to others prior to the start of their symptoms.

Masks potentially decrease high-risk touches to the face and inoculation of mucous membranes if worn correctly and not frequently manipulated. Wearing a well-fitting mask may also decrease the viral load of an exposure to an individual when somebody near them coughs or sneezes. Still, there is limited data on the efficacy of cloth, non-medical grade masks. There is also very limited evidence on the efficacy of face shields and partitions. Face shields and partitions may substantially reduce the short-term exposure of individuals to large infectious aerosol particles from a cough or sneeze, but smaller particles can remain airborne longer and flow around the face shield or partition and are more easily inhaled.¹⁸ Face shields are best used in addition to a medical-grade mask in a health care setting and may not be as effective when used alone. Still, we must balance the risk of viral transmission with the ability to provide a quality education to all children in the state of Kansas, which is also important for each student's long-term health and well-being. Face shields and partitions may improve compliance and should be considered as a strategy for a barrier to viral droplet transmission in conjunction with the use of masks as described below and by themselves as an alternative to a mask only when adequate physical distancing is practiced.

1. Students

- a. Age ≤ 9yo – Although there is very limited data in this age group, children less than 10 years of age seem less likely to be “super spreaders” or even significantly transmit SARS-CoV-2 to their peers and adults.^{2-11,36} As schools reopen we will learn more about transmission in children and these recommendations may be modified. When young children are asked to wear masks, strict compliance to effective mask placement without manipulating the mask is low.¹³ For some students in this age group, masks may disrupt education without providing a significant reduction in viral transmission. When manipulated frequently, masks may increase high-risk touches to face, which can increase the risk of transmission.

Even though some children may not feel comfortable with wearing a mask, as masks become more normalized in our community, most children are demonstrating the ability to wear masks without significant difficulty. It is important that children can find a mask that they feel comfortable wearing. Children are more likely to respond positively to wearing a mask when it is role modeled and they have control in the process. Parents can allow students to choose mask design/color/fabric/picture and help normalize masking by practicing at home, showing their children pictures of other children with masks on, role modeling and explaining the reasons for masking as developmentally appropriate.

KCWK strongly recommends that all students in K-12 schools wear an appropriate mask or face covering. This includes in the classroom, school common areas and bus. This may further reduce the risk of viral transmission among young students and adults. However, based on the considerations above, some young children may have difficulty wearing a mask effectively for the entire duration of the school day. For this, classroom teachers may have the discretion to allow masks to be worn for portions of the school day and allow breaks from mask wearing when children are more than 6 feet apart and working individually. We do strongly encourage that every student wears a mask while in school common areas and when physical distancing is difficult to execute.

- b. Age 10 and up- Children older than 10 years have shown to have greater ability to spread COVID-19 to household contacts; especially when not using masks or other transmission mitigation strategies.³⁶ Students older than 10 years who have the developmental capability should be required to wear a mask while at school. This includes in the classroom, common areas and bus.



- c. Mask Exemptions: There are very few exemptions to wearing a mask for children and adults. KCWK asks that primary care physicians and medical professionals in Kansas work to support and promote masking for adults and children. Rather than writing mask exemptions, please advise youth and their parents on how to increase comfort on wearing masks. The following list includes exemptions for mask wearing:
 - i. Children < 2 years of age
 - ii. Any child who is asleep, incapacitated, unconscious or not breathing
 - iii. Children with sensory processing disorders who are unable to wear a mask without excessive trauma or frequent manipulation
 - iv. Children with behavioral health diagnoses or developmental delays that prevent them from wearing a mask or are unable to wear a mask without frequent manipulation
 - d. Teachers can consider mask breaks when students are outside and physically distanced to improve compliance and help with comfort.
 - e. Provide or encourage students to bring paper sacks to store their masks in when not being worn (food and beverage breaks, mask breaks, etc.)
 - f. Students should have access to a replacement mask in case their mask is damaged or soiled.
 - g. Education should be provided on proper wearing techniques, compliance and manipulation, and minimizing high-risk face touches.
 - h. Age appropriate signage should be displayed throughout the school and classrooms as visual reminders for masking.
 - i. All symptomatic students and staff must be masked until they have left the campus. Masking can also decrease transmission between household contacts and can be encouraged in the home setting on a case-by-case basis.
 - j. Consider a student mask laundering program if facilities/resources are available.
 - k. School system should think critically about the effect that a universal masking program may have on students at risk for truancy, behavior problems and poor academic achievement and develop non-punitive ways to enforce universal mask use without harming the student's social and academic development.
 - l. Specialty masks with a clear window or face shields may be helpful when education is unable to be performed while using a mask. (e.g. speech and language pathology sessions, English
 - m. When working with pyrophoric and/or flammable chemicals, use face masks made from 100% cotton or flame resistant non permeable materials. Masks can also increase risk when working with certain machinery. Considerer utilizing physical distancing and face shields in situations where masks are a safety hazard.
2. Staff, adults, school visitors, vendors - We recommend that all adults and visitors ≥ 5 years old should be required to wear masks or face shields when they enter a school. The school should have a supply of cloth or disposable adult-sized masks to provide to adults that do not have their own mask on entering the building.



3. Masks- Students and staff should use cloth face coverings rather than medical grade surgical masks and N95 respirators. School nurses should have access to medical grade masks when caring for students and staff. Per CDC guidelines, cloth masks should³⁷:
 - a. Fit snugly but comfortable against the side of the face
 - b. Completely covers the nose and mouth
 - c. Be secured with ties or ear loops
 - d. Includes multiple layers of fabric
 - e. Allows for breathing without restriction
 - f. Can be laundered and machine dried without damage or change to shape
4. High-risk students and adults - Students, families and staff should consider utilization of wearing a mask and/or a face shield for improved protection from viral transmission on a case-by-case basis, as discussed with their primary care physician.
5. Nurse's office - Students with symptoms of COVID-19 should be isolated and directed to the nurse's office immediately. School officials should examine their nursing office and consider ways to mitigate spread of symptomatic students and adults while in this location, such as distanced seating locations and partitions. All students and adults should wear a mask when in the nurse's office. Also consider the increased usage of the school nurse during this time and consider increasing the overall space, seating, supplies and resources for the school nurse. School nurses should have appropriate PPE available (masks, gown, gloves, eye protection) to protect them from students or staff who become ill and symptomatic at school.
6. Face shield and partitions - Masking can interfere with direct education, especially for speech and language instruction, and for those who rely on nonverbal communication to learn. Each school and school district should consider alternative methods to ensure the safety of students and staff while participating in classroom instruction that is unable to be performed while using a mask. (e.g. speech and language pathology sessions, English speakers of other languages, classroom read alouds, etc.). While there is evidence supporting that face shields used alone are inferior to medical grade masks¹⁸, there is a paucity of literature comparing the use of face shields alone to non-medical grade masks. It is reasonable to consider the use of face shields alone when masking interferes with speech and language instruction. In these cases, physical distancing should be practiced.
 - a. Partitions and physical barriers may be helpful in areas such as reception and employee workspaces where adherence to physical distancing may be difficult.
 - b. Partitions and physical barriers can be used in addition to masks in areas that may be high-risk for viral transmission.

Physical distancing:

Effort should be made to decrease the number of people that each student and staff interacts with during each day and each week and to decrease the amount of "close contacts" with others as defined by the CDC and KDHE. A close contact is defined as someone who was within six feet of an infected person for at least 10 minutes starting from two days before illness onset (or, for asymptomatic clients, two days prior to positive specimen collection) until the time the patient has completed isolation.^{19,20} This would decrease the overall exposure to others if someone in the school has SARS-CoV-2, and hopefully decrease the transmission of the virus. However, physical distancing in schools for young children may not be practical and may be harmful. Close interactions are important for normal development. Suggestions for physical distancing include:



1. Ensure that schools meet the state and federal guidance on the amount of space (square feet per student) and attempt to exceed these spacing recommendations.
2. Classrooms should be arranged in an effort to maximize the amount of space between students by spacing desks, tables, centers and seating.
 - a. Arrange desks 3-6 feet apart whenever feasible.
 - b. If possible, all students should face the same direction.
 - c. Teacher workspace and teaching area should maintain 6 feet from students whenever possible unless it is disruptive of the educational process.
3. Work toward smaller class sizes and consider the use of alternative grouping of students into cohorts with fewer students per educator to be able to increase the physical space between students.
4. Efforts should be made to decrease shared spaces among students, especially students who may not typically interact with each other during the school day. Consider designating hallways, restrooms and shared spaces by grade level or classes to decrease exposure to other students or fomites from these shared spaces.
5. Minimize large gatherings and assemblies. Assembly content can be broadcasted to the home rooms as an alternative to large gatherings.
6. Decrease use of shared spaces such as staff break rooms.
7. Encourage and continue modified sports and physical education classes. These activities should be modified according to available protocols with special consideration given to modification of high-contact sports. Shared equipment should be avoided and if not avoidable should be cleaned between uses and at the conclusion of the activity.
8. Modify student clubs, meetings, conferences, staff meetings and other similar events so that they can comply with physical distancing standards, decrease close contact exposure. Conduct meetings virtually as much as possible.
9. Consider alternative-credit programs to decrease the number of students in high school buildings to improve physical distancing. Consider programs such as a “school flex program” for 11th and 12th grade students to gain high school credits for non-school activities with specific requirements. This may increase the graduation rate for students who may be at risk of dropping out of school, as well as possibly decreasing the density of students in high schools and aiding with physical distancing of students in school. This may also allow students to retain employment while gaining credit if they are helping to support their families during economic recession.
10. Student movement
 - a. Modify hallway “passing” periods to limit the number of students interacting in the hallway at one time.
 - i. Consider designating one-way hallways during passing periods
 - ii. Consider designating “lanes” in the hallway to direct the movement and of students in hallways.
 - b. Eliminate or modify locker usage and assignment to reduce the need for hallway use in multiple areas of the building.
 - i. Consider assigning lockers by student cohort.



- ii. Mitigate harm to students who don't have access to locker by developing plans where students are not required to carry an unreasonable number of books and supplies throughout the day and between home and school.
- c. Modify student movement and out-of-classroom transitions to decrease exposures to other students. This can include having special classes such as non-vocal music and art in their home classroom.
- d. Consider keeping students in the same classroom from class to class and have teachers move from room to room to decrease risk of transmission during passing periods and avoid students sitting at multiple desks throughout the course of the day.
- e. Consider having teachers teach more than one class for the same group of students to minimize contacts for both students and teachers.
- f. Allow students to have "stretch breaks" in the classroom between class periods.

11. Meals

- a. Hand hygiene should be performed prior to eating.
- b. Consider alternatives to traditional school cafeteria meals to decrease the possibility of viral transmission.
- c. Decrease shared usage of high-traffic areas such as cafeterias.
- d. Consider having students eat breakfast and lunch in their classrooms or having lunch break outdoors, as weather permits, rather than gathering in the cafeteria.
- e. Consider staggered lunch periods to minimize the number of students present at once.
- f. Discourage sharing of food or drinks among students.
- g. Discourage buffet-style serving, salad bars, and "grab-and-go" snack and beverage coolers.
- h. Discontinue off-campus lunch periods (or open lunch policies) to limit exposure of students to others outside of the school.
- i. Refer to CDC guidance on "What School Nutrition Professionals and Volunteers at Schools Need to Know" about COVID-19.²¹

12. Recess and outdoor activities

- a. Recess, structured and unstructured play, and physical activity are important to the physical and mental health of students. These activities should be encouraged with modifications.
- b. Cohort students and stagger recess periods to limit the number of students interacting together during recess at one time.
- c. Students should perform hand hygiene prior to and following outdoor play periods.
- d. Physical distancing should not be required for outdoor activities such as recess.
- e. If community spread of SARS-CoV-2 is high, consider avoiding the use of shared playground equipment.

Water Fountains

It is important for students to have access to water for hydration throughout the school day. However, public water fountains are high risk for transmission of respiratory and gastrointestinal viruses. Schools should consider alternatives to public water fountains for providing access to drinking water to students and staff.



1. Utilize personal reusable water bottles with bottle filling stations around the school instead of fountains.
 - a. Consider adding reusable water bottles as an essential school item on student supply lists. Partner with parent teacher organizations/associations (PTO/A) to provide reusable water bottles to students.
 - b. Consider disposable paper cups at water filling stations if reusable water bottles are not available.
2. If there are no bottle filling stations available, then consider turning existing water fountains into bottle filling stations. This should include strict education, signage and regulation that these water fountains should not be used for direct drinking.
3. If other options are available, consider turning off, removing or covering water fountains to prevent use.

Cohort students and staff

Cohort students and staff to limit the mixing of students or staff and reduce the number of close contacts and decrease the risk of exposure if an infection occurs. Emphasis should be placed on cohorting students and staff at all grade levels to prevent cross exposure.

1. Consider the following areas to implement cohorting:
 - a. Core and elective classes
 - b. Lockers and hallways
 - c. Lunchrooms
 - d. Restrooms
 - e. Safety drills
2. Use outdoor space when possible.
3. Work with teachers/counselors/staff/students/parents to ensure that students feel safe, well connected, and have a trusted adult and peer in their assigned cohort. This may require flexibility early in the process to ensure these goals are met.

Cleaning and disinfection

Detailed recommendations for environmental cleaning and disinfection are beyond the scope of this document. There is risk of SARS-CoV-2 transmission from fomites in the school environment such as high-touch surfaces, shared equipment, writing utensils, tables and desks, among other objects. The virus is transmitted by touching a contaminated surface and then touching mucous membranes such as the mouth, nose, eyes. A regular and detailed cleaning protocol may decontaminate surfaces.

1. SARS-CoV-2 has been detected on a variety of surfaces and it is possible that infection can occur by touching contaminated surfaces and then touching one's eyes, nose or mouth.
2. Develop a specific standard of excellence for cleaning and disinfection of each school within the state of Kansas.
3. Establish an oversight team to ensure that all schools are meeting the above standard of excellence. Consider partnering with the County Health Department to establish the oversight team for effective cleaning and disinfecting.
4. Emphasis should be placed on cleaning and disinfection of high-touch surfaces (door handles, sinks, faucet handles, light switches, bathrooms, handrails, etc.).



5. Consider elimination of high-touch surfaces rather than frequent cleaning.
 - a. Consider leaving interior doors open to eliminate the need for touching door handles.
 - b. Install touchless faucets, soap dispensers, paper towel dispensers.
6. Develop safe and effective routines for cleaning and disinfection of toys and equipment between student uses (computer equipment, shared art supplies, shared play or gym equipment, etc.).
 - a. Promote handwashing before and after use of shared equipment.
 - b. Utilize computer keyboard covers to facilitate cleaning between users
7. Please see CDC and KDHE guidance for more information:
 - a. <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>
 - b. <https://www.coronavirus.kdheks.gov/DocumentCenter/View/991/Cleaning-and-Disinfecting-Your-Business-PDF---4-29-2020>

Ventilation:

Detailed recommendations for environmental ventilation are beyond the scope of this document. School district facilities leadership should consider updates to their fuel and energy conservation policies to conform to ASHRAE indoor air quality standards as well as the ASHRAE updated recommendations for air quality for schools and universities for COVID-19.²²

1. School facilities and operations teams should address options for intermittent airings for schools with functioning exterior windows as an option for decreasing airborne transmission and improving air quality within schools and classrooms.
2. Weather permitting, the use of outdoor environments and opening of windows should be encouraged to improve air quality and ventilation.
3. Specific attention should be placed on school ventilation and air conditioning maintenance to improve efficiency of the system and air quality.

Staff training of health and safety protocols

1. All staff should receive adequate training on all health and safety protocols.
2. All safety protocols should be easily accessible for staff to review as needed.
3. Visual signage of various safety measures may assist in reinforcement and reminders.

Contingency planning

1. In these unprecedented times, schools and school districts should undergo extensive contingency planning to maintain their ability to provide effective education and a safe and healthy environment for students and staff, despite likely interruptions to the typical school day and variable staff availability.
2. Consider having a district/school committee that can meet virtually to handle contingencies and questions as they arise.

Continual distance learning

1. Distance learning options and resources should be available for students that are unable to attend school due to prolonged exclusion (if ill, personal or family health risks, high prevalence of community spread).
2. Consider having KSDE choose top educators for various subjects and allowing students to self-enroll in these online classes. Consider using high-risk teachers as online educators to decrease their own



risk of illness. If unable to do this at a state level, consider collaborating between districts to offer distance learning.

3. Due to the high prevalence of dyslexia, online education should include resources with read aloud/video instructions.
4. Specific accommodations should be made for students with individualized education plans (IEP) and 504 plans during continual distance learning.
5. Districts should support students and parents from households where English is not the primary language to be able to maximize academic achievement during continual distance learning.
6. Develop strategies to provide internet access to students to maximize connectivity for continuous online learning. Coordinate within the community to achieve improved access. Consider partnership with community buildings, restaurants, churches and/or clinics to allow for open access to Wi-Fi networks.
7. The move to continual distance learning in spring 2020 led to sharp increases in incidents of internet child exploitation in Kansas and nationwide. The National Center for Missing and Exploited Children and Wichita Police Department Internet Crimes Against Children Task Force report large increases in the number of reports made by CyberTip lines as well as electronic service providers such as child pornography, child sex tourism, child sex trafficking, child sexual molestation (non-family), online enticement of children for sex acts and unsolicited obscene material sent to a child. While COVID-19 is a serious health risk to our community, when students are forced to navigate the online world with limited supervision, they are at risk of dangers that may leave long-term psychological impacts on themselves and the community.²³ Recommendations include:
 - a. Provide developmentally appropriate education to parents and students of all age groups about risks of unsupervised internet use and ways to guard against these risks during distance learning.
 - b. Train teachers and staff working with students through online learning platforms to be able to identify red flags, risk factors and warning signs of child exploitation and guard against these risks.
 - c. Utilize appropriate safeguards on school-owned devices to limit student access to high risk online activity. Consider making safeguards available to parents for use on student-owned devices.
 - d. Offer mental health support to students in online continual learning programs.
 - e. Use consistent learning platforms within districts to limit the variability in accessed websites between sibling/household groups for education. Limit assignments requiring students to “link-out” from this platform.
 - f. Partner with primary care physicians to educate children and parents on media safety.

Children with special health care needs

1. Students who have chronic and/or complex medical conditions or are immunosuppressed and at risk for more serious illness from other infections may also have more serious illness with COVID-19.²⁴
2. Registries of children with congenital heart disease, cancer and inflammatory bowel disease show these children are not at higher risk of contracting infection but may be at higher risk of severe infection or adverse outcomes if they do become infected.²⁴
3. As there is not convincing data at this time to suggest that the medical risk of these children from SARS-CoV-2 is different from the risk of other respiratory viruses, it is recommended



that most of these students can attend school. This should be a shared decision between the student's family, their primary medical team and the school.

4. Work with parents and the student's primary care physicians to develop a safe, individualized school reentry plan for students with special health care needs on a case-by-case basis.
5. Staff should receive specialized training in providing care for children and youth with special health care needs such as transfers, toileting, diapering, feeding that may require additional PPE and cleaning/disinfecting.

Social and emotional support

Students: Since Kansas school closure in March 2020, children have been at an increased risk of experiencing trauma, exploitation, hunger, family stress, domestic violence, abuse and, anxiety. They may be grieving the loss of loved ones from COVID-19 and grieving missed experiences.^{23, 25-28}

1. Mental health support should be available to all students to help them cope with stress from the pandemic and be ready to learn.
2. Administrators and educators should facilitate ways for students to identify trusted adults that can serve as a mentor to them through this academic year.
3. School districts should be proactive in responding to the social and emotional well-being of their students. Recommendations include:
 - a. Trauma-informed care training for all teachers and staff.
Resource: <https://www.nctsn.org/>
 - b. De-escalation training for all teachers and staff.
Resource: <http://www.livesinthebalance.org/educators-schools>
 - c. Increase the number and availability of mental health professionals in schools including options provided by telemedicine.
 - d. Streamlined referral process for students and staff who require professional mental health services (e.g. students with suicidal ideation, significant trauma).
 - e. Confidential options for students to ask for support services.
4. Students undergoing transition years (grades 5 to 6, 8 to 9, 11 to 12) may have had to make decisions regarding special programs or classes, registration or other educational options without having access to the usual information or services. It is important to have program flexibility for the first few months of the year to allow for schedule changes.
5. The COVID-19 Pandemic has exacerbated socioeconomic and emotional hardships that students and families face. It is expected that frequent changes, new procedures and ongoing uncertainty has and will continue to increase anxiety and stress in children, especially those who have a prior history of mental health conditions or trauma. Schools should be prepared for students who do not return to school due to social and emotional difficulties, poverty, food insecurity, homelessness or other hardships. Schools should develop outreach plans for students who do not return to school and when able and appropriate, intervene and provide accommodations to support students and families experiencing these hardships.
6. Increased educational support services should be available to identify and remediate any learning gaps that may have occurred during school closures.
7. Pre-pandemic education focuses should continue including bullying recognition and prevention, social emotional character development, dyslexia screening and intervention, among others.



Staff: School districts and officials must recognize the continual impact that the pandemic may be having on staff and the additional stress and anxiety that comes with reopening of schools. Teachers and staff will have new expectations as they educate students in new ways and implement new policies and procedures to mitigate SARS-CoV-2 transmission. Staff may also be worried about their own wellbeing or wellbeing of their family upon returning to work. Support resources should be available to assist with staff mental health needs as they return to work.

Communication:

During uncertain times, students, family and staff will benefit from regular and clear communication from a trusted source. Develop communication strategies that consider the needs of students, families, staff and the community and delivers accurate information in an organized manner,

Attendance

1. KSDE should consider attendance requirement relief to decrease penalties for lower attendance to decrease the pressure on students and families to attend school if having signs of a viral infection.
2. Distance learning attendance alternatives should be provided to help meet some requirements if there are prolonged exclusions from school to ensure continued educational growth.
3. Discontinue awards for perfect attendance.

Vaccinations

1. Recommend strict compliance with KDHE Kansas School Immunization Requirements.
2. Recommend improved functionality and compliance of Kansas Immunization Registry.
3. Recommend that all students and staff have the influenza immunization by the end of October unless medically contraindicated.
 - a. Partner with the Health Department or local clinics to provide onsite immunization drives and incentives to improve the rate of influenza immunization among students and staff.
 - b. Work with local primary care physicians, pharmacies, immediate care clinics, and other immunization providers to keep up to date student immunization records.
4. Recommend strong consideration for programs or incentives to encourage staff to obtain a SARS-CoV-2 immunization when a safe and effective immunization is made available.
 - a. Partner with the Health Department to provide onsite SARS-CoV-2 immunization drive and incentives to improve the rate of SARS-CoV-2 immunization among students and staff when available.
 - b. Work with local primary care physicians to update student health records.

Preparticipation physicals:

1. Students should continue to see their primary care physician for annual physical checkups and immunizations. Schools should require the same start-of-school medical paperwork and preparticipation physicals should still take place.
2. Some primary care offices have been affected by the COVID-19 pandemic, which may lead to delayed appointments or completion of these requirements and if that is the case, then schools may consider extending deadlines for paperwork to ensure that students are able to attend school without a prolonged delay.



School-based co- and extracurricular activities

KCWK understands the value of extra- and co-curricular activities in social and emotional character development, mitigation of other risk behaviors and building of resiliency in students. We encourage students to continue to participate in these activities. However, with the risk of SARS-CoV-2 transmission, KCWK advises against continuing participation in moderate and high-risk activities unless modified. We encourage schools to consider the following information in their school activities planning.

1. Assemblies: Large group assemblies should be avoided. Use alternate ways to share information such as broadcasting content for assemblies through homerooms.
2. Fields Trips: Limit all fields trips and non-essential travel for students and staff. If field trips or travel occurs, participants should comply with recommendations from local health officials as well as the CDC, KDHE and health and safety recommendations described above.
3. Spectators should be limited to sporting events and performances so that physical distancing can be practiced effectively.
4. Choir:
 - a. Consider results from 7/21/20 [Unprecedented International Coalition led by Performing Arts Organizations to Commission COVID-19 Study](#)
 - b. Singing is considered a high-risk activity as high rates of transmissions have been documented among grouped singers.
 - c. In communities of sustained infections, in-person choir rehearsals should not resume, and virtual singing rehearsals should be considered.
 - d. If communities do not have sustained spread, rehearsals should be conducted in larger spaces (cafeteria/gym) or outside when able to allow for physical distancing between choir members.
2. Band:
 - a. Consider results from 7/21/20 [Unprecedented International Coalition led by Performing Arts Organizations to Commission COVID-19 Study](#)
 - b. Playing of brass and woodwind instruments is considered high-risk activity.
 - c. Playing stringed and percussion instruments would be less of a risk.
 - d. Consider ability for marching band to obey six-foot physical distancing formation.
 - e. Rehearsals involving higher risk instruments should be conducted in larger spaces (cafeteria/gym) or outside when able to allow for physical distancing between band members.
3. Sports:
 - a. Resources:
 - i. National Federation of State High School Associations Sports Medicine Advisory Committee document titled: [Guidance for opening up high school athletics and activities](#)²⁹
 - ii. CDC: [Considerations for Youth Sports](#)
 - iii. American Academy of Pediatrics: [COVID-19 Interim Guidance: Return to Sports](#)



- iv. Children’s Hospital of Philadelphia: [Return to Youth Sports After COVID-19 Shutdown: Reference Guides](#)
- b. Efforts should focus on skill training rather than competition for this season.
- c. If competition resumes, limit competition to specific geographical areas, such as within the same district or county, and promote intramural play for students who may not otherwise participate in sports to encourage social/emotional/character development and decrease viral spread.
- d. Efforts should be taken to minimize communing in locker rooms.
- e. A student who is febrile and/or showing symptoms should be excluded from participation in extracurricular activities, including practices, with parental notification of fever. Return to school and return to play should be determined per recommendations above.
- f. If a student is febrile while offsite for a school sponsored activity, measures should be taken to isolate the student and transport home in a safe way to limit exposure to other students and staff.
- g. Risk stratification²⁹

*Weightlifting – If low intensity (low weight, high reps) this can be considered low risk; if high intensity weightlifting requiring a spotter, this creates increased risk and should be considered a high risk activity.

**Denotes activities that could be lower risk if appropriate cleaning of equipment is done and masks are utilized by participants when recommended:

- i. Low Risk: Activities that can be done with physical distancing or individually with no sharing of equipment or ability to clean equipment in between use.
 - 1. Individual running events/cross country running (staggered starts)
 - 2. Throwing events
 - 3. Swimming (individual)
 - 4. Golf
 - 5. *Weightlifting
 - 6. Sideline cheer
 - 7. Band (without aerosolization instruments)
 - 8. Video gaming
 - 9. Board gaming activities (where exchange of equipment can be cleaned between participants)
- ii. Moderate risk: Close contact between participants but ability to wear protective equipment to reduce respiratory particles OR intermittent close contact OR group sports OR sports with equipment that cannot be cleaned between participants:
 - 1. **Baseball
 - 2. **Volleyball
 - 3. **Softball
 - 4. **Gymnastics



5. **Tennis
 6. **Pole vault
 7. **High jump/**long jump
 8. Basketball
 9. Soccer
 10. Water polo
 11. Ice or field hockey
 12. Swimming relays
 13. Crew rowing
 14. 7-on-7 football
- iii. High risk: Close contact between participants and high likelihood of respiratory particle transmission without significant protective barriers:
1. Football
 2. Lacrosse
 3. Basketball
 4. Competitive cheer
 5. Dance
 6. Wrestling
 7. High-intensity weightlifting requiring a spotter
- iv. KCWK recommends against resuming high risk activities unless significant modifications are made.
- h. Mask wearing during extracurricular activities:
- i. Masks should be worn by children ≥ 10 years old who are participating in sports when they are not undergoing intense activity (masks should be worn when sitting on the bench or in the locker room).
 - ii. Coaches, officials, staff and contest personnel are highly recommended to wear masks and practice physical distancing.
 - iii. Officials should utilize other means of noisemakers/alarms besides traditional whistles.
 - iv. Adults and children ≥ 10 years old spectating at extracurricular events are highly recommended to wear masks and practice physical distancing.

Closure of school if high level of community or school-wide transmission

In accordance with local and state health officials, develop emergency plans for school closure if there is widespread and/or sustained transmission among students and/or staff at the school level or widespread and/or sustained transmission within the community. If there is deemed to be substantial transmission as



defined by large-scale community transmission, then the school or district should consider closure for a period of 1-2 weeks or longer based on local transmission.³⁰

1. If local health officials determine that there is substantial transmission of SARS-CoV-2, then they will provide guidance to administrators on the best course of action for childcare programs and schools.
2. During extended school dismissals, extracurricular group activities, school-based programs and events should be discontinued.
3. In the event of an unexpected or prolonged school closure, school systems should implement strategies to continue to:
 - a. Educate students through distance-learning formats.
 - b. Provide meals to students.
 - c. Provide essential services to students.
 - d. Provide therapies to students in a distance-therapy format.
 - e. Provide mental health services to students.
 - f. Provide IEP/504 services to the best of the school's ability.

Transportation recommendations

1. STARTS taskforce: Consider Student Transportation Aligned for Return to School Task Force recommendations regarding student transportation.³¹
2. Transportation options:
 - a. Districts should continue to provide transportation to and from school to students although parents should be encouraged to transport when able. This may reduce the number of students on each bus route and help physical distancing on buses.
 - b. Consider flexible payment structures for transportation to encourage parents to transport students on days that they are able.
 - c. Consider cohorting students to specific busses in order to limit the number of people with whom each student comes in contact.
3. Driver protection:
 - a. Driver should establish a safe zone surrounding self; for instance, no students sit in the first two rows of seats. Consider additional protective barrier such as plexiglass.
 - b. Driver must wear a mask while transporting students.
 - c. Driver's window should remain open if weather permits.
4. Hand hygiene:
 - a. All buses should have hand sanitizer stations at the bus entry.
 - b. All students should use hand sanitizer upon entering the bus and again upon departure of the bus.
5. Masking and physical distancing:



- a. All students should wear a mask while on the bus in accordance to above masking recommendations.
 - b. Students should have assigned seats on the bus. Consider marking of seats so students know where to sit.
 - c. Students should sit one to a seat unless they are siblings. Siblings can be assigned seats together.
 - d. If spacing allows, consider seating students every other row to ensure physical distancing.
 - e. Allow windows to be open when weather permits.
6. Cleaning.^{32,33}
- a. Review KSDE COVID-19 school bus cleaning information.³³
 - b. All drivers should receive training for proper disinfection of the school bus.
 - c. Each school bus should be disinfected following each run.
 - d. High touch surfaces should be disinfected routinely.
 - e. Clean the floors first. Cleaning the floors may cause contaminants to become airborne and land on surfaces. By cleaning the floors first, these pathogens can then be wiped down.
 - f. Vacuum floors over mopping floors. Pathogens can build up on mop and then be easily spread.
 - g. Door and windows should remain open while cleaning.
 - h. Use gloves if required to touch surfaces contaminated by body fluids.



Authors:

The KCWK consists of the following members who serve not only as health professionals, but also as parents of students, athletes, and performers, school board members, health department consultants, community volunteers, and proud Kansans.

Lead Authors: Paul Teran, M.D., FAAP; Stephanie Kuhlmann, D.O., FAAP; Kari Harris, M.D., FAAP

Co-Authors and Significant Contributors:

Kansas COVID Workgroup for Kids Committee Members:

Jennifer Bacani McKenney, M.D., FFAFP, Bacani/McKenney Clinic; Wilson County health officer; USD 484 School Board president; Fredonia.

Lindsay Byrnes, M.D., MPH, medical director, Finney County Health Department; pediatric hospitalist, KUSM-W; Garden City.

Kristina Darnauer, M.D., FFAFP, Rice County District Hospital; medical consultant, Rice County Health Department; Lyons.

Brent Duran, D.O., MPH, KUSM-W Med-Peds hospitalist, Med-Peds Residency associate program director; director of internal medicine education, Wesley Medical Center; Wichita.

K. Allen Greiner, M.D., MPH, director of research, Family Medicine Dept., KU Medical Center; chief medical officer, Wyandotte, County; Kansas City.

Kari Harris, M.D., FAAP, director, Section of Adolescent Medicine, KUSM-W Pediatrics; Wichita.

Gretchen Homan, M.D., FAAP, pediatrician, KUSM-W Pediatrics; President-Elect, KAAP; Wichita.

Kimber Kasitz, BSN, RN, NCSN, director of health, Homebound and 504 Services, USD 259; President, Kansas School Nurses Organization; Wichita.

Stephanie Kuhlmann, D.O., FAAP, Pediatric Hospitalist Division director, KUSM-W; pediatric medical director, Wesley Children's Hospital; Wichita.

Kelli Netson, Ph.D., neuropsychologist, KUSM-W Department of Psychiatry & Behavioral Sciences; Wichita.

Philip Newlin, M.D., FAAP, chief medical officer, AMG Ascension Via Christi; Wichita.

Brian Pate, M.D., FAAP, chair of the Department of Pediatrics, interim vice chair of Population Health, KUSM-W; Wichita.

Rebecca Reddy, M.D., FAAP, founder and managing partner of Redbud Pediatrics LLC; Wichita.

Abbey Rupe, M.D., FAAP, Salina Family Healthcare Center, Smoky Hill Family Medicine Residency; Salina.

Beth Schutte, BSN, RN, NCSN, district nurse, USD 261; Haysville.

Amy Seery, M.D., FAAP, Pediatric Section Chair, Ascension Via Christi; Faculty, Via Christi Family Medicine Residency, KUSM- Wichita, Dept of Family and Community Medicine; Wichita.

Paul Teran, M.D., FAAP, pediatric hospitalist, Inpatient Education director, KUSM-W Pediatrics; Wichita.



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