



**Reopening Schools:
COVID-19 Health Guidelines
for Anne Arundel County**

October 5, 2020

Reopening Schools: An Overview

COVID-19 has disrupted all of our lives. Getting students back into schools is a key step in our recovery. It's also important for children's cognitive, social, emotional, and physical development. We are now in a place to set the conditions to bring students and staff back to school. This guideline looks to get the benefits of getting children back into school while minimizing the risks from COVID-19 to students and staff.

Our goal is to provide Anne Arundel County Public Schools (AACPS) with guidance as they make decisions on when and how to reopen schools. This guideline is also for the community to understand what factors are important in making these decisions. What follows is based on our current knowledge and expert advice. We will update these guidelines as new information comes out.

This guideline covers the health issues needed to open schools and keep them open including:

- When different grades can open based on the community case rate
- Testing goals and availability in the community and school
- Contact tracing at school
- Handling cases and outbreaks at school

AACPS has developed a separate plan that addresses a wide range of safety measures needed to minimize the risks in school. Students, parents, staff and the school system all play a role in following these recommendations every day. These safety measures include:

- Cohorting (creating fixed groups to limit the number of students and staff in a classroom)
- Screening for symptoms
- Transportation
- Masks
- Distancing
- Hand hygiene
- Cleaning and disinfecting
- Ventilation in buildings
- Communication with families, staff, and community

We realize that there will be many questions and thoughts in response to these guidelines. We welcome your feedback and look forward to working with AACPS and the community to get the children of our county back into school.

Reopening Schools: COVID-19 Health Guidelines for Anne Arundel County

Reopening schools is a key priority during the COVID-19 pandemic. In-person instruction is critical for the cognitive, social, emotional, and physical development of children. The younger the child the more important in-person instruction is, as any parent will attest. Minority and low income students are facing additional challenges with lower rates of internet connectivity at home and increased difficulty in accessing meals and other services.

The risk of COVID-19 spreading in a school is directly related to the level of COVID-19 spread in the community and safety measures in schools. In order to get students back into school during a pandemic, we need to reduce risk for both students and staff. Keeping community spread low is critical to allow schools to open and stay open with minimal disruptions. Once they can open, all in-person learning is dependent on schools having appropriate safety measures in place and at scale.

Hybrid models of in-person learning decrease the risk of transmission by decreasing the amount of time spent in a classroom and/or the number of students in a classroom. Having a virtual learning option available throughout the year will allow students with health concerns to make the educational choice that is right for them.

We reviewed data from other countries' reopenings, guidelines from other states, the Maryland Department of Health (MDH) reopening framework, and modeling from the University of Maryland School of Medicine. We also convened a scientific advisory panel to provide key expertise and shape our reopening guidelines. This reopening guideline is a synthesis of this work and reflects our current knowledge. This is a living document, and over the coming months we will incorporate new knowledge and lessons learned to further refine this guidance.

The key elements of this reopening guidance are (a) conditions for reopening, (b) testing, (c) contact tracing and (d) managing cases in school. The recommendations in this document provide AACPS with a framework for understanding how community conditions affect decisions to open schools and keep them open. Anne Arundel County Public Schools (AACPS) has the primary authority to decide when and how schools open and close. AACPS has a separate plan that specifically addresses detailed safety steps to be taken in schools and so those elements will not be covered in this guidance.

Conditions for Reopening

The conditions for reopening school provide a structured decision-making pathway to determine which grades to bring back into school and when. Building on the MDH guidelines, this guideline considers both case rate and grade level as the critical factors in making school reopening decisions.

In consideration of grade level, specific guidelines for grades K-5 (elementary), 6-8 (middle school), and 9-12 (high school) are needed to account for age differences in COVID-19 transmission and cohort size. Current research suggests that children younger than 10 (grade K-5) are less likely to transmit COVID-19 while children older than 10 (grades 6-8 and 9-12) are more likely to transmit COVID-19 at rates similar to adults. Cohort sizes (how many people are in your 'bubble') are smaller in elementary school where

interaction can be limited to the classroom, larger in middle school where interaction can be limited to the grade, and highest in high school where interactions occur across grade levels.

An additional category, Special Situations, includes special needs students, technology students and English language learners whose instruction and/or care cannot be met only through virtual methods. Additional modifications, including enhanced PPE in certain situations, may be required to bring these classes back.

The case rate is defined as the number of cases in the county per day per 100,000 population, averaged over 7 days. This standard helps us understand the spread of the virus and allows comparisons to other counties and states. The risk of spread and school disruptions increases with increasing case rate. To provide more targeted recommendations, we considered four different case rate ranges which indicate increasing community transmission of the virus. The four case rate groups considered were: (a) less than 5, (b) 5-10, (c) 10-15, and (d) greater than 15. This fits within the broad MDH guideline and allows more precise decisions in response to conditions in the county.

Guidance of when different grades could return to school is based on the following:

- The benefits of getting kids back into school are balanced with the risks of school disruption or transmission due to COVID-19.
- Students and teachers do their best to maintain safe practices but are not perfect.
- Risk can be reduced but not eliminated.
- If one person in a cohort has COVID-19, then all people in the cohort will be assessed for quarantine.
- An average of one cohort closure per school per month is the most that can be managed while keeping a school open.
- Virtual learning will always be available.
- Reopening in-school learning is prioritized over reopening extracurricular activities.
- The higher the community case rate, the higher the chance of a case in a student or staff member.
- Cases in school can occur due to community spread (someone infected by someone else in the community with no connection to school) and/or school spread (someone in school infects someone else in the school community).

The three reopening options are based on the combination of grade level and case rate, and they are coded as green, yellow, and red light conditions. The grade level and case rate combinations that form the basis of the coding are provided in a table below the option statements.

- **Recommend hybrid in-person learning (Green Light)** - conditions do support bringing students back for in-person learning with the appropriate safety measures in place.
- **Consider hybrid in-person learning (Yellow Light)** - conditions may support continuing in-person learning with the appropriate safety measures in place and if cases/outbreaks are not prohibitive. Conditions do not support starting in-person learning.
- **Recommend virtual learning (Red Light)** - conditions do not support bringing students back for in-person learning even with the appropriate safety measures in place

		Case Rate			
		<5	5-10	10-15	>15
Grade	K-5	Recommend hybrid in-person	Recommend hybrid in-person	Consider hybrid in-person if case/ outbreaks are not prohibitive	Recommend virtual
	6-8	Recommend hybrid in-person AFTER successful K-5 transition	Consider hybrid in-person if (a) K-5 hybrid in-person is in place and (b) case/ outbreaks are not prohibitive	Recommend virtual	Recommend virtual
	9-12	Recommend hybrid in-person AFTER successful K-8 transition	Recommend virtual	Recommend virtual	Recommend virtual
	Special Situations	Recommend hybrid in-person	Recommend hybrid in-person	Recommend hybrid in-person	Recommend virtual

Testing

A key element to safely open schools for in-person instruction is widely available COVID-19 testing. In order to keep students engaged in in-person learning, testing needs to be available and used after symptom onset, for potential exposure, or for routine surveillance.

Testing will be available to all students, families and staff, whether or not they have symptoms, and at no cost, through existing Department of Health (DOH) testing sites located throughout the county. Given that COVID-19 has highlighted health disparities in minority and low income communities, additional testing sites will be embedded in communities with Title I schools to ensure that communities with greater need have equitable access to testing.

Ensuring that all identified school-based close contacts of a positive student or staff are tested promptly will slow school-based and community transmission of COVID-19. When an individual within a classroom or cohort is confirmed positive for COVID-19, a target testing team will provide onsite testing for other cohort members and identified close contacts within the school. Target testing will be available to all county schools open for in-person instruction.

Contact Tracing

DOH staff have been doing contact tracing and outbreak investigations in school for decades as a routine part of their work. During the COVID-19 pandemic, the number of investigations has increased which requires additional help from the school community. To expedite contact tracing in school, students and staff should inform the school that they are COVID-19 positive. AACPS will notify the DOH to expedite contact tracing investigations and coordinate with other counties as needed. It is critical that students, families and staff share information about potential contacts to ensure that we can provide supports for isolation and quarantine to those who need it and slow the spread.

Managing Cases in School

Given community transmission of COVID-19, we can expect to see cases in students and staff over the course of the school year. Catching cases early and adherence to safety measures will significantly reduce the chance of in-school spread. We will use a detailed algorithm provided by the MDH to evaluate how to manage cohorts that include a person with (a) confirmed COVID-19, (b) COVID-19 like illness (when symptoms meet criteria consistent with COVID-19 but testing has not been done), and (c) symptoms concerning for COVID-19 but not meeting the criteria for COVID-19 like illness.

When there is a confirmed case of COVID-19 or COVID-19 like illness identified in a school, cohorts will be assessed for quarantine. Isolation and quarantine will be managed by the Department of Health and will last 14 days. While testing is helpful in identifying people who have COVID-19 without symptoms, it doesn't shorten the length of quarantine for those who test negative since the illness can develop at any time during those 14 days.

A classroom or cohort outbreak is when there are two or more confirmed cases within that classroom or cohort, from different households, within 14 days. An outbreak is strongly suggestive of spread that occurred at school. However, in the setting of high community case rates, it may be difficult to distinguish between in school and community spread. Generally a classroom or cohort outbreak is identified when a second case is identified while that classroom or cohort is in quarantine.

A school-based outbreak is defined as (a) three or more classrooms or cohorts with outbreaks at the same school within a 14-day period, or (b) 5 percent or more of unrelated students and staff at a school with COVID-19 within a 14-day period. This type of outbreak typically leads to school closure.

Cases and outbreaks will be tracked to provide ongoing information about community spread, in-school spread, and the effectiveness of mitigation strategies in school. The Department of Health will communicate directly with anyone requiring isolation and quarantine. AACPS will communicate with affected school communities while maintaining the health privacy of those directly affected.

Resources used to develop this guidance include:

1. [COVID-19 Guidance for Maryland Schools \(MDH and MSDE\)](#)
2. [Operational Considerations for Schools \(CDC\)](#)
3. [The Path to Zero and Schools: Achieving Pandemic Resilient Teaching and Learning Spaces \(Harvard Global Health Institute\)](#)
4. [Decision Tree for Provision of In Person Learning among K-12 Students at Public and Private Schools during the COVID-19 Pandemic \(Washington State Department of Health\)](#)
5. [Initial Fall Reopening Guidance \(Massachusetts Department of Elementary and Secondary Education\)](#)
6. [Following the Metrics: Criteria for in-person instruction \(Oregon Department of Education and Oregon Health Authority\)](#)
7. [Reopening Schools: Health Guidance by COVID-19 Phase \(Colorado Department of Public Health and Environment and the Colorado Department of Education\)](#)
8. [A Blueprint for Back to School \(AEI\)](#)

Acknowledgments

Thanks to our scientific advisory group for their expertise in developing this guideline:

- Sara Johnson, MPH, PhD, Associate Professor, Johns Hopkins University School of Medicine
- Dushanka Kleinman, DDS, MScD, Associate Dean for Research and Principal Associate Dean, University of Maryland School of Public Health
- Maunank Shah, MD, PhD, Associate Professor, Johns Hopkins University School of Medicine and School of Public Health
- Kim Dobson Sydnor, PhD, Dean, School of Community Health and Policy, Morgan State University

Special thanks for technical assistance with modeling:

- Meagan Fitzgerald, MD, Assistant Professor, University of Maryland School of Medicine