Kansas COVID Workgroup for Kids
Recommendations for the 2021-2022 School Year

As the information regarding COVID-19 (SARS-CoV-2), community transmission and control measures continue to evolve, this document is meant to serve as expert recommendation and is up to date as of **July 16th, 2021**.

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This document has been endorsed by:

- Kansas Chapter, American Academy of Pediatrics
- Kansas Academy of Family Physicians
- KU Wichita Pediatrics
- The University of Kansas

**Objective**

The objective of this document is to highlight key concepts of COVID-19 control measures that school district leaders should consider as they prepare for the 2021-2022 school year. This document has been created and vetted with input of regional pediatric and family medicine physicians, child psychologists, school nurses, and other child advocates as members of the Kansas COVID Workgroup for Kids. We acknowledge that we are not primary or secondary school educators and that the legal considerations and logistical operations of running a school district are not within our scope of practice; these medical and public health recommendations are intended to be utilized by school district leaders in the context of their experience and expertise. These recommendations are not comprehensive, and school and community leaders should also reference CDC\(^1\), KDHE and local health department recommendations.
COVID-19 and children\textsuperscript{2-4}

United States: As of July 8\textsuperscript{th}, 2021 there have been over 4 million confirmed cases of COVID-19 (or SARS-CoV-2) in children in the United States. This represents about 14.2\% of all confirmed cases. Subset reports demonstrate that hospitalization and death are uncommon in children. Across reporting states, 0.1-1.9\% of all child COVID-19 cases result in hospitalization and 0\%-0.03\% of all child COVID-19 cases result in death. There have been 344 child deaths due to COVID-19 in the United States. Every pediatric death is a tragedy. For reference, there were 196 pediatric deaths due to influenza in the 2019-2020 influenza season and only 1 pediatric death due to influenza during the 2020-2021 influenza season.

Kansas: As of July 14\textsuperscript{th}, 2021 there have been over 40,000 confirmed cases of COVID-19 (or SARS-CoV-2) in children ages 0-17yo in Kansas. This represents about 12.6\% of all confirmed cases. 193 pediatric COVID-19 cases required hospitalization representing a 0.8\% case hospitalization rate in children 0-9yo and a 0.3\% case hospitalization rate in ages 10-17yo. There have been 2 COVID-19 related pediatric deaths reported in Kansas.

Cases, hospitalizations and child mortality from COVID-19 was greatly mitigated by community-wide control measures including universal masking, widespread testing, enhanced safety measures in school, and in some areas remote school formats for all or the majority of the 2020-2021 academic year. KCWK believes these control measures prevented significant child illness and mortality from COVID-19 and other infectious diseases.

Ongoing COVID-19 Transmission

Although current case rates are lower than at the peak of the pandemic in Winter 2020-2021, Kansas continues to have COVID-19 community transmission, hospitalizations, and deaths. This is despite increasing vaccination rates and decreased utilization of testing. Community control measures are decreasing which places communities at risk, especially the vulnerable and unvaccinated population. Leaders must continue to track COVID-19 transmission and metrics and make plans to keep their students and staff safe.

Current data and trends suggest that if immunization rates remain low and universal viral control measures are not followed, the viral respiratory season of Fall/Winter 2021-2022 could bring a significant burden of severe disease from COVID-19, influenza, respiratory syncytial virus (RSV) and other viruses.

COVID-19 Vaccination Update\textsuperscript{5,6}

As of July 14th, 2021:

- 39.6\% of Kansans were fully vaccinated.
- 35.3\% of Sedgwick County residents were fully vaccinated
- 42.4\% of Sedgwick County residents ≥ 12 years old were fully vaccinated
- 3.8\% of the fully vaccinated persons in Sedgwick County are in the 0-17yo age group

For more Kansas and county-specific COVID-19 vaccine data CLICK HERE
Phased Multi-layered COVID-19 Control Strategy

Schools that were able to conduct successful on-site education in the 2020-2021 school year did so by implementing multi-layered COVID-19 control measures (see figure below “Swiss Cheese Model”). As COVID-19 is still present and causing severe illness in Kansas, a multi-layered COVID-19 control strategy should remain in place for the 2021-2022 school year. This control strategy may be flexible based on community and school-based transmission of COVID-19 and other illnesses and should be able to be escalated rapidly if concerns arise.

![Swiss Cheese Model](image)

Learning Loss

Kansas school children have experienced interruptions in their education and other school functions over the past two academic years. Poor academic achievement affects individual and public health outcomes, therefore our goal for these recommendations is to create a safe environment where children can learn effectively with few interruptions.

Mental Health

The effects of COVID-19 on our communities and schools have exacerbated an already growing mental health crisis for children in Kansas. Many staff and students have experienced trauma during and related to the pandemic. School districts should provide training on and strive to offer trauma-informed learning environments for staff and students. Please refer to KCWK’s Mental Health Resources for strategies to address mental health needs for students and staff.

A. [Youth Mental Health & COVID-19: Recommendations & Resources for Coping](#)
B. [Promoting Systemic Change in Schools to Combat the Mental Health Crisis in Kids](#)
C. [Tips for Building Resiliency in Your Children](#)
General health safety actions for staff and students

A. Testing, tracking and contact tracing
   1. Track COVID-19 related absences and conduct robust contact tracing for positive cases.
   2. Case tracking system and designated staff should be able to quickly identify outbreaks and report to local health authorities.
   3. Encourage students and staff with symptoms of COVID-19 or a close contact to be tested.
   4. Partner with local healthcare resources to establish accessible and convenient testing.
   5. Consider a screening testing program for unvaccinated students and staff participating in high-risk sports and activities and all unvaccinated students and staff in times of increased COVID-19 community transmission.
   6. Cooperate with local and state health department on isolation and quarantine policies.

B. Stay home when sick
   1. Educate families, teachers and staff about when they and their children should stay home due to illness and when they can return to school.
   2. Students, teachers, and staff who have symptoms of COVID-19 should stay home and contact their healthcare provider for testing and care.
   3. School systems should recruit and train sufficient substitute educators to ensure that teachers can stay home when they are sick or need to be isolated or quarantined due to COVID-19.
   4. Establish policies that are flexible for illness-related absences.

C. Promote hand-hygiene and respiratory etiquette practices
   1. Cleaning hands frequently with an appropriate method is one of the most important steps a person can take to reduce the spread of infections. Removing germs through handwashing helps prevent gastrointestinal infections, respiratory infections, skin infections and eye infections which all can spread easily within a school and cause absences among students and staff.
      a. Appropriate Hand Hygiene:
         i. Wash hands with soap and water for at least 20 seconds
         ii. Use an alcohol-based hand sanitizer with at least 60% alcohol if soap is not readily available.
   2. Establishing a culture of hand hygiene can reduce respiratory illnesses, like the common cold, in the general population by up to 21%. Additionally, school-based programs promoting handwashing and hand hygiene can result in less gastrointestinal and respiratory illnesses and fewer missed school days.
a. Teach and reinforce effective handwashing
b. Monitoring to ensure adherence among teachers, students, and staff.
c. Build time into daily routines for students and staff to wash hands (after bathroom breaks, before lunch, or after playing outside)
d. Make hand sanitizers readily available – supervise young children under the age of 6 when they use hand sanitizer to prevent swallowing alcohol or contact with eyes.
e. Place hand hygiene visual cues, such as posters, in highly visible areas.

3. Teach and reinforce respiratory etiquette to decrease spread of viruses from coughing and sneezing (i.e. cough into your elbow, wash hands after using a tissue, etc.).

D. Universal masking when indoors and not physically distanced

1. Masking in communities and schools reduced Sars-CoV-2 transmission and prevented illness, hospitalization and deaths throughout the 2020-2021 school year. Universal masking also greatly reduced the incidence of other respiratory viruses in children and adults as our communities saw a staggering decrease in cases of influenza, RSV and other respiratory viruses. This is also credited to enhanced hand hygiene, staying home while sick and other control measures. To ensure safe classrooms and school-buildings and to decrease absences and interruption of learning, **KCWK recommends universal consistent and correct mask use while indoors and/or in close contact with others during the 2021-2022 school year.**

2. Although mask mandates have been lifted, universal masking in schools is important because:
   a. Interactions within schools are typically closer and more prolonged than most community interactions
   b. COVID-19 vaccines are not available for children less than 12 years of age
   c. COVID-19 vaccine rates in children and adults in Kansas communities remain lower than necessary to achieve herd immunity

3. Healthcare professionals predict a heightened viral respiratory season in Fall/Winter 2021-2022. There have been unseasonably increases in viral respiratory infections in Summer 2021 as mask mandates have lifted and less people are physically distancing. Universal masking may reduce non-COVID-19 illnesses in schools and reduce absences.

4. Current modified quarantine and isolation guidelines (Test and Return before 10 days of isolation) are based on low-risk exposures to COVID-19, when students
and staff are masked. At this time, local health department guidelines for unvaccinated close contacts of COVID-19 require 10 days of quarantine and self-monitoring for symptoms or 7 days of quarantine with a negative test and continued self-monitoring for symptoms.

5. Schools may consider loosening mask requirements for students and staff who are fully vaccinated against COVID-19 and influenza for the 2021-2022 season if tracking vaccination status is equitable, feasible from a resource distribution and efficiency standpoint, and does not interfere with learning.

E. Physical distancing and cohorting

1. School leaders should maintain focus on reducing class sizes and large group gatherings.

2. When determining cohorts, school leaders should take into account which students spend time together outside school hours (extracurricular activities, family, peer groups) and efforts should be made to cohort these students together when possible and to an extent that does not interfere with learning.

3. Efforts should be continued to physically distance students:
   a. Maintain at least three feet of distance between students in classrooms.
   b. Utilize assigned seating arrangements in classrooms and cafeteria.
   c. Limit meal-time exposure by spacing students at lunch.
   d. Limit common area exposure by staggering passing periods, allowing locker use by cohorting, allowing restroom breaks during class instead of during passing periods, etc.

4. Students should be allowed outdoor time when possible as masks are not necessary outside unless students are in close proximity for prolonged periods of time.
   a. Consider allowing meals to be taken outside, weather permitting.
   b. Allow mask breaks outside throughout the school day.
   c. Consider additional recess or outdoor recreation time.
   d. Move classes outside when possible.

5. Physical distancing guidance should not prevent schools from fully opening. If physical distancing is not possible, then school leaders should consider how other COVID-19 control measures in the phased multi-layered control strategy may be enhanced.

F. Cleaning and disinfection - Maintain increased cleaning and disinfection processes developed for the 2020-2021 academic year and by other professional organizations.

G. Ventilation - Maintain modifications and upgrades in ventilation as recommended for the 2020-2021 academic year and by other professional organizations.
H. Vaccinations

1. Maintain compliance with KDHE Kansas School Immunization Requirements and utilize Kansas Immunization Registry for tracking and documentation of immunization status.

2. All staff and volunteers should be strongly encouraged to get a COVID-19 vaccination unless medically contraindicated.

3. All students should be strongly encouraged to get a COVID-19 vaccination when available for them unless medically contraindicated
   a. Partner with the Health Department and primary care physicians to provide onsite COVID-19 vaccination drives and incentives to improve the rate of immunization among students and staff when available.

4. Students, staff and volunteers should be strongly encouraged to be immunized against influenza by the end of October 2021, 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 vaccination providers to keep up to date student immunization records.

I. Water Fountains

1. Utilize alternatives to public water fountains for providing access to drinking water to students and staff.

2. Continue to use personal reusable water bottles with bottle filling stations around the school instead of fountains.

Remote Learning

Multiple factors may influence spikes in COVID-19 disease as students return to more normal school activities. Factors that will likely affect disease rates include low community vaccine rates, young children’s inability to be vaccinated against COVID-19, higher levels of summer respiratory viruses, new Sars-CoV-2 variants, and removal of community COVID-19 control measures. Students with special healthcare needs may be unsafe to return to on-site school this year, especially if schools utilize fewer COVID-19 control measures. There may also be students who have household siblings or family-members at higher risk for severe disease from COVID-19. Families of students at increased risk for severe illness or who live with people at high risk should be given the option of virtual instruction, regardless of the mode of learning offered. KCWK advises these shared decisions to be made collaboratively between the student, family, primary care physician and school staff.
Closure of school if substantial 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 substantial local transmission within a building or large-scale community transmission, then the school or district should work with the local health department to determine if closure is necessary.

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.

2. If community transmission is high and warrants community-wide control measures, schools should be the last community settings to close after all other prevention measures in the community have been employed. Schools should also be the first to reopen when they can do so safely. Decision-makers and communities should prioritize schools for reopening and remaining open for in-person instruction.

3. In-person instruction should be prioritized over extracurricular activities, including sports and school events, to minimize risk of transmission in schools and protect in-person learning.
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