



JEFFERSON COUNTY DEPARTMENT OF HEALTH

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Mark E. Wilson, MD

Health Officer

July 31, 2020

To: School Superintendents and Heads of Schools in Jefferson County

Re: Revised Guidance and Concerns for Reopening Schools in Jefferson County

This letter includes revisions of the Guidance I issued to you on July 27, 2020 and should replace that Guidance. The purpose of these revisions is to clarify some issues that some of you raised since July 27. The basics of recommendations regarding in-person vs. virtual instruction have not changed:

1. To offer in-person instruction for Pre-K through grade 5 or 6, and
2. To consider the options of:
 - a. Virtual-only instruction only, or
 - b. Hybrid, alternate-day virtual and in-person instruction for middle and high school.

As a reminder, I previously had requests from many of you for local public health guidance on reopening plans for schools in the midst of the COVID-19 pandemic. As I have said many times, my desire is to offer you the best guidance I can in a way that is most helpful to you in making some very challenging decisions. I know from our conversations together that we all care deeply about the education, health and overall well-being of our children. All of us also care about the health and well-being of the children's families, teachers and school staff. We trust each school system to make educational decisions with health considerations in mind as they reopen schools.

Jefferson County is experiencing widespread community transmission of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), which causes COVID-19 disease. The number of new COVID-19 cases per day, the percentage of new cases among individuals tested, and the number of people hospitalized with the disease are putting a significant strain on the ability of the local health care and public health system to manage the pandemic. On the date of this letter, Jefferson County has a positivity rate of 14.6% among new individuals tested for SARS-CoV-2 over the past week. Beginning in late June, we saw a dramatic increase in the number of new COVID-19 cases in Jefferson County, ranging from 200 to 300 per day since then. During the last 4 complete weeks, we have had 6,393 new cases overall; 755 (11.8%) of these were within the 5 - 18 age range. Our local hospitals, after having created extra Intensive Care Unit capacity by implementing their surge plans, were at *zero percent capacity* at noon today.

With the current level of viral spread and disease activity in the community, there is a considerable chance that cases of COVID-19 will occur among students and/or staff despite precautions in the schools, which could result in individual classes being quarantined. If classes are not stringently isolated from one another, whole schools may end up having to close.

While children are less likely to become severely ill or suffer major complications or death from COVID-19 than adults, there is concern that children will spread infection to adults who are more vulnerable, including teachers, other school staff, and household members. There is emerging evidence that younger children (under the age of 10 in one large South Korean study) do not spread SARS-CoV-2 as effectively as older persons, although the exact degree of risk is not known. There is also emerging evidence that older children will spread the disease as effectively as adults (in the same South Korean study).

Decisions about school reopening are extremely complex. The risk of disease spread in school settings is obviously an important concern for those directly involved as well as the community as a whole. This risk has to be carefully weighed against the risks associated with children not being physically present in school. These risks vary among different schools and the populations they serve; they vary depending on underlying risk factors, including population health, socioeconomic factors, school size and class size, and school resources and limitations. Therefore, it is recognized that there may not be a one-size-fits-all approach to reopening. The American Academy of Pediatrics has emphasized the many benefits of having children present in the classroom, but they also issued a statement on July 10, 2020 that “schools in areas with high levels of COVID-19 community spread should not be compelled to reopen against the judgment of local experts. A one-size-fits-all approach is not appropriate for return to school decisions.” Likewise, the Centers for Disease Control and Prevention (CDC) recently emphasized the benefits of in-person instruction, but at the same time stated, “If there is substantial, uncontrolled transmission, schools should work closely with local health officials to make decisions on whether to maintain school operations” and “... if community transmission levels cannot be decreased, school closure is an important consideration. Plans for virtual learning should be in place in the event of a school closure.”

As Jefferson County Health Officer, in consultation with an Advisory Group* of other public health leaders, local pediatricians, and infectious diseases experts, I make the following recommendations for all schools in Jefferson County, whether public or private, for children from Pre-K through the 12th grade. These recommendations are not meant to contradict the Alabama State Department of Education “Roadmap to Reopening Schools” or guidance from the Alabama Department of Public Health, but rather to supplement them based on current conditions in Jefferson County. We expect to learn a lot more about the virus’s behavior among children and what happens with school openings locally, across the country and around the world over the next several weeks. This may lead to a revision of these recommendations.

1. Offer in-person instruction for Pre-K through grades 5 or 6. If in-person instruction is offered, the following precautions should be followed:
 - a. Keep classes isolated from one another as much as possible throughout the day, to avoid potential transmission of disease between classes. This should include interactions between students from different classes as well as teachers from different classes.

- b. Maintain strict social distancing at all times throughout the day. This should be 6 feet whenever possible, but should be 3 feet at a minimum.
- c. Require universal use of face coverings while indoors for teachers and students grade 2 and above at all times, including while seated at desks, except while eating or drinking.
 - i. For children younger than second grade, face coverings should be encouraged, especially for activities where social distancing is difficult to maintain.
 - ii. Face coverings are not required for children during supervised outdoor activities, unless they are expected to be less than 3 feet apart for 15 minutes or longer.
 - iii. Face coverings must cover the nose and the mouth. Face coverings must also be worn on buses by students and drivers. Masks or other facial coverings can be factory-made, homemade, or improvised from household items such as scarves, bandanas, or t-shirts. For instructions on how to make a facial covering at home, see the CDC's ["How to Make Cloth Face Coverings."](#)
 - iv. Face shields should not be considered an equivalent substitute for masks or cloth face coverings, but they may be added for extra protection in certain unavoidable close-contact situations. They may be used as a substitute face covering for children with special needs who simply cannot wear a mask or cloth face covering, such as children with autism spectrum disorder or staff working with hearing impaired students. Face shields may also need to be used as a substitute face covering while teaching reading in early childhood, where seeing the teacher's face for phonological cues can be helpful to the learner. Teachers may also need to use a face shield in order to be understood by students more generally, but they should try to maintain a 6-foot distance from students while doing this. Otherwise, teachers should wear masks or cloth face coverings as much as possible to minimize the possibility of disease spread, keeping in mind that adult to child transmission is more likely than child to adult transmission.
- d. Prior to each school day, parents or guardians should screen all students, and teachers and staff should screen themselves, for symptoms of COVID-19, known exposure to COVID-19, and fever (temperature of 100.4° F or greater). Those who have any of these conditions should not report to school. On-site temperature checks would add an extra layer of protection, but it is recognized that this may be difficult to implement without creating bottlenecks in the daily intake of students, and it may consume too much instruction time. More detailed guidance on screening and on the care of students who develop symptoms while at school is provided by the Alabama State Department of Education "Roadmap to Reopening Schools" and the Alabama Department of Public Health.
- e. Provide for frequent handwashing and/or use of hand sanitizer.
- f. Follow other precautions as recommended by the Alabama State Department of Education "Roadmap to Reopening Schools," the Centers for Disease Control and Prevention, and the Alabama Department of Public Health.
- g. A hybrid (A/B schedule) in-person and virtual instruction plan is a reasonable alternative to fulltime in-person instruction if needed to help assure better social distancing or compliance with other precautions above, or to address other concerns.

2. Offer virtual instruction as an option for Pre-K through grade 5 or 6 students. Consider encouraging virtual instruction for students and families who are able to use it effectively, as a means to reduce in-person class sizes.

3. Consider one of the following options for middle and high school students throughout the first grading period (typically 9 weeks):
 - a. Virtual instruction only (no in-person instruction)
 - b. Reduce the number of students in the physical school space together at the same time by approximately 50 percent. One way to do this would be to follow a hybrid (A/B schedule) in-person and virtual instruction plan. If this option is chosen, the following precautions should be followed:
 - i. To the extent practicable without compromising curriculum offerings, reduce the number of interactions between different groups of students (i.e. cohort classes where possible). For example, consider opportunities to have teachers change classes rather than students.
 - ii. Maintain strict social distancing as much as possible throughout the day. This should be no less than 6 feet for students in this older group, since they can project respiratory droplets farther than younger children.
 - iii. Require universal use of face coverings while indoors for teachers and students at all times, including while seated at desks, except while eating or drinking.
 - iv. Face coverings must cover the nose and the mouth. Face coverings must also be worn on buses by students and drivers. Masks or other facial coverings can be factory-made, homemade, or improvised from household items such as scarves, bandanas, or t-shirts. For instructions on how to make a facial covering at home, see the CDC's "How to Make Cloth Face Coverings."
 - v. Face shields should not be considered a substitute for masks or cloth face coverings, but they may be added for extra protection in certain unavoidable close-contact situations. They may be used as a substitute face covering for children with special needs who simply cannot wear a mask or cloth face covering, such as children with autism spectrum disorder or staff working with hearing impaired. Teachers may also need to use a face shield in order to be understood by students more generally, but they should try to maintain a 6-foot distance from students while doing this. Otherwise, teachers should wear masks or cloth face coverings as much as possible to minimize the possibility of disease spread.
 - vi. Face coverings should be worn during outdoors when students or teachers are unable or unlikely to maintain a 6-foot distance from each other.
 - vii. Take measures to discourage congregating of students during class changes.
 - viii. Prior to each school day, parents or guardians should screen all students, and teachers and staff should screen themselves, for symptoms of COVID-19, known exposure to COVID-19, and fever (temperature of 100.4° F or greater). Those who have any of these conditions should not report to school. On-site temperature checks would add an extra layer of protection, but it is recognized that this may be difficult to implement without creating bottlenecks in the daily intake of students, and it may consume too much instruction time. More detailed guidance on screening and on the care of students who

develop symptoms while at school is provided by the Alabama State Department of Education “Roadmap to Reopening Schools” and the Alabama Department of Public Health.

- ix. Provide for frequent handwashing and/or use of hand sanitizer.
 - x. Follow other precautions as recommended by the Alabama State Department of Education “Roadmap to Reopening Schools,” the Centers for Disease Control and Prevention, and the Alabama Department of Public Health.
- c. A deadline will be set for the County Health Officer to make recommendations for the subsequent grading period. The County Health Officer will develop target COVID-19 benchmarks to guide those recommendations.
- d. If there is a critical worsening of disease activity in the community prior to the end of the first grading period, especially if it is linked to schools or school aged children, then the Health Officer may recommend discontinuing the hybrid schedule and changing to virtual instruction only. Conversely, if there is sustained and significant improvement in local disease activity and hospital capacity, the Health Officer may add a less restrictive option to these recommendations.
4. Extracurricular activities:
- a. All reasonably possible steps should be taken to minimize the risk of coronavirus spread associated with school athletic activities, including but not limited to activities described as “high risk” in the “Guidance for Opening Up High School Athletics and Activities” issued by the Sports Medicine Advisory Committee of the National Federation of State High School Associations. Some guidance for these activities already exists from the Alabama Department of Public Health, the Alabama High School Athletics Association, and the Alabama Independent School Association. The Jefferson County Department of Health (JCDH) will make itself available for further advice or plan review if needed.
 - b. Extra mitigation strategies should be employed for other activities that tend to forcefully project respiratory droplets or aerosols, such as singing or playing wind or brass musical instruments. Guidance for these activities is available elsewhere, but JCDH will make itself available for further advice or plan review if needed.



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Jefferson County Health Officer

*Advisory Group: The following physicians advised me in making the above recommendations. Note that there are some minor points on which individual advisors recommended even more strict measures, but otherwise there is general endorsement of these recommendations. These advisors have also made a commitment to be available for advice and assistance to the Health Officer and schools throughout Jefferson County as we navigate the COVID-19 pandemic together going forward. I am grateful to them for their time and effort, and their service to our community.

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