

Testimony: SAFE AND RESPONSIBLE SCHOOL REOPENING IN PENNSYLVANIA

Presented to

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Education Committee

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By

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On behalf of the

Pennsylvania Chapter

American Academy of Pediatrics

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Safe and Responsible Reopening of Pennsylvania's Schools

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Chairmen Sonney and Roebuck, members of the Committee: Thank you for giving the Pennsylvania Chapter of the American Academy of Pediatrics the opportunity to submit this written testimony and to share its positions on various issues relating to the safe and responsible reopening of our Pennsylvania schools.

On behalf of the Pennsylvania Chapter, we are Trude Haecker, MD, a pediatrician at Children's Hospital of Philadelphia, now serving as the PA-AAP president, and William Keough MD, MSc, FFAP, a pediatrician in the Pittsburgh area in the UPMC Health System, Co-Chair of the Advocacy Committee of the PA-AAP.

Since the end of May, Governor Wolf has been calling for schools to reopen this fall. In the first week of June, he announced that the state's elementary and secondary schools could resume in-person instruction and activities starting July 1, provided they create an approved safety plan, and released preliminary guidance for hygiene practices, cleaning, monitoring, and safety protocols.

The Governor has noted that as a result of the pandemic, school administrators and public officials are dealing with two challenges: how to tamp down on a virus that thrives on close conditions, and how to make parents and teachers confident that it's safe to be inside schools.

Perhaps the biggest question today facing policy makers, parents and other education stakeholders is how students, staff, and faculty can go back to school safely during COVID-19. The latest American Academy of Pediatrics (AAP) advice says children learn best when they are in school. However, returning to school in person demands careful steps in place to keep students, faculty and staff safe.

That said, the AAP also strongly believes that science should drive decision-making on safely reopening schools. The Academy recommends that public health agencies make recommendations based on evidence, and that schools in areas with high levels of COVID-19 community spread should not be compelled to reopen against the judgment of those local experts. We should leave it to health experts to tell us when the time is best to open school buildings and listen to educators and administrators to shape how we do it.

Ideally, local school leaders, public health experts, educators and parents can work together to decide how and when to reopen schools. These decisions must take into account the spread of COVID-19 in the local community, as well as whether their schools can make in-person learning safe. Schools and families should also prepare to go back to virtual learning if COVID cases increase in the community or are at levels of community transmission deemed unsafe for return by local or state public health authorities

The AAP guidance is based on what pediatricians and infectious disease specialists know about COVID-19 and kids. The scientific evidence continues to show that children, especially those under 10 are less likely than those over 10 and adults to spread SARS CoV 2, the virus that causes Covid 19. Further, the current evidence shows that most transmission in households is from adults to children with far less occurring between children or from children to adults.

We know schools provide more than just academics to children and adolescents. In addition to reading, writing and math, children learn social and emotional skills, get exercise and access to mental health support and other things that cannot be provided with online learning. For many families, school is where kids get healthy meals, access to the Internet, and other vital services.

To stay safe, there are a number of steps schools should take to help prevent the spread of COVID-19. They include the well-established, scientifically proven methods of hand and cough hygiene, physical distancing, and face coverings with either masks or shields. Ideally, 6 feet of physical distance should be attempted whenever possible.

There are also classroom changes that can help limit student interaction outside the classroom, such as:

- Having teachers move between classrooms, rather than having students fill the hallways during passing periods.
- Allowing students to eat lunches at their desks or in small groups outdoors when feasible, instead of in crowded lunchrooms.
- Leaving classroom doors open to help reduce high touch surfaces such as doorknobs.

Schools should also follow all CDC guidelines on proper disinfecting and cleaning.

We must also emphasize that schools should continually remind any student, staff, or faculty member who has a temperature of 100.4 or greater or is feeling ill should **STAY HOME** and seek the advice of their physician and follow CDC guidelines on when it is safe to return to the school.

We can not forget, as with many aspects of this pandemic, school closings have greater impact on students with disabilities, students in underserved communities where safe and secure housing and food are not accessible, students with behavioral and mental health issues, and students who may be at risk for abuse and neglect. Schools should have plans on how to provide these services to these children whether in person or remotely and plans to adapt to their local Covid 19 activity.

Schools cannot achieve all this on their own. They will need both technical and human capital resources to accomplish this. The PA-AAP and it's nearly 2,300 pediatricians and pediatric specialists from across the Commonwealth are willing to help in providing medical and scientific support. However, schools will also need increased financial resources to make this happen. We urge Congress and the Commonwealth to provide school districts any emergency funding necessary to accomplish these goals.

Finally, the importance of everyone being fully immunized has never been more apparent, considering the current pandemic virus for which there is not yet a safe and effective vaccine. There is an ever more important need for everyone, who does not have a legitimate medical reason otherwise, to get their annual influenza vaccination as soon as they are available.

During the height of the emergency in Pennsylvania, vaccination rates in young children were down over 60%. Pediatricians and Family Physicians are ready and available to see children safely and provide their necessary vaccinations. Schools and the healthcare system will not be able to serve their populations safely and fully if we are experiencing outbreaks of vaccine preventable diseases while simultaneously dealing with community spread of Covid 19. Further, it is time for Pennsylvania to

remove all non-medical exemptions from its vaccination regulations. The health of the public is placed at serious risk by not doing so.

The Pennsylvania Chapter of the American Academy of Pediatrics appreciates this opportunity, and stands ready to serve as a resource and to provide any further information we can to assist you in your efforts to assure the safe reopening of schools for Pennsylvania's children and youth.

Respectfully submitted,

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