**RECOMMENDATIONS FOR A SAFE**

**SCHOOL REOPENING FOR TENNESSEE’S CHILDREN WITH DISABILITIES**

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**March 18, 2021**

Disability Rights Tennessee (“DRT”) acknowledges and supports the critical need for schools to open as quickly as possible for in-person learning for students’ development and access to essential services. DRT further agrees that there is a path to low-risk, in-person learning with the consistent implementation of a combination of mitigation strategies.

DRT recommends focused caution in accordance with national data[[1]](#footnote-1) (gathered by associations of school administrators and Brown University) that demonstrates there is significant variation in infection rates based both upon mitigation practices and in-person density, and also in accordance with the guidelines established by multiple health organizations including the Centers for Disease Control, the World Health Organization and the American Association of Pediatrics. Before schools can re-open, and in order for them to remain open, it is critical to adequately fund and to correctly and consistently implement the layers of mitigation strategies that credible, scientifically-based research[[2]](#footnote-2) has shown will slow the spread of COVID-19 within each school and the broader surrounding communities.

Because students and staff are more likely to spread COVID-19 in school when community transmission is high, the associations between levels of community transmission and risk of transmission in school must be considered. The use of multiple mitigation strategies, or “layered mitigation,” provides greater protection in breaking transmission chains than implementing any single strategy. Regardless of the level of community transmission, however, the published guidance consistently and universally recommends an emphasis on **universal and correct use of masks** and **physical distancing of at least six feet** no matter the level of community transmission at a particular time. In addition, the Centers for Disease Control specifically recommends prioritizing the safety of in-person instruction over extracurricular activities, both to minimize risk of transmission in schools and to protect the continuity of in-person learning (including sports - particularly high-contact indoor sports - and other school events).

Before reopening in-person school services and facilities, it is critically important that every school has the adequate contingency planning, scientifically-based protocols, equipment and other resources to open safely and that every school does so with appropriate accommodation for the most vulnerable among us. This letter outlines the generally accepted guidance, which falls into five separate categories: (1) Fundamental Mitigation Protocols for Students and Staff; (2) Critical Facility, Tracing and Testing Supports; (3) Critical Accommodations for Individuals with Disabilities or Special Healthcare Needs; (4) Additional Layered Mitigation Strategies; and (5) Mental Health Considerations. In addition, a successful school re-opening strategy requires engaging the entire school community to promote confidence, clearly communicate requirements, and foster trust and support. Districts should provide teachers and staff with scripts of recommended communications with students to ensure consistency from a trusted and familiar adult. Infectious disease experts have recommended the visual of imagining each preventative strategy against COVID-19 as a layer of Swiss cheese; each slice of cheese has big holes, but as you start stacking the slices on top of each other, the holes start to narrow and close.

It is also critically important to bear in mind that people with disabilities and chronic conditions have borne a disproportionate burden of illness and serious outcomes from COVID-19 and require additional considerations. Even when community transmission levels are high, with full and consistent implementation of mitigation strategies, schools can safely offer in-person learning for at least some students, and the categories of students who should be prioritized include students with disabilities and others for whom remote learning is particularly challenging. Federal disability law requires schools to provide certain services to students with disabilities and to take an individualized approach to providing those services (consistent with their individualized education plan or other federal accommodation plans). As a result, schools should facilitate safe in-person learning for the greatest number of students with disabilities as is feasible.

Each of these protocols and resources must be consistently taught, modeled and implemented, and also regularly monitored, for all staff and students across all shared areas (including transportation):

**Category 1. Fundamental Mitigation Protocols to Re-Open Schools:**

1. Masks. Require consistent and correct use face masks, provided that exceptions are considered for persons with cognitive, sensory, or behavioral issues. Schools should maintain an additional supply of masks for student use. Three-layer masks are the ideal barrier, and fit is important. The use of a clear face shield without a mask is not recommended.
2. Physical Distancing. Require a distance of at least 6 feet between people for any interaction exceeding ten minutes, including transportation via school buses[[3]](#footnote-3) or otherwise. Seating charts, tape/markings on floors, physical partitions, assigned restroom times, eliminating locker use, staggering the use of communal areas and limiting the use of shared equipment are all strongly recommended for physical distancing.
3. Hand hygiene and respiratory etiquette. Require handwashing with soap and water for at least 20 seconds and use of tissues as well to cover coughs and sneezes. Discourage sharing of items, particularly those that are difficult to clean or disinfect. Require assistance for persons with disabilities who may need it.

There is now less concern about the virus being transferred on things that you touch and more concern about transmission through the air from coughing, breathing and singing. Maintain consistent guidelines to address situations where individuals or families reuse to wear a masks or follow physical distancing, while attempting to avoid punitive measures.

**Category 2. Critical Facility, Tracing and Testing Supports to Re-Open Schools:**

1. Cleaning and Disinfection.

(a) *Adequate Frequency*: At least daily, or between use as much as possible, clean and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, toilets, drinking fountains) within the school and on school buses.

(b) *Adequate Supplies*: Including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), a way to dry hands, tissues, disinfectant wipes and face masks (as feasible)

1. Ventilation. Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors, and by using fans (HEPA or otherwise) and ultraviolet germicidal irradiation (UVGI). Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to anyone using the facility.
2. Diagnostic Testing Access and Contact Tracing in Combination with Isolation and Quarantine. Educate staff and families about when to stay home and when they can return to school.[[4]](#footnote-4) Collaborate with local public health officials to support diagnostic testing for symptomatic students, teachers and staff, and anyone identified through contact tracing as having been in close contact with a person who tested positive.

**Category 3. Critical Accommodations for Individuals with Disabilities or Special Healthcare Needs:**

1. Options for Limiting Exposure. Additional options for limiting risk exposure (such as virtual learning options, or separate rooms or buildings) must be available for individuals at high risk for severe illness, or who may live with individuals who are at high risk.
2. Adaptations. Staff must be trained on adaptations and alternatives for students who have difficulty wearing masks (including students with disabilities, mental health conditions or sensory sensitivities). In addition, some students with disabilities may need a “sensory break,” which would require allowing them to remove a mask in a well-ventilated area away from peers.
3. Accommodations Specific to COVID-19. Documentation and staff training for COVID-19 accommodations, modifications or assistance for students with special healthcare needs or disabilities (such as students with individualized education programs or individualized healthcare plans, or those that need direct support providers for assistance with activities of daily living).
4. Behavioral Techniques. Appropriate behavioral techniques must be used to help students adjust to changes in routines and mental health needs.
5. Inclusion. Programming must include students with special healthcare needs and disabilities, allowing on-site or virtual participation with appropriate accommodations, modifications and assistance.
6. Communication Accommodations. Communication systems must include accommodations for staff and students who need them (such as hearing and vision limitations). For example, students with hearing or speech difficulties may need staff and other students to wear masks that include a clear panel so they can see the speaker's face.
7. Service and Therapy Animals. Plan should include accommodations for the safety of service or therapy animals.

**Category 4. Additional Layered Mitigation Strategies Must Be Considered.**

1. Screening Testing. Schools can partner with local health departments to provide necessary COVID-19 testing to students and families, as appropriate. In addition to identifying additional cases and conducting the related contact tracing to limit transmission, screening testing for COVID-19 helps reassure students, parents and educators that it is safe to return in person.[[5]](#footnote-5)
2. Prioritize Vaccines for School Staff. Staff in the education sector should be prioritized for vaccination. Staff should continue to participate in mitigation measures after vaccination, for the foreseeable future, including wearing masks and physical distancing.
3. Visitors. Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as much as possible – especially with individuals who are not from the local geographic area (e.g., not from the same community, town, city, county). Persons with disabilities may need direct service providers or service animals in a school environment.
4. Cohorting. Divide up the school population into cohorts (or “pods”) that stay together throughout the school day to minimize exposure for the broader population across the school environment, keeping cohorts as static as possible.
5. Staggered scheduling. Stagger school arrival and drop-off times or locations by cohort, or put in place other protocols to limit contact between cohorts.
6. Community Spaces. To support physical distancing, consider all available safe spaces in the community.
7. Physical barriers and guides. Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).
8. Communal spaces. Close communal use of shared spaces, such as dining halls and playgrounds with shared playground equipment, if possible; otherwise, stagger use and clean and disinfect between use.
9. Food service. Avoid offering any self-serve food or drink options such as hot and cold food bars, salad or condiment bars, and drink stations. Have children bring their own meals as feasible, or serve individually plated or pre-packaged meals instead, while ensuring the safety of children with food allergies.

**Category 5. Mental Health Considerations**.

1. The American Academy of Pediatrics (“AAP”) specifically emphasizes the support of students’ emotional and behavioral health, citing the impact of the “uncertainty, fear and separation from friends and family” that have been brought on by the pandemic. The AAP expands on the stress that remote learning has caused, especially for children with attention deficit/hyperactivity disorder, autism spectrum disorders, anxiety disorders and other disabilities. The AAP further includes new research finding increased racism and xenophobia against Chinese Americans, and also the additional of stress of racism caused to students of color.
2. Research conducted by the National Conference of State Legislatures further reinforces that social and emotional learning must be a priority. Because teaching and learning cannot occur in a crisis without attending to emotions, it is essential to identify and address the stress, trauma and social and emotional needs of students.
3. The National Association of School Psychologists and the American School Counselor Association have jointly recommended the development of a referral system for individuals who need targeted support and access to mental health professionals, universal social and emotional screenings, and regular informal check-ins. The goals is to identify and support students or staff at higher risk for significant stress and trauma from COVID-19, and for some the impact on emotional well-being and neurology may be long-lasting. Further, masks will have an impact on the ability to read emotions and facial expressions, follow speech, and generally participate and focus on academics. Schools should avoid disciplinary action for students who neglect to bring a mask to school (a mask should be offered), and likewise should avoid punitive approaches to managing physical distancing when possible. View behaviors through a trauma-informed lens, and take extra time for relationship building.

Regardless of the level of community transmission, no single action or plan among the five categories outlined above will eliminate the risk of virus spread at a school. Although a combination of these mitigation strategies significantly lessens the risks, and more layers of protection achieve more effective results, the two mitigation strategies that must be prioritized and maximized at all times are the **universal and correct use of masks** and **physical distancing of at least six feet** - in each case to the greatest extent possible. In addition, because learning occurs within social contexts, mental health considerations must be similarly prioritized to the physical health considerations in order for educational goals to be achieved.

**References:**

National Conference of State Legislatures (www.ncsl.org):

* “*Public Education's Response to the Coronavirus (COVID-19) Pandemic*.” (14 January 2021).
* “*Addressing Social and Emotional Needs During COVID-19: Emerging Themes in School Re-opening Guidelines*.” (31 August 2020).

Centers for Disease Control and Prevention (www.cdc.gov):

* “*Operational Strategy for K-12 Schools through Phased Mitigation*.” (26 February 2021).
* “*Transmission of SARS-CoV-2 in K-12 schools*.” (12 February 2021).
* “*CDC’s Operational Strategy for K-12 Schools through Phased Mitigation*” including Appendix A “*Students with Disabilities or Special Healthcare Needs*.” (12 February 2021).
* “*Indicators for School Decision-Making: Mitigation strategies to reduce transmission of SARS-CoV-2 in schools*.”  (15 September 2020).

World Health Organization (www.who.int):

* “*New checklist supports schools to reopen and prepare for COVID-19 resurgences*” (11 December 2020).

American Association of Pediatrics (www.aap.org):

* “*COVID-19 Guidance for Schools:* *The AAP continues to strongly advocate that all policy considerations for school COVID-19 plans should start with a goal of having students physically present in school*” (5 January 2021).

U.S. Department of Education:

* *“ED COVID-19 Handbook. Volume 1: Strategies for Safely Reopening Elementary and Secondary Schools*.” (12 February 2021).

U.S. Department of Education, Office of Elementary and Secondary Education (OESE), Office of Safe and Supportive Schools (OSSS), the National Center on Safe Supportive Learning Environments (NCSSLE) and the Centers for Disease Control and Prevention:

* “*Returning to School: Mitigation and Mental Health Strategies Webinar: a presentation on how to optimize mitigation strategies and mental health to facilitate a safe return to schools in the new year*.” (13 January 2021).

The National Association of School Psychologists and the American School Counselor Association:

* “*School Re-entry Considerations: Supporting Student Social and Emotional Learning and Mental and Behavioral Health Amidst COVID-19.*”

EducationWeek:

* “*Schools are Doing COVD-19 Temperature Checks: Do They Really Help?*” (10 November 2020).

1. The **National COVID-19 School Response Dashboard** initiative launched in August 2020, and measures COVID-19 cases in the context of both: (1) the number of students and staff attending in person and (2) their mitigation practices.  Their stated goal is to generate data on COVID-19 rates and how these rates relate to mitigation choices, and their data is collected on a bi-weekly basis from individual schools, from school districts and from states. [↑](#footnote-ref-1)
2. US Centers for Disease Control, World Health Organization, American Academy of Pediatrics. [↑](#footnote-ref-2)
3. For school buses: (i) windows should be open as often as possible, (ii) seating should be limited to one student per row, alternating window and aisle seating, and skipping rows when possible; (iii) members of the same household should be seated next to each other; (iv) buses should be loaded from the rear forward, with assigned seats (unloaded from the front backward), (v) groups should be clearly instructed not to congregate at bus stops, and (vi) districts should encourage families to drive their students to school, if possible. [↑](#footnote-ref-3)
4. **Stay home symptoms:** If individual presents with: (1) at least one of the following COVID-19 symptoms: fever of 100.4 or above, chills, vomiting, new cough, shortness of breath or difficulty breathing, new loss of taste or smell,

   AND/OR (2) at least two of the following COVID-19 symptoms: fatigue, muscle/body aches, sore throat, diarrhea, congestion/runny nose, headache. **Stay home exposure:** If individual is exposed to someone with COVID-19 (defined as having close contact of less than 6 feet distance for more than 15 minutes) but has no symptoms. **Stay home post-diagnosis:** If individual is diagnosed with COVID-19 less than 10 days ago, even if not currently symptomatic. [↑](#footnote-ref-4)
5. The CDC is not recommending the use of temperature checks as a mitigation strategy. In addition to being costly and time-consuming, these checks are frequently inaccurate and feed incorrect assumptions about safety that threaten public health. Although the benefits of identifying and filtering out symptomatic students and staff seem clear, the guidance has shifted instead toward providing resources to conduct random on-site COVID-19 testing in buildings. [↑](#footnote-ref-5)