How to reopen K-12 schools in the safest way possible: A Path Forward on COVID-19.

"It's not about making the right choice.
It's about making a choice and making it right."
- J.R. Rim

UTHealth
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School of Public Health

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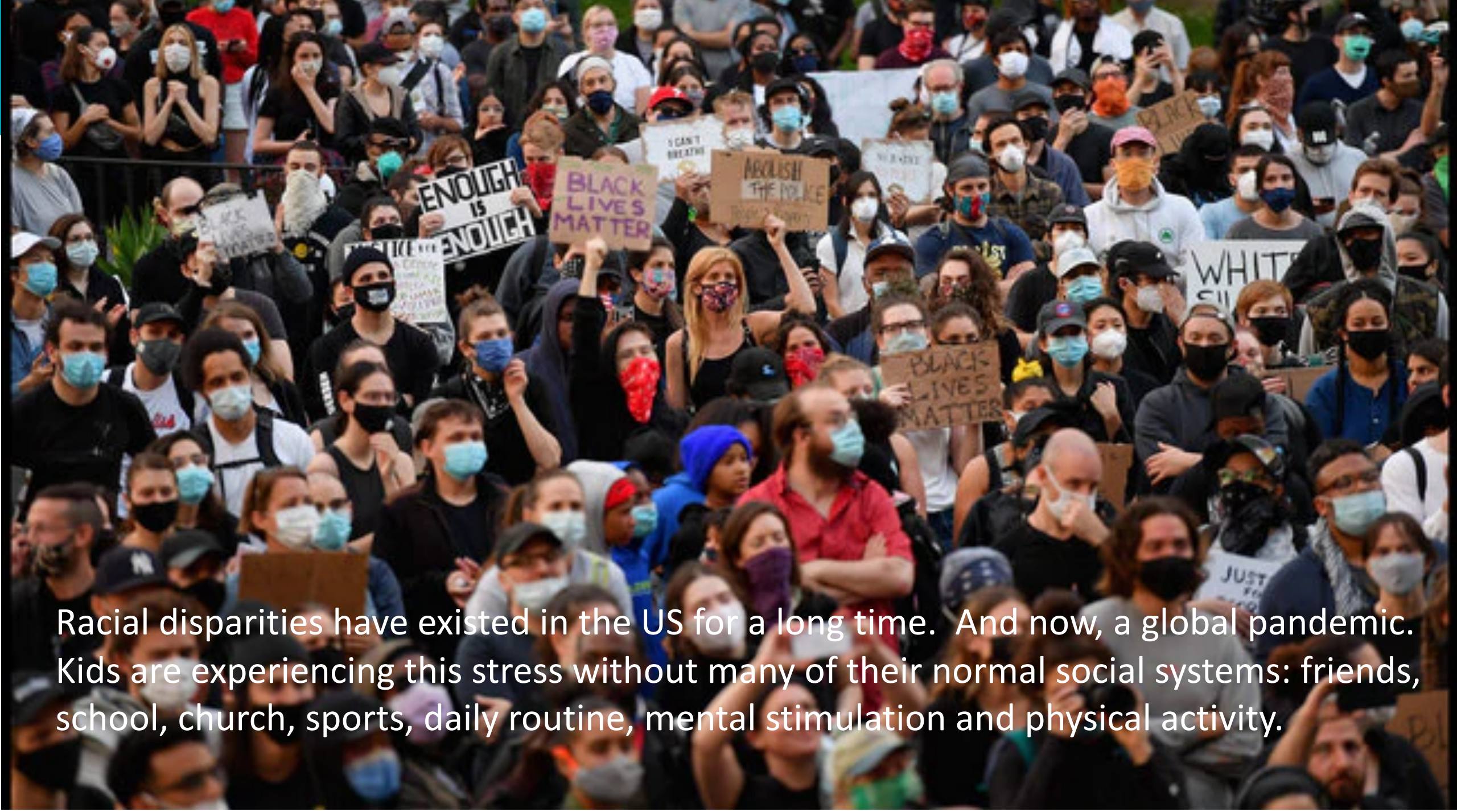
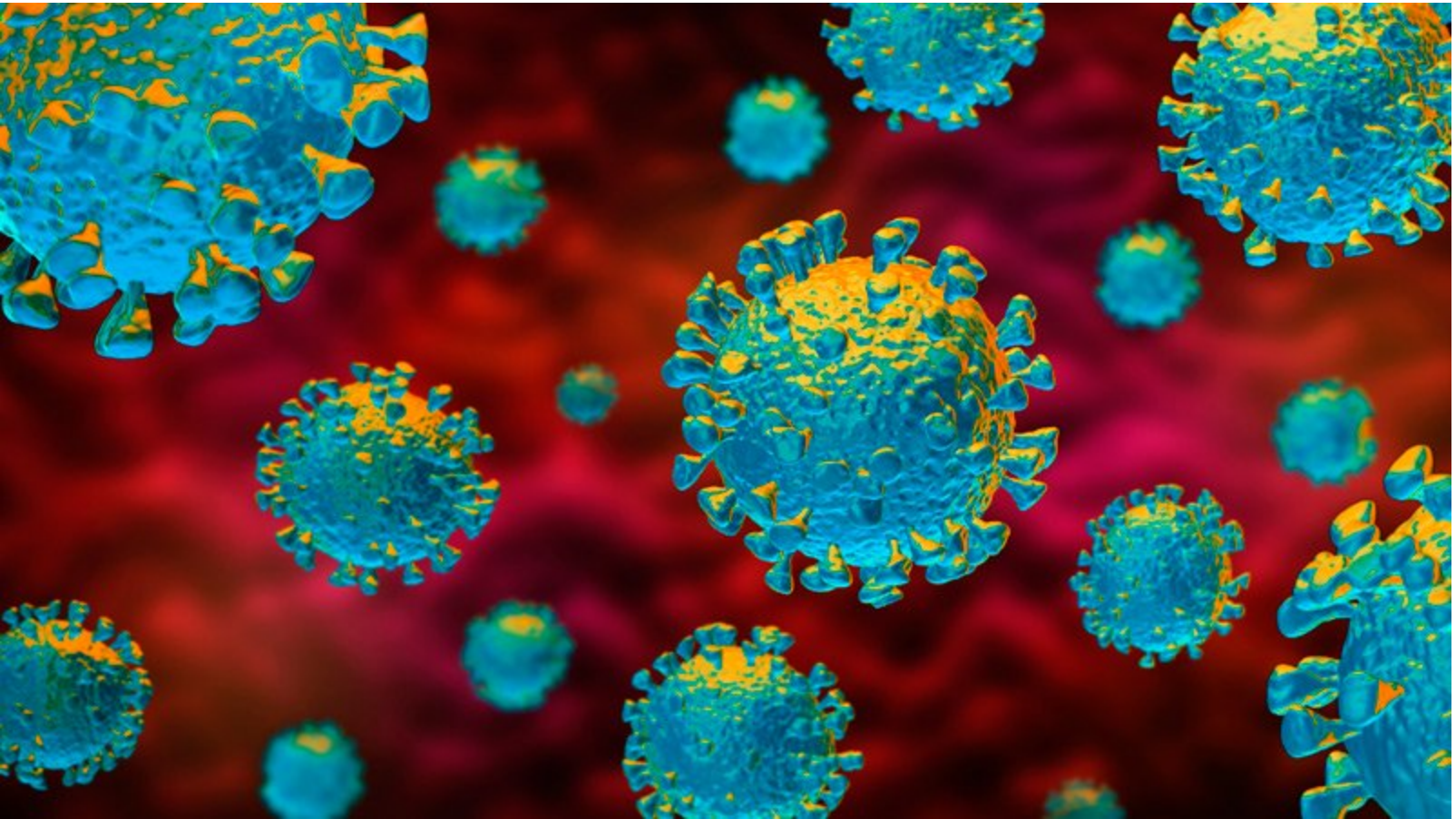


Racial disparities have existed in the US for a long time. And now, a global pandemic. Kids are experiencing this stress without many of their normal social systems: friends, school, church, sports, daily routine, mental stimulation and physical activity.

Just in case you are confused

- SARS-CoV-2 is the coronavirus
- COVID -19 is coronavirus disease, 2019



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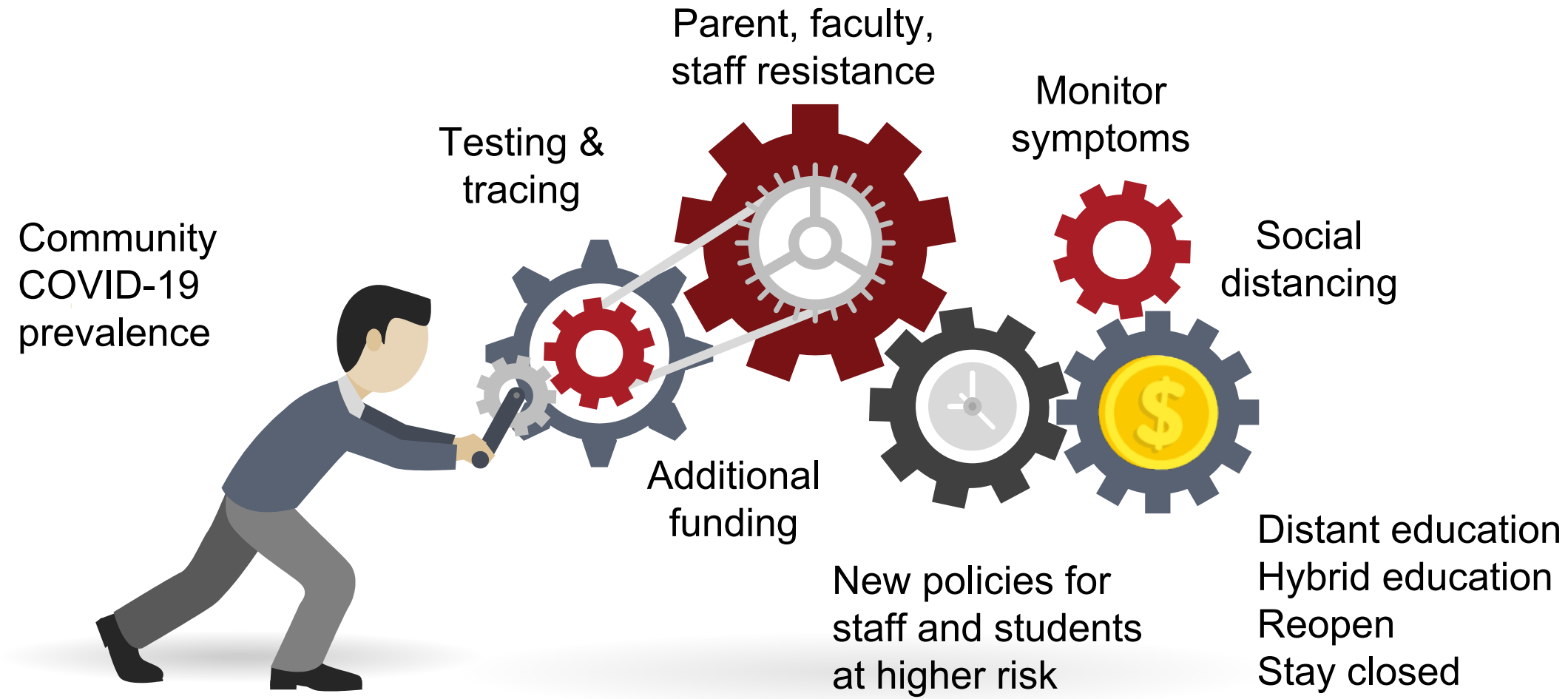
Reopening schools is widely seen as essential to fully reopening the economy

1. Science cannot ensure 100% protection - Not Yet
2. Science can offer risk reduction strategies



Until a COVID-19 vaccine or treatment is available, prevention and mitigation will be necessary

1. **Rule of Law:** Watch for executive orders and proclamations at Federal, State, and County levels
2. **Rule of Science:** Watch the 7 to 14 day moving average reductions in deaths per 1000/day **AND** (with testing) new cases
3. **Rule of Place:** Don't permit exposure
   - Super spreading people:
     - Symptom screening, testing, contact tracing
     - Physical distancing, quarantine, recovery confirmation
   - Super spreading environments:
     - High density, high contact, high traffic
     - Passing objects (books, paper & pens, folders, toys, sports equipment, etc)

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Planned response for school exposure/outbreaks that address closures, furloughs, cleaning, and disinfection

4. **Rule of People:** Train students and staff to protect themselves and reduce risk
   - Turn down the anxiety/stress with safe and fun physical activities
   - Social distance: with 3-foot bubbles, floor markings, desk arrangements
   - Hand washing & sanitizer stations in all rooms; Stock bathroom with soap/ & towels
   - Up to date PPE for staff; Masks for children who forget to bring their own
   - Surface and touchpoint cleaning and disinfection (see CDC guidance)
5. **Rule of Policy:** Controls must be designed, implemented, monitored, and adapted.
   - Distance learning and non-punitive sick/stay at home policies
   - Coordination between campus, health care, and public health systems in the community
   - Daily communication between parents, faculty and staff, health care, and public health

Bookmark These Websites

TEA: Summer Instruction, Activities and School Visits: Guidance for Reopening and Student Interaction Updated May 22, 2020
https://tea.texas.gov/sites/default/files/covid/covid19-summer_program_operational_considerations.pdf

CDC. Considerations for Schools and Mass Gatherings
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html
https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/index.html

CDC: City, State & Territorial Health Department Websites
https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html
https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/surveillance-data-analytics.html

CDC: Cases and Deaths by County
https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/county-map.html

UT Austin COVID-19 Modeling Consortium
https://covid-19.tacc.utexas.edu/
https://covid-19.tacc.utexas.edu/projections/

John Hopkins: All State Comparison of Testing Efforts
https://coronavirus.jhu.edu/testing/states-comparison/testing-state-weekly-change

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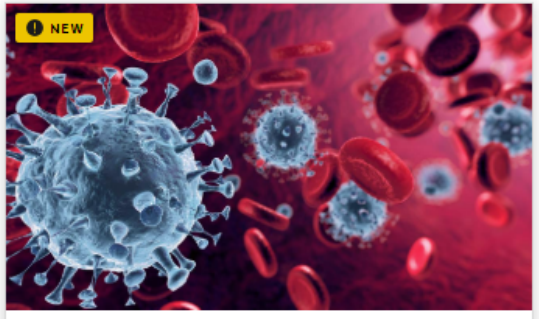
Mandatory Staff Training

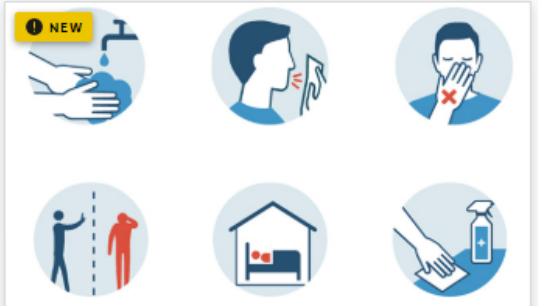
COVID-19 Basics

Learn more about COVID-19 and what you can do to stay safe and prevent spread of the virus.



Understanding the COVID-19 Pandemic

Johns Hopkins University is hosting a free, publicly available course entitled Understanding the COVID-19 Pandemic: Insights from Johns Hopkins University Experts.



Frequently Asked Questions

How do I self-quarantine? How long can COVID-19 live on surfaces? What will it take to develop a vaccine? Johns Hopkins experts answer your most frequently asked questions about coronavirus.

Protecting Your Health

Johns Hopkins experts offer best practices for protecting your health, the health of others, and preventing the spread of coronavirus.

Public Health on Call

Experts from the Johns Hopkins Bloomberg School of Public Health answer questions and discuss the latest developments in the COVID-19 public health crisis. New episodes are posted daily.

JOHNS HOPKINS UNIVERSITY & MEDICINE | CORONAVIRUS RESOURCE CENTER

https://coronavirus.jhu.edu/#covid-19-basics

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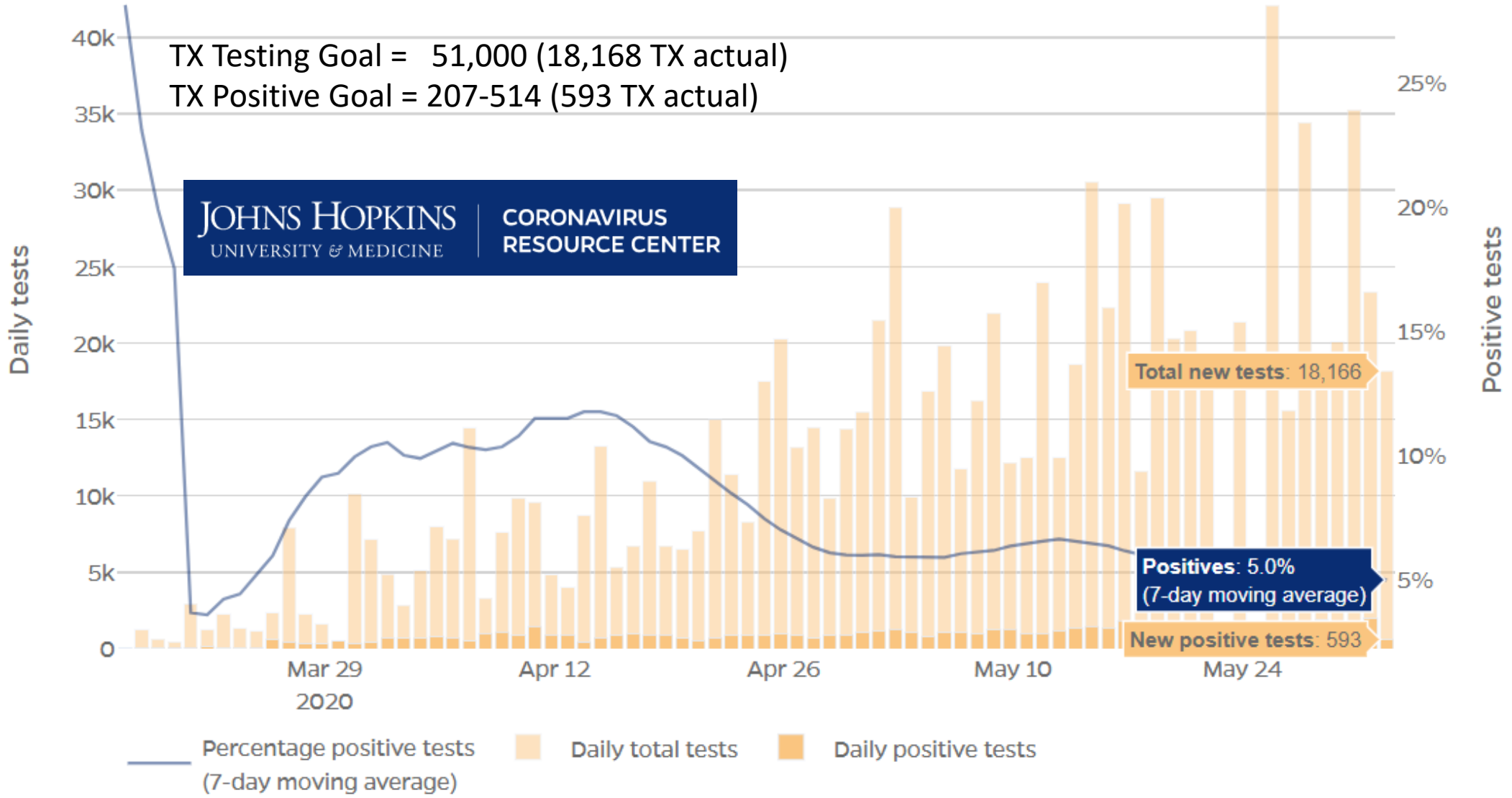
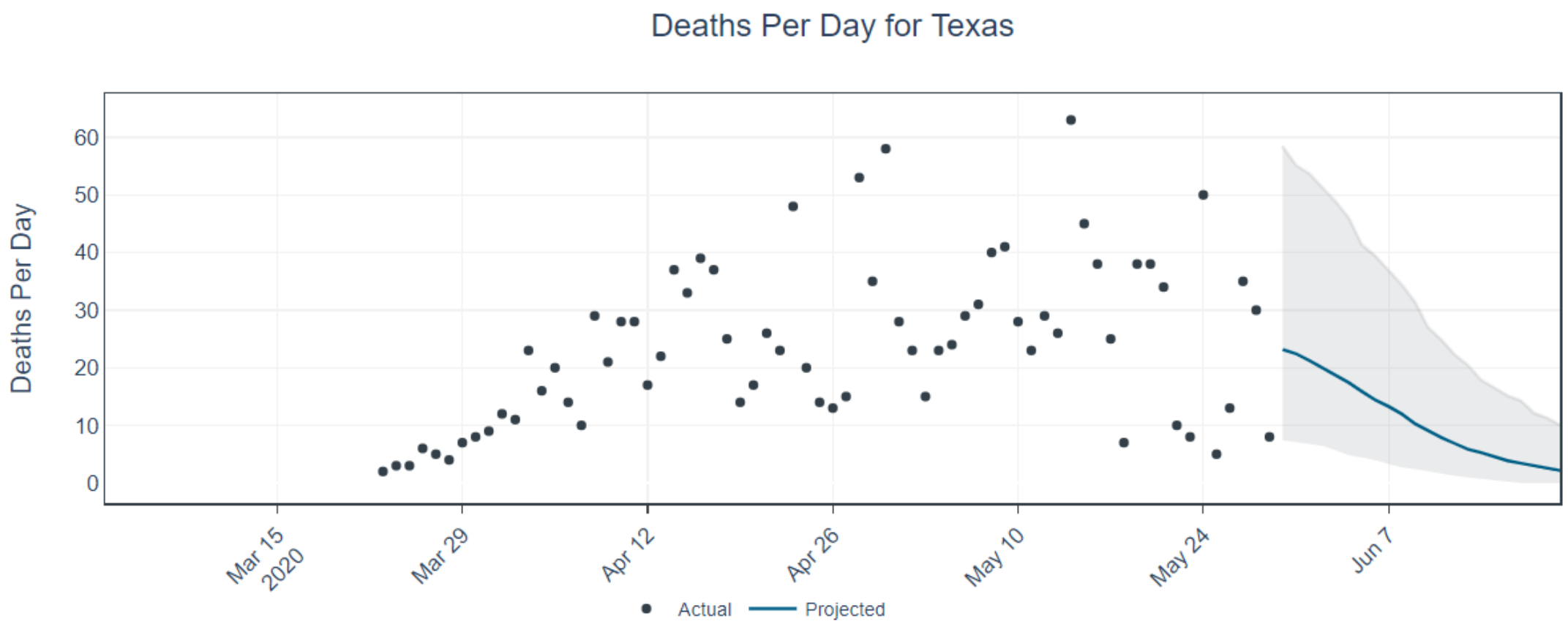
Rate of Positive Tests in Texas, June 1, 2020



UT Austin COVID-19 Modeling Consortium

An interdisciplinary network of researchers and health professionals building models to detect, project, and combat COVID-19

96% probability that the daily death rate is declining



Source: https://covid-19.tacc.utexas.edu/projections/

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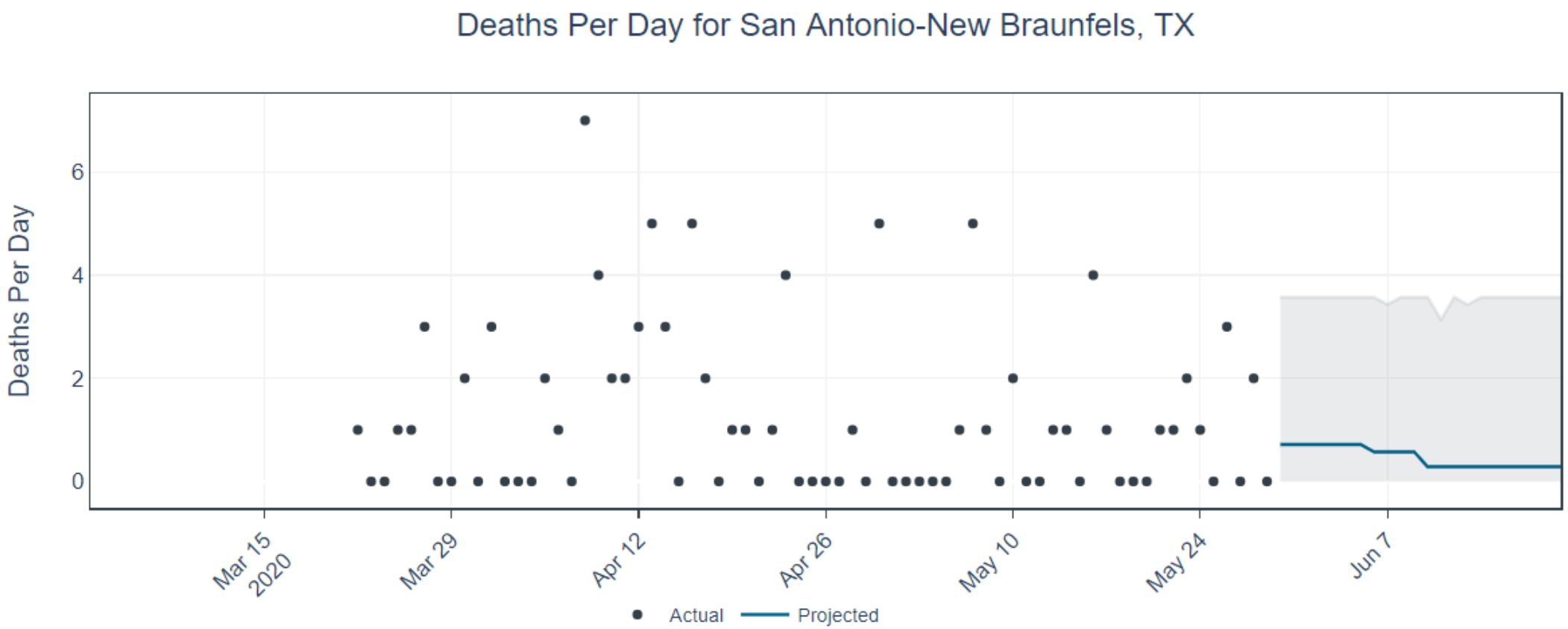


Source: https://covid-19.tacc.utexas.edu/projections/

Cases & Deaths by County

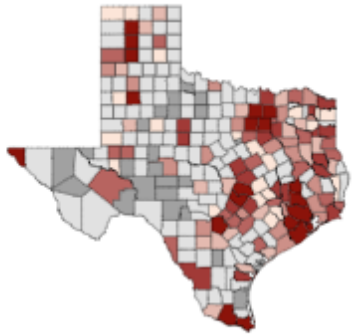
Other Languages ▾ | Print Page

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Cases by County

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/county-map.html

State: Texas Data: Total Number of Cases



Total Number of Cases
- 0
- <20
- 22 - 28
- 29 - 55
- 56 - 97
- 98 - 204
- 205 - 574
- 575 - 12,276

Select a county to view data

*Data courtesy of USAFacts.org downloaded each day at 5:00am EST or when earliest update is available. Refer to USAFacts.org for data collection and processing methodology. Official verified statistics from CDC are provided on the US Cases page.

Cases by County

County	Total Cases	Percent of State's Cases	Cases per 100,000	Total Deaths
Harris	12,276	18.9%	260	232
Dallas	10,234	15.8%	388	229
Tarrant	5,513	8.5%	262	165
Travis	3,272	5%	257	93

COVID 19 Symptom Tracking – Why?

- There is an urgent need to capture in real-time “hot spots” of COVID symptoms among people to anticipate potential increases in community transmission

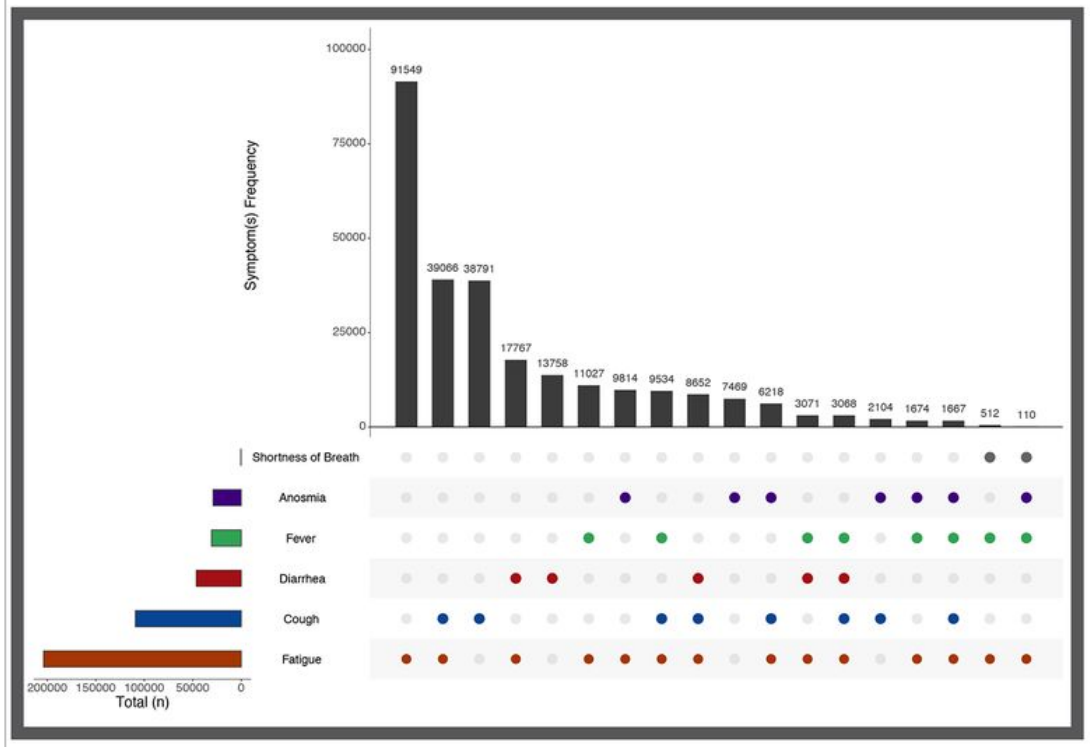
- This is critical because of:
  - the novelty of the virus
  - the speed of the pandemic
  - the short interval between exposure, symptoms, and clinical outcomes

- Useful because ”hot spots” of symptoms occur almost 5-7 days prior to COVID infections (Drew et al., Science, 2020)

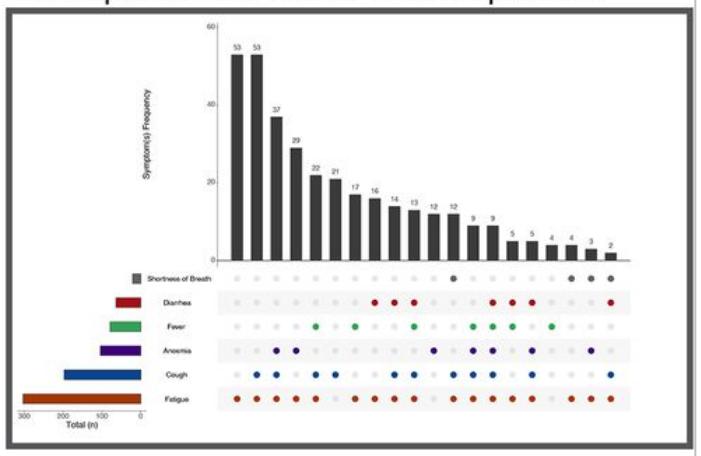
- We have an app that you can implement as part of “re-opening safely” strategy.

The symptoms tracked through the app predicted COVID cases 5 to 7 days ahead of diagnosis

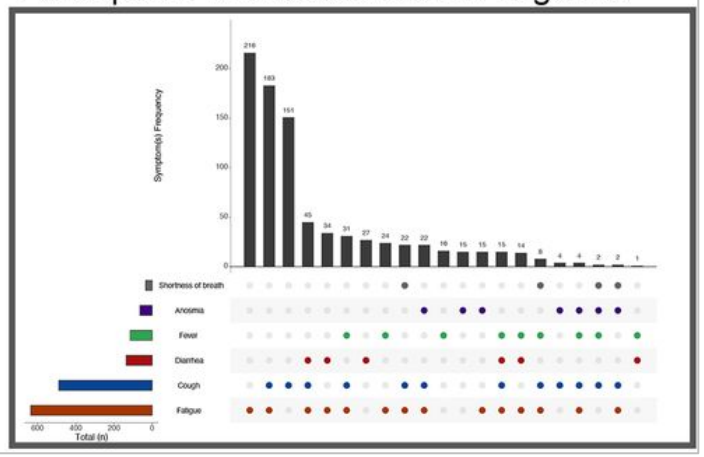
All participants who have reported any COVID-related symptoms



Participants who tested COVID positive



Participants who tested COVID negative



Drew et al., Science, 05 May 2020

COVID 19 Symptom Tracker App

COVID Symptom Tracker

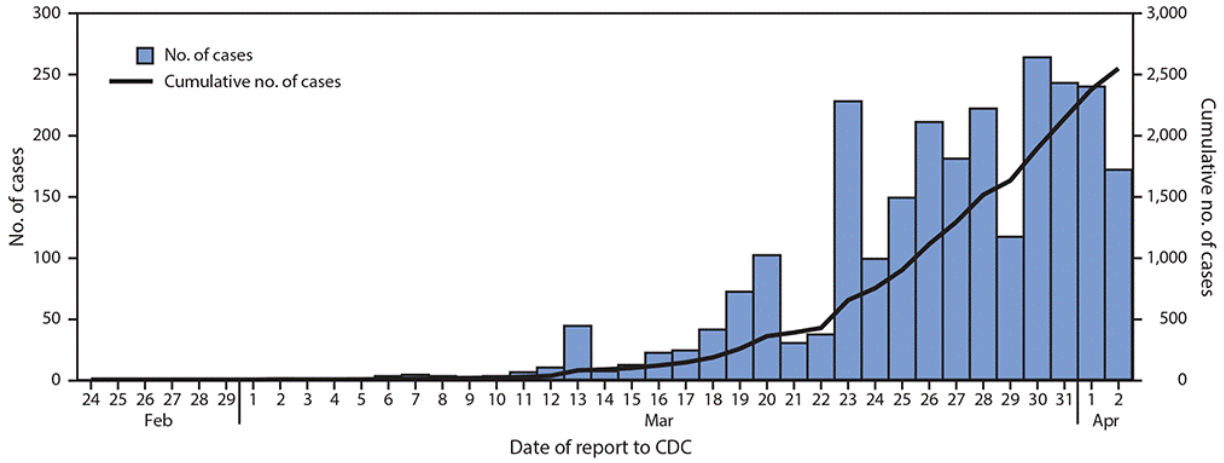
- Easy to use, free, secure app to track COVID 19 symptoms. Takes 1-3 minutes to complete. Includes informed consent (IRB approved). UTHealth will analyze de-identified data for Texas.
- Can be downloaded in the App store on the iphone or get it on Google Play
- For Apple: https://apps.apple.com/us/app/covid-symptom-tracker/id1503529611?ls=1
- ForAndroid/Google: https://play.google.com/store/apps/details?id=com.joinzoe.covid_zoe

COVID 19 Symptom Tracking – How?

- Families use the app daily to record symptoms for all family members, even if they are well.
- Increased symptomatic activity for consecutive days indicate potential increase in COVID
  - Aggregate data available at zip code, city, county level
- If many people in a zip code report increasing levels of symptoms, schools and businesses in these areas could use this information to implement additional mitigation strategies.
- For more information go to: https://go.uth.edu/COVIDtracker or contact: Drs. Shreela Sharma and Bijal Bala at Shreela.V.Sharma@uth.tmc.edu and Bijal.A.Balasubramanian@uth.tmc.edu

United States data reported from February 24 – April 2, 2020

FIGURE 1. COVID-19 cases in children aged <18 years, by date reported to CDC (N = 2,549)



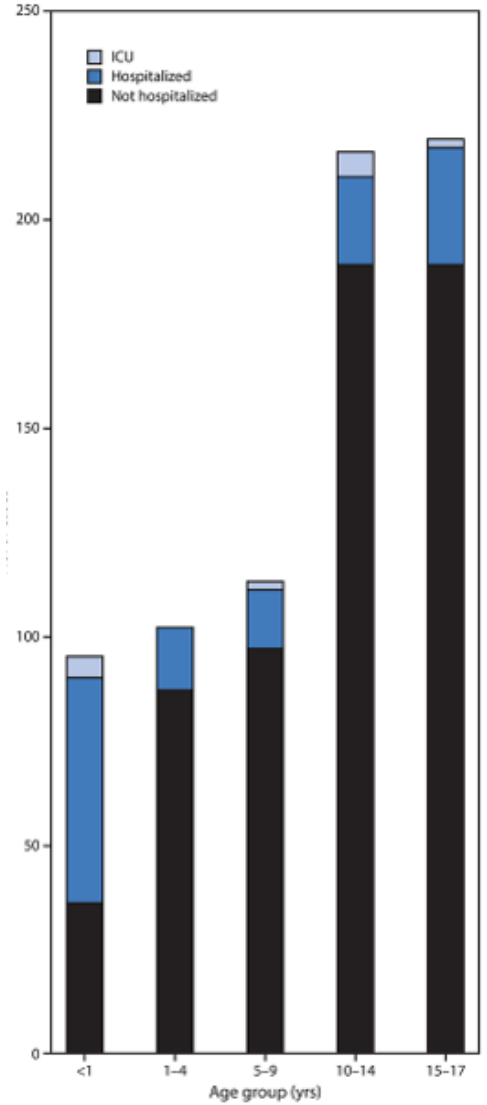


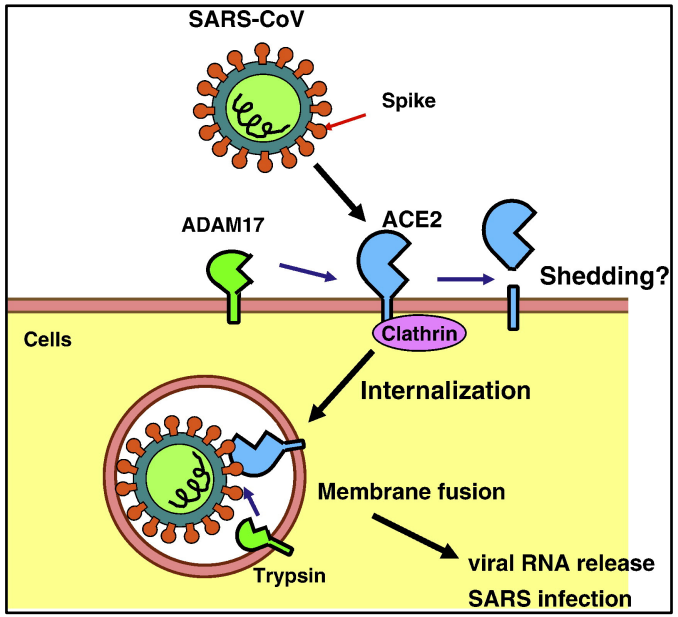
FIGURE 2. COVID-19 cases in children aged <18 years, among those with known hospitalization status by age group and hospitalization status (N = 745),

Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. MMWR Morb Mortal Wkly Rep 2020;69:422–426. DOI: http://dx.doi.org/10.15585/mmwr.mm6914e4

Children and Adolescents Respond Differently to COVID-19

1. Many children are asymptomatic
   - 75% of infected children do not have symptoms (asymptomatic)
2. Children who test positive for COVID-19 experience a mild form of the disease
   - Children and younger adults without underlying conditions, such as impaired lung function or immunosuppression, have a much lower risk of severe forms of COVID-19 than other age groups
   - Children requiring ICU or PICU is 0.6-2% of those admitted to hospital
3. Child-to-other transmission rate is rare, but not well understood
   - Children have smaller lungs, localized to upper respiratory tract (vs lower), less sputum, less respiratory inflammation
   - Previous vaccines or simultaneous viruses in the mucosa of lungs and airways could limit the growth of SARS-CoV2 by direct virus-to-virus interactions and competition and may be protective (trained immunity)
   - The presence of other, which are common in young children, Angiotensin converting enzyme 2 (ACE-2) is an entry receptor for SARS-Cov-2
   - Virus confirmed in feces and sputum. Studies inconclusive on viral load.
   - Answers may be available from Asia and Europe by mid-June

ACE-2 is the host cell receptor responsible for mediating infection by SARS-CoV-2, the novel coronavirus responsible for coronavirus disease 2019 (COVID-19).



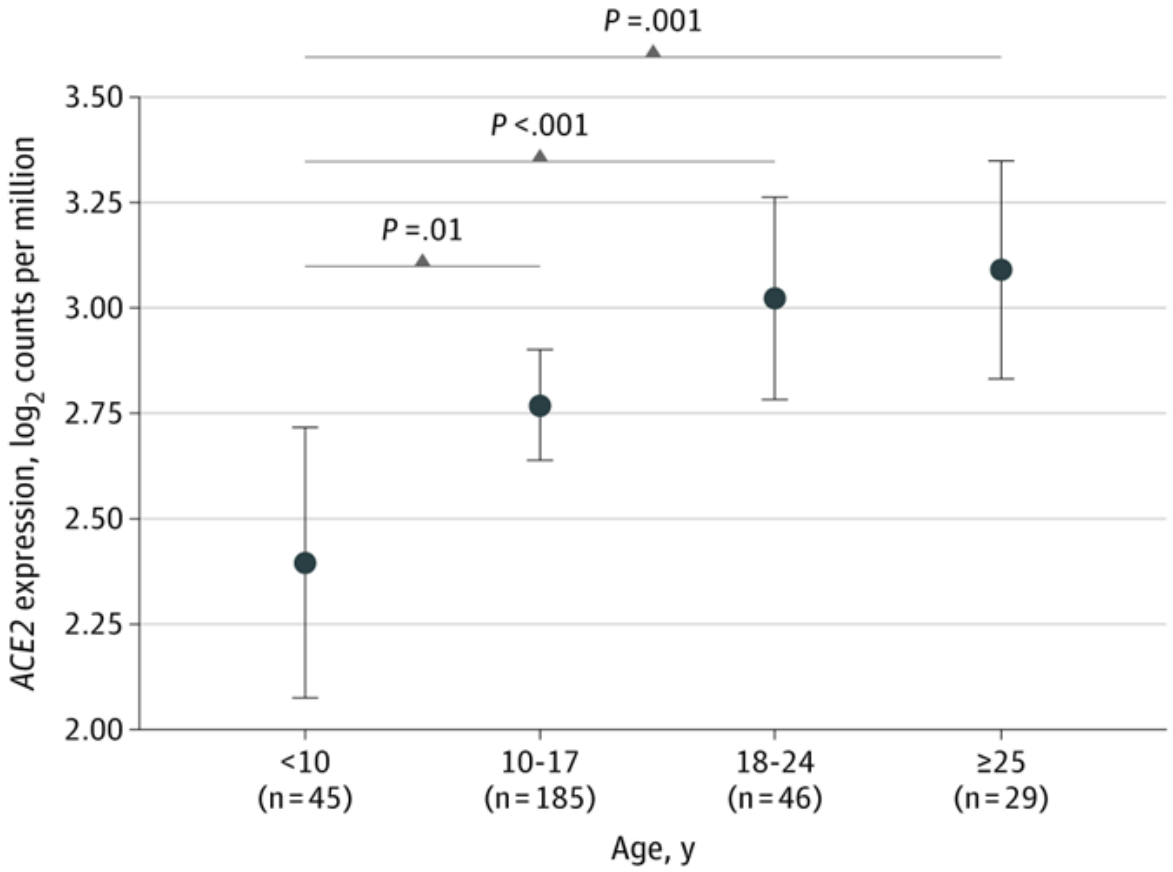
- ACE-2 is an Entry Receptor for SARS-CoV-2
- ACE-2 has been shown to exhibit a protective function in the cardiovascular system and other organs.

Zhou, P., Yang, X., Wang, X. et al. A pneumonia outbreak associated with a new coronavirus of probable bat origin. Nature 579, 270–273 (2020).

Kuba, K., Imai, Y., Ohto-Nakanishi, T., & Penninger, J. M. (2010). Trilogy of ACE2: A peptidase in the renin–angiotensin system, a SARS receptor, and a partner for amino acid transporters. *Pharmacology & therapeutics*, *128*(1), 119-128.

Lower ACE2 expression in children relative to adults may explain why COVID-19 is less prevalent in children.

Nasal Gene Expression of ACE2 in Different Age Groups



Bunyavanich, Do & Vincencio. Nasal Gene Expression of Angiotensin-Converting Enzyme 2 in Children and Adults. JAMA. Published online May 20, 2020

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Multi-System Inflammatory Syndrome in Children (MIS-C).

There is limited information currently available about risk factors, pathogenesis, clinical course, and treatment for MIS-C a Kawasaki-like illness found in children.

An individual aged <21 years presenting with:

- Fever[i],
- Laboratory evidence of inflammation[ii],
- Evidence of clinically severe illness requiring hospitalization,
- With multisystem (≥2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); **AND**
    - No alternative plausible diagnoses; **AND**
- Positive for current or recent SARS-CoV-2; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms

https://www.heart.org/-/media/files/health-topics/answers-by-heart/what-is-kawasaki-disease-300320.pdf?la=en

[i] Fever ≥38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours

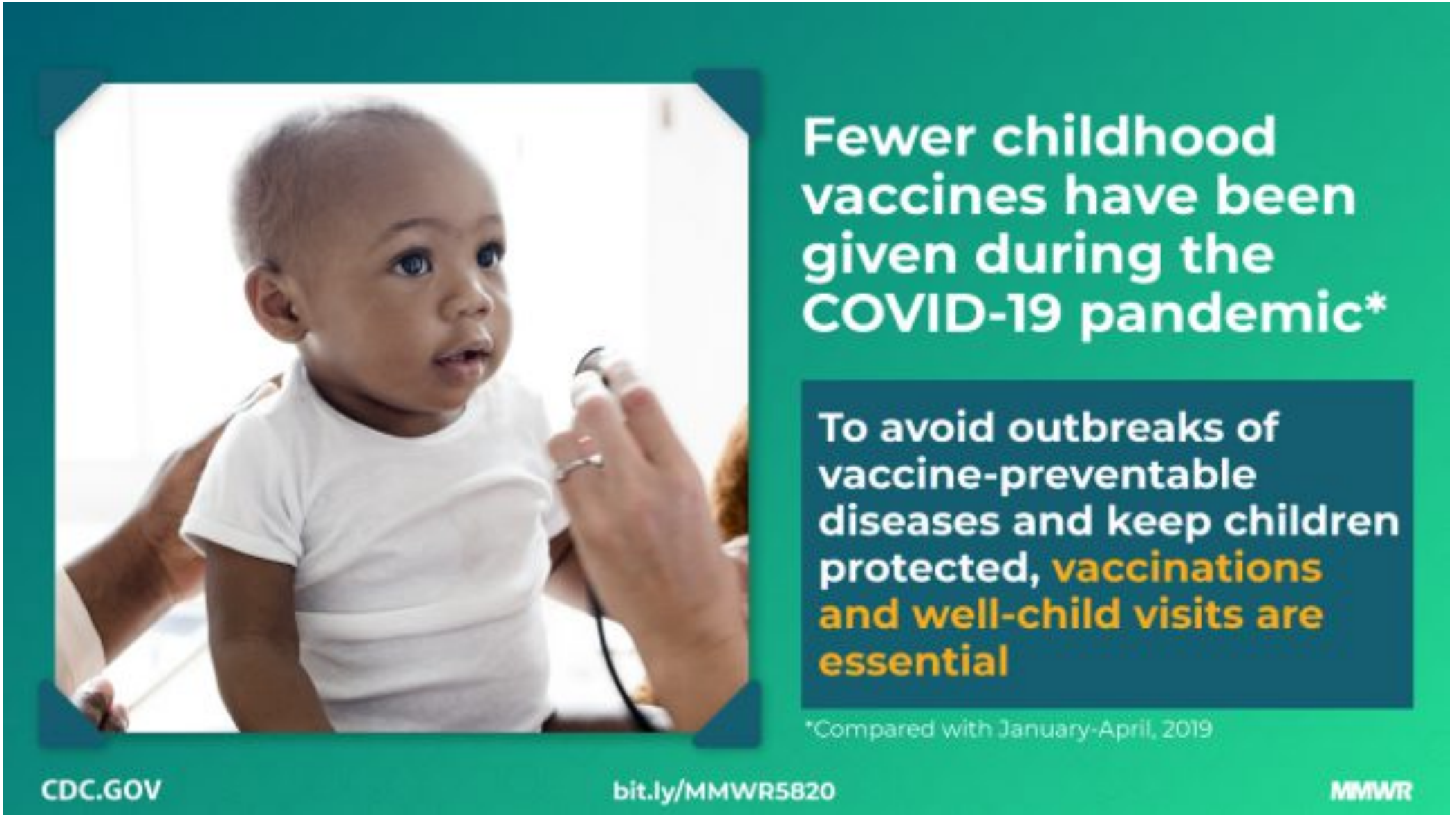
[ii] Including, but not limited to, one or more of the following: an elevated C-reactive protein (CsRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin

What will Happen if Schools Stay Closed?

1. **For many students school is the safest place they can go**
2. Pressure to reopen will increase from parents, politicians, and business community
3. Students receive a lower quality education
4. Digital education is not well suited to Title 1, economically disadvantaged, or disabled students
5. Students may be unable to stay on task due to:
   - Lack of supervision or neglect, reduced social learning
   - Inadequate learning space at home
   - Unreliable or poor internet access, and insufficient computer access
   - Increased distraction e.g., responsibility to care for younger siblings
   - Learning only on their smart phone
   - Physical or mental abuse at home
   - Partying or substance use at home
6. **Lowered risk of transmission (or death) to siblings, parents, vulnerable grandparents or older adults**

What will Happen if Schools Reopen?

1. Students will stop watching screens and engage their pre-frontal cortex
2. Students receive better quality education, education disparities will be reduced
3. Student mental health will improve and they will sleep better.
4. Students will get healthy breakfast, lunch, and snacks;
5. Students will be more physically active
6. Students will have access to nursing, counseling, social services
7. Parents, school personnel, and first responders can get back to work, get paid, and save lives
8. Federal and state funding may be available to support school safety
9. Students difficulty with social distancing, handwashing, constant hygiene, and masking
10. Schools difficulty reorganizing to meet recommended COVID controls and safety standards
11. Students will transmit COVID-19 to each other, faculty, staff



Santoli JM, et al. Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — US, 2020. MMWR Morb Mortal Wkly Rep 2020;69:591–593.

A Changing Situation

- On April 14, 2020 Texas issued statement that **public schools will remain closed for the academic year** and until further notice. This is still in force.
- As of May 5, 2020 Phase 2 of the Re-opening of Texas has begun
- Several organizations have recently proposed strategies to reopen schools:
  - American Federation of Teachers: A plan to safely reopen Americas schools
  - American Enterprise Institute: A blueprint for back to school
  - ACHA: Considerations for Reopening Institutions of Higher Education in COVID-19 Era
  - Texas Education Agency: Recommendations for adjusting school calendars
  - CDC: Considerations for Schools and Mass Gatherings
  - UNICEF: A Framework for Reopening Schools
  - The COVID Tracking Project: www.covidtracking.com

SCHOOLS DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist administrators in making (re)opening decisions regarding K-12 schools during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Should you consider opening?

- ✓ Will reopening be consistent with applicable state and local orders?
- ✓ Is the school ready to protect children and employees at higher risk for severe illness?
- ✓ Are you able to screen students and employees upon arrival for symptoms and history of exposure?

ANY NO → DO NOT OPEN

ALL YES →

Are recommended health and safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible
- ✓ Intensify cleaning, disinfection, and ventilation
- ✓ Encourage social distancing through increased spacing, small groups and limited mixing between groups, if feasible
- ✓ Train all employees on health and safety protocols

ANY NO → MEET SAFEGUARDS FIRST

ALL YES →

Is ongoing monitoring in place?

- ✓ Develop and implement procedures to check for signs and symptoms of students and employees daily upon arrival, as feasible
- ✓ Encourage anyone who is sick to stay home
- ✓ Plan for if students or employees get sick
- ✓ Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures
- ✓ Monitor student and employee absences and have flexible leave policies and practices
- ✓ Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

ANY NO → MEET SAFEGUARDS FIRST

ALL YES → OPEN AND MONITOR

CDC

cdc.gov/coronavirus

a) Follow state and local orders
b) Protect high risk
c) Testing capacity and tracing

What Does Planning Look Like?

For teaching and learning:

- Increased social distancing in the classroom and common areas.
- Non-punitive sick/stay at home policies and arrangements for tele-learning
- Virtual Library
- Virtual Field Trips
- Links to approved content
- On-line learning via virtual courses & at-home learning support
- Special needs education and service logs: 504
- Technology deployment: devices and hotspots
- Virtual student counseling

What Does Planning Look Like?

For transmission reduction:

- Universal masking for school staff and children
- PPE supply for school nurses. Ideally segregated area for febrile or respiratory illness evaluation
- Increased cleaning of high touch surfaces
- Defer sports, arts, town halls, and extracurricular until the epidemiology is better understood
- Implement a tracking and surveillance system for school nurses to identify student and faculty symptoms and exposures
- Established relationship with public health and/or medical consultant to handle problems in real time
- Temperature and symptom screening on arrival, with referral for care if screened positive
- Students who have been/ becomes sick will need to provide evidence of full recovery before returning to school that include negative PCR x 2 (preferred) or asymptomatic/time based

What Does Planning Look Like?

For school staff, facilities, and resources:

- Applying for federal state COVID funding
- Help desk for technical assistance for teachers, parents, students
- Testing for faculty and staff
- Virtual meetings
- Communications: school personnel, parents, students, service providers
- Finding qualified volunteers
- Response plan drafted for school exposures/outbreaks that addresses closures, furloughs, and environmental cleaning.
- Safety and security: Police, Emergency Management

What Does Planning Look Like?

For child and family needs:

- Food distribution: mobile pantries, grab and go
- Transportation and bussing
- Help Desk for technical assistance for teachers, parents, students
- Parent Hotline on helping students with assignments
- Communications: school personnel, parents, students, service providers
- Robust/mandatory case reporting for families

Recommendation: Voluntary Mid-Summer Enrichment Catch-Up Session

1. Organize and pilot test for the fall
2. Prepare teacher training for mitigation and adaptation
   - Small scale protocol testing
   - Prepare equipment orders for PPE
   - Simulate response to ‘case on campus’
   - Experiment with staggered scheduling
   - Determine best practices for increased hand washing, masking, social distancing
   - Determine best practices for nightly school cleaning and bathroom supply replenishment
   - Develop internal and rapid communications system
3. Organize and test grab-and-go healthy food program
4. Create a safe place outdoors for children to play and exercise

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Perkins&Will

Road Map for Return

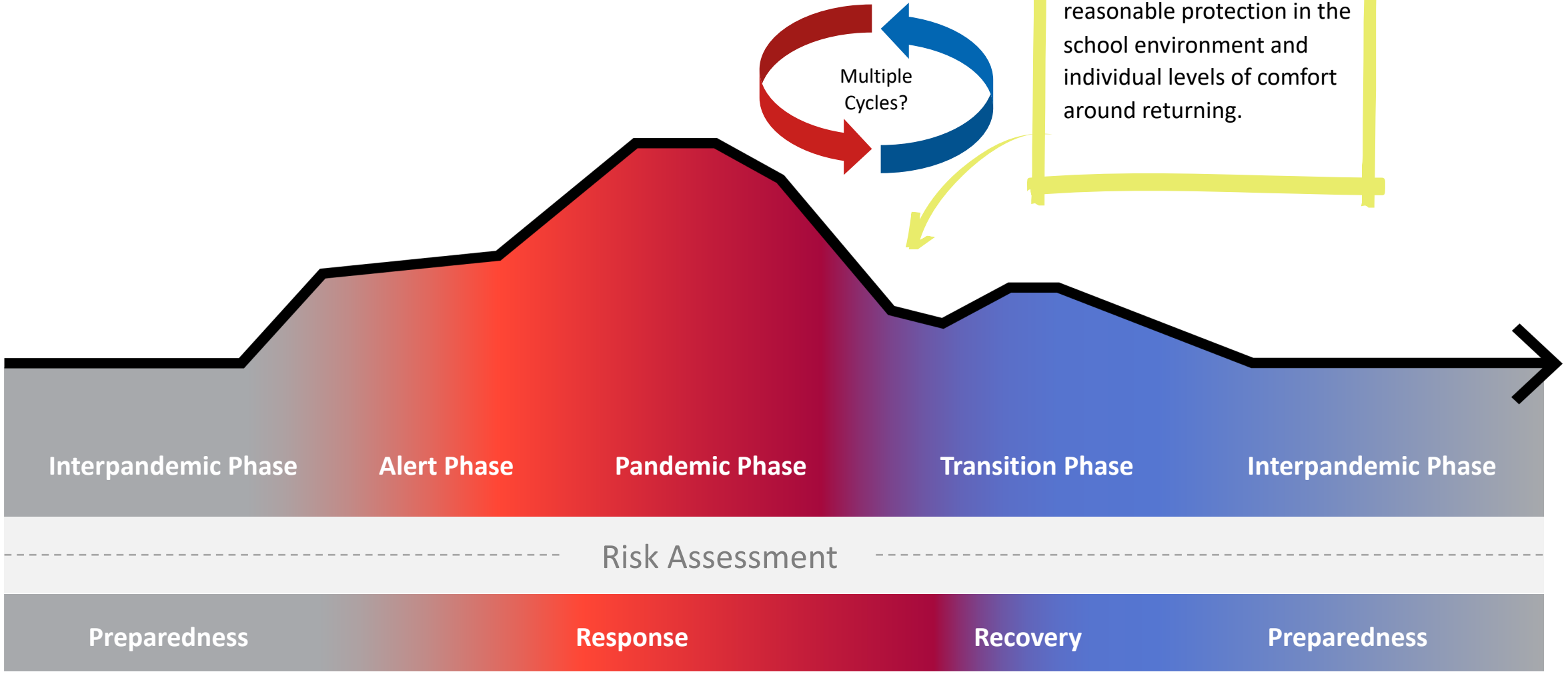
Guidance for a return to school during COVID-19

Phases of the Pandemic

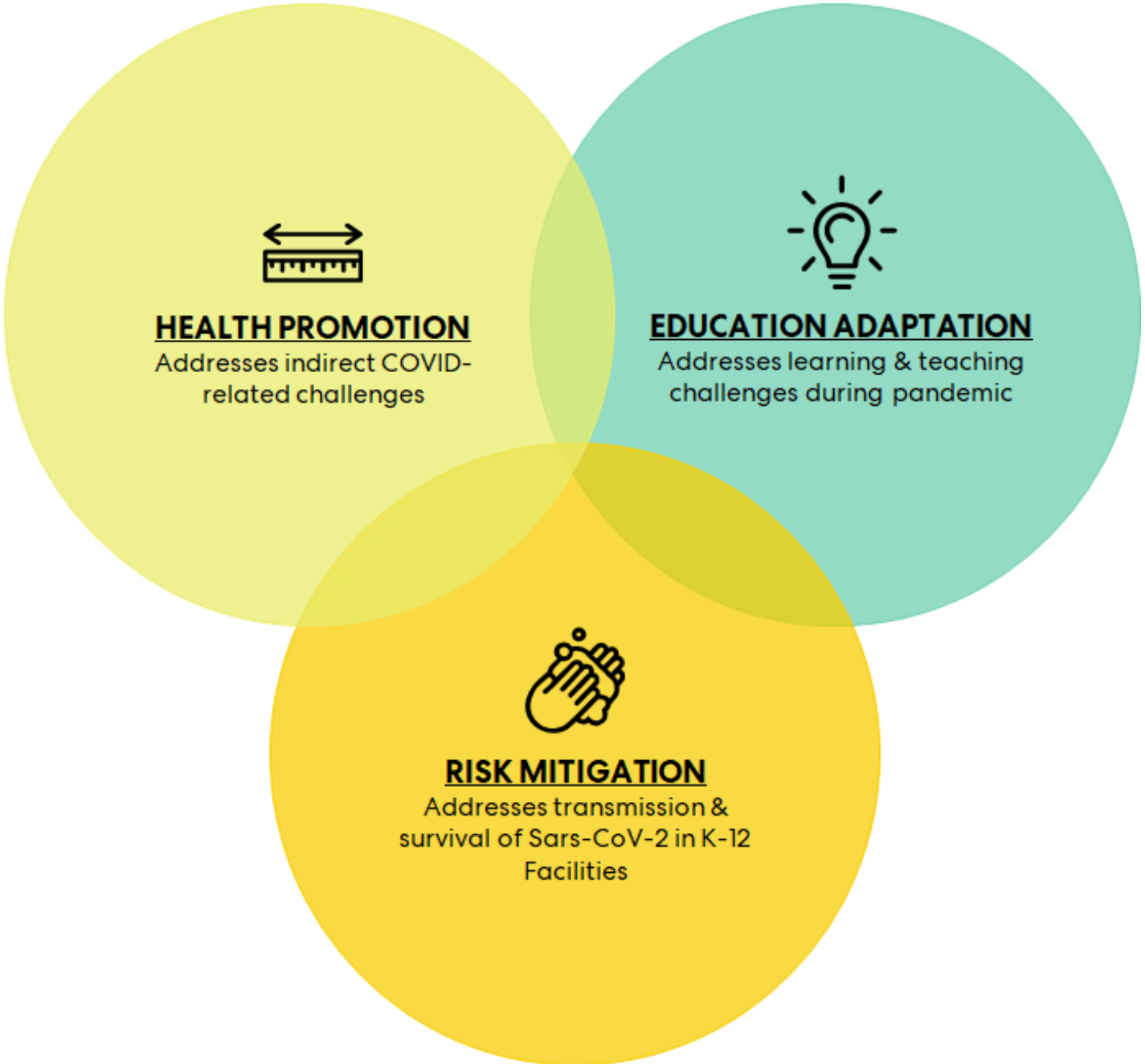
Our current focus is on the “Transition” phase

Transition

Best practices are established to address reasonable protection in the school environment and individual levels of comfort around returning.



Holistic Framework



We cannot remove all risks.

Home → **Transit to School** → **Entering School** → **Teaching Spaces**

Working parents

Social engagements

Multi-generational living

Public transportation

School bus density / contamination

Contaminated high touch surfaces

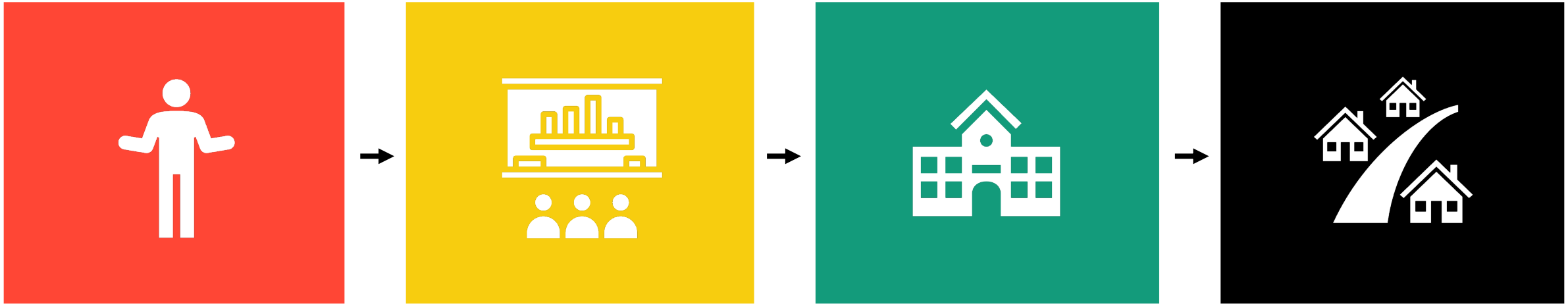
Fail to socially distance

Public spaces (bathrooms, lockers, lobby, etc.)

Surface contamination

Recirculating air

Strategies at Every Level



Individual

- Personal Protection
- Behavioral

Room Specific

- Social Distancing
- Reduce Surface Contamination
- Informational graphics

School-wide

- Air Quality Improvements
- Scheduling
- Reduce High-Touch Surfaces

District or State-Level

- Shelter-in-place Policies
- District Building Closures

Capacity Guidelines

“Select strategies based on feasibility given the unique space and needs of the school. **Not all strategies will be feasible for all schools.** ”

-CDC, “Interim Guidance for Administrators of US K-12 Schools and Child Care Programs”

Physical Distancing Capacity Guidelines

A. Instructional Spaces
1. General Classrooms
2. Science
3. Art
4. Corridors/circulation

B. School Entry
1. Bus
2. Pickup/Drop off

C. Administrative Spaces
1. Waiting/Deliveries
2. Offices
3. Conference Rooms

D. Common Spaces
1. Cafeteria
2. Auditorium
3. Gym

Capacity Analysis Process

Classroom Capacity

# of student desks with physical distancing guidelines

Current Schedule

# of students scheduled to be in class during each period

Shortfall

# of students who don't fit in the classroom after accounting for physical distancing

Next Step: Strategies

Options for making up the shortfall, either by new delivery models or creating additional instruction space

Instructional Spaces

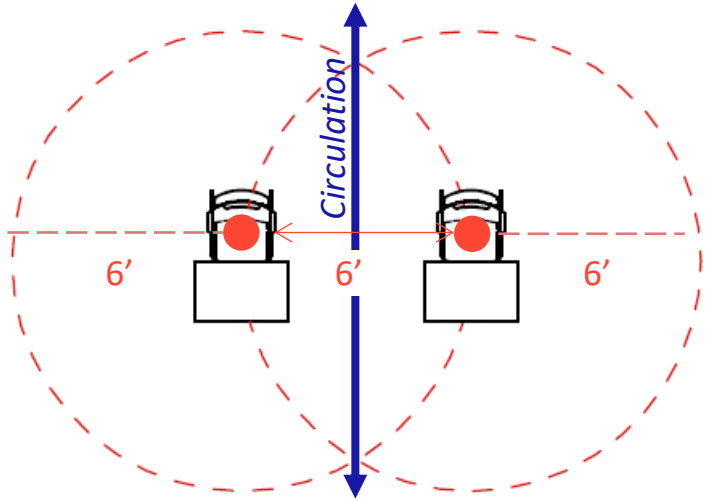
Classroom Layout Guidelines

Space student desks 6’ apart to support recommended CDC physical distancing guidelines

Minimum

For schools with lower infection risk or greater capacity need

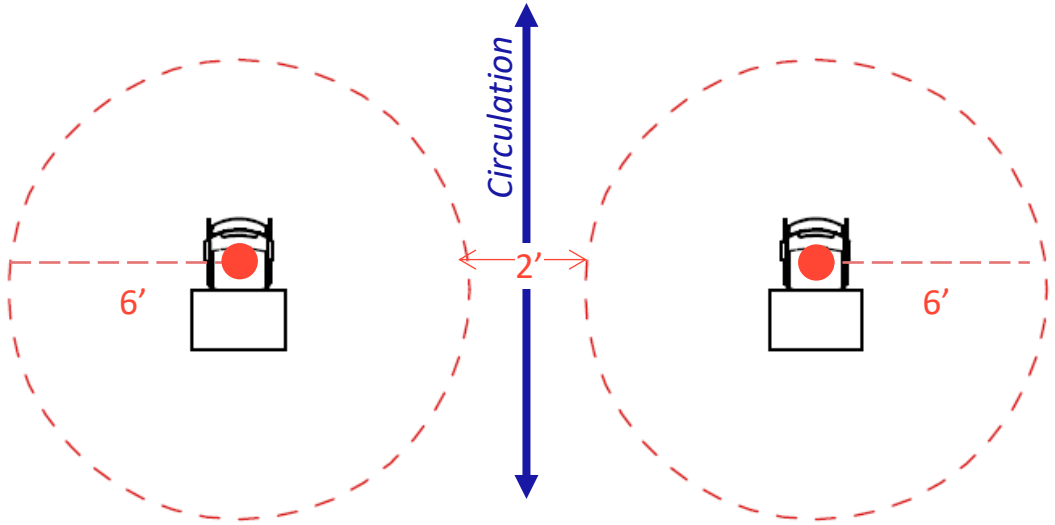
- Provide a 6’ radius around all student desks when students are in a stationary **seated position**.
- The 6’ radius around each desk **can include circulation** space required to access each desk. Students may need to pass through the 6’ area on the way to their desk



More Ideal Scenario

For schools with higher infection risk or lower capacity need

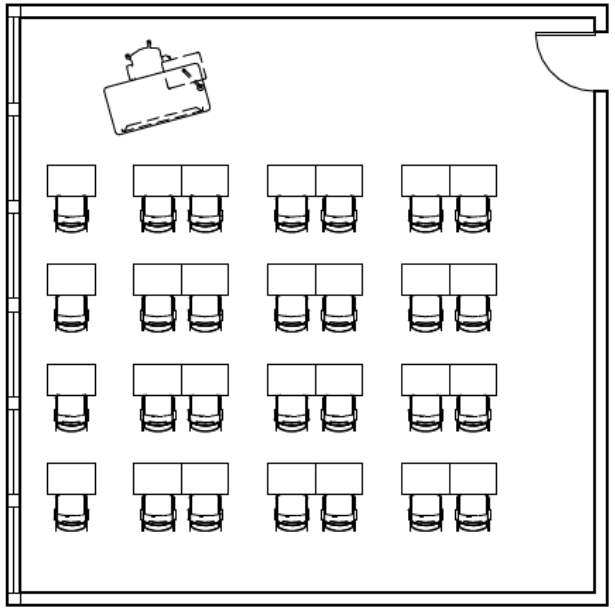
- Provide a 6’ radius around all student desks **at all times**
- Provide an **aisle** between each 6’ radius so students can circulate through the room without encroaching on another student’s 6’ radius
- Greatly reduces classroom capacity but minimizes risk of physical proximity



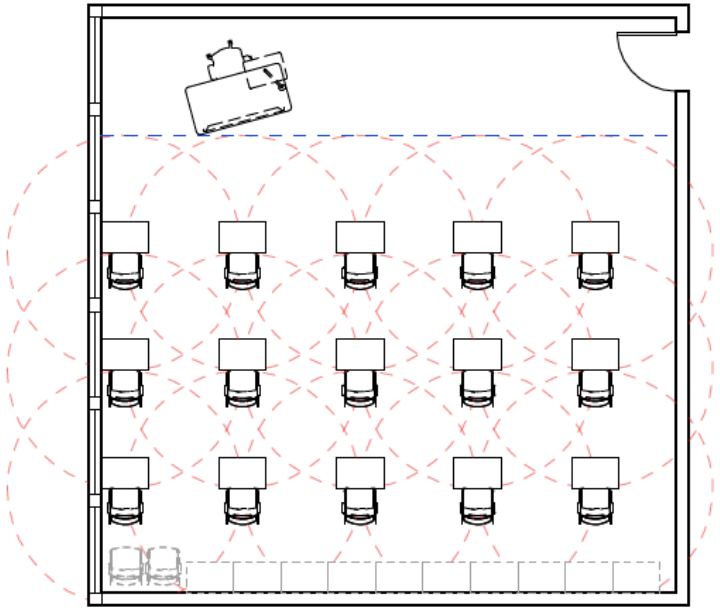
How much is classroom capacity reduced?

EXAMPLE: In a typical high school / middle school classroom…

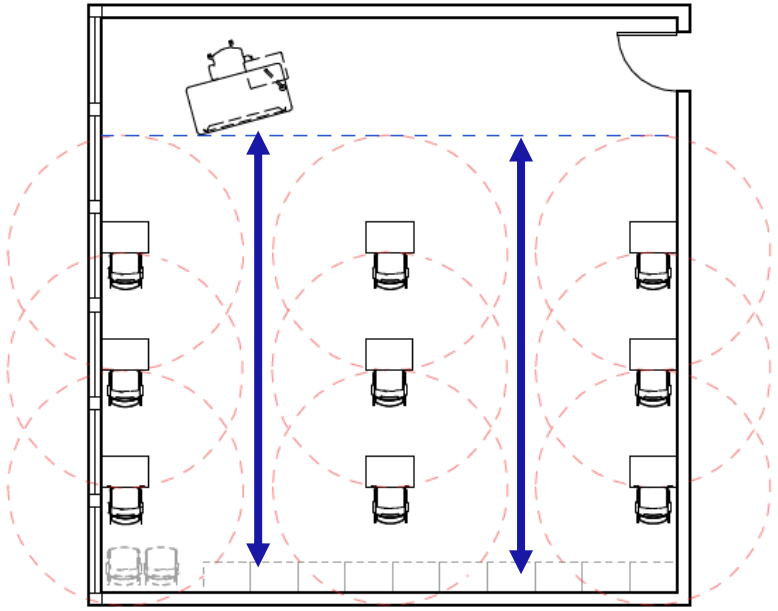
Pre-pandemic
780 SF (28’x28’)
No social distancing
28 students



Reduced Density
780 SF (28’x28’)
6’ distancing when seated
Circulation passes through 6’ radius
15 students **(-46%)**



Reduced Density
780 SF (28’x28’)
6’ distancing at all times
Circulation does not pass within 6’ radius
9 students **(-68%)**



Classroom Usage Guidelines

- Have students **enter and exit the room in order** of their desk's distance from the door to minimize passing in close physical distance
- **Disinfect student desks** before and after each use. Involve students in the disinfection process.
- **Disinfect teacher desks** between every class period if teachers are rotating between classrooms
- Expect students to break the rules of physical distancing in the classroom, either on purpose or by accident

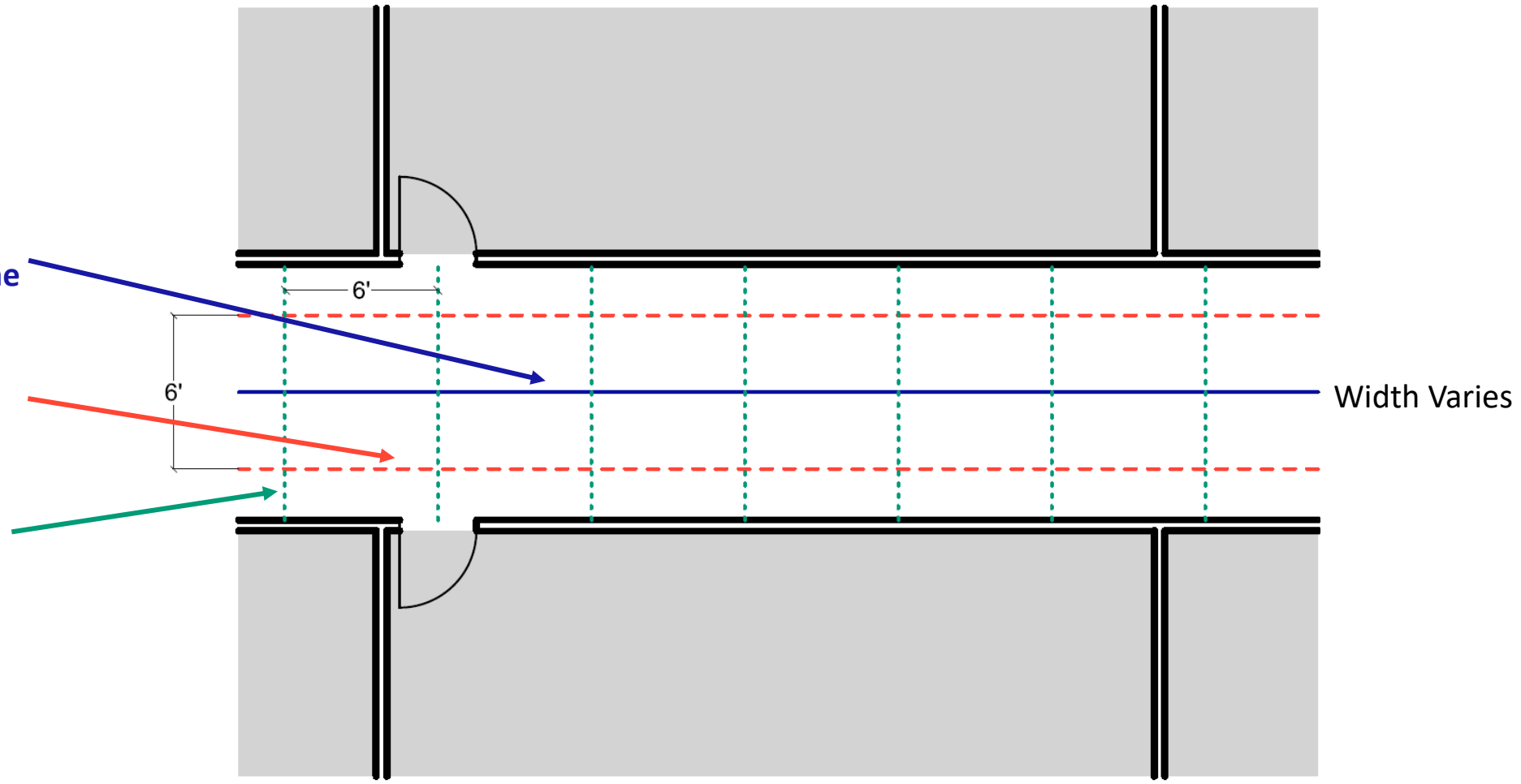
Corridors & Commons

- Maintaining distances of 6’ between students in corridors may not be feasible for all schools
- Mark 6’ distances on the floor and/or walls to provide **visual indicators** for students and teachers as they move through the corridor
- If possible, **discontinue the use of lockers** and cubbies until physical distancing recommendations have been lifted
- If it is not possible to discontinue the use of lockers, determine which students have lockers 6’ apart and **schedule times for locker access** based on where student lockers are located
- Post **signage** reminding students of healthy behaviors and handwashing
- Provide **sanitizing stations** throughout
- DO NOT institute any corridor usage policies or circulation paths that would disrupt **emergency egress routes** or prevent students from seeking the nearest exit, or confuse students in the event of an emergency

Corridors

Create **visual cues** to help students maintain physical distances:

- **Mark a centerline down the middle of the corridor on the floor**
- **Mark paths on the floor 6’ apart on either side of the centerline**
- **Mark 6’ intervals along the floors and/or walls**



For Reference: RE-populated Classroom Images

Germany
Aisle marks on the floor and desks against the wall

Germany
Alternating occupied and unoccupied desks

China
Students wear hats to promote distance

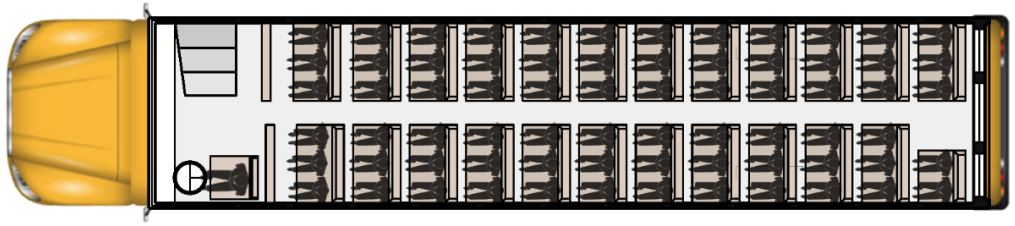
Richardson ISD
Immersion Studio at Berkner STEM HS with 360º Screen

Building Entry

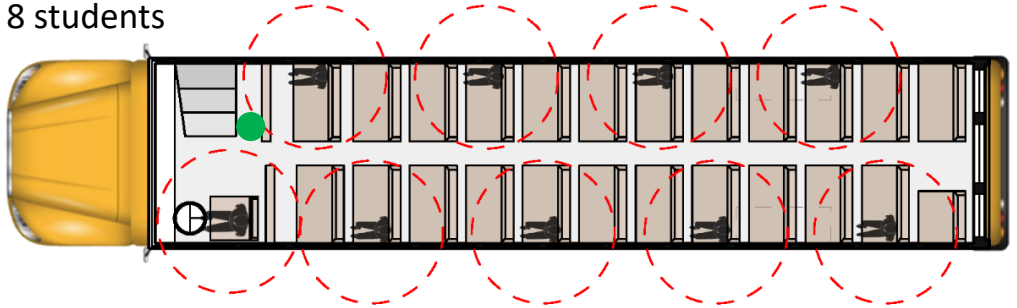
School Bus Capacity

- Maintain 6’ separation between students
- Carefully consider loading and unloading sequence (first student on sits in furthest back seat and is the last student to exit the bus)
- Consider signage or some other means to mark desired seating locations and to restrict access to unused seats
- Typical school buses are nominally 8’ wide, length varies depending on row spacing and capacity
- Wearing of masks while on bus should be considered
- Disinfect between routes
- Consult bus manufacturer for possible ways to shield driver.
- Prepare for increased parent drop-off and pick-up, encourage walking and biking

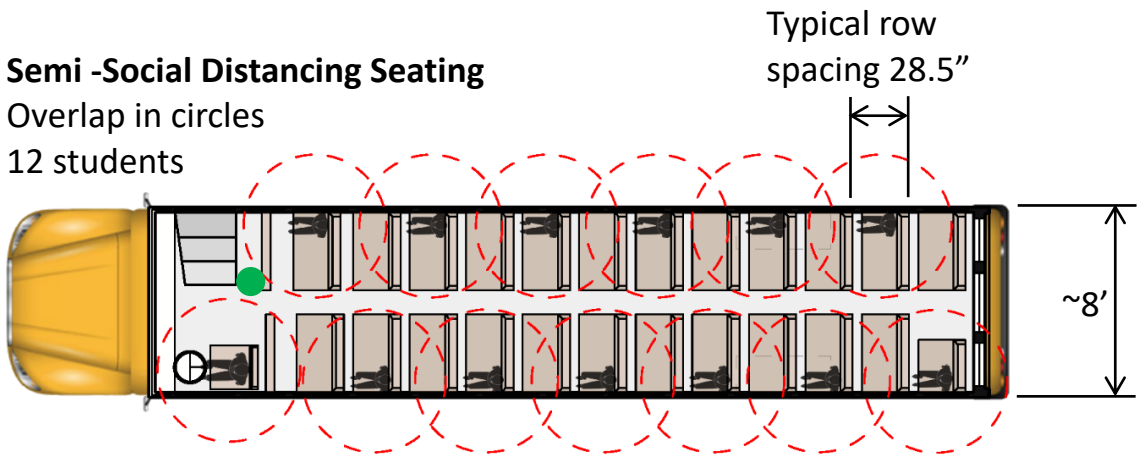
Pre-pandemic Seating
71 students



Social Distancing Seating
No overlap in circles
8 students



Semi -Social Distancing Seating
Overlap in circles
12 students

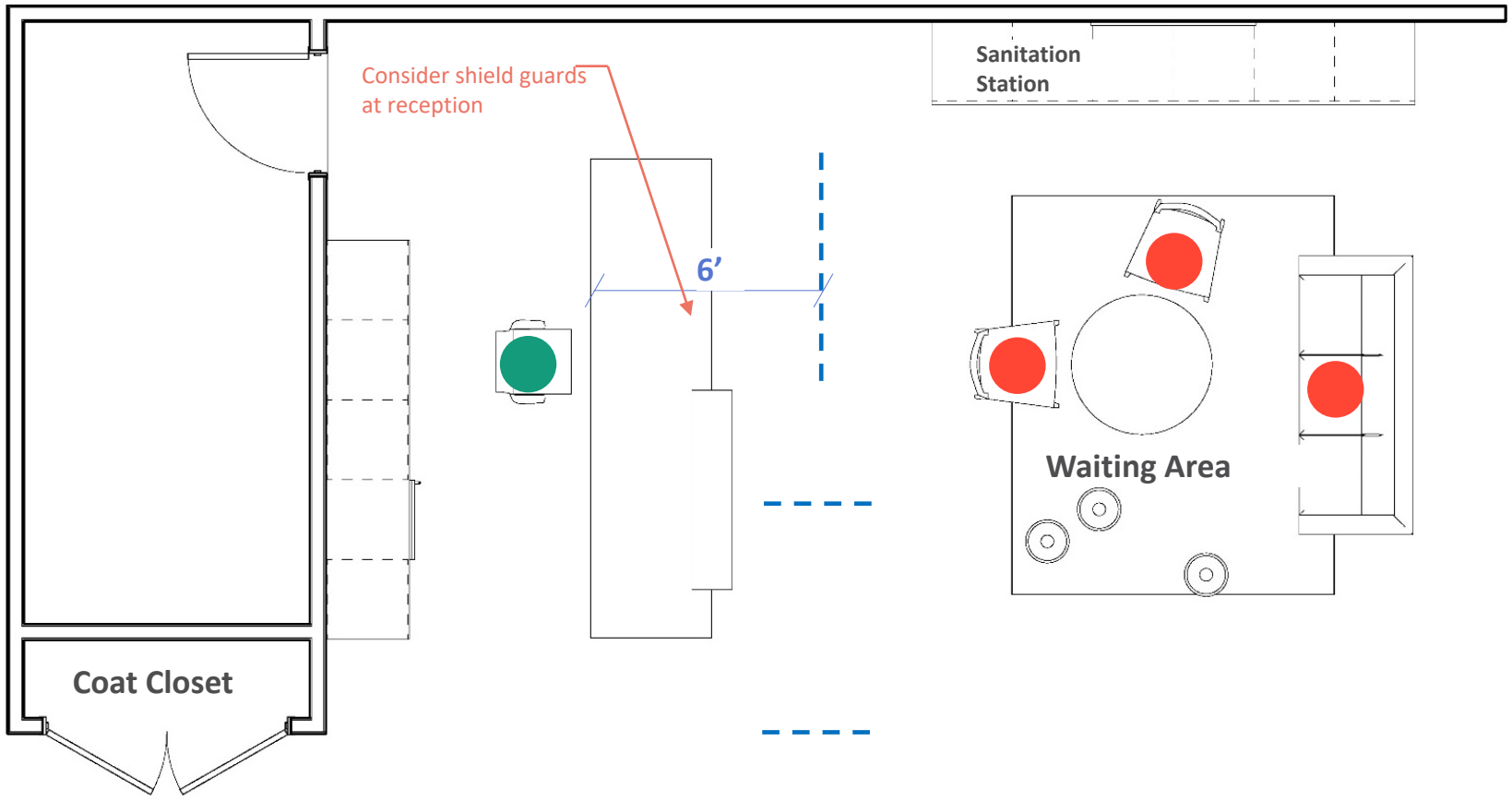


6 ft. Diameter

Hand Sanitizer Station

Diagrams based on standard BlueBird 71 capacity bus

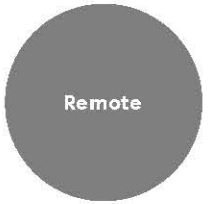
Reception



Reception Congestion Points:

- Entry / Exit Door
- Reception Desk
- Closet
- Waiting Area
  - cell phone lot
  - Outside
- Sanitation Station
- Nearest Restroom

Workplace Strategies

	Response	Transition	Future Prep
Work Location	100% Remote 	Planning a Phased Return  Current and future use of remote working	New Remote Mix 
Operations	Alternate Protocols	Commute and Building Access; Physical Distancing Analysis; Protective Equipment and Supplies; Food and Beverage; Visitors and Deliveries; Maintenance Protocols	Revise and evolve operations for resilience
Behaviors and Messages	Crisis / Remote Working Support	New Transition Protocols; In-office Etiquette; Continue Remote Work Support	Reinforce resilient behaviors

Administrative Spaces

Offices

- Provide 6’ distance around all occupied seats
- Depending on the size of the office, guest chairs may be unusable

Occupy

Unavailable

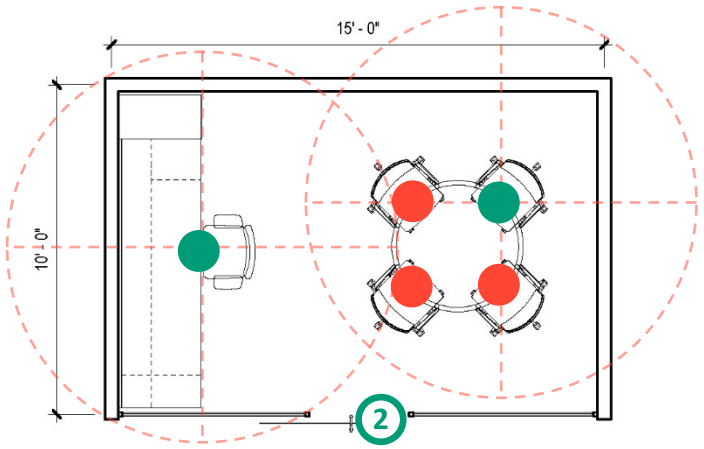
Room Limit

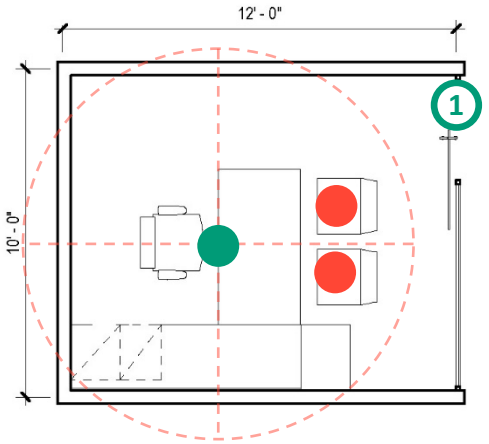
6 ft. guide

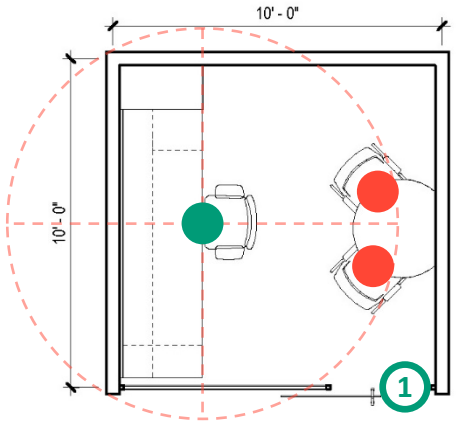
6 ft. Radius

6 ft. radius circle is placed at a practical stationary work position (**chair location will vary on plans**)

Diagrams shown are reference examples. Analysis of your specific furniture may differ.

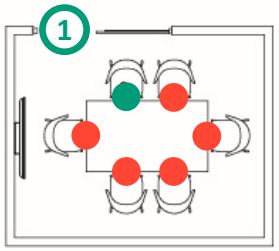




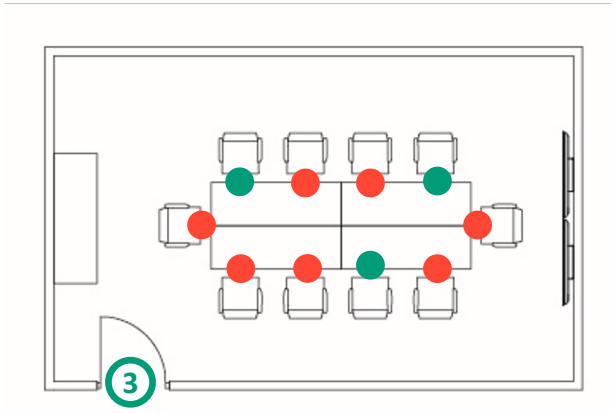


Conference Rooms

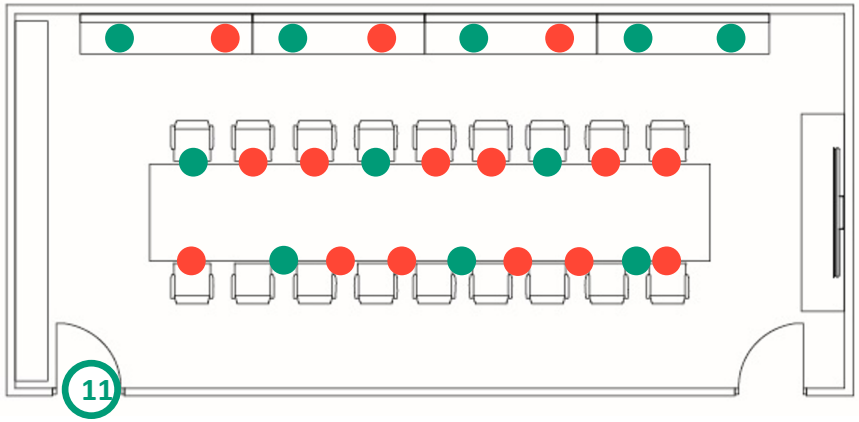
- Provide 6’ distancing between all conference seats when in use
- Mark available and unavailable positions on the table using tape or signage



Small Meeting Room



Medium Meeting Room



Large Meeting Room

Shared Spaces

Cafeteria

Layout

- Provide **6’ distance** around all occupiable seats
- **Mark** available and unavailable positions on the tables using tape and/or signage
- Add **shields** at payment and checkout points
- Consider creating **instructional areas** in the cafeteria to increase the teaching capacity of the facility
- Designate **sanitizing and handwashing** areas
- Post **signage** reminding students of healthy behaviors and handwashing

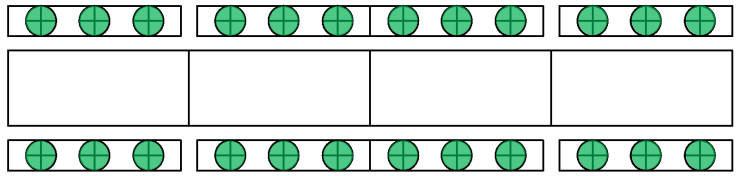
Operations

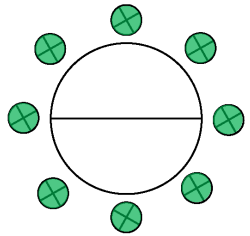
- Have students **eat in their classrooms** if possible
- Provide single **individually wrapped** portions
- Use only **disposable** wares

Cafeteria

6 ft. Diameter

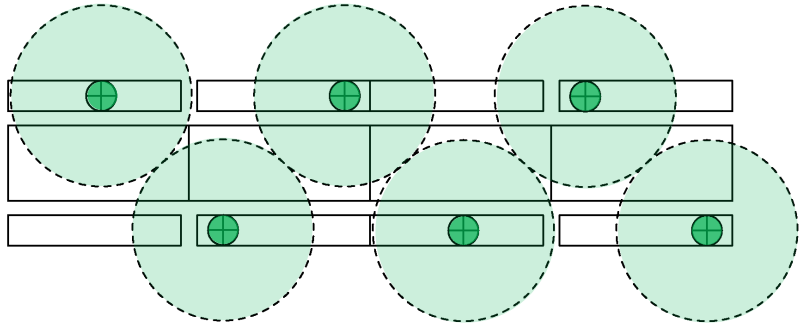
PRE-PANDEMIC
Typical 30" x 12' folding table
Capacity 12/table
100%

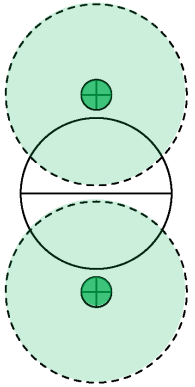




PRE-PANDEMIC
Typical 60" folding table
Capacity 8/table
100%

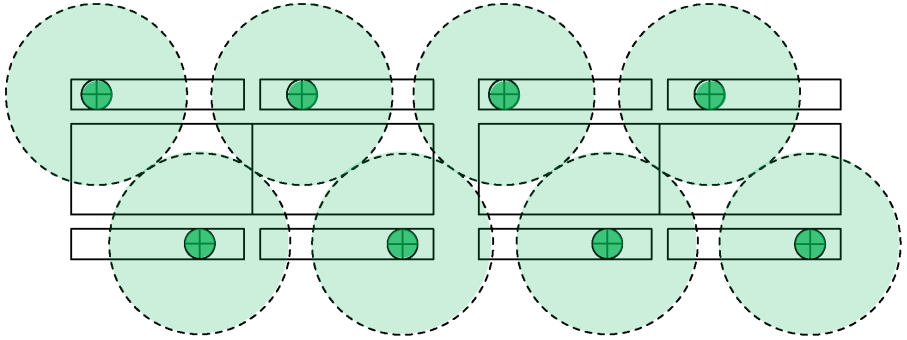
SOCIAL DISTANCING
Typical 30" x 12' folding table
Capacity 3/table
25% pre-pandemic capacity

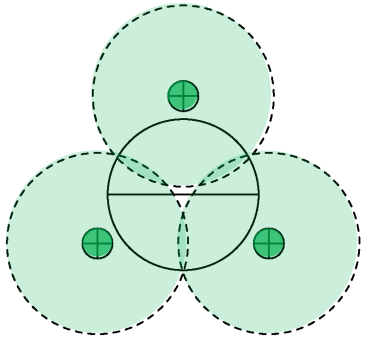




SOCIAL DISTANCING
Typical 60" folding table
Capacity 2/table
25% pre-pandemic capacity

SOCIAL DISTANCING
Typical 36" x 12' folding table
Capacity 4/table
33% pre-pandemic capacity





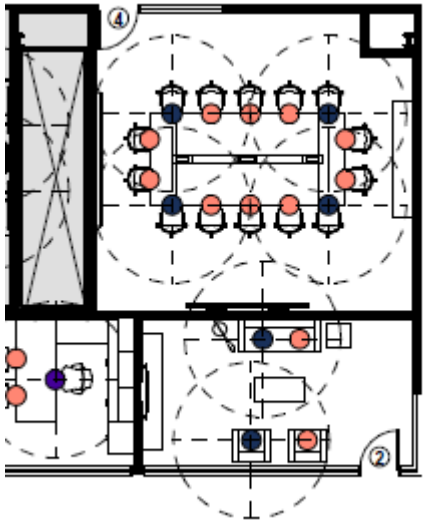
SOCIAL DISTANCING
Typical 60" folding table
Slightly overlapping circles
Capacity 3/table
37% pre-pandemic capacity

Gym

- Whenever possible, **hold PE classes outside** to allow for maximum physical distance between students
- Avoid any activities that would bring students into close **physical contact**
- Due to the level of movement and heavier breathing, **increase the distance** between students to 10’
- Mark **visual indicators** on the floor and/or walls to illustrate 10’ increments
- Consider **repurposing** the gym for instructional space for teaching/ virtual learning to increase the teaching capacity of the building as large events will not likely be taking place
- **Disinfect** equipment after each use
- Avoid activities that would require multiple students to touch or **handle the same equipment** (e.g. basketball)
- Provide sanitizing areas and access to handwashing
- Post signage reminding students of healthy behaviors and handwashing

Environmental Messaging

Graphic Approach



Plan Analysis

Custom Graphics

New Protocols

Graphic Approach

Distancing – Circulation

Distancing – Floor Graphic

CATCH®
GLOBAL FOUNDATION

Health & Physical Education in the COVID Era

Now is the Time to Act

"Never let a good crisis go to waste. It's an opportunity to do the things you once thought were impossible."

- **Rahm Emanuel,** Former White House Chief of Staff under President Obama & Mayor of Chicago

CATCH® GLOBAL FOUNDATION

What's Now Possible?

- Communicate connections of health behaviors to mental health and immune health which supports student learning
- Health & physical educators are essential wellness and whole child leaders
- Engage parents more in health education, including PE

CATCH® GLOBAL FOUNDATION

Importance of Health & PE

- Whole Child approach
- Meet the social & emotional needs of all kids
- Teach / reinforce self-care practices
- Teach students to build a healthy immune system
  - Healthy nutrition
  - Physical activity
  - Hygiene
  - Sleep

What Will Health & PE Look Like in the Fall?

- Possible education scenarios:
  - In-person model
  - All virtual
  - Hybrid / combination
- PE teacher can lead teaching and reinforce new routines for physical distancing

What Will Students Need?

- Basic skill development and remediation
- Developing skills for individual games and lifetime fitness activities
    - Dance, locomotor movement
    - Walking, Biking, Running
    - Throwing at a target, ball handling
- Emphasis on fitness especially if students have been likely less active during school closures and over the summer
- Emphasis on enjoyment and stress relief

In-Person Scenario

- Teach outdoors, if feasible
- Reduce class sizes
- Focus on teaching key concepts & skills
- Prepare for limited space
- Minimize equipment & have students participate in disinfecting routines

Distance Learning Scenario

- Address access issues – provide both virtual instruction and hard copy packets
- Minimize equipment and provide options for modifying equipment needed
- Provide variety of activity options, focus on moving & having fun

Hybrid Scenario

- In-person instruction focused on concepts and skills
- Practicing and reinforcing skills at home
- Use challenges and calendars to promote regular daily activity

“Jump the Circuit” CATCH Activity
University of Nebraska-Lincoln Extension

Physical Educators as Wellness Champions

- Teach concepts and skills to promote and maintain health and physical activity
- Empower classroom teachers to incorporate meaningful movement experiences during instruction time (in-person & virtual)
- Lead coordinated effort to create & support healthy environments at school and home

Ms. Mueller's "CATCH Tip of the Week"
Camras Elementary (Chicago, IL)

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CATCH Health at Home

COVID-19 Response | At-Home & Distance Learning Resources

Educator resources via

CATCH.org

Parent resources via

Google Classroom

catchinfo.org/health-at-home

Summary

- Health and physical education are essential core subjects
- Health & physical educators are key leaders to coordinate efforts to create & support healthy school and home environments
- CATCH Global Foundation is available (with training and resources) to assist with planning and implementing a whole child approach as schools reopen

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Thank You! Any Questions?

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