

# Decision Tree for Provision of In Person Learning among K-12 Students at Public and Private Schools during the COVID-19 Pandemic

## Introduction

The purpose of this decision framework is to assist local health officers and school administrators in making decisions around resuming in-person instruction for public and private K-12 schools during the COVID-19 pandemic. This decision making tool is added to the Department of Health's (DOHs) [K-12 Fall Health and Safety Guidance](#) and both will be updated as the pandemic evolves and additional science becomes available.

School administrators are currently faced with challenging decisions around how to operate their schools this year in the midst of the pandemic. It is important for school administrators to consult with their local health officer, local elected leaders, teachers and other school staff, families and other stakeholders when considering the risks and benefits of different locations and modes of education in the context of COVID-19 activity in the community. In particular, health officers and school administrators should engage staff and families of students at risk for severe COVID-19. In addition, they should engage the families of students with disabilities, English language learners, students living in poverty, students of color and young students to determine how to best meet the health and education needs of these students and the community.

While DOH encourages local health officers and school administrators to work together to determine the best setting or mix of settings for their students, school administrators remain ultimately responsible for establishing the education services appropriate for their students. The local health officer should advise the school administrator and the school community regarding the level of COVID-19 activity, as well as the local community's access to testing, and the health department's capacity to respond to potential cases or outbreaks in schools with time investigations and contact tracing.

Local health officers remain responsible for controlling the spread of communicable disease. Toward that end, the local health officer will monitor COVID-19 activity in the community as measured by the number of cases per 100,000 population over 14 days for the county in combination with other key health indicators (such as the percentage of positive tests and the trend in cases or hospitalizations) and proactively inform the school administrator when there are significant changes. These indicators are available at the statewide and county level on [Washington's Risk Assessment Dashboard](#) (cases per 100K over 14 days and percentage of positive tests) and [Department of Health's COVID-19 Dashboard](#) (epidemiologic curves for cases and hospitalizations). The local health jurisdiction may further disaggregate these indicators or have other data that inform their recommendations for schools and in-person learning during the pandemic.

All parties should remain aware that if a school's opening to or continued operation of in-person learning poses an imminent public health threat to the community in the estimation of the local health officer, then that local health officer has the legal power and duty to direct or order an interruption of

in-person learning ([WAC 246-110-020](#)). School administrators are obligated to cooperate with investigations, directives, and orders of the local health officer ([WAC 246-101-420](#)).

## Background

In developing this guidance, DOH reviewed the experiences of other countries that resumed some degree of in-person educational instruction earlier this year. The countries that resumed in-person instruction generally had low and decreasing rates of COVID-19 cases in the community. Table 1 shows that the incidence rates in several countries that resumed in-person educational instruction were below 35 cases / 1,000,000 population / day. As of July 23, 2020, Washington State had an incidence rate that was almost three times higher at 92 cases / 1,000,000 population / day. In addition, the rate of COVID-19 in Washington slightly increased during the prior 20 days whereas the trend in the rate of COVID-19 was decreasing in most other countries in the 20 days before reopening schools.

Table 1: School Re-Openings: Country Comparisons on Key Metrics Compared to Current U.S. Data

|                      | Date of Reopening | Daily Cases (7-day average) | Daily Cases Per Million Population | Test Positive Rate (%) (7-day average) | Estimated Cases Per 100,000 Population Per 14 days |
|----------------------|-------------------|-----------------------------|------------------------------------|--|--|
| <b>United States</b> | —                 | <b>65,750.4</b>             | <b>198.6</b>                       | <b>8.3</b>                             | <b>278.0</b>                                       |
| <b>Washington</b>    | —                 | <b>711</b>                  | <b>92.9</b>                        | <b>5.6</b>                             | <b>130.1</b>                                       |
| Belgium              | 5/18/2020         | 291.3                       | 25.1                               | 2.1                                    | 35.1   |
| Denmark              | 4/15/2020         | 205.7                       | 35.5                               | 6.2                                    | 49.7   |
| France               | 5/11/2020         | 1,110.9                     | 17.0                               | 1.1                                    | 23.8   |
| Germany              | 5/4/2020          | 1,140.3                     | 13.6                               | 2.4                                    | 19.0   |
| Greece               | 6/1/2020          | 5.6                         | 0.5                                | 0.1                                    | 0.7  |
| Israel               | 5/3/2020          | 126.7                       | 14.6                               | 1.4                                    | 20.4   |
| Japan                | 4/24/2020         | 439                         | 3.5                                | 8.7                                    | 4.9  |
| South Korea          | 6/8/2020          | 44.4                        | 0.9                                | 0.3                                    | 1.3  |
| New Zealand          | 5/14/2020         | 1.1                         | 0.2                                | 0                                      | 0.3  |
| Norway               | 4/20/2020         | 93.3                        | 17.2                               | 3.8                                    | 24.1   |
| Switzerland          | 5/11/2020         | 57.1                        | 6.6                                | 1.3                                    | 9.2  |
| Taiwan               | 2/25/2020         | 1.1                         | 0.0                                | 0.2                                    | 0  |
| Vietnam              | 5/18/2020         | 4.6                         | 0.0                                | 0                                      | 0  |

This table was adapted from the Kaiser Family Foundation “What Do We Know About Children and Coronavirus Transmission?” website accessed on August 2, 2020 at: <https://www.kff.org/coronavirus-covid-19/issue-brief/what-do-we-know-about-children-and-coronavirus-transmission/>

NOTES: U.S. estimates calculated based on most recent data. France positivity rate from May 24. Vietnam positivity rate from April 29. Data represent 7-day average, as of re-opening date (unless other date noted).

SOURCES: COVID-19 data from: Department of Health [COVID-19 Data Dashboard](#) retrieved August for data through July 23, 2020 and “Coronavirus Pandemic (COVID-19)”. Published online at [OurWorldInData.org](#). Retrieved on July 28, 2020. School reopening dates from: University of Washington, [Summary of School Re-Opening Models and Implementation Approaches During the COVID 19 Pandemic](#), July 6, 2020.

In addition to experiencing lower and decreasing community rates of disease, other countries took a very cautious approach to resuming in-person instruction. Most countries initially only resumed in-person learning for a portion of their students, and many implemented a variety of health and safety measures like physical distancing, frequent hand washing, use of face coverings, and frequent environmental cleaning to reduce the spread of COVID-19 in schools if introduced.<sup>1</sup>

Little data are available on the health impacts of resuming in-person learning when community incidence rates are as high as the current rates in the United States. With limited data, states are taking a wide range of approaches to resuming in-person learning. The Oregon Health Authority recommends in-person instruction for K-3 students if rates are less than 60 cases per 100,000 over 14 days and test positivity is <5%<sup>2</sup> while the Minnesota Department of Health recommends in-person instruction for elementary students if rates are less than 500 cases / 100,000 population over 14 days<sup>3</sup>.

The decision to resume in-person learning is a complex decision that requires weighing both risks and benefits. When considering thresholds for resuming in-person learning, DOH considered both the health risks of COVID-19 to students, school staff and the surrounding community, as well as the benefits of in-person school to children and their families.

## Health risks of COVID-19 to students, school staff and the community

The risk of COVID-19 being introduced into the school environment depends on the level of COVID-19 spread in the community. At this time, any degree of in-person instruction will present some risk of infection to students and school staff. It is difficult to predict the number of infections that might occur under different in-person models and levels of transmission in the community.

The full spectrum of illness due to COVID-19 is not completely understood currently. While children generally have mild COVID-19 disease, serious infections have occurred<sup>4</sup>. Teachers and other school staff are at risk for more serious disease, particularly older adults and those with [certain underlying health conditions](#). Students and staff that acquire COVID-19 in the school setting can lead to transmission in the school setting as well as in households and the community. DOH is recommending comprehensive and strict [health and safety measures](#) to minimize the risk of transmission within the school setting.

## Benefits of school for children

In-person learning provides a broad range of benefits to our children. In addition to providing educational instruction, schools support the development of social and emotional skills; create a safe

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<sup>1</sup> Summary of School Re-Opening Models and Implementation Approaches During the COVID 19 Pandemic. July 6, 2020. Available at: <https://globalhealth.washington.edu/sites/default/files/COVID-19%20Schools%20Summary%20%28updated%29.pdf>

<sup>2</sup> Ready schools, safe learners: Guidance for school year. Version 3.0.1 July 29, 2020. Available at: [https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Ready%20Schools%20Safe%20Learners%202020-21%20Guidance.pdf?utm\\_medium=email&utm\\_source=govdelivery](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Ready%20Schools%20Safe%20Learners%202020-21%20Guidance.pdf?utm_medium=email&utm_source=govdelivery)

<sup>3</sup> Safe Learning Plan for 2020-2021: A Localized Data-Driven Approach. Accessed August 1, 2020 at: [https://mn.gov/covid19/assets/safe-learning-plan\\_tcm1148-442202.pdf](https://mn.gov/covid19/assets/safe-learning-plan_tcm1148-442202.pdf)

<sup>4</sup> Götzinger F, Santiago-García B, Noguera-Julián A, et al. COVID-19 in children and adolescents in Europe: a multinational, multicentre cohort study. *Lancet Child Adolesc Health* 2020. Available at: <https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930177-2>.

environment for learning; address nutritional, behavioral health and other special needs; and facilitate physical activity<sup>5</sup>. The absence of in-person learning may be particularly harmful for children living in poverty, children of color, English language learners, children with diagnosed disabilities, and young children and can further widen inequities in our society<sup>6</sup>.

The decision tree on the following page is designed to assist local health officials and school administrators in determining the degree of in-person learning that is advisable in their school and ensuring that the school is able to implement comprehensive health and safety measures and is ready to respond swiftly if a person with confirmed COVID-19 is identified in the school environment. The Department of Health favors a slow, cautious, phased-in approach to resuming in-person instruction beginning with staff, small groups of our youngest learners, and students who are unable to learn or receive critical services asynchronously. Over time, schools can add additional students to in-person models. In-person learning should be prioritized for elementary school students because they may be less likely to spread COVID-19 than older children<sup>7</sup>, have more difficulty learning asynchronously and may otherwise need to be in a childcare setting if their parent(s) are working. While important to a child's growth and development, the Department also prioritizes educational opportunities over extra-curricular activities in the school setting and other discretionary activities in the surrounding community.

## More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19- this is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

**Have more questions about COVID-19?** Call our hotline: **1-800-525-0127**, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

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<sup>5</sup> CDC. The Importance of Reopening America's Schools this Fall. Accessed August 1, 2020 at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/reopening-schools.html>

<sup>6</sup> Levinson M, Phil D, Cevik M, Lipsitch M. Reopening Primary Schools during the Pandemic. *New Eng J Med* 2020.

<sup>7</sup> Park YJ, Choe YJ, Park O, Park SY, Kim YM, Kim J, et al. Contact tracing during coronavirus disease outbreak, South Korea, 2020. *Emerg Infect Dis* 2020. Available at: <https://doi.org/10.3201/eid2610.201315>

# Decision Tree for Provision of in Person Learning among Public and Private K-12 Students during COVID-19

## Should your community provide in person learning and for whom?

For School Administrators, Local Health Officers, and Community Stakeholders

The risk of COVID-19 being introduced into the school depends on the level of COVID-19 spread in the community and the health and safety measures taken by schools. Consider the following educational modalities based on community transmission and other health and education risks and benefits.

| COVID-19 Activity Level   | Education Modality*  | Extracurricular  |
|---|--|--|
| <b>HIGH</b><br><b>&gt;75 cases/100K/14 days</b><br><br>Other considerations: <ul style="list-style-type: none"> <li>Increasing trend in cases or hospitalizations</li> <li>Test positivity &gt;5%</li> <li>Other health and education risks and benefits to children and their families</li> </ul>    | Strongly recommend distance learning with the option for limited in-person learning in small groups, or cohorts, of students for the highest need students, such as students with disabilities, students living homeless, those farthest from educational justice, and younger learners. | Strongly recommend canceling or postponing all in person extra-curricular activities, including sports, performances, clubs, events, etc.  |
| <b>MODERATE</b><br><b>25–75 cases/100K/14 days</b><br><br>Other considerations: <ul style="list-style-type: none"> <li>Increasing trend in cases or hospitalizations</li> <li>Test positivity &gt;5%</li> <li>Other health and education risks and benefits to children and their families</li> </ul> | Recommend distance learning as described above. In addition, consider expanding in person learning to elementary students.<br><br>Over time, consider adding hybrid in person learning for middle or high school students if limited COVID transmission occurs in schools.               | Strongly recommend canceling or postponing all in-person extra-curricular activities.<br><br>Consider low risk activities when all students have some level of in person learning. |
| <b>LOW</b><br><b>&lt;25 cases/100K/14 days</b>  | Encourage full-time in person learning for all elementary students and hybrid learning for middle and high school.<br><br>Over time and if physical space allows, consider full-time in person learning for middle and high school.  | Consider low and moderate risk in person extra-curricular activities.  |

When any in-person



## Can the school(s) implement recommended COVID-19 health and safety measures?

For School Administrators and Staff

The risk of COVID-19 spreading in schools depends on the ability of the school to implement [DOH's K-12 health and safety measures](#).

*Does the school have the plans, staff, space, and supplies to do the following?*

|   |   |
|---|---|
| ✓ | Protect staff and students at higher risk for severe COVID-19 while ensuring access to learning |
| ✓ | Transport or facilitate drop-off and pick-up of students  |
| ✓ | Group students (required in elementary, recommended for middle and high school)                 |
| ✓ | Practice physical distancing of ≥6 feet among students and staff.                               |
| ✓ | Promote frequent hand washing or sanitizing   |
| ✓ | Promote and ensure face covering use among students and staff                                   |
| ✓ | Increase cleaning and disinfection  |
| ✓ | Improve ventilation   |

*Are all staff trained on health and safety practices?*

When all YES



## Is the school and health system ready to monitor for and respond to suspected and confirmed cases of COVID-19?

For Schools and Local Public Health

COVID-19 cases in the school should be expected. The risk of COVID-19 spreading in schools depends on the ability to quickly identify and respond to suspected and confirmed cases and the level of community transmission.

|   |   |
|---|---|
| ✓ | Can <u>the school</u> ensure monitoring of symptoms and history of exposure among students and staff? (attestation acceptable)  |
| ✓ | Is <u>the school</u> prepared to manage students and/or staff who get sick onsite?  |
| ✓ | Does <u>the school</u> have letters drafted to inform families and staff about confirmed cases or outbreaks?  |
| ✓ | Is there adequate access to testing in the community <u>health</u> system for ill students and staff?   |
| ✓ | Is there capacity in your <u>local health department</u> to investigate confirmed COVID-19 cases, quarantine their close contacts and assess whether transmission is occurring in the school? |
| ✓ | Can <u>local public health</u> monitor the level of community spread to determine when a change in education modality is needed?  |

When all YES



**Begin in Person Learning Model and Monitor**

\*Staff may work in school at any COVID-19 activity level if the school follows DOH and LNI health and safety guidance