

Return to Full In-person Instruction?

What are possible risks, adverse impacts?

March 30, 2021

Contact Tracing/Quarantine Issues

- Schools are required to use the Maine CDC/DOE Standard Operating Procedure when dealing with a COVID-19 situation
 - Contact tracing in schools is more conservative than the usual criteria of 6 foot for 15 minutes
 - Entire classrooms are typically required to quarantine
 - Larger areas, athletics, and other situations are dealt with on a case-by-case basis and according to the guidance of the Maine CDC
 - School nurses consult with the Maine CDC if there are any questions
 - Although the COVID-19 case may be community acquired, contact tracing/quarantine will be required if the individual has been in school/extracurricular activities
 - This may seem overly cautious from a clinical perspective, but schools are obligated to comply with the guidance in the [Standard Operating Procedure](#)

Anticipated Increase in Quarantine Issues

- Increasing the number of students in classrooms will increase the number of people required to quarantine
 - Because of the current small class sizes, we have had limited numbers of students impacted. These numbers will essentially double
- Cohort challenges
 - The potential impacts are especially high for CEHS and CEMS where students attend multiple classes and limited cohort options*
- Increasing days and eliminating Maroon/Gold alternating days will also increase close contacts
 - Identify people exposed 2 days prior to symptoms/positive test
- Spring athletic programs and other extracurricular events have additional impacts

Quarantine can be challenging, disruptive, stressful

- Quarantine is more than just being out of school
 - Not allowed to go to daycare, work, school or club athletics, family gatherings, travel, or other activities.
 - Unexpected loss of class time and other activities can impact student mental health
 - Although risks of disease transmission have been low, it is not zero. This is often a disruptive and stressful time for students and families
 - Balancing benefits of in-person instruction needs to be weighed against the increased risks of exposure.

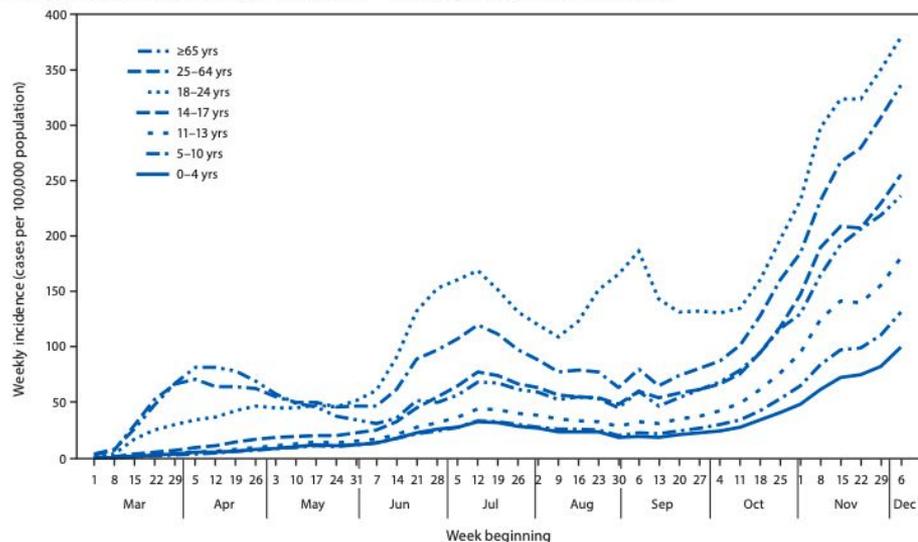
Risks and Benefits May Vary Depending on Age/Grade

- Guidelines support 3 foot distancing is safe and permissible for K-12. But there also evidence to show that rates and transmission of COVID-19 are higher in older students than in younger students
- Guidelines require 6 foot distancing for “adults” but what about older students?
 - Many high school students are fully developed physically, employed outside of the home, active in the community and extra-curricular activities, and may prone to engage in unsupervised, higher risk activities.
 - The lack of definitive research on school transmission for older students is concerning
- Vaccine is approved for 16+ and will be helpful for fall, but most will not be fully vaccinated this spring
- A more cautious approach might be beneficial, especially for CEHS that has a synchronous learning model
- If county color classification changes, guidance may require CEMS and CEHS to return to 6 ft distancing and/or hybrid model due to lack of cohort opportunities

COVID-19 Trends Among Persons Aged 0–24 Years — United States, March 1–December 12, 2020 Weekly / January 22, 2021 / 70(3);88–94

Morbidity and Mortality Weekly Report

FIGURE 1. COVID-19 weekly incidence,^{*,†} by age group — United States, March 1–December 12, 2020[‡]



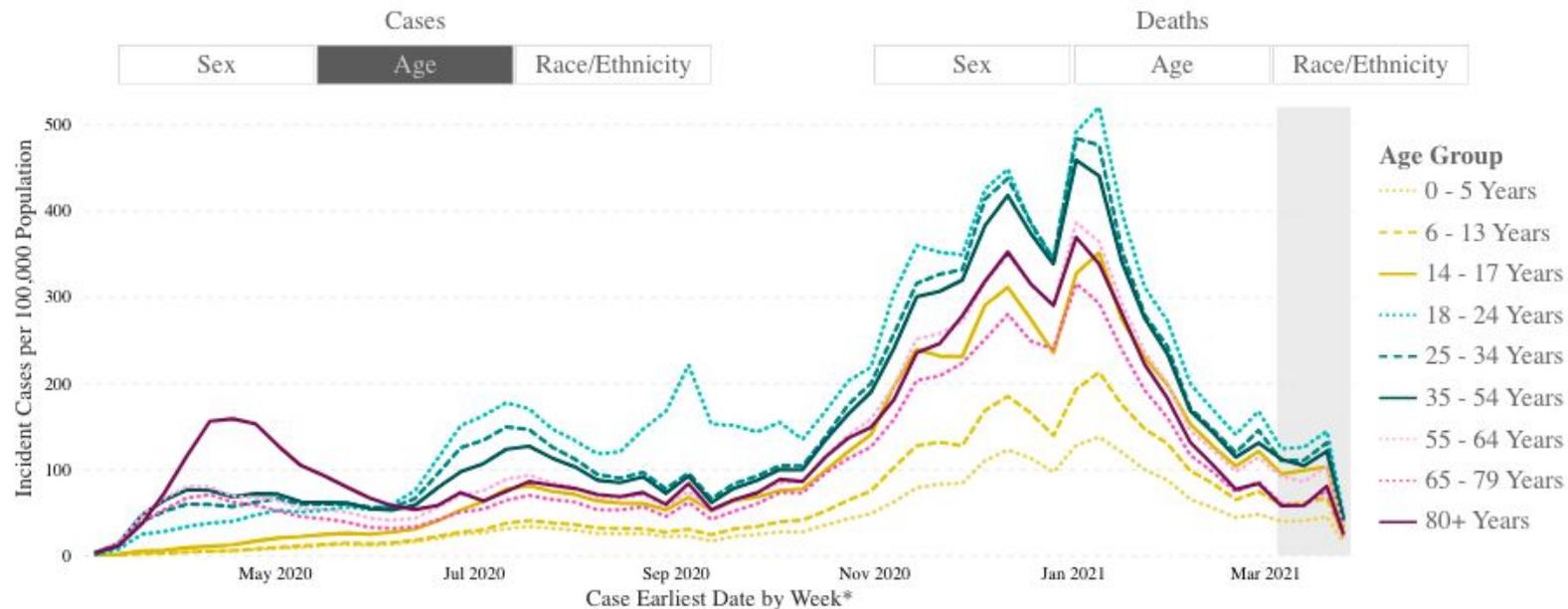
Abbreviation: COVID-19 = coronavirus disease 2019.

* The 7-day moving average of new cases (current day + 6 preceding days/7) was calculated to smooth expected variation in daily case counts.

† Incidence was calculated per 100,000 population using 2019 U.S. Census population estimates obtained from Kids Count Data Center (<https://datacenterkidscount.org/data>).

‡ Data included through December 12, 2020, so that each week has a full 7 days of data.

CDC: COVID-19 Weekly Cases and Deaths per 100,000 Population by Age Group March 1, 2020-March 25, 2021



Percentage of records reporting: Age = 99.26%

US territories are included in case and death counts but not in population counts. Potential two-week delay in case reporting to CDC denoted by gray box.

*Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date Received by CDC.

Last Updated: Mar 29, 2...

Source: CDC COVID-19 Case Line-Level Data, 2019 US Census, HHS Protect; Visualization: Data, Analytics & Visualization Task Force and CDC CPR DEO Situational Awareness Public Health

Other Issues to consider:

- Timing of return can be important, especially considering possible travel and gatherings over April vacation
 - Delaying return to full in-person instruction 1-2 weeks after break would support travel related quarantine and thus might reduce additional exposures
- Impacts on 100% remote students (especially at CEHS)
 - With current plan, 100% remote student access their live instruction via Zoom along with the maroon or gold cohort that is also attending remotely
 - If all hybrid students are attending in-person, there may be SEL impacts/disparities seen in students attending 100% remotely
- How to address needs of families who support the current model?
 - Some families feel the small class sizes and maroon/gold cohorts are the safest option for their family
 - Although these families may be able to move to fully remote, they may be challenged by their only option of 100% in-person instruction
- Concerns from many about new COVID-19 variants and another surge in cases

Questions?

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