

School Reopening During COVID: We've Been Thinking about In-person Learning All Wrong

[Population Health Sciences](#)

Date Posted:

Oct 05, 2020

Image



Right now a lot is getting lost in translation. Each community is responding differently to COVID-19, and the risks of returning to school when disease burden is high may not be fully appreciated. But as we see the [window open](#) for getting kids back in the classroom, we need to figure out how to keep them there.

Despite the polarization of school reopening, we public health professionals know there are evidence-based strategies that can protect those [most at risk in schools, teachers](#). As our team at PolicyLab continues to compile [evidence for safer school reopening](#), I try to bring a lens from both my lived experience as a public school teacher and my current role as a public health researcher.

I've been thinking—if I were still a teacher, armed with the public health knowledge I now have, what would I do?

Teachers' concerns are significant, as I know intimately: schools are both critical to the functioning of our society and poorly resourced. Teachers are seeing the words “if feasible” following school reopening guidance and rightly fear that they are being asked to sacrifice their health for their jobs. I taught in cramped trailers and windowless rooms, and with a rolling cart “classroom” I pushed around—set-ups that are simply not safe during a pandemic. On top of that, I routinely spent my own money on hand sanitizer and cleaning supplies.

We are still in a pandemic. And up until this point, we've been thinking about in-person learning all wrong.

As community transmission rates dip and schools reopen, teachers are adapting to a new normal. In many cases, schools' COVID-19 reopening plans assume that schools will and should function the way they usually do, with a few minor tweaks, like masking or opening windows. I suggest that for schools to stay open without resurgence, we need to completely reimagine our classrooms.

Cohort Models, Even for High Schools

It's very possible that communities will have resurgences throughout the school year. Cohorting is the safest option for everyone: not only will it allow kids to be in school each day, but it also allows for quick identification of emerging outbreaks and small-group isolation protocols.

Many elementary schools already use a cohort model, with one or two teachers isolated with a small group of students, and some university students are on block schedules, with short terms of one or two classes and a week off in between. High schools could adapt this model to fit their curricular requirements while isolating small groups. For example, 15 students could work with a U.S. History and an Algebra II teacher every day for a month, take a week off, and then begin two new courses. Figuring out the logistics of this model will likely be time intensive at the start, but is an overall low-resource mitigation opportunity.

Increase the Adult: Student Ratio with Additional Support Staff

Until there's a vaccine, school staff should be armed with accurate information to assess their own personal risk and have the choice of working in-person or remotely. School doesn't work for kids or adults if they feel unsafe.

To fill the gaps left by those who feel safer working from home, schools can consider using alternative staffing models to support in-person and virtual learning. For example, a lead teacher could support a cohort of students with the service of a paraprofessional, student teacher, teaching assistant or AmeriCorps/City Year mentor. Having two or three adults per student group would allow for seamless shifts between virtual and in-person learning when a teacher feels ill.

Flexible Use of Space

Spacing and ventilation are key factors to preventing COVID-19 outbreaks in schools. Though keeping kids six feet apart while inside, circulating fresh air, and spending time outdoors are more challenging shifts to make, they should be non-negotiable.

In the long run, our public school building [infrastructure](#) needs an overhaul, especially in big cities like [Philadelphia](#) where few classrooms meet the ventilation standards necessary to protect teachers and students. This is important not just for the pandemic, but for general student and teacher [health and safety](#).

In the short term, I would urge school districts to find ways to creatively flex into community spaces like recreation centers or libraries. This likely means younger students and those with special needs fill up school district buildings first, utilizing cafeterias, gyms and outdoor spaces as classrooms while older groups work in other settings.

Building Classroom Culture Around Disease Prevention

We know that having students in school buildings is incredibly important. There are real mental and physical health impacts to children who are out of school, as they rely on schools for safety, therapy and supportive services. Curriculum is also important, but we shouldn't expect to jump right into academic content with students as we might in other years—we should spend time to ensure health and safety undergirds all classroom activities.

In education circles, there is a saying that “practice makes permanent” to describe the role of intentional, iterative practice of routines and skills until they are second nature. Teachers know this idea well and often spend classroom time throughout the school year practicing everything from passing papers to lining up for lunch. I would suggest harnessing the power of this idea and spending extended time reinforcing masking, hygiene and distancing routines before starting any normal curricula. For example, students of all age groups can measure out and monitor the distance between desks and engineer their own PPE as seen through [examples across](#) the globe. Classrooms can also adopt silent or whisper-volume transitions, like when walking to and from desks, to reduce the chance of spreading the virus. Make no mistake, there will still be situations in which teachers must be in close proximity to students, especially young students and those with developmental disabilities, but reinforcing masking and hygiene through classroom practice will add a necessary layer of protection.

School will definitely look different with a focus on disease prevention, but kids are adaptable and learn classroom routines quickly, and teachers are masters at building buy-in. With some schools otherwise providing no comprehensive [health education](#), we may also see long-term benefits of increased healthy habits, flu prevention and social emotional well-being.

Schools Need Financial Support to Reopen Safely

Current state and district budget shortages will disproportionately impact schools in majority BIPOC communities, which receive [less funding per pupil](#) than majority white schools. Schools will need more teaching staff, technology, classroom spaces, cleaning supplies and support staff to reduce risk. If this doesn't happen, we won't be able to keep schools open in underfunded areas. We have an opportunity during this pandemic to begin to address these long-standing, systemic issues.

The Bottom Line

If we want every child back in a school building before a widely available vaccine, as [public health experts advise](#), we can't compromise on the basics—masks, distancing, cleaning and ventilation, but we must be agile and creative.

As I talk with friends heading back into classrooms, I am inspired by the countless hours they have spent planning for both virtual and in-person scenarios. Some have come up with [innovative methods](#) to protect students and staff while teaching in-person. Many of these strategies could be carried forward beyond the pandemic to improve the quality of public education through smaller [class sizes](#), more [outdoor time](#), less emphasis on [test scores](#) and grades, updated ventilation systems, and increased [health](#) and [social-emotional](#) focus.

COVID-era classrooms will look very different than in years past, but we may just come out of this with stronger, more resilient schools.

Deanna Marshall, MPH, is a former research associate at PolicyLab.



[David Rubin](#)
MD, MSCE

Related Content
[Responding to COVID-19](#)