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Division of Healthcare Financing

Autumn 2020

Health Check

The following is an article originally published on the American Academy of Pediatrics [HealthyChildren.org](https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Return-to-School-During-COVID-19.aspx) and can be found in full at <https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Return-to-School-During-COVID-19.aspx>.

Return to School During COVID-19



With the start of a new school year, a lot needs to happen so that students can learn and thrive without raising the risk of spreading [COVID-19](#).

The goal of having children attend school in person--which is how they learn best--will only be safe when a community has the spread of the virus under control. And then, when it is possible to reopen a school for in-person learning, a layered approach is needed to keep students, teachers and staff safe.

Why students should go back to school--when it is safe

Schools provide more than just academics to children and adolescents. In addition to reading, writing and math, students learn social and emotional skills, get exercise, and have access to mental health support and other services that cannot be provided with online learning. For many children and adolescents, schools are safe places to be while parents or guardians are working. For many families, schools are where kids get healthy meals, access to the internet and other vital services.

The pandemic has been especially hard for Black, Latinx, Native American/Alaska native children and adolescents, and those living in low-income families. One in 5 teens cannot complete schoolwork at home because they do not have a computer or internet connection.

But whatever form learning takes, the AAP advises that schools need funding to provide safety measures for in-person learning and to be able to support all students in virtual learning plans.

What schools can do

To stay safe, there are a number of steps schools should take to help prevent the spread of COVID-19. They include:

Physical distancing. The goal for students and adults is to stay at least 6 feet apart to help prevent the spread of the virus. However, research has found that spacing desks at least 3 feet apart and avoiding close contact may have similar benefits--especially if students wear cloth face coverings and do not have symptoms of illness. Teachers and staff should stay 6 feet apart from other adults and from students when possible. Teachers and staff should also wear cloth face coverings, limit in-person meetings with other adults and avoid areas such as staff lounges.

When possible, schools should use outdoor spaces and unused spaces for instruction and meals to help with distancing. For example, activities like singing, band and exercising are safest outdoors and spread out.

How to keep schools safe when reopening:

- ✓ Clean and disinfect high-touch surfaces
- ✓ **Wash hands!**
- ✓ Desks 3-6 feet apart
- ✓ Fewer students and staff in the classroom
- ✓ Teachers move classrooms, not students
- ✓ Lunches at desks
- ✓ Use **outdoor spaces** when possible
- ✓ **Masks** for all adults and students
- ✓ Flexibility to go virtual if virus surges

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Cloth face coverings & hand hygiene. All children over age 2 years and all adults should wear cloth face coverings that cover the nose and mouth to stop the spread of the virus. When worn correctly, cloth face coverings are safe to wear for long periods of time such as during the school day. In addition, frequent hand washing with soap and water is important for everyone.

Classroom changes. To help limit student interaction outside the classroom, schools should consider:

- Having teachers move between classrooms, rather than having students fill the hallways during passing periods.
- Allowing students to eat lunches at their desks or in small groups outdoors instead of in crowded lunchrooms.
- Leaving classroom doors open to help reduce high touch surfaces such as doorknobs.

Testing & temperature checks. The [CDC currently does not recommend COVID testing of students and staff](#). Testing only shows whether a person is infected at that specific moment in time and may not be useful in preventing outbreaks in school communities. Taking students' temperatures at school may also not be feasible, but you can monitor your children's health at home and keep them home if they are not feeling well. Schools should frequently remind students, teachers, and staff to stay home if they have a fever of 100.4 degrees F or greater or have any signs of illness.

Exposure. While current evidence suggests that children younger than 10 years may be less likely to become infected with SARS-CoV-2, and less likely to spread the infection to others, schools still need to plan for exposures. If a student or staff member has close contact with someone known to have SARS-CoV-2 infection, they should quarantine for 14 days from the day they were in close contact. Close contact means being within 6 feet of the person for at least 15 minutes. A person is known to be infected if they have a laboratory-confirmed infection or illness consistent with COVID-19.

Symptoms at school. School nurses will take the temperature of anyone who feels ill during the school day, and there should be a specific area to separate or isolate students who are not feeling well. To stay safe, school nurses should use PPE (personal protective equipment) such as N95 masks, surgical masks, gloves, disposable gowns and face shields.

Cleaning and disinfecting. Schools should follow [CDC](#) guidelines on proper disinfecting and sanitizing classrooms and common areas.

Buses, hallways and playgrounds

Since these are often crowded spaces, schools can:

- Give bus riders assigned seats and require them to wear a cloth face coverings while on the bus.
- Encourage students who have other ways to get to school to use those options.
- At school, mark hallways and stairs with one-way arrows on the floor to cut down on crowding in the halls. Assign lockers by group or eliminate use of lockers.
- Encourage outdoor activities such as using the playgroup in small groups. Playground equipment should be included in cleaning plans

Immunizations & well-child exams. It is important as students return to school that they are up to date on their immunizations. It will be critical that students and staff get their flu shot this year to reduce the spread of influenza this fall and winter.

Other considerations

In addition to having plans in place to keep students safe, there are other factors that school communities need to address:

Students at higher risk. While COVID-19 school policies can reduce risk, they will not prevent it. Some students with high-risk [medical conditions](#) may need other accommodations. Talk with your pediatrician and school staff (including school nurses) to see if your child needs additional solutions to help ensure safety at school.

Students with disabilities. The impact of schools being closed may have been greater for students with disabilities. They may have a difficult time transitioning back to school after missing out on instruction time as well as school-based services such as occupational, physical and [speech-language therapy](#) and mental health support counseling. School should review the needs of each child with an [Individual Education Program](#) before they return to school, and providing services even if they are done virtually.

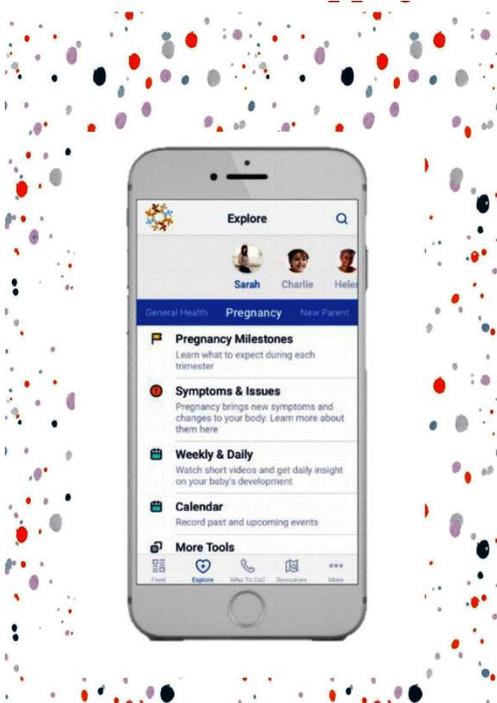
Screenings. Vision and hearing screening should continue in schools, when possible. These services help identify children in need of treatment as soon as possible and prevent interferences with learning.

Behavioral health/emotional support. Your child's school should anticipate and be prepared to address a wide range of mental health needs of students and staff. This includes providing mental health support for any student struggling with [stress from the pandemic](#) and recognizing students who show signs of anxiety or distress. Schools also can help students with [suicidal](#) thoughts or behavior get needed support.

Nutrition. Many students receive healthy meals through school meal programs. More students might be eligible for

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 - Kick counter
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CHIP is Changing

The Kid Care CHIP program is making a change effective October 1, 2020.

What's changing?

CHIP will be managed by Wyoming Medicaid instead of Blue Cross Blue Shield and Delta Dental of Wyoming.

How the changes may affect you:

- You will no longer receive communications from Blue Cross Blue Shield and Delta Dental of Wyoming
- More medical and dental services will be covered
- If you have co-pays, they will be reduced
- You will only need one ID card for dental and medical
- No action will be needed from you

More information will be shared before October 1, 2020.

For more information visit

health.wyo.gov/healthcarefin/chip/kid-care-chip-changes or find Kid Care CHIP on [Facebook](#).

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CHIP will be managed by Wyoming Department of Health (WDH) instead of Blue Cross Blue Shield and Delta Dental of Wyoming.

How does this impact me?

- You will get a new card. Cards go out in the middle of September.
- No change to the enrollment or renewal process.
- Starting October 1, there will be a new phone number for claims questions.
- Everything that was covered will still be covered, with a few additional benefits!



More information will be sent before October 1, 2020. For more information, visit <https://health.wyo.gov/healthcarefin/chip/>

Contact Wyoming Department of Health

For eligibility questions or to enroll call 855-294-2127 or visit <https://www.wesystem.wyo.gov/>

On October 1, 2020, for information on Kid Care CHIP services and limitations contact Client Relations at 800-251-1269.

To find a Wyoming Medicaid Provider visit wymedicaid.portal.conduent.com/wy/client/general/providerLocator.do

Deployment Information:

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