



COVID-19 Technical Assistance for Schools

April 15, 2021

Webinar housekeeping

- All participants will be muted throughout the webinar
- Please type questions into the chat box for the Q & A portion of the webinar
 - Questions should be directed to “everyone” in the chat
- The webinar will be recorded and available at the following link:
<https://coronavirus.maryland.gov/pages/school-resources>

Webinar Agenda

- Guidance Updates
- Social and Emotional Needs of Returning Students
- Q and A

Next webinar will be held on April 29th at 1:00 pm

COVID-19 Guidance for Maryland Schools – Updates Pending Release

- Updated guidance on physical distancing
- Updated recommendations for COVID-19 testing
- Revised guidance for quarantine of close contacts
- Added guidance for in-person learning and vaccination
- Added guidance on hearing and vision screening

New guidance will be posted to

<https://coronavirus.maryland.gov/pages/school-resources>

Physical Distancing

- Schools should follow [CDC guidance](#) for physical distancing while in the school building, on school grounds and on school buses:
 - Students should be at least 3 feet apart in elementary schools
 - In middle schools and high schools, students should be at least 3 feet apart unless the school is in an area of high* community transmission and cohorting is not possible
 - In this situation, middle and high schools students should be 6 feet apart

*The CDC defines high community transmission as ≥ 100 total new cases per 100,000 in the past 7 days. This translates approximately to a 7 day average case rate per 100,000 of ≥ 14.3 as defined by MDH

Physical Distancing (cont'd)

- The CDC also recommends that 6 feet of distancing should be maintained in the following settings:
 - Between adults (teachers and staff), and between adults and students;
 - When masks cannot be worn, such as when eating;
 - During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise;
 - In common areas, such as school lobbies and auditoriums;
 - Between cohorts where possible

COVID-19 Testing

- At minimum, schools should offer referrals to diagnostic testing to any student, teacher, or staff person who develops symptoms of COVID-19 at school and to any identified close contacts in the school setting
 - For those schools that have the appropriate staff, resources, and training, diagnostic testing may be conducted in the school setting
 - Schools may also refer students and staff for testing at community-based sites
- Some schools may also elect to use screening testing as a strategy to identify cases and prevent secondary transmission
 - Schools with the appropriate staff, resources, and training to conduct screening testing should refer to [CDC guidance](#) for specific testing recommendations

Quarantine of Close Contacts

- [Fully vaccinated](#) students, teachers, or other staff who have no COVID-19 symptoms do not need to quarantine following exposure to a person with confirmed or probable COVID-19
- These persons can continue to attend school or work in a school
- Fully vaccinated people who do not quarantine should still monitor for symptoms of COVID-19 for 14 days following an exposure
- If they experience symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, including SARS-CoV-2 testing
- These same recommendations apply for asymptomatic people who have tested positive for COVID-19 in the past 3 months and recovered

Contact Tracing Reminder

- **Fully vaccinated people who are exposed still need to be identified and included in list of contacts for purposes of contact tracing**
 - Exposure notification, verification of vaccination status, information about symptom monitoring
- MDH has also released *Recommendations for Fully Vaccinated People in Non-Healthcare Settings – March 15, 2021*

<https://phpa.health.maryland.gov/Documents/MDH%20rec%20fully%20vaccinated%20non-healthcare%2015Mar2021.pdf>

Quarantine of Close Contacts (cont'd)

- Close contacts who are not fully vaccinated should not attend school, work in or visit a school building until completing quarantine
- **A quarantine period of 14 days remains the safest option for close contacts of persons with confirmed or probable COVID-19 who are not fully vaccinated**

Quarantine of Close Contacts (cont'd)

- Based on [guidance](#) from the CDC, the following options to shorten quarantine may be an acceptable alternative in the school setting depending upon local circumstances and resources:
 - Quarantine can end after Day 10 if NO symptoms have been reported during daily monitoring; OR
 - Quarantine can end after Day 7 if a diagnostic specimen (collected on Day 5 or later) tests negative and if NO symptoms have been reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 7

Quarantine of Close Contacts (cont'd)

- When a person meets these criteria and quarantine is ended early, all of the following must be implemented:
 - Daily symptom monitoring continues through Day 14; AND
 - Persons are counseled regarding the need to adhere strictly to all recommended mitigation strategies including correct and consistent face covering use, social distancing, and self-monitoring for symptoms of COVID-19 through Day 14; AND
 - Persons are advised that if any symptoms develop, they should immediately self-isolate and contact their health care provider to determine if they need to be tested and how long they should be excluded from work or school

Quarantine of Close Contacts (cont'd)

- Note: For persons that are unable to comply with correct and consistent face covering use including children under 5 years of age and persons with a disability or medical condition that makes wearing a face covering unsafe, a shorter quarantine option may NOT be used and these persons must quarantine for a full 14 days
- **Schools and local school systems should determine the best quarantine option for their population of students, educators, and other staff who are not fully vaccinated in consultation with the local health department**

Quarantine of Close Contacts (cont'd)



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

[today's date]

To Whom It May Concern:

[First_Name] [Last_Name] is obligated to quarantine due to exposure to the COVID-19 virus on [monitoring start date]. They must stay home and not work or go to school outside the home during the quarantine period. While CDC recommends a 14-day quarantine period, they provide options for early release from quarantine. Provided the exposed individual does not develop any symptoms and is able to comply with other recommendations, quarantine can end after day 10 without testing or quarantine can end after day 7 if a test that is collected on or after day 5 is negative. **Even if the health department releases you early from quarantine, your employer or school might require a longer period of time before you can return.**

Because [First name] [Last name] works in a healthcare setting, they might receive alternative guidance from their Occupational Health or Infection Control Department that allows them to work during their quarantine period. As long as [first name] [last name] remains asymptomatic, they may follow that guidance for work only. They must stay home when they are not working.

If an individual is released early from quarantine, the other recommendations they must comply with include:

- correct and consistent mask use,
- social distancing,
- hand hygiene and cough etiquette,
- self-monitoring for symptoms of COVID-19 illness, and,
- adherence to employer- or other setting-specific criteria for return to work or school (e.g., required testing or timeframe).



In-person Learning and COVID-19 Vaccination

- Decisions about in-person learning should not be based on the level of vaccination of teachers, other staff, or students

Hearing and Vision Screening

- The hearing and vision screenings mandated under Education Article §7-404 and COMAR 13A.05.05.07 should still be performed
- Schools, school systems, and local health departments should refer to [MDH/MDSE guidance](#) for recommendations on how to conduct these screenings safely

School guidance documents to be rescinded

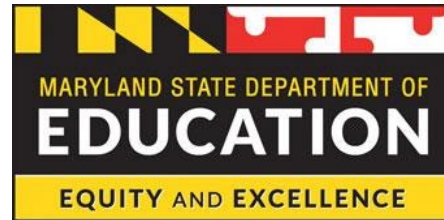
- Maryland School Reopening Guidance – January 21, 2021
- Use of Cloth Face Coverings in Schools – August 28, 2020

Research of Interest

- Factors Associated with Participation in Elementary School–Based SARS-CoV-2 Testing — Salt Lake County, Utah, December 2020–January 2021. MMWR, April 7, 2021

https://www.cdc.gov/mmwr/volumes/70/wr/mm7015e1.htm?s_cid=mm7015e1_w

Social and Emotional Needs of Returning Students



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Working Assumptions

- All students and staff have likely experienced some level of trauma as a result of the pandemic.

Degree and intensity varies.

- Emotional reactions such as grief, fear, anxiety, depression, and anger are normal and can be expected.
- All have some degree of diminished stamina.
- Not all homes were safe.

What should we expect from students?

- Students have not been to school for in-person learning since last March.
 - Almost a year has passed since students have had to:
 - Ride a school bus
 - Walk in school hallways
 - Eat lunch with other students
 - Follow in-class rules and expectations
 - Transition between classes
 - Sit and attend to in-person instruction



Societal tension

- Racial injustice and inequality may be experienced by some students.
- Students may be on heightened alert and sensitive to comments and statements made by others.





Recent data:

The US Centers for Disease Control (CDC) found that although total visits to Emergency Departments (ED) in the USA for children under 18 years of age were down, for the period April through October 2020, the proportion of those visits for mental health issues increased. (Leeb et al., 2020).

Declining well-being: More than two thirds of parents who sought help since the start of the pandemic said they had witnessed a decline in their child's emotional well-being (72%), behavior (68%), and physical health due to decreased activities/exercise (68%). Child Mind Institute Children's Mental Health Report 2020

Anxiety and depression are most common: Anxiety (40%) and depression (37%) are the most common mental health challenges leading parents to seek telehealth services for their child. Seeking help for problem behavior (30%), ADHD (30%) or learning challenges (23%) was also common. Child Mind Institute Children's Mental Health Report 2020

What does this all mean

- We can not expect the same behavioral and academic compliance you might normally expect.
- We are more than likely going to experience issues with children such as:
 - Lack of motivation
 - Outward non-compliance and challenging authority
 - Forgetfulness
 - Fatigue



POSSIBLE STUDENT EMOTIONAL AND BEHAVIORAL RESPONSES AT HOME

- Preschoolers-regression. Thumb-sucking, bedwetting, clinging, sleep disturbances, loss of appetite, fear of dark, withdrawing
- Elementary school children-irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, withdrawal from activity and friends
- Adolescents-sleeping and eating disturbances, agitation, increased conflicts, physical complaints, acting out behaviors, poor concentration, withdrawing

POSSIBLE STUDENT EMOTIONAL AND BEHAVIORAL RESPONSES IN SCHOOL

	Kindergarten- Grade 2	Grade 3-6	Grade 7-9	Grade 10-12
<i>Fear & Anxiety (school refusal behaviors)</i>	Difficulty detaching from caregiver, physical aggression toward adults	Physical and verbal aggression toward adults and peers, physical symptoms	Truancy, verbal aggression toward peers, physical symptoms	Truancy, school withdrawals, apathy toward learning due to uncertain future
<i>Delayed Gratification Expect free access to food, drink, bathroom, cell phone</i>	Tantrum behavior when denied items or activity	Excessive requests to leave the learning space	Excessive requests to leave the learning space	Refusal to comply with adult rules related to access to item
<i>Stamina - physical, mental, emotional</i>	Sitting, listening, time on task limited to less than 10 minutes	Sitting, listening, time on task limited to less than 15 minutes	Task engagement limited to less than 20 minutes	Task engagement limited to less than 30 minutes
<i>Social interactions - relationships, expectations</i>	Difficulty sharing materials,	Listening & valuing perspective of others, lack of empathy, participating in social dialogue,	Listening & valuing perspective of others, lack of empathy, participating in social dialogue	Struggling to limit social dialogue with peers and attend to academic demands
<i>“Code switching”</i>			Use of profanity, voice volume & tone	Use of profanity, voice volume & tone
<i>Decreased access to choices</i>	Struggling to engage in tasks and activities as presented by adults	Refusal to transition from preferred to non-preferred activities	Refusal to transition from preferred to non-preferred activities	Refusal to transition from preferred to non-preferred activities
<i>Increased multi-step demands</i>	Failure to complete or begin tasks independently	Failure to complete or begin tasks independently	Struggles with executive functioning skills of organization and planning	

How Do I
Know if these
feelings are
serious?

- Is the behavior new and different?
- What does your child say about the behavior/feelings?
- Could the behavior be situational and not chronic?
- Has the behavior been going on for awhile?
- Does the child talk about self harm?
- Have you talked to the school counselor about your concerns?
- Have you spoken to your pediatrician?

Advice

Stay

Stay Calm, you are the role models

Be

Be aware of how you talk about the return to school

Explain

Explain social distancing and the need for masks

Demonstrate

Demonstrate self-regulation-deep breathing, and self calming

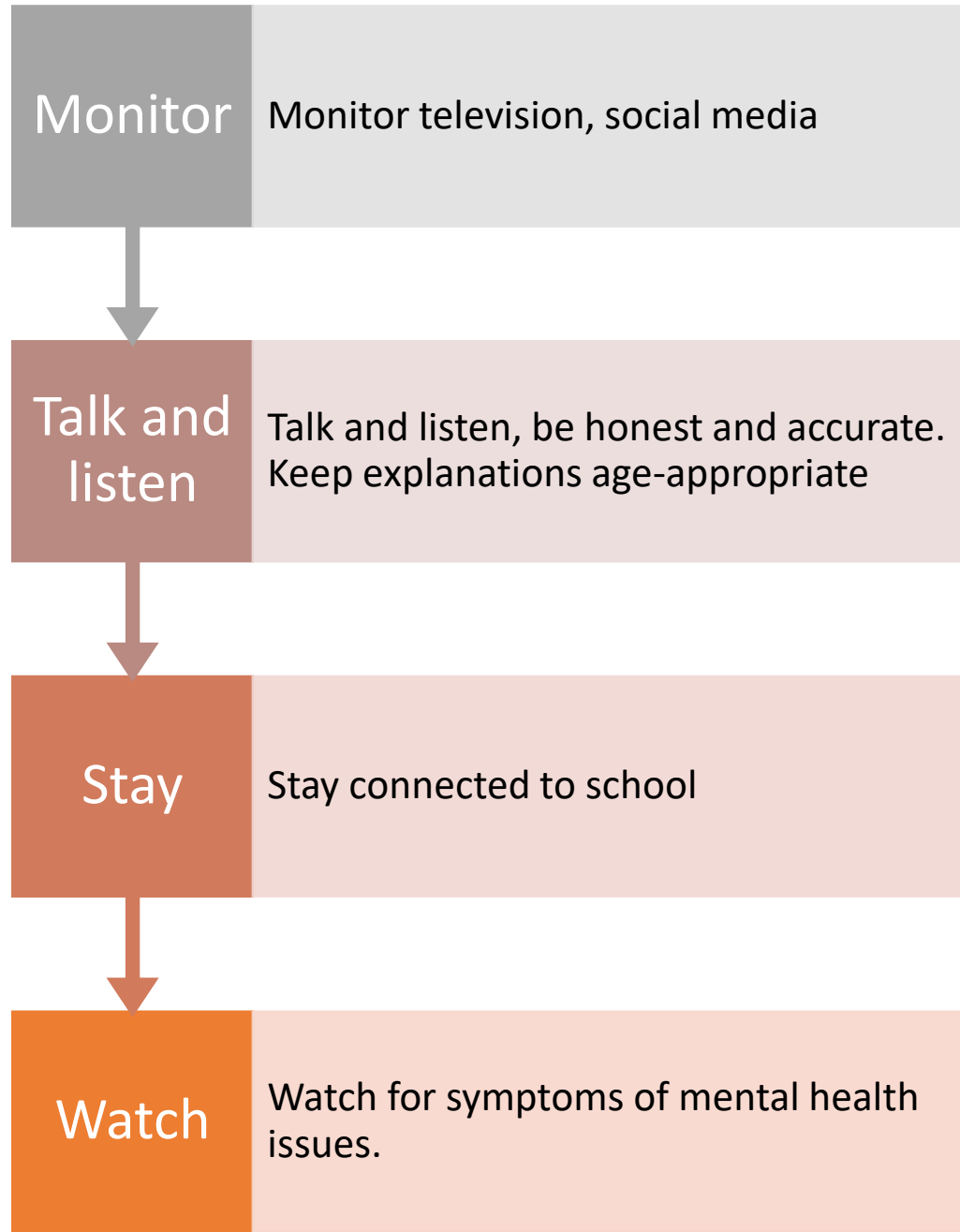
Focus

Focus on the positive

Establish
and
maintain

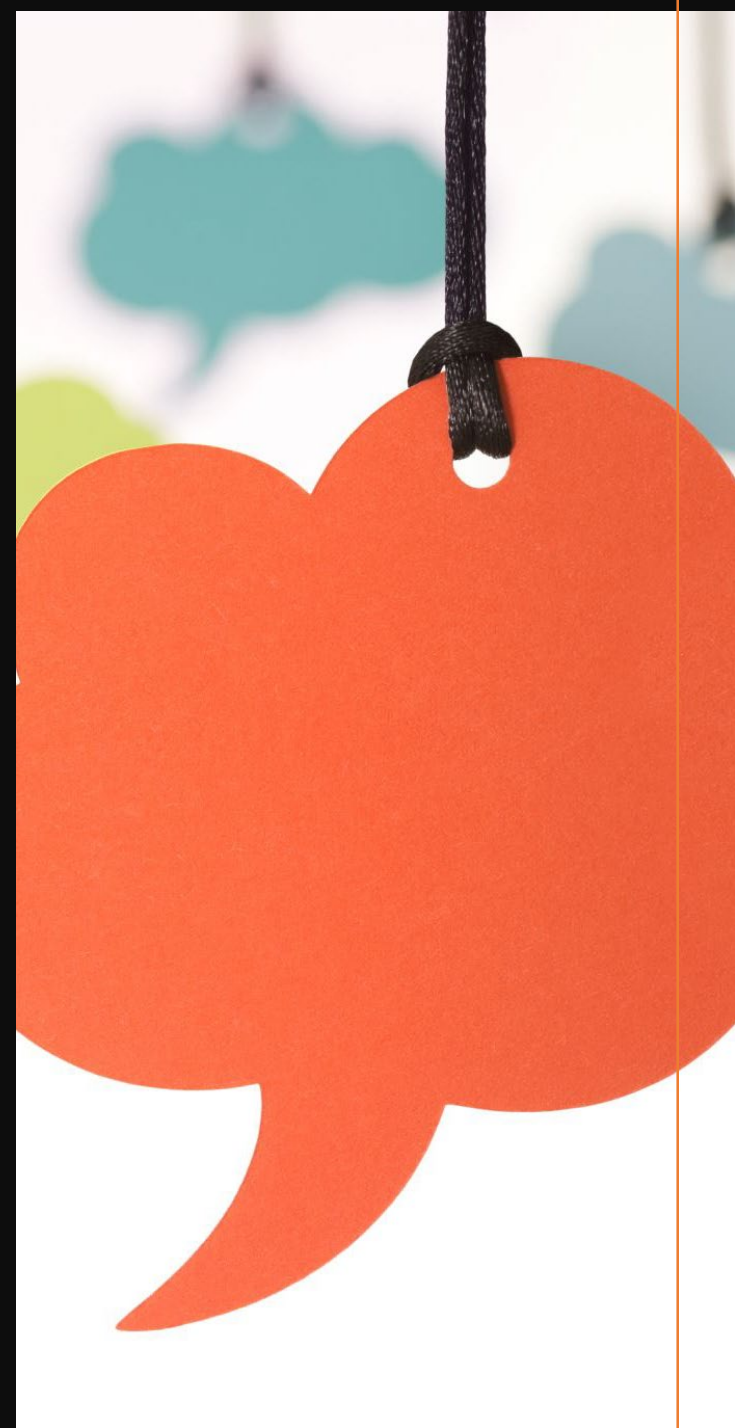
Establish and maintain a daily routine

What Can I Do?



Conversation Starters

- What, if anything, worries you about returning to school?
- What do you think will be hardest for you?
- What do you think you will enjoy the most?
- What might be something that confuses you about this pandemic and the return to school?
- What have you done in the past when you felt worried or scared to help you get through it?
- What ideas do you have to help you get through the first few days back at school?
- How can I help you?



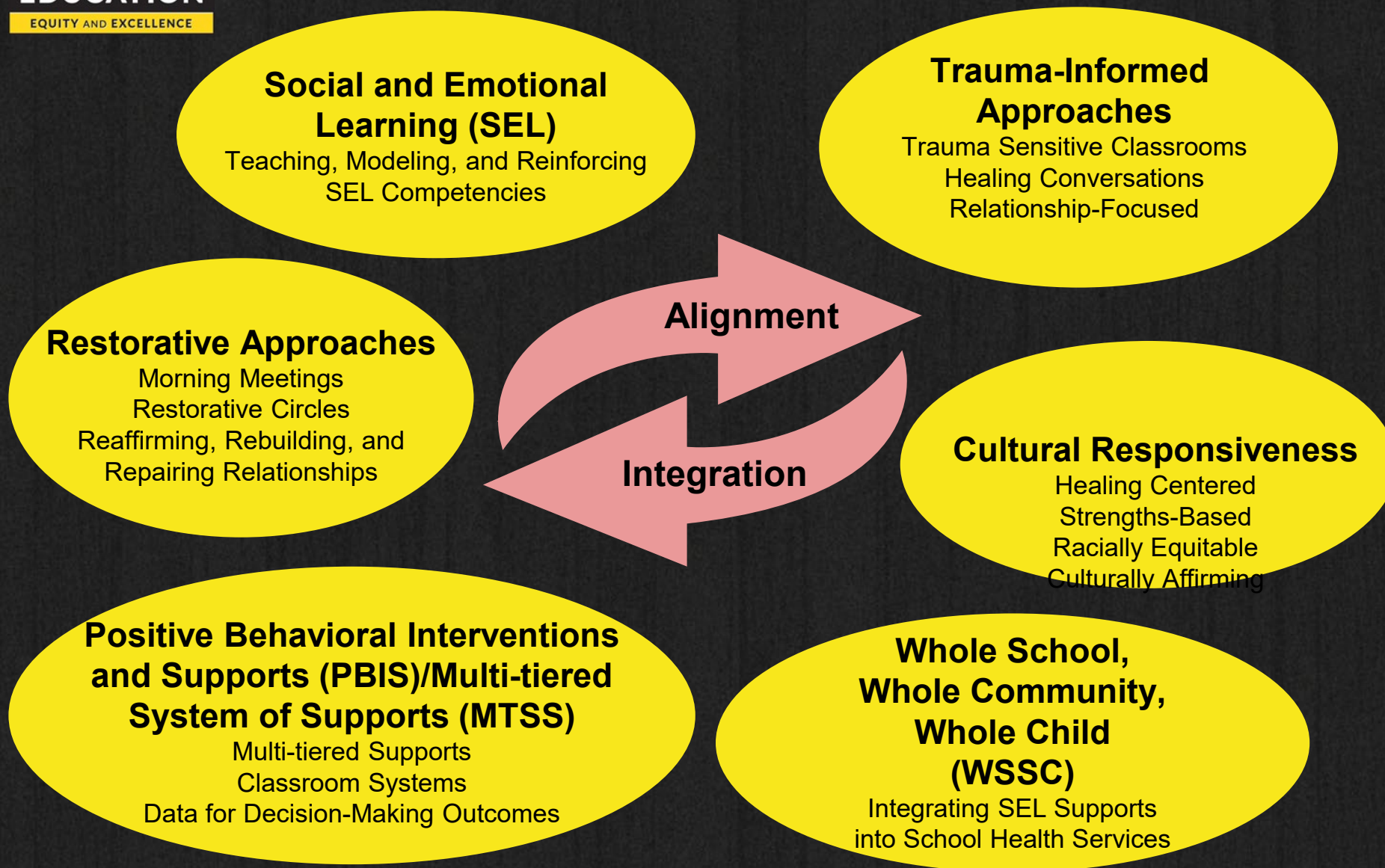
What is Being Done to Meet
the Social and Emotional
Needs of our Students?





MSDE Initiative:

Regional Mental Health Centers in five areas of the State, providing crisis and technical assistance to schools.



Alignment and Integration of Social and Emotional Supports in Maryland



Social and Emotional Learning in Local School Systems (LSSs)

In the Classroom

All 24 LSSs have planned, systematic classroom-based SEL instruction and embed SEL lessons into each content area.

SEL Programs

All 24 LSSs utilize a research-based SEL program. The most common is Second Step (17 LSSs).

Restorative Approaches

All 24 LSSs use a restorative approach to help students learn to build and manage relationships and develop social awareness and personal responsibility.

Positive Behavioral Interventions and Supports (PBIS)

All 24 LSSs implement PBIS and offer SEL supports through a multi-tiered framework that encourages staff to build strong relationships with students.

Health Education Teaches SEL

**MD Health Education
Standard 7: Self-
Management**

**MD Health Education
Standard:
1a Mental and
Emotional Health**



**MD Health Education
Standard
1a Mental and Emotional
Health**

**MD Health Education
Standard 5 Decision
Making**

**MD Health Education Standard 4
Interpersonal Communication**

Mental Health Services in Maryland Schools

Student Support Services/SSTeams (COMAR)

- School psychologist
- School counselors
- School social workers
- Pupil personnel workers
- School Nurses
- School Safety Staff
- Outside partnerships (Mental Health)



Mental Health Services



School
psychologists,
referrals

School counselors,
School social workers,
school psychologist

School
counselors,
school social
workers,
teachers,

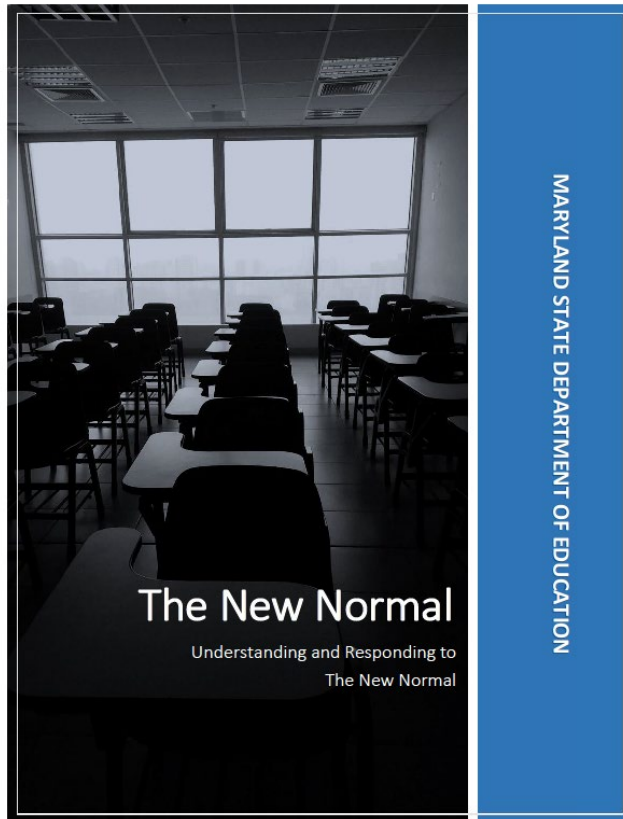
**Individualized Supports
Wrap-Around Services**

**Check-Ins
Small Group Topic
Circles
Conflict Resolution
Counseling Supports**

**Safe, Calm, and Predictable Environments
Mindfulness
Trauma-Informed Classroom
Modeling, Teaching, and Reinforcing SEL Competencies
Caring and Supportive Classrooms
Community Circles (Restorative)
Cultural Responsiveness Pedagogy
School Counseling Lessons
Comprehensive Health Education**

**A Multi-Tiered System
of Supports (MTSS)
for Social and Emotional
Learning**

Maryland Resources



<http://marylandpublicschools.org/about/Documents/DSFSS/SSSP/TA/NewNormal11.17.2020.pdf>



Student and Young Adult Resource Guide for Coping during COVID-19

The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) developed this behavioral health resource guide for middle and high school students, adolescents and young adults coping during the school year.

We hope that this guide will help spotlight issues and find resources so that Maryland students and young adults can know how to help themselves, and each other, manage stress and recognize signs of crisis during the pandemic.

Please use and share these resources on mental health, substance use, suicide prevention, and grief and loss with your peers.

Mental Health

Everyone reacts differently to stressful situations. The emotional impact of an emergency — like the pandemic and its continued impact — can depend on your experiences, social and economic circumstances, and your support system. Feelings of fear, anxiety, sadness and uncertainty are normal. Some people may hide their feelings. Here are signs to look out for in yourself and in your friends:

- Some people may develop nightmares or have panic attacks
- Some people become irritable, angry, or even start fights with others
- Some may use alcohol, tobacco, and drugs to escape from what is going on
- Sometimes sleeping and eating may become disrupted
- Some people become more isolated and withdrawn

<http://marylandpublicschools.org/about/Documents/DSFSS/SSSP/TA/StudentResourceGuide012021.pdf>



Volume 2 - 2021

ED COVID-19 HANDBOOK

Roadmap to Reopening Safely and
Meeting All Students' Needs



https://www2.ed.gov/documents/coronavirus/reopening-2.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

