



Quebec Provincial Association of Teachers  
L'Association provinciale des enseignantes et enseignants du Québec

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# **QPAT REFLECTIONS AND RECOMMENDATIONS ON THE EVENTUAL REOPENING OF SCHOOLS IN THE COVID-19 PANDEMIC**

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**April 2020**

**In view of the medical information currently available on the COVID-19 virus (symptoms, incubation, probability of transmission, person-to-person transmission, immunity, impact on children and adolescents, etc.)**

**(Sources: Websites of the *Institut de la santé du Québec* and the World Health Organization):**

- The SARS-CoV-2 virus causes an infection known as COVID-19 (for *coronavirus disease 2019*).
- The symptoms of COVID-19 are similar to those of other viral respiratory infections, and include fever, coughing and shortness of breath.
- The infection may be benign, but in some cases it can become more severe with breathing difficulties and pneumonia. Among more vulnerable people, it can even be fatal.
- The incubation period between infection and the emergence of symptoms is estimated at “between one and 14 days” according to the WHO, which notes that in most cases the period is “around five days”. As a result, the quarantine period for suspected cases has been set at 14 days.
- So far, very few children and adolescents aged 14 and under have been infected with COVID-19 (between 1% and 2% of all confirmed cases are children). However, since most infected children exhibit few to no symptoms, the prevalence of COVID-19 in this age group is difficult to determine and may have been underestimated. Although children and adolescents do not appear to be seriously affected by COVID-19, specialists generally agree that they can still spread the virus to other people.
- Current epidemiological data suggest that person-to-person transmission occurs mostly through contact with respiratory secretion droplets from symptomatic cases. However, the exact method of transmission is not yet known, and based on current scientific data, the experts cannot yet exclude opportunistic transmission via aerial pathways in certain conditions. The virus may also be spread via faeces. It can survive anywhere between a few hours to a few days on surfaces.
- The contagious period has not yet been precisely defined, either before symptoms appear or after they disappear. For the time being, there is no data from which to establish the scope, duration and contagiousness of people with the virus.
- With regard to contagion, the specialists seem to agree that, in the absence of control measures, each infected person will, in turn, infect between two and three other people (this is known as the disease’s “basic reproduction

number” or  $R_0$ ). This is higher than for influenza (1.3), significantly lower than for measles (more than 12), and similar to SARS (3).

- Recent data suggest that contagiousness is especially high in the early days following infection, before symptoms emerge.
- At the present time, there is no vaccine or medication for the coronavirus. Patient management consists of treating the symptoms.
- In the case of COVID-19, the scientific community agrees that herd immunity will only be achieved when between 50% and 70% of the population has been immunized, either through infection or vaccination. The chances that this level of immunization will be achieved before a vaccine becomes available (which will take between six and 18 months) are very slight, and immunization would come at the expense of very large numbers of deaths (between 1% and 5%).
- Nothing is yet known about the longevity or level of the immunity acquired by a person infected with COVID-19.

**In view of the situation of many of our institutions and our school system before the COVID-19 crisis:**

- Overpopulation and lack of space in many of our schools, especially those in urban centres, considerably increases the level of crowding. For example, many schools have only one gymnasium, no library, and modular classrooms that reduce the size of the school yard.
- Hygiene and sanitary conditions are minimal in many schools, due to the shortage of maintenance personnel.
- The facilities (toilets/bathrooms) are often insufficient to serve all the students and provide acceptable sanitation levels in many schools.
- Schools face challenges relating to shortages of teachers and other categories of staff members, including professionals.
- Many classes include several students with special needs and/or individualized education plans.

**Given that, when the emergency childcare services were opened, Québec's Public Health Department issued the following directives and guidelines to ensure the health and safety of the personnel, the children and their families, and to avoid spreading the virus:**

- A maximum number of individuals in a facility (50).
- A maximum adult/child ratio (10).
- Stronger hygiene measures, such as washing hands with soap and water for 15 to 30 seconds and compliance with respiratory hygiene. Sharing of personal items should also be avoided.
- Clear directives regarding frequent cleaning and disinfection of rooms, surfaces and frequently-touched objects (including toys). This may include cleaning of objects and surfaces that are not usually cleaned on a daily basis (e.g. door handles, light switches, faucet handles, etc.). The children's toilets must be cleaned more frequently, and surfaces must be cleaned with the usual products, in accordance with the manufacturer's instructions.
- Strict rules regarding movements inside and outside the building and access to the building by parents.
- Limit the number of children in contact with one another and avoid mixing groups. For example, stagger arrival and departure times, stagger the use of the playground instead of allowing several groups of children to play together, and limit other activities requiring interactions between different groups of children.
- Under the present directives, a child who is diagnosed with COVID-19 will be placed in isolation and will not be sent to the childcare service. The regional public health department will investigate and instruct the childcare service in cases where a child diagnosed with the virus attended the service before receiving the diagnosis. The public health department will identify the people who had extensive contact with the child (other children, teachers, parents, etc.), and they, in turn, must self-isolate and comply with specific instructions. A child or teacher diagnosed with COVID-19 must self-isolate at home until the public health department or professional in charge of monitoring the case lifts the isolation order.

**Given that, in the current conditions, it would be virtually impossible to ensure compliance with social distancing measures in schools in the event of a full or partial reopening, due to the following factors:**

- General difficulty for school staff members to manage interactions between students in the classroom while carrying out learning activities, and especially so for students with special needs. The younger the students, the more complex and difficult management becomes.
- Movements of students between classrooms, at lunchtime and during recess.
- Challenges relating to student travel between school and home, whether by school bus or other forms of public transit.
- Access to school childcare services.
- Challenges relating to the availability of personnel due to shortages and specific health conditions that would not allow certain staff members to return to work in the short term.
- Instruction is often interactive, focused on the students, and project-based, depending on the subject and level.

### **QPAT'S RECOMMENDATIONS:**

**Due to all the factors listed above, and in the spirit of protecting the health and safety of teachers, students and families while providing fair access to learning opportunities for all students, QPAT recommends that:**

- 1) Schools should not be reopened, wholly or partially, before the end of the school year, due to the short-term logistical problems that will arise in the context of Québec's schools.
- 2) A plan be drawn up to facilitate the introduction of measures and protocols that would help minimize the spread of the virus in schools when they reopen.
- 3) The plan be communicated clearly to schools, personnel, students and parents, to reduce the stress and anxiety generated by the idea of returning to the classroom.
- 4) Solutions should continue to be considered so that all students can continue with some level of learning between now and the end of the school year.
- 5) Specific solutions be examined, in conjunction with partners, to address the requirements of special needs students and vulnerable students, between now and the end of the school year.

- 6) Solutions also be considered for students who are completing a phase of their educational pathway, whether it be elementary school, secondary school, adult general education or vocational training.
- 7) An enlarged committee composed of all the partners be set up to consider the broader aspects of planning the next school year and reopening schools in the fall.

**Questions that must be addressed before considering any proposal to reopen schools:**

1. What would be the purpose of reopening schools before the end of this school year?
2. Is individual health and safety (students and school staff members) a priority? What level of risk would the Government consider acceptable?
3. To assess the level of risk, is the *Institut de la santé publique du Québec* currently working on projections to estimate the potential increase in the number of cases and deaths among children, their parents, caregivers and extended family members, teachers and support staff as a result of reopening schools?
4. Would these projections be based on the assumption that proper health measures and social distancing can be implemented in schools?
5. Will measures be required to ensure that social distancing is enforced inside and outside schools?
6. Will proper plans be introduced to administer regular tests to teachers and staff members, to provide adequate protective equipment and to require proper cleaning and disinfection?
7. Where necessary, will additional support staff (maintenance staff) be hired for every school to ensure regular cleaning and disinfection of classrooms, common areas, objects and surfaces?
8. Will a project be launched for the addition of sanitary facilities (washbasins, soap and paper towel dispensers, etc.) in sufficient numbers to allow for the application of exceptional sanitary measures in schools?
9. Will exemptions be granted to students and staff members who are vulnerable to the disease (due to pregnancy, respiratory problems, compromised immune systems, age, etc.) or who live with people who are vulnerable, so that they are not required to return to school?
10. Where applicable, will there be a plan to compensate for the shortage of teachers and other staff members?

11. In the event of a partial reopening of schools, will the teachers who return to the classroom also be required to provide distance learning support for the students for whom they were responsible before the closure, and who are not included in the groups that return to school?
12. What measures will apply in the event that a student or staff member exhibits symptoms indicative of COVID-19?