Return to school during COVID-19

Policy position recommendation

1. The CMA is deeply concerned with the cumulative and harmful impacts children and youth experienced as a result of the pandemic, particularly the negative ramifications of school closures. The CMA recognizes that safe and sustained in-person learning is essential to children’s and youths’ development, mental health, and well-being. Provincial/territorial governments and public health authorities are responsible for ensuring that appropriate public health measures are in effect to ensure the safety of in-person school environments and communities. Safe schools require safe communities.

2. As families prepare for back-to-school, the CMA call on governments to take more action to prioritize the well-being of children and youth as part of re-opening plans and ensure a safe and sustained return to in-person learning as the pandemic continues.

3. The CMA calls on provincial/territorial governments, public health authorities, and school boards to invest in and implement evidence-informed public health measures that prioritize the safety of students, staff, and those they come into contact with, particularly those at high risk of infection and at high risk of severe illness or death resulting from COVID-19. This includes appropriate use of PPE, social distancing, cohorts, and ventilation in schools, and public health measures that reduce community transmission and allow schools to remain open safely. Measures must be appropriate to the level of local community transmission and calibrated to address changing circumstances, new evidence, and the risks posed by emerging COVID-19 variants.

4. The CMA encourages the strengthening of mental health and social support programs for children and youth and their families and the continuation of financial supports for low- and middle-income families as the pandemic continues.

5. The CMA encourages all people living in Canada to follow public health measures for their jurisdictions relating to school re-openings and to get vaccinated when they become eligible. Vaccination is an important additional layer of protection, especially for children who are not yet eligible for vaccination.

6. To support this, public health measures must be implemented to encourage and facilitate the vaccination of students and staff eligible for the vaccine, including local vaccination...
campaigns and vaccination clinics that account for and remove barriers to vaccine access. Vaccine mandates for students should only be implemented as a last resort, and only after addressing all barriers to vaccine access, including barriers faced by those experiencing structural vulnerabilities.

7. Greater investments in research are required to yield more robust data and further our understanding of the role children and youth play in transmission and of the health impacts of COVID-19, including variants of concern, on children and youth.

A. Background

- A major concern during the COVID-19 pandemic has been the health of children, youth, and teachers in the classroom and the potential for transmission at schools, particularly where children are not yet eligible for the vaccine.
- Children <11 years old remain the sole demographic unvaccinated, leaving them potentially at risk. It is not expected that the vaccine will be available to this age group until early 2022.
- School closures during the pandemic have led to a deterioration in the mental health of many children and youth. The stress of the prolonged lockdowns has been especially difficult for children and youth. Being out of school has denied our youth their sports and recreational activities and separated them from their social circles; they have borne the weight of this pandemic in many ways, arguably more than most.
- There are significant concerns that “the school closures caused by COVID-19 have additional aspects of trauma to students, loss of resources, and loss of opportunity to learn.”
- Health authorities are monitoring who is impacted by new variants of concern which may yield a better understanding of the impact on children and youth.
- Public health restrictions need to be loosened carefully to not lead to increased community infection rates which, in turn, could impact the viability of keeping schools open.

B. Rationale

- Many experts believe that in-person learning is essential for children’s and youths’ learning, well-being, and mental health.
- Schools serve an important public health function as the only place many children and youth receive regular meals, access other social supports and services, and are safe from abuse. School closures disproportionately affect children and youth who are members of equity-relevant communities and groups who may not have the same resources and learning opportunities outside of a school setting.
- Available evidence suggests that, when mitigation measures are taken, school attendance does not tend to contribute to community transmission. However, more testing and research is needed, particularly to account for the prevalence of new variants.
- There are 1M children in Canada with medical complexity who may be at high risk of infection or death due to COVID-19. Research is needed to understand the interactions between the vaccine and various medications to enhance vaccine acceptance among this pediatric patient population.
• The vaccination of eligible children and youth remains key to preventing class closures and providing them with continued access to education and social supports. Equity-relevant groups face disproportionate barriers to vaccine access and social supports and may have higher levels of mistrust based on historic and ongoing systemic discrimination. These barriers and concerns must be specifically addressed at the local level.410
• Vaccination campaigns in schools have been carried out successfully for other communicable diseases.
• School closures have also had a significant impact on children’s and youths’ caregivers.45

Approved by the CMA Board of Directors August 2021