

SOS #1 COVID-19 Reporting: The Parent STIGMA Paradox

In February, March and April of 2020 as the COVID-19 pandemic hit the United States and closed down businesses, schools and a general way of life, the public mantra seemed to be “*we are all in this together*”. This philosophy of social distancing, wearing masks to protect others and “*staying safe*” brought the best of America together. Isolation was accepted. Closing commerce and educational instruction was ok because we were all in this together.

As school leadership develops ways to reopen in the fall with an emphasis on keeping children, staff and teachers safe, there is a trend developing that may complicate any guidelines put forth in their plans. With COVID-19 in the media, social media allows everyone to voice their opinion. However, when COVID-19 infects a child many parents are experiencing a form of shame or a strong stigma that they want to keep the diagnosis quiet and confidential. After all, how could a child get the Coronavirus if not for some lack of caution, carelessness or bad decision making as a parent to protect the safety of their own child?

Over the last three weeks we have been interviewing school headmasters, board members, teachers, staff and even parents on their feelings and attitudes towards school reopening. Are safety guidelines enough to provide the peace of mind to send your child back to school after a summer of quarantine and social distancing? If you do send your children back to school in the fall:

- (1) Are schools prepared to keep your child safe from COVID-19?
- (2) Is the school community of families still of the mindset that “we are all in this together”?
- (3) Are you prepared to report if your child is diagnosed with Covid-19?

...The initial feedback may not be what you expect.

During our research we came across the following

Fact Pattern of a real-life example school:

- **XYZ Private School** has the campus open for summer athletics and camps.
- The school followed protocol that had limited students to staying in one group for summer sports/activities (no mixing groups) and had been taking temperature checks daily.
- Student “A” in a varsity level sport tested positive for COVID-19.
- The school shut down the varsity level sport training group of 20 students for two weeks when the diagnosis of “A” was reported to the school.
- The sibling “B” of that same varsity student tested positive five days later.
- Sibling “B” further cross exposed a group of students & at least one additional student “C” tested positive for COVID-19 several days later.
- **Challenge:** The additional student “C” who tested positive did not report to the school they had been diagnosed with COVID-19.
 - The siblings of that additional student “C” continued on campus without reporting.
 - It was later discovered that a large group of high school girls tested positive for COVID-19 (at least 4 students with more severe health conditions) who had been in contact with student “C” siblings.
- When the school finally discovered what was happening (“through the rumor mill”) they confronted the parents of Student “C” and his siblings.
- The parents confessed:
 - They did not feel they had to report since they kept Student “C” home; and
 - They “*didn’t want to be looked upon poorly for catching the disease*”.

The school administrator asked how they should (a) document positive tests (process), (b) should they require and collect negative tests results to admit students back to school and (c) who should have access to the test results (confidentiality) since they will have “PHI” (Personal Health Information) as they did not have a “good system”.

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Challenges:

- (1) COVID-19 is a medical pandemic and confronting this issue without a medical solution will make many of a school's guidelines, protocols or safety measures ineffective.
- (2) Schools must have a valid and reliable method of managing both negative and positive COVID-19 tests.
- (3) The stigma factor in the school community is REAL and will likely hide cases and increase exposure from students where the parents do not feel they have to (a) report or (b) take a conservative approach to quarantining.

Assumption & Analysis:

Most K-12 schools want to open in the fall and stay open. For private K-12 schools the general belief is that a prolonged remote learning scenario will risk current and future tuition dollars due to student attrition.

- Schools across America are meeting in classrooms to develop guidelines for reopening.
- From mask utilization to sanitizer stations and temperature checking protocols many schools interviewed are focusing primarily on an inward approach at managing school reopening.
- Inward strategies are staffed/managed by employees and require placing individual staff into medical analysis roles traditionally reserved for school nurses. This is necessary due to a lack of medically based employee expertise, training or professional liability of individuals on payroll.
- External strategies include 3rd parties (doctors), technology (platforms for reporting/measuring/documenting) and community families that are "all in this together" in a way that can be measured, documented and trusted.
- External strategies must account for:
 - Administrative procedures and burdens
 - Expertise in handling medical concerns and data
 - Cost: financially and opportunity risk/cost
 - Quality control measures for reporting and managing outside support
 - Parental involvement and peace of mind that safeguards are in place to minimize the creation of a COVID-19 STIGMA affect

Headmasters: Ask your executive team these three questions:

- (1) How does our reopening plan minimize parental COVID-19 stigma?
- (2) Have we stress tested the workload that may be placed on our school nurse?
- (3) How will we collect, manage and safeguard PHI (Personal Health Information) differently than how we might collect annual physicals, and who will manage and access the tests/data?

We think many schools that return this fall without experience in the fact pattern above will struggle with this stigma paradox. Parents may not cooperate with the school when it comes to their child being diagnosed COVID-19 positive.

Unfortunately, this STIGMA challenge for schools has much greater risk than when a parent who fibs by giving a child fever reducing medication so they can go to school and the parent can go to work.

If the school community of families is not working together, the likelihood of community spread of the COVID-19 virus is increased. Some schools will struggle greatly with this increased risk of virus & liability without a viable internal and external strategy.

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