What doctors wish patients knew about physical distancing in schools

Featured topic and speakers
In this episode of AMA Moving Medicine, expert physicians discuss what they wish parents, teachers, and school administrations knew about physical distancing as a measure against COVID-19, as schools navigate the decision to reopen.

Speakers

- Tyeese Gaines, DO, an emergency medicine physician and a school physician for three charter schools in New Jersey.
- Wayne Grody, MD, professor of human genetics, pathology and pediatrics at the University of California, Los Angeles David Geffen School of Medicine.

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Transcript

**Unger:** Hello, I'm Todd Unger. And this is AMA Moving Medicine, a podcast from the American Medical Association. With COVID 19 trends varying across the nation, patients have questions about how to reopen schools and concerns about maintaining physical distance. Dr. Wayne Grody and Dr. Tyeese Gaines discuss what they wish patients knew about physical distancing.

**Dr. Gaines:** I'm Tyeese Gaines. I am an emergency medicine physician and also a school physician for three charter schools in New Jersey. And I'm happy to be here talking with you about physical distancing and COVID-19 vaccines and, and all the things that we hope that patients should know about this.

**Dr. Grody:** Hello, my name is Wayne Grody. I'm a professor at UCLA school of medicine. My major specialty is medical genetics, where I see patients with unusual undiagnosed or very rare inherited diseases, but I also direct our medical centers, molecular diagnostic laboratory and clinical genomics center. So on that end, I've been involved in developing some new types of COVID testing for both the viral RNA and the antibodies, as well as I'm starting to explore host genomic factors that might give us some prognostic information of which patients are more or less likely to have a severe case. And I did want to ask you, make sure we cover it since you're working with schools. You know, reopening of schools is such a contentious issue. If there's one group of people who are really being damaged by this lockdown, it is school children, both academically and socially. I don't blame the teachers for not wanting to be exposed, but what's your thought on how and when we could reopen schools?

**Dr. Gaines:** Oh, that's such a tough, tough, tough question. And I'll start out by just saying, I don't even know if there is a right answer per se. It's just, it's hard. I mean, if you step back and think about what school and the school experiences for children, it's not just about books and learning, right. It's...
about the socialization. There are, there are plenty of kids whose parents or their one parent is staying at home. They could easily probably homeschool them if they wanted to. There's a reason why we send our kids to school. And there was some value in that, right? There's value in the socialization aspect in class with sports, with activities, leadership, learning, how to speak and, and meet strangers, speak to and meet strangers. And, and I don't think that we should take that stuff lightly. So I get it.

And I also think that depending on certain homes and certain communities, sometimes school is also a safe space. Sometimes school is the only place where some children are getting you know, a healthy meal. School may be the only safe space that a child has, if there's you know, violence, domestic violence or abuse going on at home. So, there's a lot of layers to it. I do get and I respect that, that not having school really is doing to our children and not to mention just the concept of being cooped up in the house too, with, with children, you know, like I'm a firm believer that children need to run free, open up the door and just let them run around. And so they, you know, pass out and then you can tuck them into bed. So, it's, there's something there. And I don't deny that.

**Dr. Grody:** Of course, the ripple effect of, you know, parents who can't afford childcare, that they have to stay home from their job.

**Dr. Gaines:** Exactly. And then, but the other side of it though, is that this is also a group, you know, depending on the age. My son he's a teenager, so they have gone back and in hybrid model, but you know, some of them, the ones that are upperclassman, they're going to be living on their own in college and one to two years. Right. So that's a different population than a classroom of three-year-olds. And so, you know, I don't know the last time you've been in a room with, you know, more than two, three-year-olds trying to wrangle them and get them still and get them to listen. I mean, on a, on a daily basis, you know, they're sticking their fingers in places they shouldn't and, and, you know, sharing food and doing all sorts of stuff. Normally that breeds the cold, you know, like it was this statistic that most kids get 13 common colds a year.

And then each, you know, each cold pretty much lasts one to two weeks. It was like half of the year. And that's normally, that's no COVID, that's not an immunocompromised child and have so many parents bring the children in. And I'm sure you've seen the same. You're like, something's wrong with my child's immune system because they won't stop getting sick, but it's, you know, that's, that's what it is. And so why does that happen? It happens because they're, you know, kissing each other and hugging each other and, you know, licking each other's pencils. So, I am joking, but I am also, you know, being serious in the sense of, you know, how are we going to make sure that these kids stay basically sterile, right? Like that they don't transmit things to one another. And so that's the part that is just tough. So what, you know, what I've been recommending and what, you know, a lot of the schools have worked on is just, you know, trying to have plans where the ratios, where they can be spread out, where they're not taking their mask off, unless they're eating.
And then if they're eating, they're in certain areas, they're, you know, when it was nice out, I was even making suggestions of, hey, why don't you move the, the cafeteria quote, unquote to the courtyard, right. And just have them, you know, sit in or, you know, sit in chairs or just sit on the ground, even put out a blanket and just have them eat and socially distance, because we do know that the air movement seems to lessen, you know, how quickly this thing is spreading. So have folks out there, keep them six feet apart, let them eat their sandwiches, you know, or whatever they have, but try to use the outdoor space as much as possible. And then the other thing, even though I know we've gone back and forth about how, does it really transmit, you know, as virulently, or as strong as you know, in the air on surfaces. But I've just, you know, I'm a huge proponent of just cleaning periodic cleaning throughout the day.

Making it a game with kids and saying, okay, you know, it's one, o'clock like, you know, when you would hear the church bells, right. Ringing every hour, every hour, all right, let's play a game. Everybody put, let's squeeze a little Purell out our hands and, or a wipe down your desk, wipe down your pens and your pencils, especially, you know, kids that bite their nails, kids that chew on their pens. Like there are just so many ways for, for stuff to get in. So, the most that we've been able to come up with is the physical distancing piece, the washing hands often at like a scheduled time and not just leaving it up to kids to remember to do that, but periodically just saying, all right, everyone in two hours, let's just wipe here's, here's a Clorox wipe or a Lysol wipe, wipe down your desk, wipe down around you, wipe down your chair. Those are some of the things that I've been suggesting to folks in their home, as well as at school, just to make sure that there's no inadvertent spread on any surfaces or in your backpack that you bring home and then grandma's there.

Dr. Grody: Yeah. I completely agree. And you know, you're certainly right in your description of especially grade school classrooms have sort of giant petri dishes. That there's even a theory. I don't know if it's been, you know, validated, but that one reason the really young kids are mostly asymptomatic is because they've already had all the coronavirus, common cold viruses, which have been circulating for years. You know, they're like rhinovirus, it's just another cold and there's at least four different strains on them. And they, the antibodies you get to those probably have some cross-reactivity to the, the COVID virus. But, you know, as you were saying that you can never be too complacent because it's true, 99 out of a hundred or whatever it is, children will be fine. But then there's the one that gets that multi-system inflammatory syndrome, you know, which is absolutely horrible. So, you can't take any of this lightly.

Dr. Gaines: Agreed. Yeah. I don't know. I mean, it's, this is just such a state of uncertainty in general. You know, we can't really make plans. We don't know, people don't know if they're going back to work or not, or they go back to work or they'd go back to school and then there's an outbreak. And then now they're back at home, you know, I've seen that happen a couple of times too.
Dr. Grody: I know.

Dr. Gaines: It's, it's really sad, you know, and everyone just keeps asking, you know, when will we get to do things? We just had the Super Bowl, right. When we get to just enjoy the things that are so-called normal. And I don't know, you know, I, I think we definitely all agree that until new cases and deaths slow down significantly enough, you know, that we're not going to overwhelm the system and you know, more people are vaccinated. And so hopefully that will slow it down before any of that happens. I don't see us, you know, going back to large-scale events. But...

Dr. Grody: Yeah, I don't either. I know it every country, it's not just ours, Italy, all the ones that have tried to reopen too soon, they ended up getting hit with this second or third wave. That's worse than the first one. You know, I hate this term, the new normal, but I'm sure you and your colleagues have talked as we do. There are certain things that may never go back the way they were. One is I think telehealth, I hope it's not the only thing we do, but the patients like it, they don't have to pay $12 to park at UCLA, you know? Of course you can't do a physical exam, but I think we'll always, we'll probably end up with a hybrid of telehealth and in-person and similarly, our medical meetings, which our AMA hosts probably are not too happy about, I don't know if those will ever return to the attendance in person like they had. I think it will be hybrid meetings where some people will watch it at home.

Dr. Gaines: That's a good point. Yeah. I think we're going to have a runoff, like we're going to have a, some residual almost if, if I could use it, you know, a little loosely like PTSD from this in a sense of, I think people are going to eat, like, even, even if we said, you know, like New Zealand didn't have any cases for a long time, right. Even if we got to that point where it was like 30 days of no new cases, I think people are going to be really nervous for a while. Like the, like not everyone, because obviously not everyone is nervous enough now to be safe, but the ones that are, I think that's going to be hard to break. I mean, we've been doing this for almost a year. And so in some ways it's good in the sense of, I think people are way more cognizant now of cleanliness to say the least like, you know, people would think about like a networking event.

I think about how many hands you would shake at a networking event and no one ever thought about anything, you know, oh, maybe that person didn't wash their hands, or maybe that person has a cold and they don't know it. And now everyone's going to get sick. I don't think anyone even thought about that before. So, in some ways, you know, I think everyone, even though they didn't want to has learned a lot about disease transmission. They had like a one-on-one like virology over the last year. And in some ways, I think that may be a little beneficial once this has gone just for all the colds and flus that we normally get hit. Because I agree with what you said earlier that, you know, this is not just the flu. However, there are some glaring similarities between how the flu is spread and how this virus is also spread.

And so if we can just, you know, learning this and understanding this once we're out of COVID, if
people still kind of keep some of it up, I'm not talking about full-on, you know, hazmat suits and mask
and, you know, hosing down packages in your, in your driveway, but just, just being mindful of, "you
know what, I just shook a couple people's hands and I didn't wash my hands. Let me go do that and
I'll be back". I think that now putting that into the forefront of people's brains may actually help us from
the overwhelm that we get. I mean, in the ER, every flu season, there's a certain point where most
years, not all years, we had a couple of mild years, but in the last 10 to 15 years, we've had many
years where the ERs are packed because of just flu. So, I'm hoping that people are also learning how
to not get themselves sick from all these other things that are out there too, and can protect their,
you know, their grandmothers and aunts and uncles who have COPD and, and heart failure and all this
other stuff that getting the flu and getting the common cold isn't just a little thing for them. So that's
kinda my positive hope on this, but I do think that people are going to be a little bit gun shy about just
being in rooms with lots of people. I think that's going to take a while.

Dr. Grody: Yeah. Especially people over 60, like me., Even though I'm vaccinated, I mean, I'm not
going to get on a plane now, maybe if this wave dies down and you're right about the flu you would
know this firsthand better than me, but the last I checked the prevalence of this year's influenza is
way, way down. And they're saying it's because of the COVID lockdown. It's had the secondary
benefit that flu is not spreading. I've you seen that in your practice?

Dr. Gaines: Right. I mean, from what I understand, it's out there, there there's been, there have been
positive flu test that some of my colleagues have been getting our patients, but, yeah, I mean that it's
spread the same way. So, if you're not out there and you know, you're trying to not spread COVID,
you're probably also not going to spread the flu or the common cold. So, you know, I don't know what
that will mean for people and their urgency to get a flu vaccine because now they might feel like, well,
I'm wearing a mask 24/7, so, you know, why should I bother getting the flu shot? I'm not going to get
anything. I'm not going to get anything, I'm not even breathing air, you know? I don't know what what
rollover that will have on to that, but I definitely think these are habits that we should have been doing
from day one.

And, you know, like even people saying, oh, I'm having to wash all this stuff and wipe my, you know,
wipe things down and things from the grocery store. And I, you know, some family members and
friends I've said to them, honestly, we probably all should have been wiping down things that we got
from the grocery store. I will never forget when this first happened. I went to the grocery store. So, it
was either end of March or early April. And I watched a man pull his mask down, rub his nose, reach
for the packet of chicken, look at it and put it back. And so when you think about that, though, again,
take COVID out of it, take it out of it, you know what I mean? Like, there's just some things that we
probably should've been wiping down before we put in our fridge anyway.

I think the biggest thing is that I just want people to not get fatigued from being safe. You know, it's,
it's, I know it has been almost a year. Look, I am going stir crazy. I want to get on a plane. I want to
hug my loved ones without a mask and without barriers between us, but it's still out there and it's still
spreading and people are still getting sick and they're still getting hospitalized. So I just, I just really hope that people can just hang on and still do the right thing and keep themselves safe and keep their family members safe and keep the strangers that they don't know safe that are out in public. That's probably my biggest thing is just I know that it's hard. I know all of this is scary. I know most of us are completely fed up with this change to our entire lives, but just please hang on until we can get through this. It's not the time to start slacking and not wearing masks, just because you're tired of wearing it. We got to do what we got to do to get through this.

**Dr. Grody:** Yeah. That's my main message too. I know we're all fatigued, but, you know, as I said, I think the worst hit by that I really school children, you know, the rest of us, that essential workers are managing to work partly remote and partly in person. And I don't understand the objection to wearing a mask. It's not that big a sacrifice, you know, as the year of locked down, it's been very frustrating for all of us, but think of the, the World War II, you know, the so-called greatest generation, they went five years where you couldn't get a stick of butter or gasoline for your car. You know, they made real sacrifices, let alone the ones that had to storm, the Normandy beaches, you know, and they didn't have Netflix to keep them entertained. We're just asking people to wear a mask and wash their hands, you know, and get social distanced. It, it shouldn't be that big a sacrifice. And just cause you haven't experienced this disease firsthand, it is horrible. I actually wish people would post videos of a COVID ward and people could see when it is really severe, how really horrible this, this disease is.

**Dr. Gaines:** I do too, actually.

**Dr. Grody:** And yeah, Dr. Gaines, this was really enjoyable. We come from quite different specialties, but I think they complemented each other so nicely. And if, and when I'm ready to get on an airplane again, I would look forward to visiting you in New Jersey.

**Dr. Gaines:** Sounds good.

**Unger:** I'm Todd Unger. And this is AMA Moving Medicine, a podcast from the American Medical Association. Get more insights from physician colleagues in the special edition of AMA Moving Medicine on what doctors wish patients knew about COVID-19. Find it at ama-assn.org/whatdocswish. Thank you for listening.