Children's Hospital of Philadelphia®

COVID-19 RESOURCE

Guidance for In-person Education in K-12 Educational Settings

January 2022

The following statement is jointly supported by clinical leadership at Children's Hospital of Philadelphia and PolicyLab at Children's Hospital of Philadelphia.

With evidence that COVID-19 is becoming a milder infection in most children, and at a time when all adults and youth in K-12 settings have been offered vaccination, Children's Hospital of Philadelphia (CHOP) and PolicyLab at CHOP support in-person education, even in times of significant community transmission, and propose new guidance that reduces excessive burden to school staff and families.

Throughout the COVID-19 pandemic, schools (and particularly the students) have been asked to shoulder a significant burden to avert the risk of severe disease in an unvaccinated public. Now that all within K-12 school communities have been offered vaccination, the competing risks to children of education loss from prolonged school closures alongside social isolation are far more concerning than COVID-19 itself. While it is too soon to conclude that COVID-19 has become an endemic seasonal virus like influenza, the declining virulence shows signs that we are rapidly shifting in that direction, particularly for vaccinated individuals. Now, with limited access to testing at community sites and many schools overwhelmed with contact tracing and required testing solutions that are no longer feasible or sustainable, the time has come to pivot towards solutions that prioritize normalization of in-school education across all communities alongside practical safety measures.

Considerate of these points and the latest direction from the Centers for Disease Control and Prevention (CDC), what follows is updated guidance* from PolicyLab and CHOP that can help school communities and families best navigate in moments of uncertainty and high community transmission from here forward in order to assure equity in access to in-school education across all school districts. Our guidance goes further than that of CDC's in allowing more exposed but asymptomatic children and staff to return to school and reducing staff burden for contact tracing and weekly testing of asymptomatic individuals.

1. **Continue indoor masking requirements within buildings and at school activities, regardless of vaccination status.** Await reductions in case incidence and hospitalizations before introducing mask-optional approaches. Please refer to local health department guidance for timing of mask-optional approaches.
2. **Emphasize to family and staff that individuals with respiratory illness stay home while symptomatic.** Per CDC guidance from January 2022, individuals with respiratory symptoms who test positive for SARS-CoV-2 can return to school 5 days after symptom onset, provided they are asymptomatic or have resolving symptoms (including resolution of fever) and will continue to wear a mask at all times for 5 additional days. No additional tests are required for return to school.
3. **Students and teachers with mild symptoms consistent with COVID-19 may consider testing, if available.** We recommend individuals with mild illness test for COVID-19 if they or a household contact is at high risk of severe infection. If testing is not available, individuals with mild illness should isolate at home, assume they are infected with COVID-19, but may return to school 5 days after symptoms start, provided they are now asymptomatic or have resolving symptoms and will continue to

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wear a mask at all times for 5 additional days. If testing is available, and the individual with respiratory symptoms tests negative for SARS-CoV-2, they can return as soon as they have fever resolution, and their symptoms improve.

4. **Discontinue required weekly testing of asymptomatic students, teachers and school staff.** If resources allow, offer voluntary participation in weekly testing during periods of high community transmission for those with personal health concerns (e.g., a student with special health care needs, a staff member with chronic illness) or family health risk concerns (e.g., a caregiver with chronic illness).
5. **Allow COVID-exposed, but asymptomatic staff and students to continue attending school in person under a 7-day "modified quarantine" during periods of high community transmission (otherwise known as "mask to stay").** Individuals who are exposed to COVID-19 from others outside of their household may attend school and will be required to wear a mask at all times during this 7-day period. Within settings that elect this option, daily symptom screening with referral for testing (or isolation in the absence of testing) would be required for any respiratory symptoms that develop. If testing permits, asymptomatic individuals may also opt in to voluntary testing 5-7 days after exposure based on personal or family risk. Due to a higher risk of secondary transmission from household members, participation in "mask to stay" for individuals whose are exposed to COVID-19 from a household member should be conditional on them having received at least a primary vaccination series (two doses of the Pfizer-BioNTech or Moderna vaccines, or a single dose of the Johnson & Johnson vaccine), and those individuals may also be prioritized for an in-school "test to stay" program should sufficient in-school testing be available.
6. **Encourage all staff and students to update vaccinations, per CDC and Food and Drug Administration (FDA) guidance.** Eligible staff and students should be encouraged to receive booster vaccinations. All children over 5 years of age should be strongly encouraged to complete the primary vaccination series.

**This guidance was updated from a previous PolicyLab version published in August 2021.*

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