

# Guidance for Updated COVID-19 School Mitigation Plans for Academic Year 2022-23

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As early care and education settings and K-12 schools prepare for the 2022-23 school year, they find themselves in a period of transition. Communities throughout the country are continuing to experience cycles of high COVID-19 transmission as new variants are associated with a higher risk of infection or reinfection in both vaccinated and unvaccinated individuals. If such trends continue, we could anticipate a winter season with higher case incidence, particularly in northern regions of the country. At the same time, it is reassuring that rising population immunity from vaccinations and previous infections is providing protection for most people against severe infection, leading to a lower proportion of hospitalizations and fatalities than earlier in the pandemic.

In recent months many of the country's local health departments have shifted away from mask requirements, and increasingly away from quarantine requirements for exposed individuals who remain asymptomatic. The loosening of quarantine requirements is likely to expand across communities this year, as health departments begin to treat COVID-19 as they would influenza, recommending those who are sick to stay home and isolate until symptoms improve. Still, public health guidance will likely vary greatly from community to community, with some health departments enacting targeted recommendations to protect high-risk individuals and others choosing to retain broader mitigation strategies.

As the school year begins, leaders of K-12 schools and early childhood programs will be left to develop their health and safety plans in the context of these varying community strategies. **The recommendations from Children's Hospital of Philadelphia (CHOP) and PolicyLab for this upcoming school year are intended to help school and early childhood education leaders navigate this process.** Our recommendations encourage a less stringent approach to school-based COVID-19 mitigation, recognizing that widespread population immunity against severe disease supports optimizing in-person classroom time and participation in extracurricular activities, and for our early childhood settings, minimizing attendance disruptions that were so prevalent over the last couple of years. Our previous guidance has equipped school and early childhood education leaders with tools they can use in response to local health department requirements, particularly in developing plans to meet quarantine expectations in counties and locales that require it.

With an eye toward flexibility and simplicity in school and early childhood program health plans this year, our recommendations have been distilled to the following strategies:

- 1. ISOLATION:** The strongest mitigation practice for reducing school outbreaks of any seasonal respiratory illness remains the expectation that students who are ill—particularly those with cough, muscle aches and fever—stay home to recuperate. Individuals should remain home until fever-free for at least 24 hours, and until symptoms are improving. Schools and early childhood programs should stay informed of local health department requirements concerning the duration of isolation, like prior years.

- 2. QUARANTINE:** A principal goal for schools and early childhood programs this year will be to align their health plans for exposed individuals who remain asymptomatic with health department recommendations concerning quarantine.
  - Schools and early childhood programs in regions in which quarantine is no longer required by health departments should allow exposed individuals to remain in school and to participate in activities, provided they remain asymptomatic.
  - Schools and early childhood programs in regions where quarantine of exposed individuals is required by the local health department may need to resume a “mask-to-stay” program that requires individuals who are known to be exposed to an individual with COVID-19 to mask for at least 5 days while attending school and participating in extracurricular activities. Schools no longer need to test individuals at days 4-6 as part of their mask-to-stay program should the individuals remain asymptomatic, and so long as this is not required by their health departments. Our own experience with the [Project: ACE-IT school testing program](#) revealed, from February until June of 2022, a positivity rate among exposed, masked individuals participating in a test-to-stay program of only 2.65% (across nearly 9,000 tests)—a rate low enough to limit, if not eliminate, larger outbreaks.
  - Finally, asymptomatic exposed children in early care and education settings who are unable to mask following exposure should not be prohibited from attending school so long as they remain asymptomatic given this age group’s low risk of severe disease and recent expansion of vaccine access.
- 3. SCHOOL-BASED TESTING:** Schools should consider offering on-site testing for students and staff who develop symptoms suggestive of COVID-19 illness during the school day. This strategy helps to quickly identify those who need to isolate versus those who may remain in school, provided they are well enough to remain at school and do not have symptoms that would otherwise exclude them from the school day (e.g., fever).
- 4. CLUSTERS & OUTBREAKS:** To avoid lengthy periods of learning loss and school closure, schools might adopt practical strategies, in consultation with local public health authorities, when confronted by large outbreaks.
  - Schools should first and foremost communicate to families when a large outbreak occurs. These communications can inform voluntary decisions among staff and students of whether to mask when a large outbreak occurs within the school.
  - During an outbreak within a classroom or school, school leaders might ask affected classrooms (or if large enough, the school) to do a “mask sprint” for a week to limit the extent of the outbreak. If testing is available, they might offer voluntary outbreak testing to quickly identify individuals who are positive and must isolate at home.
- 5. OTHER MITIGATION MEASURES:** Schools and early childhood programs likely have a large playbook of strategies they employed last school year to reduce COVID-19 transmission, but which may no longer be necessary as routine practice moving forward. These include:
  - **Masking:** Unless required by health departments, schools and early childhood programs no longer need to enact masking requirements within school settings. However, their leaders should continue to communicate to families any updates/recommendations from the Centers for Disease Control and Prevention (CDC) and the local health department for masking when indoors during periods of high community transmission. Such communications can inform

the voluntary decisions of students and staff of whether to mask during these periods. Schools must be supportive of individual students and staff who choose to continue to mask.

- **Weekly screening tests:** Weekly assurance testing is no longer a necessary routine practice in school settings. We have observed, however, that there is continued demand for this type of testing among some schools in our Project: ACE-IT program, particularly for voluntary testing by staff or students who themselves may be personally (or in contact with someone) at higher health risk. Such testing can relieve anxiety and guide responsive decision-making around preventative treatment. If testing is available, schools should consider offering voluntary screening programs.
- **Ventilation:** Schools and early childhood programs have learned the value of improving ventilation to reduce the transmission risk for COVID-19 and other respiratory illness during the fall and winter. We encourage their leadership to continue making wise investments in ventilatory improvements and, when possible, flexing to outdoor or less-crowded indoor locations during periods of high seasonal transmission, so long as such practices do not impose major challenges to normal program operations and safety.
- **Vaccination:** Students and staff should complete at least the primary series of COVID-19 vaccinations given the strong protection they provide against severe infections. Akin to seasonal influenza vaccination, which we perform each year to prevent reinfection, we would encourage schools and early childhood programs to inform staff and student families of recommendations for COVID-19 booster vaccinations.
- **Other practices:** As true with all respiratory viruses, less exposure to individuals with infection will mean less transmission. However, routine adherence to social distancing or creating student cohorts, whereby groups of students and staff are kept with the same peers and staff members throughout the day, is no longer a necessary routine strategy for COVID-19 mitigation given the reduction in severe infection across communities, availability of vaccinations that prevent severe infections broadly across the population, and a lower risk of severe disease overall in children.