# Interim Masking Guidance for Pre-K- 12 Schools and Early Childcare Education

Date: March 24, 2022

**Summary Recommendations**

1. CDPH supports ending universal masking requirements when COVID-19 community level is low, per CDC COVID-19 community levels. If deciding to make masking optional, other mitigations measures can promote continued safety in schools and early childcare communities (ECE):

    a. Efforts should continue to focus on vaccinating and boosting all eligible members of the school/ early childcare community, particularly by educating parents/guardians that vaccinating children decreases not just their COVID risk but their risk of educational disruption. This remains the most important intervention to decrease risk in youth settings.
    b. Schools/ECEs are recommended to take a stepwise approach to reducing mitigation strategies. Discontinuing one mitigation measure at a time will help to assess and address the impact of these changes on in-school COVID transmission. If discontinuing universal masking,
        i. Initially maintaining current social distancing protocols will reduce the number of close contacts and avoid introducing a bias in the assessment of unmasking on in-school COVID transmission rates,
        ii. Screening testing will permit identification of asymptomatic new cases and will allow for comparison to existing rates before masking policies have been adjusted.
        iii. Targeted contact tracing and the implementation of programs such as test-to-stay can minimize disruption of in-person learning.

2. CDPH recommends that schools and ECEs in Chicago develop and communicate formal policies for when it may be necessary to re-implement masking either school-wide or for a specific cohort of students, based on COVID community level and circumstances within the school/ ECE community. In accordance with ISBE, DCFS, and CDPH guidance the following individuals should continue to mask in school/ ECE, including during activities and sports:

    a. Students and staff who have been diagnosed with COVID-19 and are returning from isolation, from days 6-10 after their symptom onset (or if asymptomatic, positive test) date.
    b. Fully vaccinated children and up-to-date adults who have been exposed to an individual who has tested positive for COVID-19 in the previous 10 days and are eligible to stay in school instead of quarantining. The CDC definition for “up-to-date"

with vaccination for this purpose, for adults only, includes a booster vaccine if eligible.

c. Unvaccinated students and staff who are not up-to-date and are returning from quarantine following a COVID exposure, on days 6-10 after their date of exposure.
d. Unvaccinated students and staff who are participating in test-to-stay and who have not yet had two negative COVID tests during this period, with the second test occurring between days 5 and 7 following exposure.
e. Students that are identified as having possible symptoms of COVID-19 and are awaiting pick up from school by parents or caregivers.
f. Students and staff that are participating in federally or state-funded programs should follow rules applicable to their program.
    i. For example, Head Start programs currently have an interim requirement for Universal Masking that is still in effect.
**g. (revised 3/24/22) All members of a cohort (students of staff) that are having an outbreak or potential outbreak should mask for 10 days after the most recent case was in the classroom (date of exposure = day 0), or for a longer duration of time as determined in consultation with CDPH.**
    **i. For schools, outbreak is defined as 3 or more cases, or 10% of a cohort, with no link to one another outside of the school, within a 14 day period.**
    **ii. For ECE, outbreak is defined as 2 or more cases, with no link to one another outside of the ECE center, within a 14 day period.**
    **iii. If three or more cases are identified in a cohort, even if spread did not occur in school, the entire cohort should still mask for 10 days after exposure to the most recent case.**
    **iv. If a positive case is identified within the classroom, schools should inform families and strongly encourage masking in the affected classrooms for up to 10 days following symptom onset (or if asymptomatic, positive test date) of the case within this classroom.**

3. If COVID community level in Chicago changes to "High", schools and ECEs should have a plan for adjusting masking requirements accordingly, and the rationale for such a change should be communicated to the school community at the time of removing the masking requirement to promote transparency in decision-making and improve compliance.

4. Students and staff should be allowed to continue masking without repercussions. The school community should be reminded that there may be individuals who choose to mask due to various reasons, including being immunocompromised or having an underlying medical condition, sharing a household with an individual who is high-risk or ineligible for vaccination, or personal choice. Youth settings that have low vaccination rates due to ineligibility and /or low uptake within their school/ECE community may continue to require masking.

a. Schools/ ECEs should consider the needs of the school / ECE community in deciding upon masking policy for that community.
b. Schools/ ECEs may take a stepwise approach to implementing new masking policies within their organization.

i. For example, school/ ECE networks may "pilot" masking changes in cohorts with the highest vaccination rates or the highest consent to weekly testing as an added measure of protection before introducing masking policies to the entire school.

**Background and current state**

On February 25, 2022, the Centers for Disease Control instituted new community level COVID mitigation strategies to identify COVID risk in a local area. These guidelines are classified as "Low", "Medium" or "High", and they take into consideration previous immunity and the risk of severe COVID-19 outcomes in a local setting. Levels are based on "the combination of three metrics- new COVID-19 admissions per 100,000 population in the past 7 days, the percent of staffed inpatient beds occupied by COVID-19 patients, and total new COVID-19 cases per 100,000 in the past 7 days."

Per the CDC's guidelines, a layered approach to COVID-19 transmission should be instituted, and in highly vaccinated areas, universal masking in schools is only necessary when the community level is high. As of February 24, 2022, Cook County, IL is indicated to be in in a low community level.

On February 25, 2022, the Governor Pritzker announced that masks are optional for all schools and that, "if a school mask mandate needs to go into effect in the future, we continue to have that authority."

As of February 28, 2022, the Illinois Department of Child and Family Services aligned with CDC guidance on masking in Early Childcare Settings, "Effective today, February 28, 2022, because the Centers for Disease Control and Prevention (CDC) has recommended that masks are needed only in areas of high transmission, Governor JB Pritzker lifted the state's indoor masking requirements, including the use of face coverings in day care settings. As has been the case throughout the COVID-19 pandemic, individual day care settings may choose to require precautions above and beyond state requirements, such as continuing to require indoor use of face coverings."

**Benefit to Risk Assessment**

In the City of Chicago since the beginning of the 2021-2022 school year, the hospitalization rate for children 0-17 has been very low, at less than 3 per 100,000 at the peak of the Omicron surge, with risk further reduced in vaccinated children. In addition to CDPH's own internal data,

published studies (Lake County MMWR12.21 LA MMWR 2021) have demonstrated that fewer than 5% of close contacts within the school setting eventually went on to develop COVID-19. Because schools offer multiple layers of protection such as additional air filtration, observed masking, screening testing, high levels of adult vaccination, cohorting, and attention to physical distancing, they contribute to a safer environment than in the general community, in which actions are unregulated. In implementing masking changes in a Youth Setting it can be helpful to identify what other layers of mitigation are in place within the school/ ECE community as well as the needs of the stakeholders to identify the best protocol for that school.