

Children's Hospital at Dartmouth-Hitchcock Official Statement School Recommendations – September 24, 2021

A Task Force of child health professionals and infectious disease specialists with public health expertise at Children's Hospital at Dartmouth-Hitchcock (CHaD) has reviewed the medical literature and monitored the COVID-19 public health data since the beginning of the pandemic. The risk of severe COVID-19 diseases remains low in children and adolescents, even in those ineligible to be vaccinated (currently under age 12 years), and even so far with the delta variant. Over the 2020-21 school year, many school leaders learned how to safely navigate COVID-19 in their districts, and it is clear from their experiences that K-12 schools can remain open safely for full in-person instruction, which is paramount for children's overall well-being.

Public health leaders in New Hampshire and Vermont have taken a thoughtful, data driven approach to adapt national guidance from the American Academy of Pediatrics (AAP) and Centers for Disease Control and Prevention (CDC) to the conditions in our region, including relatively high vaccination rates. We are therefore supportive of the guidance published by the states, found at the following links:

- **New Hampshire** - <https://www.covid19.nh.gov/resources/schools>
- **Vermont** - <https://www.healthvermont.gov/covid-19/your-community/prek-12-schools>

The most impactful prevention strategies highlighted in the guidance include:

- Strongly encourage everyone to be vaccinated as soon as eligible.
 - Schools should consider hosting on site COVID-19 vaccine clinics through their state or regional public health agencies.
- Do not allow anyone to attend school when sick, and do not allow them to return until they have
 - completed their 10 day isolation if COVID+, or
 - a negative COVID-19 test,
 - which can include an over-the-counter home (antigen) test
 - NH locations for PCR testing can be found [here](#)
 - VT testing locations can be found [here](#)
 - and been without a fever for at least 24 hours without fever reducing medicines.
- Continue hand hygiene practices and enhanced ventilation approaches adopted in 2020-21.
 - Resume more routine (not enhanced) surface cleaning procedures and frequency, since transmission of SARS-CoV-2 from surfaces is rare.

- Masks
 - **New Hampshire** Division of Public Health Services (DPHS) advises that schools should require indoor masking for all when level of community transmission of SARS-CoV-2 in the surrounding community is **substantial**.
 - Local levels of community transmission can be found at the NH [COVID-19 Schools Analytic Dashboard](#)
 - NH DPHS has published the following Decision Matrix:

		Level of Community Transmission		
		Minimal	Moderate	Substantial
Cases Within Facility	Sporadic cases without evidence of facility transmission	Optional*	Optional*	Universal [†]
	Single Cluster	Targeted	Targeted	Universal [†]
	Multiple clusters or a larger outbreak	Universal [†]	Universal [†]	Universal [†]

* Face masks still recommended for people who want maximal protection for themselves or others (e.g., a household member who is unvaccinated or medically vulnerable)

[†] Exceptions can be made for classrooms/schools that have achieved a high vaccination rate (e.g., high-school), or where other prevention measures can be strictly implemented (e.g., 6 feet of physical distancing)

- **Vermont** [Agency of Education and Department of Health](#) (VDH) advises that schools should require universal masking for all students and staff when indoors until **October 4, 2021**.
 - **After October 4th**, masks need not be required for all those eligible for vaccination (currently ages 12 and older) when the vaccination rate (two doses of a two-dose vaccine) among students is equal to or greater than 80% of the school's currently eligible population.
 - Masks will remain required for those ineligible for vaccination (currently under age 12)
 - Most children with special needs have proven able to wear masks, but those unable to tolerate masks should be accommodated without masking, regardless of vaccination status.

Other mitigation strategies to be considered in PreK-12 schools can include:

- Cohorting of student groups (or creating closed “pods”) for ease of contact tracing.
 - **NH DPHS** only recommends quarantine for household contacts of individuals with positive tests, so school contact tracing and cohorting is not necessary.
 - **VDH** requests school participation in contact tracing.
- Testing for screening or surveillance
 - **NH DPHS** will connect schools with screening testing at no cost by e-mailing SASS@dhhs.nh.gov.
 - **VDH** will offer surveillance testing to schools for both students and staff.
- Aim for 3 feet of physical spacing indoors. The **CDC** emphasizes opening schools with the other layers of prevention even if 3 feet cannot be maintained.

Prevention strategies that are not necessary if the other strategies above are in place include:

- Enhanced (“deep”) cleaning protocols.
- Plastic or other barriers between students and staff.

We note that full in-person learning entails participation by parents, families, and the community in the school lives of the students, including as spectators for artistic, dramatic, and athletic events, with the prevention strategies as above.

We will update recommendations as needed, based on public health data and expertise from Dartmouth-Hitchcock.