

Covid-19 Precautions in Schools

Is it time to go back to normal?

Over the past two years, K–12 schools have implemented a range of steps aimed at slowing the spread of Covid-19, including mask requirements, testing for both asymptomatic and symptomatic individuals, quarantining and isolation, contact tracing, open windows, air purifiers, plexiglass barriers, schedule changes aimed at “cohorting” or reducing building occupancy, and closures. With vaccinations widely available and the Omicron variant mostly waning, should schools now go back to normal? Which, if any, of these pandemic-response measures should be dropped, and which, if any, should be kept? When, and under what conditions? Our forum on the topic features three essays: one by Paymon Rouhanifard, CEO of Propel America and former school superintendent in Camden, New Jersey, and Dr. Shira Doron, an epidemiology specialist and associate professor at Tufts University School of Medicine; another by Gerard Bossard, a public school educator, and Dr. Douglas Rothman, professor at Yale University School of Medicine; and a third by John Bailey, visiting fellow at the American Enterprise Institute.



Time for a New Normal

By **PAYMON ROUHANIFARD**
and **DR. SHIRA DORON** (right)

FOR MORE than two years, school administrators and staff have strived to meet the needs of students and families in the face of enormous challenges wrought by the Covid-19 pandemic. Now, with nearly all K–12 schools open nationwide and the Omicron variant in retreat, educators must tackle the enormous job of helping students catch up on lost learning time.

People across the nation have endured loss, anguish, and anxiety during the pandemic, and Covid has killed nearly 950,000 people. School closures

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Tie Precautions to Community Risk Levels

By **GERARD BOSSARD** (left)
and **DR. DOUGLAS ROTHMAN**

WHEN THE Omicron variant of the coronavirus cropped up in the United States in the waning weeks of 2021, public officials warned that it was the most infectious variant they had seen to date. By early January 2022, Omicron had become the dominant form of the virus in this country. And now, not surprisingly, the BA.2 sub-variant of Omicron is causing another uptick in Covid cases.

At the same time, evidence was mounting that Omicron was less deadly than previous variants. Risk of

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Reset Strategies Now, Prepare for the Future

By **JOHN BAILEY**

THE RAPIDLY receding Omicron wave of Covid-19 presents a moment to pause and reflect on our pandemic strategy and make needed and, in some cases, long overdue adjustments. This is also the time to prepare for future pandemic risks. As we move forward, it is important for policymakers and health authorities to review which measures have worked, which policies have fallen short, and which actions have produced too little public-health benefit relative to the costs they have imposed on families

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Over the past two years, K-12 schools have implemented a range of steps aimed at slowing the spread of Covid-19, including plexiglass barriers.

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and other mitigation strategies have taken a huge toll on children and educators. Students are now in a state of crisis, significantly behind in their learning and suffering from

acute mental-health challenges. At the same time, many educators report feeling overwhelmed, demoralized, and ill-equipped to handle these new challenges. Fifty-five percent of teachers say they plan to leave the profession sooner than they originally intended, according to a January 2022 survey by the National Education Association.

Children need in-person schooling if they are to thrive. And while the normal rhythm of schooling has resumed, some districts in historically “blue” communities have maintained restrictive Covid-19 prevention policies such as mandatory masking, asymptomatic testing, socially distanced lunches, and the suspension of certain athletics, performing arts, and other extracurricular activities.

Today, as the CDC has eased its guidance on some of these restrictions, we seem to have reached an inflection point in the pandemic. Administrators and teachers now deserve clear direction and resources to meet the needs of their school com-

munities. At the same time, to ensure public-health plans are equitable and comprehensive, decisionmakers must recognize that immunocompromised staff, students, and family members bear a nontrivial risk that must also be addressed.

our strongest weapon in the fight against death or serious illness from Covid-19. Although their effectiveness against infection wanes over time and has been weakened by the latest variants, all the currently authorized U.S. Covid-19 vaccines remain highly effective in preventing hospitalization and death. Efforts to get every member of the school community vaccinated must not cease. Vaccine education for families and staff is critical, as are onsite vaccine clinics for school communities.

transmission to flatten the hospitalization curve. In the current school year, with vaccination available to everyone over the age of 5, that goal is no longer necessary or feasible. A more reasonable goal would be the prevention of serious and widespread outbreaks that could once again strain our healthcare system.

School leaders should define their goal and clearly communicate it to staff, students, and parents. They should also explain how and why steps toward a new normal are not only possible but also essential—and that this transition can take place without compromising the health of the extended school community.

This effort should emphasize three foundational principles:

- **Covid is here to stay.** The Omicron wave has solidified our conviction that Covid-19 will exist in perpetuity. It cannot be eradicated, and it mutates, potentially into forms that evade vaccines. An ebb-and-flow of cases is unquestionably our new normal, and nearly all of us will become infected with a current or future variant at some point. Our objective must be to ensure that, when people are infected, they have as much immunity as possible.
- **The vaccine is our best available tool.** Vaccines remain

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Many educators report feeling overwhelmed and demoralized.

Over the course of the pandemic, public-health officials have learned a great deal about the virus and effective mitigation strategies. We believe that schools now have all the necessary tools to protect vulnerable staff and students, enabling the entire school community to experience the normalcy that has evaded them for two and a half school years.

Educating School Communities on a “New Normal”

Misinformation abounds in the media. News outlets may minimize or exaggerate the risks of the virus at any given time. As schools have returned to some semblance of normal operations, leaders should pay keen attention to creating a communication and information plan directed at staff, parents, and students.

Paramount to any policymaking is the clear and transparent communication of a defined goal. During the 2020–21 school year, before the vaccines were widely available, that goal was quite clear: minimizing instances of person-to-person

our strongest weapon in the fight against death or serious illness from Covid-19. Although their effectiveness against infection wanes over time and has been weakened by the latest variants, all the currently authorized U.S. Covid-19 vaccines remain highly effective in preventing hospitalization and death. Efforts to get every member of the school community vaccinated must not cease. Vaccine education for families and staff is critical, as are onsite vaccine clinics for school communities.

Children have shouldered a disproportionate burden from our efforts to limit the spread of the virus through school closures and other restrictions. The acute mental-health challenges and learning losses they have experienced cannot be overstated. It’s critical that we focus on the academic, mental, social, and emotional health of our students.

Proactive communication of these messages is vital to the successful phasing out of the more-restrictive mitigation efforts that still exist in some places. Ultimately, taking steps toward normalcy requires the trust and support of staff, students, and parents. School-system leaders and administrators will need to dedicate considerable time and resources to educating their respective communities on the benefits and costs associated with maintaining versus easing restrictions.

Protecting the Vulnerable

Thankfully, we now possess all the tools needed to maintain the public-health benefits previously achieved with more-restrictive mitigation measures, and at less cost. In addition to vaccination, other critical strategies include therapeutics (both for prevention and treatment), testing, and “one-way masking.”

Importance of therapeutics. In the early days of the pandemic, some leaders foresaw that effective therapies for Covid-19 would allow life to return to normal. That day has finally arrived. Antivirals and injectable medications are widely available, and in fact the supply of therapeutic agents and abil-

during the school day. During periods of high transmission, schools might consider adding an asymptomatic screening program using PCR or home antigen testing, but such efforts should be targeted toward vulnerable individuals who would most benefit from an early diagnosis. Students and staff with Covid-19 should isolate according to public-health guidelines.

We believe the time has come to stop contact tracing and post-exposure quarantines, as well as school and classroom closures based on case rates. Monitoring for development of symptoms after a known exposure remains an important part of preventing outbreaks, but we are no longer in a containment

In moving toward normalcy, school-system leaders and administrators will need to educate staff, students, and parents on the benefits and costs associated with maintaining versus easing restrictions.

ity to administer them exceed demand. The pill nirmatrelvir/ritonavir has demonstrated an impressive efficacy of nearly 90 percent at preventing hospitalization in high-risk individuals and is authorized for ages 12 and up. Anyone with Covid who has even a single risk factor is eligible to receive this medication. It will be critical to maintain this access even if cases surge again in the future.

Testing and contact tracing. At the beginning of the pan-demic, it was reasonable to expend time and resources on asymptomatic PCR testing for schoolchildren and staff. However, that testing has often come at the expense of symptomatic testing. During the Omicron wave, while many districts were conducting weekly pooled PCR testing of asymptomatic school-community members, those who developed symptoms were often unable to find an appointment for a lab-based test or a store with home-based tests in stock.

We cannot prevent every person-to-person transmission, and as schools adopt the goal of blocking serious illness and widespread outbreaks, families will need access to at-home antigen test kits that household members can use when a close contact develops symptoms. In-school rapid antigen testing should be available for those who develop symptoms

phase of the pandemic. In-school exposures have consistently been shown to result in very low rates of infection, and post-exposure quarantines are unlikely to move the needle on case rates in the current climate.

One-way masking. This new approach to masking became possible with the recent upsurge in consumer access to medical-grade personal protective equipment. While healthcare workers have always worn medical-grade masks and respirators when



Vaccinations prevent severe illness and save lives, with an almost tenfold reduction in deaths.

AP / TED JACKSON

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no need to mandate masks. Those who are at high risk by virtue of vaccination status, underlying disease, or age, or those who are simply risk-averse, can safely wear a high-quality mask or medical respirator and will be well protected regardless of what others do. Because medical-grade equipment costs significantly more than washable cloth masks, these masks and respirators should be made available for free to members of the school community who want or need them, accompanied by information on their effectiveness, how to wear them properly, and who would benefit the most from using them.

Equity Considerations

By targeting mitigation and education strategies toward our most vulnerable populations—chiefly those who are immunocompromised—schools can develop a plan that’s equitable and addresses the needs of a diverse community of staff, students, and families. Blunt, one-size-fits-all solutions are no longer needed. Schools can now deploy a toolkit of strategies to meet stakeholders where they are. Further, by allowing people to take personal responsibility for their health and educating them on effective practices rather than imposing mandates, schools can help lessen the polarization over Covid-19 protocols that is now so prevalent in schools and communities.

To be clear, the pandemic has exposed our country’s longstanding structural racism and systemic health inequities. Black and Hispanic populations continue to be disproportionately affected by Covid-19. What’s more, Black, Hispanic, and low-income individuals are less likely to be vaccinated, particularly within younger age groups. There is legitimate concern that any loosening of mitigation measures in schools could lead to an outsize burden of illness among those populations.

Ultimately, though, equitable solutions must consider the tradeoffs and unintended consequences of our most-restrictive

caring for Covid-19 patients, others were urged not to purchase such items because of global shortages. With medical-grade masks now available for all, there is simply


measures. Students from historically marginalized communities, for example, are likely to be disproportionately affected by learning loss during school closures. English language learners are acutely impacted by mask mandates. And shutdowns place an enormous weight on working families. We believe our proposed approach could help center the pendulum after a period of extreme swings.

Beyond the New Normal

As schools consider easing restrictions, they should also consider how they will respond in the event of a new variant or surge in cases. Any plan to phase out mitigation policies should include contingencies to recognize when those prior restrictions will be necessary once again.

While we believe that a shift back to virtual instruction should happen only in the most extreme circumstances, we urge policymakers and administrators to develop criteria that would require schools to reinstate certain protocols, such as mandatory masking and quarantining for close contacts of infected individuals. Outlining such a plan would serve both to reassure those who are concerned that a return to normalcy is too dangerous and to forewarn proponents of such a return that the relaxation of mitigation measures might and should not be permanent.

We urge policymakers to deploy more-stringent measures not solely in response to case counts but only when a variant is causing a surge that is likely to strain hospital capacity. In some states, the rise in cases from the BA.2 subvariant of Omicron is already leading to the reinstatement of more-restrictive measures, even in the absence of high Covid-19 hospitalization rates. We believe this is an overreaction. Still, we must prepare for a scenario, however unlikely, where a new variant is vaccine-evasive and leads to higher death tolls.

Today, thanks to the many miracles of modern medicine and healthcare, including vaccines, therapies, tests, and personal protective equipment, we have an opportunity to relevel our approach to Covid-19 and ensure our mitigation strategies are proportional to the actual risks faced by students and staff. Our children and educators deserve nothing less. 

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hospitalization, for instance, is about 50 percent lower than it was with Delta, and studies indicate that Omicron does less damage to the lungs. Unfortunately, some people heard this news and latched on to a narrative that Covid was on a downward trajectory.

“There’s this story that we’re going to have variants that are progressively less severe,” Dr. Roby Bhattacharyya, an

infectious disease specialist at Harvard Medical School and Massachusetts General Hospital, told NPR in January. “It’s comforting to think there might be some tendency for SARS-CoV-2 to evolve toward a milder form. That’s not what we’re seeing here.”

Dr. Bhattacharyya was articulating a common human foible—confirmation bias—the tendency to find support for beliefs that you want or need to believe, even if the evidence says you’re wrong. The fact is, no one knows for sure where

Covid is going, whether it will end (or when), and whether future strains will be more or less severe.

So: Is now the time for schools to “go back to normal”? Can we safely drop some of the precautions we have put in place? No. Covid is still very much with us.

Here are some facts about Covid-19:

The United States leads the world in deaths from Covid-19. More Americans have died from this disease than in any war.

as much as possible, but keeping them open safely will require effective mitigation and public-awareness strategies for some time to come.

Transmission in Schools

Schools are the ideal environment for spreading Covid-19. Studies have shown children can catch and spread Covid-19 as easily as adults do. Children of all ages can carry high viral

It is imperative that schools be open as much as possible, but keeping them open safely will require effective mitigation and public-awareness strategies for some time to come.

In the Civil War, the deadliest in the nation’s history, 498,332 people died over four years, from 1861 to 1865. Covid has killed nearly a million Americans in half that time.

While evidence shows that the Omicron variant is less deadly than the Delta strain that preceded it, Omicron spreads more easily and therefore infects more people. As of March 9, 2022, an average of 1,350 Americans were dying from Covid every day, according to data published by the *Washington Post*. At the peak of the Omicron surge on February 4, 2022, an average of 2,647 people were dying per day; this is close to the pandemic peak of 3,328 deaths per day on January 29, 2021, prior to widespread vaccination. The Omicron death toll is staggering, given that the great majority of deaths from this variant have occurred among unvaccinated individuals, who comprise only about 23 percent of the population. Although newly reported cases are down to about 37,000 per day, some local regions are still experiencing large surges.

Vaccination provides considerable protection from Covid and especially from contracting a serious case of the disease, but it does not eliminate the hazard, particularly for individuals with other risk factors. Even among vaccinated persons, Omicron remains easily transmitted in all social settings, including schools and homes, and the disease occurs in all age groups. The same will likely be true of any future strains of Covid-19.

The facts are stark, and the risk is great, yet children face serious risks to their learning and social development when they miss time in school. It is imperative that schools be open

loads that they can pass on to their parents, teachers, and others.

Symptom monitoring is not an effective strategy for identifying infected children, because nearly 50 percent of children do not exhibit symptoms. Covid-19 is rarely lethal for children, yet during the peak of the Omicron surge, on January



AP / MARY ALTAFFER

Covid-19 spreads via human contact, and social distancing can help prevent transmission.

7, 2022, CDC Director Rochelle Walensky announced that Omicron was causing more than 760 children to be hospitalized per day. The groups most affected were those under the age of 5, who are not eligible for vaccination, and children 5 to 11, of whom only 16 percent are fully vaccinated. Walensky said at the time that “pediatric hospitalizations are at the highest rate compared to any prior point in the pandemic.”

The CDC reported that in May 2021 an unvaccinated California teacher transmitted the Delta variant to her

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elementary-school students, leading to 26 Covid cases among the students and their contacts. Before getting tested, the teacher had experienced symptoms for

two days and had continued to work. During that time the teacher read aloud to her class without wearing a mask, despite the school's masking requirement. This instance illustrates that when schools are open without enforcing necessary precautions during a Covid surge, it is highly likely that teachers and children will play a role in transmitting the virus. It is therefore critical that we not let our guard down.

Everyone Should Know the Basics

Students, parents, school staff, and anyone in the larger community who is connected to these individuals need to

by strictly tying the extent of their precautions to the level of transmission in the community. Information on these conditions is regularly reported by the CDC on the county level, with this data accompanied by the agency's recommendations on which precautions schools should take at specific transmission levels. Linking precautions to the level of risk eliminates the guesswork for school officials and provides an objective rationale for the safeguards they put in place.

Given how fast cases surge when a new variant appears, we believe that even in low-transmission communities (labeled as "green" by the CDC) schools should continue to require masking for students and staff, use social distancing, and perform regular sanitizing of classrooms and other school surfaces. Although the most recent CDC recommendations do not require these precautions except in crowded classroom situations, we feel they should remain in place until there is a more

Schools should provide multiple, mandatory information sessions for all the school's constituents, and basic information about Covid should be posted widely—in schools and throughout the community.

have basic information on Covid-19 transmission and how to reduce it through established procedures. Schools should provide multiple, mandatory information sessions for *all* the school's constituents, and basic information about Covid should be posted widely—in schools and throughout the community. Students, staff, and parents should be asked to sign a statement saying they understand and will abide by all the regulations.

Everyone must know how the virus is spread, which situations are the most dangerous, and how to avoid those situations. Covid-19 spreads through human-to-human contact, whether people are in the presence of each other or leave remnants of the virus by touching objects or having talked, eaten, or simply breathed in an area in which others congregate or pass.

For schools, the areas that pose risk include not only school facilities but also the homes of students and staff and anywhere in the community that these people go, including stores, banks, gas stations, cars, buses, bus stops, cafeterias, hallways, classrooms, lockers, gymnasiums, locker rooms, bathrooms, and more. As has long been recommended, everyone should wear a mask outside of a completely safe environment, wash hands frequently, and safely socially distance. People should be reminded that these are effective mitigation strategies, as are disinfecting and ventilating schools and homes.

Tie Precautions to Community Transmission Levels

Increasingly, schools have faced public pressure to remain open even during the worst surges and to drop mask requirements and other precautions. Schools can counter this pressure

reliable way to give advance warning of highly transmissible new variants. At higher levels of community transmission, the school should implement staggered schedules to reduce the number of students who are present at a time. In addition, schools should offer a full online option to all students whose families do not want to take the risks associated with their children attending class in person. This option will also reduce student density in school.

Finally, at the highest levels of transmission (referred to as "orange" or "red"), the school should switch to remote learning to protect students, staff, family members, and the community at large. For students for whom online learning is not an option, such as those who do not have access to reliable Internet connections, accommodations can safely be made at school, since plenty of classroom space will be available. And concomitant with these strategies, there must be adequate testing and availability of vaccinations to all children who are eligible.

Testing and Vaccination

We strongly recommend that federal, state, and local authorities provide the resources for schools to regularly test students at all levels of community transmission. Regular testing can help reduce transmission of the virus, even in environments as crowded as college dormitories, according to a study done at 18 Connecticut colleges and universities during the 2020–21 school year. Study authors Olivia Schultes and colleagues concluded that "twice-weekly Covid-19 testing of residential students may serve as an effective infection mitigation strategy at colleges and universities." These results

suggest that in K–12 schools that remain open in times of higher community transmission, frequent testing of students and staff is critical, and, even under green conditions, regular testing is a must. As the test shortage during the Omicron surge has shown us, schools should plan to have on hand sufficient test kits to last several weeks. Although testing and other mitigation strategies can be costly, the federal government has provided funding for this purpose, as have some states and municipalities. Because the virus spreads so rapidly, a community can quickly go from conditions of minimal transmission to high levels; it is critical, therefore, that schools be proactive in securing funds for testing.

Schools should have plans for dealing with outbreaks. When someone in the school community does test positive for Covid-19, the individual should go into isolation for a minimum of five days and then be retested. Furthermore, schools should do contact tracing and encourage CDC-recommended testing and quarantine measures for those who were exposed to a Covid-positive person.

Of greatest importance is that schools work with their local and state health agencies to make vaccinations widely available to students and to educate students and parents about the facts regarding vaccination safety and efficacy. As experience during the Delta and Omicron surges has shown,

vaccinations prevent severe illness and save lives, with an almost tenfold reduction in deaths and a similar or greater reduction in hospitalizations. As of March 10, 2022, according to the CDC, about 76.6 percent of the U.S. population had been fully vaccinated, although there remain communities with much lower rates, and eligible children continue to lag behind adults). Covid may always be with us, but the more we can increase immunity through vaccines, the less opportunity the virus will have to spread.

In Sum

In this essay we have outlined the steps that schools can take to minimize transmission and keep students and staff safe. School officials can turn to the CDC's website for specific information and advice on preventative measures, including how to educate the school community about Covid, how to implement mitigation procedures, safety practices for transportation to and from school, and recommended procedures for testing, quarantining, and tracing.

Ours is an extraordinary time—an era that demands that we educate ourselves about Covid and respect the facts. With unity of purpose, a commitment to clear communication, and proper precautions, we can protect students and teachers while providing the in-person learning that children need and deserve. **E**

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and, too often, on children.

The end of a wave may not necessarily be the end of a pandemic. Omicron was generally milder than other variants, but its transmissibility

made it far deadlier than many assume. More than 150,000 deaths were reported during this surge, compared to 132,000

that a new variant could emerge that evades all or most of the vaccines' protections.

On the other hand, communities now have greater protection against severe disease as a result of immunity gained through infection or vaccinations. Vaccines have generally proven to be highly effective, particularly with boosters. For those who are hospitalized, new antiviral pills and therapeutic

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during the Delta wave, and four times as many children were hospitalized for Omicron than for Delta. The BA.2 subvariant is also disrupting school in the United Kingdom, with one in five schools reporting that 15 percent of their teachers were absent, and student absences tripled in less than two weeks to 202,000, trends which might foreshadow similar disruptions in the United States. One research study suggested that, during the Omicron surge, the effectiveness of Pfizer's vaccine against Covid infection in children ages 5–11 plummeted to 12 percent from 68 percent, and protection against hospitalization dropped to 48 percent from 100 percent during the same period. There remains a risk

treatments help further reduce the risk of death. The nation's testing system, while far from where it needs to be, has vastly improved since even a few months ago. All of this has led to Covid becoming less deadly over time and quickly approaching the same fatality rate as the seasonal flu.

It is worth emphasizing that children continue to be at much lower risk than adults. An unvaccinated child is at less risk of contracting a serious case of Covid than a vaccinated 70-year-old. A March 2021 review of more than 130 studies showed that schools were not super-spreader settings and that it was possible to reopen schools in a way that protected

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both teachers and students. In July 2021, former CDC director Tom Frieden reviewed the scientific literature and concluded, “Evidence from around the world suggests that children spread Covid-19 less than adults; that children with Covid-19 are less likely than adults to become severely ill; and that in-person education has not meaningfully increased community transmission when schools have mitigation measures in place.” No research has emerged that fundamentally alters this evaluation.

Children have thankfully been spared the worst of Covid, but our policy response still treats them as if they were most at risk. Schools were first to close and last to open, and now students, who were first to be masked, are the last to be unmasked. We face a very different set of risks moving forward than we did in the early weeks of the pandemic. Our strategies, particularly as they relate to schools, need to reflect this new reality.

Clearer Triggers

The waning Omicron surge provides the opportunity to reset the mitigation measures that have long been in place, including masking and quarantine policies. Two principles should guide the reintroduction of restrictions and protective measures.

First, mitigation practices should depend on community context. Masks may not be needed for children in a community with high vaccination rates and low case incidence, but they may be an important first line of defense in areas with low vaccination rates, high case incidence, and higher hospitalization rates. These decisions are best made locally. State mandates requiring or prohibiting mitigation measures too often rob communities of their agency and make it difficult for local entities to respond nimbly to changing conditions on the ground.

The CDC’s recently updated method of determining county risk levels now considers hospitalization rates and the number of hospital beds being used, not just the number of new cases reported. This change is long overdue: as far back as July 2021, case numbers began to decouple from hospitalization rates and deaths. The model could be further strengthened by incorporating community

vaccination rates to help assess the risk. British Columbia has done just that with an easy-to-understand chart that estimates the risk of hospitalization based on vaccination status, age, and other risk factors.

Second, the CDC and state health authorities must establish clear, simple-to-understand metrics that trigger the introduction of Covid-mitigation measures and, just as importantly, trigger the lifting of those measures. These metrics should automatically expire after a period of time, perhaps 30 days, to force authorities to evaluate the effectiveness of the measures, consider any new research that has emerged, and adjust strategies based on changing circumstances. This would allow extending mitigation measures but would force authorities to make the case for why the continuation is warranted.

Strengthen Community Preparedness

As experience with Omicron and Delta has taught us, Covid-19 variants can emerge suddenly and spread rapidly.



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Both waves caught schools off guard, with student learning disrupted by extended quarantines. A recent bipartisan poll found that children have missed an average of 21 days of school this academic year because of quarantines. Instead of receiving live, online instruction, many students found themselves sent home with paper packets.

There is no guarantee that we will not see another wave of the virus this year or that another more problematic variant will not appear. Leaders need to make the most of this time to bolster their preparations and ensure that schools aren't caught off guard again.

Consider the way coastal communities prepare for hurricanes. Before hurricane season, no one knows how many serious storms will occur, how intense they might be, or where they will make landfall. So, communities use layered preparedness measures that include strengthening building codes, developing

positive cases, the number of students in quarantine or remote learning, and the mitigation measures in effect in the school. Such data will help better track future waves of the virus and will contribute to research into the efficacy of masks, social distancing, test-to-stay programs, and other protective measures. One reason there is such intense debate about the efficacy of masks in schools right now is that we have not collected the data needed to know how well masks worked in school settings. The financial burden of collecting and reporting this information is more than offset by the

Over the next few months, schools should shore up their defenses— by improving ventilation systems, for instance, and developing more robust Covid-testing plans to support test-to-stay programs.

plans for students who may miss school, and preparing mandatory evacuation plans should they be required.

Similarly, we have little ability to forecast Covid-19 waves and their intensity. Over the next few months, schools should shore up their defenses—by improving ventilation systems, for instance, and developing more robust Covid-testing plans to support test-to-stay programs. Leaders cannot estimate the number of students who will require isolation or quarantine, but they can prepare now to ensure that any students who do have to stay home are guaranteed to receive live, online instruction within 24 hours of leaving school. And perhaps most important, community leaders can work to increase student vaccination rates by encouraging parents to talk with their pediatricians.

Strengthening the Nation's Policy Response

Throughout the Covid-19 pandemic, our policy response has consistently been too slow in adapting to changing circumstances and emerging research. Two years into the pandemic, the federal government still cannot supply reliable counts of how many schools are open or how many students have been quarantined. Out of the 56,000 grants awarded by the National Institutes of Health in 2020, two were given to studies of the efficacy of masks and two were for studies of Covid transmission in schools. It took the U.S. Department of Education and U.S. Department of Transportation seven months to address regulatory issues related to the shortage of school-bus drivers. And CDC guidance still consistently lags behind emerging research on Covid-19, the risks the virus has presented for children, and the mitigation measures necessary to contain it.

There are three steps policymakers can take to strengthen our policy response. First, they can acknowledge that better data is the foundation for a better response and act accordingly. Policymakers should require schools to report

\$280 billion in federal Covid funding that has already been allocated. Organizations such as Code for America and U.S. Digital Services can also help states build capacity through data-system improvements.

Second, our nation needs a better system to help leaders make sense of the growing body of research studies on Covid-19 and related mitigation strategies. Many studies have limitations in how their findings should be interpreted. Preprints are easily accessible, and they can be confusing or misleading without the appropriate context and interpretation, especially since people can usually find a handful of studies to back whatever position they already hold. We need better summarization of studies and the emerging picture they collectively paint. This could be accomplished through an interagency task force composed of researchers from the CDC, the National Institutes of Health, and the U.S. Department of Education.

Third, policymakers should make more Covid-related decisions through a deliberative policy process that can evaluate the tradeoffs of different courses of action. This is how government manages nearly every other policy issue, ranging from economic matters to foreign relations. Decisions are rarely left to a single agency but are debated among cabinet members who have different perspectives on evaluating the costs and benefits of various solutions. We need more of these debates, not just federally but also among state leaders, to help craft pandemic policy strategies that better weigh the public-health benefits against other social, economic, and educational costs.

The end of the Omicron surge is an opportunity. It presents us with a chance to reevaluate our pandemic-response strategies and prepare for the future. And it offers the opportunity to return to some degree of normalcy. Beyond all else, the moment challenges us with renewed urgency to commit to building a system that serves all students with their academic recovery. How will our leaders rise to the challenge of the moment? Students are counting on us, and we must not fail them. 