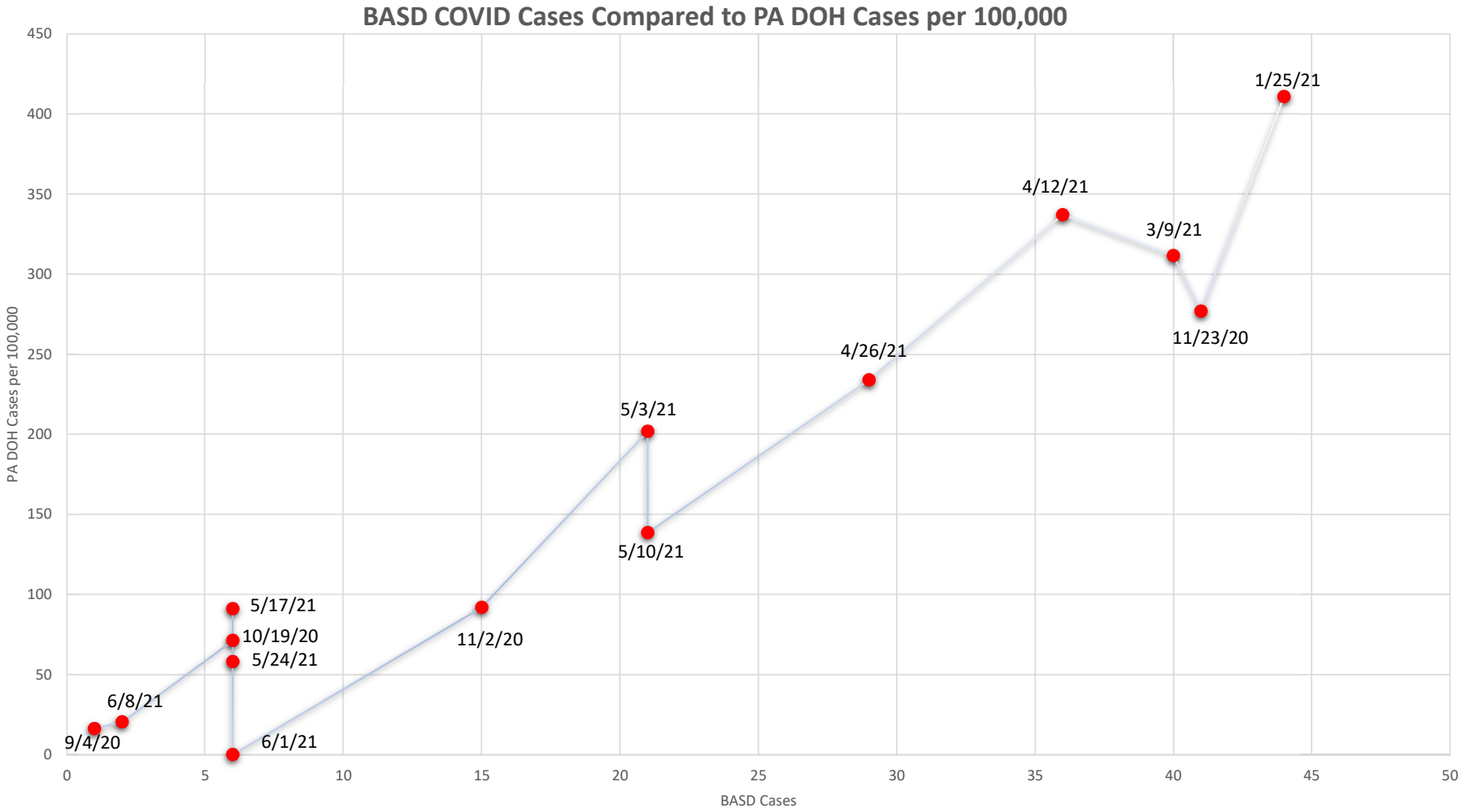
Covid Data

Report Date	PA DOH per 100,000 (7 Days)		PA DOH per 100,000 (14 Days)		Percent Positive		Cases on BASD Dashboard
	Northampton County	Lehigh County	Northampton County	Lehigh County	Northampton County	Lehigh County	
August 24, 2020	17.4	16	135	157	1.90%	1.60%	
September 4, 2020	16.1	22.8	30.2	37.2	2.10%	3.90%	1
October 19, 2020	71.2	46.5	149.6	100	3.60%	2.80%	6
November 2, 2020	91.9	101.9	194.5	216	4.60%	6.00%	15
November 23, 2020	276.9	294.5	607.9	652.5	11.30%	10.10%	41
January 25, 2021	410.8	365.8	879.2	825.9	14.80%	14.80%	44
March 29, 2021	311.5	219.1	641.1	472.2	11.30%	10.00%	40
April 12, 2021	337.1	337.1	689.3	558.8	11.40%	11.50%	36
April 26, 2021	233.9	208.5	647.3	511.8	9.20%	9.50%	29
May 3, 2021	201.8	203.9	465.2	442.5	8.40%	8.30%	21
May 10, 2021	138.6	134.6	321.5	319.2	6.90%	6.50%	21
May 17, 2021	91.1	85.3	222.1	285.5	5.50%	5.00%	6
May 24, 2021	58	58.5	165.4	173.1	4.10%	4.40%	6
June 1, 2021	40.3	45.2	96.5	113.3	3.60%	3.50%	6
June 8, 2021	20.3	23.6	52.5	62.2	2.70%	2.70%	2
June 15, 2021	19.3	20.3	39.4	44	2.50%	2.60%	
July 6, 2021	8.2	5.7	18	15.8	1.20%	0.80%	
July 13, 2021	9.5	10.3	22	25.8	1.60%	1.50%	
July 20, 2021	15.7	16.5	44.3	42.9	2.10%	2.30%	
July 27, 2021	35.4	29.8	87.3	64.9	4.40%	4.20%	
August 3, 2021	59.6	39.5	156.2	94.3	5.80%	4.40%	
August 9, 2021	108.1	74.2	TBD	TBD	8.10%	6.7	

BETHLEHEM AREA SCHOOL DISTRICT



AGE DISTRIBUTION OF CASES BY MONTH, NORTHAMPTON CO, 2021

	EarliestReport															
	JAN21		FEB21		MAR21		APR21		MAY21		JUN21		JUL21		AUG21	
	Number	Col%	Number	Col%	Number	Col%	Number	Col%	Number	Col%	Number	Col%	Number	Col%	Number	Col%
AGE																
0-4	143	2.2	68	2.1	105	2.8	128	3.3	51	4.6	9	4.8	17	3.3	5	4.2
05-12	334	5.0	158	4.9	272	7.2	297	7.6	100	9.1	13	7.0	37	7.2	9	7.5
13-18	436	6.6	232	7.2	363	9.7	410	10.4	136	12.3	21	11.2	49	9.5	16	13.3
19-24	734	11.0	679	21.2	552	14.7	600	15.3	133	12.0	26	13.9	59	11.4	13	10.8
25-49	2370	35.6	1027	32.0	1351	35.9	1453	37.0	426	38.6	56	29.9	226	43.7	41	34.2
50-64	1433	21.6	633	19.8	781	20.8	743	18.9	171	15.5	39	20.9	83	16.1	15	12.5
65+	1199	18.0	408	12.7	334	8.9	298	7.6	87	7.9	23	12.3	46	8.9	21	17.5
TOTAL	6649	100.0	3205	100.0	3758	100.0	3929	100.0	1104	100.0	187	100.0	517	100.0	120	100.0

BETHLEHEM AREA SCHOOL DISTRICT

TIERED MITIGATION APPROACH

2021-2022

This tiered mitigation approach allows BASD to move across tiers in response to covid case rates as well as community vaccination rates. Masking requirements are a key variable across the tiers. Individual schools or the district as a whole will transition tiers depending on conditions.

	Tier 1 Guiding Metrics: 0-49 cases/100,000 residents in Northampton County in a 7 day period; Less than a 5% test positivity rate; BASD student/staff cases less than 10 in a 7 day period; No evidence of community spread in school(s); high community and student/staff vaccination rates (60% and higher)	**Tier 2** Guiding Metrics: CDC/PA DOH recommend universal masking; 50-100 cases/100,000 residents in Northampton County in a 7 day period, 6-10% test positivity rate; BASD student/staff cases less than 20 in a 7 day period; No evidence of community spread in school(s); moderate community and student/staff vaccination rates (40-59.9%)	**Tier 3** Guiding Metrics: CDC/PA DOH recommend universal masking; 100+cases/100,000 residents in Northampton County in a 7 day period; Greater than 10% test positivity rate BASD student/staff cases greater than 20 in a 7 day period; evidence of community spread in school(s); low community and student/staff vaccination rates (0-39.9%)
After School Clubs	permitted	permitted	permitted
Assemblies	permitted with 3 feet minimal distancing	permitted with 3 feet minimum distancing	not permitted
Athletics	permitted	permitted	permitted; masks required indoors
Class Setups/Desk Layouts	regular setup - 3 feet when feasible	regular setup - 3 feet when feasible	maximize 3 feet distancing
Dining Services	regular operation	regular operation	minimize contact for serving meals
Faculty/Staff Masks	Less than 10 cases/100,000 masks optional for vaccinated employees 10-49 cases/100,000 masks required when with students; masks required at all times for unvaccinated	masks required when with students; masks required at all times for unvaccinated	universal masking required at all times
Field Trips	permitted	permitted	not permitted
Student Masks Pre-K thru 8	masks recommended	universal masking	universal indoor masking required
Student Masks 9 thru 12	masks recommended	masks strongly recommended	universal indoor masking required
Musical/Band/Chorus	permitted indoors with 6 feet distance	permitted indoors with 6 feet distance	universal indoor masking required
Physical Education	regular routines	regular routines	universal indoor masking required
Recess/Playground Pre-K thru 5	pre-covid rules	universal masking when indoors	restricted to classmates only
School Entry/Departure	3 feet when feasible	3 feet when feasible	3 feet distance required
Social Distancing	3 feet when feasible	3 feet when feasible	3 feet when feasible
Transportation	masks required	masks required	masks required
Volunteers/Visitors	masks required for unvaccinated	masks required indoors	masks required indoors
Weekly Schedule	5 days a week	5 days a week	5 days a week

BETHLEHEM AREA SCHOOL DISTRICT

BACKGROUND FOR TIERED MITIGATION APPROACH

2021-2022

August 9, 2021

Introduction: As we enter the 2021-22 school year, we continue to face challenges presented by the COVID-19 pandemic. This will be a year when shared decision-making between schools and families combined with targeted mitigation approaches will help us navigate toward a post pandemic world in which COVID-19 hopefully recedes to a more endemic infection that is much less impactful than it was last school year.

A Year Ago:

- School mitigation strategies were in large part designed to reduce the risk that children could bring home the virus to older family members. Now, those family members should be vaccinated and we know the virus did not spread in school.
- Uncertainty existed regarding the degree to which children could be asymptomatic spreaders of the virus. We know now children are less likely to be infected, less likely to spread the virus and less likely to develop serious symptoms when compared with adults.
- Our hybrid model and required masking (among other strategies) were designed to buy time in the absence of a vaccine. Now we have a vaccine that is incredibly effective in stopping the spread of the virus and protecting individuals from serious illness.
- Individuals 12 years of age and older could not receive the vaccine.

Currently: We have recommendations from the CDC, PA Department of Health, PA Department of Education, St. Luke's University Health Network and the City of Bethlehem Health Bureau that reflect current pandemic conditions across our nation and here in our community.

The Bethlehem Area School District will align mitigation strategies with these expert recommendations while using community and district based case data to guide our decisions.

Beginning of Year Mitigation Strategies Aligned with Public Health Guidance

- **Full Time School** - A return to a five day school week is recommended for all students. Under all three Tiers of the mitigation plan, we will remain in school five days a week.
- **Three Tier Mitigation Plan** (see Tiered Mitigation Table):
    - As of today, based on our guiding metrics, we plan to open schools on August 30th in Tier 2. Grades pre-K through 8th grade students will be required to wear masks indoors at school. All faculty/staff will wear masks when in the presence of students. Unvaccinated faculty/staff must wear masks at all times. Volunteers/visitors will be required to wear masks regardless of vaccination status. Masks are mandatory in grades pre-K through 8th in both Tier 2 and Tier 3. In Tier 2, high school students are strongly encouraged to wear masks regardless of vaccination status. All faculty/staff will wear masks when in the presence of students. Unvaccinated faculty/staff must wear masks at all times. Volunteers/visitors will be required to wear masks regardless of vaccination status.
    - When schools open, if there is evidence of virus spread in schools or if the volume of positive community based student/staff cases makes contact tracing difficult, we will move to Tier 3 requiring universal masking for all students and staff at a particular building or districtwide, depending on circumstances.
    - **Parents, staff and students should be prepared for schools to open in Tier 3 if community case rates and test positivity continue to significantly increase over the next three weeks.**

- Transportation - Federal mandates continue to require masking on buses.
- Physical distancing - Distancing recommendations are now 3 feet, to the extent feasible.
- Cleaning - the recommendation is to continue cleaning protocols, however recognizing that there is little to no evidence of the spread of the virus through touching surfaces.
- Hand hygiene - recommendation to continue to focus on hand hygiene.

Key Considerations for Families from the Children's Hospital of Pennsylvania, Policy Lab, "Guidance for In-Person Education in K-12 Educational Settings, Fall 2021
https://policylab.chop.edu/tools-and-memos/guidance-in-person-education-k-12-educational-settings

Families will benefit from guidance that helps them navigate their own choices when masks are recommended/optional. The decisions a family makes about who should mask and when to mask are not likely to be black and white. Therefore, we offer below some general points of consideration for indoor masking that can help devise a more specific plan for when a child or school staff member might not choose to mask.

Considerations for **indoor masking** during the 2021-22 school year	
Factors that support masking:	**Times during the school day when masking might be prioritized:**
○ When community incidence is high ○ When substantial numbers of COVID-19 cases are being documented in the school ○ When cases are growing among children in the community ○ Low community or school-based vaccination coverage and/or access ○ In settings that serve elementary school-aged children who are not yet eligible for vaccination ○ When there are household members who remain vulnerable to severe disease from COVID-19 due to chronic illness or contraindication to vaccination ○ For any unvaccinated child or adult with chronic illness that may make them more susceptible to severe disease	○ During transportation to and from school on buses or public transportation (Note: this is currently a federal requirement) ○ During transitions between classes in hallways ○ When a large group is unable to distance (e.g., in the cafeteria waiting to purchase lunch) ○ For children returning to school with respiratory illnesses following a negative COVID-19 test, at least for the duration of symptoms ○ For temporary use in classrooms that have been exposed to a contagious child or staff member ○ For temporary use in a school with cases identified across multiple classrooms, in order to limit transmission over a two-week period

Consideration 1: Balancing the potential consequences of infection among children now that adults have been offered vaccination

COVID-19 has led to mild infections in the vast majority of children, however, some children have had more significant illness. Among the nearly 80 million children and adolescents in the U.S., there have been more than 4 million documented cases of COVID-19, 700,000 hospitalizations, 4,000 cases of Multisystem Inflammatory Syndrome (MIS-C), a delayed, post- infectious complication of COVID-19 infection, and more than 300 deaths. The risk of "long- haul" COVID-19 for children remains unknown.

One family might review these numbers and conclude that the risk of severe disease is too high and have their child wear a mask at school when indoors. Other families may recognize these risks but may weigh the tradeoffs as they relate to educational, socioemotional, or behavioral health needs and prefer that their children not wear masks. The decision not to mask routinely will be easier for a family with children old enough to have been vaccinated. However, even among elementary school-age children who have not been vaccinated, some families might decide that the benefit of not using a mask for their child outweighs the risk from infection.

While these decisions may create anxiety within families and across school communities, we advise families that such flexibility should be viewed in the context of where we are in the pandemic. Mitigation measures, including masking, were more aggressive for children last school year because of the risk that they could spread COVID-19 to vulnerable family members and school staff. Now that adults have been offered vaccination, the decision-making around appropriate mitigation measures for children can be left to a family's interpretation of the specific risk to their child and household.

Consideration 2: Appraising whether underlying medical conditions will put the child or a household member at increased risk for severe COVID-19

Caregivers of a child with an underlying health condition, such as cancer, sickle cell disease, or an immunodeficiency disorder, should discuss with their physician the benefits and risks of mask use even if the child is vaccinated. The same discussion should be had if there is a household member with an illness that may have prevented them from seeking vaccination or may have led them to have an inadequate immune response to vaccination (e.g., those who are immunosuppressed from cancer or are receiving immunosuppressive medication for other conditions).

Consideration 3: Monitoring local community incidence rates and test positivity

Even as COVID-19 incidence rates decline in many communities across the U.S., the pandemic has not ended and in some locations, cases have begun to increase again. It is also likely that we will see surges of COVID-19 infections in certain regions throughout the coming fall and winter.

Families should remain informed about their local incidence rates and have a plan that allows them to change their approach to student masking based on the rise and fall of community incidence throughout this school year. We refrain from providing specific thresholds of incidence that would trigger universal mask use as county-level incidence may not always reflect the risk of exposure in a specific school setting. Families should remain in close communication with their school leaders and have a good understanding of the frequency of COVID-19 infections in their school system.

Consideration 4: Monitoring community and school vaccination rates

Parents might first consider community vaccination rates when deciding about mask use for their child, particularly for elementary school students before they are able to get vaccinated. Schools with high rates of staff and student vaccination will be the most protected against COVID-19 outbreaks this year. Families with children who attend schools with high vaccination rates should feel comforted that the risk of an outbreak in that school will be less than in a school with low vaccination rates and, thus, may elect to resume school without routine mask use. Younger children that are not yet eligible for vaccination will likely benefit from the immunity of fully vaccinated adults and adolescents around them. While some families and their school communities may view masking of younger children as a necessity in the absence of vaccination access, others may feel differently in light of the lower risk of severe illness in this age group, particularly if household and community members are widely vaccinated.

In regions with low vaccination coverage, however, families—even those with vaccinated children—might carefully consider the value of time-limited mask use, particularly if COVID-19 incidence rates in their location surge or exceed other areas of the country. We have already witnessed a summer resurgence of COVID-19 cases in areas with lower vaccination coverage; that trend is likely to continue into the fall as COVID-19 incidence rates have the potential to increase. Families should be mindful of school or public health advisories locally as community transmission changes through the fall. While children may be at lower risk for severe disease, the sheer magnitude of infections and exposures in schools can become extremely disruptive to classroom learning. Time-limited masking can therefore be viewed as a short-term, simple strategy to navigate the worst part of the season.