



Chicago Public Schools

COVID-19 Protections at CPS: *What's New ?*

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COVID-19 School Safety: *The Many Layers of Protection*

- Vaccination
- Universal masking
- Social distancing
- Contact Tracing
- COVID-19 Testing
- Clean hands
- Disinfection of contaminated spaces
- \$100 million dollars invested in high indoor air quality
- High quality communications
- Stay home if sick
- Care Rooms
- Cohorting when possible



CPS COVID-19 Vaccination Rates (as of 1/24/22)

**>90 %
of CPS staff are
fully vaccinated**

**CPS students 12+years:
59.31% had 1st dose
53.32% are fully vaccinated**

**CPS students 5- 11 yrs:
33.29% had 1st dose
18.51% are fully vaccinated**



CPS COVID-19 Vaccination Events (as of 1/22/22)

>**33,000** vaccine doses delivered since Feb 2021

- COVID-19 Vaccination Program for CPS students, staff and families:
 - Over **577** vaccination events from **July 1, 2021 to Jan. 22, 2022**:
 - **96** Regional Clinics at 4 permanent school locations
 - **481** Mobile Events
- School-Based Health Centers:
 - 24 offer Pfizer for 12+ yr olds
 - 16 offer Pfizer for 5-11 yr olds
- Satellite Clinic at Saucedo ES on the Saucedo / Telpochalli campus (zip: 60623) started 1/22/2022. (Saturdays through 2/26/22)
- Vaccination events remained open operation during the work stoppage



COVID-19 vax opportunities still outpace demand; slots remain unfilled

To make your Vaccination Plan today visit:

www.cps.edu/vaccination



COVID-19 Testing at CPS: *An Update*

COVID-19 Screening Tests (PCR = definitive, gold standard)

- **>600,000** completed since Jan 2021 (**469,000** since Sept 2021)
- About **55,000 tests completed** during week of Jan 17 (incl 17,737 on 1/18/ 2022)
2.5% positive (down dramatically from peak of 20% in late Dec 2021)
- School-based screening testing continued during the CTU work stoppage

Expanding Testing Capacity:

- Purchased 350,000 tests from the State for \$1M; distributed these to schools
 - Home antigen tests for staff as an additional resource.
- Partnering with community organizations to offer additional testing events in CPS buildings



CPS Contact Tracing Updates (as of 1/22/2022)

- **14,000+** cases reported in SY 21-22 (> 9550 students, >4500 adults)
- Increased Contact Tracing Team Capacity:
 - 50 Contact Tracers
 - 9 Team Leads
 - 3 COVID-19 Response Managers
 - 1 Director
 - Up to 150 “Flex” Tracers (incl 100 volunteer nurses) to assist
- **Increased operational efficiencies & Case prioritization strategies**
 - Surge Protocol
 - “Flip to Remote” (delegated authority to principals before case investigated)
 - Network-based organization/divisions of labor among Contact Tracers & greater involvement of designated school staff in the tracing process



Isolation & Quarantine Period Update

- CPS will align with CDC/IDPH/CDPH to **reduce isolation and quarantine periods** from 10 to 5 days as of Feb 1, 2022
- Masking and social distancing are *even more important* since up to **30% of COVID-19 cases still shed live virus after Day #5**; *If you shed, you can spread (unless other mitigation measures are in place)*
- Education and socialization of these changes take time to achieve, especially in light of the politics of masking, testing, consent and vaccination



Negotiated COVID-19 Measures

- Expanding paid opportunities for CPS staff to support contact tracing and to engage families around vaccination and testing consent
- Offering KN95 masks for staff and students
 - 1.2 million KN95s will be distributed at schools by end of January;
 - 4 million expected by close of February
- Supplemental investments in HEPA Air Purifiers
- School Safety Committees may elect to re-implement *Daily Health Screener* and temp checks for entry
- School Safety Committees **vote** on whether to shift a school to Remote Learning (for 5 days) if specific negotiated “metrics” are met



Case Reporting & Data Dashboard

- **Our goal for our data dashboard: How can we provide families with timely, accurate, and relevant information?**
- We have made several changes to our dashboard over the past year to satisfy this goal
- **Key question: how to handle publishing all reported (open) cases**
- Reported cases come from two primary sources:
 - Screening testing at school — accurate and timely
 - Self-reporting — duplicates, non-actionable cases, false reports
 - Need contact tracing process to verify cases — takes time
 - Publishing at school level can create unnecessary panic & threaten privacy
- **Potential solution: publishing positives from screening testing at school level**



Wrap schools in many layers of protection to allow safe in-person learning to happen, because learning in-person is an essential way to protect and promote child health and to advance child health equity

