



Onondaga County Health Department

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Policy Proposal to Increase School Participation to Five Days per Week in K-12 Schools in Onondaga County

Background

The COVID-19 pandemic has disrupted in-person learning in the United States, with approximately one half of all students receiving online-only instruction since March 2020. Discontinuation of in-person schooling has resulted in many hardships which disproportionately affected families of lower socioeconomic status. This negative impact hits hardest the more than 6 million special education children in the United States, who need in-person assistance and education. In 2019, there were 498,491 school age students who received special education programs and services in NYS. There are 10,858 students reported as students with disability in Onondaga County according to NYSED.

On January 30, 2020, the World Health Organization (WHO) declared novel coronavirus a public health emergency. On January 31, Health and Human Services Secretary Alex Azar declared a Public Health Emergency for the United States. On February 11, 2020, the causative virus was named Severe Acute Respiratory Syndrome Coronavirus -2 (SARS CoV-2) and the disease coronavirus disease 19 (COVID-19). On March 7, Governor Cuomo declared a State of Emergency in the State of New York. On March 11, WHO declared it a global pandemic. On March 14, County Executive McMahon declared a State of Emergency in Onondaga County and all the schools were ordered to close on at 4PM on March 20, 2020. Rigorous public health measures and lock down resulted in the flattening of the curve for new infections, however, cases rose sharply in the fall and continued through the winter of 2020. Schools reopened in the fall of 2020 prior to the second surge in COVID-19 infections in Onondaga County. However, despite the high community transmission, no evidence of local transmission within the schools was noted.

Onondaga County school districts adopted a hybrid model of learning during the fall and winter season with few parents of students opting for remote only and some students learning exclusively in person. All of this has resulted in various challenges for students, parents, teachers, school administrators, and public health officials alike. Research has shown that disruption in children's schooling is globally detrimental to their learning, social development, emotional growth, and well-being because "Schools and school-supported programs are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, either in-person or virtually; social and emotional skills; safety; reliable nutrition; physical/occupational/speech therapy; mental health services; health services; and opportunities for physical activity, among other benefits. Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity." (American Academy of Pediatrics, January 2021)

According to the Centers for Disease Control and Prevention (CDC), mental health-related emergency room visits among pediatric population have increased between March and October of 2020. As compared to 2019, the emergency department visits increased by 24% for children aged 5-11 and 31% for children 12-17 years of age.

Policy proposal to bring more children to the classroom: Reducing requirement of physical distance from 6 feet to 3 feet for students

One of the barriers to bring more children for in-person learning is the requirement to have physical distancing of 6 feet in each class room, limiting the number of students in the classroom at one time.

We are putting forward a proposal for K-12 schools to consider bringing more students back into the classroom for in-person learning by adopting a policy to reduce physical distance between students from 6 feet to 3 feet. As a result, school districts will be able to accommodate more children in the classrooms. Please note, this proposal does not reduce the physical distance between teachers/staff and students. Adults in the school setting should ideally maintain a 6-foot distance from students and other adults if possible.

Schools should weigh the benefits of strict adherence to a 6-foot spacing rule between students with the potential downside if remote learning is the only alternative.

Continuation of existing public health mitigation efforts of non-pharmacological interventions (NPIs) is crucial.

A prerequisite for implementation of this policy is that school districts continue to follow and enforce public health guidance recommendations from CDC, NYSDOH, and Onondaga County Health Department (OCHD) to wear a face covering, facilitate frequent hand washing, and continue symptom screening procedures already in place. Onondaga County Health Department has always and will continue to be an active partner in this endeavor.

Supporting evidence for reduction in physical distance policy change proposal from 6 feet to 3 feet:

According to WHO, a decision to open or close the school should consider primarily three factors, which were taken into consideration when making this policy proposal:

1. What is the current COVID-19 transmission and severity in children?
2. What is local epidemiology and transmission situation of COVID-19 where schools are geographically located?
3. What are the capabilities of each school to maintain COVID-19 prevention and control measures?

The current literature includes several publications that suggest a low risk of transmission in K-12 schools (American Academy of Pediatrics, WHO, MMWR of CDC, and Lancet). At the local level, we have observed a steady decline in the number of cases in Onondaga County without any evidence of COVID-19 transmission within schools. Current NYS testing data show a 7-day positivity rate of <1 % in Onondaga County, which plays an important role in this policy recommendation.

Implementation of the policy:

- In-person schools for K-12 will require intense preparation by the schools to ensure all the public health measures are put in place.
- All stakeholders should be engaged in the policy change process.
- A school can take a graded or partial approach.
- Staggered schedules should be evaluated and considered if feasible.
- Seat assignment should be considered.
- Lunch seating, and bus transportation will require careful consideration
- Physical education class should maintain distance of 6 feet with mask wearing.
- Adults in the school setting should maintain a physical distance of 6 feet from students and other adults.
- Physical barriers such as Plexiglas between children in the classrooms are required.
- Option for remote learning should be offered to parents if they are reluctant about in-person learning.

To thoroughly evaluate the impact of this policy change, a number of data points will be continually monitored, including:

1. Daily monitoring of cases in school.
2. Follow weekly trend of new cases in the community and schools alike.
3. Follow NYS COVID-19 data.
4. Follow CDC grid on weekly basis.
5. Public disclosure of data at our website to improve confidence.

This policy recommendation is provided by Onondaga County Health Department (OCHD) and is based on various factors outlined above. Our data-driven approach along with active engagement of stakeholders from schools to the public will help modify the policy recommendation in the future. At any point, this policy recommendation can be modified or rescinded based on changes in infection rate in our community and schools based on CDC and NYS guidelines to protect lives and public health of our community.

March 4, 2021

