



ONONDAGA COUNTY HEALTH DEPARTMENT'S POLICY PROPOSAL TO **Increase In-Person School Participation Among K-12 Students in Onondaga County**

*Supportive Research and References
for Proposal Published on March 4, 2021:
ongov.net/health/documents/SchoolPolicy.pdf*

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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 and disproportionately affects families of lower socioeconomic status. This significantly impacted more than 6 million children and their families who receive special education services in the United States. In 2019, 498,491 school-age students received [special education programs and services in New York State](#).¹ There are 10,858 [students with disability residing in Onondaga County](#) according to the New York State Education Department (NYSED).²

On January 30, 2020, the World Health Organization (WHO) declared novel coronavirus a Public Health Emergency of International Concern. On January 31, Health and Human Services (HHS) secretary Alex Azar declared a Public Health Emergency for United States for 2019 Novel Coronavirus. On February 11, 2020, the virus responsible for this serious global disease was named SARS CoV-2 and the disease was named coronavirus disease 2019, abbreviated as COVID-19. On March 7, Governor Cuomo declared State of Emergency in the State of New York. On March 11, WHO declared it a global pandemic. On March 14, County Executive Ryan McMahon declared a State of Emergency in Onondaga County and all schools were ordered to close on March 20 at 4 PM. Rigorous public health measures, including lockdown, resulted in flattening of the curve for new infections. However COVID-19 cases rose sharply in the fall and continued through winter. Schools opened during the fall prior to a second surge in the infections in Onondaga County. Despite the high rate of community transmission, no evidence of local transmission within the schools was reported.

The majority of school districts in Onondaga County 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. The importance of school is [well described by the American Academy of Pediatrics \(AAP\)](#).³

“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.” (AAP, January 2021)”

Even in [pre-pandemic 2018 survey by Pew](#), it was noted “about one-in-five teens between ages 13 to 17 said they are often or sometimes unable to complete homework assignments because they do not have reliable access to a computer or internet connections. Black teens and those living in lower-income households were more likely to say they cannot complete homework assignments for this reason.”⁴ This digital divide suddenly got worse with the pandemic. This became even more significant when it started to impact elementary school children.

¹ Data summary of children receiving special education services program: NYSED.gov: <http://www.p12.nysed.gov/sedcar/goal2data.htm>

² Onondaga County Public school enrollment (2018-19): Students with disability: <https://data.nysed.gov/enrollment.php?year=2019&county=42>

³ COVID-19 guidance for safe schools AAP January 2021: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

⁴ As schools close due to the Coronavirus, some U.S. students face a digital homework gap: Pew Research: <https://www.pewresearch.org/fact-tank/2020/03/16/as-schools-close-due-to-the-coronavirus-some-u-s-students-face-a-digital-homework-gap/>

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

Policy Proposal to bring more children to the classroom: Reduce requirement of physical distance from 6 feet to 3 feet.

One of the barriers to bringing more children for in-person learning is the requirement to have physical distancing of 6 feet or more between persons, which limits the number of students in the classroom. The Onondaga County Health Department (OCHD) is putting forward a policy proposal for K-12 schools to reduce physical distance between students from 6 feet to 3 feet. If adopted, this proposal will enable school districts to accommodate more children in the classroom. Schools should weigh the benefits of in-person learning with 3-feet of physical distance against strict adherence to a 6-feet spacing rule between students if remote learning is the only alternative.⁶

Public Health Mitigation Efforts: Non-Pharmacological Interventions (NPIs):

Prerequisites for implementation of this policy are that school districts continue to follow and enforce public health guidance recommendations by OCHD, NYSDOH and [CDC](#).⁷

Following are several examples (not an exhaustive list) of NPIs:

- Face coverings should be worn at all times in classrooms, school grounds and on school buses, regardless of distance between students.
- [Face shields, even though not recommended for routine use](#), may be used for those special needs students who depend on visual cues in learning.⁸
- Assigned seats to facilitate contact tracing as close contacts to a case can be easily identified.
- [Safe school bus protocols](#).⁹
- Maintain social distancing on the bus, including at entry doors. Limit the number of students in the bus at one time.
- Drivers and aides should create distance between children on school buses, including seating children one student per row facing forward.
- Children from the same household can sit together, if needed.
- [Physical barriers](#) in classrooms such as plexiglass or similar materials between students and staff are required especially when 6 feet distancing cannot be maintained.⁹
- Ensure opportunities for hand hygiene: hand washing sinks, placing hand sanitizing stations in every classroom, in hallways, and gymnasiums.
- Symptom checks/temperature checks if properly carried out at home before going to school, and at school entrances.
- Temperature checks can be considered during bus transport; though are not required.
- Gymnasium, music, lunch/cafeteria: When mask wearing cannot be complied with because of intense physical activity (gym), playing wind instruments (music), and eating (cafeteria), using smaller cohorts, increasing distance, or shortening time duration may lessen exposure risks.
- Consider improvement in ventilation in school by frequently leaving windows or doors open (weather permitting) and by using fans near open window so indoor air can be evacuated outdoors.

⁵ Mental health related emergency departments visits among children aged <18 years during the COVID 19 pandemic United States, January 1- October 17,2020: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

⁶ COVID-19 guidance for safe schools: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

⁷ CDC: Schools and childcare programs: Plan, Prepare and Respond: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

⁸ CDC: Additional considerations for the use of mask among K12 students: https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/CFC_Guide_for_School_Administrators.pdf

⁹ CDC: Strategies for protecting K-12 school staff from COVID19 <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-staff.html>

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

According to [WHO](#), which recommends a distance of 1 meter (or 3 feet) for in-person schooling, the decision to open or close the school should consider primarily three factors.¹⁰

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

We are taking these into consideration to make this policy proposal.

Review Process:

Literature search on this topic revealed following reports supportive of this proposed change in policy in Onondaga County.

- Steady decline in number of cases in Onondaga County based on [CDC dashboard of infection](#): rate of infection in Onondaga County has continue to decline.¹¹
- Steady decline in 7-day rolling positivity rate of <1 % in the [NYS data dashboard for counties](#).¹²
- Onondaga County data did not show any evidence of COVID-19 transmission within school when good public health measures are in place. Local data show that hybrid or fully in-person learning does not appear to disproportionately increase the risk for COVID-19. The proportion of COVID-19 cases in remote students mirrors the total proportion of remote students in Onondaga County. Likewise, the proportion of COVID-19 cases in hybrid/in-person students mirrors the total proportion of hybrid/in-person students in Onondaga County (Appendix A: Figure 1).
- When community transmission peaked in Onondaga County, school-related cases did not see the same rate of increase. (Appendix A: Figure 2)
- Children, especially those under 12-14 years of age are considered less susceptible to infection and less likely to spread infection.¹³
- American Academy of Pediatrics supports policies to safely open school and encourage in-person education because schools play a significant role in addressing racial and social inequity in addition to academic growth.¹⁴
- WHO school opening recommendations state that nations should prioritize opening schools in most local transmission scenarios. Shutting down educational facilities should only be considered when there are no other alternatives.^{15,16}
- Systematic review and meta-analysis of publications across 16 countries and six continents published in the journal [Lancet](#) indicated that physical distancing of 1 meter is strongly associated with low risk of infection resulting in large protective effect. Two-meter distance could be more effective. Use of face masks, respirators, and eye protection can add to the protection.¹⁷
- In [North Carolina schools](#), extremely limited within school secondary transmission of SARS-CoV-2 virus was reported during the first 9 weeks of in-person classes.¹⁸

¹⁰ School related public health measure in the context of COVID- 19: <https://apps.who.int/iris/handle/10665/332052>

¹¹ COVID data tracker: county view: <https://covid.cdc.gov/covid-data-tracker/#county-view>

¹² NYS percentage positive results by County: <https://forward.ny.gov/percentage-positive-results-county-dashboard>

¹³ Susceptibility to SARS-CoV-2 infection among children and adolescents as compared with adults: Why schools aren't probably COVID hot spots: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2771181>

¹⁴ COVID-19 guidance for safe schools: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

¹⁵ Consideration for school related public health measure in the context of COVID- 19 : WHO-2019-nCoV-Adjusting_PH_measures-Schools-2020.1-eng.pdf

¹⁶ WHO : Coronavirus disease (COVID 19) : Schools Q & A: <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-schools>

¹⁷ A systematic review and meta-analysis Meta- Analysis of policies in 16 countries: Lancet: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931142-9>

¹⁸ Incidence and secondary transmission of SARS-CoV2 in schools: Pediatrics: <https://pediatrics.aappublications.org/content/pediatrics/early/2021/01/06/peds.2020-048090.full.pdf>

- COVID 19 cases and transmission in 17 K-12 schools showed that when all public health measures are in place, in-school transmission of SARS-CoV-2 was reported to be low in a rural county in Wisconsin as compared to 40% positive SARS-CoV-2 test rate in the surrounding county.¹⁹
- Environmental changes such as improved ventilation and use of physical barriers are very important in reducing transmission of SARS-CoV-2 virus infection indoors. These support our recommendation for improved ventilation and use of physical barriers in the classroom. We are presenting three supporting evidences:
 - Strategies for protecting school staff from COVID-19 can range from [engineering control to ventilation](#) and should be considered.^{20, 21}
 - Significant reduction in transmission of virus in a [meat processing plant in Nebraska was reported](#) among adult workers by use of mask and physical barriers. We believe this can be applicable in any indoor facilities when physical distance cannot be maintained at 6 feet.²² https://wwwnc.cdc.gov/eid/article/27/4/20-4800_article
 - Since publication of our [initial policy proposal on March 4, 2021](#), a new study was published in Clinical Infectious Diseases on March 10, 2021 indicating effectiveness of three versus six feet of physical distancing for controlling spread of COVID-19 among primary and secondary students and staff in a retrospective state-wide cohort study in Massachusetts.²³

Recommendations for implementation of proposed policy:

- In-person schools for K-12 will require intense preparation by the schools to ensure full implementation of all public health measures.
- All stakeholders should be engaged in the policy change process. This will require initial and ongoing discussions with the superintendents, parents, and school staff. Whether it is partially or fully implemented, the outcome of this policy will result in a desirable increase in the number of students attending their classes in-person.
- A school can take a gradual approach to adopt in single or multiple grades, or entire school starting with elementary school first, followed by middle and high school. School districts can also implement it throughout entire district at once based on resources, staffing, and parent participation.
- Staggered schedules should be evaluated and considered if feasible.
- Seat assignments should be considered both in the classrooms and buses.
- [Careful planning of school meals](#) to accommodate returning students is critical for success of in-person learning at the schools. This is the time when students will take masks off to eat lunch. Maintaining 6 feet of distance during lunch is required, along with ventilation if possible and weather permitting. An EPA certified physical barrier between students is required if unable to maintain 6 feet distance.²⁴
- Transportation: The spread of COVID-19 increases with increased time spent with close contacts.²⁵ Careful consideration should be given to follow CDC recommendations when physical distance is less than 6 feet such as: assigned seats; only allowing forward facing seating; filling in seats from the back of the bus first; ensuring bus rides are 15 minutes or less; and strictly enforcing face covering, which is critical. During drop offs, students should start to spread apart as soon as the students are being dropped off en route to

¹⁹ COVID-19 cases and transmission in 17 K-12 schools- Wood County, Wisconsin: August 31-Nov 29,2020: Jan 29,2021: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7004e3.htm>

²⁰ Strategies for protecting K-12 school staff from COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-staff.html#engineering-controls>

²¹ Ventilations in schools and childcare programs: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html>

²² Characteristics of SARS-CoV-2 Transmission among Meat Processing Workers in Nebraska, USA, and Effectiveness of Risk Mitigation Measures: Emerging Infectious Diseases: April 2021: https://wwwnc.cdc.gov/eid/article/27/4/20-4800_article

²³ Effectiveness of three versus six feet of physical distancing for controlling spread of COVID-19 among primary and secondary students and staff: A retrospective statewide cohort study: <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab230/6167856>

²⁴ Safely distributing meals in schools during COVID 19: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/safely-distributing-meals.html#classroom>

²⁵ CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-staff.html#guiding-principles>

increase physical distance. Establish a physical barrier between bus driver and attendant from the students to protect the staff. All the students should follow strict guidelines provided by the school.

- Physical education class should maintain distance of 6 feet with mask wearing. This has been successful in professional sports and in higher education. Considering the low rate of infection in K-12 schools, we are recommending to adopt the same policy.
- Music classes: We are providing two competing recommendations. Superintendents should review their school situations and discuss with NYSED and NYSDOH.
 - CDC recommendation of physical distance of 6 feet for music classes is applicable nationally. Many steps can be taken to safeguard to protect both staff and students alike.^{26, 27}
 - NYSDOH presently recommends 12 feet distancing between students in music and singing classes.²⁸
- Adults in the school setting should maintain a physical distance of 6 feet from students and other adults.
- Physical barriers such as plexiglass or similar material between children in the classrooms are required when physical distance of 6 feet cannot be maintained as the concern for variants of SARS- CoV2 remains.
- Option for remote learning should be offered to parents if they are reluctant about in-person learning.

Data-driven assessment of implemented policy:

1. Daily monitoring of cases in K-12 schools in Onondaga County.
2. Follow weekly trend of new COVID-19 cases in the Onondaga County community and schools.²⁹
3. Follow NYS COVID-19 data.³⁰
4. Follow CDC grid on weekly basis.³¹
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 and the public will help modify and adjust the policy recommendations in the future. At any point, this policy recommendation can be rescinded based on changes in infection and transmission rates and the impact of COVID-19 variants in our community and schools to protect health of our community.

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²⁶ CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-staff.html#music-choir-arts>

²⁷ CDC: https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/CFC_Guide_for_School_Administrators.pdf

²⁸ NYSDOH: https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/P12_EDU_Summary_Guidelines.pdf

²⁹ Onondaga County Health Department COVID-19 Data: <https://covid19.ongov.net/data/>

³⁰ NYS percentage positive results by County: <https://forward.ny.gov/percentage-positive-results-county-dashboard>

³¹ CDC indicators: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html>

Appendix

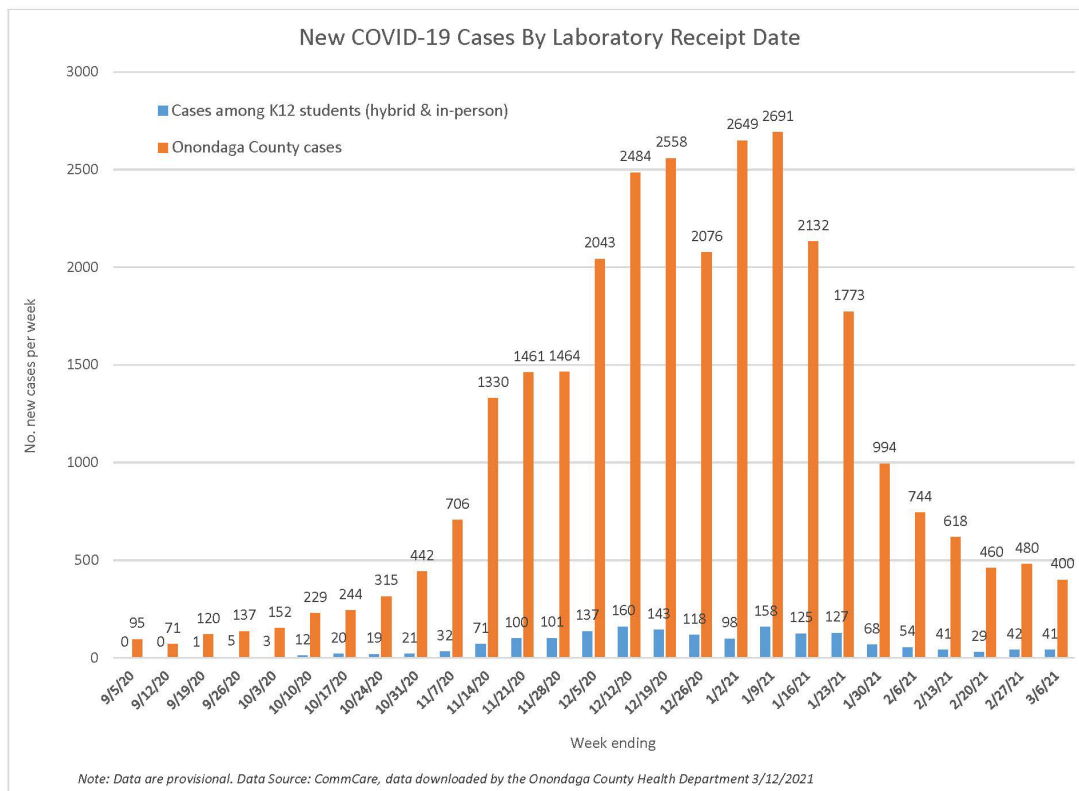
Figure 1:

Percent of COVID-19 cases among PreK-12 students by learning type, Onondaga County, 8/30/20-2/20/21*

	% cases among remote students	Total % remote students	% cases among hybrid or fully in-person students	Total % hybrid or fully in-person students
Total	32.6	32.3	67.4	67.6

* 107 cases did not have a learning type indicated and were excluded from the denominator. Percent may not add to 100 due to rounding.

Figure 2:



Data Notes:

- All references to dates use laboratory receipt date, which is the date the laboratory result was either received in the NYS Electronic Clinical Laboratory Reporting System (ECLRS) or the Onondaga County Health Department received notification of the positive results through other reporting mechanisms.
- A case was determined to be a K12 student if they had a documented connection to a K12 school and fell into the age range of 5-18 years. Age was calculated using date of birth and laboratory receipt date. Individuals with no date of birth documented were excluded from the K12 student count.
- Cases where instruction type was unknown were excluded from the counts of K12 students considered to be onsite/hybrid.