

## **March 2, 2021: School Reopening Community Task Force Meeting Minutes**

### **Attendees:**

Alexander Wolff, Alexandra Drinkwine, Cheri Hardial, Cheryl Champ, Christina Viggiano, Erin Blakeley Ginsburg, Farid Johnson, Gail Sider, Jackie De Angelis, James Hricay, Janet Hoynes, Jason D'Amore, Jeannine Carr, Jessica Waters, Jessyka Calzolaio, John Condon, John Sebalos, Julia Chung, Kevin Ritchie, Kristen Burke, Kusum Mathews, Kusum Mathews, Laura Caruso, Laura Hendrie, Leah Tahbaz, Lisa Arbelaez, Lynn Sabia, Maria Thompson, Mark Berkowitz, Mark Finegan, Rachel Pixley, Scott Brown, Sean Llewellyn, Stephanie Otero, Susan Gilbert, Tara Weishaupl, Theresa Pignone, Thomas Callahan, Tiffany Hebert, Tracy Breen, Trisha Fitzgerald.

### **Meeting Opening**

- Kristen Burke shared that the role of the Task Force is to be an advisory committee that makes recommendations for the spring and fall plans, but noted that ultimately, decisions will be made by the District. She also shared that the Task Force may be convened from time-to-time as needed if issues arise.
- Dr. Champ reviewed meeting objectives:
  - Review information driving reopening decision-making
  - Discuss spring reopening plan
- Dr. Champ noted that at the 3<sup>rd</sup> task force meeting scheduled for 3/9, a reopening framework will be reviewed and that there will be a dry run with the Task Force; this framework will also be presented to the Board on 3/10

### **Information Driving Decision-Making**

- NYS DOH: recommends masks, barriers, 6 ft distancing; district interpreted very conservatively at beginning of pandemic. We are expecting the state to update this guidance soon to be 3-6 ft.
- CDC: recommends layered mitigation including masks, barriers, distance, surveillance testing, contact tracing
- Community transmission: currently 3.8% last 7 days in Westchester County which is low transmission as defined by CDC
- Other data (supported by peer-reviewed medical publications and community expert opinion), as conveyed by Dr. Mathews during the last Task Force meeting:
  - Low/no transmission in schools
  - 1 meter is safe in schools
- Vaccines are available to teachers and staff (not required)
  - Expect 50% of staff fully vaccinated after Spring Break
    - 75% of staff is the expected maximum of staff to be vaccinated due to preference or medical reason.
    - Reporting on vaccination is also voluntary not required, but the union has been cooperative in providing this information.

- Quarantines for vaccinated staff are still required until the DOH changes guidance (e.g., even though Gov. Cuomo has said quarantining not necessary, state policy has not changed yet)
- There is urgency to return due to significant learning and mental health impact
- Discussion with Dr. Breen – Chief Medical Officer at Mt Sinai West--about her experience in the healthcare setting:
  - People work closely together at the hospital
  - Transmission between Covid patients and staff is extremely low
  - Most transmission occurs in break rooms, staff lounges, taking off masks, eating and talking. Dr. Breen talked about having to separate each individual in the lunch room. They also utilize outdoor space/tents for hospital employees.
  - They wear surgical masks in areas with non-COVID patients (though it is always assumed that people are asymptomatic with COVID; they wear the N-95 “better” masks when working directly with symptomatic Covid patients); eye shields are also available for working with Covid patients
  - Barriers not necessary, but may reinforce distancing and make people feel more secure; and cannot hurt. Some mitigation – like barriers are employed more for “psychological safety”
  - Face shields can be used as further protection, especially for eyes.
  - Dr. Breen said 50% of entire staff vaccinated after spring break is a great start, that is amazing. Dr. D’Amore said 75% would be extraordinary

### **Mitigation Discussion**

- Masks
  - Masks are most important
  - Gaiters are only permitted if they have two layers
  - Task force teachers note great mask compliance by children at school
  - PPE Available
    - Surgical masks available (Pelham Civics donation)
    - KN95 and face shields available for staff upon request
- Handwashing / Hand Sanitizing
  - After masks, hand washing is most important before transitions and before eating
  - Suggestion made for “process coaching” before lunch to make a habit and perhaps have periodic lunch monitors to remind students to sanitize before coming in
- Ventilation/Air Purification
  - CDC recommends open windows and box fans
  - Current State:
    - HVAC was evaluated before school started by professional engineer
    - Repairs made
    - Filters upgrade to MERV 8 – MERV 13 (highest possible without breaking equipment)
    - There are 7-8 air changes per hour
  - Future State:

- Ordering air purifiers this week for each classroom, as well as box fans which serve as exhaust
- Psychological Safety Measures
  - Social emotional impact of keeping children unnaturally apart needs to be considered and to find other ways for social development.
    - If barriers continue for psychological safety and to reinforce distancing, they need to be updated so they do not impact visibility in the classroom, especially kids in the back of the room who cannot see or hear through all of the barriers. Dr. Champ talked about getting better barriers, without the ledging. This is an area where we will focus attention on.

### **Case Reporting and Surveillance Testing**

- Reporting Cases/Contact Tracing
  - No personal identifying information can be provided (which is why case reporting to community does not state teachers or staff, as directed by district lawyers)
  - District works on school tracing, but also works with Pelham Recreation and organized sports
  - Tracing protocol:
    - Follow DOH template
    - District speaks with parents and/or staff:
      - When was symptom onset?
      - When was the test?
      - When were they last at school?
      - When were siblings last at school?
    - Tracing occurs with contacts 2 days prior to symptom onset or test date if asymptomatic
    - Seating charts facilitate tracing
  - Quarantining requirements for “close contact”
    - Within 12 feet at lunch table and other spaces where there are no masks
    - Within 6 feet in classroom
    - Whereas previously when they were quarantining entire classrooms it was extremely time consuming; now it is less burdensome. They also use email and text messaging to notify people to quarantine.
- Surveillance Testing
  - Current pilot is aiming for 5% of middle school and high school staff and students weekly, and focused on athletes (150 per week goal, including 50 athletes)
  - Binax Now Rapid Test used
  - Challenges:
    - Testing is not mandatory and there is a challenge getting people, particularly athletes to participate
    - Testing likely needs to expand to at least 20% to have the most value, and this would require more resourcing

- We need to develop a robust testing strategy (e.g., what decisions will it be used for), obtain buy-in from community, and let people know how we are tracking
- Should not be same students every time testing, need to have breadth in testing (e.g., may be able to do random invitations)
- Dr. D'Amore suggests we tests athletes more regularly.

### **What Spring Reopening Might Look Like**

- Firm commitment from parents on FTIP vs. virtual and concern was raised that families no longer just come in and out of school out of convenience. Kids need to be in school as much as possible if they are able.
- Virtual optimization for students and teachers
  - Concern expressed for increased isolation of virtual students
  - Concern expressed for teachers who will now have most students in the classroom and need to adjust teaching so that fewer virtual students (in some cases 1 in a class) are engaged
  - Dedicated virtual teachers discussed and may be impractical due to small numbers of virtual students
- Timing
  - Likely to start phase-back w/o 4/12. This timing allows for:
    - Furniture orders and placement
    - Increased staff vaccinations
    - Potentially lower community transmission rate
    - Travel quarantines
- Age Bands
  - K-5 first
- Phase in Metrics

### **Communication Planning**

- District is working on a reopening webpage
  - A scorecard was recommended. In particular, Dr. D'Amore reiterated the low community transmission rate, lower transmission rate among children, and the good vaccination rates, and that these should be posted on the district webpage—a dashboard for the community. Dr. Champ said we could link that to the new COVID page that Alex Wolff is working on
    - Clarity on surveillance testing goals and phase-in metrics should also be provided. Dr. Breen suggested we need crisp messaging to the community about why we are doing surveillance testing. Otherwise it can be scary or confusing to people. Dr. Champ explained that we do surveillance testing so we can identify early if we have a problem.
- Campaigns around reopening should be considered

- It's a community effort
- "Asks" of district parents/"How can I help?"
- Goals and metrics