

Reopening Task Force Meeting Recap

August 11, 2021, 8:30 am – 10 am

Introduction

- Dr. Champ kicked off the meeting:
 - Board members Dr. Michael Owen-Michaane and Vinnie Mazzaro have joined the task force with Leah Tahbaz
 - Meeting objective is to share and discuss fall reopening plan

Guidance

- Because there is no longer a state of emergency, there is no updated guidance from the state DOH who suggests localities can follow CDC recommendations for schools
 - There is advocacy to get more state-level guidance, but none is anticipated
- Districts are working collaboratively on reopening plans, with additional guidance expected:
 - This week from the Westchester County DOH
 - Next week from the NYS DOE
 - The expected position (and is Pelham School District's position) is:
 - Universal (for vaccinated and unvaccinated) masking indoors, no masks required outdoors
 - So long as masked indoors, there is little to no quarantining required on exposure if asymptomatic (more specifics will be forthcoming from the DOH)
 - If vaccinated and without symptoms, there is no quarantining on exposure – person is to wear mask for 14 days and monitor symptoms; This is not problematic for the moment as district will require universal masking
 - Districts are expecting to partner with the WDOH on a grant from the state for surveillance testing program with key details TBD: required or voluntary, percent of students/staff required to test weekly; It will likely be a saliva pool test
 - Our biggest pain point will continue to be requiring 6 feet distance during lunch indoors since masks will be removed; better to have lunch outside whenever possible
- Our medical opinion at the meeting, Dr. Breen, Dr. Hebert and Dr. Owen-Michaane, concurred that universal masking, and distancing or outdoors while eating is the best course at this time

Vaccination

- Dr. Owen-Michaane noted that the very first CDC recommendation is vaccination
- It was asked if we have updated data for teacher/staff vaccination (last survey conducted was in June), as well for the 12+ cohort of students. Will resume in the fall.
- Our medical opinion at the meeting concurred that vaccination is a key to abating the pandemic, and we discussed alleviating vaccine hesitancy:
 - Dr. Breen has used “myth-busting” information sharing and Dr. Hebert used vaccine science focused podcasts developed for minority communities (they will share with group)

- Both stated that there needs to be respect for people with concerns about vaccination and that, now, it's 1:1 conversations with people they trust
- Full approval of vaccines by FDA (vs. EUA), should increase vaccination rates

Indoor Masking Concerns

- Mrs. Hendrie and Mrs. Arbalaez started the discussion noting that it is the 3rd school year students where students will have pandemic restrictions placed on how they will attend school
- Concerns include:
 - Since students went the entire summer (and some on school campuses) without masks, and they now need to transition back to masks all day
 - We continue to “train” them to stay away from each other
 - Voices are muffled and it is difficult to learn behind masks
 - It is hot in some classrooms, and mask-wearing exacerbates discomfort from heat
 - Teachers and students who are fully vaccinated are “disappointed” they need to wear masks indoors (we all are) and may pushback
- It was suggested and Dr. Breen concurred that letting parents, students and teachers know that the indoor masking situation is expected to be a dynamic one:
 - For example, when more are vaccinated/have vaccines available to them, like example the 12 and under students, and cases are declining, indoor masking requirements will be reconsidered by authorities and the district

General Discussion

- Mark Finegan noted we should be going for as full normalcy as possible and mentioned sports, theater and other extra-curriculars should be in person as much as possible; He also noted that the NYSUT is supporting teacher and staff vaccinations/testing
- It was asked if specific mask-types will be recommended, and Dr. Breen suggested that this is not necessary. 2-layer masks worn consistently work well
- Stressing the dynamic nature of the situation was again discussed. Infection rate, hospitalization rate (99.9% of those hospitalized with Covid are unvaccinated), vaccination availability and rate all play a role in lessening restriction like universal masking indoors

Will there be other learning option besides FTIP?

- No remote option will be available, however strategies to support quarantined students (due to exposure not voluntary travel) are being explored
 - E.g. remote teachers for this purpose only
- No hybrid option will be available, as while this supported us through last year, it is detrimental to staff and student well-being and to teacher work quality/student education; The cameras are coming out of the classrooms
- If a student has a medical issue, there is a homebound instruction option available (that was available pre-pandemic) and home school is an option for families

Surveillance Testing

- Details are TBD, but there will be a surveillance testing program and dashboard tracking like last school year

Contact Tracing

- There is an open position if people have referrals; Best experience would be a nursing background and requires flexible hours and ability to manage all discussions with DOH

Closing

- Expect full-day of school and full program availability
 - No fully remote or hybrid option available
 - Support for quarantined students due to exposure (not travel) to be provided
 - No lockers (for now) to prevent hallway congestion
- Mitigation will continue:
 - Ventilation
 - 3 ft distancing where possible
 - Symptom checker
 - Universal masking indoors, not outdoors (dynamic situation based on vaccination rates/availability and local infection rate)
 - 6 ft indoors or outdoor dining required for lunch
- Quarantining requirements will be better
 - Minimal/no quarantining required if masked indoors and asymptomatic
 - No quarantining required for vaccinated, with symptom monitoring and mask wearing for 14 days. More clarification coming from the WDOH
- State-funded surveillance testing grant will be available with details TBD