

# Lower Hudson Council of School Superintendents

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Mary T. Bassett, M.D., M.P.H.

New York State Department of Health

**Corning Tower** 

**Empire State Plaza** 

Albany NY 12237

Dear Commissioner Bassett.

Re: Recommended Changes to COVID-19 Protocols for Testing Policies and Contact Tracing in PreK-12 Schools

As leaders of public school districts, we are constantly challenged to adapt to the changing environment to best serve our students. We appreciate your ongoing support of our efforts to keep students in school.

The Lower Hudson Council of School Superintendents recommends changes to the COVID-19 protocols for schools. These recommendations are aligned with the American Academy of Pediatrics Goals for Schools and incorporate our significant experience in navigating COVID-19 in schools. Please consider them in their totality. The recommendations reflect our evolving response to the virus and achieve five critical goals:

- Provide a path forward to a normalized school experience for
- Offer metrics-based standards as the basis for reduced restrictions.
- Limit the loss of in-person learning.
- Allow school leaders to focus resources on our students' teaching, learning, and mental health needs.
- Enhance the health and safety of students, faculty, and staff.

#### **Recommended Changes**

#### 1. Weekly PCR Testing

We recommend access to weekly PCR testing to consenting faculty, students, and staff.

- PCR testing should be provided weekly to school districts by utilizing federal and state funds. Weekly testing is a comprehensive method for early identification and isolation of students and adults infected with COVID-19. We believe this clinically-based approach is highly effective and more valuable than contact tracing in the current environment.
- NYSDOH shall establish a participation rate as a recommended criterion linked to the flexibility of mask mandates in schools <u>if testing is provided to schools</u>. (see below, #3).

#### 2. Eliminate Contact Tracing

#### We recommend the elimination of contact tracing.

Public schools have effectively implemented multilayered mitigations to limit the spread of COVID-19. There is limited evidence suggesting that close school contacts convert to positive cases. Despite these findings, significant student quarantines continue due to current contact tracing requirements.

We believe eliminating contact tracing ensures safe schools and focuses more effectively on identifying and isolating symptomatic individuals.

Districts can redeploy human resources used for contact tracing to support critical student mental health and academic needs.

### To eliminate contact tracing, the school district would be required to:

- Maintain multi-layered mitigation strategies in all PreK-12 schools
- Maintain contact tracing for at-risk student and staff populations that have close contact at school.
- Notify staff and parents/guardians of students regarding positive cases occurring in the school population.

#### A school district, to the extent possible, should:

Provide weekly PCR/NAAT testing and encourage participation.

#### 3. Easing Restrictions and Masking Based on Metrics

We recommend New York State Department of Health permit flexibility to ease restrictions and mask mandates by individual school districts and schools under the following conditions:

 If weekly PCR/NAAT testing is provided to all schools, <u>NYSDOH will establish a weekly participation rate</u> for students and staff in a school to ease restrictions.

- A <u>school</u> will have a vaccination <u>rate established by NYSDOH</u>
  of all students and staff in the school through an attestation
  form submitted to the New York State Department of Health.
  - Vaccination Rate Threshold: The threshold rate is calculated on a school-by-school basis, including students and staff regularly providing in-school services.
- The percentage PCR/NAAT testing positive during the past 7 days by the individual school must be within 0-4.99%. The positivity rate should be based on <u>individual schools</u> since inschool transmission rates have been well below county and community averages.

### 4. Increase Funding for Mental Health Support for Students

### We recommend New York State increase funding for Mental Health

- Districts require ongoing/sustained resources to address the wide range of mental health needs of children and staff that have emerged or been exacerbated by the prolonged pandemic.
- Access to these critical school-based mental health services and support is essential for all students, but most especially for at-risk populations and students living in poverty.

## 5. NYSDOH Regulations/Guidelines Applicable to All School Districts

### We recommend all local health departments implement NYSDOH guidelines.

- Align procedures statewide on student isolation, quarantine, and close contacts to minimize confusion and maximize the use of NYSDOH recommended best practices.
- NYSDOH should establish a singular protocol for students and staff to return to school after a positive test for COVID-19. A universal attestation form provides a consistent and simplified approach for medical professionals, schools, and families.

#### 6. <u>Increased Vaccination and Booster Access</u>

We recommend state-level mobilization of school-based vaccine clinics and booster clinics to support local Departments of Health.

- Boosters for children ages 12-15, regional vaccination clinics, and booster clinics for school-aged children across the state should be expanded.
- Priority should be given to communities of need.

We believe implementing these significant changes will improve the health and safety of our school communities, increase learning opportunities, and keep students in school. Most importantly, the framework offers a road forward to a more normalized school experience for our students as we learn to educate students safely in the era of COVID-19. Thank you for your consideration.

Sincerely,

Eric Byrne, Ed.D

President Lower Hudson Council of School Superintendents