

Summary of Proposed Key Changes to the Westmoreland Central School District's COVID Reopening Plan

2021-2022 School Year

Premise: We believe that students greatly benefit from in-person instruction as opposed to virtual or remote models of instruction. We provide a safe and supportive learning environment that tends not only to meeting the academic needs of all students but also to meeting the social and emotional needs of all students. We also help to provide critical services and supports to kids and their families. We believe that this is best done when we have the ability to meet with our students in a face to face setting each day. As such, our reopening plan was built with the goal of providing in-person instruction each day, for every student, with as few interruptions, distractions and quarantines as possible, in the safest environment, imaginable.

In preparation for the reopening of school in September 2021, we have reviewed many articles, letters, documents and studies, consulted with our local health department, sought advice and suggestions from our attorneys and insurance companies, surveyed staff, parents and students, and have met and collaborated with other local school districts in an effort to make the most well informed decisions as we prepared a reopening plan for the 2021-2022 school year.

Many of our recommendations for this plan have come from the [Centers for Disease Control and Prevention Guidance for COVID-19 Prevention in K-12 Schools](#), [Centers for Disease Control definition of "close contact" in the appendices updated August 5, 2021](#), [American Academy of Pediatrics COVID-19 Guidance for Safe Schools of July 18, 2021](#), [the Centers for Disease Control and Prevention Interim Public Health Recommendations for Fully Vaccinated People of July 28, 2021](#), [the centers for Disease Control and Prevention Delta Variant: What we Know about the Science of August 6, 2021](#), and [The NYSED Health and Safety Guide for the 2021-2022 School Year of August 2021](#). Also, we weighed our decisions heavily on the recommendations from pediatricians in the Utica Rome area (see letter 1 in Appendix "Dear School and Community Leaders") and from Upstate Medical in Syracuse (see letter 2 "Upstate Medical University" Appendix 2). Lastly, we looked at the results of an August 10-13, 2021 survey that went to parents, students and staff (see Appendix 3).

It is with the premise that students' basic needs must first be met in order to learn (food, shelter, safety, health, etc.) and that the backbone of any school is a professional, dedicated,

hard-working and healthy staff that we must base these recommendations if our goal remains to provide in-person instruction for every student, every day. It is also important as we plan to develop procedures that will allow for the fewest interruptions to instruction once school reopens on September 7, 2021. With this in mind, and with the threat of the increasing positivity rate of COVID-19 in Oneida County as of August 13, 2021, we must attempt to limit the transmission of COVID-19 on campus, to minimize the numbers of quarantines that will be mandated by the Oneida County Health Department, to keep our students safe and healthy so they can remain in class and keep our staff healthy so they can continue to serve the students of our community.

With these things in mind, the following updates to our reopening plan are being recommended to the Board of Education for its approval at the meeting on August 24, 2021:

As of August 25, 2021 the following changes will be integrated into the WCS reopening plan:

- COVID vaccines will be widely promoted for all those age 12 and over
- WCS will serve as a vaccine site whenever possible, with the first one being sponsored by Upstate Family Health in September 2021.
- A universal indoor masking policy will be mandated for all staff, students and visitors, regardless of vaccination status
- We will ask all students and staff to voluntarily share their vaccine status as this will affect quarantine policies and procedures.
- In the K-12 indoor classroom setting, if a student were to test positive, the close contacts of that student would not be expected to quarantine if both students (the infected and the exposed) were wearing masks consistently and properly the entire time as long as they remain symptom free
- Fully vaccinated individuals should be tested 3-5 days after an exposure to an individual with a suspected or confirmed COVID diagnosis and should wear masks in all indoor settings for 14 days or until a negative test result. They should isolate if they test positive. Most fully vaccinated individuals with no COVID symptoms do not need to quarantine following an exposure if they follow all testing and masking mandates explained above.
- Unvaccinated adults who are considered to be close contacts of an individual with a suspected or confirmed COVID diagnosis may be expected to quarantine for 10-days, as per review of the case by the Oneida County Health Department
- Physical distancing between students and staff will be maintained at 3 feet whenever possible in all classrooms
- Physical distancing will be maintained at 6 feet whenever possible for individuals who are immunocompromised in all classrooms

- Physical distancing will be maintained at 3-6 feet in the cafeterias, whenever possible
- Mass transit physical distancing guidelines will be followed and students will be allowed to sit two per seat on the bus and all riders and drivers will be required to wear masks at all times
- Increased ventilation will be maintained in all classroom, hallways, common areas and on all busses
- Increased cleaning and disinfecting will take place, at least once per day, and if staffing allows, twice per day
- Daily health screenings will still take place for all staff
- COVID testing will be conducted on campus, with parental permission, and strongly suggested - if testing kits are available
- Athletes and musicians will be encouraged to get vaccinated and those who are unvaccinated will be tested at school (as long as testing is available) on a regular basis, with parent permission
- Individuals with flu like symptoms will be encouraged to stay home and will be sent home if entering school with these symptoms and negative COVID tests results may be required to reenter, if less than 10 days from the onset of symptoms
- Proper handwashing, disinfecting, respiratory etiquette, regular testing and quarantining and isolating when necessary will be enforced
- We will attempt to collect vaccination data and in combination with this information and the transmission rates in the county, we will continuously review and revise this plan
- All students will be provided with a Chromebook or laptop within the first few weeks of school, as was done in previous years, should we be forced to revert to 100% virtual instruction at any time

We will continue to review all CDC and the Oneida County Department of health recommendations as well as the local and state COVID-19 transmission levels as we review each of these recommendations as well as all activities that are considered to be high risk, such as interscholastic athletics, indoor band, field trips, offsite internships, etc. Dependent upon vaccination rates, the numbers of ill students and staff and the COVID positivity rate per activity, extracurricular activities will be subject to postponement or termination. As of this update, it is our hope to continue with each of these activities, with all the proper mitigation strategies in place and being consistently and regularly enforced, however, certain restrictions may be applied if it's deemed to be necessary. Vaccines will be strongly encouraged to help maintain an uninterrupted schedule of extracurricular events.

As long as in-person instruction for every student, every day, is an option and we are able to do it safely we will no longer be offering an unrestricted access to virtual instruction. If students

have a documented medical need and are unable to attend in-person instruction they will be asked to arrange a meeting with school officials. We will meet with the families involved and attempt to come to a consensus as to the best approach for alternatives to in-person instruction. However, any virtual instruction options that may be employed, if any are to be employed, will be asynchronous. We have always worked with families in the past if students were unable to attend in-person instruction, and we will commit to doing so again. In summary, we recognize that these recommendations will not please everybody. We recognize the desire that parents have to make the decisions they feel are in the best interest of their children and their families, and we fully endorse and appreciate that. There are studies on both sides that detail the effectiveness and safety of the vaccines. People certainly need to make the decisions about whether or not to receive the vaccines based on the studies they believe, personal preferences and levels of comfort. We endorse receiving the vaccinations as a way to end this pandemic much more quickly, however we would never judge those who feel differently. Ultimately, this is a personal decision.

As far as the local decision about the universal wearing of masks in all indoor settings, we too recognize that many will not be in agreement with this policy and feel as though this should be and remain a parent decision. We believe, however, that an individual parent decision in this instance, has the ability to affect many others who are not part of that family. We must look at this issue from a much more global perspective as we are charged with providing the safest environment for every student and staff member and as such we feel as though the best way to do that is to follow what the majority of the scientific studies tell us about the effectiveness of wearing masks in indoor settings. Of note also - of the respondents to the most recent parent, student and staff survey conducted by the district, it was a fairly even split with 48.5% in agreement with the CDC's recommendation for the universal wearing of masks and 51.5% opposed. Of those opposed, 15.9% changed their opinions when recognizing that if students wouldn't be required to quarantine if exposed to COVID if masks were worn consistently and correctly. See complete survey results in appendix.

Lastly, on the issue of the unrestricted access to virtual instruction, we feel strongly that in-person instruction is the most effective method. Asking teachers to teach some students in front of them, while also being cognizant of those who are virtual in a synchronous environment, is an extremely difficult endeavor. We made it work last year and the staff did a tremendous job at making it look seamless, however, the planning and preparation that must go into that type of instructional model is tremendous and a lot to ask of our staff. They should plan for one mode of instruction, not multiple, as the planning is different for each. In addition, from the student's perspective, it's difficult to give the proper amount of attention to all students when some are learning in one mode well others are learning in a different mode.

Appendix

Letter 1

Dear School and Community Leaders,

As local pediatricians, we continue to see firsthand the detrimental effects of the COVID-19 virus on children and their families. In our offices, we have treated patients who are sick with COVID symptoms. Some of them have needed hospitalization for severe cases and complications. We have watched as students, including many with special needs, missed out on in-person instruction and school services because of the pandemic. More and more teenagers have been coming to us with depression and anxiety as they struggle to maintain routines and connect with others. On a daily basis, we work with parents who are overwhelmed with the stresses and fears this pandemic has brought on their families.

With these experiences in mind, our pediatric groups strongly recommend that local school districts follow the current CDC and AAP guidelines for universal masking, physical distancing, and other measures that have been proven effective in slowing the spread of the COVID virus. We understand that following these guidelines can feel like an inconvenience. We have worn masks every day at work for the past seventeen months because we know it helps protect our patients and their families.

In addition, we highly recommend vaccinations for everyone who is eligible. Numerous scientific studies have proven these vaccines to be safe and effective. The vaccine not only protects the people who get it, but also those around them, particularly children under 12 who are not yet eligible. Without higher vaccination rates, the virus will continue to spread and mutate, prolonging a pandemic we all want to end.

This is not a political issue. Our job as pediatricians is to promote the health and wellbeing of the children and families in our community. Full time, in-person instruction is a goal we share with educators, who we know are working extremely hard to create the safest possible environment for student learning. The CDC and AAP have stated that mask wearing, physical distancing, and vaccines are the best ways to help slow the spread of COVID. For the safety of children in our area, we hope that local school districts and community leaders will follow this critical guidance.

Sincerely,

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William Fuchs, MD, Slocum Dickson Pediatrics

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Letter 2



August 11, 2021

To: Central New York School Superintendents

In a few weeks, children all over Central New York will return to school. As pediatricians, infectious disease physicians, and public health experts from Upstate Medical University and the community, our goal is to ensure that all children can safely return to school in person, full time, and participate in after school activities and sports. We advocate to minimize the risk for COVID-19 infection and exposure at school which requires lengthy isolation or quarantine, respectively. A safe in-person school attendance is predicated on a **universal masking policy for all children and staff**. Our recommendations are based on the best medical advice and scientific research available.

What We know:

Delta is the predominant SARS-CoV-2 variant. Delta is **more transmissible** and possibly causes more serious disease compared to the original virus and its new variants. Data indicate that the Delta variant is 40 to 60 percent more transmissible than Alpha and almost twice as transmissible as the original SARS-CoV-2 virus. As an example, Delta variant is more contagious than other viruses like Ebola, common cold, flu, and smallpox.

Delta led to a surge in hospitalization and death among unvaccinated. Currently, more than 97 percent of COVID-19 patients in intensive care units or patients dying from COVID-19 are infected with the Delta variant. To make things worse, younger adults and now children are being hospitalized in greater numbers. Many children are not eligible for vaccination given their age. They are particularly susceptible to infection unless they are protected by mask. In addition, control and prevention protocol are important: hand washing, not attending school when sick, keeping physical distance, and staying in well ventilated areas whenever possible.

The Delta variant puts **everyone at increased risk**. Those who have been vaccinated are still protected against moderate and serious illness and death. However, protection is not 100 percent. **Vaccinated people can still get infected and be contagious to others**, particularly if they are unmasked and in poorly ventilated and crowded settings. **Unvaccinated people are at risk for severe disease, hospitalization, and death**. They also remain the main driver of COVID-19 in the communities around them. Vaccination with COVID vaccine is the best way

to prevent serious COVID-19 and stop the spread of the virus. Unfortunately, children under the age of 12 years are not eligible for vaccination, making **universal masking crucial** to control the spread of SARS-CoV-2 infection.

What we recommend to stay safe:

Masking is a proven way to keep children safe from COVID-19, especially when children are indoors at school. There is abundant evidence that shows masking protects children and adults from COVID-19, including the Delta variant. It is recommended by the CDC, the American Academy of Pediatrics, the American Academy of Family Physicians, the American Public Health Association, as well as most respected medical organizations.

We all are part of this community and we care deeply about the health of our neighbors, our patients, and all children. We recognize the importance of in person education and social interactions for children. Safe return to school must be coupled with universal masking to avoid school closures, and exclusion of exposed or infected children. The cost of COVID-19 infection and stress associated with testing of children cannot be underestimated, and should be carefully considered as schools are finalizing their masking policies. **Masked children are less likely to be exposed, and less likely to require testing.** They are also less likely to be infected, and require isolation and exclusion from school. Our unequivocal recommendation is for every school district to institute universal mask wearing requirement for children and staff. Masking in schools will help keep our children and our community safe.

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Parent, Student and Staff Survey August 10-13, 2021

[Survey Results](#)