



COUNTY OF DUTCHESS
DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH

MEMORANDUM

To: County Public School Superintendents
From: Dutchess County Department of Behavioral and Community Health
Date: March 19, 2021
RE: Risk Mitigation in Schools

Dutchess County Government remains committed to working with our school partners to support in-person instruction in a manner that minimizes the risk of disease transmission while meeting all New York State mandates, advisories, and Executive Orders.

At this time a growing body of research and expert analysis has concluded that children are not only less susceptible to infection, less likely to experience severe symptoms, and far less likely to experience negative outcomes such as hospitalizations, but also that schools are not major sites of transmission and often pose less risk of transmission than their surrounding communities. A January essay in the Journal of the American Medical Association penned by three experts from the Centers for Disease Control and Prevention (CDC) summarized a set of the findings:

*As many schools have reopened for in-person instruction in some parts of the US as well as internationally, school-related cases of COVID-19 have been reported, but there has been little evidence that schools have contributed meaningfully to increased community transmission. A case-control study of exposures among children aged 0 through 18 years with (n = 154) and without (n = 243) SARS-CoV-2 infection in Mississippi found that having attended gatherings and social functions outside the home as well as having had visitors in the home was associated with increased risk of infection; however, **in-person school attendance during the 14 days prior to diagnosis was not**. In the fall of 2020, 11 school districts in North Carolina with more than 90 000 students and staff were open for in-person education for 9 weeks. During this time, **within-school transmissions were very rare (32 infections acquired in schools; 773 community-acquired infections) and there were no cases of student-to-staff transmission**. Similarly, in a report released by CDC on January 26, 2021, with data from 17 K-12 schools in rural Wisconsin with high mask adherence (4876 students and 654 staff), **COVID-19 incidence was lower in schools than in the community**. During 13 weeks in the fall of 2020, there were 191 COVID-19 cases in staff and students, with only 7 of these cases determined to result from in-school transmission.¹*

¹ <https://jamanetwork.com/journals/jama/fullarticle/2775875>

This growing body of research has only confirmed what we have seen in our own County — little evidence to suggest schools are a source of transmission.

At the same time, we are learning more and more about the costs of a lack of access to in-person instruction. Research has demonstrated the negative effects of a disruption in schooling on children’s learning, socio-emotional development, and overall well-being. In addition to these impacts highlighted by increasing pediatric mental health-related hotline calls and emergency room visits, the year-plus of remote learning continues to have a destructive impact on our public-school system. In the 2020-21 school year New York State experienced its largest single-year decrease in public school enrollment in nearly four decades. Further, vulnerable populations such as students receiving special education who are more reliant on in-person education are still bearing the brunt of the hardships all the while troubling achievement gaps widen between those with the means to weather this storm and those who lack resources and supports.

Schools throughout our county and New York have developed thoughtful plans to safely increase the availability and opportunities for in-person instruction. These plans should as both State and guidance suggest should focus on employing many reasonable risk reduction/mitigation strategies including but not limited to:

- Mandatory universal and correct use of masks;
- Maximizing physical distance to the extent possible;
- Use of physical barriers (such as plexiglass);
- Proper hygiene and cleaning; and
- Surveillance testing programs.

These and other risk mitigation strategies should be used in addition to contact tracing and subsequent quarantining and isolation when required. Dutchess County DBCH will continue to work with schools to identify individuals who must be considered “close contacts” and subject to the mandatory precautionary quarantine. The definition for close contact includes spending 10 minutes or more with a confirmed COVID-19 case while standing within 6 feet of the individual. Wearing cloth masks does not impact exposure. The CDC guidance titled [Operating schools during COVID-19: CDC’s Considerations](#) attempts to characterize the risks of spread among students, teachers, and staff across a continuum of instruction models.

Dutchess County acknowledges the immense value of in-person instruction for students in our community. While there will always be some level of risk associated with providing in-person instruction during this tumultuous time, school districts must work to minimize risk to the extent possible while balancing unavoidable risk with the benefits provided for students and families. We believe moving forward with increasing the availability of in-person instruction is in the best interest of the community when balanced with the option for parents to choose to keep their children enrolled in remote learning and the aforementioned mitigations strategies.