



SAFER SCHOOLS AND CAMPUSES **BEST PRACTICES CLEARINGHOUSE**

- Lessons from the Field -

Staying in School in Person in 2022: Test to Stay and Other Strategies

Wednesday, February 9, 2022 | 3:00 – 4:00 PM ET
Transcript

Tim Duffey:

Good afternoon, and welcome everyone to today's Lessons from the Field Webinar, staying in school in person in 2022: Test to Stay and other strategies. On behalf of the U.S. Department of Education, we're pleased to have you join us today. In fact, some 800 people have registered for today's webinar. So we anticipate that additional people will be joining us as we get started here. Thanks to all of you who are already online. Appreciate that. My name is Tim Duffey. I'm the training specialist at the National Center on Safe Supportive Learning Environments, or NCSSE, and I'll be moderating today's webinar.

NCSSE is funded by the Office of Safe and Supportive Schools within the Office of Elementary and Secondary Education. To learn more about NCSSE and to access a range of resources that address school climate and conditions for learning, we encourage you to visit our website. To give you a sense of what the website looks like and what's included there, here we share an image of our homepage on the left, along with some of our most popular products noted on the right. Please note that all materials you'll see today, including the slides, referenced resources, and the archive version of the recording, will be available on the event webpage within this website. Some items including the slides and speaker bios have already been posted to the site in fact. Please also note you can access previous Lessons from the Field sessions by visiting the webinar series's homepage webpage, which is listed at the lower right of the screen and which Daniel will post into the chat.

So, here's the look at our agenda for this afternoon. After completing this brief introduction, we'll be kicking off today's event with short presentations from staff, both from the Department of Education and from the CDC. So item two in the agenda is an overview of a recent document released by the Department of

Education. We'll then hear from two of our colleagues from the Centers for Disease Control and Prevention. We'll have an item number five, a brief introduction of two field practitioners that are joining us today that will be followed by a panel discussion, which will be a good portion of today's event. And we'll have a brief wrap up and closing.

So, with that, let's meet our speakers for today. Our first speaker will be Hayley Meadvin. Hayley serves as a special assistant in the Office of the Secretary at the U.S. Department of Education. In this position, Hayley has had significant responsibility for responding to the COVID-19 pandemic. Next, we'll hear from Miguella Mark-Carew, field epidemiologist for the School Support Section of the CDC. Miguella will overview Test to Stay efforts in K-12 settings. Following Miguella will be Neha Cramer, guidance and technical assistance lead in the State, Tribal, Local and Territorial Support Task Force for the CDC. Neha will review updated quarantining and isolation guidance from the CDC.

We'll then hear from two practitioners, as I mentioned, that are grounded in the Test to Stay effort. Kristine Orr, superintendent of South Glens Falls School District, and Kristen Howard, epidemiologist for Saratoga County Public Health Services, will share information on the Test to Stay efforts they have collaboratively been involved in Saratoga County. As mentioned on screen, full bios for today's presenters are available on the event website for today's webinar and currently being posted in the chat. So without further delay, I'd like to invite Hayley Meadvin to join on by camera, to offer opening remarks and discuss a recently released resource from the Department of Education. Hayley?

Hayley Meadvin:

Hi, thanks so much, Tim. Appreciate it. As Tim said, I'm Hayley Matz Meadvin, I'm a senior advisor of Secretary Cardona at the Department of Education. Thank you for joining us today and thank you for everything you've done over the past three school years to keep students and staff safe, to get everyone back in school in person. A year ago, just 46% of schools were open for in-person learning. Today it's 98%. We know students learn best when they're in person. So once again, thank you.

This milestone only happened because of your tireless efforts and your implementation of layered mitigation strategies. We know it has not been easy and it doesn't seem to be getting any easier. The secretary views the department as a service agency, and we're here as a resource for you. In December, we released the Staying in School In-Person document, which shares the playbook of tactics schools can implement to continue to keep students safe and in school. We know everyone is mentally ready to move on, but we continue to work closely with our CDC colleagues, to assess the best way to keep everyone safe. And our Staying in School In-Person document breaks it down into four elements. Thank you.

First is vaccinations. They're safe, effective, and approved for everyone, five and older. We have a host of resources to help schools host vaccine clinics. And we know so many of you have, and we're very grateful. Schools are often the heart

of a community, and opening your doors for everyone to get vaccinated and boosted has been incredibly helpful. We continue to ask schools to talk about the vaccine and help students, families and teachers get vaccinated and boosted. The second element is testing. Both Test to Stay and screening testing are key mitigation strategies. Quarantining can significantly disrupt learning. Test to Stay is a strategy that reduces the number of people who need to quarantine. It's a practice for both students and staff, and lets those who have been in close contact with someone who has COVID to remain in the classroom with a mask, testing twice over a week.

Screening testing is also an important tactic to rapidly detect COVID and prevent spread in schools. I know you'll hear much more about how to implement Test to Stay over the next hour, but please know that there are many testing resources on ed.gov/coronavirus. We've also posted the testing webinars that the Department of Education along with CDC and Rockefeller Foundation hosted on our YouTube page. The third element is to collaborate with your local health department. Vaccination rates and community spread vary across states and impact decisions at a local level. Collaborating with local health departments is crucial, making sure you have a coordinated and supported response to COVID in your schools.

And then lastly, it's monitoring community spread. Schools should consider levels of community spread as they assess the risk of transmission within a school building. The CDC has stated that although outbreaks in schools can occur, multiple studies have shown that transmission within school settings is typically lower than, or at least similar to levels of community transmission. When there are higher levels of community spread, it's particularly important to strengthen strategies like screening, testing, and Test to Stay, to identify cases early. Thank you for your continued efforts to help keep students and staff safe and to keep everyone in school in-person learning five days a week. It's not been easy, but your hard work is helping students to survive, recover, and thrive, and we greatly appreciate you. I'll now turn it back over to Tim.

Tim Duffey:

Thank you, Hayley. I appreciate that overview of the Staying in School In-Person document with how recently that's been released, is a very timely for us to hear about that today and appreciate the reminders about those four key tasks that are important for us to be able to stay in person and instruction modality at this time. With that, next move on to Miguella Mark-Carew, who will share an overview of the Test to Stay initiatives in K-12 settings in which she's been involved in assessing effectiveness. So Miguella, I'll turn it over to you.

Miguella Mark-Carew:

Thank you, Tim. And good afternoon everyone. My name is Miguella Mark-Carew, and I'm a field epidemiologist with CDC's School Support Section of the State, Tribal, Local and Territorial Support Task Force. Today I will be discussing Test to Stay in K-12 school settings, and throughout the presentation, you'll notice that Test to Stay will be shortened as TTS.

Test to Stay combines contact tracing and serial or consecutive COVID-19 testing. It allows asymptomatic school-associated close contacts who are not fully vaccinated to continue in-person learning so long as they do not test positive. Test to Stay helps reduce the number of in-person learning days that may be lost due to at-home quarantine while also managing the risk of COVID-19 transmission in schools. In order to be eligible for Test to Stay, students must show no symptoms of COVID-19, be tested for COVID-19 at regular cadences, at least two times per week, and follow prevention strategies such as mask use, social distancing and good hand hygiene. Students who are fully vaccinated are exempt from Test to Stay since they do not have to quarantine as a result of an exposure to someone with COVID-19.

CDC defines a close contact as someone who was within six feet of a person with COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period. An exception to the close contact definition exists for both K-12 indoor classroom and structured outdoor settings where mask use can be observed. Students who were between three to six feet of an infected student are not considered close contacts, if both the infected student and the exposed students were correctly and appropriately and consistently wearing well-fitted masks for the entire period. This exception applies only to students and not to teachers, staff, or other adults in the indoor classroom setting. Test to Stay protocols have been implemented across K-12 schools and adapted based on school districts' priorities and resources. Protocols can vary by factors such as eligibility, test type, test cadence, and school-based activities that are considered safe for Test to Stay participation.

On December 17th, 2021, CDC published two articles in the Morbidity and Mortality Weekly Review, or MMWR, that evaluated Test to Stay in two jurisdictions, Lake County, Illinois, and Los Angeles County, California. Both reports captured the value of Test to Stay as another useful tool in a layered prevention strategy against COVID-19 in schools. The Lake County's study occurred over 12 weeks from August 9th to October 29th, 2021. 90 schools from 31 school districts were represented. A total of 258 index cases with 1,664 close contacts were identified. Of the identified close contacts, 1068 were eligible for Test to Stay, of which 97% chose to participate. 16 secondary cases were identified for a secondary attack risk of 1.5%. There was no evidence of tertiary transmission to additional school-based contacts. However, among household contacts of these 16 secondary cases, nine cases were identified.

The most common likely school-based COVID-19 exposure location among Test to Stay participants included the school bus at 56%, classroom at 33%, and school sanctioned sports activities at 7%, of which the secondary attack rates were 1.5%, 0.6% and 6.5% respectively. Test to Stay preserved an estimated maximum of 8,152 in-person learning days were those participating.

In Los Angeles County, the LA County Department of Public Health conducted an evaluation of SARS-CoV-2 transmission in schools implementing Test to Stay during fall 2021. Of 2067 K-12 schools providing full-time instructions in LA

County, 432 or 21% of schools across 39 school districts implemented Test to Stay. During the 11-week evaluation period, 12,919 student cases, 57,513 school-based contacts and 20 outbreaks were identified in schools implementing Test to Stay. Secondary infection risk among close contacts was 0.7% in schools with Test to Stay compared to 1.3% in schools without Test to Stay. In a review of the 20 outbreaks reported, three outbreaks included student cases who participated in Test to Stay. Contact tracing later confirmed an additional nine close contacts for these cases. But no tertiary transmission was reported. Overall in LA County school's implementing Test to Stay, an estimated maximum of 37,310 in-person learning days were preserved.

While both jurisdictions followed the basic characteristics of Test to Stay, several adaptations were made regarding participants, exposure settings, serial testing cadence and activities approved for participation, as can be seen in the light blue and green boxes on this slide.

So, in addition to the two-jurisdiction discussed in the previous slides, CDC conducted field studies with four additional jurisdictions and continued work in Lake County to support and evaluate Test to Stay programs during fall 2021. The aims of these investigations were to document the implementation of Test to Stay protocols in K-12 school settings, conduct ongoing surveillance of COVID-19 in schools enrolled in Test to Stay programs, track and assess secondary transmission of SARS-CoV-2 in schools, compare secondary transmission of SARS-CoV-2 in K-12 schools implementing different Test to Stay program components, assess the impact of Test to Stay on the number of in-person learning days saved, and to gather and share lessons learned.

Because Test to Stay guidance is non-prescriptive, this table reflects how different jurisdictions chose to implement their Test to Stay programs. It's important to note that these implementation strategies do not necessarily fall in line with CDC recommended mitigation measures. Shown in this slide are similarities and differences in Test to Stay strategies based on seven key variables. Masking, close contact definition, eligibility criteria, exposure locations, testing cadence, test type, and continued participation in extracurricular activities.

In Illinois, Kentucky, and New Mexico cases and their close contacts must have been wearing well-fitting masks correctly at the time of exposure for the close contacts to be eligible for Test to Stay. Beginning the week of October 1st, in Georgia, neither the case nor close contact had to have been masked at the time of exposure for the close contacts to be eligible for Test to Stay. For the Georgia project, the definition of a close contact was someone within six feet for 15 minutes or more over a 24-hour period, if the exposure was unmasked. If the exposure was masked, the definition of a close contact for students was within three feet for 15 minutes or more over a cumulative 24-hour period.

Illinois, Kentucky, and New Mexico defined student close contacts as within three feet for 15 minutes or more over a cumulative 24-hour period. In four of

the five project sites, students, teachers, and staff were eligible to participate in Test to Stay, and all students continued participation in extracurricular activities. For an exposed student to be eligible for Test to Stay, all programs required that the exposure site had to have occurred at school.

Testing cadence for Test to Stay individuals differed across the project sites. In Georgia, individuals participating in Test to Stay agreed to be tested every day for up to seven days after their exposure. In Illinois and Kentucky, individuals were tested every other day at day one, three, five and seven, after their exposure. In New Mexico, individuals were tested every other day, but only up to five days after their exposure. All project locations except Kentucky, utilize on-site rapid antigen testing prior to the start of the school day. Kentucky used rapid PCR testing, which results were reported within the hour, prior to the start of the school day. These investigations ended in December 2021, and we hope to have data published in the coming weeks.

While Test to Stay is a workable alternative to having close contacts quarantining at home, it may be quite resource-intensive for some school districts. Districts that are planning to implement Test to Stay should have robust contact tracing in place. Districts that are planning... Sorry. And access to testing resources, including testing supplies and personnel. There should be considerations for access to additional existing testing community sites, as well as implementation of other laid prevention strategies. State, local jurisdictions, and school districts should work together with others in the school community, such as students and their families, when deciding to implement Test to Stay, to ensure maximum participation and acceptability.

In closing, Test to Stay is not a one-size-fits-all strategy. Jurisdictions and school districts should thoughtfully consider which implementation components may work best for them. An important consideration when planning to implement Test to Stay is equitable access, which may include having information available in commonly spoken languages of the school community, and offering Test to Stay at times in locations that will maximize participation. While the studies previously mentioned were conducted prior to the Omicron variant being the predominantly circulating strain, CDC will continue to evaluate secondary and tertiary transmission of COVID-19 in schools this spring semester. This concludes my presentation. And thank you.

Tim Duffey:

Thank you, Miguella for that overview of Test to Stay efforts and your findings and the various projects that you've been assessing across the country. I was really struck by the data around the days of in-school instruction that were preserved as a result of that effort in those sites that in which you were involved in assessing their effectiveness. That's great information. Your comments also provide a really important context for the discussions that will follow in this event.

Okay. Following her presentation, we'd like to go to our second polling question for those of you who are with us today, and that's now on screen. And if all of

the options are not showing by the way, there is a scroll bar on the right side that you can pull down to see all of the choices. We'd like to know which of the following best relates to the Test to Stay strategy being utilized in your community.

So, the first two options are either that yes, you've got it implemented or very actively implementing. The second is that you're beginning that process. Third option would be that you're not implementing, but you're planning to. The fourth is that there is no such plan as far as you know. If you are unaware of that, which might be the case in your community, there's a don't know option or not applicable. So those are the choices, I'm going to give you just another couple seconds to weigh in. Good return rate here of people utilizing the poll. So I'll give you just a moment to wrap that up. About five seconds left.

Okay. We'll end the poll now and take a look at the results. So the largest percentage, yes, you're currently implementing Test to Stay at 31%, followed by unknown, 25%. And then various other choices along the way. So that's interesting. Great. That's good to know. And again, that's helpful information for our presenters. So we'll close that and move on to our next presenter, which is Neha Cramer, another member of CDC School Support Section. And Neha will share information regarding the latest CDC guidance for K-12 institutions on quarantining and isolation. So Neha, I turn it over to you.

Neha Cramer:

Great, thanks Tim. As Tim mentioned, my name is Neha Cramer, and I lead our guidance and technical assistance team, part of our School Support Section here at CDC for our COVID-19 response. So as you all are likely aware by now, CDC updated guidance on quarantine and isolation about a month, month and a half ago. So today I want to walk you through those recommendations and what they mean for schools.

Okay. So on this slide, what you'll see is our net nine main core prevention strategies that we recommend. Nothing about these strategies have changed. We continue to emphasize and recommend all of these here, including universal masking in K-12 schools. But today I want to focus on those two boxes highlighted in blue. They're staying home when sick, otherwise known as isolation, as well as the quarantine piece of the contact tracing and combination of quarantine box there.

So, let's start with what I think is the easier of quarantine isolation, which is isolation. I think that's the easiest one to communicate. So as a reminder, you isolate when you are sick or you're showing symptoms of something, in our case, it's COVID-19, or you have tested positive for COVID-19 even if you don't have symptoms. Everyone isolates, this isn't dependent on your vaccination status. So if you are sick, no matter what, we recommend that you isolate. So everyone with COVID-19 should stay home and stay away from others for at least five full days. People with symptoms can end their isolation period after five full days, as long as they are fever free without the use of any medications and your symptoms are improving. After ending isolation, everyone should wear

a well-fitting mask when around others, both at home and in public for an additional five days.

Okay. So now on to quarantine. So you quarantine when you've been exposed to someone that has COVID-19, but you might not yet be showing any symptoms or your test might not show up as positive yet, but you might still be infectious and sick and spreading the disease around. So let's first talk about who does not need to quarantine. Those who are close contacts with someone with COVID-19 do not need to quarantine if they're up to date with the COVID-19 vaccine or have had confirmed COVID-19 within the last 90 days.

So let me back up here and explain what up to date and fully vaccinated means, because we throw around those terms loosely. So what fully vaccinated means is that you have received your primary series of your vaccination. So for instance, if you got the Pfizer vaccine or Moderna vaccine, your primary series includes those two initial doses. You are considered up to date when you have received your recommended booster shots. So that's what we mean by when we say up to date.

We do have a caveat for schools because we dropped our updated guidance for schools with these updated quarantine and isolation recommendations. And then a few days later, ACIP came out recommending booster doses for the 12 to 17 year olds. So we do have a caveat in our guidance really to allow time for students to catch up with those latest recommendations and to minimize disruption to in-person learning. Schools can consider 12 to 17 year olds who have their primary vaccine series but don't have their eligible boosters. They can consider putting those students in the do-not-quarantine list if they deem that that works for them.

Okay. So you might fall in that category of someone who does not need to quarantine, but there are still some steps that a person should take if they've been identified as a close contact, but don't necessarily need to quarantine away from others. They should wear a mask around others for 10 days, from the date of that last close contact they had with someone who had COVID-19, as well as get tested at least five days after that last close contact. If that test turns positive, or if at any point you do develop symptoms, you would immediately begin isolation and follow the recommendations for isolation. Just a quick note that if a person is exempt from quarantine because they have tested positive in the last 90 days, then they do not need to get tested either, in addition to not having to quarantine. Again, if they experience symptoms or anything, then they would begin isolation.

Okay. So then who should quarantine? Those who are not up to date with their vaccines or are not vaccinated at all, so they haven't received their primary series of any vaccine. Those folks should quarantine for at least five full days if they come into close contact with someone with COVID-19, even if they don't have symptoms. Again, up to date means that people have received their primary series of COVID-19 vaccine plus the booster doses when they're eligible.

Again, remember we do have that note in our K-12 guidance for that 12 to 17-year-old age group that they could be... A school can consider exempting them from quarantine if they've received their primary series, they have not yet received all eligible boosters. Next slide.

Okay. So again, for those who are determined that they should quarantine, again, you would quarantine for at least five full days after last close contact. You should also wear a well-fitting mask around others for 10 days, as well as get tested at least five days after that last close contact. Unless of course you've had confirmed COVID-19 in the last 90 days. Additionally, everyone should watch for symptoms for 10 days after that exposure. And again, if you develop symptoms or test positive at any point, then you would start following recommendations for isolation.

So, I think the easiest way to kind of distill this down and to understand it, it feels like there are a lot of nuances going on. I think the easiest way to think about it is if you fall in the category where you are asked to quarantine, that means you would stay home for five full days after your exposure, and then everything else pretty much remains the same for all people that are determined to be a close contact. So you would wear a mask, you test after five days, so on and so forth. So hopefully, that helps clarify things a little bit further for folks.

Okay, great. So the last piece that I want to address is meal times, especially during that six to 10 day period. We received a lot of questions around this. So I just want to quickly address that, especially because we have that masking recommendation in day six to 10. And of course, when you're eating a meal you're not wearing a mask, right? So in general, our guidance around mealtime does not really change. Remember, we have a universal masking recommendation, so on and so forth. So what we ask schools is schools try to have a plan for students and staff who are at school during that six to 10 day period of their post-quarantine or isolation period, to really maximize distance to the best of their ability when masks can't be worn.

I also want to highlight the second bullet, the link in the second bullet, which is updated guidance... Well, it was updated months ago, but still relevant guidance for school nutrition professionals, which you can access at that link in this slide, you'll see there that there's a recommendation of ideally spacing kids out, six feet or more during meal times. But of course, to the extent possible. Next slide. All right, Tim, I will hand it back to you.

Tim Duffey:

Thanks so much, Neha, really important information in there. We understand certainly that as the pandemic has advanced, so has the need for continued updates to guidance to schools as they respond to the realities of such a major health crisis while still striving to maintain in-person instruction. So we appreciate the various opportunities we've had to hear from you throughout this series. So thanks so much for that.

Next, it's time for us to hear from our featured practitioners who are here to share information from what is proverbially known as where the rubber meets the road. And for that we have Kristine Orr, a superintendent of South Glens Falls School District, and Kristen Howard in her role as epidemiologist at Saratoga County Office of Public Health, who've been collaborating in that county to address the pandemic on the ground. So Kristine, can we begin with you by getting a quick introduction to the demographics and the approach the district has taken in response to the pandemic?

Kristine Orr:

Sure, thanks for having me today. Again, my name is Kristine Orr, superintendent of schools. My district is in upstate New York. The next slide gives you a little bit of the numbers of our district right now. Our total enrollment is slightly different than what some of our other panelists talked about. Our whole enrollment for our whole district is 2,836 students. We have four elementary schools, one middle school, and one high school. So our pilot was on a much smaller population. However, the needs and some of that other data that the other people prior to me talked about were still there. Whenever people think about a New York school, we always had to think of New York City. So I wanted to make sure people know we're three hours north of there. We were considered suburban, but really we're in somewhat of a rural setting. We're in 40 miles north of Albany, New York for this.

When I think about Test to Stay, I think that the rubber hits the road on the data itself, which again, some of the other presenters talked about, but I want to talk about quickly what our data showed and what has been happening here. So why South Glens Falls? South Glens Falls has been doing testing, screening testing, and diagnostic testing since last year. And that is not something that all schools were prepared to do throughout this pandemic. So we meet with Saratoga County regularly, and that's how Kristen and I wound up here today. I know that in the chat, there were lots of questions about around Test to Stay and what the data meant. For me, this was, as Tim said, boots on the ground data. We were doing it on the spot, having multiple conversations, almost daily, with our county health department on that. Again, only almost 3000 students in the school and the days of instruction saved comparably to what the CDC showed, 1,426 days of savings. When you think about that comparatively to 457 students missing out, that means each student saved at least three to four days of that.

Again, because it was boots on the ground, we did have four positive cases. I can't conclude definitively if these four cases were all within the Test to Stay, because you're kind of living this as you go along. But that is less than 1% of the population we were testing. I always want to talk about that this was a goal, was how do we keep healthy students in school? And when we started this, our five to 11 year olds could not be vaccinated. And so that was a key point for me on this. I know that some of the other presenters talked about the quantitative data that they did. For me, it was a lot of the qualitative data. You'll see that the percent of students that were eligible changed weekly, we never have less than

90% each week join us in Test to Stay. And we had up to 94% once our families got very used to this.

I think these three quotes for me are the most telling part of Test to Stay. My first one was from a parent who had one of the very first students in Test to Stay. "Thank you for taking on the program to pilot. Our son was able to miss zero school. We missed zero work and it made all the difference to our family." I also think it's important to hear from a student. This particular student was a seventh grader, had already been quarantined throughout COVID, whether we was last year or this year. So she reached out to say, "It was nice to keep my daily routine at school. It was a relief to continue to learn in person and not have the additional stress that goes along with the virtual learning." So I think really hearing from those families made a world of difference. Kristen can share with you quickly from the county end, how we partner together.

Tim Duffey:

Thanks, Kristine. That's a great background on what's happened in the district. And Kristen, let's turn it to you next, to hear about the efforts underway at the county public health office.

Kristen Howard:

All right. Thank you, Tim. So as Kristine mentioned, we have weekly meetings with public health and the superintendents of the county. So that has been one of the biggest drives for having success in our Test to Stay program, and based on Kristine's experience and feedback from other superintendents, our county IT department created a Test to Stay portal for parents that wanted to submit home tests for their kids instead of sending their kids to school and having them test there. So that was one innovation that we had here. As anything else related to COVID, adaptability and innovation have become the most important part of keeping up with constant changes. I'll hand it back to you, Tim.

Tim Duffey:

Thanks, Kristen. The collaboration is clear between the school districts there and your county office of public health. So we look forward to hearing more about that as we move into our conversation then around a series of questions, several of which are on the minds of many people in the field. So let's move to that panel conversation and where we can explore in more depth the ability to keep students and staff in school. So let's start from a 30,000-foot view range and where we talk maybe about the overall approach that people may be interested in and how you've approached this in a systematic way in your county. So, Kristen, let's go to you first. How would you describe your overall approach as a county public health center to testing in order to sustain the in-person instruction?

Kristen Howard:

Thank you, Tim. So originally, we started Test to Stay with Kristine only as a pilot before New York state put out guidelines for Test to Stay. At that time, we approached it very conservatively. We wanted to test every day and only include students who were exposed in the school setting. So not home exposures and also not after-school exposures. Since then, New York state has issued two different changes to their guidelines. So we've had the opportunity to test less, but the most important thing that we had was a grant that gave us

the money to buy tests and send them to the schools. And it was all school focused. So if anyone on the call right now doesn't know about that, contact your local health department or state health department, they'll be able to help you out.

Tim Duffey: Great. Thank you. Yeah. And Kristine, from a district point of view, what would you say your guiding principles were to your approach regarding the Test to Stay as a way of approaching the pandemic?

Kristine Orr: For several years now, our district has had three themes, safety, mental health of our students and our staff, and future-ready learning. And we try, no matter what, to stay true to those themes. And when the pandemic happens, you think to yourself, you're going to remove yourself from those. And that is not the case. We were always... I know somebody just mentioned the idea of innovation for long... nationally to the league of innovative schools. And we talk about innovation all the time. This happened to be with Test to Stay is about innovation for our students and how are we going to take that risk to keep our healthy students in there? And that was a big deal for us. Our goal was we wanted 100% of the students, 100% of the time. And so the only way we could do this is to do programs like this.

Tim Duffey: Awesome. Well, you can see how that grounding and those major objectives that you are approaching as a district really would undergird this kind of a strategy. Thanks for that. I do want to see if we can get Neha to come back on for just a moment on camera, if you don't mind. Thank you. Because I'm thinking that as schools continue to modify their approach in response to the change in realities on the ground with the pandemic, I'm wondering where educators can find the most up to date resources that are specifically targeted to schools that you're aware of at the CDC.

Neha Cramer: Sure. So the best place that you should bookmark is our school's landing page, our COVID-19 school's landing page. Maybe someone can pop that into the chat. And on this page, you'll find all updated guidance. So whenever a guidance is updated, it'll be on this page. That'll be for K-12, childcare and higher education. So you'll also find on our landing page, our school testing page. So more resources for things like Test to Stay, so on and so forth. You'll also find our toolkit for responding to COVID-19 cases and then parent FAQs. Parents are having a lot of questions, you can direct them to this FAQ, and may be able to direct them to some things. But I would say at all resources that we come out with and any updated guides would land on that landing page.

Tim Duffey: Thank you, Neha. Daniel did post that in the chat. So make sure again, folks that are participating, that you monitor that chat carefully for the links. So it's right there for them to grab. Thanks, Neha. So I'd like to move on to talking then about the testing process in particular. So Kristen, back to you again here for this question. How have you approached student COVID testing both throughout the pandemic and more specifically, maybe during the most recent surges in case counts, how has your approach changed over time?

Kristen Howard: Sure. So like I said before, we originally started with testing every day to be very conservative and not include students who were exposed in the home or exposed in after-school activities. Since New York state issued new guidelines, we can test every day, every other day. And as Omicron starts to wane, we will likely test even less because less children will be quarantined. In a surge, we would expect to possibly increase testing and exclude any exposures that we deem to be more risky.

Tim Duffey: Excellent. So adaptable, according to the realities that are on the ground. Great. Thank you, Kristen. For our conversation here around testing process, I also wanted to see if Miguella might be able to come back on for a moment with a question. Thank you. Good. Welcome back. So testing can be a challenging topic for some districts. So what do you recommend for communities that have populations that might be resistant to testing and who would not be willing to utilize a Test to Stay strategy?

Miguella Mark-Carew: Sure. Yeah, I think it's really important to engage communities even before implementing the process. So letting students and parents know either through town halls or school board meetings might be a good strategy. Giving parents a space to voice their concerns about testing, making sure they're a part of the actual process so that when the time comes to implement, everyone is aware of what's expected. And then I think I mentioned that it's really important to consider language as a really important factor for communication. So having informational resources available in the languages of the school community, I think is really important as well.

Tim Duffey: Excellent. Thank you so much for that. And that actually is a great segue into the next group of questions that I wanted to chat with Kristine and Kristen about which relates to communication. I assume that that's been a key component of the work that you've done in order to address these challenges. So Kristine, what kinds of effective communication strategies have you used with students, caregivers, and the community at large, that have been key to your efforts there?

Kristine Orr: So first and foremost, our own stakeholders had to understand Test to Stay and all of our mitigating strategies that we've been doing. So we were in constant communication with our administrators and also our nurses. I know I've been watching the question and answer part of the meeting. And I know some people ask of, "Who is doing the testing and all those pieces?" We started with our nurses doing the testing. Why? Because we knew through communication, our families felt safest with our nurses doing that and would be able to have one-on-one conversations with them. Since then, as our cadence changed, so did the people who did it, so did the comfort level of our families in that area. We used rapid antigen tests in the beginning, and yes, at times we were worried about supply. Right now we're not worried about supply. So I think that is a big difference trying it in February versus when we started.

Communication throughout the pandemic for any school district has been the key function. How do you message any of these new topics? But for us for this, we messaged with the county on very specific strategies. We email our families every week right now, no matter what. We talked about Test to Stay before it actually happened. However, we also worked with the county that the minute that we said yes, the county was doing it, we were in communication one hour later with every family that was now eligible and get students back. That was a big game changer for us when we talked with families about that. During the pilot, I gave every family, every staff member, and the county superintendents, our data for that week. So the data you saw on the last slide was a culmination of all of that, but we were able to have those conversations along the way.

Tim Duffey: Superb. So regular communication, very clear messaging, it sounds like. And were there adjustments that you needed to make across the time period that you were involved with a program in terms of the kinds of communication strategies you used or the messaging of those strategies?

Kristine Orr: Yeah. I guess that one lesson to learn with anything is this is great, but for students to plan for families, that in-person communication is still important. So our guidance counselors reaching out, our administrators reaching out, all have having the same message. As a county, under the leadership of Dr. [Kuhles 00:48:34], we were able to really keep our superintendents on the same page. So we created documentation and we shared it with everyone, because we're all in this together. So those were tweaked along the way. And again, they were tweaked by each individual district that started this because it's not a one-size-fits-all model as everyone's heard today.

Tim Duffey: Great. Thank you. Superb. You mentioned data in your opening comments and it seems like that was central to your efforts. How have you used that information? The data points in particular, to inform messages that you're communicating, both internally to your own school staff and then to external stakeholders, community members or school board members, for example?

Kristine Orr: So when you're the first to start any pilot, there's always that, what if it goes the opposite way? What data do you have across the country? And while we were working with CDC and listening to all of this, you're still new to it. And so that data became critical. And the data points that everyone discussed today were really the most important pieces. How many kids could we keep in school? How many about hours of instruction were there? And speaking with my faculty, when students are not in school, we provide in-school learning and remote learning at the same time. That is absolutely the hardest way to teach at any classroom, especially to our elementary students where the attention on the computer was hard. And so those 1,426 days that we had kids in school, meant 1,426 days our faculty members did not have to juggle that combined medians in this. So that data was very critical in making sure we were all on the same page throughout the process.

Tim Duffey: Excellent. Yeah. I can see where that would be powerful information to be shared. Kristen, before we leave the topic of communication, is there anything you'd want to add?

Kristen Howard: Sure. I think Kristine touched on it, but it is really that secondary case rate. And if possible, if there was a tertiary case rate, we haven't seen much of a tertiary case rate, but secondary-wise, I know Kristine was very low and since I have the access to data across the county, it has remained below 3% of our students in the program that have become positive. So it's all good news for Test to Stay here.

Tim Duffey: Right. Yes. Again, I can see the power in that information when you have it and are able to share it then with all your stakeholders. All right. Well, another category of questions I might have for you relates to results. And you've talked about data points early on again. I'm wondering if we could return to that for a bit more and just ask you Kristine, about the effects you're seeing in your school and community as a result of your Test to Stay efforts.

Kristine Orr: So, right now in this webinar, we're talking about Test to Stay, but really some of the outcomes were larger than Test to Stay. One thing that we know and we see is schools are the hubs of many communities. And so we need to support them. And so long-term conversations need to take place with our county health, with our local health departments, with our hospitals, because community schools are necessary. We need to support families, not only in the pandemic, but after that. And so I think that is that big result piece of the efforts is how do we now use this innovation but carry it forward in other areas when we're talking about this as an endemic?

Tim Duffey: Great. Thank you. Yeah. And I'm curious, I wonder if there are different data points that you're finding more compelling for particular stakeholders. So I'll ask this of both of you. We have a couple of minutes left for conversation around this question, and then we'll move on to closing the webinar. So again, are there specific data points or results that you found that tend to have worked or be more compelling for specific audiences? Or is it the same all across?

Kristine Orr: I think it's similar. I think it's very similar. I can tell you that when I talked about participation rate, was compelling to my board of education because obviously our community wanted it. They wanted our kids to stay in school. And so they wanted to have that comfort level of testing for that. I think because we've been doing that for so long, there's a comfort here. And we talk about testing. We do screening testing right now. Our state has definitely been giving us testing and we're emphasizing that with our local county health department to ensure that we're just trying to keep healthy kids in school on a daily basis.

Tim Duffey: Superb. Thanks Kristine. Kristen, anything you'd add to that or does that echo your sentiments from your office?

Kristen Howard:

Yep. I would say the same thing, especially just the secondary case rate. Since we've been watching that, we've been able to keep, say town supervisors informed and making sure that they're aware of the situation. So right now we have great trust between schools, county public health and county administrators.

Tim Duffey:

And that goes a long way, I'm sure, to achieve your goals. Great. Well, I want to thank the two of you for a very interesting conversation and discussion about the ways you've been working to effectively support staff and students to staying in school for in-school instruction. You made some really important points and shared some really good, clear, specific examples that I think can be really helpful to those in our audience who've joined us today and can help inform their own response efforts. So again, thank you for that. And we'll move on to closing up today's session.

So, the first thing as we close, is that in the chat now, there's a posting for a link to this feedback form. It will also appear on your screen automatically as we close the webinar, but we do really encourage each of you to just take a couple minutes and give us feedback on today's session and share information about specific topics you might want us to consider for future offerings of this webinar series and any format changes that might be helpful in your mind. So we offer that to you.

In addition, please visit our website where today's presentation will be posted. You'll be able to share it with colleagues that may be have interest to hearing what was shared today. And you can listen to the archive version of the presentation if you want to go back and catch a point that you maybe didn't quite get during this session today. You'll also see that all the slides the speakers shared along with links to the resources referenced will be available on that website as well. And as a reminder, we'll be capturing all the questions posted in the chat box so that we can make sure that that information is shared with the Department of Education and the CDC members of our planning team to inform upcoming events for this Lessons from the Field series.

So, with that, we want to, again, thank you all for participating today. Both our esteemed presenters and those of you who joined us online. Also, there were some 400 or so of you that were on with us, we appreciate that. Our next Lessons from the Field Webinar will be conducted in March and will address supporting the integration of Afghan refugee students. So watch for that announcement coming soon, and we hope you'll join us at that time as well. Again, we greatly appreciate your time today. Thank you for all you do to provide students with safe, supportive learning environments. I hope we'll see you on our future Lessons from the Field Webinar. Have a great rest of your afternoon.