

Superintendent's COVID-19 Advisory Task Force

October 19, 2020

Minutes

5:45 – start

- I. Data Review
 - a. Review of County states comparing Tarrant, Dallas, Johnson, and Collin County (new cases, cases per 1M, and deaths to date).
 - b. MISD occupies Tarrant, Dallas, and Johnson – Collin was a comparison point.
 - c. Total Cases and Deaths reviewed October 5th-Oct 18th time frame
- II. Superintendent's Review – Dr. Cantu
 - a. Last meeting we had a 50/50 split on recommendation
 - b. Cabinet looked at data points and information:
 - i. CDC, TEA, TCPH
 - ii. Local N. Tx districts (Arlington, Burleson, Keller, FTW, Midlothian, NWISD)
 - iii. Input from local medical partners
 - iv. MISD staff and student data including close contacts
 - v. After reviewing everything above decision was made to continue with our current protocol concerning quarantine and contact tracing
 - c. MISD Local Data – Cathy Marsh
 - i. 873 students determined as “close contact” since Sept 8th
 - ii. 693 have returned to campus
 - iii. 180 still quarantined
 - iv. 8 tested positive
 - v. 2 were symptomatic
 - vi. 1.4% positivity rate (positive tests and/or symptoms)
 - vii. Updated MISD COVID-19 Cases Dashboard roll out
 1. Total active student cases – by school (only lists campuses with active cases)
 2. Total student quarantines by school
 3. Total recovered student cases
 4. Total active staff cases
 5. Total staff quarantines by school
 6. Total recovered staff cases
- III. Russ Jones – Chief Epidemiologist of Tarrant County Public Health
 - a. Immuno-compromised individuals with COVID can shed the virus longer than an individual with no pre-existing conditions.
 - b. Infectious 2 days prior to onset and up to 10 days after
 - c. Incubation is 14 days
 - d. Hospital trend coincides with positive case rates
 - e. School cases usually attributed to community contact not spread at the school but there are some clusters at schools
 - f. Prevention/Mitigation Strategies
 - i. Screen for possible disease
 - ii. Based on small stable cohorts of students and teachers

- iii. Scheduling to prevent mixing of groups
 - iv. Distancing 6 or more feet
 - v. Meal service in classroom
 - vi. Cloth face coverings
 - vii. Modification of work duties for vulnerable staff
 - viii. Masks (listed by effective rating)
 - 1. Fitted N95, no valve
 - 2. 3 layer surgical mask
 - 3. Cotton polypropylene cotton mask
 - 4. 2 layer polypropylene apron mask
 - 5. 2 layer cotton pleated style mask
 - 6. Valved N95 mask
 - 7. 2 layer cotton, olson style mask
 - 8. 1 layer maxima AT mask
 - 9. 1 layer cotton pleated style
 - 10. 2 layer cotton, pleated style mask
 - 11. Knitted mask
 - 12. Double layer bandana
 - 13. Gaiter style neck fleece
 - ix. CDC, APA, and other health associations recommend that we do not take mask use in consideration when determining close contact
 - x. TEA is only agency that states to take mitigating circumstances into consideration when determining close contact
- IV. Panel Discussion - Dr. Cantu, Cathy Marsh, Russell Jones (Chief Epidemiologist), Juan Fresquez (President, Methodist Mansfield)
- a. If numbers consider to rise will MISD consider going virtual only after Thanksgiving Break? Dr. Cantu: We would look at data and it would depend on how the numbers are rising, we would follow the district protocols (available on the MISD website)
 - b. If students are absent from in person learning after November 4th will we use our previous absence policy? Dr. Cantu: Yes, we will follow our regular attendance policy
 - c. Will we continue virtual learning throughout the year? Have we communicated plans for second semester? Dr. Cantu: Right now we do have plans to offer virtual learning for the entire school year (2020-2021) as long as it is viable.
 - d. Is it optional for the 14 day quarantine to be voluntary? Parents can choose it without penalty, but can also choose to allow students to go to school? Dr. Cantu: The 14 day quarantine is not optional.
 - e. A local nearby school district is requiring virtual student to return to in person, is this something we have considered and are we moving in that direction? Dr. Cantu: We plan on offering that choice for the entire school year as long as it is viable (viable = enough interest in virtual learning to dedicate staff)
 - f. What were TCPH's standards to closing schools due to illness prior to this year? Russ Jones: The last time was 11 yrs ago during previous pandemic. That year if you had one case of H1N1 the school closed. This was not the standard used in the fall 2020, it was based on spread in the school. Current standard is if outbreak is large enough that can

only be controlled by closing the school. Cathy Marsh add on – the mitigating protocol is in place to keep us from closing an entire building. We have trained staff and are in close contact with Tarrant County to ensure we are doing a good job identifying those individuals who have been exposed, contact tracing has played a huge role in this process.

- g. What were MISD's standards to closing schools prior to this year? Dr. Cantu – MISD had one school to close in 2011 for H1N1 because of 1 positive case. Our current protocols are different for COVID-19
- h. Given that many people do not wear masks correctly and many elementary do not wear masks why are they required and will MISD require them after the governor's order expires? Russ Jones: the CDC guidelines are 2 and above, masks do good – they prevent the projectile motion of droplets and prevent infectious dose from going too far out. Juan Fresquez: This is a novel virus (no one has had it before) so from hospital perspective we need to keep the spread as low as possible. Just a small surge that we have can stress the availability of medical care. Masks can help reduce surges and keep hospitals from being overloaded. Dr. Cantu: When the governor's order expires we will have to come back to committee and make a recommendation looking at trends and data to see where we are.
- i. What guidance is TCPH given MISD on keeping kids in schools other than wanting them to close? Russ Jones: We work with schools to look at procedures to make sure they can stay open. We want to try to keep COVID out of schools. Cathy Marsh: After a student is sent home or is quarantined TCPH also helps by offering information to families to help stop the spread. They advise us with contact tracing.
- j. Is MISD asking quarantined students/teachers about their daily activities while they are in quarantine? Cathy Marsh: when the nursing staff makes phone calls or sends individuals home to be quarantined we are offering that information (what it looks like to be quarantined) and then we follow up with them to check on their status – symptom development or testing updates. We offer the guidance but we cannot manage the behaviors of the individuals. Russ Jones: We will give guidance but we are not a policing agency. When we study it well over 90% of individuals are compliant.
- k. If businesses, doctor offices, day cares, etc do not have strict contact tracing why do schools? Russ Jones: the first business we closed down was a doctor's office because of contact tracing that TCPH helped. The larger warehouse facilities are more difficult with contact tracing. Day cares we have closed a few due to exposures – we work with the licensing commission of the day care for reporting and we look at first can we only close the classroom or do we need to close more of the facility. Schools are much larger than these other entities. Juan Fresquez: At hospitals we are very strict with cleaning and visitor protocols and with screenings. This is very different than what we ask schools/students/families to do with self-screening and less strict protocol. There is a considerable difference – hospitals and doctors offices tend to be more strict with procedures.
- l. If MISD is going to keep current quarantine protocol for now what needs to happen for it to be changed? What is the benchmark? Dr. Cantu: It will depend on our data, advice from CDC, TCPH, local medical partners, infection data trends, there are still areas of the

data we don't know. We have to look at all of that and see a change from what we are seeing now. Cathy Marsh: We have to look at our community as a whole.

- m. How deep does contact tracing go? Cathy Marsh: We start with how the student arrives to school, how they went through the day, who they were in close contact with, and any extracurricular activities they may be involved in. Do we check every party and group activity outside of school, NO but we try to track everything with relation to school life.
 - n. Has MISD compared case counts with those districts within TCPH? Cantu: We did compare but it's not apples to apples because of when districts started tracking data and how they track it opens us to ranges of data variances.
- V. Closing statements
- a. Russ Jones: One of the health department does is work with the community and we do have individuals who have passed away without preexisting conditions. We have concerns of trying to protect multigenerational homes. So far it looks like younger children are not as infectious but studies from South Korea indicate otherwise. Protecting those special populations means taking a community wide approach.
 - b. Cathy Marsh: This is hard, none of us like this. We've never seen this before or experience this before. We are here to serve children, make them better, and have them be in school. We've been able to keep schools open with our mitigating factors.
 - c. Dr. Cantu: Ultimately for me it is the safety and well being of our students and staff. It's important we keep everyone healthy. Being able to keep our school open, doing what is best for staff and students is extremely important. We are doing what we can to make the best decisions.
 - d. Juan Fresquez: I agree this is hard. Speaking as a hospital administrator, if we look at 73-75K citizens and eventually 18% of those will become infected and in the hospital that's about 13k individuals so we need to make sure that when we need hospitals we have room for patients. It's scary when our community needs the hospital but there isn't space so it's important to work to flatten that curve and make sure students are safe so our community stays safe. I'm worried about having available beds. Even if we use the 1% number that's 750 patients which is more than what we can have at the hospital.
- VI. If you would like information/questions to be included please submit questions by 11:00 am 10/20/2020. So everyone commits to reading information sent from the committee once the email is sent.

Parking Lot Questions/Comments:

- Are students getting extra counseling?
- What is your bench mark for closure? (percentage)
- What is happening with staff with sub shortage?
- What extra counseling are you providing to teachers?
- What are your servicing young SPED students during virtual who have working parents?
- What contact tracing is TCPHD doing at other businesses, drs offices, day cares, etc? Are they the same or different than MISD?
- NO choices for parent when young kids being quarantined when they might be a single parent and have to go to work. No day care will take quarantine kids and no one will babysit. You are asking parents to stay home for 2 weeks. Some parents might lose their jobs. Might be asked to quarantine multiples times. What are you doing for these parents?