

The Next Steps Back

Pequannock Reopening Plan Updates

Planning for informed decision making in the process of reopening schools

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Objective

To achieve our stated objective of maximizing in-person student learning opportunities without compromising the health and safety of our various stakeholders, we need to apply metrics, baselines and/or milestones that will enable us to move onto the next phase of opening. Each goal will be achieved with information from national organizations, departments within our state, and consultation with local health authorities. We will take precautions both to ensure continuous forward movement educationally and to continued focus on health & safety.



Hurdles We Need to Clear

- Social distancing guidelines that clearly support less than 6 feet as a matter of protocol, though each health organization does allow for less if masks and barriers are in place; having CDC, NJDOH and the local health department fully on board is critical
- Increases in the amount of in-person dining that would apply to our lunch service
- Stay in the green on the [regional matrix](#)
- [Local COVID data](#) shows limited growth (as determined by case rate and percent positivity as well as overall CALI score, and not necessarily by individual or singular case activity)
- Support for a move from cohorts for older students in a manner that does not conflict with CDC, NJDOH or local health department guidelines



Force Field Analysis



Our challenge lies in determining the appropriate risk tolerance, and then applying that sensibility to the subjective guidelines from various organizations. We will balance that input with our recognition of learning and social-emotional needs.



Information from Health Agencies

Our primary source of information is the NJDOE, but currently that agency has been deferring to the NJDOH, from whom we also take direction. We also rely on CDC for guidance, and the AAP (American Academy of Pediatrics) for information. Their information would ideally direct us to follow a course of action, but more often provides researched recommendations to guide local decision making, which we do in consultation with our town health department.

A struggle consistent among all agencies, including school districts, is managing the interpretation of flexible language in directives. This practice is a byproduct of high stakes uncertainty.



The Road Back (NJDOE) p17

Through these areas, NJDOE details a number of anticipated minimum standards, including:

- Schools and districts must allow for social distancing within the classroom to the maximum extent practicable. This can be achieved by ensuring students are seated at least 6 feet apart and considering the flow of student traffic around the room. When weather allows, windows should be opened to allow for greater air circulation. Indoor environments with recirculated air are the riskiest of environments for COVID-19 spread.
- If schools are not able to maintain this physical distance, additional modifications should be in place. These include using physical barriers between desks and turning desks to face the same direction (rather than facing each other) or having students sit on only one side of the table, spaced apart.



The guidelines specifically identify 6 feet of distance, but also make allowances for students to be seated closer if additional measures are in place. We are already seating all students to face the same direction, and have also ordered desk barriers. With the mask protocol in place, we will be prepared to transition to larger groups.

American Academy of Pediatrics

Elementary Schools

Higher-priority strategies:

- Children should wear cloth face coverings
 - Practice by children and good modeling by adults will help children be more successful at wearing cloth face coverings at younger ages.
- Desks should be placed at least 3 feet apart, and ideally 6 feet apart when feasible.
 - If this reduces the amount of time children are present in school, harm may outweigh potential benefits.
- Cohort classes to minimize crossover among children and adults within the school.



Masks are not an issue for us. The 3 foot desk placement is easy to manage, but is couched by the 6 foot ideal. The sub bullet about harm vs. benefits is again promising, but undermined by the cohort recommendation. Each elementary class could be considered a cohort, but that does not work at PV & PTHS with students moving among classes.

Operating schools during COVID-19: CDC's Considerations

Physical barriers and guides

- Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating “one way routes” in hallways).

Modified layouts

- Space seating/desks at least 6 feet apart when feasible.
- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
- Modify learning stations and activities as applicable so there are fewer students per group, placed at least 6 feet apart if possible.



The CDC guidelines as outlined here are all in place currently. We are investing in physical barriers to create an additional layer of safety.

Next Steps



- Address ventilation concerns for the colder weather with strategies for open windows in coordination with heat to encourage air movement; identify if additional measures are needed
- Students with specific identified learning needs attend every day possible (can be broken down by Elem, PV, PTHS according to space and movement of students)
- Eliminate cohorts and have students attend four and eventually five days per week following an early dismissal
 - Elementary students (first wave as their movement among classes is limited)
 - PV & PTHS (would most likely need to be updated together)
- Expand school day to regular times
 - Elementary students (first wave as their lunch blocks require less space)
 - PV & PTHS (will need to be updated together due to shared staff)

CDC indicators and thresholds for risk of introduction and transmission of COVID-19 in schools

INDICATORS	Lowest risk of transmission in schools	Lower risk of transmission in schools	Moderate risk of transmission in schools	Higher risk of transmission in schools	Highest risk of transmission in schools
CORE INDICATORS					
Number of new cases per 100,000 persons within the last 14 days*	<5	5 to <20	20 to <50	50 to ≤ 200	>200
Percentage of RT-PCR tests that are positive during the last 14 days**	<3%	3% to <5%	5% to <8%	8% to ≤ 10%	>10%
<p>Ability of the school to implement 5 key mitigation strategies:</p> <ul style="list-style-type: none"> Consistent and correct use of masks Social distancing to the largest extent possible Hand hygiene and respiratory etiquette Cleaning and disinfection Contact tracing in collaboration with local health department <p>Schools should adopt the additional mitigation measures outlined below to the extent possible, practical and feasible.</p>	Implemented all 5 strategies correctly and consistently	Implemented all 5 strategies correctly but inconsistently	Implemented 3-4 strategies correctly and consistently	Implemented 1-2 strategies correctly and consistently	Implemented no strategies

*New cases data is based on county data

**Percentage of RT-PCR tests in the community (e.g., county) that are positive during the last 14 days is calculated by dividing the number of positive tests over the last 14 days by the total number of tests resulted over the last 14 days.



Secondary Indicators (from the same CDC document)

SECONDARY INDICATORS					
Percent change in new cases per 100,000 population during the last 7 days compared with the previous 7 days (negative values indicate improving trends)	<-10%	-10% to <-5%	-5% to <0%	0% to ≤ 10%	>10%
Percentage of hospital inpatient beds in the community that are occupied***	<80%	<80%	80 to 90%	>90%	>90%
Percentage of intensive care unit beds in the community that are occupied***	<80%	<80%	80 to 90%	>90%	>90%
Percentage of hospital inpatient beds in the community that are occupied by patients with COVID-19***	<5%	5% to <10%	10% to 15%	>15%	>15%
Existence of localized community/public setting COVID-19 outbreak****	No	No	Yes	Yes	Yes

“Each indicator or combination of indicators should neither be used in isolation nor should they be viewed as hard cut-offs by STLT officials and school district decision-makers. Rather, they serve as broad guideposts of inherent risk to inform decision-making.”



Metrics, Milestones and Landmarks

Goal	Proposed Date	Benchmarks	Key Considerations
Elementary school students are in school four early dismissal days per week (Break into K-2, 3-5 if needed)	Mid-Late Oct. (pending delivery)	No school closures in district; Achieving goals for Case rate, CLI %, CALI score	Social distancing based on class & classroom size; effectiveness of additional safety measures in coordination with distance between chairs
PV & PTHS students are in school four early dismissal days per week	TBD	No school closures in district; Achieving goals for Case rate, CLI %, CALI score	Given movement of students, not as fluid as the elementary level
Elementary school students are in school for full days	TBD	Continued strong numbers re: positive tests in the community and schools	Restrictions on indoor dining must be eased to allow entire grade levels to eat together; staffing
PV & PTHS students are in school for full days	TBD	Health agency providing clear approval for regular student movement	Restrictions on indoor dining must be eased for larger group & match cafeteria capacity; staffing

These dates will be subject to a wide range of contingencies. Any date entered is unlikely to be accurate, but represents a target for methodical movement back to our normal operations.

