

Agenda for School Health Advisory Board Meeting 9/21/2021

Present: Rebecca Abernathy, Lori Balaban, Gemilia Bouer, Gayle Burt, Erin Callas, NyShae' Carter, Kirsten Carty, Kristy Davis, Eileen Gomez, Kevin Kirst, Leanne Knox, Mark Niehaus, Chris Siebert

Guests: Dr. Rachelle Keng and Dr. Michael Keng

Eileen explained two new updates to the COVID-19 management protocols.

Quarantine

ACPS, in collaboration with the BRHD, changed the quarantine period for individuals identified as close contacts to 10 days.

Quarantine disproportionately affects lower income students who are often reliant on bus transportation, which is where most of our quarantines arise. Other school divisions have also determined that the 10-day quarantine option was the appropriate balance between the undue physical, mental and economic impact of a quarantine on families and students and the potential slight risk the shortened time frame may pose.

Illness Evaluation

Last year we required the same procedure whether illness symptoms arose at home or at school. ACPS will still require the following for students to return to school after going home with symptoms:

- 1) Get a medical evaluation for an alternative diagnosis for symptom (RTS form)
- 2) Provide a negative PCR test result
- 3) Remain out of school for 10 days from onset of symptoms

While we will certainly encourage families who report symptoms arising at home to seek evaluation/testing, the decision to not have a firm requirement was a practical matter. We do not always know why a student is absent, and our ability to track down, get honest answers from families, and then keep track is challenging. The ability to enforce this requirement fairly is also a concern particularly at larger schools. As an added benefit, we hope families are more likely to keep students home with this approach. With all policies, we will monitor how things are going and will adjust if needed.

Masks

Kevin presented the issue of [mask requirements](#) for students participating in ACPS SPED programs, framing the issue in terms of IDEA and the recommendations of the CDC, VDOE and VDH.

Dr.s Keng explained the extent of their effort to get their daughter to wear a mask. Her sensory issues are such that she cannot tolerate mask-wearing for more than a few minutes despite a multitude of strategies to encourage compliance. She cannot access the curriculum via remote. She has been attending school and receiving instruction outdoors, but her attendance is weather dependent.

The School Health Advisory Board came to a consensus that the benefit of in-person learning for the small group of children with disabilities outweighs the risk of transmission of the COVID-19 virus posed by the child not wearing a mask provided other mitigation strategies are implemented in these students'

classrooms and learning spaces. The School Health Advisory Board provided the following recommendations regarding the procedural implementation of School Board Policy [EAB](#). These recommendations are specifically for the small group of students with disabilities who, as a result of their disability, and have demonstrated a consistent inability to consistently and correctly wear a mask despite intensive interventions targeting mask-wearing and are being excluded from in-person instruction and their special education services.

- A local team (IEP Team or Section 504) documents the child’s inability to wear a mask along with the interventions attempted, response to the intervention, the child’s disability and the risk to the child not wearing a mask, and submits the documentation to the Director of Special Education for approval of the exemption, as cited in School Board Policy EAB.
- The decision would be a local one, potentially with input from a physician in support of the school-based decision via a form documenting “medical necessity” rather than a process that originates from a physician in the community.
- Consider proposing to parents weekly COVID-19 “swab testing,” if tolerated by the child, being sensitive not to inflict an aversive experience on a regular basis.
- Recommend (and provide staff working with the child to use) enhanced PPP such as respirators as an option as well as a face shield or goggles when in close proximity to the student who is not wearing a mask.
- Provide additional HEPA filters and any available additional ventilation in the classroom of a student who is not or is minimally wearing a mask.
- Consider room organization that maximizes physical distancing between students.
- Utilize slight modifications in the schedule or procedures to minimize the student walking in the hallways when other students are transitioning or otherwise coming into contact with large groups of students or staff.
- Consider the assignment or potential re-assignment of staff who have not received COVID-19 vaccination or who are immunocompromised.
- Consider locating the self-contained program in a space that has maximal ventilation and open space wherever possible.
- Maintain the expectation of mask-wearing and all other mitigation strategies (i.e. physical distancing, hand washing, etc.) for all other children in the program or classroom.
- Share information with the family of the child who is unable to wear a mask about the importance of vaccinations for all eligible members of the household as well as the importance of their diligence in implementing mitigation strategies to avoid the spread of the COVID-19 virus.
- Consider advising the IEP team (including parents) to limit inclusive opportunities to avoid the spread of the COVID-19 virus.
- Consider maximizing outside activities or instruction.
- Consider the utilization of all mitigation strategies not mentioned here to offset the risk of spreading the COVID-19 virus.

Natural versus Vaccine Immunity

Eileen explained that several parents have asked that ACPS consider treating students with a history of COVID as though they are fully vaccinated believing that a natural infection confers the same immunity as vaccines. She reported that she consulted a pediatric infectious disease specialist who advised:

We know that immune responses to natural infection are highly variable. Further, we do not know how age effects this or how variant of the original infection plays in. There are too many unknowns and I would not trust natural infection past 90 days.

The SHAB advises not deviating from the CDC guidance that unvaccinated people exposed to COVID more than 90 days after a past infection follow the quarantine protocol.

Quarantine for fully vaccinated close contact

Other parents and staff members have expressed concern that ACPS is not quarantining fully vaccinated people with a positive domestic contact in the home. ACPS is following the CDC guidance that fully vaccinated people do not have to quarantine if exposed, but should test in 3 to 5 days and isolate if they develop symptoms or test positive.

We know there are a significant number of breakthrough infections with the Delta variant in vaccinated individuals. We don't know if there are risk factors for this. This number is much less than infections in close contacts for non-vaccinated people. The SHAB recommends following the CDC guidance that fully vaccinated people with no symptoms do not need to quarantine after a close contact exposure and should be tested 3-5 days after the exposure.

It was pointed out that the CDC is now recommending that people who test positive try to isolate themselves from others living in the home as much as possible.

Academic Support for Students Who Must Isolate or Quarantine

Some parents have expressed concern about the lack of academic support students receive if they have prolonged absences due to isolation or quarantine; this is particularly challenging for students who experience serial quarantines. The current practice is for teachers to prepare work for the students to complete at home. Some students who must stay home become disconnected from the class and school and do not complete their work. As a result, they may fall further behind.

Suggested solutions include:

- 1) Allow homebound students to Zoom into the class or follow it by livestream.
- 2) Have a homebound point person at each school who can call to check on these students.
- 3) Consider enlisting Madison House volunteers who could provide virtual tutoring or other forms of engagement.

Perhaps the trigger could be a second quarantine or isolation period.

Compliance with Mitigation Strategies

A board member expressed concern about the lack of fidelity to the mitigation strategies that some students have reported. In one example, a student expressed concerns to school administrators about the lack of masking in a particular class and reported that the teacher singled this student out in front of the class. This is not an acceptable practice.

Kevin reminded the group about the mitigation strategy evaluation tool that was developed last year and reported that members of his team do evaluate schools' compliance with the mitigation strategies.

He also explained that ACPS has created an [Anonymous Alert](#) hotline where students can call to report a number of concerns including those related to mitigation. The phone number to use for Anonymous Alerts assistance or information is 888-291-2090.

Schools should work toward creating a culture where it is acceptable for people to remind one another about the necessity of complying with strategies.

Upcoming meetings Meetings will be held on Tuesdays 6:30 to 8:30 pm this academic year

1/18

3/15

5/17



(ALBEMARLE COUNTY, Virginia)

Along with the start of the new school year, Albemarle County Public Schools' new online school safety reporting system is now operational in all middle and high schools across the division. This past May, the division introduced the new system, *Anonymous Alerts*, on a pilot basis at Western Albemarle High School. On average, the school received about one report per day between May 6 and the end of the school year on June 7.

Using an app on mobile devices or a link on the division's home page and on the individual home pages for 10 middle and high schools, students, parents, staff, and community members can anonymously report concerns about threatening, abusive or unsafe behaviors at a school. Through the *Anonymous Alerts* website, someone making a report will be guided through a series of basic steps to file their report. The app can be downloaded free from the Apple App Store or Google Play.

Reports automatically are sent to the school principal for investigation and, in some instances, to a school counselor or the division's school safety officer as well. The person making the report has the option to engage in an online conversation with an administrator while remaining anonymous or to make themselves available for an in-person meeting.

As part of *Anonymous Alerts*, a report can be filed in one of nine categories, such as bullying, possession of banned substances, sexual harassment or assault, vandalism, theft, suicidal behavior, or expressions and threats made against a person or property.

"Western Albemarle's experience with the pilot program demonstrated that students were eager to share their concerns," said Dr. Nicholas King, the division's Director of Student Services. "They raised issues that had not previously been discussed with the school's administrators, so that certainly was helpful," he said.

"In fact," Dr. King added, "every report we received had useful information. We were pleased with the system's rollout. There was only one instance in which an improvement to the system's operability had to be made. That concerned the ability to include a photo with a report."

"Overall, the system met our highest expectations," Dr. King said. "It strengthened our belief that an anonymous reporting system can add value to our team-based approach to school safety. We want everyone to be a contributor to maintaining a respectful, nurturing environment in our schools, both through their own behavior and in enabling us to make positive changes when necessary," he added.

Anonymous Alerts was founded in 2013. It used by more than 5,000 K-12 schools with more than five million students across the country, as well as by corporations and higher education institutions throughout the U.S.