

# Safe and First-rate Education

**52 Slides**

Utilizing large spaces for classroom instruction of subjects and grades that need it most

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July 16, 2020 (revised Aug 18)

Piedmont, CA

# **Part 1: Covid-19 Health and Safety**

## **A Science Based Risk Assessment For Classroom Instruction**

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- Measures to prevent asymptomatic infection in schools

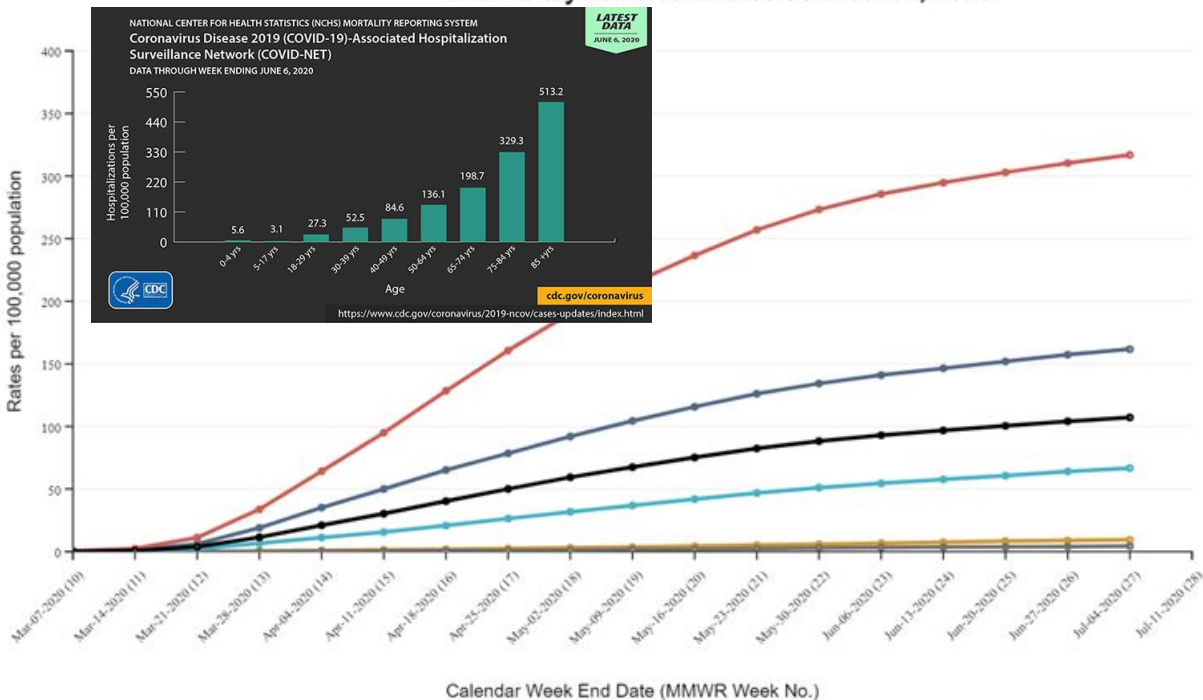
# # Hospitalized patients versus # Positive cases

- Hospitalizations is the metric we were trying to flatten the curve for
- Hospitalizations is what the Governor of California looks at each morning
- With State and Federal help, California never exceeded its bed or ICU capacities, however patients did have to be moved from county to county in certain cases
- Positive case counts exclude many asymptomatic or pre-symptomatic persons who never got tested
- There has been a spike in # Positive cases due to increased free testing centers in high risk areas which can be misconstrued as an increase in viral transmission
- # Hospitalized patients < # Positive cases because many positive cases will be asymptomatic or exhibit flu-like symptoms and not require hospitalization

# Children (<= 17 yrs) rarely hospitalized for Covid

## Laboratory-Confirmed COVID-19-Associated Hospitalizations

Preliminary cumulative rates as of Jul 04, 2020



Age Group	Cumulative Rate per 100,000 Population
Overall	107.2
0-4 years	9.4
5-17 years	4.4
18-49 years	66.7
18-29 years	37.8
30-39 years	66.3
40-49 years	104.4
50-64 years	161.7
65+ years	316.9
65-74 years	230.6
75-84 years	381.5
85+ years	590.3

Children have less than 10% the average hospitalization rate.

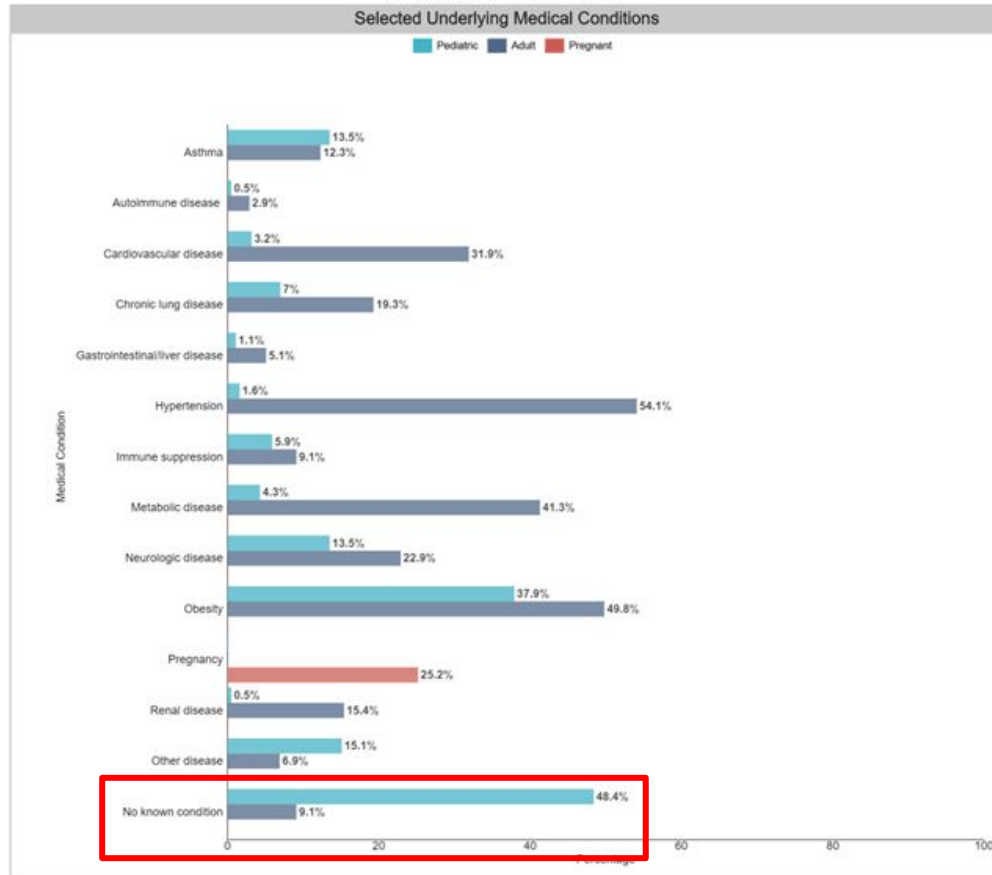
Older working age [50-64] adults are **51% more vulnerable** to hospitalization than average.

Hospitalization rates increase exponentially with age.



# 91% hospitalized adults had add'l conditions

COVID-19 Laboratory-Confirmed Hospitalizations  
Preliminary data as of Jul 04, 2020



91% hospitalized adults and 51% of pediatric patients had additional underlying medical conditions

The incidence rates of these underlying conditions increases with age.

[Underlying medical conditions](#) explains most of the age related risk rates, especially for adults.

CDC says chronological age 65+ is a risk factor in addition to underlying medical conditions.

A [study identified 24% teachers](#) have these conditions and are more vulnerable (than average) to hospitalization.



# Children at almost no risk of death... Zero in CA

The State of the Pandemic, Opening the Schools, and the Outbreak at San Quentin State Prison

## COVID-19 cases and deaths by age group, Alameda and San Francisco Counties, 2020

County	Child and adolescent cases	Child and adolescent deaths	Adult cases	Adult deaths
Alameda	737	0	6,508	141
San Francisco	366	0	3,705	50
Remainder of California	22,858	0	254,971	6,371



July 9, 2020  
presentation  
by Dr. Rutherford

Adult cases exclude asymptomatic and untested persons as well as lower risk child and adolescent cases and include skilled nursing facility (SNF) deaths. This mortality rate is 2.5%.

For children and adolescents it is 0%.

[European study](#)  
confirms similar  
results.

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# Next to impossible for student to infect a teacher

Andrea Swenson

Sarah Pearson

Cory Smegal

George Rutherford, MD

Amal Smith

Megan Pittsbury

Cheryl Wozniak

Randy Booker

**VII. Review and Action Items**

**B. Reopen PUSD Schools Fall 2020 - June 24, 2020**

2:45:06 / 5:29:31

Dr. Rutherford: *"I'm not given to statements like this but that's next to impossible... unless they are right in their face. Now if a kid is sick and distress and is wheezing and coughing and falls on the floor and the teacher gets it but that's more like a first-responder sort-of scenario. **Most kids are going to get it from their parents. If the kids transmit, they are going to transmit to their parents... children are less likely to be symptomatic...**"*

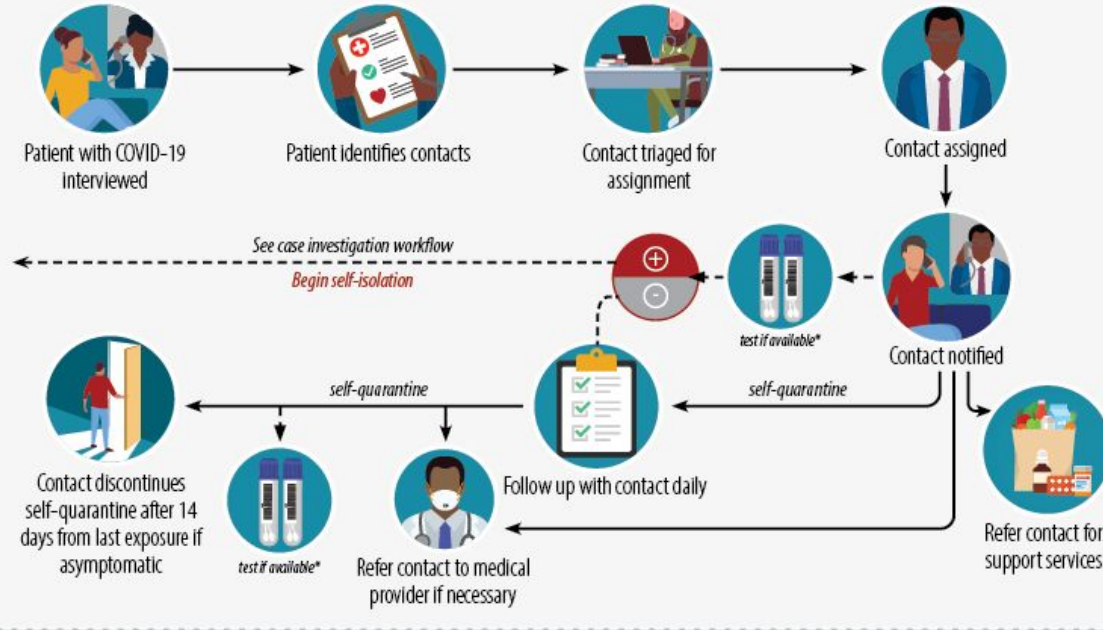
[Scientific discussion](#)



# Dr. Rutherford: 90% contacts are traced & tested

## CONTACT TRACING WORKFLOW (COVID-19)

Attribution: <https://www.cdc.gov/media/releases/2020/s0901-covid-19-contact-tracing.html>



\*if contact tests positive or develops COVID-19 symptoms, case investigation is necessary.



[cdc.gov/COVID19](https://cdc.gov/COVID19)

CS17004-4 06/19/2020

June 24, PUSD Board meeting, 2 hrs,  
32 minutes:

Epidemiologist Dr. Rutherford: *"I'm not a big proponent of testing except for relatively limited circumstances. Obviously if there has been a case we need to do contact tracing, we're going to test the people within that social circle. If people are symptomatic they need to be tested or if they travel to endemic areas.. Singing is a huge risk factor. Wind instruments are tough as well."*

2 hrs, 43 minutes:

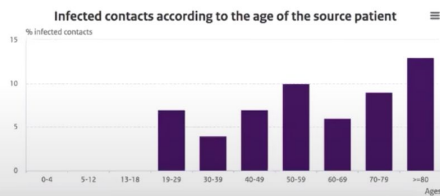
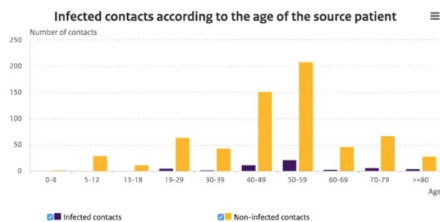
Dr. Rutherford: *"I actually run the.. education for the statewide program on the side. My group has been doing it for SF for the last 4 months... We're finding 90% contacts and getting 90% tested."*

# 89% infected children, infected by family member

The State of the Pandemic, Opening the Schools, and the Outbreak at San Quentin State Prison

## From whom and to whom do children spread infection?

- Qiu (Lancet Infect Dis 2020) studied 36 children ≤16 years old in Zhejiang Province, China
- 24 (67%) had been exposed by a family member, 4 (11%) had been exposed in “epidemic areas” and 8 (22%) had been exposed in both
- Up to 32 (89%) had been exposed by a family member



Reijksinstituut voor Volksgezondheid en milieu. Children and COVID-19.  
<https://www.rivm.nl/en/novel-coronavirus-covid-19/children-and-covid-19>



School closures did not reduce exposure to older family members.

It effectively increased children exposure to older family members.

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Scroll for details



# Very low community infection rates(\*)

The State of the Pandemic, Opening the Schools, and the Outbreak at San Quentin State Prison

## COVID-19 prevalence in children, Iceland

- Two samples
  - High-risk – symptoms, contact with diagnosed patient, foreign travel
  - Community-based
- Nasopharyngeal and oropharyngeal swabs tested by RT-PCR for viral RNA

Age group	High-risk	Community
0-9	6.7%	0%
10-19	13.7%	0.8%
All	13.3%	0.8%

- Suggests little transmission among young children (different from influenza A)

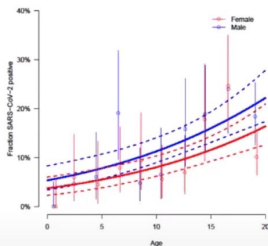


Figure 55 The fraction of individuals that tested positive before age 20 in the targeted testing stratified by age and sex. The results for males are shown in blue and females in red. Vertical bars indicate 95% confidence intervals. The solid curves indicate logistic regression fits of a model with a sex effect and an age effect. The dashed lines indicate 95% confidence intervals for the male and female logistic regression fits. The age odds ratio is 1.08 per year (95% CI: 1.05-1.12) and the male sex odds ratio is 1.45 (95% CI: 1.04-2.0).



**Prevalence** is the positivity rate from testing everyone or a large enough random sample

(\*) excluding high risk activity e.g. air travel to higher risk areas and contact with diagnosed patients

Especially true for children < 10

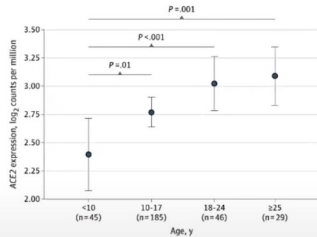
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# Why? Children have fewer receptors for infection

The State of the Pandemic, Opening the Schools, and the Outbreak at San Quentin State Prison

## Why are children less likely to get infected and to transmit compared to adults?

Figure. Nasal Gene Expression of ACE2 in Different Age Groups



Data are means (data points) and 95% confidence intervals (error bars) for angiotensin-converting enzyme 2 (ACE2) gene expression in younger children (aged <10 years), older children (aged 10-17 years), young adults (aged 18-24 years), and adults (aged ≥25 years). Gene counts are shown as logarithmic (log<sub>10</sub>) counts per million. P values are from linear regression modeling in which ACE2 gene expression in log<sub>10</sub> counts per million was the dependent variable and age group was the independent variable.

- Measured ACE-2 gene expression in nasal epithelium samples of 305 participants 4 to 60 years old with and without asthma
- Compared to children <10 years old, ACE-2 expression significantly higher in older children (10-17 years old), young adults (18-24 years old) and adults ≥25 years old (independent of sex and asthma)

Bunyavanich S, Do A, Vicencio A. Nasal gene expression of angiotensin-converting enzyme 2 in child and adults. JAMA 2020 May 20 [Epub ahead of print].



This scientific discovery explains the low rate of **transmission** for children < 10.

However, this science does not explain the 0% **mortality** rate for children ≤ 17 compared to adults' 2.5% shown earlier.

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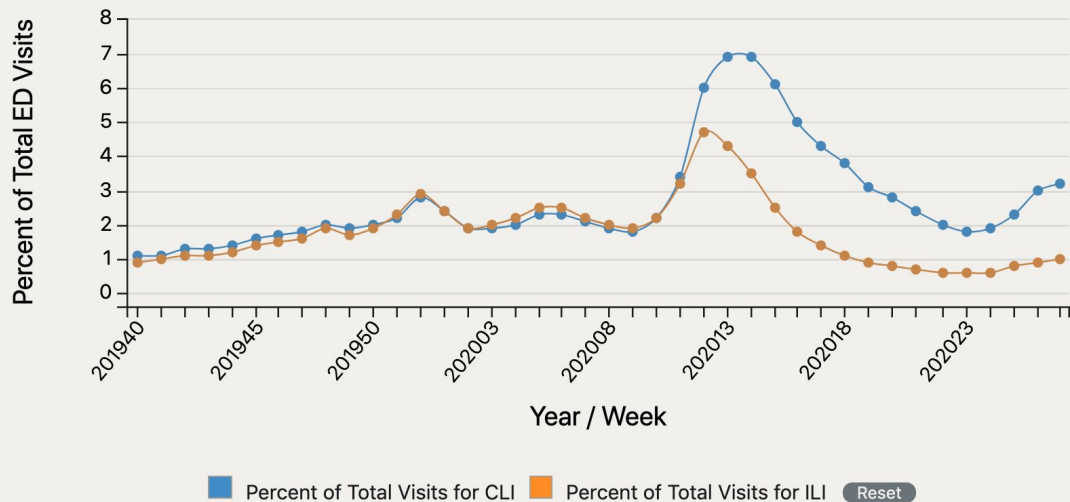
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# July Emergency Dept spike from businesses

NSSP: Percentage of Visits for Influenza-Like Illness (ILI) and COVID-19-Like Illness (CLI) to Emergency Departments, Weekly National Summary, September 29, 2019 - July 4, 2020



National data from the CDC.

The new spike consistent with businesses reopening in July.

Covid-19-Like Illness (CLI) appears to be ~2.5 times worse than Influenza-Like Illness (ILI).

# Daily health screening, quarantining positives

Each day, prior to arrival on campuses, all students and staff will be screened for COVID-19.

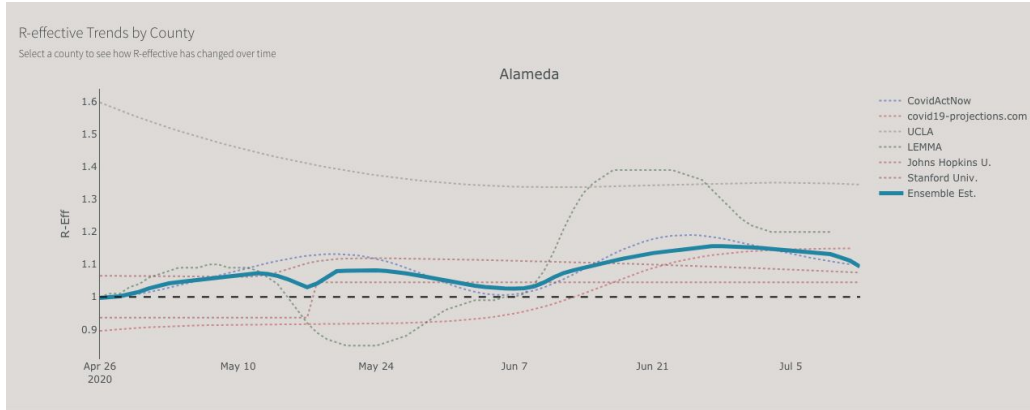
By answering “yes” to any of the following questions, the respective staff member or student is not permitted on campuses.

Since your last day of work, or last visit here, have you had any of these symptoms that is not attributable to another condition?

- Cough, Shortness of breath, or difficulty breathing
- Or at least two of these symptoms
  - Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)
  - Chills
  - Repeated shaking with chills
  - Congestion or runny nose
  - Nausea or vomiting
  - Muscle pain
  - Headache
  - Sore throat
  - New loss of taste or smell



# Hospitalizations spiked after restrictions lifted



This spike occurred in very under-regulated open business environments which bear no resemblance to a highly regulated school setting.

If opening up retail business is deemed to have caused an increase in hospitalizations and it is considered important to reverse the increase then the suitable course of action is to reverse the loosening of restrictions on retail business.

(7/13/20 Governor closed dining, bars and entertainment)

This spike is not an argument in favor of keeping children away from school.

## California County Hospitalization Forecasts

Select a county to see how modeled number of hospitalizations compare with actual numbers to date and with the number of licensed hospital beds (black box).

Alameda

Current Daily Hospitalizations:

**150/3,014**

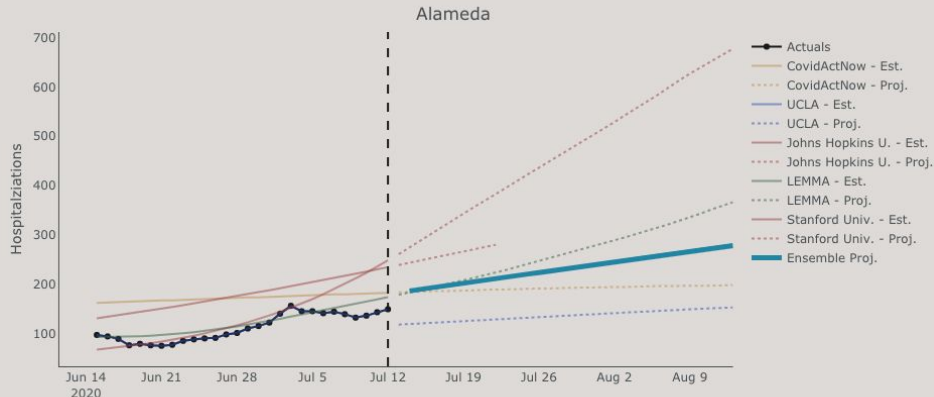
Actuals / Total Beds : 2020-07-12

Projected Daily Total:

**279**

Ensemble Forecast through 2020-08-13

Download County Hospital Forecasts





## BE INFORMED:

### Know Your Risk During COVID-19

On a scale of 1 to 10, how risky is...

Ranked by physicians from the TMA COVID-19 Task Force and the TMA Committee on Infectious Diseases:



# Prioritize reopening business and activities based on risk

Reopening high risk segments of the economy like [bars, wineries and entertainment](#) was a contributing factor for the July spike. Why should that spike prevent schools from reopening?

Activities rated 8 or 9 should remain closed until we get a vaccine.

Activities rated 6 or 7 should be significantly modified so as to reduce exposure.

Activities rated 2-5 should require masks and social distancing.



# 90% of those impacted by the spike explained

The State of the Pandemic, Opening the Schools, and the Outbreak at San Quentin State Prison

## Drivers of incident COVID-19 cases in California

- Community transmission coincident with lessening of restrictions
- Essential workers from high-density neighborhoods – predominantly Latinx
- Institutional outbreaks – prisons, penitentiaries, nursing homes
- More testing and targeted testing
- Partial border reopening with Baja California



None of these scenarios have a noticeable impact for Piedmont.

Piedmont doesn't have a lot of multi-generation families living together or essential prison guards or nursing home workers.

Piedmont is nowhere near Baja California (Tijuana, Mexicali).

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City / Jurisdiction	Case Rates Per 100,000 population	Positive Cases
Albany	117.4	23
Dublin	134.9	88
Piedmont	156.1	18
Alameda, City of	166	133
Fremont	185.2	435
Pleasanton	209.1	170
Berkeley LHJ	233.6	291
Emeryville	316.6	38
Union City	348.9	264
Livermore	365.4	336
Castro Valley MAC	375.4	245
Newark	433	213
San Leandro	472.9	429
Fairview MAC	699.3	75
Eden Area MAC	734.8	508
Oakland	745.4	3259
Hayward	802.4	1292
Under Investigation		444
Alameda County	502.9	8478

# Piedmont, Alameda County

- 3rd lowest prevalence.. more like Dublin than Oakland
- 18 cases, as of 7/16/20
- Low population density leads to natural social distancing

Piedmont population ~ 11,530

Hospitalizations and Deaths are not reported by City / Jurisdiction but Skilled Nursing Facility (SNF) deaths are separated out. The majority of deaths are in SNF. Teachers are not in SNF.

A surge in surrounding cities will coincide with a surge in Piedmont, but on a smaller scale.

**Alameda County Skilled Nursing Facilities  
COVID-19 Dashboard** Updated 7/10/2020 with data  
from CDPH through 7/8/2020

# Infection Fatality Rate (IFR) versus Case (CFR)

Parameter	Scenario 5: Current Best Estimate
$R_0^*$	2.5
Infection Fatality Ratio, Overall†	0.0065
Percent of infections that are asymptomatic§	40%
Infectiousness of asymptomatic individuals relative to symptomatic¶	75%
Percentage of transmission occurring prior to symptom onset**	50%

The Infection Fatality Rate (IFR) keeps the same numerator (fatalities) but increases the denominator to account for estimates of asymptomatic and presymptomatic carriers of the virus, not just the confirmed positively tested cases.

From the [CDC](#), the best estimate of the IFR is 0.65%.

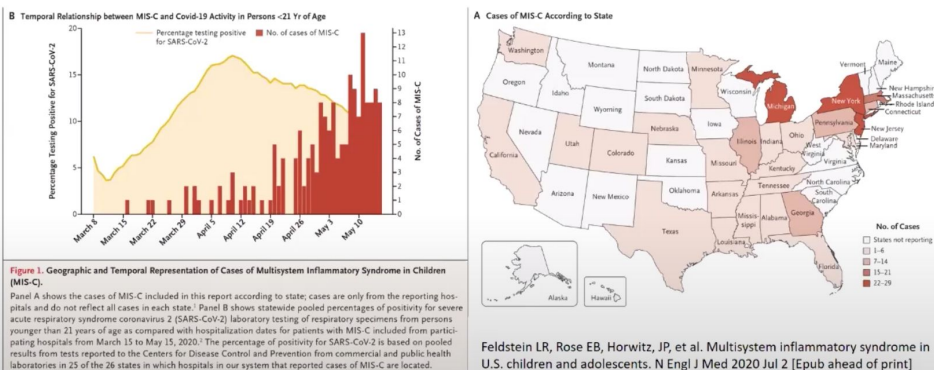
In contrast the Case Fatality Rate (CFR) for Alameda County is approximately 2%

IFR is better than CFR as a measure of public risk.

# California at low risk for very rare complication

## The State of the Pandemic, Opening the Schools, and the Outbreak at San Quentin State Prison

## Multisystem inflammatory syndrome, United States, 2020 (N=186)



Nationally the number of cases of MIS is around 186, mostly in the northeastern part of the United States.

It doesn't make sense to bring this up as a negative for reopening schools in California.



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# Medical based decisions, not fear based

[U.S. Pediatricians Call For In-Person School This Fall](#) (June 29, 2020)

American Academy  
of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



**COVID-19 Planning Considerations: Guidance for School Re-entry**

The American Academy of Pediatrics' guidance *"strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school."*

The guidance says *"schools are fundamental to child and adolescent development and well-being."*

The AAP cites *"mounting evidence" that transmission of the coronavirus by young children is uncommon, partly because they are less likely to contract it in the first place.*

*"Schools should weigh the benefits of strict adherence to a 6-foot spacing rule between students with the potential downside if remote learning is the only alternative."*

The AAP has approximately [67,000 members](#) in the United States, Canada, Mexico, and many other countries. Members include pediatricians, pediatric medical subspecialists and pediatric surgical specialists. More than 45,000 members are board-certified and called Fellows of the American Academy of Pediatrics (FAAP).

# Additional ways to reduce rate of transmission

## [Wall Street Journal - How Schools Can Reopen Safely: Recommendations from Health Experts \(July 13\)](#)

- *The American Academy of Pediatrics issued recommendations last month for school reopening. Their guidelines say physical distancing between students can be 3 feet—rather than the standard 6-foot recommendation—particularly when face coverings are worn.*
- *Nathaniel Beers, a pediatrician at Children's National Hospital in Washington, D.C., and a member of the committee that developed the guidelines, says the new distance recommendation was based largely on a June 1 Lancet study that suggests 3 feet between people is adequate.*
- *"If you're saying 6 feet, there's no way most school districts can meet that criteria and have more than 50% of their kids in a classroom," says Dr. Beers.*
- *The group recommends middle- and high-school students wear face coverings as much as possible. Dr. Beers said with younger children who touch their faces, and likely masks, more frequently, the value of wearing one may be diminished.*
- *Dr. Allen says building in mask breaks may be helpful. "Mask fatigue is real," he says. Good times for mask breaks could be during "quiet time" or reading time, when people aren't talking—which can emit virus aerosols into the air.*
- *Face shields are also a good alternative for children who won't wear masks, experts say.*
- *Creating pods or distinct classes of children that stick together and don't mix with the rest of the school population is another effective strategy, experts say, particularly in elementary schools.*
- *Staff should socially distance from one another... Meetings should be held remotely and lunch eaten separately to lower risk of any virus spread.*

# Homemade masks(\*) are effective @ 3' distance

Mask type	Material	Threads/in.	Average jet distance
Uncovered	...	...	~8 ft
Bandana	Elastic T-shirt material	85	~3 ft 7 in.
Folded handkerchief	Cotton	55	1 ft 3 in.
Stitched mask	Quilting cotton	70	2.5 in.
Commercial mask <sup>a</sup>	Unknown	Randomly assorted fibres	8 in.

<sup>a</sup>CVS Cone Face Mask.

For asymptomatic and presymptomatic transmission, masks perform very well.

Folded handkerchiefs, stitched masks and commercial masks all reduce the average range of droplets to well within 3'

Visualizing the effectiveness of face masks in obstructing respiratory jets, [Physics of Fluids, June 30, 2020](#).

(\*) Excluding Bandanas

# Precautions being taken or considered by PUSD

- Parents can opt for 100% Distance Learning
- Mandatory 100% distance learning for 14 days if displaying symptoms or in close contact with someone who tested positive during the past 24 hours
- Mandatory self-reporting of the high risk conditions above each school day (via an APP)
- Mandatory mask usage during in-person in-class education
- Minimum 3' social distancing (Piedmont added the constraint of 6' social distancing)
- Teachers encouraged to use a microphone to project their voices instead of speaking loudly
- Staff should socially distance from one another and have remote meetings
- Students and staff to eat at their desks or outside
- Circulate outside air indoors at least 12 Air-Changes-per-Hour (ACH)
- Filter air through MERV-13 filters which block viruses
- Routine disinfection of surfaces
- Cancelling indoor physical education and sports competitions (in discussion)
- Cancelling music and performances (in discussion)
- When a student tests positive for Covid-19, only those in their classrooms would need to get tested or quarantined



# School reopenings in other countries



Taiwanese Students eat their lunch on desks



June 22, 2020: Middle school classroom in France



Surge of Second Wave of Coronavirus in Wuhan



May 2, 2020: Taiwan 3' social distancing w/ shields & masks



June 3, 2020: S. Korea opening schools despite spike in cases

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## Part 2: Public Sentiment

Is a science-based risk assessment something the school district should produce?

# Piedmont sentiment for risk mitigation

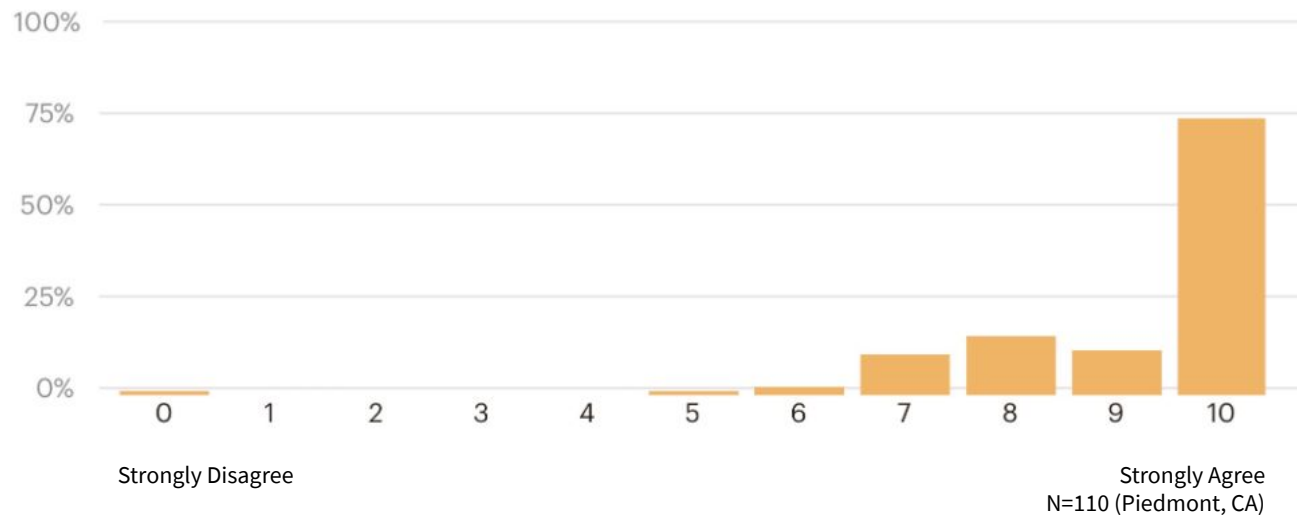
“Absolute safety from the transmission of Covid-19 is not possible, so minimizing the likelihood of transmission should be the goal.”



**Is it possible to keep everyone happy by allowing individual choice of learning modes while providing the safest school environment possible with known risk mitigation techniques?**

# Piedmont sentiment for best-in-class experts

“Questions of school closure or opening and virus mitigation strategies should be based on recommendations by Epidemiologists and Infectious Disease doctors and scientist experts on Covid-19.”

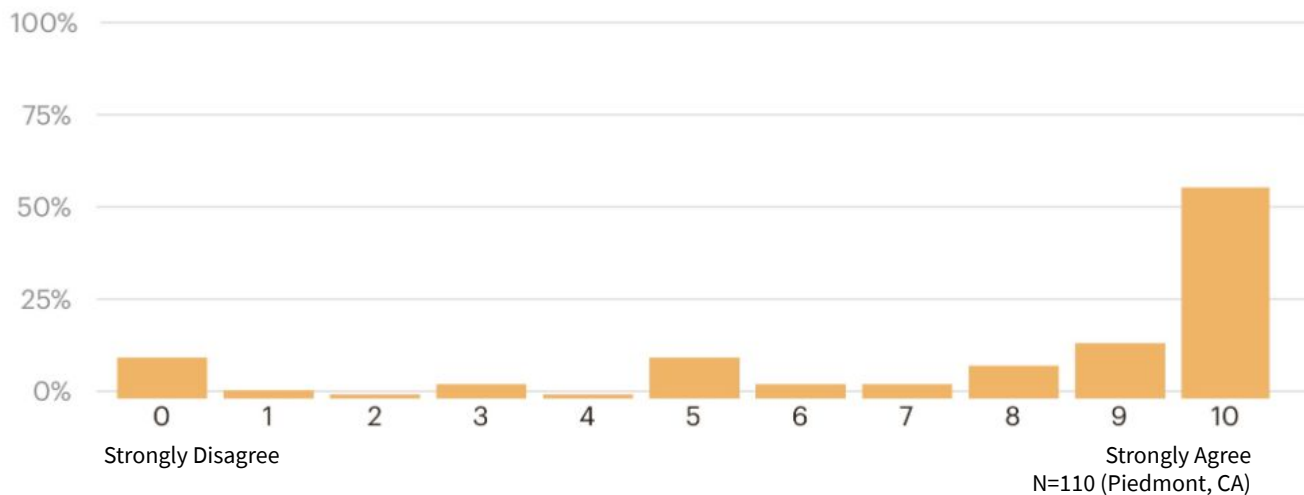


**School closures and openings should be based on recommendations from Epidemiologists, ID doctors and scientists. This scores very high!**

**The public does not want elected officials without above expertise to make those calls on their own.**

# Piedmont sentiment for scientific analysis

“The school district should produce a set of science-based estimates of the risks of students and teachers contracting Covid-19 in various school settings, such as elementary versus middle or high schools and 3 foot versus 6 foot distancing.”



**The public wants a deep dive analysis on the scientific aspects of risk mitigation.**

**This concern is independent of union negotiations and public opinion.**

**Requires review of totality of scientific literature... ideally done by an Epidemiologist, ID doctor or COVID-19 expert scientist.**

# Public sentiment for choice

“Which instructional settings do you prefer for yourself or your kids?”



A National Gallup poll taken around the same time as this local Piedmont poll has these corresponding responses:

- 36% [lower for full time makes sense due to county hot spots]
- 36% [underflow moved here]
- 28% [not here]

## **Part 3: Inventory Large Spaces**

**Can we accommodate classroom instruction for subjects or grades (e.g. K-3) that need it most?**

# Are there subjects that can only be effectively taught in a classroom?

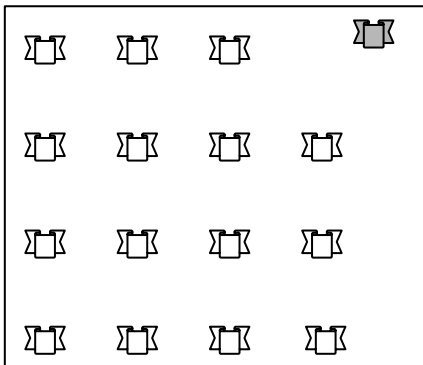
- We suspect each subject at each grade has a percentage of material that could be taught as effectively asynchronously or synchronously at home as in-person with the teacher. Teachers would know best what their remote percentages are for each class they teach. I suspect math, chemistry, 3D art, maker space would have low remote percentages.
- If certain subjects (or grades) have a low percentage of effective remote teaching, it might behoove PUSD to teach those classes 100% in-person on-site.
- Gyms, multipurpose rooms and performing arts facilities could be large enough to accommodate most classes with 6' social distancing.
- How is it that these same rooms are safe enough for the SchoolMates student babysitting service but not safe enough for teachers.



# Reverse Engineered: maximum 15 students

The new STEAM building has classrooms with 960 square feet per recent CDE mandates.

Socially distanced 6' apart, a 960 sq ft classroom barely allows for sixteen 3' x 3' desks (a teacher called into board meeting to say current desks are too large):



A 32' by 30' room would leave a 5' gap at the front of the class

That's 15 students + 1 teacher. Luckily with 50% in-person,

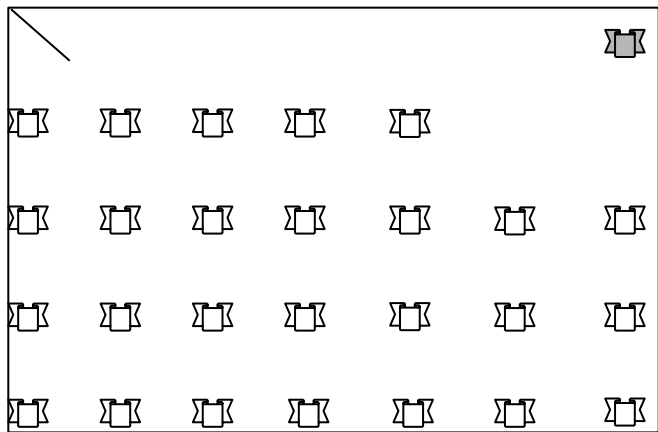
at-home cohorts, we only need max 13 students (50% of 26).

Most older classrooms have as low as 770 sq ft (20% less), allowing as low as 11 students + 1 teacher, which are OK for 50% blended learning of class sizes  $\leq 22$ .

# Minimum Room Size for 100% In-person

The maximum number of students in any class is: 26 (please verify)

Try: 26 (3' x 3') desks all socially distanced 6' apart, with 5' space in front of the class.



Made the front of the class the longer side of the room to enhance social distancing when coming into and leaving the room. This room is 32' x 45'.

If the room has a stage that a teacher can use, then students need 27' x 45' of space.

# Utilize Existing Larger Spaces for Classrooms

## PIEDMONT UNIFIED

Ellen Driscoll

Haven's Gym

PMS Multipurpose Room

PMS Gym

PHS Gym

PHS Student Center

... see photos in upcoming slides


## CITY OF PIEDMONT

Community Hall Floorspace: 52' x 30' (1) max 26 student class

Veterans Hall Floorspace: 50' x 44' (1) max 26 student class

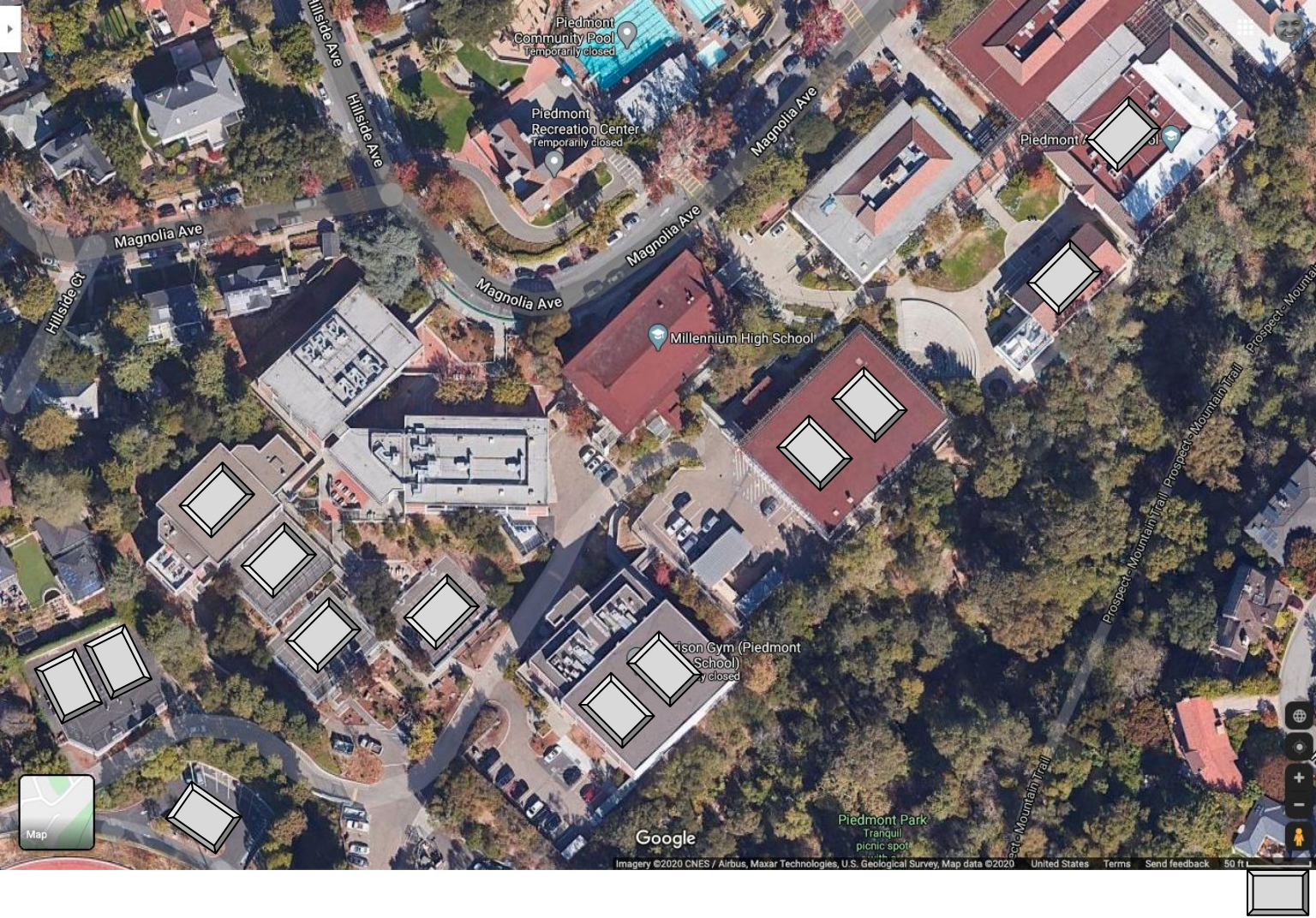
Center for the Arts: ?? per Sue Malick (1) max 20 students



Rounding up the  
32' x 45' calculation  
to  
35' x 50' = 







Max 26 students

- (1) PHS Library
- (1) PHS Student Ctr
- (2) PHS Gym
- (2) PMS Gym
- (1) PMS Multipurpose
- (3) Pickleball courts
- (2) Hopscotch
- (1) Witter parking lot

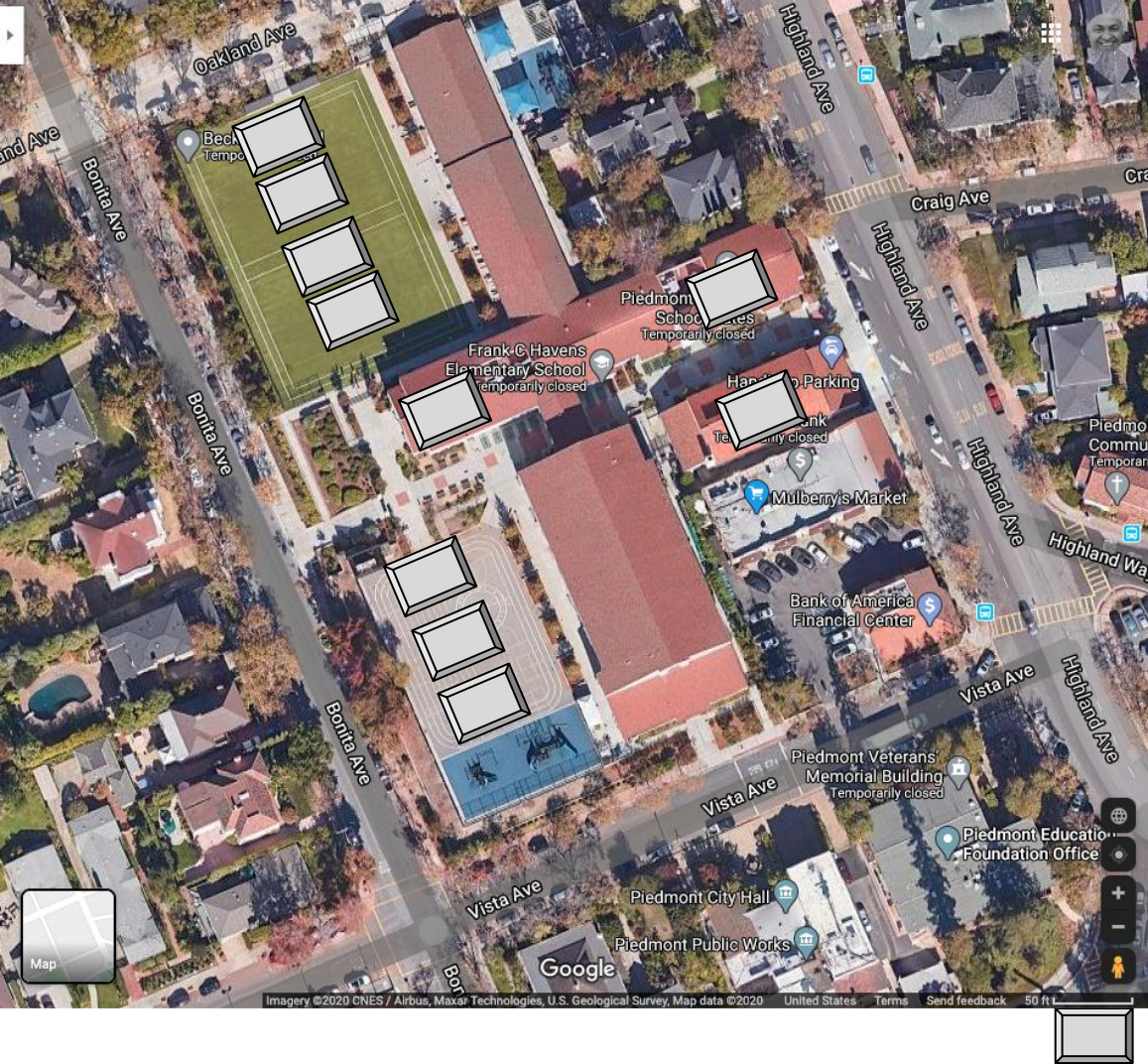
13 classes

(6 requiring tents on blacktop or cement areas)

2 of these classrooms could cover math for all 12 grades

1 could cover high school chemistry and 1 could cover maker space for PMS and high schools





Max 26 students

- (1) Havens Ellen Driscoll Hall
- (1) Havens Library
- (1) Havens Gym
- (3) Basketball court
- (4) Becker playfield

10 classes

(7 requiring tents on blacktop or cement or artificial turf areas)



Max 26 students

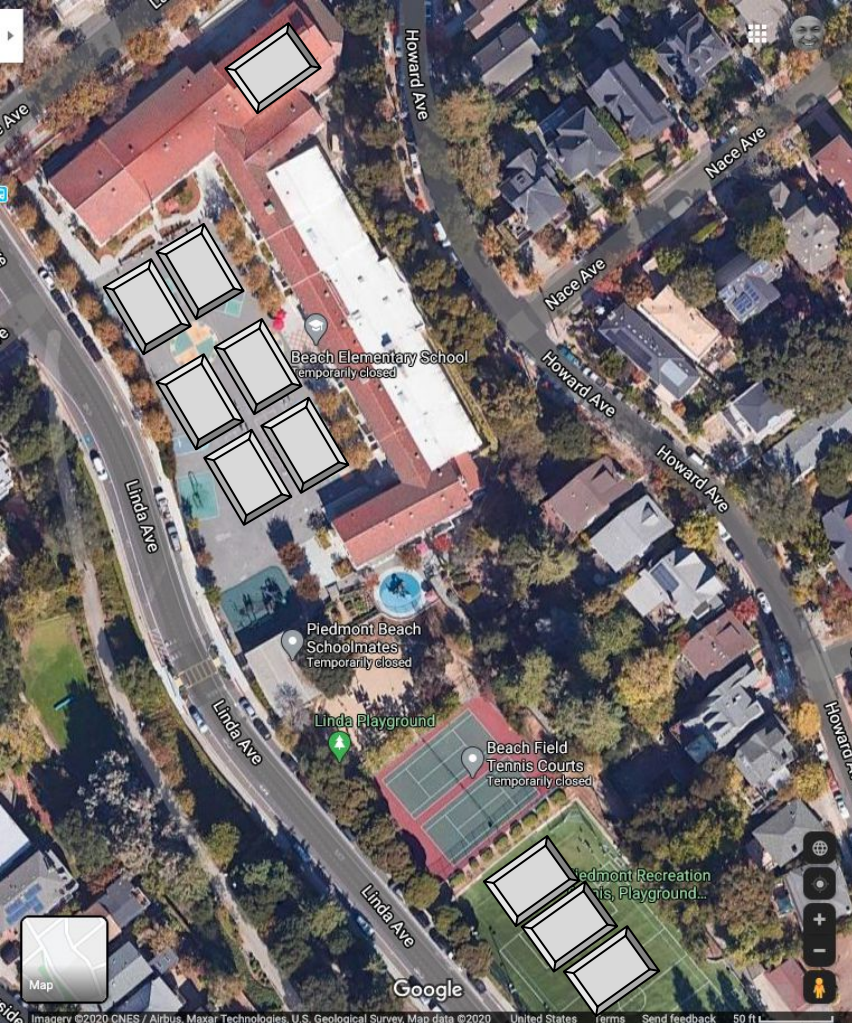
- (1) Wildwood Library
- (1) Wildwood Blacktop

---

2 classes

(1 requiring a tent on  
blacktop)





Max 26 students

- (1) Beach performing hall
- (6) Blacktop
- (3) Soccer field

---

10 classes

(9 requiring a tent on blacktop or cement or artificial turf)



# California Environmental Quality Act (CEQA)

*“If temporary classrooms were not considered a ‘project’ under CEQA or there were an exemption from CEQA, the Initial Study and EIR processes could be avoided.”*

*“If an Initial Study were to be required, it would seem to be easy to show insignificant environmental impact given that the tents (or other structures) could be located on blacktop or cement areas or Witter Field or other fields at the elementary schools, perhaps especially the artificial turf fields.”*

*“Several of the Categorical Exemptions within Article 19 of CEQA may apply. These are reviewed below. The most on-point exemption is the final one, Class 14 (Minor Additions to Schools) but other provisions listed below may also be helpful.”*

*“Minor Additions to Schools (14 CCR 15314) – Class 14 categorical exemption. “Class 14 consists of minor additions to existing schools within existing school grounds where the addition **does not increase original student capacity by more than 25% or ten classrooms, whichever is less**. The addition of portable classrooms is included in this exemption.”*

Brett Byers CEQA Analysis



Would a 10-classroom  
CEQA limit us to no tents on  
Witter Field?

- (16) Football Field
- (9) Baseball/Soccer Field
- (2) Softball Field

Randy Booker ruled out  
classes in tents anywhere  
... not sure about all his  
reasons... Megan will get  
back to me on this...

# Tent Classrooms



Alibaba advertises this tent for 20 people which is about half the size we need.

It might be possible to connect 2 of these tents together to make a 50' x 35' classroom we need.

The cost of 10 classrooms would be:

$\$159 * 2 * 10 = \$3180 + \text{tax} + \text{shipping}$

# Part 4: Governor's Watchlist

80% of California put under Governor's Watchlist which includes Alameda County.

# California uses clear metrics to track progress

Chart last updated on August 18, 2020

		Elevated Disease Transmission		Increasing Hospitalization**	Limited Hospital Capacity**	
Threshold	<150	Case Rate >100 OR Case Rate >25 AND Positivity >8%		>10% Increase	<20% ICU Beds Available OR <25% Ventilators Available	
County	Avg # tests per day (per 100,000 population) (7 day average with a 7 day lag)	Case rate per 100,000 (14 days)	Testing positivity (%) (7 day average with a 7 day lag)	% Change in 3-day avg COVID+ hospitalized patients	% ICU beds currently available	% Ventilators currently available
Alameda*	211.4	124.0	✓	✓	✓	✓
Alpine	51.2	---	---	---	---	---

Source:

[COVID19County Data Table](#)

Based on the guidance issued by the state, no public or private school in a county on the monitoring list can open for in-person instruction unless it has received an elementary school waiver for students in grades K-6 or until the county has been removed from the list for 14 consecutive days.

Based on the waiver guidance, the California Department of Public Health recommends that schools in areas where the 14-day case rate is more than 200 cases per 100,000 residents, “should not be considered for a waiver to re-open in-person instruction.” However, Newsom said that variations within counties could be evaluated when making waiver decisions.

[Aug 10 \(EdSource\): Data Glitches Delayed Waiver for In-person Instruction](#)

Alameda County’s case rate and testing rates have to go down. However both these metrics are impacted by recently added free testing centers and may not come down for a long while.



# Governor mandates remote instruction

## 1. Safe In-Person School Based on Local Health Data



Using health data, schools can physically open when its county has been off the Monitoring List for 14 consecutive days.

Schools that don't meet this requirement must begin the year distance learning.

## 2. Mask Requirements



- All school staff and students in 3rd grade and above must wear masks
- Students in 2nd grade and below are encouraged to wear masks or face shields

## 3. Physical Distancing & Other Adaptations



- Staff must maintain 6 ft between each other and with students
- Symptom checks
- Hand washing stations
- Sanitation and disinfection
- Quarantine protocols

### SCHOOL GUIDELINES

**CLASS MUST QUARANTINE IF STUDENT TESTS POSITIVE**

**SCHOOL MUST CLOSE IF 5% TEST POSITIVE**

**DISTRICT MUST SWITCH TO DISTANCE LEARNING IF 25% OF SCHOOLS CLOSE**

# Remote instruction to lose months of learning

## Average months of learning lost in scenario 2 compared with typical in-classroom learning



<sup>1</sup>NWEA is a K-12 assessment provider serving over 9,500 schools across the US; their RIT scores are a standardized scaled score that measures student performance and progress.

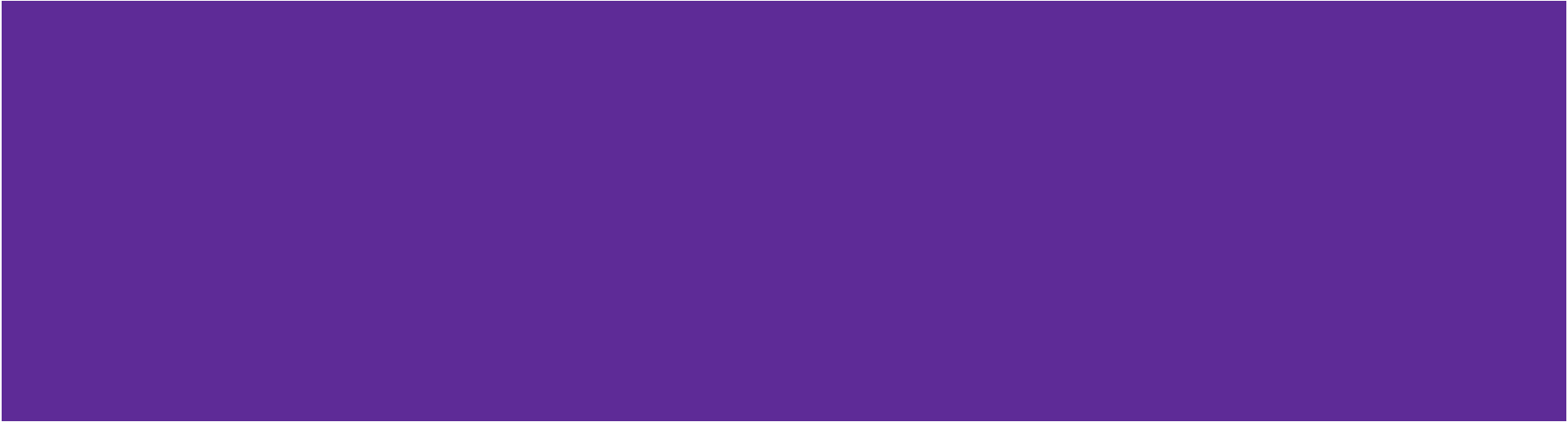
<sup>2</sup>Normal school year growth rates estimated using NWEA data.

<sup>3</sup>52% assumed growth for high-quality instruction.

<sup>4</sup>0% assumed average growth for low-quality instruction. Rates of learning loss may differ by student groups.

Source: Megan Kuhfeld, Dennis Condrón, and Doug Downey, *When does inequality grow?*, 2019; Center for Research on Education Outcomes, Online Charter Schools Study, 2015

# **Part 5: Preparation Before Autonomy**





# Agreed upon facts will facilitate a safe reopening

- STEP 1: Convene a Workplace Safety Summit with Expert Epidemiologists and County Public Health officers in dialogue with our school board members, superintendent of schools, teacher's union leaders, math and science teachers and any other teacher who would like to participate. This could be a recorded ZOOM call with a moderator that may require teacher anonymity. The job of the moderator is to get agreement or consensus on a list of facts supporting the design of the safety precautions that have been adopted by the school district (e.g. Slide 29). Additionally the moderator should ask for the merits of other precautions not currently adopted by the district. These additional precautions should be ranked in order of increasing stringency.
- STEP 2: Publish the list of agreed upon facts regarding the safety precautions discussed and their disposition and share with all teachers and parents by email . Also have it as a document on the district's website for other community members to see.
- STEP 3: Roll call the board members to see if there is appetite to bring back the hybrid in-person instruction as an option for parents to choose. If the motion passes, proceed to STEP 4.
- STEP 4: From the previous slide, make sure we have enough teachers and staff who don't have increased risk of hospitalization and are on board with the safety of classrooms. Obtain a Memorandum of Understanding (MOU) with teachers and staff to proceed with collective bargaining to allow for both distancing learning and 50% capacity hybrid learning models. Direct the superintendent to renegotiate working conditions with the teachers union per new MOU

# Prepare parents and ask for waivers

- STEP 1: Inform parents of the safety precautions agreed upon in the MOU and allow them to choose (as teachers and staff did) between distance learning and classroom hybrid learning models.
- STEP 2: Strongly recommend students in households with persons at high risk of infection or hospitalization if infected by COVID-19 to remain in distance learning or seek advice from their doctor.
- STEP 3: Inform parents that if their student fails to follow safety protocols they will be forced into distance learning for 14-days at first and possibly the rest of the semester if violations persist.
- STEP 4: Require signed waivers from parents who choose the hybrid option.
- STEP 5: Ask Alameda County for waivers to teach in person for pre-K-6 when allowed by the county.
- STEP 6: Ask California Department of Education for a waiver to teach outdoors.

# Pilot larger classrooms and spaces for pre-K-6

- STEP 1: Consult with superintendent and assistant superintendent of instruction to identify which grades would provide a variety of positive benefit of classroom instruction versus student development and compliance with safety precautions.
- STEP 2: For the purpose of illustration, assume they choose 1st Grade and 6th Grade. Dig further to see which subjects in those grades would have the maximum benefit for students by speaking with teachers in those grades.
- STEP 3: Identify which large classrooms or spaces can accommodate all students with a 6 foot social distancing from the classes chosen above. For illustrative purposes, let's assume 6th Grade Makers Class in the new STEAM building.
- STEP 4: Identify which large classrooms or spaces can accommodate 50% of students with a 6 foot social distancing from the classes chosen above. For illustrative purposes, let's assume 3 hours of 1st Grade at each elementary school site.
- STEP 5: In each age group, evaluate how well students are doing with social distancing, mask wearing, hand washing, and the accuracy of daily self-reported symptoms, etc.

*“By piloting the reopening of the schools on a small scale, we can identify any problems and figure out how to prevent and manage them before opening the schools to all of the District’s children. - Dr. Stephen Sidney”*

Dr. Stephen Sidney, MD, MPH has had a long and distinguished career as a research epidemiologist (38 years), primarily in the area of cardiovascular disease. Dr. Sidney has also spent the past 2 decades in a number of volunteer roles in community public health, most notably 12 years as a member of the Alameda County Public Health Commission, 6 years as the Chair.

# Hari Titan for School Board 2020

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[bit.ly/HariTitan2020](https://bit.ly/HariTitan2020)