UTAH STATE BOARD OF EDUCATION PRESENTS:

Templates & Tools to Re-open K-12 Schools

Welcome

Superintendent Sydnee Dickson

Outline

Topic	Minutes	Speaker(s)
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Situational Characteristics Framework	15	John Poelman & Patricia Doxey, Leavitt Partners
K- 12 Scenarios & Panel Discussion	20	**Jordan Mathis, Health Officer** **Lauren Merkley, English Teacher** **Robbie Kinghorn, Principal** **Lexi Cunningham, Superintendent** Moderated by John Poelman
Introduce Tools & Template	10	Tiffany Stanley
Q&A	15	Moderated by John Poelman
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Objectives for Today's Session

- Advance common understanding of the context we're operating within
- Identify science-based principles that can help guide decision-making
- Help LEAs understand the tools and templates available to them

1

Address the Essential 5

The New Now

2

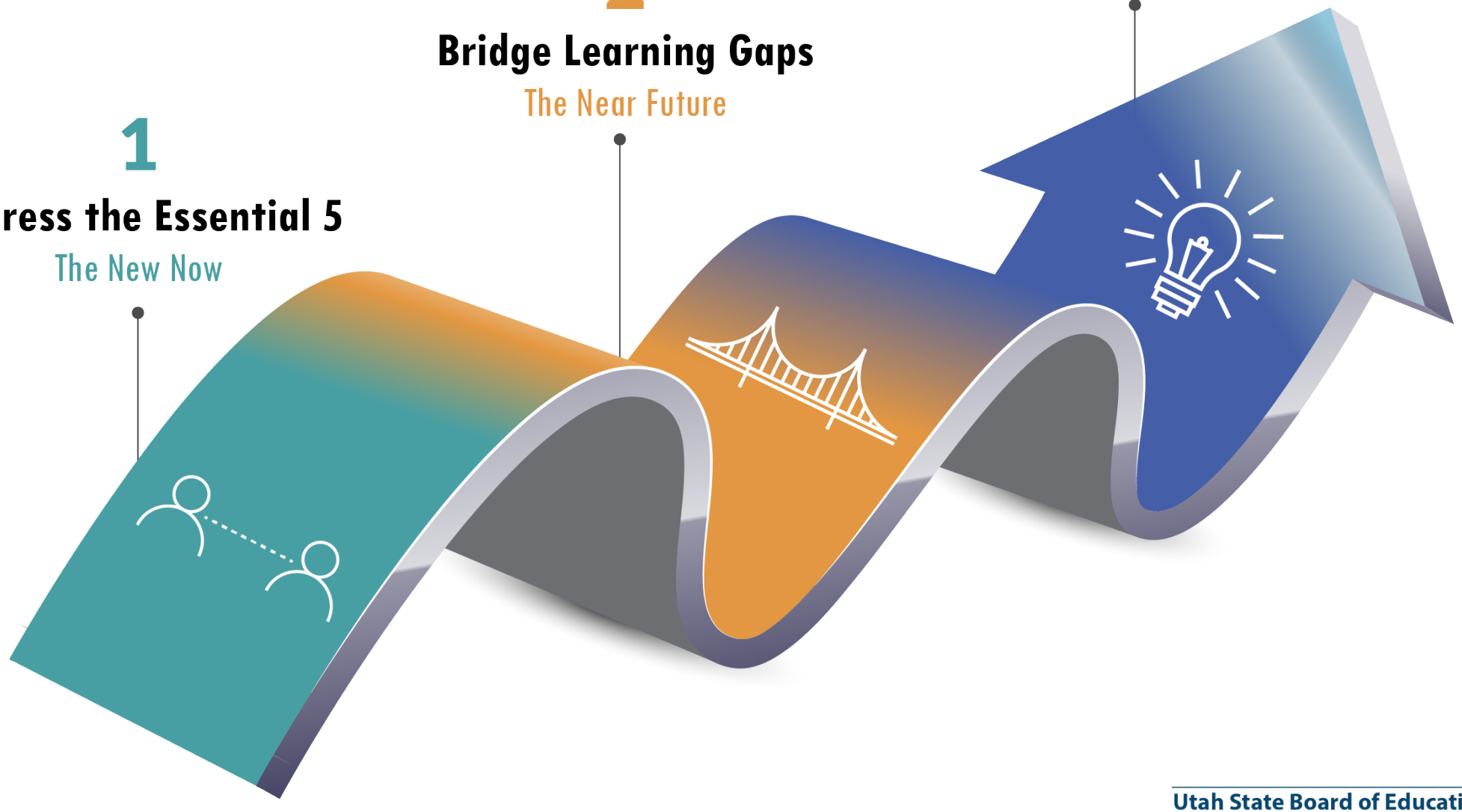
Bridge Learning Gaps

The Near Future

3

Return & Reimagine

The New Future



Calibrating the Dose of Our COVID-19 Response

Superintendent Sydnee Dickson

Key Considerations

- We must adapt how we run schools in order to mitigate the spread of the virus.
- We also need to consider other important aspects of education, such as mental health, equity, learning outcomes, the impact on the education sector on the larger economy.
- Our scientific understanding of the virus should guide the ways that mitigate the spread of COVID-19.
- No guidance can deal with every situation, so we will discuss a framework to combine guidance with science-based judgements.
- We will practice adapting guidance to school-specific situations.

Principles of Virus Spread & Transmission

Patricia Doxey & John Poelman, Leavitt Partners

Key Factors of Transmission and Spread

What the virus is doing.

Reproduction

Incubation period of the virus roughly 14 days.

Patients are contagious 2 ½ days before and 7 - 9 days after symptoms.

Infectiousness

The reproduction number (or "R") measures the virus' spread. If R>1, the virus will spread exponentially.

R can go up or down based on social behavior.

How the virus is doing it.

Close Contact

Spreads through close contact (roughly 3 – 6 feet)

Respiratory Droplets

Spread through respiratory droplets from the nose or mouth (i.e., breathing, coughing, sneezing, laughing)

"Fomite" Contact

Spreads through touching surfaces or objects and then touching the eyes, nose, or mouth.

Key Principles for Reducing Spread

What the virus is doing.

Reproduction

Infectiousness

Slow what the virus is doing.

Isolate Symptoms	Minimize Outbreak Probability
Isolate / quarantine for 14 days or at least 7 – 9 days after symptoms subside. Monitor symptoms and engage in contact tracing.	Minimize group interactions to reduce outbreak probability. R can go up or down based on social behavior.

How the virus is doing it.

Close Contact

Respiratory Droplets

"Fomite" Contact

Mitigate how the virus is doing it.

Physical Distancing	Respiratory Hygiene	Physical Hygiene
Maintain appropriate distance from others	Exceptional respiratory hygiene to reduce or stop the spread of droplets	Exceptional physical hygiene

Levers to Mitigate Risk

What the virus is doing.

Reproduction

- Slow what the virus is doing.
- Isolate Symptoms

- Testing
- Contact tracing
- Symptom monitoring
- Self-isolating

Infectiousness

- Slow what the virus is doing.
- Minimize Outbreak Probability

- Group size
- Interaction outside of core "bubble"

How the virus is doing it.

Close Contact

- Mitigate how the virus is doing it.
- Physical Distancing

- Maintain X ft distance
- Close physical interaction
- Frequency of travel

Respiratory Droplets

- Mitigate how the virus is doing it.
- Respiratory Hygiene

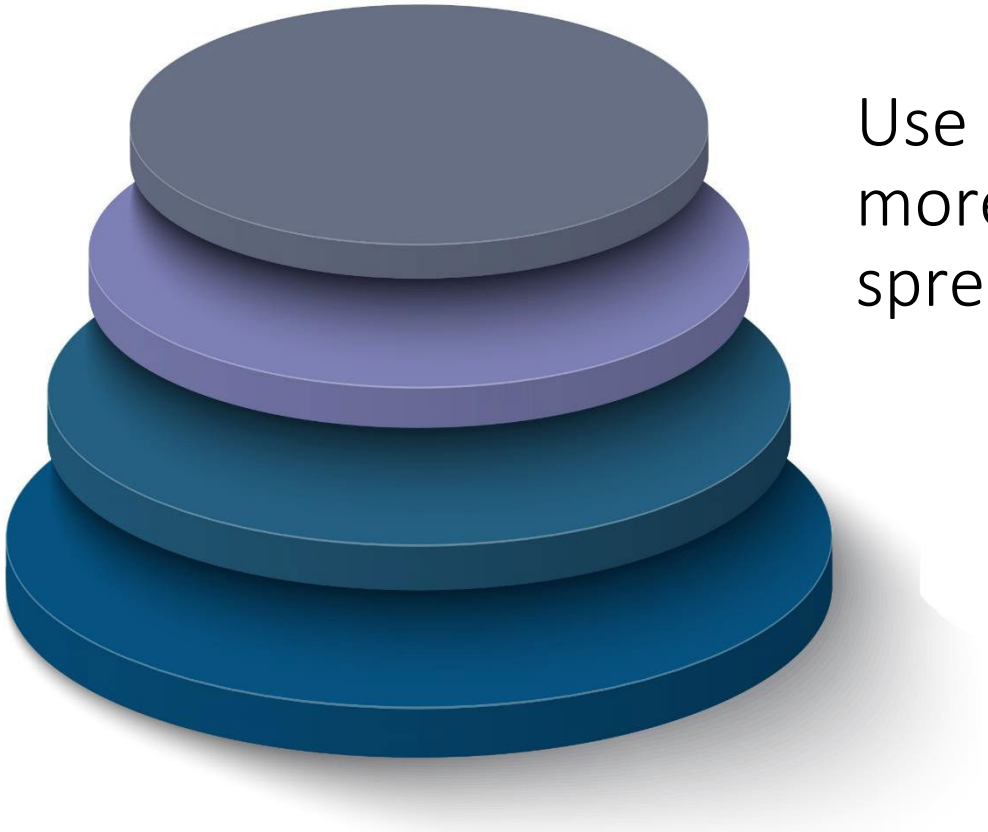
- Face masks/coverings
- Appropriate covering of sneeze / cough
- Reduce duration spent face-to-face
- Air circulation/filtering

"Fomite" Contact

- Mitigate how the virus is doing it.
- Physical Hygiene

- Personal hygiene
- Physical space hygiene
- Personal protective equipment

Layering Mitigation Strategies



Use multiple strategies to more effectively reduce the spread of COVID-19

COVID-19 and Children

- COVID-19 infects children less frequently than adults and tends to be less severe
- Children are more likely to present with gastrointestinal symptoms and less likely to present with fever and coughing than adults
- A majority of pediatric cases occur in children 15 – 17 years old
- Children with underlying conditions are more likely to suffer severe disease
- Because asymptomatic children are not regularly tested, the prevalence of asymptomatic and pre-symptomatic COVID-19 cases in children is not well understood

Statistics Related to Children

According to a CDC study of data in the U.S. from February 12–April 2, 2020…

2% (2,572)

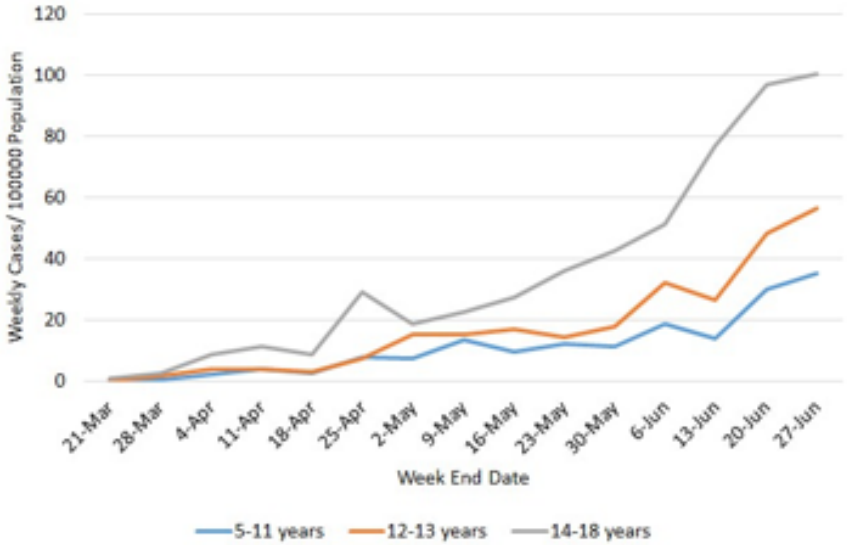
of COVID-19 cases in the US occurred in people under the age of 18.

77%

of the children hospitalized with COVID-19 had an underlying condition.

In Utah, as of the end of 6/27/2020

5 – 11 years-old	618 total cases
12 – 13 years-old	278 total cases
14 – 18 years-old	1364 total cases



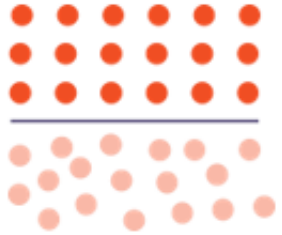
Multisystem Inflammatory Syndrome in Children

- CDC issued an official Health Alert regarding a concerning inflammatory syndrome occurring in children with COVID-19
- The syndrome is similar to Kawasaki disease and toxic shock syndrome
  - Symptoms include fever, fatigue, inflammation, multisystem organ involvement, and rash
- More than 50 cases reported in the UK
- More than 150 cases and 3 deaths have been identified in New York State
- More than 30 cases in Washington DC, and several others across the country

Situational Characteristics Framework

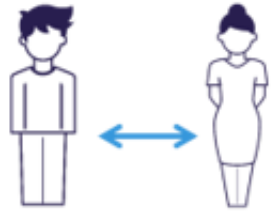
Patricia Doxey & John Poelman, Leavitt Partners

7 Characteristics of a Situation

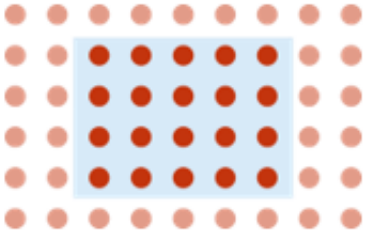


Movement

Duration



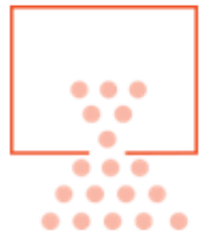
Proximity



Group Size

Respiratory

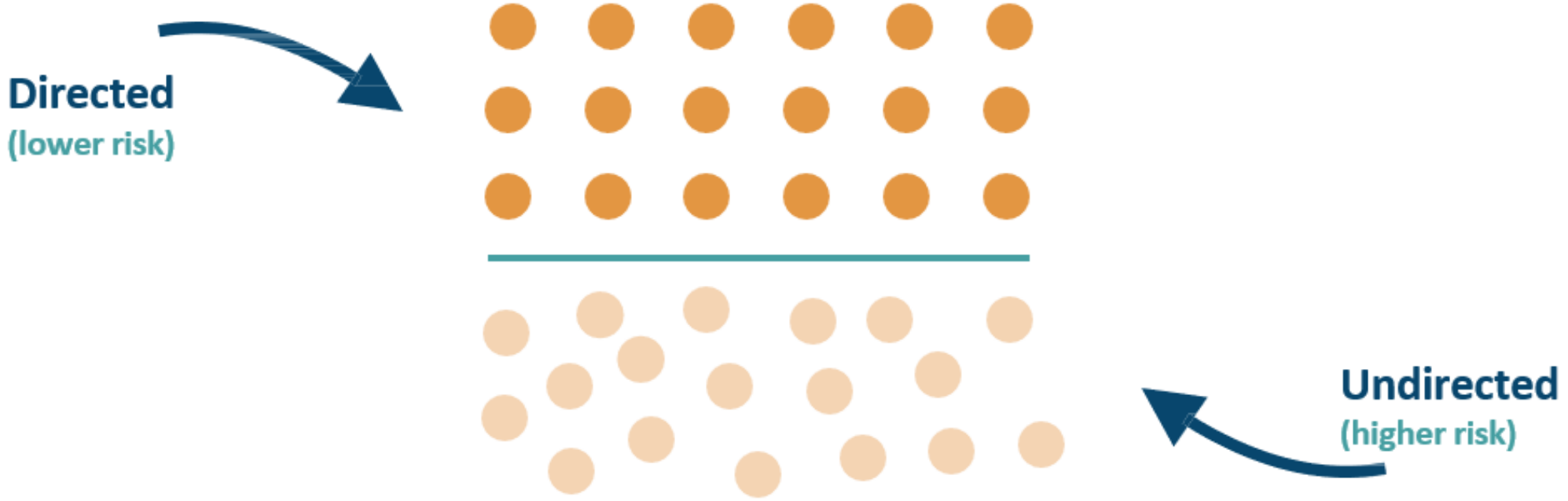
Touch



Congestion

Situational Characteristics

Movement: How do people move around in the space?



Situational Characteristics

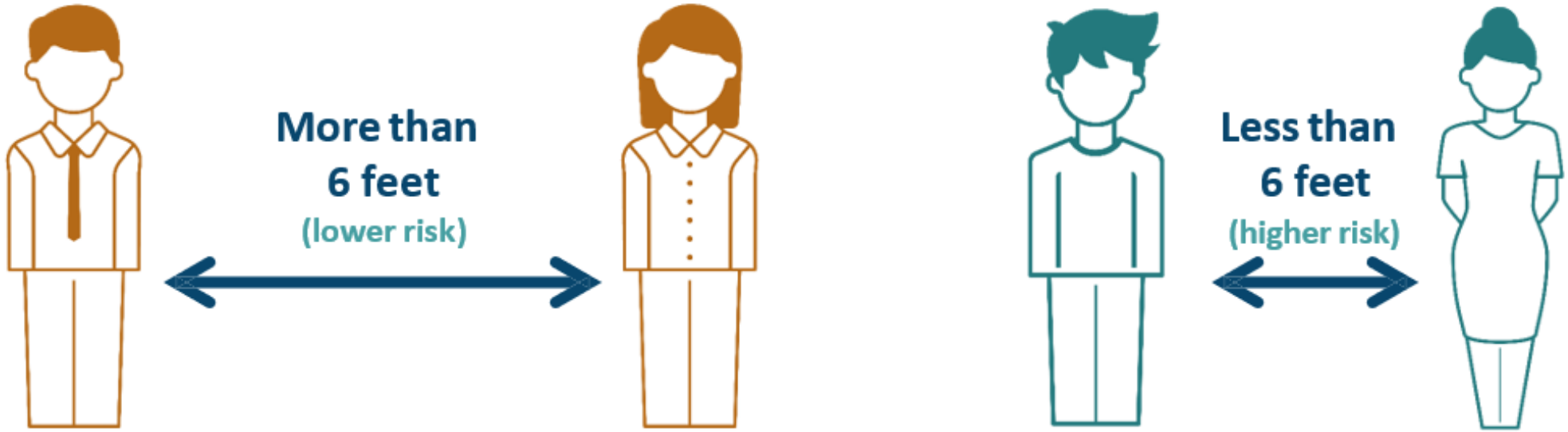
Duration: How long are people in this space?

More than 15 minutes
(higher risk)

Less than 15 minutes
(lower risk)

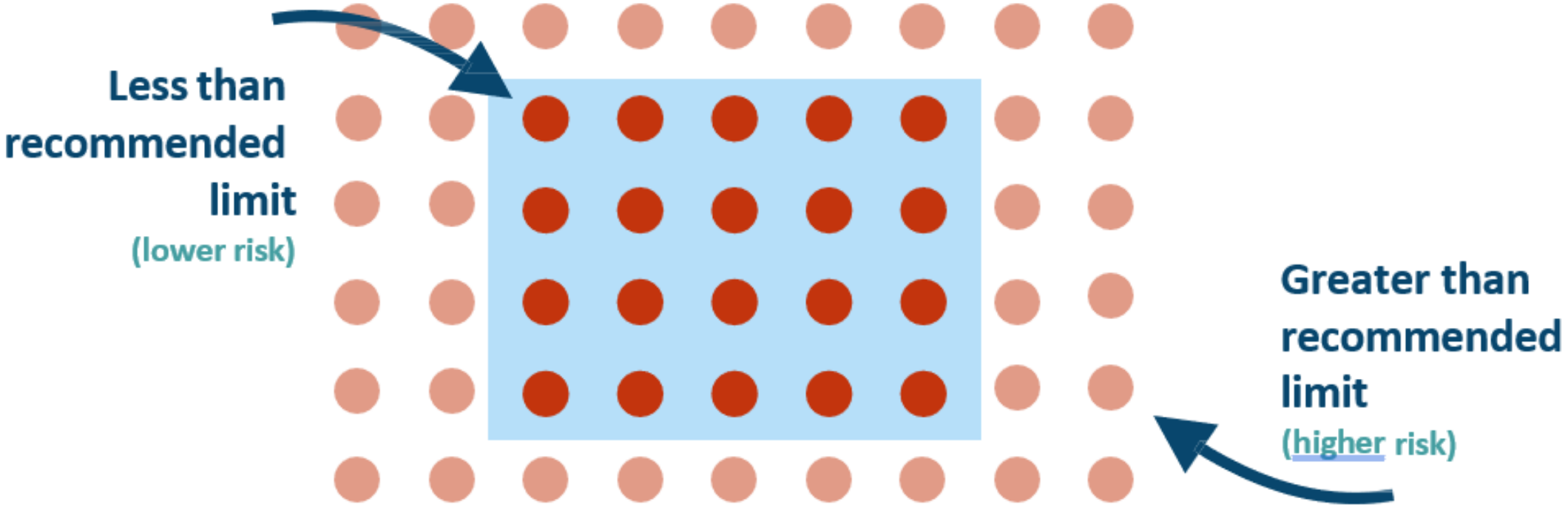
Situational Characteristics

Proximity: How close together are people in this space?



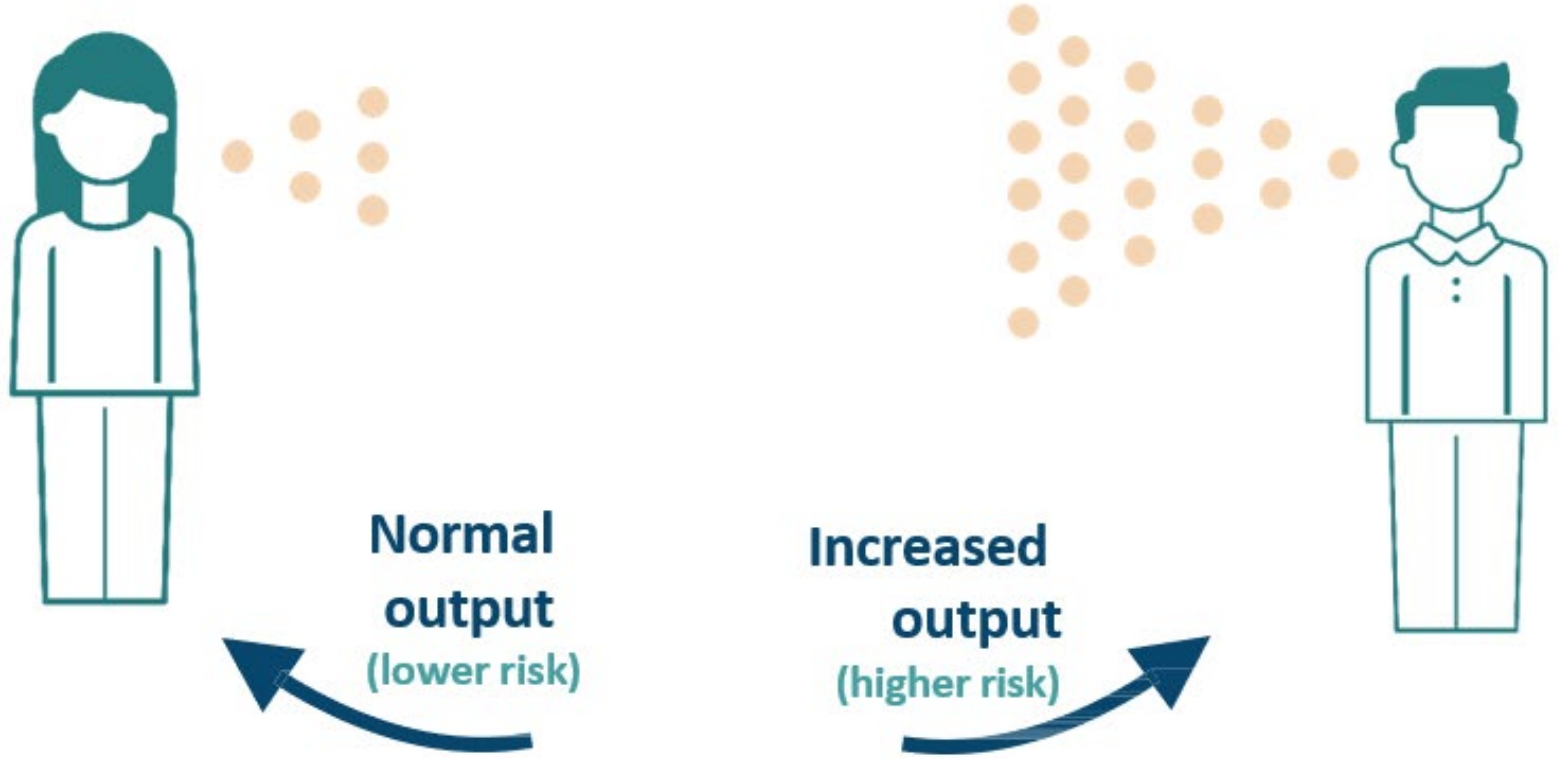
Situational Characteristics

Group Size: How many people are in the space?



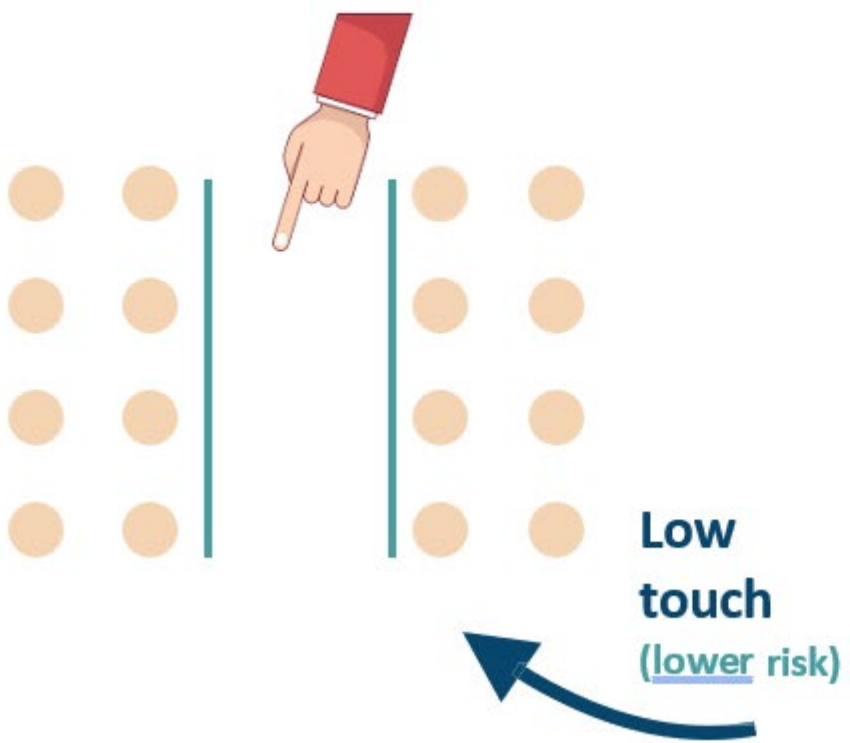
Situational Characteristics

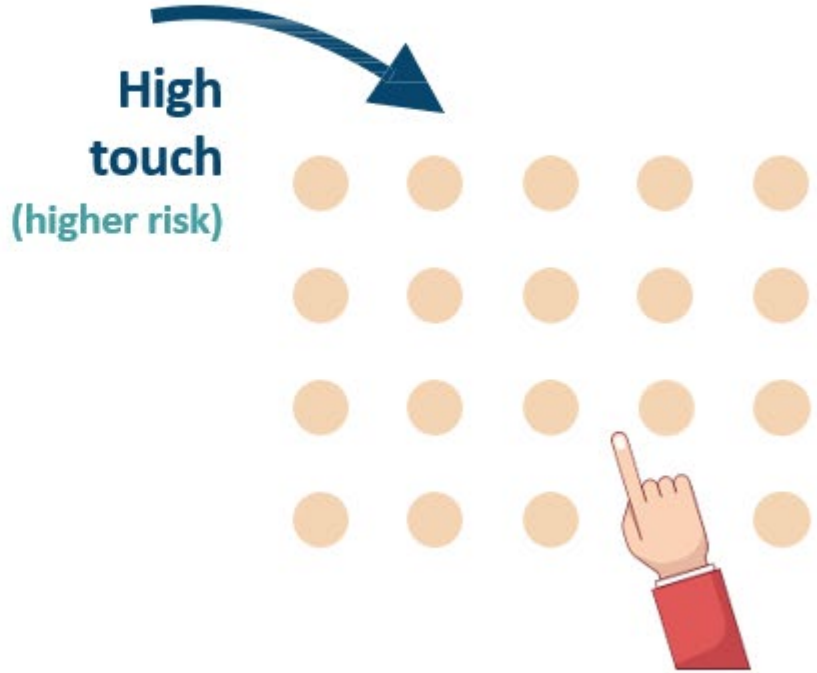
Respiratory Output: How are people breathing in the space?



Situational Characteristics

Touch: How do people engage with objects or fixtures in the space?

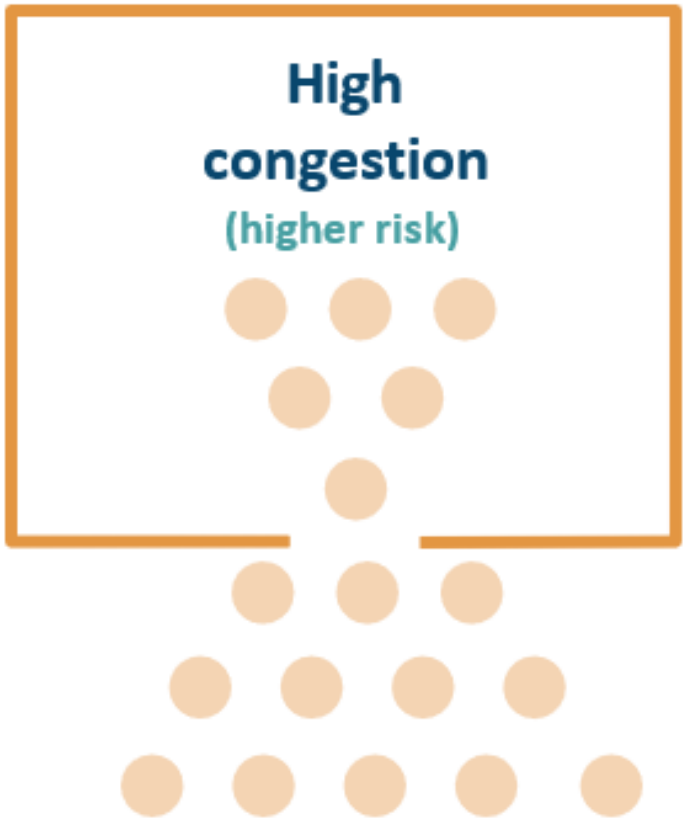




Situational Characteristics

Congestion: Are there points of high congestion?

Low congestion
(lower risk)



Application of the Framework

Dry Cleaner

Descriptor	*Lower Risk*	*Higher Risk*
Movement	Directed	Undirected
Duration	<15 Minutes	>15 Minutes
Proximity	> 6 Feet	< 6 Feet
Group Size	<Recommended Limit	>Recommended Limit
Respiratory Output	Normal	Increased
Touch	Low	High
Congestion	Low	High

Mitigation Strategies

- Employee should wear mask
- Install a plexiglass barrier between employee and customer
- Establish a separate area for drop-off
- Prop the door open / clean door handle frequently
- Offer customers hand sanitizer
- Employ touchless payment options

Application of the Framework

Gym

Descriptor	*Lower Risk*	*Higher Risk*
Movement	Directed	Undirected
Duration	<15 Minutes	>15 Minutes
Proximity	> 6 Feet	< 6 Feet
Group Size	<Recommended Limit	>Recommended Limit
Respiratory Output	Normal	Increased
Touch	Low	High
Congestion	Low	High

Mitigation Strategies

- Assign employees to disinfect equipment between use
- Place barriers to help direct traffic
- Sign up for equipment use
- Patrons wear a face covering when not exercising; employees wear a face covering
- Employers monitor employee symptoms
- Patrons given a questionnaire about symptoms, travel, and sickness in the home
- Patrons of different households maintain 10-foot distance
- Space equipment apart to maintain 10-foot distance
- Limit number of patrons in the gym
- Avoid sign-in sheet or touch surfaces
- Don't offer group classes in an enclosed space

K- 12 Scenarios & Panel Discussion

Moderated by John Poelman, Leavitt Partners

Panelists:

- Jordan Mathis, Health Officer at the TriCounty Health Department (serves Daggett, Duchesne, Uintah counties)
- Lauren Merkley, English Teacher at Cottonwood High School, Granite School District
- Robbie Kinghorn, Principal at South Clearfield Elementary, Davis School District
- Lexi Cunningham, Superintendent, Salt Lake City School District

Scenario: Classroom Instruction

Descriptor	*Lower Risk*	*Higher Risk*
Movement	Directed	Undirected
Duration	<15 Minutes	>15 Minutes
Proximity	> 6 Feet	< 6 Feet
Group Size	<Recommended Limit	>Recommended Limit
Respiratory Output	Normal	Increased
Touch	Low	High
Congestion	Low	High

Scenario: Transitions

Descriptor	*Lower Risk*	*Higher Risk*
Movement	Directed	Undirected
Duration	<15 Minutes	>15 Minutes
Proximity	> 6 Feet	< 6 Feet
Group Size	<Recommended Limit	>Recommended Limit
Respiratory Output	Normal	Increased
Touch	Low	High
Congestion	Low	High

Tools and Templates

Tiffany Stanley

Reopening Requirements

Clearly articulating “what to do” but enabling adaptability and innovation at the local level to determine “how to do it.”

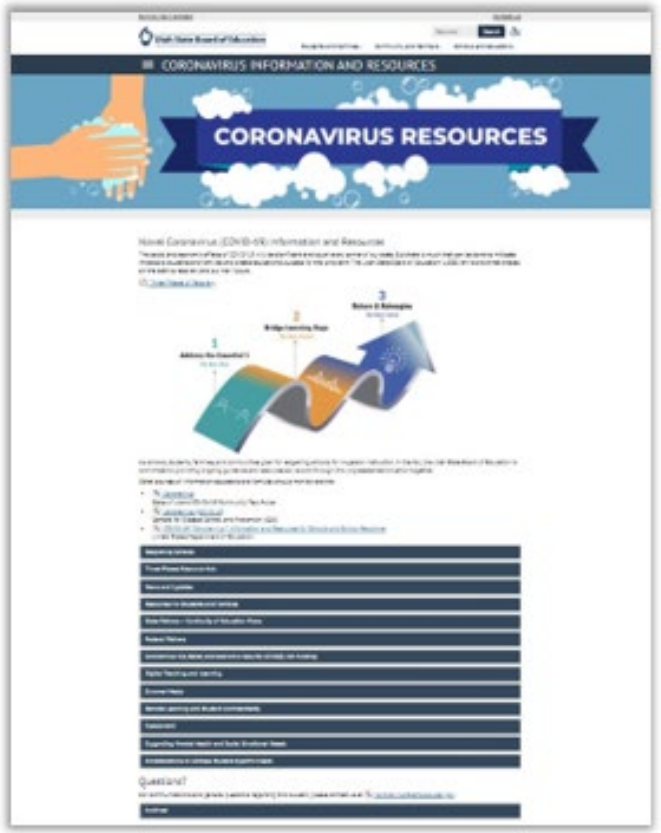
"What"

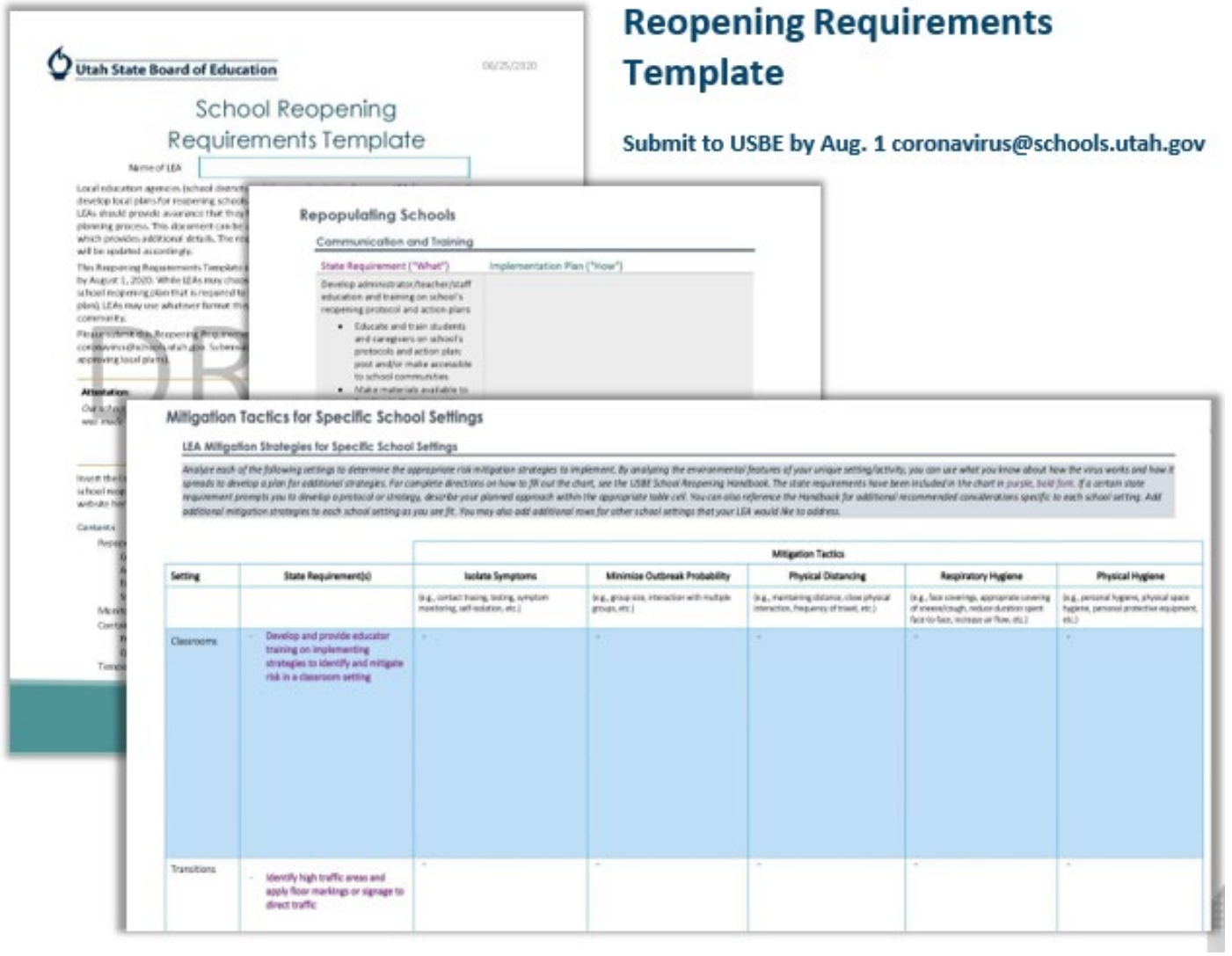
- Develop a plan that addresses certain elements (approved by local board by August 1)
- Apply a set of principles and levers to mitigate risk

"How"

- Locally determine appropriate risk mitigation tactics, based on the setting
- Address at a minimum the required mitigation tactics that were determined to be necessary to create a consistent, statewide standard of expectation

Download Tools



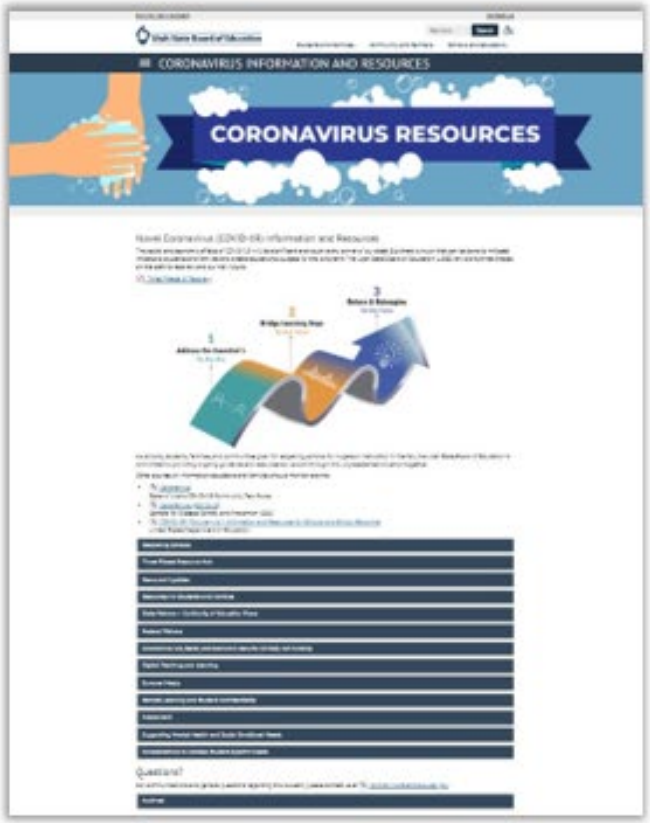


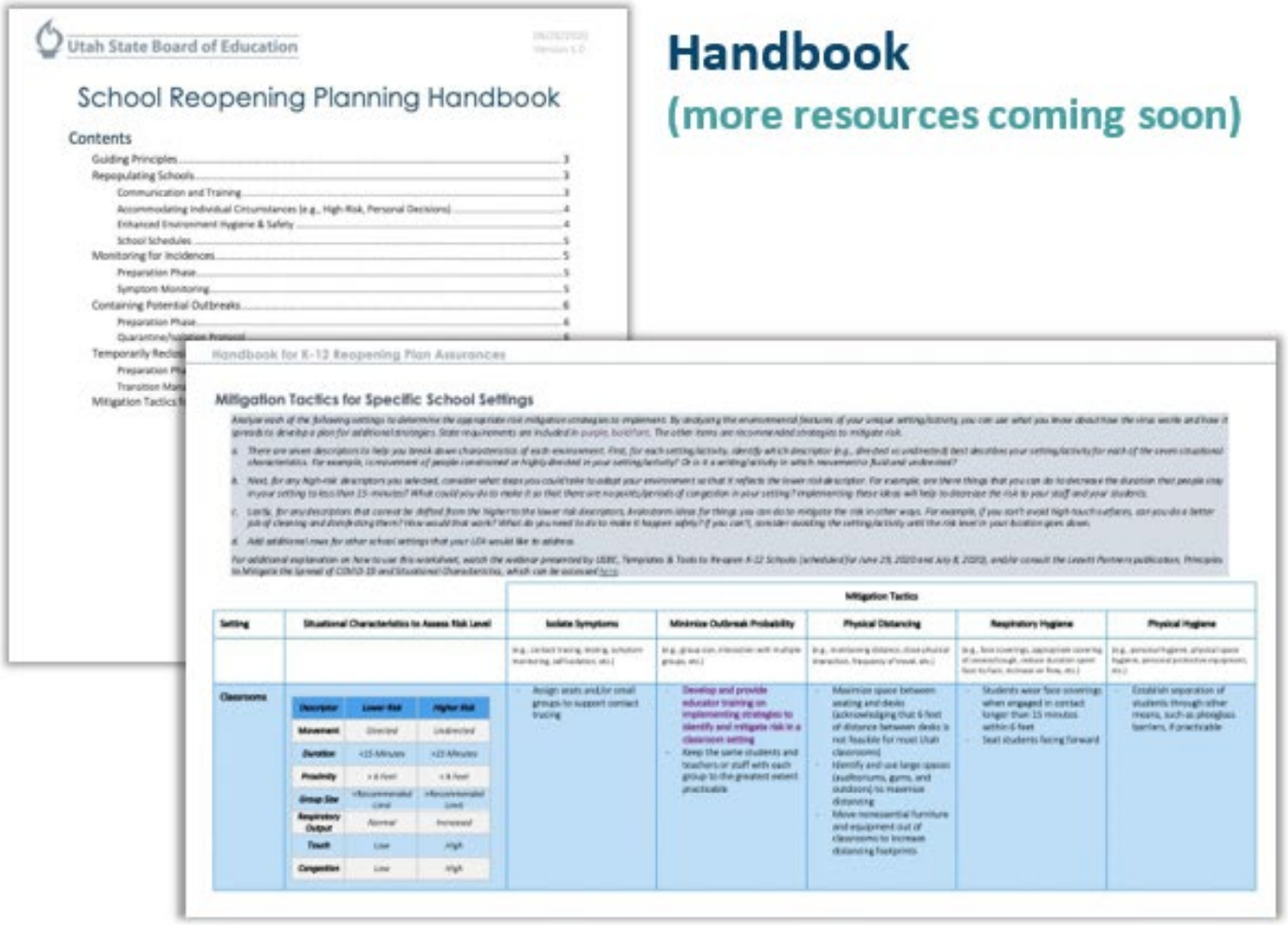
Reopening Requirements Template

Submit to USBE by Aug. 1 coronavirus@schools.utah.gov

Download at www.schools.utah.gov/coronavirus

Download Tools





Handbook

(more resources coming soon)

Download at www.schools.utah.gov/coronavirus


Q&A

Thank you!

Resources (including the Assurances Template, Handbook, and this presentation) will be available at www.schools.utah.gov/coronavirus