



# Health & Wellness Reopening Workgroup

June 9, 2020  
5:00-6:30 p.m.  
Virtual

*Co-Chairs: Michael Rodriguez, DDOE &  
Dr. Meghan Walls, Nemours*

*Partner: Dr. Mario Ramirez, Opportunity Labs*



Delaware  
Department of Education



# Agenda

- Welcome/ Introductions
- Purpose/Assignment Recap
- Discussion: Review Scenario 2
- Next Steps/ Assignment
- Adjournment



# Welcome

- ❑ **Co-chair:** Michael Rodriguez,  
*Associate Secretary of Student Support*
- ❑ **Co-chair:** Dr. Meghan Walls,  
*Pediatric Psychologist, Nemours*
- ❑ **Partner:** Dr. Mario Ramirez,  
*Opportunity Labs*



# Introductions

- Kevin Fitzgerald
- Laretha Odumosu
- Susan Haberstroh
- Stacy Greenly
- Dana Carr
- Sue Smith
- Emma Brower
- Dafne Carnright
- Marisel Santiago
- Provey Powell
- Valerie Longhurst
- Michael Smith
- Anthony Delcollo
- Laura Sturgeon
- Kristin Dwyer



# Public Comment

- Public comment is welcomed
- Email: [reopeningideas@doe.k12.de.us](mailto:reopeningideas@doe.k12.de.us)
- Voicemail: 302-735-4244
- Comments will be posted on DDOE's Reopening page: <https://www.doe.k12.de.us/Page/4211>
- All meeting materials are located at:  
<https://publicmeetings.delaware.gov/Meeting/66143>



# Purpose

- ❑ Work towards a framework that allows Delaware school leaders to decide **what** needs to be done in each of the scenarios.
  - ❑ The **how** details are outside of our scope as a workgroup-however comments will be available to those making “how” decisions.
  
- ❑ Look at the scenario based planning document and to look through each of the three scenarios through a **health and wellness lens**.



# Purpose

- ❑ Focus on the actions and protocols that we need to implement to keep students, teachers, and staff healthy during the school year in ANY scenario.
- ❑ Keenly focus on equity and incorporating community and constituency feedback.
- ❑ Explicitly highlight areas and create flexibility in the planning documents as scientific data about the virus evolves.



# Assignment Recap

- ~~May 29<sup>th</sup>: Pandemic Background and Scenario 1 distributed to group~~
- ~~June 2<sup>nd</sup>: Discuss Scenario 1: Minimal Spread~~
- June 9<sup>th</sup>: Discuss Scenario 2: Minimal to Moderate Spread
- June 16<sup>th</sup>: Carryover/continued discussion Scenario 2 (if needed)
- June 23<sup>rd</sup>: Discuss Scenario 3: Substantial Spread
- June 30<sup>th</sup>: Recommendations due to Secretary



# Workgroup Participation

- Everyone has voice. One person shouldn't dominate the discussion.
- Respect all opinions. Honor multiple perspectives.
- Stay focused on our goal/purpose through the lens of health and wellness.
- Be succinct.
- Compromises may be necessary!



# Discussion: Scenario 1 Revisions

Scenario 1 has been revised based on workgroup and community feedback.

- Review the “Scenario 1 Revisions Draft” document
- Has the document appropriately captured workgroup feedback?
- Has anything been missed?



# Recap of Pandemic Scenarios

## Public Health Framework for Reopening

	No to Minimal Spread	Minimal to Moderate Spread	Substantial Spread
Basic Reproductive Number	$R_0 < 1$	$R_0 \sim 1$	$R_0 > 1$
Delaware Roadmap	Phase 2-3	Phase 1-2	Phase 1-0
Peak and Valley Pandemic Scenario	Schools Open	Situation Dependent	Schools Closed
Fall Peak Pandemic Scenario	Schools Open	Situation Dependent	Schools Closed
Slow Burn Pandemic Scenario	Schools Open	Situation Dependent	Schools Closed

← Low -----                      ← Virus Spread →                      ----- High →



# Scenario 2: Minimal to Moderate Community Spread

<b>School Operating Status</b>	✓ Situation dependent
<b>Virus Status</b>	<ul style="list-style-type: none"><li>✓ A <math>R_0</math> greater than 1</li><li>✓ A 14-day case trend of positive tests or increasing percentage of positive COVID-19 tests over a 14-day period</li><li>✓ Public health capacity that may be exceeded including an inadequate number of contact tracing professionals for the local community</li><li>✓ Testing capacity that may be inadequate for the local community</li></ul>



# Scenario 2: Minimal to Moderate Community Spread

## How to Keep School Communities Safe

- ✓ School preparedness and response activities shift from ongoing surveillance to a series of active mitigation measures.
- ✓ Schools should be prepared to immediately implement social distancing measures that include:
  - ✓ Reducing the frequency of large gatherings,
  - ✓ Altering schedules,
  - ✓ Limiting inter-school interactions, and
  - ✓ Deploying distance learning.
- ✓ Short-term dismissals of 2-5 days and suspension of extracurricular activities should be expected for cleaning and contact tracing purposes.
- ✓ Students and teachers at increased risk of severe illness should be prepared to implement distance teaching and learning modalities.



# Discussion: Scenario 2

**In this scenario there is minimal to moderate spread in the community and school operations are situation dependent.**

## ***Big Question:***

*Do we want to go with what's here, or do we want to implement increased safety checks above what's already in the document?*

- What needs to be added?
- What, if anything, needs to be removed?
- What needs to be adjusted to fit Delaware's context?



# Mental, Physical and Social Emotional Health

## **Do Now:**

- Prepare crisis response team for action should conditions worsen.
  
- Activate natural resources (personnel, existing partners) to support administrator, teacher, and student wellness.
  
- Continually monitor school community mental health and offer expanded access.



# Mental, Physical and Social Emotional Health

## If Schools are Instructed to Close:

- ❑ Leverage Delaware State Department of Education for resources for student and staff mental health and wellness support.
- ❑ Activate direct communication channel for district stakeholders to address mental health concerns resulting from SARS-CoV-2 (this may be a telephone hotline, designated email, etc.).
- ❑ Communicate with parents, via a variety of channels, return to school transition information including:
  - [De-stigmatization of SARS-CoV-2](#)
  - Understanding normal behavioral response to crises
  - General best practices of talking through trauma with children



# Mental, Physical and Social Emotional Health

## When Schools are Open and Operating

- Encourage schools to implement a mental health screening for all students.
- Establish ongoing reporting protocols for school staff to evaluate physical and mental health status.
- In areas of minimal to moderate spread, CDC recommends “temperature and respiratory symptom screening of students, staff, and visitors if feasible”. It is important to remember that persons can still spread the virus in the absence of any fever or other symptoms
- Emphasis should instead be placed on home symptom monitoring as well as facility access control to limit the number of persons entering the building.



# Mental, Physical and Social Emotional Health

## When Schools are Open and Operating (continued)

### Facility access control:

- Single parent drop off of young children
- Curbside or bus drop off for all older children

Prevent the spread of infection: there are a variety of potential interventions, but there is not good evidence to yet suggest which measures are more effective than others. These options represent a list of potential actions but they should be implemented based on feasibility and local circumstances.



# Discussion: Scenario 2

## Tonight's Protocols

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Spacing and Movement</li></ul>                                  | <ul style="list-style-type: none"><li>• Responding to Positive Tests Among Staff and Students</li></ul> |
| <ul style="list-style-type: none"><li>• Screening Students</li></ul>                                    | <ul style="list-style-type: none"><li>• Dining, Gathering and Extracurricular Activities</li></ul>      |
| <ul style="list-style-type: none"><li>• Testing for Students and Responding to Positive Cases</li></ul> | <ul style="list-style-type: none"><li>• Athletics</li></ul>   |

## Next Week's Protocols

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Personal Protective Equipment and Hygiene</li></ul> | <ul style="list-style-type: none"><li>• Busing and Student Transportation</li></ul>          |
| <ul style="list-style-type: none"><li>• Cleaning</li></ul>                                  | <ul style="list-style-type: none"><li>• Medically Vulnerable Students and Teachers</li></ul> |



# Spacing & Movement

- Recommended spacing is six feet between desks.
- Arrange all desks facing the same direction toward the front of the classroom.
- Each student should have a privacy screen or physical barrier placed at the front of the desk.
- Class sizes should be kept to less than 20 students or less (as afforded by necessary spacing requirements and personnel).
- If all students cannot fit in the classroom space available, it is recommended that a staggered school schedule that incorporates alternative dates of attendance or use of virtual teaching be implemented.



# Spacing & Movement

- ❑ Teachers should try to maintain six feet of spacing between themselves and students as much as possible.
- ❑ Classroom windows should be open as much as possible and conditions allow.
- ❑ Assemblies of less than 50 students at a time are discouraged but allowed as long as facial coverings remain in use.
- ❑ Large scale assemblies of more than 50 students should be discontinued.
- ❑ Flow of foot traffic should be directed in only one direction if possible.
- ❑ If one way flow is not possible, hallways can be divided with either side following the same direction.



# Spacing & Movement

- ❑ Efforts should be made to try and keep six feet of distance between persons in the hallways.
- ❑ Facial coverings should be worn at all times in hallways.
- ❑ Staggered movements at incremental intervals should be used if feasible to minimize the number of persons in the hallways as able.
- ❑ Floor tape or other markers should be used at six foot intervals where line formation is anticipated.



# Screening Students

At this time, the CDC recommends temperature screening of students upon entry only if feasible for the situation. Most larger schools will not be able to provide this screening for every student, though smaller schools may be able to do so. If any screening does occur, it should comply with privacy and HIPAA requirements. A feasible protocol would include:

- Students are allowed to enter the building at only 1-2 sites and must egress from other exits to keep traffic moving in a single direction.
- Parents are not allowed in the school building except under extenuating circumstances; adults entering the building should wash or sanitize hands prior to entering.



# Screening Students

- ❑ Only one parent per child should be allowed to enter to minimize the number of entering persons.
- ❑ Strict records, including day and time, should be kept of non-school employees entering and exiting the building.
- ❑ Parents are required to check student's temperature at home every morning using oral, tympanic, or temporal scanners; students with a temperature greater than 100.4 should stay home and consider coronavirus testing if no other explanation is available.
- ❑ Parents are required to ask their children or monitor for any cough, congestion, shortness of breath, or gastrointestinal symptoms every morning. Any positives should prompt the parent to keep the student home from school.



# Screening Students

- ❑ If resources allow, home room teachers can perform temperature checks on students once per day; febrile students should be sent to the nurse's office for transport home.
- ❑ Children who fall ill at school should be placed in an area of quarantine in the nurse's office with a surgical mask in place. Nurses should wear N95 masks when caring for these students.
- ❑ Students sent home from school should be kept home until they have tested negative or have completely recovered according to CDC guidelines.



# Testing for Students and Responding to Positive Cases

The CDC has specifically stated that schools are not expected to be testing students or staff for SARS-CoV-2. At this time, there are new antigen tests seeking approval by the Food and Drug Administration that would make point of care testing a possibility, but this is not expected to extend to schools or be performed by school nurses. With that consideration, a feasible protocol would include:

- Students who develop fever or fall ill at school should be transported by their parents, or ambulance if clinically unstable, for off site testing.
- In the event that a student tests positive, immediate efforts should be made to contact any close contacts (those who spent more than 10 minutes in close proximity to the student) so that they can be quarantined at home. Classmates should be closely monitored for any symptoms. At this time, empiric testing of all students in the class is not recommended, only those that develop symptoms require testing.



# Testing for Students and Responding to Positive Cases

- ❑ Parents should be notified of the presence of any positive cases in the classroom and/or school to encourage closer observation for any symptoms at home. Parents are required to check student's temperature at home every morning using oral, tympanic, or temporal scanners; students with a temperature greater than 100.4 should stay home and consider coronavirus testing if no other explanation is available.
- ❑ Parents are required to ask their children or monitor for any cough, congestion, shortness of breath, or gastrointestinal symptoms every morning. Any positives should prompt the parent to keep the student home from school and seek out testing.
- ❑ Students sent home from school should be kept home until they have tested negative or have completely recovered according to CDC guidelines.



# Responding to Positive Tests Among Staff and Students

- ❑ In the event of a positive test among staff or a student, the classroom or areas exposed should be immediately closed until cleaning and disinfection can be performed.
- ❑ If the person was in the school building without a face mask, or large areas of the school were exposed to the person, short term dismissals (2-5 days) may be required to clean and disinfect the larger areas. This decision should be made in concert with the local public health department.
- ❑ If possible, smaller areas should be closed for 24 hours before cleaning to minimize the risk of any airborne particles.
- ❑ Cleaning staff should wear an N95 respirator when performing cleaning of these areas along with gloves and face shield.



# Dining, Gathering and Extracurricular Activities

- Students, teachers, and cafeteria staff wash hands before and after every meal.
- If possible, classrooms should be utilized for eating in place.
- Students may bring food from home.
- School supplied meals should be delivered to classrooms with disposable utensils.
- If cafeterias need to be used, meal times must be staggered to create seating arrangements with six feet of distance between students.
- Disposable utensils should be employed.
- Serving and cafeteria staff should use barrier protection including gloves, face shields, and surgical masks; N95 respirators are not required.



# Dining, Gathering and Extracurricular Activities

- Assemblies of less than 50 students at a time are discouraged but allowed as long as facial coverings remain in use.
- Parents and grandparents are not allowed to attend these assemblies, schools will offer telecasting of events if able.
- Students and teachers wash hands before and after every event.
- Large scale assemblies of more than 50 students should be discontinued.
- Off-site field trips discontinued.



# Dining, Gathering and Extracurricular Activities

- Inter-school activities may continue provided that bus transportation is provided and students wear facial coverings throughout the transport period.
- Schools may elect to discontinue these activities if Ro and community transmission rise consistently.
- After school programs may continue with the use of facial coverings
- Schools may elect to discontinue these activities if Ro and community transmission rise consistently.



# Athletics

- ❑ Students, teachers, and staff wash hands before and after every practice, event, or other gathering. Every participant should confirm that they are healthy and without any symptoms prior to any event.
- ❑ All equipment should be disinfected before and after use.
- ❑ Sports that can be modified to allow physical distancing are allowed to continue. This may include activities such as golf, track and field, and other sports that do not require close and continuing contacts. Off site, inter-school competitions may be held provided that school busing is provided and facial coverings are worn during transportation.
  - Spectators are allowed provided that face facial coverings are used by observers at all times.
  - Schools may elect to discontinue these activities if Ro and community transmission rise consistently.



# Athletics

- Weight room and physical conditioning activities should be discontinued commensurate with the Reopening Delaware Plan.
- Sports that do not allow adequate distancing such as football, wrestling, basketball, etc. should be discontinued.
- Handshakes, fist bumps, and other unnecessary contact should be minimized.
- Locker rooms and group changing areas should be closed.
- Any uniforms or other clothing that need to be washed/laundered at school can be washed in warm water with regular detergent. These should be single use without sharing of ice towels or other materials.
- Each participant should use a clearly marked water bottle for individual use. There should be no sharing of this equipment.
- Large scale spectator or stadium events are not allowed.



# Next Steps

## **Upcoming:**

- Next meeting is June 16<sup>th</sup>- 5:00-6:30 p.m.
- The remainder of scenario 2 will be the topic of discussion.

## **Questions?**

**Reminder:** Public comment will be accepted via email at [reopeningideas@doe.k12.de.us](mailto:reopeningideas@doe.k12.de.us) or voicemail at (302) 735-4244.



**Thank you!**  
**Stay well.**