Health Advisory Committee Meeting
Minutes from July 21, 2020
Virtual meeting

HAC MEMBERS:
Dr. Alina Alonso
Dr. Belma Andric
Anthony Barbar
Seth Bernstein
Dr. Leslie Diaz
Dr. Masha Fishbane
Brenda Galie
Dr. Myriam Glemaud
Ginny Keller
Dr. Jean Friedland Malecki
Thamarva Mitchell
Dr. Olayemi Osiyemi
Martha M. Rodriguez, M.D.
Tommy Schechtman
Randy Scheid
David Summers
Anthony J. Terzo
Commissioner Delvin M. Thomas
Stacy Volnick
Matt Willhite

STAFF:
Jay Boggess
Mike Burke
Ofelia B. Chacon, M.D., Ph.D.
Joelle Cody
Michelle Fleming
Gonzalo LaCava
Kevin McCormick
Cleopatra Ortiz
Keith Oswald
Wanda Paul
Glenda Sheffield, Ed.D.
Merris Smith, M.D.
Ed Tierney
Paula Triana
Kathleen Villavicencio

SCHOOL BOARD MEMBERS:
Debra Robinson, M.D.

PRESENTERS
Keith Oswald

ABSENT:
Dr. Belma Andric
Anthony Barbar
Seth Bernstein
Dr. Leslie Diaz
Dr. Olayemi Osiyemi
Tommy Schechtman
Commissioner Delvin M. Thomas

PUBLIC NON-MEMBERS:
The public has live access by Phone Bridge
1.01 Commencement of Meeting – Jay Boggess, Assistant Superintendent, Choice & Innovation

1.02 Opening Statements – Jay Boggess – Thanked those members who sent letters on behalf of the Health Advisory Committee to Commissioner Corcoran in support of keeping Palm Beach County Schools in distance learning mode. Shared meeting agenda with the Committee.

1.03 Reopening Plan Update – Keith Oswald, Deputy Superintendent/Chief of Schools
- Three factors taken into consideration for decision to open with Distance Learning
  o Health Advisory Committee discussion and concerns around opening of schools
  o Governor’s Reopening Florida Plan Metrics.
  o Per Governor's plan, based on the number of COVID-19 cases, schools that are in Phase I should remain in distance learning.
- Proposed Metrics for Health Advisory Committee Consideration
  o 14 Day COVID-19 Trend
  o ICU Capacity
  o Percentage of Test Target
  o Influenza-Like Illness
  o Percentage of Positive Tests

1.04 Reopening Task Force Discussion – Dr. Donald E. Fennoy II, Superintendent
Asked for Health Advisory Committee to give their best recommendations and input on the metrics presented for returning to brick and mortar.

Matt Willhite – Florida House of State – State Representative - We need to consider the turnaround time on test results which could be very impactful. If it does take 14 days to get tests results it would potentially take a student or teacher out of school until test results were received.

Dr. Jean Malecki - Turnaround time on tests may be due to the increased number of cases and individuals being tested, however, this should improve in the future. For the time being, we will have to go with the information we have and change according to the research as it comes out.

Martha M. Rodriguez, M.D. - Have we had any thoughts or campaigns on immunizations prior to bringing children back to school?

Dr. Fennoy – We do not have anything in addition to the requirements we currently have in place with regards to immunizations and children returning to school.

Keith Oswald – We are working with each school and the Health Care District in addressing the immunizations.

Ofelia B. Chacon, M.D., Ph.D. - Based on the studies and numbers with regards to children’s age and number of cases, Dr. Chacon feels the option to start with the younger children in brick and mortar would be the best proposal.

Dr. Fennoy - When we move into Phase II, the Board has approved kindergarten, first, second, sixth and ninth grade students to be the first to be brought back into the buildings in intervals. Dr. Fennoy had questions about the statistics of students over the age of 15, i.e. 10th, 11th, and 12th graders.

Ofelia B. Chacon, M.D., Ph.D. – The data that she has indicates children up to age 11 seem to be the least affected and safest. Those older are more concern.

Dr. Fennoy – Is this due to those older age groups being more out and about?
Ofelia B. Chacon, M.D., Ph.D. – It is based on scientific data that shows the AC2 receptor that the virus uses to get into the cells is more developed in older children.

Dr. Jean Malecki – Recent literature has addressed some of the side effects being seen in patients that have recovered from COVID-19 which include children. Some of those long term effects being neurological, lung, and kidney issues. We only have 6 months of information on the disease and we just don’t know enough yet. We need to be careful when we say children won’t get it or get as sick. She asked the group to be patient and continue to review the information as it comes in.

Ofelia B. Chacon, M.D., Ph.D. – She believes we need to start working on a standard operating procedure for Phase II. She feels going back to brick and mortar is very important.

Dr. Fennoy – Agrees that it is important to get back into brick and mortar. The District has taken steps to prepare for Phase II such as purchasing more than a million masks, it has also purchased facial shields, and plastic partitions to be installed in every school in common areas and front offices. The District will maintain CDC guidelines on buses and continue discussions on temperature checks. Actual return to school plan is still voluntary. Current CDC guidelines for a positive case in a school is to allow 24-48 hours for cleaning. We would like to avoid shutting entire schools down if a positive case comes back. At this time we don’t have a protocol for that situation.

Brenda Galie – Florida Department of Health – The Health Department is working with each school’s data processor on immunization records and which students need to obtain immunizations. She would like her staff to work at some school locations to provide these services while maintaining social distancing and following CDC guidelines. (Dr. Fennoy requested she get with Mr. Boggess to provide contact information. Dr. Fennoy will follow up with Executive Committee and Legal in order to arrange.)

Dr. Jean Malecki – Statistics for generalized phase for monitor of daily infection. – If the rate is less than 5% over a 14 day period average, you have a green light for reopening. If infection rates go up to 9% over a 7 days period or more, then it is a red light.

Dr. Fennoy – Is there a way to get that information by zip code? This would allow us to make a decision to return some schools that meet the return to school metric.

Dr. Malecki – Yes, census track data can be used for individualized schools.

Dr. Alonso – Yes, there is a mechanism to make that happen and she will follow up with Dr. Fennoy and Mr. Boggess.

Dr. Jean Malecki – That is the wise thing to do. You would be able to give District wide information to the entire county to make their decisions.

Dr. Debra Robinson – Board Member – We can use this information to go backward but I don’t feel we would be able to open some schools and not others. She would like to see direction from the Committee as to what methods we utilize for return to school and then discuss geography of decision.

Keith Oswald – Addressed the Committee for clarification of downward trend, is it 10 or 14 days?

Marsha Fishbane – Chair, School Health Advisory Council – New York State’s plan was utilizing 14 day trend. Also feels that robust testing is an important factor in determining a decision.
Regarding Phase II and grade levels returning, she feels that focus should be return of younger children due to other factors affecting them, i.e. home situation. Regarding immunizations, feels pediatricians are doing a great job at getting children immunized and that we will be in a good position with getting to those children who need to be immunized.

Dr. Fennoy – Spoke with the Board on Wednesday about the return of specific grades. One of the determining factors in the return of 6th and 9th graders was that these were transitional years for these students and the goal was to get them acclimated before bringing in other students. However, one of the reasons we will continue to meet with the Committee is that if that needs to change based on the new science, the Board and I are very clear that we will have to make changes.

Dr. Alonso – (Via text to Mr. Boggess) – We are reaching nearly 12.3% and our labs are at about 13% and continuing to see the increase not the decline of those data pieces. Positivity rate of 10% is the goal of the State. As far as a recommendation, she is holding tight to what the State Department says at this time.

Dr. Fennoy – In the many conversations with Dr. Alonso such as the one this morning discussing the positivity rates of 5% and 10%, it illustrates just how important you (the Committee) are in helping us navigate in these decisions.

Jay Boggess – Mr. Oswald are there any items in our chat box that we need to address with regards to the metrics on your presentation?

Keith Oswald – Mr. Oswald referred to several items.
- Is there a procedure for kids bringing materials home from school?
- Concerns with people coming on campus. District has established “by appointment only” procedure which will reduce the number of adults on campus, including volunteers.
- Needs to be faster turnaround time for test results. Mr. Oswald asked the committee what acceptable turnaround time is.

Dr. Fennoy – Right now we don’t have any control over that.

Dr. Robinson – Suggested the Committee establish the metrics that we need to monitor and determine what is acceptable for each metric. Is there one particular metric that is a deal-breaker regardless of the other metrics? These would be the metrics for the Phase II, partial reopening of schools.

Martha M. Rodriguez, M.D. – Two major commercial testing labs do not have the capacity to run tests. We must keep that in mind before we establish any metrics.

Dr. Robinson – Turnaround time on testing is an important metric and I do understand the challenges and realities but it does need to be there.

Jay Boggess – Review of the metrics.
- 14-Day COVID 19 Trend – What are we clarifying? Committee discussion led to HAC consensus on the metric.
  o A 14-day downward trajectory in the number of cases.
  o Percent positive below 10%
- ICU Capacity – Dr. Malecki – Stated that it should stay in as a metric. Standard is 30% capacity (30% of beds available in the ICU).
- **Influenza-Like Illness**
  Dr. Robinson – Being able to monitor numbers on doctor and emergency room visits give us an indication of what is going on in our communities with regards to both Influenza and COVID-19.

**1.05 Closing Remarks – Dr. Fennoy**
Dr. Fennoy and his team will follow up with Dr. Alonso and go through more of these metrics and form an outline that we will bring that back to the group for further discussion. At that time we will have more clarification on the State guidelines and what we need to have in place. As we move along, some metrics may change based on the nature of what we are dealing with and how quickly things change. Dr. Fennoy expressed his appreciation to the members of the Committee.

Jay Boggess – Gave Committee direction of next meeting. Discussion would focus on practices and protocol for a safe reopening of brick and mortar schools.

Keith Oswald – We will review the metrics again and what it will look like if we need to close a facility.

Dr. Jean Malecki – Are you (the District) required to follow the State’s statistics and mandates?

Dr. Fennoy – Everything is a recommendation and guidance. There has not been any hard and fast, everything is guidance and a suggestion at this time.

Keith Oswald – The School Board will be taking action tomorrow on Dr. Fennoy’s recommendation to delay the start of school to August 31.

Dr. Robinson – Would like to also discuss metrics we would need to monitor once we are back in brick in mortar that would be a determining factor to move back to distance learning. In addition, would like to get statistics on children and COVID-19 broken down by age.

**1.06 Adjourn 4:01 pm**
Comments Posted on the Meeting Chat:

Gonzalo La Cava: Gonzalo La Cava

Jean Friedland: Dr. Malecki

Stacy Volnick: Stacy Volnick present

Ofelia Barletta Chacon: Ofelia Barletta-Chacon

Ginny: Ginny Keller

Donald Fenney: Thank you Jay for the introduction...

Mmr Internal: Yes, thank you.

Anthony Terzo: Anthony Terzo with AMR is here. Sorry for the delay, I had experienced some technical difficulties.

Jay Boggess: Glad to have you! Thanks

Mmr Internal: 10 days

Ofelia Barletta Chacon: What about the percentage of pediatric cases?

Debra Robinson: clarification—we are discussing metrics for moving from distance learning to partial reopening school (stage 1 to stage 2)?

Matt Williams: Agreed 100%. Hopefully turn around time will get better, I was just speaking to as we know now.

Debra Robinson: Pediatric cases by age would be important because we know that younger kids seem to be affected less severely and be less contagious than teenagers.

Debra Robinson: to clarify my question— we are discussing metrics to go from virtual to partial in school, NOT partial in school to full real school because they have different metrics

Donald Fenney: Partial first...yes

Mmr Internal: but that is once the established benchmarks are met, right?

Debra Robinson: yes...I'm just saying that metrics are different to go to partial reopening than to go to full reopening
00:20:56.300, 00:20:59.300
Randy Scheid: https://wwwnc.cdc.gov/eid/article/26/10/20-1315_article

00:21:15.514, 00:21:18.514
Mmr Internal: thanks for sharing the link

00:21:22.866, 00:21:25.866
Randy Scheid: Article by CDC outlining the South Korean study

00:21:37.670, 00:21:40.670
Donald Fennoy: thank you

00:22:15.611, 00:22:18.611
Matt Wilhite: I think a concern I have with having the younger students back first is they have longer time in life to learn once we have a vaccine. Not to mention older kids are more likely to follow strict guidelines better.

00:22:21.822, 00:22:24.822
Mmr Internal: please

00:22:25.928, 00:22:28.928
Kathleen Villavicencio: Press *6

00:23:04.815, 00:23:07.815
Gefilia Barretta Chacon: When will we start working on SOPs for phase 2?

00:23:39.688, 00:23:42.688
Mmr Internal: with long term serious consequences

00:24:10.871, 00:24:13.871
Mmr Internal: brilliant recommendation

00:24:20.324, 00:24:23.324
Mmr Internal: we don't know what we don't know

00:25:44.593, 00:25:47.593
Matt Wilhite: Something I thought about lately as well. I know my two kids bring so much stuff back and forth to and from school. Is there a thought of leaving school books or backpacks at school and not transport so many things into the school. Or only lunches provided by schools (unless medical needs)

00:25:55.355, 00:25:58.355
THAMARA MITCHELL: I agree the older student population should start first. Once in place we can change to younger population.

00:26:45.668, 00:26:48.668
Mmr Internal: You bet

00:27:01.864, 00:27:04.864
Mmr Internal: realistic statement Dr.

00:27:46.822, 00:27:49.822
Mmr Internal: but what about sick teachers?

00:28:46.258, 00:28:49.258
Marsha Fishbane: Agree with concern about testing capacity and turnaround - must be robust/timely to manage
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00:28:35.550,00:28:36.550
Ofeilia Barletta Chacon: Is the District going to be legally protected from any liability? Being the return to school on a volunteer basis, is it possible for parents to sign a waiver?

00:29:56.707,00:29:57.707
Matt Willhite: Will parents be allowed in schools? So I see an attempt to keep the schools as a clean facility. Eating in classrooms, no assemblies, or outsiders allowed in facility. Will schools be allowed to be voting locations in November?

00:30:17.805,00:30:20.805
Mr. Internal: excellent, let’s build on what we do know, IMMUNIZATIONS are critical to move forward.

00:31:05.480,00:31:12.480
Matt Willhite: I have actually see a push from a large group of parents lately to have less immunizations.

00:33:46.241,00:33:47.241
Matt Willhite: Although temperature checks may not be the most accurate signs of covid, it is at least a good opportunity to have a staff member see each student before they enter the facility. This lets staff maybe see how a child’s appearance is. May show physical signs of sickness.

00:35:16.863,00:35:19.863
Mr. Internal: I agree 100% with the metrics on the slide.

00:36:07.495,00:36:10.495
Mr. Internal: the problem is the turn around time on the tests, if we don’t have tests available, how can we follow any metrics.

00:37:32.744,00:37:35.744
Ofeilia Barletta Chacon: Agreed. Start phase 2 with younger kids (K-5).

00:38:36.006,00:38:39.006
Mr. Internal: Thank you Dr.

00:40:05.125,00:40:08.125
Ofeilia Barletta Chacon: Will we have our own “contact tracing” system inside the schools?

00:40:49.793,00:40:52.793
Randy Scheidt: As the school nurses are furloughed will the district be communicating with the health care district on a regular basis in order to make sure the nurses can come back in a timely way?

00:40:58.034,00:41:01.034
Mr. Internal: yes.

00:43:02.057,00:43:05.057
Anthony Tector: Is the School district obligated to use only Quest and/or LabCorp?

00:43:10.361,00:43:10.861
Ofeilia Barletta Chacon: Can we modify the metrics currently used by the State?

00:43:19.887,00:43:22.887
Mr. Internal: testing and turn around time of 24-48 hours.

00:45:07.124,00:45:10.124
Mr. Internal: Aman.

00:45:39.705,00:45:42.705
Ofeilia Barletta Chacon: I agree turn around time should be the sixth item on the screen.

00:47:01.610,00:47:04.610
Mr. Internal: 10%

00:47:01.975,00:47:04.975
Matt Willhite: Yes.

00:47:05.334,00:47:08.334
Thaddeus Mitchell: Yes.

00:47:10.967,00:47:13.967
Randy Scheidt: Yes.

00:47:20.167,00:47:23.167
Mr. Internal: 10% yes.
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00:47:20.229, 00:47:23.229
David Summers: Yes!

00:47:25.255, 00:47:28.255
Dr. Myriam Glamaud: yes

00:47:31.754, 00:47:34.754
Msr Internal: for 14 days?

00:49:25.455, 00:49:28.455
Matt Millhite: Is that average of 14 days? Because a lot of test results come in on certain days more than others

00:52:11.798, 00:52:12.798
Msr Internal: also taking into account incubation-14 days has to be the number

00:52:48.657, 00:52:51.657
Matt Millhite: It’s Pbc trajectory only, not state as a whole

00:53:38.002, 00:53:41.002
Matt Millhite: Remember, dade-Broward-Pbc have had separate stipulations.

00:53:40.380, 00:53:43.380
Matt Millhite: Resources.

00:54:01.093, 00:54:04.093
Matt Millhite: Ty dr Robinson

00:57:54.919
Debra Robinson: wait...monitor infection age <10

00:58:18.345, 00:58:19.345
Matt Millhite: It doesn’t seem like most have any problem with time or more frequent meets. There is a lot of passion around this obviously.

00:58:44.205, 00:58:47.205
Ofelia Barletta Chacon: Thank you.

00:59:06.772, 00:59:09.772
Msr Internal: Thank you again for all you are doing.

00:59:12.590, 00:59:15.590
Msr Internal: It is truly amazing work.

00:59:25.398, 00:59:28.398
Matt Millhite: When is next time?

00:59:36.560, 00:59:41.560
Jean Friedland: are you required to follow the state metrics?

01:00:00.649, 01:00:03.649
Keith Oswald: We will review these metrics.

01:00:11.206, 01:00:14.206
Ofelia Barletta Chacon: Great!

01:00:44.704, 01:00:44.704
Matt Millhite: is the 9-10-20 still school start day

01:00:52.940, 01:00:55.940
Matt Millhite: For school

01:01:09.965, 01:01:12.965
Debra Robinson: we vote on reopening date tomorrow

01:01:10.006, 01:01:13.006
Matt Millhite: I have heard about pushing back two weeks
Matt Willhite: Will teachers still start on the 10th or wait till end of the month

Keith Oswald: Staff will be backed up as well.

Matt Willhite: I would like to make sure teachers are all ok before trying to start all at once.

Ofelia Barletta Chacon: Yes. Agreed with monitoring by age groups.

Keith Oswald: Starting approximately the week of the 24th. This may change based on board actoin.

Matt Willhite: Some teachers have had problems with distant learning

Keith Oswald: Lots of training coming for teachers.