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
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

SIMI OSWALD
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:
Merris Smith, M.D.

ABSENT:
Seth Bernstein
Dr. Leslie Diaz
Brenda Galie
Dr. Olayemi Osiyemi
Tommy Schechtman
Commissioner Delvin M. Thomas
Joelle Cody
Gonzalo LaCava

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 – Dr. Fennoy – Last week’s preparation of hurricane shelters following all of the CDC guidelines and having all of the safety measures in place allowed us to get a small preview on a much smaller scale, of what are potentially looking at in Phase 2 with return to brick and mortar. All staff were thoroughly trained and operations went very well. Dr. Fennoy thanked the committee as their input and insight gave us a lot of the guidance and information we needed to develop and carry out the plan.

We are currently formulating our operational and back to school reopening plans and will be presenting them to the community and the Board and will bring some of the final decisions back to the committee. Due to the nature of what we are dealing with things are subject to change. Please know that we are taking all of the committee’s recommendations and suggestions into consideration in these decisions. We will come back to the committee at the end of August before solidifying our plans.

Jay Boggess presented the agenda for the meeting.

1.03 Alignment of School District Benchmarks and Metrics
The District has taken recommendations to align with the WHO, CDC and the Governor’s Plan to arrive at our metrics. The committee will work through all 5 in the presentation and then come back in totality and address each of the metrics. Review of metrics by Jay Boggess and Merris Smith, M.D. Dr. Smith walked the committee through each metric giving indicators and the target parameters attached.

1. New Influenza-Like-Illness (ILI)
   Daily total of new cases over a 14-day rolling average.
   Target: 14-day downward trend or trajectory. The total over a 14-day period and divide that total by 14 to get the rolling average.

2. COVID-Like Illnesses
   Daily total of cases over a 14-day rolling average.
   Target: 14-day downward trend or trajectory. The total over a 14-day period and divide that total by 14 to get the rolling average.

3. New COVID-19 Cases or Overall Positive Test Percentage
   **New Cases** - Daily total of new cases over a 14-day rolling average.
   Target: 14-day downward trend or trajectory. The total over a 14-day period and divide that total by 14 to get the rolling average.

   **Overall Positive Test Percentage** – Cumulative total of positive tests divided by the total number of cumulative tests.
   Target: 14-day downward trend or trajectory with a percentage of less than 5%.

4. Hospital Capacity
   Target: Hospitals should have at least 31% of hospital beds available which would consist of both ICU and In-Patient beds.

5. Daily Lab Positivity
   Daily total of positive lab tests divided by daily total of lab tests.
   Target: A 14-day downward trend of less than 5%.
1.04 **Committee Discussion of the Metrics**

Dr. Debra Robinson – Board Member – Metrics buckets should be listed in the same format and language as the Governor’s plan. Most specifically the Overall Positive Tests – a. cumulative and b. daily.

Dr. Alonso – In agreement with Dr. Robinson but keep in mind the Governor’s plan does not have the rolling rate and is based on a 10% number and not %5. The Governor’s goal for total positivity and daily lab positivity are both at 10%. If the District is basing it on 5% that would be the level where we were prior to reopening.

Jay Boggess – Based on the last HAC Meeting the defined metric was put at 10%.

Dr. Alonso – Wanting to be below 5% for contact tracing to be effective, CDC stated yesterday that the numbers would have to be below 5% to be effective.

Dr. Fennoy will meet with Mr. Boggess and Dr. Smith tomorrow and review the Governor’s Plan and compare it to the District plan to date. Dr. Fennoy will then meet with Dr. Alonso to review. Dr. Fennoy has spoken to the Commissioner and Governor’s office and the 10% was mentioned. For the time being we are being allowed to be in coordination with the Department of Health and the Health Advisory Committee in determining our metric. We will put the plan in alignment with the Governors’ plan and Dr. Fennoy will follow up with a call to Tallahassee for discussion.

Dr. Robinson – Stated that although the Governor has specific guidelines, it is important that we support the guidance and guidelines given by the professionals of our Health Advisory Committee to make the best decisions for the health and safety of the community. Dr. Robinson also commented on the figures for robust testing and the correlation to contact tracing and the need of a target figure of 5%.

Dr. Alonso – Was in agreement with Dr. Robinson that the number needed to be at 5% to get meaningful contract tracing.

Matt Willhite – State Representative - If the plan that has been arrived at by the committee and thus approved by the Board ultimately differs from the Governor’s Plan, then what happens?

Dr. Fennoy – At this time they are not digging into our plan. They are defaulting to our local agencies and their relationships with the School District to work together to devise the best plan for our District. Ultimately, the Board makes the final decision, which at this time, will be based upon the information given to me by this committee. We will then juxtapose that with the information that was given to us by the State and then have the Board make a decision based on that information.

Dr. Alonso – An important fact to bring to them is that Palm Beach County was at a lab positivity rate of 4.9% when we opened Phase 1.

Dr. Fennoy - We will use what the committee has come up with thus far as ours. There may be some negotiations later on as necessary but our decisions at this time will be based on what the committee has arrived at.

Dr. Masha Fishbane – Strongly feels we need to hold it at 5%. Some of the more recent information showing success is based around testing and the turnaround time. In order to be successful, we need to have the numbers at the lower percent, and quick turnaround time with testing which will enable us to have good contact tracing.
Dr. Fennoy – Has met twice with the County. The challenges seem to be with the labs. We are currently working with the County at looking into the possibility of having testing done at school sites.

Dr. Alonso – The Governor is working to make changes to have more rapid testing utilized.

Dr. Robinson – Which testing will be used, Dr. Alonso?

Dr. Alonso – Avid Oral Swab (?)

Dr. Fishbane – Gave an example of rapid testing in Iowa where her daughter took her granddaughter for testing at 1:25 pm and she had the results back by 9:00 pm that same evening. This quick turnaround time enabled her to go back to school the next day and her daughter did not have to reschedule her patients.

Dr. Chacon – Brought up White Paper sent by Dr. Schechtman and the 5% rate.

Dr. Fennoy – Requested a copy of the letter from Mr. Boggess.

Dr. Robinson – How do we monitor turnaround testing? Does that come from the Department of Health daily?

Dr. Alonso – She will be sure to get this information to us as we need it, but weekly should be fine.

Jay Boggess – Closed out this portion of the review of the five metrics.

Dr. Malecki – Reiterates the importance of the 5%, it is critical to our success. It would not be in the best interest to use anything greater than that number. Stated the importance of contact tracing metrics. Contact tracing metrics approved by the School Board would be extremely important especially for future dollars, if the new HEROES Bill is approved.

1.05 **Open Discussion for Social Distancing** – What can we do to help mitigate social distancing aspects within our comprehensive schools? With the use of shield guards and plastics barriers that could be placed within classrooms on desks, will that help to mitigate the 6 foot social distancing CDC guidelines?

Dr. Fennoy – Dr. Fennoy’s concerns, when taking into consideration the shields and plastic barriers, does this diminish the need for social distancing?

Dr. Alonso – All of the guidelines and measures are based to minimize the spread of COVID-19. In her opinion you don’t do one and not do the other. You need to do the physical distancing and the mask which should be left on at all times in the event the 6 foot distancing isn’t maintained when you pass someone or turn around. If both things are not being done, you are more likely to spread it to somebody else. Everything together is more powerful than any one thing by itself. Mandates in Palm Beach County are the mandatory mask order, 6 foot distancing, handwashing, stay home if you are sick, etc. Dr. Alonso saw firsthand some of the techniques that had been put into place at Belle Glade during the preparation of the hurricane shelters and commended the principals on the job they were doing.
Matt Willhite – Shields are good on desks in elementary school where one student is at the same desk all day. For secondary level where students go from class to class, continual cleaning of the desk and shields would have to take place. In addition, we would still need to adhere to wearing facial masks and social distancing at these levels.

Dr. Fennoy – We are working diligently to prepare for the new realities of school such as releasing classes one at a time which is one of many things that will look different.

Matt Willhite – Would it be better for students to eat lunch in classrooms and to leave backpacks and books at school to alleviate touching as much, having school provide lunches as to not have parents sending lunches to school.

Keith Oswald – Regarding lunches in classrooms, District would be in violation of CTA contract as teachers are entitled to a duty free lunch. To compensate would cost the District $30-50 million. We would not have adequate staff if we were to try to utilize other staff for coverage.

Matt Willhite – Will there then be a challenge to have students in the cafeteria and maintain social distancing?

Keith Oswald – It is a tremendous logistical challenge that we are currently trying to work out.

Dr. Fennoy – In addition to cafeterias, we are also looking at other large spaces in schools such as auditoriums, ROTC rooms, courtyards etc. to accommodate lunches. Utilizing a system similar to what we had in place for feeding at the hurricane shelter sites where students just came and picked up a lunch was also being looked into. Dr. Fennoy will get back to the committee on this subject as we get information.

Dr. Chacon – Has there been consideration of face shields for the younger children instead of masks? Is it possible to have teachers instruct students on masks?

Dr. Fennoy – We are looking at training everybody about this new reality. We have devised an online training for parents, guardians, and kids with step-by-step instructions on what to do upon returning to school. It will also acclimate them to the mental and behavioral supports that they will need and it will help in teaching them how to function. Part of the reasoning for the gradual phasing in of students is to acclimate them into environments that they have not previously been in. This will give us the opportunity to teach those students the new reality and allow us to test, observe, and make the necessary changes before the next group returns.

Dr. Robinson – Is in agreement with Representative Willhite with children not comingling for lunch. Information from Korea of a study on contact tracing showed that children ages 10-19 had a higher infection rate and transmission rate than adults. Considering this information, she feels we just need to have elementary grades start back with return to school.

Dr. Masha Fishbane – Agrees with Dr. Robinson. Feels we should roll more of the elementary age students back in with the return of students. Touched on the White Paper from Dr. Schechtman and the concept of cohorts and its importance.

Jay Boggess – In steering the committee back to social distancing, is there an apparatus, device or shield that would allow us to reduce the 6 foot distance in a classroom? Keeping in mind that Dr. Alonso has reiterated that CDC guidelines indicate that all should be followed and this would not be an “or” to the guidelines.
Dr. Chacon – If students are indoors, she feels the social distancing is necessary.

Dr. Fennoy – Feels we should start with the 6 feet. Part of the challenge is getting students and teachers acclimated to maintaining that 6 feet. Buses will be difficult but we will require that masks be worn and social distancing be adhered to. We will start with following all guidelines very strictly.

Dr. Andric – They currently have 200 nurses assigned to 170 schools. Dr. Andric spoke to Dr. Alonso and their leadership and she has asked for Avid machines for our schools. She has made a request for 170 Avid machines for rapid testing in our schools. Machines are expected in schools by September.

Dr. Malecki – The ultimate control of this disease is going to rest with rapid testing and good contact tracing. Agrees with the concept of cohorts.

Jay Boggess – Asked for any final remarks that will assist us in making decisions on social distancing. All questions in the chat box have been addressed.

Kevin McCormick, Director of ESE – Wished to clarify with committee PPEs for students with severe medical complexities and has already consulted with Brenda at the Department of Health, Dr. Schechtman, and Dr. Marris Smith. KN95 or N95 masks will only be needed for staff working with children where we have direct access to the lungs such as a tracheotomy or ventilator.

Dr. Alonso – I agree.

Dr. Robinson – Who will wear the masks?

Kevin McCormick – Staff working directly with those students with tracheotomy or ventilator.

Jay Boggess – Confirmed that multiple committee members were in agreement with this decision.

1.06 Next Steps
Jay Boggess – A follow-up meeting will be scheduled before the end of August.

1.07 Closing Remarks – Dr. Fennoy Dr. Fennoy – Thanked the committee, it was a very productive meeting. Dr. Fennoy will be bringing back final decisions to the committee later in the month. At some point Dr. Fennoy would like to turn the committee over to the Board to work with them. After working with the committee and knowing the invaluable knowledge and expertise of its members, it is apparent that a committee such as this needs to continue to be active for a long time to come.

Dr. Robinson – Reiterated her thoughts on opening with K-5 before bringing in middle school and high school students. Posed to the committee to consider this option before we have our next meeting.

Jay Boggess – Noted and it will be taken back to Dr. Fennoy and staff.

1.08 Adjourn – 5:15 pm
Comments Posted on the Meeting Chat:

00:00:04.736, 00:00:07.736
Kevin McCormick: Kevin McCormick

00:00:06.417, 00:00:09.417
Randy Scheid: Randy Scheid

00:00:06.814, 00:00:09.814
Jordan Barenburg: Jordan Barenburg

00:00:06.966, 00:00:09.966
Paula Triana: Happy TUESDAY!

00:00:11.918, 00:00:14.918
Merris Smith: Dr. Smith

00:00:16.543, 00:00:19.543
Paul Strauss: Paul Strauss

00:00:17.175, 00:00:20.175
Mike Burke: Mike Burke

00:00:22.038, 00:00:25.038
Michelle Fleming: Michelle Fleming

00:00:25.010, 00:00:28.010
Marsha Fishbane: Marsha Fishbane

00:00:27.650, 00:00:30.650
David Summers: David Summers - Health Care Districts Trauma Agency

00:00:37.342, 00:00:40.342
Dr. Martha Rodriguez: Dr. you guys are working triple time, thank you for all YOU are doing

00:00:44.175, 00:00:47.175
Dr. Martha Rodriguez: yes

00:05:36.193, 00:05:59.193
Anthony Tonz: Hello all

00:13:16.292, 00:13:19.292
Matt Willhite: I have a question

00:23:18.113, 00:23:21.113
Dr. Martha Rodriguez: Exactly-most important point-what test, how long before we get a result

00:24:03.529, 00:24:06.529
Cecily Barillette Chacon: According to the FCAP guidelines released on July 28th, the recommendation is to delay start of school in Districts in locales with positive rates averaging more or equal to 5%

00:24:04.206, 00:24:07.206
THAGARVA MITCHELL: Turn around time for results is key

00:24:38.009, 00:24:39.009
Jean Friedland: Please let me speak

00:25:21.165, 00:25:24.165
Debra Robinson: jump in Dr. Malecki

00:26:43.889, 00:26:46.889
Jean Friedland: not being recognized
Debra Robinson: just start talking when there is a pause

Debra Robinson: NY plan said at least 30 of every 1000 residents tested monthly...Is that our metric of success?

Teresa Martinez: There are many pediatric offices that are not offering COVID testing for children. Pediatric associates is one. Some sites not doing children under 16. We need more testing sites for smaller children made available.

Dr. Martha Rodriguez: We already know that more than 3% is a disaster, like Dr. Alonso said, we were at 6.4% when we opened, so let's not make the same mistake again

Debra Robinson: please put school district's role in contact tracing on future agenda item

Harezha Fishbane: Noted NYS had set lower bar of 3% for their school threshold

Debra Robinson: Dr. Fishbane...will you email that 3% recommendation to me?

Harezha Fishbane: Will track that down for you, Dr. Robinson!

Debra Robinson: thank you!

Dr. Martha Rodriguez: Sorry but I have to jump in again. In medicine we have a simple rule. Treat the disease, not the symptoms. Let's implement the metrics, make sure they work, and then we can look at bringing kids into the environment

Debra Robinson: agreed

Anthony Terzo: During these first stages, is it possible for older kids to stay in one class, remain at the same seat and have teachers switch classes?

Dr. Glemack, FoundCare: I was wondering the same, such as, if middle school and high school can remain in the same classroom and have teachers moving classrooms.

Randy Scheid: Yes hard to read mouths. This is especially relevant for speech impaired. They have clear masks.

Debra Robinson: It also helps the community issues related to child care

David Summers: hey Jay I have Dr CHibar and Dr Andric with me here. They have some input

Debra Robinson: yippiees!!!!

Harezha Fishbane: Per desk shields, didn't weigh in since feel need more expertise of environmental scientist per air flow! Think over time in classroom won't make the significant impact like mask and social distancing.

Offia Barletta Chacon: Consider also having outdoor instruction as much as feasible possible.

Matt Willihite: Dr Pency are you allowing the supervisor of elections to use the schools as voting sites next month?
HAC Minutes
August 4, 2020
Virtual Meeting

01:10:26.785, 01:10:29.785
Hersha Fishbane: This may be too much but can we make more use of outside space - canopies added outside as sun shields with fans?

01:10:52.784, 01:10:55.784
THAMARWA MITCHELL: I agree also

01:11:04.786, 01:11:07.788
Dr. Martha Rodrigues: I agree with both

01:11:14.413, 01:11:17.413
Ofelia Barletta Chacon: Agreed

01:11:31.478, 01:11:34.473
Beth Bernstein: Makes sense, Kevin.

01:12:35.416, 01:12:36.416
Matt Millhite: Jay has done a good job running these meetings.

01:12:36.246, 01:12:39.246
Debra Robinson: we have a school health advisory committee

01:13:46.235, 01:13:49.235
Paula Triana: We have the School Health Advisory Council (SHAC) already.

01:13:56.312, 01:14:02.312
Dr. Martha Rodrigues: thank you again for all you are doing

01:14:02.881, 01:14:05.881
Hersha Fishbane: Agree - there is already a School Health Advisory Council with broader perspective

01:15:10.917, 01:15:13.917
Ofelia Barletta Chacon: Thank you

01:15:26.913, 01:15:31.913
Paula Triana: Thank you Jay!