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Brendan Hoffman
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To: Pelham School Board
From: Chip McGee, Superintendent
Re: Pandemic Response
Date: May 19, 2021
Cc: Deb Mahoney, Business Administrator
Sarah Marandos, Director of Curriculum

The Pelham School District continues to operate under the Family Choice model with approximately 75% of our students in school full time and 25% remote full time.

- Given the reduced level of transmission in the community and the adjusted guidance from the NH DHHS, we are changing one element of our universal guidelines. **Mask wearing outdoors is now recommended but not required.** All other universal guidelines, including exclusion for close contacts, remain in place. We believe this will provide protections for students and staff so that school can remain safe and open moving forward.
- Given the need to prepare for the 2021-22 School Year, **I am proposing the formation of a Reopening 2021 Task Force.**

Level of Community Transmission

The level of community transmission has declined since the last update on May 5, 2021 but remains **substantial**. We continue to see more people vaccinated including 135 students who got their first shot at our voluntary Student Vaccination Clinic on May 14. Because community transmission remains substantial, we need to keep using the universal guidelines including masks and social distancing.

TABLE: Level of Community Transmission

Criteria	11.18	12.1	12.7	12.15	12.28	1.6	1.20	2.17	3.3	3.17	4.07	4.21	5.5	5.19
COVID-19 PCR test positivity 7-day avg	3.8%	4.8%	7.7%	9.8%	8.3%	11.1%	8.7%	4.6%	4.2%	3.7%	6.2%	5.2%	3.4%	3.2%
New infections/ 100k prior 14 days	240	442	508	787	613	739	769	315	274	267	417	395	242	137
New hospitalizations/ 100k prior 14 days	1.4	1.4	0.5	0.9	0.9	0.9	2.8	0.9	--	--	--	--	-	-

Minimal
Moderate
Substantial

NH DHHS trendlines for this data from the start of the pandemic provide a visual representation of the level of community transmission. This data is for Hillsborough County excluding Nashua.

(Notes: These charts do not provide a y-axis scale. One can get a sense of the scale by comparing the peak data in the table above to the peak data in the charts.)

CHART: New Cases per 100,000 (last 14 days)

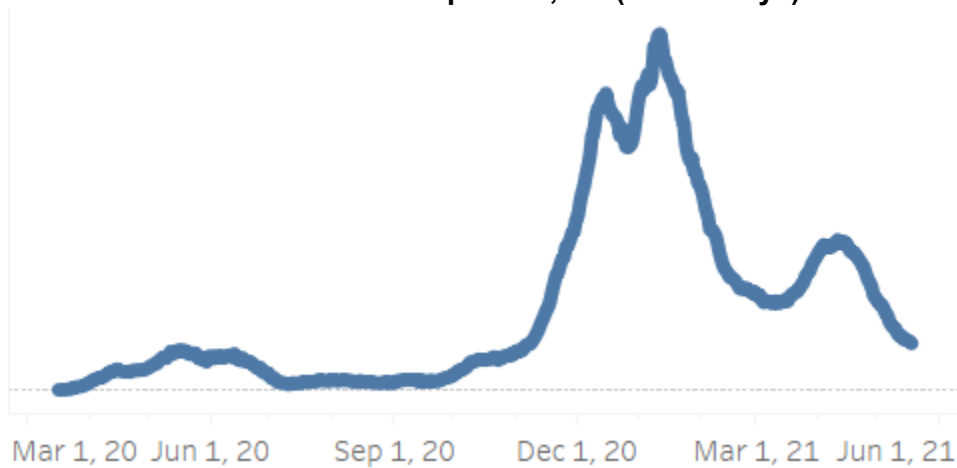
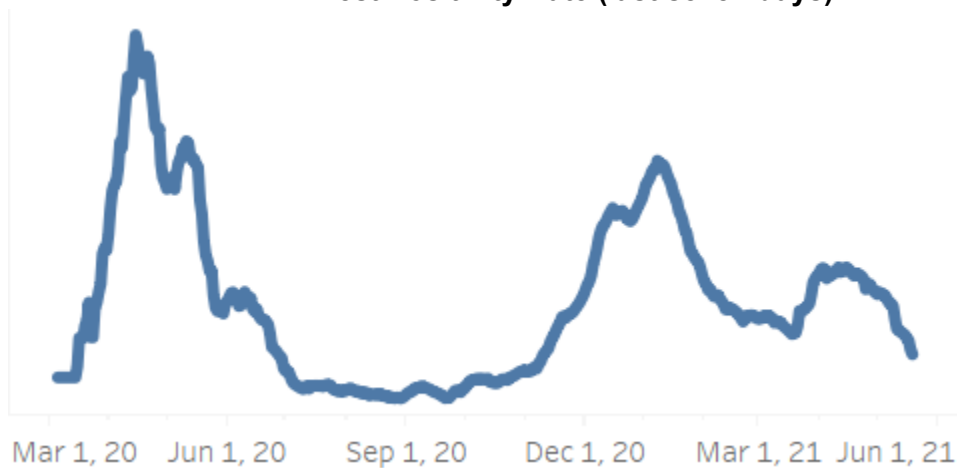


CHART: PCR Test Positivity Rate (last seven days)



The charts show the decline of community transmission in the past two weeks and yet higher than the first three months of the school year.

The chart “New Hospitalization per 100,000 prior 14 days” are not shown because they are no longer provided by DHHS. These charts do not reconcile precisely to the table above because the charts are updated daily while the table is updated before each School Board meeting.

Level of School Impact

The level of impact on the school is **medium** due to the continued strain on staffing resulting from requests for leave as well as resignations. We have seen a decline in exclusions and quarantines for staff.

The updated Staffing Capacity Data table lists the number of current exclusions. (The previous table has been moved to the end of this memo for reference). An exclusion means a case where a person is told to not come to school for reasons related to COVID-19 such as a close contact.

TABLE: Staffing Capacity Data

School	Enrolled on 10.1	Exclusions															
		1.20		2.17		3.3		3.17		4.7		4.21		5.5		5.19	
		Students	Staff	Students	Staff	Students	Staff	Students	Staff	Students	Staff	Students	Staff	Students	Staff	Students	Staff
PES	711	14	2	49	7	9	1	12	2	2	2	22	3	0	2	5	0
PMS/SAU	433	17	1	20	1	11	2	26	4	41	4	4	2	11	1	1	1
PHS	606	12	6	22	1	12	0	8	1	34	2	14	0	6	0	1	0
Total	1,750	43	9	91	9	32	3	46	7	77	8	40	5	17	3	7	1

We have 7 in school students currently excluded from school and 1 staff member. The decrease from May 5 is the result of fewer cases in school and smaller numbers of close contacts. We continue to have no evidence of **transmission with the schools**.

Attendance today (May 17) is at 96%, including exclusions so the level of **student absenteeism** is low. **Staffing capacity** remains strained. Custodians and IAs present our most significant challenge. We have instituted a signing bonus and recruitment bonus for custodians. The vaccination clinic for staff also appears to have helped stabilize staffing levels with staff who have not needed to be excluded as a result of being fully vaccinated.

TABLE: Level of School Impact

Criteria	11.18	12.1	12.7	12.16	12.28	1.6	1.20	2.1	3.3	3.17	4.7	4.21	5.5
Transmission within schools	Low	N/A	N/A	N/A	N/A	N/A	Low	Low	Low	Low	Low	Low	Low
Student absenteeism	5% Low	N/A	N/A	N/A	N/A	N/A	5% Low	7% Low	6% Low	6% Low	9% Low	6% Low	4% Low
Staff capacity ³	Strained Medium	Strained Medium	Strained Medium	Strained Medium	Strained Medium	Strained Medium	Strained Medium	Strained Medium	Strained Medium	Strained Medium	Strained Medium	Strained Medium	Strained Medium

Low

Medium

High

Source: Pelham School District data sources.

The Big Six: Masks, Distancing, Hand Sanitation, Screening, Ventilation, and Vaccines

Much has begun to change as a result of the increased level of vaccinations in the region and in Pelham. Additionally, the Board asked at the previous meeting on May 5 for additional

information regarding the District's requirement that those at school wear masks. That information is included here.

Masks Outdoors Optional and Recommended but not Required

Given the reduced level of transmission in the community and [the adjusted guidance from the NH DHHS \(see page 15\)](#), we are changing one element of our universal guidelines. **Mask wearing outdoors is now optional and recommended but not required.** This is based on the NH DHHS guidance that recommends outdoor masks and strongly recommends indoor masks. We see that as guidance from DHHS that removing masks outdoors in school is a reasonable risk to take on for individuals. All other universal guidelines, including exclusion for close contacts, remain in place. We believe this will provide protections for students and staff so that school can remain safe and open moving forward. If we observe an increase in cases in Pelham or in the region, we may reinstate the requirement that masks be worn outside as well.

Planning for Reopening 2021

Given the need to prepare for the 2021-22 School Year, **I am proposing the formation of a Reopening 2021 Task Force.** The proposed structure is included in the Board agenda. The purpose will be to provide regular feedback from a range of representative perspectives on the Pelham School District Reopening Plans. The task force cannot override the guidance of federal, state, or local public health officials or education officials including the Pelham School Board. Rather, it is an opportunity for community voices, including parents, staff, and students, to provide feedback. The first meeting is proposed to be on Tuesday, June 8 from 4:00 - 5:00. (I mistakenly set the first meeting for Memorial Day, Monday May 31, 2021). It will be entirely remote to allow greater participation. Members can expect a one hour meeting and two to three hours of additional time per week until the July 7, 2021 Board Meeting.

Clarifications

Several misunderstandings regarding our universal guidelines have been shared in the past two weeks since the previous meeting. This is an effort to keep the focus on accurate information.

- Students can talk during lunch and breaks. They are asked to sit facing forward. If we could not provide a full six feet of physical distancing, they are required to use clear plastic desk guards.
- The schools have a stockpile of masks available if one gets dirty or wet so students can replace it immediately.
- Mask breaks continue to be offered to students and students have always been able to remove their mask when physically distanced inside or outside.
- Families have always had the right to request an exemption from wearing a mask for reasons that can be medically documented or if needed in a student's Individualized Education Plan.

In order to make sure we implement our universal guidelines consistently, fairly and kindly, we have reviewed all of these expectations with staff in the past two weeks.

When can mask wearing become optional?

I spoke to Sheryl Nielsen, M.Ed., the COVID-19 Education Liaison regarding COVID-19 at the NH Department of Health and Human Services. She did not provide a single specific metric for when DHHS would stop recommending masks. Instead, she provided this information:

- [The CDC and NH DHHS continue to recommend masks in school settings whenever possible](#) to protect the individual and others in the classroom/school setting.
- The CDC estimates that at least 30-40% of people infected are asymptomatic.
- The State mask mandate has expired, but business, schools, towns/cities, etc. are still able to implement their own mask requirements.

- Face mask use continues to be important to help prevent spread of COVID-19, protect the person wearing the mask, and others around that person.
- NH DHHS continues to recommend face masks be used whenever possible in public locations and other people are around, especially in indoor environments.
- Nobody should be/is requiring kids sitting in classrooms all day to wear N95 masks (that's inappropriate).

The source is the [New Hampshire Coronavirus Disease 2019 Twice a Month Call for Education and Childcare Partners on May 5, 2021](#),

What is the NH DHHS recommendation on masks in schools?

This is the [May 10, 2021 Guidance from NH DHHS](#) on mask wearing in schools. "NH DHHS continues to recommend schools and childcare agencies implement face mask use whenever possible (for students/children, visitors, volunteers, staff, etc.), including outdoors in group settings. Face masks are strongly recommended indoors, especially if students are seated within 6 feet of each other. Whether or not face masks are required in schools has always been left to local school district/board policy. CDC's new recommendations are that fully vaccinated people don't have to wear masks when outdoors meeting in smaller private gatherings- neither of these criteria apply to childcare or K-12 schools settings. Through Emergency Order #74, enacted on November 20, 2020, New Hampshire mandated the use of masks for all persons over the age of five when in public places. This emergency order expired on April 16, 2021 and residents are no longer required to mask in public. However, mask use remains a highly effective mitigation strategy in preventing the spread of COVID-19. All New Hampshire residents are still advised to wear a mask or cloth face covering over their noses and mouths any time they are in public spaces, indoors or outdoors, where they are unable to or do not consistently maintain a physical distance of at least six feet from persons outside their own households."

Face masks are not restraints

At the May 5 meeting, a person claimed that NH's Restraint Statute (RSA 126-U) is a rationale for not requiring children to wear face masks in schools. NH Education Commissioner Frank Edelblut has received confirmation from the Attorney General's Office that they do not consider the requirement to wear face masks as a restraint under RSA 126-U. The Commissioner wrote to School Districts, "the AG office's position is that schools are permitted under current state law to mandate masks as recommended by DHHS."

Are there adverse effects of mask wearing?

[This Science Brief from the Center for Disease Control](#) explains that mask wearing has no significant adverse health effects for wearers. The CDC writes, "Studies of healthy hospital workers, older adults, and adults with COPD reported no change in oxygen or carbon dioxide levels while wearing a cloth or surgical mask either during rest or physical activity. Among 12 healthy non-smoking adults, there was minimal impact on respiration when wearing a mask compared with not wearing a mask; however, the authors noted that while some respiratory discomfort may have been present, mask use was safe even during exercise. The safety of mask use during exercise has been confirmed in other studies of healthy adults. Additionally, no oxygen desaturation or respiratory distress was observed among children less than 2 years of age when masked during normal play. While some studies have found an increase in reports of dyspnea (difficulty breathing) when wearing face masks, no physiologic differences were identified between periods of rest or exercise while masked or non-masked."

Conclusion

With community transmission decreasing, vaccinations increasing, and the school impact remaining steady, the Pelham School District anticipates continuing with the Family Choice Model through the end of the school year. If NH DHHS were to identify an outbreak, the District

finds its staffing situation becoming critical, and/or other changes in our decision grid, we would have to reevaluate our capacity to provide this option. This could include a decision to pivot to remote for a group, a class, a school, or the district for a period of time.

The change in approach to masks when outdoors will be a good test at the end of the school year. The Reopening 2021 Task Force should allow us to get community input on our plans for school next fall.

Metrics Scales

Criteria	Level of Community Transmission		
	Minimal	Moderate	Substantial
Covid-19 PCR test positivity as a 7 day average	<5%	5 - 10%	> 10%
Number of new infections per 100,000 people over the prior 14 days	<50	50 - 100	>100
Number of new hospitalizations per 100,000 people over the prior 14 days	<10	10 - 20	>20

Criteria	Level of School Impact		
	Low	Medium	High
Transmission within the schools	Zero or sporadic cases with no evidence of transmission within the schools	One cluster ² in the school	Two or more unrelated clusters ² in the school
Student absenteeism	<15%	15-30%	>30%
Staff capacity ³	Normal	Strained	Critical

Decision Grid		Level of Community Transmission		
		Minimal	Moderate	Substantial
Level of School Impact	Low	Family Choice	Family Choice	Family Choice ⁵
	Medium	Family Choice	Family Choice ⁵	Primarily Remote
	High	Primarily Remote ⁴	Primarily Remote	Primarily Remote

Notes:

Thank you to Salem School District for sharing their materials.

- Level of School Impact is determined by the three identified criteria – transmission rate within the school, student absenteeism, and the staff’s capacity to conduct classes and school operations. Capacity to maintain operations is a subjective factor.
- A cluster is defined as 3 or more individuals confirmed with COVID-19 who are part of a related group of individuals (e.g. a classroom) who had the potential to transmit infection to each other through close contact within the last 14 days. Two or more clusters are defined as those with onset (based on source case symptom onset dates) within 14 days of each other.
- Staff capacity is a subjective assessment. Account must be taken for a school’s ability to maintain adequate staff for facility operations, transportation, teaching, and administrative functions.
- Rate of community transmission with a high impact on schools will very likely be determined by local public health officials in conjunction with school officials. High impact on schools is defined as greater than 30% student absenteeism and critical effect on school operations.
- Level of Community Transmission is determined by PCR test positivity as a 7 day average, new infections over 14 days per 100,000 individuals, and new hospitalizations. All are determined at the county level and not the community level. Consequently, the rate of community transmission determined with input and guidance from local or state public health officials. The level of community transmission likely will not be a single determining decision-making variable. Rather, it will be used in conjunction with school impact and positive test rates.

PREVIOUS TABLE: Staffing Capacity Data (used 11/18/20 to 01/06/21)

School	Enrollment as of 10/1	Exclusions				Positive Cases since Pivot on 11/25	
		As of 12/7		Since 12/7			
		Student	Staff	Student	Staff	Student	Staff
PES	711	247	62	31	21	2	10
PMS/SAU	433	161	60	20	11	8	4
PHS	606	218	33	65	16	17	3
Total	1,750	626	155	116	48	27	17