

To: Pelham School Board  
 From: Chip McGee, Superintendent  
 Re: Pandemic Response  
 Date: December 2, 2020  
 Cc: Deb Mahoney, Business Administrator  
 Sarah Marandos, Director of Curriculum

This memo is an update for the Board regarding our response to the COVID-19 pandemic and key metrics. I have not provided a recommendation regarding the degree to which we can safely operate schools starting on December 14 in this memo. Instead, I recommend that the Board reconvene for a special meeting on Monday, December 7 to discuss this as a single agenda item. This timing is an effort to balance the need for the most current data with the need for families to have time to plan for changes to our school status. As always, our first priority is safety for students and staff. If we can operate safely in school, we will.

**Background**

As you know, Monday, November 23 and Tuesday, November 24 were early release days. The Pelham School District pivoted to remote instruction starting on Monday, November 30 and extending through at least December 11. As a result, families and staff will have to manage a set of changes. Key issues include:

- School buildings and the SAU offices remain open throughout this time period and are following the same universal guidelines for staff and students using the school.
- Preschool is in session during the pivot.
- We are considering in-school special education services on a case by case basis.
- The Family Choice decisions for Trimester 2 for grades K - 8 has continued as planned. Second trimester starts tomorrow, December 3.

Since the decision to pivot to remote, additional data has become available to help inform our decision about in school instruction.

**Level of Community Transmission**

As of December 1, the average test positivity rate has increased from 3.8% to 4.8%, which is considered minimal. The number of new infections per 100,000 has increased from 240.4 to 441.6 which is considered substantial. There has been no change in the number of new hospitalizations.

Criteria	Nov 18, 2020	Dec 1, 2020
Covid-19 PCR test positivity as a 7 day average	3.8% Minimal	4.8% Minimal
Number of new infections per 100,000 population prior 14 days	240.4 Substantial	441.6 Substantial
Number of new hospitalizations per 100,000 people over the prior 14 days	1.4 Minimal	1.4 Minimal

While there are increases, the data is still within the same ranges as before. The data source is the [New Hampshire Department of Health and Human Services COVID-19 Schools Dashboard](#). This data is for Hillsborough County (excluding Nashua).

**Level of School Impact**

The level of impact on the school is more difficult to evaluate as of December 1 because students are attending school remotely. It is not meaningful to evaluate transmission in the school when students are not in school. Additionally, student absenteeism from in school instruction is not measurable. While we take attendance for our remote classes, it is not an indicator of the safety of having students attend in school classes. In terms of staffing capacity, we have had an increase in the number of staff requesting leaves of absence and/or absent as a result of self-quarantine, self-isolation, and for the care of children whose school is affected by COVID-19 since November 18.

<b>Criteria</b>	<b>Nov 18, 2020</b>	<b>Dec 1, 2020</b>
Transmission within the schools	Low	N/A
Student absenteeism	5% Low	N/A
Staff capacity <sup>3</sup>	Strained Medium	Strained Medium

Source: Pelham School District data sources.

We are still gathering that data as it is very dynamic and hope to have it for the Board by meeting time. We continue to see staff impact as strained.

**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 <sup>2</sup> in the school	Two or more unrelated clusters <sup>2</sup> in the school
Student absenteeism	<15%	15-30%	>30%
Staff capacity <sup>3</sup>	Normal	Strained	Critical

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