

Return to School Committee

Monday, 4/12 @ 4 p.m.

Present: Rebecca Albright, Autumn Belajonas, Jessica Berry, Kate Bourne, Adam Bullard, Beckie Delaney, Randy Elwell, Kristin Falla, Mike Felton, Jennifer Garrett, Beth Giggey, Amy Hufnagel, Alane Kennedy, Jaime MacCaffray, Paul Meinersmann, Amy Palmer, Stephanie Simmons, Meghan Smith

Agenda

- **Update on situation in Knox County & Maine**
 - Knox County showing some improvement in case #s
 - State as a whole very worrisome
 - More concerning – other regions in U.S., e.g., lots of cases in Massachusetts right now
 - In the past, peaks have come in clusters of states; not sure why peaks come and go when they do
 - We need to continue to be really alert and disciplined
 - Not enough people vaccinated to keep this wave under control if it comes to Maine
 - Not a lot of B117 variant in Maine right now; B117 is the predominant strain in other states. If the variant arrives in Maine, there will likely be an acceleration in cases
 - We need to keep mitigation strategies in place and be vigilant
 - Maine has generally been at the end of every trend with the pandemic. This gives us a chance to get a lot more people vaccinated before a variant arrives
 - We also need to have a plan in the event we get caught up in another wave of the virus
 - B117 different in how it impacts children; schools may need different approach
 - In Knox County, there have been some positive cases in the area recently
 - People in our area are getting vaccinated. Last week, St. George EMS started the St. George vaccine clinic. About 52 people vaccinated on the first day. Hopefully 100 more next week.
 - Only one positive in Knox today. Our county has been up and down with the # of positive cases. It's better than it was 6 months ago
 - Question about effectiveness of vaccine in preventing not only sickness but transmission. When can fully vaccinated people safely visit with family/friends who are not vaccinated?
 - Lots of discussion on this point
 - Recognize that vaccine makes you safer but not does eliminate the risk of contracting or spreading the virus
 - What we know:
 - The current vaccines are 90-95% effective in preventing symptomatic and/or serious disease. This has also been shown to be true in actual use in a [study](#) of over half a million people in Israel.
 - In a [study](#) of nearly 4000 health care workers in the UK, published on April 1, vaccines have been shown to not only prevent disease, but also prevent infection: *Vaccination with the Pfizer or Moderna vaccine reduces infections by 90%, while a single dose confers 80% protection, shows a study led by the US Centers for Disease Control and Prevention*

(CDC) that followed essential workers through the worst months of the pandemic.

- There will continue to be a small percentage of people who become infected despite being vaccinated, although they are extremely unlikely to become seriously ill. This means that until *most* people are vaccinated, unless we continue to take the other proven precautions such as masking, ventilation and distancing, COVID-19 will continue to spread, although gradually more and more slowly as more people are vaccinated.
- A family might decide that once all of the adults are vaccinated, having grandparents visit is worth the risks involved, because the percentage chance of the vaccinated grandparents being infected and transmitting to the children is very low, and because children very seldom become seriously ill even if they do become infected. The CDC [advises](#), “Fully vaccinated people can: Visit with unvaccinated people from a single household who are at low risk for severe COVID-19 disease indoors without wearing masks or physical distancing.”
- In larger groups, particularly with people of unknown vaccination status, where the risks would be multiplied across a number of people, very important to maintain precautions until *most* people are vaccinated and overall rate of transmission is very low. At that point, we can be reasonably confident that vaccination will protect us, although the level of protection will never be 100%.
 - To protect everyone, wear masks, especially with B117 variant b/c more of a risk for children
- High school in our area – outbreak impacting lots of students and faculty – returned to remote until after April vacation
- **Staff vaccination progress**
 - 38/59- 64% of staff have had at least 1 vaccine
 - 6/59- 10% of staff are fully vaccinated (beyond 14 days of 2nd of Pfizer/Moderna or 1 of J&J)
 - 16/59 27% of staff have had 2 doses but are still in the 14-day post vaccine waiting period
 - 16/59 27% of staff have had one dose and are waiting to get second dose
 - Amy Drinkwater said that staff could reach out to her about the St. George clinic and get on a cancellation list
- **8th grade spring activities & Baseball**
 - **8th Grade**
 - Mr. McPhail and Ms. England would like input on whether the 8th grade class could go to places in Maine such as Funtown, ropes & laser tag in Wiscasset, and other outdoor activities. They would also like to know the committee’s

thoughts on whether to consider in-state trips only or whether travel to other New England states an option.

- Committee member shared that Trekkers has teams going on expeditions and that seems to be working. They do outdoor activities and are masked. A “COVID car” follows the bus and is there to transport any student who starts to feel ill on the trip. They are staying places overnight with each person in a separate tent
- Concerns around avoiding restaurants if students go on a trip
- Seems like staying in the White Mountains in NH would be doable.
- Need to follow same protocols as we have in school
- Concerns about going to Massachusetts b/c case #s are rising there
- Day long trip would probably be okay. Over night trip could be more complicated and resource intensive
- Important to be creative – e.g., order meals ahead of time for curbside pickup
- Mr. McPhail and Ms. England would like to consider an event on Saturday for 8th grade families on school grounds that could be a fundraiser and include basketball and cornhole tournament.
 - New state rules going into effect in May for outdoor venues focus on 6 ft distancing, not # of people gathering
 - We would need to make sure students and parents socially distance and wear masks
 - It will be tough for kids and adults to distance if they are playing basketball together
 - Concern about accessing school bathrooms. Maybe we could use Blueberry Cove facilities or get port-a-potties.
 - Perhaps kickball or baseball would be good alternatives to basketball
 - Concerns if this is opened up to people beyond immediate family members.
- Mike will ask Mr. McPhail and Ms. England to develop proposals
- **Middle Level Baseball**
 - First game on May 17th
 - Schools need to develop expectations for spectators
 - Oceanside Middle School developed the following list of spectator expectations for spring sports:
 - No limits on # of spectators so long as people can follow social distancing requirements
 - Face coverings required for all athletes, coaches, staff, officials, and spectators
 - 6 ft social distancing among spectators unless immediate family members
 - Spectators must remain separated from athletes during game
 - If any COVID-like symptoms, please do not attend
 - Right to modify rules

- Committee supported adopting these expectations
 - Questions about developing signs for crowds with these expectations.
 - Parks & Rec will be talking about Little League – spectator expectations, handwashing station, etc. Athletic Director Meghan Smith will connect with Parks & Rec Dir. Ben Vail.
 - May want to encourage families to bring their own chairs. May want to talk with Parks & Rec about taking down bleachers to reduce risk of people congregating
 - Other states have spray painted circles on grass to help people social distance
 - Randy offered to prepare a kit for the baseball team with items for sanitizing hands, bats, etc.
- [US CDC update](#) on COVID 19 surface transmission: *"It is possible for people to be infected through contact with contaminated surfaces or objects (fomites), but the risk is generally considered to be low."*
- **Protocols for fully vaccinated staff members**
 - A close contact of a positive case who has completed the COVID-19 vaccine series does NOT need to be tested so long as the exposure occurred more than 14 days after the close contact's completion of the vaccine series.
 - If exposed after vaccination but *prior to* the 14 days, the person will need to quarantine for the full time period.
 - If a vaccinated person becomes symptomatic, the need to test and quarantine
 - If a fully vaccinated parent is exposed to a colleague at work who tests positive, CDC would not require children to quarantine. Some concerns about this due to possibility (about 10%) that vaccinated person can still become infected and potentially spread virus.
- **Elementary and Secondary School Emergency Relief fund (ESSER III) allocation**
 - Total allocation: \$395,994
 - 20% of funds must address learning loss through implementation of evidence-based interventions/ interventions must respond to students soc, emotional, and academic needs
 - Possible projects
 - Air Filters for classrooms
 - Additional space – CTE Shop Building & summer programs
- **Planning for next school year**
 - DOE working to develop "Roadmap to Recovery"
 - Collection of recommendations
 - Requirements not going to change much with regards to masks and spacing
 - Bus
 - CDC guidance to schools includes:
 - Assign seating. Students from the same household should sit together.

- Minimize number of people on the bus at one time within reason.
 - To the extent possible, maximize the distance between children in the vehicle. Since vehicles have different sizes and capacities, there is no single recommendation for spacing. That said, filling a vehicle to its maximum capacity even with masks/face coverings poses a public health risk and is inadvisable.
 - Drivers should be a minimum of six feet from students to the extent possible;
- Suggestion to survey staff & parents to determine protocols people want to keep for next year
- Hope that lunch can move back to cafeteria
 - Lots of waste due to packaging food for classrooms
 - Next year, we will still need to socially distance students 6 ft when masks are off. This will limit the # of people who can be in cafeteria at one time
 - May want to consider using part of gym for lunch next year
- Middle Level
 - Need to determine # of Crews for next year – big impact on scheduling
 - Students will probably switch classes next year but we will need to monitor and help ensure social distancing in halls
- Hope that by September things will have improved dramatically. If people continue to get vaccinated, whole thing will calm down. Steps school are taking are imminently reasonable. Possible there will be a vaccine available for kids 12+ by September
- State cannot mandate vaccine because vaccines have received emergency approval. Even when fully approved, unlikely that state will mandate vaccinations.
- Need to prepare families for next year – requirements to wear masks and socially distance
- UA schedule will change next year – approach this year with each UA teacher focusing on one grade span (i.e., House) each trimester has been very difficult
- Goal: get things planned by June so people can take some time off this summer
- **Other**
 - Math Camp – what precautions will be taken
 - We will follow same health/safety protocols that we are using now
 - Band – Will band be back next year? How will it look?
 - Not sure what Band will look like next year
 - Discussion about holding band outside but difficulties with sound and time required to set up
 - Are there “masks” for instruments? [Apparently, there are.](#)