

**FAIRFIELD COMMUNITY FORUM**

September 20, 2021

**QUESTIONS AND SUBSEQUENT ANSWERS SUBMITTED DURING THE FORUM**

<b>Questions Submitted by Audience</b>	<b>Answers</b>
Isn't it customary for absences to increase when students are re-introduced to each other?	Yes. But not three fold in 4 days. We moved from 44 students out sick to 156 in 4 days.
Do we have percentages of Covid absences vs. normal viruses? How do you track that?	We see the number of students out due to illness and also due to quarantine. The nurse knows individual types of illnesses we are seeing and reports that information to the Superintendent.
What about those kids who test at home, with home kits - do they count? Do they get treated?	The home kits can be counted if the test is proctored through the app. If the test is not proctored then that student can not be treated as a positive case.
How many quarantined students have actually contracted Covid (to present from the beginning of the inception of quarantining at school)?	Unfortunately, I don't have this information easily available. Most of our public health surveillance systems are over 10 years old and simply don't track this data. It requires a manual review of our student cases, the associated quarantines, whether those in quarantine later went on to get tested, whether their tests were proctored or not, and whether some students became symptomatic at home and potentially never got testing. I have asked our nursing team to look at our available information and see what we are able to find for recent cases. With my level of staffing I may not be able to provide numbers specific to Highland County, and I am certain that I can't pull this data from the beginning of this pandemic to the present. I have also reached out to our state association to see if any Ohio specific studies are available that might help to answer this question.
Why are religious exemptions not being accepted for masks?	Religious exemptions do not exist for face covering requirements. They do exist for vaccines. The school is required to provide accommodations for religious beliefs.
What are the percentages of absences that determine closing due to sickness or contact tracing?	The Superintendent uses 10% to start monitoring absences due to illness. If the trend is moving upward beyond 10% each day we have considered closure.
What is the percentage of students that get quarantined who actually become sick?	Unfortunately, I don't have this information easily available. Most of our public health surveillance systems are over 10 years old and simply don't track this data. It requires a manual review of our student cases, the associated quarantines, whether those in quarantine later went on to get tested, whether their tests were proctored or not, and whether some students became symptomatic at home and potentially never got testing. I have asked our nursing team to look at our available information and see what we are able to find for recent cases. With my level of staffing I may not be able to provide numbers specific to Highland County, and I am certain that I can't pull this data from the beginning of this pandemic to the present. I have also reached out to our state association to see if any Ohio specific studies are available that might help to answer this question.
Natural immunity - will it happen when kids get Covid and are exposed - herd immunity. If we all have antibodies isn't that HERD immunity?	<p>Natural immunity is a very important part of our population's path through this pandemic, and it deserves more attention than it gets. I am hopeful that natural immunity will be strong and last a long time, that would be the best-case scenario for our county in particular. The problem with natural immunity though is pretty straightforward. In order to get natural immunity, a person first must become sick with COVID-19 and then recover. Between August 1st and September 23rd, 1,760 people have gotten COVID-19 (and many others have likely gotten it as well and not been counted towards our totals). This wave of illness came very close to breaking our healthcare system (our ICUs are still over 100% capacity).</p> <p>Kids do not live alone, and when kids get COVID-19, they bring it home to parents and other household members.</p> <p>Even if we are very optimistic on the level of combined natural immunity and vaccine induced immunity in our county, there are tens of thousands of people still susceptible to illness in Highland County. No one knows what herd immunity rate is needed, and we don't know yet if waning immunity will make herd immunity impossible to reach. Natural immunity would require all of those people to get sick, and my concern is that this would mean that more people would be hospitalized or die than what would happen if they received a vaccine. The risks from COVID-19 infection vastly outweigh the risks from COVID-19 vaccination.</p>
Considering children have a legal right to access curriculum and universal masking works, what are the school's plans to keep kids in school or access curriculum?	Our goal is to keep student in school in a safe environment. Face coverings, 3 feet spacing and/or vaccines are means to avoid being quarantined thereby keeping kids in school.
More of a comment than a question -- All of this passion is wonderful, but it would also be so great to see it used in other sources in our community. Our kids have lots of unmet needs that go unnoticed.	Thank you for the comment
Does the school receive or lose any funding for allowing the parents to make decisions about their children's health instead of letting the health department dictate what is best for them?	No funding is tied to health decisions for the school aside from the federal mandate that requires all riders on public transportation must wear a a face covering. We agreed to this requirement in order to receive federal COVID funds. From Jared - Recent legislation in Ohio has shifted the final responsibility for school health policy decisions to local school boards and superintendents.
Is the recommendation from the Board to wear masks based solely on the fact that we accept state funds?	State funding is in no way tied to a face covering requirement for any school.

At school everyone shares school supplies. When students write on the smart board, we all use the same pen. Tons of kids drop their masks on the floor. Also at school none of the teachers clean desks. Why do we wear masks - it hurts your body and it doesn't do anything!! And we share the same supplies! All that you are doing is hurting the kids at school!! So why do you make kids at school wear masks?	The wearing of a face covering is strongly recommended by the local and state health departments to mitigate the transfer of the virus through sputum. Jared added - Most COVID-19 cases are shared directly from person to person by breathing in viral droplets. Aerosols (smaller particles) also are able to infect people but seem to cause infection less often than larger droplets. Schools have implemented a multiple layers of infection prevention, and studies clearly show that the more protective layers (including masks) in place, the lower disease transmission occurs in a school.
When does mental health become important. The mental health of our students?	The health of our students whether mental or physical will always be our number one priority.
Do you think we have weakened our immune systems from isolating ourselves? Is that why when we returned illnesses spread so much?	We see an increase in illness amongst our students each year when we return to school. We do not typically see a three fold increase.
Are you going to allow elementary kids to play sports this fall unlike last year, even though high school and jr. high played?	Indoor youth sports will return this year in our buildings unless the local or state departments of health issue new guidance to change this opportunity for our young athletes.
What concessions/policies were recommended or required (if any) to receive funding? Were parents informed (transparency)? Were parents given opportunity to provide input?	The only practice we have at Fairfield that is tied to funding is the federal requirement that all riders on public transportaton must wear a face covering. We follow that mandate. I informed parents through one calls that students must wear face coveringsonm busses.
What is the Family & Civic Engagement Committee? What is the purpose of that committee? How often do they meet?	This committe was to be established under ORC 3313.821 and HB1 from 2010. This code section was amended in 2013 by the state legislature changing the requirement on a district from having a Family and Civic Engagement Committee to participating in a Business Advisory Council (Board Policy BCFA). The Business Advisory Committee is ran by the Southern Ohio Educational Center of which Fairfield is a participant. What this questions exposes is the fact that our policies are sometimes outdated and or in need of revision. Since 2019 we have had a Board Policy Review Commmtee that meets every other month to review board policy revisions recommended by the Ohio School Boards Association. In the last 2.5 years we have submitted over 100 policies to the Board for approval of revisions and/or rescincions. Board Policy BCFB should have been rescinded in 2013.
Other schools are not excluding kids from school (quarantine). Why is Fairfield?	All schools in Highland County are to follow the Highland County Health Departments quarantine protocol. Fairfield does follow this protocol
Does the community have input into Board policy?	Yes. Board Policy is different than practices put in place in lieu of not having a policy. For example, when we close due to weather conditions is not defined in Board Policy but policy directs the Superintendent to make a determination of road conditions and to take action to ensure the safety of students. Board Policy must have 2 readings at two different board meetings and must then receive a majority vote at an open meeting. The public can give input at both the first and second reading at either meeting.
Why were the survey questions/answers biased and leading? Why were we only allowed to pick "the lesser of evils" option?	All questions were based on facts. The first question posed was if we encounter a high number of student absences due to illness would you prefer to continue on as normal with only 3 feet spacing and temperature checks in place. A large percent of respondents preferred this option. The other questions focused on if you wanted to avoid the quarantine would you rather wear face coverings, go remote or go hybrid.
What (if any) are state guidelines or implications on large % of student absences? Is there a state %?	There are no state guidelines.
Your board policy states (in the mask covering policy) you will consider "all available science". Can you elaborate on all of the science you are using? Beyond the Health Department and CDC - as we know there is much more science available.	The Use of Face Covering Board Policy was rescinded as it is no longer applicable due to the state doing away with the state mandate. We rely on our local health department and the Ohio Department of health for guidance. From Jared - Every major national, state, and local public health agency has recommended masking (at least temporarily in times of high spread) as an important part of the many layers of protection used in schools to protect student health and prevent disease increases in the community.
Were policies made/outlined as concessions to receive funding? Which ones specifically?	Only practice in place to receive federal funding is the federal mandate that all riders on our busses will wear face coverings while on the bus.
At what point is health more important than education. I keep hearing education! Without health there is no education. Where do you place as a school that? Also, which is first - education, health or a school babysitter?	Health and safety of students is always our number one priority.
With kids going virtual because they are unable to wear a mask, how do you plan on providing proper education?	Google Classroom is the option we are providing during this short term face covering requirement
If air control is a major help for control of our airborne viruses, what has been done maintenance wise for the school?	The district invested \$275,000 this past summer in new air handlers, controls and ultraviolet light systems.
What % of hospitalizations are children under 18?	The overall national rate of pediatric case hospitalization for COVID-19 is 0.8%. Roughly 1 in 125 kids who have COVID-19 will require a hospital stay. COVID-19 hospitalization costs on average \$20,000. Deaths are very, very rare in children. Highland County has had (as of 9/24/21) 904 COVID-19 cases for those between ages 0-19, with 4 hospitalizations and 1 death. We are currently below the national rate of hospitalization, with .4% of our child cases requiring hospital care.

<p>What is HDH capacity? Total? Covid?</p>	<p>This is an important question, but also not a question with a simple answer. It depends on several factors. HDH is a critical access hospital, which is a federal designation that sets certain standards for rural hospitals including a 25 bed max capacity and a requirement to not house critical care patients for longer than 96 hours as an annual average. Normal capacity would be 25 beds, with no local Intensive Care Unit capacity. At one point in September, the hospital housed 28 total patients, 13 of which were COVID-19 patients. Many patients required the use of a vent, and HDH had extreme difficulty in transferring these critical patients to other facilities. Hospital capacity also depends on patient acuity. Some patients require more hospital resources and staff than others. All hospitals in Ohio also maintain "surge capacity" plans which allow them to expand the number of patients that they are providing acute care for. It is possible for HDH to further expand bed availability, but expanding staff and providers to support new beds raises other issues.</p>
<p>Why can't we close one school only (such as elementary) and not the others (based on %)?</p>	<p>Two reasons: first our union contract requires we close the entire campus should we need to close one building. Second, we are one facility that shares all common spaces such as the gyms and the auditoria. Putting a face covering requirement in for one building would not work as the kids cross paths each day in these common areas.</p>
<p>For Jared Warner - Is the hospital still using PCR test, which are being recalled and if so, how can they confirm all Covid cases when using these tests that are inaccurate?</p>	<p>My understanding is that 2 separate things happened here, and they are being lumped together to create these misleading headlines.</p> <p>The FDA did issue a recall for a specific manufacturer of COVID-19 tests because the tests had some quality control problems. This recall impacted about 20,000 tests across the nation.</p> <p>CDC also announced separately that they were letting their Emergency Use Authorization lapse at the end of the calendar year. CDC's test is no longer used widely, as the commercial tests are faster, can be done in bulk, and are cheaper. There is no need for the EUA from the CDC's in-house PCR test, so they are letting it expire. This has nothing to do with its effectiveness or accuracy.</p> <p><a href="https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html?fbclid=IwAR2Hv-qYRFsILyLj-uT22Z-30mqDcJIlaUJx2n0QG16XjnpaSmCjaChjnaQ">https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html?fbclid=IwAR2Hv-qYRFsILyLj-uT22Z-30mqDcJIlaUJx2n0QG16XjnpaSmCjaChjnaQ</a></p> <p>Somehow these two items got mixed together and now there are all sorts of inaccurate claims circulating the internet saying that PCR tests are unreliable or have been recalled. This is completely incorrect.</p>
<p>For Jared Warner - Are you going to start quarantining for other sicknesses? Since you're so worried about households transferring illnesses.</p>	<p>The health department does quarantine people for other reasons, and has since the agency was established over 100 years ago. Through the use of wide spread vaccination, we rarely have to implement quarantines any more in our school systems. Tuberculosis is the most common illness that people are quarantined for currently. Other recent example (I think 2017, but don't hold me to that) was a mumps case in a local Highland County school. Those who were vaccinated for mumps were allowed to remain in class unless they became ill, but there was a student who was unvaccinated during the time of exposure and refused a post-exposure prophylactic vaccination, and they were then quarantined away from the class for 25 days. Measles and Pertussis are other diseases that require quarantine from school for exposed individuals who are not vaccinated. It is quite possible that COVID-19 will be downgraded to a Class B reportable disease and our quarantine guidelines changed in the future as vaccines become available to all ages or as other resources and tools become available for COVID-19.</p>

<p>What evidence is there that masking children has any impact on controlling Covid in the community?</p>	<p>There are multiple studies that show mask effectiveness in reducing the spread of COVID-19 in the classroom as part of a multilayered approach to infection control.</p> <p>One such study was produced by Cincinnati Children's Hospital and looks specifically at local school districts. I am waiting to see the full study itself, so currently we are reliant on the researcher and school system comments and findings.</p> <ul style="list-style-type: none"> <li>•The rate of students getting diagnosed with COVID-19 was 78% higher in the partially masked schools than those that had universal masking.</li> <li>•The rate of students being quarantined was 60% higher in the partially masked schools.</li> <li>•The ratio of quarantines per COVID-19 case was 30% higher in the partially masked schools.</li> </ul> <p><a href="https://www.cincinnati.com/story/news/2021/09/21/cincinnati-childrens-study-masks-lower-covid-19-cases-quarantines-school/5800121001/">https://www.cincinnati.com/story/news/2021/09/21/cincinnati-childrens-study-masks-lower-covid-19-cases-quarantines-school/5800121001/</a></p> <p>Below are a list of recent studies addressing this issue.</p> <p><a href="https://www.hsd.org/?view&amp;did=851215">https://www.hsd.org/?view&amp;did=851215</a> – Speaks to multilayered prevention including masks. Also speaks to the role of disease transfer between households and between household members.</p> <p><a href="https://www.cdc.gov/mmwr/volumes/70/wr/mm7004e3.htm?s_cid=mm7004e3_w">https://www.cdc.gov/mmwr/volumes/70/wr/mm7004e3.htm?s_cid=mm7004e3_w</a> - Supports school opening in person when multi-layered mitigation efforts are in place, including masking.</p> <p><a href="https://www.medrxiv.org/content/10.1101/2021.08.17.21262169v2">https://www.medrxiv.org/content/10.1101/2021.08.17.21262169v2</a> - Recent modeling of SARS-CoV-2 in school settings. Highlights the importance of ventilation, masking, and multi-layered mitigation strategies.</p> <p>It can be easy to throw out broad statements like, "there are no studies to support masking in schools," but as we have learned throughout our COVID-19 response, the louder and more confident a person is about COVID-19, the less time we should spend listening to them. There is still a lot that we don't know, and our understanding of things changes all the time as new data becomes available. Delta variant, in particular, has flipped many things on their head. Current studies clearly support the use of masking as a part of a multilayered strategy for infection control in schools.</p> <p>Every Children's Hospital in Ohio has also jointly asked our schools to implement masks and other protective steps for a little while so they can begin to recover from their own surge in cases. Our health department has recommended masks be used temporarily as our community sees the highest levels of COVID-19 disease transmission that we have ever experienced. I can't wait for this spike to be over and to stop talking about masks in schools.</p>
<p>What impact does masking children have on their development during very critical years? And is it worth it?</p>	<p>From Jared - This is an important question and there may be impacts in childhood development, but we do not have a way of predicting if this is true or not. It does help that times outdoors at school are lower risk and masks are often removed for these times. Children also spend their time at home with their parents unmasked. The dilemma faced by schools and health departments when making masking recommendations for schools is this: Do we address the known risk of COVID-19 right now in our community, or do we address the potential future risk that may arise from mask use in schools. Do you fight the problem in front of you or the future problem that may never come into existence? The other mental health issue that we are considering is the impact on children who lose parents or grandparents to COVID-19. There are no risk free options available, only a list of imperfect solutions. The Highland County Health Department's recommendation has consistently been to mask in times of high spread and high disease risk in the community, and to relax precautions once those disease risks diminish.</p>
<p>How will minutes required to be provided to students per their IEP be provided to those students who choose to go on Google Classroom learning when a face covering requirement is in place,</p>	<p>We would convene as a team and determine what is best for the student. The options include: having an IS be part of the Google classroom or we could amend to have more individual minutes based on classroom instruction. The team will ensure all minutes are met and the student is provided with everything they need.</p>