

Goal – Address Areas of Focus: Metrics, Testing, Tracing

Shared Goal A: Limit virus from entering school buildings. (Shared with other workgroups doing self-certification, temperature screening, providing education about staying home when symptomatic...)

#1 Focus Area: Data Metrics

- Metrics are a guide to understand community risk. Greater community risk leads to a greater the chance that an infected person will enter a school building.
- 1) **We recommend that the District adopt the data metric in the IDPH Adaptive Pause document – which outlines metrics for low, moderate and high community risk.** This local, directly relevant guidance is fairly similar to the recently released CDC metric.
 - a) As outlined in the Adaptive Pause document, **we recommend this metric and the numbers by themselves should not dictate district decisions, yet should provide an important background and guidance for district decisions**, which should be made considering all contextual factors.
 - b) District decisions can include a range of options (modifications) and are not binary (open/close)
 - 2) **We recommend that the district use River Forest data (60305) for the guidance in the metric** as more directly relevant to D90 risk than county-wide data. Data from neighboring communities and county-wide data will be contextual information which can also be used in decision-making, and may be affecting 60305 data.
 - a) We know that the IDPH and the CCDPH are not recording all positive COVID cases. IDPH only records Polymerase Chain Reaction (PCR) tests, not the rapid antigen test commonly in use in the community, including by many of the largest local pediatrician groups (even though these antigen tests are approximately 95% specific). Official numbers of the most recent September outbreak in OPRF were underreported due to this fact.
 - i) With this knowledge, we recommend that D90 add any known results about antigen testing to the numbers IDPH reports in its metric calculations.
 - ii) If relying only on IDPH numbers, we recommend that D90 “round up” and consider the community in the higher risk category when at or near metric cutoffs.
 - b) Data should be interpreted knowing that the number of infected people is estimated by the CDC to be 5-10 times the number of positive test results. The main times when River Forest has been in the high community risk category of the data metric has been after major holidays (Memorial Day, 4th of July, and Labor Day). As one piece of this, **we**

recommend communicating the expectation that families follow local health recommendations about quarantining after travel. See:

<https://cookcountypublichealth.org/communicable-diseases/covid-19/covid-19-travel-guidance/>

- c) One example of modelling the effect of data metrics on the risk of an infected person coming to school is this Georgia-Tech COVID-19 Event Risk Planning Tool:
<https://covid19risk.biosci.gatech.edu/>
 - d) Best modelling shows that with current prevalence and rates of transmission, the odds are high that infected individuals will present to school buildings. This should be communicated to the school community and will provide the background for all of the safety measures being taken by D90.
- 3) We recommend that D90 maintain a COVID health metrics dashboard separate from state and county dashboards already published.**
- a) This dashboard can allow residents to understand community and school risk.
 - b) Hopefully, the dashboard can promote healthy individual and community behaviors by signaling to the community that their actions are important to the risk and functioning of the community and schools.
 - c) We are asking for residents to voluntarily provide data on tests and positive results to the district, which are not necessarily reflected in public data (as explained above), so a local dashboard can effectively represent the D90 risk environment.
- 4) We recommend an additional category to the metric – suspicion or evidence of in-school novel Coronavirus transmission. Any suspected or confirmed in-school transmission of the virus immediately puts the school in the highest risk category. In this situation, we recommend an adaptive pause as outlined in the IDPH document.**
- 5) We recommend that D90 participate in the National School COVID-19 dashboard, which is both research into the effect of school decisions on COVID rates and a way for the district to put its data and situation in context.**
- a) <https://explaincovid.org/kids/nationwide-covid-19-school-dashboard/>.
 - b) Update: D90 has already agreed to the initial steps of participation.

#2 Focus Area: Testing

- 6) We recommend using a consolidated testing process for interested D90 stakeholders through a number of local area pediatricians:**
- a) A local pediatrician's group has convened multiple times and agreed to collaborate on multiple issues with points of contact for all of the larger pediatrician groups in the area who are participating in this collaboration.
 - i) Oak Park Pediatrics

- ii) Pedios
 - iii) RF Pediatrics
 - iv) PCC
 - v) Rush Oak Park Hospital Family Practice
 - vi) Other institutions as they agree to participate
- b) A HIPAA waiver will be needed for the above and other collaborating pediatrician/medical offices to directly report test results to the district. The district would use this information for the D90 contact tracing effort (below). Names will be publicly withheld; the data would be on the D90 school dashboard and to inform school decisions.
- c) Waivers on file with this group will expedite D90 knowledge of test results and contact tracing.
- d) The District will investigate legal issues regarding the use of waivers to ensure compliance with federal and state laws, as well as directives from the Illinois State Board of Education.
- 7) We recommend publicizing a resource list of testing availability for all in the D90 community:**
- a) A list is already compiled and posted on the D90 website.
- 8) We recommend a process for all positive test results to be voluntarily reported back to D90.**
- a) Create and communicate a necessary requirement for all school families, students, and staff to report positive cases to D90 in order to participate in any in-person or hybrid teaching model.
- b) **We recommend that if there is evidence that a household attending an in-person or hybrid model has withheld or falsified relevant symptom or testing information, that all members of the household switch to a remote learning model** until this can be resolved. The District will need to investigate if this will be compliant with Illinois State Board of Education regulations.
- c) Members of this advisory panel or other D90 community volunteers can remain an available knowledge base or ongoing task force to provide support for these recommendations and ongoing COVID issues.
- 9) We recommend D90 appoint a liaison to communicate with partnering pediatricians/medical offices and community partners.**
- 10) We recommend D90 consider surveillance testing should testing become more readily available than it is currently – like a readily available rapid test.** In the most extensive case, surveillance testing could be done for all staff and students entering district buildings regardless of symptom status.

11) We recommend D90 follow well-established guidance to determine when a student can re-enter school after testing positive.

Shared Goal B: Limit spread of any virus which may enter school buildings (shared with workgroups considering spacing, masks, ventilation, etc.)

#3 Focus Area: Contact Tracing

12) We recommend that D90 create a contact tracing system independent of IDPH and CCDH (which are currently not reliably tracing RF cases of COVID-19)

- a) District 90 is hiring a Contact Tracer for the district community students, staff, and their families, although this task could also be suitably coordinated by trained infection control nurse
- b) The local, collaborating/medical pediatrician group has agreed to support contact tracing efforts for D90
 - i) Oak Park Pediatrics
 - ii) Pedios
 - iii) RF Pediatrics
 - iv) PCC
 - v) Rush Oak Park Hospital Family Practice
- c) We recommend using the IDPH definition of a close contact (within 6 feet for 15+ minutes) with latitude to include any additional people reasonably at risk for infection.
- d) We recommend coordination of all of the above duties with existing staff or hiring additional staff if needed. An infection control nurse can be considered should existing staff not be able to do the below tasks:
 - i) Stock and manage PPE
 - ii) Isolate and evaluate potential cases
 - iii) Contact tracing after confirmed cases
 - iv) Liaison with community pediatricians for referrals
 - v) Maintain COVID health metrics and dashboard