

Addendum 4

Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together

Connecticut State Department of Education



Updated Guidance for Decision-Making Regarding the Use of In-Person, Hybrid (Blended), or Remote Learning Models in Connecticut Schools during COVID-19



Revised October 21, 2020


In order to guide decisions on remote vs. in-person learning for Pre-K–12 education, the Connecticut Department of Public Health (DPH) and Connecticut State Department of Education (CSDE) have developed key metrics and considerations for informing local district decision-making. Decisions on whether districts will operate in a full in-person model, a fully-remote model, or some mix of in-person and remote learning (hybrid) should be based on indicators of the spread and prevalence of COVID-19 in the community and on the physical and operational ability of school districts to implement critical mitigation strategies. Decision-making should happen in light of these considerations and in consultation with local health departments, school medical advisors, and municipal leaders.

For the key leading metric for community spread, we recommend using the number of new cases, adjusted for population ([Table 1](#)). Although thresholds are suggested here that align with the Harvard Global Health Institute's publication *The Path to Zero and Schools: Achieving Pandemic Resilient Teaching and Learning Spaces*, these benchmarks are not absolute, but rather should be viewed as a continuum, and in the context of school-based mitigation strategies, to assist district administrators in making decisions that are appropriate for their individual school dynamics. In addition, there are several secondary indicators that can help inform decisions, when considered for the directional trend and speed of change of the data.

Because the size of Connecticut's population is relatively small in comparison to many other states, infection and disease rates for many conditions (including COVID-19) can become extremely unstable as statewide statistics are analyzed by smaller geographic areas. As such, analyzing any of the suggested leading or secondary indicators at the individual town or school district level in our state may result in rates that are too unstable to be of any use in continuous decision-making. In addition, assessment of data metrics on a daily basis can lead to unnecessary action on the part of schools due to the variations in case reporting day-over-day. As such, DPH will provide analysis on a weekly basis of the average daily metrics for the previous complete 14-day case reporting period, in order to smooth datapoints over time for case numbers that can be highly variable.

Table 1: Leading and Secondary Indicators of COVID-19 Infection Levels in Communities for Consideration of Learning Models for School Reopening in Connecticut.*

Leading Indicator	MORE In-Person Learning	Re-assess strategies to determine appropriate balance of in-person and remote learning (hybrid learning)	LESS In-Person Learning
Number of new cases of COVID-19 (14-day average of new cases per 100,000 population per day)	< 10 new cases per 100,000 per day	10 to < 25 cases per 100,000 per day	25+ cases per 100,000 per day



Reduce Person-Density in School Buildings

Secondary Indicators	MORE In-Person Learning	Re-assess strategies to determine appropriate balance of in-person and remote learning (hybrid learning)	LESS In-Person Learning
Percent positivity rate (# of positive tests/ # of total tests, 14-day average)	Secondary Indicators trending down to flat	<u>Direction of Change:</u> Secondary Indicators trending flat to upward	Secondary Indicators trending upward
Number of new COVID-19 hospitalizations per 100,000 population (14-day average)	No statistically significant changes to Secondary Indicators	<u>Speed of Change:</u> Any statistically significant changes upward to Secondary Indicators	Consistent, statistically significant changes upward to Secondary Indicators
COVID-like and Influenza-like Illness (CLI and ILI) Syndromic Surveillance			

* Originally adapted from: the Harvard Global Health Institute’s publication *The Path to Zero and Schools: Achieving Pandemic Resilient Teaching and Learning Spaces*, July 2020 and revised in consideration of the Centers for Disease Control and Prevention (CDC) guidance document *Indicators for Dynamic School Decision-Making*, updated September 15, 2020

How should these metrics be used?

Raw data pertaining to the Leading and Secondary Indicators identified in this guidance will be updated and published by DPH on a weekly basis. School district administrators should review updated data and consult with their school medical advisors and local health director to discuss ongoing mitigation strategies and any changes to the person-density in school buildings that may be appropriate. District and building-level decisions will ultimately be made at the local level, and every locality will need to analyze the data available for both the community and the schools.

On October 16, 2020, DPH announced a new weekly [Town-Level COVID-19 Response Framework](#) to support municipal decision-making, which is a color-coded COVID-19 alert system for every city and town in the state. The new weekly alert level is also accompanied by municipal-level guidance on recommended actions for individual residents, institutions such as schools, houses of worship and community organizations, municipal leaders and local health directors. It is important to note that, although the Town-Level Response Framework and Addendum 4 utilize some of the same data metrics to direct action, each of these systems is designed to address the unique circumstances in two different settings — the highly controlled and essential setting of schools versus other community and social settings, where less oversight and compliance with mitigation strategies can be expected.

The DPH “red” alert level in the Town-Level COVID-19 Response Framework identifies towns experiencing elevated community spread of COVID-19 with data showing 15 new cases per 100,000 population per day (14-day average). At this level of community spread, district administrators and local health directors should be engaged together to discuss the robustness of current mitigation strategies in school buildings and to consider what new strategies or changes in learning models is appropriate. However, the level of community spread that would prompt action in non-school community settings is not necessarily indicative of a need for schools to suspend in-person learning.

The experience in our state since school reopening began indicates that transmission has been a rare event inside of school buildings even in communities with elevated transmission rates, likely due to the high-level of planning and compliance with mitigation strategies designed to prevent transmission between individuals. This same level of planning and compliance is not necessarily in place in other settings outside of school buildings, and so engagement in general community activities requires more caution.

At the level of 25 new cases per 100,000 per day or more, DPH recommends that district administrators, medical advisors, and local health departments discuss the appropriateness of an increase in remote learning, in the context of the additional considerations below. However, should a district determine not to provide any in-school option prior to this level of community spread, an exception review is required from a panel with representatives from the CSDE, the State Board of Education and DPH. Superintendents should develop a local structure to include the school medical advisor, the local health director, and school nurse leader to consult when making decisions.

Additional considerations for school decision-making:

While leading and secondary indicators give school decision-makers a sense for the level of COVID-19 spread in the community surrounding their schools, there are also many structural and procedural considerations within school districts and individual school buildings that administrators should assess on a continual basis, as these may also influence whether school districts should consider more or less in-person instruction. As part of their decision-making process, district administrators, local health directors and elected officials, and school medical advisors should include consideration of the following “Other Key School Characteristics.”

- **Design of the physical space:**
 - Classroom space available for physical distancing
 - Outdoor space
 - Entrance/Exit design to avoid crowding
 - Overall population of school
- **Cohorting:**
 - Ability of the school to consistently group students in small cohorts and minimize interaction with other cohorts throughout the school day
- **Compliance with self-screening:**
 - Frequency of students and staff arriving at school with symptoms of COVID-19
 - Frequency of students and staff attempting to return to school with symptoms of COVID-19
- **Ventilation (Central and Non-Central HVAC):**
 - Well-functioning and maintained central HVAC system(s) (or the functional equivalent) are in place
- **Cleaning and Disinfection:**
 - Plans in place in accordance with DPH and SDE guidance regarding cleaning protocols
 - Adequate supplies and implementation of Cleaning and Disinfection plan
- **Person-density:**
 - The number of individuals present inside the school building at any given time
 - The effect of increasing or decreasing person-density on the ability to fully implement mitigation strategies (e.g., per-person ventilation, cohort sizes, cleaning schedules, etc.)
 - Person-density can be reduced either through programmed hybrid scheduling or as a result of students voluntarily “opting-in” to remote learning