

- Welcome everyone. I see we've got Fishers Health Department, The Mayor, all school board members. Janet's gonna be coming shortly. Let's stand and say Pledge. Gladys.

- Thank you.

- [Group] I pledge allegiance to the Flag of United States of America and to the Republic for which it stands: one Nation, under God, indivisible, with Liberty and Justice for all.

- Peter is not connecting to the internet right now, but our agenda is pretty simple. It's a work session with District Health Department just to talk metrics and some data. Dr. Bourff, is there anything? From the first agenda item,

- [Dr, Bourff] First agenda item is review the metrics.

- Review the metrics. Okay, should we start with introductions of the District Health Department?

- Yeah, I'd be happy to provide that. And thank you, President Fullhart, Dr. Bourff, school board members. We very much appreciate the opportunity to come before you and have hopefully what is a very productive discussion about the unprecedented times that we find ourselves in. I wanna provide a little context and I'll introduce the talented team that we have for you around public health. In March, all of our world's changed, March 6th, we were notified that the first COVID patient had reached the borders of Indiana. And in fact, the first COVID patient that reached borders of Indiana found its way to Fishers. So we'd been dealing with this from the early part of March. We've all had to make adjustments, sacrifices, adapt, evolve. And during that time, Fishers took the unprecedented step to establish a Health Department. And I wanna talk a little bit about the rationale behind that and where we find ourselves today and what we can bring to the table for you moving forward. First and foremost, the city leaders felt it imperative that public health becoming integrated with our city and daily operations of our city going forward will forever be changed and public health as a key component of it. So the first definition of success for us was to just yearly establish a Health Department, which we were able to do in short time. The second component of that was the integral part of testing at that time in March, April, may, June, unless you were symptomatic and at risk, there was no place for you to receive a test. We believed so much in the ability of testing and contact tracing, which from the beginning of this public health had done if you asked Monica or Dr. Indy Lane or Eileen, every pandemic that's been there, the ability to identify those who are sick and mitigate their ability to expose other people has been a critical part of containing any type of a pandemic. So we set up testing and today we've tested well over 7,000 people, nearly 10% of our population has been tested and contact traced that in itself is an accomplishment from a city perspective. The third chapter was to collect the data from that, and we will have done that very successfully and under Monica's leadership and Eileen's work. We now have a

complete picture of what's happening in our community at any given time between our tests and anybody else getting tests throughout the City of Fishers. That is unique to your community. The comments have been made through social media and otherwise that we're not sure having that information is a good thing. I find that ironic sitting in a school, that knowledge would be anything other than empowering. If we take the time to understand what that knowledge tells us and have the courage to make the right decisions moving forward. The fourth chapter of this, is now that we have this information we have this data, how do we enable and empower our community to live on the best possible version of their life they can under the circumstances that we find ourselves. And today, we sit here and I completely understand the unenviable position each and every one of you are in. As you make policy decisions around the safety of your teachers, the safety of your children, the undue burden on our residents, when their children aren't able to go back to school. We sit here and weigh all of those things we can only imagine the difficult decisions that all of you have to make. And our sole mission today, is to provide you information and guidance. Simply from a public health perspective, we are not the superintendents to schools. We are not the school board. We do not understand and know all of the operational challenges that are before you, as you try to open back to schools. But we are here to talk to you about the very simple question that every parent has on their mind, and every teacher has on their mind. Is it safe to go back to school? And can we achieve a class, on experiences here at Fishers? And the simple answer is, yes, it can be achieved. But there are things we have to do to mitigate some of the exposures. And today what we wanna do is provide you the rationale for where we think we are as a community in terms of the pandemic and from a public health perspective, what are the things that we can do? The common sense approaches we can take to mitigate any spread of this virus. As well as how are we gonna react when the virus does come, and we should all be under no illusions, that when you put 22,000 people or some version of that number together in a building, that people aren't going to get sick. And how we address that will define our ability to be resilient moving forward. So with that, I'd like to turn it over to Dr. Indy Lane can introduce her team from the Public Health Department and maybe explain the roles of the individuals. And then they're gonna share all this information that's before you today. Thank you.

- [Dr. Indy] Morning. I'm gonna say thank you. It's a pleasure to be here. I have three children, and they've all been in the HSE school system since they were in kindergarten. And I've had the pleasure of volunteering at classes and being a part of this organization. And I can always, I can tell you with certainty that I had different perspectives after volunteering in a class, no matter how difficult the C-section or the hysterectomy was, it seemed far easier than 20 five-year olds or six-year olds. So thank you for your commitment to our children. And I'm grateful for the work that you do. As the mayor said, I'm Dr. Indy Lane, I'm a Ob Gyn, I practice in Indianapolis, I also see patients in Fishers. I also have an administrative role at the hospital, which I think working with the very talented team that we have and Monica and Eileen really kind of helps me keep my finger on the pulse in terms of what the community is feeling, the anxiety around this pandemic, as well as how our hospitals are fairing, because in my administrative role, I don't just work as an OBGYN, but I work in coordination with a lot of other different physicians and administrators. So Monica Heltz, is the leader of this Health Department. She has worked tirelessly with this team to great again, the dashboard with Eileen, so that we have some information pulling a team together that can also fulfill the roles of a Health Department. And then Eileen is our epidemiologist. She keeps us honest with the data and making sure that we communicate a

clear message to you all. And so we're here to serve you, to understand what the challenges are, to provide you with information about public health, and again just to provide some guidance. And so with that, Monica.

- [Monica] Thanks, Dr. Lane So we thought we would go through these metrics that we've created. Eileen's gonna start by kind of introducing you to some of the data surrounding Fishers, and then we're gonna get into what we're proposing here.

- [Eileen] Hi everyone. I'm Eileen White, I'm the epidemiologist working here. I am also a nurse. So some of this together helps bring perspective to a pandemic, especially. So as we move forward, I wanted to start by defining what our community looks like, our baseline. You can start the slides. Looking at the health of our community is the very first piece we need to assess in order to talk about metrics. What is Hamilton County and what does Fishers look like? As you can see, and I think we can all agree in this room is a great place to live. It's has the best health outcomes in the state, and you can see it listed there, the overall factors and the gradings of those in the state. These are important for us in order to develop guidance on how we move forward in our school systems to know is what our context is. Here are some demographics and I just wanna draw your attention to the second row. We are a very young community, we have a lot of kids. We are diverse. You can see the differences between the Fishers, Hamilton County and statewide there. And we have 22,000 kids in our school system. So that's something to keep in mind as we discuss what our metrics will look like, knowing that we are a young community with lots of kids, it's something we take into account. Okay, excellent. Another piece to draw your attention to is some of the socioeconomic indicators for our area versus the County and the State. So we are a highly educated city and we have low numbers of uninsured folks, low numbers of folks with a disability as compared to the state. One of the other things I wanted to point out here was the poor or fair health adult obesity and unemployment numbers for Hamilton County, which are not available for Fishers, but those are things we need to consider as we look at developing metrics for our area. Having done that, for the next slide, I wanna, now that you have that in the back of your mind. Just a quick look at kind of where we are as a City, County, as a State. I wanna set the stage for talking about these metrics, by thinking about the fact that our city looks the way it does, and that best practices have started to come out from institutions like Johns Hopkins, the Harvard Global Health Institute, the World Health Organization, and CDC. All these folks have come together to develop some of the best practices that we are going to implement here as part of our metrics. We need to take into account a lot of the things that we don't know about this virus. We've only been looking all of this four or five months here since March and this is an important piece of thinking about how we measure things. So we don't know much about how this spreads in schools other than from other countries. And most of those studies that were done in other countries were in settings of low community transmission. So that is measured by a percent positive, less than 3%. We'll talk more about that later, but that those studies that everybody's hearing about were done in low transmission areas. So we don't know much in our own area about what this would look like. We also have to take into account things like our capacity for testing and our capacity for contact tracing. That's part of that public health capacity metric. As we talk, you'll see that not piece of information that's useful. We have to use many different pieces of information to put together a picture of what we can do to help our community. So percent positive is getting thrown

around quite a bit these days. But that's one piece of a bigger puzzle. We have to use these pieces of information as data to help inform decisions about how we reopen our communities and our schools and those metrics. And those pieces of information will help us make recommendations to both the schools and to our community on what's safe to do when. So having said that, if you move forward to the next slide, this is what we are looking at, this is the down and dirty of our risk based reading scale that we've come up with. I wanna draw your attention to the obvious here. It is really clear. We have a green, yellow, orange, and red. The low risk is the green, and that's considered sort of the maintenance stage of this pandemic for community risk mitigation. And then we have a Moderate Risk, a Significant Risk and a Severe risk. I wanna draw your attention as well, over, down to the left side, where we have three specific areas that I'm gonna talk about, as it pertains to these metrics. We have to consider community transmission. We have to consider our public health capacity and we have to consider our healthcare system capacity. All of those pieces are involved in looking at our community and making recommendations. So let's talk about those top two in that first row. These are the metrics that everybody wants to know about. The first is the positivity rate or the percent positives. What that means are the number of positive tests over the number of total tests. We in epidemiology use this number to give us an understanding of how widespread this disease is in a population if we have widespread testing. It is directly tied to whether or not our testing is sufficient to identify every single positive case. I wanna give you this background because the more testing we have, you'll see the rates of positives rise, because we're going to be able to identify every positive and as are our number of tests go up, you'll then start to see that percent positive come down because we've identified all of them. And then we are able to isolate and contact trace those folks. So it's important to think about that percent positive as part of this context of the bigger testing issue. That is one thing I really wanna focus on. We can identify a widespread community transmission in our area if we look at those numbers. We're saying that less than 5% is within the green zone, for our area, given our city makeup and profile. We're using a seven day average to give us a more smoothed out, better idea of what our purpose sent positive looks like over time. You don't just wanna use one day. You wanna look at a whole week at a time, really, of this to give you an idea of what it looks like in your population. That said, there are problems with our testing. We know that we don't test enough in our entire, this is a national issue, right? We have supply chains, shortages. We have issues with reagents. These are issues that are affecting our Fishers testing site, but also affecting even our hospital sites, where we've now started to triage as a country. Those folks who are symptomatic are getting tests when folks who are not symptomatic can access them now. That's important to note, if we aren't testing asymptomatic people, we're not gonna get everybody. Remember that when we talk about this testing. The other metric I wanted to talk to you about was case incidents. So all this means is new cases, a case incidents is looking at. Today we have 1 positives and our population is 93,362. For today, our case rate would be five over our population. What's important about this is more longterm. If we look at an incidence rate, it matters that we're looking at it over 7-14 days, 14 days is really what we wanna look at 'cause it's giving us an idea of whether our cases we're identifying more of them every day, or whether we're finding them, isolating them. And then therefore our positives are decreasing. I will say that what is most important here is that we're able to compare ourselves to other places no matter what those populations are. So we have 93,000 people. Chicago has a couple million. What we do in order to standardize that number is that we multiply 10 times 100,000. We say that those five mean, five people in Fisher's have it in one day five people in Chicago had it in one day. But if we multiply our pop all of that information, that case rate for our area, times 100,000, I can compare myself to Fishers to Chicago. It'll be an apples to apples

comparison as we're talking about the number of cases per a hundred thousand. That's important for us to take into account when we're looking at what our city and our disease looks like. I wanted to set the stage because these two metrics are important, but so are the world in which they live. If we, the second point there, public health capacity, if we are testing well, if we are able to get our test results turned around really quickly. And if we are able to trace those contacts quickly, then those metrics are a great way to measure things. If we start to have delays like we currently have. Where we don't have enough testing, and testing, turnarounds are delayed. We don't have enough free agents. We don't have enough contact tracing to keep up. You'll start to see that it's harder to identify and isolate these folks. And that's when we start moving into those yellow, orange, red zones. The other thing we need to take into account here is also our healthcare system capacity. We have some amazing hospitals and health care in this state. We actually have some of the most ICU beds per capita in our state compared to other States. We have a lot of room in hospitals, but it's important to note when we start seeing that decrease, that's an indicator, but it's a lagging indicator of disease in our area. Wanna make sure we take all of this into account as we look forward to showing our risk as a community and making activities, dependent upon where we as a community stand during this pandemic. And that also includes schools. So we will have information on our website about this. It will be color-coded. We will set the level for our community at any given time. You could go on and reference that. That will help you make decisions for both your community activities and your school activities. And to that, I'm gonna turn it over to Indy, who's going to talk something about the community mitigation strategies. Before we move on, does anybody have any questions? Sorry, go on.

- [Board Member] I don't like the comparison to Chicago because our density is substantially less. If we compared to a city, that's spread out like we are, I think it would be more practical.

- [Eileen] When I mentioned comparisons, I'm trying to compare a number of people standardized in each area. So the density is true. That's a factor to keep in mind. But it could also be Walkerton. It could be Michigan. I mean, pick your place.

- Michigan.

- [Eileen] If Michigan you have metrics to compare to.

- [Mayor] I think it's important, that she was giving you a hypothetical of Chicago? We're not coming in every day and going, where are we at next to LA and Chicago. Just an example of your ability to universally compare yourself against anyone based on per capita.

- [Clint] As you look at the levels that are listed, is this a situation where we might start saying, Hey, Fishers, we're in a level two right now. And then as you make that determination, is it based on the

worst case? So we may be level one in community transmission and healthcare capacity, then we're level three in public health capacity. So we're level three or? In other words, can you help me understand that a little bit?

- [Eileen] I think the important thing to note about this is that we're not using one metric because we have to take all those things into consideration. I would say that right now, if we're gonna pick a color right now, we're on the border between yellow and orange, we're in the yellow, but we're, at this point, it appears that we're heading closer to orange. And that's a lot of reasons. Some of our measures here are in green. We have our testing delay heading into red. We look at where are they most lining out, right? But if we can't meet the community needs, if we can't get everybody contact traced, which right now we can, contact tracing is in the green. But as far as our local situation goes, the state situation is also a factor. We might move them to a different level. We're not even just looking at one metric for percent positivity, so just to put that in context, too. We're looking at our testing site percent positivity, we're looking at our County positivity. We're looking at our state positivity because we don't live in our Fisher's bubble all the time. We have kids that are participating in things that are in Noblesville and in Indianapolis and that kind of stuff. We can't kind of hang our hat on one specific measure. What we're saying here is that our primary consideration, the first thing we're gonna look at is these two risks. But we have to take them in context of these other factors and these other factors or considerations. If our hospitals are full to overflowing and our rate is low, then it that's gonna affect some other decisions that we need to make. We need to be able to flatten the curve like we did back in March and April to keep the hospitals from going over capacity because that directly relates to mortality. All of this is interrelated and it all affects each other. Having to hang your hat on one measure is it's just not feasible. I know that Dr. Bourff brought this point up as well, yesterday's webinars that she had at local Health Departments, as well as on the governors, the weekly call that or the weekly press conference that they do on Wednesdays. And that's why the state hasn't produced any specific metrics for schools or for other things. And that's why we don't just say one metric, right? Were trying to craft a craft away for us to project to the community where we're at and what your risk level is based on these wide variety of considerations.

- I think also Clint, one question that I had when he proposed this. And I'm sure you guys are thinking about it. This isn't gonna be every morning let's tune in and see if the color changed dramatically from one way or the other, because we understand the policy implications for these colors changing. For us to come in to you on a Monday and say, "Well, it's green." And then on a Wednesday say it's red. That has dire implications for our community and with all of these variables that we're looking at, the likelihood that you're gonna see some wide variation one way or another is not very likely. And we hope that does not occur certainly to the negative. And you'd be forced to stay optimistic, absent the vaccine, that all of a sudden, it's just gonna fly to where we literally no cases ever again in the City of Fishers. I think, this isn't going to be a every day, hold your breath, let's see whether kids can go to school conversation whatsoever.

- [Eileen] Yeah, I would anticipate that we wouldn't be changing colors more than every several weeks, and we would be giving heads up through our daily videos or whatever saying, we're solidly in yellow. We've been here for a good long time. This is great. Or like right now we're yellow, but we're pretty close to orange. So we may be moving to orange soon.

- [Board Member] What has been the trend over the last 60 days for these metrics for the City of Fishers? And how does the... Where would you assess Hamilton County and where would you assess the State of Indiana?

- [Eileen] I would say 60 days ago, that would be early June. We were probably in yellow heading into green because in the middle of June to late June, we were feeling really good, everything was looking great. Our percent positivity was under 5%. We weren't getting very many cases everyday. We had great testing turnarounds. We were able to jump on all the cases that we got right away, the hospitals were emptying out. They were getting towards emptying out. Now again, lagged behind all the rest of these. And the hospitalization rates were decreasing. When we started seeing that uptake around 4th of July, we started looking really carefully at these things. And the first thing that we saw was that our case numbers were increasing. After that, we saw that our percent positivity was increasing after that, so we have these early indicators, which is why that's our primary metric that we're considering, because those are the first signs. That things are starting to move in a certain direction versus another direction. So when we started seeing those indicators and those things kept building, that's when we started making plans to put a mask mandate in place because we knew it was coming. And what did we wanna do? We wanted to support the schools. We wanted to support the community, support the businesses and say, we think we can still do this. We can still get a handle on this. And we're here. We just need to put some extra measures in place. We start with the things that make the most sense that are the least restrictive. That was the rationale behind the mask mandate was saying, let's do what we can. That's an easy step to try to support all these other things that are around it so that we can continue to move forward.

- Where is Hamilton County on this scale if you...

- [Eileen] They would be in the same boat, the percent positivity for Hamilton County yesterday, according to the state website, I believe was 6.9%. Our local testing side is a little bit lower right now, which is great. Our Fishers, we can't get the exact number for Fishers on a percent positivity because those numbers are reported only to the state, we're working on it. We may be able to, but we haven't been given the green light yet for that. That's why we're taking all of these things together. But even if we have just the Fisher's data, it wouldn't be the only metric. The case incidents on Hamilton County and Fishers is running into the low orange area. We're right there with the rest of Hamilton County.

- [Board Member] If the new cases are the primary problem, can we stop sending the samples to the East coast and taking seven to 10 days and maybe do what Riverview's doing and getting the results in two days?

- [Mayor] Let me, Riverview has stopped providing test to anyone who's asymptomatic because their capacity is big, we're not sending our test to the East coast. they're sending to the Midwest to Chicago and also to a local lab. So the delay isn't driving to the East coast, the delay is that nationally because in the South, we saw huge spikes and there was a tremendous demand in Florida, Texas, Arizona, and really across the country that we're seeing people testing in unbelievable amounts. Plus society turned back on. So surgeries, elective surgeries. Now everyone needs to get a test before they have an elective surgery. Kids going back to universities. All of that is really the factor here, the location of our testing site and where the lab services go is not the issue at hand.

- Well Mrs. Pritchett--

- In hospitals as well.

- [Amanda] Mrs Pritchett and I can attest that our kids are getting tested to go back to Purdue. They're testing every kid that steps foot on campus. You have someone watch you do the swab. They say, get it to ups in two hours. My kid got his test result back in two days.

- [Dr. Indy] But those tests aren't as reliable as the test that we're using in hospitals and the tests that we're using at the Fisher's testing site. For low risk populations where you want a quick test, that's reasonable, that's not the best, those aren't the best tests. And we have other considerations to take into account because of the acuity and the turnaround time at Community Health Network, we have moved to you only have to have to be symptomatic or very sick to get a test now. And people that need that needs surgery, instead of them being able to get the traditional tests, now we're doing a saliva test, which is suboptimal. But with the shortages, at least it's better than not testing them at all.

- [Mayor] To your point, Amanda, we are almost on a daily basis talking to the labs to identify how to increase capacity so that we're improving the turnaround times. Like it's very frustrating to us, it's very through frustrating me as a policy person to sit here and have to make decisions on whether people can get back to their lives simply based on a logistics issue. I mean, that's very frustrating for all Americans, I think is, because we can't get a test on somehow that changes or might influence this color but which then has serious implications on how a family lives her life. That is a very frustrating. We are working on a daily basis to identify increased lab capacity so that we don't have those issues. So it's a very good point.

- [Amanda] Are you considering going to the saliva test that the universities are using, that's a quicker turnaround? 'Cause that would give us better information for young people who are free.

- [Dr. Indy] But MACL needs to be able to provide that test. I'm not sure if at this time MACL is... We're not using MACL for that at the hospital until, I know that Mayor has been in contact as well as Monica with MACL. So I think that it's a matter of availability of the test and being able to do the number of tests that we need on a daily basis.

- [Amanda] 'Cause we're using spectrum .

- [Mayor] Well, we may identify with, so in maintaining the integrity of our tests and the accuracy of the test is important I think for us, secondly, in our conversations with MACL, really up until this recent steep increase, we were seeing 72 hour turnarounds fairly consistently. It's really been over the last three and a half weeks where we've seen this big spike. In my conversation with the CEO of MACL. They have another device that's coming online in the next two weeks. Locally that should increase their capacity significantly. And because Fisher's was the one of their first significant clients to come on board, I believe that we're gonna be given a significant priority to be at the head along when that lab comes online soon. We're very optimistic that we will be able to see increased improvement in turnaround times in the next week to two weeks.

- Thank you.

- Yeah.

- [Board member] Clarity on what tests we're doing and it's accuracy, River's accuracy, and what kind of... And compare those different testing please. What's the testing for?

- [Dr. Indy] What we're doing is a nasal swab that actually looks at genetic material for the virus, which is considered to be more sensitive than a saliva test or at this point there, to my knowledge, there isn't a blood test for the virus. It's mainly cultures. So that's what we're using. That's what most hospital systems consider to be the standard of care. There are some what we call point of care tests that are done that have a faster turnaround. If the test is positive, we consider it a true positive. If the test is negative, however, and you were still highly concerned that the patient or the individual has COVID, you would send one of the nasals or nasal pharyngeal swabs that you were doing at the Fishers testing site,

or that are more commonly done. The point of care testing, the saliva testing, we don't have the same level of confidence with that, that we do with the nasal swab or the nasal pharyngeal swabs.

- [Board Member] What is this accuracy rate? And what is it you attain genetic and aren't there a lot of genetic like similarities, even between flu viruses and this? How would we know how accurate that is? For all of it.

- [Dr. Indy] What kind of viruses? it's a reverse transcriptase test. And again, it looks at the DNA, it matches genetic codes for the virus with the test. I'm not sure if I understood the second part of your question.

- [Board Member] Well, it just seems like it is from what little I've read is that there are similarities amongst the virus particles that, it could be misinterpreted to be COVID versus another virus.

- [Dr. Indy] I can't personally speak to that. When you have the test, whether it's positive and negative, obviously depends on where you are in terms of the infection. So is it very, very early? Is it much, much later in the process? That's important as well. In terms of whether or not the test is positive or negative. If a patient has, or an individual has a negative test, but they are highly symptomatic, we still, or they have an x-ray that is consistent. That has that ground glass appearance is consistent with COVID. We treat them like COVID patients. Even with the more traditional reverse transcriptase test it's not perfect. It's not a hundred percent, very few tests are. Same thing with the flu, we have to use just like with our scale here, we have to use different factors to paint the true picture.

- [Mayor] I think for the purposes of our conversation with all of you today, we believe and will continue to believe that testing is a key component of a community or a city or a country's ability to mitigate a pandemic, to identify those individuals that are sick. We believe that we are using one of the most accurate tests available on the market. We're gonna work very hard to improve the supply chain so that we can improve the turnaround times. But all of this being said, it just plays into the broader conversation that I think Dr. Lane and her team is conveying, which is it's one part of a broader conversation about how we come to these decisions about where we're at as a community. And so I think what's important is that we're not hanging our hat on one specific number. We're looking at the totality of the situation in our community and trying to make a determination Dr. Lane you wanna share from a community perspective, what these risks look like.

- [Dr. Indy] Yeah, I think that as a Health Department, we wanted to speak to what we've heard from the community, that they are very appreciative of us, appreciate the dashboard. There's a lot of really good information. I think that we feel confident in the data that's being presented, but what does this mean to the residents of Fishers on a day to day basis? And as Eileen alluded to, we wanna be able to use

some guidelines to give you an overall picture on every few weeks where we are as a community. And so I won't read all of these things to you in the interest of time, but what we've done is we've assigned a risk, a community risk level based on whether an individual is high risk, and you can see the high risk conditions and perfect compared to people that are low risk. And then how that relates to businesses in our city and how they can go about doing their day to day business. And so you can look at the different categories. I do, I feel compelled to give some this morning as OBGYN. You can see under high risk individuals, particularly the school system and young female teachers or employees, pregnancy is not on that list. However, a pregnant patient with one of those high risk conditions, maybe in a high risk category as a result. And so I think that we feel very comfortable in saying that pregnant women can get the virus. We have not seen the same severity with COVID that we've seen with the flu, for instance, flu in pregnant women can be extremely dangerous. We always recommend vaccination for pregnant women. We have not seen that with COVID. We have not seen vertical transmission or transmission to the fetus, which is important. Newborns have been able to get COVID, it is important that everyone wear mask at this stage of our level of activity and use frequent hand washing and that sort of thing. So your pregnant employees can work safely. I would ask that you accommodate them in terms of mask and social distancing and that sort of thing. And facilitating, all the other things in terms of hand washing and hygiene. And so you guys can obviously take a look at the risk assessment and as Monica and Eileen said, we'll have a color associated with the City of Fishers based on these risks. And you can based on the color, for instance, if you are a low risk person, again, consider limiting your large gatherings. When you especially can't social distance, you wanna wear masks and just frequent local establishments that allow for the appropriate social distancing and safety. So you can read through that and that will be on our website as well. But again, we'll associate a color each day, it won't change every day, but you'll on going website. And I feel as though residents will be able to have a clear way to determine how they go about their day to day activities within our community.

- [Mayor] I think this is a good point to say, these are guidelines, this is not just from a legality perspective, this is not a public health order. So if we say Susie, who has COPD and wakes up in the morning and goes on our website, and all she gets to look at is that dashboard or that trend line, unless you're Eileen or Monica, who geeks out on this data, you look at that and you're like, "I don't know what that means. "It's gone down a couple of days. "Does that mean I'm safe to go outside without a mask? "Does that mean I can go to a restaurant?" What we're trying to provide is interpretation of the data and everything else around it, to be able to give people almost a forecast, if you will. It's the equivalent of saying, "It's gonna storm today, grab an umbrella." And that's really what we're trying to do here. These are guidelines that we're trying to provide to the community in a very consumable fashion.

- [Dr. Indy] I think Eileen alluded to the green, does not mean the risk is zero. And I think it's important. We are all hoping to get to green, but until we have a vaccine, we'll still have to be careful. It will not mean that we have no COVID in our community. It means that you have less COVID and you're able to test people appropriately and isolate them so that we can limit the spread and mitigate the risk in our community. Do you have anything to add to that?

- [Eileen] No, that was beautiful.

- [Dr. Indy] Okay with that, I'll hand over to Monica, I think that she's gotten the information you're probably most interested in today.

- [Monica] Okay, so this is why we're here, right? The school recommendation. I wanna first highlight these risk levels and the labels that are on them, like low, moderate, significant, severe risk. We are not implying that that is your individual risk. This is like a community... Are we as a community able to handle this kind of a risk? This is at community level risk. What we see with the trends, when things start going up, they start doing that. And then they hit exponential levels. So this is the reason why we kind of ramp up pretty seriously between orange and red. Because once it gets over a certain point, then we start to see exponential increases and it becomes completely uncontrollable. But this is, those labels again, have to do with community risk, not individual risk. When we're looking at the schools, we kinda wanted to take some of this contextual and metric work guess work out because that's not... You guys shouldn't have to worry about that. You should worry about how you're gonna educate these kids. This is your expertise, let us try to figure out what risk level the community is at. So that's why under the school assessment considerations, we're saying first look at where we're at as a community. Are we at green, yellow, orange, red. This is factor number one, right? Then the schools are gonna have to look at the other contextual factors within the schools. As far as the community might be at a yellow, but if the schools are having multiple classes quarantining, difficulty managing contacts with the quarantines and half the teachers aren't coming or half the bus drivers aren't coming, they can't support all of the school activities. Then the school might be in orange. The school might need to be in a different kind of stage when they consider all of those factors. And that could be considered on a grade level. It could be considered on a section of a school level. It can be considered on a school level or on a district level. You could have one school that is unable function because there is, let's say there've been too many classes quarantining in that one school, and you may have to say, we cannot support in person learning for this school, but the rest of the district might be fine. So making that determination just based on a community level is not realistic. What we wanna do is try to figure out how can we support you guys in every way that we can, from a public health perspective, to make it safe to go back to school, to assure the safety of the kids, to assure the safety of the teachers. And I wanna highlight that we really think this can be done. We think that we can have kids in school. We think that we can do it safely. But there's all these other thing to take into account. It assumes if we're gonna have the kids in school, if we're going to do this safely, we've got to take into consideration all of these other factors. And we've gotta have really great mitigation measures in place. So those mitigation measures are that second step. A lot of these, they should not be new. A lot of them were in the CDC plans. they were in the state Department of Health and IDOE guidelines. There are things that I've suggested and meeting with you guys, a lot of these are already in your plans. A lot of this has already been incorporated. For example, the cohorting of classes, that's a big one from a public health perspective. Cohorting of classes means keeping the kids together all day. Elementary schools are already positioned to do this. They already have kids in the same class all day. They're not switching classes every hour. Middle school and high school, when you get to the junior highs and high schools, that's a really important factor in our ability to respond. And in the school's ability to respond to positive cases, because the more kids that you have exposing

themselves to each other, the faster that's gonna to spiral out of control, and the more chance that we're not gonna be able to control it in that setting. Cohorting is very important from a risk mitigation level. I just wanna highlight that 'cause that was probably one of the single most important things we could do. The other thing, the most important thing you can do is we're masks. Again, part of the rationale for the mass mandate was to help support you guys, self support our community to get these kids back in school and mask, although not perfect. I know there's a lot of talk about that. They are certainly better than nothing and extremely effective, really the over large community datasets at preventing ongoing spread. We know that in situations where people are wearing masks regularly, that spread significantly decreases are some masks better than others? Yes. Is a surgical mask better than a cloth mask? Yes. Do we have the resources for everybody to have a surgical mask? Probably not. We still have some shortages on the national level. We can get them better than we could in March, but we're recommending cloth mask because for the average person that should be sufficient. If we're all wearing them, we're not gonna transmit broadly like we do without wearing masks.

- I have a question. Do you foresee based on the trending that we will go the entire school year with masks?

- Impossible to predict.

- I think it's a bit early to predict that. But at least from what we know now about the virus masks are one of the single best tools that we can use to help us decrease this spread and settings where we're around other people.

- [Mayor] I think anybody predicting anything in 2020, beyond four weeks, good luck. I think what we're trying to do here. And again, I think what this metrics allows us to do is we can adapt and we can evolve, but we can all speak with a common language. If we're saying, "Hey, we're in yellow today, "we're having some challenges here." We can keep an open dialogue with every one so know we can anticipate together. If we have to make a transition, we know what that transition looks like. we gotta go from being clumsy in these interactions to being collective in these interactions. And, I think what MACL is articulating here with the schools... Let's say today, hypothetically or practically we are in level yellow, if we are here are what we believe are the most prudent and irrational ways to reopen school, that's safe. This is your ceiling if you will. These are the things that we think can be accomplished under the current conditions within our city. If those colors changed because of the context within our community changes, then that ceiling lowers or heightens depending upon the situation. That's really what we're trying to do here. Now to Monica's point earlier, we don't run the schools and we don't understand the intricacies of the operations. And so what we did is try to paint broad brush strokes of here's some things that could be accomplished, but Dr. Bourff and his team, they may say, "Hey, you know what, that's great, but we're going to have to do it slightly different because it just doesn't fit our operational model." Or their staffing challenges, whatever. We're not here to cast judgment or make comments on those because we don't know those. All we're saying this from a public health perspective, if these

things were to be accomplished, it's the ideal situation, given the context that we find ourselves in our city.

- [Monica] Yeah, and to that point, just moving onto the recommendations. I wanted to just highlight a couple of things. Like, for example, right now. If elementary schools were to be opened, it would be really important that these other mitigation measures were in place. You would have to make sure that you're cleaning everything. You would want to take everything out do assessment as much as possible. I mean, having 25 kids in a classroom, it's a congregate setting and we're not gonna say that it's not. Wearing masks is important. And our mask mandate is for five and a half, not eight like the States and part of the reason is to support the idea that we can get those kids in class safely if they wear masks.

- Can I ask a question about the risk to adults and those situations? 'Cause that's a lot of times when we're looking at this, I'm thinking students, like we're looking at how many students are in a classroom, how many students are in a cohort, but what, and especially in elementary settings, I would say, older grades, you have a lot of teachers that may be able to distance themselves pretty adequately because that's kind of the nature of the job. But for elementary students where someone needs a hug or someone who needs something so then you come over and look over their shoulder on your... What does that distance thing, how does that change or doesn't? This model for the adults in our corporations?

- Do you wanna take that, Indy or ?

- [Dr. Indy] I think that it's important, the mask are important for the younger kids, because, thankfully kids do not appear to be getting as sick, as older kids, but also keep in mind this duration. If you have to come over a contact, have you been within six feet for longer than 15 minutes with that student? So it's not just the proximity, but it's also the amount of time. If you have a seven year old that needs some additional attention, and you have to get, provided that both the student and the teacher has a mask, it is safe to interact with that patient and provide the emotional support that the student needs. So we want you to maintain a safe social distance when you're indoors and everybody's still kind of sharing the same air. Ventilation can be an issue. We wanna be sensitive to that, but I don't think that any of us are suggesting that there aren't gonna be times where you need to get closer to an individual. We just want you to be mindful of the duration. And leaning over the shoulder is different than being right in their face as well. Just kind of those common sense sort of guidelines. We know how important that interaction with the student and the teacher is on a day to day basis.

- I think you bring up a good point and maybe Monica or any of you can speak to this. We have talked a lot this morning about the risk profile to our children as they go back. But we're all very big supporters and champions of our teaching community here. Our teachers are incredible individuals. I know there's a lot of anxiety with teachers as they contemplate coming back into the classroom, there's a lot of mixed

emotions. And that weighs heavily on our discussion about what is in the public health interest and what is safe for a community to do. Maybe Monica, you could talk a little bit about, as we developed this, we developed it from a complete risk profile. It's not just the kids, but it's also those teachers in the classroom. Maybe talk a little bit about that or address that for the teaching community that might be listening to this conversation today.

- [Monica] Yeah, so when we talk about risk, we talk about it in two ways. We talk about not just the risk of the person who could potentially become affected, but the person who would potentially impact them. One of the things that we know is, we know that little kids can transmit the virus. That's not a question, but are they going to transmit it as efficiently as a teenager or as an adult? Well, the studies would suggest that kids under 10 or less efficient transmitters than kids overtime. That doesn't mean that anybody is not a no risk profile. None of us are here in this community. If we wanna be out and with any other person, then we're gonna have to accept some level of risk. But we know that we can do this safely. We've seen the daycare's operating through this entire thing. Have they had cases? Yes. Have they had to close at times? Yes. Have they had situations that we've been troubleshooting? Yes. But we had any serious consequences from that here locally. Not really, we can do this. And we do this by putting these measures in place. We know that the littler kids are going to be less efficient transmitters. That's a function of their lung capacity. That's a function of their closeness to the ground because things fall through gravity. That's a function of a lot of different factors. When they cough, they're not gonna cough quite as vigorously and be able to expel the particles quite as far as as the older kids. We think that the younger kids pose a smaller risk from a public health perspective than the older kids, I'm very concerned about the junior high and high schoolers, partly because of structure of junior high and high school. Which is why we strongly recommend cohorting because that mixing every hour is problematic. The measures are the recommendations that we've made are different for elementary school than they are for middle school for those reasons. But can it be done safely? Yes. But you have to have all these other things in place. We've got to support the teachers with taking the appropriate mitigation steps, having the appropriate plans in place. And the teachers can support us too, by having assigned seating that will decrease the number of kids that will have to quarantine when somebody does come up positive. I know with the current plans right now with the 50/50 hybrid plan, I believe that, I just wanna speak to this, because that has public health implications too. With the current 50/50 plan of having the kids come in Mondays and Wednesdays or Tuesdays and Thursdays, I think that was how it went right and the Fridays were off. From a public health perspective. That is, I understand from an educational perspective, that probably makes sense. But from a public health perspective, it doesn't make a whole lot of sense, because if you have a kid who's exposed on Monday and they come back on Wednesday, they may not have started exhibiting symptoms yet. Let's say their symptoms start on Thursday. Then all the kids they were around on Wednesday would then have to be quarantined. If however, you did a 50/50 on a Monday, Tuesday and Thursday, Friday, you could use Wednesday to clean. And then the kids who were exposed on Monday and Tuesday would have a full week to figure out if they're developing symptoms. When we look at contact tracing, we go two days before the symptoms start. symptoms usually start after two days. Sometimes they start that soon. But, usually it's out for them. We would have to quarantine less kids basically is how that function works. Does it mean that no kids were exposed? No, were going to have cases? We're gonna have contact investigations. We're gonna have to deal with this, but can we look at ways to mitigate the impact? Yes, absolutely. By taking just a

few tweaks to what we're doing and a few extra steps, we can bring these kids back. We can do it safely and do it smartly.

- [Mayor] I think there's a good transition point here. And then hopefully we can open up to any questions you might have in general. And that is, just like for us our response to public health issues around COVID was okay, let's get a Health Department up. And then we gotta do chapter two and chapter three. For me is I look at the school system, getting our kids back in the classroom is the definition of success safely. Secondly, is we have to be able to respond when someone gets sick, well, and we have to do that coordinated. That President Fullhart you, we're in a table top with us, where we went through some of those challenges and we have to continue to get better at, Susie pops positive for COVID in Cumberland road elementary. How are we gonna deal with that so that we have the least disruption to everyone while keeping everybody as safe as humanly possible. I mean, those are our definitions of success. For our Health Department, we stand ready on pay to provide guidance an educated and informed guidance around what the context for we find our city and what we view as appropriate or reasonable risk level. But then we also stay at ready to respond with you. As we try to figure this out, we stand ready to work with you to ensure that we have a resiliency in our school system and that we're keeping our kids and our teachers safe as we open up the school.

- [Board Member] when you like, say we are in level two, and talking about cohorting of all classes, I think, can you just clarify your definition of cohorting? Did you mean like the classes together all day for lunch? They have lunch in their classroom. And they're not so any other classes, I just want--

- Yeah we mean that. The groups stay together, this is a kind of a similar model with the elementary school kids have, even the intermediate school has this I don't know if all the different intermediate schools are run differently, but they have just two teachers, but the class is actually the same class. That's sharing those two teachers. So those kids are cohorted. Additional cohorting measures can be, if they have a small group, let's say that they're always assigned with. And so there's a lot of ways to do cohorting, but it's keeping the same kids together throughout the day, instead of mixing them up all the time.

- You would interpret that as being like they would eat lunch together, stay in their classroom, as opposed to going to the cafeteria and having lunch with lots,

- They can cohort in any place that we're at. Ideally they're not going all over the school.

- You wouldn't mix those cohorts?

- I wouldn't mix the cohorts.

- Things like that.

- You can take the group to lunch together and they can go to recess together. It's not about where they're at it's about--

- Point is they're are not with each other.

- Like lunch, for example, we may have like five cohorts in the cafeteria,

- [Monica] They should be staying with their cohort at lunch.

- Okay.

- [Monica] They can have five classes in the cafeteria, not ideal. I would prefer them to be spread out, outdoors at the gym, like as much spacing as possible, but keep those classes together. Then I agreed to passing periods, not having them all in the hallway at the same time.

- But I think that if they can't do that in the gym or the cafeteria, eating in the room keeps them together.

- [Mayor] And I think again, our goal is these are principles or concepts that you guys need to interpret into how you operate. So cohorting in the best case scenario, every kid would be next to the same kid in perpetuity. We understand, right. We live in a logical world. That's not going to happen, but there are things that you can do to try and get closer to that concept than where we are today. That's what these guidelines are. And that's where, I mean, unfortunately, I would say this to Dr. Bourff and with the team, that's where they have to figure that out. That's not for us to tread.

- And again, I just wanna understand what your idea of this is. So that we can remember what we can do here.

- We want you to get any leads with us?

- What I heard on a national level for Deborah Berks, who I'm now in her fan club is... Come on, I have a daughter named Deborah. Is that if you can keep the kids in the classroom have lunch delivered on a cart, those kids are all together. Bring the music teacher, bring the art teacher.

- [Monica] And that was suggested in the CDC guidelines,

- But that wouldn't nip it in the tail.

- [Dr. Indy] It won't, but every school I would imagine, and again I'm not, unique And maybe that doesn't work for every school. I think, again, it's the mayor's point. You all are the experts in terms of schools. And you have to look at each individual school and determine which of these measures makes the most sense, and that you have the resources to support, but you're absolutely right. And that gets down to, I mean, as a public health person, they love that cohort. I mean, the teachers moving me around that makes everybody very happy, but we also recognize that everybody has a unique situation in terms of their school. And that's where this provides you with a framework and you guys have to tailor it based on the needs of your school.

- Could you talk to us a little bit about extracurricular events and I noticed this listed you just gave level one. Is that your thought that we are not in level one we shouldn't--

- No, no. The thought was that I was running out of room at the bottom but I think IHSA guidelines are very good. And the athletic department, particularly, I haven't had a lot of conversations with the music and band and that kind of thing, but the guidelines are very good and they've been able to follow those guidelines pretty effectively. We've seen a lot of this, already play out in our athletic teams and some other groups as well. And the ability to respond effectively, is really critical. And they've done that and they've done that effectively. And the other thing that I would say, because they use the IHSA guidelines really well with keeping the practices in smaller groups, minimizing that contact aspect of the sporting events and taking those extra measures, spreading the kids out when they're in the weight room, wiping things down a lot more thoroughly, all of those extra measures that they have taken that are in IHSA guidelines have really prevented a lot of spread in those activities. So it is very successful. What we have found is that most of this spread that has happened with the kids in the activities that's happening outside of the activity, and we know that that's gonna happen. And that's why these extra mitigation measure in place and why our response plans are important. We're not immune from the rest of the world. The kids are still gonna be getting together on some level. But as far as the measures that have been taken, like I said, the athletics department has done a great job of really taking to heart those IHSA

guidelines, the guidelines are good and they've implemented them. And that has saved a lot of trouble. We had trouble, but we haven't had the trouble like we would have if they had this.

- [Mayor] And I think to that point, those activities are continuing on. Even though we did have exposures and we did have people sick, but we worked well with the school system and we identified those individuals and we worked through that and we're only gonna get better at addressing those issues. And so I think it's a great proof of concept of what we can do around schools. This is going to be trial and error, and we're gonna have to get into it. We're gonna have to learn how to work through these things. And some things may make sense and other things might get thrown out the window cause they just didn't work, but we stand ready to help you guys in any way, shape or form.

- Now, we can take questions for many of you.

- I have a question about... We didn't really touch on this, but just kind of a logistical thing that just keeps coming up for me is when we're talking about symptoms, and we're talking about, may have a list of symptoms that we don't wanna send our kids to school if they have, and they're maybe five, 10, however. What would be the recommendation on who would, so you have a parent that might assess their child. Let's say they have asthma and they have some breathing issues. Maybe it's high asthma day that may not have been yesterday. How do parents and then go on and then adversely also on the school side, how do they know what symptoms are, yes, let's go. No, we're going to stay home. How do they discern that? And who does that? I mean, obviously the parents first, but then if they'd call and say, or they arrive at school and the asthmatic child truly, it's just having asthma symptoms. How does a teacher not think, "Oh my gosh, there's breathing, there's coughing, I don't know what this is, how--

- [Dr. Indy] It's hard, I mean, we struggle with that as well, because everyone was afraid to come to the hospital for a long time. And then we assumed everything was COVID and we had to as physicians, we had that step, take a step back and say, every cough isn't COVID. Every episode is shortness of breath, isn't COVID. And so the same process has to take place with child. I would say there are multiple symptoms. If child has a fever, just like before COVID the child probably should not come to school. If the child has asthma and is coughing. I think that the parent has to assess that child in terms of this is what I typically, the parent typically sees with an asthma exacerbation and contact the healthcare provider. I think that we are we're approaching flu season. There are going to be lots of respiratory illnesses that are approaching us in the Fall. And we have to be on high alert because COVID is a concern, but there are other respiratory illnesses that we need to be concerned about too. Interestingly enough, we're not seeing the flu in the Southern hemisphere like we typically do because everyone's wearing masks. So I do think that--

- Everything.

- [Dr. Indy] I think that we were typically very, very worried about flu, we usually modify hospital visitation because of the flu season. So I think the masks are gonna help, but I think that the parents for right or wrong and have to use the best judgment and probably a little bit more hypervigilant in terms of calling the child's provider, keeping them home from school until you can be certain that it's not something, more worrisome.

- [Eileen] And I wanna tag onto that too, that the kids tend to have more mild symptoms. It is gonna be extremely hard for people to sort that out. And at any time somebody could use more caution, that's going to be supported, because I mean, for example, allergy season is now we have a lot of people that thought they were having allergy symptoms and they turned out to have COVID.

- Allergy that-- It can be very difficult to sort out because a lot of... It couldn't be a running nose in a kid. And so that's why the screening questions are important and that extra support from the families are important and not pushing their kids out just because it's inconvenient for them to stay home is important. We need the whole support of the community to be on board with this and to say, we're gonna take our responsibility if my kid has the symptoms, maybe we should keep him home today if we can. We're gonna have to figure this out. And we're all gonna have to be extra flexible. And we've all shown that we can be because this year has taught us nothing if not that.

- [Dr. Indy] And diarrhea, GI symptoms are something else that kids will sometimes present.

- But hopefully--

- I wouldn't say that loud.

- [Board Member] I'm looking at the 11 symptoms of COVID-19 on the Indiana Department of Health website. Pretty much everyone, my children have not stayed home from school with anything other than what's on here. A question that I know, fever, our policy has been 24-hour fever free, and you can return out to the school. How would we need, in the in line of coronavirus, how would our policies need to change on that?

- [Monica] Those guidelines are very specific for schools. Then they're on the state Department of Health website. I know that Kelly is very familiar with them. And I think the school has been working on building them into the policies. But if you can't rule it out with another condition via healthcare provider note of

some kind then really they shouldn't be going to school until they've met the isolation guidelines with presumptive phobic focus. The 10 days fever free for the last 24 hours that symptoms improving.

- And in an ideal world, if our testing capacity was where we would like it to be, would you recommend if a child has any of these symptoms that they be tested prior to returning to school,

- [Monica] I would recommend testing in general, if you have a suspicion for COVID 'cause that allows us to do the contact investigation and take this out a notch. It doesn't affect it if they can come to school any sooner. Unless you have that healthcare provider.

- [Mayor] This is one of the things that President Fullhart. I get tripped up on, I have a hard time swallowing this pill because Monica and I have this conversation all the time. Someone thinks they might have COVID or they're presumptive they have symptoms. It would seem logical. Well, if you go get a test and it's negative and you don't want to have symptoms and go back to work. And I struggled with this mightily for a long time. And then I'm not the brightest individual so finally I figured out there's an incubation period where you could go take that test and not show up, but then three days later it could. And this sitting out waiting period is really nothing more than to identify whether or not you do present finally with it. And so the test to Monica's point, I think this is, I'm glad you brought this up because I think this is a really good clarifying point for people. 'Cause we deal with this, even with our employees, the task is for us to identify if you do indeed have COVID so that we can go address anybody else and isolate you to mitigate any issues that might occur with anybody else. But you're still gonna have to sit out for that time period. And that's unfortunate. It has ramifications, frankly, for your employees as well. A teacher gets a fever. You're gonna be dealing with an extended period of time, not in the classroom, regardless of whether I had a test there tomorrow for you to go get tested, you're gonna have an extended period of time where that teacher is not in the classroom.

- [Monica] No, they could return with a negative test and a doctor's note or with a doctor's note that says, this is not COVID. They can return before the 10 days with that.

- 'Cause there's confirmation then that it's not.

- [Monica] Because you've made that assessment that says, I feel confident this is not COVID or virus

- But it's more convenient to have one teacher out for 10 days than to have to shut the school down.

- [Mayor] For sure, yeah.

- As much as it's positive. So maybe we can encourage the community.

- [Mayor] All right, agreed

- [Monica] Keep their kid home is inconvenient, but it's easier than having to--

- [Mayor] Well, that's kind of the contract, right? Like if you guys help us be able to do this, then we can have school. If you are derelict in your duties, then there's a chance that we're gonna have sort of closing buildings now and then it's gonna be really problematic for everyone. Yeah, absolutely. I think we as a Public Health Department need to help spread that message to really reinforce that.

- And that's what we talked about on July 20th, when you said let's just wear the mask, let's hunker down, let's see how this looks in four weeks. So are we looking better? Can we tell yet if it's helping, it's been 18 days?

- [Eileen] I think it's too early to do like a Fall assessment, but we know it's helping. I mean the numbers aren't supporting it helping yet because we're still in this larger context where things are going on, we're starting to see deaths increase. We're starting to see hospitalizations. We're not seeing deaths increase locally, but that's a lagging indicator. That's gonna happen when we're back on the town suite. All of these things are contextual. We know that it's helping because we know it helps, but can we have the numbers to support it yet? No.

- [Mayor] Well, success may very much look like a plateau. We open society back in the June timeframe, of late June. It's logical to think that when everyone was closed, everyone was sitting at home and no one was doing anything that the number of cases was gonna be somewhere here. We open this society back up and cases started going up. The definition of success for me isn't necessarily that we're gonna push it all the way back down to where it was when everyone literally never left their basement. But the key is we don't see a hockey stick growth where just exponentially continues. And so, we may not know, but these masks may have prevented that hockey stick growth, which allows society to continue to be open. I mean, to me, that's where we should be looking at a metric of success. Not, Hey, have we pulled it back down to where everyone was living in their basements. 'Cause that's just not, that's not gonna be a reality. These numbers aren't gonna match that just because we weren't doing this eight weeks ago.

- [Monica] Yeah, that's a good point. Success in public health means that you think we overreacted about everything. We talked get approved, that we were successful if we were successful, because then people guess well. Maybe that wouldn't have happened anyway. It puts us in a really hard position, but we're comfortable with that. This is how we live in our careers, but it is hard to translate that to the community. success is you guys thinking that we've did this all for nothing.

- [Mayor] I think in closing on those inspirational remarks, we had a lot of questions from the community posed to us from a public health perspective, kept schools open. And where do we stand as a community? 'Cause I don't, there are a lot of people that couldn't interpret the data correctly or people that wanted to interpret the data in their own way, but it wasn't correct. And what we're here today to say definitively, is we think, as of right now, our community is in yellow. Tinging on orange but we think we're in yellow. And if we can get some of these other factors in place, I think we're solidly in yellow. And with that comes, our belief that yes, you can open up school and here's how the way that you can do it, but the specifics of it and the timeline for which you're able to accomplish that is entirely up to the school system and their ability to accomplish that. We're not here to cast judgment on that. I shot at the significant challenges that all of you have to be able to accomplish that, but we feel it's incumbent upon our public health experts to come forward and clearly articulate where we stand as a community from a public health perspective. And we stand ready no matter what to support our schools as we have for years and years. We stand ready to help you guys through this difficult year and whatever comes with it. And, we look forward to roll up our sleeves and working with you in the coming weeks, months, and years. With that we don't wanna monopolize your time today, but we do appreciate the opportunity to address you.

- Can we go back to, was going through elementary should do this and I'm sorry we interrupted you--

- Oh, what's question.

- What's the rest of your recommendations?

- [Eileen] Well, they're all kind of laid out here. Was there a specific question that you had about something?

- Yeah, I just kind of wanted to hear, elementary should do this, junior high should do this.

- [Eileen] It all depends on the measures that you have in place. If you're able to cohort very strictly, very strictly your high school and your middle schools, could they go back? Possibly. If you have all these other measures in place, I think that's easier to achieve on an elementary school level and the risk is

smaller from an elementary school level. Partly it's a logistical thing, which really you guys need to get in the weeds on not me. But from a risk standpoint, the risks are likely smaller for the elementary kids. And then from the logistical standpoint, they're already cohorted for the most part. That becomes a lot more difficult with the middle school and high school, that the middle schoolers and the high schoolers, they're gonna be able to spread the virus with the same efficacy as adults. And we've seen that and we know that that's where it's spreading right now is our high school students and our college students. So we have to take extra measures and that's why they're separated out or in this extra category. Where we don't want them all coming back right at once. That's why I've recommended that they go in a hybrid model unless you're able to very strictly cohort monitor and space.

- And you would rather do two days a break two days a break. A week long a week long.

- A week would be much better. From the public health perspective. But the two days break in two days would be sufficient.

- [Dr. Fullhart] I know this in some of your plans? It mentioned the seven day, and our plan, outright references 14. Is there a difference in those numbers or is there a recommendation?

- [Eileen] Are you talking about the metrics?

- [Dr. Bourff] Yes.

- [Eileen] You're talking about the metrics? And that's why on our metrics, we use the seven-day percent, 14 days gives you a kind of a broader picture of it, even sticks out even more, which is why from a case number perspective, we're a small community. We're gonna have wider fluctuations than a larger community. So that 14 day average is particularly important for those spikes. And that's why our bar graphs are going up and down, up and down. From a percent positivity. That's a little bit of a broader view. So we can take that into a seven day average. We're still occasionally calculating broader term averages. Again, it's all in textual, but we kind of wanted to take some of that guesswork for you guys as a school system out from the metrics, because there are so many contextual factor things.

- [Mayor] I didn't inclined to be direct. Our recommendation would be you pull out any reference to metrics in your plan and you just line it up with the colors that are here, because we don't think tying into one specific number is the right approach because there's so many variables to what could make sense or what the current context is that we think your plan should align with. If we're in level yellow, then here's what we're doing as a school for a level of red, then we're all home and it's not a question. We would prefer an alignment around that. And that is a no fault of the schools for how to use that

because that's the only data that was available at the time. But as we sat down with our team here, we said, okay, there's a big, broad conversation about all these different factors. Let's put it all together and make informed decisions. And we really think, Monica said, well, we're taking the guesswork out of it for you. I mean, Dr. Bourff for the entire team, you guys are not epidemiologist. You don't spend every day looking at these numbers. So what we're saying is, we will take that responsibility and say, this is where we are as a community. And with it comes with these set of recommendations. That would be, that would be our thought moving forward.

- [Eileen] The metrics that you have are a good starting place. And those were just based on examples of other places have used. So you gotta start somewhere and we've tried to craft this then knowing that the intention was the phase plan. And once we were able to see that, we said, okay, we've got to do something broader for the community and for the schools to kinda, to give us a bigger picture. That was the impetus behind it.

- Certainly, thank you, 'cause I see several things in here I think is more detailed and helpful. Dr. Bourff I don't know how much of this, I know you've been working with the Health Department a lot. I don't know how much of this you've been bringing to you ahead of thought. But as you sit and listen to all of this today, what do you see as the next steps? And how this aligns, or maybe some adjustments to our real.

- [Dr. Bourff] What we're doing right now, is first off is this public.

- Yes.

- It is now.

- What's that?

- It is now.

- [Mayor] So our attempt was to first brief to the school board out of respect for all of you because it had school implication we wanted to talk to you today. And then this document will be provided to the community this morning on our website. So that we're rolling this out, not only for the schools, but for the community as here's your weather forecast regarding COVID every day you can go on there and look at it. Yes, this will be a very public and heavily consumed document. At the end of the day, I think when

people just, they'll look at and go, "Well, it's red. "I got GOPD, I'm staying home today." or "It's green. "Hey, I can start doing some things "that I wasn't able to do before." But yes, this will be a public document.

- [Dr.Bourff] And to your question, we've had an opportunity to work and to provide feedback on it. I don't know that our feedback was worth much because I don't see it in there, but, and that may be for good reason. But what we're going to have to do now is look at our plan and see if there are ways that we can integrate what we're doing with that, that was not available to us. It's been said it would be irresponsible on our part, not to look at that and see if we can insert that into what we call it. That when we're prepared to do that, we're also prepared to look at the whole plan, to the length of our plan. And we'll be talking to the teachers about that, the Teachers Association, because I think there's some ways that we can adapt our plan that will bring students back perhaps at an earlier point than we have planned. But we're also in school now, we have started, we have a reopening plan. We have reopened, now it's something else. It's not a reopening, it's how we move forward. I think we have to look at, we have to look at a number of factors. Our staffing is one of the issues, and there's been a lot of statements about that in these presentations. We do have a number of teachers who qualified for leaves and that will affect our operations. It will also affect the bottom line budget that I'll be sharing with you. Kelly, how many teachers do we have on leave right now?

- I'm sorry.

- Go ahead, Kelly.

- We have 26. I'm sorry, I was thinking quarantine. You were saying leave?

- No, yes. She was answering a different question. Right now working virtually from home, we've got about 45 teachers who are working from home. We've overall had about 170 to 180. personal meet on phone calls with teachers to walk through and currently about around 20, who would request a leave as we progress into our next phase.

- Is that in addition, Kim, to those who are working from home right now, or does that include them. The 20 that you think would take a leave, when we went to the next phase. Is that an, in addition to those that are currently working virtually?

- [Kim] No.

- That it would be included.

- It would be included.

- [Dr. Bourff] We're sizing that out as well. Like I said, we're working with the teacher's association on this. We'll have a discussion on it, but I think you'll see at the next board meeting, maybe as early as the next board meeting, how that plan can be adapted so that some of our parents who are concerned about the mismatch between our plan and that plan, because they're going to see that as another plan. And I think that there will be some confusion. We don't try to align it in a way that makes sense.

- We can get an update, I know it's a lot to ask, by the next board meeting. I know we wanna get it in our plan or trying to give a community two weeks notice. We'd have to something this week. Then our next board meeting is only four days before labor day.

- [Dr. Bourff] Well, there will be an update there. There's going to be an update. And maybe I look back a little bit at the next meeting. 'Cause I think there was a lot of disinformation out there being circulated and we need to correct that in a very public way. And so as we move forward, maybe that will establish the foundation for this information. And I think we'll be moving forward.

- [Board Member] Mayor Fadness I appreciate this. And this is a huge help. I know we had a lot of community members that and board members myself included that were struggling to read the data on the dashboard and kind of people were checking it daily. Like what's their daily percentage rate. I don't think that was actually even on the dashboard. People were trying to calculate it themselves.

- [Mayor] I got a lot of those emails.

- Emailing like, why is this we're red, we're 4%, or they were just reading the, the three and a half percent. That was for like the whole time period. It was just very confusing. I appreciate this and I think this will be helpful. I also appreciate you being very clear that the city is not telling the schools what to do.

- [Mayor] I think we can try to do too, is when we put this off on the website, I think we can put some very clear language around it that says these are our recommendations and how the school operationalizes these recommendations is the school's decision. Like, again, I wanna be very clear to anyone listening. These are not public health orders. We're not sitting here telling them mandate every

specific the only way here. We're just saying that in a best case scenario, given the context of any one of these colors, here's what our recommendations. And we do believe you should take them very seriously and work towards those goals. We also come here fully recognizing the challenges you have, operationally.

- At what point would there be a public health order?

- I think if things got to the point where they were looking out of hand and we didn't have the support from the schools broadly, and not just you guys, but our other schools that are in the area, which we don't have a lot of. So Marion County, for example, did put out a public health order related to schools. And it was very specific about exactly what they could and could not do and who could go back and who could not. And we did not want to do that. And we don't have the same needs as Marion County does to do that because they're juggling like multiple school systems, multiple private schools. Like all of these desperate ways of kind of handling how the kids were coming back to school. So they did that in order to get some kind of unity in the context of their percent positivity being around 9%, They had to do that for very specific reasons. We do not wanna do that. It would be the last option on the table, but...

- [Mayor] And to be honest, it flies in the face of what 15 years of a relationship with the school system has been. I mean, we've always come to the table to collaborate and continue to do so. And we value the relationship with the school. So you're a partner in this, I mean, we already have a health mandate. That's why we're all sitting here with a mask on. I think we would be more apt to regulate individual behavior and work collectively with you on how we operate the schools. Than we would be putting mandates out in schools.

- [Monica] Yeah, there's a lot of different ways to go about this, so we think this can be done safely and we think this can be done effectively, but it's going to take some creativity. And we know that we were sitting in a room with a lot of creative minds and Dr. Fullhart's team has a lot of great people on it with a lot of creative thinking capabilities, all of our school, or all of our kids are excellent creative thinkers. We know that this can be done. And, we've seen examples around the country and around the world of schools that have taken unique approaches to, to be able to get the kids back in school and do it safely.

- [Dr. Fullhart] Under our current plan. We stated that we parents two-weeks notice before making any changes, and it was also stated that will be in our, what's currently phase one through like we're looking at potentially doing something here shortly after Labor day at the soonest, but also knowing those decisions have to be made quickly in order to give that two weeks notice. Would you expect that our leaderships would be planning as or level three orange because we're teetering on it or would you think I've even planned level two, because that's where we're at now?

- I think, I mean, just from a public health and readiness perspective, from a readiness perspective, particularly I think it would be not unwise to start planning for an orange level phase-in because I think that lines up well with your phase in plan already. And that would be an appropriate way to test the system and structure that you have in place. And we're standing here ready to walk through any more tabletops or exercises that we need to do in order to make sure that we've at least tested these things theoretically before they happen in the real time setting. And then take it, take it a little bit slow. It would give you a little bit more time to kind of see how things are unfolding in other schools. I don't disagree with the idea that, that you guys wanted to feel a little more cautious and start virtually. I fully support it. I'm all for risk reduction But I do think we need to make sure that those plans are ready and that they're fully vetted and tested and work here and able to continue those meetings and would love to do that.

- [Mayor] I think in the next two or three weeks, a couple of things will transpire that will help affirm whether we're in yellow and orange. And so I think today for your planning purposes, those two aren't that different in terms of what we're doing. There's a little bit of difference, but you can plan for both. We have a significant number of test results that are pending, that are out there that are at the lab that we're waiting to get back. In the next week or two, if testing speeds up. And if we start to see results and those numbers come in positive and we start to see the decline, I think there's a reasonable belief that we're somewhere in between yellow and orange, and we can figure that out. For me, I would try to figure out both of those scenarios like yellow and orange is right in the middle is where we're at right now. And right now between now and labor day, you have a good opportunity to get those plans in place. And we'll, have a pretty good idea of where we're at color wise here in the near future.

- [Bourff] So I'm hearing, we probably need to look at our phase in plan and make some modifications to it. Thank you so much Fishers Health Department, The Mayor, I know it was Monday afternoon when we asked for this meeting. Thank you for being here on short notice with all this. I did also want to, I think we're wrapping up the meeting if there's no more questions. Thank our families for sticking with us throughout this. I saw a lot of good things on social media last night when to thank our teachers for all they do, and our tech department over there on the corner, Tom Koons and Jeff Harrison and all the people who helped them, because I know they've worked more than they've ever worked for a school just in the last 24, 48 hours. And I did wanna say, just kind of sum all this up. Last night, I got two separate communications. One from someone saying they heard we were going to be virtual all year. And someone saying we were going to open up before Labor Day. So rumors are rampant. Go to the source, ask questions. Don't always assume what you hear is true. And I can, I think, speak for everyone in this room. by saying we would like nothing more than our students to be in school all day, Monday through Friday. And hopefully we will get there.

- Thank you for your time.

- Thank you very much.