

KSDS Metrics

The largest risk to the school opening and remaining open is the probability of an infected individual entering the school building.

No single metric can fully quantify this risk. The health committee has recommended four metrics to closely follow:

1. Cases per 10,000 in KSDS family zip codes
2. State/County/City case positivity rates
3. Hospitalization rates
4. Cases in the school

Each metric has a risk levels associated with the values reported. The health committee will meet regularly to assess these metrics, and if the risk level of any metric rises to a moderate range, or a value rises rapidly (regardless of absolute level), this will trigger a full evaluation and assessment of operations and the feasibility of maintaining in-person instruction which will be conducted with the health committee and KSDS board to ensure that KSDS remains a safe environment for learning.

Cases per 10,000 by zip code

The higher the number of cases per 10,000 in zip codes where KSDS families live, the greater the risk of an infected child coming to school

Risk levels

Very Low: <1 case per 10,000

Low: 1-3 cases per 10,000

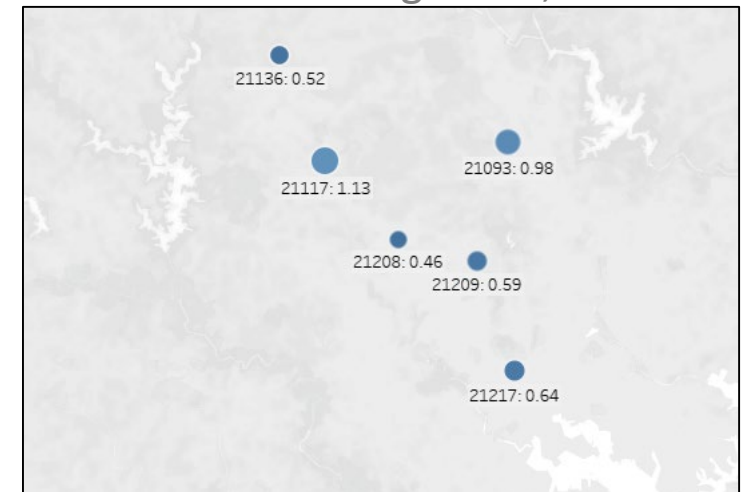
Moderate: 3-10 cases per 10,000

High: >10 cases per 10,000

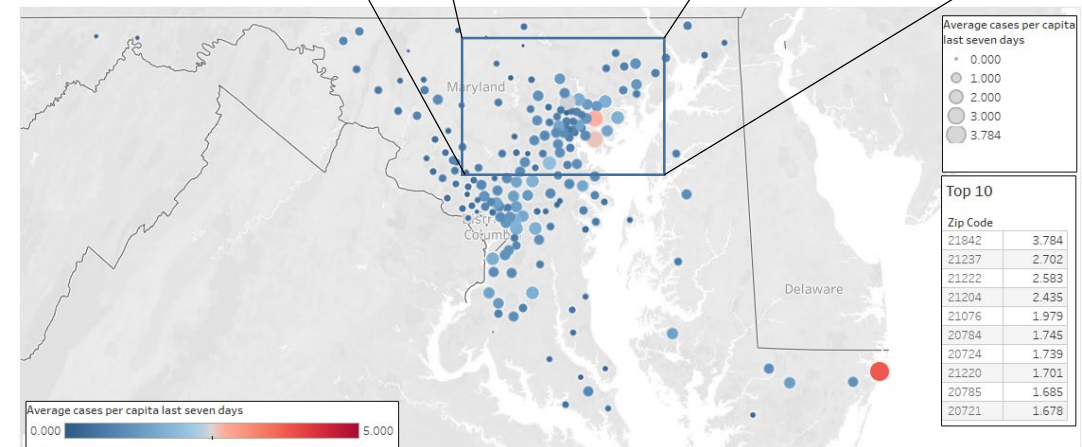
Trigger for revaluation of in-person learning

If cases per 10,000 in any of the main KSDS family zip codes reaches the moderate zone, or rises rapidly (>1 case per 10,000 change) in a two week span

Data as of August 13, 2018

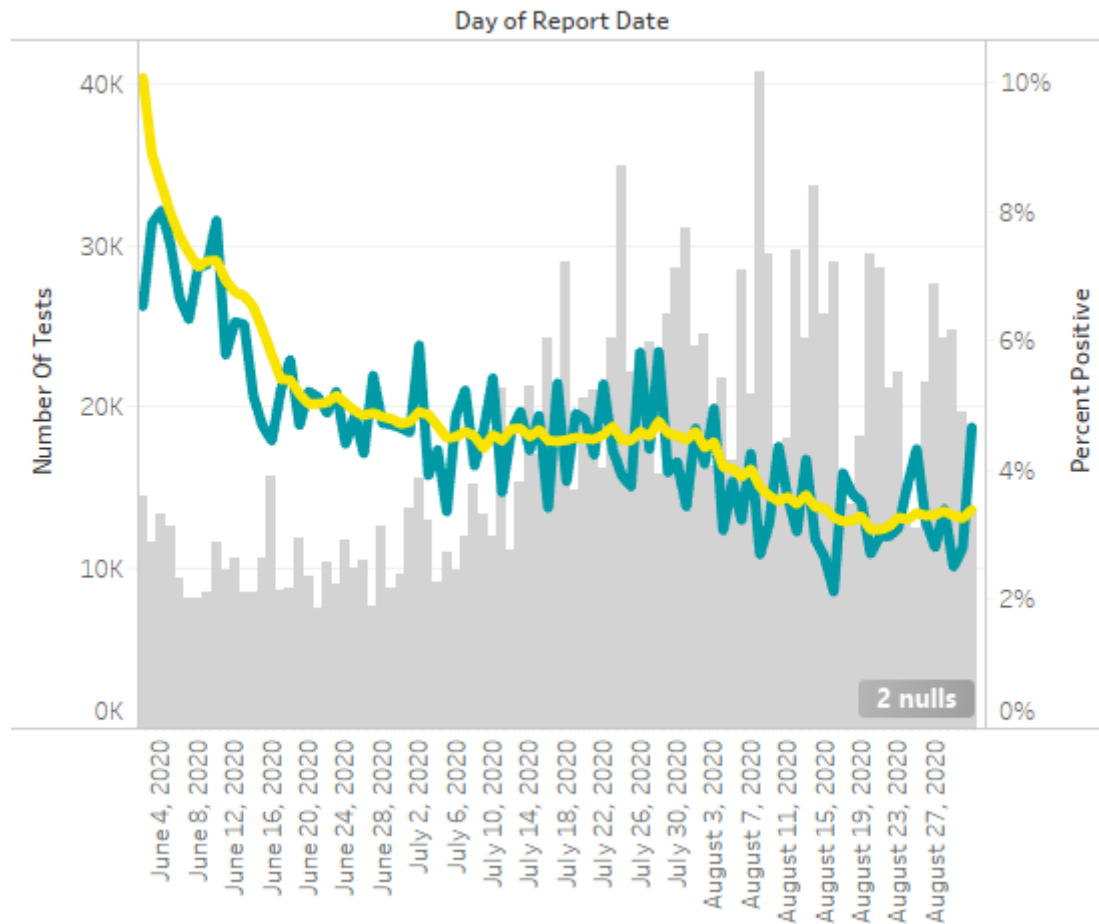


Average cases per 10,000 residents last seven days by Zipcode



State Positivity Rate

MD Positivity Rate



The state positivity rate is influenced by who is testing and how many tests are done. Higher positivity rates suggests wider spread, but must be examined in the context of testing rates and testing strategies.

Since early July, testing rates in Maryland have nearly doubled. This resulted in uncovering a higher number of asymptomatic cases, thus limiting disease transmission. As a result, this has helped to reduce the overall number of cases/positivity rate since August 1.

Risk levels

Very low: <1%

Low: 1-5%

Moderate: 5-8%

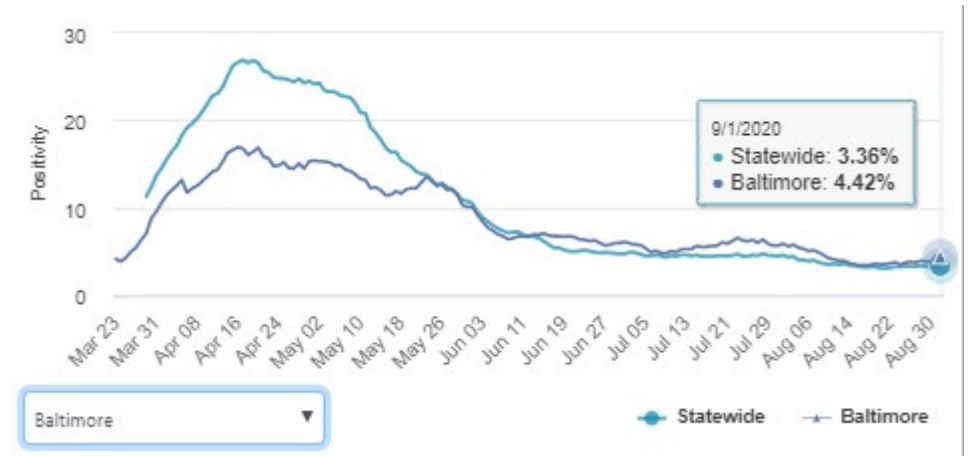
High: >8%

Trigger for reevaluation of in-person learning

If the positivity rate at the State Level reaches the moderate zone, or there is a rapid rise (>1%) in a two week span.

Baltimore County Positivity Rate

Similar changes in magnitude or speed of the positivity rate in the County or City will also trigger a health committee meeting to reassess operations



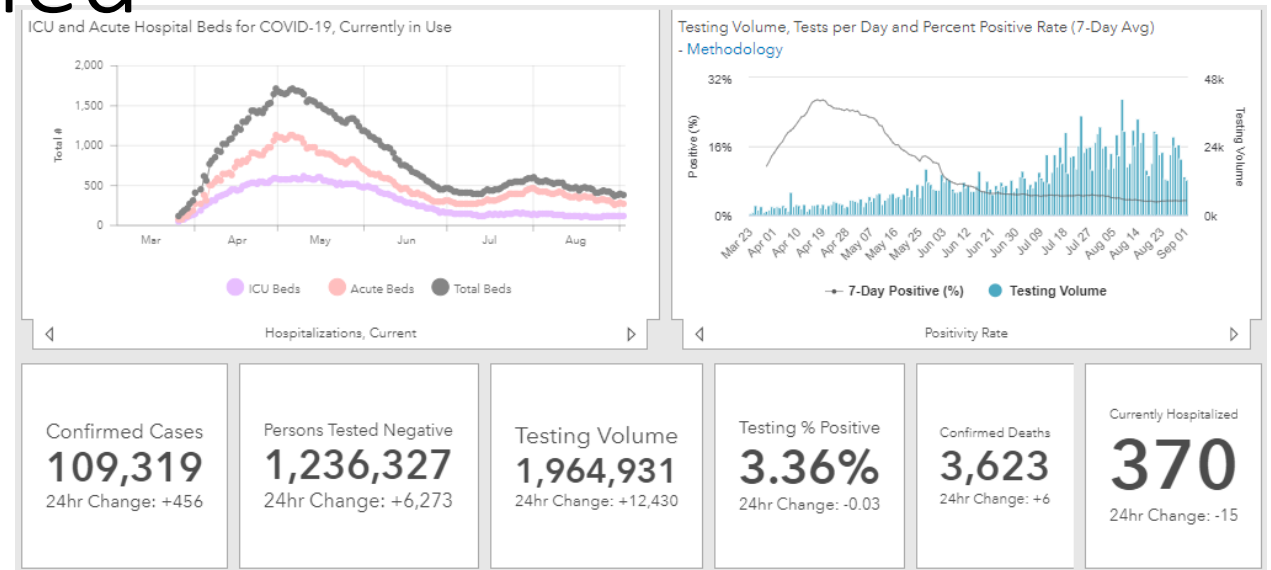
Positivity Rate Explained

The greatest source of concern to school reopening plans is the possibility that a child/staff member comes to school infected. As such, the number that matters is the percent of recent tests that were positive, regardless of whether someone had tested negative previously. Thus, the correct way to calculate the positivity rate by time:

Increase in positive cases from yesterday to today

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Increase in testing volume from yesterday to today



The value that the health committee will be evaluating is the 7-day average of the positivity rate published on the Maryland Department of Health coronavirus website:

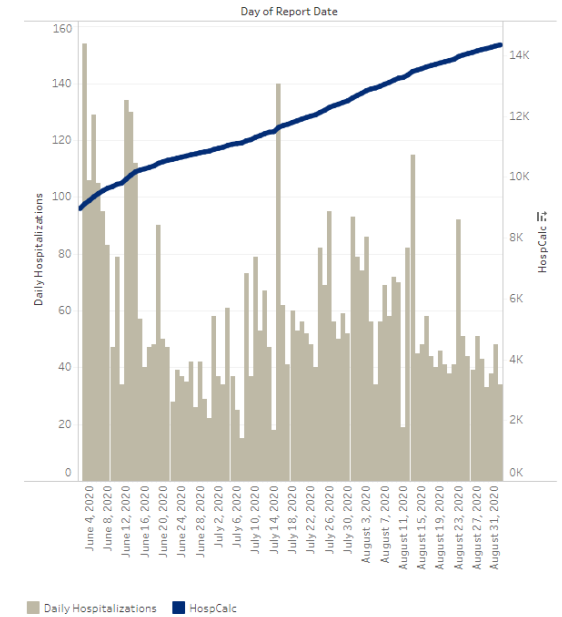
coronavirus.Maryland.gov

Hospitalizations

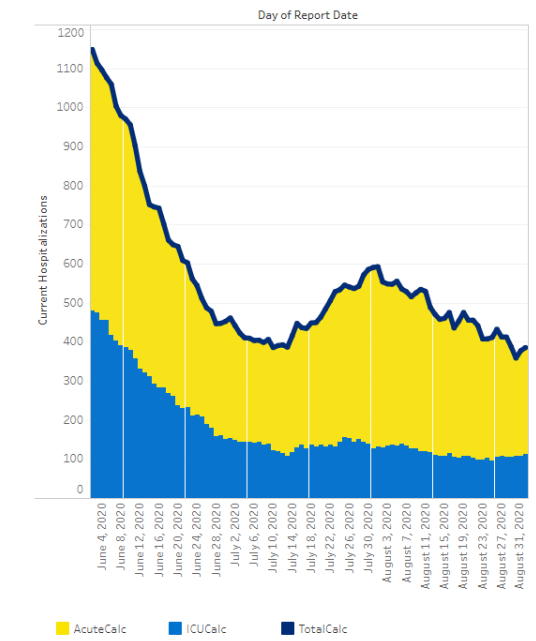
Flattening the curve was primarily about reducing hospitalizations to ensure adequate resources for treating COVID and non-COVID patients. Rapidly increasing hospitalization rates, more than 5% increase in hospital occupancy on average for 3-5 days, would trigger a health committee meeting to assess operations.

Note that hospitalizations is a lagging indicator and is expected to increase 2-4 weeks after increasing positivity and case rates. An absolute hospitalization number is not included as a risk level as hospital surge capacity has dramatically changed since March making it more difficult to assess risk levels related to specific hospitalization numbers.

MD Hospitalizations



MD Current Hospitalizations



Student/Staff Cases

Cases brought in from outside and transmission in the school are separate issues.

Outside cases:

- 3 or more unrelated cases (staff or student) that were not related to in school transmission in the span of a week would trigger a health committee meeting to assess operations

In-school transmission:

- 2 cases of onward transmission outside of a kvutzah would trigger a health committee meeting to assess operations