# Unmasking Our Children: A Parent-Proposed Action Plan

*Credit for original action plan to Emily Burns of The Smile Project & Embrace Their Faces*

As Zionsville Community Schools parents, grandparents, and other guardians who are committed to the holistic health and well-being of our community and our children who attend ZCS schools, we are grateful for the district's leadership in providing in-person learning since the beginning of the school year, staying the course during the fall's seasonal virus surge even when other schools temporarily went all-virtual, and continuing to increase the number of school group activities and events.

We now invite you to build on that leadership tradition by implementing this **9-point plan** for ZCS schools to unmask our children sooner rather than later. This plan **allows people to opt-in or out in phases**, depending on their real or perceived risk.

## 1 Offer individual choice.

All students and staff should be given the choice to wear a mask or not.

## 2 Offer an easing-in period for students and families with lower risk tolerance.

- Encourage parents who are uncomfortable with their children going to school unmasked to choose remote instruction for a 4- to 8-week transition & observation period.
- Communicate available data on child risk, as well as the limited transmission from children to adults, and the health benefits older adults enjoy from their exposure to children.
- Honestly present the other side of the mask argument (i.e., that a large body of research shows no decrease in viral transmission, and potentially increased transmission).
- **03/25/21 addition:** Former District Education Director (Florida) Megan Mansell writes on Using the Bubble Isolate Concept to Reopen Schools Without Universal Masking

## 3 Offer an easing-in period for faculty with lower risk tolerance.

- Allow faculty and staff who are uncomfortable teaching in-person with unmasked children, to teach remotely for a 4- to 8-week transition period.
- Invite parent volunteers or aides with higher risk tolerance to be present in-person to maintain an orderly environment conducive to learning.
- These arrangements should not be expected to extend beyond the 4- to 8-week transition period, which is intended as an **observation period** to allow people to gain confidence in the level of transmission within the school in an unmasked environment.

## 4 Offer an easing-in period for staff with lower risk tolerance.

- Offer staggered shifts (when children and teachers are not in class) to staff whose jobs can't be done remotely but are, or consider themselves, higher risk.
- If this is not feasible for certain individuals (e.g., cafeteria staff, school nurse, etc.), offer them temporary paid leave for 4 to 8 weeks.
- Because transmission is much higher in the community than in schools, such leave ought to be predicated on these individuals signing sworn affidavits that they would adhere to the CDC's recommendations, leaving the house only for outdoor exercise, medical appointments, and grocery store visits. Violation of those precepts would nullify the contract. The contract would also be nullified in the event that, even with such precautions, the person contracts COVID-19, as they would then have natural immunity.
- These accommodations should only be offered so long as these individuals are unable to get the vaccine, since once they are vaccinated, they should be protected from either getting the virus or experiencing severe symptoms.

- These arrangements should not be expected to extend beyond the 4- to 8-week transition period, which is intended as an **observation period** to allow people to gain confidence in the level of transmission within the school in an unmasked environment.

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**5 Encourage those who wish to wear masks to wear fit-tested N-95s.**

● Communicate the serious concerns of many researchers that even N-95 masks may offer only limited protection for COVID-19. **03/25/21 addition**: See this video.
● People who are at significant risk should consider remote options.

**6 Offer other reasonable precautions to faculty or staff, as requested, so long as these do not involve the imposition of unreasonable restrictions on others.**

● Unreasonable restrictions include but are not limited to masks, teaching outside on cold or rainy days, or opening windows when the temperature is below 40 degrees.
● Reasonable requests might include plexi-glass enclosures for teachers, moving children's desks closer together so teachers can be at a greater distance from them, using fans to direct airflow away from teachers and towards students, etc.
● While the school district ought to be open to teacher suggestions, such accommodations ought also to be coupled with the caveat that we remain **unsure of the utility of such measures**, and that if the person is truly at-risk, the temporary remote option would be by far the safer option for them.

**7 During the 4- to 8-week transition and observation period, test people who are symptomatic, and if they are positive, notify the community.**

● Community notification would serve the purpose ***not*** of forcing all contacts into quarantine, but of warning those at higher risk (or lower risk tolerance). This would allow them to temporarily opt-in to remote options.
● Contact with the infected person should ***not*** result in quarantine ***unless*** the contact also becomes symptomatic. The WHO's shorter one-week (or until no longer symptomatic -- whichever is longer) guidelines for quarantine ought also to be adopted.

**8 After the 4- to 8-week transition and observation period, return all staff and students to normal operations.**

If, in some future period, cases of COVID or flu were once again to start spiking due to seasonal or other factors, these temporary measures might be re-introduced for those at higher risk or with lower risk tolerances.

**9 Returning to normal should *not* be predicated on children receiving the vaccine, or some percent of teachers having gotten it.**

● Because the vaccine is under emergency use authorization (EUA), it will likely be more than a year before it is approved for use in children.
● Further, children's low-risk profile for COVID-19 makes the cost-benefit analysis of getting the vaccine very different for them.
● Additionally, the extremely high efficacy of the vaccines (95%), means that those who are concerned will be protected by their own vaccination. They are further protected by the 100 million+ Americans who have gotten and recovered from COVID-19 as of March (CDC data is only through 12/31/21), and by the nearly 100 million people who have received the vaccine.