

# HOW TO APPROACH COVID-19 IN THE NEWTON PUBLIC SCHOOLS FOR THE START OF THE 2021-2022 ACADEMIC YEAR

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## RECOMMENDATIONS OF THE MEDICAL ADVISORY GROUP (MAG)

- 1. All eligible faculty, staff and students should be vaccinated.**
- 2. Universal masking when indoors should be required.**
- 3. Routine COVID screening testing should be offered weekly to asymptomatic unvaccinated and vaccinated individuals.**
- 4. Rapid antigen testing should be offered to those developing possible symptoms of COVID in school and as part of a “Test and Stay” program for contacts of cases.**
- 5. Cases of COVID and those with symptoms developing at home should isolate.**
- 6. “Test and stay” may allow asymptomatic exposed students to remain in school.**
- 7. Ventilation upgrades and hand washing should continue as mitigation measures.**

## INTRODUCTION

The Medical Advisory Group (MAG) strongly supports the Newton Public Schools (NPS) decision to fully reopen schools this year. Considerable data have emerged about the importance of in-person learning for all students for both academic and mental health considerations. While the COVID-19 pandemic has not been controlled and the emergence of new variants continues to challenge public health entities, all efforts for NPS need to focus on the well-being of students and the safety of operations for all faculty, staff, and students. The MAG is making recommendations for the start of the school year using the best data available. However, new information continues to emerge, and regular review is necessary to ensure that mitigation measures are commensurate with the risks in the community and neither excessive nor inadequate.

We have focused our recommendations around the broad topics of vaccination, masking, testing, and quarantining, review of mitigation measures. Each section begins with a recommendation followed by an explanation of the thoughts and discussion behind the consensus.

## VACCINATION

**NPS should strongly endorse vaccination for all eligible faculty, staff and students. NPS should provide support to facilitate vaccination whenever feasible.**

Vaccines are readily available and are the best means available to decrease the circulation of virus as well as to protect the recipient in most cases from serious COVID-19, hospitalization, and death. Decreasing the amount of circulating virus also lessens the pressure on and opportunity for the virus to mutate, which, in turn, decreases the risk that a variant will emerge that can evade the vaccinated individual's immune response. It is not too late to receive a vaccine even with the start of school approaching. Some immunity occurs 14 days after the first dose (Pfizer/Moderna), but 14 days must elapse from the second dose for full immunity to be achieved. People receiving the Johnson & Johnson vaccine are considered fully vaccinated 14 days after the single injection.

While breakthrough infections can occur in fully vaccinated individuals, the frequency of severe breakthrough disease is exceptionally rare. Breakthrough infections still represent a very small fraction of the total who have been vaccinated. Vaccination is not available yet for children 12 years of age and younger although trials are underway.

While age-group and residence vaccination rates are available through the DPH, these numbers do not identify individuals and do not include employees or students of NPs who reside in other communities. Because knowledge of vaccination rates is important to plan mitigation strategies and because knowledge of an individual's vaccination status is necessary to determine appropriate quarantine strategies in the event of exposure, we encourage NPS to request all employees and students to report their vaccination status. Such individual information must be stored securely and only used without identifiers to report vaccination rates.

## MASKING

**We propose that all school personnel, visitors and students, regardless of age or vaccination status, wear masks covering their nose and mouth while indoors at all times and when riding on school buses. When eating indoors, masks may be removed but should be put back on when leaving the table or when not eating or drinking. When feasible, additional mitigation including staggering lunchtimes, optimizing ventilation, and distancing are preferred when unmasked. Masking while outdoors is not required, and outdoor activities including eating should be encouraged.**

Based on current rates of circulating virus, guidelines advise masking indoors whether or not the individual has been vaccinated. The difficulties of knowing who is vaccinated or not and monitoring behavior while concentrating on teaching and learning are factors in recommending universal masking indoors for NPS. If the number of cases decreases over a more sustained period of time and the vaccination rates in the community continue to rise, this recommendation could be revisited for those who are vaccinated. Masking and good hand hygiene might also

influence the occurrence of other respiratory virus infections, particularly influenza, during the winter season.

## TESTING

**The weekly routine COVID safety testing program undertaken last year should be continued to screen for virus in asymptomatic individuals.**

**BinaxNOW™ rapid antigen testing should be used to test people who develop symptoms compatible with COVID-19 in school as has been being done but also considered for contacts of cases without symptoms to establish a “Test and Stay” program.**

There are different goals for testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, the virus that causes COVID-19) in schools, and different tests that can be used. The weekly pooled testing program initiated last year is principally used to look at the prevalence of cases among asymptomatic individuals in the school system. This can be particularly useful this year in elementary schools where the children are generally too young to be eligible for the current vaccines. Testing those who are asymptomatic is a window into how much virus is present in the school community. We recommend continuing this program in both unvaccinated and vaccinated staff and students, with unvaccinated individuals prioritized. This testing program is NOT for people with symptoms of possible COVID-19 infection.

Polymerase chain reaction (PCR) testing is done on a pooled specimen; PCR is the most sensitive and specific test for SARS-CoV-2. If a pool is positive, individual specimens (reflex testing) needs to be performed to identify the positive person. Unvaccinated students involved in higher risk activities (such as sports and singing) should be encouraged to participate in pooled testing programs.

BinaxNOW™ is an antigen test currently performed in NPS by the school nurses. Results are generally available within 15 minutes. The test has been used so far when someone develops symptoms that could be COVID-19 in school. If the test is negative, the person may still be sent home if symptoms are significant, but contact tracing is not initiated. BinaxNOW™ testing may also be used as part of a “Test and Stay” program to enable individuals with a negative result to remain in school during the quarantine period as long as they remain asymptomatic. We support setting up such a program for NPS.

The MA Department of Elementary and Secondary Education (DESE) is in the process of releasing details of a statewide testing program. As the state program is developed, NPS will hopefully be able to participate in this program.

## QUARANTINING AND ISOLATION

**Per current guidelines, individuals testing positive for SARS-CoV-2 would need to be isolated for 10 days as is current practice and contact tracing done to determine who else has been exposed. Vaccinated individuals would generally not need to quarantine as long as they were asymptomatic. An unvaccinated person identified as a close contact would need to quarantine for 10 days without testing or for seven days if a test is negative taken at least five days after exposure unless participating in a Test and Stay program. Anyone identified as a close contact would need to monitor themselves for symptoms for 14 days and to wear a mask indoors.**

These guidelines conform to recommendations from the Centers for Disease Control and Prevention (CDC) and to those from the Newton Health & Human Services Department (HHS).

#### ADDITIONAL MITIGATION MEASURES

**In addition to vaccination and masking, handwashing and ventilation remain important mitigation measures. Overlapping mitigation strategies decrease the risk of acquiring COVID.**

The ventilation system improvements last year to meet ASHRAE 62.1 requirements should be reevaluated at least yearly to ensure that the standards are continuing to be met.

Appropriate air movement and exchange with outdoor air assists in the prevention of airborne spread of infection. The extensive ventilation upgrade program performed last year was excellent, but ongoing inspection to ensure that the unit ventilators are still meeting the rigorous standards is advisable.

Hand hygiene with soap and water or hand sanitizer is always advisable; good handwashing also helps to prevent spread of other respiratory viruses such as influenza.

When other mitigation measures are followed, distancing is less important. Therefore, the focus on keeping schools safe should concentrate on the interventions described above.