

IN SCHOOL COMMITTEE
Worcester, Massachusetts
Wednesday, July 29, 2020
Agenda #25

The School Committee of the Worcester Public Schools met in Open Session at 5:30 p.m. virtually in Room 410 of the Durkin Administration Building on Wednesday, July 29, 2020.

There were present at the Call to Order:

Miss Biancheria, Mrs. Clancey, Ms. McCullough,
Mr. Monfredo and Ms. Novick

There were absent: Mr. Foley and Mayor Petty

The Pledge of Allegiance was recited.

Mr. Monfredo chaired the meeting.

GENERAL BUSINESS

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| 1. | <u>gb #0-237</u> - Administration
(July 17, 2020) | School Reopening/
Medical Forum |
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To conduct a forum with doctors and medical professionals to respond to pre-submitted questions relative to the COVID-19 virus and its impact on the reopening of schools.

Superintendent Binienda opened the meeting by stating that the purpose of the meeting is to respond to pre-submitted questions regarding the COVID-19 pandemic and the reopening of schools. She thanked the physicians for their passion in caring for the health of Worcester Public School students and for participating in the meeting.

Dr. Lynda Young acted as the facilitator of the meeting and began by stating that not all questions that were submitted would be included in the forum. Questions regarding the hybrid model and class design would be addressed by the Administration and the district would be following the Department of Elementary and Secondary Education guidelines regarding cleaning, HVAC and ventilation issues. She began by introducing the panelists:

Lynda Young, MD

Mary Beth Miotto, MD, MPH

Michael Hirsh, MD

Beverly Nazarian, MD

Lloyd Fisher, MD

Christina Hermos, MD

Dr. Young introduced Dr. Beverly Nazarian. have students attend school in-person fifty percent of the time, and another that would have them attend one third of the time. The fifty percent model is based on three feet spacing between students and would include two in-person days each week.

Dr. Nazarian responded to the following questions:

- Why don't we just start completely remote?
- Why bother with a hybrid, why not just go back to school?
- What would you do with your child?

She stated that as a group, the physicians would recommend that the ideal would be to send all children back to school. However, the emphasis is on safety. With the low infection rate in Massachusetts, masking, smaller cohorts, extra handwashing and social distancing, it is possible for a safe return to school. As for the model, there are limited factors including how many students can fit in small classrooms and spacing on the bus. Looking at it from a parent's perspective, if she had the choice for in-person learning for her child, she would feel confident. If there happened to be an increase in infection, the district has the ability to go to remote learning. She stated that this is based on what it currently known, but there is new information daily. Dr. Nazarian introduced Dr. Lloyd Fisher to address the following questions:

- Why are we able to open schools now when we closed them in March?
- Is it safe to reopen if there is an increase in cases?

Dr. Fisher stated that in March, there was very little known about COVID-19 and the concern was having enough capacity in the ICU's. There was not enough information on how the virus was spread from one person to another. At this time, there is a better understanding of treatment, who is at risk for developing complications and who is more likely to spread the virus. He stated that multiple studies have shown that children are less impacted. There is better testing and PPE has been shown to slow the spread of the disease. He stated that the total number of cases has decreased dramatically over the past few months. Public health officials will continue to monitor cases and may recommend a change to the model if there is a significant uptick of cases. He reminded everyone to continue to practice social distancing and follow the rules outside of schools to prevent the spread inside of school. Dr. Fisher introduced Dr. Christina Hermos to talk about questions that were submitted regarding the transmission of COVID-19.

Dr. Hermos responded to questions about research studies on school transmission and transmission by children in general. She stated that the data she is citing is from contact tracing studies where it was found that children under the age of 18 are less likely to get sick, between one-third and one-half are likely to get sick compared to adults. In the United States, children under 18 years of age represent twenty-two percent of the population and account for two percent of all cases. She explained that this is different from other respiratory illnesses that spread between children. Dr. Hermos shared 3 examples on studies that were performed on transmission.

Australia

Eighteen individuals (students and staff high school or lower) were positive in April, before PPE and handwashing mandates. The study showed that of all the high school contacts (695) only one contracted the virus. And in the lower elementary schools, only one in one hundred and sixty-eight which amounts to a 0.3% chance of spread. She said that the data showed

that children were not spreading the virus to their classmates.

Finland and Sweden

These countries, which abut each other, had drastically different policies. Finland shut down the schools and Sweden did not. Although Sweden had five times more cases than Finland, the incidences of children under nineteen were no higher than Finland. There were also no increases in the number of cases with teachers.

United States Emergency Child Care Centers

Forty thousand children were studied across the country and there was no reported outbreak or clusters.

She stated that she is not saying that an outbreak won't happen, but that is less likely if proper PPE and social distancing is practiced. She said that adults are a bigger risk to spread the virus to each other.

Dr. Hermos addressed a question regarding a New York Times article on July 19th containing the headline "Children over 10 years old are just as likely to transmit COVID-19 as adults". She explained that the study came from South Korea where they looked at the children who tested positive (120) and tested household members and found that 18% of the household members of children between 10 and 19 years old did test positive. She stated that the study had no proof as to which direction the virus went, nor is there any indication as to what age children become spreaders. She said that it appears that the elementary and middle school students are less likely to be spreaders and as students transition into adulthood, it may be more likely that they spread the virus.

Dr. Young introduced Dr. Mary Beth Miotto to speak to questions regarding masks.

- What is reasonable for wearing masks?
- How will younger children keep their masks on while riding the bus?
- How will elementary students tolerate mask wearing all day?

Dr. Miotto stated that children Grade 2 and older will be wearing masks all day in school and to some extent on the buses. She offered practical tips for parents regarding mask use by suggesting that parents start preparing their child/ren now instead of the first day of school. Start slowly, wear your own mask, introduce patterns and colors for the masks and make wearing it part of everyday life. She suggests not worrying about keeping the mask on, the child/ren will get used to it. The district realizes that the child/ren will not keep them on all day, but the teachers and school nurses will be assisting in that.

-What is the best mask to use?

The type of mask does not matter as much as the time that the child is wearing the mask.

-Are there conditions which are dangerous and mask should be discouraged?

Children with asthma will do better wearing a mask by allowing the cohort to stay healthy. She suggested that if a parent has questions about their child/ren with asthma or other underlying conditions, they should speak with their own pediatrician or family doctor.

-What happens if my child's mask gets wet from sneezing too much or gets dirty, falls down or strap breaks?

-If a mask needs to be replaced, the school will have a supply of extra masks.

Dr. Miotto stated that Special Education teachers and nurses will be working on masking with students with behavioral learning and medical needs. For those who cannot wear masks, Dr. Lloyd Fisher will address distancing questions.

-Why are we discussing 3ft if we are told that 6ft is the minimum?

Dr. Fisher stated the goal is to maintain 6ft if possible, but studies have shown that is not a significant difference between 3 and 6ft. The 6ft guidelines were developed for clinical settings and contact with patients who are really sick. In a school setting, there is not much benefit for maintaining 6ft. If you can't be

masked, then the 6ft distance should be adhered to. The district is providing multiple layers of protection (wearing masks, handwashing and distancing). He reminded parents to keep their child/ren home if they are sick.

-How is lunch going to work?

During lunch, the masks will come off and a distance of 6ft will be maintained. He cited data from the World Health Organization which showed no increase in transmission at 3ft

-How do we maintain distance on buses?

All children including pre-school will be required to wear masks while riding the bus and face forward. The buses will be configured so that there will only be one child per seat.

Dr. Nazarian explained that questions were asked regarding the fact that pre-school, kindergarten and first grade students are not required to wear masks in school, but they are required on the bus. She stated that it is more challenging in that age group but that parents should encourage them to wear masks for the extra layer of protection. She spoke to the following questions that teachers and staff had in order to be safe

-Can I walk around the room?

-Can I tie a child's shoe?-Can I reassure a child when they are scared?

Dr. Nazarian said that the answer to all those questions is yes. The transmission happens when you are up close for a long period of time without a mask, but the teachers and student will be wearing masks. Special Education teachers may need to increase their layers. She reiterated that the importance of the adults wearing the masks at all time to decrease the change of transmission. If you have any symptoms, it is important to stay home.

Dr. Miotto addressed questions regarding keeping children at home.

-How do we lower the community transmission of COVID-19?

If everyone follows the guidelines regarding crowds, the rates in Worcester should stay low.

-Do we send our child to school if they are complaining of a stomachache or have a fever?

If your child has a fever, runny nose, cough, headache, etc., you should keep them at home. No matter what model is chosen, maximizing the time the child is in school is important. Handwashing is paramount for the family when the child is home sick.

Dr. Michael Hirsh spoke to the problems that the medical community will be facing in the late fall and early winter with the arrival of the flu season. He asked for all parents and their children to be vaccinated against the flu. The anticipated timeframe for a COVID-19 vaccine is early 2021. The city is preparing for emergency distribution once that vaccine is available.

Dr. Fisher spoke to questions regarding screening.

-Why are temperatures not being taken?

He stated that temperature screening has not been shown to be an effective method in determining who has COVID-19. Most children who have COVID-19 do not have a fever and the majority of children who do have a fever have something else. He also stated that the taking the time each day would cut into learning time.

-Should there be a daily questionnaire for parents to fill out?

Dr. Fisher said that would not be feasible and does not justify the time or effort it would take.

-What happens when a child develops symptoms while in school?

Dr. Nazarian stated that the school nurses in conjunction with the Administration have been planning for this and if a child is symptomatic, they will be brought to a medical waiting room and the parents will be called.

Regarding the protocol for sick children, Dr. Hermos outlined the DESE guidelines as follows:

1. Testing. Have the child tested for the virus.
2. If the test is positive, the child is to remain out of school for a minimum of 10 days. Three of those days need to be fever free.
3. If no test is administered, the child is to remain out of school for 14 days.
4. If the test is negative, the child is to remain out of school for 24 hours fever free.
5. If positive, contact tracing will begin.
6. Testing will be done 5 days later after exposure, and if negative, the child may return to school.

She explained how the test are administered and how the results are obtained. There is "sensitivity testing" which is when a swab is inserted into the child's nose or the child spits into a cup. This has been shown to be 70-95% sensitive depending on the timing of the test. If the child is sick, the test is more likely to pick up the virus.

-If my child has a negative test, how likely is it that the result is actually negative?

That depends on the quality of the test and what was the likelihood that your child actually had COVID. "When the community rates are low, and your child tests negative, it can be very believable and we can put a lot of weight on that.

-Won't my child be home all winter if they have a cough, sneezing and flu-like symptoms?

Dr. Nazarian stated that while many of these symptoms are not COVID related, they have to be treated like they are. When a high incident of sick children occurs, the district may have to resort to remote learning.

-How many cases of COVID need to be reported before the school closes?

-What if 70% of the students and staff are out sick?

Dr. Hirsh stated that the State defines a "cluster" of COVID outbreak as two positive cases. If two students contract COVID, an extensive contact tracing effort will begin. He believes that the model for having cohorts or "pods" will assist in limiting the number of those exposed. If there is a COVID positive student identified, the family will be notified and contact tracing will begin. Dr. Hirsh asked all community members to answer calls from the contact tracing unit in order to help stop the spread.

-Sometimes my child has a cough for weeks after recuperating from a cold, will they be kept out of school all that time?

Dr. Miotto stated that children and adults can still have a lingering cough after a cold has passed. She suggested speaking with a health professional or school based health center for guidance.

-What if a teacher or my child has asthma?

She suggested speaking with the primary physician or pediatrician to try and control the asthma before the beginning of school and the flu season. If the school nurse knows that a child has asthma, they can work together with the parent.

-Would it be more traumatic or anxiety provoking for children to go back to school with worries about COVID?

-Would my child be better off at home with structure and routine?

Dr. Nazarian believes that the trauma for some students might be staying at home. Most children need the structure and socialization of school and there will be teachers, school nurses, adjustment counselors and school psychologists there to provide help to anxious students.

Dr. Young closed the panelist portion of the meeting by stating that the group will continue to work with Superintendent Binienda and if there is a need from the School Committee or the community for have more forums, they will be willing to oblige.

Mr. Monfredo stated that if there is more medical information regarding the virus, then another forum will be scheduled

Ms. Novick stated that this panel is only one of the many groups of experts that the district will be listening to.

On a roll call of 6-0-1 (absent Mayor Petty) the meeting was adjourned at 7:00 p.m.

Helen A. Friel, Ed.D.
Clerk of the School Committee