

Update on COVID-19 and Children

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COVID 2.0

September 15, 2021

CONFIDENTIAL



Disclosure of Potential Conflict of Interest

I have no personal financial disclosures to report related to the material in this presentation



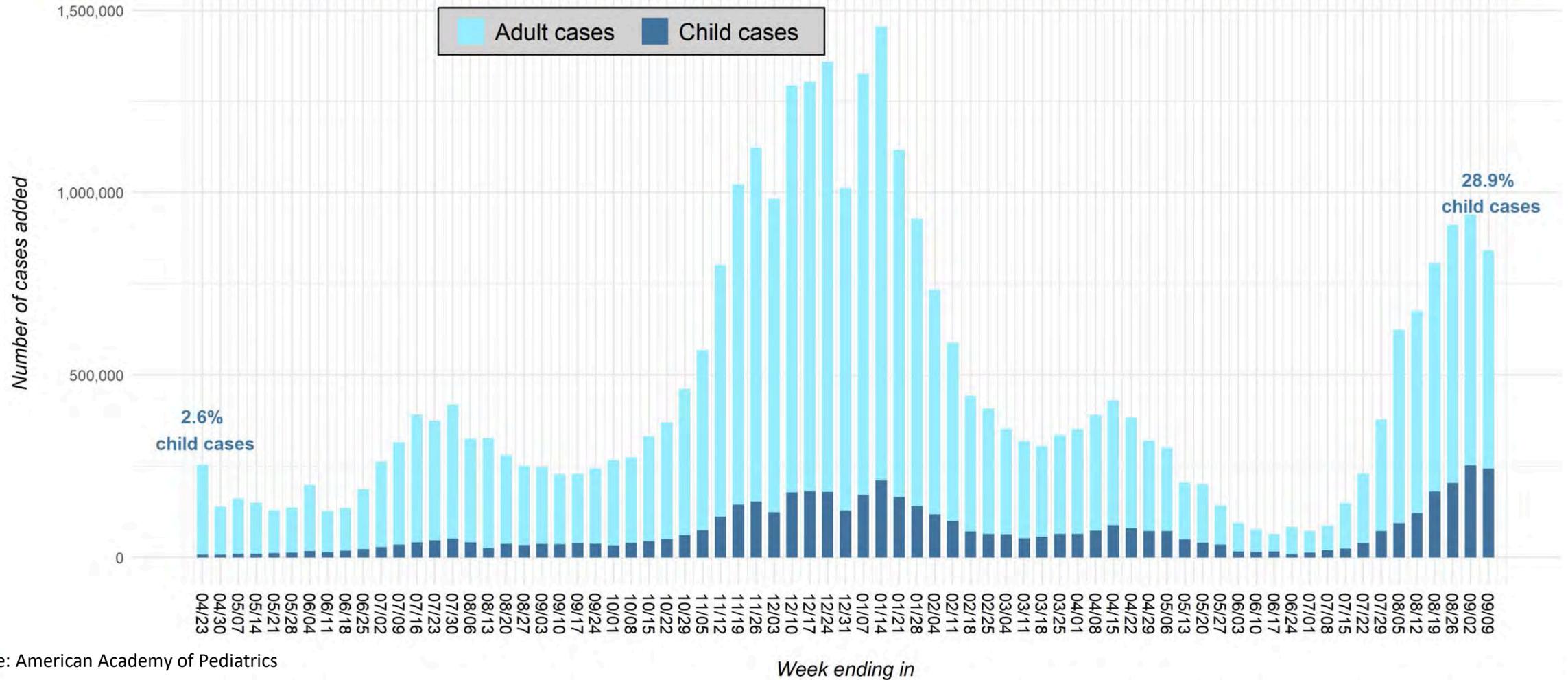
What's different one year later?

- Vaccination has changed the COVID-19 landscape in areas with high uptake
- The delta variant has become dominant
 - This strain is more infectious and may be more severe in adults
 - Breakthrough infections after vaccination are more common with delta than with the alpha strains, but hospitalization and death in vaccinated people remain extremely rare
- Schools are open!



The demographics of COVID-19 infections are changing...

Fig 8. United States: Number of COVID-19 Cases Added in Past Week for Children and Adults*

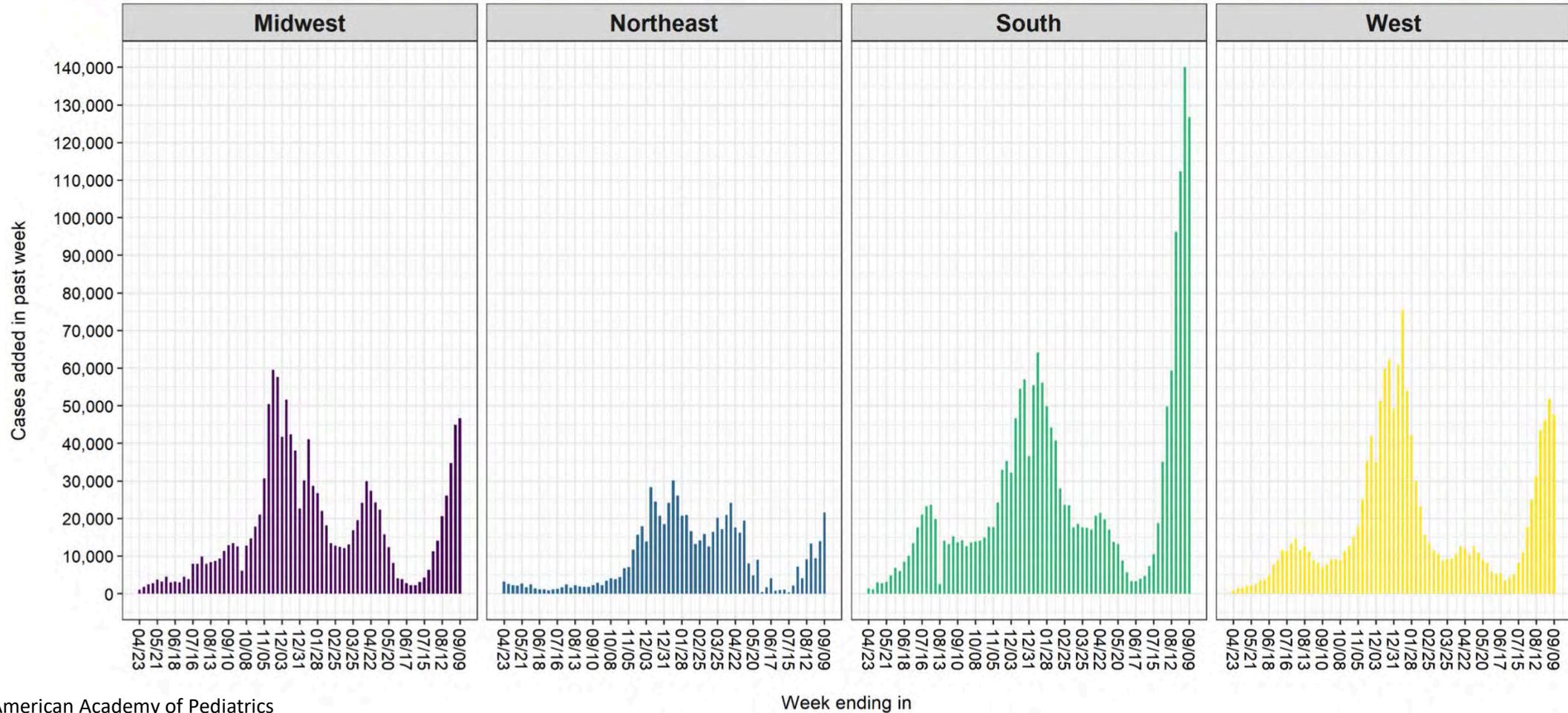


Source: American Academy of Pediatrics



...but numbers are still lowest in the northeast...

Fig 7. United States: Child COVID-19 Cases Added in Past Week, by Region*



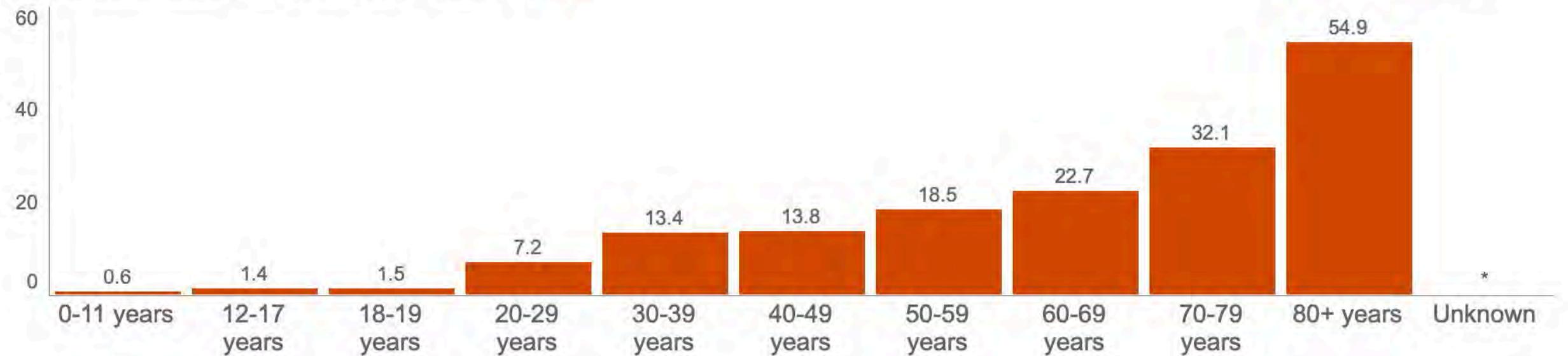
Source: American Academy of Pediatrics



...and hospitalization rates in children remain low

The report date September 8, 2021 shows data on patients admitted to hospitals between August 22, 2021 and September 4, 2021.

Rate of admissions during the last two weeks by Age



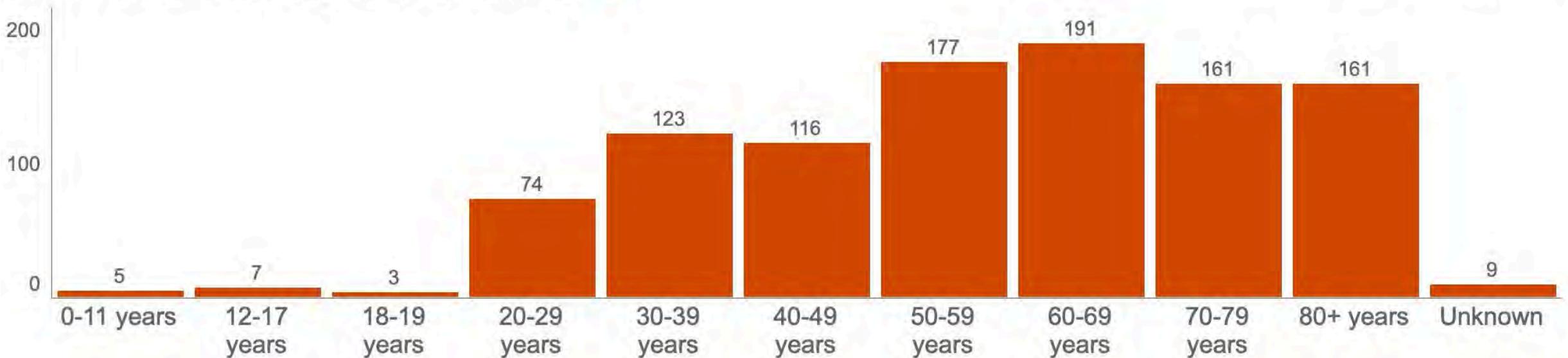
<https://www.mass.gov/info-details/covid-19-response-reporting>



Total numbers of hospitalized children are also very low

The report date September 8, 2021 shows data on patients admitted to hospitals between August 22, 2021 and September 4, 2021.

Number of admissions during the last two weeks by Age



<https://www.mass.gov/info-details/covid-19-response-reporting>



Most children with COVID-19 do well, but severe disease does occur

- Children with COVID-19 have a hospitalization rate of 0.9% and a death rate of 0.01% in the US
- There have been 460 COVID-19-related deaths in children in the US since the beginning of the pandemic (as of 9/9/21)

Source: American Academy of Pediatrics

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Multisystem inflammatory syndrome in children (MIS-C)

Last updated with cases reported to CDC on or before August 27, 2021*

TOTAL MIS-C PATIENTS MEETING CASE
DEFINITION*

4,661

TOTAL MIS-C DEATHS MEETING CASE
DEFINITION

41

*Additional patients are under investigation. After review of additional clinical data, patients may be excluded if there are alternative diagnoses that explained their illness.

Summary

- The median age of patients with MIS-C was 9 years. Half of children with MIS-C were between the ages of 5 and 13 years.
- 61% of the reported patients with race/ethnicity information available occurred in children who are Hispanic/Latino (1,316 patients) or Black, Non-Hispanic (1,362 patients).
- 99% of patients had a positive test result for SARS CoV-2, the virus that causes COVID-19. The remaining 1% of patients had contact with someone with COVID-19.
- 60% of reported patients were male.

<https://covid.cdc.gov/covid-data-tracker/#mis-national-surveillance>



Mask safety for children

Healthy Children > Health Issues > Conditions > COVID-19 > Mask Mythbusters: Common Questions about Kids & Face Masks

HEALTH ISSUES

LISTEN ▶

Español

Text Size - +



Mask Mythbusters: Common Questions about Kids & Face Masks

By: Kimberly M. Dickinson, MD, MPH & Theresa W. Guilbert, MD, MS, FAAP

Along with physical distancing and good hand washing, **face masks** help prevent the spread of SARS-CoV-2, the virus that causes **COVID-19**. This includes the more contagious Delta variant. Masks can be especially important for children younger than age 12, who are not yet **eligible** for the COVID vaccines.



www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Mask-Mythbusters.aspx

Healthy Children > Health Issues > Conditions > COVID-19 > Do Masks Delay Speech and Language Development?

HEALTH ISSUES

LISTEN ▶

Español

Text Size - +



Do Masks Delay Speech and Language Development?

During a child's first few years of life, they are rapidly developing communication skills. Whether by **smiling**, **cooing** and **babbling**, pointing and gesturing, or saying their first words, children express themselves from birth. But a year and a half into the COVID-19 pandemic and no solid end in sight, some families wonder whether continuous **use of face masks** by daycare providers, preschool teachers, and other adults may negatively affect their child's speech and language development.



While this is a natural concern, there is no known evidence that use of face masks interferes with speech and language development or social communication. Plus, children can still get plenty of face time at home with mask-free family members.

www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Do-face-masks-interfere-with-language-development.aspx



Conclusions

- Children, particularly those too young to be vaccinated, remain at risk of COVID-19 infection
- The great majority of children with COVID-19 do well and do not require hospitalization, although persistent post-infectious symptoms are a concern
- The delta variant is more infectious, but does not fundamentally change the overall approach to COVID in children
 - Mitigation measures (especially vaccination and masks) help!



COVID Vaccines and Pediatrics

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Vaccine learning points

- Current vaccine authorizations and age recommendations
- Review of common and uncommon side effects of COVID vaccines
- Expected (hopeful) timeline of additional vaccine approvals
- Vaccination data
- COVID vaccine and primary care
- Addressing challenges including vaccine hesitancy



Current Vaccines available (worldwide overview)

Vaccine	Mechanism	Availability	Lowest age approved
Sinopharm, sinovax	killed coronavirus	China, Indonesia, Brazil, Mexico, Turkey, UAE, Jordan	Sinovax 3 y
CanSino, Oxford/AZ, Johnson and Johnson, Gameleya	Another virus (generally adenovirus) engineered to include genetic code for Sars-CoV-2 spike proteins	China, Mexico, Pakistan, UK, South Africa, Europe, Chile, Brazil, US (J&J), Russia, Argentina, etc.	J&J 18 y
Moderna, Pfizer	mRNA that was engineered to be taken up by cells and cause them to make spike protein	US, Europe, Israel, Canada, Brazil, Chile, Japan, Mexico	Moderna 18 y (down to 12 in some countries) Pfizer 12 y



Vaccines approved in the US

And pediatric ongoing trials

Vaccine	Approval age limit	Ongoing trials	Hopeful timeline for further approval
Moderna	18	01/2021 – EUA requested (12-17 yo)	For 12-17 likely soon
Pfizer	12	03/2021 worldwide phase 1/2/3 trials began in 6m-2y, 3y-5y, 5y-11y	EUA request likely towards end of Sept/early Oct and approval likely a few weeks later (towards the end of October for 5 y -11 y)
Johnson and Johnson	18	Underway	Unsure



Pfizer trial details (& why is it taking so long)

- March 24-25 – started enrollment
- 2 doses given at 21 days apart *trialed 3 dose ranges in 3 age ranges
 - Puts us at late April to May to realistically be giving second doses to anyone
- FDA asked for 4-6 months of safety data (adverse event data) before consideration
 - Adult approval was given with 2 months of safety data
- September 27th - Date of final data collection for primary outcome measures
- Data submission to the FDA for EUA
- FDA to scrutinize data



Moderna trial details (adolescents)

Overview of Moderna COVID-19 Vaccine (mRNA-1273) in adolescents (P203)

Overview

- Phase 2/3, randomized, observer-blind, placebo-controlled study to evaluate the safety and effectiveness of mRNA-1273 in **healthy adolescents 12 to <18 years of age**

Data updates

- Primary endpoint of non-inferior immunogenicity versus the Phase 3 study adult comparator group was met
- No cases of COVID-19 observed after two doses of vaccine using the primary case definition, consistent with a vaccine efficacy of 100%
- Safety and tolerability generally consistent with Phase 3 COVE study in adults

Regulatory Updates

- Authorized for adolescents in United Kingdom, European Union, Japan, Canada, Switzerland, Taiwan, Saudi Arabia, Australia and the Philippines
- Data submitted in United States and other countries

TeenCove
STUDY™

Trial Design

100 µg mRNA-1273
N=2,486

Placebo
N=1,240

Slide 7

Ali, Keshaf, et al. "Evaluation of mRNA-1273 SARS-CoV-2 Vaccine in Adolescents," *NEJM* (August 2021), <https://doi.org/10.1056/NEJMoa2109522>

moderna



Moderna trial details (children)

Overview of Moderna COVID-19 Vaccine (mRNA-1273) in children (P204)

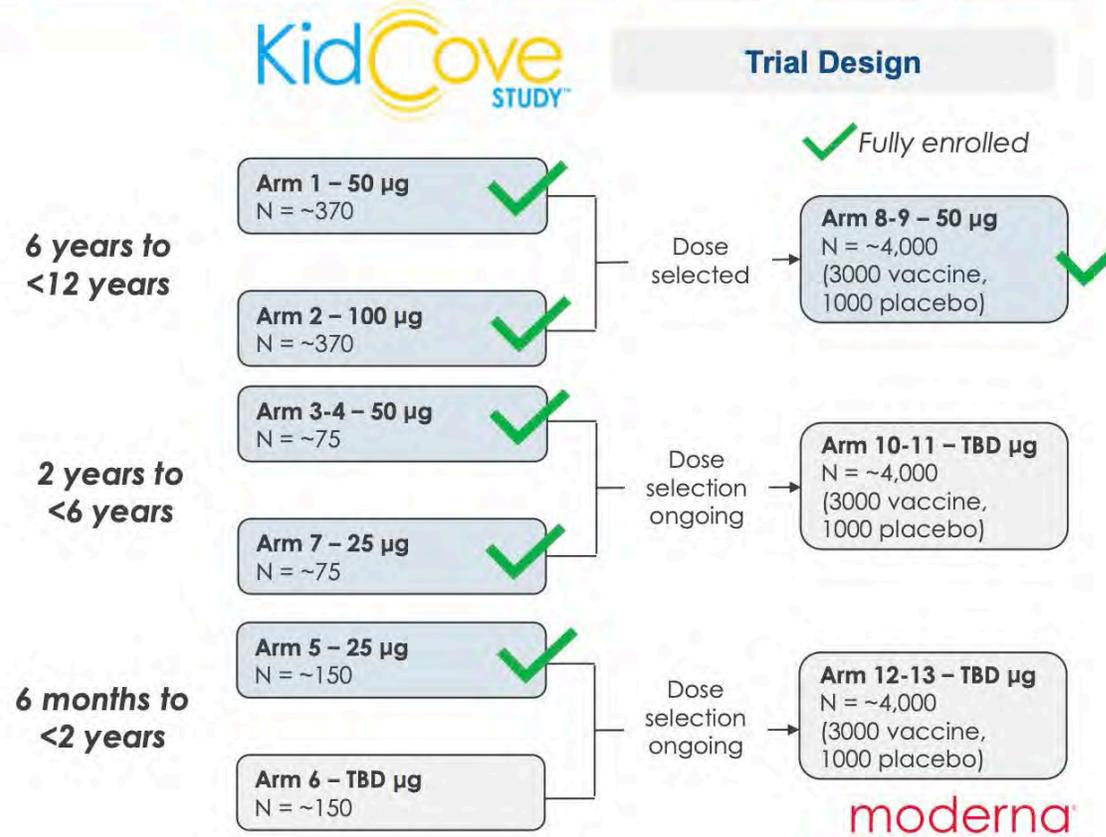
Overview

- Phase 2/3 expansion study to evaluate the safety and effective of mRNA-1273 in children aged 6 months to less than 12 years ongoing
 - 2-part, open-label, dose-escalation, age de-escalation, randomized, observer-blind, placebo-controlled

Updates

- We selected a dose and expanded enrollment in the 6 years to less than 12 years old cohort, and Part 2 of the study (Arms 8 & 9) is fully enrolled (N=4,000)
- Dose selection studies are still underway for 2 to <6 years old and 6 months to <2 years

Slide 8



Side effects of COVID vaccines

Side effects after getting a COVID-19 vaccine are **normal signs** that a person's body is building immunity

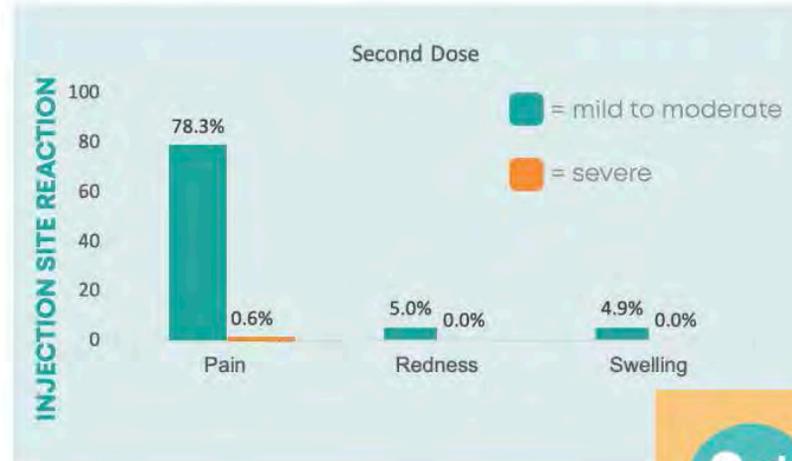
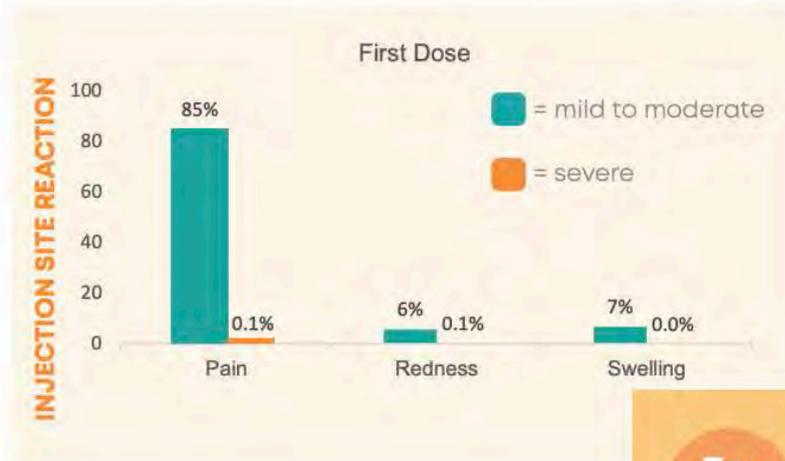
- The most common side effects from the COVID vaccines are
 - Fatigue
 - Redness/swelling/soreness at site of injection
 - Headache
 - Muscle aches
 - Fever or Chills
- They occur usually within the first week, most common at 1-2 days post receipt

SE in 12-15 yos (Pfizer data)
Injection site pain 91%
Fatigue 77.5%
Chills 49%
Muscle pain 42%
Fever 24%



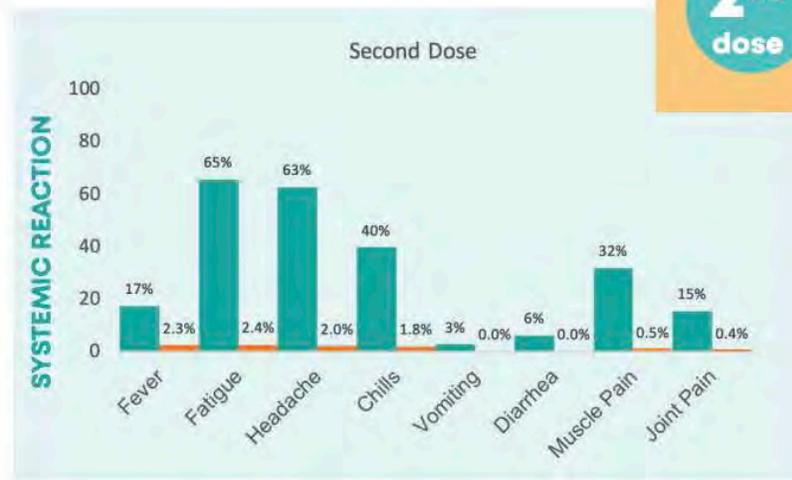
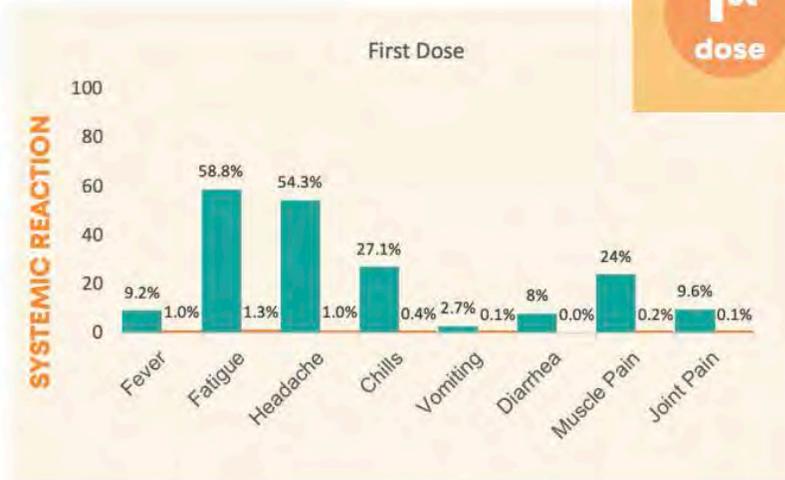
WHAT TO EXPECT:

PFIZER COVID-19 VACCINE SIDE EFFECTS, AGES 12-15



1st dose

2nd dose



Frequency of Solicited Local and Systemic Reactions Within 7 Days After Each Vaccination, as Percentage of Phase 2/3 Trial Participants



Uncommon side effects

Rare – but serious

- Acute Allergic reactions including anaphylaxis occurs in 2-5 people per million in the US
- Guillain Barre Syndrome –
 - associated with J&J vaccine
 - 195 cases after 14.5 million doses given
 - Usually, 2 weeks post dose
 - Mostly in men over 50 y
- Thrombosis with Thrombocytopenia Syndrome
 - Associated with J&J (2 cases following 362 million doses of Moderna – not above baseline population rate)
 - 46 cases after 14.5 million doses given
 - Almost exclusively in women under 50 y
- Myocarditis/Pericarditis

CDC.Gov

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Myocarditis and Pericarditis following COVID vaccine

- Associated with mRNA vaccines
- Associated with male adolescents and young adults
- Usually within a few days of the second dose (myocarditis) or further from second dose (pericarditis)
- Almost all patients resolved completely

Symptoms/signs include –

Chest pain

Shortness of breath

Palpitations

ST segment changes

Troponin elevation



Myocarditis, Pericarditis, and Myopericarditis by the most recent numbers

- 2,574 reports in all ages/age groups
 - Myopericarditis: 1,903 reports
 - Pericarditis alone: 671 reports
- Median age
 - Dose 1 – 26 y
 - Dose 2 – 20 y
- Median time to symptom onset
 - Dose 1 – 3 days
 - Dose 2 – 2 days
- Between 72-82% male

Manufacturer	Reports after dose 1	Reports after dose 2	Reports after unknown dose
Pfizer-BioNTech (n=1,282)	169	922	191
Moderna (n=557)	133	339	85
Janssen (n=49)	33	1	15
Not reported (n=15)	2	9	4
Total (N=1,903)	337	1,271	295

Expected vs. Observed reports after mRNA vaccination dose 2, 7-day risk period (N=765)*

Age group, years	Females		Males	
	Cases of myopericarditis, expected	Cases of myopericarditis, observed	Cases of myopericarditis, expected	Cases of myopericarditis, observed
12-15*	0-3	12	1-5	117
16-17*	0-2	15	0-3	121
18-24*	1-8	24	1-11	213
25-29*	1-6	16	1-9	56
30-39	2-21	10	2-19	72
40-49	2-22	22	2-19	45
50-64	4-40	15	4-35	13
65+	4-44	6	4-36	8

* As of Aug 18, 2021; assumes a 7-day observation window, with 765 of 897 reports after mRNA vaccines occurring during Days 0-6 after vaccination; counts among 12-29 years from reports meeting case definition for myopericarditis; expected estimates for females 12-29 years adjusted to reflect reduced incidence in this age group



Outcomes after myocarditis/pericarditis

Of those that met CDC case definition *(742)

- 701 were hospitalized
- 667 were discharged
 - 77% of those had recovered
- 18 were still hospitalized

- Thus enhanced monitoring set up within the VAERS system including surveys to determine functional status and ongoing clinical symptoms as well as need for further treatment

- Patients being followed by Cardiology division at BCH



Reporting adverse events

Vaccine providers enrolled in the federal COVID-19 vaccination program are responsible for mandatory reporting of the following events

- Vaccine administration errors whether or not associated with an adverse event
 - Serious adverse events* (irrespective of attribution to vaccination)
 - Cases of multisystem inflammatory syndrome (MIS)
 - Cases of COVID-19 that results in hospitalization or death
- Death
 - A life-threatening adverse event;
 - Inpatient hospitalization or prolongation of existing hospitalization
 - A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions
 - A congenital anomaly/birth defect
 - An important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes above.

<https://vaers.hhs.gov/reportevent.html>

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To YOU all
the nurses taking care of the children that we all so deeply want to protect –
thank you.

We see how hard you are working, how much uncertainty you are working
within, and how much love you are putting into our communities.

Thank you!!



Vaccines: Data, Hesitancy and Building Confidence

Faye Holder-Niles MD, MPH
Medical Director of Community Primary Care
Office of Community Health



Boston Children's Hospital
Office of Community Health

COVID-19 Vaccines Data

- Three vaccines available (1 vaccine \geq 12 years) in US
- Across the US, as of September 9th
 - > 377 million vaccine doses have been administered
 - > 200 million individuals have had at least 1 dose
- Across MA, as of September 9th
 - > 9 million doses administered
 - > 4.5 million individuals have been fully vaccinated
- MA ranks high/ leading in national efforts to get individuals vaccinated, but room for more

In MA, 72% of the MA population has received at least one dose, compared to 63% of national population

MA data as of Sep 7th and National data as of Sep 8th

■ Individuals who received at least one dose ■ Unvaccinated population

Individuals who received at least one dose by age group (cumulative)

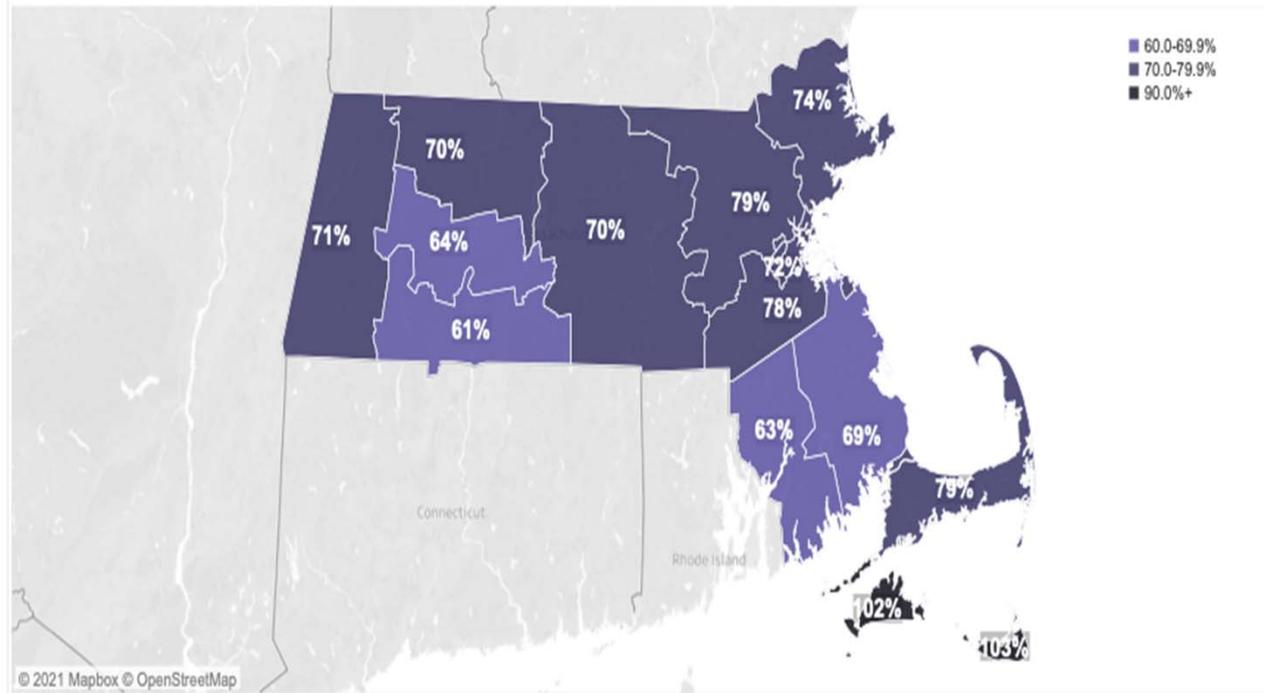


1. As of 5/23, CDC age grouping updated to reflect 12-15 eligibility expansion. National population estimates from CDC do not include Texas population.
 Source: MIIS; CDC; UMass Donahue Institute 2019 Population Estimates, IPUMS USA
 Confidential, Draft and Pre-Decisional

Cumulative Percentage of Eligible Individuals (12+) who are Fully Vaccinated by County of Resident Address

Data as of September 07, 2021

Percentage of Eligible Individuals (12+) Fully Vaccinated



NOTE: Data from MIIS (see "definitions"). Data reflect doses administered and reported (see "definitions"), including Janssen/Johson & Johnson beginning on 3/5/21. An individual is counted as fully vaccinated if they have received the 2nd dose of Moderna or Pfizer or have received a dose of Janssen/Johson & Johnson vaccine. Doses without address records are not included in this view. Some individuals may receive a first or second dose of Moderna or Pfizer from a non-reporting provider and would not be included as fully vaccinated. These proportions use Donahue population estimates from 2019. Colors may be reindexed as data evolve.



Vaccine Equity Initiative Data Dashboard | Overview

Massachusetts Statewide Summary

Filters

Community Filter

All

Date

7/27/2021 9/7/2021

Definitions

First Dose

Anyone who has received any vaccine (at least 1st dose of Moderna/ Pfizer vaccine or Johnson & Johnson vaccine)

Fully Vaccinated

Anyone who has received the 2nd dose of Moderna/ Pfizer or Johnson & Johnson

MA Statewide Benchmarks as of 9/7/2021



Percent of Total Population that received a First Dose

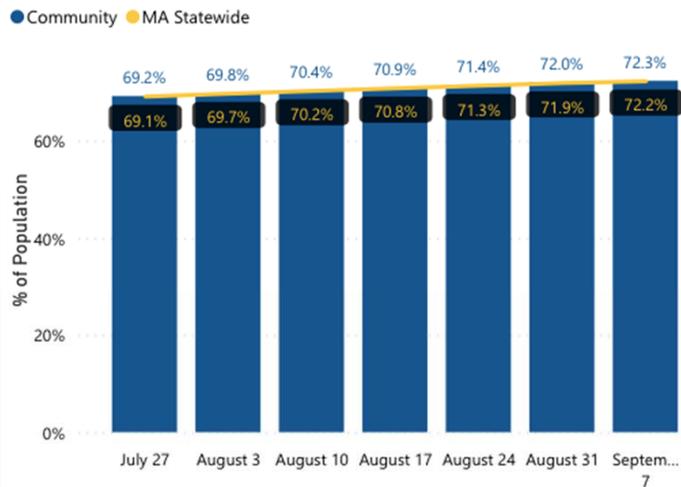
72.2%



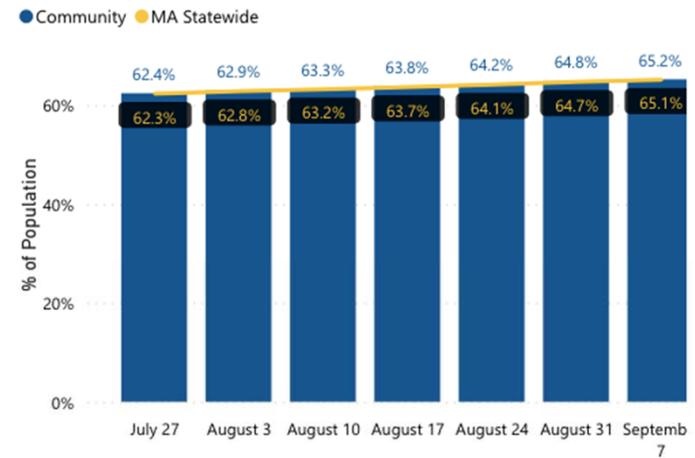
Percent of Total Population Fully Vaccinated

65.1%

Percent of population received First Dose,



Percent of population Fully Vaccinated,



An accessibility review of the dashboard conducted by the Executive Office of Technology Services and Security (EOTTS) is currently ongoing and DPH is implementing the required accessibility enhancements as they are identified.

<https://www.mass.gov/covid-19-vaccine>



Vaccine Equity Initiative Data Dashboard | Overview

Massachusetts
Statewide Summary

MA Statewide
Benchmarks as of
9/7/2021



Percent of Total Population that received a
First Dose

72.2%



Percent of Total Population Fully Vaccin:

65.1%

Filters

Community

Boston

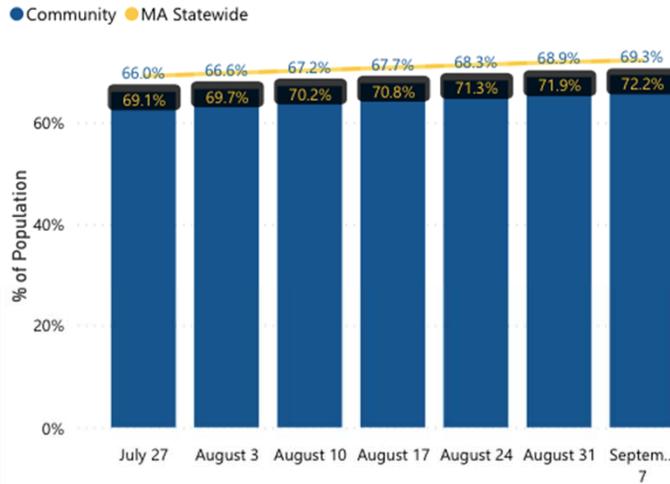
- Boston
- Brockton
- Chelsea
- Everett
- Fall River
- Fitchburg
- Framingham
- Haverhill
- Holyoke

anyone who has received
any vaccine (at least 1st
dose of Moderna/ Pfizer
vaccine or Johnson &
Johnson vaccine)

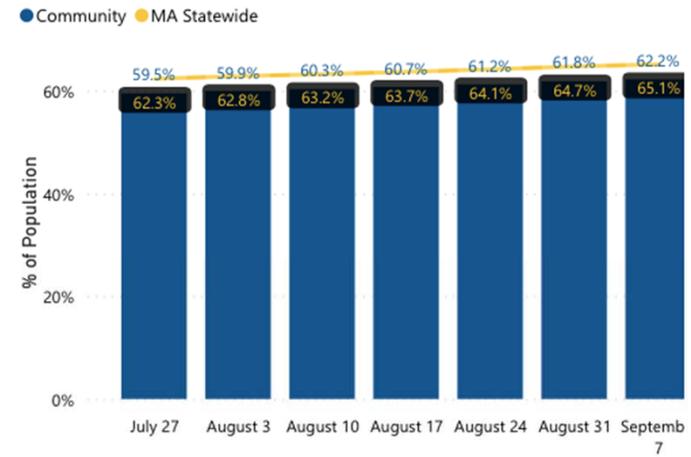
Fully Vaccinated

Anyone who has received
the 2nd dose of Moderna/
Pfizer or Johnson &
Johnson

Percent of population received First Dose, Boston



Percent of population Fully Vaccinated, Boston



An accessibility review of the dashboard conducted by the Executive Office of Technology Services and Security (EOTTS) is currently ongoing and DPH is implementing the required accessibility enhancements as they are identified.

<https://www.mass.gov/covid-19-vaccine>

Office of Community Health



Individuals with at least one dose administered by county and age group (2 of 2)

Data as of Sep 7th

XX Doses as % of people in age group

(XX) Estimate of total population in county by age

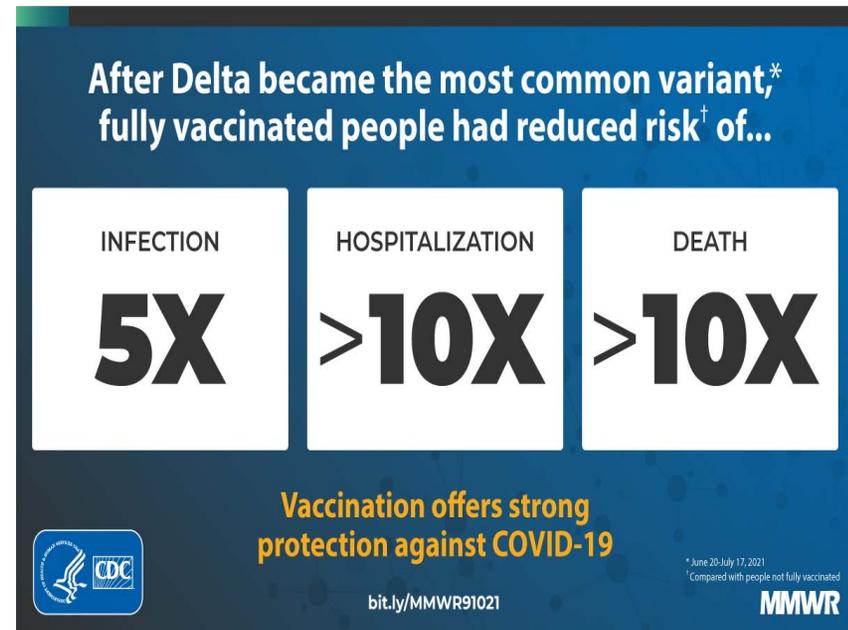
* Vaccination figures suppressed where less than 30 persons are included for privacy

	12-15 Years	16-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60-64 Years	65-69 Years	70-74 Years	75+ Years	Total
Middlesex	81% (74,993)	76% (84,821)	73% (247,341)	88% (228,861)	87% (206,487)	88% (219,945)	91% (101,566)	95% (82,038)	>95% (64,445)	92% (109,008)	75% (1,626,553)
Nantucket	>95% (507)	>95% (457)	>95% (1,457)	>95% (1,739)	>95% (1,664)	>95% (1,584)	>95% (745)	>95% (582)	>95% (427)	>95% (632)	>95% (11,416)
Norfolk	77% (35,684)	81% (36,855)	74% (93,001)	86% (90,383)	83% (91,207)	89% (102,359)	93% (47,671)	>95% (38,641)	95% (30,539)	91% (53,991)	74% (715,271)
Plymouth	60% (27,127)	71% (27,779)	61% (63,664)	72% (59,068)	74% (64,425)	82% (79,368)	87% (38,113)	91% (32,078)	92% (26,054)	92% (39,590)	67% (527,689)
Suffolk	68% (27,674)	54% (47,605)	78% (173,854)	79% (146,530)	83% (90,569)	86% (87,620)	87% (40,214)	90% (32,247)	91% (24,741)	86% (40,745)	70% (809,594)
Worcester	64% (42,123)	68% (46,356)	61% (115,683)	73% (105,657)	77% (104,481)	82% (121,736)	88% (57,326)	94% (44,661)	>95% (34,115)	92% (54,742)	67% (839,053)
Unspecified (as % of MA)	1% (322,219)	3% (377,043)	5% (1,026,829)	4% (914,617)	3% (841,388)	2% (956,483)	2% (460,677)	2% (380,893)	2% (301,913)	2% (493,260)	2% (6,964,383)
MA	70% (322,219)	70% (377,043)	71% (1,026,829)	83% (914,617)	83% (841,388)	87% (956,483)	91% (460,677)	94% (380,893)	>95% (301,913)	93% (493,260)	72% (6,964,383)

Reduced Risk After Vaccine

COVID-19 Vaccines

- Safe
- Effective, particularly from severe disease, hospitalizations and death



<https://www.cdc.gov/>

Vaccine Hesitancy

- Early adopters
 - Fear of COVID-19
 - Eager for possible treatments/ prevention/ protection
 - Light at the end of the tunnel
- Later adopters
 - Need more information, want to learn more, see the data, see other's experiences
 - Fear: is it safe, perceived low risk of disease: I am healthy, COVID may not affect me as much, I won't get as sick, I have time to decide
- Non adopters
 - Vaccines not for them

Understanding Vaccine Hesitancy

- Practical considerations
- Community considerations
 - Communities of color disproportionately impacted by COVID
 - History of structural racism, racial trauma and inequitable treatment in health care delivery led to lack of confidence and trust

Building Vaccine Confidence

- Active listening
- Safe space to share concerns, ask questions
- Individual approach/ conversations
- Address concerns and fears directly
- Community and grassroots efforts of trusted partners and leaders

Primary Care Response

- Support families as they make their decisions
- Trusted information on safety and effectiveness
- Address fears and concerns respectfully and directly
- Partner with school nurses and public health departments
- We are in this together!

Thank you!





Community Education Initiative Update

September 15, 2021



Today's Presentation

- General guidelines for schools
- Responsibility for testing
 - Test and stay
- Mask requirement after October 1st
- Remote learning for high needs populations
- Contact tracing spreadsheet



General Guidelines for Schools

- **COVID-19 Testing Program:** <https://www.doe.mass.edu/covid19/testing/>
 - Authorized School Application
 - COVID-19 Testing and eMed FAQs
 - Webinar recordings and slides
 - Consent forms and parent letters
- **On the Desktop:** <https://www.doe.mass.edu/covid19/on-desktop.html>
 - Protocols for Responding to COVID-19 Scenarios
 - Protocols Flowcharts
- **FAQs:** <https://www.doe.mass.edu/covid19/faq/>
 - Protocols and other reopening FAQs (also sent out in the [Commissioner's Weekly Update](#))



Testing services included in COVID-19 Testing Program

Symptomatic Testing

- **For when individuals present symptoms while at school;** individuals should not go to school if experiencing symptoms while at home
- Samples are collected at school using **the BinaxNOW rapid antigen test**
- Those testing **negative with isolated/mild symptoms can stay** in school

"Test and Stay"

Close contact testing

- For when individuals are in close contact with a COVID-19 positive individual while at school.
- Samples are collected at school **using the BinaxNOW rapid antigen test**
- Tests are **administered daily for at least five days** from the date of exposure

Routine COVID Pooled Testing

- **Routine Pooled Testing and School-Based Follow-Up Testing:** samples are collected at school; If a pool is positive, follow-up testing at school with **either BinaxNOW and/or individual PCR testing as necessary**
- **Routine Pooled Testing and Lab-Based Follow-Up Testing:** samples are collected; If a pool is positive, **individual Follow-Up testing occurs at the lab**, without a second sample collection

Mask Requirement after October 1st

Implementation of DESE Mask Requirement Aug. 25, 2021

- Effective immediately, public school students (age 5 and above) and staff in all grades are required to wear masks indoors in schools, except as noted below. Masks are not required when outdoors. All visitors are also expected to wear a mask in school buildings.
- The mask requirement will be in place until at least October 1, 2021. The Commissioner will revisit the requirement in the near future to revise it as warranted by public health data.

Remote learning

- Under what circumstances may remote learning be implemented?
 - As described in DESE's [August 20, 2021 FAQ](#), during the 2021-22 school year, full-time remote learning programs **will not count toward structured learning time hours unless specifically previously authorized by DESE.**
 - **Only** in the limited instance where students are isolating and/or quarantining, **if schools have the ability to allow students to join their schedule remotely**, then they may do so.
 - Consistent with DESE's guidance on student attendance, quarantining students who participate in at least half of the school day activities can be marked present.



Individual Student Accommodations

603 CMR 28.03 (3)(c) and 28.04 (4)

Individual Student Medical Requirement Home or Hospital Services 603 CMR 28.03(3)(c)

Students unable to attend school in person for a minimum of 14 days. More information about this regulation may be found in the [Q&A guide](#).

Individual Student IEP Contingency (Unscheduled evaluations for medical reasons) 603 CMR 28.04(4)

Students with an IEP who are likely unable to attend school in person for more than sixty (60) school days in any school year, as documented by a physician. More information may be found in the [Q&A guide](#).

Under these circumstances, districts **may need** to provide services, which **may** include live streaming and/or remote learning. These accommodations apply only to individual students with documented medical needs. School districts should work with families individually to accommodate the rare cases in which a sibling or family member is immunocompromised and additional precautions are required from the whole family. Remote or virtual learning may be an option for students in these families at a district's discretion.



MGH Infectious Disease Department contact tracing resource

- Standardized spreadsheet for reporting de-identified information about COVID-19 cases in schools and their school-based close contacts
 - A link to the spreadsheet is available: <https://www.doe.mass.edu/covid19/testing/> (“Contact Tracing – District Data Template”)
- Ongoing study using data from the spreadsheet to further understand COVID transmission in schools
- If interested in participating, please contact aciaranello@mgh.harvard.edu or sbnelson@mgh.harvard.edu



Support for contact tracing spreadsheet

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Massachusetts Department of Public Health

ADDITIONAL INFORMATION FOR SCHOOL HEALTH OFFICES DURING THE COVID-19 PANDEMIC

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Director of School Health Services

MDPH Division of Child/Adolescent Health and Reproductive Health

MEDICAL WAITING ROOMS

- Districts/schools should consider maintaining medical waiting rooms for the purpose of separating students or staff who have tested positive on a BinaxNOW rapid antigen test in school, or who are symptomatic with negative or unknown vaccination status.
- Staff that are supervising children in the designated medical waiting room should wear appropriate PPE per DPH Comprehensive PPE guidance. Schools should maintain records of adult staff present in the designated medical waiting room for contact tracing purposes.
- Designated medical waiting rooms do not need to be staffed by a school nurse or other medical professional but can be staffed by an adult school staff person who is CPR/AED certified.
- These staff are delegated the task of monitoring the designated medical waiting room by the school nurse per the Board of Registration in Nursing Advisory Ruling 9803. Individuals staffing the designated medical waiting room should be in close communication with the school nurse. This type of delegation (delegation of activities) can be performed by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) and does not require registration with the MDPH.

MANDATED SCREENINGS

- In Massachusetts screening requirements are mandated by statute and regulation. In April of last year, the MDPH Commissioner wrote an order suspending the screening requirements:
This Order shall take effect immediately and remain in effect until the State of Emergency is terminated by the Governor, or until rescinded by me, whichever shall happen first.
- Our Additional Information for School Health Offices document went on to say:
The Commissioner reserves the right to rescind this suspension of screening requirements during the 2020-2021 school year; once the waiver is lifted, screening should resume as soon as possible. The Department will provide guidance for resuming screenings.
- The state of emergency and all Emergency and Public Health Orders issued pursuant to the emergency terminated on June 15, 2021. Subsequently, the MDPH School Health Services released a revised [Additional Information for School Health Offices](#) document which clearly outlines strategies for resuming screenings, including prioritization of screenings based on age/grade level, type of screening, screening history and individual student need.

PPE

Schools and districts should follow the [DPH Comprehensive PPE guidance](#) to guide the proper PPE needed to care for students and staff in the school setting. School health offices and medical waiting rooms, as the health care practice locations of licensed clinical providers, are subject to the mask requirements for certain locations.* Additionally, clinical staff providing care to students with presumed or confirmed COVID-19 should wear a fit-tested N-95 respirator, eye protection, gown, and gloves.**

*<https://www.mass.gov/info-details/covid-19-mask-requirements#mask-requirements-in-certain-locations->
**<https://www.mass.gov/doc/updated-comprehensive-personal-protective-equipment-june-24-2021/download>

PROCEDURES

AGPs (or treated that way)

- *Nebulizer treatments*
- Suctioning: nasal, oral/pharyngeal & closed (in-line) VERSUS open tracheostomy suctioning
- Chest physiotherapy (chest PT)



Non-AGPs

- Toileting, changing, repositioning
- Urinary catheter care and catheterization
- MOST ostomy care (colostomy, ileostomy, urostomy)
- Tube feedings (NG, G & J)
- IV/central line access/diabetic care (and other procedures with exposure to blood)

AGPs

- Perform AGPs in a separate room away from other students and staff with door closed if possible.
- Procedures should be conducted with an open window, if possible.
- Use of a portable HEPA filtration unit can provide additional protection and should be strongly considered.
- Appropriate PPE for DSPs performing or providing care during AGPs should be worn at all times while in the AGPs room (N95 respirator or alternative, eye protection, gloves, and gowns) unless the student is asymptomatic, fully vaccinated, and the COVID-19 status is unknown or negative OR the student is asymptomatic, not fully vaccinated, and a COVID-19 test obtained within the last three days is negative.*
- Hard surfaces should be disinfected between students, and it is advised to let the room air out with an open window between students as long as possible; the length of time necessary to air out the room depends on the quality of ventilation.

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