

PSB COVID-19 Testing Proposal for Q1 2021

December 2020

Executive Summary

As of December 2020, Panel 4 of the Public Schools of Brookline (PSB) Remote Learning Task Force recommends the following testing actions. These testing actions are part of a multi-pronged effort to minimize COVID-19 transmission in the PSB including physical distancing, masks/PPE, ventilation, cleaning and handwashing, and other important measures.

1. **The Town of Brookline (TOB) should continue an in-town option for testing symptomatic individuals and close contacts.**
 - a. If the mPathy relationship does not continue past December 31, 2020, another testing partner should be identified given the continuing need and high demand¹.
 - b. In the next contract, it is critical that identified “close contacts” from in-person learning who have insurance should be provided with free testing, and the testing partner should bill their insurance directly. If insurance cannot be billed, costs for testing in-school close contacts should be covered by the Town².
 - c. The Town should identify funds to pay for symptomatic and close contact testing for all uninsured residents/staff.
2. **The PSB should begin a program of voluntary weekly asymptomatic screening testing of all “Student-Facing” teachers and staff (see detail below) as soon as early January.**
3. The PSB should consider identifying a larger group than “close contacts,” known as “potential contacts” using the CDC definitions, and refer them for testing as well.
 - a. “Potential contacts” could include all individuals present in rooms during mask breaks, or sitting within a 12-ft radius around a positive individual. These individuals would not be expected to quarantine.
 - b. This would provide additional information that would allow PSB to confirm the effectiveness of existing mitigation strategies (masks, distancing, ventilation, etc)
 - c. If an asymptomatic screening program is established, testing of “potential contacts” could be folded into this program operationally.
 - d. This testing is not covered by insurance and would require new staff/budget that is not included in today’s RFT requests.
4. The PSB should explore options for voluntary asymptomatic screening testing of all students grades 6-12 and funding mechanisms.

¹ Roughly 3-5 positive cases are being identified each week according to Dr. Swannie Jett, Brookline Commissioner of Public Health (December 15, 2020).

² Based on current data for numbers of confirmed cases and close contacts, we estimate needing to test up to 30-35 close contacts/week. Options include CIC for \$70/test, subject to negotiation and billed to TOB, ~\$2300 / week. Testing through a Brookline site may be negotiated more cost-effectively and should be explored.

- Status:** Action 1: Covered by the Town of Brookline RFT request
Action 2: Covered by the PSB RFT request (detail below)
Action 3: No action proposed at this time due to cost and operational complexity
Action 4: Partially included in PSB request (no further AC action at this time; may include community fundraising to support implementation)

Action 2 Detail:

With the above priorities identified by Panel 4, and guided by direction from Interim Superintendent of Schools Dr. Marini, a small sub-group of two Panel 4 members with professional expertise in Testing, one other resident, one School Committee member, one PSB staff member, and several Town and Health Department staff explored vendor and programmatic / operational options. This information is being advanced from the Superintendent to the School Committee for deliberation.

A budget allocation of \$300,000 is needed to support the following activities:

1. Weekly asymptomatic testing of high priority PSB staff for 8-10 weeks (individually ~\$37 per test; in pools of 5 ~\$30 per test)³
 - a. Of all PSB staff (~1,500), highest priority staff are “Student-Facing” staff as defined by the PSB (~1,100). We assume ~80% (880) will choose to participate
 - b. Testing staff individually is operationally simpler than testing staff in pools. It also offers a quicker turnaround time, and does not require a reflex test (second test), but is ~20% more expensive
 - c. Testing in pools larger than 5 would be more cost-effective but has been deemed operationally unsustainable (e.g., a pool of 10 entails 10 teachers at a time removed from a building until reflex testing results are received).
 - d. The PSB will experiment with both pooled and individual options and make a determination based on cost, experience, and feasibility. Testing in pools of 5 requires onsite testing (in schools) and 60-80 hours/week of temporary PSB staff to administer this program are included in this overall budget envelope. Testing in pools of 5 also requires reflex (follow-up) testing within 24 hours for staff in positive pools, and the cost of these tests is also included. Testing individually would require ~40 hours/week to manage the program administratively.
See Appendix for detailed workflow and staffing assumptions.
2. One or two rounds of bolus testing for all hybrid students grades 6-12 after extended vacation periods, such as early January and late February. (~\$30,000-\$35,000⁴ per round)

All final determinations regarding manner, frequency, and number of tests will be decided by the Superintendent in close consultation with the Brookline Commissioner of Public Health and based on the latest public health guidance from the Commonwealth and Task Force Panel 4.

³ Roughly \$29.73 per test / \$26,163 per week / yielding \$209,301 - \$261,630 for 8-10 weeks

⁴ Assuming 80% participation and pools of 10, this would be roughly \$33,400 per round.