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FOCUS

The American School of Warsaw manages pandemic risks for the sake of educational wellbeing of its students.

EVER SINCE ITS INCEPTION 30 YEARS AGO, ONE OF THE MOST FUNDAMENTAL FUNCTIONS OF AMCHAM HAS BEEN TO MAINTAIN PLATFORMS FOR SHARING PROFESSIONAL KNOWLEDGE AND EXPERIENCE BETWEEN ITS MEMBERS. THERE ARE SEVERAL SUCH PLATFORMS, INCLUDING AMCHAM MONTHLY MEETINGS, THE AMCHAM COMMITTEES, ONLINE EXPERT DISCUSSIONS AND *AMCHAM.PL QUARTERLY* AVAILABLE IN PRINT AND ONLINE AT AMCHAM.PL

FOCUS

Education and the pandemic

APPLYING SCIENCE

THE AMERICAN SCHOOL OF WARSAW MANAGES PANDEMIC RISKS FOR THE SAKE OF EDUCATIONAL WELLBEING OF ITS STUDENTS



Staying open: After the first lockdown in Poland, the American School of Warsaw embarked on a policy to keep the school open to all-age students throughout the fall 2020 semester.

Since the start of the pandemic, schools and universities across the world have been facing a daunting challenge as they re-opened their campuses while protecting the health of students and faculty. While keeping schools open to in-person learning poses epidemic risks, keeping them closed poses educational and social-emotional risks to all students, which can have severe long-term consequences especially to K-12 students.

Students of all ages benefit from in-person learning experiences in ways that cannot be fully replicated through distance learning. The educational risks of extended distance learning may be higher for young children and children with disabilities. In addition, without careful implementation, virtual learning alone runs the risk of exacerbating disparities in access to high-quality education across different demographic groups and communities. What is more, with schools open to in-person learning, there are benefits for

entire families that go beyond educating children and youth. Working caregivers have affordable, reliable childcare for school-age children, and families are better able to access services offered through the school, such as provision of meals and other family supports such as school-based health services.

THE ACTION

After the first lockdown in Poland the American School of Warsaw embarked on a policy to keep the school open to in-person learning open to all age-students throughout the fall 2020 semester, despite the fact that across the country students aged over 10 years were remanded to distance-learning. The school has implemented a layered safety protocol, that includes weekly—and sometimes twice-weekly—surveillance testing of its students and faculty members, and hired a health care advisory company to provide oversight of the testing protocol and provide facility maintenance/cleaning guid-

ance. “We reviewed literature and mitigation protocols being developed around the world in their plans for opening school in August 2020 after 15 weeks in virtual instruction between March and June of 2020,” said Jon Zurfluh, ASW Director. “Diagnostic testing was considered as part of this opening plan, but dialog with local test providers found they were still, at that time, expensive and time lags continued to frustrate consideration of how results could guide decisions,” he added.

As government requirements slowly relaxed, the school reviewed corporate and adult setting mitigation for groups that were starting to consider opening. ASW initially found EpiXpert through this review as the only local company working in the corporate environment to provide both facility and policy audits and plans for safe opening. ASW contracted with EpiXpert for this comprehensive audit in June 2020. As part of that overall discussion, EpiXpert recommended sur-

veillance screening was part of a comprehensive set of facility and policy recommendations. The school used these recommendations in two Requests for Proposal that yielded 15 bids for testing and data management relative to the recommendations. EpiXpert was the winning bidder and their offer included population surveillance testing, data management, and ongoing consulting in a comprehensive proposal.

BUILDING PROTOCOLS

EpiXpert is using antigen tests that have a Limit of Detection under the threshold considered as infectious. Their sensitivity and specificity are remarkably high at 96,5 percent and 99,7 percent. Such an alignment is well above the minimum threshold considered by the US Food and Drug Administration (FDA) as adequate for Emergency Use Authorization. “We settled on a weekly testing protocol based on discussions and consensus from institutions using this approach,” Jon Zurfluh said. “We also built into the protocol an increased frequency of testing after a positive case—to twice per week in a defined cohort in which the positive case was identified and for a defined period—or until no positive cases were detected.”

SWABBING TECHNIQUE

In the first weeks after the Covid-19 outbreak, the prevailing consensus was to use nasopharyngeal swabs. This is often referred to as the “brain swab” because of the invasive nature of the depth of sample collection. This is uncomfortable for many individuals given the sensitive nature of the area involved. Yet, this location was based on initial evidence that the virus attacked the upper respiratory airways. All tests that were initially approved in the Emergency Authorization Protocol used nasopharyngeal as the swabbing methodology and had been approved with that specific methodology. In time, however, the FDA approved four sites for swabbing and ASW chose anterior nares sample collection, whereby the sample is collected from the external or “proper” portion of the nose, as the least invasive methodology for broad range of age levels. For small children with changing practitioners, this location proved easiest for quick collection and, from a social and emotional point of view, is now commonly referred to as the “tickle test.”

WEEKLY TESTING

Between this collection method and the use of a pooled approach, the school can complete 60 tests per hour on average leading to either 20 percent of each cohort per day or 33 per day on off-cycle



Sticking to the rules: Students who are cleared for admission to the school campus have to wash their hands at sanitization stands...

testing. In certain instances, the school is also able to achieve 50 percent of each cohort per day when holidays or modified schedules require it. Total manpower per cohort is two to three individuals for a 90-minute period. These sessions overlap



...and look up at high-sensitivity temperature checking cameras.

to match cohort schedules, but testing is largely complete by early afternoon each day. Staff connected to each cohort are distributed over the same schedule and included in the same pooling approach. The clinical consensus around Covid-19 provides the first layer of validation: incubation period or the time between exposure to the virus and appearance of first symptoms. This time has been defined as



Swabbing: ASW chose anterior nares sample collection as the least invasive methodology for broad range of age levels.

approximately 5 days with a range of 3 to 12 days. “This is a broad range but we decided to stick to 5 days as the median,” Jon Zurfluh said.

The second layer of evidence comes from a study that an individual becomes infectious approximately 1.8 days before becoming symptomatic. “This means that between exposure and being infectious, we have about 3 days,” Jon Zurfluh added. “So, clearly, the optimal testing frequency would be every 3 days. There are many institutions that implemented a twice-weekly screening frequency or even a three times per week schedule as is being one at Harvard University.”

GOOD EFFECTS

Indeed, twice-weekly testing reduced the viral transmission factor by up to 95 percent (not much less than daily testing that reduces it by 99 percent). Yet ASW decided to use weekly testing because it did not need to reduce the transmission when there was no virus. “It is only when we detect an infection that a twice-weekly protocol should be initiated to stop transmission,” Jon Zurfluh said. “This is exactly the protocol we are using at ASW—the twice-weekly frequency of testing is initiated for the cohort in which an infection has been detected.”

This approach worked well. The first outbreak was stopped within a week, with only minimal community transmission—3 cases in one grade, 1 case of a sibling in another grade. Only two other possible cases year-to-date involved two students and two adults respectively, but again identified and isolated without further spread.

Assessing the horizon of research and development efforts of various tests, it is likely that in the next few months we will have access to at-home tests performed on saliva samples. “Before that happens, we believe the weekly screening protocol with twice-weekly pulses whenever an infection is detected provides the best level of protection,” the ASW director said.

PROCESS FLOW

The day at ASW begins at home with the daily attestation of health condition. Parents and students complete a survey that includes checking and recording temperature at home. This is entered into an online survey for each child in the family. Questions include general symptom check, temperature, and contact issues including travel, notification of close contact, and general assessment of risk. When students arrive at school, they swipe their badge which determines whether the survey is completed and if they have a valid test that is less than 7-



Protecting others: While inside the building, all students wear masks throughout their day and observe social distancing wherever feasible.

days old. If students flash as not OK4School, they are interviewed by waiting staff members who help resolve survey issues by calling home or referring students for testing at our main entrance testing station. If students are clear, they wash their hands at sanitization stands and look up at high-sensitivity temperature checking cameras. If temperatures are below 100.4 F (or 38 C.), they are then admitted to their cohort in school. Weekly regular testing is done during the school day with regular appointments where students report to testing stations for their swab antigen test. The students are scheduled as cross sections of the cohort with about 20 percent of the cohort tested each day, Monday through Friday. If students are off schedule or have allowed a test to expire because of missing their appointment or being absent from school, they report in the morning to the main entrance testing station and remain there until they receive a test results which is their pass to enter the cohort. Once in school, all students wear masks throughout their day while inside the building and generally observe distancing

wherever feasible. Students are encouraged to wash their hands during the day. Students are allowed breaks for mask wearing when distancing can be assured, but still wear masks in play settings to allow for normal interactions.

CRISIS TEAM

To make the system maximally efficient the schools established the Crisis Team, composed of lead administrators for each division along with EpiXpert medical liaison, including the school director, two associate directors, the nursing lead, the security coordinator, the communications director, and the HR director.

The team has a designated time scheduled each day to meet and discuss any cases that emerge from testing, either in the morning or through the day. Case management during the day, including identification, isolation, and referral is independent of this process. During the time between case identification and Crisis Team consideration, investigation is completed to determine degree of exposure and contact tracing.

Crisis Team mitigation decisions are bind-

ing and implemented with immediate effect. Communication follows to the entire ASW Community within hours after such decisions are taken.

REPORTING AND COMPLIANCE

To provide for clarity in a complicated landscape of legal and health services requirements, a health care advisory company was contracted to provide oversight and advisory services, while implementing the surveillance testing protocols underpinning the entire program. In the context of this, a partnered relationship with an accredited lab (the Polish sanitary administration—Sanepid) under health care oversight provides for the necessary linkage between reporting entities. With this, the school is compliant with emergency regulations and sanitary guidelines. “By maintaining these relationships, we comply with all necessary requirements,” said Jon Zurfluh, “and build necessary lines of communication while relying on our key partner in maintaining health management protocols as needed and adjusted over time.”

General guidelines published by the Polish Bureau of Education prescribe a set of general standards that were published in August 2020. Final planning was delegated to Directors of individual schools and their governing bodies. “Our review of our protocol suggests that we meet or exceed all published guidelines available at that time,” said the school’s director.

STOP! PROTECT! REACT!

The ASW strategic plan for handling the pandemic encompasses other elements of prevention in the three-layer defense mechanism: Stop, Protect, React. All these elements protect the ASW community. “Undoubtedly this is an evolving protocol,” said Jon Zurfluh. “We encourage you to evaluate this protocol for your specific situation and determine whether it is feasible to implement each of the elements. Use the same approach at home, at work, and with friends. Remember, we are all accountable to one another in the fight against this virus and need to remember that our practices must be consistent and sustainable. Every challenge brings opportunities, and this pandemic is no exception.”

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