

maaps



EXCEPTIONAL SCHOOLS
FOR EXCEPTIONAL CHILDREN

EOHHS Congregate Care and Residential Education Surveillance Testing

SEPTEMBER 10, 2020

maaps Questions to EOHHS regarding testing

RESIDENTIAL EDUCATION MEETING
THURSDAY, SEPTEMBER 10, 2020

Deadlines have been extended

Baseline Testing deadline has been extended

- Baseline testing should be completed by **September 30th**

Paperwork deadline has been extended

- Reporting of baseline testing should be completed by **October 2nd**

Consistent with the ongoing testing period, HHS expects completion of testing to be reported no later than the Friday following any one testing period, including the baseline (online survey reporting).

Contract documents can be submitted any time between now and completion of the baseline testing. Reimbursements cannot be made until the contracting documents have been completed, submitted and signed.

Timeline for Testing

HHS will be “reasonable” in its application of the testing timeline – do the best you can – make genuine efforts

Important Update to the Testing Deadline

- ~~9/15/20: Guidance was updated on 8/28/2020 now Res/Ed should conduct new baseline testing of staff no later than September 15, 2020 (*8/14/20 Surveillance Testing Guidance p. 2)~~
 - Baseline testing should occur between August 1 – ~~September 15th~~ **September 30th** (*8/24 FAQ #23)
- Bi-Weekly: Surveillance testing period of a two-week time frame from Wednesday at 7am through the second subsequent Wednesday at 6:59am.
 - The first biweekly runs from **September 30, 2020 through October 14, 2020** ~~September 16 through September 30th~~
- 9/18/20: Documentation for Reimbursement**

New deadline October 2nd

Documentation: Reporting and Reimbursement

Must submit:

- Residential Congregate Care Program Surveillance Testing Contract
- Attachment A
- Residential Congregate Care Program Surveillance Testing Cost template
- Executed Attestation (Appendix B)
- Online Survey
- Biweekly Reporting (Low and High Transmission Regions)

(* see 8/14/20 Surveillance Testing Guidance p. 4-5)

Due Date:
October 2,
2020

Appendix B

THANK YOU TO JRC, WHO HIGHLIGHTED THE TYPO HERE, HHS IS CORRECTING THIS AND WILL PROVIDE US A NEW APPENDIX B

Appendix B

Organization Attestation to COVID-19 Baseline Testing Policies

I, _____, hereby certify under the pains and penalties of perjury that I am the administrator or other duly authorized officer or representative of _____ located at _____, (hereinafter “organization”) and that the information provided in this attestation is a true and accurate representation of the COVID-19 testing procedure implemented and COVID-19 testing results at such organization.

Specifically, I represent and warrant that:

The organization completed the required testing for COVID-19 for the organization’s staff that worked during the relevant Testing Period beginning, _____, in accordance with all applicable requirements of **DPH’s Guidance for Long-Term Care Surveillance Testing**

The report accompanying this attestation and submitted to EOHHS via the online submissions portal to demonstrate compliance with the requirements of EOHHS Guidance for Congregate Care Surveillance Testing are complete and accurate.

Under the pains and penalties of perjury, I hereby certify that the above information is true and correct.

Printed Name: _____

Baseline Testing and Surveillance Testing



Q: BASELINE TESTING FOR ONGOING NEW HIRES?

FAQ states:

Q: should staff who begin work after September 30th be included in the testing regime?

A: Yes, staff who begin working after September 30th should be integrated into the organization's ongoing surveillance testing regimen. These staff should be in the testing period in which they being to work on-site

After maaps follow up: Staff who are hired after completion of the baseline testing are recommended to receive a baseline test.

However, staff who begin to work after September 30th at a site which has (1) completed the baseline testing already; and (2) is in a low-transmission region are not **REQUIRED by the policy to receive testing – but it is **ENCOURAGED****

Q: *Biweekly*: Is biweekly testing for High Regional Transmission Rate areas only? For example, if you are in a town designated red by the state but the region isn't "High Risk" you do not get a biweekly test?

A: This is correct. The testing guidance is based on the EMS regions, not the red/orange/yellow/green framework.

However, even settings in Low Transmission Regions are permitted to test staff up to (2) two times per month, and residents up to (1) one time per month

Surveillance Testing

- For the purposes of this guidance, “surveillance testing” is defined as the routine testing of asymptomatic individuals for the purposes of identifying individuals with asymptomatic or mildly symptomatic COVID-19 infections, in order to prevent viral transmission from these individuals.

Identification of Transmission Region

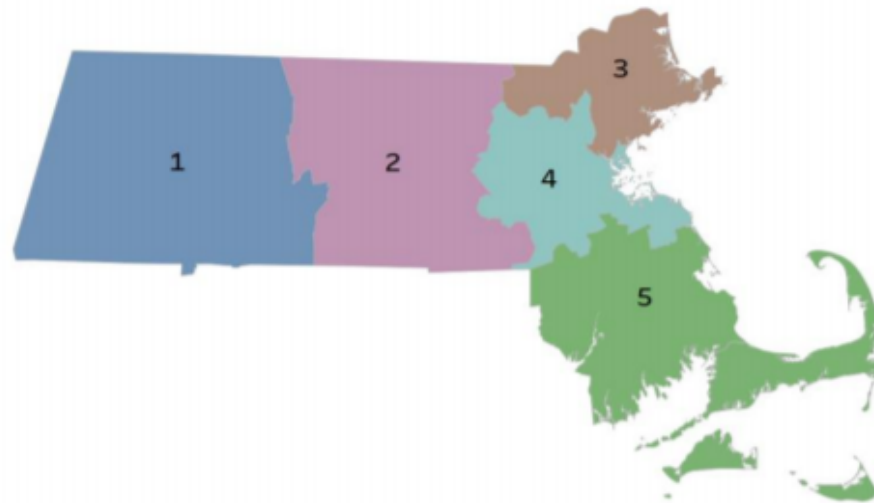
- EOHHS has established a regional transmission threshold which is used to determine the surveillance testing regimen that should be followed:
- For the purposes of this guidance, “**High-Transmission Region**” is defined as an Emergency Medical Services (EMS) region with a regional transmission rate equal to or greater than 40 cases per 100,000 residents as a 7 day rolling average.
- For the purposes of this guidance, “**Low-Transmission Region**” is defined as an Emergency Medical Services (EMS) region with a regional transmission rate below 40 cases per 100,000 residents as a 7 day rolling average.

Regions

Rate (per 100,000) of New Confirmed COVID-19 Cases in Past 7 Days by Emergency Medical Services (EMS) Region

7 Day Total of New Cases Through July 15, 2020

| EMS Region | New Cases Per 100,000 |
|------------|-----------------------|
| 1 | 11 |
| 2 | 8 |
| 3 | 19 |
| 4 | 13 |
| 5 | 10 |



Essential Worker Status

Policy of when a close contact may return to school

Previous guidance

- A close contact may return to school if they test negative for COVID-19, are asymptomatic and are wearing a mask.

DESE Slide: this slide provided by DESE on 8/24/2020 is inconsistent and problematic

Updated guidance

- All close contacts should be tested but must self-quarantine for 14 days after the last exposure to the person who tested positive, regardless of test result.



DESE COMMISSIONER'S NEW (9/8/2020) INCLUDED ADDITIONAL INFORMATION FOR SCHOOL HEALTH OFFICES FROM DPH (9/3/2020)

1. **Additional Information for School Health Offices:**

The Department of Public Health issued Additional Information for School Health Offices on Thursday, September 3. The guidance addresses many issues of importance to school nurses, including:

- 1. Proper use of personal protective equipment (PPE) for different staff and different healthcare scenarios;**
- 2. Guidance on medical waiting rooms;**
- 3. Key health office protocols needed during COVID-19;**
- 4. Procedures for working with specific populations, including students with special health care needs and students who require aerosol-generating procedures (AGPs);**
and
- 5. Working with and communicating with local boards of health.**

ADDITIONAL INFORMATION FOR SCHOOL HEALTH OFFICES

SEPTEMBER 3, 2020 GUIDANCE FROM DPH

DISTRIBUTED BY DESE ON SEPTEMBER 8, 2020

Notifying Local Boards of Health:

School nurses must notify the LBOH of every confirmed case of COVID-19 diagnosed in the school community (both students and staff), if the nurse has not already been notified of such by the LBOH. Parent report of a laboratory confirmed case is sufficient for LBOH notification, as well as a provider diagnosed presumed positive case. This information will assist LBOH with conducting contact tracing and determining whether changes in the educational models are warranted.

In regional school districts and collaboratives where students may come from multiple municipalities, the LBOH corresponding to the student's municipality of residence should be notified.

In the case of residential schools, the LBOH corresponding to the location of the school (e.g., the student's residence) should be notified. If the residential school student lives at home on the weekends, that municipality's LBOH should also be contacted. (see page 13)

List of testing vendors from peers in residential education

AVAILABLE ON THE MAAPS MEMBER WEBSITE

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2. **Vitagene:** Vitagene's 1health-io's "Zero Contact™" Saliva COVID-19 Tests.
<https://1health.io/covid19/>

Contact: Chris Hutchison at Chutchison@1health.io chutchison@vitagene.com 669-241-8915

Vitagene: two types of home kits:
<https://www.vaulthealth.com/covid>

<https://vitagene.com/products/covid-19-saliva-test-kit/>

3. **Fallon:**

Peter Racicot, Senior Vice President, Business Development
111 Brook Road, Quincy MA 02169
617-745-2117: Office

4. **Quest Diagnostic** (nasal swab)

Contact: Nicole M. Tomanek, [Physician](#) Account Executive
Quest Diagnostics New England | [Action from Insight](#) |
200 Forest St | Marlborough, MA 01752 | phone 508-864-6577 | fax 610.271.8510 |
Nicole.M.Tomanek@QuestDiagnostics.com | [QuestDiagnostics.com](https://www.questdiagnostics.com)

5. **Coastal Medical (short swab):**

Coastal Medical Transportation Services, LLC
17 Reardon Circle
South Vermont MA 02664

Questions/Comments