



K-12 COVID-19 Screening Program Technical Assistance Webinar Q&A June 24, 2021

1. *How do we join the screening program?*

There will be a program interest form sent out in the coming weeks.

2. *For the diagnostic program, are PCRs no longer required at all?*

The removal of the testing requirement for a confirmatory PCR test following a rapid antigen test is for symptomatic cases with very little-known risk (ex. no known exposure, fully vaccinated, low community transmission). Schools should refer to [CDC guidance](#) on antigen testing for further information.

3. *Is screening really recommended with case rates as low as they are in Maryland?*

Under CDC guidance, there are still recommended screening practices, even for areas where rates of community transmission are low. We recommend anticipating the unknowns that may come this fall, specifically regarding rates for those that are unvaccinated and potential impact of variants.

4. *For administering a swab, can it still be a non-clinical person based on Governor orders? Does there eventually need to be some kind of clinical supervision for that person? Does that person need to be on-site or can they evaluate for competency at certain intervals and that's sufficient? Same for observing self-swabs. At what point is clinical oversight needed for supervision of that process?*

A non-clinical individual, but trained with a high school diploma or GED can perform the test. Also, a trained person can be a swab observer. The presence of a clinical person is only required to monitor and assist with any unexpected clinical situations and questions including, but not limited to infection control.

5. *Can we decide to continue to only provide diagnostic testing rather than provide COVID screening testing?*

Yes, you may choose to continue or opt-in to the diagnostic program only. However, we recommend schools and school systems participate in the vendor fair and vendor assessment

process to get a better understanding of the testing services available and to plan for future needs in the event you choose to opt in to the screening program.

6. *For the screening program what will the vendor be responsible for doing vs what will the school personnel be responsible for doing?*

ROLE of SCREENING TEST VENDOR

- Assess specific school context and testing needs;
- Develop and implement testing program with each school system/school;
- Provide testing coordinator and clinical staff to administer tests;
- Transport, process, and report tests to schools

ROLE of SCHOOL/SCHOOL SYSTEM

- Select testing vendor from MDH contract
- Develop testing strategy in collaboration with testing vendor;
- Communicate with parents, obtain consent, receive results,
- communicate results to parents and LHDs;
- Coordinate with LHDs on contact tracing efforts

More information on roles and responsibilities can be found [here](#).

7. *For the diagnostic testing program, will a school staff member be required to administer the test?*

Yes, school staff will still administer tests for the diagnostic program. In the screening program, the testing vendor will have onsite staff to administer tests.

8. *Who performs the contact tracing when a positive test result occurs? LHDs / School Health Staff / Other?*

Schools should continue working with their LHD for contact tracing. Established contact tracing policies should not change, regardless of the testing program selected.

9. *For Baltimore City: How often did the asymptomatic testing detect outbreaks before they would come to light based on symptom-based testing? How many days lead time was gained if it ever was?*

Baltimore City response: We do not allow symptomatic individuals in our buildings, so all of the positive cases identified by the screening testing would have otherwise gone undetected. I am the program manager for the high school testing, so can only share the data for that program. Out of 18k tests, we detected 108 positive cases. We only had one "cluster" occurrence where 3 individuals tested positive from the same class. The rest were all caught before any additional individuals were infected.

10. How will non-public schools get into this program?

We will be sending out a program interest survey, where both public and non-public schools can express interest in the testing program.

11. Are there any special considerations for testing populations with special needs?

Baltimore City response: We used pooled nasal swab testing successfully at our separate public day schools. Most special needs students in traditional schools were able to participate in either saliva or nasal swab testing, but we did provide accommodations as well as a small number of exemptions.

12. If private schools utilize the screening program, through a vendor, will there be costs associated with this?

These testing services will be provided at no cost to the schools/school systems.

13. Do we know yet if Concentric/Gingko will be one of the vendors? If we had a previous contract with them, will we be able to stay with them?

MDH is going through a competitive process to select testing vendors, and will be finalized mid-July.

14. (For Baltimore City) What was the participation rate in your schools for screening pooled testing?

Baltimore City Response: We required weekly participation in testing for all in-person students and all unvaccinated staff

15. The decision to participate in the screening program is based on the community positivity rate. At what community positivity rate are you basing this on?

There are a variety of different factors for consideration. CDC has recommendations on who should be tested, and has recommendations for screening at all levels of community transmission, including low rates.