

## Appendix A

### Commonwealth K-12 School COVID-19 Testing Program Statement of Assurances August 2021

Schools can take various mitigation efforts to protect staff and students during in-person learning and extracurricular activities. To prioritize and protect in-person learning and reduce the transmission of COVID-19, the Pennsylvania Department of Health (Department) is offering to provide testing services through a third-party vendor, at no cost, to all K-12 Schools across the Commonwealth (excluding the county of Philadelphia who is conducting their own COVID-19 school testing program) for the entire 2021-2022 school year.

This COVID-19 testing program for school settings is voluntary for both the School and participants. Schools have the flexibility to determine the testing plan, testing frequency, and type of test. The Department or the Department's Authorized Vendor (Ginkgo) will provide guidance or assistance to any School that wants to establish a testing plan and can help any School in establishing any part of such a program.

The Department recommends that Schools use the pooled testing option that is being offered to Schools across the Commonwealth at no cost to the Schools or families. Pooled testing is when specimens collected from numerous individuals are combined into one polymerase chain reaction (PCR) test. The Department's Authorized Vendor can pool 5 to 25 specimens into one test, which is much more cost effective and less disruptive to the school day than individual PCR diagnostic testing (i.e., 10-15 minutes per classroom for pooled testing compared to 10-15 minutes per student for individual diagnostic testing). If the test comes back negative, all individuals in that sample can be presumed negative. If the test comes back positive, everyone in that sample will need to be tested individually. Pooled testing is the preferred choice for frequent asymptomatic (aka. "surveillance") testing.

Each Authorized School participating in the pooled testing must have a plan in place to ensure that everyone in a positive pool will be retested individually to quickly identify cases and conduct contact tracing. Schools can recommend that teachers, students or staff go to their primary care provider, retail pharmacy, or any other testing site to complete individual testing, or the Department's Authorized Vendor will offer either (1) a saliva-based PCR testing or (2) rapid point of care antigen testing. Schools that elect to participate in this program must submit this Statement of Assurances in compliance with the COVID-19 Diagnostic Rapid Antigen Testing in K-12 Schools Order. Upon doing so, these Schools are designated as a temporary testing site, pursuant to 42 CFR § 493.55(b)(2), under the Department's Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver. This waiver permits these Schools to perform testing on-site, without needing to apply for a separate CLIA Certificate of Waiver and State Laboratory Permit.

For a School to participate in any aspect of the Department's K-12 School COVID-19 Testing Program (testing program), this Statement of Assurances must be completed, signed, and submitted to [RA-DHK12COVIDTEST@pa.gov](mailto:RA-DHK12COVIDTEST@pa.gov). Upon submission and receipt of this completed Statement of Assurances, the



School will be deemed an “Authorized School” for participation in the testing program, unless otherwise notified in writing by the Department. The Department may request revision and resubmission of the Statement of Assurances prior to acceptance by the Department. Please complete and submit this form at least two weeks prior to your preferred first day of testing to allow ample time for training and delivery of testing supplies.

Protecting the privacy of participants (teachers, students and staff) and their families is required. Any noncompliance with the below assurances may result in the termination of services.

### **Consent & Privacy**

- All persons who will be tested must expressly consent to testing prior to the administration of any testing. Consent must be obtained and maintained throughout the entire school year. Authorized Schools will have access to consent forms in at least 23 different languages, which will be provided through an electronic process or a paper-based consent form.
- The privacy of every individual participating in the testing program must be protected. Before disclosing any personally identifiable information (PII) or protected health information (PHI) to anyone other than the Department, consent shall be obtained. For students under 18 years old, consent must be obtained from a parent(s)/guardian(s) of the student and the federal Family Educational Rights Privacy Act (FERPA) must be followed. The U.S. Department of Education guidance regarding FERPA and COVID-19, can be found [here](#).
- Authorized Schools are required to identify school staff who will be accessing the Department’s Authorized Vendor’s online testing portal, such as a school nurse or pandemic coordinator. Authorized Schools must limit the number of staff who have access to the portal to ensure PII and PHI are being viewed by only the necessary staff to quickly conduct isolation, quarantine, and contact tracing.
- Authorized Schools must establish and maintain appropriate safeguards to prevent any use or disclosure of PII and PHI, except as needed to administer this testing program, to protect the confidentiality of the PII and PHI that is created, received, maintained, or transmitted by the Authorized School.
- Authorized Schools shall be solely responsible for all data breaches resulting from the Authorized School's use of the PII and PHI. This includes but is not limited to complying with all applicable data breach notification laws.

### **Testing Protocols**

- Authorized Schools must follow the [CDC’s testing guidance, and applicable DOH guidance](#), to determine testing frequency.
- Authorized Schools utilizing the Department’s Authorized Vendor must coordinate with the Department’s Authorized Vendor to set up a weekly schedule for screening testing.
- When electing to conduct pooled testing, Authorized Schools must have follow-up diagnostic testing available to quickly identify any positive individuals. The Department’s Authorized Vendor will offer individual follow-up diagnostic testing. The Authorized School may also train staff to administer rapid point of care tests onsite, utilize staffing support through the Department’s



Authorized Vendor, or an Authorized School may recommend any teachers, students and staff in a positive pool go to their primary care provider, health clinic, retail pharmacy, or other provider in order to receive an individual diagnostic test. If a teacher, student or staff member decides to get tested at another provider, that teacher, student or staff member will need to quarantine at home until a negative test result is received.

- The Authorized School must follow its health and safety plan to quickly isolate teachers, students or staff with positive test results. CDC guidance for isolation can be found [here](#) and guidance for quarantine can be found [here](#).
- If an Authorized School identifies an individual with a positive test result, the Authorized School must contact the Department or corresponding County or Municipal Health Department (CMHD) to start the case investigation and contact tracing process.

### **Training & Compliance**

- Authorized Schools must continue to communicate with all teachers, staff, students, and parents/guardians about this testing program. The more teachers, students and staff who are tested through the program, the higher the chance of stopping a large outbreak, so in-person learning can continue safely.
- Authorized Schools utilizing the Department’s Authorized Vendor shall work with the Department’s Authorized vendor to provide appropriate training to all teachers, students, and staff participating in the testing program, including training on how to prevent the improper use or disclosure of PII and PHI.
- Authorized Schools shall monitor their individual testing program for compliance and safety on-site and ensure all teachers, students and staff participating in the testing program are following all testing protocols and procedures.
- Authorized Schools utilizing the Department’s CLIA Certificate to administer rapid point of care antigen tests may not share the CLIA ID with any other entities.

Superintendents, charter school leaders, and executive directors: please complete the information and sign below.

By signing below, you affirm that you have read and understand this Statement of Assurances, that the signatory is authorized to execute this Statement of Assurances on behalf of the School, and that you agree to comply with the requirements established herein.

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District Point of Contact Name

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District Point of Contact Phone Number



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District Point of Contact Email Address

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Number of Students in the District

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Target First Day of Testing

Select which type of testing you are interested in (select all that apply):

Asymptomatic Pooled Testing plus follow-up diagnostic testing (**check one option below**):

- Individual Rapid Antigen Testing
- Individual PCR Testing

Individual Asymptomatic Diagnostic Testing for use with limited or targeted population (**check one option below**):

- Individual Rapid Antigen Testing
- Individual PCR Testing

Symptomatic Individual Diagnostic Testing only (**check one option below**):

- Individual Rapid Antigen Testing
- Individual PCR Testing
- Select if you are interested in using the Department's CLIA Certificate for Rapid Antigen Testing:
  - Yes
  - No
- Select what type of staffing support you are interested in (select all that apply):
  - Level 1 Staffing Support (includes remote coordination for onboarding, training, logistics, consent collect and, testing portal support)
  - Level 2 Staffing Support (includes assistance with specimen collection, aid with swabbing if requested, kit registration to the portal, and shipment preparation.

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Name of District or School

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Superintendent/Executive Director Name

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Phone Number



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Email Address

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Date

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Signature

If you are submitting as a district or an organization with multiple schools, please list all individual schools on behalf of which you are submitting this Statement of Assurances:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

(Please continue if necessary)