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Protocol for Requesting Mobile Rapid Response Units

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Schools and districts across the state are working to implement the health and safety guidelines developed by the Department of Elementary and Secondary Education (DESE) for in-person or hybrid schooling models. To further promote health and safety for students, faculty and staff, DESE and the Department of Public Health (DPH) have created an option where local school officials, both public and private¹, in consultation with public health authorities, will be able to request a state-sponsored mobile rapid response unit to test a group of students and/or staff when a potential cluster of COVID-19 cases has been identified and transmission occurred within the school.

This memo is intended to provide schools and districts with an overview of this program, as well as information on protocols for utilizing mobile rapid response units and considerations regarding student privacy. Implementation, however, should be guided by what is feasible, practical, and acceptable and should be tailored to the needs of each school community.

Program Overview

The purpose of the mobile rapid response unit is to provide free, optional testing of asymptomatic individuals, who are not known to be close contacts, when there is evidence that COVID-19 transmission is likely to have occurred within a classroom or school within the past 14 days. Mobile rapid response unit testing is not intended to provide testing for individuals who develop COVID-19 symptoms or who are close contacts of individuals with confirmed positive COVID-19 test results. Close contacts are defined as only those who have been within 6 feet of the individual for at least fifteen minutes, while the person was infectious. (The infectious period starts 2 days prior to symptom onset or first positive test if asymptomatic.) These individuals should be tested by their healthcare provider or at a COVID-19 testing site. (Please refer to [Protocols for responding to COVID-19 scenarios in school, on the bus, or in community settings](#) for additional information and a description of COVID-19 symptoms.)

The following describes minimum conditions, as determined by the Department of Public Health, when a mobile rapid response team may be deployed.

- Within a 14-day period, if two or more individuals within a single classroom test positive for COVID-19 and transmission/exposure is likely to have occurred in the classroom, a mobile rapid response unit may be deployed for all asymptomatic individuals within that classroom.

¹Private schools fall within the scope of DPH's applicable authority, but are not overseen by DESE. References in this guidance to federal and Massachusetts public records laws apply to public school students. Private schools should consult with their attorneys if they have questions about their students' records or any other concerns.

- Within a 14-day period, if 3 or more individuals or 3 percent, whichever is greater, of a given grade or cohort test positive for COVID-19 and transmission/exposure likely occurred in the school, a mobile rapid response unit may be deployed for all asymptomatic individuals in that grade or cohort.
- Within a 14-day period, if more than 3 percent of a school tests positive for COVID-19 and transmission/exposure likely occurred in the school, a mobile testing unit may be deployed for the entire school population that is asymptomatic.
- Within a 14-day period, if 2 or more individuals within the same bus test positive COVID-19 and transmission/exposure likely occurred on the bus, a mobile rapid response unit may be deployed for all asymptomatic individuals on that bus.

Implementation Steps

Prior to utilizing mobile rapid response units

1. The superintendent or designee should inform staff members, families and students that this option for mobile on-site testing exists and might be needed during the school year. Such communication should include details regarding the circumstances that might lead to requesting this testing service and operational logistics (such as the need for parent permission for students, etc.).
2. Establishing and maintaining clear channels of communication between the school district and the Local Board of Health (LBOH) is key to the success of this testing strategy. The superintendent or designee should discuss with their LBOH leader(s) how they will share information regarding positive COVID-19 test results during the school year so that they can determine if and when the minimum conditions described above have been reached which may necessitate the mobile rapid response units. The superintendent or designee and the LBOH also should identify who will be the local points of contact should they need to utilize this resource². Finally, they need to work out any local considerations to implementing this testing strategy in the event that the steps described below need to be customized to their local context (such as determining who from either the school department or LBOH will contact DPH).

Protocol for utilizing mobile rapid response units

1. At the point the district might meet the minimum conditions as described above, the local point of contact, as outlined above, contacts an on-call epidemiologist in the [Division of Epidemiology and Immunization](#) at the Department of Public Health at 617-983-6800.
2. After discussing the situation with the local point of contact, the DPH epidemiologist will determine if it is likely that the transmission occurred within the classroom, the school or on the bus.
 - a. If so, the following will occur:
 - i. DPH will send an email to the district point of contact and the mobile rapid response unit vendor granting authorization to deploy a mobile rapid testing unit, and identifying who is eligible for testing.

²Some examples of the local points of contact are the superintendent, the COVID-19 response leader, a school nurse, local board of health, etc.

- ii. Upon authorization, the district point of contact arranges for a mobile rapid response unit to be deployed to the school optimally 4-5 days after the last known exposure. Including all necessary details such as date, time and specific location for the unit to be set up.
- b. If not, the mobile rapid response unit is not deployed.
- 3. Send a communication to staff in that classroom or school. Then, send a communication to the other families in that classroom or school. This communication should:
 - a. Inform them there were at least two positive cases (without naming the individuals) within a 14-day period and that there is evidence that COVID-19 transmission likely occurred within the classroom, the school, or on the bus.
 - b. Explain that the purpose of the mobile rapid response unit is to provide free, optional testing of asymptomatic individuals who are not known to be close contacts.
 - i. Close contacts are defined as only those who have been within 6 feet of the individual for at least fifteen minutes, while the person was infectious.
 - c. Inform them that all close contacts have been identified and notified of the required quarantining protocols. Reiterate the cleaning protocols that have been implemented.
 - d. Provide the date, time and location of the mobile rapid response unit.
 - e. For youth under the age of 18, notify parents or legally authorized representatives that they must provide written approval on a form provided by the district in order for their student to be tested.
 - f. Notify parents or legally authorized representatives that they may accompany their student on the day of the testing.
 - g. Notify parents or legally authorized representatives that if they choose not to have their student undergo testing, their student is not required to quarantine and may return to school, unless additional cases were identified to which that student was a close contact.
 - h. See the attached appendices for sample authorization forms.
- 4. Notify the school community (e.g., school committee members, city/town Mayor, etc.) about the plan to use the mobile rapid response unit.
- 5. On the day the mobile rapid response unit arrives, notify eligible staff members when they can avail themselves of this service, and implement a system to escort students to the mobile rapid response unit for testing.
 - a. Students may get tested individually or in small groups. All students must wear masks while waiting to be tested.
 - b. Students must be escorted and accompanied by designated school personnel at all times, including before, during and after testing.
 - c. Parents or legally authorized representatives who accompany their student in the mobile rapid response unit must wear a mask/face covering at all times. Parents or legally authorized representatives are not permitted to get tested.

To support a culture of health and safety, **schools must have robust and reliable ways to communicate with all families, students, teachers, and staff** in order to send and receive key

messages related to COVID-19 testing.

Considerations for student privacy

It is important that schools and districts properly protect the privacy of students and staff during mobile rapid response testing. A range of rules apply to privacy in connection with COVID-19 testing, but with respect to students specifically, districts must ensure compliance with the federal Family Educational Rights Privacy Act (FERPA) and the Massachusetts Student Records regulations. In doing so, schools and districts should account for the following:

- FERPA, 34 C.F.R. Part 99, and the Massachusetts Student Record regulations, 603 CMR 23.00, prohibit disclosures of personally identifiable information about students contained in education records without consent or in the absence of very specific conditions, detailed in law.
- Schools and districts can share detailed information about test results and possible effects on the school community by withholding information about the students who took the tests and information from which they could be identified (grade, classes, teachers, etc.).
- FERPA and the Massachusetts Student Record Regulations permit disclosures of personally identifiable information about students contained in education records, to appropriate parties, in cases of health and safety emergencies. 34 C.F.R. § 99.31(a)(10), 34 C.F.R. § 99.36; 603 CMR 23.07(4)(e). In many cases, this exemption may permit necessary disclosures of personally identifiable information about students from education records to appropriate local and state public health officials.
- The United States Department of Education has issued detailed [guidance on this matter](#).
- HIPAA covered entities are reminded that the HIPAA Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities, such as the Department and the Local Board of Health, who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. 45 CFR 164.512(b)(1)(i). The U.S. Department of Health and Human Services has made more information available here: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html>.

Appendix A: Sample authorization for students not able to consent for themselves

**PARENT/GUARDIAN AUTHORIZATION FOR ADMINISTRATION OF COVID-19 TEST
DURING SCHOOL**

By completing and signing this form, I confirm that I am the appropriate parent and/or guardian and that I authorize _____ (designated provider) to perform a COVID-19 test on my student during school hours on _____ (date). I understand that authorizing a COVID-19 test for my student is optional. I can refuse to sign this authorization.

NAME OF STUDENT: _____ DATE OF BIRTH _____

ADDRESS: _____ TELEPHONE #: _____

Demographic Information:

The Department of Public Health is collecting the demographic information requested below. This form may be updated periodically, please check the DESE website for the most recent version of the form.

What is the student's race? (Select all that apply):

- _____ American Indian/Alaskan Native
- _____ Asian
- _____ Black/African American
- _____ Native Hawaiian/Pacific Islander
- _____ White
- _____ Other
- _____ Unknown

Is the student of Hispanic origin? (Select one):

- _____ Yes
- _____ No
- _____ Unknown

What is the student's gender? (Select one):

- _____ Male
- _____ Female
- _____ Transgender
- _____ Unknown

Does the student have a disability? (Select one):

- _____ Yes
- _____ No

Is the student pregnant?

_____ Yes

_____ No

What is the student's primary language? _____

Emergency Contact:

In case of emergency, please notify:

Name

Relationship to student

Address

Telephone number

Parent/Guardian attendance at test (optional):

Please select one:

_____ I will accompany my student in the mobile rapid response unit on the day of the COVID-19 test. I understand that I must wear a face/mask covering at all times and that I am not permitted to get tested.

_____ I will not accompany my student in the mobile rapid response on the day of the COVID-19 test.

Test Results (please initial):

_____ I recognize that the designated provider named above will share test result with the student's parent/authorized representative and will report that result to the appropriate public health authority (the Massachusetts Department of Public Health and/or the student's local board of health) as required by state law.

Parents and guardians are encouraged to share the test results with the school department in order to promote public safety.

By signing, I confirm that my student is not showing signs of COVID-19 symptoms (such as fever, congestion, or nausea), and I have not been notified that my student was in close contact with anyone confirmed to be positive with COVID-19.

Authorized Signatory:

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Appendix B: Sample consent form for students able to consent for themselves

AUTHORIZATION FOR ADMINISTRATION OF COVID-19 TEST DURING SCHOOL

**By completing and signing this form, I confirm that I authorize _____
(designated provider) to perform a COVID-19 test on me during school hours on
_____ (date). I understand that such testing is optional. I can refuse to sign
this authorization.**

NAME OF STUDENT: _____ DATE OF BIRTH _____

ADDRESS: _____ TELEPHONE #: _____

Demographic Information:

The Department of Public Health is collecting the demographic information requested below. This form may be updated periodically, please check the DESE website for the most recent version of the form.

What is your race? (Select all that apply):

- _____ American Indian/Alaskan Native
- _____ Asian
- _____ Black/African American
- _____ Native Hawaiian/Pacific Islander
- _____ White
- _____ Other
- _____ Unknown

Are you of Hispanic origin? (Select one):

- _____ Yes
- _____ No
- _____ Unknown

What is your gender? (Select one):

- _____ Male
- _____ Female
- _____ Transgender
- _____ Unknown

Do you have a disability? (Select one):

- _____ Yes
- _____ No

Are you pregnant?

- _____ Yes
- _____ No

What is your primary language? _____

Emergency Contact:

In case of emergency, please notify:

Name

Relationship to you

Address

Telephone number

Test Results (please initial):

_____ I recognize that the designated provider named above will share test result with me and will report that result to the appropriate public health authority (the Massachusetts Department of Public Health and/or the student's local board of health) as required by state law.

Individuals are encouraged to share the test results with the school department in order to promote public safety.

By signing, I confirm that I am not showing signs of COVID-19 symptoms (such as fever, congestion, or nausea), and I have not been notified I was in close contact with anyone confirmed to be positive with COVID-19.

Authorized Signatory:

Name (Print)

Signature

Date

Appendix C: Sample authorization for faculty or staff

AUTHORIZATION FOR ADMINISTRATION OF COVID-19 TEST DURING SCHOOL

**By completing and signing this form, I confirm that I authorize _____
(designated provider) to perform a COVID-19 test on me during school hours on
_____ (date). I understand that such testing is optional. I can refuse to sign
this authorization.**

NAME: _____ DATE OF BIRTH _____

ADDRESS: _____ TELEPHONE #: _____

Demographic Information:

The Department of Public Health is collecting the demographic information requested below. This form may be updated periodically, please check the DESE website for the most recent versions of the form.

What is your race? (Select all that apply):

- _____ American Indian/Alaskan Native
- _____ Asian
- _____ Black/African American
- _____ Native Hawaiian/Pacific Islander
- _____ White
- _____ Other
- _____ Unknown

Are you of Hispanic origin? (Select one):

- _____ Yes
- _____ No
- _____ Unknown

What is your gender? (Select one):

- _____ Male
- _____ Female
- _____ Transgender
- _____ Unknown

Do you have a disability? (Select one):

- _____ Yes
- _____ No

Are you pregnant?

_____ Yes

_____ No

What is your primary language? _____

Emergency Contact:

In case of emergency, please notify:

Name

Relationship

Address

Telephone number

Test Results (please initial):

_____ I recognize that the designated provider named above will share test result with me and will report that result to the appropriate public health authority (the Massachusetts Department of Public Health and/or the student's local board of health) as required by state law.

Individuals are encouraged to share the test results with the school department in order to promote public safety.

By signing, I confirm that I am not showing signs of COVID-19 symptoms (such as fever, congestion, or nausea), and I have not been notified I was in close contact with anyone confirmed to be positive with COVID-19.

Signature:

Name (Print)

Signature

Date