

Nativity of Mary School

COVID-19 TESTING



December 2020



Nativity of the Blessed Virgin Mary School

Covid-19 Testing

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1. Documentation from Medical Director

Michael Freitas, M.D. is Nativity of Mary School's Medical Director and will act as the ordering physician for COVID-19 testing as well as the Director of the School rapid testing program.

Michael Freitas, M.D. NYS Professional License Number: 263292

2. Testing Plan

Nativity of Mary School's Testing Plan: Nativity of Mary School will test students, teachers, and staff for COVID-19 in percentage and interval(s) consistent with New York State mandates for in-person education as updated periodically based on New York State's Yellow, Orange, and Red zones.

3. Ordering of Testing Kits Plan

Rapid Covid-19 test kits will be directly ordered from the New York State DOH at COVID19rapidtest@health.ny.gov

*Attachment: Documentation of testing kits order

4. Staff Training: The competencies' will be completed by Mrs. Hana Muller, R.N.

5. Site Safety Plan: Students will enter the health office alone or with their family to be tested. They will be swabbed, and tests run as per protocol. After students and their family leaves the health office all surfaces will be wiped down with disinfectant and proper cleaning. Tissues, hand sanitizer and extra masks are available for students and their families.

6. Certified Staff: Mrs. Hana Muller will perform all the Covid-19 testing at Nativity of Mary School. She will conduct approximately 10 tests a week.

7. Personal Protective Equipment: Nativity of Mary School will maintain an adequate school stockpile of personal protective equipment for certified staff. This

will be used to ensure proper protection for all staff collecting nasal samples. The School will use n95 masks, gowns, face shields and gloves for personal protection. All staff using a N95 mask has been fit tested and has applicable certificates on file.

8. **Storage Plan:** A secure and temperature-controlled storage plan will ensure that tests at Nativity of Mary School be stored in the health office at 72 degrees.

9. **Quality Control:** Mrs. Muller, RN will perform a quality control test daily as per manufacturer's directions.

10. **Testing Registration and Consent:**

*Attachment: Consent Form

11. **Testing Results:** Mrs. Muller, RN will deliver the results via phone call.

12. **HIPAA Compliance Training:** Nativity of Mary School's school nurse possesses a Registered Nurse license.

13. **HIPAA Plan for Medical Records:** All medical records will be locked in a filing cabinet in the health office and will be maintained by Mrs. Hana Muller, RN.

14. **Plan for Students or Staff After a Positive Result:**

Nativity of Mary School will identify a location (separate from the Health Office) to house students and staff that exhibit COVID-19 symptoms or have a positive test result until they can exit the building. A staff member will be assigned to supervise students until a parent/guardian arrives to pick them up. The staff member will maintain social distancing and be provided appropriate PPE equipment including a face shield, face covering, gown, gloves, and a 2- way radio so that the school nurse, front desk monitor and staff member can communicate regarding the student and when the parent/guardian arrives for pick up.

15. NYSDOH Electronic Clinical Laboratory Reporting System (ECLRS): School Nurse privilege will enable our school nurse to securely enter COVID-19 test results data into the NYSDOH Electronic Clinical Laboratory Reporting System (ECLRS).

16. Disposal of Medical Waste: Waste will be contained in a red bag and collected by:
Bioserve Waste Management
CORPORATE OFFICE
10 Gramar Avenue
Prospect, CT 06712
866.724.8413

COVID-19 RAPID TEST FORM

Instructions: After you complete Step One (above), complete this form to request COVID-19 rapid tests.
Email completed form to: COVID19rapidtest@health.ny.gov

1. **Facility Name:** Nativity of Mary School
2. **LSL Application:**
Pending ☒ Approved ☐ CLIA Number (if known): PFI (if known):
3. **Laboratory Director Name:** Michael S. Freitas, M.D.
4. **Address:** 8550 Main Street, Williamsville, NY 14221
5. **Shipping Address:**
(if different from above)
6. **Phone:** 716-633-7441
7. **Email:** rcluckey@nativityofmaryschool.org
8. **How many students/faculty/staff attend in-person?** 171
9. **COVID-19 Micro-cluster Zone** (if known)
Red ☐ Orange ☐ Yellow ☒ Not in a Zone ☐
10. **Check the box(es) below to indicate the COVID-19 rapid test(s) that you would like to receive and please include enough for training purposes:**

- ☒ **COVID-19 Antigen Rapid Test**
Abbott BinaxNOW COVID-19 Ag Card

How many tests will you need for one (1) week? 40
How many tests will you need for one (1) month? 160

- ☐ **COVID-19 Molecular Rapid Test**
Abbott ID NOW COVID-19

How many tests will you need for one (1) week?
How many tests will you need for one (1) month?

Submit



CONSENT FOR COVID-19 TESTING ON SITE

INFORMATION

WHAT IS THIS FORM?

Based on state mandate, we are seeking your consent to test your child for COVID-19 infection.

WHAT TEST IS USED?

If you consent, your child will receive a free diagnostic test for the COVID-19 virus. This test is the Abbott BinaxNow Short Swab Rapid Test.

WHEN WILL THE RESULTS BE AVAILABLE?

The result is available within 15 minutes of performing the test.

NOTIFICATION OF INFORMATION SHARING

The law allows some information about your child to be shared with those among certain Erie County and New York State agencies and their contracted service providers. The information will only be shared for public health purposes to prevent the further spread of COVID-19 in the community. Sharing of information will only be done so in accordance with applicable state and county policies protecting student privacy and the security of your child's data.

CONSENT

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decision for the child named
- If I give consent, I allow my child to be tested for COVID-19 infection
- I understand that my child may be tested at multiple times through June 2021
- I understand that this consent form will be valid through June 2021, unless I notify Nativity of Mary School in writing that I revoke my consent
- I understand that if I revoke my consent or refuse to sign, my child may be required to continue their education via remote learning as outlined by county and state guidelines
- I understand that my child's test results and other information may be disclosed as permitted by law for public health

STUDENT/PARENT INFORMATION

CHILD'S FULL NAME

DATE OF BIRTH

MALE/FEMALE

GRADE

STREET ADDRESS

CITY/STATE/ZIP

PARENT/GUARDIAN COMPLETING FORM

PHONE

PARENT/GUARDIAN EMAIL ADDRESS

PLEASE SELECT ONE:

- ☐ I give consent to test my child for COVID-19 *with* my presense
- ☐ I give consent to test my child for COVID-19 *without* my presense
- ☐ I **DO NOT** give consent to test my child for COVID-19

PARENT/GUARDIAN SIGNATURE _____ DATE _____