

Pooled Testing Program: Frequently Asked Questions

Updated January 22nd, 2021

DESE and EOHHS continue to provide new information and updates on the Pooled Testing Program. This edition of Frequently Asked Questions (FAQs) includes some new questions/answers from the FAQ issued on January 15th, 2021. Questions/answers that are unchanged or new are noted in each response.

Webinar Materials and Resources:

- The webinar and presentation from January 12th can be viewed on the K-12 Pooled Testing webpage of the DESE website: <https://www.doe.mass.edu/covid19/pooled-testing/>.
- Superintendents and school leaders should send additional inquiries to K12COVID19testing@mass.gov.
- Districts should complete [this survey](#) by January 15th to indicate initial interest.
- The Massachusetts BinaxNOW study is available here: <https://www.medrxiv.org/content/10.1101/2021.01.09.21249499v1>
- Videos from districts who have piloted pooled testing are available below:
 - [Salem Public Schools School Committee Video on Pooled Testing](#)
 - [Salem Public Schools Student Video on Pooled Testing](#)
 - [Medford Superintendent Update Video on Pooled Testing](#)

Program Eligibility

1. Which schools are eligible for this program? (No change)

A district or school, including local education agencies (districts, charter schools, approved special education schools and education collaboratives), providing any type of in-person instruction, such as full-in person or hybrid instructional models or in-person services for high needs students, is invited to participate in this initiative. In addition, districts and schools that are currently in a remote instructional model but intend to use this program as an opportunity to return to in-person learning are also invited to participate. Private and parochial schools are not able to participate in the early launch, but they will likely be able to purchase tests, materials, and software directly from Pooled Testing Services Providers. There is no minimum number of participants required at a school site, as this is an effective tool for districts who only have select populations currently attending in-person learning.

2. Does the entire district or school need to participate? (No change)

Schools and districts are strongly encouraged to involve all students and staff in pooled testing, excluding any individuals who may opt out. However, districts or schools may choose to launch this program with a smaller subset of schools, grades, students or staff and scale up to a school-wide or district-wide model. If districts or schools choose to only involve staff in a pool, however, they are limited to a maximum of 5 tests per pool and must have BinaxNOW tests available for immediate Follow Up Testing.

3. If a district is not signed up for BinaxNOW, can they still participate? (No change)

While BinaxNOW is recommended for following up on the individuals within positive pools, districts may participate in the pooled testing program even if they do not wish to use BinaxNOW tests. They do, however, need to have a system in place to offer Follow Up Testing for students in positive pools. The state will cover the costs associated with using BinaxNOW for Follow Up Testing, and if a participating school or district chooses to use a different Follow Up Test (e.g., PCR test), the school

or district will have to cover the costs of such a test independently, without support from the state. To sign up for BinaxNOW testing, schools and districts are encouraged to review the Abbott BinaxNOW Testing Program memo on the [BinaxNOW webpage](#) of the DESE website. (Districts and schools that were not previously selected for Phase I may now participate.)

- 4. If a district is not signed up for BinaxNOW, how will they test positive pools? (No change)**
Districts are strongly encouraged to use Abbott BinaxNOW rapid point-of-care antigen testing for reflex testing. [If districts are not already signed up for BinaxNOW, they are strongly encouraged to do so as soon as possible](#); more information can be found [here](#). However, districts can use other Follow Up Testing arrangements, as long as they have a process to individually test students in positive pools prior to beginning pooled testing.
- 5. Does a district need to have an electronic health record system to participate? (No change)**
No, a district does not need to have an electronic health record system to participate. The Pooled Testing Services Provider will provide all necessary technology platforms.
- 6. When will districts need to finalize participation in the 6 week initial launch? (No change)**
Any interested district should indicate their interest in [this survey by January 15th](#). Completing this survey does not bind the district or school to participate. DESE will send final request for approval to confirm participation by close of business Tuesday, January 19th. The 6-week period where costs are covered by the state will run from the program launch through March 28, 2021.

Program Costs and Vendors

- 7. What are the estimated costs of the program? (No change)**
Currently, the cost for a district is estimated to be about \$50.00 per pool (approximately \$5.00 per individual swab in a pool size of 10). There are also additional costs such as a monthly administrative fee and a one-time startup fee. Districts and schools may opt into additional contracted services through the Pooled Testing Services Provider, such as delivery of collected specimens to the laboratory, and/or in-person support. The initial 6-week cost coverage can include these optional services, although such support services may be limited, and we ask schools to carefully consider whether such support is strictly necessary. As a reminder, the state will cover the initial 6-week launch of the program, which will run through March 28th, 2021, and districts will cover program costs moving forward. After March 28th, districts will cover the costs of testing as well as any optional services purchased through the statewide contract; by that time districts will have a clearer sense of what costs would be to meet their needs.
- 8. If a district doesn't sign up for the initial launch, are they still eligible to have the initial 6 weeks of their pooled testing program covered by the state? (No change)**
The Commonwealth is covering costs for districts from the start of the program through March 28th, 2021. Districts who participate after March 28th will be responsible for all costs.
- 9. Do costs vary based on the number of individuals included in testing? (No change)**
Generally, prices are set per pool, not per swab, although some vendors may charge a flat rate increase for more than 10 swabs. The more swabs included in a pool (up to the maximum limit), the lower the average cost per individual.

10. Can schools who are not eligible to participate in the statewide program contract separately with the Pooled Testing Services Provider? (No change)

Yes, schools that are not eligible, such as private schools, will likely be able to use the same cost structure available to public schools, but will have to establish their own, independent contracts with the Pooled Testing Services Provider.

11. Are districts obligated to continue the program after the initial 6 weeks? (No change)

No. Districts are highly encouraged, though not required, to continue participating after the initial 6 weeks. Districts are also able to change their Pooled Testing Services Provider or add/remove additional services after March 28th, 2021 if needed. More detail will be available as part of the confirmation process.

12. Does the state have a Pooled Testing Services Provider currently under contract? (No change)

The state is finalizing the contracting process with a small number of highly qualified Pooled Testing Services Providers. During the 6-week state-funded period, districts will be matched with a Pooled Testing Services Provider, based on their unique context and preferences. At the conclusion of that period, districts will be free to choose any qualified vendor. At this time, these Pooled Testing Services Providers do not offer reflex testing on the original sample.

13. Can districts choose which vendors are on state contract list? (New)

No. The vendors on the state contract list were chosen for their expertise, affordability, and ability to scale to serve the state. As a result, districts are not able to add additional vendors to the state contract list. Any vendor will be able to submit a response to the upcoming procurement to be released in February for consideration to be added to the statewide contract list.

14. Can districts choose which vendor on the state contract list to work with? How should a district state their preferences in order to end up matched with a particular vendor? (New)

Districts will be able to express their preferences for a vendor and the strength of their preferences in their Application to be an Approved School to join the Pooled Testing Program. Preferences will be taken into consideration but are not guaranteed. The state will match Districts and Schools with Pooled Testing Services Providers, based on schools' preferences, vendor capacity, level of support needed, geography, and other factors.

15. This FAQ states: "The cost for a district is estimated to be about \$50.00 per pool (approximately \$5.00 per individual swab in a pool size of 10)". Is this an estimate of the costs that districts can anticipate they will assume after the 6-week launch phase is complete? (New)

Pooled Testing Services Providers will be allowed to change their prices during the procurement for the statewide contract. However, DESE expects that the vendors prices will likely remain the same or lower than the prices in the initial launch phase of the program.

16. Will the same prices apply to all vendors on the statewide contract list after March 28? (New)

No. Each vendor will be able to set their own, independent, publicly listed price. Schools can use these prices to inform purchasing decisions.

17. Are shipping/courier included in the costs paid by DESE? (New)

Yes. DESE, through the Pooled Testing Services Providers, will cover the costs of shipping and/or courier service for pooled testing to and from schools until March 28th.

18. Will follow up PCR testing of anyone in a positive pool be covered by insurance? (New)

No. Insurers are only responsible for covering Follow-Up Testing for anyone in a positive pool that is a close contact of a confirmed case. Instead, it is recommended to use Abbott BinaxNOW tests provided by the state for Follow-Up Testing. Until March 28, DESE will cover the costs of individual PCR testing in the case of all individuals in a positive pool testing negative on the Abbott BinaxNOW.

Program Validity

19. Is the Abbott BinaxNOW accurate enough to be used as a follow up to the pooled test, especially for asymptomatic children? (No change)

Yes. The Massachusetts Department of Public Health endorses its use in Follow Up Testing. This study provides further details: <https://www.medrxiv.org/content/10.1101/2021.01.09.21249499v1>. No test is 100% accurate. BinaxNOW tests are extremely effective at picking up those individuals with high viral loads (assumed to be most infectious) and are adequate for this purpose if PCR tests are available to follow up on individuals if a positive pool returns no positive BinaxNOW results. Anyone who develops symptoms consistent with COVID-19 should get tested, even if they have recently received a negative result.

20. Is pooled testing an effective strategy in areas where COVID prevalence is high? (No change)

Yes. Pooled testing is a highly effective tool to identify positive cases without the logistical and financial burden of regular individual testing. In communities with high COVID prevalence, it is strongly suggested that schools and districts start with pools smaller than 10 to minimize the number of positive pools returned. If decreasing pool size is not effective in limiting the number of positive pools, schools should explore individual testing or consider other options.

21. How has the state reviewed the laboratories used in the Pooled Testing Program? (New)

All laboratories allowed to process samples under the state-contracted Pooled Testing Services Providers have undergone a technical review of their pooling strategy and supplementary data in collaboration with DPH.

22. Does the state allow different standards for test performance (sensitivity) for surveillance testing versus diagnostic testing? (New)

It would not be the state's or DPH's intention to purposefully accept a lower sensitivity for surveillance tests versus diagnostic tests. Rather, our shared goal is to select tests that are sensitive and specific enough to identify cases within the testing algorithm(s) of this program.

23. What is DPH's perspective on using rapid antigen tests for home-based surveillance testing in the K-12 context? (New)

As home-based rapid tests become available and receive FDA EUA, DPH will review their accuracy and assess how they should best be used for public health purposes. DPH's perspective is that only rapid antigen tests with FDA EUA approval should be used for home-based surveillance at this time.

Testing Process Coordination

24. How many staff are needed to carry out the collection and processing of tests? (No change)

In most cases, DESE expects that pooled testing can be conducted with existing staff. Schools are welcome to collaborate with neighboring schools to share services or coordinate specific tasks, such as specimen drop-off at the laboratory.

25. What is needed to transport tests to the lab? (No change)

Tests can be transported to a lab via a mail courier, such as FedEx, or by an individual. There is no risk in transmission while transporting test samples as all samples are sealed. There are no complex requirements for transportation, such as refrigeration.

26. How long will it take to receive pooled test results? (No change)

In almost all cases, it will take 24-48 hours to receive pooled test results. As a reminder, staff and students do not need to quarantine while awaiting pooled test results and should be in school unless they become symptomatic.

Testing Strategy

27. What test pool sizes, composition, and frequency are recommended? (No change)

Appropriate pool size should be determined by a number of factors including vendor and community/school prevalence. Because the cost and logistical advantages of pooled testing are dependent upon a relatively low portion of pools being positive, schools in communities with high prevalence, or schools who are seeing a high share of positive pools in previous weeks, should seriously consider lowering their pool size. The pool size should not be lower than 5, and while most vendors will have a cap of 10, at least one vendor will allow pools larger than that.

It is highly recommended for health as well as administrative reasons that “membership” within a given pool remain as constant as possible. Teachers, where possible, should be pooled with their students (as a positive pooled result on a pool full of teachers may cause staffing headaches while all teachers in the pool are individually re-tested). If districts or schools choose to only involve staff in a pool, however, they are limited to a maximum of 5 tests per pool and must have BinaxNOW tests available for immediate Follow Up Testing.

Pooled testing should be conducted once a week.

28. Should individuals who have previously tested positive for COVID-19 be included in pools? (No change)

Individuals who have previously tested positive (on an individual, not pooled, test) in the past 90 days should be excluded. After 90 days, they should be included again in the pools. Please note that guidance on this point will soon be revised from 90 to 180 days after a positive individual test result.

29. As school staff are vaccinated, should they be included in pools? (No change)

Yes. Vaccinated staff should still be included in pools.

Testing Operations

30. How will training be conducted? (No change)

The Pooled Testing Service Provider will provide training to staff to administer tests as well as how to observe test administration. This training will also include information on how to track samples in each pool, use the software, and deliver samples to the laboratory.

31. Can students and staff self-administer tests? (No change)

DPH recommends that students in grades 2 and above and all staff are able to safely self-administer swabs for pooled PCR tests. All self-administered tests should be observed by a trained staff member. At this time, individuals may not self-administer BinaxNOW tests. These must be conducted by a trained staff member.

32. Can tests be given at home? (No change)

At this time, the pooled testing options associated with this initiative cannot be conducted at home. Pooled tests should occur in school and be administered or supervised by trained staff. Schools can buy “at home” PCR tests for individual-level Follow Up Tests, but this tends to be an expensive option that takes longer.

33. Do students and staff need to quarantine until the pool test results are returned? (No change)

No. Pooled testing provides surveillance testing capabilities to schools, meaning that students and staff participating do not have to quarantine unless a positive individual-level follow up result is returned.

34. What PPE is required for staff administering or observing tests? (No change)

For healthcare personnel collecting specimens, they must have a fitted N95 or higher respirator (though a surgical mask can be used if a N95 is not available), eye protection, gloves, and a gown. For staff observing collection in students (i.e., observing students self-administer tests), they must wear a surgical mask and maintain six feet of distance. Anterior nasal swabs are not considered to be aerosol generating procedures, but PPE is recommended for people taking the swab simply because they have to be so close to the individual being tested.

35. Do individuals in a positive pool need to quarantine while they are waiting for individual-level results to return? (New)

No. Students who are part of a positive pool do not need to quarantine while they await their Follow-Up Test results, unless they are symptomatic. Symptomatic students should follow the [DESE Protocols for Responding to COVID-19](#). If not symptomatic, individuals in a positive pool will often return to school for Follow-Up Testing. Individuals who receive positive, follow-up individual test results will need to be isolated as defined in the [DESE Protocols for Responding to COVID-19](#).

36. What Follow-Up Test options exist for students or staff who live far away from school? (New)

If a student or staff member is in a positive pool, they should return to school as normal to receive Follow-Up Testing. These individuals do not have to quarantine and can ride on buses or take their normal transportation method to school, as long as they are not symptomatic. Symptomatic individuals should follow the guidance outlined in [DESE Protocols for Responding to COVID-19](#). It is our hope that this will largely eliminate any difficulties or costs associated with individuals being out of school when a positive pool is identified, as Follow-Up Testing results can be immediately delivered with Abbott BinaxNOW testing. DESE and DPH continue to evaluate at-home testing options but at this time strongly recommend the use of Abbott BinaxNOW for Follow-Up Testing.

37. Who should provide the standing order for Abbott BinaxNOW Follow-Up Testing in schools? (New)

A provider standing order is required for individual Abbott BinaxNOW testing, and any follow up PCR tests administered onsite. Generally, the standing order is provided by the school physician or another physician working with the school system or local Board of Health. Example standing orders can be found [here](#).

38. What kind of contract/indemnification/malpractice coverage does the person providing the standing order need? (New)

Considerable liability protection is provided by federal and Massachusetts law for providers during the public health emergency. Providers should rely on their own legal counsel for further guidance on this topic.

39. Will Massachusetts establish a state-wide standing order for asymptomatic testing programs, as Texas and Maryland have done? (New)

No. The state feels that a provider associated with the town or school offers a better degree of local control and quality assurance in the testing program and is therefore preferred over a state or federal order at this time.

40. Is there a statewide CLIA waiver to cover Abbott BinaxNOW testing in the K-12 environment? (New)

Yes. Schools and districts are now eligible to qualify for coverage as “temporary sites” under the statewide CLIA certificate of waiver. This will allow them to process Abbott BinaxNOW tests on-site, without needing to apply for a separate CLIA Certificate of Waiver.

Schools and districts must provide the requisite information through a brief online form before they qualify as a temporary site under the statewide CLIA Certificate of Waiver. More details about the process can be found here: <https://www.doe.mass.edu/covid19/BinaxNOW/>

41. If Abbott BinaxNOW is used for Follow-Up Testing, will the Abbott BinaxNOW tests continue to be provided free to districts for Follow-Up Testing even after the initial launch phase? (New)

Yes. The state intends to provide the Abbott BinaxNOW tests for Follow-Up Testing to schools and districts free of charge during and after the initial launch phase. This is dependent on sufficient supply from Abbott, but at this time the state does not foresee any supply constraints.

42. If a school joins the launch and uses Abbott BinaxNOW for Follow-Up Testing, can they also use them for symptomatic testing if they had not previously signed up for the existing Abbott BinaxNOW DESE program for children/staff who become symptomatic in school? (New)

Yes. Schools and districts are able to use the Abbott BinaxNOW for either or both purposes (symptomatic testing and Follow-Up Testing to pools).

43. Can schools use unobserved self-swab (for home collection) for pooled testing? (New)

No. At this time, the state’s Pooled Testing Program will not support students or staff self-administering pooled testing swabs unobserved at home. Schools and districts are encouraged to use observed self-swabbing for second grade students and older for pooled testing specimen collection.

44. Does the state have a required turn-around time for Pooled Testing Program results for vendors who are participating in the pooled testing? (New)

Yes. Pooled Testing Service Providers will be required to return results within 48 hours from the day the school initiates transfer (via shipping or courier service) of collected specimens to the laboratory. Many times, results will be returned in approximately 24 hours.

45. Can districts participating in the launch program begin with a single school or a small number of schools, then expand to the entire district? (New)

Yes. Districts or schools may choose to launch the program with a subset of schools or classrooms.

46. Will the state provide financial support for hiring staff or provide implementation-support staff who could travel to assist districts across Massachusetts? (New)

Following the initial 6-week launch, districts and schools may continue using pooled testing by purchasing the tests and any other accompanying testing materials, software, or support from a statewide contract using their federal stimulus dollars. At this time, DESE is not planning to provide direct financial support or additional staff resources to districts and schools after March 28.

47. Should household members of individuals in a positive pool be considered “possibly exposed” while waiting for Follow-Up Testing to be completed? (New)

No. Members of a positive pool do not have to quarantine prior to receiving the results of their follow-up tests, unless they are symptomatic. Similarly, household contacts of individuals in a positive pool do not need to quarantine, unless the individual is confirmed to have COVID-19 through Follow-Up Testing. Individuals or close contacts of individuals who do receive a positive follow-up test result should follow the [Protocols for Responding to COVID-19](#).

48. Can DPH provide or facilitate N95 respirator fit testing for school nurses? (New)

Annual fit testing is a routine part of using N95 respirators and can be performed by many occupational health providers. During the public health emergency, and with the wide variety of N95 respirators in use, it is not always possible to perform fit testing. Nurses and health care staff are encouraged to conduct a user seal check to determine if the respirator is being properly worn and should be performed with each use. The user seal check procedure is described here: <https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf>

Program Reporting

49. Will positive follow up BinaxNOW tests count toward the state confirmed counts if they are not PCR tested? (No change)

Yes. Positive follow up BinaxNOW tests will count toward the state confirmed counts.

50. Will Project Beacon be the platform for registration and reporting, or will there be a new software platform? (No change)

For now, each pooled testing vendor will have their own software for pooled testing; schools and districts are required to use the Project Beacon platform for follow up, individual-level BinaxNOW tests in response to positive pools. It is possible that some pooled testing vendors may eventually provide their own integrated tools for BinaxNOW, at which point schools and districts could choose for themselves which system to use to report BinaxNOW results.

51. Should districts report the number of individuals in negative pools to improve the accuracy of the “percent positivity” metrics for each community? (New)

No. At this time, DPH does not require results of pooled surveillance tests to be reported to the department. Only the individual-level Follow-Up Tests (diagnostic) are required to be reported to the state – both positive and negative.

52. What are the responsibilities of the local boards of health in the Pooled Testing Program? (New)

Local boards of health will receive reports of individual follow-up positive tests that may result from the Pooled Testing Program, once these are reported to DPH. The local board of health will perform case investigation and contact tracing, in some cases in collaboration with the Community Tracing Collaborative.

53. Can staff and students be required to participate in pooled testing? *(No change)*

No. Participation in pooled testing is voluntary. Students who do not participate cannot be barred from in-person learning opportunities.

54. If we have a district-run pre-K program, are we able to include our pre-K teachers and students in pooled testing? *(No change)*

Yes. All school staff and students, including pre-K teachers and students, can be included.

55. What staff are eligible to participate in the pooled testing program? *(No change)*

All district employees or individuals employed by the organization, such as charter school employees, are eligible to participate in the pooled testing program. Additionally, contracted staff such as bus drivers, are also eligible for participation. At this time, out of school time partners are not eligible to participate.

56. Do families need to complete consent forms each week a pooled test is conducted? *(No change)*

No. Staff and parent/guardian consent forms only need to be completed once for participation in the program. These forms must provide consent to participate in pooled testing, consent to transmit student information via the technology platform, and consent for any necessary Follow Up Tests, including administering and reporting Abbott BinaxNOW tests. Sample consent forms will be provided in the coming weeks.