

## **Frequently Asked Questions Regarding COVID-19 and Return to School August 2, 2021**

This document provides answers to commonly asked questions raised by Maine education leaders during a July 29, 2021, webinar regarding return to school efforts. It is important to note that the information in this document may change as our understanding of COVID-19 evolves.

### **I. Pooled Testing**

**Q:** We heard that if we did consent forms for pooled testing in June that we may need to collect consent forms again because there may be a change in which company will be processing the pooled testing- is that true?

**A:** At this time, we do not expect the consent process to change between now and the start of the academic year. If there is a change to the provider conducting pool testing, the State of Maine will work to ensure that schools could transition to the new vendor seamlessly and that the consents collected would be honored.

**Q:** Regarding Pool Testing - for those children who don't participate, looking for clarity around how we'll manage testing when a positive result is detected regarding f/u with the pool rapid-testing.

**A:** Our pool testing FAQ answers this:  
[https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/Pooled%20PCR%20Testing%20FAQ\\_v.3\\_6.10.21.pdf](https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/Pooled%20PCR%20Testing%20FAQ_v.3_6.10.21.pdf)

**Q:** Are Pre-K students not included in the pooled testing process?

**A:** All public-school staff and students, including public PreK teachers and students, can be included.

**Q:** With pooled testing, will masking still be strongly recommended?

**A:** Pooled testing and masking are both recommended. They are not tied to each other, but rather layered tools that can be used together to minimize the spread of COVID-19 in a school and community.

**Q:** Are there plans to increase supports to schools and school nursing staff for contact tracing if they are doing pooled testing?

**A:** The K-12 Pooled PCR Testing program includes on-site support for schools, should they need it. On-site support can be either clinical or

administrative in nature and should greatly reduce the burden placed on nursing staff.

Q: Who is doing pool testing?

A: As of July 29, 2021, 166 schools are enrolled, representing 50 districts. At least one school in every county has enrolled. Enrolled schools reflect a mixture of public and private schools, large, small, rural, and urban.

Q: Will funding for pool testing extend after December 31, 2021?

A: The grant funding K-12 testing in Maine does not end until July 31, 2022. We will evaluate the program on an ongoing basis to determine how long the program should continue.

Q: Has there been any discussion on the potential mental health impact (fear/anxiety) on young children who are being continually tested?

A: K-12 Testing has been taking place across the country in different capacities and this has not been a concern brought forward by the school districts, Testing Service Providers, or the States we have spoken with, as we considered a program in Maine. We do know that there is a mental health impact on children when they are not able to attend school due to quarantining or school outbreaks and there is peace of mind in knowing one does not have the virus.

Q: Have the districts that have taken on pool testing hired a staff member to be in charge of this? And are those districts large or small districts?

A: While federal COVID-19 relief funds can be used for this purpose, we do not know if an SAU has hired staff to run the Pooled PCR testing in their school or district. The Maine program provides on-site supports (clinical and/or administrative) and we know districts have utilized this resource to launch pooled testing. We have had some of the largest districts in the state, as well as some of the smallest, enroll in the program.

Q: Will participating in pooled testing with a 30% participation rate enable us to not require distancing in school?

A: Distancing in schools is no longer tied to participation rates in pooled testing. Distancing is a strategy that can be used by schools, and is encouraged whenever possible, but should not limit in-person learning or the ability for schools to provide in-person instruction and services.

Q: Is there a community transmission rate and vaccination rate for a school that would be high enough that pooled testing would not be recommended?

A: Maine CDC recommends pool testing regardless of community transmission and/or vaccination rates. The virus is changing rapidly and even those who are fully vaccinated can become infected and potentially spread it to others. Pool testing is a tool to minimize the spread of the virus and to protect all students and staff, regardless of vaccination status.

Q: If you are not pool testing, can you test close contacts daily to allow them to attend school/work if they are not vaccinated?

A: No, the program is designed to test enrolled individuals on weekly basis. The program is not intended to test close contacts only. Daily testing using BinaxNow is only allowable for staff who are identified as close contacts.

Q: Would it be prudent for school districts to consider requesting than any students or staff who were diagnosed with COVID-19 submit documentation of infection (positive PCR/Antigen Result) that may have occurred over the summer months (that we may not be aware of) so that we can ensure that we are not including these individuals in the pool until their 90 day period has passed?

A: All students/faculty/staff should participate in pool testing regardless of prior COVID infection.

## **II. Masking**

Q: Will masking choice be left up to the individual school districts? Also wondering if mask choice is able to be determined by districts.

A: Maine CDC recommends that school district follow the U.S. CDC recommendation that all students, staff, teachers, and visitors wear a mask while indoors in schools. Implementation of this recommendation rests with the school district.

Q: We want no masks but move to masks if a case is detected. Can we do this?

A: See above.

Q: Is the mask recommendation both indoors and outdoors or just indoors?

A: See above.

Q: Are we requiring school visitors to mask also?

A: See above.

Q: Is the mask mandate inclusive of PreK?

A: The U.S. CDC recommends that masks be worn in schools by anyone over age 2.

Q: Is there a vaccine threshold for not needing masks? Eg. if 80% or 90% or more of students & staff are vaccinated?

A: See above.

Q: My concern is that nationally, even in districts with high rates of community transmission that educated kids F2F, schools have not proven to be vectors of transmission. If all these measures used last year worked, then why are we having to do it again?

A: Last year worked because of the health and safety measures taken by schools. COVID-19 prevention strategies remain critical to protect people, including students, teachers, and staff, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels. Schools are a prime example of how and where mitigation measures have been shown to be effective in reducing disease transmission.

### **III. Physical distancing**

Q: What will Maine's CDC recommendations be for physical distancing? What are distancing parameters, for both lunch time and in classrooms/hallways? What will be required and under what circumstance.

A: U.S. CDC continues to recommend masking and physical distancing as key prevention strategies. However, if school administrators decide to remove any of the prevention strategies for their school based on local conditions, they should remove them one at a time and monitor closely (with adequate testing through the school and/or community) for any increases in COVID-19 cases. U.S. CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as indoor masking.

Q: Will participating in pooled testing with a 30% participation rate enable us to not require distancing in school?

A: US CDC continues to recommend masking and physical distancing as key prevention strategies. However, if school administrators decide to remove any of the prevention strategies for their school based on local conditions, they should remove them one at a time and monitor closely (with adequate testing through the school and/or community) for any increases in COVID-19 cases.

Q: What is the best science around eating unmasked? Still 6 feet?

A: Maximize physical distance as much as possible when moving through the food service line and while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as the gymnasium or outdoor seating can help facilitate distancing. Note: students, teachers, and staff who are fully vaccinated do not need to distance while eating.

Q: What are the physical distancing requirements with masks- indoors and specifically on busses and vans - 3 feet for all?

A: Currently there are no requirements for physical distancing, however the US CDC continues to recommend distancing to the greatest extent possible, when it is feasible. Distancing efforts should not impede a school from offering fulltime, in-person instruction.

Q: Any distancing requirements for outdoors without masks?

A: Currently there are no physical distancing or masking requirements for outdoors.

#### **IV. School COVID-19 Investigation Standard Operating Procedure**

Q: When will the DOE release an SOP for school reopening?

A: Maine CDC and DOE are working on updating the SOP with new guidance.

Q: What is the expectation as far as accepting home testing going to be? Will there be a differentiated SOP? One version for those districts not requiring masking and one for those who are?

A: No, COVID 19 isolation and quarantine guidance is based on exposure. There is one SOP which Maine CDC/DOE is updating.

Q: Will vaccinated students still be free from quarantine in close contact situation regardless of participation in pooled testing?

- A: A person identified as a close contact who is fully vaccinated and asymptomatic does not need to quarantine from school or school activities if they are participating in pool testing. Maine CDC does recommended testing 3-5 days after exposure even for vaccinated people, regardless of symptoms.
- Q: Will there be a difference in recommendations to test and exclude kids from schools for symptoms depending on whether they are doing pooled testing or not?
- A: Pooled testing will not impact how symptomatic students are managed in the school setting.
- Q: Would students not enrolled in pooled testing be allowed to test out of quarantine or would recommendations remain that they would need to complete a 10 day quarantine?
- A: From the Pooled Testing FAQ: A school should not accept a one-time test to get out of quarantine. Testing options vary and some may seek molecular or lateral flow types of tests, which are not as sensitive as PCR in detecting COVID-19. Additionally, the student placed in quarantine was not tested at the time the positive case was identified, nor would they be tested each week moving forward; thus, a one-time test is not helpful in monitoring the student.
- Q: Has the algorithm for managing symptomatic students been released yet?  
We have schools starting in a couple weeks up here
- A: The algorithm for managing symptomatic students is being updated by the Maine Chapter of Academy of Pediatrics and is expected to be released by August 7, 2021, with only minor revisions from last year.
- Q: If a student were to test positive in the pool, the other students do not need to quarantine and can attend school. What happens to the other students, outside of their pool, the positive student has contact with? There will still be contact tracing and quarantine of students necessary- correct?
- A: Yes, when an individual has been identified as positive with COVID-19, contact tracing will need to occur. Individuals identified as close contacts that are participating the pooled PCR testing program at the school do not need to quarantine. Unvaccinated individuals identified as close contacts not participating the pooled testing program will need to quarantine. Fully vaccinated individuals identified as close contacts not participating the

pooled testing program do not need to quarantine, but should get a COVID-19 test 3-5 days after exposure.

Q: Will the criteria for being a Close Contact change due to the higher transmissibility of the Delta variant?

A: The US CDC has not altered the definition of a close contact. A close contact is someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period

Q: Go over the change in close contacts who have a mask?

A: Will fully vaccinated students, who opt out of pooled testing, be required to quarantine if a close contact? Fully vaccinated students who do not participate in the pooled testing do not need to quarantine. The U.S. CDC recommends that the fully vaccinated close contacts get a COVID-19 test 3-5 days after exposure.

Q: How many schools saw quarantine an effective tool last year? how many of the kids that quarantined ended up testing positive because they were a close contact inside of the classroom where masks and distancing were in place?

A: If a student were to test positive in the pool, the other students do not need to quarantine and can attend school.

Q: What happens to the other students, outside of their pool, the positive student has contact with? There will still be contact tracing and quarantine of students necessary- correct?

A: Close contacts will need to be identified for each positive case. Those close contacts that are part of the pooled testing program would not need to quarantine, nor would anyone who is fully vaccinated.

Q: Will the guidelines still force kids who do not participate in pool testing with their class to quarantine even if they get a BINAX now test the same day as the rest of their class when identifying a positive case that shows they are negative?

A: Unvaccinated close contacts not enrolled in pooled testing would need to quarantine. Vaccinated close contacts need not quarantine, but should be tested 3-5 days after exposure.

## **V. Vaccination Reporting**

Q: How will student vaccination rates be generated for schools with a large number of tuition students from other communities/zip codes?

A: The website with vaccination rates by age/county is available here: <https://www.maine.gov/covid19/vaccines/dashboard> and there is a "View COVID-19 Vaccination Rates by Zip Code" button on that page to view overall vaccination rates for all ages. SAU-level youth vaccination rates information coming soon.

Q: Will staff vaccination tracking include athletic coaches, co-curricular advisors?

A: The definition of school "staff" for the purposes of vaccination reporting is all those providing instruction, services, or interacting with students in pre-kindergarten through grade 12, including all full- and part-time employees, and temporary or contracted personnel.

Q: How will DHHS respond if school districts do not comply?

A: It is our hope that schools recognize the important public health reasons for this information: the prevention and mitigation of COVID-19 transmission and will share the requested information. If needed, 22 MRS §804(2) gives DHHS a number of enforcement tools. Its response will depend on the circumstances.

Q: Is there a reporting database for this?

A: The reporting tool is a secure online form. The online form will be sent to districts through a priority notice each month as a reminder. The online form will be open between the 1st and 10th of each month and schools should report the data for the previous month.

Q: We also have nursery school in our school, would we include these staff members vaccine status.

A: At this time, we are only asking for staff vaccination rates for Pre-K through 12 schools.

Q: Can the DOE require this as part of the certification process and do it through the MEIS portal?

A: Because of the time-sensitive nature of this data collection, changing the MEIS is not feasible.

Q: Is staff reporting their vaccination status voluntary- or required? How can we ask them to provide protected health information without legal issues?



A: Schools do not need to collect PHI from staff to ascertain the staff vaccination rate. We encourage schools to use a de-identified survey to collect vaccination status. Those staff that do not respond to the survey would not be included in the numerator (fully vaccinated) but would still be included in the denominator (total staff).

Q: Where does HIPPA come into this?

A: Collection of vaccination status does not require the collection of PHI, nor would any PHI be transferred to the state of Maine or published publicly. A de-identified survey sent to applicable staff is a recommended approach.

Q: Can nurses access ImmPact to verify vaccination status?

A: Yes, school nurses can access ImmPact to verify vaccination status.

Q: Contracted services beyond speech, OT, Counseling, etc. Does this mean non-district coaches and volunteers?

A: Schools are not required to report vaccination status for volunteers or for coaches outside of the district. The definition of school “staff” for the purposes of vaccination reporting is all those providing instruction, services, or interacting with students in pre-kindergarten through grade 12, including all full- and part-time employees, and temporary or contracted personnel.

Q: Who in the school is allowed to have access to student and staff vaccination status besides the health staff?

A: School nurses have access to ImmPact and can verify a child’s vaccination status. Schools can collect staff vaccination information using a de-identified survey.

Q: In thinking about the limit of “50” kids in an age group to report vaccination rates, what if you have a staff count less than 50, will the vaccination rate be publicly posted?

A: Vaccination rates of students are shared as a range and percentage, and will not be shared for school populations with fewer than 5 total students. Similarly, schools with fewer than 5 total staff/faculty will not be publicly shared for privacy protection reasons.

Q: Where is there guidance about collecting and entering vaccination data. Do we enter a percentage based on vaccination levels with data we collect from surveys of parents? Raw data that we get back? I expect we will get

data for one or two attempts when surveying parents but parents will stop answering this survey after a month or two making the data less valid.

Any suggestions or guidance on data collection is appreciated.

- A: When submitting staff vaccination data, the school will only enter the total number of staff, defined as those providing instruction, services, or interacting with students in pre-kindergarten through grade 12, including all full- and part-time employees, and temporary or contracted personnel, and the total number of fully vaccinated staff. Schools do not need to collect information for students, so there is no need to survey parents. To collect vaccination status from staff, schools are encouraged to use a de-identified survey.

## **VI. Other**

- Q: Will the pre-screening tool be required? Any updates to it? Do both vaccinated and unvaccinated follow this tool to the same degree or should the tool differ for unvaccinated?

- A: There will be an updated pre-screening tool provided although it is not required. Everyone should be reminded to stay home from school when sick. Vaccination status should not be taken into account. Those who are ill should not be at school.

- Q: Is it still recommended to have an isolation room separate from the nursing office?

- A: Although a separate isolation room is no longer part of the recommendations, school units should consider making plans to keep symptomatic people separate from others who may be accessing the school nurse office or clinic.