Community of Practice: Lessons from the Field
April 8, 2021

- *Centers for Disease Control (CDC), Division of State and Local Readiness (DSLR), Center for Preparedness and Response (CPR)*
- *School Fieldwork Section; State, Tribal, Local and Territorial Support Task Force; COVID-19 Emergency Response*

Dr. Victor Simon III
vsimon@gower62.com
Superintendent
Gower School District 62
Willowbrook & Burr Ridge, IL

Dr. Paul O'Malley
pomalley@butler53.com
Superintendent
Butler School District 53
Oak Brook, IL

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About Butler School District 53

Butler School District 53 is an acclaimed school district in Oak Brook, Illinois and a contributor to ISBE Considerations for Closing the 2019-20 School Year & Summer 2020 in May 2020, IDPH and ISBE Updated Summer School and Other Allowable Activities in June 2020, and IDPH and ISBE Joint Guidance Transition to In-Person Learning Plan published in June 2020. The district serves students at Brook Forest (grades K-5) and Butler Junior High (grades 6-8) as well as a preschool in partnership with the Oak Brook Park District.

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About Gower School District 62

Gower School District 62 is an Illinois State Board of Education Peer Learning Partner, a nationally recognized Capturing Kids' Hearts campus, and a contributor to the state's Fall Learning Recommendations and Guidance published in July. The district is committed to fully developing each child as an engaged learner and as an active, caring citizen, in a safe, respectful environment. It serves students at Gower West (grades K-4) and Gower Middle School (grades 5-8) in Willowbrook and Burr Ridge, Illinois.

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District Demographics/Overview

- PK-8 grade serving 900+ students. 10% FRL, 14% IEP, 8% EL with Racial/Ethnic Diversity: 59% White, 15% Asian, 12% Two or More Races; 11% Hispanic, 3% Black (IL School Report Card)
- Like all school districts, Gower is a unique school community built to serve 100% of the students enrolled and to provide services to our families and community members
- *Our plan works for our community.* It is being shared as one of many successful and effective approaches for a safe return to school with specific elements/strategies that can be scaled up or down and replicated to best fit your school community. (Mindset required: *Okay, how? vs. Yeah, but…*)

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Return to School Plan - Context

- Gower has been open for a full, in-person learning model since August 21, 2020
- In IL, individual school districts were given the choice to 'return to school' based on local conditions (super majority opened fully remote or hybrid/split schedule)
- DuPage County, IL COVID-19 Transmission Rates were 'Substantial' (50-99 new cases/100,000/week) at the start of the school year and crossed the 'High Transmission' threshold (>100) in early Oct. 2020
- Community Transmission level have remained 'High' (>100) since Oct. 2020 with rates >500 in Nov./Dec.
- Individual cases of COVID-19 and close contacts have occurred across 137 Days of full, in-person instruction to date with ZERO cases/no evidence of in-school transmission

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[Return to School Plan](#) - Overview

- Initial plan was built through a series of committee drafts and online feedback/FAQ sessions
- Early coordination of effort between staff groups (Teachers, support staff, administrators) and BOE
- Early and ongoing communication with and engagement of parents and community
- **Parent choice model** (in-person or remote) - *Started ~75% in-person; now 90%*
  - Flexibility in choice remains throughout year
- In-person model is a regular full-day, lunch included; 5 days per week
- Simultaneous in-person and remote Instructional model across classrooms
- All means all. Close any gaps between *saying* and *doing* when it comes to meeting individual student needs.

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[Return to School Plan](#) - Details

- Layered Mitigation: Universal masking, increased cleaning/sanitation, attention on hygiene, avoiding large groups/congregation, air quality, adherence to self-certification, contact-tracing, isolation and quarantine guidelines and - **Physical Spacing observed** <u>**as much as possible**</u>
- Focus was on the instructional model first and a *best-fit use* of changing health recommendations
- Continuous Improvement Model (Plan – Do – Check – Act) with an emphasis on 'check' and 'act' (survey and observational data continue to drive decisions)
- Learning Loss is a concern. Losing sight of potential Learning Gains is also a concern: *opportunity to emerge stronger as an organization*
- Point of Care Diagnostic Testing and Screening – a relatively unique, but important feature and the real focus of this presentation

DISTRICT
WE'RE in this TOGETHER
GOWER SCHOOLS

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Making our work public www.gower62.com, Return to School Plan tab:

- Lessons from the Field: Safely Reopening and Sustaining In-Person Instruction; 3/31/21

- In-Person/Remote Simultaneous Learning & On-site COVID-19 Testing; 3/9/21

- COVID-19 Practitioner Update, Full In-Person Learning Webinar; 2/25/21

- On-Site Testing Webinar: Illinois Association of School Boards; 1/14/21

- Integrated Solutions Consulting Blog: 12/22/20

- Follow-Up Podcast: Illinois Association of School Administrators; 12/14/20

- On-Site Testing Webinar: Illinois Association of School Administrators; 12/7/20

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The big picture and next steps:

"On-site testing is a only part of the solution. This was something within our control and an action we could take to be part of a more comprehensive community-based solution. We understand the importance of being able to identify infections quickly in an effort to help control the spread of the virus and help take some of the burden off of our healthcare system. This is about taking steps forward, starting somewhere, and scaling up as needed. If the focus is limited to what you can't yet do, you risk getting stuck. Work to turn the 'Yeah, but...' into a 'Yeah, how…'"

- Dr. Simon on the Gower COVID-19 testing program and Butler partnership
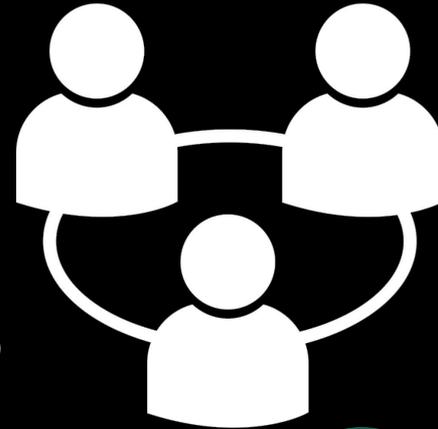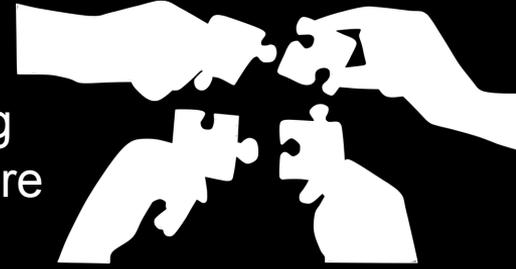
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On-site Testing Model *(design process began in Aug. Launched in Oct.)*
- Voluntary; Parent, staff and student choice (parental consent required). Weekly screening is required for participation in sports/extra-curricular activities
- Offered to all staff, students, and extended to school community (e.g. graduates, first responders, family members, other school partners, etc.)
- Both Diagnostic (symptomatic) and Screening (asymptomatic) strategies in use
- Antigen (two test brands used), antibody, rRT-PCR (molecular or NAAT or both)
  - Antigen and antibody test results within 15 minutes (on-site)
- On-demand, schedule or walk-in, with required consent form
- Testing is free of charge for antibody and antigen; however, PCR is also available (at-home kits) and covered by insurance/district as-needed
- Primary goal is putting **_unity_** in **_community_** and shifting from reactive to proactive

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Entities considering implementation of rapid POC testing should address the following prerequisites in their plans:

- Obtaining a CLIA Waiver to perform the test
- Establishing an area/room location in which POC testing will be performed.
- Designating a person(s) who will perform POC testing.
- Obtaining a provider order for the testing.
- Training for person(s) who will perform POC testing.
- Securing personal protective equipment (PPE) for person(s) who will perform POC testing.
- Process in place for disposal of infectious waste materials created through the testing process.
- Federal requirement for reporting test results
- Parental consent for POC testing of students.

Websource: Interim Guidance on Rapid Point-Of-Care Testing for COVID-19 in Community Settings and Schools

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Future Applications:

- Securing a CLIA Certificate of Waiver allows a school district to be part of a proactive community-based healthcare response/solution
- CLIA-waived tests are not limited to SARS-CoV-2/COVID-19 (considerations for POC strep throat, influenza A & B, others)
- From our state's Return to School Guidance: "...The COVID-19 crisis shook our structures of teaching and learning to the core, but we have now **an opportunity to emerge stronger and to make lasting changes in the ways we support, teach, connect with, and value each of the 2 million students in our care**. This return to school is not "business as usual" but rather the convergence of a new reality in educational excellence in Illinois."
- Providing more pathways for the school to alleviate stressors on the current healthcare system for families, and potentially, the community.
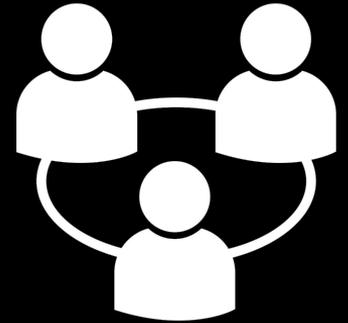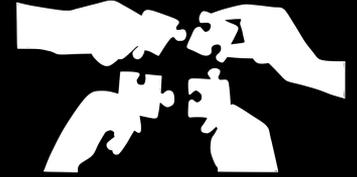
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Translating the guidelines into practice:

★ Obtaining a CLIA Waiver to perform the test

● From the Field: Lessons Learned, Considerations, Questions and Answers:
  ○ Is this the right fit for your district? Can it be sustained? Does it need to be?
  ○ Have you done the homework to understand the basics behind testing?
  ○ Available partnerships, opportunity to coordinate with others?
  ○ What is the goal? Can you start small and scale up?
  ○ Has the rationale for testing been shared across the school community?
  ○ Who will serve as the Lab Director? Input from applicable staff/stakeholders?
  ○ 30 min. to complete the application for 'Certificate of Waiver'
  ○ 30 min. to complete the prerequisite CDC, *Ready, Set, Test* online training
  ○ ~$180 for a two year period - Allows for ongoing use/expansion to other 'waived' tests

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Translating the guidelines into practice:

★ Establishing an/a area/room location in which POC testing will be performed.

● From the Field: Lessons Learned, Considerations, Questions and Answers:
  ○ Designating areas that are safe and secure, yet provide privacy
  ○ Purchasing supplies and materials to sustain the program
  ○ Providing professional training to staff
  ○ Considerations for additional staff fully dedicated to the program
  ○ What type of disposal needs to be considered? How do you maintain records? Do you need to have signed agreement to perform testing?
  ○ Posting appropriate signage for compliance with health department guidelines

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Translating the guidelines into practice:

★ Designating a person(s) who will perform POC testing.

● From the Field: Lessons Learned, Considerations, Questions and Answers:
  ○ Do you designate a specific staff member to testing? What type of certification does the staff need? Are the nurses the only one who performs the testing? Can staff self-administer testing, if necessary?
  ○ Staff members who perform testing may be designated staff such as the school nurse and/or in accordance with the *standing medical order* provided
  ○ Option is to hire additional staff for a short period of time, part-time
  ○ Additional staff can be hired through a third party staffing agency as needed
  ○ No specific requirement for testing beyond following the Instructions For Use (IFU), any specific direction from *standing order*; however, highly recommend the school nurse

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Translating the guidelines into practice:

★   Obtaining a provider order for the testing.

●   From the Field: Lessons Learned, Considerations, Questions and Answers:
   ○   Start the process early in determining the "Standing Order" for the prescribed tests
   ○   This could be a standing order from a local provider or a third party (cost may vary)
   ○   Keep in mind; tests are administered through a prescription thus the standing order
   ○   What is the cost of the testing? Are the tests provided free of charge? Can families who test pay the cost of testing? How can we purchase other tests?
   ○   Develop relationships with various providers other than free tests provided by the Local Health Department
   ○   Obtain appropriate documents on tests for training (typically includes information provided by the test provider)
   ○   Determine number of tests needed and coordinated regular, monthly, ordering schedule
   ○   If applicable, obtain EUA from the manufacturer of the tests

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Translating the guidelines into practice:

★ Training for person(s) who will perform POC testing.

● From the Field: Lessons Learned, Considerations, Questions and Answers:
   ○ What training did you provide? How many training sessions did it take to learn the process? Are there any training programs available? If so, was there a cost?
   ○ Pilot program with volunteer staff with nurses
   ○ Start with the basic programs first to build confidence i.e., antibody, antigen and PCR
   ○ The operator using the test must be "appropriately trained in performing and interpreting the results." e.g. any level of licensed healthcare professional, but the final determination is with the issuer of the standing order
   ○ Keep in mind, CLIA waived tests are "simple laboratory examinations and procedures that have an insignificant risk of an erroneous result".

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Translating the guidelines into practice:

★ Securing personal protective equipment (PPE) for person(s) who will perform POC testing.

● From the Field: Lessons Learned, Considerations, Questions and Answers:
  ○ What type of equipment is needed for testing? Do you need to have N95 masks? Shields? Coverings? How do you dispose of the tests?
  ○ Recommended PPE for persons performing POC testing include *fit-tested* N95 respirator, face shield, gown, and gloves. (Who will provide N95 fit-testing?)
  ○ Materials from testing are is considered infectious waste and appropriate disposal is required (options include full service disposal package through a third party or separating/sealing infectious waste from other trash)
  ○ Coordinate with service provider for all necessary equipment
  ○ Coordinate system for maintaining inventory to sustain testing

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Translating the guidelines into practice:

★ Process in place for disposal of infectious waste materials created through the testing process.

● From the Field: Lessons Learned, Considerations, Questions and Answers:
  ○ Do you dispose of the specimens? Are there 'sharps' involved?
  ○ Handle laboratory waste from testing suspected or confirmed COVID-19 patient specimens as all other biohazardous waste in the laboratory. Currently, there is no evidence to suggest that this laboratory waste needs any additional packaging or disinfection procedures ([CDC websource](#))
  ○ Options include full service disposal package through a third party or separating/sealing infectious waste from other trash
  ○ Locally, antibody tests (finger stick) are treated as biohazard (sharps container)

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Translating the guidelines into practice:

★ Federal requirement for reporting test results

● From the Field: Lessons Learned, Considerations, Questions and Answers:
  ○ How do you report? Do you report to the CDC? State? Local? What gets reported? How do you report information if testing is through a third party?
  ○ Reporting is required for ALL testing. Our state utilizes a separate reporting portal requires a separate request/application
  ○ Develop process to assure reporting is done immediately to state guidelines (24 hrs.)
  ○ Upon the award of CLIA license make sure testing staff is aware of expectations
  ○ Maintain checks and balances for testing as information is a student record or employee record or both
  ○ Check regularly to assure compliance, with multiple viewing rights, yet minimal editing rights (coordinate with privacy agreement/waiver)

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Translating the guidelines into practice:

★ Parental consent for POC testing of students.

● From the Field: Lessons Learned, Considerations, Questions and Answers:
    ○ Do parents have a form to submit for testing? Does staff have a form for testing? What are the expectations if someone wants testing, but will not sign off?
    ○ Consent form is provided electronically for parents and staff to sign off on
    ○ Consent form is provided in-person for parents and staff to sign off on
    ○ All paperwork is maintained on site of testing and reviewed regularly
    ○ Attorney review occurred early in the process to assure district is in compliance; locally developed materials have been shared publicly to help expedite

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