Transcript from

COVID-19 Testing Toolkit Webinar Series: Lessons from BD on Implementing Testing Services in K-12 Schools

April 13, 2021

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00:00:03.030 --> 00:00:12.630
Andrea Lapp: Welcome to today's webinar covert 19 testing toolkit webinar series lessons from bd Dr GG kronwall will now begin.

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00:00:14.910 --> 00:00:26.430
Gigi Gronvall: Welcome everyone, thank you for joining us today, I wish you all a senior scholar at the Johns Hopkins Center for health, security and an associate professor at the Johns Hopkins Bloomberg school of public health.

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00:00:26.940 --> 00:00:35.910
Gigi Gronvall: Today is our second installment of the webinar series on coven 19 testing strategies and best practices from selected organizational leaders.

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00:00:36.360 --> 00:00:46.380
Gigi Gronvall: The webinar series is part of our new coven 19 testing toolkit website, which is funded by lie to hell philanthropies and the coordinate betting more foundation.

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00:00:47.040 --> 00:00:57.720
Gigi Gronvall: The toolkit provides essential information for organizations of all sizes, seeking to develop or adapt their coven 19 testing strategies to fit their testing needs.

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00:00:58.320 --> 00:01:02.910
Gigi Gronvall: testing, as you all know, is crucial to stopping the spread of source code me to.

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00:01:03.390 --> 00:01:09.360
Gigi Gronvall: Testing services are now available that offer tests and testing strategies to organizations.

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00:01:09.690 --> 00:01:19.260
Gigi Gronvall: The coven 19 testing toolkit provides information about specific tests and testing services to help employers or decision makers develop strategies to fit their needs.

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00:01:20.040 --> 00:01:29.250
Gigi Gronvall: After this panel we're going to answer questions from the audience Please submit your questions in the Q amp a box and we'll get to as many of your questions as possible.

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00:01:30.090 --> 00:01:39.810
Gigi Gronvall: Our panelists are Adams from bd Richard pescatore from Delaware department of health and social services and Andrew luck's from healthcare it.

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00:01:40.560 --> 00:01:46.320
Gigi Gronvall: Our first panelist is Adam sorta Adam is director strategy and public affairs of bd.

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00:01:46.740 --> 00:01:55.770
Gigi Gronvall: he's going to provide some insights into how bd launched their innovative coven 19 testing service and their efforts to pilot their program and schools.

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00:01:56.190 --> 00:02:06.000
Gigi Gronvall: he's also going to discuss the importance of testing to ensure safe school reopens as well as the role of biotechnology to counter future outbreaks and pandemics.

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00:02:06.630 --> 00:02:15.570
Gigi Gronvall: Our other two panelists will talk about the testing program and Delaware schools and the testing service program offered by healthcare it leaders.

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00:02:16.740 --> 00:02:17.760
Gigi Gronvall: Adam over to you.

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00:02:19.410 --> 00:02:26.550
Adam Zerda: Thank you gigi and good morning good afternoon to everybody who's on the call today, I really appreciate the opportunity to share with you.

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00:02:27.060 --> 00:02:36.360
Adam Zerda: A little bit about the work that bd has been doing in response to the covert 19 pandemic just a little bit about bd and the tests that we have developed.

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00:02:37.110 --> 00:02:43.770
Adam Zerda: Then i'll turn it over to rick and to Andrew and share a lot more about the services and the impact that these tests can have.

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00:02:44.640 --> 00:02:56.340
Adam Zerda: So, just a brief word about the ED where a large new New Jersey headquarters company medical device company that does quite a bit, and not only do we develop tests for.

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00:02:57.720 --> 00:03:05.220
Adam Zerda: But we're also developing and distributing syringes for the vaccination campaign so hopefully many of you are participating in today.

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00:03:06.300 --> 00:03:14.670
Adam Zerda: Early on, independently bd started working on tests for covidien we are here talking about a rapid antigen test.

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00:03:15.360 --> 00:03:31.350
Adam Zerda: These are simple tests that require a nasal swab so towards the front of the nose and a test cartridge that will give you a result in 15 minutes, the bd test utilizes a reader about the size of a.

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00:03:32.760 --> 00:03:50.670
Adam Zerda: largest cell phone that will tell you objectively, whether the result is coated positive or negative and that particular pieces really important, particularly in settings that are new to test it and schools in particular fit that bill quite a bit.

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00:03:51.720 --> 00:04:08.640
Adam Zerda: So if I can just have a second here i'll share my screen for a minute to talk a little bit about why testing in schools is important and why rapid antigen testing is in particular the modality that makes a lot of sense for schools.

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00:04:09.690 --> 00:04:22.950
Adam Zerda: So just briefly a couple words on testing in schools, this is an effort that the CDC and the hhs has been putting quite a bit of time, effort guidelines and, more recently, funding to support.

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00:04:23.730 --> 00:04:33.300
Adam Zerda: Frequent testing can help in reducing Community spread can help drive public health equity to providing access to schools into education.

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00:04:33.930 --> 00:04:44.400
Adam Zerda: and probably most importantly instill confidence in the sense of safety that the school environment is one where teachers parents and students can enjoy.

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00:04:46.650 --> 00:04:56.400
Adam Zerda: The Rockefeller foundation put together a fantastic bit of work and have been for many months now talking about the importance of testing, as you mentioned.

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00:04:57.270 --> 00:05:09.480
Adam Zerda: Rapid on site antigen testing really fits the bill on all four of the key requirements of the Rockefeller foundation speaks to it's easy it's effective it's accessible and it's affordable.

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00:05:10.920 --> 00:05:21.990
Adam Zerda: So, if you look at what goes into that the BT very tour plus system it truly is an easy process you're collecting a simple swab towards the front of the nose.

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00:05:22.380 --> 00:05:36.900
Adam Zerda: And within 15 minutes you have a result as you hear about the experience in Delaware as some of the teachers there explained it to their students, if you can pick your nose, you can get swag and it really is that simple.

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00:05:37.710 --> 00:05:50.130
Adam Zerda: The readers portable it's accessible, you can put it into a school and into a classroom environment into a gymnasium or an auditorium depending on how that that testing or screening program is run.

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00:05:51.300 --> 00:05:58.950
Adam Zerda: And it's effective, we have now been used since the fall to conduct millions of tests across the country.

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00:05:59.340 --> 00:06:13.320
Adam Zerda: Starting with the most vulnerable populations and nursing homes and then, more recently, as you hear from rick in schools and these tests really are affordable and you get a result of the day of right so there's no waiting for a result to be sent back to you.

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00:06:14.790 --> 00:06:24.930
Adam Zerda: And just one quick slide and i'll turn it back over to turn it over to rick to share with you some of the experiences that he's had with this testing system in Delaware.

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00:06:25.500 --> 00:06:34.560
Adam Zerda: If you check out the BT very tour COM website, you can scan a little qr code in the top corner of the screen it'll take you straight to the website.

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00:06:35.130 --> 00:06:55.410
Adam Zerda: There you'll find resources on setting up testing programs within school settings you also find examples and case studies, including a nice video break your next

speaker speaking about how testing in schools, really is a transformative to provide that safety and confidence to students.

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00:06:57.060 --> 00:07:09.540
Adam Zerda: on behalf of the 10s of thousands of employees around the world and the 10s of thousands here to us just very proud of the work that we've been able to do to make these types of innovations available.

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00:07:10.680 --> 00:07:15.930
Adam Zerda: So gigi i'll turn it over a stop sharing and turn it over to you great.

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00:07:16.050 --> 00:07:31.770
Gigi Gronvall: Thank you, Adam our next panelist is Richard Richard pescatore rick pest pescatore sorry chief physician associate state medical health medical director Delaware department of health and social services in the division of public health wreck over to you.

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00:07:32.550 --> 00:07:34.650
Richard Pescatore: Thanks so much thanks also add them.

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00:07:35.160 --> 00:07:46.740
Richard Pescatore: I do work for the Delaware division of public health, where we have been extremely fortunate over the past several weeks to months to have a fantastic partnership with our department of education that subsequently.

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00:07:47.220 --> 00:07:56.310
Richard Pescatore: culminated in the distribution of testing and testing equipment to 84 schools across our state and the institution of high frequency antigen testing within those schools.

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00:07:56.610 --> 00:08:08.490
Richard Pescatore: Now the implementation of that testing has been fairly heterogeneous and that the districts in the schools approach that testing in a different manner and how they see fit, for example, we have a number of schools that.

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00:08:09.000 --> 00:08:14.340
Richard Pescatore: Do testing once weekly while some other schools do testing once every other week, while some other schools.

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00:08:14.730 --> 00:08:22.950
Richard Pescatore: Hold testing for their athletes only That being said, far and away our most common implementation is once weekly testing of all students within the school.

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00:08:23.340 --> 00:08:30.690
Richard Pescatore: which qualifies as what we call high frequency antigen testing, this has really been a fantastic program for implementation in Delaware it did take.

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00:08:31.140 --> 00:08:35.790
Richard Pescatore: strong collaboration between the public health side of government as well as the education side of government.

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00:08:35.970 --> 00:08:44.400
Richard Pescatore: and ongoing conversations with the people who are most likely to operationalize this, which is, of course, schools and employees within schools this began with a working group.

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00:08:44.790 --> 00:08:46.500
Richard Pescatore: In August of last year.

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00:08:46.830 --> 00:08:57.300
Richard Pescatore: That included individuals from the health side of government as well as the education side of government that really examine the best ways to implement this type of testing how it was going to be done, and where it was going to be done.

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00:08:57.480 --> 00:09:04.200
Richard Pescatore: We learned a lot of lessons along the way, and it became critically important as we began to extrapolate this testing frequency across schools.

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00:09:04.350 --> 00:09:15.060
Richard Pescatore: And as we begin to grow, the footprint of casting throughout Delaware some of those lessons were surprising lessons like certainly there are children who can swap their own noses, but there are going to be.

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00:09:15.450 --> 00:09:22.530
Richard Pescatore: Children within schools, who need assistance and swapping their noses lessons like understanding that school nurses, while the natural.

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00:09:22.860 --> 00:09:31.440
Richard Pescatore: Thought point that they would implement this type of testing are overwhelmed with the amount of code mitigation efforts that they're called upon to implement in their schools every single day.

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00:09:31.740 --> 00:09:36.840
Richard Pescatore: And so, by working with the school nurses why by working with representatives from the education side of the House.

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00:09:37.380 --> 00:09:50.040
Richard Pescatore: We were able to successfully identify just how we were going to do this and we were able to move and identify that a rapid antigen testing strategy was more likely to bring us the confidence and competence in a program that we were looking for.

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00:09:50.280 --> 00:09:56.730
Richard Pescatore: And so we implemented testing program in the state of Delaware and what this looks like is that every.

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00:09:57.120 --> 00:10:05.100
Richard Pescatore: School in Delaware that performs this testing has obtained their own clear certificate of waiver they receive tests distributed from the state government.

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00:10:05.400 --> 00:10:14.850
Richard Pescatore: And they implement that testing on their own most schools have designated testing teams, these are two to three person teams that are no more than.

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00:10:15.750 --> 00:10:28.350
Richard Pescatore: workers who have been trained in the clia wave testing and that's usually done either using online educational resources or via zoom interaction with myself or other physicians in the division of public health, and then they are.

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00:10:28.860 --> 00:10:37.770
Richard Pescatore: They gather the techniques and instructions and how they implement the testing and then every school goes about actually physically implementing this in a slightly different way.

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00:10:38.100 --> 00:10:43.560
Richard Pescatore: We have schools that travel from classroom to classroom with a little cart and you can see that in the video that Adam mentioned.

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00:10:43.800 --> 00:10:49.320
Richard Pescatore: They traveled from classroom to classroom pluck kids out of the classroom swab their noses and set them send them back in.

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00:10:49.560 --> 00:10:54.360
Richard Pescatore: And there's tremendous that they're able to have a result within 15 minutes, and not only are they.

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00:10:54.690 --> 00:11:00.090
Richard Pescatore: scientifically and abstractly keeping the school safe by identifying asymptomatic carriage of coven.

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00:11:00.330 --> 00:11:09.060
Richard Pescatore: they're increasing confidence in the students to the team's degree, that was a significant piece of feedback that we received from students from parents from teachers from school faculty.

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00:11:09.270 --> 00:11:19.620
Richard Pescatore: That everybody said, not only do I know that people are getting tested so on some plane somewhere scientifically, I know that there's a mitigation effort and the likelihood of me getting cove it is lower, but I have this.

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00:11:19.830 --> 00:11:23.310
Richard Pescatore: This increased confidence in going to school, knowing that there's this.

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00:11:23.820 --> 00:11:36.540
Richard Pescatore: This new fangled rapid identification of coven so nobody's going to be in this building carrying asymptomatic carriage of starters Kofi to and so that was really tremendous and we had those pieces of feedback.

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00:11:37.200 --> 00:11:46.500
Richard Pescatore: And we broadcast those pieces of feedback up and down the state and those pieces of feedback enabled more schools to say you know what I can try this as well, I can.

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00:11:46.710 --> 00:11:55.830
Richard Pescatore: operationalize as well, and I can implement this as well, and maybe it's not as difficult as it once seemed and once we were able to get over that activation energy to some degree.

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00:11:56.100 --> 00:12:05.790
Richard Pescatore: it's so difficult to think about undertaking such a grand task one schools were able to talk to other schools and see that other schools were doing it doing it successfully and doing it without.

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00:12:06.150 --> 00:12:16.530
Richard Pescatore: Such a gigantic logistical lift we saw a rapid uptake of this and more and more schools, and so, in summary, what we have here in Delaware is a state funded rapid antigen testing Program.

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00:12:16.740 --> 00:12:21.090
Richard Pescatore: That generally targets once weekly high frequency antigen testing within schools.

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00:12:21.300 --> 00:12:31.680
Richard Pescatore: negatives are released back into the wild of course positives are immediately isolated or reflex PCR sent within 48 hours Delaware has an extremely rigorous and extremely.

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00:12:32.010 --> 00:12:45.570
Richard Pescatore: Well, built out Community PCR testing apparatus and so it's not difficult at all to have PCR test results in about 24 hours from reflex from there, this is seen an increase recognition of asymptomatic carriage and stars coby to in our schools.

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00:12:46.200 --> 00:12:53.760
Richard Pescatore: Both within students, as well as within staff and faculty and just markedly increase our abilities to keep schools open keep students and staff safe.

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00:12:53.940 --> 00:13:04.260
Richard Pescatore: And instill confidence and shorty and how we're keeping those schools, safe and open without throughout Delaware and so with that i'll stop talking i'll hand it back to gigi and thanks so very much.

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00:13:04.920 --> 00:13:14.970
Gigi Gronvall: that's great Thank you our final panelist today is Andrew luck's who's the director application management implement implementations of healthcare it leaders Andrew over to you.

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00:13:15.900 --> 00:13:32.460
Andrew Lux: Thank you gigi and hi everyone i'm Andrew luck's I am our practice head and healthcare it leaders for our code or what we call our healthy returns solution, our practice and before I dive in i'll just do a quick recap on who we are, as a company.

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00:13:33.540 --> 00:13:43.170
Andrew Lux: Our roots are in it consulting services in the healthcare and provider arena and servicing large health systems across the nation and hospitals.

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00:13:43.950 --> 00:13:50.340
Andrew Lux: Some of those in your backyard, as we speak, but when the pandemic started, we decided to really take a pivot.

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00:13:50.670 --> 00:14:06.660
Andrew Lux: And how we approach things and looking across those that were affected and decided to pair up both our clinical staffing and care coordination long term support arm with that it consulting services project management, some of those elements that we've been ranked.

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00:14:08.040 --> 00:14:14.340
Andrew Lux: Top ranked in the health care industry with and really come to about forming a coven 19 practice.

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00:14:15.030 --> 00:14:25.590
Andrew Lux: Now the concept behind all of this is really very simple, how can we partner with our clients and really enable them to get back to normality.

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00:14:25.980 --> 00:14:39.030
Andrew Lux: Those normal activities and, in some cases, those are testing services us providing a full scope turnkey solution and others that saying great you have all of that let's let's help you out with contact tracing or really.

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00:14:39.630 --> 00:14:49.800
Andrew Lux: As rick started to mention there on just that final effort of getting programs stood up it's just that final one yard line to get into the end zone or that final mile in a race.

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00:14:50.100 --> 00:15:02.280
Andrew Lux: So really that's kind of a lot of what we stand for, and what we try to bring to our clients our clients themselves are large school districts universities corporations and government clients throughout the nation.

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00:15:03.030 --> 00:15:12.870
Andrew Lux: We just kicked just completed a testing event at the Masters golf tournament last weekend i'm still wondering how I wasn't picked to be an onsite PM for that one.

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00:15:13.560 --> 00:15:22.770
Andrew Lux: But that's neither here nor there when it comes to schools really the testing services that we offer our though built on standardization.

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00:15:23.160 --> 00:15:30.240
Andrew Lux: Our best practice playbook that we've continued to tailor and optimize every rolled out a new project, a new project.

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00:15:30.750 --> 00:15:42.150
Andrew Lux: Really, still have due to their multi tiered support level have a nice customization level at each at the individual school level that really allows us to both bring our.

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00:15:42.750 --> 00:15:49.530
Andrew Lux: Lessons learned and best practices, but really build off the specific use case the different type of school.

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00:15:50.130 --> 00:15:59.040
Andrew Lux: rick was mentioning already about how some kids are able to swap their nose and things that you might benefit, you might get at a high school or middle school setting.

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00:15:59.340 --> 00:16:07.770
Andrew Lux: While maybe in a K through for K through five or special education setting they're all different elements that you have to take into account.

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00:16:08.460 --> 00:16:19.080
Andrew Lux: And so what we're able to do is really being our bring our best approach sit down with our clients identify what gaps, they have and help ensure they're set up for success.

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00:16:19.560 --> 00:16:31.380
Andrew Lux: And so, some of those elements that we look at, and I want to kind of arm the audience with as they start to internalize this and think about their program really comes down to a few main elements.

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00:16:32.130 --> 00:16:42.570
Andrew Lux: The first one being the clear and regulatory requirements, you know, making sure that you have that proper certifications setup and there's wonderful tools that we can bring in tips.

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00:16:42.960 --> 00:16:52.530
Andrew Lux: To make sure that life is is set up even easier multi site versus single site, do you need like physician orders and lab director certification requirements.

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00:16:53.460 --> 00:16:55.740
Andrew Lux: For the actual testing program itself.

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00:16:56.190 --> 00:17:08.430
Andrew Lux: You know where are you going to complete the testing, are you going to be able to do the classroom by classroom approach, which is really great, especially for those elementary schools, because I can only imagine what a bunch of first graders with.

103
00:17:09.120 --> 00:17:13.890
Andrew Lux: That chaos that would ensue if they all had to line up in the gymnasium and go one after one.

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00:17:15.120 --> 00:17:26.580
Andrew Lux: The testing schedule itself, you know, not only are you trying to get everybody in once a week or potentially twice a week if there's some high contact or or sports components, even on the athletic side.

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00:17:27.270 --> 00:17:37.410
Andrew Lux: But then also how are you going to funnel everybody through and get them done in time and close the loop, to make sure your setup and and have everybody checked off from a compliance perspective.

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00:17:38.970 --> 00:17:42.390
Andrew Lux: Also, with this is the overall just full workflow.

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00:17:43.020 --> 00:17:52.230
Andrew Lux: So some of the elements that we can do that Adam teamed up or kind of mentioned early on, is the overall training that goes along with this, and making sure that you have everything from.

108
00:17:52.650 --> 00:17:55.470
Andrew Lux: check in and collection, all the way through to resulting.

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00:17:56.190 --> 00:18:02.490
Andrew Lux: and on resulting you know what about the individual themselves how would you get the result not only back to them.

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00:18:02.760 --> 00:18:10.740
Andrew Lux: But back to the school or corporation or district that needs to handle everything from a resulting perspective and the actual compliance.

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00:18:11.580 --> 00:18:27.960
Andrew Lux: And then back to regulation, we still have the actual reporting, you have to do to the state, and this is critical for not only tracking elements there, but also the county kicking off contact tracing and registering the trending of positive or negative results.

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00:18:29.310 --> 00:18:39.240
Andrew Lux: So all of those elements are very critical to the program but one of the key elements that we've started talking about already in this discussion is the actual product itself.

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00:18:39.600 --> 00:18:48.960
Andrew Lux: And not just you know getting PP set up or handling biohazard waste, but actual the test themselves, and one of the great benefits that we've had.

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00:18:49.290 --> 00:18:54.960
Andrew Lux: kicking off, you know 50 plus engagements across the states is working with becton Dickinson.

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00:18:55.320 --> 00:19:06.210
Andrew Lux: On a vast majority of those and it's something where us healthcare cheerleaders and, although we do support multiple test products and have strategic products or partners there.

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00:19:06.750 --> 00:19:15.780
Andrew Lux: we've had great success with them, one of the best benefits, has been the constant available capacity to meet our clients demands.

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00:19:16.530 --> 00:19:25.230
Andrew Lux: And so, with us, not only do we bring our playbook but we bring a lot of integrations to some of the key and primary solution partners out there.

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00:19:25.680 --> 00:19:34.740
Andrew Lux: So that's always a great benefit the more that can be alleviated from our client shoulders and those results firing back to either the individual or the state.

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00:19:35.160 --> 00:19:44.640
Andrew Lux: Real time so I talked about all of the big critical elements out there and the variables and i'm sure you guys already have whoo.

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00:19:45.120 --> 00:19:50.010
Andrew Lux: getting a little overload, but let me talk to you now about our solutions what we bring to the table.

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00:19:50.640 --> 00:20:01.050
Andrew Lux: And how we check those box or fill in those gaps, because what we want to strive again is really partnering with our clients to ensure we're, taking into account those comparative advantages.

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00:20:01.770 --> 00:20:17.220
Andrew Lux: In the most cost efficient manner and the two things I will say that is consistent, no matter who we talked to is that one, none of this was budget or plan for and funds are being pulled from elsewhere into everybody's needs are different.

123
00:20:18.330 --> 00:20:23.640
Andrew Lux: So really how i'm going to go into this is starting out kind of the base layer and working our way up.

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00:20:24.540 --> 00:20:28.950
Andrew Lux: Because again this way you can kind of see how that applies to your situation.

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00:20:29.670 --> 00:20:36.360
Andrew Lux: So the first part is really those schools are clients that you know believe they have everything in place they've.

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00:20:36.720 --> 00:20:42.090
Andrew Lux: they've been like some of those great schools in Delaware who have already started rolling this out in our wonderful.

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00:20:42.330 --> 00:20:48.150
Andrew Lux: And said just hey, how do we, how do we take this to the next level, how do we roll it out testing out to everybody.

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00:20:48.510 --> 00:20:51.960
Andrew Lux: And for some of these clients it's really just they need advisory support.

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00:20:52.290 --> 00:21:01.860
Andrew Lux: They just need a partner who can be with them to help either a maybe check those compliance and regulatory boxes for them in partnership, how do I go about doing this.

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00:21:02.220 --> 00:21:15.180
Andrew Lux: Or am a school district, I have 1015 schools can you just help me complete the process for one, and then we can take it from there again kind of that final you know one yard line to get across into the end zone.

131
00:21:16.440 --> 00:21:35.520
Andrew Lux: From there the flip element in it in our name is our technology platform so it's it's not so much the handling all the students hey we do this with four eyed and was standardized testing, we know how to circulate and enact with or interact with every single individual in the school.

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00:21:36.630 --> 00:21:40.620
Andrew Lux: But we don't want people living and breathing in excel every day.

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00:21:41.130 --> 00:21:51.780
Andrew Lux: So no worries I got you and that's where our technology platform comes in, it has both the upfront kind of patient portal and result notification piece for tracking.

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00:21:52.500 --> 00:22:02.190
Andrew Lux: As well as the incorporation of the results themselves and the overall actual workflow for the testing process and then again those back end.

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00:22:02.640 --> 00:22:11.070
Andrew Lux: Results reporting components and requirements with for pointing to the state or any local entities that are required from a county perspective.

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00:22:11.580 --> 00:22:24.030
Andrew Lux: So that's really again there where you, you have the people you even have the product but it's just Okay, how do I put it all together and it's that technology backbone that we bring to the table.

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00:22:24.840 --> 00:22:38.820
Andrew Lux: From there kind of taking it up a notch is okay Andrew I I have you know our school nurse, and you know what we may have even had some people at part time or unfortunately might have been furloughed as a part of code.

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00:22:39.330 --> 00:22:48.690
Andrew Lux: Can you train them up get them, you know to be our team and key liaison that each one of these schools or locations yes perfect that's kind of.

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00:22:48.930 --> 00:22:52.710
Andrew Lux: One what Adam was referring to earlier and training up your team.

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00:22:52.950 --> 00:23:00.810
Andrew Lux: Also, what rick has been doing wonderfully for the Delaware schools and kind of what we bring to the table so it's not only helping you develop your Program.

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00:23:01.050 --> 00:23:08.790
Andrew Lux: Making sure that again we're kind of arming you with the playbook arming you with the templates and just working with you guys to personalize it.

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00:23:09.450 --> 00:23:17.820
Andrew Lux: But then also training you on the entire workflow making sure everybody set up that you have companions in case susie decides, you know what.

143
00:23:18.180 --> 00:23:26.460
Andrew Lux: it's been a long time i'm going to take some pto for a change, and decides to step away so making sure that not only your set for now.

144
00:23:27.030 --> 00:23:37.230
Andrew Lux: but also for the future and then it's again that technology and reporting back end so that way you guys are only required for what needs to happen on site.

145
00:23:37.680 --> 00:23:47.910
Andrew Lux: And, and what I want to bring up here is also it's not just sometimes the working procedures for testing but also everything that goes around into it, what about consent.

146
00:23:48.120 --> 00:23:57.660
Andrew Lux: and getting the forms electronically signed and getting those back into the system, so all of those intricate pieces really come with that component in that solution.

147
00:23:58.350 --> 00:24:04.410
Andrew Lux: inclusive again of the product and then finally it's our full service turnkey solution and that's really.

148
00:24:04.680 --> 00:24:11.640
Andrew Lux: us doing everything soup to nuts, from the very beginning, all the way through to the testing and all of that ongoing support.

149
00:24:12.000 --> 00:24:20.340
Andrew Lux: And it's something that we would FLEX up and down as needed if you were to say hey Andrew it's not just the tests, you know of our students and our staff.

150
00:24:20.700 --> 00:24:28.050
Andrew Lux: But now we have the sports season kicking off, and we have some high contact sports, or we have some indoor sports like basketball.

151
00:24:28.320 --> 00:24:37.290
Andrew Lux: Where they're not going to be able to wear masks during the game so it's what about those after hours pieces, because we have our school nurse who's great during the day.

152
00:24:37.650 --> 00:24:46.710
Andrew Lux: But after hours we don't have anybody we don't want to have our coaches trying to absorb another hat, or we may not have an athletic trainer available.

153
00:24:47.310 --> 00:24:53.970
Andrew Lux: So, really, in closing, we provide a multi tiered approach of different services that we bring to the table.

154
00:24:54.690 --> 00:25:02.550
Andrew Lux: Everything is kind of built from our playbook and set up for success there's many different customizations based upon the use case the size and scale.

155
00:25:03.270 --> 00:25:12.990
Andrew Lux: But all of it is is kind of a one on one discussion with you all, as the client, to make sure what's right for you, not only in service levels, but also from a cost standpoint.

156
00:25:13.470 --> 00:25:23.790
Andrew Lux: And with that i'll kind of close up and just say again, thank you all for joining, and thank you to my wonderful team for helping make all of this possible GG back to you.

157
00:25:24.630 --> 00:25:33.570
Gigi Gronvall: Thank you, thank you very much, thank you to all of you for for talking about this today and i'm going to ask a number of questions that have been put in the Q amp a.

158
00:25:34.290 --> 00:25:42.240
Gigi Gronvall: Please add to the Q amp a box and i'll get to as many of your questions as possible and i'm going to combine some of them to.

159
00:25:43.620 --> 00:25:50.730
Gigi Gronvall: I would be really nice to hear, so there are a couple questions about the test itself, I think, Adam may maybe you might want to clarify a little bit.

160
00:25:51.000 --> 00:26:01.470
Gigi Gronvall: of questions about whether you to conduct pool testing might be worth to say just a few more words about what the test actually actually is, and the individual nature of it.

161
00:26:02.910 --> 00:26:19.170
Adam Zerda: Right Thank you Judy I did see some questions around PCR as compared to antigen testing So these are two separate complimentary but but different testing approaches so PCR This is also known as molecular testing.

162
00:26:20.250 --> 00:26:38.400
Adam Zerda: Typically, most of those tests are send away tests, so you would have schools that would swap students and then send those samples away, you can do that, individually or in a pooled fashion, and I think GG you had somebody on a week or several weeks ago, talking about full PCR.

163
00:26:39.780 --> 00:26:45.420
Adam Zerda: Hopefully you have allowed very close to you and those results can be available, maybe the next day or the day after.

164
00:26:46.260 --> 00:26:56.100
Adam Zerda: Rapid on site testing gives you a result within minutes right so in the case of the bd very tour it's about a 15 minute time from the time you.

165
00:26:56.610 --> 00:27:07.320
Adam Zerda: drop the sample onto the cartridge till you can read it, and you have a result, so the benefit with that type of an approach is that you can have a result.

166
00:27:08.010 --> 00:27:16.140
Adam Zerda: For the students that you're testing we're screening in a classroom or in a gymnasium or in an auditorium really by the end of first period.

167
00:27:16.590 --> 00:27:26.820
Adam Zerda: One of the things that that I saw when we visited some of the schools in Delaware is that they go out of their way to screen everybody within.

168
00:27:27.420 --> 00:27:33.540
Adam Zerda: Especially within high schools were students rotate around classes to have everybody screen, by the end of first period.

169
00:27:33.960 --> 00:27:51.210
Adam Zerda: So that before students start to rotate around to their second period class or to their next class, you know somebody who tested positive simplifies contact racing immensely you can have an eagle eye view on students within that classroom and so, if somebody test positive, you can.

170
00:27:52.230 --> 00:27:55.920
Adam Zerda: go into that contact racing a little bit more confidence as to who's.

171
00:27:57.750 --> 00:27:59.490
Adam Zerda: been in contact with him.

172
00:28:00.570 --> 00:28:03.870
Adam Zerda: So hopefully that answered your question about full PCR.

173
00:28:05.790 --> 00:28:14.910
Gigi Gronvall: So absolutely so I have questions about some of the implementation, maybe the Delaware example can be first but.

174
00:28:15.450 --> 00:28:27.060
Gigi Gronvall: How long does it take to set set up a program i'm sure that if you were doing it over again, it would take you less time, but how long does it does it take, and if you could also talk about the consenting process as well.

175
00:28:28.350 --> 00:28:36.570
Richard Pescatore: Sure, I can jump in on that so once we sort of developed the framework of these programs, which took several weeks to make sure we had plenty of.

176
00:28:37.020 --> 00:28:47.610
Richard Pescatore: Stakeholders on board and that everybody was adequately informed about the processes most schools are able to identify testing personnel within a week or two and stand up their processes quite quickly.

177
00:28:48.180 --> 00:28:55.590
Richard Pescatore: So really what we're talking about overall from initiation to operational ization is probably about a week or two and the most significant.

178
00:28:55.890 --> 00:29:00.510
Richard Pescatore: arbiter of that is usually staffing identification training and implementation and staffing.

179
00:29:01.260 --> 00:29:16.680
Richard Pescatore: in Delaware this has been a mishmash of people have been hired directly for the purpose versus re appropriation of personnel toward testing so that's been that's the the overall limitation on implementation in the second question was one surrounding sorry.

180
00:29:17.640 --> 00:29:29.400
Richard Pescatore: consenting presenting obviously important, these are all minors, we worked with our department of education or Department of Justice to develop nothing more than a parental consent form which has kept on file.

181
00:29:29.820 --> 00:29:37.380
Richard Pescatore: Within the school nurses office and beyond that we've had no further issues, we are certainly looking at electronic consenting.

182
00:29:37.770 --> 00:29:46.560
Richard Pescatore: To make this a little more touch list and seamless but nothing more cosmic then a permission slip here and i'll defer to Andrew for further commentary there as well.

183
00:29:47.520 --> 00:30:03.000
Andrew Lux: No, and I think rick you're spot on there um you know part of what we bring is traditionally a template that has been personalized with our clients, not just a logo, but actually making sure that the language is adequate and apply specifically for the use case.

184
00:30:04.350 --> 00:30:15.930
Andrew Lux: And so, yes that's that's step one step two is really that he consent, making sure that, if possible, everybody gets it at their fingertips, so not only is it a quick.

185
00:30:17.070 --> 00:30:23.070
Andrew Lux: You know checkmark checkmark and consenting but also That way, you have the quick and easy.

186
00:30:23.640 --> 00:30:31.620
Andrew Lux: level to double check everybody's completed it there's not any outstanding and anybody who hasn't were properly following up with.

187
00:30:31.890 --> 00:30:39.120
Andrew Lux: So i'd say that's the key there to ensure everything is is accounted for and then, as it relates to standing up a program.

188
00:30:40.110 --> 00:30:46.590
Andrew Lux: For us, if it's something from an advisory perspective or train the train or or even the platform.

189
00:30:47.340 --> 00:30:54.480
Andrew Lux: I would say, I put two weeks on kind of the maximum side because we're starting, you know as if we need to start from scratch, but.

190
00:30:54.930 --> 00:31:01.110
Andrew Lux: we're finding more and more, some of our clients, have already been doing a lot of this due diligence and we can pull that timeframe on in.

191
00:31:01.860 --> 00:31:07.410
Andrew Lux: If we're manning the teams and putting boots on the ground, it really is that two to three week time frame.

192
00:31:08.100 --> 00:31:19.170
Andrew Lux: And i'd say the key driver, there is just helping solidify some of the key components, such as sizing of the schools and the logistics on the on the actual testing schedules.

193
00:31:19.680 --> 00:31:28.020
Andrew Lux: But again that's kind of the far end as if we need to start from scratch and then you know it comes in, based upon our clients availability.

194
00:31:29.250 --> 00:31:46.530
Gigi Gronvall: So I think I would still like a little more information about how how it gets implemented like how the tour works one test at a time So how do you manage to test all the students in by the end of first period How does that How does that work.

195
00:31:47.910 --> 00:31:54.870
Adam Zerda: Oh i'll speak to have we seen this operate in some schools and rick can speak to the specific Delaware example.

196
00:31:55.680 --> 00:32:05.940
Adam Zerda: So we have examples where some schools will swap students, as they coming off as as are coming off the bus and then immediately take those samples off and process them.

197
00:32:06.540 --> 00:32:25.620
Adam Zerda: separately his students go on to first period class obviously the samples need to be labeled right so on the cartoons here you've got some room to put in a name, date stamp timestamp so that when those 15 minutes past, you can simply slide it into the device and right.

198
00:32:27.030 --> 00:32:34.500
Adam Zerda: Obviously that scales, with the number of students that you're trying to process but, frankly, I was surprised at how.

199
00:32:34.980 --> 00:32:40.410
Adam Zerda: few resources it really need you really needed to run a program like this and then Greg can comment.

200
00:32:40.770 --> 00:32:49.470
Adam Zerda: More specifically, but when you looked at some of the schools that were running programs in Delaware is on the order of about three people per thousand or so.

201
00:32:50.400 --> 00:33:02.580
Adam Zerda: Individuals being tested some of those are color coded classes, but it's frankly surprising and how how simple that program might be to stand up and operate over the course of the day.

202
00:33:03.750 --> 00:33:20.730
Gigi Gronvall: So the clear waiver is not necessary to use the test, but, but the staffing there's no special training beyond learning how to you know, being able, like there's no certificate that's required for people to use the this test Is that correct.

203
00:33:21.270 --> 00:33:29.820
Adam Zerda: No, so let me I didn't see that question in the chat the bd very tour is a clear waived test, so you do need a clear waiver of certificate.

204
00:33:30.480 --> 00:33:41.100
Adam Zerda: Some States have taken different approaches to to that clear waiver process as rick mentioned in Delaware each school needs to have needs to apply for that clear waiver.

205
00:33:41.910 --> 00:33:50.010
Adam Zerda: across the country most states have prioritized processing those clear certificates for clear waivers for covert testing.

206
00:33:50.640 --> 00:34:01.860
Adam Zerda: In some States blanket waivers have been made available to make this as easy as possible but yeah the FDA considers as a moderately complex test and so clear waiver is required.

207
00:34:02.370 --> 00:34:12.690
Gigi Gronvall: mm hmm so i'm in beyond Delaware maybe delegating combat as as well, but you're just if you're just starting in another state.

208
00:34:13.380 --> 00:34:26.280
Gigi Gronvall: Is this something that goes to the through public health or does the legislature need to approve such a venture, you know how do you how do you go about it, maybe if you're a school administrator How would you go about setting this up.

209
00:34:27.540 --> 00:34:38.220
Adam Zerda: So i've seen a number of examples, so the example in delaware's one that i've been calling camp a top down it's not a centralized approach, far from it.

210
00:34:38.610 --> 00:34:51.960
Adam Zerda: As rick mentioned schools or opt into the program, but what we can in the state of Delaware have done is make it as easy as possible for schools to update purchase the tests and then distribute them to schools that want to conduct testing.

211
00:34:52.980 --> 00:34:56.550
Adam Zerda: Other states have have gone more of a decentralized approach.

212
00:34:57.150 --> 00:35:08.910
Adam Zerda: With the funding that's been coming from the Biden administration recently to support mass testing in schools, some states have said look, this is up to individual school districts to pursue on their own.

213
00:35:09.510 --> 00:35:22.560
Adam Zerda: So in that case I would encourage the superintendent's who are on the call here to reach out to your county health department, maybe to your State Department of Health and understand what that program looks like you may be.

214
00:35:23.610 --> 00:35:30.270
Adam Zerda: free to purchase or to pursue your own approach or the state may be recommending a particular approach.

215
00:35:31.110 --> 00:35:42.030
Adam Zerda: But generally speaking, when we were speaking with the CDC recently, they were asking about what what what have we seen across the country in terms of these programs.

216
00:35:42.720 --> 00:35:54.300
Adam Zerda: universally I think one of the things that schools are seeking is an easy, as far as as possible process, you know I think schools very familiar with testing.

217
00:35:54.870 --> 00:36:09.060
Adam Zerda: But not this kind of tested right number two testing, yes, this kind of testing is form it's you know, the thing that state leaders can do to make that process as simple as possible as rick has done in Delaware is very welcome.

218
00:36:11.040 --> 00:36:20.100
Gigi Gronvall: And there are some questions about how and that's probably going to depend on the on the school and the state, but about how federal funds.

219
00:36:20.460 --> 00:36:35.670
Gigi Gronvall: will work when it comes to using them for testing, do you have any more thoughts on how like does, are you getting funds directly or the school is going to get funds and and then you know they will be able to to you know implement the Program.

220
00:36:36.600 --> 00:36:41.700
Richard Pescatore: I can, I can jump in there, so certainly every state has received by this point.

221
00:36:42.180 --> 00:36:51.240
Richard Pescatore: Increase in their llc funding from CDC to support testing and the K through 12 space, and I believe that the final grant justifications are do.

222
00:36:51.660 --> 00:36:59.160
Richard Pescatore: And like a couple minutes or something, but ultimately states will identify what they do with those funds with 85 funds.

223
00:36:59.850 --> 00:37:15.150
Richard Pescatore: directed specifically at increasing jumpstarting testing within the K through 12 space, whether that be rabbit antigen testing pulled PCR testing or some other iteration of surveillance or i'm sorry screening testing within schools.

224
00:37:16.380 --> 00:37:21.270
Richard Pescatore: There are different ways that states can go about this, whether it be contracting directly with a testing provider.

225
00:37:22.230 --> 00:37:30.810
Richard Pescatore: Much like what Andrew represents, whether this be the allocation of funds down toward schools and school districts, for them to take on this challenge by their own.

226
00:37:31.260 --> 00:37:36.750
Richard Pescatore: Or, whether this be allocation of funds for an entirely different aspect, I agree with everything Adam said.

227
00:37:37.170 --> 00:37:52.650
Richard Pescatore: With respect to superintendents and school administrators reaching out to their local and state health authorities it's very likely that within the next few days, two weeks opportunities for identification of highly increasing screening testing within schools will be saw.

228
00:37:54.510 --> 00:38:12.420
Gigi Gronvall: Thank you how, how are you going to handle a vaccination so it's going to be a while before K through 12 K through 12 is eligible to get vaccine, but are you going to keep vaccinated people in the testing protocols.

229
00:38:12.840 --> 00:38:21.300
Richard Pescatore: No there'll be removed so consistent with CDC protocols, we will remove fully vaccinated individuals from screening testing algorithms.

230
00:38:21.540 --> 00:38:27.420
Gigi Gronvall: mm hmm and that should that should help for as far as workflow flow goes but.

231
00:38:28.410 --> 00:38:40.830
Gigi Gronvall: There are questions about like so i'll read it directly is the very tour time test time sensitive in terms of waiting time to process the swab so you know once people swab their noses.

232
00:38:41.220 --> 00:38:49.320
Gigi Gronvall: Is there is, does the clock start then or does o'clock start once you start the processing, to be able to put it into the cartridge.

233
00:38:50.670 --> 00:38:58.080
Adam Zerda: So try to keep it as simple as possible that there's several clark's so once you swallow the sample there is a.

234
00:38:58.530 --> 00:39:09.420
Adam Zerda: certain amount of time that you need to process that sample most often what happens is schools will immediately take that swab process it in the reagent and drip it onto onto the cartridge.

235
00:39:09.900 --> 00:39:20.340
Adam Zerda: And then you need to wait 15 minutes, so that allows this cartridge this test strip to process the sample and give you a result or start to.

236
00:39:21.600 --> 00:39:25.200
Adam Zerda: provide a result on the face of the cartridge and that point, you can read it.

237
00:39:26.130 --> 00:39:33.150
Adam Zerda: You should not wait too long, and this is true for all antigen tests along the way there's continuing chemistry that's happening.

238
00:39:33.390 --> 00:39:43.260
Adam Zerda: And so, in our case, what we recommend is that those tests be read within 30 minutes of that process, but again most schools, want to have that result as quickly as possible.

239
00:39:44.010 --> 00:39:50.730
Adam Zerda: All of that information is online and our instructions for use and encourage you to go to the website for more details.

240
00:39:51.690 --> 00:40:02.220
Gigi Gronvall: How about diagnostic versus surveillance testing, so this is a program to basically try and see if you can find a symptomatic coven.

241
00:40:02.790 --> 00:40:17.850
Gigi Gronvall: People who have covered, but are asymptomatic are in school if somebody has some of the symptoms of coven would they still be part of this testing methodology or would they be sent home and asked to take another test or How does that work.

242
00:40:18.510 --> 00:40:21.300
Richard Pescatore: I can certainly come in on delaware's approach to that.

243
00:40:21.840 --> 00:40:30.390
Richard Pescatore: rabbit incident tests are of course a useful diagnostic adjunct for the rapid identification of symptomatic covidien is in fact the best implementation of those tests.

244
00:40:30.630 --> 00:40:38.250
Richard Pescatore: Whoever, at least in how we've implemented this testing in Delaware it's restricted reserved solely for asymptomatic individuals and in screening testing.

245
00:40:38.430 --> 00:40:50.640
Richard Pescatore: And so, really, the way we justify it is anybody with symptoms shouldn't be in school anyway, and should be taking advantage of our Community testing, which, in our Community testing, we have both PCR and antigen testing available for Delaware.

246
00:40:51.660 --> 00:41:07.380
Gigi Gronvall: mm hmm yes, hopefully, that that the trend to keeping the kids at home will will continue, you know, in the past, once we're done with with the the covert experience that that will continue how.

247
00:41:08.580 --> 00:41:14.970
Gigi Gronvall: Do people opt out, as there are some you know the consenting process is you already described, but is there.

248
00:41:15.300 --> 00:41:25.170
Gigi Gronvall: There are a lot of people who are parents who want don't want to be part of this or their schools that have been resistant to it, and he talked a little bit about you know how to get people on board.

249
00:41:26.610 --> 00:41:32.100
Richard Pescatore: yeah i'm sure there's room for a national perspective on this speaking a little bit about hometown here.

250
00:41:32.400 --> 00:41:44.850
Richard Pescatore: we've not seen tremendous hesitancy with uptake of testing in schools where we did see some was rapidly overtaken quite quickly once the efficacy and safety of the program was witnessed by parents and students.

251
00:41:45.360 --> 00:41:52.350
Richard Pescatore: Our initial uptake in schools, was somewhere around the 50 to 60% of students in each school participated in the swapping.

252
00:41:52.830 --> 00:41:59.850
Richard Pescatore: But that is since escalated to my understanding about 85% of students across the schools that we've implemented in testing engaged in this.

253
00:42:00.450 --> 00:42:09.330
Richard Pescatore: we've had differences in how schools implement this as well, some schools have a little bit of a stick attached to the testing, whereas testing of some sort is required on a weekly basis.

254
00:42:09.720 --> 00:42:16.530
Richard Pescatore: And, whether that be submission of a Community PCR antigen test or engagement in the school testing process.

255
00:42:17.100 --> 00:42:24.090
Richard Pescatore: Many parents quickly identified that engagement in the school testing process meant less trips in the minivan to the local testing site.

256
00:42:24.660 --> 00:42:37.620
Richard Pescatore: But where we've not seen any character sticks implemented, we continue to see relatively good uptake probably because of a relatively low incidence of positive tests, overall, as well as a relatively.

257
00:42:38.370 --> 00:42:45.720
Richard Pescatore: Reinforced contact tracing apparatus that makes sure that our cases are kept to a minimum, within our school setting.

258
00:42:46.950 --> 00:42:57.540
Gigi Gronvall: mm hmm that's great well here's a question just to kind of you know, provide some overall perspective, as may be our last question would.

259
00:42:58.110 --> 00:43:08.430
Gigi Gronvall: I could all of you just address what you think are the critical aspects of a successful program and take this in a direction that you would like Adam do you want to start.

260
00:43:09.150 --> 00:43:12.540
Adam Zerda: going to restart since he's got the first person experience and everything.

261
00:43:13.590 --> 00:43:13.920
Gigi Gronvall: Okay.

262
00:43:14.670 --> 00:43:18.630
Richard Pescatore: Yes, sure you know, cooperation across all the different.

263
00:43:19.140 --> 00:43:27.840
Richard Pescatore: financial planning folders here are is critically important there's a health aspect to this as an education aspect to this there's behavioral and parental aspects to this as well, and having everybody.

264
00:43:28.530 --> 00:43:41.490
Richard Pescatore: on board and Community members engaged in this process from early on, is a critical component to success from there, I would say that the largest sort of activation energies the hardest parts of these are staffing and reporting.

265
00:43:42.420 --> 00:43:51.810
Richard Pescatore: As Adam mentioned we've identified somewhere between two and three fts per thousand testes is a good place to start in your mind about how much cast staffing this takes.

266
00:43:52.050 --> 00:43:57.270
Richard Pescatore: But a large part of that staffing is not the testing because, again, the students are doing, most of the work for you, before you.

267
00:43:58.440 --> 00:44:12.720
Richard Pescatore: Before you place the specimen on the lateral flow me know I say, but the hardest part of this is usually reporting to the State and so automation of that in any way is a huge way to simplify this and make sure that it's implemented a little more easily.

268
00:44:15.030 --> 00:44:28.920
Adam Zerda: that's one of the two things i'd add agreed from what i've seen right we haven't we don't run these tests of schools do in a case of Delaware but from what we've observed that communication training pieces is critically important.

269
00:44:30.090 --> 00:44:38.220
Adam Zerda: I think more than you're one of the things that I would add, is you want something that is very simple right, as I mentioned before.

270
00:44:38.670 --> 00:44:42.780
Adam Zerda: Testing in schools it's not something that school administrators.

271
00:44:43.560 --> 00:44:49.350
Adam Zerda: School administrators thought that they would be doing a year and a half ago right, this is, this is something that we're.

272
00:44:49.770 --> 00:45:01.230
Adam Zerda: being asked to step up and do now so as simple as possible, we certainly believe that a digitally read say something that is very simple to interpret helps in that regard.

273
00:45:01.680 --> 00:45:09.960
Adam Zerda: And can be done on site, you have a result immediately, you can act on it so that's one on the reporting piece rick is right.

274
00:45:10.650 --> 00:45:16.080
Adam Zerda: That you not only dd to result read the result and know what that result is and act on it.

275
00:45:16.860 --> 00:45:28.710
Adam Zerda: The state is also asking that these tests be reported and that can take some time and so we've been working on a bd is a companion APP or what we have developed now and is available as a companion APP.

276
00:45:29.220 --> 00:45:45.480
Adam Zerda: That works with the bd very tour, so if i'm testing a student or if i'm testing a staff member or a teacher, I can immediately result report that result and i'll know that she has consented I know where I am in which school and I know.

277
00:45:47.100 --> 00:45:59.310
Adam Zerda: That sent immediately, and so you don't have to ask people after the fact, to go back into a room and try to decipher notes on the memo pad let's try and make it as simple as possible right.

278
00:46:00.420 --> 00:46:09.240
Andrew Lux: And then i'll i'll kind of build off of Adam there a little bit and and obviously agree with both what rick said and Adam said it's spot on on all of it.

279
00:46:09.900 --> 00:46:21.030
Andrew Lux: But on that simplistic element also getting allowing it to be something that you can get into a routine i'm testing by nature, many will think coming in, is disruptive.

280
00:46:21.540 --> 00:46:30.360
Andrew Lux: it's taking them away from learning so, the more we can not only make it simple but repeatable so that way everybody knows oh it's Monday.

281
00:46:30.840 --> 00:46:38.370
Andrew Lux: First period it's my time to get tested so that way it's routine everybody can expect it and then it's just an even smoother throughput.

282
00:46:39.090 --> 00:46:48.570
Andrew Lux: process, so I think that's part of it on one kind of the user experience side and then to kind of carry that through on the reporting and.

283
00:46:49.050 --> 00:46:54.990
Andrew Lux: Is realizing that we've been talking about a lot the bd and if a confirmatory PCR is needed.

284
00:46:55.620 --> 00:47:05.280
Andrew Lux: But, making sure that that piece, if possible, is integrated and then not only sending those results out to the state, but also turning around and arming the individuals.

285
00:47:05.820 --> 00:47:15.150
Andrew Lux: Because a lot of times with the clients we work with you know we everybody's thinking about the compliance stay reporting, but always forgets wait I just got.

286
00:47:15.540 --> 00:47:26.550
Andrew Lux: 10 questions already from a person stopping that Bible what was my result what was my result, so making sure that you don't forget the user element side of this or the individuals that were testing.

287
00:47:27.090 --> 00:47:36.510
Andrew Lux: to making sure that they're also armed in a part of this from an outlook perspective, but just to recap, I think all three of ours communication.

288
00:47:37.020 --> 00:47:52.140
Andrew Lux: clear and straightforward, making sure all stakeholders are included, keeping it simple keeping it something that can be repeatable and then making sure that you have a plan for reporting and making sure again or checking all of those boxes.

289
00:47:53.400 --> 00:47:59.250
Gigi Gronvall: Thank you that's excellent it really shows just I mean it's testing is going to be with us for some time and.

290
00:47:59.640 --> 00:48:10.590
Gigi Gronvall: And this is really important, not only to keep the school safe but and keep students safe but also you know their family members and their caregivers so it's it's really important.

291
00:48:11.010 --> 00:48:18.390
Gigi Gronvall: And thank you for offering your thoughts and giving advice to people and and answering questions.

292
00:48:19.140 --> 00:48:35.460
Gigi Gronvall: I encourage everybody to visit our coven 19 testing Toolkit to learn more about considerations for developing a testing strategy, and please look for information soon about our next webinar and we look forward to seeing you then Thank you again to our panelists.

293
00:48:36.930 --> 00:48:37.440
Adam Zerda: Thank you.

294
00:48:38.550 --> 00:48:38.970
Thanks.