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# PED Surveillance Testing for COVID-19

## Saliva-based, In-home (In-school) Testing

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# Current requirements and Pilot Program

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If providing hybrid instructional model

- At least 5% of on-site staff each week must be tested
- Must use PHO testing site or arrange with PHO for an alternative

Pilot Vault program may be used in lieu of PHO test sites

- Program is available now through 12/28
- Follows same requirement as PHO testing programs (5% per week)
- Pilot program will transition to required surveillance testing on 1/4.

# New Testing Requirements (beginning 1/4/20)

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Surveillance testing for schools will be through Vault saliva-based testing;

All schools that have students on campus (for the hybrid instructional model, for full re-entry (when allowed), for special education small group instruction, for athletics or for other purposes) will have all staff that regularly visit the campus participate in 10% weekly surveillance testing;

Two weeks of surveillance testing at 10% are required prior to the start of any in-person student services (including small group instruction, athletics, activities, etc...).

# Implications

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No in-person student services weeks of 1/4 and 1/11

- Including athletics, hybrid instruction, small group instruction, etc...

First in-person student services may begin on January 18

Beginning surveillance testing earlier does not change the time frame for in-person student services, but beginning later does

For any week in which any in-person student services are being provided, surveillance testing is required at 10%

Any school/district staff that do not work remotely should participate in the 10% surveillance testing (if an individual has tested positive, he or she should not be tested again for 90 days from his or her last positive test).

# Vault Overview

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District or charter school emails [ashley.Garcia@state.nm.us](mailto:ashley.Garcia@state.nm.us) and [gregory.frostad2@state.nm.us](mailto:gregory.frostad2@state.nm.us) to request the number of test registration links needed for the next month or two.

Ashley will email back with the requested links.

District or charter school emails the links out to staff who will participate in surveillance testing.

Staff order the test/receive the test kit via overnight UPS/login to Zoom to take the test/ship the test back via prepaid overnight UPS.

Staff receive results with 48 hours of shipment.

# Benefits

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Free – though insurance information is required

Fast (total process as fast as 48 hours; avg test taking to results 1.7 days)

Convenient (no waiting in lines)

Email notifications (on ordering/on lab receiving specimen/on results)

Non-invasive (spit in a tube)

Can be completed at home or at school

Test kits can be ordered ahead of time

Collected specimens are good for up to five days

# Bummers

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Blue cross blue shield is not a listed insurance option when registering

- Select other and enter BCBS insurance information

Some browsers/computers may have difficulty with ordering process

- Use different browser or computer as available

Pictures of insurance card and ID are part of the process

- Hold cards up to video camera on computer to take the pictures or register with your phone

Not everyone has easy access to UPS shipping

- Use whatever works best for your situation
  - Scheduling school pickups
  - Having staff drop off packages independently at a local UPS site
  - Other local access options for UPS

# Exceptions to Vault Testing

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In instances in which a school and community have no access to UPS shipping services, alternate arrangements are to be made through Ashley Garcia ([ashley.garcia@state.nm.us](mailto:ashley.garcia@state.nm.us)).

Scheduled UPS pickups at the school site may be an option. In this case, staff should be encouraged to test on the same day as the scheduled pickup(s).

Please consider all possible options prior to seeking alternate arrangements.



# Requesting Registration Links

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Request the number of testing kits needed to meet surveillance testing goals via email at [ashley.garcia@state.nm.us](mailto:ashley.garcia@state.nm.us)

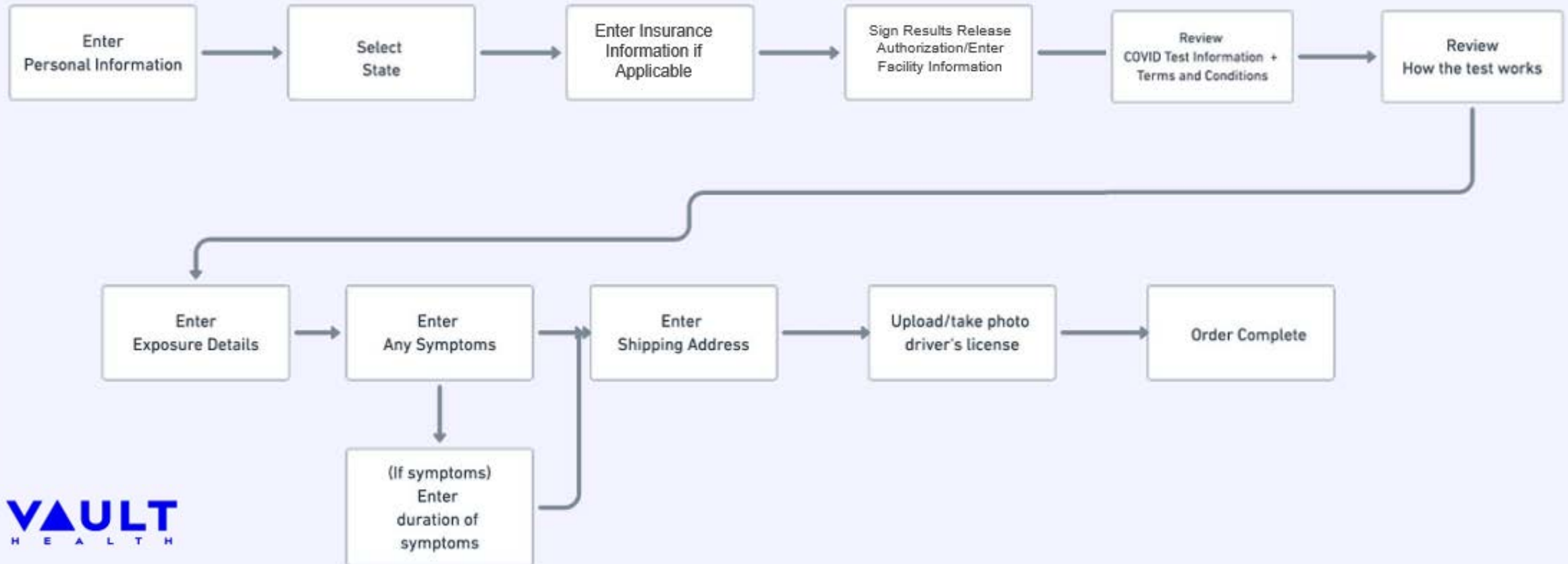
All links will be emailed to the requestor

LEA will distribute unique links to individual users requiring a test

# Ordering a Test

Use the unique voucher link provided to you to order an at home, saliva-based COVID-19 test through Vault.

Once you have reached the site, use the drop-down in the upper right hand corner of the website to access other language options.





**VAULT**  
**Tell us about you**  
In order to send you a test, we need to know about who it's for.

Already have an account with Vault? [Log In](#)

FIRST NAME  
John

LAST NAME  
Doe

PHONE  
(999) 123-4567

DATE OF BIRTH  
01/01/1970

**Sex**

Male

Female

Decline to identify

**Select race**  
We ask this for reporting purposes.

Block or African American

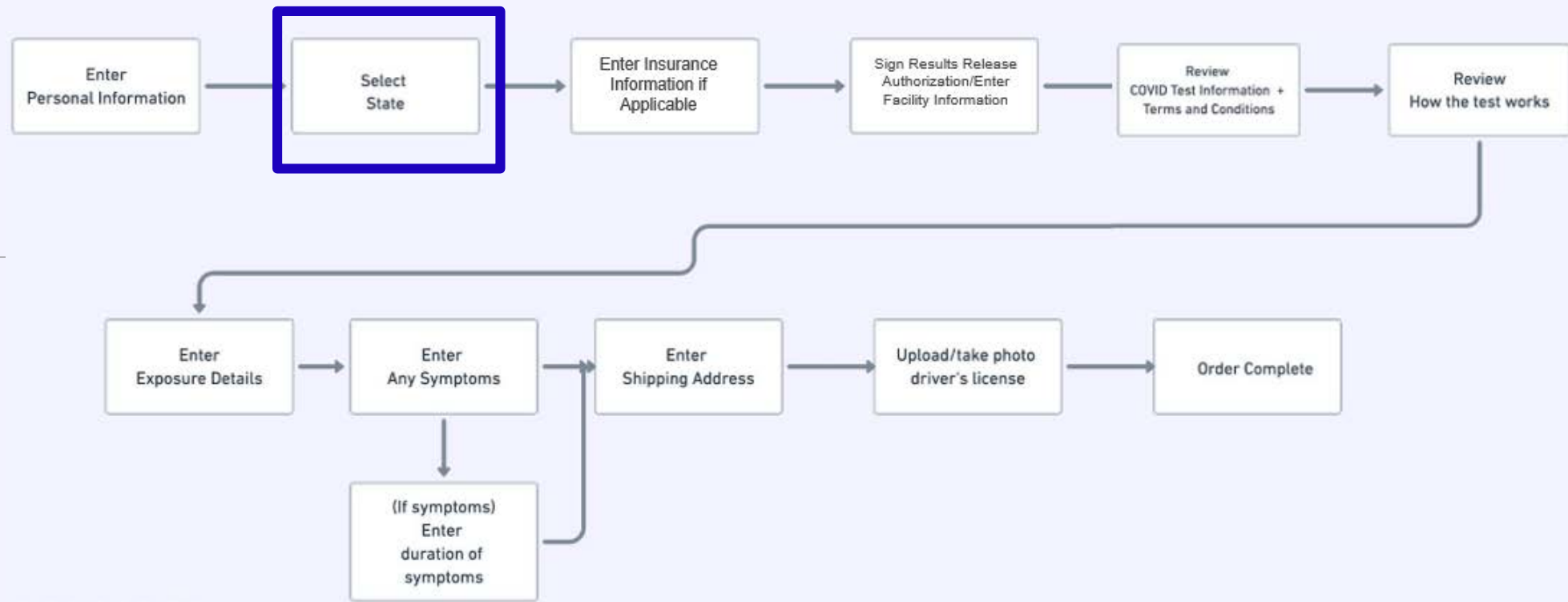
**Create Account**

EMAIL  
johndoe@acme.com

PASSWORD  
\*\*\*\*\*

Password must be at least 8 characters, contain one number and one letter.

**NEXT**



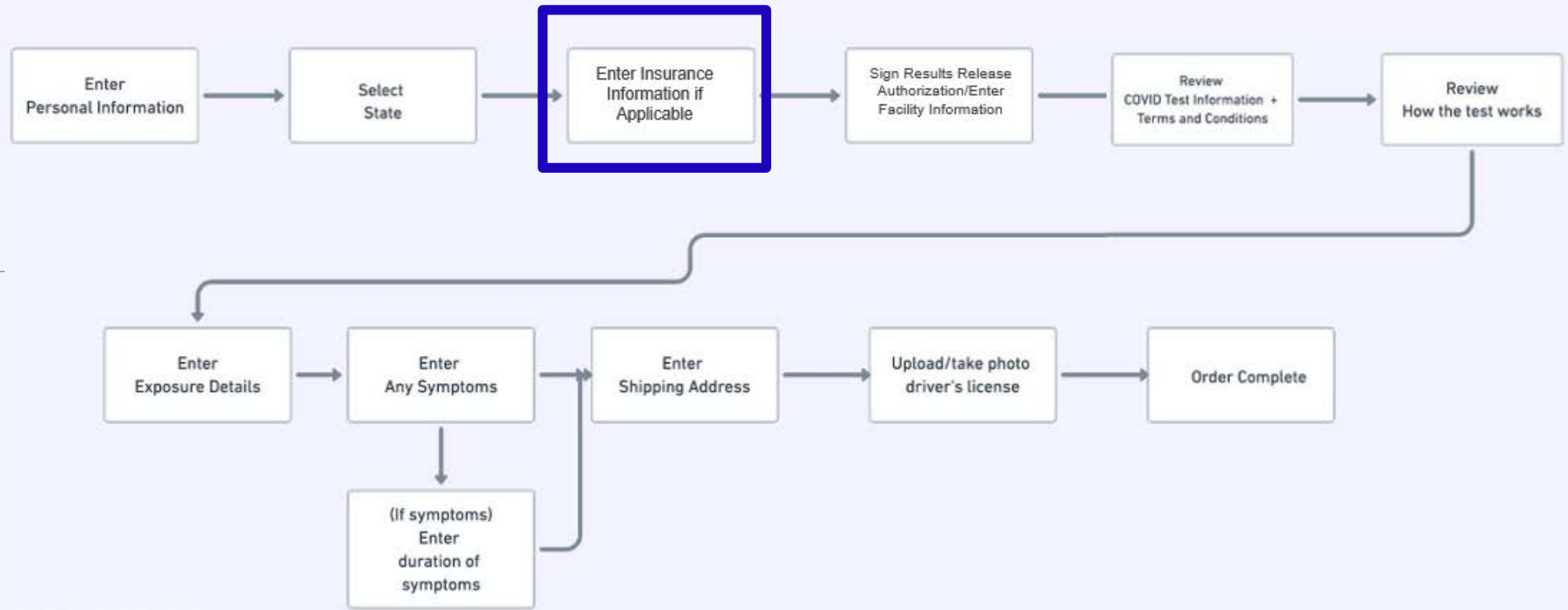
**VAULT**

breanna.henley@state.nm.us

## Where would you like your testing kit shipped?

We can currently supervise tests in most (but not all) states.

New Mexico



If you have any form of insurance, please provide the information to Vault during this part of the registration process. If you have no form of insurance coverage, select “No” to proceed.

**VAULT**  
breanna.henley@state.nm.us

**Do you have medical insurance?**

If you are covered by commercial insurance, Medicare, or Medicaid, please select “Yes”. If you do not have any form of medical insurance, please select “No”.

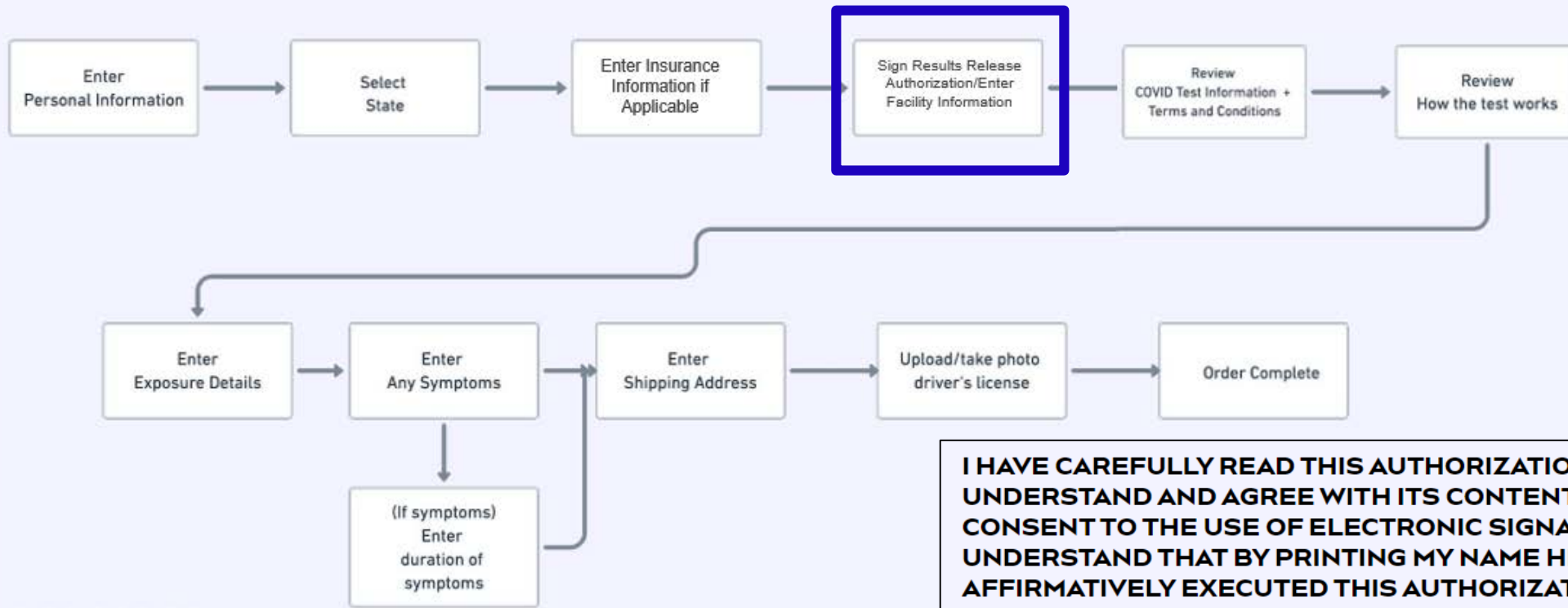
**VAULT**  
breanna.henley@state.nm.us

**Who is your insurance carrier?**

Please provide insurance details for the person who will be using this test kit.

Insurance Carrier

[I don't see my insurance provider](#)



This is a key part of the registration process. Please provide the school name, address, and city for your employer and sign your name on the results release authorization so PED can promptly conduct a rapid response in the event your result is positive.

**I HAVE CAREFULLY READ THIS AUTHORIZATION AND FULLY UNDERSTAND AND AGREE WITH ITS CONTENTS. I EXPRESSLY CONSENT TO THE USE OF ELECTRONIC SIGNATURE AND UNDERSTAND THAT BY PRINTING MY NAME HERE, I HAVE AFFIRMATIVELY EXECUTED THIS AUTHORIZATION.**

Example School, 1234 5th St NW, A

School Name, Address, City

John Doe |

Please type your name above to sign

**V▲ULT**

breanna.henley@state.nm.us

## Results Authorization

Please sign this HIPAA Authorization to disclose healthcare information.

## Vault COVID-19 Test Kit

Before starting this form, there are a few things you should understand about this COVID-19 testing kit:

**This is not a “do-it-yourself” at-home test.**

**This kit will only test you for COVID-19 at the time that you give your sample. It is NOT an antibody test.**

It does not determine whether you have had COVID-19 in the past or have developed antibodies for COVID-19. It is also possible you may become exposed and develop COVID-19 after you provide your sample.

**Vault only provides testing for COVID-19.**

We do not provide treatment or medical recommendations beyond what the CDC advises. Your report will come with general recommendations for next steps depending on your results.

**This test requires a saliva sample.**

The kit will include a test tube in which to put your sample.

**Your test will not be processed unless you provide your sample (i.e. spit into the tube) under remote supervision (via a [Zoom video call](#)).**

Once you receive your kit, you must not open the tube until you are face to face with a Vault test supervisor (via a [Zoom video call](#)).

**We are required to report all verified cases of COVID-19 to the applicable health authority in your state.**

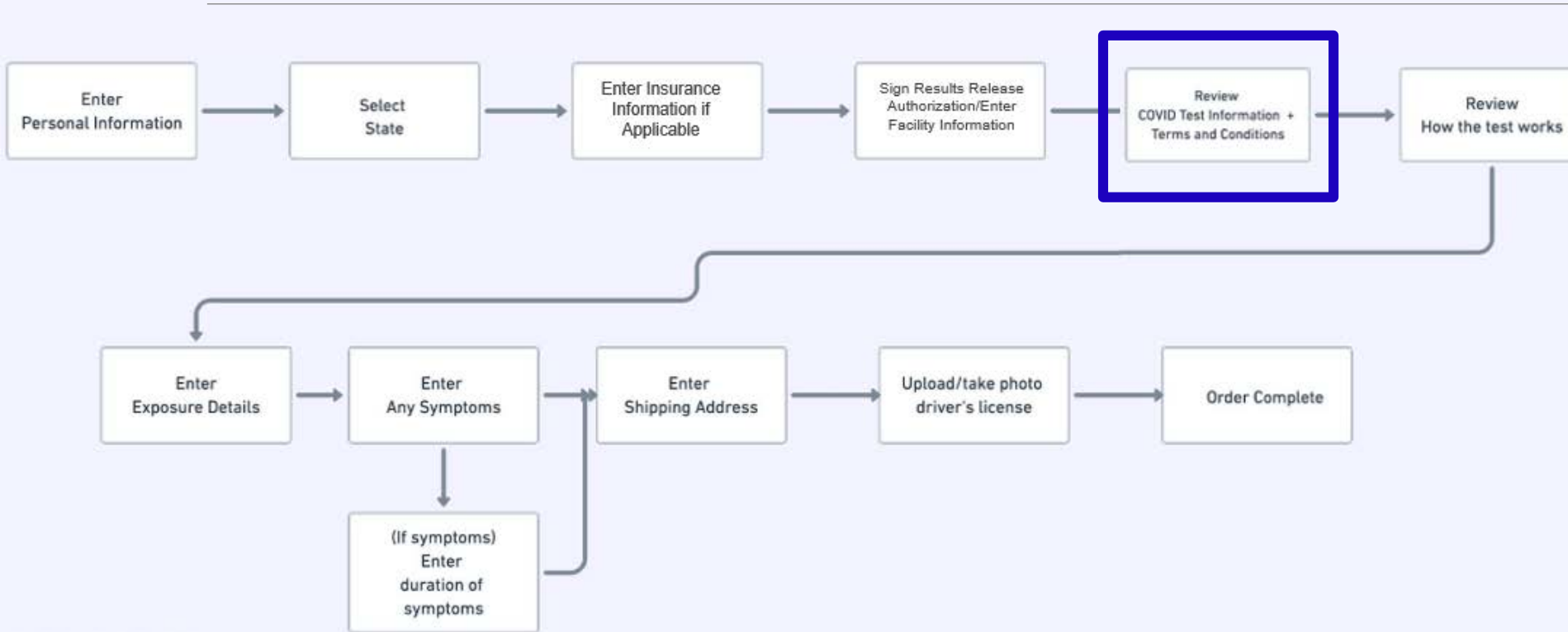
This means that we are required by law to report your test result, and certain other pieces of information such as your age, sex, and address.

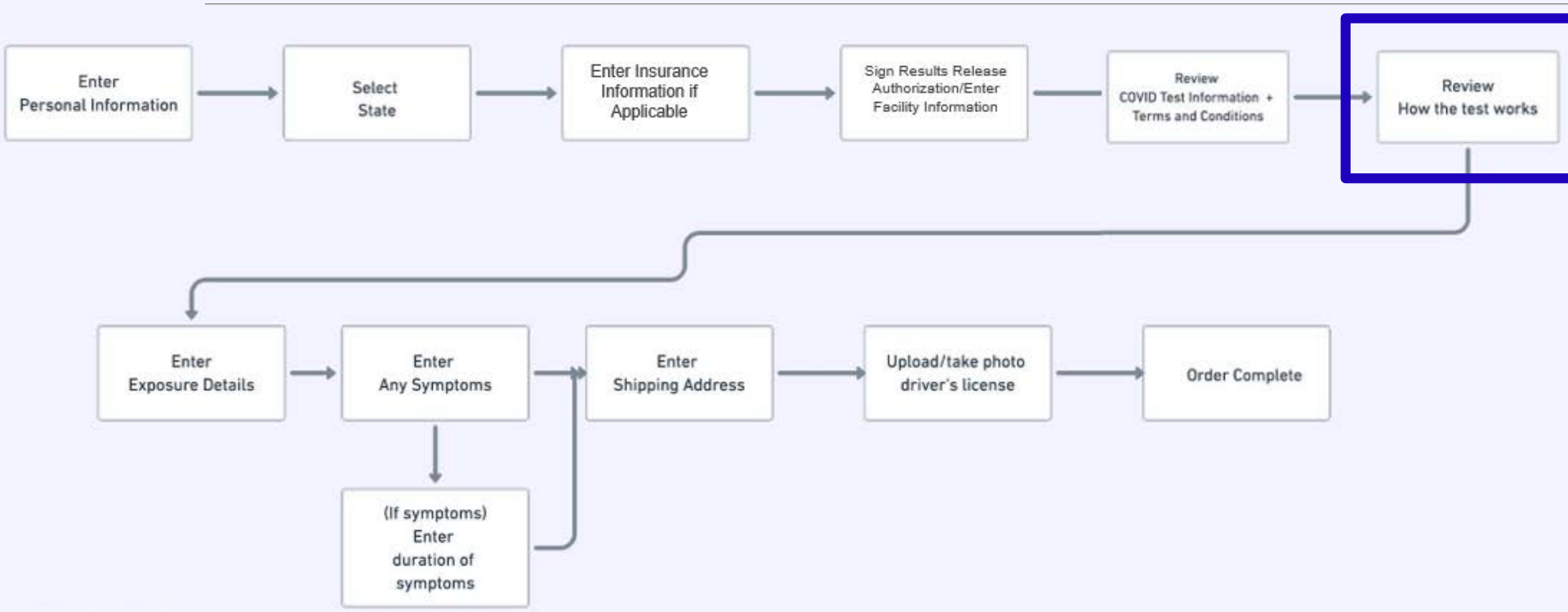
**Our process is designed to limit person-to-person contact and the spread of the virus.**

This is done to encourage responsible social-distancing practices and reduce your physical contact with others.

By clicking here, I would like to receive my results by email. I am aware that these are not secure means of communication and that there is a risk that my protected health information could be accessed by unauthorized third parties.

By clicking here, I understand and agree to statements in the page above and the Terms and Conditions.





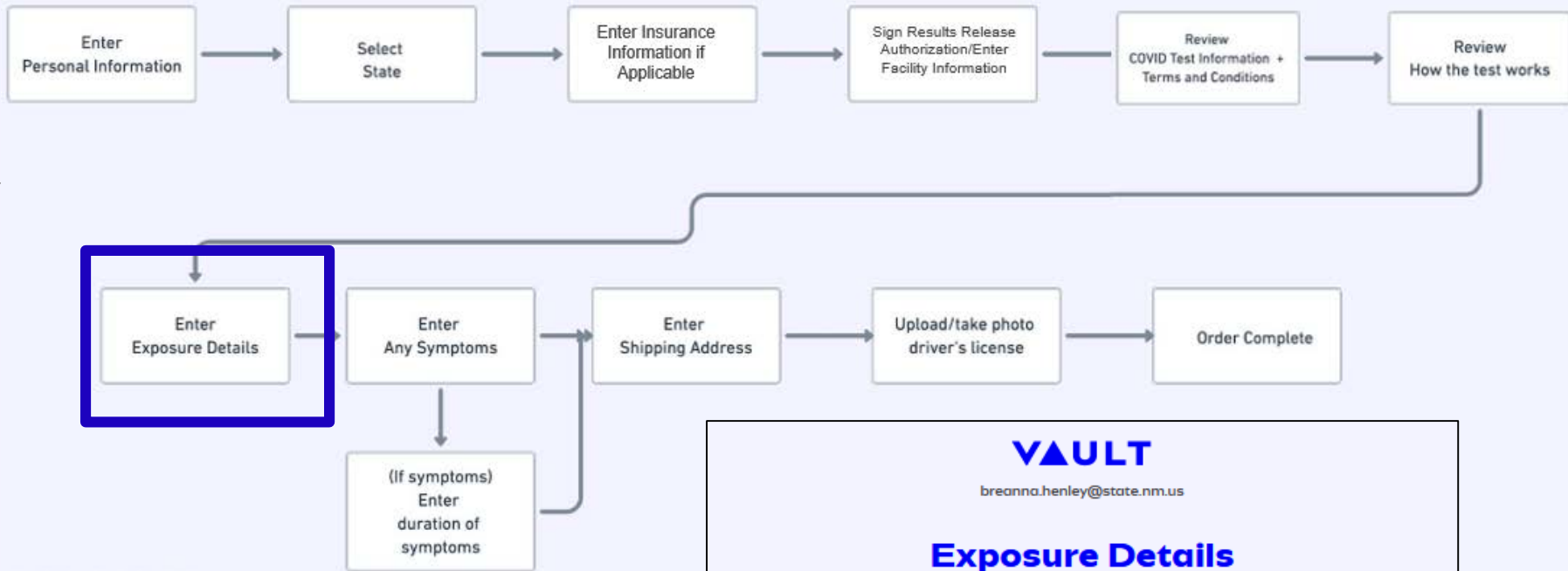
**VAULT**

breanna.henley@state.nm.us

**How the test works**

- 1 ORDER YOUR KIT**
- 2 GET YOUR KIT**
- 3 COLLECT YOUR SALIVA**  
(REMOTELY SUPERVISED VIA ZOOM VIDEO CALL)
- 4 SHIP THE KIT BACK** (USING PROVIDED SHIPPING LABEL)
- 5 GET YOUR RESULTS IN 48 - 72 HOURS** (AFTER YOUR SAMPLE ARRIVES AT THE LAB)





**VAULT**  
breanna.henley@state.nm.us

### Exposure Details

**Have you been exposed to anyone who has been confirmed to have COVID-19?**

**YES** / **NO**

If you have been in physical contact with someone you know has (or has had) COVID-19, please select yes.

**Have you potentially been exposed to someone with COVID-19?**

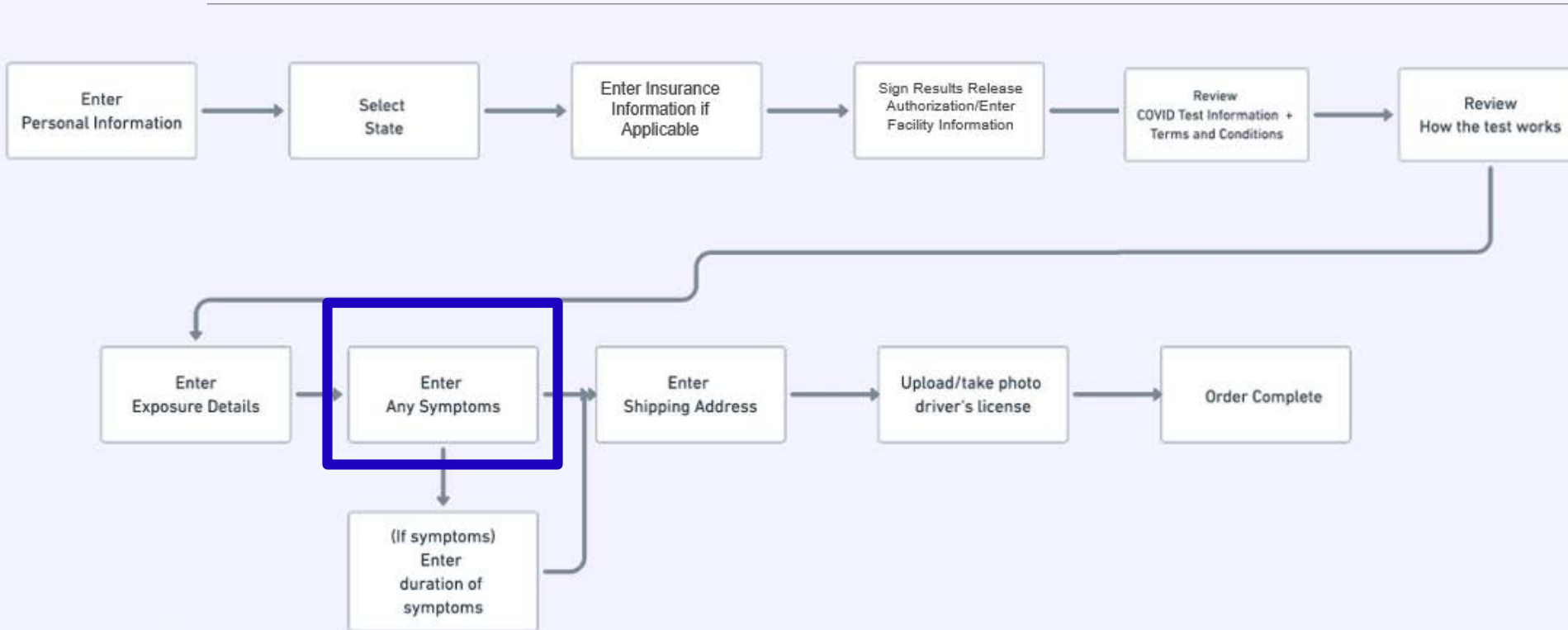
**YES** / **NO**

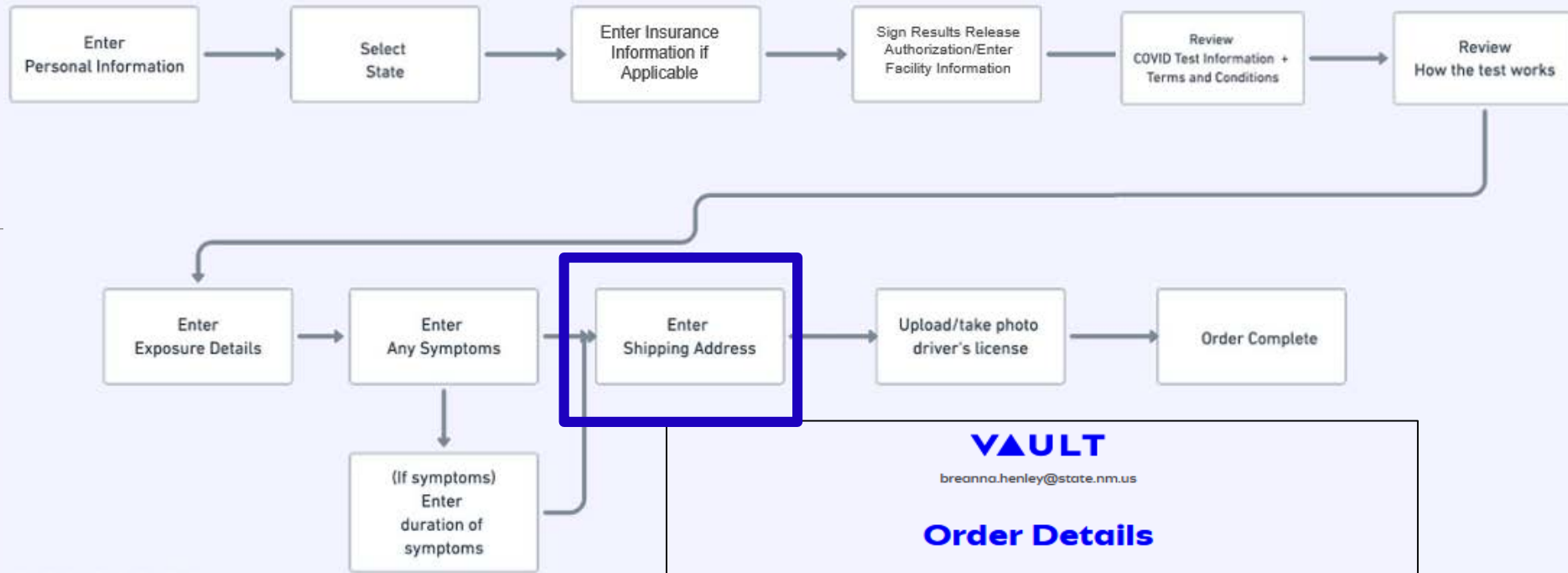
If you have visited a location where you believe individuals who have (or have had) COVID-19 may have been, please select yes.

## Are you experiencing any symptoms of COVID-19?

Check all that apply:

- Fever
- Dry cough
- Shortness of breath or difficulty breathing
- Fatigue
- Loss of sense of taste/smell
- Diarrhea
- Nausea/Vomiting
- Generally not feeling well
- Muscle aches
- Chills
- Headache
- Sore throat
- Purple / blue discoloration of one or more toes
- No symptoms





**VAULT**  
breanna.henley@state.nm.us

### Order Details

#### Shipping Address

Enter the address where you would like us to send your testing kit.

First name

Last name

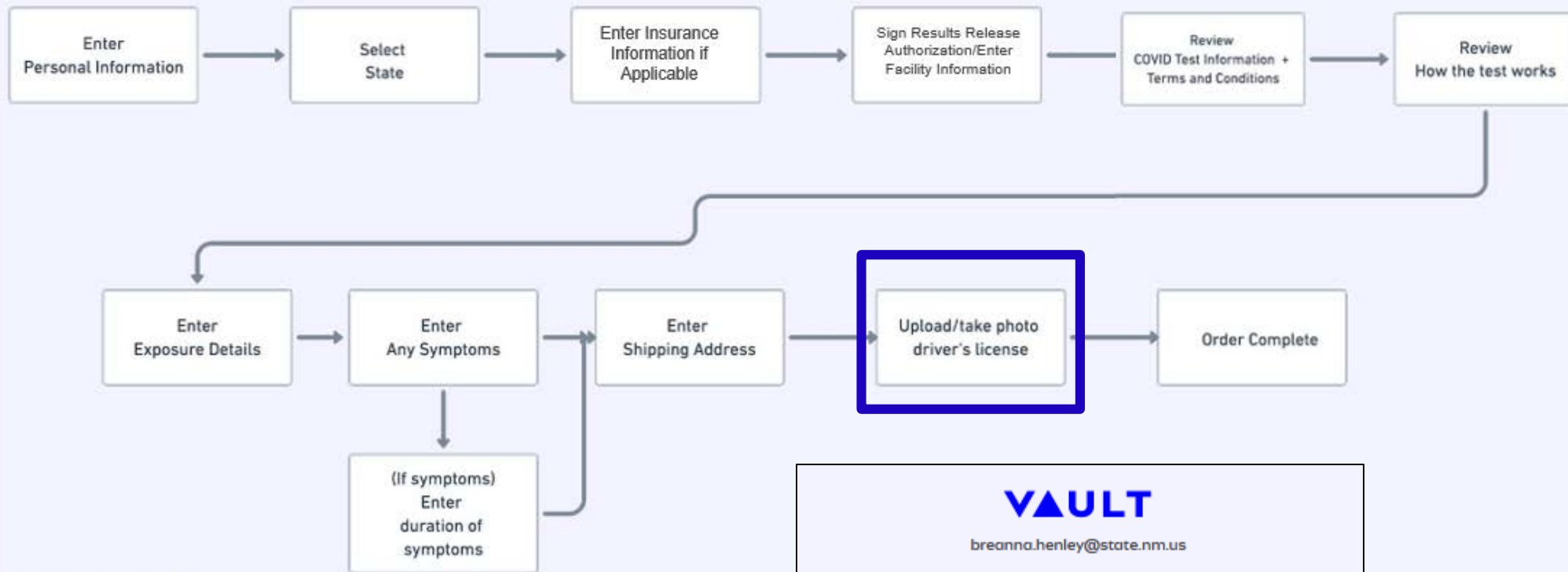
Address

Address 2

City  State  ZIP code

Phone Number

**All treatments include expedited shipping.**



**VAULT**  
breanna.henley@state.nm.us

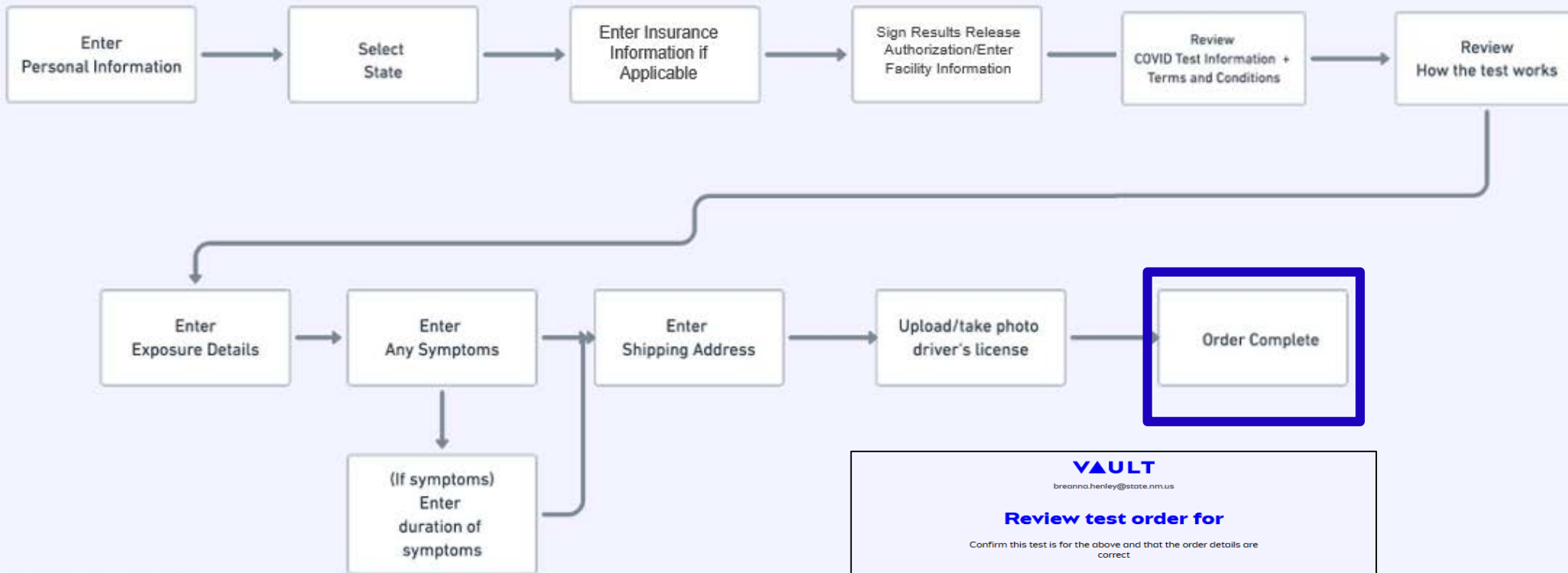
### Provide your photo ID

This information is collected so that a Vault test supervisor can confirm that the patient observed is the same person who ordered the test.

**TAKE A PHOTO**

OR

**UPLOAD A PHOTO**



**VAULT**  
breanna.henley@state.nm.us

**Review test order for**

Confirm this test is for the above and that the order details are correct

**Tests can only be used by the person they are ordered for and cannot be transferred between people**

**YOUR ORDER**

<b>COVID-19 Testing Kit</b>	<b>Included</b>
Sample collection materials	Included
Expedited* shipping	Included
Supervised Zoom call	Included
Results report	Included
<b>Order Total</b>	
	<b>\$0</b>

\* All kits ordered from 3:00 pm EST Friday through Sunday will ship on Monday and should be received on Tuesday.

**Shipping Address**

Test Breanna Test Henley  
Las Cruces, NM 88012  
(505) 538-1234

By placing this order you accept Vault's [TERMS AND CONDITIONS](#).

# Possible Changes for the Future

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Bulk ordering for schools

Single link for ordering

Vault testing available free of charge to all New Mexicans

- School surveillance testing will still need to go through PED links

# Questions:

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[ashley.garcia@state.nm.us](mailto:ashley.garcia@state.nm.us) – 505.690.3842

[gregory.frostad2@state.nm.us](mailto:gregory.frostad2@state.nm.us) – 505.470.5752