



**MDHHS Pilot Test Program
Overview
Dec. 30, 2020**

School Confirmation & Checklist

MDHHS Pilot Testing Program- School Checklist & Signature Page.pdf - Adobe Acrobat Reader DC

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MDHHS Testing Pilot Program for Organized Sports Participating School Confirmation & Checklist

The Michigan Department of Health and Human Services, in partnership with the Michigan High School Athletic Association, Michigan's schools, and Michigan's local health departments, is pleased to announce a limited pilot program for high school athletes to complete their Fall 2020 postseason tournaments and championships by adhering to strict COVID-19 safety protocols.

As athletic director or other authorized representative of a school participating in this pilot program, I understand and agree to the following:

- Our school team will participate in this pilot program.
School: _____
- We have support from the individuals and groups within our school athletic community for the pilot program including all staff necessary to run the pilot program.
- We will have signed consent forms from all pilot participants (or their parent/guardian for minors) to participate in the 3x/week testing protocol prior to the start of testing.
- We will have received signed codes of conduct from all pilot participants prior to the start of testing.
- We will have at least one person trained administer antigen tests safely and efficiently, interpret test results, and determine accurate next steps based on test results:
Name: _____
- We will have at least one person trained to fulfill reporting requirements.
Name: _____
- We will have identified an ordering provider (RN, LPN, APRN, PA, pharmacist, doctor) or local health department official to order the testing.
Name of Provider/LHD Official: _____
- We commit to complying with all of the requirements of the pilot program, including conducting tests of all participants three times per week on non-consecutive days for the duration of the practice and competition period.
- Reporting all test results to MDHHS on rapid testing days, and any positive test results to the school and Local Health Department.
- Requiring any students, coaches, or staff exhibiting COVID-19 symptoms or with a positive test result to stay home and self-isolate.
- We have a plan in place to securely retain any records developed for this pilot, in compliance with all applicable state and federal laws, and provide them to MDHHS upon request at any time.
- We have a plan in place to conduct specimen collection (identified location, PPE, waste disposal, participant communication system).
- We have a plan in place to follow up with any participants testing positive, and for outbreak management.
- We will provide the following required documents to MHSAA and our LHD:
 - Roster listing all staff and student participants, with a column indicating that a signed testing consent form is on file and a column indicating that a signed code of conduct form is on file of the school.
 - Note that copies of the consent forms and code of conduct forms must be kept on file by your school and be made available for MHSAA, MDHHS, or LHD review if necessary.

Administrator Name & Title: _____

Administrator Signature & Date: _____

Consent Form- Keep Locally

Individual Consent Form for MDHHS Pilot Program.pdf - Adobe Acrobat Reader DC

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Home Tools Individual Consent ... x

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Consent Form for Rapid COVID-19 Antigen Test Pilot Program

Participant First Name: _____ Last Name: _____

DOB: _____ School: _____

Please carefully read the following informed consent, which is required to participate in organized sports, as stated in the Michigan Department of Health and Human Services' ("MDHHS") "Gatherings and Face Mask Order" dated December 18, 2020, until further order or direction from the MDHHS.

Please carefully read the following notice and sign the authorization to test for COVID-19.

1. I understand that the COVID-19 testing will be conducted three times per week through a BinaxNOW antigen test, or other acceptable test as ordered by an authorized medical provider or a public health official.
2. I understand that my ability to receive testing is limited to the availability of test supplies.
3. I understand that I am not creating a patient relationship with the ordering physician by participating in this testing. I understand the entity or individual performing the test may be a school administrator or coach, and is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results and my medical care. I agree I will seek medical advice, care, and treatment from my medical provider or other health care entity if I have questions or concerns, if I develop symptoms of COVID-19, or if my condition worsens.
4. I understand it is my responsibility to inform my health care provider of a positive test result, and that a copy will not be sent to my health care provider for me.
5. I understand that my antigen test result will be available in 15-30 minutes. If the result is positive, it will need to be confirmed with a polymerase chain reaction ("PCR") test before participation in organized sports will be approved.
6. I understand and acknowledge that a positive antigen test result is an indication that I need to self-isolate to avoid infecting others until I obtain a negative PCR test result.
7. I have been informed of the test purpose, procedures, and potential risks and benefits. I will have the opportunity to ask questions before proceeding with a COVID-19 diagnostic test at the testing site. I understand that if I do not wish to continue with the COVID-19 diagnostic test, I may decline to test. If I decline to test, I may not participate in athletic practice or competition.
8. I understand that to ensure public health and safety and to control the spread of COVID-19, my test results, which will be retained by an appropriate schools administrator, may be shared with third parties, including the appropriate health authorities as required by law, and I hereby consent to the same under the Family Educational Rights and Privacy Act ("FERPA") and the Health Insurance Portability and Accountability Act ("HIPAA").
9. I understand, acknowledge, assume, and accept any and all risks of injury and illness associated with participating in the pilot testing program and any related practices and competitions.
10. I understand that I may withdraw my consent to participate in testing at any time, and that doing so will forfeit my ability to participate in the pilot program and athletic practice or competition.

AUTHORIZATION/CONSENT TO TEST FOR COVID-19

I agree to undergo the COVID-19 antigen testing for the duration of the fall athletics testing pilot period/ authorize myself (or my minor child) to undergo testing.

Participant Signature & Date _____

Parent/Guardian Signature & Date if Participant is a Minor _____

Comment

Fill & Sign

More Tools

Store and share files in the Document Cloud

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Code of Conduct- Keep Locally

MDHHS Testing Pilot Program for Organized Sports

Pilot Program Participant Code of Conduct

The Michigan Department of Health and Human Services, in partnership with the Michigan High School Athletic Association, Michigan's schools, and Michigan's local health departments, is pleased to announce a limited pilot program for high school student-athletes to complete their Fall 2020 postseason tournaments and championships by adhering to strict COVID-19 safety protocols.

As a participant (student-athlete, coach, trainer) in this pilot testing program, I understand and agree to the following:

- My participation in the practices and competitions over the course of this pilot testing program is voluntary.
- I will receive a COVID-19 test (rapid test) at least three times per week on non-consecutive days, and must receive negative test results in order to practice or compete.
- If I test positive, I cannot return to practice or competition unless I receive a negative molecular, polymerase chain reaction ("PCR") test within 48 hours of the rapid test results and I continue to have no symptoms.
- If I exhibit any symptoms of COVID-19, I will self-isolate and not attend practice or competition, regardless of any negative test result.
- If I test positive for COVID-19, show symptoms, or am exposed to a close contact to someone who tests positive, I will cooperate with local and state public health officials in the case investigation and contact tracing process.
- Inside and outside of practice and competition, I will follow all state and local health orders that apply in my area, including wearing a face mask when around others, limitations on gatherings outside my immediate household, including non-team gatherings and social gatherings with my team outside of practice or competition

I understand that failure to follow the above agreement will result in my removal from competition and practices, and may result in disqualification of my entire team as determined by the MHSAA and/or MDHHS.

The MDHHS, MHSAA or LHD may request documentation at any time necessary to enforce this Code of Conduct.

Participant Signature & Date

Parent/Guardian Signature & Date if Participant is a Minor

Roster Form- Complete & Send to MHSAA & LHD

[School Name] Athlete Antigen Testing Pilot Roster

The individuals listed below have met the requirements to participate in the School Athlete Antigen Testing Pilot program.

Participant Full Name	Sport	Staff or Student	Consent to be tested on file? (Y/N)	Code of conduct on file? (Y/N)

Return completed roster form to the MHSAA (tricia@mhsaa.com) and your Local Health Department.

Day of Testing Data Form

Medical provider to order the test
(RN, LPN, APRN, PA, pharmacist, doctor)

BinaxNOW Antigen Testing Result Form

Facility Information (location where testing is completed)

Facility Name _____

Test Date _____

Provider Information (School Completes this Section)

Provider Name _____

Provider Affiliation _____

Have plan in place to report results online

https://newmibridges.michigan.gov/s/isd-antigen-testing-results?language=en_US

BinaxNOW Antigen Testing Result Form

Facility Information (location where testing is completed)

Facility Name _____

Test Date _____

Provider Information (School Completes this Section)

Provider Name _____

Provider Affiliation _____

Individual Participant Information:

Participant First Name _____

Last Name _____ DOB _____

Home Address _____ City _____

Zip _____ Phone _____

Sex: M F Race/Ethnicity: _____

Any COVID symptoms (e.g. fever, cough, shortness of breath, sore throat, vomiting, diarrhea)?

Yes No

Binax NOW Card Number (this is the lot code on the card's wrapper): _____

For Staff Conducting the Test: Test Result

Positive

Negative

Invalid

Unknown

Staff who have completed training videos

01

Watch training videos

02

Additional Training at 1pm today

03

Watch additional training videos or contact MHSAA if questions

Dr. Soehrlen Training Session- 1pm Today (12/30)

- Replay of the 2pm session from 12/28.
- Dr. Soehrlen will be live from 1:45-2pm to answer questions.
- Session will be recorded and posted at MHSAA.com- Health and Safety page by the end of the day today.

Plan for follow up for those testing positive and for outbreak management

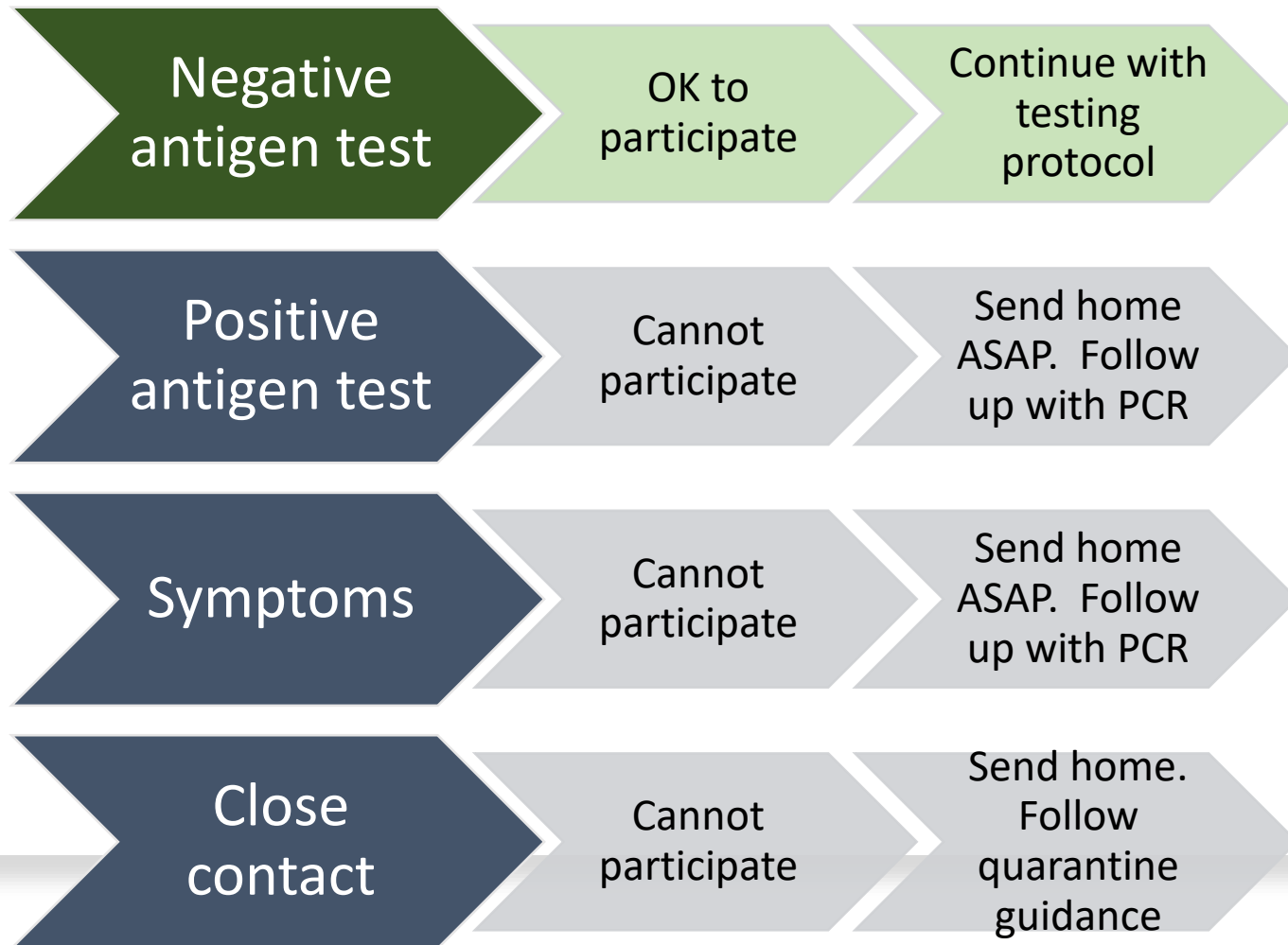
Positive participant

- Hold in secure area
- Send home
- Follow up with doctor/urgent care/drive up PCR testing
- May not participate until cleared

Outbreak

- Work with your LHD

Testing Scenarios





michigan high school athletic association

Questions?