

COVID- 19 Testing Protocol

Introduction

- I. The rapid point-of-care antigen nasal swab test is authorized by the Food and Drug Administration (FDA) and is recommended to diagnose current COVID-19 infection. BiNaxNow is a quick nasal swab test designed to give our trained health staff results within fifteen (15) minutes. Rapid POC antigen tests may be a useful diagnostic tool for testing students in the early stages of infection. This optional opportunity is a free COVID-19 testing option for parents/guardians and would only be used when a student is symptomatic at school or has symptoms when completing the self-certification health check. The potential benefits of the POC antigen test in schools include: rapid confirmation of suspected COVID-19, helping your student’s healthcare provider to make a timely informed decision about your child’s plan of care, assisting for an expedited and safe return to the classroom for students, and to help to mitigate the spread of COVID-19 in school and community.

In order to receive approval from the Illinois Department of Public Health to implement rapid POC antigen tests, the District has successfully completed the following prerequisites:

- Received approval from the Illinois Department of Public Health (IDPH) for the Clinical Laboratory Improvement Amendment (CLIA) Waiver to meet all requirements of testing.
- Secured approved licensed healthcare professionals to perform the swab antigen test.
- Arranged to have all tests be performed under the direction of a healthcare provider’s order.
- Developed training protocols for test performance and result interpretation for the test administrators as required by the FDA and require the use of appropriate personal protective equipment (PPE) during testing.
- Developed an approved plan for medical waste handling and disposal.
- Developed a plan for reporting test results to state and local public health officials (per CDC) as well as to the parent/guardian of the student.

In addition to the above prerequisites for testing, the District must obtain parent/guardian consent prior to conducting the COVID-19 Antigen Test for students.

Pre-Testing

- II. Steps to take before testing:
 - The district will obtain a Clinical Laboratory Improvement Amendment (CLIA) Waiver and maintain its activation while the program is still needed. This includes:
 - Following our test kit’s current manufacturer’s instructions.
 - Paying the renewal fee every two years.

- Approved licensed healthcare professionals to perform the test.
 - Renewed yearly.
- Read and understand the manufacturer’s instructions and/or site-specific procedure.
- Follow safety precautions including Occupational Safety and Health Administration (OSHA) guidelines.
- Perform quality control testing to check that test results are accurate and reliable per the manufacturer’s instructions, each new shipment of kits, change in lot numbers, & each new operator.
- Obtain a provider’s order for testing.
- Obtain parents/guardian consent.

Testing

III.

- The school nurse confirms the need to perform the patient test.
 - Verify that parental consent is signed and parents want their student(s) to be tested immediately.
- The trained nurses will perform nasal swab test as instructed per the kit’s manufacturer’s instructions. While wearing appropriate personal protective equipment (PPE).
- Wait an appropriate amount of time and read the results (See Guidance for Interpreting Viral Test Results for SARS-CoV-2 Appendix A.)
 - If the patient tests negative, depending on the symptom, the patient may still have to go home to self isolate until symptom(s) are gone and/or they are seen by a medical provider per the nurse’s discretion. (See Appendix B)
 - If the patient tests negative and there is high clinical suspicion of COVID-19, a PCR follow-up test will be recommended.
 - If the patient tests positive, the patient will be instructed to self-isolate and household members directed to quarantine.
- All results will be reported per IDPH guidelines to the state reporting site.

Process for Disposal of Infectious Waste Materials

IV.

- Place all contaminated gloves, swabs, plate cultures of etiologic agents, and absorbent paper products used to clean up spills in disposal bins that are lined with two (double bagged) biohazard bags or a sharps container.
 - These containers will be placed close to the testing site, upright, replaced routinely, and not overfilled.
- Clean contaminated surfaces.

Appendix A

Guidance for Interpreting Viral Test Results for SARS-CoV-2

Test Modality	Symptomatic		Asymptomatic with HIGH index of suspicion ¹		Asymptomatic with LOW index of suspicion ²	
	POS	NEG	POS	NEG	POS	NEG
RT-PCR	Positive	Negative	Positive	Negative	Positive	Negative
POC-Ag/ Molecular	Presumptive positive ³	Possible false negative ⁴	Presumptive positive ³	Possible false negative ⁴	Presumptive false positive ⁵	Presumptive positive ³

¹ Known exposure to a case of COVID-19 in last 14 days; resident/visitor/staff in a congregate living/work setting in outbreak status; lives in an area with moderate/high community transmission (contact your local health department for details on your community's transmission status); or has history of travel to area with high community transmission in the past 14 days.

² No known exposure; resident/visitor/staff in a congregate living/work setting with no COVID-19 cases in last 14 days; lives in an area with low community transmission (contact your local health department for details on your community's transmission status); or no history of travel to an area with high community transmission in the past 14 days.

³ No confirmatory testing is recommended in response to this POC testing result.

⁴ Perform confirmatory RT-PCR on new specimen collected within 48 hours of the previous test if the individual is a close contact to a confirmed case within 14 days or part of an ongoing outbreak or under the clinical discretion of ordering provider and/or as advised by the local health department due to community transmission levels.

⁵ Consider performing confirmatory RT-PCR on new specimen collected within 48 hours of the previous test if the individual is NOT a close contact to a confirmed case within 14 days, NOT part of an ongoing outbreak or under the clinical discretion of ordering provider, and/or as advised by the local health department due to ongoing community transmission.

Appendix B

Should I Stay or Should I Go?

When you are sick you are not able to perform your activities to your fullest potential and are likely to spread the illness to others, we suggest having a plan in place in the event you or your child needs to stay home.

This chart will help you determine whether you should go to work or if you should keep your child from attending school because of health issues.

I NEED TO STAY HOME IF...	I'M READY TO GO BACK TO WORK OR SCHOOL WHEN...
Fever - Temperature of 100.4 or higher	Fever-free for 24 hours without the use of fever-reducing medication (i.e. Tylenol, Motrin)
Cough - Deep, barking, congested, or productive mucus	Symptom-free or student must have been on antibiotics for 24 hours and have written/phone consent from a medical doctor to the school office
Vomiting - Within the past 24 hours	Free from vomiting for at least 2 solid meals
Diarrhea - Within the past 24 hours	Free from diarrhea for at least 24 hours
Rash - Body rash with itching or fever	Free from rash itching or fever. Have been evaluated by the doctor if needed.
Drainage - Brown, gray, tan, yellow drainage from nose, eyes, or any other part of the body	Discharge must be gone or the student must have been on antibiotics for 24 hours and have written/phone consent from a medical doctor to the school office
Eye Infection - Redness, itching, and/or "crusty" drainage from the eye(s)	Evaluated by my doctor and have written/phone consent from a medical doctor to the school office
Fatigue - Unusually sleepy or lethargic	Symptom-free
Strep Throat (Diagnosed by a medical doctor)	Must have been on antibiotics for 24 hours and have written/phone consent from a medical doctor to the school office.
Bad Cold - with a <u>very runny nose</u> or <u>bad cough</u> , especially if it has kept the child awake at night.	Symptom-free or written/phone consent from a medical doctor to the school office
Hospital Stay and/or ER Visit	Released by a medical provider to return to work or school

Shortness of Breath or Difficulty Breathing	Evaluated by my doctor and have written/phone consent from a medical doctor to the school office
Chills/Muscle and Body Aches	Symptom-free or written/phone consent from a medical doctor to the school office
New loss of Taste or Smell	Evaluated by my doctor and have written/phone consent from a medical doctor to the school office

These guidelines are meant to serve the best interests of all the children and staff in the school. In accordance with state and federal guidance, school community members who are sick should not return to school until they have met the criteria to return.

If you have questions or concerns please don't hesitate to call the nurse's office or contact your medical provider for further guidance.