



## School Rapid Antigen Testing Guidance

The purpose of school-based testing is to help reduce absenteeism by facilitating rapid testing of students and staff with excludable symptoms of COVID-19. It does not replace other [protective measures](#) schools have in place as identification of persons with symptoms and testing will not prevent all contagious individuals from entering the school. Testing symptomatic individuals is only one aspect of controlling the spread of the virus in schools.

This testing should **NOT** be used to:

- Screen those with no symptoms. Screening testing may be done at a medical providers office or at a [DHEC testing site](#).
- Determine if those who previously tested positive may return to school (they should complete the [isolation requirements](#)).

**Who to test:** In the school setting, testing should be reserved for students and staff attending in-person who would otherwise be excluded based on symptoms related to COVID-19 (refer to the [DHEC School and Childcare Exclusion List](#)). These symptoms include new or worsening:

- Shortness of breath or difficulty breathing
- Cough
- Loss of taste or smell
- \*Fever of at least 100.4 F

\*Note: fever alone is excludable but does not necessarily require following COVID-19 exclusion criteria if there are no other symptoms. However, it may still be used as an indication to test a student or staff member. Refer to the specific exclusion criteria for fever in a child who tests negative for COVID-19 but has a fever.

Additionally, schools may choose to test students or staff recommended for quarantine to shorten their quarantine period according the [DHEC guidance](#). Schools and districts may decide what quarantine process they want to implement for exposed students and staff, and they may opt in to using BinaxNOW testing to shorten the quarantine period if desired. The process for reporting results remains the same if testing for this purpose. The full guidance for shortening quarantine should be reviewed, but brief explanation is provided below:

- Using a test-based strategy to shorten quarantine means the individual should be tested no sooner than five (5) days after last contact with a contagious person, and the quarantine should end no sooner than seven (7) days after that last contact. To end quarantine early, they must have no [symptoms](#), tests negative with a viral test (antigen or PCR) within the appropriate time frame, and continue to closely monitor for

symptoms for what would be their normal 14-day quarantine period. These individuals are considered at slightly higher risk for COVID-19 infection because of their known exposure to COVID-19 and require additional [exclusion](#) considerations if they have symptoms within the 14 days after exposure.

These individuals should be excluded and get tested if they develop symptoms during the 14-day period after exposure if they meet the following criteria:

- Shortness of breath or difficulty breathing
- Cough
- Loss of taste or smell
- Fever of at least 100.4

Or any two or more of the following symptoms:

- Headache
- Fatigue
- Sore Throat
- Congestion or runny nose
- Muscle pain or body aches
- Nausea/Vomiting
- Diarrhea

This expanded exclusion criteria is only applicable during what would normally be their 14-day quarantine period. After completion of that, student and staff should be evaluated based on the regular exclusion criteria.

It is always preferable and should be encouraged that an ill individual discuss their symptoms with their healthcare provider who may advise additional evaluation.

#### **General Guidelines:**

- Schools will follow the process to obtain consent for testing a child from their parent or legal guardian.
- The sample is taken with an [anterior nares swab](#). These may be self-collected while supervised by the school nurse in an adult staff member or a child who is deemed able to follow the directions while supervised. Young children or those with certain disabilities may require assistance from their parent/guardian to collect the specimen. Nurses who are stocked with appropriate [personal protective equipment \(PPE\)](#) – gloves, gowns, face protection (shield or goggles), and masks (N95 or surgical masks, not cloth masks) – may also collect the specimen if trained to do so and familiar with proper doffing (removal) of PPE after use.
- Specimen should be tested as quickly as possible after collection.
- Proper infection control practices must be established. Considerations include:
  - Specimen collection may cause coughing or sneezing and propel virus beyond the standard six (6) foot protective radius.
  - Outdoor collection of samples (e.g. drive-thru testing) is preferable if feasible. Indoor collection will require proper cleaning of all surfaces with an EPA registered disinfectant after completion. Ideally an indoor testing room should

be selected with good ventilation (e.g. has a window that can be opened). The room should be left unused and unoccupied for as long as possible but at least an hour is preferable. If done indoors, it should be done in an environment with no one else present except a nurse in proper PPE and parent/guardian, if assisting.

- The individual being tested should enter the room wearing a face covering and should only remove when the specimen is being collected. The time they spend in the room should be kept as short as possible. If an individual room is not available to do testing and it is being done in a large open space, any barriers (such as temporary stand up walls) could be utilized if available.
- Those lined up to be tested must all be wearing face coverings and socially distanced (six (6) feet or greater) outside the room or as far from the testing area as possible. A process to stagger arrival for testing is recommended to limit time spent lined up when there will be many individuals tested.
- Ideally gloves should be changed and hand hygiene performed with hand sanitizer or soap and water between each swabbing of a new person. If available glove supply limits this practice, the gloves may remain on and sanitized with hand sanitizer or soap and water prior to performing a new swab. Gloves **MUST** be discarded, hand hygiene performed, and new gloves donned after:
  - Visible soiling or contamination with blood, respiratory or nasal secretions, or other body fluids occurs
  - Any signs of damage (e.g., holes, rips, tearing) or degradation are observed
  - Maximum of four hours of continuous use
  - Doffing previously removed gloves should not be re-donned as the risk of tearing and contamination increases. Therefore, disposable glove “re-use” should NOT be performed.
- After collection from all patients is complete, the room will require proper cleaning of all surfaces with an EPA registered disinfectant. The room should be left unused and unoccupied for as long as possible but at least an hour is preferable before used again.
- The used PPE and testing kit elements should be disposed of immediately in a biohazard waste disposal bag and container. Schools may need to register to be able to dispose of biohazardous waste (<https://scdhec.gov/environment/land-management/infectious-waste/info-infectious-waste-generators>).
- Hand hygiene must be performed after doffing and discarding PPE.
- **All results (both positive and negative) MUST be reported to DHEC** using the established reporting mechanism within 24 hours of the result. Schools are highly encouraged to use SCIONx for reporting (see included guidance). Contact [SCIONHELP@dhec.sc.gov](mailto:SCIONHELP@dhec.sc.gov) to set up reporting. All positive results must also be called into the regional health department urgently within 24 hours of result. Calling in positive results to the regional health department must be done in addition to reporting of all results through SCIONx or other established reporting mechanism.

Follow up testing: DHEC has provided guidance to healthcare providers on use and interpretation of [antigen testing](#). Antigen testing is known to have a lower sensitivity compared to PCR, meaning it is more likely to produce a false negative result. Testing is only one piece of the necessary protective measures that should be in place to protect students and staff within the facility. When using school-based testing for those who are symptomatic, follow up PCR is not recommended for a positive result. Additionally, a single negative PCR follow up test is not sufficient to return the individual to school after a positive antigen test. Antigen testing should not be used for random screening of an individual without symptoms but can be considered for known close contacts of COVID-19 cases for the purposes of shortening quarantine.

School staff are not responsible for making a clinical judgement about the need for a follow up PCR test after negative result, and those who test negative are eligible to return if not meeting other exclusion criteria if testing because they are symptomatic or after completion of seven (7) days without symptoms if quarantining. However, given the known limitations of antigen testing, staff and parents should be encouraged to communicate to their healthcare providers who may want to do an evaluation and may recommend follow up testing.

A child or staff member may be tested because they became ill during the school day or because they reported from home their symptoms. Considerations for both scenarios are provided below:

### **Individual Ill at School**

Refer to [DHEC guidance](#) on management of suspect and confirmed COVID-19 cases. An area for separating and evaluating these individuals should be established where they will be adequately separated from others, and students and staff should be moved safely, respectfully, as well as in accordance with any applicable privacy laws or regulations, to the isolation room for evaluation.

- The individual should be using a mask or cloth face covering or be provided a mask if they are able to use one, and students should be supervised by a staff member who maintains at least six feet of distance and uses appropriate personal protective equipment (PPE) if available.
- Consent should be obtained to do testing, and the individual should be moved to the area where the test will be collected (if applicable). They must remain in isolation until results are obtained.
- See “Results” section below.

### **Individual Ill at Home**

Schools may choose to test individuals at school who would otherwise be required to be excluded for COVID-19 related symptoms. A process for doing this should be established. It is preferable to not bring the individual into the building. Arranging for drive-thru testing is a safer alternative. These individuals must NOT use the school bus or other public transit to get to the school for testing.

- If using drive-thru testing, set up a time for the individual to drive to the safe collection site on the school campus. The nurse should be in proper PPE if collecting the sample.

Alternatively, the individual or their parent/guardian may be provided with the swab to do the collection and supervised from a safe distance. In that case, only gloves for handling the swab are necessary for the nurse.

- If bringing them into the building to do testing, they must follow a route that will not risk exposing others. They should be wearing a mask or cloth face covering.
- In either case, the individual must wait in the car or be kept in an area where they will be isolated from others while they wait on results.

## **Results**

- If positive, arrangements must be made to send the ill individual home to complete isolation requirements. If the test was done in the building, they should be moved through a route that will ensure they will not expose anyone else.
  - Resources can be shared with the individual who tested positive or their parent or guardian from DHEC website: <https://scdhec.gov/covid19/covid-19-case-guidance>
  - Advise that household contacts should immediately begin quarantine at home: <https://scdhec.gov/covid19/covid-19-contact-guidance>
- If negative, well enough, and they have no other symptoms requiring [exclusion](#); they may return to class. It is recommended but not required that the individual or their parent/guardian discuss the symptoms with their medical provider who may advise other testing or further follow up.

## **Resources:**

### Abbott BinaxNOW

1. For BinaxNOW test training and information: [BINAXNOW™ COVID-19 AG CARD AND NAVICA™ APP SET-UP AND TRAINING](#) (Module 1, 2, 3, & 4 for training)
2. HHS Site for COVID-19 Rapid test and BinaxNOW distribution: [COVID-19 Rapid Point-Of-Care Test Distribution](#)
3. HHS BinaxNOW help desk: [hhsbinax@hhs.gov](mailto:hhsbinax@hhs.gov)
4. Abbott customer service: [ARDxUSGovernmentSupport@abbott.com](mailto:ARDxUSGovernmentSupport@abbott.com)

The Center for Disease Control and Prevention (CDC). CLIA Training.

<https://www.cdc.gov/clia/docs/waived-tests/ready-set-test-booklet.pdf>

<https://www.cdc.gov/labtraining/training-courses/ready-set-test.html>