



TARRANT COUNTY PUBLIC HEALTH
SAFEGUARDING OUR COMMUNITY'S HEALTH

TARRANT COUNTY GUIDANCE FOR SCHOOLS ON RAPID ANTIGEN TESTING
Nov. 11, 2020

What test is the Texas Education Agency (TEA) offering?

School districts (schools) are being offered a 15-minute antigen test that is authorized for use within seven days of symptom onset. While faster than PCR tests, antigen tests have a higher chance of missing an active infection. More information can be found at: <https://www.hhs.gov/sites/default/files/abbott-binaxnow-fact-sheet.pdf>.

Specimens may be self-collected under a trained health care provider's supervision, reducing the need for Personal Protective Equipment (PPE). The test must be run by trained personnel according to manufacturer specifications, with appropriate quality controls, documentation of results, and reporting to patients and public health.

How does this compare to other tests?

Rapid tests are not as sensitive or specific as PCR tests. PCR tests are preferred. Rapid tests should only be used on individuals who show symptoms or were in close contact with a COVID-19 positive individual.

Will our facility need a CLIA waiver?

You will be covered by TDEM's waiver by completing the required training.

Will tests need a doctor's order?

No, Texas law permits direct access to laboratory testing by consumers.

How should the tests be used?

Schools should have a plan for testing and are encouraged to consult with their local health departments to develop that plan. **Schools should still recommend that parents avoid sending symptomatic students to school, regardless of their ability to test.** A tiered testing strategy with groups prioritized as below is recommended, given that schools will receive a limited number of tests.

Please note that these guidelines are based on current community transmission and information available and subject to change as new information evolves.

All schools opting into the TEA-TDEM COVID-19 Rapid Antigen Testing program should make their testing plans available to the local health departments within their jurisdiction. Local health departments are available to provide technical assistance and help schools develop a COVID-19 testing plan.

In order of priority:

- **Priority 1:** People in a school setting who develop / show signs or symptoms consistent with COVID-19 while at school.

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- **Priority 2:** Asymptomatic contacts, 5-8 days after their last exposure when PCR testing is not available, or results are not timely. Priority 2 is further subdivided into three tiers based on risk and priority.

Tier 1

Close Contacts

The highest risk of transmission*

Students, teachers, and staff who were within 6 feet of the individual with COVID-19 for a total of 15 minutes or more within any 24 hours period, beginning two days before the individual became symptomatic (or, for asymptomatic individuals, two days prior to specimen collection) until the time of isolation.** Schools should consider the following example settings in determining [close contacts](#):

- Classrooms
- Lunchrooms
- Athletic teams and other extracurricular activities
- After-school care and other events

Tier 2

Potential Contacts

Next highest risk of transmission

Students, teachers, and staff in the same classroom/cohort/pod as the person with COVID-19 who always kept 6 feet distance between each other. For example, this includes individuals in the following scenarios:

- Students, teachers, or staff in the same hallway, but not sharing a classroom or bathroom.
- Students who took the same bus but were farther than 6 feet apart from other riders at the same time as a person with COVID-19.

Tier 3

Potentially Exposed Individuals

Lowest risk of transmission

Students, teachers, and staff who shared a common space (e.g., teacher's lounge, library) and were not using the area at the same time as the person with COVID-19, but where short-duration exposure to those with confirmed COVID-19 cannot be definitively ruled out. For example, this includes:

- Students, teachers, and staff at the school on a different schedule and in different rooms than the individual with confirmed COVID-19, but exposure cannot be definitively ruled out.

Rapid antigen testing for COVID-19 has not been evaluated as a screening test and represents an off-label use. Tarrant County Public Health recommends against the use of rapid antigen testing for routine screening outside of a defined exposure as such testing results have not been evaluated. However, TEA sets out surveillance testing as one possible strategy for rapid antigen testing in their guidance. The purpose of surveillance testing is to monitor the status of the pandemic in our communities. Surveillance testing does not mean that everybody needs to get tested. According to models, surveillance testing is most effective when the same individuals are tested repeatedly over time (e.g., twice per week). Priority should be given to high-risk groups based on the number of tests being provided by TEA/TDEM. Examples of high-risk groups include (in no particular order):

- Staff and teachers with frequent in-person contact.

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- Students, teachers, and staff in special education programs and classrooms.
- Students in classrooms where distancing guidelines are not possible. Athletes and others in high-risk sports.

There is not enough data to predict the test's accuracy without understanding the prevalence of the disease in the population. Therefore, routine screening testing results may not be valid and may be more likely to produce both false-positive and false-negative results. Interpretation of screening test results of individuals with no symptoms or no known exposure should be made with caution.

Testing should be offered on a voluntary basis. It is unethical and illegal to test someone who does not want to be tested, including students whose parents or guardians do not want them tested. See "Interim Considerations for Testing for K-12 School Administrators and Public Health Officials," Centers for Disease Control & Prevention, issued Oct. 13, 2020, and accessible [here](#).

What PPE is required?

Necessary PPE must be worn as follows:

- Per CDC, a gown, N95 equivalent or higher-level respirator (or facemask if a respirator is not available), gloves, and eye protection are needed for staff collecting specimens or working **within 6 feet** of the person being tested.
- Gloves and facemasks are needed for staff who will not be directly involved in specimen collection or who will be **greater than 6 feet away** from the person being tested. (i.e., those that are self-swabbing).

When is testing is not recommended?

Do not retest individuals who have tested positive and do not have symptoms for COVID-19 for up to 3 months from their last positive test. Some individuals test persistently positive due to residual virus material but are unlikely to be infectious.

What elements should school standard operating procedures (SOPs) include?

- Policy for parental consent and student consent/assent.
- Quality control process. The CDC manual for CLIA-waived testing (<https://www.cdc.gov/cliadocs/waived-tests/ready-set-test-booklet.pdf>) has useful information and sample logs. (Note the information on p. 8 about off-label use of waived tests; initial off-label antigen tests can be confirmed with PCR to verify proficiency and test performance. The patient should be quarantined while awaiting the PCR result.)
- Facility considerations: Private space for testing, spaces for doffing, and donning.
- Manufacturer instructions for specimen collection and test procedure (<https://www.fda.gov/media/141570/download>).
- Cleaning and disinfection, biohazard waste disposal.
- Documentation and reporting requirements. Report all COVID-19 diagnostic and screening test results to the individual tested (consider how to provide a copy of the result if the patient is unable to use the manufacturer's app). Report all positive and negative results to health departments per laboratory reporting requirements of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, available at: <https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html>. Note that 24 data elements must be reported for each test.

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- Training/competency assessment. Manufacturer product support and training videos are available at <https://www.globalpointofcare.abbott/en/support/product-installation-training/navica-brand/navica-binaxnow-ag-training.html>.
- Other key considerations are listed by CDC in *Table 3* at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-testing.html>. CDC notes, "Not every school system will have the resources or training ... to conduct school-based antigen testing." If school nurses perform testing, they **must** be provided with additional support, including staffing, PPE (minimum 2-week supply), and administrative support to meet extensive laboratory reporting requirements.

How should individuals with positive and negative results be managed?

Symptomatic individuals

- Positive: Isolate until CDC criteria are met for release.
- Negative: Continue to self-quarantine for **10** days unless cleared by a medical provider, such as through a negative PCR test or an alternative diagnosis.

Asymptomatic **close contacts** (tier 1)

- Positive: Isolate until CDC criteria are met for release.
- Negative: Continue to self-quarantine for **14** days until the end of the incubation period.

Asymptomatic individuals who are **not** close contacts (tier 2 and tier 3)

- Positive: Isolate until CDC criteria are met for release.
- Negative: The individual does not meet the requirements to have to self-quarantine and self-monitor. The person is not a close contact; however, the test has not been validated in asymptomatic individuals. The negative test result should be evaluated in the overall context of the risk of exposure.

How do you dispose of the tests?

The tests and PPE are considered biohazardous material for disposal. Test administrators should place all BinaxNOW test cards, swabs, and PPE in a biohazard bag and appropriately dispose of the biohazard material.

Do schools need to have a physician ordering the tests?

Dr. Alex Lazar (https://faculty.mdanderson.org/profiles/alexander_lazar.html) has agreed to serve as the record provider for the BinaxNOW tests in K-12. This information will be included in the data reported to DSHS on each individual's information, and test results are entered into the <https://app.txrapidtest.org/> portal by test administrators.

How should cases be reported Tarrant County Public Health?

Tarrant County is requesting schools continue to report cases through the School App at www.tarrantcounty.com/schoolreport in addition through any requirements provided by the state.

Is Tarrant County Available to Assist with Testing or Storing Test Kits?

Given the number of schools in the County, Tarrant County Public Health doesn't have the capacity to provide this service. Tarrant County can test students and staff at its public testing sites. Testing is free, and results are typically available in 24 to 48 hours. To make an appointment go to www.tarrantcounty.com/covidtestinfo.

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