



NAVAJO NATION DEPARTMENT OF HEALTH
COVID-19 SAFE SCHOOLS FRAMEWORK

July 2021

Screening Testing Information For Schools
SUPPLEMENTAL DOCUMENT
REOPENING



Introduction

Screening testing is intended to identify infected people without symptoms (or before development of symptoms) who may be contagious so that measures can be taken to prevent further transmission. Screening testing is particularly valuable in areas with moderate, substantial, and high levels of community transmission. It is not a requirement for schools to reopen.

School-based testing should not be conducted without informed consent from the individual being tested (if an adult) or the individual’s parent or guardian (if a minor). Informed consent requires disclosure, understanding, and free choice and is necessary for teachers and staff (who are employees of a school) and students’ families to act independently and make choices according to their values, goals, and preferences.

The frequency of screening testing should be guided by local transmission, as outlined in Table 2 in the Safe Schools Framework. Screening testing options are shown in the table below.

Screening Testing Options	Description	Platform	Administered by
For select groups of teachers, staff, and students, as noted in Table 2	Option 1 Health care facility	Local health care facility testing platform (Rapid antigen or polymerase chain reaction, e.g., Cepheid, Sonora Quest, LabCorp, Abbott)	Health Care Facility
	Option 2 Self-testing at home or school	Rapid Antigen (e.g., Ellume, Abbott Binax Now)	Self or school staff
	Option 3 Pooled testing at school	Polymerase Chain Reaction (e.g., Gingko)	Self or school staff

Types of Screening Tests

When considering which tests to use for screening testing, schools or their testing partners should choose tests that can be reliably supplied and that provide results within 24 hours.



- Polymerase Chain Reaction (PCR) tests are high-sensitivity tests for detecting SARS-CoV-2 nucleic acid. PCR tests need to be processed in a laboratory with variable time to results (could be 1–3 days).
- Antigen tests are generally less sensitive than PCRs, and most can be processed at the point-of-care with results available in about 15 minutes. Antigen test results might need confirmation with a PCR in certain circumstances, such as a negative test in persons with symptoms or a positive test in persons without symptoms. Schools should work with the health department to develop a confirmation and referral plan before implementing testing. The immediacy of results (test results in 15–30 minutes), modest costs, and feasibility of implementation of antigen tests make them a reasonable option for school-based screening testing. The feasibility and acceptability of tests that use nasal (anterior nares) swabs make these types of tests more readily implemented in school settings.
- Pooled testing involves mixing several samples from different individuals together in a “batch” or pooled sample, then testing the pooled sample with a diagnostic test. This approach increases the number of individuals that can be tested and reduces the need for testing resources. This approach may be particularly helpful in schools using cohorts. Because of the complexities of acting on a positive result, pooled testing is best used in situations where the number of positives is expected to be very low.

Reporting Tests Results

Every COVID-19 testing site is required to report all diagnostic and screening test results to the appropriate state health department. Positive test results must also be reported to the local HIS/THO Service Unit. Schools that use antigen testing must apply for and receive a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver, and report test results to state or local public health departments as mandated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136).

Considerations Before Starting School-based Testing

Before implementing screening testing in their schools, K–12 school leaders should coordinate with public health officials to develop a testing plan that has key elements in place, including:

- Dedicated infrastructure and resources to support school-based testing.
 - Use of tests that are authorized by FDA for the specific intended use (i.e., screening, pooling).
 - CLIA certificate of waiver requirements to perform school-based testing with Emergency Use Agreement-authorized tests.
 - A mechanism to report all testing results (both positive and negative) as required by the state or local health department.
 - Ways to obtain parental consent for minor students and assent/consent for the students themselves.
 - Physical space to conduct testing safely and privately.
 - Ability to maintain confidentiality of results and protect student and staff privacy.
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- Plans for ensuring access to confirmatory testing when needed through the state or local health department for symptomatic persons who receive a negative test result and asymptomatic persons who receive a positive test result.

If these elements are not in place, schools may consider a referral-based testing strategy in collaboration with local health facilities and public health officials.

Taking into consideration the potential for limited availability of supplies for screening testing or feasibility of implementing screening testing, schools should consider a prioritization strategy.

- Schools and public health officials might consider prioritizing teachers and staff over students given the increased risk of severe illness among certain adults.
- In selecting among students, schools and public health officials might prioritize high school students, then middle school students, and then elementary school students, reflecting higher infection rates among adolescents compared to younger children.

CDC Link: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>

