Recommendations for Implementing COVID-19 Over the Counter (OTC) Testing in K-12 Schools

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Overview

Testing remains a key mitigation layer to detect and curb transmission of COVID-19 in school settings. Testing should not be used alone, but in combination with other prevention strategies to reduce the risk of SARS-CoV-2 transmission in schools. When schools implement testing combined with prevention strategies, they can detect new cases to prevent outbreaks, reduce the risk of further transmission, and protect students, teachers, and staff from COVID-19.

NJDOH recommends that antigen tests be considered the primary option for detecting COVID-19 in schools, compared to PCR tests. Both the professional, on-site antigen tests as well as the OTC at-home antigen tests have been effective in identifying persons who have infectious levels of all known variants of SARS-CoV-2.

Schools are also encouraged to develop a screening testing strategy to identify asymptomatic infections to prevent further transmission in school. For example, at a high COVID-19 Activity Level, K-12 schools and Early Childhood Education (ECE) programs can consider implementing screening testing for students and staff for high-risk extracurricular activities (e.g., close contact sports, band, choir, theater), at key times in the year, for example before/after large events (such as prom, tournaments, group travel), and when returning from breaks (such as, holidays, spring break, at the beginning of the school year). Screening testing can also be implemented by schools serving students with moderate or severe immunocompromise or complex medical conditions. Testing may also be a strategy used to identify cases associated with an outbreak.

All testing strategies in K-12 schools should be developed in consultation with local health departments (LHDs).

Types of Tests

Molecular Tests

Molecular tests, which include nucleic acid amplification tests (NAAT) such as RT-PCR, are highly accurate viral tests for the virus that causes COVID-19. Most molecular tests need to be processed in a laboratory where results may take up to 1-3 days, but some molecular tests can be performed at or near the point-of-care with results available in about 15 minutes.

Antigen Tests

Antigen tests, including self-tests or OTC tests, can be used for screening testing, following an exposure to COVID-19, or for testing symptomatic individuals in schools. The immediacy of results (test results in 15–30 minutes), modest costs, and feasibility of implementation of antigen testing make them a reasonable option for school-based screening testing. Antigen test results might need confirmation with

a molecular test in certain circumstances, such as a negative test in persons with symptoms or a positive test in persons without symptoms.

Currently, all at-home COVID-19 antigen tests are FDA-authorized for repeat, or serial use (e.g., repeating the test 24 to 48 hours later). Multiple negative tests increase the confidence that the individual is not infected with the virus that causes COVID-19.

At-home COVID-19 diagnostic tests are FDA authorized for self-testing at home (or in other locations). This means the individual (or parent) collects the sample, performs the test, and reads the result without the need to send a sample to a laboratory. Authorized at-home OTC tests are available without a prescription and are typically available online or at local stores. Free at-home tests are also available to all residential households at https://www.hhs.gov/coronavirus/testing/index.html.

A school where a staff member is performing testing and/or interpreting / reporting test results needs a CLIA certificate to perform testing, even if the test is authorized by the FDA for home use. This includes testing using OTC home tests performed by someone other than the individual in a facility such as a school, shelter, jail, or other location. OTC tests used in a CLIA certified school, are reportable unless the test is performed as a self-test where an individual self-administers the test in accordance with the FDA authorization.

The U.S. Department of Education (ED) and the Administration for Strategic Preparedness and Response (ASPR) announced a partnership to distribute free COVID-19 tests to schools. Through this program, ED and ASPR offer interested school districts over OTC rapid antigen COVID-19 self-tests free of charge for their students, families, staff, and school community.
Interested school districts can Register for the COVID-19 Testing Supply Program Here**.** It takes approximately 7-10 business days for ED to process each district's request to register for the program. Once approved, contacts will receive a confirmation email with information on the next steps, which include attending training on how to order test kits through the Health Partner Ordering Portal (HPOP).

For more information on self-testing see CDC's Self-Testing At Home or Anywhere.

Reporting Test Results

Schools should have a policy for reporting OTC test results back to the school. Individuals who test positive should be instructed to follow NJDOH's COVID-19 FAQs for Schools, Early and Education (ECE), and Youth Camps. In all circumstances, after receiving the results of a positive test, the individual should be immediately excluded from school.

NJDOH Executive Order 302 and Executive Directive #21-011 require that all schools shall complete the Surveillance for Infectious Conditions (SIC) Module in the Communicable Disease Reporting and Surveillance System (CDRSS). Required information to report is outlined in the "Surveillance for Infectious Conditions (SIC) Module: User Guide for Schools" (available on CDRSS website Data is reported at the individual school level but can be entered into CDRSS by a school district on behalf of multiple schools within their district. School-based data must be entered into this module between Tuesday 12:00 am and Wednesday 5:00 pm each week. Aggregate reporting data may be shared publicly at the county level.

How to Report Weekly Data to NJDOH

- For existing school users who report ILI/COVID-19 surveillance data into CDRSS, nothing additional needs to be done. (login at CDRSS)
- For schools who aren't current CDRSS users, go to CDRSS and under "Training," tab and then go to "TRAINING AND ACCESS FOR K-12 SIC MODULE FOR SCHOOL USERS".

As a reminder, weekly aggregate reporting does NOT replace the need for schools to notify their local health department when they become aware of possible outbreaks.

Testing Strategies

Using Home Tests for Screening Purposes

Routine screening testing is no longer recommended in K-12 schools. However, at a high COVID-19 Activity Level, K-12 schools and ECE programs can consider implementing screening testing for students and staff for:

- High-risk extracurricular activities (e.g., close contact sports, band, choir, theater). Ideally testing should be performed 24 hours prior to the event but within 48 hours is acceptable.
- At key times in the year, for example before/after large events (such as prom, tournaments, group travel).
- When returning from breaks (such as, holidays, spring break, at the beginning of the school year).
- In response to an outbreak;
    - Testing may be considered for ill persons, impacted cohorts/groups, higher risk activities, or students at risk for severe illness.

Testing strategies should be developed in consultation with local health departments.

Schools serving students who are at risk for getting very sick with COVID-19, such as those with moderate or severe immunocompromise or complex medical conditions, are encouraged to implement screening testing at a high COVID-19 Activity Level.

For individuals who recently recovered from COVID-19 infection (positive viral test in past 3 months) see specific testing recommendations.

Using Home Tests for Symptomatic or Exposed Individuals

When a student or staff member, regardless of vaccination status, develops symptoms consistent with COVID-19 while at school, testing may be used to inform their care and return to school. Additionally, if a student or staff member reports an exposure to someone with COVID-19, testing is recommended.

A single negative home-based antigen test result is not sufficient to rule out a COVID-19 infection. Currently, all at-home COVID-19 antigen tests are FDA-authorized for repeat, or serial use. This means people should use multiple tests (e.g., over 2-3 days), especially when the people using the tests don't have COVID-19 symptoms.

Persons who are symptomatic should test immediately. If the first home-based test result is negative, a second test should be taken at least 48 hours after the first test or take a PCR test as soon as you can.

For persons who are asymptomatic and with a known exposure to someone having COVID-19 should wait 5 full days before testing (test on Day 6) and if negative, test again 48 hours later. If the 2nd test is also negative, they should take a third test 48 hours after the 2nd test (3 tests total)[1], or seek a test administered by a healthcare provider, which can be either an antigen or a PCR test.

Resources

- COVID-19 Frequently Asked Questions for K-12 Schools, Youth Camps, and Early Care and Education Programs
- New Jersey Executive Order 302
- New Jersey Executive Directive 21-011
- Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning
- At-Home COVID-19 Antigen Tests-Take Steps to Reduce Your Risk of False Negative: FDA Safety Communication

[1] If someone who was exposed to someone with COVID-19 tests negative with 3 home-based tests and is concerned about their exposure, they may choose to test again 48 hours after the third test or consider getting a laboratory molecular-based test.