



## Interim Guidance: Role of the School Nurse in COVID-19 Testing in Schools

### Disclaimer

This document provides a summary of currently available resources that school nurses can consult as they formulate independent nursing judgement for their practice or when participating in policy discussions related to COVID-19 testing in their schools and districts. This document is not intended to provide clinical standards or guidelines. The school nurse is responsible for complying with applicable federal, state, and local laws, regulations, ordinances, executive orders, policies, and any other applicable sources of authority, including any applicable standards of practice. Published January 21, 2021.

### Introduction

The school nurse is a frontline healthcare provider in schools leading the public health response to the COVID-19 pandemic, while addressing the ongoing health needs of the school community. COVID-19 testing has become more accessible and using schools as testing sites has become a focus of discussion. Testing in combination with the Centers for Disease Control and Prevention (CDC) mitigation strategies is a valid option to slow the spread of the disease. But there are many factors to consider when determining if school systems have the capacity to conduct COVID-19 testing or if partnering with a community healthcare provider or system is a better option.

### Types of COVID-19 Tests

There are different types of COVID-19 tests available: molecular tests, antigen tests, and antibody tests. Both molecular and antigen tests use respiratory secretions or saliva samples to identify current COVID-19 infection. Antibody testing, which requires a blood sample, is used to determine if a person has had a past infection and is **not recommended** for use in the school setting (CDC, December 4). All tests to diagnose COVID-19 must be approved by the U.S. Food and Drug Administration (FDA) for emergency use authorization (EUA) (FDA, 2020, November). Molecular tests, such as the reverse transcription polymerase chain reaction (RT-PCR) test, are used to detect current COVID-19 infection. They detect COVID-19 genetic material inside of the virus molecule (FDA, 2020, November). Most specimens are sent to a laboratory for processing, with results within 1-3 days. Molecular testing is recommended for schools for both symptomatic and asymptomatic staff and students, and to assist with school-based decisions for contact tracing, isolation, and quarantine (CDC, 2020, December 4).



Antigen tests also reveal if a person is currently infected with COVID-19. Antigen tests detect specific proteins from the virus. While antigen test results are usually obtained sooner than viral diagnostic test results, they are less sensitive and may miss a positive result (FDA, 2020, November 6). If a false negative result is suspected when using an antigen test, a molecular test may be required.

An exception to lab testing is point-of-care (POC) testing. POC test results are available within an hour, at the location where the test is obtained. The U.S. Department of Health and Human Services partnered with the U.S. Department of Defense to supply POC rapid testing to educational institutions (HHS.gov, 2020). POC tests can be either molecular or antigen versions (FDA, 2020, November). The goal of POC testing is to combat spread of COVID-19 by quickly identifying, excluding, and isolating positive cases of COVID-19 among students and staff.

#### **Determining if Testing in Schools is Appropriate – Factors for Consideration**

School leaders work closely with designated public health authorities to determine the feasibility and process for conducting COVID-19 testing of students and staff in schools. As the health care expert in schools, a school nurse is included in the school leadership team when determining if COVID-19 testing in school can be done by the school system alone or in partnership with a community organization.

Factors to consider when making the decision about COVID-19 testing in schools include:

- **School attendance.** Staff and student absences can be mitigated if school districts have access to test results and can calculate the end of quarantine and/or isolation after a diagnosis or known exposure to the disease.
- **School factors.** CDC recommends prioritizing testing in schools with in-person learning and schools with active positive cases (CDC, December 4).
- **Community factors.** CDC recommends prioritizing testing in schools located in communities that are disproportionately impacted by COVID-19, have high levels of disease transmission, and lack testing resources (CDC, December 4).
- **Priority testing for students and staff.** The priority for testing is for persons that are symptomatic and persons who are considered close contacts. Surveillance through testing of asymptomatic staff and students is recommended by the CDC if community transmission is moderate to high (CDC, December 4). Staff should be prioritized for surveillance purposes over students, and if students are included, older students are suggested over younger students (CDC, December 4). One-time or return to school universal testing for staff is not currently recommended as a strategy to slow virus transmission (CDC, December 4). Staff

and students that have tested positive for COVID-19 are not recommended to be tested for a period of three months after the positive test (CDC, December 4).

- **The COVID-19 test.** If antigen testing in schools is selected by school leaders and supported by the designated local public health department, a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver must be applied for and received (CDC, December 4). Some states have applied for and received blanket CLIA waivers for testing in schools. The determination of whether the state has this waiver can be obtained through communication with the local and state departments of health. To learn more about how to apply for a CLIA certificate of waiver access [this link](#) (Centers for Medicare & Medicaid Services, 2020).
- **Capacity for contact tracing.** Contact tracing for staff and students that test positive is required. The reporting of school test results must follow mandated state health department guidance; the Coronavirus Aid, Relief, and Economic Security (CARES) Act; and rules and regulations for confidentiality in schools and the exchange of protected health information (CDC, December 4).
- **Adequate resources to conduct testing.** Schools must have the resources to conduct testing in schools, such as PPE supplies (including a NIOSH approved N95 filtering facepiece or respirator, gown, face shield, and gloves), hazardous waste processes that follow state rules and regulations, adequate safe and confidential space, and specific test-based training (CDC, December 4; NASN, 2020). Schools can consider renting or purchasing of tents to establish drive-up testing centers. Training of staff in the testing procedure, applying (donning) and removing (doffing) PPE, handling/disposal of testing materials, and documentation of the testing process and results are other factors to consider. Additional funds are needed to cover these expenses. Training is based on the specific test chosen.
- **Adequate staff to conduct testing.** Staff conducting testing and contact tracing will be focused full time on these duties. Additional staff are needed to either provide the testing and contact tracing or assist with the routine duties of those designated to fulfill these duties. Local designated public health departments also need the capacity to support this process with adequate resources in staff and communication to work closely with school staff.
- **Legal considerations.** It is essential to include legal counsel for school systems in the planning process. Legal guidance is needed to determine if school staff job descriptions allow for the additional role of COVID-19 testing in schools. State school nurse consultants and state nurse practice acts are resources in states to assist with questions regarding the legal implications for school nurses. Legal counsel may also be needed to address the cost



of testing, prioritizing who will be tested, obtaining permission to test students, and the reporting of results within and outside of the school system (CDC, December 4). (CDC, December 4). Legal guidance can also support equitable access to testing by students and staff if using random surveillance testing (CDC, December 4).

- **Social/emotional factors.** Fear and stigma associated with COVID-19 testing and positive test results must also be addressed. Black, Hispanic, Pacific Islander, and Native American ethnic persons have had a higher incidence of COVID-19 and higher death rates. Asian students have experienced stigma resulting in anxiety and fear (CDC, 2020, June 11). School planning for COVID-19 testing must include mental health supports for students and staff to address the stigma and fear associated with COVID-19 testing. Refer to the CDC and the National Association of School Psychologists (NASP) for resources that address stigma associated with COVID-19 (CDC, 2020, June 11; NASP, 2020).
- **School capacity.** If the school system determines that they lack the capacity to implement a COVID-19 testing program by themselves, partnering with a community partner, such as a local public health department, federally qualified health center, community health system, tribal or other community-based resource could be an option. Schools can offer space, including parking lots or football fields, for community testing beyond students and staff. Schools could also provide a referral list of community agencies offering free or low-cost testing outside of the school setting for staff and families.

### **Conclusion**

School communities have been greatly impacted by the COVID-19 pandemic. COVID-19 testing is both a challenge for schools and a benefit for the community, requiring consideration of key factors prior to implementation. Establishing a school testing program takes a high level of expertise and effort to organize. There are many factors to consider when determining if the advantages outweigh the disadvantages of implementing COVID-19 testing in schools. School nurses are essential frontline healthcare providers that must be included when schools evaluate the benefits and risks of COVID-10 testing in schools.



## References

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