



StrongSchoolsNC

NCDHHS K-12 COVID-19 Testing Program Guidance

Please note: *The below information pertains specifically to NCDHHS's StrongSchoolsNC Testing Program. For the most up-to-date K-12 COVID-19 testing guidance, refer to the most up-to-date [CDC recommendations](#). For additional COVID-19 guidance for K-12 school operations, please see the [NC Strong Schools Public Health Toolkit](#).*

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



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Interim Guidance For COVID-19 Testing of Adults and Children Who Work in or Attend a K-12 School

Audience: *This guidance document is targeted to district and school leadership, as well as school health staff involved in developing and implementing their school or district's COVID-19 testing program.*

Over the 2020-21 school year, we learned a great deal about the value of COVID-19 testing to identify and mitigate risks associated with spread in K-12 schools. Between December 2020 and June 2021, 58 public school districts, charter schools and private schools participated in NCDHHS's K-12 Testing program, receiving over 70,000 antigen tests to perform diagnostic and routine screening testing in their schools. These schools were able to rapidly identify and quickly isolate cases to reduce the spread, keeping more students and staff in the classroom.

With these learnings and additional federal funding for K-12 COVID-19 screening testing, NCDHHS is expanding its support to K-12 schools to the 2021-22 school year. This document provides key testing-related definitions, details the types of testing schools may elect to perform and the support available for these testing modalities, and provides answers to frequently asked questions (FAQ). As more public health data accumulate and more is learned, NCDHHS will continue to update this guidance as a reference for schools and districts, including local education agencies (LEAs), public charter schools, and independent schools. In consultation with their Local Health Departments (LHDs), school leaders can determine their own local approaches to administering COVID-19 tests at their discretion.

Why Testing Matters

The goal of all COVID-19 response in school settings is to keep students and staff healthy and in the classroom. Viral testing strategies in partnership with schools should be part of a comprehensive approach. Testing should not be used alone, but in combination with other prevention strategies to reduce risk of 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.

Types of Covid-19 Tests

There are two main types of viral tests that can be used to diagnose someone with COVID-19: nucleic acid amplification tests (NAATs) and antigen tests. Please reference the Center for Disease Control and Prevention (CDC) [COVID-19 Testing Overview](#) website for the most up-to-date information on the types of COVID-19 tests.

Testing Strategies

Testing for COVID-19 can help quickly identify those who are infected and those who have been exposed but have yet to develop symptoms. School testing programs can increase family confidence in school attendance and reduce barriers to testing access in a community.

Diagnostic testing refers to testing done on someone who has symptoms consistent with COVID-19 or has had a close contact with someone with a confirmed case of COVID-19. The ability to do a diagnostic test in the school setting allows the symptomatic student with no known close contact to be tested quickly and to return to the classroom sooner when those test results are negative. Diagnostic testing of someone with a known close contact can help inform quarantine or subsequent isolation periods, if they become positive.

Screening testing refers to testing done on someone without symptoms or known close contact with someone with COVID-19. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing. [Screening testing](#) may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented. More frequent screening testing can increase effectiveness, but feasibility of increased testing in schools needs to be considered. Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect student, teacher, and staff privacy. Consistent with federal and state legal requirements, including the [Family Educational Rights and Privacy Act \(FERPA\)](#), K-12 schools should, consistent with school and district policy around student consent, obtain parental consent for minor students and/or consent from students themselves.

Screening testing can be used to help evaluate and adjust prevention strategies and provide added protection for schools that are not able to provide optimal physical distance between students. Screening testing should be offered to students who have not been fully vaccinated when community transmission is at moderate, substantial, or high levels; at any level of community transmission, screening testing should be offered to all teachers and staff who have not been fully vaccinated.

To be effective, the screening program should test at least once per week, and rapidly (within 24 hours) report results. Screening testing more than once a week might be more effective at interrupting transmission. Schools may consider multiple screening testing strategies, for example, testing a random sample of at least 10% of students who are not fully vaccinated, or conducting [pooled testing](#) of cohorts. Testing in low-prevalence settings might produce false positive results, but testing can provide an important prevention strategy and safety net to support in-person education.

To facilitate safer participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), schools may consider implementing screening testing for participants who are not fully vaccinated. Schools can routinely test student athletes, participants, coaches, and trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Schools can implement screening testing of participants who are not fully vaccinated up to 24 hours

before sporting, competition, or extracurricular events. Schools can use different screening testing strategies for lower-risk sports.

Please see below for a helpful comparison of diagnostic and screening testing to assist in building the right plan for your district or school.

Routine Screening	Diagnostic
<p>Regular preventive testing done on students/staff who are asymptomatic and do not have a known/suspected COVID-19 exposure.</p>	<p>Testing done when student/staff has:</p> <ul style="list-style-type: none"> • Symptoms of COVID-19; or • Confirmed as close contact / exposure to COVID-19.
<p style="text-align: center;">Gets Ahead of Transmission</p> <p>Helps get ahead of virus transmission. Screening can detect cases:</p> <ul style="list-style-type: none"> • Before students are known to be symptomatic; and • Even when students/staff are asymptomatic. <p>This helps leadership and health staff make informed decisions to limit transmission within their schools.</p>	<p style="text-align: center;">Confirms an Individual Case</p> <p>Confirms if a person suspected of having COVID is infected. Limited as a preventive measure because:</p> <ul style="list-style-type: none"> • Not routinely used in asymptomatic cases (major source of spread); • Depends on proactive identification of COVID-19 symptoms, leaving room for subjectivity (e.g., someone saying "it's just allergies")
<p style="text-align: center;">Limits Exposures</p> <p>Because the virus can be caught earlier, including before symptoms present and in asymptomatic cases, the number of potential exposures can be minimized, and fewer instances of quarantine needed.</p>	<p style="text-align: center;">Potential for More Close Contacts</p> <p>Can result in more student/staff exposure and exclusion since trigger for a referral for a test dependent on symptoms. Symptoms may be delayed, and parents' perception of mild symptoms may vary widely.</p>
<p style="text-align: center;">Minimize Disruption with A Plan</p> <p>Routine screening provides predictability for staff, students, and families to help minimize learning disruptions. Pooled screening for groups is fast, easy, and dependable.</p>	<p style="text-align: center;">Hard to Plan Ahead</p> <p>When a student/staff member will need to be tested depends on when symptoms present, making planning and scheduling difficult.</p>
<p>Routine screening, with <i>supplemental</i> diagnostic testing, helps get ahead of transmission and be responsive to daily needs.</p> <p>Providing diagnostic tests in-school is a key part of any plan because it helps keep students in school through quick testing results.</p>	

All schools should:

- Refer individuals to [diagnostic testing](#) who have symptoms of COVID-19 or disclose recent known close contact to a person with COVID-19.

- Offer free rapid (antigen) testing on-site at school, if possible, to facilitate quick COVID-19 diagnosis, inform school staff of what students may be able to stay in school, and inform the need for quarantine of close contacts.
 - Performing rapid antigen tests requires a CLIA Certificate of Waiver and oversight by a licensed medical professional (please see the [Readiness Review Checklist](#) below for more information on antigen testing requirements)
 - Interpretation of tests results can be found at this [link to the CDC antigen algorithm](#).
 - Of note, a person who has symptoms of COVID-19 and has received a negative test for COVID-19 may return to school IF the negative test was either (1) a negative PCR/molecular test or (2) a negative antigen test AND the person has a low likelihood of SARS-CoV-2 infection (i.e., the person has no known or suspected exposure to a person with COVID-19 within the last 14 days or is fully vaccinated or has had a SARS-CoV-2 infection in the last 3 months.
- Incorporate a [screening testing strategy](#) consistent with CDC recommendations as in the table below. [Screening testing](#) may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented.

Testing Recommendations for K-12 Schools by Community Transmission Level

Adapted from www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html

	Low ¹ Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	Offer screening testing for students who are not fully vaccinated at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports and extracurricular activities ² at least once per week for participants who are not fully vaccinated.	Recommend screening testing for high-risk sports and extracurricular activities at least once per week for participants who are not fully vaccinated. Twice a week can be considered.		Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.
Low-and intermediate-risk sports	Do not need to screen students participating in low and intermediate risk sports. ²	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.		

¹ Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate, 10-49; substantial, 50-99; high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%.)

² Schools may consider using screening testing for student athletes and adults (e.g., coaches, teacher advisors) who support these activities to facilitate safe participation and reduce risk of transmission. For an example risk stratification for sports, see https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI_ResocializationDevelopingStandardsSecondEdition.pdf

For more details on testing strategies see [CDC Guidance for COVID-19 Prevention in K-12 Schools](#), including Appendix 2. For additional COVID-19 guidance for K-12 school operations, please see the [NC Strong Schools Public Health Toolkit](#).

NCDHHS K-12 2021-22 Testing Program: Overview

In April 2021, the CDC released funding to states to support screening testing for school year 2021-2022. NCDHHS has elected to use funds to provide the following testing support to K-12 schools throughout the state, on an opt-in basis.

Testing Options	State Responsibilities	Vendor Responsibilities	School / District Responsibilities	How do I opt-in to this program?
State-contracted vendor	<ul style="list-style-type: none"> Match school/district with vendors Advise schools /districts on their vendor implementation as needed 	<ul style="list-style-type: none"> Perform the test sample collection and processing Obtain results of tests Report results of tests to NCDHHS, school and parent/guardian 	<ul style="list-style-type: none"> Decide on testing plan and communicate with vendor Collaborate on consent process Communicate results of tests to patient/family as applicable Provide guidance on quarantine/isolation 	Opt-in Form shared with school/district leaders.
Independent testing	<ul style="list-style-type: none"> Provide free of charge tests to schools/districts Host monthly office hours and test result reporting training sessions 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Decide on testing plan Assure compliance with all testing requirements Obtain consent from students, parents, and families Perform the tests Obtain results of tests Report results of tests to NCDHHS Communicate results of the tests Provide guidance on quarantine/isolation 	Opt-in Form shared with school/district leaders.
Add On: Funding for Temporary School Health Staff for Public Schools	<ul style="list-style-type: none"> Provide funds for hiring of staff 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Hire registered nurse (RN), Licensed Practical Nurse (LPN) unlicensed assisted personnel (UAP), as applicable Assure hired individuals are operating within the limits of their licensure/credential 	Opt-in Form shared with school/district leaders.
<p>Schools/districts may choose not to opt-into testing at their schools. We encourage schools who do not test their students, staff or families to provide their community with a list of locations that provide access to free COVID-19 testing.</p>				

NCDHHS K-12 2021-22 Testing Program: Options and Operational Guidance

Districts, charter, and independent schools interested in receiving state support for their 2021-22 school year testing programs must fill out the NCDHHS K-12 Testing Program Opt-in Form by the required date of **September 13, 2021**. This form has been sent to school/district administrators and should be completed once per school/district. Districts (LEAs) should complete the form on behalf of ALL schools in their district. Individual schools within a district may opt-out of the districts testing program at district leadership’s discretion; however, schools within a district should NOT complete the opt-in form. Once this form is completed, NCDHHS will contact the point-of-contact listed for next steps.

Option 1: State-Contracted Vendor Program

The state vendor program is available throughout the 2021-22 school year at no cost for all public and private districts and schools on an opt-in basis to conduct testing of students and staff. We encourage schools to opt-in to the vendor program by the required deadline. However, schools/districts may request to join the vendor program after the deadline by emailing K12COVIDTesting@dhhs.nc.gov to express interest in registering.

The below table summarizes the services offered by the state-contracted vendors.

	MAKO Medical Laboratories	Concentric by Ginkgo
Headquarters	Raleigh, NC	Boston, MA
Regions served*	State Board of Education Regions 1-4 (Northeast, Southeast, North Central, Sandhills)	State Board of Education Regions 5-8 (Piedmont-Triad, Southwest, Northwest, Western)
Test Modalities Offered	Routine Screening: 1. Pooled: PCR with Abbott BinaxNOW as reflex test** Diagnostic Testing***: 1. PCR (results within 36 hrs)	
Staffing Model	Vendor staff manage end-to-end testing process.	

**Vendors may serve schools in different regions based on school needs, at NCDHHS’s determination*

*** Modality will be based on the size of population being tested per school per day*

**** Due to the unpredictable timing of diagnostic testing, vendor support for this type of testing will be limited. If your school/district ONLY wants to perform diagnostic testing and are uncertain if your diagnostic testing requirements are best suited for vendor support option or independent (school-run) testing option, please reach out to our team at K12COVIDTesting@dhhs.nc.gov with a description of the type of testing you are considering.*

State-Contracted Vendor Program Requirements

All schools/districts who are interested in participating in this program must fulfill the following requirements:

- 1. Testing Point-of-Contact** – Identify one staff member who will serve as the liaison between the school/district and NCDHHS as well as between the school/district and the vendor
- 2. On-site storage** – Vendors will require storage space on school(s) campus(es) to store equipment during testing events
- 3. Parent / Guardian consent** – Obtain consent prior to testing students and notify parents/guardians when testing has been performed
- 4. Plan for Safe Isolation and Quarantine** –We encourage schools to closely consider additional support needs for historically marginalized or vulnerable groups

Depending on the specific vendor available in your school/district’s region, schools may need to be responsible for additional requirements.

Schools /districts who opt-in to the vendor program should be prepared to provide the following information to vendors and NCDHHS teams.

1. Type and frequency of testing desired from vendor (see [CDC screening testing recommendations](#))
2. Physical location of testing on school(s) campus(es)
3. Day(s) and time(s) for testing, including holiday schedule
4. Building entry, badge and access (during and after hours, as needed) requirements for vendor staff
5. Vendor staff parking, break area and bathroom access
6. Interpreter requirements
7. Equipment requirements (tables, chairs, etc.), Vendor will provide test supplies
8. Emergency protocols of which vendors should be informed (e.g. inclement weather, active shooter, etc.)

Option 2: Independent Testing

Public and private schools/districts who would like to perform diagnostic testing or screening testing on their own or in partnership with a non-state sponsored vendor may do so. Schools interested in performing independent testing may request test kits directly from NCDHHS or elect to receive funds to purchase their own testing resources.

Districts and schools may request tests for any of the options below:

- 1. Diagnostic testing** for all individuals, including students and school staff, who are symptomatic or had known exposure to a confirmed positive case, and/or
- 2. Routine (e.g. once weekly) screening testing** of all students and adults – including teachers and staff (see [CDC screening testing recommendations](#))

3. **Screening testing** for athletes, coaches, higher risk activities (i.e., chorus and band), and support staff on a regular, routine basis (e.g., weekly) and / or within 48 hours prior to events or tournaments
4. **Holiday or Break testing** for students and staff within 48 prior to return to school
5. **Special event testing** for students, staff and attendees within 48 hours prior to event

NCDHHS is currently supplying interested districts and schools with Abbott BinaxNOW Rapid Antigen test kits. All districts and schools interested in requesting these tests must meet the requirements, outlined below. Once the interested district or school has a plan in place to meet all requirements, they should complete the opt-in form shared with their school or district leadership and elect the independent testing option.

Some districts/schools may choose to conduct independent testing with self-supplied test kits or a non-state contracted vendor. These districts/schools should still complete the NCDHHS opt-in form, to ensure that your team gets access to the latest guidance and resources available through NCDHHS. Note that testing requirements and process may vary based on test type. Please review manufacturer or vendor requirements and ensure that your district/school can meet specifications prior to submitting the NCDHHS opt-in form. Districts/schools conducting independent testing will also need to meet [requirements for reporting](#) results daily to state or local public health.

Process to Request State-supplied Test Kits

A district or school interested in receiving tests for diagnostic or screening testing from NCDHHS must:

1. Review the **readiness checklist** and define a plan to meet all requirements
Interested LEAs must communicate with schools in their district to identify interested schools and submit one (1) request;
2. Communicate intent to provide testing to local health department point of contact and share/amend plan if directed by them. *Formal LHD approval or sign-off is not required to perform tests; and*
3. Complete the NCDHHS **StrongSchoolsNC K-12 Testing Program Opt-in Form**.
The form is due by September 13th, 2021.

NCDHHS reviews opt-in forms on a rolling basis and will contact your district/school with more information about how to request testing resources within 48 hours.

Requirements to Request State-Supplied Test Kits

All districts and schools interested in receiving state-supplied rapid antigen test kits must complete all eight (8) of the following requirements in order to receive approval from DHHS for their distribution of test kits.

1. **CLIA Certificate of Waiver** – [Obtain an approved CLIA certificate](#) of waiver if independently testing, or partner with an entity with a CLIA certificate if the partner is doing the testing.
2. **Physician Standing Order** – Elect to use the [Statewide Standing Order](#) for testing, or secure a signed physician standing order that is compliant with NC Board of Medicine and Board of Nursing requirements for a standing order. Please note, an appropriately licensed individual, such as an RN school nurse, must provide oversight for testing as described in the Statewide Order.
3. **Training** – Ensure all testing personnel have completed [training modules and are competent.](#)
4. **Parent / Guardian consent** – Obtain consent prior to testing students and notify parents/guardians when testing has been performed
5. **Reporting** – Verify ability to complete [DHHS reporting requirements](#)
6. **PPE** – Maintain an [adequate supply](#)¹ of PPE to perform tests
7. **Medical Waste** – Adhere to standards to properly handle and dispose of [medical waste](#)
8. **Plan for Safe Isolation and Quarantine** –We encourage schools to closely consider additional support needs for historically marginalized or vulnerable groups

Districts and schools can choose to meet these requirements **independently or partner** with a provider, laboratory or other similar organization that assures compliance. When partnering with another agency who is performing the testing process many of these requirements may be met by the agency. More detailed information about each requirement is provided [in the FAQ.](#)

NCDHHS will provide the following additional resources to support interested Districts and Schools electing to perform independent testing:

- Monthly office hours to answer questions from interested or enrolled sites. Please email K12COVIDTesting@dhhs.nc.gov to request to be added to the call.
- Weekly DHHS-hosted training sessions on test results reporting platform, *eCATR PTR*. Please email CATR@dhhs.nc.gov to be added to the invitation
- Bi-weekly office hours for school nurses where testing will be included as a routine topic

¹ School health staff and schools administrators may request 1-2 months work of PPE at a time through the NCDHHS form linked here: <https://nc.readyop.com/fs/4diu/96df>

Items 1-6 are PPE Supplies: Disposable masks, washable masks, N95 masks, Disposable gowns, washable gowns, face shields, gloves, thermometers, etc. The form will allow for up to 2000 of each of these items to be ordered.

Items 7-10 are Cleaning/Hygiene Supplies: Hand Sanitizer, Soaps, and Disinfectant Wipes. The form will allow for up to 12 of each of these to be ordered.

If your school / district requires more than the form allows, please note the full amount, and NC DHHS will try to fulfill as inventory allows. For more info on PPE orders, please contact your School Health Nurse Consultant.

Add-on for Public Schools: Funding for Temporary School Health Staff

LEAs and charters *who elect to participate in either Option 1 (State Vendor Program) or Option 2 (Independent Testing)* will be eligible to receive funding to hire temporary school health staff for the 2021-22 school year.

NCDHHS will provide schools/districts, who opt-in and meet the requirements of this program, with funds to hire a registered nurse (RN), licensed practical nurse (LPN), and/or unlicensed assisted personnel (UAP). These staff will primarily assist with the COVID-19 testing program and related COVID-19 response but may also be available to perform other crucial school health needs, such as health-related screening programs and other school health program activities.

Staff Funding Program Requirements

To receive funds, schools/districts must also complete the following requirements:

1. **Public School** – Verify that your school/district is a LEA or public charter school
2. **Testing** – Verify that your school/district is performing screening testing through the state vendor program or independent testing program by completing the opt-in form
3. **School Nurse** – Ensure that upon receiving the funds, your school/district will hire a registered nurse (RN) if a full time RN is not currently employed
4. **Reporting** – Submit to NCDHHS information regarding number, type and job responsibilities for staff hired using state funds via a future manner identified by NCDHHS.

LEAs and charter schools who opt-in to receive staffing funds will be contacted via email with more information. Resources to support implementation of health care teams and job descriptions are available at the [DPH School Nursing Support webpage](#) (Healthcare Teams in the School Setting) or from your [School Health Nurse Consultant](#).

Readiness Review Checklist for Districts and Schools Requesting State-Supplied Test Kits

District or schools interested in conducting diagnostic and/or screening testing using the free, opt-in test kits from NCDHHS must review and develop a plan to meet the below requirements, either themselves, or by collaborating with a partner organization.

Please direct questions to your [regional school nurse consultant](#).

- CLIA Certificate of Waiver:** The site has received a CLIA Certificate of Waiver OR has partnered with an entity to do testing who has a CLIA Certificate of Waiver to perform tests. *A CLIA certificate of waiver allows non-laboratory facilities to perform FDA-waived tests, such as antigen tests for COVID-19. Requirements for the certificate are to complete the application linked above, pay the \$180 certification fee (valid for 2 years) and follow the manufacturer’s instructions for the test that you are performing. The application process usually takes about 5 days.*
- Physician Standing Order:** The site has acquired a signed standing order for COVID-19 testing with the Abbott BinaxNOW from a physician, that is compliant with NC Board of Medicine and Board of Nursing requirements for a standing order or has elected to use the statewide standing order. *For most entities, the statewide order is a sufficient and easy way to meet this request. Please note, the standing order should be reviewed by all testers and available in the testing setting. Compliance with all components of a standing order is required. All locations performing ANY testing must have a licensed supervising clinician (i.e. registered nurse) employed for oversight of the testing program. Other staff (including non-clinical staff) may perform the BinaxNOW tests as long as they have completed the BinaxNOW training modules.*
- PPE:** The site has acquired an adequate supply of PPE and will be able to procure additional PPE as is needed. Additionally, the appropriate staff that will be administering the tests have reviewed [CDC guidance](#) on the use of PPE. *Personnel collecting specimens or within 6 feet of individuals suspected to have COVID-19, a surgical or procedural mask, eye protection, gloves and gown. Gloves should be changed between handling of specimens.*
- Training Requirements:** The site has ensured that all personnel administering Abbott BinaxNOW test kits have completed all necessary training modules. *Testing personnel do not need to be clinical or medical professionals. Any non-medical personnel performing tests must be operating under the supervision of a licensed medical professional and complete the required Abbott training videos (Modules 1-4). Trainings take approx. 10 mins to complete. Modules 5-6 (9 mins) are optional.*

- Communication, Consent and Notification Processes:** The site has identified processes to communicate testing program to families and staff, acquire testing consent and notify individuals of their results
- Reporting Requirements:** The site has trained all necessary staff on how to appropriately report test results daily to state or local public health.
Options for electronic reporting can be found at [Getting Started with Automated Reporting: NCDHHS COVID-19](#)
- Medical Waste:** The site has a mechanism to safely dispose of used testing material.
Other entities conducting antigen tests have collaborated with local hospitals, used Biohazard bags/containers or contracted with SteriCycle or another medical waste pick up
- Plan for Safe Isolation and Quarantine:** The site has a plan in place to provide additional support needs for historically marginalized or vulnerable groups.
- Ongoing Requirements:** The site will adhere to the following ongoing requirements:
 - Testing personnel will adhere to the written Instructions for Use (IFU) provided by the manufacturer in the test package insert.
 - Ensure NCDHHS has up-to-date information on test administrators and locations.
 - Abide by the infectious waste disposal criteria.
 - Acquire consent for all individuals being tested, or their parent/guardian.
 - Submit all required data elements to DHHS at least every 24 hours.
 - Retain documentation related to the testing program for at least 2 years.
 - Cooperate with their LHD on contact tracing as advised in the [StrongSchoolsNC Public Health Toolkit](#) and consider developing a contact tracing plan as advised in the [StrongSchoolsNC COVID-16 Contact Tracing Procedures for K-12 Schools](#).
 - Review and stay up-to-date on the CDC's [recommendations for K – 12 testing](#).