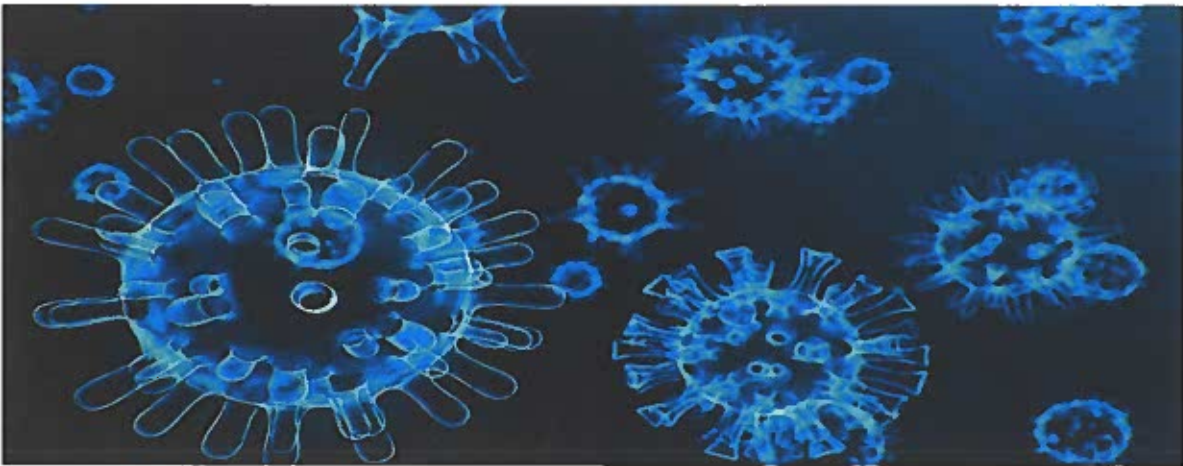


Prairie-Hills ESD 144

COVID-19

TESTING

MANUAL



Dr. Kimako Patterson, Superintendent
September 1, 2021

Dr. Kimako Patterson
Superintendent

3015 West 163rd Street
· Markham, IL 60428
Phone: (708) 210-2888
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Greetings Prairie-Hills Elementary District 144 Parents and Guardians,

In an effort to provide as many mitigation strategies as possible, Prairie-Hills D144 has been conducting surveillance COVID Testing using the Abbot BINAX antigen tests. The BINAX antigen tests in a nasal swab on the anterior portion of the nose. These tests were used throughout the previous school year after our students and staff returned from extended breaks such as Thanksgiving and the winter break. Our District office staff, myself included, have been conducting weekly BINAX COVID testing to ensure that we all remain safe and free from COVID.

This school year, 2021-2022, we have the opportunity to utilize the SHIELD saliva sample PCR test. This test has a 99.9% accuracy rate and provides results within 24 hours. We are excited to partner with the University of Illinois and the Illinois Department of Public Health. We will have a third-party medical company, VISIT Healthcare, pick up and deliver all specimens to their lab for results. These tests will be given to staff members weekly beginning August, 2021 and students beginning September, 2021.

The weekly testing regimen will allow us to remain and continue with in-person learning should a staff or student test positive for COVID. As such, all staff and students were asked to sign a waiver providing consent for weekly COVID testing. In addition, we will also have the BINAX tests available for those staff and students exhibiting COVID like symptoms.

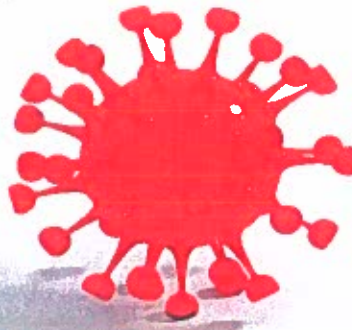
Some parents have expressed an interest in their child(ren) ONLY taking the SHIELD saliva test and not the BINAX nasal swab test. As such, I am sending a waiver for the 2021-2022 school year ONLY providing consent for your child(ren) to take the SHIELD saliva test. If you have already submitted a waiver then that will be used as consent for both tests should your child exhibit COVID like symptoms at school throughout the school year. If you prefer ONLY the SHIELD saliva test then please update your child's record by signing the attached waiver and emailing it back to me at kpatterson@phsd144.net or taking it to your child's school.

The health and safety of our students and staff remain our number one priority! I am attaching the following PHESD COVID Testing protocol manual to provide you with additional information regarding the BINAX tests and SHIELD testing program. A schedule of the days and times in which all schools tests is also provided.

As always, please don't hesitate to contact me with any questions, comments or concerns.

Sincerely,

Dr. Kimako Patterson



Prairie-Hills Elementary School District 144 TESTING LOCATION AND PROCESS

Mondays	District Office	8a.m.
	Nob Hill	9:45a.m.
	Markham Park	9:45a.m.
	Prairie-Hills Jr. High	10a.m. (make-up day ONLY)
Tuesdays	Highlands	9:45a.m.
	Chateaux	12:45p.m.m.
Wednesdays	Primary Learning Center	10a.m.
	Fieldcrest	12p.m.
Thursdays	Mae Jemison	9:45am.
Fridays	Prairie-Hills Jr. High	9:45a.m.



Parents will need to have a signed waiver (consent) for testing on file. (attached)



Students will be asked to provide a saliva sample and it will be picked up by VISIT Healthcare for testing. Results will be available within 24 hours. Students exhibiting symptoms can get tested with BINAX by our school nurses.



Students testing positive will need to home and quarantine for 10-14 days depending upon vaccination status.

PRAIRIE-HILLS D144 2021-2022

PARENT CONSENT FOR COVID-19 DIAGNOSTIC TESTING –

SHIELD SALIVA TESTING CONSENT ONLY**

Consent for COVID-19 Diagnostic Testing:

I, _____ (parent legal name) hereby consent to COVID-19 diagnostic testing of my child, _____, (student legal name) including the collection, testing, and analysis, of a sample specimen(s) by Prairie-Hills Elementary School District #144 (the "District"), or an appropriate representative(s) of the District. I acknowledge and understand that this testing of my child will require the collection of a sample specimen(s) which may be obtained by nasal or oral swab, saliva, or other recommended collection procedures from trained personnel. I understand that there are risks—including, but not limited to, the potential for false positive or false negative test results—and benefits—including, but not limited to, helping to maintain a safe school environment—associated with my child undergoing a diagnostic test for COVID-19. I assume full responsibility for taking appropriate action with regards to my child's test results. Should I have questions or concerns regarding my child's results, confirmation of the test results, or a worsening of my child's condition, I shall promptly seek advice and treatment from an appropriate healthcare provider.

Terms and Conditions:

- a. **Notice of Student Privacy Rights and Practices:** All results obtained through the District's testing protocol shall be used, for COVID-19 mitigation, tracking, and other purposes which may include surveys and data collection by the Illinois State Board of Education. All such results shall be retained in a confidential manner consistent with applicable State and Federal law and regulation.
- b. **Attestation:** I attest that I have authority to execute this form providing consent for my child to participate in this COVID-19 diagnostic testing protocol.
- c. **Voluntary Participation:** I understand that my child's participation in this COVID-19 diagnostic testing protocol is voluntary. I understand that my child may continue to attend school if I do not consent to their participation in this testing protocol or withdraw my consent, except for any required school exclusion due to an isolation/quarantine period consistent with local public health department, IDPH or CDC guidance.
- d. **Disclosure of Test Results and Associated Information:** I acknowledge that the District may disclose my child's COVID-19 test results and mine/my child's associated information to appropriate representatives of the District and/or appropriate Federal, State, county, or other governmental and regulatory entities as may be permitted by law. Due to the ongoing public health crisis, this may include sharing my/my child's test results and associated information with public health authorities. I understand that the District will also provide me with information on my child's test results. I understand that the District will notify me of my child's test results via written notice or email.

- e. Release: As consideration for this testing, I hereby, for myself, and for my heirs, executors, administrators and assigns, waive, release and forever discharge the District, its Board members individually, administrators, officers, employees, volunteers, agents and representatives from any and all manner of action and actions, cause and causes of action, suits, debts, accounts, damages, claims and demands whatsoever in law, or in equity, which I may now have or may acquire, by reason of personal injury or death or loss of or damage to personal property or any other reasons, which may be related in any way to the COVID-19 testing provided by the District which may accrue on account of my child's participation. I acknowledge and agree that I have read, understand, and agreed to the statements contained within this form. I have been informed about the purpose of the COVID-19 test being used, the procedures to be performed, the potential risks and benefits, and any associated costs. I have been provided an opportunity to ask questions before providing my consent to COVID-19 testing and I understand that I may withdraw my consent to COVID-19 testing at any time. I have read the contents of this form in its entirety and I voluntarily consent to testing for COVID-19.

- f. Indemnification: I hereby agree to indemnify, defend, and hold harmless the District, its Board members individually, administrators, officers, employees, volunteers and agents from any an all claims of responsibility or liability for personal injury, property damage, or loss which may arise from or is in any way connected with the COVID-19 testing provided by the District on account of my child's participation.

- g. Effect of Consent: By signing below, I am indicating that I voluntarily consent to and authorize the diagnostic testing described above for the detection of COVID-19. This consent is ongoing for the duration of the District's implementation of a diagnostic testing protocol and I acknowledge that it may be revoked at any time in writing.

The tests used by the District have been approved for diagnostic use through Emergency Use Authorization by the Food and Drug Administration ("FDA"). However, a rapid test alone may not be sufficient to detect or rule out the possibility that an individual has been exposed to or is infected with COVID-19. Individuals who receive a test should carefully monitor their own symptoms.

Parent Acknowledgement and Agreement:

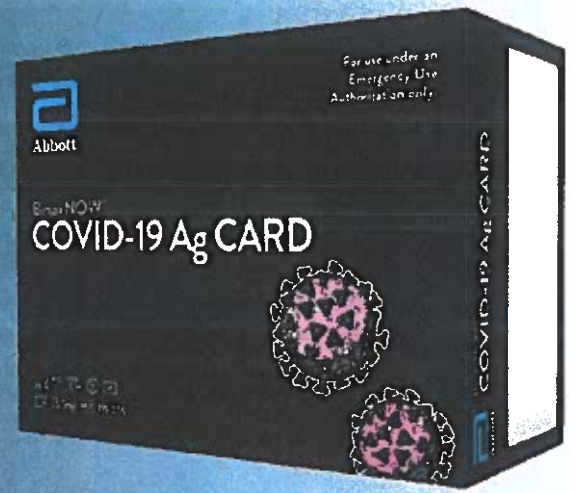
Student Name

School

Parent Signature

Date

BINAX NOW



Getting Started...



The BinaxNow tests are being paid for by the Illinois Department of Public Health (IDPH) This means there will be NO cost to or for students and staff members.



Current notification time for the rapid antigen test is 15 minutes.



Through advantages in speed, cost and accuracy, the saliva tests can increase access to testing and control spread by identifying pre-symptomatic and asymptomatic carriers.



This rapid antigen test is non-invasive and does not require medically trained personnel to collect samples, but PHESD 144 nurses conduct the testing.



The BinaxNow test has a specificity rate of 99.8% with very few false positives. High specificity combined with frequent testing increases the accuracy of the test.

Prairie-Hills ESD 144

Named 1 of over 75 Districts
SHIELD Illinois Deployment K-12 Partners.

Safely Opening Schools for In-Person Learning



SHIELD Illinois Overview:

SHIELD's PCR Test is Highly Accurate and can Screen for Variants.

- **covidSHIELD** is a highly sensitive molecular RT-PCR saliva-based test. *PCR (Polymerase chain reaction) creates a chain reaction that replicates viral genetic material, allowing detection of even low viral loads.*
- **covidSHIELD** detects three genes of the SARS-CoV-2 virus, unlike most PCR tests, which only detect 1 gene.
- **covidSHIELD** allows the test to identify pre-symptomatic and asymptomatic cases, as two of the genes must be present to label a sample as "positive."
- **covidSHIELD's** test has superior detection abilities compared to a one-gene approach and can screen for variants of concern.

SHIELD Illinois: About Our Test

About Our Test

Identify Infection	covidSHIELD takes a proactive approach to identify pre-symptomatic and asymptomatic individuals to allow those individuals to quarantine, reducing virus spread.
Fast Results	Results will be sent to the school district and IDPH through a HIPAA compliant health records portal within 24 hours of samples reaching our lab.
No Cost	The SHIELD Illinois saliva-based PCR test is FREE to public K-12 school districts.
High Accuracy	In a recent clinical trial, covidSHIELD's sensitivity (false negatives) was 96.8% and specificity (false positives) was 98.9%.
CLIA Certified	All of SHIELD Illinois' tests are processed in CLIA labs located throughout the state. SHIELD provides both the CLIA waiver and the doctor's order.
Easy to Collect	The covidSHIELD test is non-invasive and doesn't require a healthcare professional. A 3 rd party operations partner will handle the collections.
FDA Authorization	covidSHIELD received emergency use authorization (EUA) from the FDA to test symptomatic and asymptomatic individuals. Individuals who test positive don't need to seek a second test result to confirm the result.

Quarantine Alternatives + Test to Stay Program

****If an individual is a close contact, these quarantine options are available***

Option 1

Individual quarantines for 14-days (non-vaccinated individuals)

Option 2

If no symptoms are present, quarantine is reduced to 10 days

Option 3

A negative PCR test taken on day 6 after exposure can reduce quarantine to 7 days

Option 4: Test to Stay Program*

- If an individual is a close contact and tests on days 1, 3, 5, 7 with an EUA authorized test (PCR or antigen) and results are negative, the individual is not required to quarantine.
 - If testing is not possible due to a weekend or a holiday, test as soon as possible.
 - School should notify LHD upon completion of Test to Stay Program.
 - If close contact develops symptoms, they should immediately isolate.
- To participate in the Test to Stay Program, these steps must be followed:
 - School must require masks for all individuals regardless of vaccination status; and both the infected individual and the close contact must have been wearing masks at time of exposure.
 - Exception: Household exposures

*SHIELD is only able to provide "Test to Stay" testing if school district is participating in weekly testing program.

GLOSSARY



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TYPES OF TESTS

- **DIAGNOSTIC TEST** – These tests show that you have an active infection.
- **MOLECULAR TEST** – A type of diagnostic test that detects the virus' genetic material and is typically highly accurate.
 - **PCR TEST** – Polymerase chain reaction (PCR) is a technique used to amplify small segments of DNA. PCR tests detect the presence of an antigen, in this case the SARS-CoV-2 virus.
 - **LAMP** – Loop-mediated isothermal amplification is an alternative to the rt-PCR method of testing for SARS-CoV-2.
- **ANTIGEN TEST** – These are a type of diagnostic test that detects specific proteins on the surface of the virus. Antigen tests for SARS-CoV-2 are generally less sensitive than real-time reverse transcription polymerase chain reaction (rt-PCR) tests for detecting the presence of viral nucleic acid.
- **ANTIBODY TEST** – These tests detect the presence of infection-fighting proteins that may take days or weeks to develop.

USES OF TESTS

- **SCREENING** – Testing asymptomatic individuals regardless of exposure or signs and symptoms.
- **SURVEILLANCE** – Testing on de-identified specimens so results are not linked to individuals, in order to gain information at a community level.
- **DIAGNOSTIC** – Testing at the individual level when there is reason to suspect infection.

TEST CHARACTERISTICS

- **SENSITIVITY** – The rate at which a test correctly gives a positive result when a person has the SARS-CoV-2 virus. A high rate of sensitivity means a test has very few false negatives.
- **SPECIFICITY** – The rate at which a test correctly gives a negative result when a person does not have the SARS-CoV-2 virus. A high rate of specificity means a test has very few false positives.

Source: FDA

GLOSSARY



**SHIELD
ILLINOIS**



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SYSTEM**

EMERGENCY USE AUTHORIZATION (EUA) – The Food and Drug Administration is able to allow medical products or new uses of medical products that do not have full FDA approval in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when there are no adequate, approved, or available alternatives. Tests that have EUA do not require a second test and have liability protection through the PREP Act.

CLIA – The Clinical Laboratory Improvement Amendments of 1988 statute is an amendment to the Public Health Services Act in which Congress revised the federal program for certification and oversight of clinical laboratory testing. When a lab is CLIA-certified, that means it meets certain quality standards for laboratory testing performed on specimens from humans, such as blood, body fluid and tissue, for the purpose of diagnosis, prevention, or treatment of disease, or assessment of health.

PREP ACT – Public Readiness and Emergency Preparedness Act, which provides immunity from liability for any loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined in the Declaration to constitute a present or credible risk of a future public health emergency.

OBSERVED TEST – A test where the sample is provided in the presence of another person.

UNOBSERVED TEST – A test where the sample is not provided in the presence of another person.

SELF-ADMINISTERED TESTS – Tests that do not require a clinician to be present for collection of samples

DIRECT – Method of RT-qPCR testing without the RNA extraction step present in the standard test

RNA EXTRACTION – Costly and time-consuming step in the standard method of RT-qPCR testing requiring additional reagents that became scarce during the COVID-19 pandemic

Source: FDA