

**NEW HAMPSHIRE COVID-19
SAFER AT SCHOOL SCREENING (SASS) PROGRAM**

April 28, 2021

New Hampshire Department of Health and Human Services

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EXECUTIVE SUMMARY

The goal of the Safer at School Screening program (SASS) is to identify asymptomatic individuals with COVID-19 as early as possible in order to allow in-person school and educational programs in New Hampshire. SASS enables routine COVID-19 screening for select populations (students/staff who have traveled internationally or on cruise ships, participate in contact sports teams, residential K-12 schools and overnight camps) in the state of New Hampshire (NH) who are at higher risk of COVID-19 than the general population based on NH DHHS epidemiology. Participation is optional.

Participating organizations will test using antigen tests (e.g., BinaxNOW) or RT-PCR. The extent of participation in SASS is flexible, with a range of acceptable strategies to test all suggested populations with a sampling scheme of: 25% weekly, 50% every two weeks or 100% monthly, dependent on local risk and logistic and human resources. Including persons who have tested positive within the previous 90 days or who have completed an approved vaccine series is discouraged, but can be undertaken if preferred in order to safeguard protected health information (PHI).

RT-PCR testing is preferred over antigen testing¹. But if an asymptomatic person tests positive using antigen testing, the positive individual should be isolated and undergo an anterior nares or nasopharyngeal (NP) RT-PCR test immediately, ideally within 24 hours, but no later than 48 hours after the positive antigen test. If the RT-PCR test is positive, NH DHHS and the participating organization will enact COVID-19 infection control strategies, including isolation, quarantine, contact tracing, further testing, and other protective measures in these facilities. If the RT-PCR test is negative, and the person remains asymptomatic, the person can return to school and resume all normal activities.

¹ NOTE: SASS allows use of antigen testing for asymptomatic screening, in accordance with [CDC guidance for utilizing antigen testing](#) for asymptomatic screening purposes. SASS guidance is analogous to testing described in [high-density critical workplace](#) and [institutes of higher education](#) guidance. Therefore, SASS operates in accordance with State recommendations to only use antigen testing for diagnostic purpose among symptomatic individuals. The required confirmatory RT-PCR for positive antigen test results will limit unnecessary response to false positive antigen results.

I. BACKGROUND

In New Hampshire (NH), in person schooling and education is favored for the overall well-being of our young population. The NH Department of Health and Human Services (DHHS) recognizes that school clusters of COVID-19 have been counterproductive toward high quality in-person education. Movement to remote (virtual) education has also presented economic challenges to families when parents/guardians are required to assist with at-home learning and not able to work themselves.

In response, the NH DHHS has established the Safer at School Screening program (SASS), whose goal is to identify asymptomatic individuals with COVID-19 as early as possible in order to protect the educational environment and facilitate continuous in-person school and educational programs in NH.

Definition of Screening

SASS utilizes RT-PCR or antigen testing for screening, not diagnostic purposes. RT-PCR is preferred but within this program, the use of antigen tests follows [CDC guidelines](#) for [testing asymptomatic individuals without known or suspected exposure to SARS-CoV-2 for early identification in special settings](#). The CDC definition of screening testing is as follows:

“Screening testing for SARS-CoV-2 is intended to identify infected persons who are asymptomatic and without known or suspected exposure to SARS-CoV-2. Screening testing is performed to identify persons who may be contagious so that measures can be taken to prevent further transmission. Examples of screening include testing in congregate settings, such as a long-term care facility or a correctional facility, a workplace testing its employees, or a school testing its students, faculty, and staff. See CDC’s [Overview of Testing for SARS-CoV-2...Considerations for Non-Healthcare Workplaces](#)...FDA’s [FAQs on Testing for SARS-CoV-2](#) also address screening testing for SARS-CoV-2. [3]”

Testing asymptomatic individuals without known or suspected exposure to SARS-CoV-2 for early identification in special settings

The CDC states, "Viral testing of [persons] without symptoms may be useful to detect COVID-19 early and stop transmission quickly, particularly in areas with [moderate to substantial community transmission](#)." CDC further acknowledges that a screening testing approach may be considered in settings where physical distancing is difficult and people are in [close contact](#) (within 6 feet for 15 minutes or more) and "where continuity of operations is a high priority (e.g., [critical infrastructure sectors](#))" [5]. SASS is consistent with this guidance. Routine and recurrent testing of asymptomatic individuals in an identified target population also serves a surveillance function and helps identify and track spread of COVID-19 in communities. SASS supplements (and does not replace) existing COVID-19 testing in communities already experiencing increasing COVID-19 community transmission.

II. LOGISTICS

SASS enables routine COVID-19 screening for select populations (students/staff who have traveled, participate in contact sports teams, residential K-12 schools and overnight camps) in the state of New Hampshire (NH) who are at higher risk of COVID-19 than the general population based on NH DHHS epidemiology. Participation is optional.

Participating organizations will test using antigen tests (e.g., BinaxNOW) or RT-PCR tests. The extent of participation in SASS is flexible, with a range of acceptable strategies to test all suggested populations with a sampling scheme of: 25% weekly, 50% biweekly or 100% monthly, dependent on local logistics, resources, and DHHS recommendations to certain organizations recognized to be at higher risk of COVID-19 transmission. Screening persons who have tested positive for SARS-CoV-2 within the previous 90 days or who have completed an approved vaccine series (14 days beyond second dose of mRNA vaccine [Pfizer and Moderna] or single dose Johnson and Johnson Janssen) is discouraged.

Eligibility

Organizations which meet inclusion criteria will be eligible but not required to participate in SASS, while individuals within the organization are free to choose not to participate in screening. Inclusion criteria are shown below:

Table 2.1 SASS Inclusion Criteria

Organization Inclusion Criteria
<ul style="list-style-type: none"> ○ New Hampshire schools serving children in kindergarten through grade 12 ○ New Hampshire child care that offers kindergarten ○ New Hampshire overnight youth recreation camps ○ If conducting on-site antigen testing, organization must have a CLIA certificate²
Staff, Student and Camper Inclusion Criteria
<ul style="list-style-type: none"> ○ Elects to participate with no coercion ○ Asymptomatic ○ Not tested positive for COVID-19 in the prior 3 months ○ Not 14-days beyond approved vaccination series³ ○ At least occasionally physically present at the organization (i.e., is not exclusively teleworking or fully remote) ○ If antigen testing is used, agrees to isolation and to obtain RT-PCR within 48 hours following a positive antigen test ○ For participants under the age of 18, parental consent is required.

² Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that meet the requirements to perform moderate, high or waived complexity tests.

³ Screening persons who have tested positive for SARS-CoV-2 within the previous 90 days or who have completed an approved vaccine series (14 days beyond second dose of mRNA vaccine [Pfizer and Moderna] or single dose Janssen Johnson and Johnson) is discouraged, but can be undertaken if favorable to protect protected health information (PHI).

Guidance for Specific Settings

NH DHHS provides this site-specific guidance for your consideration, but each organization is in the best position to design their own SASS program, adapting from principles provided below.

Schools K-12: K-12 schools include public district, charter, private, and other non-public schools. NH DHHS defines school staff as workers receiving compensation or not as classroom teachers, librarians, administrators, nurses, office staff, para educators, custodial staff, other education support professionals, food services personnel, bus drivers and bus monitors. Staff considered appropriate for participation in SASS may be full or part time (including substitute teachers). Student teachers are also eligible if they are at the school to meet requirements of their academic program.

School K-12 groups that may be at higher COVID-19 risk and are therefore appropriate for SASS participation might include:

- Contact and other sports teams such as hockey, football and lacrosse
- Persons returning from high risk business or personal travel such as a cruise or any international travel
- Persons returning to the school environment following a prolonged break such as the start of school year or holiday breaks ≥ 7 days. This is especially true for residential schools.
- Persons who recognize themselves at high risk because of inability to comply (or choice to not comply) with nonpharmaceutical interventions (e.g., universal mask wearing, social distancing, avoiding crowds, etc.).

Child Care Programs that Provide Kindergarten: Child care programs are eligible only if they offer kindergarten. Staff include workers (receiving compensation or not) from a licensed childcare setting, including office, kitchen and janitorial staff; contract employees or licensed self-employed individuals; whose activities involve the care or supervision of children for such a child care program. Child care program personnel as defined in the [NH Child Care Licensing Rules](#) include:

<ul style="list-style-type: none">• Assistant group leader• Assistant teacher• Associate teacher• Custodial staff• Family child care assistant• Family child care provider	<ul style="list-style-type: none">• Family child care worker• Group Leader• Project leader• Household member• Junior helper• Lead teacher	<ul style="list-style-type: none">• Office staff• Site coordinator• Site director• Substitute and qualified substitute
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Student childcare providers are also eligible if they are reporting to the child care program to meet requirements of their academic program.

Child care groups that may be at higher COVID-19 risk and are therefore appropriate for SASS participation might include:

- Persons returning from high risk business or personal travel such as a cruise or any international travel
- Persons returning to childcare following prolonged break such as the start of school year or holiday breaks ≥ 7 days

New Hampshire SASS

- Persons who recognize themselves at high risk because of inability to comply (or choice to not comply) with nonpharmaceutical interventions (e.g., universal mask wearing, social distancing, avoiding crowds, etc.).

Overnight Youth Recreation Camp Staff and Campers: Youth recreation camp staff include paid or volunteer workers in roles as described in the [Youth Recreation Camps](#) administrative rule:

<ul style="list-style-type: none">• Director• Counselor• Counselor in-training• Junior counselor	<ul style="list-style-type: none">• Activity leader• Instructor	<ul style="list-style-type: none">• Health care staff• Kitchen staff• Maintenance staff• Special recreation staff
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Camp staff/campers that may be at higher COVID-19 risk and are therefore appropriate for SASS participation might include:

- At the time of arrival to the camp session
- Persons returning from high risk business or personal travel such as a cruise or any international travel
- Persons who recognize themselves at high risk because of inability to comply (or choice to not comply) with nonpharmaceutical interventions (e.g., universal mask wearing, social distancing, avoiding crowds, etc.).

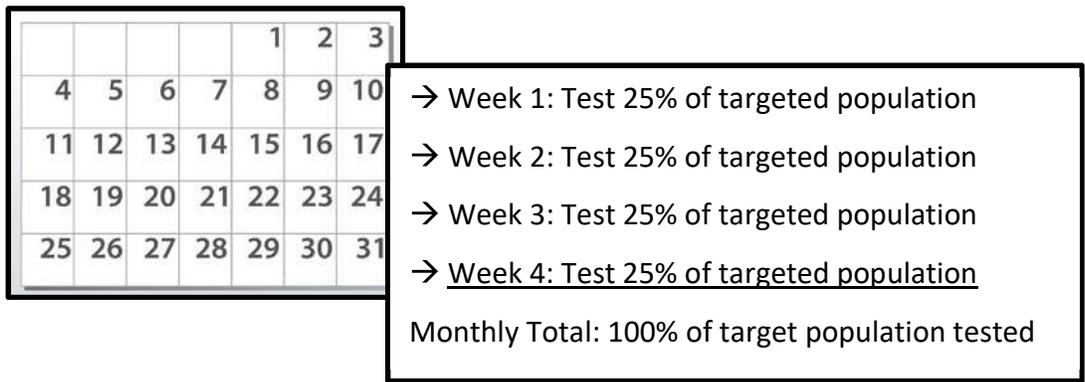
Note Regarding Symptomatic Individuals

The SASS program is intended to test asymptomatic persons. Persons who develop any new and unexplained symptoms compatible with COVID-19 should consult their healthcare providers and be tested under appropriate infection control. Healthcare providers should follow DHHS testing recommendations to determine the appropriate testing strategy and location.

Scheduling

Organizations should develop their own schedule based on the model below. One example is to divide those who are in the elected targeted population into four approximately equal groups. These groupings can be achieved according to job type, grade/age, or randomly such as quarter of birth year or alphabetically. Test one group each week so that at the end of the month, 100% of those eligible have been tested. Another example is to simply test 100% of the eligible population once a month.

Figure 2.2 Sample Calendar



Specimen Collection

Any antigen testing will need to be performed by an organization that has Clinical Laboratory Improvement Amendments (CLIA) certification and appropriately trained personnel to perform the test. The direct nasal swab should be collected in accordance with the package insert for the antigen test (e.g., BinaxNOW test package insert referenced below). It can be self-collected under supervision by a trained staff member.

Review and follow CDC’s [Guidance for SARS-CoV-2 Point-of-Care Testing](#).

Personal Protective Equipment (PPE)

The trained staff member collecting the nasal swab (or overseeing self-collection of a nasal swab collection) and those who run the sample on the antigen test (e.g., BinaxNOW card) should wear appropriate PPE consisting of: surgical face mask, eye protection (goggles or face shield that protect the front and side of the eyes), gown, and gloves. Gloves should be changed between patients, but if no physical contact and no contamination of PPE occurred during a patient encounter, then face mask, eye protection, and gown can be re-used. Hand hygiene should be conducted at a minimum before donning gloves, after glove removal, and in-between patients.

Informed Assent

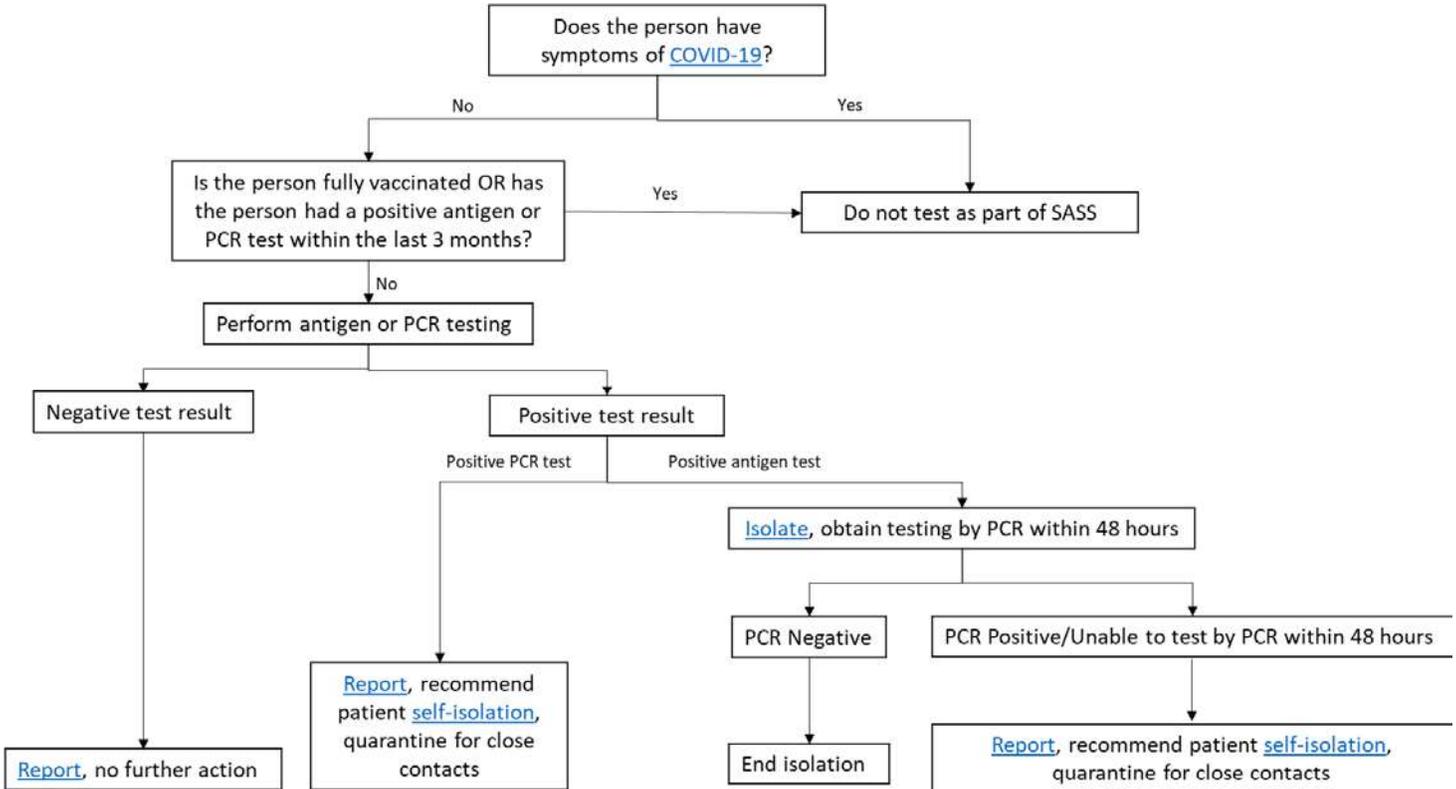
Individuals may elect to not participate in testing at any time. Those who elect to participate in testing should receive clear information on:

- The type, manufacturer and name of the test (i.e., RT-PCR or antigen such as Abbott BinaxNow), the purpose of the test (to identify SARS-CoV-2 infection among members of the organization to reduce risk of transmission to others), the reliability of the test (i.e., risk of false positive test results with antigen testing), who will pay for the test (NH DHHS), and how the test will be performed (anterior nares swab), and
- How to understand what the results mean, actions associated with negative or positive results (isolation while seeking PCR within 48 hours of antigen test), who will receive the results (NH DHHS), how the results may be used (see algorithm below), and any consequences for declining to be tested (e.g., exclusion from in-person learning for empiric quarantine following high risk travel, inability to participate in contact sport, quarantine on arrival back to campus or camp after prolonged break, etc.).

Individuals tested are required to receive patient fact sheets as part of the test’s [emergency use authorization](#).” [4] See employee FAQs and informational sheet in [Appendix D](#).

Persons who cannot self-assent (e.g. children <18 years old or those lacking capacity with healthcare power of attorney) must undergo consent process, including such information as above and allowing signature of the parent or guardian.

III. TESTING ALGORITHM



IV. RESPONSE TO A POSITIVE ANTIGEN TEST RESULT in SASS⁴

Antigen tests are less accurate than PCR-based tests and may give false positive results when used in areas of low-prevalence of COVID-19 and in asymptomatic individuals. If the antigen screening test is positive as part of SASS, the next steps are critical to unnecessarily avoid disruption of your organization’s services if the test is false positive, but also respond to minimize transmission if the test is true positive:

1. If the antigen test is positive, the person whose test is positive should immediately
 - a. put on a surgical mask (if not already),
 - b. be dismissed from the facility, and
 - c. instructed to self-isolate pending RT-PCR results.

⁴ This guidance is specific for SASS. Other guidance may apply for other uses of the BinaxNOW, such as use for symptomatic persons or in long term care facilities.

2. The individual should acquire follow-up RT-PCR testing as soon as possible (ideally same day) but no later than 48 hours following the positive antigen test. This confirmatory test is necessary due to the fact that antigen tests may return false positive results when performed on asymptomatic individuals, such as in a screening program such as SASS. The follow-up PCR test can be arranged by accessing one of the existing community testing [sites](#).
3. The organization that collected the RT-PCR specimen is responsible for notifying the person being tested of their test result. When RT-PCR results are available:
 - a. If the RT-PCR test is negative, and the person remains asymptomatic, the individual can return to school and resume all normal activities. A negative RT-PCR test acquired within 48 hours likely indicates that the antigen test result was a false positive.
 - b. If the RT-PCR test is positive, the person should continue to follow instructions for isolation. The school and DHHS will work together to control any additional spread within the organization such as through cleaning, additional testing and quarantine of close contacts. The person can return to school when [discontinuation of isolation criteria](#) are met.

What is a False Positive?

A false positive is a test result indicating the infection is present when it is not. Communities where there is a lower incidence of COVID-19 have a higher likelihood of antigen tests returning false positive results. For example, BinaxNOW antigen test’ specificity is such that if used among persons where <1% actually have disease, <40% of positive test results are true positive. Therefore, all positive antigen tests in SASS must be confirmed with an RT-PCR test within 48 hours. If the PCR test is negative, and the person remains asymptomatic, the antigen test result will be considered a false positive, meaning the individual likely does not have COVID-19. If the individual is unable to obtain a PCR test within 48 hours, they will be treated as a true positive.

For more information on understanding antigen tests, review CDC’s [Interim Guidance for Rapid Antigen Testing for SARS-CoV-2](#).

Table 3.1 COVID-19 Prevention and Response Resources

NH DHHS Guidance
Prevention
<ul style="list-style-type: none"> ○ Employee Travel and Quarantine Guidance ○ Health Alert Network (HAN) messages to provide new guidance and information regarding COVID-19. (To sign up email health.alert@nh.gov) ○ Educational Partner Calls, Wednesdays at 3:30pm <ul style="list-style-type: none"> ➢ Zoom link: https://nh-dhhs.zoom.us/j/98062195081 ➢ Call-in phone number: (646) 558-8656 ➢ Meeting ID: 980 6219 5081 ➢ Passcode: 197445 ○ For individual consultations, contact 603-271-4496 (after-hours: 603-271-5300)
Response

<ul style="list-style-type: none">○ Self-Isolation Guidance○ Self-Quarantine Guidance○ What are isolation, quarantine, and self-observation?○ Various translated documents can be found at https://www.nh.gov/covid19/resources-guidance/residents.htm
CDC Guidance
<ul style="list-style-type: none">○ Environmental Cleaning and Disinfection for Community Facilities

V. TESTING COORDINATION

Test Results – Notification Process

Antigen test (e.g., BinaxNOW test) results must be reported to the NH Division of Public Health Services (DPHS). Reporting all personally identifiable information for COVID-19 test results is required by [federal](#) and [state](#) law. This includes reporting positive, negative, and invalid results. Results must be submitted at least daily and within 24 hours of the result being available. Organizations performing point-of-care testing have two options for submitting test results:

- Enter test results for each patient tested via an [online form](#).
- Submit daily results for multiple patients via a specially formatted file submitted through a secure file transfer solution. Instructions for this method are [online](#).

RT-PCR Access

For the RT-PCR tests following a positive screening antigen test, individuals should be advised to obtain a RT-PCR test through their primary care provider, at a statewide community testing [site, or through a reference laboratory](#). Following confirmed positive tests, any additional facility/site testing can be coordinated with DHHS, and may include the mobile testing teams or the fixed sites.

VI. REFERENCES

1. <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>
2. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/testing-non-healthcare-workplaces.html>
3. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/testing-non-healthcare-workplaces.html>

APPENDIX A

Participation Agreement Form

Please complete this form and submit to the [Office/Dept. Name] via fax (000-000-0000) or email template@dhhs.nh.gov.

Organization Name

Organization Address*

Street _____

City _____ State _____ ZIP code _____

*this address will be used to deliver testing kits

Organization Demographics

Number of Staff _____ Number of Students _____

By submitting this form I agree:

- My facility would like to participate in this screening testing program.
- I understand that testing results will only be shared in an aggregated form, and the sharing of results will not compromise the facility or resident's confidentiality.

Name of organization representative

Signature of organization representative

Date signed

** Privacy statement: All information shared on this form will be kept confidential and is solely for purposes of the SASS program. This information will not be otherwise used or distributed.*

APPENDIX B

Program Start-Up and FAQs

Date: Wednesday, April 28, 2021

To: [Facility Name]

From: Bureau of Infectious Disease Control

Thank you for electing to participate in SASS. Below are instructions for next steps and responses to frequently asked questions to guide your participation.

Next Steps:

1. Determine a schedule for testing. For example:
 - a. Test all those eligible in one testing event. This strategy makes the most sense for the start of school year, on return from prolonged break or start of camp; or
 - b. Divide eligible persons into four groups, each group consistent of 25% of eligible persons. Test one group each week so that at the end of the month, 100% of those eligible have been tested. This strategy makes sense for
2. Receive RT-PCR test kits or BinaxNOW testing cards from the State Public Health Lab.
3. Conduct testing of staff according to the established schedule. Follow manufacturer instructions to perform specimen collection.
4. If any results come back positive, send the individual for follow-up PCR testing within 48 hours.
 - a. Staff can consult their primary care provider or find options for testing on the state website: <https://www.nh.gov/covid19/resources-guidance/testing-guidance.htm>
5. Consult with the State for actions regarding infection prevention and control if any confirmatory PCR test results come back positive.

If you have any questions about next steps, please reach out to [Office/Dept. Name] by phone (000-000-0000) or email (template@dhhs.nh.gov).

Sincerely,
Bureau of Infectious Disease Control

APPENDIX C

Fact Sheet for Participating in SASS

Information to know before you get tested:

- For this SASS testing program, either antigen or RE-PCR testing will be used:
 - The BinaxNOW COVID-19 Ag Card made by Abbott Diagnostics
 - Especially when used in asymptomatic persons, the BinaxNOW COVID-19 Ag Card test sometimes can give false positive results, which could result in: recommendation to isolate, monitoring of close contacts for symptoms, and temporarily limit your ability to work
 - If you test positive using the antigen card, you must obtain a PCR test within 48 hours
 - The purpose of the PCR test is to determine whether the initial positive was a true positive
 - RT-PCR, or nucleic acid amplification testing
- The purpose of this test is to detect parts of SARS-CoV-2, the virus that causes COVID-19 infection. The test can be used to diagnose COVID-19 in symptomatic persons, but for this program, will be used among asymptomatic persons.
- The test requires a nasal swab
- All results will be reported to the DPHS
- The cost of testing will be covered by the federal government, whereas the cost of test coordination will be covered by the State of New Hampshire
- You do not have to participate in this program, and if you choose not to, your institution may elect to restrict your participation in activities

Other important information:

FDA Emergency Use Authorization: <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>

BinaxNOW COVID-19 Ag Card Diagnostic (Most Recent Letter of Authorization) and Date EUA Originally Issued: <https://www.fda.gov/media/141567/download>

BinaxNOW COVID-19 Ag Card Fact Sheet: <https://www.fda.gov/media/141569/download>