# Antigen Testing In Congregate Shelters

## Process Outline And Implementation Playbook

UCSF University of California San Francisco

UCSF Center for Vulnerable Populations
Zuckerberg San Francisco General Hospital
Benioff Homelessness and Housing Initiative

National Health Care for the Homeless Council

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For a comprehensive list of contributing individuals and organizations, see page 50 in the appendix of this document.

# Background

**People experiencing homelessness (PEH) are at risk for infection during community spread of COVID-19. High rates of underlying chronic conditions and acute illnesses, lack of prevention guidance support, and stigma and discrimination that often disenfranchise PEH from connections to mainstream services are some of the individual and structural drivers of heightened risk for this population.**

In light of this increased vulnerability, **comprehensive testing among PEH can support identification of infectious individuals and prevent further transmission within homeless populations, especially in high-risk congregate shelter settings, and throughout the broader community.** The CDC has recommended that regular testing in shelters should be considered to include as many PEH as possible if testing is accessible. However, **PEH and the staff who support them face substantial barriers to robust and coordinated COVID-19 testing.** Some of the barriers to testing include limited staff capacity, inconsistent access to tests and testing supplies, cost of testing, and challenges with lab capacity and turnaround times. Other barriers for PEH include general mistrust of health systems and negative perceptions of testing, as well as general accessibility and proximity of testing sites.

The most significant and addressable barrier to testing as a means in interrupting transmission the extensive turnaround time of traditional, high complexity lab-based PCR testing. Rapid point-of-care antigen testing, as outlined in this playbook, can help mitigate or address several of these related barriers – including cost, accessibility, and turnaround times for results. **Prior work by UCSF highlights the efficacy and promise of rapid tests in real-world settings.**

## Content Overview

**Screening testing is the process of testing asymptomatic populations to effectively triage and isolate patients in real-time. This process often utilizes less expensive tests that can be conducted onsite with faster results (in this case, a rapid antigen assay).** This playbook describes the implementation process and logistical considerations to stand up a minimum 2x / week COVID-19 screening testing program with the use of rapid antigen test assays in congregate shelter settings.

Setting up screening testing in congregate shelters requires partnership among congregate shelter settings, state and local health jurisdictions, and service providing entities such as healthcare providers, academic institutions, contracted healthcare staffing partners, and volunteers.

While diagnostic testing will remain a critical part of any testing strategy (and many jurisdictions have been conducting diagnostic PCR testing programs), **a comprehensive screening testing approach that proactively identifies active infections and triggers outbreak prevention and mitigation response immediately is needed – particularly amongst those bearing disproportionate burdens of COVID-19's effects.** PCR testing alone often limits these capabilities due to logistical constraints, long result times, and expensive instrumentation.

**The resourcing model and workflows have been optimized for sustainability and replicability.** Consider repurposing outbreak prevention teams for screening testing and leveraging untapped capacity within the local health jurisdictions (such as health sciences students or retired healthcare workers). **This model also provides key components for mobile vaccination infrastructure in the longer term.**

## Context and Benefit

- This playbook is designed to guide partnerships between local health jurisdictions, healthcare providers, and congregate shelter sites. Careful planning and coordination are needed to ensure program feasibility and sustainability. The playbook includes optimized resourcing, workflows, and operational considerations to improve such feasibility.
- Given uncertainty around vaccination rollout and herd effects, **experts predict the sustained need for COVID-19 prevention protocols well into 2022.** The need for COVID-19 testing is also likely to persist for a long period to come.
- Screening testing with the use of antigen (simple, rapid, and inexpensive) tests provides an opportunity to understand infection risk and sever transmissions chains in real-time and in an ongoing manner. **Through frequent, rapid, ongoing testing, individuals can understand their infection status at the moment of the test, monitor their status frequently, and isolate accordingly in the case of a positive result given proper structural supports.**
- **This model of testing has the potential for replicability** in other settings with a high degree of congregation and a relatively stable population, such as schools, workplaces, housing facilities, and other congregate spaces.
- With proper planning and coordination, screening testing teams can be repurposed in the event of vaccine availability to deliver vaccines to high-risk populations, such as those living in congregate shelter settings.
- According to the prevalence of COVID-19 in your local settings, PCR diagnostic follow-up may be required for some rapid test results – particularly in the early stages of the program where validation may be required and in the cases of symptomatic negatives and asymptomatic positives. This need should be established in accordance with the local health jurisdiction's guidance.
- [For California stakeholders] This playbook can be used as an additional resource to the **Community Testing Playbook** developed by the State of California (**interest form link**), which provides detailed guidance on procuring and utilizing mail-in PCR tests – these tests provide a high level of diagnostic accuracy, and can be used for clinical management purposes and confirmation of infection, as will be highlighted in the subsequent material.

## Objectives

- Improve the accessibility and availability of testing for people experiencing homelessness.
- **Improve the equitable distribution of testing resources** for communities facing the disproportionate effects of COVID-19.
- **Sever chains of transmission** and allow for responsive outbreak prevention and mitigation.
- Establish a more comprehensive means to identify people experiencing homelessness who may benefit from clinical services or isolation as a result of COVID-19.

# Strategy and Planning

# Key Planning Considerations

**Below are the considerations and rate-limiting steps for getting started on an antigen testing program in congregate shelter settings.**

- **There must be a high level of coordination** between the supporting staffing partner (LHJ or other provider), shelter staff, and any other supporting partners. For early program development, frequent meetings and careful planning will be needed to ensure proper training and resourcing, workflows, and equipment logistics.
- **Isolation and quarantine spaces must be designated prior to standing up a program.** Operational considerations and logistics for transport from shelters to sites, as well as site capacity, should be resolved and coordinate between the shelter and health department (which typically has jurisdiction in this space).
- In the case of limited resources, outbreak prevention and response teams can potentially be repurposed to conduct screening testing in shelters. Screening testing provides the value of on-site, immediate outbreak identification and prevention.
- **A CLIA waiver should be obtained and staff conducting testing should be properly trained to conduct the test.** Service-providing entities should work with their local health jurisdiction or State Department of Health for guidance on obtaining a CLIA waiver.
- Information management (registration process, reporting interface, and state public health integration) should be established prior to conducting testing. **PrimaryBio** is the data management and reporting system off which this playbook is modeled off of and serves as an option for a comprehensive data management system through contracting. See the registration and reporting sections for more information on reporting processes.
- This playbook assumes the use of the more widely available Abbott BinaxNOW rapid antigen assay. However, the workflow and processes are flexible and applicable to the use of any rapid assay, given proper manufacturer instructions are followed.
- In order to overcome lower sensitivity in rapid antigen testing and maximize the infection control benefits, this playbook is modeled off of 2x / week or more frequent testing. It is adaptable to different frequencies, which should be established in coordination with the health department.

## Test Procurement

To implement a minimum twice weekly testing, you will need to ensure a steady supply and flow of rapid tests. If you do not currently have access to a supply of tests, below are the shelter-specific considerations for test procurement.

+ Anticipate testing to be ~50% of your shelter population on a given testing day. Thus, in a given week where antigen testing is conducted twice, anticipate one test per resident will be needed. Obtain staffing numbers from the shelter in advance to ascertain numbers of staff who may test.
+ Testing should occur at minimum twice weekly. Three times per week could potentially provide additional protection against outbreaks, particularly in high prevalence settings. Multiply the shelter population and staff by 1.5 to estimate the quantity of tests needed in case of 3x / week testing.

To begin the order process for BinaxNOW tests, the local health jurisdiction or service provider should coordinate with the shelter to estimate the needed supply of tests needed and request an allocation of tests from the State.

+ **For shelters or other service providers receiving this playbook** – reach out to your contacts at the local health jurisdiction to make them aware of this playbook and request a rapid antigen screening program for your site.
+ **For local health jurisdictions receiving this playbook** – reach out to shelters and service providers to coordinate the implementation of the program. Contact the State to request an allocation of rapid antigen tests.

### For California-Specific Entities

After identifying testing demand at your site(s), State partnership and test procurement are accessible through the antigen testing application form **found here**. More complete guidance for state partnership can be found in the antigen testing playbook **located on this web page**.

## Regulatory Guidance

In order to conduct testing, testing programs must obtain a CLIA waiver. **Service-providing entities should work with their local health jurisdiction or State Department of Health for guidance on obtaining a CLIA waiver.** Options may include:

- Using your state's umbrella CLIA waiver program, if available.
- Partnering with a local physician or service-providing entity who has a CLIA waiver.
- Obtaining a CLIA waiver through a vendor.
- Partnering with a local laboratory that has a CLIA waiver. **A CDC database** is located here.

For entities in the California, you may use the State's CLIA license and their existing antigen test supplies by submitting interest through the antigen testing **application form found here**. After staff trainings are completed, competency quizzes are conducted, the organization will sign an Agreement and return it the State. Upon receiving the agreement, a CDPH representative will countersign the Agreement and release the state's CLIA number to entities to use for reporting.

## Staffing at a Glance

Program stand-up is generally more resource intensive than program sustainability and management. For the first week of testing, consider spending 1-2 days solely for registration (absent of testing). Registration days may only require 3 staff. A single team with mobile capabilities can support a number of shelters in the same day. Below is a sample weekly resourcing plan modeled from San Francisco shelter planning efforts.

### Sample Weekly Site Plan – Single Team, 2x Weekly Testing

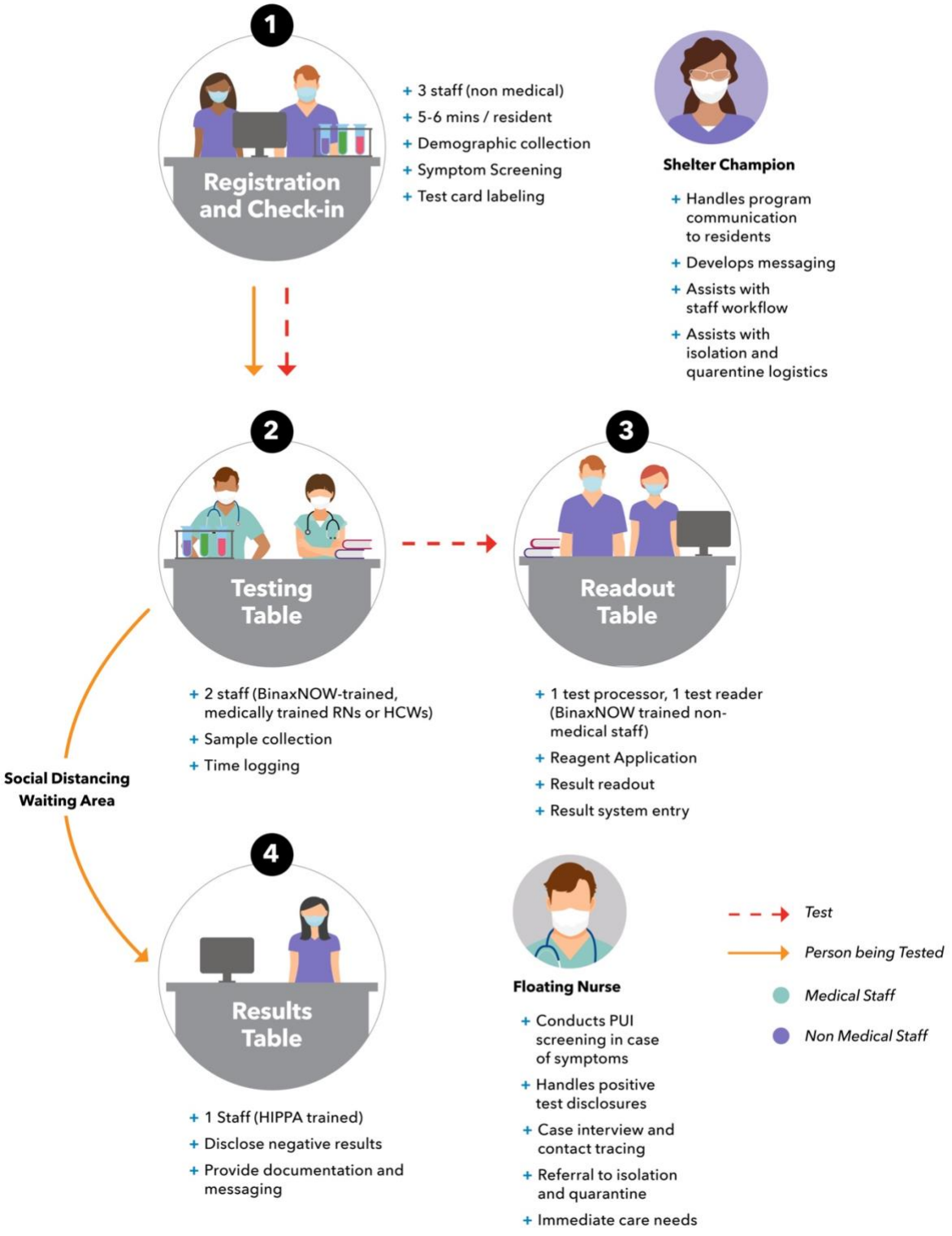
| | Monday | Tuesday | Thursday | Friday |
|---|---|---|---|---|
| **Site Round** | Site round 1 | Site round 2 | Site round 1 | Site round 2 |
| **Mobile Staff* Requirements** | 7-8 for testing and registration days<br>3 for registration only days | | | |
| **Site Capacity** | 3 sites / day | | | |
| **Volume** | <100 persons | | | |

- Staff resources and capabilities should be leveraged across the planning entities (LHJ, healthcare provider, shelter, and any other involved partners). Below is a list of the roles and responsibilities required to stand up one day of testing.
- The numbers above reflect the number of mobile staff needed to work across a number of sites.
- *Mobile staff include those required to provide additional capacity to shelters. This includes registration, sample collection, and staff and test readout staff.
- Number of staff necessary will vary by site, organization, and volume of residents/staff being tested. One staff member may be able to perform multiple roles if necessary and proper training and certification has been completed for each role.

## Staffing Roles and Qualifications

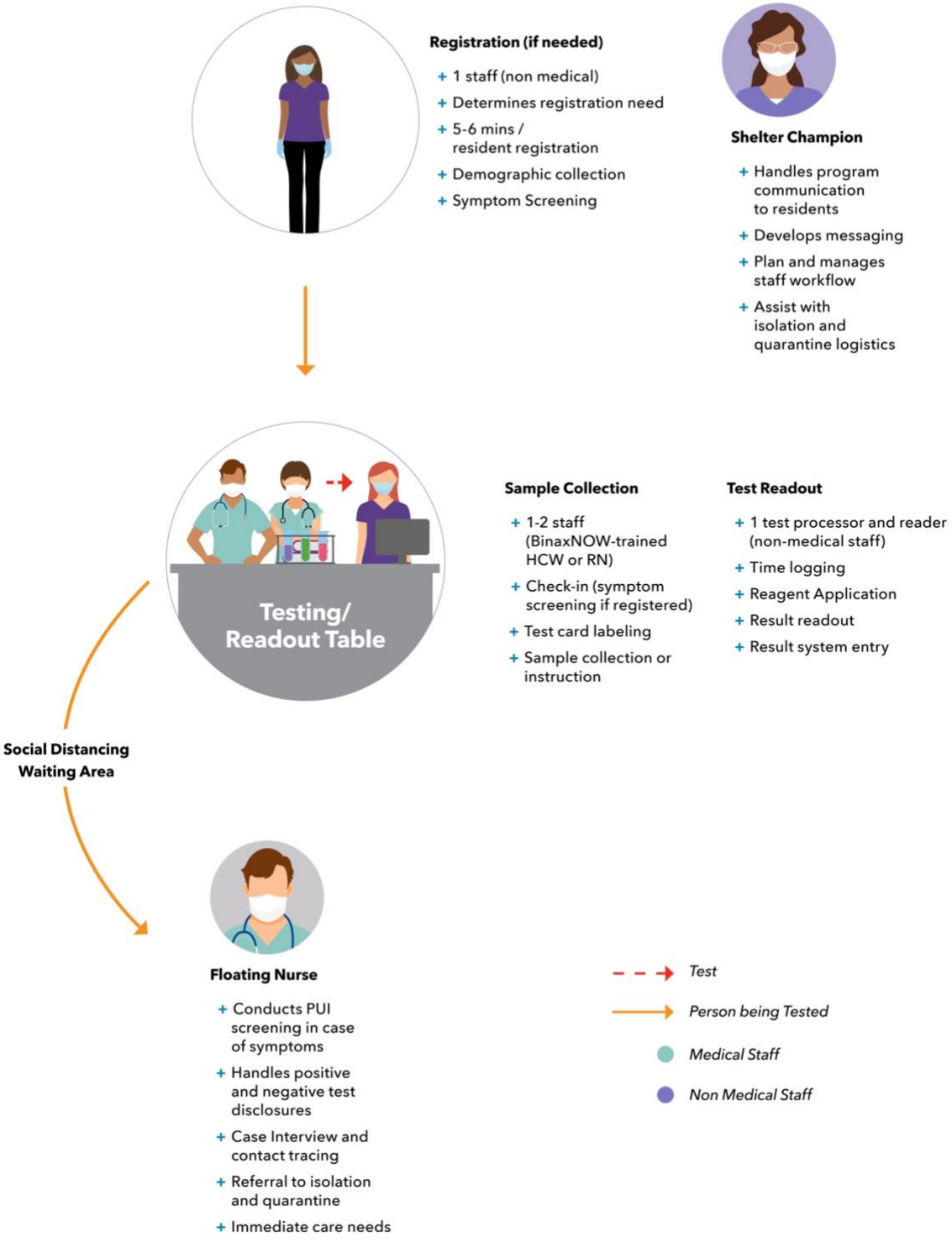
| Role | Staff | Purpose | Qualifications | Training Required |
|---|---|---|---|---|
| **Registration and Check-In** | 1-3 (volume dependent) | Manage registration interface, consent process, symptom screening, and demographic collection | None required | Reporting interface training, script reading, test card assembly and labeling |
| **Test collection or supervision** | 2 | Administer tests or supervise self-collection, | Medical HCW (RN, MA, EMT, etc.) | Test card training, sample collection training or sample supervision training |
| **Test readout and reporting** | 1-2 | Reagent application, test processing, result interpretation, reporting requirements | Test card trained HCW | Reporting interface training, test card and result readout interpretation training |
| **Disclosure** | 1 | Negative result disclosure, patient documentation management | None required | HIPAA training |
| **Shelter Champion** | 1 | Program management, messaging and guest communication | Shelter staff member | Shelter Champion Training |
| **Floating Nurse** | 1 | PUI determination, case interview and contact tracing, positive results disclosure and referral to isolation and quarantine hotels | RN | No additional training |

# Antigen Testing Workflow at a Glance



## Modified Slim-Down Testing Workflow

**See page 31** for implementation considerations.



# Shelter Strategy Guidance

## Establishing a Shelter Champion

One full-time shelter staff member should be identified as the Shelter Champion (this is not a full-time role, but rather additional duties in the work day in which a stipend was provided). This individual should have familiarity with the residents, staff, workflows, and general shelter operations, as well as serve as the primary staff member for interfacing with the local and county health department. An additional stipend for this individual may be considered. The responsibilities of the Shelter Champion are as follows:

+ Initial greeter and point of contact with the residents and staff as they arrive for testing and / or registration. Should be able to communicate the purpose of testing and each step of the process clearly.
+ Assist with developing messaging and communicating purpose / schedule.
+ Assist in supporting the overall program and workflow of testing operations.
+ Sort out and provide guidance on the logistics of quarantine and isolation in the case of a positive test result.

## Result Action Process

In the case of a positive test result, there are a number of subsequent actions that might be taken, including (but not limited to) on-site case interview contact tracing, individual isolation and quarantine of close contacts, group isolation and quarantine, or shelter intake freezing/reconfigurations. **Regardless of the above interventions chosen, all shelter residents and staff should be alerted that there was a positive case was found on-site that day. Doing so can increase testing uptake and improve the safety of the site.**

In the case of a positive result, these actions are heavily context specific. They may depend on County Health Department guidance, community prevalence and test positivity rates, and the specific number of positives found. Below is a table and bullet points highlighting actions in response to various test results and the considerations in acting upon a positive test result.

| Reported Symptoms | *Nurse Determination | Antigen Test Result | Confirmatory Action | I and Q Actions |
|---|---|---|---|---|
| **Asymptomatic** | N / A | Negative | None | None |
| **Asymptomatic** | N / A | Positive | Presumed Positive, Potential Confirmatory PCR depending on prevalence** | Initiate I and Q protocol – adjust depending on DPH guidance and confirmatory results |
| **Symptomatic** | PUI | Negative | Confirmatory PCR | Move to I and Q space pending confirmatory results |
| **Symptomatic** | Non-PUI | Negative | None | None |
| **Symptomatic** | PUI | Positive | Presumed Positive | Initiate I and Q protocol |

- *Because of a high degree of chronic symptoms in PEH, self-reported symptoms may or may not indicate potential COVID19 infection. Therefore, we recommend an RN assessment of all people who report any symptoms to determine if these represent a change from baseline symptoms and suggest person under investigation (PUI), which is as a patient who presents with both clinical and epidemiological risk factors for COVID-19.
- **In areas with a high community prevalence or high test positivity rates, the likelihood that a positive antigen result is a true positive increases. Thus, confirmatory testing may be less necessary, particularly when a nurse identifies a resident as a PUI. Sites should resolve confirmatory testing and isolation and quarantine actions in accordance with their local, county, or state health department's guidance.
- **In areas with low community prevalence or low test positivity rate, the likelihood that a positive antigen result is a true positive decreases. Thus, confirmatory testing may be needed to determine whether a resident is infected, particularly in asymptomatic positive cases. This should be determined with local, county, or state health guidance.

- In case of an outbreak (3 guests or staff with close contact or epidemiologically linked in 14 days), shelter reconfiguration or temporary freezing of intakes may fall in line with health department guidance. It may be in your interest to:
  - Discharge COVID-19 positive residents to off-site isolation and quarantine spaces (such as project RoomKey in California). This is the most likely outcome for a single positive case found on-site.
  - Reconfigure the shelter space so that positive residents are kept in a space isolated from the remainder of residents.
  - Require repeat, frequent testing for all residents and staff who were not confirmed positive on the day in which the case(s) was / were found.
  - Temporarily suspend new intakes until safe re-entry is validated.

## On-Site Contact Tracing and Case Investigation

- In the case of positive test results, on-site case investigation and contact tracing will likely be conducted by the on-site nurse. This process will be conducted in accordance with state and county health department protocols.
- As mentioned earlier, outbreak prevention and response teams can be repurposed to conduct screening testing at shelter sites. Rapid tests provide a means of triaging individuals on site, tracing contacts in real time, and isolating individuals immediately – forgoing many of the resource-intensive contact tracing processes.
- With the capability of a single registered nurse on site for PUI determination, confirmatory testing determinations, positive confirmations, and potential exposure investigations; the need for additional contract tracing efforts may significantly decrease.

## Isolation and Quarantine Procedures and Connections

- In the case of a positive result, a designated individual (the Shelter Champion or public health staff is responsible for facilitating the hand-off between the nurse and off-site quarantine and isolation resources.
- Ensure that you have a proper referral process in place for immediate action. This should be coordinated with local services such as the local health jurisdiction or any other isolation and quarantine service providers.
- In cases where confirmatory testing is needed and local health jurisdiction PCR testing

resources are suboptimal, consider securing your own confirmatory PCR tests. For California entities, a guide can be found here in the **Community testing Playbook.** See **interest form here.**

## Messaging, Communication, and Incentive Guidance

+ The Shelter Champion should be in charge of coordinating communication to overall guests and shelter staff. This communication can be in partnership with the local public health or other health center partners to promote program awareness, create transparency of test results, support staff with talking points and communication strategies, and facilitate isolation and quarantine transitions.
+ If residents are more accustomed to PCR testing, BinaxNOW FAQs are included in appendix 2A to explain the purpose and address any overall questions about the use of rapid testing.
+ Incentive structure for testing may change in accordance with rapid testing best practices. While PCR testing incentive often function as one-off rewards, the importance and value of rapid antigen testing hinges on ongoing, frequent testing. Thus, incentive structures may reward consecutive tests, as opposed to singular tests in PCR testing.
    - This may induce frustration in those who have received incentives for single-timepoint PCR testing. The shelter should develop talking points for communicating new incentive structures in alignment with rapid testing goals. An example of programmatic talking points is included in appendix 2B.
+ Below is an example incentive structure for rapid testing 2x weekly:

| Monthly Tests Completed | Incentive |
|---|---|
| 1 (every test) | Food at result disclosure table |
| 2 | $10 gift card |
| 6 | $20 gift cad |

# Implementation

# Equipment Checklist

## General Site Equipment

| Equipment Necessary | Purpose |
|---|---|
| Secure Wifi | Registration, data tracking, staff communication |
| Printer (label printer if possible) | Label printing, result documentation, shelter messaging |
| Tablet and / or mobile computers (with photo / barcode scanning capability) | Registration, result logging photos, data management |
| Tents and sandbags | Shade and “rainy day” setup |
| Tables | Organizing outdoor spaces for each step of the testing process |

## Table-Specific Equipment

**Registration/check in table:**

- ◯ 2 Sheets of labels
- ◯ 5 Pens
- ◯ 2 Scissors
- ◯ 1 box Surgical masks
- ◯ 4 N95 masks
- ◯ 4 Face shields
- ◯ 4 boxes Binax cards
- ◯ 2 bags Swab tubes
- ◯ 6 trays
- ◯ 2 packs Disinfectant wipes
- ◯ Chalk
- ◯ Signs: Registration and Check In
- ◯ 2 Hand sanitizers
- ◯ 1 Blue tape

**Swabbing station:**

- ◯ 1 pack Bibs
- ◯ 1 Rack
- ◯ 1 Clock
- ◯ 3 Pens
- ◯ 1 pack Wipes
- ◯ 3 N95 masks
- ◯ 3 Face shields
- ◯ 6 gowns
- ◯ 2 Medium gloves
- ◯ 2 Large gloves
- ◯ 1 roll Biohazard bags
- ◯ 2 Hand sanitizer
- ◯ 1 box Tissues

**Readout Table:**

- ◯ 1 pack Bibs
- ◯ 2 Clocks
- ◯ 4 Pens
- ◯ 2 Thick sharpies
- ◯ 1 Rack
- ◯ 1 box Tissues
- ◯ 2 Medium gloves
- ◯ 2 Large gloves
- ◯ 2 Hand sanitizer
- ◯ 1 roll Biohazard bags

**Results table:**

- ◯ Snacks
- ◯ 2 Pens
- ◯ 50 Envelopes
- ◯ 1 Date stamper

# Registration Process


- *3 Staff (Non-medical)*
- *5-6 min/resident*
- *Demographic Collection*
- *Symptom Screening*
- *Test card Labeling*

**Registration* should be a one-time process to collect the required demographic and contact information and create a master record for that individual. The process takes about 5 minutes per person. After the initial registration, individuals only need to check-in on testing days. The check-in process verifies the person's identity, retrieves their master record, and associates the specific BinaxNOW test card with the individual.**

** This process is modeled off the use of the PrimaryBio reporting system. See "Registration and Reporting System" section below for key system capabilities if you are utilizing an alternative solution.*

## Staffing and Training

- **Anticipate three staff needed for registration and test check-in booth**. If you are conducting a pre-registration day, you may only need one staff member for registration purposes on testing days, and other staff can work the test check-in table.
- Staff should be familiar with the registration management system (Excel, contracted data management and reporting system, etc.).
- Check-in table staff should be provided a registration guide, including a symptom screener (see registration information in Appendix 1A and 1B).
- In the case of symptoms being present, check-in staff should have an immediate means to contact the registered nurse on site, who will conduct their own screening and determine whether the individual is a person under investigation (PUI) for COVID-19. The nurse should coordinate with the check-in staff to document the PUI classification in the system.

## Setup

+ Ensure that your shelter has a designated, outdoor space in which you can register residents. This space should ensure that residents can move quickly and easily from the registration table to the test administration process and maintain 6 feet distancing between each other.
+ Resident registration should take roughly 5-6 minutes per person. A pre-registration day is recommended to reduce staff burden during days when testing is conducted.
+ On the testing day, there should be a separate line for those who have yet to go through the registration process. Those who have gone through pre-registration can immediately enter the testing process.
+ Make sure to have a consent protocol in place. An example consent form that is to be read to the resident upon registration and is included in the registration form example in Appendix 1A.
+ In the case of manual data entry **(with no contracted data management system),** ensure that this resident registration data is easily connected to testing operations and results. This may involve leaving additional spreadsheet rows for recording test times, results, and any additional testing operations information that is highlighted subsequently in this playbook. Reference the registration form and logbook examples in the appendix to account for necessary data inputs.

## Registration and Reporting System

+ Create a data management system that is easily accessible by computer or tablet – this may either be a contracted reporting partner or manually created via Excel, Google Forms, or another service. **The system should be developed in partnership with the local reporting entity (usually the local health jurisdiction) to allow for simplified tracking and reporting of tests.** The essential capabilities for the data management system include:
    - Create a master record for each individual
    - Associate a BinaxNOW text card bar code with an individual
    - Store the test results
    - Report test results to the state reporting system
    - Generate reports for notifications and analysis

+ Demographic information required in the State of California* are as follows:
    - The resident's name
    - Date of birth
    - Race/ethnicity
    - Email **
    - Phone **
    - Address ***

* For stakeholders and implementors outside the State of California, be sure to include the appropriate demographic information required by your state or local health department.

** In scenarios where a resident does not have this information, it is acceptable to use the shelter's information (for example, fill out the demographic form with the shelter address if they do not have a personal address). Consider developing "cheat-sheets" for the shelter address, email, and phone number to be used in cases where this information is not available.

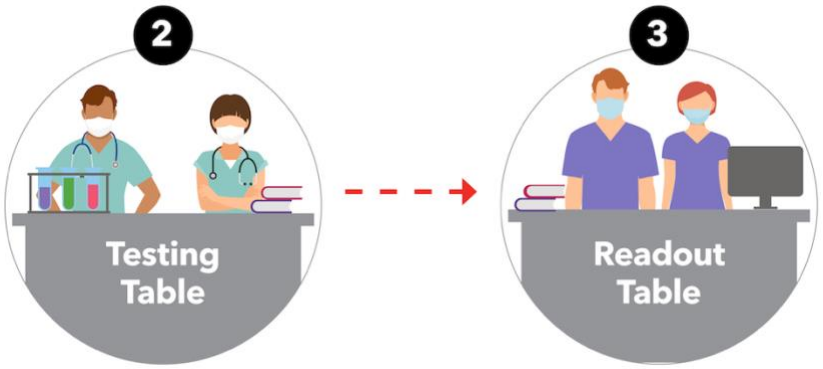
*** Resident addresses can exclusively use the shelter address. Additional inputs (e.g., phone, email) can use the resident's personalized information or the shelters.

**An individual only needs to register once. Their information is saved and accessible within the registration and reporting system. They may skip the registration process when they return to be tested. They will need to check in each time they test.**


## Registration and Check-In Overall Workflow

- If a resident has yet to be registered, they should report to the designated registration staff person at the check-in table (this is the case on both pre-registration and testing days).
- The registration staff should have a checklist of required information for the resident, collecting the appropriate demographic information, reading the consent form script, and ensure consent is given and recorded in the interface. A detailed sample process is highlighted in Appendix 1B.
- After registration is complete, the resident is ready for and directed to the test check-in table, which should have the resident's profile information readily at hand.
- The check-in table staff will conduct a symptom screening and contact the on-site nurse in case of symptoms being reported.
- After a resident passes the symptom-screening protocol, the check-in table staff should retrieve an antigen test card and scan it, attaching the bar code to the resident's registration information. If you choose to print labels, make sure to print the code and only attach it at the resulting table.
- Staff will then write the resident's name and date of birth on the antigen test card. Assemble a tray including the labeled antigen test card, a tube for swab holding, and an additional label for the sample collector's logbook (an example is included in appendix 1B). A staff member should pass the tray to the testing table staff.
- Instruct the resident to return to the results table 30 minutes after they have completed their swab. Alternatively, remind the resident that they can get results on through phone or email or request printed documentation, if applicable.

# Test Administration and Readout




### *Testing Table*

- *2 Staff (RN or medically trained HCW)*
- *5-6 min/resident*
- *Sample Collection*
- *Time Logging*

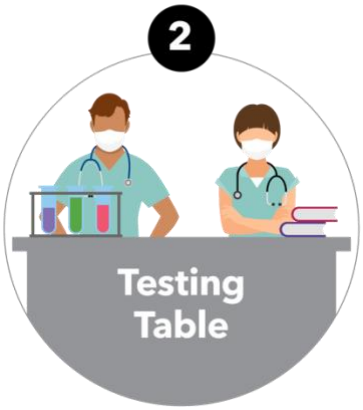
### *Readout Table*

- *1 test processor, 1 test reader (RN or trained non-medical HCW)*
- *Reagent Application*
- *Result readout*
- *Result system entry*

**The sample is collected at the Testing Table. After the sample is collected, the individual being tested can proceed to the waiting area and may return in 30 minutes for their test results. The BinaxNOW test card and the sample are passed to the Readout Table where a staff member applies the reagent and swab to the card. The test result must be read 15-30 minutes after the reagent is applied.**

## Staffing and Training

- Sample collection will require one or two test-trained healthcare workers to take the sample. Alternatively, you may consider having a trained staff member direct patients to complete a self-swab. See training considerations for these two options on **page 8 of the California antigen testing playbook**.
- Test readout will require two trained, non-medical staff to interpret antigen test card results.
- Readout training examples are attached in the Appendix 1C and 2B.
- Early on, readout may require third party quality control to resolve any issues between readers or confirm any positive results found.
- See Appendix 1C, the **BinaxNOW IFU**, and/or **page 29 of the California antigen testing playbook** for important testing details and quality control considerations.



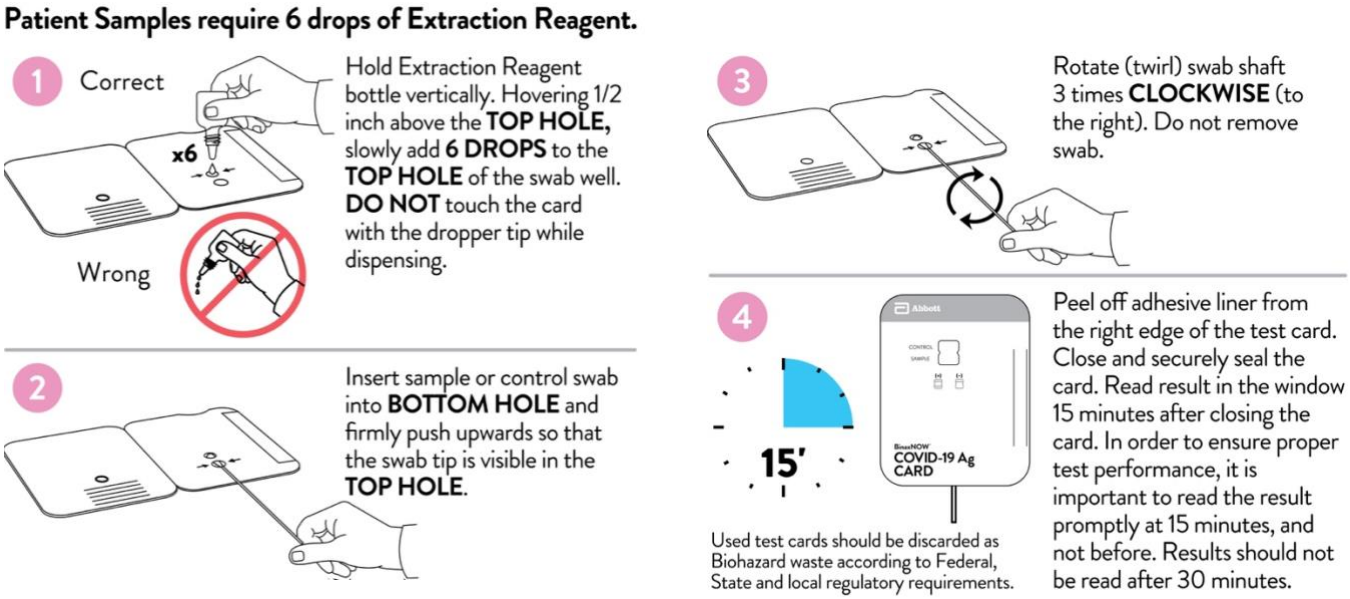

## Sample Collection

- The collection staff should have received the test tray from the registration table.
- The collection staff should conduct the swab (if they are handing collection) or instruct the patient to conduct their own swab (if they are supervising) in accordance with the **Instructions for Use published in the FDA EUA for the test**.
- After the collection staff collects/supervises the sample, they should place the swab into the provided test tube on the tray. The collection staff should record the time of the swab and write it on the card.
- The collection staff will deliver the sample, card, and label to the adjacent test readout table.
- In the case of self-collection, replace the above phlebotomist procedures with HCW-supervised sample collection. Ensure that the patient follows the BinaxNOW self-collection instructions **found here**.
- The sample must be processed in the test as soon as possible (up to 1 hour maximum if stored at 15-30 degrees Celsius – see BinaxNOW IFU in the appendix), hence, recording the time on the card before passing to the reader is key.

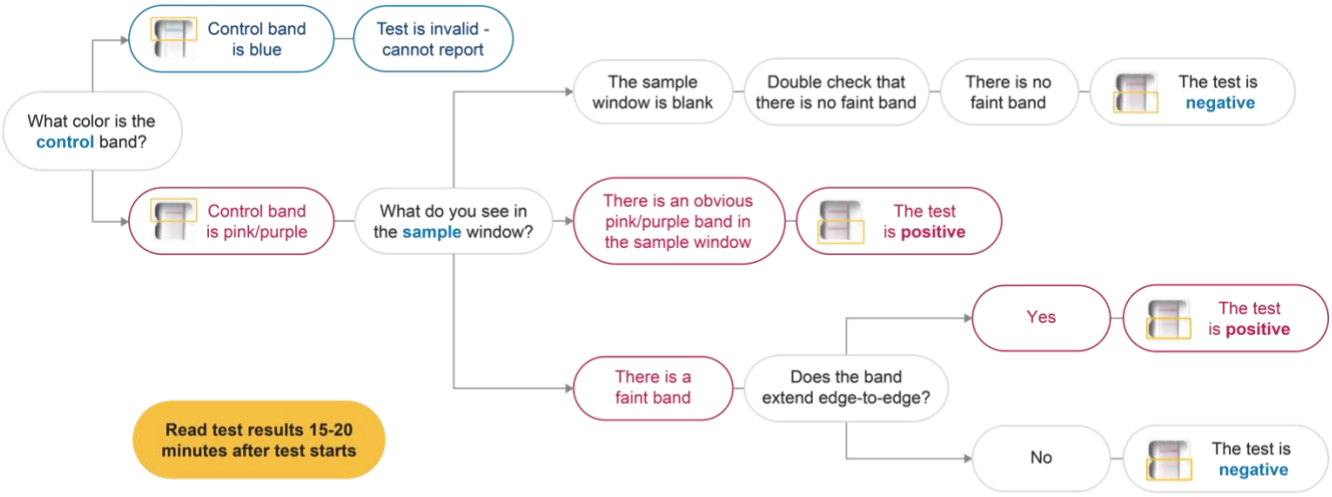

## Test Readout

- Upon receiving the testing tray, readers should immediately record the time of the swab (which should be found on the test card itself as written by the collection staff).
- Next, the reader applies the reagent to the antigen test card to prepare for sample processing.
- After the reagent is applied, the swab may be placed into the antigen test card and left in the tray for processing. Follow the instructions on the **FDA EUA Instructions for Use** for the assay you are using. An example instruction for the Abbott BinaxNOW antigen test has been included in the appendix.
- **The test must be read within from minute 15 to 30 of test processing**. Readers should mark the start of the test processing on a timecard. An example timecard for tracking is included in the appendix.
- From minute 15 to 30, the readers will examine the result simultaneously. Both readers will count to three out loud and then state the interpreted result of the test at the same time.

| Reader Interpretation | Resulting Action |
|---|---|
| Positive (Agreement) | Contact nurse to initiate case interview and contact tracing protocol and isolation and quarantine. Call third party quality control to confirm positive result before reporting. |
| Negative (Agreement) | Record test results in reporting system. |
| Non-agreement | Call third party quality control to resolve misalignment between readers. |

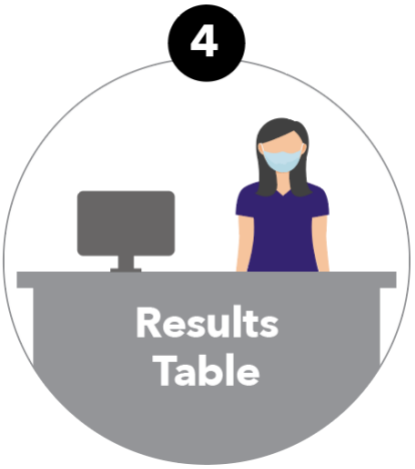



*Excerpt of the BinaxNOW test procedure from the **FDA EUA Instructions for Use***




*Example decision tree created by Unidos en Salud/United in Health and UCSF for test reader training.*

# Result Disclosure




- *1 Staff (HIPAA trained)*
- *Disclosure negative results*
- *Provide documentation and messaging*

**Results are delivered at the result disclosure stations.**

## Staffing and Training

There should be a final report-out table for patients to return to 30 minutes after they have swabbed and collected samples. This table should be located close to the result readout table.

- The float RN onsite will immediately contact individuals with positive tests. If someone presents to the results table and they are positive, the staff should immediately contact the nurse.
- The staff member at this table should have HIPAA training and access to the reporting system (tablet or computer).
- This staff member does not need to be medically trained outside of HIPAA regulations.
- It is preferred if the staff member is familiar with the residents and frequents the site.
- Messaging scripts for disclosure and subsequent actions should be provided to the disclosure staff member.


## Resident Disclosure Process and Documentation

- The resident should return to the results table 30 minutes after their swab is completed.
- Only negative results will be disclosed at the table. All positive results will be handled by the registered on-site nurse.
- The results table will ask for the patient's name and date of birth, pulling their information up in the reporting and registration system. They will read a script disclosing the negative result.
- In cases where a resident does not have a phone or email readily accessible (and thus, is using the shelter's information in the reporting system), they may request documentation of their negative result to show to an employer or other entity. In such cases, there should be a document provided to the resident indicating (1) their negative status and (2) any potential known site exposures.

# Workflow Modification for Sustainability

As the program continues, workflow modifications may be beneficial as a lower volume of residents require registration and staff become more accustomed to protocols.

### Registration

- In an effort to reduce staffing and resourcing burdens in the registration process as the testing program continues, you may consider removing the registration table and conducting check-ins at the test administration table.
- This will rely on sample collection staff having familiarity with the check-in process and being able to conduct check-ins quickly in the data management system.
- To ensure that registration still occurs for those new to the program, there should be a single, floating registration staff who determines the resident's registration status and registers them accordingly. If the site is low-volume, a check-in staff may also be able to conduct registration.

### Sample Collection

- If implementing the change above, sample collection staff should have training in the check-in process using the data management system.
- With no registration table, the test cards themselves should be stored at the sample collection table and marked by the sample collection staff with name, DOB, and time.
- After sample collection and test labeling, the sample should be given to the reader for reagent application and readout.

### Readout

- A single, BinaxNOW-trained staff can record the reaction time, read results in tandem with a sample collection staff, and input those results into the system. This process also enables the collapsing of the sample collection and test readout tables into a single space. At low volume sites, one staff member each for collection and readout may be all that is needed.
- By moving the sample collection and readout together, the need for sample collection tubes and additionally printed labels should be removed, since the reagent is immediately applied post-collection and the labeling details can be marked directly on the test card.

### Disclosure

- You may consider removing the results disclosure table and utilizing the floating nurse for both positive and negative results disclosure, when requested. In the case of a positive found, freeze the workflow and notify the floating nurse.

# Appendix

# Supplemental Training and Documentation Materials

## 1A: Sample Registration and Consent Form

San Francisco Shelter COVID-19 Testing

**Registration Form**

UCSF University of California San Francisco

HSH DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Shelter: _____

Last Name: _____ First Name: _____

Date of birth: _____ ◯ Shelter Guest ◯ Shelter Staff ◯ UCSF/SFDPH Staff

Address: _____ City: _____ Postal Code: _____

Phone number: _____ E-mail: _____

Gender:
- ◯ Male
- ◯ Female
- ◯ Male
- ◯ Non-binary
- ◯ Prefer not to disclose
- ◯ Self describe: _____

Race/Ethnicity:
- ◯ American Indian or Alaska Native
- ◯ American Indian from South or Central America
- ◯ Asian
- ◯ Black or African American
- ◯ Latinx or Hispanic
- ◯ Middle Eastern or North African
- ◯ Native Hawaiian or Pacific Islander
- ◯ White or Caucasian
- ◯ Unknown
- ◯ Prefer Not To Disclose

**Have you had any of the following symptoms in the past day?**
- ◯ Fever or chills
- ◯ Cough
- ◯ Shortness of breath or difficulty breathing
- ◯ Fatigue
- ◯ Muscle or body aches
- ◯ Headache
- ◯ New loss of taste or smell
- ◯ Sore throat
- ◯ Congestion or runny nose
- ◯ Nausea or vomiting
- ◯ Diarrhea
- ◯ None of the above

**Have you ever been diagnosed with COVID-19?**
- ◯ Yes
- ◯ No

**If so, was this diagnosis in the last 90 days?**
- ◯ Yes
- ◯ No

# Consent

UCSF is partnering with the city's COVID response to support more frequent testing for COVID-19 in shelters where you get the result the same day. Participation is voluntary.

Before your test, we want to go over a few details that may be slightly different from prior testing events.

**When will I get my results?**
You will get your results the same day (at this testing event).

**What side effects or risks can I expect?**
Swabbing the nose may potentially cause mild discomfort, and rarely may cause mild nose bleeding.

**Will my information be confidential?**
As with any other testing, your information will be confidential. The Department of Public Health will be notified of positive tests.

**Are there any costs to me?**
No. UCSF and the city's COVID response will be covering the cost.

**What about my results?**
**If your swab test is positive:**
A member from our Department of Public Health team will contact you as soon as possible and share your results. We will ask you about symptoms, your contacts and other locations you may have spent time in. We will recommend that you self-isolate, meaning that you stay away from other people for at least 10 days.

**Guests:** If you don't have symptoms, you may get a second test to confirm your result. If you test positive, we will refer you to a supported isolation space, to isolate away from others. If you test positive, we will refer you to a supported isolation space, to isolate away from others. Although you can turn down the supported isolation space, you will not be allowed to remain in the shelter if you test positive.
**Staff:** If you test positive, we will recommend you isolate either at home (if you have private room and bathroom) or a supported isolation space. If you don't have symptoms, you may get a second test to confirm your result.

**If your swab test is negative:**
**Guests and Staff:** If you receive a negative test and have no COVID-19 symptoms, we will share your results at the end of the testing event.
**Guests and Staff:** If you have COVID-19 symptoms, but get a negative result, you will get a second test to confirm the rapid test. We will ask you to move to a supported isolation space while waiting for results.

**Once you have signed the consent, you will be able to check-in for future testing events without repeating the consent above.**

**Read only if under 18:**
Participants under the age of 18 must have consent signed on their behalf by a parent or guardian. Please continue to the end of registration in order to send to your guardian or sign for your dependent.

Signature

# 1B: Sample Script for Check-in

## Skip first paragraph if patient is previously registered.

*Thank you for coming to get tested and taking care of your community. Before we get started, I wanted to remind you of a few things about rapid COVID testing:*

+ *This is a rapid test and your result will be available at the end of the testing event.*
+ *Please stay within the shelter for at least 30 minutes after your test, so that we may find you if need be.*
+ *If you test positive and have no symptoms, you may need a second test.*
+ *If you have symptoms, one of our team members will come and evaluate you.*
+ *If you are a guest and have symptoms concerning for COVID-19 or a positive test, we will refer you to a supported isolation space.*

*This is how you can get your results:*

+ *If you are positive we will make sure to find you. Please stay within the shelter for at least 30 minutes*
+ *If you have a phone number or an email on file, you will get a link to retrieve your results*
+ *If you come back in 30 more minutes, we can verbally disclose your results in the Results table.*
+ *In the Results table you may request a letter with your results that will be left in the front desk by the end of the event.*

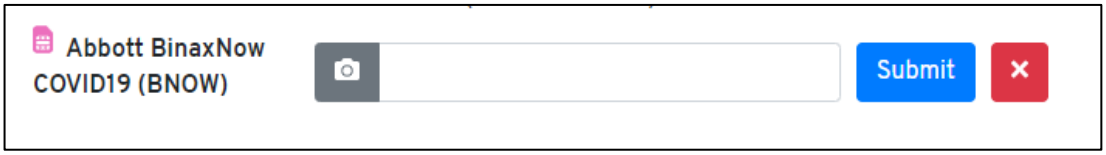
### New Patient:

#### Register:

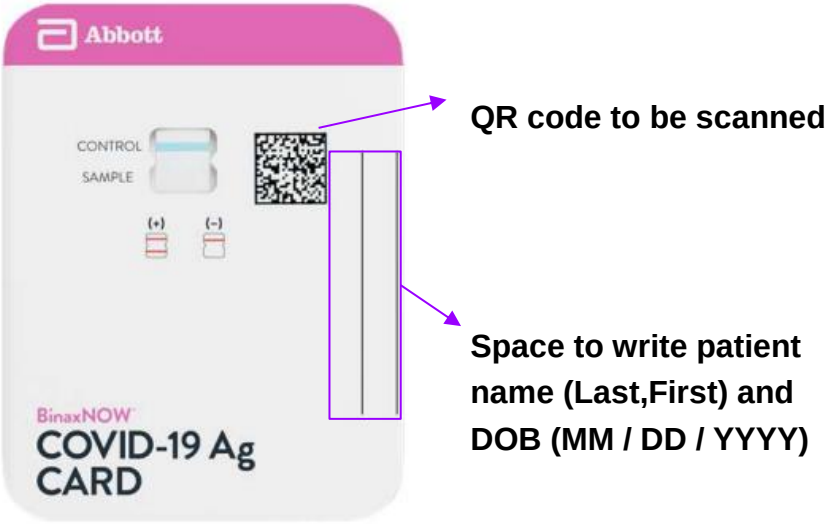
+ Follow instructions on the Registration bookmarked page (bit.ly / register-register).
+ When possible, use personal phone and email. If no phone number, use the phone number.
+ If Guest use shelter address. If Staff use personal address.
+ Read the consent line by line, skipping portions that are specific to staff. For the consent signature draw a check to indicate verbal consent. Please do not ask the participant to touch your device.

## Check in new patient:

+ Go to Appointments and find patient. Verify their identifiers.
+ Make labels (3 total pieces need to be labeled):
  - 2 1x1 labels with full name (Last, First) and DOB: completely stick to tube one of them and peel corner and stick the other one to the tube
  - Write initials and DOB on BinaxNOW card. Avoid opening and touching the interior of the card. When not in use put back inside the pouch it came in.
+ Click on the Check Out button.
  - Click on Scan Barcode under Abbott BinaxNow COVID19 (BNOW) section
  - Click on grey camera symbol and use tablet camera to scan QR code on BINAX card




  - Once scanned, make sure Administered is highlighted
  - Click on **Save Records**



### New Patient, Pre-registered::

- Find patient in **Appointments** tab. **Verify their identifiers.**
- Click on the appointment location and time.
- Click on **Questionnaire** and re-log symptoms. Call RN if symptomatic. **Update Appointment.**
- Click Back to go back to **Appointments**, find the **right appointment** and follow steps 2-3 above (New Patient).

### Returning Patient:

- Find patient in **Participants** tab. **Verify their identifiers.**
- Create Appointment, select the **right location and time**.
- Click on **Questionnaire** and log symptoms. Call RN if symptomatic. **Update Appointment.**
- Click Back to go back to **Appointments**, find the **right appointment** and follow steps 2-3 above (New Patient).

### Can I register someone that won't test immediately?

Yes, please register them so they are in the system and can be pulled when they get tested. You will need to make an appointment. It is OK for someone to make an appointment and not show.

### Can I register patients that have tested positive for COVID-19 in the past?

Yes, please register them so they are in the system. Nevertheless, we will not test them if they have tested positive in the last 90 days. Please let the patient know that we won't test anyone who has tested positive in the last 90 days because it is possible that they will test positive even though they are no longer infectious. If they test positive it will trigger isolation protocols. RN can consult if necessary.

## 1C: Test Collection and Readout Checklists

BinaxNOW QUALITY CONTROL INSTRUCTIONS
By G. Pilarowski. Last Updated: 01/18/2021 by A. Aranda-Diaz

UCSF University of California San Francisco | HSH DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

# Binax QC critical aspects and checklist

**Critical aspects Abbott BinaxNOW Covid-19 Ag test**

- Collection
  - Puritan swab is rotated FIVE times in EACH nostril
  - Change gloves after each patient
- Swab storage
  - Place swab into empty plastic tube, avoid dragging swab along tube wall
  - Can be stored UP TO ONE HOUR, ideally stored for less time (room temperature 15-30°C)
- Card Testing
  - 6 drops of reagent
    - Add reagent with clean gloves, prior to handling swab
    - Bottle COMPLETELY UPSIDEDOWN when dispensing drops (not tilted sideways)
    - Dispense drops ½ INCH above testing card without touching card
    - NO bubbles
    - Note: If there are bubbles or too many drops dispensed into a card, throw away card and begin again before inserting swab
  - Insert swab and TWIRL THREE TIMES
  - Close card and SEAL SECURELY
  - Change gloves after EACH test
- Reading card results
  - Must be read between FIFTEEN and TWENTY MINUTES
  - Photo must also be taken NO LATER THAN 20 minutes
  - Read by two INDEPENDENT readers
  - A positive sample band MUST reach END-TO-END on sample strip
  - Note: If more than 30 minutes has elapsed since test start time, result cannot be read
- Results
  - If asked, the lab techs can tell people that they will receive their result within 30 minutes.

# 1D: Sample Test Readout and Recording Instructions

BinaxNOW READING AND RECORDING INSTRUCTIONS
By G. Pilarowski. Last Updated: 01/18/2021 by A. Aranda-Diaz

UCSF University of California San Francisco | HSH | DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

## BinaxNOW Test READING Instructions

NOTE: Handle the test card only by the card edge. DO NOT touch the swab handle, as it is contaminated.

1. Document time of collection and collector initials according to hand-written information on extra label provided by swabber on the log book
2. If necessary, refer to the Testing Time Calculator sheet and assist the Tester in writing the test end time on the test card (15 minutes after test start).
3. Monitor the pending card tests and read the result when 15 minutes has elapsed from the test start time written on the test card.
   VERY IMPORTANT: Do **not** read the results before 15 minutes has elapsed – read promptly at 15 minutes.
4. View the result window and record the line markings on the log for the upper CONTROL window and the lower SAMPLE window. Refer to instructions from Reader Decision Tree.
5. Interpret the result according to separate Reader Decision Tree. Ask the tester to independently read the result. Then confer.

   (NOTE: If the reader and tester disagree, the Lab QC Manager should be called to the table immediately to provide the tie-break determination)
6. Record on the log the time that the result was started (on the card), the time it was actually read (may differ from test end time), the results and initial the final column
7. If 30 minutes or more have elapsed since the test was started, a result cannot be assessed. On the log, draw a line through Control Line and Sample Line fields, and write "DNF" at the bottom of the Result Interpretation field
8. If a BinaxNOW rapid test result is positive notify the MD and/or QC Lead that you have a positive sample that needs sign off
9. Proceed to record results on primarybio (see page 2)

BinaxNOW QUALITY CONTROL INSTRUCTIONS
By G. Pilarowski. Last Updated: 01/18/2021 by A. Aranda-Diaz

UCSF University of California San Francisco | HSH DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

# QC Checklist of Technician Responsibilities

Lab QC Lead: monitor these items throughout the day at each tent

- Kits:
  - Check that lot has been tested. If not, run negative and positive controls (same as a sample but must be done with 8 drops instead of 6). Verify each lot in each shipment.

- Swabber
  - Confirm name and DOB
  - Attach 1 label to empty tube
  - Swab patient
  - Place swab into empty tube, break off handle
  - Write time of collection and initials on one of the extra label
  - Place swab tube in Binax pending rack to be tested, coordinating with Tester

- Tester
  - Confirm name and DOB match in card and tube labels
  - Place sticker onto log sheet
  - Copy collection time and initials from barcode sticker onto log sheet
  - Check patient information
  - Run assay (6 drops reagent, insert swab, twirl 3x, close card)
  - Write start time on front of card and on log
  - Change gloves between samples
- Reader/Recorder
  - Monitor cards to ensure read time is at 15 minutes
  - Read result at 15 minutes
  - Record result (raw and interpreted)
    - Have tester read result independently
  - Copy start time from front of card onto log sheet
  - Record read time on log sheet and initial
  - Scan label on card
  - Check patient information
  - Take photo of card at 15-20 minutes
  - Obtain MD or Lab QC signoff for every positive test

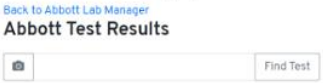
BinaxNOW READING AND RECORDING INSTRUCTIONS
By G. Pilarowski. Last Updated: 01/18/2021 by A. Aranda-Diaz

UCSF University of California San Francisco | HSH DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

## BinaxNOW Test RECORDING Instructions

NOTE: You must be logged into primary bio and have a HIPAA-certified account to be able to follow these steps. To log in, open primarybio.com, click on the dropdown menu on the top right and click on Administrator Login

1. Log into Primary. Go to the following URL: **primarybio.com/abbott/results**
2. Click the camera on the search bar and use your device camera to scan the barcode on the BinaxNOW card. The barcode should populate in the field. Click "Find Test".




3. Double check that the name and DOB written on the card and the log book match the person on your screen


4. Enter in the administered time, start time, end time, control interpretation, sample interpretation, and final result - exactly how it is presented in the log.
5. If positive, work with QC person to sign off before continuing **(you must get a confirmation from QC or RN to click on Results approved).**
6. Click **Save results**.
7. Take a photo of the physical BinaxNOW test in PrimaryBio. Click *Show WebCam*. You may switch cameras on the top left of the image. Please re-take the picture if it is not clear the first time.
8. Click **Save Photo**
9. Once done, and ready to place the card in biohazard bag: cross patient information with sharpie and dispose of card and gloves
10. Change gloves if any swab handles were touched.

**If the Test does not show up**, it is possible that the patient's card was not scanned and saved during Check-In, you must follow these steps or call a Check-In person to do this for you:

1. Go to primarybio.com
2. Go to **Appointments** in the corresponding project
3. Search for the patient in search bar using their Last or First name
4. Check that First and Last name, and DOB match the information on the card
5. Click on **Check Out** in the patient's row
6. Click on **Scan Barcode** under Abbott BinaxNow COV19 (BNOW)
7. Once scanned, click on **Administered**
8. Click on **Save Records**
9. It may take a few minutes for the card to be associated with the patient in the recording website

# 1E: Example Time-Tracker

| Testing Time Calculator | | |
|---|---|---|
| Start Time | Reading Time | Max. Reading Time |
| 09:00 | 09:15 | 09:30 |
| 09:01 | 09:16 | 09:31 |
| 09:02 | 09:17 | 09:32 |
| 09:03 | 09:18 | 09:33 |
| 09:04 | 09:19 | 09:34 |
| 09:05 | 09:20 | 09:35 |
| 09:06 | 09:21 | 09:36 |
| 09:07 | 09:22 | 09:37 |
| 09:08 | 09:23 | 09:38 |
| 09:09 | 09:24 | 09:39 |
| 09:10 | 09:25 | 09:40 |
| 09:11 | 09:26 | 09:41 |
| 09:12 | 09:27 | 09:42 |
| 09:13 | 09:28 | 09:43 |
| 09:14 | 09:29 | 09:44 |
| 09:15 | 09:30 | 09:45 |
| 09:16 | 09:31 | 09:46 |
| 09:17 | 09:32 | 09:47 |
| 09:18 | 09:33 | 09:48 |
| 09:19 | 09:34 | 09:49 |
| 09:20 | 09:35 | 09:50 |
| 09:21 | 09:36 | 09:51 |
| 09:22 | 09:37 | 09:52 |
| 09:23 | 09:38 | 09:53 |
| 09:24 | 09:39 | 09:54 |
| 09:25 | 09:40 | 09:55 |
| 09:26 | 09:41 | 09:56 |
| 09:27 | 09:42 | 09:57 |
| 09:28 | 09:43 | 09:58 |
| 09:29 | 09:44 | 09:59 |
| 09:30 | 09:45 | 10:00 |
| 09:31 | 09:46 | 10:01 |
| 09:32 | 09:47 | 10:02 |
| 09:33 | 09:48 | 10:03 |
| 09:34 | 09:49 | 10:04 |
| 09:35 | 09:50 | 10:05 |
| 09:36 | 09:51 | 10:06 |
| 09:37 | 09:52 | 10:07 |
| 09:38 | 09:53 | 10:08 |
| 09:39 | 09:54 | 10:09 |
| 09:40 | 09:55 | 10:10 |
| 09:41 | 09:56 | 10:11 |
| 09:42 | 09:57 | 10:12 |
| 09:43 | 09:58 | 10:13 |
| 09:44 | 09:59 | 10:14 |
| 09:45 | 10:00 | 10:15 |
| 09:46 | 10:01 | 10:16 |
| 09:47 | 10:02 | 10:17 |
| 09:48 | 10:03 | 10:18 |
| 09:49 | 10:04 | 10:19 |
| 09:50 | 10:05 | 10:20 |
| 09:51 | 10:06 | 10:21 |
| 09:52 | 10:07 | 10:22 |
| 09:53 | 10:08 | 10:23 |
| 09:54 | 10:09 | 10:24 |
| 09:55 | 10:10 | 10:25 |
| 09:56 | 10:11 | 10:26 |
| 09:57 | 10:12 | 10:27 |
| 09:58 | 10:13 | 10:28 |
| 09:59 | 10:14 | 10:29 |

# 1F: Sample Disclosing Instructions

BinaxNOW DISCLOSING INSTRUCTIONS
Last Updated: 01/19/2021 by A. Aranda-Diaz

UCSF University of California San Francisco | HSH | DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

## BinaxNOW Test DISCLOSING Instructions

NOTE: You must be logged into primary bio and have a HIPAA-certified account to be able to follow these steps. To log in, open primarybio.com, click on the dropdown menu on the top right and click on Administrator Login

1. Log into primarybio.com and click on the corresponding project's name
2. Using the drop-down menu on the top right of the page, open Case Reports
3. Search patient information with First or Last name in the search bar. You may filter results by Location, Date, etc.
4. Once the patient is located, confirm their Name and DOB.
5. If their identifiers were verified and:
    a. The result is negative: you may disclose this result verbally with the patient and remind them that they should test often
    b. The result is positive: ask the patient to wait while you verify something in the system. Find the nurse on site and have them do the disclosure. DO NOT DISCLOSE POSITIVES

## 2A: Example Twice Weekly Binax Testing FAQs in Congregate Shelter Settings

Twice Weekly Binax Testing FAQs
Congregate Shelters
1/22/2021DRAFT

Binax is a new rapid test for COVID-19. This test uses a nasal swab and you will receive results by the end of the testing event.

This rapid test will be available for free twice a week starting January 14, 2021. We encourage shelter guests and staff to come test with us twice weekly. We will pilot bringing Binax to your shelter for the next 4 weeks.

Testing tells you if you have COVID-19 right now. In addition to testing, continue to protect yourself from COVID-19 by masking, social distancing, and hand hygiene.

Is testing mandatory for shelter guests and staff?

- Testing is voluntary for guests. Unless otherwise required by your employer, testing is not mandatory for staff.

How often do we recommend testing with Binax?

- We recommend testing twice a week.

I've already been tested, why do I have to get tested again?

- The virus can take a few days to show up on a test, and test results only reflect your COVID-19 status at that moment. For example, you are exposed to someone with COVID-19 on Sunday night and then get tested Monday with a negative result. On Friday, you test again, and it is positive. From Tuesday to Friday you may have exposed others to the virus. That is why we are offering the test twice a week.

What if I test positive?

- A member of our team will inform you of the results in a confidential setting. You will be asked about who you have had close contact with and any other locations you may have visited.
- Guests will be asked to move out of the shelter temporarily and will be invited to stay in a location where you can isolate from others. We will work with you to explore options for shelter following your isolation period.
- Staff will be asked to isolate and work with their human resources department about when to return to work.
- If you do not have symptoms, you may receive a second test.

What if I test negative?

- That's great news! Even though you tested negative today, you could still get COVID-19—so keep wearing your mask, staying 6 feet away from others, and washing your hands. In addition, we recommend you continue to test with us twice weekly.

When and how will I get my results?

- You can come back to our Results table in 30 minutes and we will give you your results.

  If you used your phone number or email address to register for this event, you will receive a notification by text or email with instructions to retrieve your results when they are available.

Why are you using a rapid test and is it accurate?

- This rapid test detects protein fragments from the COVID-19 Virus. PCR tests detects genetic material from the COVID-19 virus.
- Rapid tests allow us to give you results the same day you test. PCR tests can take many days for results.
- The rapid tests are more sensitive to people with symptoms of COVID-19 but can detect COVID in people who don't have symptoms.
- Rapid tests are most accurate when you test twice a week.

Can I have the infection if I don't have any symptoms?

- Yes, you can carry the infection and not have symptoms. As many as 2 in 5 people (40%) with COVID-19 have no symptoms at all. Symptoms are common physical signs of the virus such as fever, cough, sore throat, shortness of breath, or loss of taste or smell.

Can I spread the infection to others if I don't have any symptoms?

- Yes, you can spread the infection to others and not have symptoms. Symptoms are common physical signs of the virus such as fever, cough, sore throat, shortness of breath or loss of taste or smell.

Can I get the infection from the COVID-19 nasal swab test?

- No, you cannot get the infection from this test. The swab is used for you only.

Will I receive anything in return for testing?

- Yes, there will be a small monthly incentive for shelter guests who participate in testing on a regular basis.

If I agree to participate in testing, what personal information will I need to provide?

- The City will collect very basic personal information including your first and last name, date of birth, sex, race/ethnicity and symptoms of COVID-19 that you may be experiencing.

# 2B: Example Incentive and Program FAQs for Twice Weekly Rapid Antigen Testing

## Incentives

### What do I have to do to get a gift card?

You must test twice before Jan 24th for $10 gift card

You will receive another gift card (value?) if you test 6 times between Jan 25th and Feb 24th

## Test

### How accurate is this rapid test?

**Studies conducted at UCSF showed that we capture more than 90% of participants deemed to be infectious.** False negatives can occur and this is why we ask you to test twice every week.

### Why do you not do a PCR?

While PCRs have better accuracy, they take very long to run and are very expensive. We are providing free, rapid testing to give you your results within 30 minutes and provide you with resources in case you or someone else in your shelter are infectious. We will be testing in your shelter twice a week to increase the probability of finding positive cases.

### When and how will I get my results?

You can come back to our Results table in 30 minutes and we will give you your results and a snack. Otherwise, we will leave letters in closed envelopes in the front desk at the shelter for you to pick up at the end of this event.

If you used your phone number or email address to register for this event, you will receive a notification by text or email with instructions to retrieve your results when they are available.

### What happens if I test positive?

A member from our Department of Public Health team will contact you as soon as possible and share your results. We will ask you about symptoms, your contacts and other locations you may have spent time in. We will recommend that you self-isolate, meaning that you stay away from other people for at least 10 days. If you don't have symptoms, you may get a second test to confirm your result. If you test positive, we will refer you to a supported isolation space, to isolate away from others. Although you can turn down the supported isolation space, you will not be allowed to remain in the shelter if you test positive.

If you are a Staff member and you test positive: we will recommend you isolate either at home (if you have private room and bathroom) or a supported isolation space. If you don't have symptoms, you may get a second test to confirm your result.

### What happens if I test negative but I have symptoms?

A nurse will evaluate you. If you have COVID-19 symptoms, but get a negative result, you will get a second test to confirm the rapid test. We will ask you to move to a supported isolation space while waiting for results.

We will refer you to a supported isolation space. If you don't have symptoms, you may need a second test.

### What side effects or risks can I expect?

Swabbing the nose may potentially cause mild discomfort, and rarely may cause mild nose bleeding.

### Will my information be confidential?

As with any other testing, your information will be confidential. The Department of Public Health will be notified of positive tests.

### Are there any costs to me?

No. UCSF and the city's COVID response will be covering the cost.

# 2C: Additional BinaxNOW Training Materials

## Videos

BinaxNOW Training modules: **https://www.globalpointofcare.abbott/en/support/product-installation-training/navica-brand/navica-binaxnow-ag-training.html**

- Module 1, 2, 3, and 4 are recommended

Preparing for and running the BinaxNOW rapid test: **https://youtu.be/rRZLDwEHkgY**

Reading the BinaxNOW test: **https://youtu.be/rRZLDwEHkgY**

Child self-swab video: **https://youtu.be/TjkuRmfkxHU**

HIPAA Training: **https://www.accountablehq.com/free-hipaa-training/privacy-rule**

## Quizzes

State of California BinaxNOW training quiz: **https://www.surveymonkey.com/r/AntigenQuiz**

## Program Implementation and Supplemental Training and Documentation Materials

- Margot Kushel, MD, Professor of Medicine and Division Chief and Director of the UCSF Center for Vulnerable Populations at Zuckerberg San Francisco General Hospital and Trauma Center and the Director of the UCSF Benioff Homelessness and Housing Initiative
- Elizabeth Imbert, MD, MPH, Associate Professor in the Division of HIV, Infectious Diseases and Global Medicine at Zuckerberg San Francisco General Hospital, University of California San Francisco and MD/Epi Lead, Shelter/Encampment Outbreak Team, Outbreak Management Group, San Francisco Covid-19 Command Center
- Andres Aranda-Diaz, PhD candidate. Stanford University Department of Bioengineering.
- Genay Pilarowski, PhD. Stanford University Department of Pathology.
- Jamie Moore, RN, MSN, Med Group Deputy Director
- Sarah Strieff, RN, Clinical Lead, Shelter/Encampment Outbreak Team, Outbreak Management Group, COVID Command Center, San Francisco
- Lunden Stiggers, RN, Binax Team Lead
- Sandra Nicholson, RN, San Francisco Department of Public Health
- Howard Chen, MPA, Project Lead, San Francisco COVID Command Center
- Scott Walton, BA, Program Manager, Navigation Center and Shelter Programs, Department of Homelessness and Supportive Housing (SF COVID Command Center
- Louis Bracco, BA, Program Manager, Navigation Center and Shelter Programs, San Francisco Department of Homelessness and Supportive Housing.
- Lisa Rachowicz, MSW, LCSW, Interim Manager, Navigation Center and Shelter Programs
- Lena Simbe, RN, San Francisco COVID Command Center
- Rocio Novoa, HW, San Francisco COVID Command Center
- Cheyenne Cambri, San Francisco COVID Command Center
- Princess Luna, San Francisco COVID Command Center
- Cesar Adonis Cardenas, UCSF Benioff Homelessness and Housing Initiative
- Gabriela Alvarez, UCSF Benioff Homelessness and Housing Initiative
- Jorge Contreras, UCSF Benioff Homelessness and Housing Initiative

## Playbook Development

- Vanessa Davis, MPH, National Program Lead for Housing, Kaiser Permanente
- David Grandy, FACHE, CMPE, National Vice President, Office of Transformation, Kaiser Permanente
- Michael Joyce, Systems Designer, Office of Transformation, Kaiser Permanente
- David McCuskey, Service Designer, Office of Transformation, Kaiser Permanente
- Dana Ball, Art Director, Office of Transformation, Kaiser Permanente
- Nikita Patwari, Visual Designer, Office of Transformation, Kaiser Permanente
- Tiffany Hoang, Project Manager, Community Health, Kaiser Permanente
- Caroline Franz, MPH, Systems Designer, Office of Transformation

**Additional Stakeholder Input:**

- California Department of Public Health (CDPH)
- National Healthcare for the Homeless Council
- San Francisco Department of Homelessness and Supportive Housing
- University of California San Francisco