Standing Order to Administer ACON Flowflex COVID-19 Antigen Home Test in Schools

Purpose
To enable communities the opportunity to implement additional quarantine options in an effort to increase compliance with quarantine recommendations through use of the ACON Flowflex COVID-19 Antigen Home Test to test ASYMPTOMATIC individuals on or after seven full days of quarantine to determine eligibility for release from quarantine.

The ACON Flowflex COVID-19 Antigen Home Test may be used to test asymptomatic staff members and students from any public or private school that serves grades Pre-K – 12, or any higher education institution in Missouri who is considered a close contact of an individual with SARS-CoV-2, and has remained in quarantine for seven full days without symptoms of SARS-CoV-2. Symptoms are a new cough, difficulty breathing, loss of taste or smell, fever (≥100.4°F), congestion/runny nose, nausea/vomiting/diarrhea, sore throat, headache, and myalgia.

Policy
This standing order authorizes any Registered Professional Nurse or Licensed Practical Nurse who is licensed by the Missouri State Board of Nursing or has a privilege to practice in the State of Missouri from another compact state to test asymptomatic staff members and students from any public or private school that serves grades Pre-K – 12, or any higher education institution in Missouri with the ACON Flowflex COVID-19 Antigen Home Test. After receiving documented training, the designee of any aforementioned RN or LPN may also administer this test.

Procedure
1. Evaluate students and staff with the above criteria for symptoms of COVID-19 in the past seven days
2. Calculate the number of days of quarantine to assure that testing is on or after seven full days of quarantine
3. Provide Flowflex Fact Sheet For Patients
4. Offer opportunity for questions
5. Ensure permission has been obtained
6. Administer the test pursuant to the Product Insert and Procedure Card
7. Document
   a. Date, time, location of test
   b. Name, title, and professional license number of person administering the test
   c. Name of test and manufacturer lot and number

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.
d. Results of the test

e. Presenting symptoms

f. Verification of signed consent form

8. Submit the required data and all test results via secure file transfer protocol in accordance with the procedure specified by the Missouri Department of Health and Senior Services (DHSS) within twenty-four hours of each test’s administration

9. In the event of a negative test result, symptom monitoring should continue throughout the full 14 days and if a symptom develops, the individual must immediately isolate and contact a public health authority or healthcare provider

This order and procedure shall remain in effect until rescinded or until December 31, 2022.

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