



NEWPORT BEACH FIRE DEPARTMENT

BinaxNOW COVID-19 Antigen Test

FREQUENTLY ASKED QUESTIONS

Background

COVID-19 is a viral illness that can start as nasal congestion, fever, or cough. It may advance to become pneumonia or other severe illness in some people. COVID-19 is spread by close person-to-person contact that occurs when an infected person coughs, sneezes, speaks, or engages in other activities that release droplets from the mouth or nose. These droplets can travel through the air and land on the mouth, nose, or eye(s) of nearby persons or surfaces. Less common, but still possible, COVID-19 can be aerosolized into micro-droplets that stay in the air for several hours and can infect a person who walks into the area. The virus also can spread when a person touches infectious droplets on a surface or object and then touches his or her mouth, nose, or eye(s).

Are there any benefits for testing?

This test may help to find the virus in people who do not show signs of COVID-19 or confirm that someone with symptoms has COVID-19. If people with the COVID-19 virus (SARS COV2) limit contact with other people, it can prevent others from getting sick. By having this test done, you may lower the chance of spreading the virus from you to your family or others.

If the test is negative, does that mean I do not have COVID-19?

This test may return a negative result when you do have the COVID-19 virus (false negative). A negative test does not mean you should change how you interact with other people or from seeking further medical care if you experience symptoms. Continue to follow established COVID-19 protocols - wear a mask, practice social distancing, wash hands often, and disinfect commonly touched surfaces. Seek medical treatment should symptoms of COVID-19 develop or worsen.

If I test positive, does that mean I have COVID-19?

There is a slight chance that the test may return a positive result for the SARS COV2 virus when the virus is not there (false positive). A false positive is less likely than a false negative. If your result from this test is positive, you may be:

1. Asked to isolate for a minimum of 10 days from symptom onset or testing date.
2. Referred for additional COVID-19 testing.

How is the test performed?

The test is performed by obtaining a mid-nasal swab specimen. At the time of testing, you will be given instructions on how to self-swab and return the swab back to the person performing the test. The test takes about 20 minutes to complete. You will be notified of your results by Human Resources staff.

Are there any risks from taking the test?

There are very few risks associated with this type of test. You may experience some discomfort during the nasal swab, but the discomfort is short term.

What about privacy?

- All facts about you and your test will remain private as the law allows.
- We are required to report findings (positive or negative results) to the Orange County Department of Public Health.
- Human Resources will be notified of your test result. Human Resources will contact you with your results.
- If your test result is positive, contact tracing will be done, which may include interviewing those whom you have been in close contact with during the infectious period, which is 48-hours prior to symptom onset.
 - Close contact is currently defined by the CDC as being within six feet for a total of 15 minutes (cumulative) in a 24-hour period.

What is the cost of the test?

The test will be performed for free by Newport Beach Fire Department personnel.

Who do I call if I have questions?

- For questions about this test, contact Nbfd EMS Division Chief Kristin Thompson at kthompson@nbfd.net or 949-644-3355.
- For all work-related questions, follow-up testing, contact questions, contact Human Resources Manager Marissa Sur at msur@newportbeachca.gov or 949-644-3302.



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CONSENT FORM

Consent Statement & Release

I voluntarily consent and authorize the City of Newport Beach to conduct collection, testing, and analysis for the purposes of a COVID-19 diagnostic test. I acknowledge and understand that my COVID-19 diagnostic test will require the collection of an appropriate sample via a BinaxNOW COVID-19 Antigen nasal-swab test. I understand that there are risks and benefits associated with undergoing a diagnostic test for COVID-19 and there may be a potential for false positive or false negative test results. I assume complete and full responsibility to take appropriate action with regards to my test results. Should I have question or concerns regarding my results, or a worsening of my condition, I shall promptly seek advice and treatment from an appropriate medical provider. I understand that by participating in this testing, the City of Newport Beach is not creating a doctor patient relationship and that the City of Newport Beach is not acting as your medical provider.

I acknowledge and agree that the City of Newport Beach may disclose my test results and associated information to appropriate county, state, or other governmental and regulatory entities as may be permitted by law.

To the fullest extent permitted by law, I hereby, for myself, my heirs, executors, administrators, assigns or anyone who might claim on my behalf, agree not to bring any claim, and waive, release and discharge the City of Newport Beach, its officials, officers, agents, volunteers, consultants, attorneys and employees from any and all duty to me; liability for any damages to me; and/or liability for any damages, losses, costs, and expenses arising out of or in the course of my participation in this testing program, including all liability for any active or passive negligence by the City of Newport Beach and/or its officials, officers, agents, volunteers, consultants, attorneys and employees. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I expressly intend this waiver and release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability or other theory of recovery.

I have read the corresponding testing information. I UNDERSTAND AND AGREE TO THE WAIVER AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY MY SIGNATURE ON THIS DOCUMENT, I AM WAIVING MY RIGHTS, INCLUDING ANY RIGHTS I MAY HAVE AGAINST THE CITY OF NEWPORT BEACH OR ITS OFFICERS, OFFICIALS, AGENTS, VOLUNTEERS, CONSULTANTS, ATTORNEYS AND EMPLOYEES

Printed Name: _____

Signature: _____ Date: _____

EMPLOYEE ID: _____

The COVID-19 Antigen Test completed on _____ by Newport Beach Fire Department is:

NEGATIVE

INCONCLUSIVE

POSITIVE

Test: Abbott BinaxNOW COVID Antigen Test

Specimen collected by: _____

Test Processed by: _____

Results Interpreted by: _____

NBFD MPD notified at: _____

Accession #

I consent to having my results released to the City of Newport Beach Human Resources Department.

Signature: _____ Date: _____

The following information is required by the California Department of Public Health for reporting purposes.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ DOB: _____

Age: _____ Gender: M F Choose not to identify gender

Ethnicity: _____ Race: _____