

## **BinaxNow Planning Checklist for Asymptomatic Screening**

To participate in BinaxNow Rapid Antigen testing for COVID-19, complete the check list and return to Char Stroh, cstroh@nd.gov, 701-319-886.

Requesting organization: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Phone:

Point of Contact Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

	entation of Completion
1988 (CLIA) extend jurisdiction of the Department of CLIA cert Health and Human Services to regulate all laboratories by the De	rovide your tificate number. (This will be verified ept. of Health staff) ap here to enter text.

Identify staff to perform	These support staff will assist individuals to register through	Provide information for the staff that will be
data entry related to	the unique link generated for each organization and assure	utilizing the Dynamics app on the separate
registration of individuals	test results are entered into a system that reports to the ND	North Dakota Dynamics/PowerApps
and screening results. The	Department of Health. Prior to utilizing the Dynamics App, a	Licensure form.
Dynamics app for iPad or	Dynamics license must be obtained for all personnel utilizing	
iPhone is the preferred	the App. They then would receive a username and password	
data system. Android	in order to access the App. It is recommended that each	
devices will work at a	organization have a minimum of 2 and maximum of 6	
slower rate.	people identified for data entry.	
Point of contact trained on	Training modules and video links below:	Name: Click or tap here to enter text.
BinaxNow collection and	https://www.globalpointofcare.abbott/en/support/product-	
reporting.	installation-training/navica-brand/navica-binaxnow-ag-	Phone #: Click or tap here to enter text.
	training.html Modules 1,2,3, and 4 are required for the	
	point of contact and all staff being screened. Total time	Email: Click or tap here to enter text.
	required is approximately 10 minutes.	
		Title / Role: Click or tap here to enter text.
	The screening procedures video below is highly	
	recommended:	Organization Name: Click or tap here to
	https://www.youtube.com/watch?v=NsUk61bTlbE	enter text.
	BinaxNOW in Dynamics.	Address:
	https://www.train.org/ND/course/1095324/compilation	
Identify testing location	Specimen collection should be completed in an area with	List identified test location.
	good ventilation.	Click or tap here to enter text.
Identify reporting process	All results, both positive and negative, must be reported to	Indicate the system that will be used to report
	the ND Department of Health.	BinaxNow test results to ND Department of
	For those organizations that have access to	Health.
	iPads/iPhones with the Dynamics App, they will have the	Click or tap here to enter text.
	ability to register individuals and report their results to the	
	state. Please refer to the Dynamics Training video for	
	guidance. THIS IS THE PREFERRED METHOD. Android	
	devices will work, but are slower	
	ability to register individuals and report their results to the state. Please refer to the Dynamics Training video for guidance. <b>THIS IS THE PREFERRED METHOD.</b> Android	Click or tap here to enter text.

	<ul> <li>The organization will be required to have Wi-Fi (preferred) or cellular data on the iPads/iPhones/Androids in order to use the Dynamics App</li> <li>For technical assistance with Dynamics please call</li> </ul>	
	701.328.2378.	
Biohazard Waste Disposal (Non-Medical Facilities)	Identify a plan for biohazard waste disposal. The primary waste will be the actual BinaxNow tests and gloves used by the individual reading the results.	Document management plan: Click or tap here to enter text.
	Possible plans could include - conduct screening in cooperation with Local Public Health, local Emergency Medical Services, or clinics; contract with an approved Biohazard waste disposal company; etc.	
Request BinaxNow tests	Once the checklist has been approved the POC can then request tests through the Health Alert Network assets website. Please order what you will need for 2 weeks.	Once completed, the facility/agency name and information will be added to a list that can be cross referenced by the Dept. of Health Warehouse staff.
	http://hanassets.nd.gov/ Please call 701-328-0707 with any HAN questions.	

Checklist Approved by (Internal Office Use Only):

Name: Click or tap here to enter text.

Signature: