

Go low, go slow: How to rapid antigen test your kid for COVID as school returns

January 28 2022, by Margie Danchin



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Many parents across Australia will be COVID testing their kids at home using rapid antigen tests (RATs), as school returns across many states next week.

The Victorian and New South Wales governments strongly recommend twice-weekly testing of school students and staff.

This may be challenging for many parents, especially if their child has developmental or behavioral difficulties.

So, how can you safely perform a RAT on your child at home and help them to engage in the process?

Students could be asked to take rapid antigen tests at home twice a week as part of efforts to minimize omicron infections and keep schools open | [@JordsBaker](#) [@adamlcarey](#)
<https://t.co/MmqXJKmV85>

— The Sydney Morning Herald (@smh) [January 17, 2022](#)

Preparing for the test

As with vaccination, the key to performing the test successfully is preparing the child well and explaining what will happen, to give them some control over the situation and to minimize anxiety.

Sit down and talk with your child and explain:

- they will need to do a RAT in the morning twice a week (if in Victoria or NSW). It won't be forever, but will be needed for the first four weeks of school, at least
- they can go to school if the test is negative
- and that all their friends will be doing it as well.

It doesn't need to be scary or painful. With the right technique, you'll be able to perform this test quickly and safely at home, or allow your child to do it themselves if they can.

In general, give yourself about 20 minutes, and remember not to rush the process the first few times you do it with your child.

It would help to show your child a video, like the one below, on how it's done as you familiarize yourself with the instructions.

There's no need to downplay the experience by saying "it won't hurt." Acknowledge it may be a little uncomfortable. Explain you'll do it together and they can show you how they would like it done for them. You may like to practice with a small cotton bud prior to using the actual RAT kit, either with them or another adult.

How to perform the test

First, lay the kit out on a table with the swab packet ready to be opened, the liquid solution tube and caps, and the test device.

For a nasal swab test, begin by blowing their nose and washing your hands. Then rest their head on a chair with a headrest, or on a pillow on the sofa where they can rest comfortably. In younger kids, you can have them sitting on your lap with their head resting on the fold of your elbow.

The swabbing hand holds the swab like a pencil, with the rest of your hand or little finger on their cheek, upper lip or chin, as if you're about to draw a mustache on their face. This will help stabilize the swab in case the child suddenly moves or sneezes.

The key is to aim the swab low (flat against the bottom of the nasal passage) in the nose and go in slow.

Many people have a crooked [nasal septum](#), which is the wall dividing the left and right of the nose, meaning there may be more room on one side

of the nose than the other. There's also much more room lower down the nose, and going too high and too fast will cause discomfort.

Think *low and slow* and aim down and back, rather than up high. This will reduce pain and allow more time for the swab stick to capture as much material as possible, thereby increasing the likelihood of a more accurate test.

Insert the swab about 1–2 cm into the nose and rotate it for 15 seconds, or about 4–5 times. Repeat on the other side. Never push against a hard resistance which may cause pain.

Then, dip the swab tip into the liquid solution, giving the tube a good squeeze and mix for about 15 seconds before closing the lid and then dropping the solution into the well on the test tray. Discard the swab stick carefully. Wash your hands and wait. Most test kits require 15 minutes, but please follow the instructions for your particular brand.

Congratulate your child on doing a great job! We want this to be a positive experience for them as it'll be part of our routine for a while.

After having this done a couple of times, some kids may prefer to do this themselves. Giving them autonomy and the knowledge that it's not painful or scary will be empowering. Believe it or not, they may even start to think of it as quite fun if it doesn't hurt.

What about saliva tests?

[Saliva liquid tests](#) are different altogether.

They're not a throat swab. They may require a short period of fasting, depending on the kit, up to 30 minutes of no food or drink prior to the test.

The [child](#) will have to learn to do a few deep coughs into a closed mouth and then either express their saliva into a container or to have a lollipop device which they suck on.

The timing on reading the result is also dependent on the brand.

RATs aren't the only way to minimize transmission

No matter how well you do it, some children will find this harder than others. We understand that. But honest education and practice runs will help the vast majority of kids.

The key is planning, discussion, watching videos and attempting to make it a bit fun to try and take away some of their anxieties. Demonstrating the test on an adult may also help.

Of course, RAT testing isn't the only way to try and minimize COVID cases at [school](#). There will be a range of other strategies that kids will be asked to do.

This includes vaccination, wearing masks inside and potentially some outdoor learning.

Changes are being made to improve ventilation in schools by installing air-purifiers, especially in high-risk areas in schools such as sick-bays and canteens, and trying to install shade sails for outside learning.

There's a huge push to get as many kids as possible to receive one dose of [vaccine](#) before schools starts. Over 30% of primary kids in Victoria have had one dose, with the aim to reach over 80% by mid-February. There will also be pop-up clinics at some schools in the next few weeks.

The dose interval for children at higher risk of COVID (including those

with some underlying medical conditions) has been shortened from [eight to three weeks](#) in the context of ongoing community transmission to ensure vulnerable kids are prioritized.

Booster doses for teachers are also critical.

There's much to do to support teachers, families and children, especially medically vulnerable kids, to make schools as safe as they can be. It's important to prioritize face-to-face learning to maximize the education, well-being, and mental health of our kids.

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