Updated May 13, 2021
DOH 820-113

# Washington State K-12 School Testing Guidance

This document is a complementary guidance document to the K-12 Schools – Fall 2020-2021 Guidance by the Washington State Department of Health (DOH) Fall K-12 guidance. This guidance is specific to public or private schools serving kindergarten through 12th grade (K-12). Use this guidance to make determinations on who, how, and when to test/screen students and staff in the K-12 school environment. To assure adequate support and resources are available to you, we ask that you make all decisions in coordination with your local health jurisdiction (LHJ).

This guidance is based on existing science, expert public health opinion, current policies, and stakeholder input. This guidance uses information from the CDC's Interim Considerations for Testing for K-12 School Administrators and Public Health Officials, Washington State's Employer Health & Safety Requirements for School Scenarios, CDC COVID-19 Considerations for Schools guidance, and King County Schools COVID-19 Response Toolkit Guidance For K-12 Schools.

*Note: Washington state has developed a Learn to Return playbook that includes an opportunity to connect to tailored testing resources and infrastructure based on the unique needs of each school. As of this writing, more than 100 school districts across the state have connected.*

## Summary of May 13, 2021 Changes

- Language aligned with CDC updates where appropriate.
- Updated testing strategies.
- Linked information on testing protocols for sports and extra-curricular activities.

## Roles and Responsibilities

Managing COVID-19 within schools to help reduce transmission and keep students, staff and families healthy and safe requires a coordinated team response. Identifying staff to play specific roles within the team is critical to ensuring a coordinated response. The following is a list of suggested roles within the school and district to facilitate a coordinated response to COVID-19 related illness events. An excellent toolkit to use as a resource for detailed position descriptions has been created by Public Health Seattle & King County and can be found at this link: King County Schools COVID-19 Response Toolkit.

- District COVID-19 Coordinator
- School COVID-19 Coordinator(s)
- COVID-19 Screening Lead
- COVID-19 Isolation Supervisor
- Infection Control Lead

## District COVID-19 Coordinator

Monitoring and managing outbreaks among schools requires the partnership between the Washington State Office of Superintendent of Public Instruction (OSPI), Washington State Department of Health (DOH), local health jurisdictions, school district leaders and school administrators.

1. Serves as a liaison to the Local Health Jurisdiction (LHJ).
2. Informs the LHJ about confirmed COVID-19 cases in each school.
3. Maintains and updates School Case & Close Contact List Template (toolkit resource B) for the district.
4. Distributes protocols, procedures, and resources to the School COVID-19 Coordinator(s).
5. Updates protocols, procedures and school resources as new or revised guidance from CDC and DOH becomes available.
6. Serves as the point-of-contact for questions and information for the community-at-large as well as related stakeholders/school district partners.

## School COVID-19 Coordinator(s)

A site-specific COVID-19 coordinator shall be designated by each school and other work site (e.g. district office) to monitor the health of employees and enforce the COVID-19 job site safety plan. The LHJ will notify the designated COVID coordinator at each school of the name of each child, teacher, or staff who is a confirmed case when they have been present in school during a potentially contagious period. This information will also be provided for close contacts of confirmed cases, with specific dates that they will need to be excluded from school for quarantine. Additional responsibilities of the coordinator include:

1. Provides resources and information about COVID-19 and quarantine/isolation to ill staff and families of ill students, such as fact sheets for families and staff (toolkit resource D).
2. Gathers additional information about close contacts for tracking on the School Case & Close Contact List Template.
3. Serves as liaison to District COVID-19 Coordinator. Sends completed School Case & Close Contact List Template to District COVID-19 Coordinator and alerts them to COVID-19 positive cases in school.
4. Manages internal and external communications regarding outbreak status of the school. Schools will most likely know about cases (and potential cases) before an LHJ knows about them and must be prepared to make decisions. LHJs will be available for consultation on all confirmed cases and their close contacts. Schools must be prompt, transparent, and thorough in their communications to the school community when infected persons have been present in the schools and potentially exposed others. A formal communications plan and written and verbal communications are recommended.
5. Serves as the point-of-contact to answer questions and provide information for staff/students/families.
6. Notifies close contacts of COVID-19 positive student/staff of the exposure and need to quarantine.
7. Maintains a list of classrooms and other cohorts with dates of when COVID-19 positive student/staff have been present while infectious.

8. Notifies all families and staff in a cohort when a COVID-19 positive student/staff has been present in school during the infectious period.
9. Maintains and disseminates COVID-19 procedures, protocols and information to all staff, students and families, including privacy policies regarding COVID-19 health information and infection status.
10. Ensures that there is staff designated and available daily to fulfill COVID-19 Response Team roles within the school.

### COVID-19 Screening Lead

1. Gathers information about symptomatic students and staff.
2. Notifies parent/guardian to facilitate student/staff getting home safely.
3. Gathers preliminary information for School Case & Close Contact List Template, including dates of infectious period.
4. Ensures that students/staff use cloth face coverings, maintain physical distancing, and adhere to other routine COVID-19 prevention measures.
5. Notifies Infection Control Lead of need to initiate infection control protocols.

### COVID-19 Isolation Supervisor

1. Supervises area where students/staff who develop COVID-19 symptoms while at school are kept until they can leave school.
2. Ensures that student/staff remain masked and maintain minimum social distance from others while waiting.
3. Ensures that student is released to parent/guardian or designee.

### Infection Control Lead

1. Prepares COVID-19 cleaning and disinfecting plans and regularly updates plans with new or revised CDC and DOH guidance.
2. Facilitates initiation of cleaning and disinfecting protocols of all affected areas.
3. Notifies custodial staff that affected area(s) must be cleaned and disinfected in accordance with CDC COVID-19 cleaning/disinfection protocols.
4. Ensures that affected areas are not used until cleaning is complete.
5. Ensures that COVID isolation area is disinfected daily.
6. Confirms that custodial staff has completed cleaning and disinfection of all affected areas.
7. Maintains and updates cleaning and disinfecting protocols (toolkit resource M).

## Testing Recommendations

Testing to diagnose COVID-19 is part of a comprehensive strategy and should be used in conjunction with promoting behaviors that reduce spread (e.g., mask use, physical distancing, hand hygiene); maintaining healthy environments (e.g., cleaning and disinfection, ventilation); maintaining healthy operations (e.g., scheduling, virtual learning, class sizes); and preparing for someone gets sick as well as screening all students and staff for signs and symptoms of illness.

## Types of Tests to Identify SARS-CoV-2, the Virus that Causes COVID-19

Table 1 summarizes the main types and characteristics of tests used to diagnose a current SARS-CoV-2 infection, the virus that causes COVID-19. Additional information can be found on CDC's SARS-CoV-2 testing pages. Throughout this document, "testing" refers to viral testing for potential infection. Tests used to show past SARS-CoV-2 infection (i.e., antibody tests) are not included in this document. CDC does not recommend using antibody testing to diagnose an active infection.

We support the use of any COVID-19 diagnostic device that has an Emergency Use Authorization (EUA) and the choice of specific test should be guided in consultation with the LHJ. A list of COVID-19 EUAs is here.

**Table 1: Types of COVID-19 Tests Currently Available to Diagnose Infection**

| | Viral Tests | |
|---|---|---|
| | **Molecular Tests** | **Antigen Tests** |
| **How is the sample taken?** | Nasal or throat swab (most tests); saliva or sputum test (a few tests). | Nasal or throat swab. |
| **What does it test?** | Diagnose current or recent SARS-CoV-2 infection by detecting viral genetic material (Nucleic acid amplification tests (NAAT), including real-time reverse-transcriptase Polymerase chain reaction (RT-PCR). | Diagnose current SARS-CoV-2 infection by detecting viral proteins. |
| **How are the results used?** | Diagnosis of current disease assists clinicians and helps public health officials identify and recommend isolation for people with active infection in order to minimize COVID-19 transmission. | Diagnosis of current disease assists clinicians and helps public health officials identify and recommend isolation for people with active infection in order to minimize COVID-19 transmission. |
| **Who administers test?** | Nasal or throat swab can be self-collected and/or supervised or collected by a health professional. Test must be performed by trained staff in a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory or point-of-care testing site operating under certificate of waiver. | Test must be administered by trained staff associated with a CLIA-certified laboratory or a point-of-care site that has a certificate of waiver. |
| **Other information** | Considered the "gold standard" for COVID-19 detection. A few molecular tests have been authorized for and have data supporting use in asymptomatic individuals. | These are best performed within 5-7 days of exposure and/or symptoms. False positive and negative results may occur and confirmation by a nucleic acid |

| | | |
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| | | amplification technique (NAAT) is often required. |
| **How long does it take to get results?** | Usually 1 to 3 days; 15-90 minutes for some point-of-care platforms. | Approximately 15-30 minutes. |
| **What is pooled or batched testing?** | This occurs when a group of tests collected from individuals are tested all at the same time. Participants can be identified up front so individual results can be returned or testing can be done anonymously by classroom for screening or surveillance purposes. The CDC has additional guidance around use of pooled testing for screening or surveillance here. | Antigen tests must be processed individually and thus aren't used for pooled testing. |

## Testing Strategies

Each school district and LHJ has unique considerations and may vary as to the recommendations or require they implement for testing. We present several models for consideration by each school district and LHJ. These include: 1. surveillance testing of a sample of staff and students; 2. testing ill students and staff; 3. screening of students and staff on a regular basis; 4. testing of contacts during an outbreak; or 5. testing for surveillance purposes. Planning with the school district and LHJ is the critical first step in deciding on a testing strategy for schools.

The available options in Washington State include but are not necessarily limited to the following and are not necessarily mutually exclusive.

### 1. Testing to Identify COVID-19 for All Ill Students and Staff

*Option 1*

All ill students and staff that have symptoms receive diagnostic testing immediately in a school-based testing site or associated site with non-school health staffing.

*Option 2*

All ill students and staff are sent off-site for diagnostic testing to medical home or testing sites in the community. Schools should work with their LHJs to identify community or on-site same day testing access.

### 2. Screening Testing

*Option 1*

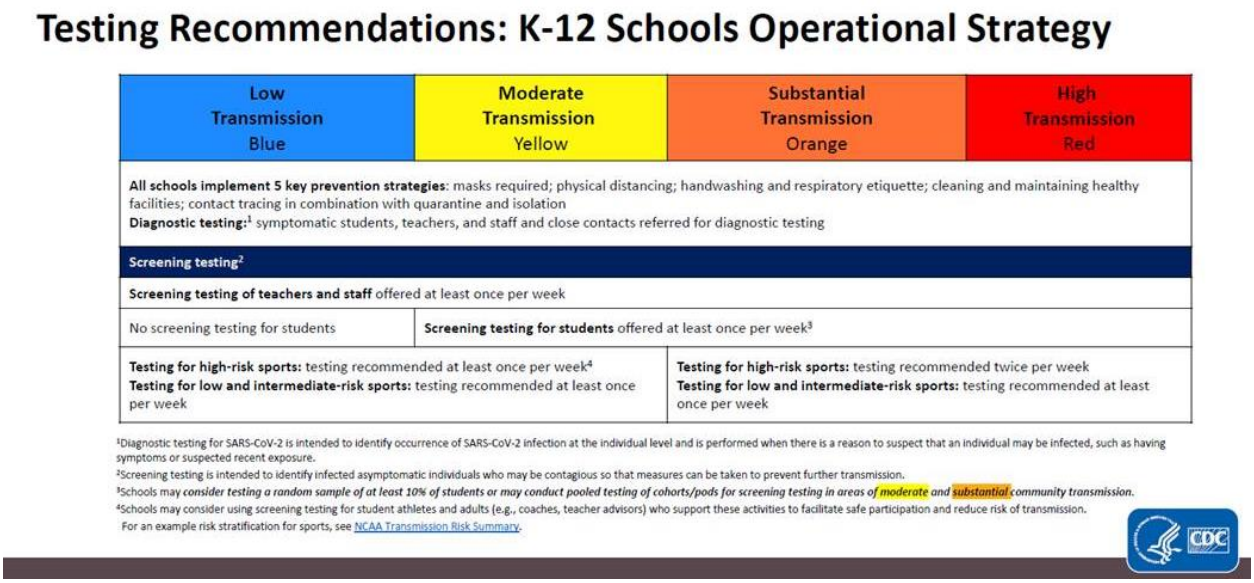
Testing weekly 20% of total school population who do not have documentation of vaccination.

*Option 2*

Testing weekly 50% of total school population who do not have documentation of vaccination.

*Option 3*
Test all students who do not have documentation of vaccination weekly.
*Option 4*
Screen cohorts (randomly or all) with pooled testing.

The CDC has developed the following guidance for screening cadence based on the level of community spread:




## 3. Additional Times or Groups to Consider for Testing

*Option 1*
Test all students and staff involved in in-person learning who do not have documentation of vaccination before their first day on campus.
*Option 2*
Test all in-person students-and-staff who do not have documentation of vaccination after return from Thanksgiving, Winter, and Spring break holidays.
*Option 3*

1. Test students with mask exemptions and/or who require significant, ongoing hands-on close contact and do not have documentation of vaccination.
2. Test all teachers/para-professionals who do not have documentation of vaccination weekly who work in classrooms with students with mask exemptions and/or who require significant, ongoing hands-on close contact.
3. Consider testing all K-12 teachers who do not have documentation of vaccination weekly for the same reasons as above.
4. Testing of athletes and participants of other extra-curricular activities who do not have documentation of vaccination.

### 4. Outbreak Testing

Test all contacts and (where appropriate) extended circles who do not have documentation of vaccination in outbreak settings.

### 5. Surveillance Testing

Test classrooms via non-identifiable source-based pooled testing to determine disease prevalence. Fully vaccinated individuals, who remain asymptomatic, are exempt from surveillance testing protocols. When positive pools come back, follow guidance in #4 above to identify positives.

*Strategy Summary & Comparison*

| Strategy | Pros | Cons |
|---|---|---|
| **Surveillance testing** | Provides ongoing data to inform whether and to what degree infections are present in the school population.<br>May be helpful in detecting outbreaks.<br>May be helpful in decision making about in-person presence among vulnerable staff and students.<br>Does not require a physician's order or CLIA waiver. | Results are generally not releasable to testing subjects.<br>Major investment of staff time, space and materials. |
| **Screening testing** | Routine testing of individuals without symptoms or any history of exposure.<br>Objective is to reduce transmission by isolating potentially infected individuals faster to protect public health.<br>Results are releasable to testing subjects and can inform public health action. | Major investment of staff time, space and materials. |
| **Testing to identify COVID-19 in ill students and staff** | May identify the majority of infections of disease control significance.<br>Efficient and more manageable. | Effectiveness in curtailing asymptomatic spread not clear.<br>Asymptomatic transmitters who were not identified as close contacts may be missed. |

| | | |
|---|---|---|
| **Testing *at* particular times or among certain groups of asymptomatic students and staff** | See screening testing above. | See screening testing above. |
| **Outbreak testing** | By identifying asymptomatic infections, better information will be obtained regarding the size of the outbreak and need for closure.<br><br>May help in stemming spread into the community. | By the time an outbreak is detected, it might be more efficient to just close the school temporarily and refer everyone to existing community-based resources for testing. |

## When Testing Might Be Performed

Schools can play an important role in assisting public health officials in identifying teachers, staff, or students who have COVID-19 symptoms or who had recent close contact (e.g., within 6 feet for a total of 15 cumulative minutes or more within a 24 hour period) with someone with COVID-19. If the school is experiencing an outbreak, the school should immediately notify the LHJ, cooperate with investigation methods, and follow all LHJ direction related to isolation, quarantine and other mitigation measures. This direction may include increased testing and contact tracing, as deemed necessary by the LHJ.

### Which Schools and Persons Should be Prioritized for School-based Testing?

LHJs and school districts can work together to develop a strategy for prioritizing school-based testing in K-12 schools, depending on resources and goals. DOH recognizes that there are limitations in resources at the local level and large or widespread testing strategies may be infeasible. DOH has developed a Learn to Return playbook that supports schools in developing their testing strategy and connecting to testing resources.

There are three levels of decision-making when it comes to selecting school-based testing:

- Which schools?
- Which persons in those schools?
- Which strategies?

Schools that have opened for any in-person classes (including hybrid, which includes both in-person and virtual classes) can benefit from developing a testing strategy. CDC's Indicators for Dynamic School Decision-Making can be used to determine which schools may provide the best settings for school-based testing based on infection risk. In addition, LHJs and school administrators may consider placing a higher priority for testing in schools that serve populations experiencing a disproportionate burden of COVID-19 cases or severe disease. These may include:

- Schools with moderate or large proportions of racial and ethnic groups that have experienced higher rates of COVID-19 cases relative to population size.
- Schools in geographic areas with limited access to testing due to distance or lack of availability of testing.
- Schools with a high proportion of multigenerational homes that include people over 60 years of age.
- Schools in communities with a high Social Vulnerability Index.
- Schools in counties with high or trending increases in COVID-19 disease.

CDC recommends taking into consideration the level of community transmission and implementation of mitigation strategies when deciding on school-based testing. Testing in schools located in communities at moderate to highest risk may provide the maximum balance of testing efficiency.

Classrooms or schools experiencing an active outbreak may temporarily close for in-person learning. LHJs may direct or facilitate testing for students, teachers, and staff who are in schools with an active outbreak. LHJs will also conduct or direct contact tracing in these situations. Schools must assist by providing information to identify close contacts (e.g., class rosters, seating charts, and student emergency contact information). LHJs may use a tiered approach (Table 2) in an outbreak setting to determine which close contacts and other potentially exposed persons should be either isolated or quarantined and referred for or offered testing.

Once the LHJ determines the school's risk category based on community positivity rate, public health officials working in collaboration with school administrators can prioritize which staff, teachers, and students should be offered school-based testing or referred elsewhere for the same. Persons with symptoms for COVID-19 and close contacts of confirmed or probable COVID-19 patients should be considered the priority for testing. Asymptomatic staff, teachers and students who are not close contacts may also be considered for testing in schools where the risk of community transmission is moderate to high.

Table 2 shows how to prioritize testing for close contacts using a tiered approach. Schools should work collaboratively with LHJs to plan and conduct testing among selected groups based on the suggested hierarchy. While a collaborative approach between the LHJ and school is the preferred pathway for managing such situations, in the absence of agreement between the two, the local health officer's direction (if so expressed) is binding.

Individuals showing symptoms of COVID-19 in schools should be prioritized for testing. People with COVID-19 can report a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus that causes COVID-19.

According to CDC guidance, symptoms may include:

- fever or chills
- cough
- shortness of breath or difficulty breathing
- muscle or body aches
- headache
- new loss of taste or smell

- sore throat
- fatigue
- congestion or runny nose
- nausea or vomiting or diarrhea

## Hierarchy of Testing for SARS-CoV-2

Hierarchy for selection of persons for testing in schools can be as follows

1. Persons with symptoms of COVID-19.
2. Persons who have had close contact with someone with COVID-19 (see Table 2 for defining and identifying contacts).
3. All students, faculty, and staff with possible exposure in the context of outbreak settings (as described in Table 2).

Table 2: Tiered approach and criteria for determination of contacts for testing

| | |
|---|---|
| Tier 1<br>Close contacts<br><br>Highest risk of transmission* | Students, teachers, and staff who were within 6 feet apart from the individual with COVID-19 for a total of 15 minutes or more beginning 2 days before the individual with COVID-19 became symptomatic (or, for asymptomatic individuals, 2 days prior to specimen collection) until the time of isolation.** Schools should consider the following example settings in determining close contacts:<br>• Classrooms<br>• Lunchrooms<br>• Athletic teams and other extracurricular activities<br>• After-school care and other events |
| Tier 2<br>Potential contacts<br><br>Next highest risk of transmission | Students, teachers, and staff in the same classroom/cohort/pod as the person with COVID-19 who always kept 6 feet distance between persons. For example, this includes individuals in the following scenarios:<br>• Students, teachers, or staff in the same hallway, but not sharing a classroom or bathroom.<br>• Students who took the same bus but were farther than 6 feet apart from other riders at the same time as a person with COVID-19. |
| Tier 3<br>Potentially exposed individuals<br><br>Lowest risk of transmission | Students, teachers, and staff who shared a common space (e.g., teacher's lounge, library) and were not using the space at the same time as the person with COVID-19, but where short duration exposure to those with confirmed COVID-19 cannot be definitively ruled out. For example, this includes:<br>• Students, teachers, and staff who are in-person at the school on a different schedule and in different rooms than the individual with confirmed COVID-19, but exposure cannot be definitively ruled out. |

**It is important to know that the "15 minutes within 6 feet" definition is simply a tool for evaluating who might be at higher risk for contracting COVID-19. It is not a rigid rule for determining who can or cannot get COVID-19.**

Individuals who are concerned they may have been exposed to someone with COVID-19. Individuals can be infected with the virus that causes COVID-19, even if they don't meet the definition of a "close contact." That is why it is critical to take COVID-19 prevention steps, including physical distancing and wearing a face covering, part of the everyday routine. If an

individual believes they have been exposed to a COVID-19 case, they should avoid close contact with others and seek testing (testing is ideally done 5-8 days after exposure).

**Risk factors include:**

- **How close together people are** (close interactions increase risk).
- **Length of interactions** (longer or more frequent interactions increase risk).
- **Use of face coverings** (risk is greater when people are not wearing masks).
- **Physical space** (indoor spaces with poor ventilation increase risk).
- **A case is more likely to spread COVID-19 if they have symptoms**, such as a cough. However, people can spread COVID-19 before they develop symptoms and even people who never develop symptoms can spread COVID-19.

## When is Testing Not Recommended?

If a school is implementing a school wide testing strategy, testing should be offered on a voluntary basis. It is unethical and illegal to test someone who does not want to be tested, including students whose parents or guardians do not want them to be tested. If a school makes the decision to require testing for students participating in athletics or other extracurricular activities, their policy regarding missed or refused tests should be followed.

It is not recommended to retest individuals who have previously tested positive and do not currently have symptoms for COVID-19; this recommendation continues for up to 3 months from their last positive test. Data currently suggest that some individuals test persistently positive due to residual virus material but are highly unlikely to be infectious. Parents or guardians of students claiming a recent prior positive test may be asked to provide documentation from their health care provider to indicate the date, type, and result of the student's most recent COVID-19 test. The same may be asked of staff who report a recent positive test.

## Considerations Before Starting ANY Testing Strategy

Before implementing testing in their schools, K-12 administrators must coordinate with the LHJ to assess the degree of support for this approach from parents/guardians, teachers, and staff and must put key logistical elements in place:

- CLIA certificate of waiver requirements to perform school-based testing.
- Dedicated infrastructure and resources to support school-based testing including testing coordinator, clinical AND clerical support, funding, and staff training.
- Mechanism to fulfill the requirement for reporting all testing results (both positive and negative) to the LHJ or DOH.
- Plans for ensuring access to additional molecular testing when needed through a health care provider, the LHJ, or the LHJ's designated testing entity. Such additional testing may be recommended or required if a false negative or false positive initial result is suspected by the LHJ or other entity overseeing testing.
- Ways to obtain written parental consent for minor students and assent/consent for the students themselves.
- Physical space to conduct testing safely and privately.

- Ability to maintain confidentiality of results and protect student privacy.
- If these conditions are not in place, schools must move to a referral-based testing strategy for students or staff with symptoms in collaboration with public health officials. Districts should first consider using referral-based testing strategies, or partnerships with LHJ or local health care systems before initiating a testing program independently. There is value in establishing partnerships with healthcare providers, healthcare systems, LHJs and private companies to conduct a testing program.

## Outbreak Response Recommendations

Schools can play an important role in identifying close contacts and communicating with parents and guardians. When a school learns of a confirmed case of COVID-19 on the school premises, they must follow the requirements in the "Reporting Cases and Working with Public Health" section of the DOH K-12 Schools 2021-2022 Requirements document.

## Sports and Extracurricular Activities

Consistent with the CDC's Operational Strategy for K-12 Schools through Phased Prevention updated guidance of April, 2021, schools may consider using screening testing for student athletes and adults (e.g., coaches, teacher advisors) who support these activities to facilitate safe participation and reduce risk. The frequency of testing should be based on the level of disease transmission, the contact-level (low, moderate or high contact), and venue (indoor vs. outdoor).

Testing Frequency Recommendations for Non-vaccinated Participants

| Sport (contact) | Indoor/Outdoor | Frequency | Test Type |
|---|---|---|---|
| high | indoor/outdoor | twice weekly | molecular/antigen |
| moderate | outdoor | once weekly | molecular/antigen |
| moderate | indoor | twice weekly | molecular/antigen |
| low | indoor/outdoor | once weekly | molecular/antigen |

### Testing for High-Contact Sports

Testing guidance and protocols for high contact sports in accordance with Washington State's phased reopening plan is outlined in the governor's Sporting Activities COVID-19 Requirements.

### Extracurricular Activities

Extracurricular activities that may increase risk of transmission, such as the performing arts, may also give consideration for routine screening testing of students, especially if other mitigating strategies, such as face coverings, limit performance. In such situations, schools should consult with local public health to assist in the development of a testing strategy that gives consideration to the level of community disease transmission and setting.

## Employer Health and Safety Requirements for Schools

See the Labor and Industries (L&I) COVID-19 Prevention in the Workplace: L&I Safety and Health Requirements and Guidance for information on employer health and safety requirements.

## More COVID-19 Information and Resources

Stay up-to-date on the current COVID-19 situation in Washington, Governor Inslee's proclamations, symptoms, how it spreads, and how and when people should get tested. See our Frequently Asked Questions for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19- this is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. Stigma will not help to fight the illness. Share accurate information with others to keep rumors and misinformation from spreading.

- WA State Department of Health 2019 Novel Coronavirus Outbreak (COVID-19)
- WA State Coronavirus Response (COVID-19)
- Find Your Local Health Department or District
- CDC Coronavirus (COVID-19)
- Stigma Reduction Resources

**Have more questions?** Call our COVID-19 Information hotline: **1-800-525-0127**
Monday – 6 a.m. to 10 p.m., Tuesday – Sunday and observed state holidays, 6 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language.** For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.