

Summary of Changes (as of 3/18/22)

Areas with revisions are in green throughout the document.

- Updated to adopt WA Department of Health (DOH) guidance

Students with class A/B symptoms who meet the criteria for evaluation or testing can return to school if:

- They are not close contacts of another confirmed or probably COVID-19 case, AND
- They are cleared through COVID-19 testing, which can be one of the following:
 - A negative COVID-19 PCR or molecular test, OR
 - Two negative COVID-19 antigen tests.
 - A single antigen test can be used to clear a student with class A/B symptoms if:
 - They have no known exposure to a positive case, AND
 - They are two or more days past their onset of symptoms
 - AND they are fever free for 24 hours or more, without the use of fever reducing medications,
 - AND all other symptoms are improving

FAQs about testing students with class A/B symptoms:

- **Can a student be cleared with a positive antibody test?**
 - No. An antibody test is currently not recognized as a reliable measure of past infection or immunity to COVID-19 by WA DOH and SRHD
- **What criteria should guide the decision to use antigen vs. PCR testing for students with symptoms?**
 - PCR should be the first choice if it has been more than 7 days after onset of symptoms.
 - PCR should be considered if PCR panels are available that also test for flu or RSV.
 - Lab-based PCR should be considered as a confirmation for any positive antigen test in an asymptomatic person.
 - Antigen testing has a higher risk of a false negative result on the first day after onset of symptoms and when used 7 or more days after onset of symptoms
 - Antigen testing should be considered for any testing related to events such as athletics or proms.

- **Is there a benefit to using PCR and antigen tests on the same day?**
 - Yes - If a student is symptomatic and their positive result would result in a cascade of actions, then it is helpful to test with both PCR and antigen at the same time. A positive antigen test will allow contact tracing to move forward immediately even if the school must wait 1-2 days for the PCR result. The PCR test will provide a reliable confirmation when there is a positive antigen test in an asymptomatic person.
- **Does a student need to test if they had a past infection?**
 - Yes, test unless all the reported symptoms are due to unresolved COVID symptoms from the student's primary infection. Past infection is proof against quarantine only if the original onset was in the past 90 days and the person has no current symptoms.
- **How to interpret conflicting test results:**
 - A positive antigen test can be ruled out with a single negative lab-based PCR test collected within 2 days of the positive antigen test. If a PCR test is done after 2 days, then consult with local public health.
 - Consult with local public health if there are concerns about the accuracy of a positive PCR test.
 - For any positive test more than 45 days after an initial positive test result, consult with local public health.
- **What does it mean for a person to be considered up to date for their COVID-19 immunizations?**
 - [Follow CDC guidance on who is considered up to date with vaccines: *Stay Up to Date with Your COVID-19 Vaccines | CDC*](#)
- **Does a student or staff who is up to date need to test if they have symptoms?**
 - Yes, they still need to test. Breakthrough disease can occur in persons who are up to date with their COVID-19 immunizations.
 - Up to date persons should still test 5 days after a close contact exposure, even if they do not have symptoms. They should wear a well-fitting mask until they receive a negative test result, or until 10 days after their last exposure if they do not get tested. A higher quality mask such as KN95 or N95 is recommended if available.
 - Up to date students and staff are not subject to quarantine for exposures outside of the home if asymptomatic AND they are participating in testing related to their exposure.
 - The test chosen can be a single PCR test or a single antigen test.
- **Does the testing recommendation for someone who is considered up to date change if they have an ongoing exposure in a home or another setting?**
 - [In an ongoing exposure situation, such as sharing a household with another COVID-19 case, they should test at baseline, on day 5 after their first exposure, and test again at day 10.](#)

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Surveillance testing in special populations:

Surveillance testing is recommended for students or staff in high-risk activities. Surveillance testing is also an option for communities experiencing moderate-to-high transmission.

- High risk settings include any situation where:
 - Mask use is poor or non-existent, OR
 - Physical distancing is difficult to maintain, OR
 - Participants are at high risk of complications from COVID-19
- Recommended testing frequency:
 - Twice weekly for high contact indoor sports to include wrestling and basketball, with preference for antigen testing on the competition dates.
 - For other higher risk activities in the performing arts or general surveillance testing, consider testing once per week.
 - Screening testing should be offered to students regardless of vaccination status when community transmission is at moderate, substantial, or high levels. Frequency should be at least once per week, but increased to twice per week if levels of community transmission are trending and/or remain higher.

FAQs about surveillance testing in special populations:

- **Should people with a past infection participate in surveillance testing?**
 - Yes, they should participate if their infection was more than 90 days in the past.
- **What happens if someone in a surveillance testing pool has an exposure or has symptoms?**
 - If a person in a surveillance pool has a close contact exposure, then follow the exposure protocol based on their vaccination status.
 - If a person develops symptoms, they should be evaluated under the guidance for people with class A/B symptoms without an exposure.
- **Should people who have been fully vaccinated participate in surveillance testing?**
 - Yes, fully vaccinated people should be included in surveillance testing.

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Event-based testing:

Event-based testing is a mitigation measure that can be put in place to allow a moderate or high-risk activity/event to occur.

FAQs for event-based testing:

- **How do schools petition for testing as a mitigation measure?**
 - Contact Spokane Regional Health District (SRHD) at education@srhd.org to work with one of our epidemiologists or business technical advisors, who can evaluate your current plan against current SRHD and DOH guidance.
- **Which test is preferred for this type of testing, PCR or antigen?**
 - PCR-based testing is the gold standard but does take 2-3 days to receive results. In many circumstances, it may be preferable to use antigen testing on the day of the event, either alone or in conjunction with PCR testing done 3 days prior to the event.
- **When should testing be done?**
 - Test as close to the event date as possible. Testing more than 3 days prior to the event is not effective and may create a false sense of safety.

FAQs about 5-day isolation and quarantine for staff and students:

- **Does return from isolation at day 5 change based on vaccination status?**
 - No, this guidance applies to people who are not vaccinated as well as those considered to be up to date.

Test to Stay as a mitigation measure for low-risk school exposures:

Test to Stay is a tool that allows the substitution of one mitigation measure (COVID-19 testing) for another measure (quarantine or distancing) when looking at low risk exposures, so as to allow fewer interruptions with in-person learning.

- A cohort can be defined as a classroom, bus, sports team, or small group event.
- This guidance does not seek to deny that some low-level risk is present, but instead seeks to mitigate the risk by providing universal scheduled testing during the quarantine period.
- This guidance applies to all exposure settings, in school and in the community, for students and staff.
- This guidance is not prescriptive for participants. **Parents can choose to have their child mask or Test to Stay during the 10-day exposure period, allowing their child to remain in attendance at school and to continue to participate in all school activities. It is also possible to combine masking with Test to Stay.** If they refuse or are unable to mask or test, then they must quarantine for 10 days.

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Process Outline for Test to Stay:

1. Identify when an individual has a household exposure or a group meets an outbreak threshold and Test to Stay can be used to keep a student or staff person in school.
2. Track information on the use of Test to Stay testing with information on the group, index case(s) in that group, number of students who are possibly exposed, and the number of students/staff who could participate in the testing protocol.
3. Notify parents of the students in that group of the need for quarantine, the option for Test to Stay testing, and the consent process for school-based testing.
4. On the next available school day, do baseline testing of all students participating in Test to Stay testing.
5. Conduct another round of testing after the baseline at days 5 and 10 after the exposure.
6. Notify SRHD of any positive results in Test to Stay testing. Notification should include:
 - a. Name
 - b. DOB
 - c. Address
 - d. Phone number
 - e. Test collection date
 - f. Test type (PCR or antigen)
 - g. Onset date
 - h. Source of infection
 - i. Reason for enrolling in Test to Stay
7. Track the following aggregate data elements from groups that go into the testing protocol:
 - a. Name of class or group
 - b. Date of quarantine threshold (last exposure date)
 - c. Dates when testing occurred
 - d. Number of students tested
 - e. Number of staff tested
 - f. For positives:
 - i. Staff or student
 - ii. Symptoms

FAQs for Test to Stay as a mitigation measure:

- **Can you use antigen or PCR testing with this protocol?**
 - You can use either PCR or antigen test methods. The preference is to use antigen testing in higher risk settings such as athletics or the performing arts.
- **What is the “testing cadence” of this protocol?**
 - Tests are to be done at baseline, day 5 after exposure, and day 10 after exposure for all scenarios. If a classroom is universally masked while doing Test to Stay, then the day 10 test is not necessary.
- **Can Test to Stay be used for children in before or after school childcare?**
 - Test to Stay can be applied to childcare settings in school district buildings.
- **Does a student have to participate if they have some evidence of past infection or immunity?**
 - Exceptions to quarantine or Test to Stay are as follows:
 - Individuals who had a previous infection within the last 90 days do not need to quarantine or participate in Test to Stay.
 - Individuals whose infection was more than 90 days ago still have to quarantine or participate in Test to Stay.
 - Positive antibody tests do not get you out of quarantine or Test to Stay.
- **What is the impact of high community COVID-19 incidence rates on Test to Stay?**
 - Spokane is considered to have high community incidence rates when either the 5-12 year old or 13-17 year old age groups are over 300 cases per 100K based on the data in the [COVID School Age | Tableau Public Dashboard](#)
 - When Spokane County is experiencing high incidence rates, the following are in effect:
 - The sibling rule where unvaccinated household members of children with symptoms are also sent home until symptoms are confirmed to be unrelated to COVID-19.
- **What are the criteria for an exposure with Test to Stay?**
 - The person, either staff or student, must be asymptomatic; AND
 - Follow Test to Stay requirements (baseline and day 5 test); AND
 - Continue to wear a well-fitting mask around others until day 10
- **Are there any caveats or exceptions to Test to Stay with the current guidance for exposure or modified quarantine?**
 - If resources are limited, persons who are considered up to date on vaccinations do not have to do the baseline test – they are only required to test at days 5 and 10 after the exposure.
 - Applies to all exposures, in and out of school, excluding household exposures.

- **What if parents want to get their child tested outside of the school testing program?**
 - We strongly encourage schools to require participation in Test to Stay at their school building. Students testing outside of school increases the administrative burden of this protocol.
 - Over the counter (OTC) COVID-19 testing is not ideal for the use in Test to Stay protocol but may be considered when there are testing shortages.
 - See: [TesttoStayAttestationForm.pdf \(srhd.org\)](#).

Test to Stay prioritization when resources are constrained:

There may be instances where staffing or testing supplies may constrain the implementation of Test to Stay in schools. Below are some considerations for managing your Test to Stay program while constrained to maximize the benefits of testing in your schools.

- **Antigen testing**
 - No supply constraints
 - Use for all applications of Test to Stay to minimize in-school attendance while infectious
 - Moderate supply constraints
 - Prioritize antigen testing for [medically fragile students¹](#), athletics, or initial testing of symptomatic persons
 - Utilize PCR for classroom-based exposures or with exposures with fully vaccinated persons
 - Severe supply constraints
 - Utilize antigen testing only for staff testing and utilize PCR testing for all other testing
- **Staffing for school-based testing**
 - No constraints in staffing
 - Use for all applications of Test to Stay to minimize in-school attendance while infectious
 - Allow testing of family members of district students or staff
 - Consider allowing testing of childcare related exposures of facilities within the district
 - Moderate constraints in staffing
 - Consider quarantine instead of Test to Stay with 2 cases in a class, cohort or team
 - Maintain testing for students with Class A/B symptoms
 - Maintain testing for settings where there is a higher risk of transmission [and school events](#)

¹ *Medically fragile or high-risk individuals include but are not limited to the following: Cancer, Chronic (kidney, lung, liver) diseases, Cystic Fibrosis, Diabetes (type 1 and 2), Heart Conditions, HIV infections, Immunocompromised (either due to medication or a medical condition), Physical inactivity, Pregnancy, Sickle cell disease or Thalassemia, organ or blood stem cell transplant, Stroke, Cerebrovascular Disease, Tuberculosis. Disabilities that include (Cerebral palsy, Spinal cord injuries, Down syndrome, individuals that need assistance with self-care).*

- Discontinue testing for family members who are not students or staff as well as other community members
- Severe constraints in staffing
 - Maintain testing for settings where masks are not worn such as athletics or SPED classes
 - Maintain testing for staff exposures or with staff with class A/B symptoms

FAQs for testing prioritization:

- **Can Over the Counter Tests (OTC) be used when there are severe constraints in testing capacity in schools?**
 - There may be low risk settings where OTC test results, both positive or negative, can be utilized to support student with in-person instruction. This should only be considered when testing is constrained district-wide for an extended duration.

Spokane Regional Health District assures nondiscrimination in accordance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act. To file a complaint or to request more information, reasonable accommodations, or language translations, contact 509.324.1501 or visit srhd.org.