

Recommendations for Testing in Education Settings

August 28, 2020

Introduction

Schools are reopening in Idaho, and there is an urgent need to determine how state agencies, public health districts and parents/guardians can support the successful return to in-person education across Idaho. In-person education is important for the intellectual, physical, and social-emotional development and well-being of children and, for many children, schools are critical access points for nutrition and safety.

In Idaho, there are 117 public school districts, 38 independent local education agencies, 97 private schools and approximately 320,000 students in K-12. Staffing consists of approximately 24,246 certified staff and 19,084 non-certified staff for a total of 43,330 staff in Idaho K-12 schools. The larger educational setting includes Pre-K, K-12, community and vocational colleges, and public and private universities. These recommendations will focus on the K-12 population of students and staff. The remaining educational populations will be addressed in later guidance.

Governor Brad Little recently released \$21 million in funds for COVID-19 testing for teachers and school staff. In addition, the State Testing Task Force created a subgroup to develop guidance and protocols for the utilization of testing resources in school settings.

This document provides guidance for testing of teachers and staff to identify individual infections and prevent spread of COVID-19 in education settings. Such guidance can and should be deployed alongside the environmental, engineering, public health and other key mitigation measures as outlined in the [Idaho Back to School Framework](#). Testing in education settings is part of the larger disease control and prevention strategy against COVID-19. Schools should work with local public health districts to evaluate the community transmission and risk levels to determine the most appropriate method of education delivery (in person, hybrid, online).

Given the current situation associated with limited testing capacity and prolonged turn-around-times, it is the recommendation of this subgroup that K-12 testing efforts focus primarily on individuals with COVID-19 compatible symptoms. Asymptomatic individuals who have had close contact with someone with known or suspected COVID-19 may also need to be tested based on contact investigations and consultation with the local public health district. At this time, there is insufficient testing capacity in Idaho to support asymptomatic surveillance testing among staff and students in the K-12 population. Should these conditions change, future versions of this guidance will be issued as needed.

Both molecular and rapid antigen testing can be effective platforms for use in educational settings. Molecular testing, in the form of lab-based polymerase chain reaction (PCR), as well as rapid diagnostic molecular tests, are the preferred tests for diagnosing acute infection. Although not currently, widely available, rapid antigen tests are an alternative to molecular tests, for people with clinically compatible illness, when turnaround time for molecular tests exceeds 48 hours. Rapid antigen tests, however, have lower sensitivity and specificity, and negative results must be interpreted with caution. If clinical suspicion for negative COVID-19 results is high, follow-up with a PCR test is recommended.

Recommended Preparation and Response for COVID-19: Local School Districts

- 1) Each school should identify a primary point of contact (referred to here as the “School COVID-19 POC”) that is available during all school hours. This staff member may be a school nurse (if available) or other staff member who will lead the COVID-19 response at the school building regarding illness among teachers, staff, and students.
 - a) Ideally, the School COVID-19 POC should have an established relationship with and be in direct and regular communication with the local public health district (PHD) COVID-19 POC. The availability of school nurses in Idaho is limited, but where they exist, they are an invaluable resource in COVID-19 response in schools and should be utilized as subject matter experts.
- 2) Schools should follow the [Idaho Back to School Framework](#) for screening recommendations, which promote daily health screenings of teachers, other staff, and students for COVID-19 symptoms upon entry to the facility, including a check for low-grade fever with a no-touch thermometer and/or daily symptom checking. Many schools have robust electronic record systems that can be modified or add applications for electronic symptom checking. Schools may consider use of secure applications that parents can refer to (e.g., with symptom checklists).

Recommended Preparation and Response for COVID-19: Local Public Health Districts (PHD)

Adequate expertise, decision-support, and staffing at the local PHD should be provided to assist schools in COVID-19 response and outbreak control. Funding should be allocated to the PHD for additional staffing to work directly with school districts.

- 1) Local PHDs should employ staff to serve as PHD COVID-19 POCs for the local school districts. These staff will work with school districts within their geographic boundaries to assist with support and response to COVID-19 in the educational setting. It is estimated that two to three new staff per PHD will be needed to adequately support school districts with COVID-19 response.
 - a) Ideally, the PHD COVID-19 POCs should be nurses or have medical or epidemiological backgrounds. This dedicated role should be utilized to determine outbreak situations, work with school district and school leadership, and determine which public health resources can be deployed in a timely manner to effectively mitigate identified outbreaks.
 - b) Local PHDs should ensure the School COVID-19 POC is familiar with the following areas: epidemiology and manifestations of COVID-19; testing locations in the local PHD that prioritize teachers and staff; isolation and contact tracing for school buildings; and administrative paperwork and timelines for contact tracing and follow-up.
 - c) Local PHDs should consider whether they can support schools by establishing rapid response teams that coordinate with the School COVID-19 POC, or other ways to ensure support for testing, isolation, and contact tracing for schools.
 - d) Local PHDs should work with school nurses where available. School nurses should be utilized as a key resource in outbreak response to include testing coordination and contact tracing. In cases where these roles are already in place within schools, the local PHDs should provide outbreak

response guidance or training to ensure that school nurses are able to effectively help school leadership deal quickly and effectively with outbreaks.

- 2) Local PHDs should establish agreements with testing sites in their geographic area to facilitate expedited testing and results for teachers, other staff, and students. In addition, local PHDs should consider whether they can provide expedited testing at the local PHD office or deploy rapid response testing teams to schools.

Recommended Testing Priorities and Strategies

The subgroup recommends schools have a written response plan to manage a case of suspected or confirmed COVID-19 among teachers, other staff, and students. The plan should include strategies, such as those below, to address specific scenarios:

- 1) Symptomatic individuals:
 - a) Teacher or other staff calls in sick
 - i) Teacher or other staff is advised to contact their healthcare provider for guidance about their medical care and testing needs. The School COVID-19 POC may also recommend testing in collaboration with the PHD COVID-19 POC. The School COVID-19 POC or healthcare provider offers information to staff about community testing sites for expedited testing.
 - ii) Staff gets tested and continues to self-isolate while awaiting results, unless the PHD COVID-19 and/or School COVID-19 POC advises otherwise.
 - iii) Results are provided by lab to tested staff directly and to the PHD. The staff member may notify the School COVID-19 POC of results. PHD notifies the school if test result is positive.
 - iv) The School COVID-19 POC and the PHD COVID-19 POC discuss test results. If the test is positive, the local PHD works with the school to determine the appropriate investigation process and initial recommendations for disinfection and notification of close contacts.
 - v) The staff's healthcare provider and the local PHD work with the infected staff member to determine when it's safe to return to work and notifies School COVID-19 POC.
 - b) Teacher or other staff becomes sick while at school
 - i) School nurse or School COVID-19 POC is made aware of the situation. Teacher or other staff member is relieved of duties immediately and asked to leave the school as expeditiously as possible.
 - ii) School implements back-up staffing plan.
 - iii) The School COVID-19 POC talks with staff to encourage testing based on symptoms and recommends staff consult with their healthcare provider for guidance about their medical care and testing needs. The School COVID-19 POC may also recommend testing in collaboration with the PHD COVID-19 POC. The School COVID-19 POC or healthcare provider offers information to staff about community testing sites for expedited testing.
 - iv) Staff gets tested and continues to self-isolate while awaiting results, unless the PHD COVID-19 and/or School COVID-19 POC advises otherwise.
 - v) Results are provided by lab to tested staff directly and to the PHD. The staff member may notify the School COVID-19 POC of results. PHD notifies the school if test result is positive.

- vi) The School COVID-19 POC and the PHD COVID-19 POC discuss test results. If the test is positive, the local PHD works with the school to determine the appropriate investigation process and initial recommendations for disinfection and notification of close contacts.
 - vii) The staff's healthcare provider and the local PHD determines when it's ok to return to work and notifies the School COVID-19 POC.
 - c) Parent/guardian calls in to report a sick student
 - i) The School COVID-19 POC talks with parent/guardian to encourage testing based on symptoms and recommends parent/guardian consult with their child's healthcare provider for guidance about their medical care and testing needs. The School COVID-19 POC may also recommend testing in collaboration with the PHD COVID-19 POC. The School COVID-19 POC or healthcare provider offers the parent/guardian information about community testing sites for expedited testing.
 - ii) If the student is tested, the lab will notify the local PHD. The parent may also notify the School COVID-19 POC of test results.
 - iii) The School COVID-19 POC and the PHD COVID-19 POC discuss test results. If the test is positive, the local PHD works with the school to determine the appropriate investigation process and initial recommendations for disinfection and notification of close contacts.
 - iv) The student's healthcare provider, parent/guardian, and the local PHD determines when it's ok to return to school and notifies School COVID-19 POC.
 - d) Student becomes sick in school
 - i) Student is removed from the classroom immediately and provided a place to wait where isolated from other students, following guidance in the [Idaho Back to School Framework](#).
 - ii) Parent/guardian is notified.
 - iii) Parent/guardian asked to pick up student as soon as possible. If student is able to get home on their own, the school will get parental permission and the student can be sent home.
 - iv) The School COVID-19 POC talks with parent/guardian to encourage testing based on symptoms and recommends parent/guardian consult with their child's healthcare provider for guidance about their medical care and testing needs. The School COVID-19 POC may also recommend testing in collaboration with the PHD COVID-19 POC. The School COVID-19 POC or healthcare provider offers the parent/guardian information about community testing sites for expedited testing.
 - v) If the student is tested, the lab notifies the local PHD and the parent/guardian may notify the School COVID-19 POC of test results.
 - vi) The School COVID-19 POC and the PHD COVID-19 POC discuss test results. If the test is positive, the local PHD works with the school to determine the appropriate investigation process and initial recommendations for disinfection and notification of close contacts.
 - vii) The student's healthcare provider, parent/guardian, and the local PHD determines when it's ok to return to school and notifies School COVID-19 POC.
 - e) Healthcare provider, local PHD, or parent/guardian notifies the School COVID-19 POC that a positive test has been received for someone at the school.
 - i) School COVID-19 POC discusses next steps with the local PHD, including identification of close contacts, determination whether to send others home, and follow-up testing recommendations.
- 2) Asymptomatic individuals who have been identified as a close contact (following the CDC definition, or other if determined by the local PHD) of an infected person:

- a) School COVID-19 POC discusses next steps with the local PHD, including identification of close contacts, determination whether to send others home, and follow-up testing recommendations.

In addition to the above strategies, schools should be aware that the local PHDs will be involved in outbreak investigations in schools and will be referring to resources including the CDC “Protocol for Outbreak Investigations in K-12 Schools”.

Payment and Reimbursement for Testing

With limited resources and testing capacity, payment and reimbursement guidance for the above recommendations are needed. Steps are underway to discuss options and priorities with the Payment Subgroup. Following those discussions, additional information will be forthcoming on how to best allocate funds to address testing, staffing, and other costs to support the successful return to in-person education across Idaho.