LEARN TO RETURN
Playbook

A Resource for COVID-19 Testing in Washington State Schools

Washington State Department of Health

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INTRODUCTION

Schools should be safe, secure, positive, and productive places that are the heart and soul of communities. Because of the COVID-19 pandemic, schools need extra assistance to stay open and provide a supportive learning environment for students and their families. Learn to Return has helped Washington K-12 schools reopen — and stay open — safely. Amid the turbulence of the pandemic, Learn to Return is here to support schools as they provide a safe, positive space for student learning and development.

PARTNERS

Learn to Return Program is made possible through the following partnerships:

The Learn to Return program is funded through the Washington State Department of Health (DOH) and implemented by Health Commons Project, a 501c3 Nonprofit that works alongside schools to make COVID-19 testing possible.

SECTION 1: What to Know

We can make in-person learning safer

By following the science and staying current on the latest research, we can return to the classroom. We've seen that it is safe to have learning in-person, as long as we use specific safety protocols like masking, physical distancing, ventilation, symptom screening, and cleaning. Studies from the Centers for Disease Control and Prevention (**CDC**) show that schools operating in-person with proper prevention measures have experienced minimal transmission of COVID-19. Across the United States and here in Washington, that evidence has shown to be true — schools have safely and successfully brought students and teachers back to the classroom.

Learn to Return supports in-person learning

The Washington State Department of Health (**DOH**) partners with Health Commons Project to offer free and customized testing solutions for all K-12 public school districts and independent, private, and tribal schools in Washington state through the Learn to Return program.

The Learn to Return program provides schools with training, strategic planning, and operational support in designing and implementing their testing strategies. The program provides free testing support for schools and, in turn, for students, staff, and their families. Various testing options and affiliated resources, specified later in this playbook, are available to schools.

Designed to lift the burden off schools

In 2020, Learn to Return supported schools by providing diagnostic testing, and then quickly expanded to include screening testing in 2021. The list of services has continued to evolve so that schools can access even more: extra support staff, data management services, and mitigation strategies (such as school-based vaccination events and improved ventilation systems).

Learn to Return also provides a designated point person, a Health Commons program manager, who offers one-on-one guidance to schools and school districts to:

- Onboard them to the Learn to Return program
- Help them select the testing strategy most suitable to their district/school's needs
- Offer the testing technologies that work with their testing strategy
- Provide technical and troubleshooting assistance as the school year continues

For more information about the Learn to Return program, visit the **Learn to Return website**. There you will find more resources for administrators and staff, including fast facts about the program and testing FAQs. School districts who want to enroll in the program can connect with Health Commons at **schools@healthcommonsproject.org**.

SECTION 2: What to Do

The options for testing

Through the Learn to Return program, school districts can choose from a menu of different testing strategies and get connected with testing vendors vetted by the Department of Health that provide a range of testing solutions. Learn to Return schools will work closely with their Health Commons program manager to select the testing vendor and strategy that works best for their school community as well as configure a consent process for students to participate. Consent form examples are available for schools to adapt to their population and testing strategy.

Below we describe the types of testing strategies that help schools minimize COVID-19 exposures as well as which testing technologies are available to schools at no cost through the Learn to Return program.

Three types of testing strategies

There are three basic types of testing strategies: **diagnostic**, **screening**, and **pooled testing** (a type of surveillance testing). Each has a different tactic to identify positive cases, with screening and surveillance testing being the most comprehensive approaches for catching cases sooner and on a broader scale.

CASE STUDY: EMPOWER SCHOOLS TO DESIGN A STRATEGY THAT WORKS FOR THEIR SETTING AND NEEDS

Enumclaw School District

To ensure their COVID-19 testing program fit their community's needs and context, Enumclaw School District started by reaching out to their school district community to understand their concerns and goals. After developing clear alignment on the goal of offering testing, district leadership launched a phased approach that began with a central testing strategy and then moved to each school site across the district. The district head nurse provided leadership and worked closely with building staff to empower individual schools to design a strategy that worked for their building, offering district-level coordination and technical support as needed. In combination with clear and consistent messaging and communication, this approach allowed the Enumclaw School District to develop a home-grown testing strategy that played off the strength of each building and its staff.

The testing strategies are described in more detail in the Supplemental Recommendations to Mitigate COVID-19 Transmission in K-12 Schools. Below is a useful high-level summary for each testing strategy.

Diagnostic testing

A diagnostic test is used when individuals are showing symptoms or have likely been exposed. The test can confirm if the individual has COVID-19.

Students and staff should stay home if they are feeling sick. But what should you do if a student shows up with symptoms in the classroom? In these instances, schools should follow their protocol for isolating the student and contacting their parent(s) or guardian(s). With their consent, the student can be offered a COVID-19 test before leaving the building. While testing at school is entirely voluntary, this approach shortens the length of time between identification and testing — and reduces the burden on families to arrange for a test. Alternatively, the school can direct the student to get tested at a medical or community-based site. See "Diagnostic Testing to Identify COVID-19 for All Symptomatic Students and Staff" section in Supplemental Recommendations to Mitigate COVID-19 Transmission in K-12 Schools.

Screening testing

Screening testing is the routine testing of individuals who do not have symptoms or known exposure. With a screening strategy, schools can identify infected individuals early so measures can be taken to prevent those individuals from infecting others.

The CDC has recommendations on screening testing cadence based on community transmission rates. DOH provides three options for determining screening testing protocol (see "Screening Testing" section in Supplemental Recommendations to Mitigate COVID-19 Transmission in K-12 Schools).

Pooled testing

Pooled testing is a type of surveillance testing where multiple individuals' samples are processed at one time. Testing is usually done by classroom so that individuals remain anonymous. With this method, if a pool tests positive, each individual in that pool would need to be tested again to determine the positive cases (called reflex testing). See **Figure 1** for an example of pooled testing in a classroom.

The CDC has additional guidance around use of pooled testing for screening or surveillance. See also "Surveillance Testing" section in Supplemental Recommendations to Mitigate COVID-19 Transmission in K-12 Schools.

FIGURE 1. Pooled testing example
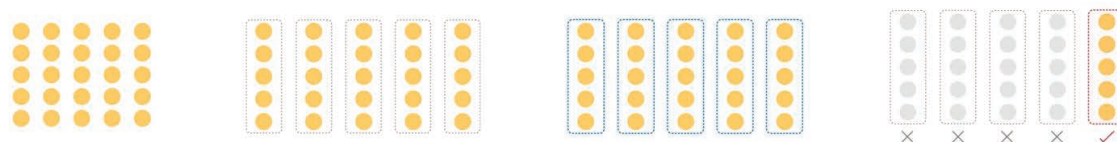
25 students are broken into five groups of five and each group (pool) is tested together. After the five groups are tested, no cases are detected in four of the pools. The students in those pools are all considered to be negative. For the pool where there was a positive case detected, each student in that pool will be tested individually, often with a rapid antigen test, allowing for the case (or cases) to be indentified quickly. Pool sizes can range from a minimum of five samples up to 20, depending on the need.

Graphic adapted from *New York Times* article *How to Test More People for Coronavirus Without Actually Needing More Tests.* July 27, 2020.

Test to Stay

School districts can elect to participate in a **Test to Stay** program, which allows schools to use a modified quarantine for unvaccinated students who are identified as a **close contact** of someone with COVID-19. See "Washington Department of Health Test to Stay Program" in Supplemental Recommendations to Mitigate COVID-19 Transmission in K-12 Schools for more information on the Test to Stay Protocol and the definition of close contact.

(Note: School districts must have a Memorandum of Agreement [MOA] from their Local Health Officer to offer Test to Stay in their schools.)

The tests offered in Washington state

COVID-19 testing technologies are rapidly changing and expanding. DOH conducted a rigorous vetting process to select COVID-19 testing vendors that provide the testing technologies for the Learn to Return program. Because technologies and supply chains are always changing, DOH continues to assess testing technologies to help ensure Learn to Return schools have access to testing technologies they can trust.

Students will usually collect their own samples. **Test observers** play the essential role of watching students as they do the test to make sure they follow the steps correctly and that their tests are collected and labeled (if applicable) without risk of contamination. Those overseeing testing inside the school building will need access to a test kit and shipping materials (if applicable).
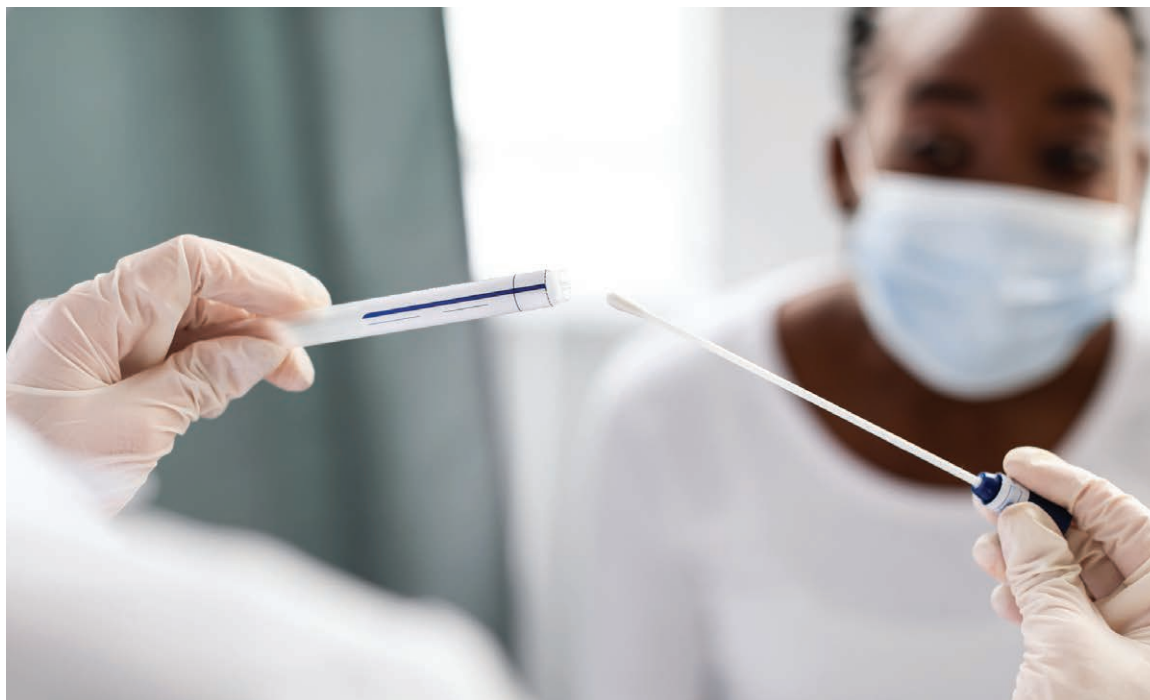
The current menu of testing technologies, provided by each of the DOH-vetted vendors, is below:

TABLE 1. Testing technologies available to schools by DOH-vetted vendors in Washington through the Learn to Return program

TEST TYPE	VENDOR	LABOR	COLLECTION METHOD	SCHOOL RESPONSIBILITIES	CLIA?	TAT RESULTS
Individual PCR	**Curative**	No	Self-administered age 4+, observed by trained individual (not required to be medically trained)	Consent, sample collection, and shipping to lab Curative lab handles notification and reporting	No	48-72 hours
	Everlywell	No	Healthcare professional-administered if individual is under age 16, self-administered if age 16+	Consent, sample collection, and shipping to lab Everlywell lab handles notification and reporting	No	48-72 hours
	Atlas	No	Self-administered age 4+, observed by trained individual (not required to be medically trained)	Consent, sample collection, and shipping to lab Atlas lab handles notification and reporting	No	12-24 hours
	CIC Health	Yes	Self-administered age 5+ Tests can usually be observed by any adult.	w/o CIC Health Labor: Consent, sample collection, and shipping to lab CIC Health's lab partners handle notification and reporting w/ CIC Health Labor: Overall testing implementation strategy	No	12-24 hours
Rapid Antigen	**BinaxNOW**	No	Self-administered age 4+, observed by trained individual (not required to be medically trained)	Registration, consent, sample collection, sample interpretation, resulting, data management and reporting	Yes	15 minutes
	BD (PMG Labor Partner)	Yes	w/o PMG Labor: Self-administered age 4+, observed by trained individual (highly recommend person is medically trained) w/ PMG Labor: Tests are administered by medically trained staff	w/o PMG Labor: Registration, consent, sample collection, sample interpretation, resulting, data management and reporting w/ PMG Labor: Overall testing implementation strategy, SimpleReport configuration	Yes	15 minutes
	AccessBio CareStart	No	Self-administered age 4+, observed by trained individual (not required to be medically trained)	Registration, consent, sample collection, sample interpretation, resulting, data management and reporting	Yes	10-15 minutes
Pooled Testing	**Atlas**	No	Self-administered age 4+, observed by trained individual (not required to be medically trained)	Consent, sample collection, and shipping to lab Atlas lab handles notification	No	12-24 hours
	CICH	Yes	Self-administered age 5+. Tests can usually be observed by any adult.	w/o CIC Health Labor: Consent, sample collection, and shipping to lab CIC Health's lab partners handle notification and reporting w/ CIC Health Labor: Overall testing implementation strategy	No	12-24 hours

Choosing a staffing model

Many of the vendors included in the menu above provide staffing support to conduct testing, thus easing the burden on school staff. If school staff are being mobilized to support testing, schools can use a variety of individuals to serve as test observers, including but not limited to:

- School nurses
- Health room staff
- Non-classified staff
- Classified staff
- Superintendents
- Office administrators
- Parent volunteers
- Community partners from local health care organizations
- Students from local community colleges or medical training programs

Per a [Public Readiness and Emergency Preparedness (PREP) Act Authorization](#) from DOH, staff/volunteers do not need to have a medical license to collect nasal swab specimens for COVID-19 testing, as long as they comply with the training requirements and protocols of the Learn to Return program.

Despite the variety of people who can serve as test observers, using an internal workforce can still be challenging. Learn to Return school districts that need additional support can request labor support funds through the program. Labor requests must be specific to school COVID-19 testing. Districts that would like to request additional labor support, or want support identifying and engaging with other options — such as their local health systems, fire departments, nonprofits, colleges, or community organizations — can contact schools@healthcommonsproject.org.

If you want to engage non-staff or volunteers to support your testing program, they'll need proper training to meet the existing district or school protocols. This could include vetting processes and ensuring that individuals understand the importance of maintaining the privacy of the students who are being tested. Your local Educational Service District (**ESD**) coordinator can help you in this process. Schools can email their ESD directly to be put in contact with their ESD coordinator.

SECTION 3: How to Do It

Crawl, walk, run. It's best to start with small steps before you expand your program. Your Health Commons program manager can help you determine which type of testing works best for your school and if/when to scale it up. For example, some schools start with diagnostic testing first, then, once they've succeeded at that level, they scale to screening testing. Remember that your school-based testing program is meant to benefit your school. Strategies can be adapted based on what you need in your school community.

Building your school's test site

There are a variety of test site designs and models, and the most frequently used are:

- **Drive-through**
- **Drive-up**
- **Indoor**

The school district can decide which test site model will work best for their school communities, physical spaces, and test observers. Each comes with their own benefits and challenges. While some schools opt for a single centralized COVID-19 test site, others choose to mix-and-match between the three types of test sites to meet the needs, preferences, and contexts of their school community.

Drive-through test sites

Drive-through sites allow for easy physical distancing and infection prevention. Drive-through sites may make sense for districts that:

- Have an unused parking lot with a stable internet connection (either through Wi-Fi or hotspots); and
- Serve community members who have consistent access to personal vehicles.

Helpful tips:

- Some districts choose to have one centralized drive-through test site, while others establish rotating pop-up sites at several school buildings.
- Based on anticipated demand, most drive-through sites only need to be open for a few hours, often at the lunchtime window (such as 11 a.m.–1 p.m.).
- Drive-through sites can be used for both diagnostic and screening tests.

Drive-up test sites

Unlike a drive-through test site, drive-up test sites are designed so that the person parks outside the building, informs the test observer they've arrived, and waits in their car while the test observer comes outside to facilitate the test.

CASE STUDY: BUILDING SHARED PROCESSES TO IMPLEMENT AND MAINTAIN STRONG INFECTION PREVENTION STRATEGIES
Bainbridge Island School District

While Bainbridge Island School District designed their test site to accommodate many cars at a time, they found that demand for testing remained low and did not warrant their test observers sitting outside for eight hours a day. Given the cold and windy weather on the island, the testing staff decided to convert from a drive-thru to a drive-up site. They text-enabled their phone landline using Zipwhip (a text messaging software) so that parents could drive up, text the student's name, and have a notification appear on the desktop computers of all staff monitoring the drive-up site. Staff then looked up the patient in the Curative portal, assigned the test kit to their account, and walked outside to observe the test.

Like a drive-through test site, a drive-up test site can be centralized to one location (such as district office or parking lot), or available at several school buildings. One advantage of drive-up test sites is that they allow test observers to perform their other responsibilities in the school building — albeit with interruption — without having to leave the building for long periods of time.

Indoor test sites

Indoor test sites are the most popular model across Learn to Return schools. Many districts implement testing in their isolation rooms. This includes having a supply of test kits stored in a secure, room temperature location and making sure the kits are readily available to the isolation room staff. The isolation room staff can be trained as test observers so that they can offer a symptomatic student or staff member a COVID-19 test before they leave campus. Schools can also utilize unused classrooms, gyms, or hallways for testing. With indoor sites, it is important to keep physical distancing in mind as students arrive to be tested.

Practice using your test site. Many schools have conducted rounds of "practice" runs of their test site with staff before implementing broadly in the school community. This step allowed their testing team to identify and address gaps in their process and logistics before a larger launch of their testing program (such as timing the completion of the testing that day early enough so that they could drop off samples for shipment to a lab).

Reporting test results

All testing vendors report results from lab-based tests (such as PCR tests and pooled tests) on behalf of the school district. Schools are responsible for reporting **point-of-care tests** through SimpleReport. SimpleReport is a free, online platform developed by the CDC that automates the registration and reporting processes for schools using point-of-care tests (such as rapid antigen tests).

Simple Report "Test Queue" example

The Simple Report onboarding toolkit has helpful information on reporting through SimpleReport to meet requirements. See also DOH's guidelines for reporting point-of-care test results. Health Commons program managers work with schools to ensure they understand SimpleReport configuration and requirements.

How to track the spread

Case investigation and contact tracing

When a positive case is identified at school, schools will work with their local health jurisdiction to identify close contacts to help reduce the risk of spread. You can use the COVID-19 Symptom Decision Trees and Contact Tracing Checklist for Schools as a guide. Generally, the process is as follows:

1. **COVID-19 positive student self-isolates**
2. **Schools/local health jurisdiction identify close contacts in schools and school-associated activities**
3. **Determine whether close contacts need to quarantine**
4. **Test close contacts**

See "Case Investigation and Contact Tracing" in Supplemental Considerations to Mitigate COVID-19 Transmission in K-12 Schools for more detailed information on each of these steps. The CDC also has a toolkit for responding to cases and contact tracing at school.

Case investigation and **contact tracing** require more work for schools as more students and staff enter buildings. Here are some key points to keep in mind:

- Smartphone-based notification tools can help alert schools and people to potential exposures. WA Notify is Washington state's exposure tool that can be used by families, students, and staff with smartphones through Bluetooth notification.
- Local health jurisdictions may help conduct or direct contact tracing in school outbreaks. Schools will assist by providing information to identify close contacts (such as class rosters, seating charts, and student emergency contact information).

The process often begins with determining when a COVID-19 positive student was at school or involved in any school-associated activities while infectious, to determine a time period for possible exposures. The process continues by tracing classroom cohorts and then any student and staff movements or activities outside the classroom and their contacts. For larger campuses, this requires understanding which buildings are involved

and over what time period. Some schools use maps, seating charts (for classrooms, bus/transportation, and so on), and daily contact diaries that allow you to choose from a list of locations and staff members to identify any potential contacts and help with recall if anyone tests positive for COVID-19 in the future.

As more people are involved, and more work is generated, you'll need systems and staff to help support your tracing efforts. One single case can create a lot of work. Preventative planning and organization, and a clear process can help reduce the effort and support consistency and compliance.

Communication with your school

In the midst of uncertainty, be sure to prioritize informing and encouraging your community as they adjust to the COVID-19 safety protocols. A **national survey by the RAND Corporation** of U.S. parents found that one in three do not feel knowledgeable about their school's COVID-19 protocols, and 60 percent wished to know more about the COVID-19 safety protocols their child's school is enacting in Fall 2021. You can revise these messaging tips as needed as you inform, guide, and support your communications with teachers and staff, families and students, and your neighborhood and local community.

Keep these objectives in mind as you craft your communications:

- Acknowledge the challenge, build confidence, calm anxieties, and reiterate why in-person learning is important
- Explain the specifics of how the protocol for school-based COVID-19 testing will work
- Build awareness, support, and demand for COVID-19 testing as an essential part of a comprehensive strategy to stop COVID-19 transmission
- Use clear and consistent messages from both the school district and local health jurisdiction

Touchpoints and channels for school testing

Schools and districts should start by communicating with teachers and staff, then let families know about the program directly in dedicated communications. Staff and families should hear any updates directly from the school first, but assume that your communications may be shared on social media or with journalists. Because the information environment is crowded and confusing, it will be helpful to repeat and reiterate why in-person learning is important, why testing is important, what safety protocols are in place, and how families can find more information.

Schools and local health jurisdictions should collaborate on a frequently asked questions (FAQs) document and post consistent answers and messages on both of their websites and social media channels. DOH and local health jurisdictions work together to address school-based questions, though local health jurisdictions may have unique answers based on local guidelines and needs.

Use multiple tactics and channels to reach your community:

- **Email newsletter:** Make it skimmable with a clear and descriptive subject line that directs readers to the most important information first. Schedule your email newsletters on a regular basis.
- **Printed handouts and mail:** Make them skimmable and use pictures or icons to break up text and draw attention to the most important details.
- **Social media:** Repeat important information and link to more information. Use images to draw attention to posts. Engage with parents and teachers who are active in Facebook groups or on Twitter.
- **Website:** Update regularly with the most important information up front. Link to state and local health jurisdictions (such as your county public health department). Several districts are also using online COVID-19 dashboards to provide their school community with an anonymized summary of case counts among students and staff (as an example, see [Enumclaw School District's dashboard](#)).
- **Press release:** Make sure you communicate directly by email with teachers, staff, parents, and the school community before distributing a press release. The release and news coverage will then help reiterate your messaging, rather than surprising your community.
- **Parent-teacher-student association and school community meetings:** Be prepared to answer questions, and bring a printed handout or provide a link to a webpage where people can find more detailed information.
- **Joint communication with local bargaining units to staff:** When possible, send joint communication with your local bargaining units regarding the commitment to staff safety and reopening plan schedules. Be in touch with your district and update them with pertinent information that could inform decisions and communications.

Messaging approach

Keep audience needs in mind during communications. People are concerned and may be risk-averse. They agree with the need to figure out in-person learning but may be anxious about it; and most are not experts in science or public health. People have heard conflicting information and are experiencing overall COVID-19 fatigue. In your messaging style and approach, consider and factor in cultural differences and literacy (health literacy, English literacy, and so on). It may help to acknowledge the challenges people are facing and express empathy for their concern.

Focus on the benefits of success — academic, social, emotional, and economic. People also want hope, optimism, and empowerment. They want a hopeful vision of what school and life could be like, and they want to know what they specifically need to do for the safety, health, and well-being of themselves, their family, and their community.

Empower people with choices and actions that they can take. Masking, distancing, symptom checks, getting tested, cooperating with contact tracers (to help identify other persons at risk of infection and asymptomatic transmission), and faithfully staying isolated or quarantined when necessary are all concrete actions that can influence the destiny of the school community. Taking these actions is a matter of core values — caring, community, loyalty, preventing harm, and protecting both self and others.
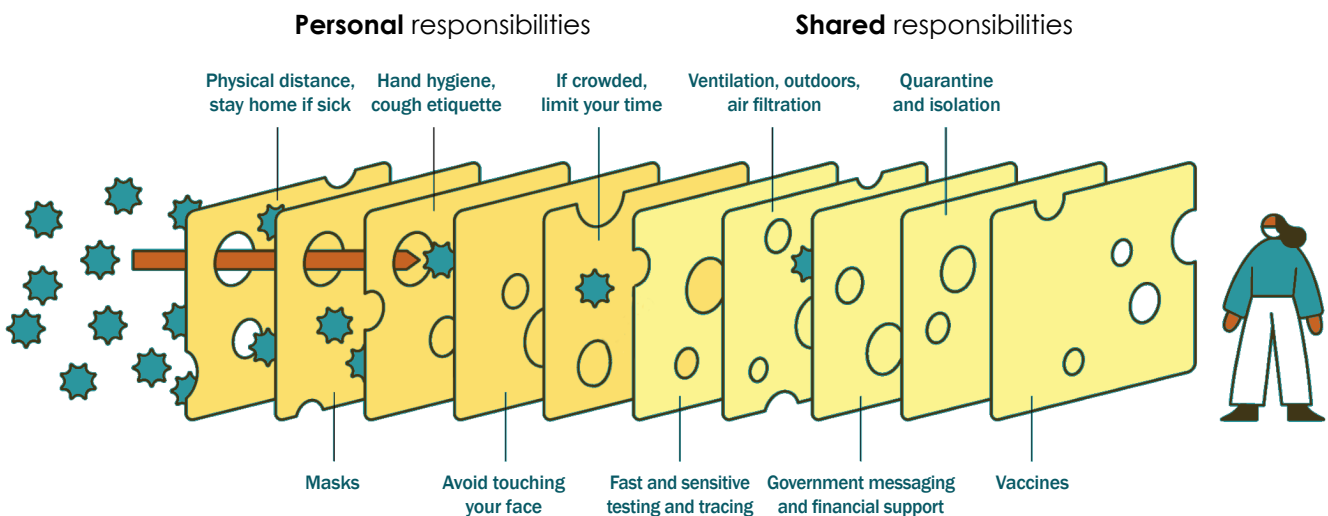
Key themes for communications

You can refine and customize the talking points below to your county and district.

- We believe that safe, in-person learning is a priority. It's beneficial for students to be with their community. Their learning and socialization is crucial as they grow.

- In-person learning has benefits for everyone: It's better for students. It's better for teachers. It also helps parents and guardians get back to work.

- It is in all of our best interests to protect the health and safety of our teachers, staff, students, and families, and that means that all our decisions will be fact-based. We will be asking for your cooperation and feedback, and we will work together and make adjustments as we reach for our shared goal of safe, in-person learning.

- In collaboration with the Department of Health, our school district is participating in a program for voluntary COVID-19 screening and testing that will help contain the virus, protect our communities, and keep students and teachers healthy and safe whether they are remote or in-person.

- The pandemic has been hard on many. We have all been adjusting to living with COVID-19, and, while it's still challenging, we now know much more about how the virus behaves and what we can do to stop it.

- All of our decisions and protocols are fact-based and built on the most updated science. No solution is perfect, and we will need to troubleshoot as we learn more. But, by putting multiple precautions in place, we minimize the risks associated with in-person learning.

- We know that the public health guidance has changed as officials learn more, and we will be open and honest with you about what we're learning and any adjustments that might result from new information.

- Here is how the voluntary testing protocol works: (1) daily symptom and exposure check, (2) free and easy COVID-19 testing, (3) an outbreak response plan, (4) contact tracing, and (5) **isolation** (keeping someone who is infected with the virus away from others, even in their home) or **quarantine** (keeping someone who might have been exposed to the virus away from others).

- This testing protocol fits into our larger strategy to contain and control the virus. We are still making changes to allow for social distancing, and we are still asking everybody in our community to mask up, wash their hands, avoid crowds, and watch out for symptoms. Each precaution we take is like an added layer of protection, and vaccination adds another protective layer. We will need to continue to use all of these layers together to dramatically decrease the risks (see **Figure 2** for the "Swiss cheese model" of pandemic defense, which some have found to be a useful communication tool).

- Our goal is to put the best possible protocols in place so that our teachers, staff, students, and families feel safe, protected, and comfortable. As our school buildings stay open, our parents can get back to work, and our students can get the great education they deserve.

FIGURE 2. Multiple layers of protection help prevent the spread of COVID-19

Personal responsibilities   **Shared** responsibilities

Physical distance, stay home if sick | Hand hygiene, cough etiquette | If crowded, limit your time | Ventilation, outdoors, air filtration | Quarantine and isolation

Masks | Avoid touching your face | Fast and sensitive testing and tracing | Government messaging and financial support | Vaccines

Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong

CONCLUSION

Keeping kids in school, and COVID-19 out, is a tremendous challenge. The pandemic continues to test our limits, both physically and mentally. On the bright side, COVID-19 has shown us how critical schools are to student, family, and community health. Schools weren't designed to take on the burden of COVID-19, but they, like humans, are adaptive and resilient.

A safe environment is paramount to student learning. And while there is no iron-clad way to guarantee COVID-19 doesn't touch a school, layered prevention strategies do work. Testing is an integral strategy to keep students and staff in the classroom so that they can learn and grow together. Learn to Return allows school the peace of mind that if and when COVID-19 knocks on the door, there's a plan in place to quickly confirm exposures and connect to next steps. This pandemic has led us to say time and time again, "We're all in this together," and Learn to Return makes that a reality at school.

List of resources

DOH Supplemental Considerations to Mitigate COVID-19 Transmission in K-12 Schools

COVID-19 Symptom Decision Trees and Contact Tracing Checklist for Schools

Learn to Return website

DOH Schools Testing web page

RAND Corporation — COVID-19 Testing in K-12 Schools: Insights from Early Adopters

The Rockefeller Foundation — Covid-19 Testing in K-12 Settings: A Playbook for Educators and Leaders

Glossary and abbreviations

Case investigation and contact tracing: the process of identifying close contacts once a case has been identified

CDC: Centers for Disease Control and Prevention

Diagnostic testing: testing when someone has symptoms or a probable exposure

DOH: Washington State Department of Health

ESD: Educational School District

Isolation: when someone who is infected with the virus stays away from others

Point-of-care tests: tests conducted and resulted onsite (as opposed to being sent to a lab)

Pooled testing: a type of surveillance testing when a group of tests collected from multiple individuals is tested at the same time

PREP Act: Public Readiness and Emergency Preparedness Act

Quarantine: when someone who might have been exposed to the virus stays away from others

Screening testing: routine testing of individuals who do not have symptoms or known exposure

Testing cadence: how frequently tests are conducted (for example, once per week)

Test observers: a trained adult who ensures students conduct their self-collection test properly

Test to Stay: a program that allows schools to use a modified quarantine approach for unvaccinated students who are identified as a close contact of someone with COVID-19