

## COVID-19 Testing in Wisconsin Schools 2022/2023

School administrators, staff, students' families, and local health leaders across Wisconsin worked together during the 2020/2021 and 2021/2022 school years to mitigate the spread of COVID-19. K-12 schools implemented thoughtful, detailed protocols to prevent and respond to potential cases of the virus among their students and staff. During the 2021/2022 school year the Department of Health Services (DHS) developed a [comprehensive K-12 COVID-19 testing program](#). Due to the continued but limited availability of funds, the DHS is extending the K-12 COVID-19 testing program for the 2022-2023 school year. This document originally created in April 2021 has been updated and serves as a supplement to the DHS information and materials located on the DHS webpage: <https://www.dhs.wisconsin.gov/covid-19/testing-schools.htm>

The [DHS K-12 COVID-19 testing program](#) is intended to help public, private, and independent charter schools operate safely by connecting schools with appropriate vendors to meet their testing needs. Additionally, the Centers for Disease Control and Prevention (CDC) has provided [guidance](#) to schools regarding testing as a COVID mitigation strategy. It is recommended districts work with their local health authority, insurance carrier, and legal counsel in determining to what degree your district may choose to implement this mitigation measure.

### Background on K-12 Covid-19 Testing

#### Types of Covid-19 Tests

There are two main types of viral tests that could be used to diagnose someone with COVID-19 (diagnostic tests):

- **Nucleic Acid Amplification Tests (NAATs)** test detect the virus's genetic material. This test is the "gold standard" for detecting the virus that causes COVID-19 and typically requires a sample being sent to a laboratory. For this test, it is most common that samples are collected through a nasal or throat swab. A PCR or Reverse Transcription – Polymerase Chain Reaction test is a NAAT.
- **Rapid antigen** tests, which detect protein on the surface of the virus, are less sensitive and less specific than NAAT tests. This means they miss some infections that would be detected by a NAAT test, and they may be positive in someone who does not actually have the infection. Generally, they are more accurate in people with symptoms than in people without symptoms. However, they can be performed without having to send the sample to a laboratory and results come back quickly (e.g., approximately 15 minutes). For this test, a sample may be collected through a nasal swab. Newer versions test a saliva sample.

#### Testing Strategies

[The CDC lists three different types of testing strategies](#) that can be utilized among adults and children who work at or attend a K-12 school:

- Diagnostic: Diagnostic testing is intended to identify current infection in individuals and is performed on anyone that has signs and symptoms consistent with COVID-19 and/or following recent known or suspected exposure to the virus that causes COVID-19.
- Screening: Screening testing identifies people with COVID-19 who do not have symptoms or known or suspected exposures, so that steps can be taken to prevent further spread of COVID-19.
- Test to Stay (TSS): TTS programs are an alternative to traditional at-home quarantine for close contacts who are not up to date with COVID-19 vaccines. Test to Stay combines contact tracing and frequent testing to allow those who have been exposed to attend school in person

The following are considerations related to these approaches to COVID-19 testing. For more information about these approaches, see the Centers for Disease Control (CDC) webpage at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html>

The [DHS K-12 COVID-19 testing program](#) for the 2022/2023 school year offers various testing options for schools that fit under the above CDC categories.

- Diagnostic testing for symptomatic individuals and close contacts
- Testing participants and/or attendees of school-based event or activities
- Regular screening testing for asymptomatic individuals (such as weekly screening)
- Outbreak testing for cluster of cases

## **Considerations for Testing Adults and Children Who Work at or Attend a K-12 School**

### Testing Individuals with Signs or Symptoms Consistent with COVID-19

- The Department of Health Services (DHS) [recommends](#) COVID-19 testing of symptomatic adults and children who work at or attend a K-12 school, with or without known contact with someone with COVID-19.
- If possible, schools should have protocols in place to provide onsite testing for students or staff who become symptomatic at home without exposing other students or staff (such as testing outside or using a separate entrance).
- In addition to diagnostic testing offered by schools where feasible, people should be encouraged to test at home or in the community (for example, at a testing site or healthcare provider office) if they have symptoms or have had close contact with someone with COVID-19.

- See [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#) for information on how to respond to positive or negative test results.
- See CDC [COVID-19 Diagnosis flowchart](#).

### Screening Testing for Asymptomatic Individuals or Testing Participants and/or Attendees of School-based Event or Activities

- The [CDC suggests](#) some schools may also elect to use screening testing as a strategy to identify cases and prevent secondary transmission. This includes, but is not limited to, screening testing of asymptomatic (unvaccinated) people without known exposure with the intent of making decisions based on the test results. Screening testing is intended to identify infected people without symptoms (or before development of symptoms) who may be contagious so that measures can be taken to prevent further transmission. The intent is to use the screening testing results to determine who may return to in-person school or work and the protective measures that will be taken, and to identify and isolate positive persons to prevent spread.
- At medium and high COVID-19 Community Levels, consider implementing screening testing in schools.
- Maintaining screening testing infrastructure during a low COVID-19 Community Level, even at a reduced volume, will help by more easily allowing for testing to scale up when the COVID-19 Community Levels are medium or high.
- Schools can also consider implementing screening testing for high-risk activities such as indoor sports and extracurricular activities, returning from breaks (for example, holidays, spring break, at the beginning of the school year), and for those serving students who are at risk for getting very sick with COVID-19, such as those with moderate or severe immunocompromise or complex medical conditions.

### Logistical Considerations

School districts should collaborate as local education and health leaders, in conversation with legal counsel, as they weigh considerations regarding logistics in standing up a testing site at a school or serving adults or children who work in or attend a K-12 school. Logistical considerations are outlined below; this brief list is not exhaustive. **Many of these considerations can now be resolved by opting in to the DHS [program](#) which matches districts with vendors who can provide these services.**

### **Testing Sites**

The location of where a COVID-19 test can be administered is an important consideration in order to make testing readily accessible. Point-of-care (POC) COVID-19 tests are intended to be quick with results made available with the person being tested on-site. They are typically

done in a clinical setting (e.g., a doctor's office), so the test does not need to be sent off to another laboratory to determine the results. Antigen tests and some specific types of NAATs are point-of-care. School districts have the option of providing POC testing through a vendor. Schools that choose to conduct their own POC testing will need their own CLIA Certificate of Waiver. School districts that are matched with a vendor through the DHS program will not need to obtain their own CLIA waiver.

### **CLIA Waiver**

If a LEA/school wants to administer COVID-19 testing on-site (on their own), federal rules require that testing in these settings be conducted in coordination with and under the authorization of a laboratory with a Clinical Laboratory Improvement Act (CLIA) Certificate of Waiver or to maintain a Clinical Laboratory Improvement Act (CLIA) Certificate of Waiver themselves. More information on CLIA Certificates of Waiver information may be found at <https://www.cdc.gov/hiv/testing/nonclinical/clia.html> and at <https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtaincertificateofwaiver.pdf>

As noted above, school districts that are matched with a vendor through the DHS program will not need to obtain their own CLIA waiver.

### **Reporting**

All positive and negative test results must be reported as part of required reporting of COVID-19 diagnostic tests as mandated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The most current reporting requirements and methods of reporting of COVID-19 diagnostic tests are described in the [COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115](#) and [DHS reporting and surveillance guidance](#).

Providers and organizations using SARS-CoV-2 antigen tests should be aware of all reporting requirements for COVID-19. Information on reporting requirements are listed on the DHS webpage: <https://www.dhs.wisconsin.gov/covid-19/providers.htm>

School administrators will need to determine how to notify staff, teachers, families and/or emergency contacts or legal guardians of cases of COVID-19 while maintaining confidentiality in accordance with [HIPAA](#), [ADA](#), [FERPA](#), and other applicable laws and regulations. Notifications should be accessible for all students, faculty and staff, including those with disabilities or- limited English proficiency (e.g., through use of interpreters or translated materials).

Schools and districts that are matched with a vendor through the [DHS program](#) will have vendor support available for reporting purposes.

### **Parental Consent**

Parental or guardian consent for (minor) student testing should be obtained.



**References:**

Centers for Disease Control and Prevention (CDC) Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html>

Centers for Disease Control and Preventions (CDC) School Testing for COVID:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/school-testing.html>

Wisconsin Department of Health Services: [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin.](#)

**Resources:**

Wisconsin Department of Health Services [COVID-19: K-12 School Testing Program](#)

Wisconsin Department of Public Instruction [CLIA Certificate of Waiver Frequently Asked Questions](#)