

Test to Stay Frequently Asked Questions

March 25, 2022

General

1. What is the purpose of Test to Stay?

Test to Stay (TTS) is an evidence-based approach to balancing the health and safety with the educational and social-emotional needs of students, allowing exposed individuals who are unvaccinated or not up to date on coronavirus (COVID-19) vaccination to attend school during quarantine rather than be excluded from school for five-10 days.

2. How does the TTS program fit into other testing initiatives?

TTS complements the current robust testing landscape, which includes school-based asymptomatic screening testing, community-based testing, and on-demand test from home options. TTS does not replace any of these testing modalities but adds an additional option for exposed students and staff to remain in school.

TTS is a separate testing initiative from routine asymptomatic screening. Students tested as part of TTS would *not* be counted toward the 20 percent minimum asymptomatic screening testing requirement in place until April 1, 2022.

3. What guidance is the foundation for TTS?

DC Health uses the [Centers for Disease Control and Prevention's TTS parameters](#) as the general principles of the program.

4. Who can participate in TTS?

Students and staff who are identified as close contacts and would otherwise be required to quarantine because they are unvaccinated or not up to date on their COVID-19 vaccination. Participants in TTS must remain asymptomatic during the TTS period, as well as adhere to other requirements outlined below.

5. Should individuals who are up to date on the COVID-19 vaccine or who have had COVID-19 within the last 90 days participate in TTS?

No. Asymptomatic individuals identified as close contacts who are up to date on their COVID-19 vaccine or who have had confirmed COVID-19 (symptomatic or asymptomatic) within the last 90 days with recovery should not participate in TTS.

6. Can all schools offer TTS to students and staff?

Yes, all schools may offer TTS to students and staff.

7. Why can't childcare settings offer TTS to students at this time?

Currently, TTS is only available to be offered to K-12 students. Although the CDC has endorsed TTS for K-12, current CDC studies have focused on children in K-12 schools, and CDC has not yet endorsed this approach with younger children in child care settings. Most child care facilities serve children under the age of 5 who are not yet eligible for a COVID-19 vaccination. TTS is also contingent on correct and consistent use of masks, which is more difficult to enforce for younger ages and not available to children under the age of 2. Additionally, the rapid antigen tests used for this model in schools are not available for use on children under age 2.

CDC and DC Health will closely follow other states where TTS is being evaluated in child care facilities and will update recommendations if the results suggest effectiveness with this population.

8. Can private/parochial/independent schools offer TTS to students and staff?

Yes, private schools can apply the CDC guidance to their own TTS programs. Private schools must procure their own supply of rapid antigen or rapid NAAT tests.

9. Can adult education schools offer TTS to students and staff?

Yes, adult education schools may also offer TTS. Please contact OSSE for additional guidance and considerations for this unique population.

Preparing for TTS

10. How should schools prepare for TTS?

Schools implementing TTS should ensure that they have robust contact tracing protocols in place and continue to collect test results, submitting all positive cases to OSSE. They should also continue layered prevention strategies as they deem necessary or should a [community reach a HIGH level of transmission](#).

Schools with TTS programs should ensure that:

- The program is offered in an equitable manner among students and across schools.
- Any school-based testing is permitted by all applicable laws, including under the use of a Clinical Laboratory Improvement Amendments (CLIA) waiver, as necessary.
- A school will comply with all relevant privacy and confidentiality laws, regulations, and policies.

11. What is a CLIA waiver? Is a CLIA waiver required to implement TTS?

All schools conducting testing program with staff or contractors who will oversee and/or conduct the testing and analysis a school-based testing program must have a CLIA Certificate of Waiver, which is a federal requirement. Congress passed the Clinical Laboratory Improvement Amendments (CLIA) in 1988 establishing authority to promulgate standards for certain laboratory testing to ensure the accuracy, reliability, and timeliness of test results regardless of where or by whom the test was performed. The CLIA requirements are based on the complexity of the test and the type of laboratory where the testing is performed. (source: [CMS CLIA Quick Start Guide](#))

12. What are the steps to obtain a CLIA waiver?

LEAs should review [COVID School Testing Fact Sheet](#) and Center for Medicare and Medicaid Services (CMS) [CLIA Quick Start Guide](#).

- Steps for a CLIA Waiver application include:
 - LEA designates a laboratory director. For a CMS CLIA Certificate of Waiver, the Director does not need to be a physician or medical professional, but DC does require [laboratory experience](#).
 - Laboratory director completes, submits, and coordinates payment for the [CMS CLIA Waiver application](#) (\$180).
 - Laboratory director completes and submits [DC Application for Approval for Laboratory Communicable and Reportable Disease Testing](#) to DC Health's Health Regulation and Licensing Administration at DCHealth.CLIA@dc.gov.
 - If there are any issues identified, DC Health's Health Regulation and Licensing Administration will contact the LEA for clarification.

LEAs may begin testing as soon as the CLIA Waiver Application is submitted to CMS.

If a school has additional questions, please contact Michele.Tallent@dc.gov, Health Services Program Specialist at DC Health. health services program specialist at DC Health.

TTS Operations

13. What are the requirements for individuals to participate in TTS, other than remaining asymptomatic and negative?

Students or staff identified as close contacts who are not vaccinated or are not up to date on their vaccination may continue to attend in-person school and/or participate in before or after care programs if they meet the following criteria:

- The exposure must be determined to have occurred at school (e.g., the exposure cannot be a household or community exposure); and
- The close contact must not have any symptoms of COVID-19 infection.

Note: The close contact must quarantine at home whenever they are not at school until seven days have passed since their last close contact exposure date.

14. What are students and staff required to do while they are at school during TTS?

Students and staff participating in TTS must:

- Wear a well-fitting mask while in school.
- Stay separated from other individuals during periods where their mask would need to be removed (e.g., when eating, drinking, and napping), if possible. Schools should consider cohorting individuals participating in TTS at these times. Stay home and isolate if they develop symptoms of COVID-19 infection or receive a positive test result.

15. What must students and staff NOT do while they are at school during TTS period?

During TTS, students must not participate:

- Fully during higher risk classes or activities during the school day. Higher risk activities are those with increased risk for COVID-19 transmission due to greater potential for forceful exhalation during participation (for example physical education class, recess, choir, orchestra, band, theatre, or dance). Students should continue to participate in modified, low-impact activities during these classes or times of the school day.
- Any extracurricular activities.

16. Can students participating in TTS attend before or aftercare?

Students may continue to participate in before or after care programs if they meet the TTS participation criteria.

17. Are students eligible to participate in TTS if the close contact occurred during lunch?

Students who are within 6 feet of a confirmed positive individual for more than 15 minutes in the previous 24 hours are considered a close contact and would be eligible to participate in TTS.

18. If students eat lunch or snacks without masks, are they able to participate in TTS?

Students participating in TTS should remain distanced from their peers during times when masks would need to be removed such as during lunch, snack, or naptime. Eating outdoors is ideal if weather allows.

19. Can students eat lunch or nap without masks during their TTS period?

Students who are identified as close contacts and participating in TTS must stay separated from other individuals during lunch, naps, and any other times when masks are removed. Schools may consider cohorting individuals to further limit the number of students identified as close contacts should a subsequent case of COVID-19 occur in the classroom

Testing Logistics and Operational Considerations

20. Where should testing take place for TTS?

School-based testing is recommended for TTS programs. School-based testing has the advantage of immediately available results, and LEAs can take advantage of the opportunity to receive free antigen tests from DC Health.

If resources do not allow for school-based testing, the next best alternative for TTS programs is testing done through a reliable community testing site (e.g., pharmacies, clinics, community-based testing sites, private laboratories).

21. How often should testing occur?

Students and staff participating in TTS should undergo COVID-19 testing at least twice during the seven-day period after their last exposure: upon notification of their close contact and again five to seven days after their last close contact with someone with COVID-19.

More frequent testing (up to a maximum of daily testing) increases effectiveness for quickly detecting positive cases so that they can begin isolation.

22. Which test should an LEA use for TTS?

An antigen or rapid NAAT test may be used. Regardless of the specific test selected, tests must be stored and used according to the manufacturer's instructions.

23. Who can conduct tests for a school-based TTS program?

Once the LEA has a CLIA waiver, any trained staff or other adult acting as an agent of the school may conduct and analyze an antigen test.

24. What type of training should staff undertake to prepare for testing?

If a school will be implementing a model where school staff/contractors will be administering tests, then staff who will be conducting the testing can watch training videos on test administration and analysis, specific to the type of test they will use. Examples of training videos for tests that might be used include:

- [Abbott Binax Now Training](#)
- [iHealth Training](#)

Videos in additional languages are available.

25. What results need to be reported, to whom, and how?

LEAs implementing school-based testing must report all results (positive and negative) to DC Health at: coronavirus.dc.gov/page/rapid-test-result-submission-portal.

Public charter schools must also report positive cases to OSSE through Quickbase. If a school identifies five cases within five days, the team will contact DC Health for a close contact consultation.

DCPS and private, parochial, and independent schools should follow their schools' existing processes for reporting positive cases to the school.

For schools implementing non-school-based TTS models where the student's family is responsible for administering the test, the student's family must report the result to DC Health at coronavirus.dc.gov/page/rapid-test-result-submission-portal.

26. How do I initiate the LEA's TTS program?

Please indicate the LEA's interest in initiating TTS at: forms.gle/J5XZQBBR1kmvijMU8.

OSSE will provide additional tools and resources for the LEA to conduct a TTS program.