COVID-19 Testing in Oregon's K-12 Schools

Updated: January 14, 2022

Oregon Department of Human Services

Oregon Health Authority

Introduction

The Oregon Department of Education (ODE), in collaboration with Oregon Health Authority (OHA), has published the Ready Schools, Safe Learners resiliency framework to outline health and safety requirements to reduce the risk of COVID-19 transmission in Oregon's K-12 schools. To further mitigate the risk of COVID-19 transmission in Oregon's K-12 schools, OHA will support COVID-19 testing in public and private K-12 schools in Oregon offering partial or full in-person instruction for students and staff who display symptoms of COVID-19 or who have been exposed to COVID-19.

It is strongly recommended that all K-12 schools in Oregon offering partial or full in-person instruction offer free, on-site COVID-19 testing through this program. For some students, COVID-19 testing in K-12 schools may represent their only access to a COVID-19 test and the importance of this access cannot be overstated.

This program is intended to test symptomatic or exposed students and school staff only. The Abbott BinaxNOW testing program should not be used to screen unvaccinated asymptomatic individuals or those without a known exposure to COVID-19. For information about COVID-19 screening in schools, visit the OHA COVID-19 Testing in K-12 Schools website or email COVIDScreening.Schools@dhsoha.state.or.us.

Registration

How to register

All in-school testing will be performed under the umbrella of a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver and a standing physician order held by OHA.

In order to test for COVID-19 under this waiver, schools must register by completing the online registration and attestation form. OHA will send a confirmation of registration via email. **All tests will now be sent to school district offices; school superintendents or their delegee will be responsible for test distribution within their school district**.

Schools may begin COVID-19 testing using the Abbott BinaxNOW once these tests are received, personal protective equipment (PPE) is available, staff or volunteer training is completed, and other testing plan elements are in place per this guidance. All COVID-19 testing performed under this CLIA waiver must be performed in accordance with the procedures outlined in this guidance. Nothing in this guidance is intended to change the manufacturer's instructions or the provisions of the Emergency Use Authorization under which Abbott BinaxNOW may be used.

Schools must notify OHA via email to schooltesting.covid@dhsoha.state.or.us regarding any changes made to the information provided on the initial registration form, including changes in school testing staff.

Identification of a school testing administrator

The school testing administrator is a person(s) assigned to perform and log all on-site COVID-19 testing. If a school has a school nurse or trained medical professional on staff, that person could perform the testing administration, however, **the school testing administrator does not need to be a medical professional.** The school testing administrator(s) must complete all required online training modules for the BinaxNOW point-of-care antigen test and carefully review all training regarding personal protective equipment (PPE) use included in this guidance. Districts or schools should designate at least one back-up school testing administrator in the event of absence of the primary testing administrator and to support exposure testing. School testing administrators will be overseeing specimen collection from a distance of greater than 6 feet. If school testing administrators follow the instructions in this guidance, they would not be considered a close contact of an individual who tests positive and they would not be required to quarantine. Parent and community volunteers can also be a school testing administrator(s) in the event of high-volume testing.

Identification of a school testing reporter

The school testing reporter is the person designated to perform all COVID-19-related reporting requirements. The school testing reporter should be a member of the school administration or staff. A school may identify more than one school testing reporter.

How to re-order tests

When a school's supply is low, public schools should contact their district office to receive additional tests. Superintendents, or their delegee, and private schools can submit a new order for their district here. An email confirming receipt of the order will be sent and the **BinaxNOW tests will arrive within 7-10 business days**.

The link for the iHealth self-test order form is available here. District offices are also responsible for ordering and distribution of self-tests.

Liability

Schools should contact their own legal counsel, but schools and school personnel, including volunteers, are likely to be entitled to immunity for claims of loss resulting from performing COVID-19 testing under the Public Readiness and Emergency Preparedness (PREP) Act, except for acts of willful misconduct. For additional information about the PREP Act, visit: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3529.pdf, and https://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx.

Privacy

Student and staff test results, both positive and negative, shall be kept confidential. Student test results may be shared with the student and their legal guardian only. However, student and staff test results will be reported to public health, as required under ORS 433.004 and ORS 433.008. As outlined in the Ready Schools, Safe Learners guidance, schools must train staff and volunteers on confidentiality requirements under FERPA, HIPAA, and local policy regarding student and staff health information, including a COVID-19 diagnosis.

Training

Abbott BinaxNOW point-of-care antigen training

The Abbot BinaxNOW test is most accurate when an individual is tested in the early stages of infection, when the amount of virus in the respiratory tract is generally highest. Under OHA's CLIA waiver, the Abbott BinaxNOW test may be used to test:

- Students or staff with symptoms consistent with COVID-19;
- Exposed students or staff to identify additional cases;
- Students or staff exposed when unmasked in an indoor K-12 setting (e.g., breakfast, lunch or classes in which students are unable to mask due to the nature of the activity) in which universal masking is otherwise consistently implemented in order to facilitate 'test to stay'

The Abbott BinaxNOW testing program may not be used for testing students or staff without symptoms or known exposure (i.e., asymptomatic screening) in schools. For information about COVID-19 screening in schools, visit the OHA COVID-19 Testing in K-12 Schools website or email COVIDScreening.Schools@dhsoha.state.or.us.

The Abbott BinaxNOW point-of-care antigen test produces a COVID-19 test result in 15 minutes. The test does not require a machine or device to operate and can be administered by any person who has completed all required training modules for the Abbott BinaxNOW point-of-care antigen test and carefully reviewed all training regarding personal protective equipment (PPE) use included in this guidance. The test requires a shallow nasal swab which **must** be self-administered under observation. **If a student or staff member is not able to self-collect the specimen under observation, the school testing administrator should refer the student or staff member to their health care provider for COVID-19 testing.** Parents or guardians may also assist students with the self-collection process if they are present when testing is being performed.

The Abbott BinaxNOW training modules are available here. The following modules must be completed by the school testing administrator:

- Module 1: Getting Started
- Module 2: Quality Control
- Module 3: Specimen Collection and Handling
- Module 4: Patient (Individual) Test

Modules 5 and 6 relate to the NAVICA smartphone App and are not required training. **OHA does not recommend use of the NAVICA smartphone app**.

These modules provide a detailed step-by-step guide to the test process. All four modules

must be completed in their entirety prior to performing tests on individuals. We recommend that the school testing administrator watch each training module several times. It is the responsibility of the school leadership to verify that the school testing administrator has completed the necessary training requirements.

Further information about the proper use of the Abbott BinaxNOW test kits can be found on the package insert and here. This includes detailed information regarding specimen collection, handling, transportation, and storage.

This video by Dr. Susan Coffin provides an excellent overview of the Abbott BinaxNOW testing process from start to finish, and must be reviewed by all school testing administrators in addition to the Abbott BinaxNOW training modules prior to performing tests.

Personal protective equipment (PPE) use

Abbott BinaxNOW specimens are collected by nasal swab. For most students and staff, these swabs can be self-administered (i.e., the person being tested can place the swab into their own nose) under observation by the testing administrator at a distance of greater than 6 feet. **Students and staff who are unable to self-collect the specimen under observation by the school testing administrator should be referred to their health care provider for COVID-19 testing.** Parents or guardians may also assist students with the self-collection process if they are present when testing is being performed.

Personal protective equipment (PPE) refers to equipment worn to minimize exposure and protect the wearer from infection. Because the Abbott BinaxNOW swabs can be self-administered, the PPE required for testing is minimal.

PPE components

School testing administrators should wear the following components:

1. A disposable medical-grade surgical mask (an N95 respirator is not needed)
2. Reusable eye protection (goggles or face shield)
3. Disposable gloves.

A gown is not required. The single-use medical-grade mask and gloves should be thrown away once testing is completed. The eye protection should be set aside for cleaning and disinfection. Discarded PPE does not have to be treated as biohazardous waste and can be disposed of into a regular garbage can.

We recommend that the following handout for putting on and taking off PPE be printed and posted in the area where PPE is stored and testing performed.

School districts will be responsible for securing PPE. The Department of Administrative Services (DAS) and ODE have published a list of all the state price agreements districts or schools can use to purchase PPE. That list is available for download here.

Putting on personal protective equipment

Before collecting the specimen(s) for testing, personal protective equipment (PPE) should be put on in the following order:

1. Perform hand hygiene by washing hands with soap and water or using an alcohol-based hand sanitizer.
2. Remove cloth face covering and put on disposable medical-grade mask.
3. Put on face shield or goggles.
4. Put on disposable gloves.

Best practice recommendations for PPE use include:

- Medical-grade mask and eye protection should cover the eyes, nose, and mouth at all times.
- Staff must perform hand hygiene before and after touching, readjusting, or taking off mask or eye protection.

Extended use of eye protection and mask

When multiple people are being tested in one time period, the same medical-grade mask and eye protection can be worn during multiple specimen collection events (e.g., in the case of group testing). This will optimize school PPE supply and minimize contact with contaminated PPE. However, gloves should be changed after each test is completed. A new pair of disposable gloves should be worn for each test performed.

Taking off personal protective equipment, hand washing, and disinfecting eye protection

After all specimens have been collected and all tests have been completed, PPE should be taken off in the following order:

1. Remove gloves and discard into a trash can.
2. Clean hands by washing hands with soap and water or using an alcohol-based hand sanitizer.
3. Remove face shield or goggles by carefully grabbing the strap and pulling upwards and away from the head without touching the front of the face shield or goggles.
4. Put on a new pair of disposable gloves.
5. Clean and disinfect eye protection, following manufacturer labeling directions. For more details, see below “Cleaning face shield or goggles.”
6. Remove gloves and discard into a trash can.
7. Clean hands by washing hands with soap and water or using an alcohol-based hand sanitizer.

8. Put away clean eye protection in a labeled bag or container.
9. Remove medical-grade mask by carefully untying or unhooking and pulling away from the face without touching the front of the mask and discard into a trash can.
10. Clean hands by washing hands with soap and water or using an alcohol-based hand sanitizer.
11. Put on your personal, non-medical (e.g., cloth) face covering.

Cleaning face shield or goggles

When manufacturer instructions for cleaning and disinfection are unavailable, consider the following steps according to the CDC:

1. Cleaning: while wearing gloves, carefully wipe the inside, *followed by the outside* of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
2. Disinfection: carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution. Leave wet for the amount of time specified on the disinfectant label.
3. Final wipe down: wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
4. Drying: air dry or use clean absorbent towels until fully dry.
5. Remove gloves and clean hands using soap and water or an alcohol-based hand sanitizer.

Storage of face shield or googles

After cleaning, disinfecting and drying, eye protection can be stored in a clean bag or container. Eye protection and storage bag/container should be labeled with staff name to prevent sharing and should not be stored with other belongings or other PPE.

Testing

The school testing administrator **must** follow the instructions provided in the Abbott BinaxNOW package insert regarding test storage, quality control, specimen collection and handling, and specimen disposal as detailed here. The Abbott BinaxNOW testing instructions detailed in this section must be followed exactly to ensure an accurate result.

When to test

Abbott BinaxNOW tests should only be used to test students with consent on file or staff who agree to testing in the following two scenarios:

When a student or staff member has symptoms

When a student or staff member develops symptoms consistent with COVID-19 while at school, testing may be used to inform their care and return to school. **Primary COVID-19 symptoms include cough, fever or chills, shortness of breath, difficulty breathing, or a new loss of taste or smell**. Note that muscle pain, headache, sore throat, diarrhea, nausea, vomiting, new nasal congestion, and runny nose are also symptoms often associated with COVID-19 and students may be tested for these symptoms as well. Testing for non-primary symptoms is encouraged regardless of vaccination status as a significant proportion of children and fully vaccinated individuals with COVID-19 infection may present with non-primary symptoms.

Any student with primary COVID-19 symptoms who is tested (even if they test negative) must leave school immediately and may not return until allowed by the Planning for COVID-19 Scenarios in Schools toolkit. School administrators are required to exclude staff and students from school whom they have reason to suspect have been exposed to COVID-19 (OAR 333-019-0010).

Students or staff with primary COVID-19 symptoms should not be asked to return to school for COVID-19 testing if symptoms develop while not at school. OHA has a separate "return-to-school" testing protocol that allows students or staff with symptoms to return to school for COVID-19 testing. Testing under this protocol is available only to school nurses.

When a student, staff member, or school cohort has been exposed to a case of COVID-19 and is symptom-free

When a student, staff member, or school cohort has been exposed to a case of COVID-19 and is symptom-free, two types of testing may be offered:

1. **General Exposure Testing:** testing at any time *within* 10 days of the exposure and ideally 5 days following exposure
2. **"Test to stay:"** testing **following unmasked indoor K-12 setting exposures** to allow students and staff to continue attending school throughout their quarantine period

General exposure testing

Applies to all exposures

General exposure testing applies to all types of exposures—those which occurred in K-12 settings, during extracurriculars, in the community or in the household. Testing of students and staff who have been exposed to cases of COVID-19 may occur at any time *within* 10 days of their exposure. This testing is most likely to identify additional cases 5 days following exposure.

"Test to stay"

Applies only to unmasked exposures in school setting in which universal indoor masking is otherwise consistently implemented

Test to stay is a testing program which allows students and staff without symptoms to remain in Oregon's K-12 schools during their quarantine period. When this testing is combined with several layers of mitigation, including universal indoor masking, physical distancing, cohorting, and improved ventilation, the risk of transmission in these settings is minimized. The CDC is studying test to stay, and considers it a promising practice for minimizing quarantine and maximizing school days in school.[1]

Test to stay is restricted to unmasked indoor K-12 setting exposures (e.g., breakfast, lunch or classes in which students are unable to mask due to the nature of the activity**) in which universal masking is otherwise consistently implemented.**[2]

Test to stay may not be used following extracurricular exposures. Mitigation layers in these settings, including universal and correct use of face coverings, are optional and the risk of transmission within the cohort is greater due to the nature of extracurricular activities. Similarly, test to stay may not be used following community or in-home exposures.

OHA will continue to study test to stay as it is implemented in Oregon and specific protocols may be updated to improve outcomes over time. Test to stay depends on an adequate and stable test supply and availability may be restricted during a COVID-19 surge or testing supply shortages.

Test to stay may be implemented if supported by the local public health authority.

Testing frequency

Test to stay requires students and staff subject to quarantine to be tested twice during the 5 days following exposure. The **first test** should occur as soon as the exposure has been identified—because of delays in testing and case reporting, this may be several days following the actual exposure. **Importantly, the first test should occur before students and staff are allowed to return to the classroom**.

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[1] Source: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/admin-faq.html#anchor_1634072007476

[2] Except when actively eating or drinking

The **second test** should occur between days 3-5 following the exposure. This range allows for consideration of weekends as well as timing since the first test was performed.

Modified quarantine

Test to stay is a form of modified quarantine. This means that students and staff participating in test to stay are allowed to attend school during their 5-day quarantine period but are expected to observe quarantine outside of school activities. Students and staff should monitor themselves for new symptoms compatible with COVID-19 (primary and non-primary) for 10 days following the exposure.

Students and staff participating in test to stay may participate in school-related extracurricular activities during their quarantine period but must mask at all times during these extracurricular activities for 10 days.

Testing location for testing using Abbott BinaxNOW

Test to stay may be performed at school or off-site, during school hours or after hours. When deciding on a testing location, school planners should think through how to minimize interactions between the exposed cohort and the rest of the school population before the first test is performed and any students or staff who may test positive and require isolation have been identified.

Transportation

Schools may ask for students to be transported privately for the first test in order to minimize the risk of exposure during bus transportation. However, private transportation will present a barrier for some students to access testing, and other strategies may be essential to ensure access to testing while also mitigating the risk of allowing exposed students to be transported by bus. For example, exposed students may be transported by bus with 3-6 feet of distancing enforced for exposed individuals and universal masking for all individuals.

iHealth COVID-19 Rapid Antigen Self-testing option

Oregon schools may now choose to offer test to stay with the Abbott BinaxNOW tests described in this document, or with newly available at-home iHealth COVID-19 Rapid Antigen Tests.

For test to stay using at-home tests, schools distribute a single test kit containing two tests to exposed students and staff subject to quarantine[3]. Testing is then performed at home. For children under age 15, the parent/guardian must perform the testing. At-home or self-testing does not have to be reported through the K-12 reporting portal. Families participating in test to stay using at-home testing may be asked to sign a results attestation form (Appendix H), however, there is no formal results verification process. Of note, iHealth does offer an app which facilitates the management of group testing. OHA does not formally endorse the use of this app, but some communities may find it a helpful resource.

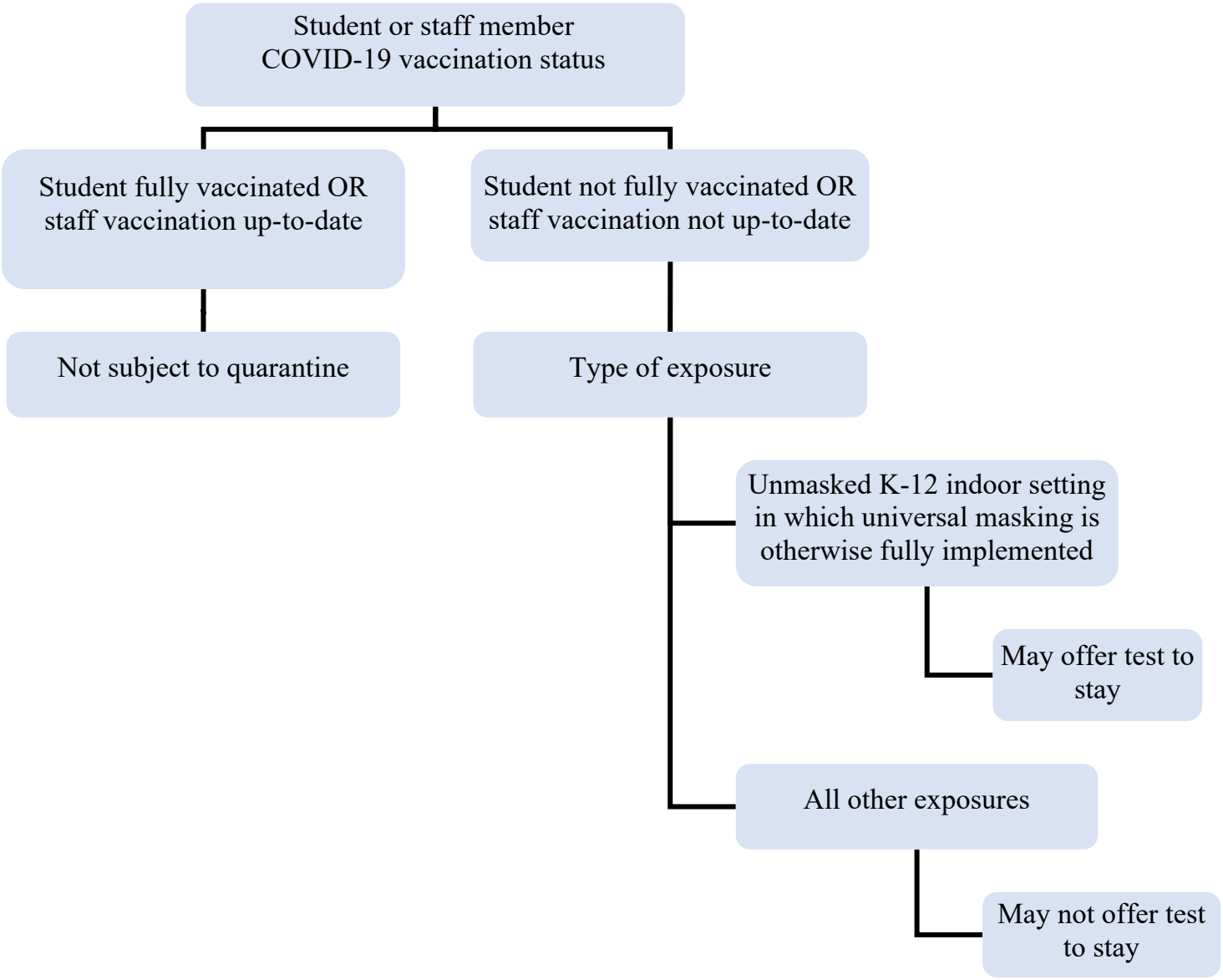
Schools may offer both test to stay options and may enroll in self-testing here. The ordering form for the iHealth self-tests is available here.

[3] The following individuals are subject to quarantine:
-Ages 18 years and older who completed are fully vaccinated but are due for a booster and have not yet received one
-All ages who are unvaccinated or partially vaccinated

Equity considerations

To ensure equitable access to in-person instruction ODE strongly recommends all schools offer modified quarantine through test to stay. Participating schools must ensure all students and families are aware of the program and have full access to participate in test to stay.

Figure 1. Testing options to support modified quarantine in K-12 settings



Test storage

Test kits (test cards and reagent) must be stored at room temperature (between 59 and 86°F).

Use of expired supplies

Due to the disrupted COVID-19 testing supply chain, Oregon currently allows use of expired Abbott BinaxNOW testing supplies. Because each test kit includes a built-in quality control system, we feel confident that these expired supplies remain functional.

Quality control

The Abbott BinaxNOW tests have a built-in quality control system which must be verified each time a test is run. In addition, quality control testing using a positive and negative control swab should be performed once as training for each new school testing administrator, and upon receipt of each new shipment of BinaxNOW tests.

Built-in quality control

Each time an Abbott BinaxNOW test is performed, the school testing administrator must verify that the built-in quality controls are functional. There are two built-in quality controls.

1. Each card test has a blue line present at the control line position which should be visible when the test package is opened.
2. If this blue line is not present, the test card should be discarded.
3. During each test, the blue line should change its color to pink/purple.
4. If the blue quality control has not changed to pink/purple at the time the test result is read, the test card should be discarded and the result recorded as inconclusive.

Blue line should be present before test is performed.

Blue line will turn pink/purple during test.

Positive and negative control swabs

Each BinaxNOW test kit includes 40 tests plus a positive control swab. A blank sterile swab can be used as a negative control swab. Each of these control swabs (i.e., both a positive and negative swab) should be run once with each new shipment of test kits and once for each new test administrator in order to confirm that the test is working as anticipated and to demonstrate school testing administrator competency. The blue control line must be present prior to performing the quality control swabs. If the blue line is not present, discard the test and contact schooltesting.covid@dhsoha.state.or.us for OHA BinaxNOW testing support. The positive control swab should result as positive. The negative control swab should result as negative. If the positive or negative control swabs do not result as anticipated, contact schooltesting.covid@dhsoha.state.or.us for OHA BinaxNOW testing support. You may also contact the Abbott BinaxNOW Technical Support Advice Line at 1-800-257-9525 between 8 a.m. and 8 p.m. EST or by emailing ts.scr@abbott.com.

Specimen collection and handling

Specimens must be collected by the person being tested, under observation by the school testing administrator. The person being tested should be instructed to insert the swab gently into the nostril until resistance is encountered and not more than one inch deep. The person being tested should then be instructed to rotate the swab 5 times around the outer edge of the nostril. Using the same swab, this process should be repeated in the other nostril. While many students and staff will be able to self-collect specimens using this method, not all students or staff will feel comfortable doing so. While students may be encouraged through this process, **they should never be forced or coerced**. It should be recognized that age, certain medical conditions (e.g., anxiety, ADHD) or disabilities may prevent swabs from being collected safely. If there is any doubt as to whether a specimen may be safely self-collected by an individual, the individual should be referred to their healthcare provider for COVID-19 testing.

Specimens should be tested as soon as possible after collection. The specimen should not be returned to its paper wrapper, but may be stored in a clean, unused plastic tube labeled with the student or staff member's name and date of birth for up to one hour. If the specimen cannot be tested within one hour of collection, it cannot be tested and should be discarded.

Tests should be administered in a private setting, such as a designated health or isolation room. Abbott BinaxNOW test kits should not be stored in the same room as tests are performed to avoid the possibility of contamination of test materials. Surfaces of testing rooms should be regularly cleaned and disinfected, including between persons being tested.

Testing of exposed individuals for test-to-stay should be administered in a private setting so that testing does not pose an additional risk to the school population. Testing administrators should consider drive through or outdoor walk-up testing events, in a location that is safe and not in traffic. Specimen collection should also occur in a covered area protected from weather.

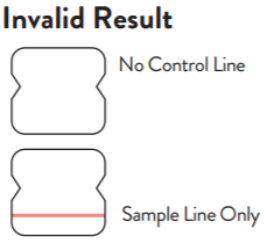
Specimen testing

To perform the test, the following steps should be observed:

1. Open kit and lay it flat—do not use if the pouch is damaged or open
2. Verify presence of blue line at control line position
3. Hold the extraction reagent bottle ½ inch above the top hole—do not allow the bottle to touch the test card
4. Slowly add 6 drops of reagent to the topmost hole of the swab well
5. Insert specimen swab into the bottom hole and firmly push upwards so that the swab tip is visible in the top hole
6. Rotate the swab clockwise 3 times in the reagent liquid
7. Peel off adhesive liner and close and seal the test card

The test should be read promptly at 15 minutes. A dedicated stopwatch or timer should be available for testing. In order to ensure proper test performance, it is important to read the result promptly at 15 minutes and not before. Results should not be read after 30 minutes.

Result Interpretation

Test card window	How to interpret	
One pink/purple colored line in the top half of the window, in the Control Line position	Test is negative	
Two pink/purple colored lines in both the Control & Sample Line positions[4]	Test is positive	
If no lines are seen, or if just the sample line is seen, the test is invalid. Invalid tests should be repeated on a new test card.	Test is inconclusive	

Specimen disposal

All components of the test kit may be discarded into a trash can. Additional information about the proper disposal of medical waste exposed to COVID-19 may be found here: https://www.oregon.gov/deq/FilterDocs/COVID19MedicalWasteFS.pdf

4 Note that any visible second pink/purple line in the sample line position should be considered a positive test regardless of how faint the second pink/purple line appears.

Reporting requirements

Logging tests performed

Results of each test must be promptly logged in the Abbott BinaxNOW Testing Log which can be found here. Testing logs must be kept in a secure location and may be audited by OHA.

Daily reporting of all positive and negative results through the OHA K-12 Reporting Portal

OHA requires all positive COVID-19 test results to be reported daily. Schools must submit all test results through the OHA K-12 Reporting Portal available at https://epiweb.oha.state.or.us/fmi/webd/k12%20Reporting%20Portal?homeurl=https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/COVID-19-Reporting.aspx.

Consent forms

All students must have written consent (see Appendix B) on file prior to COVID-19 testing. OHA requires written consent from a parent and/or guardian for all students under the age of 15 receiving the BinaxNOW test. Schools may choose to allow 15 – 17-year-olds to consent to receiving a test under ORS 109.640(2)(a). Staff may give verbal consent at the time of testing. Staff are not required to have a consent form on file in order to be tested for COVID-19.

Understanding test results

How to interpret negative test results

Any student with primary COVID symptoms who is tested (even if that test is negative) must leave school immediately and not return until allowed by the Planning for COVID-19 Scenarios in Schools toolkit. All COVID-19 tests are imperfect and false negative results may occur. A negative COVID-19 test result should never be interpreted as definitive evidence that a student or staff member is not infected with COVID-19, especially when symptoms compatible with COVID-19 are present. A follow-up molecular test (also known as a “COVID-19 PCR test") is not required following a negative BinaxNOW test but may be recommended by a healthcare provider in some cases.

Students or staff with primary COVID-19 symptoms without a known exposure to COVID-19 and have a negative BinaxNOW test

Students or staff with primary COVID-19 symptoms who have not had close contact with a case of COVID-19 within the last 10 days should be instructed to stay at home until 24 hours after fever is resolved, without the use of fever-reducing medication, and symptoms are improving.

Students or staff without symptoms AND with a known exposure to COVID-19 in a masked indoor school setting AND have a negative BinaxNOW test following exposure

Students or staff who have been exposed to a positive case of COVID-19 in an indoor school setting in which universal masking is enforced AND remain symptom-free AND who have had a negative BinaxNOW test following exposure may return to school under test to stay, a type of modified quarantine. They may participate in extracurricular activities, but must mask at all times during these extracurricular activities for 10 days. All exposed individuals participating in test to stay must test negative again between days 3-5 following exposure. All exposed individuals should continue to be monitored for symptoms for a full 10 days following exposure.

How to interpret positive test results

A positive COVID-19 test result means that a student or staff member is infected with COVID-19. The student or staff member should immediately go home and follow local public health instructions regarding isolation. Every positive test result should be reported to the local public health authority so that local public health can provide appropriate guidance regarding transmission within the school cohort. The typical duration of isolation is 5 days from the onset of symptoms. If a person has no symptoms, the duration of isolation is 5 days from the date of the positive test. People with severe illness (e.g., hospitalized) or severely

immunocompromised patients are asked to isolate for 10-20 days. Ultimately, local public health will determine the appropriate period of isolation. All students and staff who test positive for COVID-19 and require medical attention should contact their healthcare provider for additional recommendations.

Appendices

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email CRRU@dhsoha.state.or.us. We accept all relay calls or you can dial 711.