

Test to Stay – Q & A for Schools

What is Test to Stay?

Test to Stay (TTS) provides an alternative to home quarantine for school-aged children. TTS allows school-based [close contacts](#) to continue in-person learning by combining [contact tracing](#) and COVID-19 testing repeated at least twice during the week after a COVID-19 exposure. Close contacts can remain in school if they **do not have symptoms** and **do not test positive** for COVID-19 while participating in TTS. For more information on quarantine and isolation visit: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

Why should schools support the implementation of TTS?

TTS can reduce the number of days of in-person learning lost due to quarantine at home, keeping more kids in school while maintaining a safe learning environment. TTS allows school-based close contacts who would otherwise be quarantined at home to remain in in-person learning, if asymptomatic and routinely tested. CDC recently released [studies](#) demonstrating that TTS strategies in K-12 schools can minimize learning loss that can occur during traditional quarantine at home, while keeping transmission low.

Who should participate in TTS?

Students, teachers, and staff who are a school-associated close contact, are [up to date](#) on their COVID-19 vaccinations, do not test positive for SARS-CoV-2, and have no symptoms should be included in TTS. TTS participants should get tested at least upon notification of their close contact and again on 5-7 days after their last close contact with someone with COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-contact-tracing/about-quarantine.html>

To allow time for students to catch up with the [latest recommendations](#) and to minimize disruption to in-person learning, schools may consider forgoing quarantine for students ages 12-17 years who completed their [primary vaccine series](#) but have not yet received all [eligible boosters](#).

How can schools or school districts implement TTS?

Schools and school districts should consult with local or state public health officials to discuss with them how they may help support implementing TTS programs across their schools. Contact your [state school testing coordinator](#). Resources to support school testing programs and test supplies are available through [Operation Expanded Testing \(OpET\)](#), the [ELC Reopening Schools funding](#), and at [Open and Safe Schools](#). In addition, schools may use SSER funds under the American Rescue Plan to arrange for testing and testing-related services. CDC has also created a [K-12 School Testing toolkit](#) to assist in communicating school testing programs to parents, including the importance of participating in school testing.

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Does testing need to be performed at the school?

Regular testing, in addition to COVID-19 vaccination, is a safe, effective way to help prevent the spread of COVID-19 and help keep schools open for in-person learning. Schools may consider Test to Stay as an option for keeping asymptomatic school-associated close contacts in the classroom as an alternative to traditional quarantine at home. However, school TTS programs can use other testing options such as community testing sites or at-home testing kits. Schools and school districts should consult with local or state public health officials about options that are available to make program participation as easy as possible for all eligible students and staff.

What kind of tests should be used?

Schools or their testing partners should [choose tests](#) that can be reliably supplied and have a rapid turnaround time. A [viral test](#) tells a person if they have a current infection. Two types of tests can be used: Rapid [antigen tests and](#) PCR. Schools may choose to use either a nasal test, using a swab on the lower part of the inner nostril, or a saliva test, which takes a saliva (spit) sample. These tests are not invasive and do not hurt. Implementation of Test to Stay should utilize tests with a rapid turnaround time to avoid additional potential exposures at school while results are pending.

Do rapid antigen tests have to be used to implement TTS?

No, schools do not have to use rapid antigen tests to implement TTS. Schools or their testing partners should choose tests that can be reliably supplied and have a rapid turnaround time. Point-of-care PCR tests can be used to implement TTS.

Rapid identification of cases is imperative for preventing additional exposures in the K-12 school setting and decreasing the number of close contacts needing to enroll in TTS. Particularly in under-resourced schools, preventing unnecessary exposures and contacts will make TTS easier to manage and sustain.

How often should schools test close contacts following exposure as part of TTS?

A student or staff member identified as a close contact from a school-based exposure should be tested at least twice during the week following an exposure. TTS participants should get tested at least upon notification of their close contact and again on 5-7 days after their last close contact with someone with COVID-19. More frequent testing will rapidly identify cases, and some jurisdictions have instituted more frequent testing after exposure (e.g., days 1, 3, 5, and 7 after exposure).

Who is considered a close contact?

CDC defines a close contact as someone who was within 6 feet of a COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period. An exception to this close contact definition exists for both the K-12 indoor classroom and structured outdoor settings where mask

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use can be observed. Students who are between 3 to 6 feet of an infected student is not considered a close contact if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. While this exception applies to students, it does not apply to teachers, staff, and other adults in the indoor classroom setting. For more information on the close contact definition in the K-12 setting visit: [Steps for Determining Close Contact and Quarantine in K–12 Schools | CDC](#)

What time of day should schools test close contacts?

There is no specific time of day that it is best to perform testing on close contacts in the Test to Stay protocol. However, testing in the morning using a rapid test, before students go to class may minimize additional exposures and transmission, in the event that a student tests positive. We encourage schools to find a time and schedule, such as first thing in the morning, that maximizes participation of all close contacts and minimizes transmission.

How will you obtain parent consent?

Schools should communicate with teachers, staff, parents, and students to explain the TTS protocol, its goals, and potential implications if a student is identified as a close contact. Schools should establish a standardized manner to obtain parent consent. For example, some schools have established an “opt-out” consent strategy for TTS testing, while others have asked for consent at the time of notifying parents or caregivers that their child was exposed. Schools can create template letters for common scenarios (e.g., consent, positive result, letter to close contacts) See CDC’s [K-12 School Testing toolkit](#) for examples.

Can TTS be used with student extracurriculars?

TTS may be implemented for athletic or other extracurricular programs. Schools should consider the specific activities and risks involved when considering whether to implement TTS along with other prevention strategies. See CDC’s [school testing strategies](#) for more information.

Does TTS increase COVID-19 transmission in schools?

Studies have found that school-based transmission of COVID-19 can remain low when TTS is implemented with layered prevention strategies, such as vaccination and universal masking (i.e., everyone always wears a well-fitting mask properly when indoors). A TTS strategy can keep students safely in school and preserve in-person learning.

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Won't this create a high demand for test supplies? How can I manage that?

We encourage schools to use all available resources to pursue testing services and supplies, including through the resources described below. Schools should update their COVID-19 policies to align with the most recent guidance for quarantine and isolation. Schools should also consider how to manage their supply between their screening testing programs and TTS programs. For example, if schools are using multiple types of tests, then they may prioritize using rapid tests for Test to Stay (TTS), while using PCR for screening purposes.

Can vaccinations help with testing supply?

Yes, you can minimize your testing burden by getting as many staff and students vaccinated and boosted as possible in your school community. Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports. To further prevent the spread of COVID-19 and support in-person learning, CDC recommends that schools implement layered prevention strategies to protect students, teachers, staff, visitors, and other members of their households. For K-12 schools, CDC recommends universal indoor masking by all students (ages 2 years and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.

People who are up to date on their COVID-19 vaccines do not need to quarantine following an exposure unless they develop symptoms and do not need to participate in TTS programs. Schools can also avoid high-risk events in order to keep transmission limited in the school context.

Can TTS be implemented in schools in under-resourced communities?

Yes. TTS is an important strategy to preserve in-person education, including in under-resourced communities. Health departments and school districts should work together to streamline approaches to implement TTS to increase its feasibility in under-resourced communities. Schools should provide resources such as personnel to conduct contact tracing and manage TTS. Schools also received \$10 billion in American Rescue Plan funding that can be used towards testing.

To learn more about how you can implement TTS in your school, visit <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/what-you-should-know.html>.

Who should quarantine?

People who have been in [close contact](#) with someone with COVID-19 and are either unvaccinated or not [up to date](#) on COVID-19 vaccines should [quarantine](#).

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Who needs to isolate?

Isolation is separating people who have COVID-19 or symptoms of COVID-19 from those who are not infected or showing symptoms in order to prevent transmission of SARS-CoV-2, the virus that causes COVID-19. People isolate when they show symptoms of COVID-19 or are infected with the virus that causes COVID-19, even if they don't have symptoms. To learn more about isolation visit: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-contact-tracing/about-isolation.html>

Resources for TTS

State School Testing Coordinators

CDC has provided states with \$10 billion in funding to support school testing efforts through the Reopening Schools award in the ELC cooperative agreement. These funds can be used to support the TTS programs, in conjunction with regular testing. Funds may cover the purchase of tests or secure testing vendors who can provide rapid and laboratory-based testing options. Contact your state program for more information.

Operation Expanded Testing

CDC's Operation Expanded Testing (OpET) provides no-cost screening testing for schools, under-resourced communities that are economically marginalized, and congregate settings. Screening tests are recommended for unvaccinated people to identify those who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Contractor-provided laboratory services include specimen collection supplies, shipping materials and shipping, laboratory testing, and results reporting. The recipient sites contribute staff to collect specimens. Schools can contact their regional hub directly for support: More information is available on CDC's Operation Expanded Testing (OpET).

Elementary and Secondary School Emergency Relief

Schools also received \$130 billion in ESSER funds under the American Rescue Plan which may be used to arrange for testing and testing-related services; additional resources are available here. More information is available at: <https://www.openandsafeschools.org/>

Additionally, the Administration is making available an additional 10 million tests available for schools per month – with 5 million free, point-of-care rapid tests per month that states can request on behalf of school districts, and an additional 5 million lab-based tests per month that schools and districts can request directly through Operation ET (link above).

Staffing

Personnel are required to support TTS in schools – particularly with specimen collection and contact tracing. This can be performed by personnel already employed by schools or by adding staff via an external vendor. Contact your state program for more information.