



Testing Considerations for LEAs and School Communities

As California schools resume in-person instruction, many school leaders and communities have identified school-centered testing as an important component of a health and safety strategy. The State of California developed the following framework to support school communities as they decide when and how to implement testing as part of a multi-tiered strategy for resuming in-person instruction for the 2020-21 school year. New evidence and data about COVID-19 transmission, including variations by age, and the effectiveness of disease control and mitigation strategies continue to emerge regularly and inform recommendations.

Used in conjunction with other mitigation strategies, testing for SARS-CoV-2 provides an additional tool to support safe and successful K-12 in-person instruction. Testing can allow for early identification of cases and exclusion from school to prevent transmission. However, it should not be used as a stand-alone approach to prevent in-school transmission. A negative test provides information only for the moment in time when the sample is collected. Individuals can become infectious shortly after having a negative test, so it is important to maintain all other mitigation strategies even if a recent negative test has been documented.

Recommendations regarding in-person school reopening and closure should be based on available evidence and community epidemiological indicators, and made in close collaboration between local health departments and school officials.

General Considerations

Identify testing demand in your community

Before proceeding with offering testing in your school communities, it is important to determine school community testing demand and make decisions about the following:

- Purpose of testing, including response testing in the event of an outbreak vs surveillance or screening testing for on-going monitoring of COVID-19 in school communities.

- Population to be tested, e.g., just staff, staff and students, or staff, students and community members.
- Potential testing sites to best serve the population to be tested. For example, one centrally located site, satellite sites central to many locations, or testing at each school site.
- Primary testing platform; molecular vs. antigen testing. Molecular tests are highly sensitive and specimens can be collected on-site in designated locations, but molecular testing must be performed in specialized laboratories with turn-around-times of ~48 hours. Antigen tests are less sensitive and require more on-site resources, but results are available within an hour of specimen collection.
- Frequency of testing, e.g., more than once a week, once a week, bimonthly, or monthly testing volume per day at each potential site.
- Self-collected vs clinician-collected specimens (note: not all specimen types can be self-collected).

Create a Testing Plan

With the increased availability of tests, these considerations are intended to provide guidance on the appropriate use of COVID-19 testing in K-12 schools for surveillance, screening, diagnosis, or outbreak response. Schools can help protect students and their families, teachers, staff, and the broader community and slow the spread of COVID-19. Testing for COVID-19 is part of a comprehensive health and safety strategy and should be used in conjunction with promoting behaviors that reduce spread (e.g., mask use, social distancing, hand hygiene); maintaining healthy environments (e.g., cleaning and, increased ventilation); maintaining healthy operations (e.g., scheduling, virtual learning, class sizes); and preparing for when someone gets sick at school. If an outbreak occurs, schools should immediately notify their local public health department.

Steps to setting up testing for your school community include:

- Identify a laboratory and test supplier to meet your needs.
- Create your test plan by defining your target population, testing volume and frequency based on local conditions, set-up, and execution timeline.
- Setting up for test collection by working through your set-up checklist, coordinating a user platform to process individuals receiving tests, and ordering test kits from your testing provider.
- Coordinate staff testing for the appropriate testing cadence determined by your plan. This includes individual registration, coordination of locations, and coordination of notifications for results.

- Coordinate test specimen transport to the laboratory, either by the site or by the test supplier, where necessary (i.e. for PCR testing).
- Coordinate appropriate reporting of test results to individuals, parents or guardians, and to public health.
- Coordinate billing from insurance, or plan to cover costs for individuals not covered by insurance.
- If on-site antigen testing is used as a testing platform, in addition to the steps above:
 - Identify an individual to serve as laboratory director (most antigen tests are CLIA-waived tests and require oversight from a laboratory director; and
 - Identify and train personnel to perform testing on site.

Testing Frequency Considerations

While the most critical and effective strategies to minimize the risk of exposure to COVID-19 are the use of face coverings and stable groups of a limited number of students, testing can provide an additional tool to support a return to safe and successful K-12 in-person instruction. However, testing should not be used as a stand-alone approach to prevent in-school transmission.

There are several circumstances under which a student or staff member might require testing. Below, we outline these circumstances and considerations for testing in K-12 schools.

Definitions

Symptomatic testing: This testing is used for individuals with symptoms of COVID-19, either at home or at school. In this situation, the [schools guidance](#) requires that these individuals stay home and isolate in case they are infectious. The [CDPH schools guidance](#) includes the possibility of return to school in the case of a negative test for SARS-CoV-2 and 24 hours after fever is resolved and symptoms are improving.

Response testing: This testing is used to identify positive individuals once a case has been identified in a given stable group. Response-based testing can be provided for symptomatic individuals or for asymptomatic individuals with known or suspected exposure to an individual infected with SARS-CoV-2.

Asymptomatic testing: This testing can be used for [surveillance](#), usually at a cadence of every 2 weeks or less frequently, to understand whether schools have higher or lower rates of COVID19 rates than the community, to guide decisions about safety for schools and school administrators, and to inform LHDs

about district level in-school rates. Asymptomatic testing can also be used for screening, usually at a higher cadence (weekly or twice weekly) than surveillance testing, to identify asymptomatic or pre-symptomatic cases, in order to exclude cases that might otherwise contribute to in-school transmission. Screening testing is indicated for situations associated with higher risk (higher community transmission, individuals at higher risk of transmission (e.g., adults and high school students transmit more effectively than elementary aged students)).

TESTING STRATEGY APPROACH

Asymptomatic testing considerations

The science regarding the extent to which asymptomatic testing will achieve the goal of safe and successful schools is still under development. Empirically, schools that have successfully implemented the core mitigation strategies outlined in the School Guidance are operating safely, with limited or no in-school transmission, under a range of asymptomatic testing approaches. The approaches range from no additional asymptomatic testing, to testing a sample of staff and students monthly, to testing all students and staff every other week. Modeling studies show that masking and cohorting alone can decrease symptomatic infections more than weekly testing of students and school staff. Taken together, these data suggest that a range of potential testing approaches can be considered for implementation as part of a comprehensive safety strategy.

The state of California has put into place support for the testing cadences in Table 3, through supplemental testing supplies, shipment, laboratory capacity, enrollment and reporting technology, training, and assistance with insurance reimbursement.

The increased levels of testing in the higher Tiers in Table 3 reflect the higher likelihood that someone in the school community might be infected due to higher levels of circulating virus in the surrounding community. For the purposes of the testing cadence differences, the Deep Purple Tier begins at a CR of >14.

Table 1. Testing Cadences with Committed Support from the State of California for K-12 schools

	Yellow CR <1.0* TP <2%	Orange CR 1-3.9* TP 2-4.9%	Red CR 4-7* TP 5-8%	Purple CR >7-13.9* TP >8%	CR >14*
Staff	Symptomatic and response testing.	Symptomatic and response testing.	Symptomatic and response testing + Every 2 weeks asymptomatic testing.	Symptomatic and response testing + Every 2 weeks asymptomatic testing.	Symptomatic and response testing + Weekly asymptomatic (PCR or twice weekly antigen testing)**.
Students K-12	Symptomatic and response testing.	Symptomatic and response testing.	Symptomatic and response testing + Every 2 weeks asymptomatic testing.	Symptomatic and response testing + Every 2 weeks asymptomatic testing.	Symptomatic and response testing + Weekly asymptomatic (PCR or twice weekly antigen testing)**.

TP = test positivity

* The case rates above are adjusted case rates.

** Weekly asymptomatic testing assumes the use of a PCR test. If antigen testing is used, testing should be at a twice weekly cadence.

Students or staff who have tested positive for active infection with SARS-CoV-2 virus within the last 90 days are exempt from asymptomatic testing.

Any school currently open is subject to the minimum testing requirement standards established by [Cal/OSHA](#). These standards include response testing for exposed cases and outbreak testing for everyone weekly until no longer considered an outbreak. Please refer to Cal/OSHA [guidance](#) for complete details.

Testing Students and Parental Consent

The testing approach for students includes the option of supervised self-collection for students in any grades, which has demonstrated feasibility and acceptability even in the youngest groups.

Because SARS-CoV2 is recognized as a communicable disease, which is required to be reported, California state law provides that minors 13 years and older can consent to diagnosis and treatment of COVID-19. Accordingly, for students under the age of 13, the parent or guardian must provide consent, and use their email/phone to obtain results. A parent or guardian can receive the results on behalf of a child (ages under 13) when they provide consent on behalf of that child.

Students ages 13-17 may consent on their own and receive results through their own contact information or through their parent's contact information. Consent can be obtained once through the school for the duration of the testing program throughout the school year, as has been done [elsewhere](#). Consent can be gathered from parents and from school staff using the technology platform engaged by the state. Additional information on school-centered testing, including the CDPH Playbook for implementation, can be found in [here](#). Below is a table that outlines the testing consent requirements by age group.

Age range	Consent	Results Reporting
< 13	Parental consent required	Parent only
13-17	Parental consent possible, but not necessary	Student by default, parent can be added
>=18	No parental consent required	Student only

Testing Resources

A screening testing protocol using PCR testing should address the logistics of specimen collection and shipment, in addition to identifying a lab to analyze the specimens. Most labs do not collect the specimens themselves, but they may partner with another agency to provide this service. For staff screening testing, consultation with your employee health plan may be advisable to determine if they will organize and provide the testing.

The first list of options below can be found on the TTF list; all have an in-state facility, with state-wide coverage and capacity. Inclusion of laboratories on this list does not constitute an endorsement by the TTF. The accuracy and performance characteristics of tests performed by these labs has not been verified.

The state has opened the CDPH Valencia Branch Laboratory, an innovative new laboratory in California that is designed to increase the state's COVID-19 testing capacity and reduce test turnaround time. Built in partnership with PerkinElmer, the laboratory began processing tests the first week of November 2020. If you are a school, school district, or local education agency interested in partnering with the CDPH Valencia Branch Laboratory to expand COVID-19 testing, and want to learn how you can get involved with State of California's effort to increase testing in schools and local communities, please review the one-pager and playbook if desired, express an interest in partnering on the [website](#). A list of laboratories from the California Testing Task Force (TTF) is available below.

Test type	Advantages	Disadvantages
PCR Individual Test (e.g. PCR)	<ul style="list-style-type: none"> • Ease of initiation testing program • Familiarity with this testing type 	<ul style="list-style-type: none"> • More costly than antigen-based or pooled molecular • Turn-around-time variable (48 + hours) and in rural settings, turn-around-time likely longer
Pooled PCR Test (e.g., specimens from all children in one pod or classroom are combined and tested as a single test)	<ul style="list-style-type: none"> • Costs are less than individual based assays • If test is negative, it is reassuring that all children in classroom are negative • Logistically easier to collect specimens from a cohort than PCR 1:1 or antigen, since individual bar codes are not required for each student • Likely best paired with PCR 1:1 testing in staff 	<ul style="list-style-type: none"> • If the cohort test is positive, an individual student cannot be identified specifically as infected. This would require subsequent 1:1 testing for a positive cohort. Hence, if in-school rates of COVID-19 are high, then the pooled approach becomes less cost efficient • Turn-around-time variable (48 + hours) and in rural settings, turn-around-time likely longer
Antigen Test with reflex to PCR as needed	<ul style="list-style-type: none"> • Cost for the test itself less than PCR test itself • Almost immediate test results (within 30 minutes of collection) 	<ul style="list-style-type: none"> • Since testing done on school site, this approach requires additional resources compared with PCR testing: <ul style="list-style-type: none"> - Trained personnel required to perform testing and entry of test result - CLIA waiver needed see https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/SchoolsGuidance.aspx. • Twice per week testing recommended • Follow-up molecular testing may be needed on subset of individuals (e.g. if unexpected results such as positive results in asymptomatic individual without contact or negative result in symptomatic individual)

Testing Facilities

Facility Name	Contact/ Number	Website	Facility County	Type of Specimens Collected	Type of COVID-19 Test Conducting	Daily Capacity
National Labs Inc.	Kira Marquis Kiram@nationallabs.com 916-956-1930	www.nationallabs.com	ALAMEDA	NP Swab, Anterior nares swab	PCR molecular tests	1,001-2,000 tests/day
Mira Dx, Inc	(424) 387-8100 info@miradx.com	www.miradx.com	LOS ANGELES	NMT Swab, OP Swab, Anterior nares swab	PCR molecular tests	2,001-5,000 tests/day
Ashley Clinical Diagnostic Lab Inc	(323) 478-0801 michael@ashleylab.com	www.ashleylab.com	LOS ANGELES	NP swab, NMT swab, OP swab, Saliva	PCR molecular tests	5,001-10,000 tests/day
Ambry Genetics Corporation	513-519-0477 jotten@ambrygen.com	www.ambrygen.com/covid	ORANGE	saliva	PCR molecular tests	5,001-10,000 tests/day
Bio Genetisys, Inc	(714) 257-9348 covid19@bgilaboratory.com	biogenetisysinc.com	ORANGE	NP Swab	PCR Molecular Tests	1,001-2,000 tests/day
Consolidated Medical Bio-Analysis	(714) 880-3366 mfan@cmlabs.com	www.cmlabs.com	ORANGE	NP Swab, OP Swab, NMT Swabs, Serum	PCR molecular tests, Serology Tests	1,001-2,000 tests/day
Exceltox Laboratories, LLC	Jonathan Pittman (216) 373-1360 jonathan@exceltox.com	www.exceltox.com	ORANGE	NP swab, NMT swab	PCR molecular tests, Serology tests	5,001-10,000 tests/day
Healthquest Esoterics, Inc	(949)242-2260 cs@hgesoterics.com	www.hgesoterics.com	ORANGE	NP swab, NMT swab, OP swab, BAL, Serum, Sputum	PCR molecular tests, Serology tests	More than 10,000 tests/day
Equaltox, LLC	714-760-4804 covidtesting@equaltox.com	equaltox.com	ORANGE	NP swab; NMT swab; OP swab; Sputum; Saliva; Anterior nares swab	PCR molecular tests; Serology tests; Antigen tests; Nucleic Amp	1,001-2,000 tests/day
Healthy Care Clinical Laboratory Inc.	(909) 542-9033 curt@hcclab.com	hcclab.com	SAN BERNARDIN	NP swab, OP swab	PCR molecular tests, Serology tests	1,001-2,000 tests/day
Phamatech Inc	Art Jensen 858-643-5555 ajensen@phamatech.com	phamatech.com	SAN DIEGO	NMT swab, Serum	PCR molecular tests, Serology tests	Unknown
Color Genomics	(844) 352-6567 covidprograms@color.com	www.color.com	SAN MATEO	NP swab, NMT swab, OP swab, Anterior Nares Swab	PCR molecular tests	More than 10,000 tests/day

What questions should you ask a potential screening testing provider?

1. Which test(s) will you use?

Any SARS-CoV-2 test with an FDA Emergency Use Authorization (EUA) is acceptable. This does NOT include antibody (serologic) tests.

2. How many specimens can you collect each day?

This will vary depending on the type of test, whether specimens can be self-collected, resources available and the testing provider. Screening everyone in a larger school on a single day may be a challenge for some testing companies.

3. What kind of support from school staff will be required on screening days?

Find out if the company will need someone from the school full-time to support the testers on screening days.

4. What is the turnaround time for test results?

Faster turnaround times make it less likely that someone infected with COVID-19 remains in the school community while contagious. Rapid tests such as antigen tests provide results in about 15 minutes. If using a PCR test, turnaround times should ideally be less than 24 hours but no more than 48-72 hours.

5. What is the cost?

There is a wide range of costs depending on the type of test and related services being offered. Ideally, your contracting laboratory will have the capacity to bill insurance directly and accept reimbursement as payment in full (i.e., no co-pays). Make sure to ask any labs you speak with what their experience has been with being able to bill successfully for staff and/or student testing and at what frequency.

6. Is pooled testing an option?

SARS-CoV-2 pooled testing is a method in which specimens from multiple individuals are combined and tested in a single test. Pooled testing is one way to lower costs and increase testing capacity, since one test can be run with several others. However, if the pool is positive, each specimen in the pool must be run individually to determine which specimen was positive. Thus pooled testing performs best when the community positivity rate is below 5%.

7. How are you storing staff and student data to ensure privacy? How will you share test results with the school?

Ask the lab whether the database it uses to store staff and student contact information along with test results is "HIPAA-compliant". This means that their data system meets strict standards for privacy protection. It is also important to

understand how the lab will share test results with the school and whether it will provide you with a list of individuals with positive test results only.

8. How many languages are your printed materials available in, and do you offer the option to translate them into additional languages? Also, when contacting families with a positive test result, do you offer a language line or other option for communication with non-English speaking families?

If the testing company cannot meet your language needs, ensure that they will allow you to translate the materials, such as consent forms, through your own channels, as well as utilize any language line that your school already works with.

9. How are staff, teachers and families given negative test results?

If the only option for getting negative test results is online, this may not be the best fit if your school serves families who may not have internet access at home.

10. What kind of termination clause will be included in the laboratory contract?

Most contracts have a clause that allows either party to terminate the contract with 30 days written notice for any reason. Make sure that a termination clause is included in any testing agreement you sign.

District vs Site Based

Two main models for engaging Local Educational Agencies

CDPH's objective for engaging schools is to prevent outbreaks and ensure testing equity, especially in high-risk communities and populations

	1 District HQ model (centralized)	2 School-site model (decentralized)
Description	On-site testing at a single, centralized location	On-site testing at multiple sites (e.g., schools) within a school district
Who is tested?	Asymptomatic employees (symptomatic workers directed to clinic) Frequency and volume will depend on needs of community	Asymptomatic employees (symptomatic individuals directed to clinic)
Where testing could take place?	A single centrally-located site such as a school district administration building or parking lot	Multiple, smaller, and potentially mobile testing sites at schools, administration buildings, etc.
Tradeoffs to consider	Easier to administer and coordinate, but potentially less convenient for population— <i>consider for smaller jurisdictions¹</i>	Meets people where they're at, but potentially more logistically challenging— <i>consider for larger jurisdictions¹</i>

Educational institutions could consider building upon existing sites and approaches where they exist

School Testing Models

Responsibilities:

- Procure testing kits
- Coordinate transportation of kits
- Coordinate specimen collection, processing, data, and results
- Identify a lead clinician or health care professional for receipt of test results
- Coordinate transportation of specimen back to lab, if necessary
- Testing site management
- Specimen collection (clinician collected vs supervised self-collected)
- Testing payment and/or management of billing and insurance coordination
- Appropriate contact tracing for positive results

Recruit / train staff or volunteers

Collection sites must have trained staff on site to oversee test administration. Based on CDC Guidance, staff requirements at the testing site will vary based on size but should include personnel focused on:

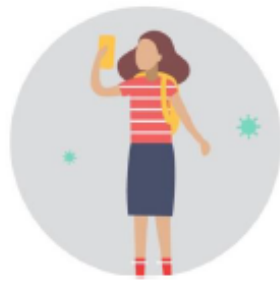
- Check-in
- Guide/traffic flow
- Testing (monitoring or administering)
- Bagging/packing
- Check-out

Additionally, there are different staff requirements depending on if the test specimen is self-collected vs clinician-collected:

- Staff requirements for self-collected specimen (may not be appropriate for children under the age of 13). Self-collection requires supervision by trained personnel (any trained adult), which can be done from 6 feet away. CDC recommends that the test supervisor wears gloves and face mask and requires that the patient understand and be able to perform procedure.
- Staff requirements for clinician-collected specimen: Clinician collection requires clinician availability (e.g., physicians, physician assistants and nurse practitioners, nurses such as RNs or LVNs, pharmacists, EMTs, medical assistants). According to the CDC, clinician-collection requires maintaining proper infection control and use of recommended personal protective equipment (PPE), including an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown, when collecting specimens.

Sample Models

California School COVID-19 Testing Models Public, Charter and Private Schools



This document details four COVID-19 testing models for K-12 schools, with examples of when each jurisdictions act as lead agency.

LOCAL HEALTH JURISDICTION AS LEAD

Example 1:

- Site Management: The local health jurisdiction (LHJ) coordinates specimen collection, processing, data and results.
- Transportation: Site selection and transportation are managed by the LHJ.
- Testing population: Model is community-based, covering both students and staff.
- Payment: LHJ gathers insurance information and will bill insurance if testing is covered. There is no cost to staff or students if insurance doesn't cover testing.
- *This model is used primarily for response testing.*

Example 2:

- Site Management: The LHJ coordinates specimen collection, processing, data and results. A local clinic, in collaboration with the LHJ, performs weekly testing.
- Transportation: Site selection and transportation are managed by the LHJ.
- Testing population: Model is community-based, covering both students and staff.
- Payment: The clinic manages insurance billing and staffing at sites offering specimen collection and transportation.
- *This model is used primarily for response testing.*

COUNTY OFFICE OF EDUCATION AS LEAD

Example 1:

- Site Management: The County Office of Education contracts with a local company to facilitate site and specimen management. The local company staff do the testing and handle specimen transportation to the lab.
- Transportation: Site selection and transportation are managed by the company under contract.
- Testing population: Model is site-based, covering just staff.
- Payment: The local company asks for health insurance status of employees.
- *This model is used primarily for response testing.*

INDEPENDENT DISTRICT AS LEAD

Example 1:

- Site Management: The Local Educational Agency (LEA) or equivalent manages services end-to-end. This includes site location determination, site set up, and specimen collection.
- Transportation: The LEA manages and coordinates transportation of specimen back to a lab licensed by the California Department of Public Health.
- Testing population: Model is site-based, covering just staff.
- Payment: The LEA pays directly for test kits, lab processing, and facilitating results.
- *This model is used for response or surveillance testing.*

Example 2:

- Site Management: The Local Educational Agency (LEA) or equivalent contracts with accompany to manage services end-to-end which seeks reimbursement from CARES Act funding. This includes site location determination, site set up, and specimen collection.
- Transportation: The LEA manages and coordinates transportation of specimen back to a lab licensed by the California Department of Public Health.
- Testing population: Model is site-based, covering just staff.
- Payment: The LEA pays the company to coordinate payment for test kits, lab processing, and facilitating results.
- *This model is used for response or surveillance testing.*

UNIVERSITY OR RESEARCH INSTITUTION AS LEAD

Example:

- Site Management: The LEA or equivalent partners with a local university or research institution as part of a research. The LEA determines where the sites are, and the local university or research institution assists with site management, specimen collection, processing, data and results.
- Transportation: The university or research institution manages transportation of the specimen back to a CDPH licensed lab.
- Testing population: Model is community-based, covering both students and staff.
- Payment: Employees are enrolled in the university or research institution health care program. Employees are considered patients and the university or research institution manages billing.
- *This model is used for response or surveillance testing.*



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For more information visit covid19.ca.gov.

Billing

Depending on your arrangement with your laboratory and test supplier, collection sites will not be responsible for test processing costs but will be responsible for the costs of transportation and other equipment for the specimen collection process (e.g., PPE). In most instances, the cost of the test will be covered by the patient's health insurance coverage (see categories below). In most testing models, all costs related to collection site responsibilities are borne by the organization, standing up the test site, including transportation, staff time, and necessary equipment for the collection process (e.g. tents, chairs, PPE, etc.).

Where the test is covered by the patient's staff or student health coverage (see categories below), sample collection costs may be reimbursable. Organizations may want to consider partnering with a medical provider, clinic, pharmacy or other entity with specimen collection experience to leverage their abilities to do such billing.

The California Department of Managed Health Care, a health plan regulatory agency, has requirements on health plans for covering testing which are best summarized in the following categories:

Category 1: Symptomatic or exposed Individuals

- Federal statutes require coverage:
 - No medical/utilization management and no prior authorization requirements
 - At any authorized testing site
 - Provider reimbursement at negotiated rate or provider's cash price

Category 2: No symptoms/exposure but enrollee is an "essential worker"

- The emergency regulation:
 - Defines who are "essential workers"
 - Deems testing for essential workers to be medically necessary in all cases, so no UM or prior authorization required or allowed
 - Enrollee must try to get appointment in-network but can go out-of-network if plan does not offer an appointment within 48 hours

Category 3: No symptoms, no exposure, not an "essential worker"

- The emergency regulation:
 - Deems testing to be an urgent service when medically necessary for the enrollee

- Allows plans to impose prior authorization requirements
- Requires the enrollee to try to get appointment in-network. But the enrollee can go out-of-network if plan does not offer an appointment within 96 hours

The California Department of Managed Health Care has issued a [fact sheet](#) and [frequently asked questions](#) document to help provide additional details and information regarding the requirements placed on health plans regarding COVID-19 testing.

Valencia Branch Laboratory

Background

On October 30, 2020, Governor Gavin Newsom announced the opening of the CDPH Valencia Branch Laboratory, an innovative new laboratory in California that is designed to increase the state's COVID-19 testing capacity and reduce test turnaround time. Built in partnership with PerkinElmer, the laboratory began processing tests the first week of November 2020, and when fully operational will enable the state to more than double its COVID-19 molecular diagnostic testing capacity.

The additional testing capacity will allow California to better serve schools, health care providers and hard-to-reach communities like essential workers, those in congregate settings and communities of color, who are at higher risk of contracting COVID-19. Through the CDPH Valencia Branch Laboratory, California will eventually be able to conduct an additional 150,000 tests per day.

Details

The test kits provided are anterior nasal swabs, which can be self-administered and are easier to collect. For local education agencies (e.g., districts) that would like to expand their COVID-19 testing efforts, the State of California is providing test kits, test registration software, test processing, and technical assistance. This program aims to make it easier to start a testing program, ensure timely results and remove barriers in an organized, cost-effective, efficient manner.

For more information visiting the Testing Taskforce Webpage [for schools](#).