

SHIELD TESTING FAQ

1. What happens if I opt out of the SHIELD program?

Active medical screening programs work best if participation is maximized. We therefore encourage all members of our community to participate. If someone chooses to opt out, however, they will not be tested weekly and also *cannot* participate in the test-to-stay program.

If the student is unvaccinated and opts out:

If an unvaccinated student opts out of SHIELD testing and has an exposure to COVID-19, they will be required to quarantine at home for 10 days. They will NOT be eligible for the 7 day quarantine with negative testing on day 6. This is because shortened quarantines are acceptable when followed closely for symptoms and active monitoring (through both the initial test at day 6 and then subsequent school-based saliva testing) for SARS-CoV-2 infection. If not performing testing in school, we cannot assure this measure of safety.

If the student is vaccinated and opts out:

While vaccinated individuals will not be tested weekly through SHIELD, if they opt in, they are eligible for the test-to-stay program (i.e. being tested every-other-day if exposed to COVID-19). If a vaccinated student has an exposure to COVID-19 but has opted out of SHIELD, they will be required to quarantine at home for 10 days (the reasons for this are the same as those outlined above taking into account the increased risk of breakthrough infections among the vaccinated seen with the delta variant).

2. What if my child has symptoms that are compatible with COVID-19?

STAY HOME! School-based testing is not appropriate for symptomatic individuals. If a student is sick, they should be evaluated by their healthcare provider and have whatever testing is deemed appropriate. In order to return to school, a negative SARS-CoV-2 nucleic acid amplification test (NAAT, also called PCR) test and/or documentation of an alternate diagnosis from a healthcare provider will be required. This will be outlined in detail in the sick policy to be released on Monday, August 23.

3. What happens if a student tests positive?

If a student tests positive, they are considered to be infected with SARS-CoV-2 and will be required to isolate in the home for 10 days. Because the student has been in school, a lower risk environment for exposure (due to universal masking), their classmates will begin the “test-to-stay” protocol with the frequency of testing increased to days 1, 3, 5, and 7 following the last exposure. If they remain negative, that class can remain in school. If a second case is found among an exposed individual from that class, the entire class will quarantine and transition to continuous distance learning for 10 days from the last exposure to a positive case. Two or more cases (positive tests) in the school that are connected epidemiologically (i.e. a close contact can be documented) but not from the same household, is considered an *outbreak*. Depending on guidance from the local health department, an outbreak may prompt us to begin testing all students participating in the SHIELD program twice-a-week for a 28-day period. The ability to perform outbreak testing and prevent the further spread of

SARS-CoV-2 through proactive isolation of positive individuals is another advantage of participating in the SHIELD Illinois program.

4. How do results get communicated?

Results are delivered through a secure electronic record system to designated school representatives within 24 hours of the sample being delivered to the lab. These representatives are also alerted proactively if there is a positive result within the school. In the event of a positive test result, the student who tested positive will be isolated (as well as their siblings) and their parents notified as quickly as possible. Parents may register to access their children's results through the secure portal as well. Through this system, it is possible for parents to receive a text or email notification when new results become available for viewing.

5. If an asymptomatic student tests positive through SHIELD do they have COVID-19? Won't we just find more cases because we are doing this testing?

A positive SHIELD test indicates that the individual is infected with SARS-CoV-2 virus and is therefore capable of spreading it. The positive test may occur before the onset of symptoms or may be present in someone who will never develop symptoms. Either way, the person is potentially infectious and needs to be isolated for 10 days. The SHIELD saliva test is a nucleic acid amplification test (NAAT, also referred to as a PCR) that has emergency use authorization from the FDA. This means that a positive test is considered diagnostic for SARS-CoV-2 infection and no "confirmatory" follow-up testing is required.

It is possible that we will find more SARS-CoV-2 infections because we are performing weekly screening tests. This is, indeed, one of the goals of the SHIELD program - to identify infectious individuals and isolate them so as to prevent widespread school-based outbreaks. The results of the test are accurate. The sensitivity of the test is 96.8%. This means that if 100 people had positive nasopharyngeal NAAT tests for SARS-CoV-2, ~97 of them would also have a positive SHIELD saliva test. The SHIELD saliva test is 98.9% specific. This means that if 100 people had negative nasopharyngeal NAAT tests for SARS-CoV-2, ~99 of them would have a negative SHIELD saliva test. So, the rate of "false positive" tests is extremely low.

6. What is the "test-to-stay" program?

The test-to-stay program is a mechanism to prevent large numbers of students from quarantining by increasing the frequency of their testing following an exposure to COVID-19. Following a low risk exposure, as long as they remain asymptomatic, unvaccinated individuals may be tested on days 1, 3, 5, and 7 following exposure. If the results remain negative, they can remain in school. Vaccinated individuals can participate in the test-to-stay program if they are exposed to COVID-19 (through both low and high risk exposures). This is particularly important given recent information regarding the delta variant and the risk of breakthrough infections among vaccinated individuals. Decisions regarding the appropriateness of the test-to-stay program will depend on the specific nature of the exposure and will be made, when necessary, in consultation with the local health department.

7. What defines higher risk exposures and lower risk exposures and how do you decide whether "test-to-stay" can be implemented or not?

Exposure risk will always be assessed on a case-by-case basis, and, when appropriate, we will consult the local health department to make these determinations. In general, household exposures represent the highest risk. Unvaccinated individuals with household exposures are not eligible to participate in the test-to-stay program per the guidance of public health authorities and will require strict 20 day quarantines (10 days beyond the infectious period of their SARS-CoV-2 positive household member).

An example of a low risk exposure is one where both individuals are wearing masks and were only close together for a brief period of time. A high risk exposure might include an indoor party where masks were not required. Obviously there are a range of scenarios that lie between these extremes and each one will have to be reviewed in detail to make the safest decisions possible for the entire community.

8. What if my child previously had COVID-19?

Some individuals with recent (within 90 days) SARS-CoV-2 infections have persistently positive NAAT tests, although this is not thought to be a common occurrence. If your child has had a positive test within 90 days of their first SHIELD saliva screening test (i.e. after June 15, 2021), please share this information, including documentation of the positive test result, with Kerry Maman. If their first screening test is positive, we will determine the appropriate next steps in partnership with you and your physician.

9. If my child is vaccinated, when will they do SHIELD testing?

Vaccinated students (and faculty/staff) will not participate in weekly screening. They will participate in “test-to-stay” protocols in the instance of SARS-CoV-2 exposures. In addition, vaccinated individuals may participate in outbreak testing.

10. How much saliva is needed?

The test requires 2 mL of saliva. This volume is just under ½ teaspoon.

11. What if my child has a hard time producing saliva?

Some children have trouble initially with the steps required to produce saliva. We will distribute a video that goes over the process in detail. We suggest that you review this with your children. We also encourage “practice” spitting at home so the students know what to expect and are prepared to provide a sample. Our partners at SHIELD have told us that after a few rounds of sample collection, almost all students are capable of efficiently providing a sample.

12. What if my child is absent from school on their collection day?

They will skip screening for that week and provide a sample at their next scheduled day.

13. What if the result is inconclusive?

As with all medical tests, there is the possibility of an inconclusive result. This is most often due to an inadequate (not enough saliva) or contaminated (eg. food particles) sample. It is important to not eat or drink anything for one hour prior to sample collection. If the result is inconclusive, the student will just provide a sample at their next scheduled screening day. If a student has consistently inconclusive results, we will take care to make sure we are “coaching” the collection process in the most effective manner for that individual.

14. What information about my child is being shared with SHIELD?

Because the results are individual healthcare information, SHIELD will have identifiable information for your child including their name, date of birth, address, and other demographic information. No information regarding underlying health or medical conditions is shared with SHIELD. If a test result is positive, SHIELD is legally required to report the positive test result to local public health authorities such as IDPH and CDPH for contact tracing purposes.

15. Who is handling the collection process?

We are in the process of identifying 2 dedicated part-time staff members to supervise the sample collection process. These individuals will be trained and certified to collect and process samples according to the requirements of the SHIELD FDA EUA.

16. Who will have access to my child's results?

Parents will be able to register for access to their child's results through a secure online portal. From the school, only John Novick and Kerry Maman will be able to access the results. The SHIELD program is HIPAA compliant.

17. What is the cost of this program to NPES?

Federal funding will pay for all testing and supplies. The school is responsible for costs associated with collecting the samples and transportation of samples to the lab. There is no cost to families.

18. What happens if my child gets vaccinated during the school year?

Weekly screening will stop after a student is fully vaccinated. Please plan to notify John Novick and Kerry Maman once your child is fully vaccinated. Participation in the test-to-stay program will continue for that child as needed.

19. Are we participating in SHIELD all school year?

Currently the state has provided funding to conduct school-based screening through the end of 2021. We will determine needs and next steps at the end of the calendar year.

20. Why is there an opt-out option?

Saliva screening is considered health care, and health care for minors *requires* parental consent, unless state law mandates something specific (such as the list of immunizations required by the State of Illinois for students to attend school, barring any documented religious exemption). Based on our current vaccination reporting--100% of employees, 100% of 8th Graders, and 71% of 7th Graders (expected to be 95% of 7th Graders by the end of September, as birthdays occur) report being vaccinated fully--and based on strong compliance with NPES mitigation measures last school year, we do not anticipate many, if any, families to opt out of SHIELD, and doing so requires completion of the opt-out form [here](#) (also shared in the letter from John Novick on Monday). NPES recommends strongly that all students get vaccinated fully immediately after turning twelve years old, and that all NPES students participate in SHIELD.

21. If I have more questions, who can I contact?

Please contact [John Novick](#) or [Kerry Maman](#).