

# COVID-19 Preparedness Plan for Licensed and Certified Child Care Programs: Berean Preschool

Created: 6/15/2020

Updated: 8/10/2020, 9/3/2020, 9/15/2020, 10/1/2020

## 1. Frequent Handwashing

- Reinforce handwashing routines, especially upon arrival, after having been in a public place or after blowing your nose, coughing, or sneezing. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol. Ensure children are supervised when using hand sanitizer and that it is inaccessible to them when not in use.
- CDC guidance on handwashing can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#HandHygiene>

### **DESCRIBE PLAN FOR HANDWASHING:**

Upon entering the building students will be given hand sanitizer. Parents will sign a permission form to grant the use of hand sanitizer. Hand sanitizer will not be used as a replacement for hand washing but will be used in the in-between moments as needed.

Students will wash hands for 20 seconds upon entering his/her classroom. Teachers will teach songs and proper hand washing. Hand washing will take place after using the bathroom, before and after eating, upon returning to the classroom, etc.

## 2. Cleaning and disinfecting

- Protocols related to cleaning and disinfection of programs should be detailed so that staff know what is expected of them. Follow MDH and CDC guidance for frequent cleaning and disinfecting of your program:
  - <https://www.health.state.mn.us/diseases/coronavirus/schools/clean.pdf>
  - <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- Ensure high-touch surfaces such as doorknobs, light switches, stair rails, counters, tables and chairs, shared toys, program equipment and other items are regularly cleaned and disinfected.
- Minimize the use of shared supplies (e.g. arts and crafts, office supplies) that cannot be sanitized and consider using designated bins for clean and used items.
- Establish procedures for cleaning and disinfection after persons suspected or confirmed to have COVID-19 have been in the program.

### **DESCRIBE PLAN FOR CLEANING AND DISINFECTING:**

Everyone coming into the building will be required to use hand sanitizer which is located at the church office, the staff entrance or the Berean Preschool entrances.

After each use disinfecting wipes will be used to clean the monitor, keyboard, phone, desk, table, copier, microwave, etc. in the workroom.

The main bathrooms between Door 1 and Berean Preschool will only be used by Berean Preschool during Berean Preschool's operating hours. These bathrooms will be cleaned and disinfected daily by our facility team.

Rooms being used: 201, 202A, 202B, 204, 205, 206, 215, gym, workroom, and playground  
Bathrooms being used: 202A, 205, 215, child's bathroom, family bathroom, main bathrooms  
Sick room: 216, 211 (backup)

*See Addendum A for the detailed cleaning checklist.*

### 3. Arrival and Departure

- Whenever possible, pick-up and drop-off should occur outside and/or limit the extent to which parents enter the program and interact with each other.
- Consider use of multiple entrances and exits when these can be used safely by the staff, volunteers and visitors.
- Before children enter the space, screen them to ensure those with symptoms are not attending.
  - Screening process for children: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren>

#### **DESCRIBE FOR ARRIVAL AND DEPARTURE:**

**At this time, parents/guardians/visitors are not allowed in the building. Appointments to enter the building need to be made prior to arriving. Please connect with the director to make these arrangements.**

At drop off parents will pull up to their assigned door at their assigned class time. There a staff member will complete a student health check and log it into Brightwheel. The parents will use the touchless check in option through Brightwheel to check in their child(ren).

The child will use hand sanitizer and either be immediately brought to his/her classroom, or sit socially distanced in the hallway until the class all arrives with additional staff members. All staff members will wear masks and use hand sanitizer in between each child.

At pick up, parents will arrive at their assigned door at their assigned time. There the staff member will bring each child to his/her car. Parents will check their child out with the touchless check out option through Brightwheel. All staff members will wear masks and use hand sanitizer between each child.

See attached document for the traffic flow and assigned doors for drop off/pick up. See Addendum B.

#### 4. Plans for sick children, staff, and volunteers

- Conduct daily health checks. This includes screening for children, staff, volunteers, and household members for family child care programs to ensure those who exhibit any symptoms of illness are not present.
- Follow exclusion guidance and ensure children, staff, and volunteers stay home when sick: <http://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf>
- Use CDC guidance to develop a plan for what you will do if someone becomes sick with COVID-like symptoms: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#General>
- If a child, staff member, or volunteer is diagnosed with COVID-19 or if you have questions about a child, staff member, or volunteer who is exhibiting symptoms, reach out to MDH at [health.schools.covid19@state.mn.us](mailto:health.schools.covid19@state.mn.us) and follow their direction.
- Using the MDH and CDC resources above, create a communication plan for how and when you will notify parents, staff, and volunteers if a child, staff member, volunteer or household member for family child care programs has been exposed, is exhibiting symptoms, or has tested positive.
  - Contact MDH if you have questions (at the email address above)
  - Ensure the parent or guardian contact information in each child's record is up-to-date.

#### **DESCRIBE PLANS FOR SICK CHILDREN, STAFF, AND VOLUNTEERS:**

Health checks are conducted daily at drop off or arrival of staff. This is recorded in Brightwheel for each student and staff member. Parents will answer two quick questions to complete check in as part of the health check. At lunch the all day students will have a second health check.

If a child is exhibiting a less common or more common symptom, the parents, teachers, and staff are asked to follow the guidelines of the Decision Tree that has been published by the Minnesota Department of Health. See Addendum C.

If your child is ill, has a fever (100.4), or has been exposed to COVID-19, please stay home. If anyone in your home has signs and symptoms of COVID-19, please stay home and isolate or quarantine according to CDC guidelines.

***Your child can return after a positive or negative test when it has been 10 days since symptoms began AND until no fever for at least 24 hours without medication AND improvement of other symptoms.***

If you contract COVID-19 (confirmed) or someone in your family does, or your family has been exposed to COVID-19, please contact Rebekah Hall. Confidentiality will be fully maintained as much as possible while we notify those people with whom you have been in contact. We will ask that you follow CDC guidelines, and keep your child home for 14 days.

If you or someone in your immediate family is being tested for COVID-19, your child needs to stay home until the test results are back. If they are negative, you can return to Berean Preschool. If they are positive, you will be asked to stay home for 14 days.

The classroom where a confirmed case has been diagnosed will have additional cleaning and disinfecting, including but not limited to, extraction of carpets, fogging of walls, and all surfaces. If necessary, the students will be in a different classroom for the day that cleaning takes place. Parents will be notified center wide of the positive case if it is a staff member or one of the students enrolled in Berean Preschool with confidentiality.

If a child or staff members exhibits COVID-19 symptoms during the day, they will be sent home immediately. They will be removed from the main classroom and stay in the designated sick room with a staff member until a parent arrives. This room will then be cleaned and disinfected after 24 hours of it being used. If needed, there is a secondary sick room.

## 5. Social distancing throughout the day

- Limit group sizes as much as possible and create consistent groups of children and providers, staff, or volunteers who stay together throughout the day.
- Add visual cues or barriers to direct traffic flow and distancing. For example, you may want to tape “Xs” on the floor to let children know where they should sit to promote social distancing.
- At nap time, ensure that children’s naptime mats (or cribs) are spaced out as much as possible. Consider placing children head to toe in order to further reduce the potential for viral spread.

### **DESCRIBE PLAN FOR SOCIAL DISTANCING THROUGHOUT THE DAY:**

As students arrive at their classroom, they will hang up their items on their labeled hook, wash their hands in the classroom prior to playing in the classroom.

All classes will be individual cohorts with no more than 20 students. Each class will operate separately. There will be scheduled playground, gym, and main bathroom times. These will be staggered throughout the day to decrease traffic and cross contamination between classrooms. There will be traffic flows marked in the hallways to ensure social distancing between classes. See the attached document for those traffic flows and scheduled times.

To increase social distancing throughout the classroom there will be 4-6 chairs per table instead of 8 chairs. On the carpet, students will sit one to two spaces apart from one another. If needed, shelving units will be removed to increase space throughout the classroom for students to spread out. We will not compromise the integrity in student learning or in licensing policies and procedures.

When sensory tables are used, materials in the sensory table will be changed between groups of students if a student sneezed, coughed, or place items in his/her mouth. Items will minimally be changed daily.

Each student will have an individually labeled container with their necessary school supplies. As materials are used throughout the day, they will be placed in a “dirty” bin to be disinfected by staff.

At nap, cots will be six feet apart, and students will lay head to toe, alternating to decrease the spread of germs. Nap items are allowed (pillow, blankets, stuffed animals), but are to be sent home daily for cleaning. These items are ONLY allowed to be used during nap time and while the child is on his/her cot.

Each class is assigned a bag of toys for gym and playground use. It is the teacher’s responsibility to bring those items with them to and from the playground and gym. Disinfecting of these toys are done daily. Bags will be rotated between classrooms throughout the year, but after disinfecting to lower the risk of spreading germs.

### **Staff**

When arriving at work, enter through Door 7 or Door 1 using your key fob. Immediately use the hand sanitizer located at each of those doors. Do not congregate in the work room, hallways, or other common spaces. Masks are required when not in your classroom.

Upon arrival complete your own health check and log it in Brightwheel. Wash your hands as soon as you are in the classroom.

## **6. Source control and cloth face coverings**

- Cloth face coverings are an important piece for mitigating the spread of the virus but are most effective if it can stay in place without being pulled on or touched by the person wearing it or others. Within this context, the provider, staff members, and volunteers are encouraged to wear cloth face coverings during the work day as much as possible, recognizing the development needs of the children in their care.
- Children should not wear cloth face coverings unless they can reliably wear, remove, and handle the cloth face covering throughout the day. Cloth face coverings should NOT be put on infants or children younger than 2 because of the danger of suffocation.
- Face covering guidance is available here:  
<https://www.health.state.mn.us/diseases/coronavirus/schools/masks.html#child>  
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

### **DESCRIBE PLAN FOR SOURCE CONTROL AND CLOTH FACE COVERINGS:**

Children are not required to wear masks while attending Berean Preschool. Our children are between 3-5 years old and are divided into cohorts/classes.

Teachers and staff are required to wear masks in all common spaces, while preparing food, and at arrival/dismissal of students. Teachers do not need to wear a mask when in their classroom with their students. When in the workroom, teachers need to wear masks unless they are the only one in the

workroom. Once outside or in the gym, teachers no longer need to wear masks, but they are required to wear masks in the hallways to and from the playground, gym and bathroom.

## 7. Workplace ventilation

- Recognizing this may be difficult in center or school buildings, where possible work to maximize the amount of fresh air being brought in, limit air recirculation and make sure ventilation systems are being properly used and maintained. Take steps to minimize air flow blowing across people. It could mean keeping windows open where possible, removing or repositioning fans, and encouraging outdoor time.

### **DESCRIBE PLAN FOR VENTILATION AND AIR FLOW, IF POSSIBLE:**

There are air filters in all HVAC units with 10% minimum outside air exchange. Rooms 201, 202, 215 and the gym have standard pleated Marv 8 or better filters. Rooms 204, 205, and 206 have washable filters in the wall units.

Our classrooms do not have the ability to open windows as they are on the second floor. Classrooms are large enough that the HVAC and wall units provide circulation throughout the room.

## 8. Playground use

- Stagger playground use rather than allowing big groups to play together.
- Wash hands before and after touching play structures. If possible, consider cleaning high touch areas of the play structure between groups.
- If you choose to bring children in your care to a public playground, be careful to ensure children wash hands after touching play structures and maintain six feet of space from other children as much as possible. <https://www.health.state.mn.us/diseases/coronavirus/schools/playground.pdf>

### **DESCRIBE PLAN FOR MITIGATING COVID-19 IN PLAYGROUND USE:**

Playground use will be staggered between classrooms. Each class will be assigned a time and will have toys designated for their class. Each class will wash their hands prior to and after going to the playground. The playground will be cleaned at the beginning and end of each day.

## 9. Meals and snacks

- If meals are typically served family-style, plate each meal and serve it so that multiple children are not using the same serving utensils.
- To the extent possible, serve meals in individual classrooms. If using a cafeteria, the meal should be served to one small group of children at a time, with cleaning and sanitizing occurring in between groupings.

### **DESCRIBE PLAN FOR MITIGATING COVID-19 DURING MEALS AND SNACK TIMES:**

All staff must bring their own food and dishes for the day. Do not leave any items overnight in the fridge.

Tables will be cleaned using the 3 step process (wash, rinse, bleach) prior to and after eating. Counters where food is prepped while be cleaned prior to and after preparation. There will be no family style eating. All food will be individually plated and served or contained in each child's lunch box/or bag they brought from home. Staff members will wear masks and gloves will preparing and serving all meals and snacks.

## 10. Field trips and events

- Do not plan large group activities, such as field trips and family events. Consider changing field trips and events to a virtual format where appropriate.
- If you have an in-house field trip, screen the presenter. It would be best if in-house field trips are held outside in small group settings. Remember that social distance needs to be maintained, groups should not be mixed, and whenever possible, cleaning and sanitizing should occur between groups.

### **DESCRIBE PLAN FOR MITIGATING COVID-19 DURING FIELD TRIPS AND EVENTS:**

Berean Preschool will not be having onsite field trips or events. We will continue to evaluate the CDC guidelines and make changes as we see fit. This includes, but is not limited to, picture day, class programs, on site field trips. We will not be having any volunteers or class visitors at this time.

## 11. Communications and training

- The plan must be available to the Commissioner and offered to families. Be sure to communicate to families, using plain language, the expectations for parents and children in implementing this plan (e.g. outdoor pick-up/drop-off protocols).
- The plan must be posted in a prominent place and readily accessible to all of your employees, adult caregivers, substitutes, and volunteers who need to review it. Provide training to ensure everyone is following your plan. Keep these individuals updated on any changes to the plan.
- Staff with concerns about their employer's COVID-19 Preparedness Plan or questions about their rights should contact MNOSHA Compliance at [osha.compliance@state.mn.us](mailto:osha.compliance@state.mn.us), 651-284-5050 or 877-470-6742.

### **DESCRIBE PLAN FOR COMMUNICATIONS AND TRAINING:**

This reopening preparedness plan will be communicated to all staff through training on September 3<sup>rd</sup>, 2020. Staff who are on site prior to that date will have training prior to working in the building.

This COVID-19 Preparedness Plan has been certified by Berean Preschool and is posted throughout the workplace on August 10, 2020. It will be updated as necessary.

All families will receive a copy of this plan and will need to sign the document acknowledging they have read it prior to attending on September 8<sup>th</sup>, 2020.

# ADENDUMM A

## Daily Cleaning Checklist

### Beginning of the Day

- Clean doorknobs and handles, light switches
- Tables (3 step process)
- Gather Items for the day

### Student Arrival

- Health Check
- Hand Sanitizer
- Wash Hands in classroom
- Put items in cubbies or on hooks

### Meal Times

- Clean counters and tables with 3 step process before and after use.
- Individually plate items (if necessary) on counter and serve to students.
- Have students keep their individual food in front of them.

### Student Dismissal/End of the Day

- Clean doorknobs and handles, light switched
- Chairs on tables
- Wipe down counters
- Clean and sanitize toys and materials used during the day

### Playground & Gym

- At the end of each day clean the toys used by your class with the H2Orange solution or bleach solution
- At the beginning and end of the each, the assigned person will clean the playground (color pieces only) with the H2Orange solution

### Workroom

- Clean keyboard, monitor, phone, mouse, copier, counters, etc. before and after each use.

### Facilities Team

- Clean tables and chairs at the end of the day
- Clean stair rails (morning, afternoon, evening)
- Sanitizer each room using the foggers at the end of the day

# ADENDUMM B

## Drop-Off/Pick-Up Routes & Interior Walking Routes



### DROP-OFF ROUTES

ALL DAY M-F // DOOR 8 // DROP OFF 7:00 AM-8:45 AM // PICK UP 4:00 PM-5:30 PM

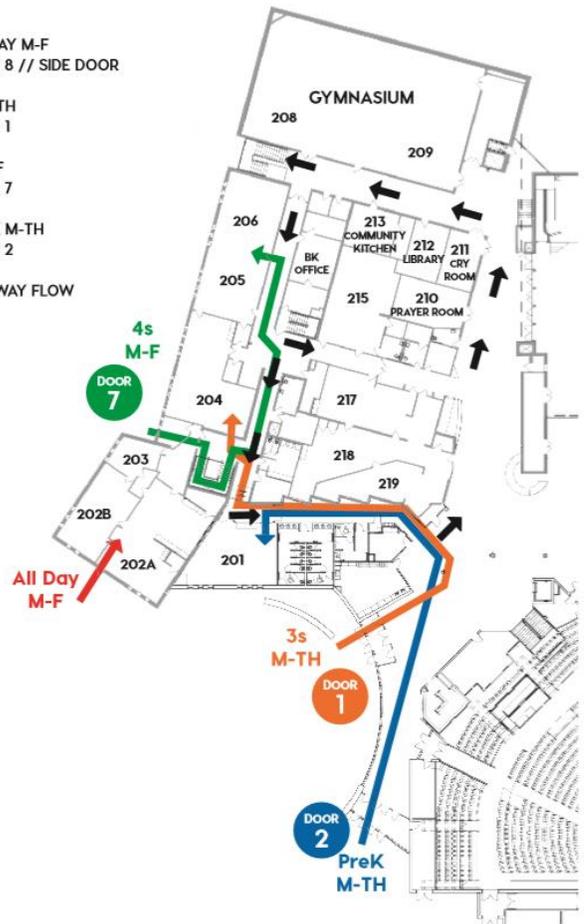


HALF DAY // DOORS 1, 2, 6, & 7 // DROP OFF 9:20 AM-9:30 AM // PICK UP 12:00 PM



### INTERIOR ROUTES

- ALL DAY M-F  
DOOR 8 // SIDE DOOR
- 3s M-TH  
DOOR 1
- 4s M-F  
DOOR 7
- PRE-K M-TH  
DOOR 2
- ← HALLWAY FLOW



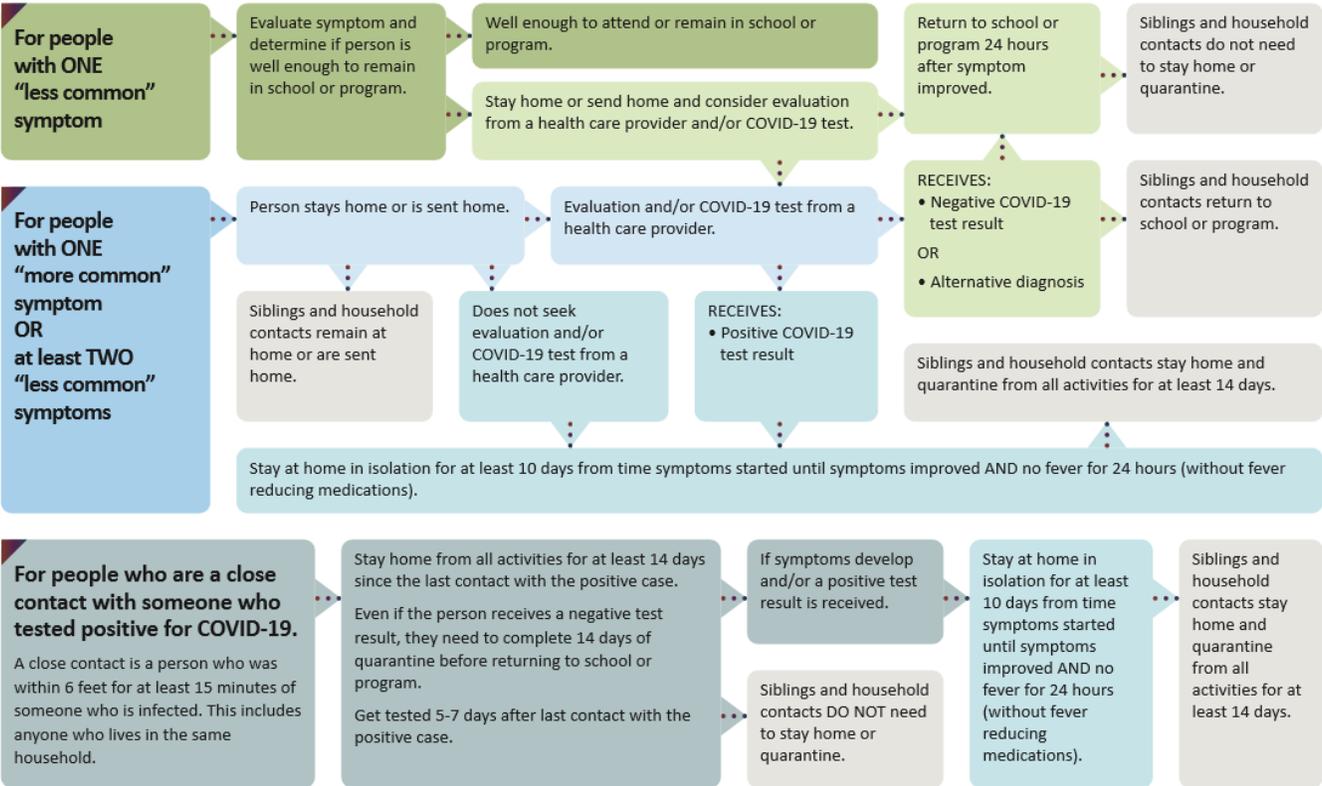
# ADENDUMM C

## Decision Tree Published by Minnesota Department of Health

### COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs

Follow the appropriate path if a child, student, or staff person is experiencing the following symptoms consistent with COVID-19:

- **More common:** fever greater than or equal to 100.4° F, new onset and/or worsening cough, difficulty breathing, new loss of taste or smell.
- **Less common:** sore throat, nausea, vomiting, diarrhea, chills, muscle pain, excessive fatigue, new onset of severe headache, new onset of nasal congestion or runny nose.



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 625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975  
 Contact health.communications@state.mn.us to request an alternate format. | 8/31/2020

7. The person's siblings or household contacts do not need to stay home or quarantine.

# Narrative for COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs

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## Introduction

This tool applies to children, students, or staff members who are experiencing symptoms consistent with COVID-19. Symptoms consistent with COVID-19 fall into two groups:

- **More common** symptoms are one or more of these: fever of 100.4°F or higher, new onset and/or worsening cough, difficulty breathing, and new loss of taste or smell.
- **Less common** symptoms are two or more of these: sore throat, nausea, vomiting, diarrhea, chills, muscle pain, excessive fatigue, new onset of severe headache, and new onset of nasal congestion or runny nose.

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## Supporting people with COVID-19 symptoms

After identifying the COVID-19 symptoms, select one of two possible paths.

### First path

1. The first path is for when the person is experiencing only one symptom from the list of **less common** symptoms.
2. Next, evaluate that symptom and determine if the person is well enough to stay in the school or program.
3. If yes, attend or remain in school or program.
4. If no, they should stay home or be sent home and consider an evaluation from a health care provider or COVID-19 testing.
5. If evaluated and/or tested, follow second path numbers 3 – 7.
6. If the person is sent home, they can return to the school or program 24 hours after the symptom has improved.
7. The person's siblings or household contacts do not need to stay home or quarantine.

## Second path

1. The second path is for when the person is experiencing one **more common** symptom or at least two **less common** symptoms.
2. If yes, the person stays home or is sent home, and their siblings or household contacts stay home or are sent home.
3. The person with symptoms is either seen by a health care provider for an evaluation and COVID-19 test or they do not seek a medical evaluation.
4. If the person does not seek a medical evaluation, they must stay at home in isolation for at least 10 days from the time their symptoms started until symptoms are improved and no fever for 24 hours without fever reducing medications. Siblings and household contacts must stay home and quarantine from all activities for at least 14 days starting with the day they were last in contact with the person who is experiencing COVID-19 symptoms.
5. If the person receives an alternate diagnosis to explain the symptoms, they can then return to school or the program 24 hours after symptoms have improved or as directed by a health care provider. Siblings and household members do not need to stay home or quarantine any longer once the alternate diagnosis is known.
6. If the person tests negative for COVID-19, they can return to school or the program 24 hours after symptoms have improved. Siblings and household members do not need to stay home once the negative result is known.
7. If the person tests positive for COVID-19, they must stay at home in isolation for at least 10 days from the time the symptoms started until symptoms have improved and no fever for 24 hours without fever reducing medications. Siblings and household contacts must stay home and quarantine from all activities for at least 14 days starting with the day they were last in contact with the person who is experiencing COVID-19 symptoms.

## Close contact path

1. The document also provides guidance for people who are a close contact with someone who tested positive for COVID-19. A close contact is a person who was within 6 feet for at least 15 minutes of someone who is infected. This includes anyone who lives in the same household.
2. If a person is a close contact, the person must quarantine and stay home from all activities for at least 14 days since the last day of contact with the positive case. Even if the close contact receives a negative test result, they need to complete 14 days of quarantine before returning to school or program. Close contacts should seek COVID-19 testing 5-7 days after last contact with the positive case. The siblings and household members of the close contact do not need to stay home or quarantine.
3. If a person who is a close contact develops symptoms and/or tests positive for COVID-19, the person must stay home in isolation for at least 10 days from the time their symptoms started until symptoms are improved and no fever for 24 hours without fever reducing medications. Siblings and household contacts also must stay home and quarantine from all activities for at least 14 days.

## Additional details about this tool

This decision tree supports these guidance documents:

- [2020-2021 Planning Guide for Schools \(PDF\)](https://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf)  
([www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf](https://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf)).
- [COVID-19 Prevention Guidance for Youth and Student Programs \(PDF\)](https://www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf)  
([www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf](https://www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf)).
- [COVID-19 Prevention Guidance for Overnight Camps \(PDF\)](https://www.health.state.mn.us/diseases/coronavirus/schools/overnightcamp.pdf)  
([www.health.state.mn.us/diseases/coronavirus/schools/overnightcamp.pdf](https://www.health.state.mn.us/diseases/coronavirus/schools/overnightcamp.pdf)).

### Symptoms

- The symptoms listed are those most often identified among people who test positive for COVID-19. **More common** symptoms are seen more frequently among people who are confirmed to have COVID-19 and may be the only symptoms a person develops. **Less common** symptoms have been identified and associated with people who are confirmed to have COVID-19, but are less specific to COVID-19. Less common symptoms may appear along or with another less common symptom.
- A fever of 100.4°F or higher is the threshold that needs to be met for a person to stay home or be sent home for COVID-19. A fever lower than 100.4°F, or a low-grade fever, may still require the child, student, or staff member to stay home or be sent home. Programs may follow pre-COVID-19 protocols for return for low-grade fevers. Schools and child care programs should follow their established policy or procedure or reference the [Infectious Diseases in Childcare Settings and Schools Manual](https://www.hennepin.us/daycaremanual) (<https://www.hennepin.us/daycaremanual>).
- New onset means that the symptom is not something that is experienced on a regular basis or is associated with a pre-existing condition. Pre-existing conditions are a sickness or physical disorder for which someone was treated, received medical advice, or had taken medication within 12 months before the onset of illness.
- MDH will continue to evaluate data related to COVID-19 symptoms and will update this document as needed.

### Evaluation by a health care provider

- Evaluation by a health care provider is a recommendation, not a requirement. Medical evaluation and/or testing for COVID-19 may be considered for ANY of the symptoms listed, depending on suspicion of illness from a health care provider and availability of testing. When there are high levels of community transmission or multiple unlinked cases in the school or child care center, testing is strongly encouraged. Evaluation may include in-person, phone triage or telehealth, emergency department, clinic, and/or urgent care. An evaluation can help to identify the need for COVID-19 testing or if there is another reason/diagnosis to explain new symptoms.
- **For schools only:** When there are high levels of community transmission or multiple unlinked cases in the school, exclusion with evaluation and testing is strongly encouraged even if a person is experiencing only one less common symptom. For these purposes, high levels of community

transmission may be defined as greater than 10 cases per 10,000. Schools can use the [Data for K-12 Schools: 14-day COVID-19 Case Rate by County \(PDF\)](#) ([www.health.state.mn.us/diseases/coronavirus/stats/wschooll.pdf](http://www.health.state.mn.us/diseases/coronavirus/stats/wschooll.pdf)) and can consult with their Regional Team or local public health office to help guide this recommendation.

- Alternative diagnosis means an established medical diagnosis obtained through evaluation by a health care provider and/or diagnostic test (e.g., strep, influenza, Respiratory Syncytial Virus (RSV)). School districts, schools, child care programs, youth programs, etc., may require written documentation (e.g., after-visit summary, note) for a child, student or staff member to return to a school or a program.

## COVID-19 testing

- Polymerase chain reaction (PCR) is a viral test that checks a sample from a person's respiratory system by swabbing inside the nose (nasopharyngeal) or throat (oropharyngeal) to determine if a person **currently** has an infection with SARS-CoV-2, the virus that causes COVID-19. Results can take several days.
- Antigen tests are immunoassays that detect the presence of a specific viral antigen, which implies current viral infection. Antigen tests are currently authorized to be performed on nasopharyngeal or nasal swab specimens placed directly into the assay's extraction buffer or reagent and results can be returned in 15 minutes.

**NOTE:** Antibody tests check blood samples by looking for antibodies, which can show if a person had a **past** infection with the virus that causes COVID-19. They are not used to diagnose COVID-19.



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