



School & Community Health Care Alignment for COVID-19 October 6th Online Forum – FAQs

Related to COVID-19 Symptom Screening, Testing, and Response for School Students and Staff

On Tuesday, October 6, 2020, the Finger Lakes Reopening Schools Safely Task Force hosted an online forum with primary care providers, the Monroe County Department of Public Health, school physicians, and school nurses to address COVID-19 symptom screening, testing, and response for school students and staff.

Participants submitted over 80 questions, many of which were answered during the course of the discussion, and several more that panelists and additional members of the Task Force reviewed following the event. This document provides their answers to the most frequently asked questions, based on their interpretation of the *NYSDOH COVID-19 Pre-K to Gr 12 COVID-19 Toolkit* released on September 30, 2020.

This communication is intended to serve as an informational tool only to support Finger Lakes districts in responding to symptomatic students and staff in accordance with New York State DOH guidance. Districts should review applicable NYSDOH guidance and Toolkit documents, and local health department (LHD) guidance, and consult their counsel for legal advice.

General Definitions

Close contact - Close contact is defined as exposure for more than 15 continuous minutes, AND within 6 feet AND during the period starting 48 hours before symptoms appeared until the time the infected person is isolated, AND when one or both people were not wearing masks.

Contact tracing - Local health department (LHD) does case investigation of lab-confirmed cases and part of that investigation is to identify close contacts; once identified, those close contacts are contacted and issued quarantine orders.

Case – An individual with a lab-confirmed COVID-19 diagnosis. Cases are always issued an Isolation Order by the Health Department unless the individual has had a prior lab-confirmed case within the past 12 weeks and has completed the initial isolation.

Isolation – Used for a lab-confirmed case whether or not the patient has symptoms; at a minimum, must remain in isolation 10 days. Isolation = away from

others in the household (in a separate area of the home if possible). Managed by the Local Health Department (LHD) who will assess for release (criteria includes fever-free for 24 hours and symptoms improving). Note that isolation may take longer if immune suppressed or if continued fever or other significant symptoms. Isolation is also used for symptomatic people awaiting medical evaluation, testing or test results.

Quarantine – Used for asymptomatic people with close contact to a confirmed lab case or who have traveled from an area with high incidence of infection. Quarantine = stay at home. Typical period is a minimum of 14 days since last exposure and symptom free. If symptoms develop during the quarantine period, the Dept. of Health will encourage testing, and length and nature of quarantine may be extended (e.g. converted to isolation).

FAQs and Answers

Identification of Illness and Return to School

What should happen when a student/staff screens positive for a COVID-19 symptom at school or at home?

Following a positive screen for new or worsening COVID-19 symptoms, parents/staff should consult with their healthcare provider to determine next steps. The HCP will determine whether an office visit and/or a COVID-19 test is necessary. Districts should rely on the HCP's judgment. If, after consultation, the student/staff's HCP attests that the symptoms are not new or worsening, and that the symptoms are related to a clear alternative diagnosis (see next question) or chronic condition, then it is permissible for the student/staff to return to school without a COVID-19 test.

Are there alternate diagnoses that should still require a negative COVID test?

Alternate diagnoses that are **not** acceptable as stand-alone diagnoses by our community standard include:

- Non-specific viral or bacterial illnesses (including URI, viral illness, bronchitis, pneumonia, sinusitis, otitis media, and viral gastrointestinal illness)
- The term "well child" should not be used. Instead, in cases where symptoms have resolved, or a secondary screening by the healthcare provider reveals a patient does not have COVID-19 symptoms, or new or worsening

symptoms, the diagnosis should describe the original presenting symptom as related to an acceptable alternate diagnosis or as resolved (e.g. abdominal pain secondary to constipation, transient vomiting secondary to anxiety, or screening symptoms of <x symptom> transient and resolved)

Students/staff with chronic conditions like allergies or migraine headaches regularly experience symptoms listed on COVID-19 screening tools. Do we need to send these students/staff home each time they present with related symptoms like a runny nose or headache?

The key question is whether the symptoms are new or worsening for that student/staff. Fever or loss of taste/smell are most consistent with COVID-19. If the school has documentation on file from the student/staff's HCP that the student/staff suffers from a chronic condition that causes these symptoms, and the symptoms are not new or worsening, then the student/staff does not need to go home if they are feeling well enough to stay in school.

If the student/staff does go home due to symptoms related to a documented chronic condition, they do not need HCP clearance or a COVID-19 test to return to school unless those symptoms are new or worsening for that student/staff.

Does being seen at urgent care count as being evaluated by a HCP or do students/staff experiencing new or worsening COVID-19 symptoms need to be evaluated by their regular primary care provider?

For patients with a primary care provider, evaluation by that provider/practice is encouraged. Evaluation by an acute healthcare provider at Urgent Care (MD/DO/NP/PA) is acceptable.

What should happen after a student receives a negative COVID-19 test result?

If the student/staff has already consulted with a HCP who determined a COVID-19 test was necessary, that student/staff does not need to see the HCP again if the test result is negative. That individual may return to school once fever free for 24 hours without fever reducing medications and symptoms improving.

In all cases where a negative COVID test result is obtained, it is the responsibility of the parent/guardian or staff to provide confirmation that the individual is fever free for 24 hours without fever reducing medications and symptoms improving, along with documentation to the school of the HCP attestation of assessment and negative COVID test OR official documentation of the negative test.

For students/staff testing positive for COVID-19, is a negative COVID-19 test required for return to school once released from isolation by the local health department?

No.

What happens for students/staff who have already tested positive for COVID-19, and have been released from isolation, who then later screen positive for potential COVID-19 symptoms?

The response depends on how long ago the student/staff tested positive. Students/staff will not be considered infectious for 12 weeks following recovery from a lab-confirmed COVID-19 infection. There is no need to re-test for 12 weeks after recovery. If they test positive after 12 weeks, they will be handled on a case-by-case basis by the LHD to determine if a subsequent isolation is needed.

What happens if a student/staff refuses a COVID-19 test?

If the student/staff is experiencing one or more COVID-19 symptoms and is referred for testing by a HCP but refuses to test, and no alternative diagnosis is determined by a HCP, then the student/staff is presumed positive for COVID-19 and must isolate at home until released by the local health department (typically at least 10 days since the start of symptoms and symptoms are improving and fever-free for at least 72 hours without using fever-reducing medications). This also means that any close contacts (e.g., siblings and other family members living in the same home) must quarantine at home for 14 days from their last exposure to the symptomatic student/staff.

Testing

Where can students/staff obtain COVID testing?

Students and staff should first seek assessment from a healthcare provider who can recommend if a test is needed.

NP swabs may be obtained in primary care practices, health care clinics, and acute care (e.g. Urgent Care) settings to be sent to local labs for PCR testing. The majority of local urgent care centers will accept a referral order from a primary care provider for a nursing visit only to obtain the NP COVID sample, assuming that the PCP is performing the health evaluation and only the test is required. The urgent care centers can also do the full evaluation and testing at the request of the PCP.

Monroe Community College provides testing free of charge to patients of all ages. Appointments are required.

Additional testing resources can be found at “Find a Test Site Near You”:
<https://coronavirus.health.ny.gov/find-test-site-near-you>

May schools accept test results obtained from a rapid antigen test for COVID-19?

Yes. However, molecular tests (PCR) are the gold standard for testing and are preferred if available. Molecular tests are very accurate if performed properly by a health care professional, while antigen tests are more likely to produce false-negatives (meaning someone may test negative with a rapid antigen test, when they are in fact positive for COVID-19).

May schools accept COVID-19 antibody test results?

No. Antibody tests should not be used to rule in or rule out a current COVID-19 infection. An antibody test may not show if a student has a current COVID-19 infection because it can take 1–3 weeks after infection for the body to make antibodies.

Identifying Contacts of Symptomatic Students and Staff

A student/staff member has COVID-19 symptoms and has been sent home from school (or stayed home after positive at-home screen). When should the school contact the local health department?

Contact the LHD immediately upon learning that the student/staff has tested positive for COVID-19. If no HCP evaluation or COVID-19 test result has been received after 48 hours, contact the LHD at that time to report the symptomatic staff/student. Although tests may take longer than 48 hours to process, the local health department will determine if and when contract tracing is required.

Family

What happens for the family members of a student/staff who screens positive for symptoms and is isolating at home with a pending test? May family members (e.g., siblings, parent who works at school) attend school or must they quarantine at home?

Family members who are close contacts (e.g., live in the same home) may attend school pending the outcome of symptomatic student/staff’s COVID-19 test. There is no requirement for quarantine of a close contact of a suspected case, only for lab-confirmed COVID-19 positive cases. However, if the symptomatic family member/close contact is deemed strongly suspicious of having COVID-19 due to

symptoms (e.g., loss of taste or smell), the school may recommend that the sibling quarantine at home pending the ill family member's/close contact's test result. Contact the LHD for guidance.

Sports and Physical Education

When may a student who was positive for COVID-19, or who was a close contact to someone positive for COVID-19, return to sports/physical education class?

Please follow the following guidelines:

- Patients **post-COVID diagnosis/positive test** must be asymptomatic for 14 days
- Patients who have had **true contact exposure** are restricted from participation for 14 days (same timeframe as quarantine rules)
- Need for screening EKG: as per algorithm and HCP assessment