



School & Community Health Care Alignment for COVID-19 December 14, 2020 Online Forum – FAQs

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

On Monday, December 14, 2020, the Finger Lakes Reopening Schools Safely Task Force hosted its third 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 100 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 guidance from the New York State Department of Health and the American Academy of Pediatrics.

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.

Important Community Information

As rates of COVID infection and transmission continue to rise in our region and our hospitals reach critical thresholds for occupancy and staffing, key messaging to all community members from our healthcare and school teams must be elevated:

- We **ALL** can and must make a difference here by following the safety guidance – **mask, keep >6 feet distance, hand wash/sanitize, and avoid gatherings in homes and community settings** where these practices are not followed
- **Contact tracing and quarantine - IT TAKES A VILLAGE**
With rising rates of infection in our communities, the health departments are working as quickly as possible to reach new cases but there is a delay of several days. ***We all can help our community and reduce rates of infection by following the rules of isolation and quarantine in cases where a positive test is known:*** Anyone who tests positive for COVID-19 should immediately begin isolation and any household contacts or other known close contacts should begin precautionary quarantine while awaiting formal assessment from the health department (see definitions below).

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).

- **Quarantine for close contacts – role of testing** – For close contacts of a laboratory confirmed COVID positive case, testing (in the absence of symptoms) is not necessary. That individual must quarantine for the full 14 days even if they have a negative test. **A negative COVID test does not release a close contact from quarantine – this is different from the travel quarantine rules** (below).
- **Quarantine for household contacts** – Within home settings, it is often not possible to isolate from other family members, especially where adults are caring for children. In these cases where it is impossible to “break contact” (or fully isolate away from others), the quarantine period becomes longer. It begins with the date of symptom start (or positive COVID test in those who are asymptomatic) and ends 14 days after the COVID positive case is released from isolation. This could theoretically mean a quarantine period could last as long as 24 days.

- **Quarantine following travel-** For travelers to shorten their quarantine period, NYS requires that travelers test within 3 days prior to arrival in NY, quarantine for 3 days upon arrival, re-test on day 4 of arrival. If negative test on day 4 of quarantine they may exit quarantine with negative result. States that are contiguous with New York continue to be exempted from quarantine protocol — essential workers also continue to be exempted (note: school staff are not included in the essential worker category). Travelers who were only out of state for less than 24 hours Do Not Need to Quarantine but must get a test on day 4 of arrival back in NY

FAQs and Answers

Isolation and Quarantine

Are we following the CDC's new guidance for isolation and quarantine?

No, New York State has not yet adopted the recent CDC guidance. Currently, the isolation and quarantine time periods in NYS remain the same as described above and have not been shortened as indicated in the recent CDC guidance.

Is it important for household contacts quarantining with a COVID-positive individual in the home to mask?

While there is not specific guidance in this area, masking may be helpful in reducing the viral load in exposure for household members who cannot fully separate from the COVID-positive individual.

Do family members of an individual who screened positive for symptoms and is isolating at home with a pending COVID test, need to quarantine during that waiting period or may they continue to attend school (e.g. siblings or parent who works at school)?

Family members who are close contacts (e.g., live in the same home) may attend school pending the outcome of the 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), it is recommended that household contacts observe precautionary measures by staying at home pending the ill family member's/close contact's test result.

If an out-of-state visitor is quarantining in your home, does that mean all people in that home must also quarantine for 2 weeks?

No, only the out-of-state visitor must quarantine for 14 days upon arriving in New York State. Close contacts of that visitor are not required to quarantine unless the out-of-state visitor receives a COVID+ test result during the quarantine period.

What if a college student tests negative within 72 hours before traveling home, but then is at home for less than four days – can they leave to go back to college before having the second COVID test?

Health departments interpret this scenario as finishing quarantine in a different jurisdiction. College students should contact the health department in the county where they are visiting and the health department will transfer a quarantine order to the out-of-state jurisdiction to which they are returning. For students visiting Monroe County, email your travel plans to covid19@monroecounty.gov and indicate that you intend to finish quarantine in a different jurisdiction.

COVID-19 Testing in Yellow, Orange and Red-Zone Schools (reflects 12/4/20 NYSDOH Guidance)

How many tests does a school district need to do to meet testing requirements in different zones?

COVID-19 Testing in Yellow-Zone Schools

At this time, school districts (not individual schools) must test 20% of their combined population of in-person students and staff over a two week period.

COVID-19 Testing in Orange-Zone Schools

For schools located in a geographic area designated as an **Orange Zone**, a total of 20% of in-person students and staff must be tested for COVID-19 over the one month period following the zone designation. The numbers tested should be proportionately spread over the month with 10% the maximum/minimum to be tested biweekly.

COVID-19 Testing in Red-Zone Schools

For schools located in a geographic area designated as a **Red Zone**, a total of 30% of in-person students, faculty and staff must be tested for COVID-19 over the one month period following the zone designation. The numbers tested should be proportionately spread across the month with 15% the maximum/minimum to be tested biweekly.

Testing Formula

If the above outlined random sample testing generates nine or more positive cases in any school, or if sample size is more than 300 weekly tests and achieves a positivity rate of 3% (nine or more cases depending on sample size) of one such discrete sample, then the school will be required to close.

If a school does need to close because of asymptomatic testing results above the required threshold, what do schools need to do to re-open?

We are awaiting an answer to this question from NYSDOH and will share their response once received.

May a student or staff member opt for testing with their primary care provider instead of testing at school?

Yes, but only if those results are shared with the school so that the district may include students/staff with outside test results in their 20% sample. Please note that most primary care providers are only offering PCR tests, not rapid antigen tests, and may decline to do testing for asymptomatic patients to conserve tests for those who are symptomatic. Additionally, asymptomatic testing is NOT covered by insurance and so the cost for testing at a primary care or urgent care setting will likely result in out-of-pocket expense for the patient/family.

Where can staff/students go for testing outside of school/what is the cost?

MCC will test both symptomatic and asymptomatic patients and is always free. Additional free testing sites have been piloted this month with a good response. Further evaluation is underway to determine future clinics and sites.

Urgent care and primary care offices provide testing, but may be limited to symptomatic patients only. Please call them to confirm. Most insurers only cover testing for symptomatic patients. Private pay PCR testing is currently \$110-130 in the community.

Additional testing resources can be found at "Find a Test Site Near You":

<https://coronavirus.health.ny.gov/find-test-site-near-you>

What PPE should nurses and staff use when performing the asymptomatic testing?

With increasing rates of infection in the community, masks along with face shields and gloves (with universal precautions) are recommended for asymptomatic testing with the addition of gowns for testing symptomatic patients.

Are school nurses allowed to use the rapid tests on students/staff who have symptoms consistent with COVID-19?

Yes, antigen testing may be used to test any consenting staff or student in the school regardless of whether they have symptoms. However, if the rapid antigen test is negative and the patient has symptoms, a confirmatory PCR nasopharyngeal test within 48 hours is recommended.

What happens if a student/staff receives a positive antigen test at school, but then has a subsequent negative test within 48 hours? Must that student/staff continue to isolate?

Once a student/staff receives a positive rapid antigen result at school, they must isolate for a minimum of 10 days unless they obtain PCR testing within 48 hours of the rapid test and the PCR result is negative. A subsequent negative rapid antigen test does not invalidate the initial positive rapid antigen. Schools may release the student from isolation upon receipt of the negative PCR test result, and must inform the health department. Monroe county schools should send an email to covid19@monroecounty.gov with the subject heading: "confirmatory PCR was negative" and include the patient's name and date of birth.

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.

Healthy Habits

Do students/staff need to wear masks if they are outside but not socially distanced (e.g., playground, sports)?

Yes. Masks should be worn in both indoor and outdoor settings.

See also new guidance from the AAP below regarding use of masks during active sports competition (with only rare exceptions).

Sports and Physical Education

What is the current NYS guidance around indoor sports?

NYS has authorized low/moderate risk winter sports to begin play. The full NYS guidance can be viewed at the following links:

<https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/SportsAndRecreationMasterGuidance.pdf>

and

<http://www.nysphsaa.org/Portals/0/COVID%2019/2020%20December%20-%20Return%20To%20Interscholastic%20Athletics%20%281%29.pdf>

Do athletes now have to mask during competition?

On 12/4/20 the American Academy of Pediatrics released new masking recommendations during sports activities. **Masking is now recommended for all sports when actively competing as well as during practice and on the sidelines**, with the exception of swimming, competitive cheerleading and gymnastics, and wrestling (with possible additional exceptions for golf and singles tennis).

New Return to PE/Sports Guidance

When may a student who was positive for COVID-19 return to sports/physical education class?

Short answer: after clearance by a health care provider.

On 12/4/20 the American Academy of Pediatrics released additional guidance on Return to Play related to COVID-19 infection. **The AAP recommends school-aged children diagnosed with COVID-19 have a primary care provider assessment for any cardiac risk or related symptoms after isolation is completed and prior to resuming PE and sports.** Again, this assessment should occur AFTER the child is released from isolation when they are no longer contagious. A smaller number of children may require further assessment and testing through cardiology. The full AAP article can be found [here](#).

Based on this updated AAP guidance, the *UR Golisano Children's Hospital COVID Pediatric Return To Play Workgroup* has published a **Revised Return to Play Guidance Algorithm for Pediatric Patients K-12**, found [here](#).

This guidance document replaces all previously released algorithms and specifically highlights the differentiation that leads to the moderate symptom category: 5 days or greater of significant systemic symptoms: fever, myalgias, chills, or profound lethargy (note: respiratory & gastrointestinal symptoms are NOT included in this listing as these symptoms may linger for many patients and do not constitute higher risk).

The link above also includes a sample **Pediatric Assessment/Release for Return To Play template** to help guide healthcare provider assessment and documentation.

Can you explain the gradual return to play following clearance?

Once a child is cleared to return to PE/Sports, the activity should be gradually increased over at least a 7-day period, monitored by a supervising parent, caregiver, coach or school personnel to assure that increasing physical activity is tolerated without symptoms. A guide to gradual return to activity for athletes recommended by the AAP is included in the Pediatric Assessment/Release for Return to Play template.

Does this mean that children will have two releases? One for return to school and the other for return to PE/sports?

Yes, they will have a release from isolation from the LHD and can return to school at that time. They should receive a second release for return to PE/Sports that may come after returning to school because the evaluation by the HCP cannot take place until after the child is released from isolation.

Do these guidelines apply to children in remote and in-person school?

Yes, because many of our children and youth participate in other sports activities outside of school, this guidance applies to all.

What about students who have already returned to school and activities?

This guidance effective date is 12/4/20, the date released by the AAP, and is not being considered retroactive. Students who already had returned from isolation and have been participating in PE/sports do not need to be pulled back out. It is important, though, that coaches, instructors, parents/guardians and clinicians be aware that any manifestations of cardiac symptoms – chest pain at rest or with exertion, shortness of breath with minimal activity (unrelated to respiratory symptoms), excessive fatigue with exertion, abnormal heart beat or palpitations, or syncope/near-syncope are concerning and require healthcare assessment and release before returning to physical activity.

Does this apply to college age students and who will see our older patients – 18 years and older?

Yes, patients who are 18 years and older who qualify as higher risk by severity of COVID symptoms or current cardiac symptoms/risk should be assessed. Pediatric cardiology will see patients through age 17 years; those 18 years and older should be referred to adult cardiology.

We have seen different versions of this algorithm and guidance in the last month. Do you expect revisions in the future?

Yes. This AAP guidance is informed by expert opinion. We continue to work with specialists in pediatric cardiology from centers around the country as more children are seen with COVID-19 to determine what revisions can be made to both age limits and screening criteria and will update our community accordingly.