



COVID-19 and Private Schools - Frequently Asked Questions (FAQs)

1. What should be done when a student or adult who attends a school is sick?

Anyone who is experiencing symptoms of COVID-19, which includes fever or chills, (new) cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea, should be sent home from the school and instructed to contact their healthcare provider and consider getting tested for COVID-19.

2. If a sick student or adult has an alternative diagnosis, must they be tested for COVID-19 to return to the facility?

A student or adult who is experiencing some symptoms but who has an alternative diagnosis provided by a health care provider does not require a test for COVID-19 in order to return to the school as long as they have been free of fever, vomiting, and diarrhea for at least 24 hours without medication.

3. When can a student or adult, who still has had symptoms, but no known exposure to COVID-19 return to the facility?

Any student or adult with signs/symptoms of COVID-19 should stay home and should be advised to contact their healthcare provider and consider getting tested for COVID-19. The student or adult may return to the school once they have been free of fever, vomiting or diarrhea for at least 24 hours without the use of medications and the other symptoms have resolved. A negative COVID-19 test is not required to return if the symptoms have resolved, however if the individual has been tested and the results of a COVID-19 test are pending, the individual should not return until a negative result is obtained. If a provider makes a non-COVID-19 alternative diagnosis, return to school should be based upon guidance for that diagnosis.

4. If a student is sick, do all of that student's siblings and others living in the home need to be quarantined as well?

If a student is ill with symptoms, but has not been diagnosed as having COVID-19, the siblings of that student may continue to attend unless they have had a known exposure to someone who has been diagnosed with COVID-19 or they are also experiencing symptoms. If the student is diagnosed with COVID-19, the siblings must immediately quarantine.

5. If a student has had a known exposure to someone who has been diagnosed with COVID-19, do their siblings also have to stay home?

If a student comes in contact with someone who has tested positive, the household members of the exposed student do not have to stay home from school unless they have also had direct exposure to the person with COVID-19. If the student who has been exposed receives a positive COVID-19 test or begins showing symptoms, household members will have to stay home as well.

6. If a student or adult tests positive for the virus that causes COVID-19, when can they return to the school?

Students or adults who have been diagnosed with COVID-19 may return to a school when they receive written clearance to be released from isolation by their local health department from where they reside or from their physician. For students and adults with symptoms, this determination will be based on the following:

- At least 1 days (24 hours) has passed since resolution of fever, vomiting, or diarrhea without the use of medications; AND,
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); AND,
- At least 10 full days have passed since symptoms first appeared.

Individuals with laboratory-confirmed COVID-19 who have not had any symptoms should be excluded from school until 10 full days have passed since the date of their first positive COVID-19 confirmatory diagnostic test, assuming they have not subsequently developed symptoms since their positive test. Individuals who have tested positive for COVID-19 do not need to be retested before returning to the school.

7. Some schools are asking health care providers to “certify” that a student does not have COVID-19. Is this strategy recommended?

Providers cannot reliably certify that a student is free from infection and will remain so, consequently this practice is NOT recommended. A negative result from a diagnostic test only means that virus was not detected at the time of specimen collection. Children who have had illnesses may return to the facility if they receive an alternative diagnosis or if their symptoms have improved and they are free of fever, vomiting, and diarrhea for at least 24 hours.

8. If a student has a household member or is an identified close contact of a COVID-19 case (as determined by contact tracing), does the student need to stay out of school even if they are asymptomatic?

Anyone who has a household member with COVID-19 or has had close contact (defined as <6 ft for ≥ 15 minutes) with someone who has been diagnosed with COVID-19 should be placed in home quarantine for 14 days from the day of last exposure to the positive case and monitored for signs and symptoms of COVID-19. The quarantine period may be longer than 14 days if the individual is a household member and has ongoing exposure to the case.

9. When can a quarantined (exposed) student or adult return to school?

Anyone who has had close contact with a known COVID-19 case may return to the school when 14 days have passed since their last exposure to that case (day 0), if the individual has not developed symptoms of COVID-19. That individual could return to the school on day 15 if they remain asymptomatic during the quarantine period and has not had subsequent known exposures. Testing negative² for the virus during the quarantine period does not shorten the quarantine, because contacts could develop disease any time up to and including day 14. Individuals do not need to have a negative test to return to the facility if they have completed the entire quarantine period without symptoms, however a negative molecular test² at the end of the quarantine period may provide reassurance that the individual does not have asymptomatic infection.

10. If a student or adult tests positive for COVID-19, how are exposures assessed?

If a student or adult is diagnosed with COVID-19, the following information is gathered:

- The date the individual started having symptoms and tested positive for COVID-19
- The dates the individual was at the school while infectious (the infectious period includes the 2 days prior to the onset of symptoms or 2 days prior to testing, if the case does not have symptoms)
- The length of the exposure (i.e., number of days/hours in the facility while infectious, how long it has been since the exposure(s) occurred)
- The extent to which other students or adults had close contact with that individual while infectious. Close contact is defined as being <6 ft from the case for ≥ 15 minutes or more indoors and/or <6 ft of the case for ≥ 30 minutes or more outdoors, regardless of if masks were worn. In general, physical distancing is not considered possible within a class/cohort of students who are preschool-aged and younger, therefore the entire classroom or cohort is considered to have close contact.

11. If a student or adult at a school tests positive for COVID-19, are the students exposed to that individual placed into quarantine for 14 days from the most recent exposure?

If a student or adult in a school has tested positive for COVID-19, instruct that individual to stay home. Contact LFCHD at (859) 899-2222 to report the case and discuss necessary follow-up steps. For kindergarten-aged classrooms and younger, where physical distancing is challenging, all students and teachers in the classroom should be quarantined for 14 days following their last exposure to the case while they were infectious. For older school-aged students, the entire class may not need to quarantine if close contacts can be assessed.

12. What do you say to parents of kids between 2 and 5 years of age about mask wearing?

CDC recommends no masks for students less than two years of age due to safety concerns, and Kentucky guidance recommends no masks for students five years or younger. Children six years and above should be able to safely and appropriately use a mask, though consistency will likely remain a challenge. Any student six years and above in school should be encouraged to do so. This guidance applies to students without other medical and/or developmental considerations that directly impact upon mask use. Although use of a mask likely reduces the risk of transmission, at this time it is not a factor that is considered in determining close contact to a case.

13. What if a student (or the students' parents) refuse to have the student wear a face covering?

In some instances, a student may have a medical waiver. The school should consider other ways to accommodate students with medical waivers.

Students in schools who are six years and above should be able to wear a face covering safely and should be encouraged to do so. Parents should be counseled that refusal to wear a face covering puts their student (and them) at increased risk of infection and places others in the class at increased risk as well. The schools may refuse to provide services for students and/or parents who refused to comply with behaviors intended to reduce likelihood of infection. Although use of a mask likely reduces the risk of transmission, at this time it is not a factor that is considered in determining close contact to a case. Physical distancing (6 feet or greater) is still recommended even when masks are worn.

14. What about students who have documentation from a provider regarding medical/psychological contraindication to wearing a face covering?

See question above. Although likely not as effective as face masks in maintaining source control (i.e., reducing risks to others), those unable to wear a face covering could be encouraged to wear a face shield.

15. I have heard people say that receiving two negative PCR tests, 24-hours apart, will release people from quarantine or isolation sooner?

CDC no longer recommends that someone who has tested positive for COVID-19 get retested in order to obtain two negative PCR tests for release from isolation. The preferred method for determining when someone can be released from isolation is based on the length of time from illness onset and the duration of symptoms. Those who test positive for COVID-19 will be monitored and released from isolation by their local health department. The only way for people who have been exposed to a positive case of COVID-19 to be released from quarantine is by completing the quarantine period; negative tests prior to the end of the 14-day quarantine period do not release someone from quarantine early.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

16. Should all students and staff in the schools receive the annual influenza vaccine for the upcoming flu season?

All students and staff in the school setting should be strongly encouraged to receive vaccination for influenza A/B. Signs and symptoms of influenza overlap with those associated with COVID-19 and with many other viral illnesses. Therefore, reducing the occurrence of influenza via vaccination will decrease the number of

symptomatic illnesses that will result in investigation and testing for COVID-19. Children should be up-to-date on all other required vaccinations.

Glossary

Exposed: individual who has had close contact (<6 feet) * for ≥15 minutes.**

Fever: for the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4°F (38°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs]).

Isolation: separates sick people with a contagious disease from people who are not sick.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

Quarantine: separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. With COVID-19, these people may be able to spread the virus to others before showing symptoms.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

*Data to inform the definition of close contact are limited. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), and whether the exposure was to a person with symptoms (e.g., coughing likely increases exposure risk).

**Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure, but 15 minutes of close exposure can be used as an operational definition. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed individual) remain important.

For more information and further explanation of quarantine, please visit

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Please see <https://govstatus.egov.com/kycovid19> for additional information, including information on testing sites and laboratories performing testing for Kentuckians.