



HELPING LEXINGTON LEARN ABOUT
COVID-19
(Novel Coronavirus)

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CALL THE COVID-19 CALL CENTER @ 859-899-2222 • 8AM-4PM DAILY

LEXINGTON-FAYETTE COUNTY
HEALTH
DEPARTMENT

COVID-19 and K-12 Schools - Frequently Asked Questions (FAQs)

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

Anyone who is experiencing symptoms of COVID-19, which includes fever (100.4 °F or greater) or chills, (new) cough, shortness of breath or difficulty breathing, severe headache, new loss of taste or smell, sore throat, vomiting, and diarrhea, should be sent home from school and instructed to contact their healthcare provider and consider getting tested for COVID-19.

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.

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 provide and consider being 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.

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 who live with the student must immediately quarantine.

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

If a student is exposed to 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.

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 where they reside or from their physician. For students and adults with symptoms, this determination will be based in Fayette County on the following:

- At least 1 day (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.

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.

If a student has a household member with COVID-19 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 being <6ft from the case for a total of 15 minutes or more, cumulative over the case’s infectious period, regardless of mask wearing) with someone who has been diagnosed with COVID-19 should self-quarantine at home for 10 days from the day of last exposure to the positive case and monitor for signs and symptoms of COVID-19. The quarantine period may be longer than 10 days if the individual is a household member and has ongoing exposure to the case, or be shortened to 7 days if a testing-based strategy is used (see below).

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 10 days have passed since their last exposure to the case (day 0) AND the individual has not developed symptoms of COVID-19. That individual could return to the school on day 11 if they remain asymptomatic during the quarantine period and has not had subsequent known exposures. Individuals do not need to have a negative test to return to the facility if they have completed the entire 10-day quarantine period without symptoms, however a negative molecular test (PCR or antigen test) at the end of the quarantine period may provide reassurance that the individual does not have asymptomatic infection.

As an alternative option, the quarantine period may be shortened to 7 days if the individual has not developed symptoms of COVID-19 AND the individual receives a negative test for COVID-19 on day 5, 6 or 7 of the quarantine period. Using this strategy, the individual can return to the facility on day 8 (the day of last exposure is day 0) if documentation is provided of the negative test. Schools may determine whether this alternative strategy is a feasible option in the facility.

Additional information about quarantine may be found on the CDC website at:

<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

Who should be notified when a student tests positive for COVID-19?

Under Kentucky Administrative Regulation 2:220E, a parent, legal guardian, or other persons or agencies responsible for a student are required to notify the student's school if their child is diagnosed with COVID-19 within 24 hours of the diagnosis, regardless of whether the child was present at the facility. The parent, legal guardian, or other persons or agencies should follow their school's protocol for reporting positive cases. For Fayette County Public School, notifications may occur via the FCPS hotline at (859) 381-3277. Schools may contact LFCHD at (859) 899-2222 to discuss necessary follow-up steps, when needed.

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 <6ft from the case for a total of 15 minutes or more, cumulative over the case's infectious period, regardless of mask wearing (i.e., 15 one-minute exposures throughout the day would count as close contact). Additional factors to consider when assessing risk of exposure include

proximity, the duration of exposure, whether the case has symptoms, the timing of the exposure during the course of illness, and other environmental factors.

- Utilization of attendance records, seating charts, transportation logs (i.e., bus manifests) and other tools can help identify individuals at greatest risk of exposure.

If a student or adult at a school tests positive for COVID-19, are the students exposed to that individual placed into quarantine for 10 days from the most recent exposure?

If a student or adult in a school has tested positive for COVID-19, that individual should be instructed to stay home. Case investigation and contact tracing with staff, teachers and students is a crucial strategy to reduce further transmission once a case is identified. Students and staff who were <6ft from the case for ≥ 15 minutes should be instructed to quarantine for 10 days following their last exposure to the case while they were infectious. If an exposed individual is notified of the need to quarantine while they are on-campus and they cannot immediately leave the school environment, then the exposed individual may remain at the school if they asymptomatic. However, quarantine at home should be initiated on the subsequent day. In some settings it may be difficult to determine which students have had close contact to the case, including settings where physical distancing is not considered possible, or where students are cohorted together for extended periods of time. In these circumstances, it may be necessary for all students and teachers in the classroom or cohort to be quarantined for 10 days following their last exposure to the case while they were infectious. The entire class or cohort may not need to quarantine if close contacts can be assessed.

Further explanation of quarantine may be found on the CDC website at:

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

How spaced out do the students need to be at school?

Physical distancing of all individuals 6 feet or more apart is recommended to help reduce the spread of COVID-19. However, the spacing of students and adults 6 feet or more may not be possible in some school settings. Cohorting (or podding) is an additional strategy that can be used to limit mixing between students and adults and minimize exposure across the school environment. Additional strategies, such as reducing classroom or cohort sizes, utilizing outdoor spaces, increasing ventilation, frequent hand washing, and cleaning and sanitation of shared surfaces are important for mitigating the spread of COVID-19.

What is the guidance on wearing masks (face coverings)?

The use of masks is one of many important mitigation strategies to help prevent the spread of COVID-19 and are recommended to be worn in K-12 schools. CDC recommends children two years of age and older and staff in K-12 schools wear masks and Kentucky guidance recommends masks for students six years of age and older. Children six years and above should be able to safely and appropriately use a mask and should be encouraged to do so, though consistency may remain a challenge. This guidance applies to students without other medical and/or developmental considerations that directly impact mask use. Although the 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.

Additional CDC guidance on wearing masks in K-12 schools can be found at:

https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/CFC_Guide_for_School_Administrators.pdf

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. 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. Schools may decline to provide services for students and/or parents who refuse 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.

- **Should all students and staff in the schools receive the annual influenza vaccine for the current flu season?**

All students and staff in the school setting should be strongly encouraged to receive vaccination for influenza. 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.

- **Should all students and staff in the schools receive a COVID-19 vaccine?**

All eligible persons should be strongly encouraged to receive vaccination for COVID-19 when the vaccine is available for that individual. At this time, there are no COVID-19 vaccines approved for use in children <16 years of age. Vaccinated persons should continue to follow current guidance to protect themselves and others, including wearing a mask, staying at least 6 feet away from others, avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, washing hands often, following CDC travel guidance, and following any applicable workplace or school guidance.

- **If a student or teacher has been vaccinated for COVID-19, does that individual need to quarantine after an exposure?**

Individuals fully vaccinated for COVID-19 who have an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine); AND
- Are within 3 months following receipt of the last dose in the series; AND
- Have remained asymptomatic since the current COVID-19 exposure

- **If a student or teacher has had a prior COVID-19 infection, does that individual need to quarantine after an exposure?**

Individuals who have previously tested positive for COVID-19 do not need to quarantine after an exposure that occurs within 90 days from the start of their prior illness (or testing date if

asymptomatic). It may be necessary for the individual to provide documentation of the prior positive test.

Glossary

Exposed: individual who has had close contact (<6 feet) * for ≥ 15 minutes, cumulative over the case's infectious period to a person with COVID-19 who is in their infectious period of the illness [2 days prior to illness onset through 10 days after onset].**

*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.

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>

Cohort (pod): a distinct group that stays together throughout the entire school day so that there is minimal or no interaction with other groups..

Reference information:

CDC guidance on K-12 school operations

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html#ftnote-2>

Kentucky Healthy At School Guidelines

https://education.ky.gov/comm/Documents/Safety%20Expectations_FINAL%20DOC.pdf