



COUNTY OF DUTCHESS

DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH
Office of the Assistant Commissioner

COVID-19 Dutchess County School Nurse Frequently Asked Questions

Q: How should schools notify DBCH about positive cases?

A: Nurse or designee from school to contact DBCH by calling 845-486-3402. As a secondary contact for case reporting and other questions, schools may call the COVID Call Center at 845-486-3555.

Q: What type of information will DBCH be seeking from school nurses upon report of a confirmed case of COVID-19?

A: Demographic information required to begin investigation including full name, date of birth, and physical address; guardian/caregiver information including full name, phone number, and email address; date of symptom(s) onset; positive test date and healthcare provider, if available; name and date of birth for each household member, if known and/or obtainable; recent travel history within past 14 days and location(s); last day student was in school; names of potential contacts during 48 hours prior to symptom onset including classes, extracurricular activities; and mode of transportation to and from school during past 48 hours prior to symptom onset.

Q: How should schools handle students and staff who present with symptoms of COVID-19?

A: Isolate symptomatic individual and send them home immediately. Inform individual that they must seek medical attention and/or get tested for COVID-19.

Q: When would an individual who has displayed symptoms of COVID-19 be allowed to return to school?

A: According to New York State Department of Health Guidelines, page 3 (complete guidance document can be viewed [HERE](#)): "Return to School: Responsible Parties must establish protocols and procedures, in consultation with the local health department(s), about the requirements for determining when individuals, particularly students, who screened positive for COVID-19 symptoms can return to the in-person learning environment at school. This return to school protocol shall include, at minimum, documentation from a health care provider following evaluation, negative COVID-19 diagnostic test result, and symptom resolution, or if COVID-19 positive, release from isolation. Responsible Parties should refer to DOH's 'Interim Guidance for Public and Private Employees Returning to Work Following COVID-19 Infection or Exposure' regarding protocols and policies for faculty and staff seeking to return to work after a suspected or confirmed case of COVID-19 or after the faculty or staff member had close or proximate contact with a person with COVID-19."

According to New York State Department of Education Guidelines, page 40 (complete guidance document can be viewed [HERE](#)): "Return to School after Illness Schools must follow CDC guidance for allowing a student or staff member to return to school after exhibiting symptoms of COVID-19. If a person is not diagnosed by a healthcare provider (physician, nurse practitioner, or physician assistant) with COVID-19 they can return to school: Once there is no fever, without the use of fever reducing medicines, and they have felt well for 24 hours; if they have been diagnosed with another condition and

has a healthcare provider written note stating they are clear to return to school. If a person is diagnosed with COVID-19 by a healthcare provider based on a test or their symptoms or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until: It has been at least ten days since the individual first had symptoms; it has been at least three days since the individual has had a fever (without using fever reducing medicine); and it has been at least three days since the individual's symptoms improved, including cough and shortness of breath. The CDC provides specific guidance for individuals who are on home isolation regarding when the isolation may end. Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings. CDC recommendations for discontinuing isolation in persons known to be infected with COVID-19. In some circumstances, this guidance may appear to conflict with recommendations on when to discontinue quarantine for persons known to have been exposed to COVID-19. CDC recommends 14 days of quarantine after exposure based on the time it may take to develop illness if infected. Thus, it is possible that a person known to be infected could leave isolation earlier than a person who is quarantined because of the possibility they are infected."

Dutchess County DBCH's interpretation of this guidance is that schools should at a minimum require either a note from a medical provider, a negative COVID-19 test result, or at least 10 days from onset of symptoms and the individual has resolving symptoms.

Q: If a parent or guardian is in quarantine either for travel or potential exposure, can the student come to school?

A: Yes. Unless the child traveled with the parent or guardian or has been identified as a close contact requiring quarantine, the child may continue to attend school.

Q: Would a contact of a contact be required to quarantine?

A: Generally, no. The contact tracing process will identify all "close contacts" of the positive individual and require quarantine for only the first level contact.

Q: If a student or staff member is tested positive, who within the school will be required to quarantine?

A: Through the contact tracing process, DBCH staff will work directly with school nurses to gather case information, interview the index case (or parent or guardian), and identify and potentially interview close contacts (includes persons within 6 ft or less for more than 10 minutes). Close contacts will be quarantined for 14 days from the date of last exposure, advised to monitor for symptoms, and recommended to receive a diagnostic test 5 days or more after exposure.

Q: What plans are there to expand rapid testing and other types of tests for school staff and students?

A: Dutchess County has embarked on a four-prong approach to support the testing needs of local schools as part of their re-opening process. The approach includes (1) an online testing site resource guide to connect residents with testing locations, (2) preferred student and staff testing, including rapid testing at Pulse MD locations through a preferred virtual scheduling que, (3) creating a supply chain for rapid test kits to make these test kits available for schools to purchase, and (4) exploration of experimental sample pooling or pool testing to help increase testing capacity. It is important to note that at this time, there is limited availability for rapid test kits throughout the state and region, however testing capacity and efficacy is expected to improve in the coming months as Pulse MD expands onsite rapid tests through improved technology.

Q: If a student and/or parent tests positive, do all family member need to quarantine? Will the school be notified if this is the case?

A: Generally, yes. All close contacts of the positive index case will be required to quarantine, this would likely include members of the immediate household. The contact tracing process engaged in by DBCH will identify all close contacts and articulate quarantine requirements to those individuals. DBCH is not permitted to notify the school of all positive cases, unless the contact tracing processes warrants such notification. For example, if there are believed to be a number of close contacts of a positive case at a school facility, the school would likely be notified as part of the contact tracing process.

Q: To determine when students are allowed to return to school, how should the 10 days of quarantine be counted?

A: The 10-day isolation period due to display of symptoms begins at the onset of symptoms. It is important to note, that for potential exposures the quarantine period is 14-days to allow sufficient time to detect the presentation of symptoms and determine if the individual is infected. In the case of a symptomatic individual the requirement is a 10-day quarantine period (with resolved or resolving symptoms) to ensure the individual is no longer contagious.

Q: How should we address students and staff with chronic illnesses or conditions that may display symptoms of COVID-19? (i.e. asthma, seasonal allergies, anxiety, etc.)

A: School staff should be provided with medical history information and a note from the individual's medical provider which may indicate the diagnosis or condition that is producing the symptoms and must clearly state that the individual is cleared to return to school. Schools may allow these notes to be authored to cover a period of time as indicated by the provider or may require students to present such a note with each occurrence of symptoms.

Q: How high does an individual's temperature have to be considered symptomatic?

A: Guidance indicates a fever of at least 100 degrees Fahrenheit.

Q: When would a school building be closed?

A: Dutchess County as part of the Mid-Hudson region may be required to close all school facilities in the event that the Mid-Hudson regional percent of positive tests rate exceeds 9%. School administration may make the decision, at their discretion, to close a single or multiple school facilities based on three key factors. (1) Wide-spread absenteeism related to illness or quarantine may warrant school closure. (2) Community spread of COVID-19 in the local municipality, county or region as reflected by a percent of positive tests on a 7-day rolling average at 5% or greater, or daily incident rates per 100,000 in population on a 7-day rolling average at 5 or greater, may require building, partial or full district closure depending upon circumstances. (3) Containment level of school outbreak as determined by the extent to which each positive case/cluster is controlled and the risk for broad school-wide exposure is low. In the event of a public health emergency and/or broad public health risk the local Commissioner of Health can issue an order of closure as needed in order to protect the public health.

Q: Is social distancing and mask wearing required on buses?

A: The guidance indicates that social distancing, to the extent possible, is recommended while transporting students. It is also recommended that family members be seated next to each other to assist with this goal. Acceptable face coverings are required by the guidance.

Q: How should nurses address students who are asthmatic and use an inhaler and/or nebulizer?

A: All needed medical treatments, including nebulizer treatments must still be provided to students. Schools may develop policies on use of these types of treatments to minimize the potential exposure of aerosol and potential airborne particles to large groups i.e. designating a specific area for their use.

Q: If a student is sent home with symptoms, is the school required to notify all parents with students in that cohort?

A: DBCH would not require this type of notification, however the school may wish to implement this type of policy. In the event the symptomatic individual is confirmed as a positive case, contact tracing would be used to identify and potentially interview all close contacts which would likely include all members of a cohort.

Q: What are the requirements for an isolation room? Is a sink required? Are there specific requirements related to ventilation? Should the air be purified in some way?

A: Isolation areas should be used for students who display symptoms of COVID-19 to be isolated and supervised prior to being picked up or otherwise sent home. A sink is not required, although hand sanitizer should be provided. Individuals should wash their hands when access to a sink is available. The guidance documents do not include any specific requirements related to ventilation for isolation rooms/areas. CDC/EPA cleaning and disinfecting guidance can be found [HERE](#) and focuses primarily on disinfecting surfaces.

Q: Can an isolation room/space have more than one individual in it?

A: Ideally, an isolation room should be used for only one student since the intent of an isolation space to eliminate the risk of exposure of a potential case to others. However, guidance does indicate that multiple students suspected of COVID-19 may be in the same isolation room provided they can be separated by at least 6 feet. In the event it is not possible to limit the use of the isolation area to one individual (and an observer), social distancing and proper PPE is critical to reduce risk of transmission of any type of illness that may be impacting the individuals in isolation. Guidance also emphasizes the importance of cleaning and disinfecting all areas used by those suspected or confirmed to have COVID-19.

Q: What are the legal ramifications for school nurses who are conducting health screenings and may fail to identify COVID-19 symptoms?

A: School nurses should consult with legal counsel regarding legal liability for the professional decision making that will be required related to health screenings and other tasks.