

Frequently Asked Questions on COVID-19 for School Leaders

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Prevention

How does COVID-19 spread?

COVID-19 is spread from person to person in a fashion similar to that of other respiratory viruses. You can get the virus from inhaling particles sprayed into the air when an infected person coughs or sneezes, especially if you are within six feet of an infected person. You can also get the virus from touching a surface that an infected person coughed or sneezed on and then transferring the virus to your body by touching your eyes, nose, or mouth.

Do students need to social distance during PE and recess?

Yes. Social distancing, also called "physical distancing," means keeping a safe space between you and other people who are not from your household. Social distancing lowers the risk of spreading COVID-19 because it mainly spreads through respiratory droplets when people are close together.

All Pre-K to 12 schools should limit the number of individuals in classrooms and other learning spaces and limit interactions between groups of students. All schools should separate student desks/seating and use other social distancing practices to keep at least **6 feet of separation** among students and staff throughout the day as much as possible.

How should schools protect employees (and families) who are at high-risk?

Older adults and people with medical conditions are at higher risk for severe COVID-19. For all employees, but especially those at high risk, it is important to follow all precautions for face masks, physical distancing, hygiene, and cleaning/disinfecting. Someone at high risk could also consider wearing a face shield in addition to a face mask.

If an employee is at higher risk of severe illness from COVID-19, schools should discuss alternative options for performing work. Alternative options may include strict physical distancing, virtual instruction or telework, alternative work locations, reassignment, or performing alternate work assignments.

What should schools do if staff or students have traveled to areas with COVID-19 outbreaks?

Review updated information from the [Department of Health about current travel guidelines](#). Individuals returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials.

Face Masks

Do students have to wear masks?

Yes. All students must wear a face covering that covers their nose and mouth in school, as well as outside when social distancing is not possible. On July 1, 2020, Secretary of Health Dr. Rachel Levine issued an order requiring all individuals to wear a face covering when leaving their homes, including in public K-12 schools, private and parochial schools, career and technical centers, and intermediate units, among others.

Children two years and older are required to wear a face covering unless they have a medical or mental health condition or disability, documented in accordance with Section 504 of the Rehabilitation Act or IDEA. Transparent face coverings allow for more visual cues and should be considered for younger students, students who are deaf and hard of hearing, and their teachers.

When can students remove their face coverings?

Schools may allow students to remove face coverings when students are:

- Eating or drinking when spaced at least 6 feet apart; or
- When wearing a face covering creates an unsafe condition in which to operate equipment or execute a task; or
- At least 6 feet apart during “face-covering breaks” to last no longer than 10 minutes.

Do students have to wear masks during sports and PE?

Students and staff, coaches, athletes, and spectators must wear face coverings unless they are outdoors and can consistently maintain a distance of at least 6 feet.

Athletes are not required to wear face covering while actively engaged in workouts and competition that prevent the wearing of face coverings, but they must wear face coverings when on the sidelines, in the dugout, etc. and anytime social distancing is not possible.

Vigorous exercise indoors is discouraged.

Do students need to wear masks during music classes?

It is important to remember that COVID-19 spreads through droplets in the air. These droplets spread through coughing, sneezing, and talking. Scientists believe that loud talking and singing may spread more droplets. During music classes, students and staff should wear masks as much as possible. If students are playing instruments, they may remove masks but must be 6 feet apart. If practical, open windows during music classes to help with ventilation.

There have been cases of COVID-19 spreading during group choir practice, even when singers were 6 feet apart. It is **not** recommended to have indoor chorus or choir rehearsals at this time. If students sing a song in class, they should keep their masks on and stay 6 feet apart.

Do staff have to wear masks?

Yes. A face covering must be worn by all staff and visitors (including parents and guardians) while on school property, including during student drop-off and pickup.

Face coverings may be removed to eat or drink during breaks and lunch periods; however, at those times, social distancing must be practiced. Staff are not required to wear a face covering in situations where wearing a face covering creates an unsafe condition to operate equipment or execute a task.

Transparent face coverings provide the opportunity for more visual cues and should be considered as an alternative for younger students, students who are deaf and hard of hearing, and their teachers. [For more recommendations for audiologists, click here.](#)

What are the exemptions for wearing a mask?

Children and adults must wear a face covering unless the mask impedes their vision, they have a medical or mental health condition or disability that impedes their ability to wearing of a face covering, particularly one that creates respiratory problems for the individual, or if wearing a face covering would create an unsafe condition in which to operate equipment or execute a task.

At LG Health, there are only rare cases in which a mask exemption would be written. Asthma, anxiety, and cardiopulmonary issues put children at risk for COVID-19 and are not generally reasons to be exempt from using a mask.

What type of face mask should students and staff wear?

In general, staff should wear cloth face coverings. According to the Department of Health, a face covering means a cover for the nose and mouth that is secured to the head with ties, straps, or loops over the ears.

- A face covering can be made of cotton, silk, or linen.
- [CDC recommends two layers of tightly-woven cotton fabric if you make your own mask.](#)
- It should be tied to fit snugly against the sides of your face.

These types of masks are not preferred:

- Bandanas (do not fit the sides of the face and chin snugly)
- Gaiter-type masks (often made from a single layer of thin fabric that can let droplets through)

Any mask that has an exhalation valve or vent is not recommended, according to the CDC.

Teachers and staff who may consider using clear face coverings (not face shields) include:

- Those who interact with students or staff who are deaf or hard of hearing.
- Teachers of young students learning to read.
- Teachers of students in English as a second language classes.
- Teachers of students with disabilities.
- [For more recommendations for audiologists, click here.](#)

Some staff members should wear surgical/medical masks or N95 masks for specific tasks. Please review the [Personal Protective Equipment Recommendations](#) for more information.

Is it OK to wear a face shield instead of a face mask?

The CDC does **not** recommend a face shield as a substitute for a mask.

A face shield is mainly used for eye protection for the person wearing it. At this time, we do not know if a face shield helps protect people nearby from the spray of respiratory droplets from the wearer.

However, wearing a mask may not be feasible in every situation for some people. The Department of Health does allow face shields as a substitute for a face mask for people who are unable to wear masks. Hooded face shields and face shields that wrap around the sides of the wearer's face and extend below the chin provide better protection than other types of face shields.

Face shields that only cover the lower half of the face, do not cover the nose, or do not cover the eyes are **not recommended**.

How do I clean my face mask?

Masks should be washed after each use. It is important to always remove masks correctly and wash your hands after handling or touching a used mask.

In the washing machine:

- You can include your mask with your regular laundry.
- Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the mask.

Washing by hand:

- Prepare a bleach solution by mixing: 5 tablespoons (1/3 cup) household bleach per gallon of room temperature water or 4 teaspoons household bleach per quart of room temperature water

- Check the label to see if your bleach is intended for disinfection. Some bleach products, such as those designed for safe use on colored clothing, may not be suitable for disinfection. Ensure the bleach product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
- Soak the mask in the bleach solution for 5 minutes.
- Rinse thoroughly with cool or room temperature water.

Make sure to completely dry mask after washing. In the dryer, use the highest heat setting and leave in the dryer until completely dry. To air dry, lay the mask flat and allow to completely dry. If possible, place the mask in direct sunlight.

[Visit the CDC page to print this information.](#)

Should I take my face mask off to sneeze?

No. Do not remove your mask, and sneeze into your elbow.

Personal Protective Equipment (PPE)

When do staff need to wear PPE?

Please review the [Personal Protective Equipment Recommendation](#) document.

Where do I acquire gowns or other PPE?

Contact your school administrators. The County of Lancaster is assisting with facilitating procurement for PPE for schools.

Should schools use washable or disposable gowns?

Disposable gowns are preferred.

What is the correct procedure for donning/doffing gowns?

Contact your school nurse for proper donning and doffing technique. You can also review the CDC guide at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.

When should a gown be used?

School nurses, athletic trainers, and other staff should wear a gown when in contact with a person who could soil clothes (i.e., vomiting, bleeding, coughing with production of sputum). Please review the [Personal Protective Equipment Recommendation](#) document for more information.

Cleaning, Disinfecting, and Ventilation

What are the recommendations for cleaning and disinfecting classrooms and materials?

- Clean and disinfect frequently touched surfaces and objects within the school and on school buses at least daily, including door handles, sink handles, and drinking fountains.
- Clean spaces when used by different groups or cohorts of students.
- Disinfect shared equipment such as computers, keyboards, art supplies, tools and play/gym equipment frequently, and promote hand washing before and after sharing equipment. Consider obtaining extra supplies and materials to limit the need for sharing. Limit the use of shared equipment when possible.
- Have students and staff wash hands (or use hand sanitizer) before and after touching shared equipment.
- Follow standard protocols to clean surfaces that are not high touch, such as bookcases, cabinets, wall boards, or drapes, as well as floors and carpets.

What are other best practices for cleaning schools?

- Clean and disinfect bathrooms frequently throughout the day.
- Limit or prohibit the use of communal drinking fountains and provide safe alternatives for providing water, when possible.
- If possible, eliminate high-touch surfaces (i.e., remove cabinet doors so that students and staff can easily access supplies without touching a door or handle.)
- Use disinfectants registered by the EPA as effective against SARS-CoV-2, the virus that causes COVID-19.
- Do not have students present when disinfectants are being used or have students participate in disinfecting activities.

What types of cleaning products should be used?

For detailed guidance, visit the [CDC's website about cleaning and disinfecting buildings](#).

What is recommended for ventilation?

Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.

For detailed guidance about ventilation and how to check your equipment and air filtration systems, review the ASHRAE guidance for schools and universities:

<https://www.ashrae.org/technical-resources/resources#sau>

Should we use fans in classrooms?

School staff can use fans to increase the effectiveness of open windows. Position fans securely and carefully in or near windows. Be careful that fans do not blow directly across one person to another, possibly spreading contaminated air. Placing a window fan in exhaust mode (blowing outward) can help draw fresh air into the room from other open windows and doors.

School Activities

How should schools safely handle shared materials, such as classroom books?

If possible, students should not share materials. If books must be shared, students should perform hand hygiene before and after use. All toys should be wiped down after each use and at the end of the day. Soft toys that cannot be cleaned should not be in classrooms. There is no set time to leave items between uses, but we recommend leaving 2 days between loaning books from the library.

What precautions are needed for speech therapy?

If possible, speech therapy should be offered virtually. If virtual instruction is not possible, staff should wear a clear mask and a face shield. The Department of Health also suggests installing a plexiglass divider between the teacher and student that extends to the ceiling.

What precautions should schools take at lunch?

- Practice the basics of prevention: keep 6 feet of distance between students, ventilate the area, and clean/disinfect eating areas between uses.
- Avoid self-serve food or drink options. Serve individually plated or pre-packaged meals instead.

- If feasible, have children eat meals outdoors or in classrooms, while maintaining social distance (at least 6 feet apart), instead of in a communal dining hall or cafeteria.
- Have teachers and children wash their hands with soap and water for 20 seconds or use a hand sanitizer that contains at least 60% alcohol before and after eating.
- Ensure children do not share food or utensils.
- If communal dining halls or cafeterias will be used, ensure that children remain at least 6 feet apart in food service lines and at tables while eating. Clean and disinfect tables and chairs between each use.
- Use disposable food service items (e.g., utensils, trays). If disposable items are not feasible, ensure that all non-disposable food service items and equipment are handled by staff with gloves and washed with dish soap and hot water or in a dishwasher.
- If possible, install touchless payment methods (pay without touching money, a card, or a keypad). Provide hand sanitizer right after handling money, cards, or keypads.

Can schools hand out clothing to students?

Yes, if your school typically keeps extra clean clothes on hand to provide to students who need clean clothing, you may continue to do this. Be sure to wash hands before and after handling clothing. The clothes should be given to the student to keep and not returned to the school.

Can students use playground equipment?

We recommend these precautions for children using outdoor playground equipment:

- Clean and disinfect plastic and metal playground equipment, particularly high-touch surfaces such as railings, handles, etc., frequently and routinely over the course of each day. Make sure disinfectant has thoroughly dried before allowing children to play.
- Have students and staff wash their hands or use hand sanitizer, before and after being on playgrounds. Consider providing access to hand washing/sanitizing stations on the playground.
- Reinforce physical distancing of at least 6 feet during playground play.
- Limit the size of groups using the playground at any one time.
- Outdoor sidewalks, ground coverings, and wooden playground equipment generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should continue existing cleaning and hygiene practices for these outdoor areas.

Watching for Symptoms

What should schools do if a student or staff member has COVID-19 symptoms (such as a cough)?

Any student or staff with a fever of 100.4 degrees or higher, cough, shortness of breath, or other symptoms of possible COVID-19 infection should not be in school. Anyone who develops symptoms of COVID-19 in school should be sent to the school nurse immediately. The student should be isolated in the nurse's office or in a private room away from others while the nurse evaluates the student. Staff should clean and disinfect areas used by the student with symptoms. Students and staff with symptoms of COVID-19 should be encouraged to contact their healthcare provider for more information.

It is **not necessary** to notify the Department of Health of every symptomatic student or staff member, since many non-COVID-19 illnesses may present with similar symptoms. School administrators should contact DOH for further guidance if a parent/guardian/caregiver notifies the school of potential exposure by a student, staff member, or school visitor.

Refer to the DOH and PDE [COVID-19 Symptomatic K-12 Student or Staff Process Flow](#) (PDF) for steps schools should take when a student or staff present with symptoms of COVID-19 but are not a confirmed case.

If someone has symptoms of COVID-19 and has been in contact with someone who has COVID-19, they should be treated as a "probable case". Follow all of the same precautions you would take if a person had tested positive for COVID-19.

If a student develops symptoms at school, do their siblings/household members also need to be isolated? Do their classmates need to be isolated?

No. Other family members and classmates would only need to be isolated if they also had symptoms.

If a student develops symptoms at school, does the classroom need to be disinfected?

Yes, if the student has symptoms of COVID-19, we recommend cleaning and disinfecting areas used by the student.

If a child is sent home with symptoms, but the parent will not take them to see a doctor, what should the school do?

The school should provide education and resources to the parent, including options for telehealth, visiting urgent care, etc. If possible, involve a school counselor or social worker who can help understand the barriers for the family and assist with resources. If the child has possible COVID-19 symptoms but is not evaluated by a healthcare provider, they must stay home from school until it has been 10 days since they first felt sick and at least 24 hours since their fever and other symptoms are gone (without taking fever-reducing medicine).

Cases of COVID-19

What should schools do if they have a case of COVID-19?

Please review our [Checklist for Confirmed or Probable Case of COVID-19](#) for more information.

Pre-K to 12 schools should contact the Department of Health staff before acting in response to a known or suspected communicable disease. Call the county state health center (717-299-7597) or DOH at 1-877-PA Health (1-877-724-3258); a representative is on-call 24 hours a day.

The Department of Health will notify the school immediately upon learning that a person with a confirmed or probable case of COVID-19 was present at the school or a school event while infectious. They will assist the school with risk assessment, isolation and quarantine recommendations, and other infection control recommendations.

DOH will contact a student or staff person with COVID-19, inform close contacts of their possible exposure, and give instructions to those involved, including siblings and other household members, regarding self-quarantine and exclusions. The individual who tested positive will not be identified to the school community at large. Schools should take every measure to maintain the confidentiality of the affected individual. The Department of Health is working on a letter to provide to the school community.

- If the person is present on school property when DOH staff notify the school of the positive case information, the person should immediately, but discreetly, be taken to the COVID-19 related isolation space for pick up (if student) or asked to return home (if staff).
- Contact DOH for further guidance if a parent/guardian/caregiver notifies the school of potential exposure by a student, staff member, or school visitor.
- The entire building does not need to be evacuated.
- Wait at least 24 hours before cleaning and disinfecting. If not feasible, wait as long as possible. If seven days have passed since the sick individual was in the affected area, cleaning is not needed.
- Close off areas used by the sick person and do not use again before cleaning and disinfecting.

Can schools share information about individuals with COVID-19 with the public?

No. It is the responsibility of DOH to contact a student or staff person with COVID-19, inform close contacts of their possible exposure, and give instructions to those involved, including siblings and other household members, regarding self-quarantine and exclusions. The individual who tested positive will not be identified in communications from DOH to the school community at large. Pre-K to 12 schools are reminded to contact local DOH staff before acting in response to a known or suspected communicable disease.

Are there specific metrics for when county schools should close due to COVID-19?

[The Department of Health has recommendations for instructional models here.](#)

The recommendations rely on two standard public health metrics: incidence rate and the percent positivity of diagnostic testing in Lancaster County. The level of transmission in each county is rated as low, moderate, or substantial. In areas of low transmission, schools can operate fully in person. In areas of moderate transmission, they should use a blended learning model or fully remote. In areas of substantial transmission, they should be fully remote.

It is important to note that a significant and/or widespread outbreak may require moving to a more remote-based model more quickly. The Department of Health will provide proactive consultative assistance to school entities should such an outbreak occur.

When should a specific school close due to COVID-19 cases?

[Guidance is available from the Department of Health here.](#)

Schools should consider confirmed cases (not suspected cases) when they use the DOH guidance to make closure decisions.

It is important to note that a significant and/or widespread outbreak may require moving to a more remote-based instructional model more quickly. DOH will provide proactive consultative assistance to school entities should such an outbreak occur. The Department of Health will continue to monitor community transmission rates and other metrics across the commonwealth, including school specific outbreaks of COVID-19.

What is a probable case of COVID-19?

A person who develops symptoms of COVID-19 after they have been in close contact with someone who has COVID-19 is considered a “probable case”. In this situation, it is safest to assume that the person might have COVID-19. You should take all of the same precautions you would take if a person tested positive for COVID-19.

Contact Tracing

Who will conduct contact tracing for schools?

The Pennsylvania Department of Health and the Lancaster County Contact Tracing Program will work together with schools to call students or staff with COVID-19, identify their close contacts at school, and give the contacts advice about how to quarantine and watch for

symptoms. If you have any concerns that someone at your school has not been reached for contact tracing, call the county state health center (717-299-7597) or DOH at 1-877-PA Health (1-877-724-3258); a representative is on-call 24 hours a day.

How can schools help with contact tracing?

Take measures that allow for exposed individuals to be more easily traced:

- Use assigned seating for each class when feasible.
- Take attendance for every class and include all individuals (staff and contractors) who were in the classroom.
- Use sign-in sheets for in-person meetings to document staff attendees.
- Keep accurate records of any persons other than students and staff that enter the building, their reason for being there, the locations in the building they visit, and the names of close contacts they visit in the building if possible.

Quarantine and Isolation

What is the difference between quarantine and isolation?

- Quarantine keeps someone who is not yet sick but has been in close contact with someone who has COVID-19 away from others.
- Isolation keeps someone who is sick or has tested positive for COVID-19 away from others, even in their own home.

For more details about quarantine and isolation, see this flyer:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-Quarantine-vs-Isolation.pdf>

What do schools do if someone has been exposed to COVID-19? Who needs to quarantine?

Anyone who has been in close contact with someone who has COVID-19 (or someone who is a probable case) starting 48 hours before the person developed symptoms needs to quarantine. A probable case is a person who developed COVID-19 symptoms after being in close contact with someone who has COVID-19. There is one exception – people who have had COVID-19 within the past 3 months do not need to quarantine again if they are exposed, as long as they do not develop symptoms again.

You were in close contact, **whether you were wearing a cloth mask or not**, if:

- You were within 6 feet of someone who has COVID-19 for at least 15 minutes
- You were in the same household as someone with COVID-19

- Someone with COVID-19 sneezed, coughed, or somehow got respiratory droplets on you

There may be other situations involving a high-risk activity, such as singing, playing musical instruments, or playing contact sports, when the Department of Health may determine someone is a close contact even if they weren't within 6 feet for 15 minutes.

These are the steps you should take in quarantine:

- Stay home for 14 days after your last contact with a person who has COVID-19
- Watch for fever, cough, shortness of breath, or other symptoms of COVID-19
- If possible, stay away from others in your home, especially people who are at higher risk for getting very sick from COVID-19

For more information, visit <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>.

Is someone a close contact if they were in contact with a COVID-19 patient for 15 continuous minutes, or 15 cumulative minutes?

In general, the Pennsylvania Department of Education states: "Close contacts are individuals who have been exposed (within 6 feet of distance for at least 15 consecutive minutes) to someone who is a case during the infectious period, and it is unknown if the contact will go on to develop COVID-19."

However, in some school situations, a person might be considered a close contact even if they were not within 6 feet for 15 consecutive minutes. For example, people who were coughed or sneezed on, played contact sports, or participated in an indoor singing group with someone who was contagious might be considered close contacts. In one recent local case, a classroom was quarantined because a teacher who was contagious but had no symptoms actively engaged the students while not necessarily maintaining a distance of 6 feet over several days.

If someone tests positive for COVID-19, what are the requirements for isolation?

People who have COVID-19 need to isolate at home. This includes:

- People who have symptoms of COVID-19 and are able to recover at home
- People who have no symptoms (are asymptomatic) but have tested positive for infection with SARS-CoV-2

People in isolation should do the following:

- Stay home except to get medical care.
- Monitor your symptoms. If you have an emergency warning sign (including trouble breathing), seek emergency medical care immediately
- Stay in a separate room from other household members, if possible

- Use a separate bathroom, if possible
- Avoid contact with other members of the household and pets
- Don't share personal household items, like cups, towels, and utensils
- Wear a cloth face covering when around other people, if you are able to

When can students and staff return to school after having COVID-19?

Most people can return to school after:

- At least 10 days since symptoms first appeared **and**
- At least 24 hours with no fever without fever-reducing medication **and**
- Symptoms have improved

For people who had severe illness from COVID-19 (admitted to a hospital and needed oxygen), a healthcare provider may recommend isolation for longer than 10 days after symptoms first appeared.

For more information, visit <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>.

If a student is tested at their place of employment, should they remain home and not come to school until they get the results?

Yes. Some workplaces, such as nursing homes, test all of their employees because they are considered high-risk environments. If a student has been tested at work, this person should not come to school while they are waiting for their test result. On our [Guidance for People Waiting for Test Results](#), this would be an “asymptomatic PUI” – a person with no symptoms who is waiting for a test result.

If a student is tested because they are going to travel, should they remain home and not come to school until they get the results?

Yes. The CDC recommends that if a person does not have symptoms and is not a close contact but chooses to be tested, they should wait at home for their result. On our [Guidance for People Waiting for Test Results](#), this would be an “asymptomatic PUI” – a person with no symptoms who is waiting for a test result.

If a person has already had COVID-19 and recovered, but a family member is still sick, do they need to quarantine?

No. People who have tested positive for COVID-19 and recovered do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms again.

If someone is quarantined because they were in contact with a probable case (a contact who develops symptoms), but the probable case tests negative, does that person need to stay in quarantine?

No. If a probable case tests negative, their contacts do not need to quarantine.

Do staff and students need to quarantine if they have traveled to another state or country?

The Pennsylvania Department of Health recommends that someone who has traveled from a state with a high number of COVID-19 cases should quarantine for 14 days after they return. [The list of states is available here.](#)

COVID-19 risk is high in most countries around the world. The CDC recommends that everyone take extra care to practice social distancing, wear a mask, wash hands, and consider staying home as much as possible for the 14 days after traveling internationally. [Updated travel information is available here.](#)

Schools, including institutions of higher education, should create a policy and procedure on how to handle students who have traveled to or live in one of the states with travel restrictions. This policy should be incorporated into the school's health and safety plans.

Testing

Should all staff and students be tested before returning to school?

At this time, we do not recommend testing all staff or all students for COVID-19 before returning to school buildings. These are the reasons:

- Public health authorities (CDC and Pennsylvania Department of Health) do not recommend it.
- Testing gives us limited information. A test gives information about one point in time. Even if everyone in school were tested, it would still be recommended to follow all prevention practices.
- Sometimes tests may show someone is not infected when they really are (false negative) or that someone is infected when they really aren't (false positive).

The Department of Health makes decisions about testing large groups of people based on public health data. In some cases, such as an outbreak investigation, they may recommend testing large numbers of people in a school.

In the future, we may be able to test more people regularly if we have enough tests and are getting results quickly.

Why can't someone in quarantine return to school if they test negative?

If you were exposed to someone with COVID-19, it is important to wait for 14 days in quarantine. If you test negative for COVID-19, you probably were not infected at the time your sample was collected. This does not mean you will not get sick.

- A negative test result only means that you did not have COVID-19 at the time of testing.
- It is also possible that your sample was collected too early in your infection, especially if you were in close contact with someone who has COVID-19.
- You could also be exposed to COVID-19 after the test and then get infected and spread the virus to others.
- If you develop symptoms later, you may need another test to determine if you are infected with the virus that causes COVID-19.

How do students and staff get tested for COVID-19?

Students and staff who have symptoms should call their primary care provider to be evaluated. At Penn Medicine Lancaster General Health, we provide testing to patients who are experiencing COVID-19 symptoms, people who are having medical procedures done, people who need testing for travel, and people who are close contacts of someone with COVID-19. You can view a list of LG Health primary care practices and schedule online [here](#).

What should students do if they have COVID-19 symptoms but do not have a primary care provider?

If you do not have a provider and have COVID-19 symptoms, we offer the following options at LG Health:

- Call one of our seven [Urgent Care](#) locations. They will evaluate your symptoms and determine if a test is necessary.
- Conduct an online video visit using Penn Medicine OnDemand. Start your visit at [LGHealth.org/OnDemand](https://www.lghealth.org/OnDemand). They will evaluate your symptoms and determine if a test is necessary.

Do I need a provider's order to receive a COVID-19 test?

Yes, you need an order from a provider.

Is there a cost for COVID-19 testing at LG Health?

As a patient, there is no cost to you for COVID-19 screening tests at LG Health. This means that you will have \$0.00 out-of-pocket costs for COVID-19 screening.

We know that many in our community may have financial hardships due to COVID-19. If you are have trouble paying other medical bills or have questions regarding COVID-19 billing, please contact LG Health.

Customer Service at [717-544-4953](tel:717-544-4953) or [800-647-4419](tel:800-647-4419)

Monday – Thursday: 8:30 am – 6:00 pm

Friday: 8:30 am – 4:30 pm

Our staff can discuss all payment and financial options available at this time.

What should be done if a student or staff member’s COVID-19 test result is “inconclusive”?

There are several reasons why a COVID-19 test might be inconclusive. The test needs to be repeated to get a result. Until the test is repeated, the individual should continue to stay home from school while waiting for the result.

What is antibody testing?

CDC and partners are investigating to determine if you can get sick with COVID-19 more than once. At this time, we are not sure if you can become re-infected. Until we know more, continue to take steps to protect yourself and others.

Serology testing, or antibody testing, checks a sample of a person’s blood to look for antibodies to SARS-CoV-2, the virus that causes COVID-19. These antibodies are produced when someone has been infected, so a positive result from this test indicates that person was previously infected with the virus. We do not know yet if the antibodies that result from infection with SARS-CoV-2 can protect someone from reinfection with this virus and if they do, how long this protection will last.

At Penn Medicine Lancaster General Health, antibody testing is available for patients with specific clinical indications. While there is discussion about using these tests to determine who can safely go back to work, this is not yet in practice since we do not know if antibodies confer immunity. We are working to validate commercial antibody tests and make them more widely available. If you have additional questions about whether you are eligible for antibody testing, please contact your regular medical provider.

Should people who are close contacts be tested for COVID-19?

Yes. The CDC and the Pennsylvania Department of Health currently recommend that everyone who is a confirmed close contact of someone with COVID-19 should be tested. This helps to identify positive cases as early as possible. Whether they are tested or not, close contacts need to quarantine for 14 days after their last exposure. It can take 2-14 days for a contact to develop COVID-19 after being exposed, so it is very important to complete the quarantine, even if they receive a negative test result.

Schools should encourage all close contacts to quarantine for 14 days, and to talk with their healthcare provider for any questions about testing.

School Nursing

Where can I find guidance for school nurses?

[Click here for Guidance for School Nurses from the Department of Health.](#)

What type of area should nurses use to isolate students with COVID-19 symptoms?

The isolation room should be only used for this purpose and closed off to traffic. If possible, it would be adjacent to the regular nurse's office, have a window to the outside to allow ventilation, and a door to the outside so that a sick person could exit. The room should be cleaned and disinfected after the child with symptoms leaves the building, but it is preferred to wait 24 hours before cleaning. For this reason, schools might choose to have 2 isolation rooms that they can use if needed.

Can there be more than one student at a time in an isolation area, if COVID-19 symptoms are suspected?

No. A student with suspected COVID-19 should be isolated in an area with no other students. (If this is not possible, the student with symptoms must wear a mask and stay at least 6 feet away from others.)

Should nurses continue to provide nebulizer treatments for students with asthma?

Generally nebulizer treatments are not recommended in school due to possible aerosolization of the COVID-19 virus.

We recommend:

- With a note from the child's doctor, transition child on a nebulizer to a Metered Dose Inhaler with disposable spacer for treatment.
- If that is not possible or appropriate, try to minimize nebulizer treatments at school. For example, students could have a treatment at home just before school and at mid-day.
- If treatments are provided at school, give them outside (if possible), or in an isolated room with good ventilation (such as an outside window) that is only used for this purpose. The room must be disinfected after the treatment.
- The person administering the nebulizer treatment must wear proper personal protective equipment (a fit-tested N95 mask, gloves, goggles or face shield, and gown). Proper hand washing prior to donning PPE and after doffing PPE is required.

Can nurses have students use salt water gargle for sore throat?

No, it is not recommended at this time.

Can students brush their teeth at school?

It is not recommended. Students should brush before and after school.

What is the policy on immunizations?

In July 2020, the Department of Health released a Temporary Regulatory Suspension of Requirements for Children's Immunizations.

Childhood immunizations are essential to individual and population health. Immunizations protect children against the potentially devastating effects of vaccine-preventable diseases.

However, given the COVID-19 pandemic, preventive medical visits may have been postponed to mitigate the risk of transmission of the COVID-19 virus. Therefore, many children in Pennsylvania have not obtained vaccinations on the appropriate schedule and may not have the immunizations required to enter and attend school in the fall of 2020.

To enable children to enter and attend school or an early childhood program without the required immunizations, the Department of Health is temporarily suspending the regulations at 28 Pa. Code § 23.83, which provides the list of immunizations a child must have and the grades for which the child must have them; 28 Pa. Code § 23.85, which states that children who do not meet the requirements should be excluded and places certain duties on schools to verify that children with medical exceptions who are on a plan to get their immunizations actually obtain the vaccinations; and 28 Pa. Code § 23.86, which requires schools to report to the Department the numbers of vaccinations and children taking exceptions; and 28 Pa. Code § 27.77(b), which requires that a child currently enrolled in a child care program maintain updated immunizations in accordance with federal guidelines. The regulations are suspended for a two-month period

after the beginning of the school year or the beginning of enrollment in an early childhood education program.

Should schools continue routine annual screenings (such as height and BMI)?

As schools implement new procedures to deal with COVID-19, there remain requirements for schools to provide health services under the Public School Code of 1949 and DOH regulations. Schools may defer screenings and exams until later in the school year and still be in compliance with the Public School Code so long as the health services, other than those required at entry into school, are completed by the end of the 2020-21 school year.

What is Multisystem Inflammatory Syndrome in Children (MIS-C)?

MIS-C has been described as inflammation (swelling) across multiple body systems, potentially including the heart, lungs, kidneys, brain, skin, eyes, and gastrointestinal organs. The CDC is working with state and local health departments to learn more about MIS-C associated with COVID-19 and to gather more information as quickly as possible about how common it is and who is at risk. As new information becomes available, the CDC will update the [information for parents](#) and caregivers as well as information for [healthcare providers](#) and public health professionals.

Signs and symptoms of MIS-C include:

- fever
- abdominal pain
- vomiting
- diarrhea
- neck pain
- rash
- fatigue

Current Pennsylvania MIS-C data may be found on the DOH [COVID-19 Data for Pennsylvania](#) webpage.

Can providers send notes in advance that children typically experience cough or other COVID-19 symptoms and should not be sent home?

It is not typical or recommended to send a note in advance. Without evaluating the student, it is not possible to know if the symptoms are the student's typical symptoms or new symptoms. Further evaluation may be necessary, especially as we approach flu season. If a student has symptoms of COVID-19, we recommend sending them home following the symptoms algorithm.

What are the quarantine recommendations for school nurses?

If school nurses are close contacts of someone with COVID-19 in their household, in the community, or in the workplace without wearing the recommended personal protective equipment for healthcare providers, they should follow the same recommendations as the general public to quarantine for 14 days.

However, if it is not possible to find a substitute for the school nurse, contact the Department of Health. In some cases, school nurses can follow guidance for critical workers and can return to work. They must monitor for symptoms daily and follow all recommended prevention practices for wearing face masks and social distancing. For details about return to work requirements for critical workers, [click here](#).

What is the recommended definition for a fever?

The Pennsylvania Department of Health currently advises: “Any student or staff with a fever of 100.4 degrees or higher or the symptoms of possible COVID-19 infection should not be in school.” The CDC also defines a fever as 100.4 or higher on their [school symptom screener](#).

The temperature of a fever can range depending on factors such as the method of measurement and the age of the person. Public health authorities and healthcare providers often use either 100 (37.8 degrees Celsius) or 100.4 F (38.0 degrees Celsius) as a cut-off for fever. Schools may have their own existing policies for measuring a fever and can continue with these policies.

School Sports

Do athletes need to have a cardiac follow up or EKG done prior to return to play?

A thoughtful return-to-play process should be in place after COVID-19 infection. Every student-athlete who has been diagnosed with COVID-19 should have an evaluation by their medical provider prior to sports participation.

[We recommend following the guidance from the National Federation of State High School Associations \(NFHS\) and the American Medical Society for Sports Medicine \(AMSSM\)](#). This guidance includes recommendations for cardiac evaluation and testing.

When can students return to sports after being exposed to COVID-19?

Athletes should follow the same instructions as students returning to school. Please review the Quarantine and Isolation FAQ, “What do schools do if someone has been exposed to COVID-19? Who needs to quarantine?”

What should school sports teams do if an athlete tests positive?

Coaches should contact the Department of Health staff before taking action. Call the county state health center (717-299-7597) or DOH at 1-877-PA Health (1-877-724-3258); a representative is on-call 24 hours a day. The Department of Health will assist with risk assessment, isolation and quarantine recommendations, and other infection control recommendations.

In the meantime, teams should make sure that the athlete with COVID-19 remains home and away from other people. We recommend canceling practices/events for the team as you wait for guidance from the Department of Health.

Are children with a patent foramen ovale (PFO, or hole in the heart) at higher risk for severe COVID-19?

PFO is not specifically identified as a high risk, but if the child has an established relationship with a cardiologist, they should discuss the condition with them. This would also apply for those who have other defects in the heart septum. It is important to encourage athletes with heart conditions to have a conversation with the primary care doctor and cardiologist about their decision to return to their sport.

If a team has to quarantine and stop play for 2 weeks, how soon is it safe to resume competition after potentially being de-conditioned for 2 weeks?

If any team members test positive during that time period, they should have a medical evaluation and be cleared by their medical provider before returning. Those who did not test positive or develop symptoms but were quarantined for 2 weeks can return to play following a process similar to how you would return athletes to play after the summer break. Consider taking a step back in training to allow these athletes to re-build their base conditioning.

If a student becomes ill at a sporting event where they are the visiting team, how should they be transported home?

All athletes should have an emergency contact, who agrees that they would pick up the student if this situation happens. A responsible adult should contact the emergency contact and wait until this person arrives. While a student is waiting for transportation, they should be separated from others outdoors, away from the field of play but within view of the athletic trainer. The athletic trainer must wear personal protective equipment while assessing the student.

If no one is available to pick up the student and they must take the bus home, the student with symptoms should be placed on the bus first, in the back of the bus. The windows should be put

down, and all other team members at least 6 feet away with everyone wearing masks. Upon arrival at the school, everyone should exit the bus first and then the student with symptoms.

In addition, we recommend that athletes be temperature and symptom screened prior to arriving at practice or competition.

What precautions should schools take for sporting events?

COVID-19 spreads from person-to-person through close contact, and it can be spread by a person who does not have any symptoms. From a public health perspective, any large group setting, even with appropriate precautions in place, has the potential to cause further community and school spread of the COVID-19 virus. It is also important to consider that loud talking, singing, or cheering may increase the risk of transmission. Even outdoors, a sporting event with a large, cheering crowd sitting close together would be a high-risk situation.

If sporting events do occur, they should be limited to outdoor events with less than 250 people in attendance. Policies should enforce strict masking and social distancing for all spectators, coaches, staff, and athletes not on the playing field. We also recommend keeping a record of all who attended and their seating arrangement to allow for contact tracing if someone at the event does test positive for COVID-19.

For detailed guidance, [we recommend following the State of Pennsylvania guidelines here.](#)

General

How do I get in touch with the Department of Health?

For questions about a confirmed case, our local Lancaster County State Health Center is located at 1661 Old Philadelphia Pike, Lancaster, PA 17602. Phone: (717) 299-7597

With general COVID-19 school health questions, contact the Division of School Health by calling 1-877-PA-HEALTH (1-877-724-3258). A representative is on-call 24 hours a day, and you will be routed to school health division personnel for follow up.

With questions about re-opening for PDE, email RA-EDContinuityofED@pa.gov.

When should I contact the Department of Health?

When you have a known case of COVID-19 or a probable case (a contact who has COVID-19 symptoms) in your school community, you should contact the Department of Health.

Why are nursing home cases of COVID-19 counted in Lancaster County's total case count?

To best understand the spread of disease in our community, it is important to include all groups. Group homes, including nursing homes, may reflect what is going on in the community. By excluding certain populations, we lose some of our ability to evaluate risk. Nursing homes do not have a closed population - many people work there and travel in and out of nursing homes daily to do their jobs. These staff members can bring cases into a nursing home, and they can also spread cases in the community.

Does MMR vaccination help prevent COVID-19?

Scientists do not know yet. There is some evidence that the MMR vaccine could help protect against other infections like COVID-19 by training the immune system to fight the infection. However, more research is needed. People who have received the MMR vaccine should still practice all recommended precautions to avoid getting or spreading COVID-19. It is very important for children and adults to follow the recommended schedule for all vaccines, including MMR.

Are school staff essential workers?

The Pennsylvania Department of Health has some special COVID-19 guidance for "essential workers" such as police, doctors and nurses, and food production workers. For example, they may continue to access their workplaces during stay-at-home orders, and special quarantine policies may apply to them. On August 18, the federal government updated its Essential Critical Infrastructure Workers Guidance and added school staff to the list of essential workers. However, this is only an advisory document and does not change local school policies. We will notify schools and update our documents if the Department of Health updates Pennsylvania guidance for essential workers.

References

Public Health Guidance Regarding COVID-19 for Phased Re-Opening of PreK-12 Schools
www.education.pa.gov/Schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.aspx

Back to School Fact Sheet for Parents
www.health.pa.gov/topics/disease/coronavirus/Pages/Guidance/Back-to-School-Guidance.aspx

Department of Education COVID-19 Answers to Common Questions

www.education.pa.gov/Schools/safeschools/emergencyplanning/COVID-19/20-21FAQs/Pages/default.aspx

CDC Testing Information

www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html

CDC Use of Masks to Slow the Spread of COVID-19

www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html

Answers to FAQs about Face Coverings (Schools)

www.education.pa.gov/Schools/safeschools/emergencyplanning/COVID-19/Waivers/MaskWearing/Pages/default.aspx