August 11th

Dear Superintendent,

The New York State Education Department announced on August 10th that they will be providing “Back to School Guidance.” As the COVID-19 pandemic is a fluid situation with many changes, we have compiled a current list of Frequently Asked Questions about schools and COVID-19 this fall. This list will be updated as the situation changes.

Frequently Asked Questions

What guidance for schools is currently available?

NYSED has informed schools that “Back to School” guidance is forthcoming. CDC has continued to update its guidance [https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html), which includes discussion of prevention strategies such as vaccination promotion, mask use, physical distancing, screening testing, ventilation, handwashing, staying home when sick. This guidance also includes considerations when it comes to lunchtime, sports and busing.

Do schools and school districts still need to report cases and school close contacts to Nassau County Department of Health?

Positive cases with appropriate school contact tracing should be reported to Nassau County Department of Health. Directions will be available on the Nassau County Health Department website. NYS Department of Health School Specialists may follow up directly with schools and school districts upon reporting. In addition, School Specialists may assist with any guidance requested. School administrators may continue to consult with their contact at the health department for any challenging situations or issues.

What is a close contact?
Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation. Close contacts must be quarantined.
In a school setting, multiple factors may determine who is a close contact. For example, classroom situations, environmental conditions such as ventilation, current transmission within a cohort and activities such as lunch or various sports.

**Are there any exceptions to being designated a close contact and therefore placed in quarantine?**

In the K–12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting. Quarantine is also excluded for asymptomatic people who have been fully vaccinated or who were previously diagnosed with COVID-19 within the last three months and are still asymptomatic.

**How do I calculate isolation period for positive case?**

The isolation period is determined by symptom onset or the day the positive case visited the health provider and was tested, if the case has no symptoms. Please add 10 days to the appropriate date, and the case is therefore isolated through the 10th day. So, if the symptom onset date is January 2nd, 2+10 =12 and the case is isolated through January 12th and can return to school on January 13th. The Case Investigator attempts to speak with each case so that the case fully understands isolation period.

**How do I calculate quarantine period for school close contact?**

The quarantine period is calculated by determining the last day the positive case exposed the close contacts. Please add 10 days to the last day of exposure, which may be the last day the positive case was in school, and then the contact is therefore quarantined through the 10th day. So, if the positive case was last in school on January 1st, 1+10 =11 and the contact should be quarantined at home through January 11th and can return on January 12th. The Contact Tracer attempts to speak with each contact so that the contact fully understands the quarantine period.

**Is there such a thing as a false positive?**

Rapid antigen tests may be considered a false positive under certain circumstances. If an asymptomatic individual with no known exposure to COVID-19 (low pretest probability) tests positive with a SARS-CoV-2 point of care antigen test, then the positive result should be treated as presumptive positive and confirmatory testing be performed within 48 hours using a nucleic acid amplification test (NAAT). PCR is a type of NAAT test. The individual should quarantine until the results of the test are available. If the confirmatory NAAT test is positive, the individual is considered to be infected with SARS-CoV-2. Isolation and contact tracing must be initiated. If the confirmatory NAAT is negative, the individual is not considered to be infected with SARS-CoV-2. These circumstances should be discussed with the Case Investigator so that proper laboratory results can be confirmed, and the isolation release provided.
How does one get a release from isolation or quarantine?
Releases are automated from the NYS system when the criteria for isolation and/or quarantine have been met. The best way to assure that a release is provided, is for the case or the contact to stay in communication with the case investigator or contact tracer. If this communication does not occur, NCDOH cannot guarantee a formal release documentation and schools must assure that the criteria have been met.

Is there a role for screening testing for school communities?
Schools may choose to do surveillance testing, though it is not required by Nassau County Department of Health. Surveillance testing has been conducted in some school communities for certain high-risk sports for example, or when transmission has increased.

Sincerely,

[Signature]

Lawrence Eisenstein, MD, MPH, FACP
Commissioner of Health