

Lac Qui Parle Valley Schools COVID-19 Quarantine Guidelines

What is a close contact? In general, a close contact means being less than 6 feet from someone for 15 minutes or more throughout a 24-hour period. However, even shorter periods of time or longer distances can result in spread of the virus. The longer someone is close to the person who has COVID-19, and the closer they are, the greater the chance the virus can spread.

- If you have close contact with someone who has been told by a doctor, clinic or hospital that they have COVID-19:
 - Notify the school. (hpiotter@lqpv.org or 320-752-4808)
 - Watch yourself for symptoms for 14 days.
 - Stay home (quarantine)
 - Wash your hands often.
 - Clean surfaces you touch.

How long will my quarantine be? If you had close contact with a person with COVID-19 (an exposure), you need to stay home and away from others (quarantine). COVID-19 can take up to 14 days to make you sick, and some people with COVID-19 never feel sick, so you need to separate yourself from others so you don't spread the virus without knowing it.

The safest option is to stay home and away from others for 14 days. In certain situations, you may end your quarantine after 10 days, or after seven days with a negative COVID-19 test result.

14 DAYS - Your quarantine will last 14 days if:

- Someone in your home has COVID-19
 - The 14-day quarantine period starts the day after the person with COVID-19 completes their isolation period (usually 10 days from the day their symptoms started, or if they didn't have symptoms, 10 days from the day they got tested) This may mean that other household members will need to quarantine for 24 days or more.



10 DAYS - Your Quarantine can last 10 days if:

- You have contacted the school nurse (hpiotter@lqpv.org or 320-752-4808)
- You have received a copy of the Shortened Quarantine Request Form from the nurse.
- You do not have any symptoms.
- You have not had a positive test for COVID-19.
- No one in your home has COVID-19. **Even after 10 days you must still:**

WE SOAR AS ONE

- Watch for symptoms through day 14. If ANY symptom appears, stay home, notify the school, separate yourself from others, and get tested right away.
- If ANY symptom appears at school, the student will be sent home
- Continue to wear a mask and stay at least 6 feet away from other people.

10-Day Quarantine



7 DAYS - Your Quarantine can last 7 days if:

- You have contacted the school nurse (hpiotter@lqpv.org or 320-752-4808)
- You have received a copy of the Shortened Quarantine Request Form from the nurse.
- You get tested for COVID-19 at least five full days after you had close contact with someone with COVID-19, and the test is negative. You must get a negative PCR test, not an antigen test or antibody/blood test - please check with your doctor.
- You do not have any symptoms.
- You have not had a positive test for COVID-19.
- No one in your home has COVID-19.

Even after 7 days you must still:

- Watch for symptoms through day 14. If ANY symptom appears, stay home, notify the school, separate yourself from others, and get tested right away.
- If ANY symptom appears at school, the student will be sent home
- Continue to wear a mask and stay at least 6 feet away from other people.

You cannot end your quarantine before seven days for any reason.

7-Day Quarantine - requires a negative COVID-19 test.



CDC and Minnesota Department of Health Resources:

[Quarantine Guidance for People who are Contacts of a COVID-19 Case](#)

[COVID-19: When to Quarantine](#)

[What to Do if You Have Had Close Contact With a Person With COVID-19](#)

[Contact Tracing COVID-19 - Minnesota Dept. of Health](#)

WE SOAR AS ONE

Before use of this form, please contact the school nurse at hpiotter@lqpv.org or 320-752-4808.

Shortened Quarantine Request Form

Date of Last Exposure	Earliest Date to Test	7 Day Quarantine Date	10 Day Quarantine Date	14 Day Quarantine Date

Per the new MDH close contact guidelines, students who have one close contact experience may be considered for an earlier return date to school if they meet certain criteria. To request an early return for your child please fill out the following areas and provide any necessary supporting documentation. For ALL early returns, students must have no symptoms and have had only one close contact exposure.

Student Name (print clearly): _____ Teacher _____

Parent/Guardian Name(s): _____ Phone _____

10 DAY QUARANTINE REQUEST (return after finishing 10 full days of quarantine) Check the following that apply to your child (ALL must be checked to qualify):

- 1) My child has no symptoms
- 2) My child has NOT tested positive for Covid
- 3) No one in my child's household has tested positive for Covid
- 3) After the 10 day quarantine, I agree to monitor my child for symptoms through day 14 and keep them home if any symptoms would appear. I understand that if **ANY** symptom develops at school, my child will be sent home.

7 DAY QUARANTINE REQUEST (return after finishing 7 full days of quarantine) Check the following that apply to your child (ALL must be checked to qualify):

- 1) My child has been tested for COVID-19 at least five full days after their close contact exposure, and the test is negative. To qualify, the test must be a PCR test - please check with your doctor. Negative results with appropriate date (5+ days after exposure) must be provided to the school with this form.
*Please note, day one starts the day **after** exposure.
- 2) My child has no symptoms
- 3) My child has NOT tested positive for Covid
- 4) No one in my child's household has tested positive for Covid
- 5) After the 7 day quarantine, I agree to monitor my child for symptoms through day 14 and keep them home if any symptoms would appear. I understand that if **ANY** symptom develops at school, my child will be sent home.

--- Documentation of a PCR COVID negative test must be attached to this form if a 7-day quarantine is being requested. By signing this, you agree that the above checkmarks are all correct.

Parent Signature and Date

District Rep. Signature and Date