



COVID-19 in Schools: Frequently Asked Questions for Parents

These FAQs are meant to help parents understand how school officials are being guided on COVID-19

AT HOME Updated 10.13.20

When should sick children stay home from school?

- If your child feels too sick to go to school or childcare, please keep him or her home. Students or staff must stay home from school when they have new or worsening cough, shortness of breath or difficulty breathing, or new loss of taste or smell, with or without fever, or if they test positive for COVID-19 even if they do not have symptoms.
- Children with a positive COVID-19 test who are monitoring symptoms at home should stay home until they have had no fever for 24 hours without use of fever-reducing medication AND have had improvement of symptoms AND at least 10 days have passed since symptoms first appeared.
- Children with a negative COVID-19 test who are monitoring symptoms at home should stay home until they have had no fever for 48 hours and have had an improvement of symptoms.
- If the child tested positive but never developed symptoms, they must stay home until 10 days have passed since they were tested. Siblings, household members and close contacts should also stay home for the recommended length of quarantine; see the question and answer below on the length of quarantine.

There have been reports that nausea, vomiting, and diarrhea are not considered symptoms. Is this true?

These can be symptoms of COVID-19 but are not always present in people positive for COVID-19 and may not be related to COVID-19 if present.

AT SCHOOL

Cleaning & Disinfection

Does playground equipment need to be cleaned while in use (i.e. every time a different child uses a slide, swing, etc.)?

Current studies indicate the risk of catching COVID-19 through touching objects is low. While increased cleaning measures are not harmful, normal and standard cleaning will do for playground equipment. Schools should emphasize routine hand hygiene for more effective prevention.

Other than standard disinfection practices, are there other recommendations regarding shared musical instruments?

Schools should consider suspending musical practices and performances that involve singing or playing wind instruments. If such events are held, musicians should be spaced as far apart as possible given the setting; ideally that would be farther than 6 feet apart. Students also should

not share mouth pieces and instruments should be cleaned and disinfected between uses if shared among students.

Are there special considerations or recommendations regarding the use and disinfection of restrooms in or attached to the classrooms? Does the teacher need to clean it every time it is used? Does the student need to wear a mask while in the restroom?

Staff should assure the bathrooms are cleaned and disinfected routinely using disinfectants that are EPA-approved against the virus that causes COVID-19, while paying special attention to high-touch areas. Masks should be worn in the bathroom, including single-use restrooms.

If the students share books, how do the books need to be cleaned?

Current studies indicate the risk of catching COVID through touching objects is low. While increased cleaning is not harmful, schools should emphasize routine hand hygiene for more effective prevention.

Last spring it was suggested to let learning packets that were returned sit for 72 hours. Is it OK for parents to touch schoolbooks or student homework from the school, or should they let it sit for an extended period of time? Do they need to wear gloves to touch students' books or homework?

The level of risk of potential exposure to the virus by touching objects is low, per current evidence, so there is not currently a recommendation to let items sit for an extended period of time. Parents, along with all staff and students, need to maintain good hand-washing practices and avoid touching their faces.

Close Contacts

Is testing recommended for close contacts?

Yes, testing is recommended for people who have been in close contact with an infected person, but no sooner than seven days after the last contact with the person when they were able to spread the virus.

If a close contact to a case tests negative for COVID-19 during their quarantine, does their quarantine end then, thus allowing them to return to school?

No. A close contact to a case must complete their quarantine period regardless of test results. Those who test positive would need to complete isolation criteria based on current guidelines.

What is the difference between quarantine and isolation?

Isolation and quarantine are measures taken to physically separate people to reduce the risk of spreading the virus. Isolation separates those believed to be able to spread COVID-19 to others – those who have tested positive or have symptoms of COVID-19. Quarantine separates those who are believed to have been exposed to someone with COVID-19 because they are at risk of becoming ill and spreading the virus before symptoms develop.

If a teacher or classmate has close contact for short periods of time with a student positive for COVID-19 throughout the day, would we consider him/her a close contact if the close contact adds up to 15 minutes or more?

“Close contact” is determined through the case investigation process and is dependent upon each situation. In general, if a teacher or classmate is spending periods of time in close contact (less than six feet apart) with a student that add up to greater than 15 minutes throughout the day, the teacher or classmate may be considered a close contact, regardless of whether they were wearing masks.

If the school can assure 6 feet of social distancing in a classroom, do the students still need to wear a mask in class to avoid being considered a close contact?

Close contacts are defined as anyone who is within 6 feet of a positive case for greater than 15 minutes during the time a person can spread the disease to others regardless of mask use. Please refer to [Governor Bullock’s Masking Directive](#) for more information on mask use in schools.

If children are sitting at tables with at least 6 feet of distance between them, with nothing in between them and not wearing masks, would they be considered close contacts if there was a positive case at the table?

This is not recommended, but if it is assured that they were at least 6 feet apart, they may not be considered close contact.

What is the isolation guidance for someone who is showing signs of COVID-19 and waiting for test results?

Someone showing signs of COVID-19 who is awaiting test results should remain in isolation either until the test results are determined to be negative, they meet time and symptom-based criteria for release from isolation, or they have a positive test result that was received after more than 10 days.

What is the guidance for a student living in a house with someone who has tested positive for COVID-19 and is in isolation? Do household members, including the student, need to quarantine?

Students who live in a house with someone positive for COVID-19 and can separate themselves from the infected person will need to quarantine for 14 days since last exposure to the infected person. If they are unable to separate from the infected person in the household, the student will need to quarantine for the entire isolation period of the family member (at least 10 days) plus an additional 14 days to assure they do not develop symptoms. See the [CDC Quarantine Calendar](#) to view images that may be helpful in understanding the different lengths of time for quarantine.

Can close contacts be grouped in the same classroom instead of excluding them? This is not recommended at this time.

Would students be considered a close contact to a case if they are seated in their classroom 3 feet apart, not wearing masks, but do have Plexiglass shields surrounding their desk and workspace?

Three-sided Plexiglass shields, if appropriately sized and used so they extend well above each child’s head and have sides that extend well beyond the sides of the child’s head, likely would decrease the risk of virus spread, though this has not been studied. In a situation where students’ desks are at least three feet apart and have appropriate Plexiglass shields between them, when used in combination with mask-wearing, the students would probably not be considered close contacts. However, the Plexiglass shields do not serve as a substitute to mask-wearing.

Social Distancing

If a chorus class can provide for greater than 6 feet of social distancing while singing, but not wearing a mask, would that get rid of the considerations of close contacts in the class?

Chorus classes are of concern as singing might increase the distance respiratory droplets travel. It is highly recommended that chorus students spread *at least* 6 feet apart AND wear a mask. It is preferable to hold practice outdoors when possible.

Is it OK for students to throw a football, kick a soccer ball, etc. in PE class if they maintain at least a 6-foot distance?

Yes. Students can participate in physical activities if they are keeping a 6-foot distance. Wearing a mask is recommended, especially when social distancing cannot be assured at all times. PE activities that can be done outdoors are preferred.

There have been varying reports regarding young children stating that only 3 or 4 feet of distance is needed. Is this true for younger children?

No. Per CDC recommendations, social distancing must be at least 6 feet.

Case Investigations

What will the case investigation process look like?

When notified of a positive case, FCCHD staff will interview the person (or the parent/guardian if the case is a child) to determine the contagious period, potential close contacts, and to provide education about isolation. If there is an association with a school, FCCHD will reach out to the school to confirm close contacts and provide guidance to prevent spread. Both the case and close contacts will be contacted routinely via an automated contact monitoring system used by FCCHD called SaraAlert.

If a student or faculty member is tested, how long will it take to get results?

It depends upon which testing site the person attends. Testing sites are sponsored by a variety of partners and the time it takes to get results depends upon the laboratory used to process the samples and report the results. People should receive their results directly from the medical partner conducting the testing.

If a teacher tests positive for COVID-19 but show no signs, can he/she still work? No, they cannot work. They should isolate as instructed.

If a teacher/staff is a close contact or household contact to a case but has no symptoms, can he/she continue to work?

Teachers and school staff are considered critical employees who may continue to work if it is necessary to maintain school operations and staff limitations exist and they do not have any symptoms. The school or school district makes the decision about whether to allow this and will work with FCCHD for work-quarantine protocols. The person should maintain social distancing, monitor for symptoms and isolate if they develop symptoms. In addition, the person should quarantine when not in the school setting.

How will the schools be notified if there is a positive case in the school?

Notification may happen by different ways. The student's parent/guardian or the staff member may notify the school of their positive result before FCCHD is aware of the case. If this occurs, the school will need to report the case to the health department. If FCCHD is aware of the case prior to the school, an FCCHD case investigator will call the principal or his/her designee. FCCHD will only identify the person to the essential person(s) at the school, and the school must maintain the case's confidentiality.

What is the expectation of the school nurse during a case investigation? Will the school be responsible for contact tracing?

The school nurse must report any known positive test results that have not already been discussed to the health department. During the case investigation, the nurse, principal or teacher may be asked to help assess and confirm close contacts. Once close contacts are confirmed, FCCHD staff will work with the principal and nurse on preventive measures and may send letters when warranted. The school nurse will assist with obtaining initial information but will not be responsible for doing case investigations or ongoing contact tracing.

Who is responsible for sending notification letters to parents, the schools or FCCHD? Schools are responsible for the notification process, though they may choose to use standard notification letters provided to them by FCCHD.

Exclusion

If someone has symptoms but they are unable to be tested or their physician will not perform the test, are they excluded?

The person can return if their physician thinks there is another likely diagnosis (i.e. they test positive for strep), or if they receive a negative test result, or if they complete the isolation period (it has been at least 10 days since their symptoms began, AND they have been free of their fever for 24 hours without the aid of fever-reducing medication, AND other symptoms are improved).

Can school nurses conduct testing?

This is not available at this time, but the possibility is under discussion.

If an employee has been in a group setting and is now showing COVID-19 symptoms and has test results pending, how do you handle others in the group? Are others OK to continue working?

If the others in the group have no symptoms, they can continue working with heightened awareness and monitoring for signs.

Miscellaneous

What is the data threshold for closing a school or classroom?

There is no defined standard or threshold for closing schools or classrooms. Many factors would need to be considered, including for example, not just the number of cases but also the distribution of cases within a school and their timing. FCCHD does not make closure decisions but works closely with school officials to help them make the best decisions for the students and teachers.

Is there a problem if the schools set a threshold for closures?

Any decision to set a standard threshold would be a district decision, not an FCCHD decision.

Is there a recommended number of “hygiene breaks” (i.e. time to wash hands) for children?

It is recommended that children (and adults) wash their hands routinely and thoroughly throughout the day, particularly before eating, after using the restroom and when hands are soiled or dirtied. There is no specific recommendation on how often hands should be washed.

At what temperature reading would a school send a student or staff member home? If a student or staff member has a temperature of 100.4°F or greater, they should be sent home, regardless of whether or not they have any other symptoms. Children or staff with temperatures between 100.1°F and 100.3°F should be excluded under the influenza-like illness (ILI) criteria if they also have cough and/or sore throat with no other known cause.

Does FCCHD recommend routine temperature screenings in the schools? While this practice is not harmful, it is not a specific recommendation. However, it is recommended that parents monitor their children at home for symptoms. See [CDC recommendations](#) on symptom screening.

Does FCCHD recommend taking students' temperatures prior to them getting on the bus? Should a student with a known temperature be allowed on the bus?

Temperature screening is not recommended prior to boarding the bus. However, if temperature screening is conducted, children with known, confirmed fevers (100.4°F or greater) should not be allowed on the bus. Parents who drive their children to school should keep their child at home if they have known, confirmed fevers greater than 100.4°F.

Are there any recommendations for teachers regarding how to best console a crying child and maintain safe practices?

In these situations, it is best if the teacher and child are both wearing a mask and the teacher is wearing eye protection such as a face shield. The duration of the close contact should be limited as much as possible. The definition of close contact considers both distance and duration, so it is important to limit the duration of direct and unprotected exposure.

Is it advisable for the districts to have a central point of communication (i.e. a website) for communicating with parents?

This would need to be approved through each school district.