



COVID-19 Return to School Frequently Asked Questions July 2020

What is a novel coronavirus?

A novel coronavirus is a new coronavirus that has not been previously identified. COVID-19 is a novel coronavirus that was discovered in 2019. The virus causing COVID-19 is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

Who is at highest-risk for developing severe illness from COVID-19?

Due to the fact COVID-19 is a new disease, there is limited information regarding risk factors for severe disease. Based on what we currently know, those at highest risk for severe illness from COVID-19 include: people 65 years and older and people who live in a nursing home or long-term care facility due to age of the residents, and the congregate living situation these facilities present making viruses such as COVID-19 easy to spread.

People of all ages with underlying medical conditions are also at greater risk. Those conditions include: chronic lung disease, severe asthma, heart conditions, severe obesity, diabetes, chronic kidney disease, liver disease, and any other immune-compromising condition.

What symptoms should I watch for?

The Indiana Department of Education (IDOE) has recommended all Indiana schools train staff to recognize a number of COVID-19 symptoms so they know when students and staff need to be sent home. Those symptoms include: fever of 100.4 or greater, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, nausea, vomiting, diarrhea, and new loss of taste or smell.

Students and employees should be excluded from school if they exhibit one or more of these symptoms that is not otherwise explained.

What if my child has allergies and always has a cough and runny nose?

The reason the school guidance says "symptoms otherwise not explained" is to allow for these situations. If your child routinely experiences one of the symptoms listed above, you need only report it to the school if you notice a change in the symptom, or the addition of other symptoms.

Are the symptoms of COVID-19 different in children than in adults?

No. The symptoms are similar in children and adults. COVID-19 can, however, look different in different people. For many people, being sick with COVID-19 would be a bit like having the influenza. People

may get a fever, cough, or have a hard time taking deep breaths. Most people who have gotten COVID-19 have not gotten very sick. Only a small group of people who get it have more serious health problems.

What is multisystem inflammatory syndrome in children (MIS-C)?

MIS-C is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes or gastrointestinal organs. We do not yet know what causes MIS-C, however; we know that many children with MIS-C had the COVID-19 virus or were around someone with COVID-19. MIS-C can be serious, even deadly, but most children who have been diagnosed with this condition have gotten better with medical care. For more information on this topic please visit:

www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html

How can I protect my child from COVID-19 infection?

You can encourage your child to help stop the spread of COVID-19 by teaching them to do the following things:

- Avoid close contact with people who are sick.
- Stay home when they are sick, except to get medical care.
- Practice social distancing (keep 6ft between themselves and others).
- Cover their coughs and sneezes with a tissue and throw the tissue in the trash.
- Wash their hands often with soap and water for at least 20 seconds.
- If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Clean and disinfect frequently touched surfaces and objects.
- Wear a facial covering when they cannot distance themselves from others.

Can over-sanitizing and limiting interactions with other children have negative impacts on children?

It is unlikely that measures used to control the spread of COVID-19, like increased cleaning and decreased contact with large numbers of children, will have negative health effects.

Isn't it important for children to be exposed to germs to develop stronger immune systems?

Some research has found an association with higher exposure to germs at an early age and lower rates of asthma and other chronic conditions. The effect seems to be greatest in the first year of life and is less clear with older children. There is no evidence to suggest exposure to the novel coronavirus is helpful in any way, and there is the possibility it could cause long-term effects even in those with very mild symptoms.

Should my child wear a mask?

The CDC recommends everyone 2 years and older wear a cloth face covering that covers their nose and mouth when they are out in the community. Cloth face coverings should NOT be put on babies or children younger than 2 because of the danger of suffocation. Children younger than 2 years of age are

listed as an exception to wearing masks, as well as anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.

Is the health department going to make kids wear masks to school in the fall?

The Department has been working closely with local private and public schools to answer questions on how to have a safe and healthy school year. The Indiana Department of Education (IDOE) released guidance for Indiana schools, which details the requirements and recommendations for returning to school in the fall. Face coverings are one precautionary measure recommended in the guidelines for students and staff. To access this guidance, please visit:

https://www.doe.in.gov/sites/default/files/news/june-5-class-document.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

What if my child has a condition that doesn't allow them to wear a mask?

We are aware students and educators may have special needs that require altered masks, such as people who may need to be able to see the mouth and/or facial expressions to effectively communicate. Many companies and retailers are producing these masks that have adaptations to allow for visibility of the mouth or straps to fit around hearing aids or cochlear implants. For a list of these manufacturers, please visit:

https://docs.google.com/document/d/1rlg8Dr5Rt5bxH8iq8oc4XsRUjoaxaPQrOVOY_CAAyEc/edit

When can someone return to school if they have been excluded from school due to symptoms of COVID-19?

Once a student or employee has been excluded from the school environment due to symptoms of COVID-19, they may return if they satisfy the recommendations of the CDC, which include:

Untested Individuals – persons who have not received a test proving or disproving the presence of COVID-19 but who have experienced symptoms may return if the following conditions are met:

- The person has not had a fever for at least 72 hours (that is 3 full days of no fever) without the use of medication; AND
- Other symptoms have improved (for example, when their cough or shortness of breath have improved); AND
- At least 10 calendar days have passed since their symptoms first appeared.

Individuals Who Tested Positive and Were Symptomatic – persons who have tested positive for COVID-19 may return to school if the following conditions are met:

- The person has not had a fever for at least 72 hours (that is 3 full days of no fever) without the use of medication; AND
- Other symptoms have improved (for example, when your cough or shortness of breath have improved); AND
- At least 10 calendar days have passed since your symptoms first appeared.

Individuals Who Tested Positive but were Asymptomatic (no symptoms)– persons who have not had symptoms but test positive for COVID-19 may return when they have gone 10 calendar days past their test date. It is preferable that they are released by a healthcare provider.

Where can I take my child to get tested?

We always recommend checking with your doctor first as some physicians in the area are working with their patients to arrange testing. Currently, public COVID-19 testing is available through the following:

- CVS Pharmacy's Minute Clinic drive thru sites (18 year and older only)– register online at <https://www.cvs.com/minuteclinic/clinic-locator/in/fortwayne/specialty/covid-19-testing-10190.html>
- ISDH/OptumServe Test Site – register online at www.lhi.care/covidtesting or call 1-888-634-1116

When can someone return to school if they are told they are a high-risk contact to a confirmed case of COVID-19?

A person is identified as a high-risk contact if they are within 6ft of a confirmed case for greater than 15 minutes. Anyone who meets that criteria needs to be placed on self-quarantine at home for 14-days past the last day of exposure. They may return to school at the end of that 14-day quarantine period if they have not developed symptoms themselves. Only people directly exposed to a case are placed on quarantine – not the other household contacts to the high-risk contact.

What if my child is on quarantine and has a negative test, can my child go back to school?

No. The 14-day quarantine period is mandatory regardless of a negative test result. The current testing method only shows that the person was not infected at the exact date and time the test was collected. It does not mean the person isn't still incubating the virus and wouldn't test positive a few days later.

What if my child is on quarantine and then develops symptoms themselves? What do I do, and how long must they stay home?

If your child is on self-quarantine as an exposure to a case, but then develops symptoms themselves, contact your primary provider for evaluation and possible testing. If they are tested and found to be positive, they would need to stay home until they are fever-free for 3 days without the use of medications, AND having symptom improvement, AND 10 days have passed since the onset of those symptoms.

What if there is a confirmed case in my child's school?

The local department of health has been conducting contact tracing on confirmed cases since March, 2020. If a case is confirmed in a local school, the department will work very closely with the school involved to determine who all would meet the criteria of a high-risk contact (within 6ft for greater than 15 minutes). The schools are working very hard to put measures in place, such as social distancing, seating charts, frequent cleaning, etc., to work toward creating the lowest-risk environment possible for each setting.

What if I hear of a case in my child’s school, or on my child’s bus, and I am not notified of the exposure?

Only people meeting the criteria of a high-risk exposure (within 6ft for greater than 15 minutes) will be notified and asked to self-quarantine for 14-days past the exposure date. If you do not receive any notification, it is likely that you or your child did not meet the criteria of a high-risk exposure. If you are concerned or have questions about it, please contact your child’s school.

If one of my children is exposed in class, but my other children were not, can the others return to school?

Yes. Only the child identified as a high-risk contact is placed in quarantine. Anyone else in the home is free to return to school as long as they are not symptomatic themselves. We ask that you monitor the child under quarantine and if symptoms develop, or if the child tests positive for COVID-19, please keep the other children home at this time and notify the school.

Will the school have to close each time there is a new case in the building?

The current guidance from the Indiana Department of Education recommends that schools close from 2-5 days after an exposure to allow time for deep cleaning, contact tracing and notification of families. This period will vary for each situation and may result in schools not closing at all or closing for the full time period if it is a larger exposure. These decisions will be made on a case-by-case basis. We are working very closely with the schools to develop plans to ensure the process is streamlined and result in the shortest closure time necessary.

What precautions are the schools taking to ensure my child is safe?

Each school and school system is working diligently at applying the IDOE guidance specifically to their schools as best they can. The schools and the health department share a similar goal of keeping the school environment as risk-free as possible during this tenuous time. Please consult with your school/school corporation to learn the specifics of the plans they have in place.

What does “deep cleaning” mean?

Routine cleaning would involve cleaning and disinfecting frequently touch surfaces (playground equipment, door handles, sink handles, chairs, desks, drinking fountains, etc.) within the school and on busses as much as possible throughout the day.

Deep cleaning would occur in areas identified during a contact investigation where an infected person has been. The CDC recommends those areas are closed for at least 24 hours before cleaning and disinfecting if feasible. Each school will have their own plan for what type of cleaning will occur, but the most recent recommendations from the CDC can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>

If transmission is primarily through direct human contact for 15 minutes or more, what is the purpose of deep cleaning?

The COVID-19 virus is thought to spread mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land not only on people, but also the surfaces surrounding the infected person. Research is being done to determine how long the virus lives on surfaces, but in the meantime, the CDC does recommend deep cleaning of all areas affected after a known exposure.

I have heard that gastrointestinal symptoms are very common in children that test positive for COVID-19. Are you seeing this in your investigations and is this something we should be watching for?

The CDC recently updated the symptoms list and has added nausea, vomiting and diarrhea to the list of symptoms to watch for. The COVID-19 virus can cause very mild to very severe symptoms in people so it is important to watch for any of these symptoms in your children.

What would cause a school to completely shut down?

Most schools are working on plans to co-hort students throughout the day to limit the potential of widespread exposures in a facility. Co-horting is the process of grouping similar students together to keep them together throughout the day for activities such as lunch and recess. Each situation will be different, but typically a school would be shut down after a widespread exposure, such as a teacher that worked in various classrooms throughout the building with a large number of students or a student that participated in several different classes throughout the building, attended a student council meeting and was on a sports team for example. As long as an exposure is isolated and allows for quick contact tracing and disinfection, the goal is to not close down schools. Larger exposures will require more time for contact tracing and disinfection so the school may need to be closed for a period of time.

Would a student who has tested positive for COVID-19 in the past still be required to quarantine from future exposures?

According to the Back to School FAQ's released from the Indiana State Department of Health, an individual who previously tested positive for COVID-19 and is re-exposed should consult with their healthcare provider to discuss next steps; however, at this time the general guidance is that the student or employee would not need to quarantine. This recommendation may change in the future as we learn more about this virus.

If a parent tests positive and has symptoms, do the kids in the family need to be quarantined?

Anyone within six feet for greater than 15 minutes of a confirmed case during their infectious period would be placed in quarantine. If the children in the home meet these criteria, they would have to be quarantined for 14-days from the last date of exposure.

Is there any value to beginning each day by taking the temperature of each employee/student?

As we learn more about this virus and we are able to test a larger percentage of the population, we have learned that while fever is a common symptom of COVID-19, it is only present locally in about 30% of our cases. Checking temperatures at the start of the day can be helpful, however it is only one tool out of many that need to be used together to prevent transmission. Further, to take these temperatures, it

often leads to situations where people are congregated together which is risky itself. We recommend that if temperature checks are done, that they be done in conjunction with a complete symptom review and in a non-congregating manner with as little physical touch as possible.

Do you have a recommendation on how often masks should be washed?

The recommendation from the CDC is that cloth face coverings are washed after each use. You can find guidance on cleaning face masks at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wash-cloth-face-coverings.html>

Would face shields be counted as a face covering that would be able to replace masks unless in very close proximity?

It is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. The CDC does not recommend the use of face shields for everyday activities or as a substitute for cloth face coverings. If a face shield is used without a mask they should wrap around the sides of the wearer's face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use.

(<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>)