



COVID-19 Planning for Schools and Local Health Departments: Frequently Asked Questions

June 26, 2020

Guidelines and recommendations have changed throughout this response as we learn more about the novel coronavirus, and the recommendations below are subject to change.

Role of nurses:

What is the school nurse's role during the COVID-19 Pandemic?

To educate students, faculty and staff about COVID-19 when they return to the school building, to be the first line of screening for students who may be exhibiting symptoms of COVID-19, and to interface with local public health personnel when schools have positive cases. The school nurse should assist in providing the guidance provided by the state department of health on when ill students, students who test positive, and students who are a close contact of COVID-19 patients can return to school. In the event that a school does not have a nurse, designated staff member(s) should ensure the above responsibilities are completed.

Role of Local Health Departments:

What is the public health nurse's role during the COVID-19 Pandemic?

Public health nurses and your local health department are incredible resources for schools during this unprecedented time. The public health nurse will be able to answer questions about contact tracing, community spread, and outbreak concerns. The Indiana State Department of Health is holding weekly webinars with local health departments to ensure they have the latest information about COVID-19 so that they can help guide your schools.

While we are encouraged to work with our local health department, I thought I heard Dr. Box say that the health department is not required to approve our plans. Is that correct?

That is correct. Local health departments can provide guidance as you develop your plans but are not required to approve those plans.

If a school chooses to have "waivers to not wear a mask" and a large portion of the school is exempt from wearing a mask and social distance is not being required, can the LHD prohibit a school from having in-person class?

Local health departments would typically advise on closing schools due to the level of infection within the schools. Any other closure-related decisions should be made in consultation with school and local leaders in collaboration with the Indiana Department of Education.

What kind of guidance should LHDs give school that are asking about school dances/prom?

Schools are encouraged to continue to monitor www.backontrack.in.gov and CDC guidance

regarding large gatherings. While larger gatherings are still permitted, social distancing and wearing masks are still critically important. There are recent reports of COVID cases resulting from social gatherings, so any such event should proceed with caution and consider masks, avoiding shared drink stations, and taking other precautions to distance attendees and ensure that high-touch surfaces are frequently cleaned.

Are the local health departments getting guidance on how to guide us based on the science? It seems that schools may try to tell them what they want to do, based on finances and convenience given in the re-entry guidance, instead of being told what to do by the health department based on the science. This puts us at risk in other schools trying to do things correctly if we are going to full contact with athletics and events it seems. This could also put our healthcare system at risk.

The Indiana State Department of Health has been providing weekly webinars for local health departments for several months to ensure they have the latest guidance from reputable scientific sources. ISDH also updates the latest CDC guidance on our website at www.coronavirus.in.gov and has included a special section for schools.

Staffing and logistics:

We have one nurse for our corporation. Do you suggest having a health care worker at each school?

Having a healthcare worker at each school is ideal, but we recognize that it is likely not financially feasible for many school systems. In lieu of an on-site healthcare provider, we recommend that your front desk staff and administrators who normally deal with ill students be educated about the signs and symptoms of COVID-19 so that you can ensure that proper isolation and infection-control steps can occur in the event that a student shows symptoms.

What type of precautions should be in place to protect the school nurse? Should a Plexiglas shield be installed around our desks? Should we have N95's available, and when would we wear them (for example, during nebulizer treatments only?).

ISDH is recommending that nebulizer treatments not be given in the school environment. If nebulizer treatments are given, then the nurse would need an N-95 mask and the room would be contaminated and would need to sit idle for a period of time and then be thoroughly cleaned. If no aerosol-producing treatments are being performed, surgical grade masks and gloves would be sufficient, with a gown on hand in case there is a need. If you have students with asthma, please ask parents to obtain an Albuterol inhaler, spacer and mask (the mask is for the littlest ones) if needed for use in the school clinic.

May the clinical space for symptomatic students and staff be shared? If so, how many students can use the area at one time?

Sick students and staff can be isolated in the same room, but efforts should be taken to ensure that they are spaced 6 feet apart and that all individuals are wearing masks. If the symptomatic individuals have different illnesses (example: 1 student presents with an asthma exacerbation and a different student presents with fever and cough), you would not want to isolate them together. All efforts should be made to social distance and mask individuals with symptoms.

Is it an option to omit counting controlled medications with parents to eliminate the parents entering the buildings?

We recommend that controlled medications be counted with parents at the car so that parents

do not enter the building.

You said a close contact is anyone within 6 feet of a positive for longer than 15 minutes, regardless if they are wearing a mask. Wouldn't that mean school nurses would constantly be on quarantine?

So long as a nurse is wearing a surgical-grade mask and not a cloth face covering and is not doing aerosol-producing treatments such as nebulizers, she would not be considered a contact but should monitor closely for any symptoms. School nurses are considered essential health care personnel and as such should wear a surgical grade mask throughout the school day.

Would it be reasonable to limit the contact with healthy students by not giving before-school meds (this is becoming a huge thing so parents don't have to deal with at home). If schools are half days, should no scheduled meds given except rescue inhalers and diabetic needs?

Encourage parents to take responsibility for administering any before-school medications to reduce the potential exposure for healthy students. Schools should work with the parent to determine when medications must be administered. Many medications administered early in the day by the school nurse are for ADHD and actually are best given before school so they have time to enter the bloodstream prior to the educational day.

Would it be better as a nurse to take medications, MDIs, etc. to the student versus having the student report to the nurse's office? If a teacher has a student who is suspicious for symptoms of COVID-19, would it be better to go to the student and escort them back to the holding area if necessary? Basically, who do we most want wandering the building -- the nurse or student?

It's unlikely the nurse will be able to leave the clinic to deliver medication/treatments in the classroom. However, feel free to proceed if this works well with your school's procedures. It is recommended that students report to the nurse clinic unless it is not safe to do so. We recommend that you identify an area where healthy students awaiting medications can be socially distanced, such as chairs in the hallway outside the clinic that are spaced 6 feet apart.

In terms of sick policies—with the symptoms of COVID-19 being so broad (especially in younger children), should all symptoms be treated equally in terms of return to school after being called in or sent home sick? Would 72hrs be appropriate for symptoms such as fever, abdominal pain, vomiting, cough, etc.? It is difficult with coughs, due to the fact that coughs linger for some with other illnesses as well.

If a student presents with symptoms consistent with COVID-19, that student should be sent home and presumed to have COVID until such time as a healthcare provider determines the illness is caused by something else and provides a note. Without a healthcare provider's note, the student would need to stay home for 10 days and be fever-free for 72 hours without use of fever-reducing medication.

Are nurses going to be able to give breathing treatments via nebulizers?

The CDC does not recommend that school nurses give nebulizer or other aerosol-producing treatments. If they do need to do so, they would require an N95 mask. If aerosolizing procedures are done in the nurse clinic or the classroom (i.e. suctioning), the room should be closed for 2 ½ hours at a minimum to allow for droplets to fall and then for cleaning of the area.

Can a school use partitions in lieu of masks or social distancing recommendations?

Partitions that are cleaned in between each class can help reduce the need for social distancing, but they would not remove the recommendation to wear masks

Do students in the quarantine room need to have a staff person monitor them while they are in the room? What PPE should the nurse or staff person be wearing while monitoring a student in the quarantine room?

It is recommended that students be monitored while they are in the quarantine room. The level of monitoring is dependent on the level of illness of the student. For example, a student with difficulty breathing should not be left alone, but a student with a mild sore throat can be left alone for short times as appropriate for the patient's age and abilities. Anyone monitoring ill students should wear a mask and gloves. Add gowns if increased secretions, vomiting, or other bodily fluid contact are likely.

What daily documentation do we need to chart in our health records? Daily temperatures? For all staff and students entering the building?

Daily temperature checks as students and staff enter the building could create more congestion that does not allow for social distancing, which is why we recommend self-screening at home before leaving for school.

Clinic setup:

Do schools need to have two separate spaces for separating sick and well students?

We recommend that there be a separate space for ill students to further reduce risk of transmission.

Is a curtained-off area sufficient in the clinic as long as the sick student is wearing a mask and 6 foot distance maintained?

Yes, so long as the curtain is made of a material that can be cleaned. Long vinyl shower curtains might be a reasonable option. We also recommend that students who have no symptoms but simply need daily medications be assigned to wait in the hall at a socially appropriate distance.

My gut is saying to keep traffic into the clinic at a bare minimum. Do you foresee us posting ourselves somewhere outside the clinic? Or in a room with windows? Or are schools purchasing standalone Hepa air purifiers?

This really will be specific to every district. We do emphasize the nurses wear surgical grade masks and gloves as they deal with sick children.

Is the school nurse or health aide permitted to enter and exit the isolation room and still provide care for the rest of the building, or should there be separate staff for each area? Does someone have to stay in the isolation room with the student(s) waiting to be picked up?

Staffing would be a school decision. Per the guidance, a record should be kept of everyone who enters the room, and the room should be disinfected several times throughout the day. Staff must wear appropriate PPE. The staff member should remove gloves and wash or sanitize hands and put on new gloves between patients. The same mask may be worn, unless it becomes soiled. The nurse or aide should take special care not to touch the front of the mask. Procedures on proper care of masks, including how to place and remove them, are on the CDC website.

We have been hearing a lot of information about needing a clean and a dirty school clinic. If that is true, will there need to be two nurses or nurse and MA? Will the nurse

dealing with the sick need to wear PPE? If only one nurse, will she be handing out of PPE for each student - especially if sick students and then dealing with the clean side-diabetics, nebulizer, meds, tube feedings/caths?

Separating sick students from those with other medical needs would be preferable. All students should be masked in the clinic, along with the nurse. Frequent hand washing and appropriate PPE will support nurses in their ability to flex between students with COVID symptoms and those with other needs.

Can you give specific recommendations regarding the space for isolating students? Our nurse's office is too small to isolate anyone and we will have to use a separate space.

Choose an area that can be closed off and where you can socially distance ill students and staff. Ensure that sick students know how to get help if they need it while they wait for their guardian to pick them up.

The guidance recommends that each school have a separate space away from the nurse's clinic where ill staff and students are evaluated or waiting for pickup. Many times we have students say "I don't feel good" and until we can really have time to assess them, it can be hard to determine if they are truly ill or having anxiety, hunger, or other non-illness issues. I would hate to send them to the "ill" room when that might not be the case. Can we possibly designate an area in our clinic for illness-related symptoms, making sure the student is masked and separate from other students until we can determine if they are ill and need to go home?

[See Return to School Guidance.](#)

What do you recommend for improving the air quality and ventilation in the health office if moving to a different space is not an option?

Open windows if they are available and it is safe to do so. HEPA filters are also an option.

PPE, thermometers, routine screenings:

What PPE should be worn by the person in the isolation area? By the school nurse?

A school nurse should wear a surgical-grade mask, not a cloth one, along with gloves and a gown. The nurse does NOT require an N95 unless she is administering a nebulizer or performing another aerosol-inducing procedure, which is not recommended. We recommend gowns that can be laundered and reused. Gloves should be changed between students.

We have been trying to order PPE equipment and sanitizer for our school but many of the items are on back order and may not be here before the start of school. Can we open without the correct supplies? Can the local or state health department help us with obtaining these items?

We recognize that supplies have been limited, but they are starting to open back up. The state is ordering 2 million masks to distribute to schools. The CDC has recommendations for compounding your own hand sanitizer here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>

How will schools handle depleted PPE supplies?

We encourage you to work with your local healthcare partners to coordinate purchases of PPE.

What is the best type of thermometer? Are oral thermometers acceptable?

Thermal, no-touch thermometers that scan the patient are preferred because the nurse can be at a distance from the patient. Tympanic thermometers with disposable covers are a reasonable option and can be wiped down between students. If oral thermometers are used, they must be thoroughly disinfected between each. We recognize thermometers may be on back order, so understand that you will need to adapt to what you have.

What is your recommendation for PPE worn in the school nurse clinic? Are masks or face coverings sufficient or should the nurses/ assistants wear N95 masks? Face shields? Goggles? Should we wear scrubs during the work day and change clothes before leaving our clinics?

Nurses should wear a surgical-grade mask but do not need an N95 unless they are administering a nebulizer, which is not recommended, or performing another aerosol-generating procedure. Gloves should be changed between students and hands sanitized or washed. Scrubs that are bagged before leaving school and promptly washed upon arrival at home are recommended. Washable gowns are also recommended. Face shields and goggles can provide additional protection but are not required.

What new procedures should school nurses put in place in order to safely conduct vision and hearing screenings for students this school year?

Wear a surgical-grade mask and gloves and conduct those screenings in an area separate from where sick students are waiting. Require students to be masked. Thoroughly wash hands and change gloves between students.

Immunizations:

Is the 20-day exclusion date for immunizations still in effect?

Immunizations are more important than ever, and at this time, we expect students to be current on their immunizations unless they have an exemption on file.

Should we allow students who have an exemption on file to attend school if they are not immunized?

Exclusions for unimmunized children generally look at diseases that would be covered by a vaccine if the child had it. Since there is no COVID vaccine, there is no reason that an unimmunized child could not attend school. That guidance may change once a vaccine is available.

I'm worried about how feasible it will be for our parents to get their children's immunizations. Are local health departments overwhelmed? During a normal year, our health department schedules appointments almost two months out. I usually notify parents at Kindergarten round-up in April of necessary immunizations needed for August. Unfortunately it appears I won't have any way to contact these parents until late July/early August.

Reminders of immunization requirements should be sent as soon as possible. Local health departments and healthcare providers are aware of the need for students to be current on their immunizations, so parents are encouraged to consult their pediatrician now. We suggest an "all-call" or district-wide email communication be sent by building principals and superintendents to remind parents that vaccinations remain a priority.

Symptoms, Quarantine, Exclusion and Return to School:

When the school nurse sends students or staff home with a cough and fever (or symptoms related to COVID-19), should they be excluded for 72 hours only or should they be excluded for 10 days after the start of symptoms as a presumed case of COVID-19? How do schools handle students that are absent and the parent reports that the student has a fever and cough (or symptoms related to COVID-19)? When should these students be allowed to return to school?

Any student exhibiting symptoms of COVID-19 should be sent home and presumed to have COVID until that student presents documentation of another illness from a healthcare provider. Without that documentation, the student would need to be excluded for 10 days and be fever-free for 72 hours without use of medication.

If the parent was exposed and is on a 14-day quarantine, does the student have to be quarantined as well or only if the parent tests positive or develops symptoms?

An individual who is being quarantined should wear a mask and stay away from everyone else in the household. A student whose parent is quarantined due to an exposure would not have to be quarantined unless the student was also directly exposed to the positive individual. If the parent develops symptoms, it should be strongly recommended that the parent be tested. If the student has close contact with that parent (less than 6 feet for greater than 15 minutes) for the two days prior to the parent developing symptoms or after the parent develops symptoms, then the student will be considered a close contact and would need to quarantine for 14 days at home from the last day of exposure.

If we send a student home with suspicious symptoms but the family chooses to not have their child tested, is anyone contacted by the school?

The student would be presumed to have COVID-19 in the absence of a medical diagnosis from a healthcare provider, so there is no requirement for anyone to notify the school so long as the student either remains out for 10 days or has a healthcare provider's note documenting that the cause of illness is something else.

Many students present to school clinics with multiple symptoms, such as headache, nausea, muscle aches, sore throat, etc. Fever is about the only universal symptom that gets a student sent home. Many of the symptoms are the same as COVID-19 symptoms. Any suggestions for determining if you are dealing with a COVID case vs. other common illnesses?

See the attached charts to help with this determination. COVID-19 generally presents with multiple symptoms. As noted before, a student with symptoms of COVID-19 would typically be presumed to be positive until a healthcare provider determines otherwise and provides documentation of that diagnosis.

If a student or staff member tests positive and then returns to school after meeting protocols should they quarantine after future exposure? If you have tested positive and recovered are you exempt from future protocols?

Much is still unknown about immunity from COVID-19. An individual who previously tested positive and completed isolation who is exposed again later should consult the healthcare provider who cared for them to determine the appropriate steps. At this time, the general guidance is that the student or staff would not need to quarantine, but this recommendation may change in the future as we learn more.

School closures:

Who decides if an individual school is to close for 2-5 days? Can part of a school, instead of the whole school, be closed?

Decisions on whether part of a school or an entire school will need to close will be made in consultation with the local health department as part of the contact tracing and case investigation. These decisions will depend on how the students were cohorted and the movements of the ill individual. The CDC says schools MAY need to close for 2 to 5 days, but the case investigation will ultimately determine the most appropriate actions.

Lunch:

If students are eating in the cafeteria, do they need to be seated facing the same direction or can they be seated across the table from other students?

Facing in the same direction and spacing them out to ensure social distancing is the preferred approach. If the cafeteria has round tables and students who sit across from each other will be 6 feet apart, then they can face each other as long as social distancing is maintained.

Temperature guidance:

Is the level for a fever 100, 100.4 or 100.5?

CDC guidance sets the level at 100.4. If a school uses a lower threshold, that is fine. Check your school board policy to determine temperature threshold.

Is it necessary to require a daily temperature check for all staff and students? Should bus drivers take temperatures as a first line of protection, and if so, do we have to record the temperature in a log?

We do not recommend having bus drivers or other school personnel performing daily temperature checks on everyone because it creates logjams in which healthy individuals could inadvertently be exposed and could contribute to other safety hazards. We recommend home screening so that individuals are taking their temperature and checking for symptoms daily before leaving for school. Home screenings that include temperature checks and answering questions that screen for the symptoms of COVID-19 are supported by the CDC.

Masks:

Do students have to constantly wear face masks? When can they remove them? Can they sit on the student's desk? Is it ok for the student to handle the mask multiple times during the day to take it off and on?

Students are encouraged to wear face masks throughout the day, with exceptions for lunch and situations in which they can socially distance, are outdoors or are in PE class. However, if all the students are facing the same direction and are socially distanced, then taking them off during class to have a break from wearing them could be considered. Also, younger students who are

in class and all the desks are facing forward while they are seated at their desk may be allowed to take their mask off while they read, do paperwork or receive instruction.

A student has a fever and is in the isolation room, awaiting parental pick-up. Will their cloth face covering be sufficient or should they wear a surgical mask? Our local health officer has said we can have multiple students in the isolation room at the same time if they are masked and we try to keep them as far apart as possible.

A cloth face covering is acceptable so long as you can separate individuals by 6 feet.

Are there guidelines for students who due to health needs or their disability, will not be able to wear a mask?

In these cases, parents should talk with their healthcare provider about whether returning to in-person school is medically appropriate. Face shields would also be an option in such instances.

If we can't get N95 masks, are K95 masks just as good?

Surgical-grade masks such as K95s are acceptable for all procedures except for those that produce aerosols, such as nebulizer treatments. If it will be necessary to provide aerosol-producing procedures such as nebulizer treatments or suctioning of trachs, then it will be recommended that the provider use an N95 mask.

Are face shields an acceptable form of PPE as an alternative to face masks for teachers or students?

The best protection is a face covering that fits tightly over your nose and mouth. However, face shields may be appropriate for young children or others who cannot or won't wear a mask and for hearing-impaired individuals who need to be able to read lips, or for speech therapists so that children can see their mouths.

If parents do not support masks at school, what are your suggestions?

Provide education about how the risk of contracting COVID-19 is reduced when people wear masks. Further actions would be up to the school district.

If cloth masks are worn, can you forgo social distancing all day in the school setting? What type of risk would this be considered if yes or if schools do this regardless of the recommendation of the CDC?

While cloth masks can decrease the risk of spread, individuals who are within 6 feet of a positive case for 15 minutes or longer are considered close contacts and would be subject to quarantine, even if they are wearing a mask.

There seems to be such a divide on the subject of wearing masks. What is the latest research on the spread of COVID and wearing masks?

A number of recent studies have touted the benefits of wearing masks to reduce transmission of COVID-19.

Can you please clarify if taking off a mask in a classroom, when social distancing and not moving around, with poor ventilation is safe? Or, if there is poor ventilation (no windows or little windows to open, or if HVAC system is poor), should the masks remain on even if social distancing and sitting at desks?

It is acceptable that students can remove masks if they are all facing the same direction and socially distanced. As students get up and move around the classroom, wearing masks is strongly recommended.

You mentioned that students being outside for PE would certainly be a situation where students can take the masks off. Can we assume that also applies to outdoor athletic practices and events?

Yes, but we encourage social distancing, disinfecting and frequent handwashing and emphasize the importance of avoiding touching your face. Classes held outside would also apply.

Positive cases and notification:

How will the school be notified of positive cases? Can the school accept a verbal positive test result from a parent, or does it need to be lab confirmed by the health department?

Parents are encouraged to notify the school immediately upon learning of a positive COVID test; the school is encouraged to accept a verbal positive result and immediately notify the local health department so that appropriate infection-control actions can begin. The Indiana State Department of Health will lead contact tracing and investigation efforts in consultation with the local health department to ensure that close contacts are identified quickly. The local health department can confirm the lab result.

Is a presumptive positive (based on symptoms and history) counted the same as a positive test result?

In the absence of a positive COVID-19 test, a physician can make a clinical diagnosis based on symptoms and scans. Any physician diagnosis would be treated as a positive case, with the appropriate isolation and contact tracing required.

Who is responsible for letting people know that they are considered a close contact and need to self-quarantine for 14 days?

The Indiana State Department of Health will lead contact tracing and case investigation in consultation with the local health department. This is why it's critical that schools immediately contact their local health department upon learning of a positive COVID case among the student body or staff.

What information can schools share with local health departments when they are notified of a positive case? What information can local health departments share with schools regarding a positive case?

Per IC 16-41-8-1, local health departments can share information to the extent necessary to stop the spread of disease. For example, if they need to provide information to help with contract tracing, such as talking to the teacher to see what other students might be a close contact, they can share the ill student's name. Schools would be urged to fully cooperate in contact tracing to mitigate the risk of exposure. The minimum amount of information necessary should be shared; for instance, if an entire class were to be considered a close contact, the local health department may only need to indicate the class, not a specific student. Under these circumstances the other parents will be informed that their child has been deemed a close contact of someone in their class without naming the child directly. Many students and family will figure out who the positive individual is, but the school would not be encouraged to provide that information.

Are the disposable loop masks that are used in doctor's offices surgical grade? If not, could you please share an example of what type of masks we need to be looking into

purchasing for our health service staff?

Yes, those are surgical grade. You also can wear a K95 as a surgical-grade mask.

Screening questions/templates/guidance:

Is there a flow diagram for school secretaries to use to ask the appropriate questions and refer parents to the appropriate course of action when they call a student in ill with COVID-like symptoms?

We have developed a screening flow chart to help school nurses and front office staff. See attached chart.

I don't feel like we can coherently wrap our heads around all of the what-ifs at this stage of the game. Will there be a "help" line so to speak as the year begins?

ISDH has hired a public health nurse who has worked with school nurses to serve as a liaison for both local health departments and school districts. In addition, we have established backtoschool@isdh.in.gov for additional health-related questions. This FAQ will be updated as new issues come



Is there a training video available that the IDOE or ISDH department recommends we use to show staff and/or students to better educate them on the importance of handwashing, social distancing and the symptoms to look for when dealing with COVID-19? Is there a video available to share with parents about what they can do to screen their children at home each day before sending them to school?

The CDC has an extensive library of educational videos about COVID-19. You can find them here: <https://www.cdc.gov/coronavirus/2019-ncov/communication/videos.html?Sort=Date%3A%3Adesc>

Do you have any kind of screening form created that you can share for when we are asking families to screen children at home?

The CDC has created a self-checker that can help with self-screening. You can find that here: <https://covid19healthbot.cdc.gov/> You also can use the attached chart.

With the wide range of symptoms being reported, how can the school nurse determine who needs to go home and/or be further evaluated? In talking with some PCPs, even they acknowledge the difficulty. And when we send a student home, are we to then screen the other students and teacher from his class?

As noted previously, assume a student or staff member with symptoms of COVID-19 is positive until proven otherwise. All individuals in close contact of the ill individual should be advised to monitor for symptoms; however, quarantine for those close contacts would not be required unless the original ill individual tests positive.

Will there be checklists or a tool kit created by the ISDH to help administrators and teachers prepare their buildings and rooms regarding how to prepare for a more conducive hygienic environment? What should be eliminated? Or ideas or aids/tools to purchase/have at the ready?

The CDC has issued guidance for schools that focus on having ill individuals stay home if they're sick, frequently cleaning and disinfecting spaces, closing communal spaces and other steps that can be taken to prepare the building. You can find those here:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

Will there be any sort of sample policy put out to help schools write their own policies?

There is no one-size-fits-all policy because each school system will have unique needs and challenges, and what works in a small rural school likely won't work in a larger urban environment. That's why ISDH worked with IDOE to develop the IN-CLASS document, which incorporates the latest CDC guidance for schools.

Can you please clarify if the schools should require a provider's note to return to school?

If a student or staff member has symptoms of COVID-19, they should be presumed to be positive and quarantine for 10 days and until they are 72 hours fever-free without the use of fever-reducing medications unless they have a provider's note that determines the symptoms were caused by something other than COVID-19, the student is fever-free for 24 hours, and the provider feels it is appropriate for the student to return to school.

Non-pharmaceutical interventions (social distancing, masks, etc.)

Until there is a vaccine or drug treatment, are we to at least use mitigation strategies in the school setting (social distancing, masks, hand-washing/disinfection)?

Social distancing, masks, handwashing and frequent disinfection will be necessary to curb the spread of COVID-19 until a vaccine is available.

When reading the re-entry guide, it seems to promote social distancing, but then also says that if it is not feasible it could be forgone or to do so to the best of our ability. If you can't do 6 feet, what would be the alternative minimum or would it just not matter because anything less than 6 feet is a high risk, for example?

We really do want to find ways to allow for social distancing as much as possible. That might mean taking classes outside when the weather permits. Or it could mean holding choir in the gym instead of the smaller music room. Implementing a mask policy is also important, especially in instances where you can't maintain that social distance. Without 6 feet of social distancing, the number of close contacts who could be subject to quarantine could be higher.

If face masks are worn, do desks in the classrooms have to be 6 feet apart?

Face masks do not eliminate the need for social distancing. When desks are closer, that increases the number of close contacts if a student tests positive.

Some have believed that if numbers are low (less than 5 new cases per day or no direct cases related to student/family members in the school) than you can go back traditional with no social distancing or masks. Please clarify.

The only way to reduce the transmission of COVID-19 in the absence of an effective vaccine is to continue to practice social distancing, wear masks and do frequent handwashing and disinfection.

According to the CDC website and our understanding, mitigation strategies, specifically social distancing, masks, and frequent hand washing need to be in place in the school setting until a vaccine or drug treatment is widely available. If this is correct, under what scientific circumstances should schools return traditionally, without these mitigation strategies?

Until a vaccine is available, it is expected that these measures will need to remain in place.

If we are unable to social distance with 6 feet between desks in classrooms, but all students are facing the same direction, can students not wear masks except during movement?

We encourage the use of masks and highly recommend that students remain 6 feet apart. However, we recognize that it may not be possible in some classrooms. In addition, younger students especially may need to have a break from their masks. This would be the most acceptable time or situation for them to remove them unless they were outside, which is even better.

If a district decides for all students to come back full time every day, would it be concerning to you that there could be small classrooms with 28-30 kids sitting in desks within 2 feet of one another (because it's physically impossible in a small room to move 6 feet apart)?

We expect schools to do the best they can with social distancing. Finding creative ways to increase social distancing such as utilizing outdoor space, cafeteria or gym space are some ways schools are exploring opportunities to increase the distance between students.

Testing:

Does the state recommend staff and students be tested regularly?

We do NOT recommend regular testing, because it's just a snapshot in time. You can test negative today and be positive tomorrow. We **do** recommend that all students and school employees be educated about the symptoms of COVID-19 before school starts, and that they self-screen for symptoms each day before coming to school. We also recommend that schools know of testing sites in the area to refer students and staff. We have been informed that insurance companies will not be covering testing that is done on a regular basis or for "back to work."

Will there be a way to quickly test students who go home with a fever and symptoms?

At this time, there is no ability to do rapid tests in all school settings. In addition, rapid testing can result in false negatives depending on the stage of infection. Testing sites around the state can be found on the testing link at www.coronavirus.in.gov.

If a student is identified as a close contact of another student who has tested positive and the close contact is asymptomatic, can they be tested and if negative be allowed to return to school earlier than the 14-day quarantine?

No, because the test may have been a false negative. We recommend that the student continue to quarantine for 14 days.

Isolation and quarantine:

If teachers and staff are exposed to Covid-19, do we have to take the 14 days off like the rest of the students and employees have to do?

Close contacts of positive cases, as identified through contact tracing and the case investigation, are required to quarantine for 14 days. If an individual develops symptoms or tests positive during the quarantine period, additional requirements apply.

What if a student was sent home due to temp or possible signs and symptoms of COVID-

19. Would we send and keep home the rest of the siblings in the household?

We would recommend testing for a child who is exhibiting symptoms of COVID-19. If a child tests positive, all others in the household would be considered close contacts and need to quarantine unless that child was isolated from others in the home, had a separate bathroom, etc.

I know that the CDC considers "close contact" to be within 6 feet of an infected person for at least 15 minutes starting 48 hours before illness onset until the time the patient is isolated. Does that change if either person is wearing a mask or if both are wearing a mask? For example, say I am in a classroom with a student within close contact, by CDC definition, who later tests positive. Would I need to undergo quarantine if I am wearing a mask? Or if the student is wearing a mask? Or if we both are wearing a mask?

At this time, CDC guidelines state that wearing a mask does not remove the need for quarantine for individuals who are close contacts of a confirmed COVID-19 case.

Will there be clear RULES on when to send students home and for how long? What is the board of health's plan for when a student tests positive? We have been advised that we will notify them, but then what? What is the plan from there?

The CDC's guidance for quarantine and isolation are included in the IN-CLASS document, and we have developed a chart to help guide school decisions. Schools should notify their local health department when being told of a positive case among students or staff. The Indiana State Department of Health will conduct contact tracing and a case investigation in collaboration with the local health department to determine who is considered a close contact and thus subject to quarantine.

If we have a teacher who has a sore throat but believes it is allergy-related, do they need to stay home until symptom free? Are we supposed to treat headache, with no other symptoms, as a potential COVID-19 case? Isolate in the separate COVID clinic space?

COVID-19 usually involves multiple symptoms. If you have an employee with a known allergy who is experiencing drainage and a sore throat as a result, with no other symptoms, or a headache with no other symptoms in an individual who is known to suffer migraines, you do not need to treat them as if they have COVID.

If one of your students is positive, does the teacher need to stay home?

Not necessarily. Contact tracing conducted by ISDH in consultation with the local health department will determine who was in close contact (6 feet or less for at least 15 minutes) with the positive patient, and those individuals would be required to quarantine. A teacher who does not fall within that criteria would not necessarily be impacted by quarantine.

Vulnerable and special populations:

I am a nurse at a developmental preschool. What are your recommendations for facial coverings for children 3-5 years with speech/developmental/ASD and other issues?

Face shields can provide protection for children who cannot wear a cloth face covering. Some students with speech and developmental delay as well as ASD may not be able to tolerate mask wearing or a face shield. In those cases, attention to social distancing (no prolonged close contact), hand hygiene and mask wearing by other individuals remain important.

What are recommendations for children with decreased auto immune systems, or children with tracheostomy?

Children with decreased immunity should consult a healthcare provider about whether in-person instruction is appropriate at this time.

For those of us who fall in the high risk age group, will a cloth mask keep us and our medically fragile students we work with safe? What should our minimum precautions/PPE be?

Cloth masks are sufficient if your work with the students is not healthcare-related. Otherwise, we recommend additional PPE such as surgical-grade masks, gloves and gown if necessary based on exposure to bodily fluids

How do you address students with terminal illness that want to attend on-site school and cannot wear a mask due to breathing issues related to diagnosis?

That decision should be a conversation between the parent and the child's healthcare provider.

If an immunocompromised student is sent to school because their parents want them in the building do we require a waiver since they are in the high risk group?

This would be a question for your school legal counsel.

How can we protect students with special needs? Many of our students with special needs in Lifeskills classrooms or Pre-K programs cannot wear a face covering (unable to self-remove or have respiratory issues). Many cannot comply with face covering hygiene procedures or cannot tolerate having something on their faces. And how can we protect students who are immunocompromised?

These students and their parents should consult their healthcare provider first to determine whether returning to school in person is appropriate. If they do return, you can consider the use of face shields instead of masks. This guidance would also apply to employees.

What is your recommendation for accommodating high risk staff members?

High-risk staff members should consult their healthcare provider for advice. The staff member should wear a mask and practice social distancing along with frequent handwashing and disinfecting of high-touch surfaces. Acrylic barriers in the classroom could also be considered.

There are many concerns with typical cloth masks for Deaf and Hard of Hearing students. Will the state be able to provide clear masks/shields for this population?

Face shields are appropriate in these circumstances and are available through online retailers and even within communities. Masks with clear plastic material only over the mouth area are also available.

Are there any guidelines for students who require more hands on support such as changing, hand over hand assistance, aggressive behaviors that need frequent hands on interventions, etc.? Should a teacher's aide wear more rigorous PPE?

Teacher's aides who are changing students should wear gloves and a surgical mask for typical care scenarios. Although CDC does not recommend that nebulizers be administered in a school setting, if aerosolizing treatments are required, such as suctioning, then an N-95 mask should be worn and the area where the treatment occurs should be closed for cleaning.

Transportation:

One of the largest barriers to any re-entry plan is that even if we can properly socially distance students in class, how will we get them here responsibly? What is the minimally acceptable standard for bus transportation? One child per seat? Two children if they wear masks? Every other row only?

The CDC has recommendations for transportation guidance that are included in DOE's IN-CLASS document. We recognize that separating students on a bus may not be feasible. In those cases, we recommend limiting the number of children to two per seat, requiring masks and assigning seats, which will aid with contact tracing should a student test positive.

If there is a bus full of students and they cannot be spread apart 6 feet, but are all wearing cloth masks, does that make any impact on the risk assessment that is done to determine who would meet the criteria for high or low risk exposure? If everyone was masked, would they still have to quarantine for 14 days, or could they return to school with self-monitoring for 14 days?

Those individuals who were within 6 feet for more than 15 minutes would be identified as close contacts and would be required to quarantine. That would apply regardless of whether they were wearing masks at the time of exposure.

Food issues:

I have a question related to concession stands for athletic and fine arts events. The wording in the document is as follows: *Concessions may be sold if food handlers and cashiers use appropriate PPE and only prepared, prepackaged food is available.* I am seeking some clarification as to the term "prepared"? Would our concession stand workers with gloves and masks on be able to "prepare" hamburgers and hot dogs and wrap them in foil to be served?

These would be considered pre-packaged so long as they are individually wrapped and condiments are included with the food. Bottles of ketchup and mustard or other condiments should not be placed in a buffet style where they will be frequently touched.

What specific policies and/or procedures are being discussed to address students with life-threatening allergies with the proposal of eating lunch in the classroom, especially at the elementary level? Will this policy increase workload of the classroom teacher? Both FARE, Food Allergy Research and Education, and the CDC recommend allergen-free classrooms.

Schools will need to consider food allergies as they make their plans.

How is lunch being handled where they will not be wearing mask and it would be hard to get 6 feet of separation?

The CDC recommends that students bring their lunch or that schools provide prepackaged items, box lunches, and disposable food items whenever possible. When possible, having younger children eat in their classrooms can help cohort students and reduce potential exposures. Assigning seats at lunch can help identify close contacts of a student who tests positive. Students should wash their hands thoroughly and often, and any surfaces they will be touching should be disinfected before and after they are used, whether it's in the classroom or in the lunchroom.

Cleaning and disinfecting:

If we sent out a letter to parents and received written permission for their child to use wipes to clean before and after their contact with high touch spots, would this be acceptable?

When supervised and non-toxic wipes are used, it is appropriate to have students wipe their own desks or other high-touch spots.

What is your recommendation for cleaning desk surfaces at the high school level when students are transitioning to multiple rooms during the day?

Schools should consider providing each classroom with a cleaning solution and paper towels; each teacher can build in spraying of desks at the end of each class period. It's important that only one person – likely the teacher – touch the spray bottle, so teachers could spray desks and students could dry them and dispose of paper towels on their way out of the classroom.

Can water fountains be in service? We are first thinking about our athletes in July and then later thinking about the general student body in August.

CDC recommends taking water fountains out of service because they are high-touch surfaces. We would encourage schools to let students bring in water so they can stay hydrated. If you do need to keep your water fountains available for students to refill water bottles, you will want to have wipes so that the surfaces can be wiped down between uses.

Should classrooms remove soft cloth furniture from classrooms since they are more difficult to disinfect?

Yes, unless these furniture items can be covered with plastic or vinyl that can be disinfected regularly.

Miscellaneous:

What is the best response to those that ask, why if the state is fully open in July without restrictions do the schools have to take such precautions when returning to school?

This is not business-as-usual, and we cannot return to pre-COVID days until a vaccine is readily available. COVID-19 continues to circulate in our communities, making people sick and causing severe illness and even deaths. Wearing masks, socially distancing, washing your hands and staying home if you're sick need to be the new normal in order to protect Hoosiers of all ages.

At the elementary level, teachers travel between buildings to teach special classes while classroom teachers have a preparation period. These teachers typically see all the students in the building over a week. This results in many contacts between teachers and students. Should alternative be found for traveling teachers?

Traveling teachers should practice the same mask wearing, hand hygiene and social distancing measures that they would if they remained in one facility all day.

We are a private school and don't have a nurse on staff and a separate room to isolate students. What should we do?


We recommend that you consult whoever provides healthcare services to your school currently,

as they will be most familiar with your setup.

I teach at a public Montessori school, where desks are limited, because of the amount of work we do on the floor. What should we do?

We highly recommend distancing students 6 feet apart when feasible. Floors should be cleaned daily.

We have a lot of materials that are shared between students in classrooms, including art supplies. What should we do?

While surfaces are not believed to be the primary means of transmission for COVID, there is much we still don't know about how long the virus may last on surfaces. We recommend that you limit shared materials to those that can be easily and regularly cleaned. 

What do you think of UV sanitizers are they worth to purchase?

The World Health Organization advises that UV radiation can cause skin irritation and damage your eyes. Cleaning your hands with alcohol-based hand rub or washing your hands with soap and water are the most effective ways to remove the virus.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters#:~:text=UV%20lamps%20should%20not%20be,can%20cause%20skin%20irritation.>

If schools require parents/guardians to have their child tested for COVID, will schools be responsible for paying for the testing?

Under the Families First Coronavirus Response Act (FFCRA), most people should not face costs for the COVID-19 test or associated costs for the duration of the public health emergency. The act requires all forms of public and private insurance, including self-funded plans, to cover FDA-approved COVID-19 tests and costs associated with testing with no cost-sharing. The exception is that insurance will not cover tests for "back to work" or other programs designed to screen people before attending school or work.

Specific recommendations for co-op preschools where parents assist teachers with preK ages?

Parents should self-screen before going to the preschool, wear masks and practice social distancing.

The IN-CLASS document mentions reviewing and/or creating staff health plans. Is this pertaining to school nurses or Human Resources?

This is a question for the Indiana Department of Education.

During the closure, we advised our staff that they were no longer going to be conducting home visits or doing direct instruction in homes for students who require that level of support due to medical issues that preclude them attending school. What is the advice as we re-open schools in July? Is it safe for our staff to go back into homes to provide those services?

It is appropriate to resume these home visits now. Anyone going into a home should wear a mask, wash their hands and following CDC recommendations.

Please clearly define "substantial", "minimal to moderate" and "low to no risk" as far as numbers of community transmission. How do we know this number from day to day? Are we to assume that as long as there is at least 1 community transmission or new case a day that this is at least minimal to moderate? If the above are to be in place in the school setting, why are full contact sports in the school setting approved to begin? It seems to

be contradictory to tell our students to wear masks and social distance during the day and then play football that night with different communities using none of the mitigation strategies. How do we explain this when asked?

None to minimal, Minimal to Moderate and Substantial spread are defined the best by CDC in the "Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission." Table 2 page 4 has schools/ child care, and table 3 has the delineation of the above categories. Link to the document is included here.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html#minimal>

What sort of guidance is given for passing periods where they will be in close contact with each other?

Encourage students to wear their masks. Keep them moving so they don't stop to socialize in big groups. You might even consider revising traffic flows so that students travel in one direction, similar to what you see in grocery stores. Encourage hall monitors, teachers, etc., to model by example in wearing their masks during periods of close contact.

Why is it being recommended not to have recess but public playgrounds are open? How do those differ from one another?

The IN-CLASS [document](#) suggests that schools alternate recess to minimize the number of students on the playground, encourage social distancing, and allow time to disinfect equipment between uses.

A lot of schools have therapy dogs which are constantly touched. What should schools do about bringing dogs into the school? Should they not bring them or should they just not allow them to be touched?

We recognize that therapy dogs are beneficial and that students want to touch them, but we recommend educating your students about the need to not touch the dogs. Sometimes the mere presence of a therapy dog can have the same soothing effect. If a student does touch the therapy dog, make sure to have them wash or alcohol their hands afterward.
