



Indiana State Department of Health

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

Contact Tracing/Testing/Social Distancing/Quarantine/ Return to School

Just ONE symptom from the list of common signs/symptoms of COVID-19 warrants further evaluation and conversation. If student or staff member is sent home, quarantine with testing strongly recommended. A positive test then initiates contact tracing. Nursing assessment, student health history, etc., play a part in how every student is managed and how they are triaged during the school day. For example, if a staff member or student has symptoms of a runny nose or nasal congestion without a fever and a history of allergies, they will need written documentation from their provider with a non-COVID diagnosis or stay in quarantine for 10 days if they don't go to a provider. See the [Return to School](#) guidance for more information.

How many symptoms warrant a questionable COVID diagnosis? What about just a headache or nausea with no other symptoms?

There are cases with only one symptom, which is enough to prompt a nurse's assessment.

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 24 hours 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 CDC says the student would need to stay home for 10 days and be fever-free for 24 hours without use of fever-reducing medication and with improvement in other symptoms, if present.

Note that this is a change from the 72 hours previously recommended.

If a child has a fever, it is suggested to be 24 hours fever free without meds. Is the 24 hours just for fever or all symptoms?

The student should be fever-free and have resolution of other symptoms.

What if they have mild cold symptoms in line with COVID-19 but no fever? Do we send them home? Do we still isolate them at home?

Follow the COVID screening tool posted under Back to School Resources at www.coronavirus.in.gov. You should release to home and encourage testing.

What do we do with a student if parents refuse or are unable to pick up?

Speak with your school administrator to devise a plan for use throughout the school year.

If the child of a teacher becomes symptomatic but the family chooses not to have the child tested, should the teacher (parent) stay at home for 10 days or come to school until symptoms present?

Encourage testing of both parent and child and monitor for symptoms. The child should be tested because if the result is negative, and with symptom resolution, return to school can occur.

We are concerned about the ability to discern COVID symptoms from other health issues. Is it best practice to send everyone home that has one of the COVID symptoms even during allergy times when many students have a cough or sore throat? Any guidance would be appreciated.

IF the nurse assesses and believes symptoms are consistent with the individual's medical history, we recommend a call to the parent or provider to discuss. We recommend that every student who appears at the nurse clinic for anything outside a regular visit for medication administration or daily treatment have a temperature check. IF temperature is elevated, no matter what the presentation or medical history, recommend following COVID algorithm and get student home and tested.

Where can we find sites that will test children?

The local health department can provide locations for free COVID testing, and sites also are listed on the testing map link [here](#). ISDH-run sites and OptumServe sites will test children age 2 and older.

Is there a recommended timeline for when an asymptomatic contact should be tested? Should they be tested as soon as they are notified they are a contact, or should they wait a few days?

ISDH Chief Medical Officer Dr. Lindsay Weaver's opinion is that day 5 is best day for testing.

Does a person have to have returned taste and smell before they return to the schools?

No, that symptom sometimes takes a while to resolve. Please refer to the [Return to School](#) guidance.

Is it recommended that a person in the same room that is greater than 6 feet from a positive student/staff do a precautionary 14-day quarantine?

No.

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 24 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 24 hours without use of medication, and have significant improvement of any other symptoms.

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?

COVID-19 generally presents with multiple symptoms, although some individuals may have only one symptom. 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. A screening decision tree is available in [English](#) and [Spanish](#).

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 for three months after they were infected, but this recommendation may change in the future as we learn more, and does not apply to children.

I see that if a student is sent home with COVID symptom(s), "individuals in close contact of the ill individual should be advised to monitor for symptoms." Do I need to notify the entire classroom or how do I go about doing this?

Recommend testing of the student who is sent home and, if positive, initiate contact tracing. Random symptoms increase suspicion and the need for testing so that contact tracing can be initiated for a positive result. If parents do not seek testing for their symptomatic student, the best plan for the school is to increase initiatives to mask, distance, wash hands and stay home if sick for everyone in the classroom and school environment.

We were told even if all are wearing masks the individuals within the 6 feet will still be quarantined? True?

Yes. CDC defines close contacts as those who have been within 6 feet of an infected person for 15 minutes or more at a time. Schools are encouraged to achieve at least 3 feet of space between students, but anyone within 6 feet would be considered a close contact and would be subject to quarantine in the event of a positive case.

The guidance I've ready 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. Please refer to Governor Holcomb's executive [order](#) for specific guidance.

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, and stay home if sick or a close contact of a positive case.

Contact tracing will be initiated by the health department, correct?

Contact tracing will be implemented by first to know about a positive case, typically the local health department. It's important that parents and staff notify the school when they first learn of a positive result and that the schools, local health departments and ISDH communicate to ensure that case investigation is initiated quickly to prevent further spread of infection.

Are there any guidelines or special training required for school districts to track and trace positive staff or students within our school? Can you send me guidelines or forms that should be used and who is directly responsible for tracing positive people?

Schools can help us by keeping accurate seating charts, attendance rosters, anything that will help provide information if needed. The state and local health departments will be responsible for communication related to contact tracing and tracking of positive cases. A tracking sheet available in the school Back to School resources [here](#). Reach out to your LHD with questions.

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. The goal when possible will be to close the smallest area for the shortest time frame possible.

If someone tests positive on the school bus, would the school send out a letter to everyone on that bus stating there was a positive on the school, so the parents could watch for signs or symptoms? Or would a letter just go out to the children that were sitting close to the child that tested positive?

Contact tracing would be initiated by the LHD in collaboration with ISDH. Only those considered close contacts would be notified and the actual student name would NOT be given. It would be up to the individual school system to notify those outside of the 6 feet close contact range. The minimum amount of information necessary to initiate public health actions should be shared.

If a student was sent home, is waiting on a COVID test or even just being quarantined (parent chooses not to test), do we notify the student's teacher and class of a presumed positive at the time we send the student home? Or do we wait until we have a positive test then notify? Do we notify all the parents of those students?

Please recommend testing and, if positive, initiate contact tracing. Contact tracing cannot be initiated without a positive test. A presumed positive will not initiate contact tracing. Only those who are deemed close contacts should be notified.

If a positive case is identified and the school is closed for deep cleaning, is there a recommended time before parents can come get school items for remote learning?

If school is closed, no one should be coming in except for cleaning crew until the cleaning is complete.

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, and for those who are sick or exposed to stay home.

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 non-pharmaceutical interventions will need to remain in place.

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 at six feet. Finding creative ways to increase social distancing such as utilizing outdoor space, cafeteria or gym space in ways are some ways schools are using to increase the distance between students.

If there is a positive test in the home, the parent should notify the school and the student(s) from the household should quarantine at home for 14 days. BUT some parents will not notify the school. Can the local health department let schools know if a student is in isolation?

The local health department will notify school only of positive results. We suggest that the LHD ask the parent if he/she has notified the school of the positive result if there are family members in multiple buildings.

In a classroom setting, if all students were masked but not fully distanced the 6 feet, and one tested positive, the close contacts in that class would still be quarantined?

Yes.

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?

As 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, and remains asymptomatic, she would

be able to continue working, while monitoring for symptoms. School nurses are considered essential health care personnel, and because their work brings them into close contact with multiple sick children during the day, they should wear a surgical mask throughout the day.

If someone tests positive on the school bus, would the school send out a letter to everyone on that bus stating there was a positive on the school so the parents could watch for signs or symptoms? Or would a letter just go out to the children that were sitting close to the child that tested positive?

Contact tracing would be initiated by the LHD in collaboration with ISDH. Only those considered close contacts would be notified and the actual student name would NOT be given. It would be up to the individual school system to notify those outside of the 6 feet close contact range. The minimum amount of information necessary to initiate public health actions should be shared.

I hear that if students and the teacher are exposed to a positive case while wearing a mask that all of those close contacts will need to be quarantined. Is this correct? If so, then the schools are going to question why wear masks?

Six feet of distancing and masking decreases chance of infection, but we still need to follow guidelines for quarantining/isolation. Contact tracing remains important.

Are there any guidelines or special training required for school districts to track and trace positive staff or students within our school? Can you send me guidelines or forms that should be used and who is directly responsible for tracing positive people?

ISDH will have a special webinar on Friday, July 25, that is dedicated to contact tracing in schools. Schools can help us by keeping accurate seating charts, attendance rosters, anything that will help provide information if needed. The state and local health departments will be responsible for communication related to contact tracing and tracking of positive cases. Reach out to your LHD for questions.

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Can local health departments give schools the name of a positive case?

Yes, but only for the purposes of contact tracing. That information is not to be shared broadly and should only be used to identify others who need to be notified about their exposure. Share as little identifiable information about the positive case as possible.

Can schools share the name of a positive case with teachers or other students?

Schools should not broadly share the names of positive individuals. Only the minimum information necessary to gather information for contact tracing should be shared. Contact tracers will never identify a positive case to close contacts and will only notify a close contact of their exposure.
