

## Frequently Asked Questions (FAQs) regarding K-12 Schools and COVID-19

**Note:** CDC updated its [guidance](#) for K-12 schools on July 24, 2020. The CDC guidance includes an FAQ about [reopening](#), and another [FAQ](#) for school administrators, teachers, and parents. Those interested in COVID-19 related issues in the school setting are encouraged to review the comprehensive guidance available at the CDC website. Nothing in the present document is intended to contract available CDC guidance at the national level. The intent of the present document is to provide more detailed guidance for stakeholders in Florida that may be needed in some circumstances.

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### **Q: Is universal testing of all students and staff at the beginning of the school year recommended?**

A: No. CDC [guidelines](#) advise against broad testing of everyone at the beginning of the school year.

### **Q: Should schools conduct symptom screening each day to identify symptomatic children?**

A: Based on the best available evidence at the time, CDC does not recommend universal symptom screening (screening all students grades K-12) be conducted by schools.

Rather, [CDC recommends](#) parents, guardians or caregivers should be strongly encouraged to use the [Daily Home Screening for Students](#). The Daily Home Screening for Students includes two sections:

#### ***SECTION 1: Symptoms***

If the child has any of the following symptoms, this indicates a possible illness that may decrease the student's ability to learn and may also put them at risk for spreading illness to others. Please check your child for these symptoms:

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth;
- Sore throat;
- **New** uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline);
- Diarrhea, vomiting, or abdominal pain; or
- New onset of severe headache, especially with a fever.

#### ***SECTION 2: Close Contact/Potential Exposure***

1. Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19; OR
2. Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person under quarantine for possible exposure to SARS-CoV-2; OR

3. Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the [Community Mitigation Framework](#)
4. Live in areas of high community transmission (as described in the [Community Mitigation Framework](#)) while the school remains open.

**Q: In the school setting, how do we evaluate a sick student and how do we handle the isolation of a student sick with symptoms in Section 1?**

A: It is appropriate for school health staff to use the same [form](#) as parents, guardians, or caregivers use at home. Utilize the form with instructions given to the parents, guardians, and caregivers.

- Students who develop any of the symptoms in Section 1 while at school should be placed in an isolation area separate from staff and other students and evaluated using the [Daily Home Screening for Symptoms](#)
  - School staff (e.g., workers, teacher aides, school health staff) who interact with a student who becomes ill while at school should use [Standard and Transmission-Based Precautions](#) when caring for the student.
  - Students who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow [CDC guidance for caring for oneself and others](#) who are sick.
- Students identified at school who develop any of the symptoms in Section 1 AND school health staff can determine that there is a YES or possible YES to any of the questions in Section 2, should keep the child in an isolation area and then sent home or to a healthcare facility if symptoms indicate a need for immediate evaluation:
  - If a school needs to call an ambulance or bring a student to the hospital, they should first alert the EMS and hospital staff that the student has symptoms consistent with COVID-19.
  - After the student leaves the isolation area, school staff who work in the isolation area should follow CDC's [guidance on Cleaning and Disinfecting your Facility](#).
  - **Note:** In developing plans for placing students with symptoms in an isolation area, schools should be mindful of appropriate safeguards to ensure that students are isolated in a non-threatening manner, within the line of sight of adults, and for very short periods of time.
- Students with any of the symptoms in Section 1 and all NO answers in Section 2 should follow their school's current illness management policy to minimize transmission to others, to optimize learning opportunities, and to allow for these symptoms to resolve (at least 24 hours without fever reducing medications or in accordance with existing school illness policy).

**Q: Who will do contact tracing of our students who test COVID-19 positive?**

A: The county health department (CHD) epidemiology teams have primary responsibility for contact tracing. CHD epidemiology staff may contact school administrators or school health staff to inquire about school-based outbreaks or regarding close contacts of a student diagnosed with

COVID-19. While school nurses do not have primary responsibility for contact tracing, they may be able to assist CHD staff involved in contact tracing by providing information regarding classroom cohorts, school gatherings, or other information helpful to the contact tracing investigation. As school health nurses become aware of students with laboratory confirmed COVID-19, they are encouraged to maintain information in a spreadsheet regarding close contacts of the student that could be shared later with CHD epidemiology staff, if requested.

**Q: If a student is identified as a COVID-19 case, will the school be notified?**

A: The CHD epidemiology team will conduct investigations of cases and notify schools when appropriate. In order to stay within the framework of [HIPAA](#) and the need to protect individual patient privacy, names may not necessarily be provided in every instance. For example, if a child has chosen to attend school remotely, and has not attended the school facility during the infectious period, and no school attending contacts are identified, then the student's identity may be withheld. CHD epidemiology teams will work with schools on a case-by-case basis with respect to potential exposures and mitigation strategies, including communication strategies to the broader school community and parent groups.

**Q: If a child known to be COVID-19 positive attended class during the symptomatic phase of illness, what follow-up measures should occur? Should the school be closed, or the classroom?**

A: The response will vary depending on the circumstances. In most instances, a single case of COVID-19 in a school would not warrant closing the entire school. Community spread and how much contact the person with COVID-19 had with others, as well as when such contact took place, need to be considered. These variables should also be considered when determining how long a school, or part of the school, stays closed. If there is rampant spread of SARS-CoV-2 within a school or if the school is the source of large outbreaks or further community spread, administrators should work with local health officials to determine if temporarily closing the school building is necessary. If schools adhere to CDC [guidelines](#) regarding classroom cohorting, and other prevention measures, then closures would likely be limited to a classroom or specific area of the building, rather than the entire school.

**Q: A student is sick either at home or school. How do we handle this and when can the student return to school upon exclusion?**

A: If the student/parent/caregiver or school health staff answers YES to any question in Section 1 but NO to any questions in Section 2, the student would be excused/excluded from school in accordance with existing school illness management policy (e.g., until symptom-free for 24 hours without fever reducing medications).

If the student or parent or caregiver or school health staff answers YES to any question in Section 1 and YES to any question in Section 2, the student should stay home or be sent home from school. It is recommended that these children be referred for evaluation to their healthcare provider and possible [testing](#). CDC strongly encourages local health departments to work with local school systems to develop a strategy to refer symptomatic individuals to an appropriate healthcare provider or testing site, if they can't be seen by their usual health care provider.

- Students who have been evaluated and received a negative COVID-19 PCR test result should be allowed to return to school once their symptoms have otherwise improved in accordance with existing school illness management policies.
  - Family members of this student should be excluded from school or work while the student is being evaluated and tested. Upon negative COVID-19 PCR test result for the student, family members may return to school or work, barring any symptoms consistent with COVID-19.
  
- Students evaluated that have been diagnosed with COVID-19 by PCR test should stay home, isolate themselves from others, monitor their health, and follow directions from the county health department.
  - Family members of this student should be excluded from school or work while the student is being evaluated and tested. Upon positive COVID-19 PCR test result for the student, family members should monitor their health and follow directions from the county health department.
  
  - Students [clinically diagnosed with COVID-19](#) (i.e. did not receive a COVID-19 PCR test) should be permitted to return to school in line with current CDC guidelines for [ending home isolation](#). These guidelines require that at least 10 days have passed since the day of symptom onset, and that the student be free from fever for at least 24 hours without fever reducing medication, and that any other symptoms are improving. A negative test or doctor's note should not be required for return to school.

**Q: How do we handle their siblings who live in the same home?**

A: Family members of a symptomatic student should be excluded from school or work while the student is home sick. They should home quarantine and be excluded for a potential 14-day incubation period unless further testing of the child with compatible symptoms rules out COVID-19. If the child with fever tests negative by PCR for COVID-19, then siblings without COVID-19 related symptoms are no longer considered contacts and can return to school.

**Q: If a student tests positive must everyone in the classroom be quarantined**

Close contacts of a confirmed case should self-quarantine for 14 days.

Close contact is generally [defined according to CDC](#) guidelines as an *‘Individual who has had close contact (< 6 feet) for ≥15 minutes’*.

Data to inform the definition of close contact are limited. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), and whether the exposure was to a person with symptoms (e.g., coughing likely increases exposure risk).

Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure, but 15 minutes of close exposure can be used as an operational definition. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed individual) remain important.

Therefore, this guideline should be used to determine who may have had ‘close contact’ with the confirmed case and determine the close contacts that should self-quarantine.

One advantage of the cohorting strategy recommended by CDC is that it may limit exposures within discrete classroom settings, and limit mixing of exposures between different classrooms.

As a practical matter, in most K-12 school settings, classroom space is limited and many students in the classroom would meet the definition of close contact. Operationally, it may be easiest to classify the entire classroom as close contacts.

In some circumstances, however, merely being in the same classroom may not necessarily constitute close contact, particularly in large auditoriums or lecture halls. Therefore, schools are encouraged to consider the particular circumstances when determining close contacts.

For small classrooms with students sharing the same space throughout the school day, it is appropriate, and likely the most operationally feasible approach, to consider the entire classroom as close contacts.