



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

**Note:** CDC updates its [guidance](#) for K-12 schools as new information becomes available. The CDC guidance includes an FAQ about [reopening](#) and another [FAQ](#) for school administrators, teachers, and parents. Those interested in issues related to COVID-19 in the school setting are encouraged to review the comprehensive guidance available at the CDC website.

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### **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 that parents, guardians, or caregivers evaluate students for symptoms prior to sending them to school each day. If the child has any [symptoms related to COVID-19](#), please keep them home and seek medical evaluation and testing.

### **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?**

A: Students who develop symptoms of COVID-19 while at school should be placed in an isolation area separate from staff and other students.

- 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 health care facility, depending on how severe their symptoms are, and follow [CDC guidance for caring for oneself and others](#) who are sick.
- 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.
- When students are sent home, they should be given the template letter developed which lists symptoms to be checked off and information on how and when they'd be able to return to school.

**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: What is a COVID-19 case?**

A: A person who has tested positive for the SARS-CoV-2 virus, or a person who is sick with COVID-19-like symptoms and had close contact with someone who has tested positive for COVID-19.

**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 to make sure that persons identified as cases and contacts do not return to school until their isolation or quarantine period is over. 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, 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 a case attended class during the symptomatic phase of illness, what follow-up measures should occur? Should the school or the classroom be closed?**

A: The response will vary depending on the circumstances. If schools adhere to CDC [guidelines](#) regarding classroom cohorting and to other prevention measures, then closures, if needed, would likely be limited to a classroom or specific area of the building, rather than the entire school. If it is clear that the case (e.g. teacher or adult student) had close contacts with a few persons seated nearby, only a subset of students may have to be quarantined. In nearly all instances, a single case of COVID-19 in a school should not warrant closing the entire school. How much contact the person with COVID-19 had with others, as well as when and where 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.

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

A: Parents should be encouraged to seek medical care and testing for the sick student.

- Symptomatic students and staff 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. If during the evaluation they are diagnosed with a specific disease such as strep throat, then return criteria would be based on school return policies for that specific illness.
- Symptomatic students and staff who have been evaluated and have been diagnosed with COVID-19 should stay home, isolate themselves from others, monitor their health, and follow directions from the county health department.
  - Cases may return to school after at least 10 days have passed since the day of symptom onset and the case has been fever-free for at least 24 hours without fever reducing medication and other symptoms are improving
  - Family members of this student should be excluded from school or work for 14 days from last exposure to case while infectious.
- Symptomatic students and staff who have not been evaluated by a medical provider, tested for COVID-19, or diagnosed with another illness should follow COVID-19 isolation release criteria, as described above.

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

A: The definition of an exposure or close contact in a school setting is the same as in any other community setting.

**Close contact** has occurred if **any** of the following happened while an individual (student, teacher, or staff person) interacted with a confirmed or probable case of COVID-19, even if they didn't have symptoms during their infectious period:

- Had direct physical contact with the person (for example, a hug, kiss, or handshake).
- Were within 6 feet of the person for 15 minutes or more. This includes single encounters OR multiple encounters within a single day adding up to 15 minutes.
- Had contact with the person's respiratory secretions (for example, coughed or sneezed on; contact with a dirty tissue; shared a drinking glass, food, towels, or other personal items).

This definition applies even if protective measures, such as face coverings, face shields, or physical barriers (for example, plexiglass, partitions), were used. While these protective measures reduce the risk of spreading COVID-19, it does not negate the need for a quarantine if the criteria above are met. School-based health care providers may not need to

quarantine if they are wearing the proper personal protective equipment outlined in the [CDC guidance for health care providers](#).

To determine within the classroom setting if a subset of students need to be quarantined versus a whole classroom, details needs to be obtained to make an informed decision. Factors to consider include age of students involved, classroom layout, seat assignments, movement of students and staff within the classroom, and length of exposure. Examples are below:

- If desks are placed **6 feet apart**, students remain at their desks throughout the duration of class, and the teacher remains at the front of the class at least 6 feet away from any students, there would be no close contacts identified in the classroom.
- If desks are placed **less than 6 feet apart**, students remain at their desks throughout the duration of class, and the teacher remains at the front of the class at least 6 feet away from any students, those students within the 6-foot radius of the case would be considered close contacts and should be placed in quarantine. The teacher and students outside the 6-foot radius would not need to quarantine.
- If the classroom is arranged such that students are **moving freely throughout the classroom without maintaining 6-foot distance and interacting with the teacher**, all students and the teacher would be considered close contacts and should be placed in quarantine, given that the duration of free movement exceeded 15 minutes total in a day.
- If the students move between multiple classrooms throughout the day and desks are placed **less than 6 feet apart**, those students within the 6-foot radius in each of the classrooms the case was in would be considered close contacts and should be placed in quarantine.

**Q: Can a close contact in quarantine return to school early after a negative test?**

A: No. Testing of close contacts can help determine who became infected. However, since it can take up to 14 days for someone exposed to develop symptoms, testing cannot be used to shorten the quarantine period.

**Q: Teachers and school staff are listed as “essential workers” What does this mean?**

A: Please see the document linked here which lists occupational groups that meet the criteria: [https://www.cisa.gov/sites/default/files/publications/Version\\_4.0\\_CISA\\_Guidance\\_on\\_Essential\\_Critical\\_Infrastructure\\_Workers\\_FINAL%20AUG%2018v3.pdf](https://www.cisa.gov/sites/default/files/publications/Version_4.0_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers_FINAL%20AUG%2018v3.pdf)

While employees of the schools may meet the criteria to be considered essential workers, this does not mean that they are automatically allowed to work after an exposure. CHDs will always recommend that individuals determined to be close contacts quarantine for 14 days. If it's determined that the school has exhausted all efforts to find a substitute or work out a remote option, then the exposed individual may be permitted to continue to work following a potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community. Specifically, they should wear masks, stay more than 6 feet from students and other staff, and not come to work if symptoms develop. Also, they should quarantine at home when not at work.