

COVID-19: An Update for School Personnel



Children'sSM
Healthcare of Atlanta

FAQs and Sources of Truth

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Masking

Q: Why is it necessary to quarantine after exposure/close contact if the exposed person was wearing a mask?

A: Masks significantly reduce the spread of COVID-19 but do not eliminate the risk of transmission. When determining whether a person exposed to COVID-19 should go into quarantine, other factors such as lack of physical distancing, duration of close contact, and type of contact should also be considered.

Q: If students are wearing a mask in class and a student tests positive, should we require the entire class to quarantine?

A: In general, if there is a single case of COVID-19 within a classroom and everyone in the class were wearing masks correctly, the entire class does not automatically need to be quarantined. However, the school should determine if there were classroom contacts who, although masked, may have been exposed. For example, eating lunch together or standing/sitting close (less than 6 feet) to each other for greater than 15 minutes at one time or on a cumulative basis in a 24-hour period. Those interactions represent more extensive exposure warranting quarantine.

Q: We have several students in our school that have trouble wearing masks. Do you have any recommendations on how we can get them to wear their mask?

A: There are several ways to encourage students to consistently and properly wear masks. Schools should consider displaying age-appropriate posters and materials with visual cues that show proper ways to wear a mask in the classroom and hallways. Also, engage students by playing games or incorporating activities that remind them of proper mask use and why it is important. Most importantly, students learn from us! Teachers and staff can have a big influence on students just by wearing their mask appropriately and consistently throughout the day. Try visiting www.strong4life.com/reopening to access videos and resources created for school staff. CDC also offers additional grade-level specific strategies to encourage students to wear masks that can be found [here](#).

Q: How effective is a clear full-face plastic face shield in place of a cloth or surgical mask?

A: There are no good comparative data currently comparing face shields to cloth/surgical masks. Having said that, if a person is unable to wear a mask due to behavioral or medical factors, a face shield will likely provide some protection and is better than nothing. As always, face covering is one component of prevention and should be combined with physical distancing and frequent hand hygiene.

Screening, Symptoms, & Treatment

Q: Do you recommend temperature screening checks on all students coming into school?

A: We recognize each school's capacity for screening students is different. Parents should be encouraged to screen their students at home each morning prior to sending their child to school. We have created this great [resource](#) for their use. In addition, staff should also be performing the same [self-screening](#) each day prior to arriving.

Q: I'm getting a lot of push back from parents of students with allergy symptoms (runny nose/congestion). How should school nurses handle students with allergy symptoms? Should they be sent home for 24hrs?

A: Ultimately, the decision must be individualized. In general, children with symptoms that could be COVID-19 or allergies should remain home for at least 24 hours to monitor symptom progression. If the child has a history of allergies, and frequently has similar symptoms, the parent may give the child their allergy medicine and monitor him/her. If symptoms improve and there are no new symptoms such as fever, cough, body aches, fatigue, sore throat, etc., they likely can return the next day. If there is any question as to the cause, or symptoms do not improve or worsen, or there is no prior history of allergies, testing for COVID-19 is likely indicated.

Q: Please reiterate the way we deal with mild symptoms, i.e., headache, sneeze, cough in asthmatics, single episode of vomiting or diarrhea.

A: Assessing mild symptoms is challenging and must be individualized. Some children have a well-identified history of allergies, stomach issues or chronic headaches. Occasionally, a child may have a single episode of vomiting or diarrhea with an identifiable cause, something they ate for example. In general, children with symptom(s) should be sent home and monitored for 24 hours. If consistent with a chronic condition, it should be managed with the typical treatment. If symptoms resolve/improve with the routine management or was isolated and has not progressed/recurred, the child can likely return within 24 hours provided symptoms have improved. If symptoms persist or worsen, testing for COVID-19 is likely indicated.

Q: Should we be more concerned about students that present with multiple symptoms?

A: Multiple symptoms that could be consistent with COVID-19 are more concerning than a single symptom (excluding fever, which is always concerning). In general, testing for COVID-19 is usually indicated for persons with multiple symptoms or any new symptoms that persist.

Q: What is a good frequency for hand hygiene in a 6-8-hour school day?

A: It's a great idea to have students complete hand hygiene upon entering the classroom each morning. Hand sanitizer, with at least 60% alcohol, is a great option for this approach. Soap and water should be used before and after eating, after using the restroom, and anytime bodily fluid gets on the hands. Always make sure hand sanitizer and other cleaning supplies are stored safely away from students.

Q: Sometimes, nebulizer treatments are needed for students in respiratory distress. Do you have any recommendations or guidelines for utilizing this therapy?

A: During the pandemic, asthma treatments using inhalers with spacers (with or without face mask) are preferred over nebulizer treatments when possible. If a nebulizer treatment is necessary for a student, the number of people present in the room should be limited to the student and the staff member administering the treatment. Staff administering nebulizer treatments should wear appropriate PPE. Also, it is recommended to perform the treatment in a room with an open window, if possible. After the nebulizer treatment, the room should be cleaned and disinfected appropriately. CDC has additional recommendations on use of nebulizer treatments in the school setting which can be found [here](#).

Q: Do you have any recommendations for the best way a school nurse should run his/her clinic to reduce transmission rates?

A: Using mitigation strategies such as physical distancing, limiting the number of people in the clinic at one time, and having both students and clinic staff wear appropriate face coverings, are the best ways to limit transmission of COVID-19 in the school clinic setting. Also, keeping a tracking sheet of students, teachers, and staff who are seen in the school clinic is imperative for quick contact tracing in the event an individual is later confirmed as a COVID-19 case.

Q: What are the risk factors for the pediatric population? Is asthma one?

A: Risk factors for more severe COVID-19 infections are like those for influenza. We have seen an over-representation of Hispanic and Black children infected (not necessarily more severe) but this may be related to increased household exposures. Asthma and/or obesity have frequently been present in children hospitalized with COVID-19. Ultimately, nearly all these children have done well. Children that are immunosuppressed are also at higher risk.

Q: How can school nurses assist DPH with contact tracing and advising students/staff about quarantine?

A: School nurses play an integral role in assisting public health with contact tracing in the school setting. First, school nurses can assist public health with contact tracing by having a plan in place to quickly identify close contacts in the school once a case is identified. Additionally, school nurses should work closely with public health officials, prior to a COVID-19 case being identified, to determine what information needs to be provided. Some school nurses have found it helpful to develop a reporting template which includes the name, grade, teacher, exposure setting (e.g. classroom, athletic team, extracurricular) and contact information for close contacts. If interested, Johns Hopkins offers a free [COVID-19 Contact Tracing Training](#).

Q: Do students/staff need to be kept out of school until an official notification from DPH is received?

A: Once close contacts are identified, the school nurse should work closely with local public health officials to ensure close contacts are informed of the required 14 day quarantine period.

Q: If symptoms of loss of taste/smell and/or fatigue continue past the 10 days of isolation for the infected person, should they still be excluded from school or can they return safely?

A: Some symptoms such as fatigue and loss of taste/smell may persist for weeks to months after a COVID-19 infection has resolved and do not represent persistent infection or contagiousness.

Contact Tracing & Quarantine

Q: When considering a close contact quarantine, if a person is symptomatic and tests negative with the rapid test, should we still quarantine all close contacts or wait for the PCR results?

A: Currently, the rapid antigen tests that have received authorization from FDA are authorized for *diagnostic testing* on symptomatic persons within the first 5-12 days of symptom onset (depending on the test being used). Generally, clinicians can rely upon a positive diagnostic antigen test result because the specificity of current FDA-authorized antigen tests is high in a person who has COVID-19 symptoms. There are other viruses that are currently co-circulating such as rhinovirus and adenovirus. Over the next few months, flu will also likely be co-circulating as well.

Negative results do not rule out SARS-CoV2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. In most cases, negative antigen diagnostic test results in persons with symptoms consistent with COVID-19 or among those with a history of close contact with a confirmed case, are considered presumptive and should be confirmed with a PCR based test.

Q: Does a doctor's note clear a student to return to school before student/staff's quarantine is over? Or would a positive antibody test clear someone to return before over the quarantine period ends?

A: For a person who meets criteria for quarantine due to an exposure to COVID-19, neither a doctor's note nor testing (antigen, PCR or antibody) should reduce the duration of quarantine. The exception to this is a child who becomes symptomatic and/or tests positive for COVID-19 during quarantine. At this point, the person moves from following quarantine recommendations to following isolation recommendations (10 days from onset of symptoms or date of the positive test).

Testing

Q: If a student/staff was a close contact, completed the 14-day quarantine and develop mild symptoms, should we be stricter on requesting testing?

A: If the person develops symptoms during the quarantine period, testing for COVID-19 is indicated.

Q: Can you expand more on why you don't recommend testing as a criterion to return to school/sports?

A: It is common for people to have persistently detectable RNA for the SARS-CoV-2 virus in their nasopharynx sometimes for weeks after their infection has resolved. However, this has been shown in several studies to NOT equate to the individual remaining infectious to others. For this reason, the CDC modified its recommendations to a symptom-based guidance: discontinue isolation after 10 days of symptom onset/or positive test for most people, assuming symptoms have resolved, and the child is fever free without fever reducing medication. Repeat testing after infection to document a negative test is not recommended. Also, repeat testing for COVID-19 is not recommended for up to 3 months after a documented infection.

Cohorts

Q: I've read that 3-4 students is considered a cluster for communicable diseases. Can you clarify what denotes a Covid-19 cluster in a school setting?

A: In the school setting, a COVID-19 cluster is defined as two or more laboratory-confirmed COVID-19 cases among children or staff with illness onsets within a 14-day period, who are epidemiologically linked (e.g., have a common exposure or have been in contact with each other), do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

Q: If you are cohorting a group of students, is it ok for the teacher and students to remove their masks when they are in the classroom and 6ft apart?

A: Keep in mind that a cohort of students and teachers is not truly limited to just those people. It also includes household contacts, friends they spend time with and sports teammates. Masks should always be worn (except for short breaks and eating) **in addition to** distancing. Not either/or.

Q: Is it safe for children to use playground equipment?

A: There is evidence that the SARS-CoV-2 virus can survive on surfaces. The duration depends on the type of surface and environmental conditions. Although there is some suggestion that contact with contaminated surfaces can play a role in transmission, this is not thought to be the primary mode of transmission. Hand hygiene is recommended before and after using playground equipment, and children should avoid touching their nose and mouth and wash their hands after use.

Q: Regarding ventilation of an indoor space, how does the study you showed from the dining room and patrons who contracted the virus from the index patient reconcile with the recommendation to improve ventilation of enclosed spaces? Does the ventilation system contribute to the spread of the virus to greater than 6ft from the index patient, or should we aim for high ventilation?

A: The goal is to increase the volume of "clean" air into a space thereby preventing air that potentially contains infectious aerosolized droplets from increasing in concentration to a point that it can facilitate

transmission of COVID-19 to others. This can be accomplished by dilution with fresh outside air or replacement with HEPA-filtered recirculated air.

Please use the following links as reliable resources of information:

- <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/>
- <https://dph.georgia.gov/>
- <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>
- https://www.cdc.gov/mmwr/Novel_Coronavirus_Reports.html
- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-testing.htm>
- www.strong4life.com/reopening
- www.choa.org/covid19