



COVID-19 For School Staff – Q&A

This document is designed to be used in conjunction with information shared in the [COVID-19 and Schools DiSH Session](#) on August 14, 2020 and should not be used as medical advice.

Please contact the CDC or your healthcare team for updated and/or individualized recommendations and advice.

Questions and Answers (Q&A)

If people have a chronic illness or a household member with a chronic illness (including Type 1 or Type 2 diabetes) should they return to in person teaching?

This question is difficult to answer and is very personal in nature. It is difficult to quantitate the risk to a person and their family. Nearly all of us have a family member with some risk factor. Given over half the population is obese, this would take more than half the population out of the work force. Within diabetes, we think type 2 diabetes has a significantly increased risk of COVID-19 complications.

What are the recommendations for band/choir in school?

The knowledge in this area is limited, but in person band/choir seems risky, although less-so for non-wind instruments.

Can you quantify in any way the difference in risk of COVID-transmission when students are outside vs. inside?

Currently there is limited data to provide guidance about this. In general, we think that the more ventilation in an area the better, and would recommend using other precautions (social distancing, masks, handwashing, etc.) in addition to being outside when appropriate.

Would a portable HEPA air filter machine be helpful in the health rooms?

If airflow is tight or space is limited, a HEPA filter may be helpful.

What about pregnant staff? How at risk are they/their unborn children?

Pregnant women do have risk. Risk to fetus and newborn baby are minimal. We have had many positive newborns and they do well. This source offers more information about COVID-19 and pregnancy: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19.html#:~:text=Tracking%20data%20on%20COVID%2D19,mechanical%20ventilation%20than%20nonpregnant%20women.>

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(Q&A): Masks and Distance

Are there any recommendations for face coverings right now?

The best option for people in the community is a cloth mask or paper mask worn over the mouth and nose. Right now, it seems that gaiters are not a good option. Masks with exhalation valves should be discouraged unless another mask is worn over the valved masks.

Is there a difference in protection between disposable face masks and surgical masks?

There is probably some quality control difference but practically does not make much difference.

Will an N95 or K95 mask keep staff safer than other masks?

K95 mask are not comparable to N95 masks. K95s have different elastic and are not fit tested. They are not OSHA approved in the US. They are as good as a surgical mask.

Are there any studies about the efficacy of Plexiglass or similar material partitions?

There is no specific data about plexiglass partitions to our knowledge, but it seems like a good idea based on common sense.

Are there children who cannot wear a mask?

There are very few true contraindications to being able to wear a mask at school. Some conditions that might preclude someone from wearing a mask include trigeminal neuralgia, facial deformity, significant physical or cognitive disability, and some mental health diagnoses.

If there are children cannot wear a mask, are there any precautions aside from a mask that staff take?

Staff should continue to wear their mask. They might also consider eye protection using goggles or a face shield. Gowns and gloves are not necessary unless you anticipate contact with body fluids. Maintaining 6 feet of distance when feasible is especially important.

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(Q&A): Isolation and Quarantine

If a child has symptoms of COVID-19 and is being sent home from school, should their siblings also be sent home from school?

Until the child's test is positive, the child's siblings and close contacts likely do not need to be isolated. Once a positive test is returned, then isolation procedures should be implemented.

If a student tests positive for COVID-19, should they still quarantine for 10 days from the first day that they had symptoms?

No, a subsequent negative COVID-19 test can be trusted. They should then follow usual infection control guidance for your school district for when they can return to school or work based on symptoms.

If a student has tested positive for COVID-19 and recovered, and then has an exposure to someone who tests positive for COVID-19 do they need to isolate/quarantine?

Yes, because we don't have information about how long a person's immunity to COVID-19 lasts, the student should be isolated/quarantined along with other close contacts of the positive case.

If a student has tested positive for COVID-19 and recovered, and then develops symptoms consistent with COVID-19 again should they be re-tested for COVID-19?

Current guidance suggests that the person should not be retested within 3 months of the original positive result. They should isolate until symptoms resolve.

Is it recommended to require a negative test prior to return to school for a student who has tested positive for COVID-19?

At this time, no.

If a student who has had COVID-19 returns to school (once recovered) and then comes into contact with another COVID-19 positive student should they quarantine again?

Yes, based on the information we have now we would re-institute quarantine. This is because we do not know if getting infected provides long term protection.

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(Q&A): Symptoms of COVID-19

For students who have more subtle symptoms, like a headache, would you recommend isolation or testing?

It is important to look for respiratory symptoms along with these more subtle complaints like a headache. A headache without respiratory symptoms is not likely to need to be referred for testing. If the child has GI symptoms (diarrhea, vomiting, etc.), they may need testing for COVID-19 and should be referred to their health care provider for guidance.

Do kids lose taste and smell with COVID-19 infection as often as adults?

This symptom does not seem to be as common in children. From the data we have we think it is reported in about 1% of children with COVID.

What are the most common symptoms of COVID with children?

The most common symptoms in children are: Fever (46%), cough (37%), rhinorrhea (13%), vomiting (10%), and diarrhea (14%).

Can a child have COVID-19 and not have a fever?

Yes, only about half of children with COVID-19 have a fever. They should isolate until they have improvement symptoms and follow guidance from their health care provider about when it is safe to return to school.

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