

This running FAQ will be updated each Friday afternoon

- Denotes new Q/A
- ↔ Denotes new Subheading
- Language updates in green font

Latest update: October 30, 2020

## FACESHIELDS / FACEMASKS / GOGGLES/ EYE PROTECTION

**Has the research changed regarding the dangers of children wearing a mask all day?**

*No, there are several myths about the risks of wearing a face mask for long periods of time, but children age 2 or older can safely wear a cloth face covering for extended periods. Cloth face coverings are made from breathable materials that will not block oxygen or lead to carbon dioxide poisoning. The American Academy of Pediatrics offers some [MythBusters](#) of wearing face coverings. The CDC provides some [adaptations and alternatives](#) when wearing a face covering may not be possible.*

**If the kids wear masks all day long, do we still need to worry about the 15 mins?**

*Yes. Masks don't replace the need to physically distance. They are complementary strategies.*

**If you wear a mask and you're around another person wearing a mask, do you have to isolate yourself if one person is later found to have COVID?**

*Anyone within 6 feet of an individual with confirmed COVID-19 for 15 minutes or more is required to [self-quarantine](#), regardless of whether or not masks were worn at the time of the exposure.*

**Should students wear masks while playing on the playground?**

*If students can stay 6 feet apart on an outdoor playground, they would not need to wear masks. However, if they are playing in clusters, they would need to wear masks. An example of a cluster could be seen with students hanging out on the monkey bars. The risk of spreading COVID-19 is much lower if outside, but not zero.*

**Our students are trying to wrap their minds and understanding of the current protocol:**

**The scenario they are questioning: "When two students are both wearing masks, within close proximity, and one ends up testing positive, instead of automatic quarantine of the other for 14 days, could we monitor instead?" As you may imagine, students here on campus are asking what sense does this make to have all in masks if one comes down positive, the other/s nearby will be quarantined regardless, so why wear masks?**

**How can we relay this where students will embrace and cooperate this protocol where it makes sense? They see this current protocol as conflicting in guidance.**

*The guidance isn't in conflict; masks and social distancing serve two different purposes and complement one another.*

- *This virus is in search of its next host. When people remain at least 6 feet apart, it makes it much less likely it will be successful in finding that host.*
- *While masks do not prevent the need for quarantine when individuals are within 6 ft of one another, they absolutely reduce the chance of those individuals becoming infected with the virus, and that's what stops ongoing transmission on campus. When individuals cannot be at least 6 feet from each other, or when they are going to be indoors sharing the same space for a long period of time, it is absolutely essential that they wear masks to prevent infecting one another.*

**If we increase the distance of the professor's/student's desk to 7 feet, do they still have to wear a mask if the time goes more than 15 minutes?**

*It is true that increasing distance is helpful in decreasing the likelihood of transmission. However, the professor/student should be wearing a mask while others are in the room for any period of time even if they are more than 6 feet away. The risk of transmission decreases with more distance and less time exposure, but still exists.*

**If students wear masks, in the hall, but take it off at the desk in the classroom (6-feet apart), is this safe?**

*Students should wear their facemasks while in the classroom. A facemask is important to wear when students are indoors and when social distancing of at least 6-feet is difficult to maintain. Here are some [Additional Considerations for the Use of Cloth Face Coverings Among K12 Students](#)*

**Can I use a face shield in place of a facemask (face covering)?**

***A face shield is not a substitute for a cloth face covering**, but wearing a face shield **in addition** to a cloth face covering is acceptable. A face shield is primarily eye protection for the wearer. The CDC does not currently recommend the use of face shields as a substitute for masks as there is not enough evidence to support the effectiveness of face shields for controlling respiratory spread.*

*[Reasoning](#): This virus spreads through respiratory droplets produced when an infected person coughs, sneezes, or talks. It may be possible that a person can get COVID-19 by touching surfaces and then touching their mouth, nose, or possibly their eyes.*

**Is a face shield acceptable when working with deaf and hard of hearing students?**

*People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear masks if they rely on lipreading to communicate. In this situation, consider using a clear mask. If a clear mask isn't available, consider whether you can use written communication, use closed captioning, or decrease background noise to make communication possible while wearing a mask that blocks your lips.*

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html#feasibility-adaptations>

**Are there situations on campuses for which you would recommend eye protection?**

*If escorting a symptomatic person to the isolation room, anyone assisting the individual should put on a cloth face covering or a surgical mask, eye protection, a gown and gloves, if possible. Limit the number of people who are in direct contact with the ill individual.*

*There is no downside to wearing eye protection or face shield, but **it is not a substitute for a cloth face covering**.*

**Can we add plastic barriers in the front of the classroom for lecturing, so lecturers do not have to wear a facemask?**

*Yes, but it is important to think through the lecturer's style. Does the lecturer pace? Will they walk back and forth in the front of the room? Will they remember to mask when moving to the other side of the plexiglass?*

*If they walk beyond the plexiglass, they absolutely must use a mask.*

## **Close Contact / Household Contact**

**How do we think through contact tracing for children playing at recess? The children are playing in a small cohort, but at times it's not entirely crystal clear of who came into contact with a case. Do you have better guidelines for times children are not seated within their seating charts?**

*It's smart to cohort, and that will help when the need arises for contact tracing. For instances, like recess, using the [COVID-19 Case Response Rubric](#) will be helpful. The COVID-19 Case Response Rubric has been updated, so check your version if you have a printed copy.*

**Please define "Household Contacts without Ongoing Exposure".**

- *Previously, anyone in the same dwelling was considered a household contact with ongoing exposure.*
- *Consideration is now given to contacts who are able to separate from the case at home allowing them to begin their quarantine period sooner.*
- *Household exposure is no longer considered ongoing if:*
  - *The case is never in the same room as others in the home.*
  - *There are no shared plates/cups/dishes/phones.*
  - *The case does not share a bathroom with others in the home. If that isn't possible, extreme vigilance in cleaning is important.*
- *As long as the case and household members remain separated, the household member's quarantine can begin after their last close contact with the case.*

## **CHAIN OF EVENTS WHEN NOTIFIED OF A CONFIRMED CASE OF COVID-19**

**If a school staff member hears of a confirmed case of COVID-19, they should notify the school nurse or designated school liaison and share the following information:**

- *Student/staff name and contact information*
- *If available, the date the case first developed symptoms or the date tested if they did not have symptoms*
- *The date the case last attended school*
- *If the individual is currently in attendance at school, that individual should be provided a cloth face covering (if not already wearing one) and taken to the isolation room previously designated by the school until they can be transported from the building. All infection prevention protocols should be followed.*

**When the school nurse or designated school liaison is notified of a confirmed case of COVID-19, that staff member should gather the following information and inform the District Superintendent's office liaison:**

- *Individual's name and contact information*

- The date the case first developed symptoms or date tested if they did not have symptoms
- The date the case last attended school
- Class schedule

Locate the seating chart for each class – Gather names of the students seated within six feet of the confirmed case. The Health Department (HD) may request that the school notify close contacts and ask them to remain at home until HD completes an investigation.

**When the district liaison is notified of a confirmed case of COVID-19 in a school, that staff member should contact their counterpart at the local health department and provide the following information:**

- Student/staff name and contact information
- The date the case first developed symptoms or date tested if they did not have symptoms
- The date the case last attended school
- Names (parent name) and contact information of identified close-contacts
- Share the contact information of the school nurse or designated school liaison

Additionally, the liaison should communicate to the school any recommendations provided by the HD to mitigating the spread of COVID-19 in the school.

## QUARANTINE / ISOLATION / TESTING

### ➤ Why are we quarantining healthy children?

Quarantine is used for healthy individuals who have been exposed and are, therefore, at risk of becoming infectious themselves. The length of quarantine is based on the incubation period of the illness, which in the case of COVID means a 14-day quarantine period is necessary.

### ➤ If masks work, why do we have to practice social distancing?

Wearing a mask and social distancing are both individual actions which can decrease transmission of this virus. By combining the two, you decrease the risk the risk of transmission much more than by only using one of these approaches.

### ➤ I know I am a close contact, but I am not quarantining until the Health Department notifies me.

It is a matter of social responsibility. If you know you are a close contact to a case of COVID, you have the social responsibility of protecting those around you by self-quarantining as soon as you are aware you have been exposed. Since around 40% of patients who test positive for COVID are asymptomatic, you cannot base your decision on whether to quarantine on how you are feeling. By waiting until you have been notified by the Health Department, you are placing others at risk of infection.

### ➤ Some doctors are telling people they can return to work before their 14 days of quarantine is complete. Do doctors' orders supersede quarantine guidelines?

No. Since a person can become infectious at any point during quarantine, a negative test does not release someone from quarantine. Health care providers who are attempting to release someone from quarantine before the 14-day period may need additional information and guidance. The Health Department is available to contact these providers as needed.

➤ **A teacher is roaming the class for more than 15 min and a student ends up positive. Is the teacher a close contact?**

*Since specific circumstances will vary in each situation, discussing the exposure information with the Health Department will assist in their determination regarding the possible need for quarantine.*

➤ **We are sending many students home as close contacts, but very few are becoming ill. Is there any way to return using a negative test result?**

*Since a close contact can become infectious at any point during quarantine, we cannot rely on negative tests to release someone from quarantine. Since around 40% of patients who test positive for the coronavirus do not have symptoms, we cannot rely on symptoms to determine who should stay in quarantine. The 14-day quarantine period is important in mitigating the spread of COVID. We can limit the number of people who are having to be quarantined by following practices that decrease transmission, such as social distancing and wearing a face mask. The CDC has an informative [poster](#) with guidance to help protect yourself and others.*

**What is the definition of a “probable case”?**

*Anyone who has not had a positive confirmatory test, but 1) has a positive antigen test OR 2) meets the [clinical criteria](#) for COVID-19 infection AND is at high risk for COVID-19 infection (example – close contact to a case) is a **probable case**. Someone who has symptoms consistent with COVID-19 but no direct exposure to a known case is not considered a probable case. The [school algorithm](#) can help determine the next steps.*

**Since the Binax Now guidance was just posted, can you help us understand?**

*The use of these tests is limited to facilities with a CLIA (Clinical Laboratory Improvement Amendment) Waiver through the Centers for Medicare and Medicaid that also have a licensed health care worker who can perform the test. The vast majority of schools are ineligible based on these limitations. Schools that do possess a CLIA-waiver and the appropriate staff and wish to perform testing may request to receive tests.*

*Facilities that meet the criteria and elect to receive these tests must agree to the guidelines, which include using them only in symptomatic students ages 4-19yo within the first seven days of their illness.*

*Facilities that perform testing are required to counsel the patients regarding their test results and the need to self-isolate and notify their close contacts to self-quarantine, as recommended by CDC and Tennessee Department of Health.*

*It is the responsibility of the facility performing the test to report results to Tennessee Department of Health within 24 hours of performing the test. As always, if a school learns of a positive test result (any positive test result) it is extremely helpful if they will notify the school district's liaison to the county health department so that information is shared with the health department and close contacts can be identified and notified.*

**What should districts expect in terms of access to results from the rapid Binax Now testing?**

*Results of rapid tests will not be reported directly to schools unless testing is performed within the school or a parent/student notifies the school of a result. The opportunity is simply that faster test results may be available to school community members who fall into those priority categories.*

**What responsibilities do school districts hold for these rapid tests?**

*Districts not performing on-site testing hold no direct responsibilities associated with the rapid tests.*

**Does a district need to permit a student to return to school if a negative test result is present from a rapid test if other guidance would have kept the student in quarantine?**

*Quarantine does not change based upon a negative test result of any kind. Suppose someone in quarantine becomes ill with symptoms that are clinically compatible with COVID-19. In that case, they meet the case definition of a "probable case" and are to self-isolate for 10 days from their onset of symptoms.*

**Will schools be notified of rapid test availability/sites to which to direct their students?**

*Once providers are recruited and onboarded, Tennessee Department of Health will provide a list of locations.*

**Does this mean school-based testing is off the table or still being discussed?**

*Schools that do not have a CLIA waiver and a licensed health care provider will not be able to utilize these rapid tests. Districts with schools that DO meet those requirements may indicate their interest in receiving these tests by emailing [COVID19.education@tn.gov](mailto:COVID19.education@tn.gov). Additional information will be shared with those districts as soon as it is available.*

**Thinking about community safety as people/students return home for Thanksgiving and the end of the fall semester -- We were exploring the idea of mass testing early in the week of 16 November. What is the State's position on the value of this as part of a testing strategy? Should it be something we are pursuing?**

The CDC and TDH discourage the mass-testing of asymptomatic individuals. This testing places a significant burden on testing resources and makes it more difficult for symptomatic people to get the testing they need. The testing of asymptomatic individuals also comes with a higher chance of a test not detecting the virus due to lower levels of virus in people who do not have symptoms. Additionally, point-of-care testing can only be performed at sites with a CLIA (Clinical Laboratory Improvement Amendments) waiver.

We recommend that students be instructed to continue to wear a face covering, distance, wash their hands, and act responsibly in social situations so they reduce the risk of returning home while infectious. They should be sure to obtain a test at home if they become symptomatic.

**We are having difficulty verifying test results on our students. How do we verify when they were tested somewhere other than the Health Department?**

There are two ways to verify a student's COVID-19 test results. A student volunteering to give you a copy of their test results or calling the Health Department. If you hear a rumor that someone tested positive for COVID-19, contact your Health Department liaison and ask them to verify, they should be able to help you.

**We have received numerous complaints from staff members and others about not receiving phone calls from the Health Department regarding quarantine times. Some don't get a call until their quarantine is almost over.**



Specific information will be necessary to investigate a particular case. If timing is excessive, email [COVID.Education@tn.gov](mailto:COVID.Education@tn.gov) with your county, school, Health Department Liaison, and we will check into these gaps.

**Where do we stand with the rapid testing kits being distributed to K-12 schools?**

The overwhelming response from districts indicated they do not want COVID tests to be placed in the schools out of liability concern, test accuracy, risk of transmission from sick students coming to school for testing, and the additional stress/duties places on overwhelmed school nurses. The Tennessee Department of Health is investigating other ways the rapid tests can increase capacity for testing students.

**To avoid going over the 15-minute exposure time, would moving students every 13 minutes be acceptable?**

*No. It is more critical to use multiple, established mitigation strategies to reduce transmission of COVID-19 -- Wearing cloth face coverings, following 6-foot social distancing, practicing good hand hygiene, cleaning and disinfecting surfaces, cohorting students, staggering schedules, using alternative schedules with fixed cohorts, discouraging the sharing of objects. For more details and a list of mitigation strategies, visit the [CDC COVID-19 Reopening Indicators for School Decision-Making](#).*

**We need some advice for what happens when a PCP returns a child to school with an alternative diagnosis? We have some PCPs returning students to school with allergy symptoms and with no COVID-19 negative results.**

*We would encourage schools to share [this algorithm](#) with those PCPs. While TDH can share it with our licensed providers, reinforcing the message on the school level would be helpful, as well.*

**We have had several confirmed strep throat cases, and the doc also gives a COVID test. Does the child stay out until results come back?**

*Anyone who is symptomatic and has a COVID-19 test pending, regardless of an alternative diagnosis, is to self-isolate until their test results return.*

**If a student has COVID-like symptoms and is asked to isolate, and then the student receives a negative test result, and his doctor says it's *not* COVID, does the student need to remain in isolation, or are they cleared?**

*If the student has symptoms concerning for COVID-19, but tests negative by PCR, they are cleared to return if they have been afebrile for a minimum of 24 hours and their symptoms are improving, unless they are a close contact to an active case of COVID-19. Any close-contact is required to self-isolate for a minimum of 14 days. Any symptomatic close contact should be tested and isolate for a 10-day period, regardless of test result.*

**Can an asymptomatic student / staff / teacher return to school before their 10-day isolation period?**

*The minimum 10-day isolation period is not optional. Anyone diagnosed with COVID-19 must isolate for a period of 10 days from the onset of their symptoms (or the date they were tested, if asymptomatic) AND must be fever-free (without the use of fever-reducing medications) AND have improvement in symptoms for at least 24 hours. The time period for improvement in symptoms was recently changed from 72 hours to 24 hours. [The CDC offers an article on Evidence Supporting Transmission of Severe Acute Respiratory Syndrome Coronavirus 2 While Presymptomatic or Asymptomatic.](#)*

**Can students in quarantine come to the school to take the ACT because it is a state scheduled test, and these tests are hard to reschedule?**

*No, students in quarantine should not be allowed to take the ACT at school.*

**How can we prevent quarantining students multiple times?**

*Practicing social distancing is imperative. Decreasing frequency of contact and distance of contact can prevent quarantine. Remind and encourage students, staff, and parents to follow the 6 feet ≥ 15 minutes rule to protect themselves. Social distancing is challenging, but it will prevent students and staff from being quarantined.*

**What if a parent refuses to quarantine their child and sends them to school?**

*If a student is identified as a close contact and the parent refuses to keep their child at home, the health department first communicates with the parent, encouraging voluntary cooperation. If the parent declines to keep their child in quarantine, the Department of Health may need to file a directive for which violation could result in penalties.*

**If a football player is determined to be positive after a game, do both teams need to quarantine?**

*The entirety of both teams would most likely not need to quarantine, but certain players would require quarantine. Partnering with your regional medical officers to assist with these decisions is important. In making a determination, walk through opportunities for close contact with the positive student by using game footage. What position did the positive student play? Think through when and how other students might have come in contact with the positive student. Were they face-to-face on the scrimmage line? Did they ride on the same bus or share the same locker room? Did they share water bottles? Where do they stand on the sidelines? Were they standing with a specific group (e.g., the offensive line or special team players)? In some situations, where players are in close proximity and yelling, the proximity may be more important than the amount of time. Think through what the probability of spread is instead of keeping a stopwatch. Understanding how players come into close contact through the course of the game will also assist you in identifying opportunities to avoid some of those instances, reducing the need to quarantine players in the future.*

**A case of 2 siblings who were tested for COVID-19: Sibling A had symptoms that began on the afternoon prior to testing but tested negative. Sibling B has NO symptoms but tested POSITIVE. Does contact tracing need to be done for Sibling A, who is symptomatic but has a negative test?**

*In this particular situation, you have a "probable case" in sibling A (symptomatic, known contact, negative test) and we would recommend contact tracing for that individual. If you have someone who is symptomatic but they have no known exposure and a negative test, you can forego contact tracing per the protocol. [https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/TDH\\_Return\\_to\\_School\\_Algorithm.pdf](https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/TDH_Return_to_School_Algorithm.pdf)*

**Two college students live off-campus, in a two-bedroom apartment with a shared bathroom, and one student tested positive. The other student's options are to stay in the apartment and quarantine for 24+ days, temporarily move to a dorm room on campus and quarantine for 14 days or move home and quarantine for 14 days. The student chose to stay in a dorm room on campus and wants to go outside for fresh air. Is this possible?**

*Outdoor breaks are likely permissible if scheduled and supervised. Schools should be careful to ensure that the individual is wearing a cloth face covering, exits the residence quickly, and is outside in an area*



where they are more than 6 feet from any other individual. The individual should be supervised to ensure compliance and escorted back to the residence at the end of the break.

**We sent students home who were in the classroom where a teacher tested positive.**

**Classes are 52 minutes and the teacher, during each of her classes, moved up and down the aisle teaching. She stopped to help students out one on one at their desk who needed help periodically during the 52 min class periods. As a COVID-19 team, we felt it was best to close the 4 classes this teacher was involved in and ask the students to remain home and follow the Tennessee Department of Health Guidelines regarding quarantining for 14 days. We made this decision because of the interaction and proximity the teacher had with her students over the 52-minute class period.**

**Question A - If the teacher was roaming in the room and not physically standing in front of a student for more than 15 minutes but was less than 6ft, would the students require quarantine?**

**Question B - Would the situation have been avoided if the teacher remained at the front of the classroom, rather than roaming the aisles?**

*Answer A - It's unlikely the teacher had 15 min cumulative time, with multiple students in that classroom within a 52 min period. In this situation, you have to consider the other measures taken in the class and the teacher's situation. If the teacher and students were wearing masks, the risk is lower. If she was moving fairly constantly during class time, that further decreases the risk. And if she was asymptomatic, that's even lower still. A useful approach would be asking the teacher to identify anyone she was with for a total of 15min or more and have those individuals go home as close contacts. We would recommend notifying all of the families of students in the classes of the low-risk exposure, but rather than quarantining everyone it would be reasonable to ask them to actively monitor for symptoms. At the first sign of any symptoms, a student from those classes would need to stay home and would be considered a probable case until proven otherwise.*

*Answer B - Correct. In order to reduce exposure in classrooms, teachers should be careful to stay up front, distanced and not wander the classroom unnecessarily.*

**Does the 15-minute rule of exposure to a positive COVID-19 case refer to continuous, or is the time cumulative over 24-hours?**

*In October, CDC released guidance re-defining close contact as within 6 feet of a case for 15 minutes or more over a 24hr period. Public health, based on its investigation, may advise quarantine outside of these parameters, depending upon the environment and nature of exposure.*

*For example, the entire classroom would not necessarily require quarantine if a masked teacher, who was later found to be COVID positive, walked up and down the aisles of a classroom of masked students for total of 15 minutes over the course of an hour. If a football player is infected and nose to nose with an opposing team player 25 seconds at a time over 3 hours, we're going to quarantine that player because there was heavy breathing in close proximity, making this a high-risk contact, even though they weren't together for 15 continuous minutes. These decisions should be made by public health.*

**One of my school's cafeteria workers has tested positive. All cafeteria workers were placed on quarantine leaving no one to perform those tasks. Reached out to the American Red Cross and was informed there was no disaster and could not utilize Red Cross volunteers to assist with filling those spots. Red Cross did attempt to find help through other sources but to my knowledge no additional volunteers were recruited. Are there any resources they can pull from?**

*One of the practices the districts have been putting in place is to identify 1-2 staff members from every school to create a back-up team to pull from if needed. This also reinforces the importance of ensuring staff are able to physically distance while at work.*

**We are seeking guidance about navigating quarantine on-campus. Presently, our protocol requires a student who has close contact with a symptomatic individual to enter quarantine. If the symptomatic individual tests negative, we are keeping individuals in quarantine for the 14 days. Does this align with state and federal guidance?**

*Quarantine is for individuals who have close contact with a confirmed case of COVID-19. If the individual thought to be the case is determined not to be a case, their close contacts would not be quarantined. The one caveat is in a situation where someone is a "probable case" by public health definition. A probable case is someone who is a close contact of a confirmed positive, who is now symptomatic. Public health considers that individual to be a case and their close contacts WOULD be quarantined.*

*For example:*

- *Roommate A has a fever. The school asks Roommate B to self-quarantine. Roommate A has an evaluation that includes a negative test and has another explanation for their illness. Roommate A does not have to isolate, and Roommate B does not have to quarantine.*

*BUT*

- *If Roommate A was home over the weekend and his sibling, with whom he had close contact, tests positive and now Roommate A has symptoms consistent with COVID-19, Roommate A is considered a 'probable case' whether they had a negative test or not and Roommate B would need to quarantine.*

**We are seeing in the K-12 system guidance that says individuals who test positive may come out of isolation after 72 hours after a positive test if symptom/fever-free. Does such guidance apply to higher education?**

*Anyone diagnosed with COVID-19 **must isolate** for a period of **10 days** from the onset of their symptoms (or the date they were tested, if asymptomatic) **AND** must be fever-free (without the use of fever-reducing medications) **AND** have improvement in symptoms for at least 24 hours. The time period for improvement in symptoms was recently changed from 72 hours to 24 hours. The minimum 10-day isolation period is not optional.*

**Can you offer an alternative explanation of the contents in the box stating "schools MAY exclude students/staff at their discretion" in the Protocol for Schools Assisting Public Health with Close Contact Identification for COVID-19 Cases document?**

*Official decisions about the need for someone to quarantine come from the Health Department. A school MAY exclude someone from campus out of concern they are a close contact to a case until that official decision is made by the Health Department. While schools can't order quarantine or isolation for a person (that also involves aspects of their life outside of their presence at school), they certainly can exclude a student or staff member from being present on school grounds during the time period they should be in quarantine or isolation.*

**MUST students adhere to quarantine guidelines if they are asymptomatic?**

*Yes. By definition, individuals in quarantine are asymptomatic. If an individual has close contact with a confirmed case and is symptomatic, that individual meets the public health definition of a "probable case" and must isolate. The purpose of quarantine is to keep those who have been exposed to the virus away from others while they are potentially incubating the virus and infectious. Quarantine is a measure*

that is critical to mitigating the spread of infectious disease outbreaks. CDC guidance is here for your review: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

**Is a person who still has a headache and cough at the end of 10-day isolation still considered contagious?**

*A person with lingering symptoms after onset 10+ days ago would not be considered contagious.*

**Is Tennessee Department of Health okay with us adding these charts to our web pages and reopening guidance so parents can easily see these in the place they are used to gathering information about schools reopening?**

*Yes, but please note there are occasional updates to the Education Resource page's documents, and it may be challenging to keep up with posting those on your web page. A direct link to the TDH Educational Resource page may be more useful.*

**We have a PE teacher who has tested positive. During his infectious period, he threw balls back and forth with three classes worth of students. The school isn't sure how to contact trace and whether these count as close contacts. Can you advise?**

*If the teacher was within 6 feet of the students for 15 minutes or more, regardless of whether or not the teacher was wearing a mask, they are considered close contacts and need to be quarantined. The ball situation is more complicated as it's not clear to what extent that poses a threat to the children. If the children were touching the balls and then touching their faces, it's possible they would be at risk. Those known to be close contacts (within 6 feet for 15 or more minutes) would be quarantined. The school would be advised to notify parents of ALL the students in these classes as their children should be actively monitored for symptoms (even those who are not close contacts). At the first sign of illness, they should stay home and get tested.*

**How much time has to transpire before the clock resets?**

*The CDC does not define this. The greater the exposure, the greater the risk.*

**Student 1 is a confirmed case, and Student 2 quarantines because of close contact with Student 1. Student 2 is tested for COVID-19 and receives a negative test result. Does Student 2 need to remain quarantined for 14 days?**

*Yes. Student 2 must quarantine for 14 days regardless of any test results.*

**Can we compel or require students to get tested for COVID-19?**

*Schools cannot compel anyone to get tested. Schools may encourage testing, but students and staff should have the opportunity to opt-out. It's important to note that a negative test does not impact quarantine time. TDH does not recommend that students get tested unless they have symptoms.*

**We know the guidance has changed regarding taking temperatures at school and screening checks, but can we continue with the temperature checks and symptom screenings?**

*Yes, you may continue screening students at your discretion, being aware of the limitations of symptom screening as noted on the CDC site.*

**If a meeting is taking place and all are masked, and they are sitting more than 6-feet apart, and potentially longer than 15 minutes, indoors, and one tests positive for COVID, do the others in that meeting have to quarantine? Even say if they were 13 feet apart?**

*Generally, they would not need to be quarantined based on the >6ft distance, but if they were together for a long time (an hour or more) in a small space, the distance may not be reassuring. It's important to discuss these cases with the local health department.*

**A meeting was held in the Conference room on Monday. We find out on Friday that an individual in the meeting of eight people tested positive for COVID-19. The meeting lasted for two hours, and there was no social distancing. Three of the individuals were wearing face cloth coverings and the other five were not which includes the individual who tested positive. What would the decision be for the seven individuals in the room? To add to that, what if the individual who tested positive wore a mask, would that change the decision?**

*Any student or staff who has been a close contact (within 6 feet for  $\geq 15$  minutes) of a person with suspected or confirmed COVID-19, whether or not the case or the contacts wore a face mask, must quarantine at home for a period of 14 days from their last exposure to that individual. Additional individuals may also be advised to quarantine, depending upon the size of the room and other circumstances. Public health should be consulted in these situations.*

**If Student A was diagnosed with COVID-19 in July, and in August Student A came into contact with Student B who was diagnosed with COVID-19, does Student A have to self-quarantine? Can Student A get COVID-19 again, can Student A be asymptomatic and infect others?**

*Per the CDC, "currently available evidence suggests most individuals do not become re-infected within 3 months of resolution of [COVID-19] infection." Someone who tested positive within the last 90 days and is then exposed to a new case does not need to self-quarantine if they do not have symptoms. Retesting someone who was diagnosed with COVID-19 within the previous 90 days is not recommended (during that 90 day window, a previous case may still test positive but would not be considered infectious once they have completed appropriate isolation). If a previous case develops new symptoms, they should self-isolate and consult with a healthcare provider for further evaluation.*

**Two staff members had a meeting on Monday, they were less than 6 feet apart for more than 15 minutes, but they both were wearing masks. Wednesday, one of the staff members was diagnosed with COVID-19. On Friday, the other staff member got tested for COVID-19 and the test results were negative, can this staff member return to campus?**

*Anyone who spent  $\geq 15$  minutes within 6 ft of the confirmed positive case would be considered a close contact, whether or not the case or the contact wore a face covering. Close contacts of a confirmed case need to quarantine for 14 days from the date of last contact with the confirmed case. Since the incubation period can last up to 14 days, a close contact testing negative must still self-quarantine for 14 days from the date of last contact with the confirmed case. The staff member who was the contact should not return to school until the quarantine period is complete.*

**If a school cafeteria employee working on the serving line in the cafeteria is diagnosed with COVID-19, do all of the students who ate in the cafeteria have to self-quarantine for 14-days?**

*No, if someone is on the serving line, it's unlikely students are standing in front of the cafeteria worker for 15 minutes. Co-workers may be required to self-quarantine for 14-days if they are considered close contacts.*

**If a student tests positive, does the entire classroom have to be quarantined or just those within a 6-foot radius.**

*No, those who spent 15 or more minutes within 6-feet of the confirmed positive case will be required to quarantine. A seating chart will assist in preventing unnecessary quarantine of classmates.*

**How do we determine if someone goes into quarantine, are there parameters on making judgement?**

*It's the role of the Department of Health to determine if someone needs to be quarantined. It is not the role of the school or district to make that determination. However, the school/district is encouraged to assist the Department of Health by providing a list of close contacts of an identified case. It is the Department of Health's responsibility to notify and monitor those individuals, but the Department of Health may ask the school/district to assist with notifying individuals and asking them not to return to school until released by the Department of Health.*

**Our school district is considering implementing testing of students. Is this a good idea?**

*The CDC and TDH discourage mass testing of asymptomatic individuals. This testing places great burden on testing resources and makes it more difficult for symptomatic people to get the testing they need. Testing of asymptomatic individuals also comes with a higher chance of a test not detecting the virus due to lower levels of virus in people who do not have symptoms. Additionally, point-of-care testing can only be performed at sites that have a CLIA (Clinical Laboratory Improvement Amendments) waiver.*

**If I have an individual on a sports team who tests positive following a contact practice, what steps should be taken for the rest of the team?**

*Anyone within 6 feet of a case for 15 minutes or more over a 24hr period would be considered a close contact, whether or not the case or the contact wore a face covering. Close contacts of a confirmed case need to quarantine for 14 days from the date of last contact with the confirmed case. Per CDC, "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." There may certainly be indications for quarantine if the time was of shorter duration but the exposure was more intense. These decisions should be made by public health.*

**Can an asymptomatic person infect others?**

*Yes. If someone is positive for SARS-CoV-2 (the virus that causes COVID-19), but not experiencing symptoms, they are still able to transmit the virus. An asymptomatic person with a positive test should follow the self-isolation guidelines and contact tracing should occur. This question reinforces the importance of wearing face coverings, as someone who is without symptoms may be unaware they are infectious and able to transmit the virus to others. Face covering use decreases their risk of transmission.*

**If I have no symptoms, will the health department allow me to get tested?**

*Yes. Testing is available at all county health departments and testing hours are posted on the TDH website: <https://www.tn.gov/content/tn/health/cedep/ncov/remote-assessment-sites.html>*

**Since students are staying in the same room all day, what if a teacher is within 6 ft of a positive student for 12 minutes in the morning then again in the afternoon for less than 15 minutes (no touching, both masked), would this be considered a close contact?**

*In October, CDC released guidance re-defining close contact as within 6 feet of a case for 15 minutes or more over a 24hr period. Public health, based on its investigation, may advise quarantine outside of these parameters, depending upon the environment and nature of exposure.*

**In a classroom there is a confirmed positive case of COVID-19. Social distancing was difficult to adhere to because of the size of the classroom. We can determine all individuals who were in**

**close contact, however no one in the class was wearing a face cloth covering including the teacher. This is an elementary class and the students stay with each other all day. What would be the decision for everyone in the room?**

*All individuals who were identified as close contacts would need to quarantine for a minimum of 14 days. Whether or not the close contacts wore face coverings does NOT impact the quarantine rules.*

**If an athletic trainer wears a gown, facemask, and face shield or goggles, and they are exposed to a student diagnosed with COVID-19, do they have to quarantine?**

*Health care workers who are in full PPE (face mask, eye protection, gown and gloves) are considered protected and are not required to quarantine after exposure to a person with COVID-19.*

**Should we require a negative test result from students diagnosed with COVID-19 before allowing them to return to campus?**

*Students and staff who have been diagnosed with COVID-19, or who have been in quarantine due to exposure to a probable or confirmed case of COVID-19, are NOT required to provide proof of a negative COVID-19 PCR test or a note of clearance from a health care provider or the Department of Health prior to returning to school but MUST meet ONE of the criteria listed in the [Tennessee Department of Health Recommendations for the Management of COVID-19 in schools](#).*

**Should we use the “pooled testing” method?**

*“Pooled testing” means combining the specimens of several individuals into one specimen and testing the combined specimen for the virus. Pooled testing is sometimes performed as a means of saving resources, such as testing reagents, and sometimes saves on the cost of testing, but it is only a reasonable consideration when the chance of identifying a positive individual within a population is very low. If the test is positive, each specimen that was included in the pool needs to be tested individually. Some suggest pooled testing NOT be performed when the positivity rate in a community is >10%.*

**Should we open college campuses two weeks before classes start and have students quarantine?**

*This is not recommended.*

**Should we test everyone in college dorms when they arrive on campus or require a test before arriving?**

*The CDC and TDH advise AGAINST the mass testing of individuals arriving on campus. We recommend wearing a cloth face covering and social distancing; if someone has symptoms, they should self-isolate and test for COVID-19.*

*Testing before arriving on campus is unnecessary; each student should arrive at campus wearing a cloth face covering and practice social distancing. Enforce social distancing and wearing of cloth face coverings to reduce outbreaks.*

**Can college students diagnosed with COVID-19 isolate together?**

*Yes, students diagnosed with COVID-19 may isolate together. Students who are close contacts of someone diagnosed with COVID-19 should NOT quarantine together.*

*Individuals in isolation may return to school after a period of at least 10-days after the onset of symptoms AND 24 hours without fever (without fever-reducing medication) AND improvement in symptoms.*

*Individuals who were severely ill or who are immunocompromised may require isolation for up to 20 days and should be advised by their physician.*



## CRITICAL INFRASTRUCTURE (CI)

### **Is there any word on allowing schools to be able to utilize critical infrastructure?**

Letters were sent to Districts on 8/18/20 explaining this process. [Link to the letter.](#)

### **MUST staff designated as CI obtain testing if they are considered a close contact?**

Yes. All requirements in the letter from Commissioners Piercey and Schwinn dated August 18, 2020, must be adopted for TDH to acknowledge CI designation.

### **If so, can CI designated staff continue working pending test results?**

Yes, as long as they are not experiencing any symptoms.

### **If CI designated staff receive a negative test, MUST they retest within 3 days?**

CI designated staff would ONLY retest if the first test were negative, as a positive test would result in isolation and exclusion from school. TDH encourages these employees to be retested and considers this to be best practice.

## IMMUNIZATIONS

### **Have the immunization requirements changed for students enrolled as distant learners?**

No new laws, rules, or regulations have been passed. TCA states that all children enrolled in public schools must meet immunization requirements, as outlined in this document.

<https://publications.tnsosfiles.com/rules/1200/1200-14/1200-14-01.20191013.pdf>

## INTERNATIONAL TRAVEL

### **We have students returning from international countries, what is the quarantine time?**

CDC no longer recommends 14 day quarantine for individuals returning from international travel. Those returning from travel should be aware that they may be contagious and should be sure to maintain social distancing, wear a cloth face covering, wash their hands, and self-monitor for symptoms of COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>

## DATA / TRACKING/ HIPAA

### **Is there a mandate that states that if a school has a cluster, they must go virtual for two weeks?**

The decision regarding school closures or transition to a virtual learning environment is one made by the school and school district in consultation with the local Department of Health. The Department of Health has provided guidance to all public-school districts to assist them with this determination.

### **Can the health department provide a list of isolated or quarantined students or staff to the school nurse/liason?**

The health department can confirm if a student or staff is in isolation or quarantine, but they cannot provide a list.

**If a student tested positive for COVID-19 through the health department, will the school be notified?**

*When the health department becomes aware of a positive school-aged case, the case investigator communicates with the parents of the case about known close contacts and whether the child was physically present at school within 48 hours of testing. If the student did attend school onsite during that time period, the investigator contacts the school to further identify close contacts based on the school's knowledge of classes attended, seating charts and other factors. The Department of Health is responsible for notifying those contacts, though the school may be asked to assist in notification.*

**Can we disclose a student's personal identification information (PII) to the local health department for contact tracing?**

*School officials should work with their state and local public health officials to determine the information needed to address this public health concern. As COVID-19 is a reportable disease, schools should release PII to local, regional, or state public health officials in order to minimize delays in contact tracing and notifying and quarantining close contacts. Understanding how, what, and when information can be shared is a critical part of preparedness. FERPA has provided [Questions and Answers on the applicability of FERPA to Disclosures Related to COVID-19](#) document that may help your agency determine when to release PII information to the health department.*

**What if a parent of a student who tested positive for COVID-19 refuses to provide written consent to release personal identification information (PII) to the public health department?**

*FERPA permits the release of PII without consent from educational agencies and institutions to health departments when necessary to protect the health or safety of the student or other individuals. If your agency releases the PII of a student to the health department, with or without consent, make a note in the individual student's records PII was disclosed to the health department. FERPA has provided [Questions and Answers on the applicability of FERPA to Disclosures Related to COVID-19](#) document that may help your agency determine when to release PII information to the health department.*

**Do we know whether or not there will be a state metric relating to the amount of community spread of COVID 19 and its relationship to schools' safe operation? The TN Department of Health has posted the White House Taskforce map on its website. Will there be any comment about this?**

*TDH does not recommend the use of any metric as a threshold for opening/closing schools. TDH encourages Districts to take multiple factors into account—new cases, test positivity rate, school absenteeism, ability to have staff on-site to safely operate schools, etc.*

**What numbers should districts use to track the spread of COVID-19 in their respective areas?**

*Districts should consider numbers provided by their local health officials, the State, and what they know about their district. In addition to county-level numbers, school-age numbers are in the downloadable data sets section of the [Department of Health's COVID page](#). This link will take you to the county map that is based upon the White House's definition for yellow, orange, and red counties. These criteria should NOT be used as triggers for the opening or closing of schools, but rather to inform the district of measures they need to consider in order to maintain in-person learning. [Epidemiology and Surveillance DataDashboard](#)*

### **How should we navigate HIPAA regulations while doing contact tracing?**

*Protected health information, such as the identity of the individual or details of their condition that may cause them to be identified **may not** be shared. Only general information that will enable appropriate decision making may be shared. A health department **may** inform a school or district of the need for a student to be excused from school until a given date. In the event a case/contact is not complying with isolation/quarantine, a public health official may issue a health directive that requires the individual to comply with an isolation/quarantine order.*

### **What should we do about contact tracing when local officials do not have the capability?**

*Districts can assist their local health departments by notifying identified close contacts, asking them to stay away from school, and notifying public health. Ultimately, it is the responsibility of the local public health department to perform contact tracing and make determinations of who must quarantine. Any initial assistance the district can provide greatly improves this process and prevents ongoing exposures in schools. [Tennessee Department of Health Recommendations for Management of COVID-19 in Schools > Mitigating Spread of COVID-19 in Your School > Facilitate Contact Tracing:](#)*

*Contact your local health department as soon as you are made aware of a suspect or confirmed case of COVID-19. Assist the health department in identifying contacts of the infected individual. [The Case Interview Script for LEAs](#) may be helpful in identifying contacts of the infected individual. Contacts are to self-quarantine for at least 14 days from their last contact with the infected individual.*

## **METRICS AND PREVENTIVE MEASURES**

**Usually, when a sports season ends, a student organization wins a competition, and other groups install officers, a celebration banquet or activity is held. In the present COVID climate, what are recommendations on having these events?**

As with any gathering, the recommendation would be to have people cohorted by households and maintain distancing of at least 6 feet. As masks are not worn while eating, distancing is even more critical. Additionally, buffet lines are discouraged due to the handling of serving utensils by multiple people. There should also be reminders not to shake hands, as is often done when athletes are given awards.

If possible, hosting an event like this outdoors would be ideal, and we strongly recommend social distancing.

**What can we do to assist our school Nurse? They are doing everything, from keeping up with spreadsheets, seating charts, bus lists, and helping sick children, all with no back-up.**

It is worth considering what duties might be delegated to someone else. Example: Can another staff member help with the seating charts and bus lists? One district has taken a simplified approach to health department notification by placing an 'X' on seating charts on the students who need to be contacted by the Health Department.

**How should we clean and disinfect a classroom if a COVID-19 positive case was in the room?**

*Closing down the classroom for 24 hours will provide time for aerosolized particles to settle. After that time period, staff wearing gloves, masks and eye protection can clean and disinfect desks, seats and high touch surfaces. The level of cleaning should not require hiring an outside cleaning service, a practice which could become quite costly as this type of cleaning may be needed several times throughout the school year. Useful guidance on cleaning and disinfecting is available on the CDC's website:*

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting-decision-tool.html>

### **Is there current guidance on choir and drama practices?**

Official guidance regarding music or drama classes is limited, but can be found on [cdc.gov](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-staff.html#music-choir-arts) at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-staff.html#music-choir-arts>.

Other useful references:

<https://www.bmj.com/content/370/bmj.m3223>

<https://www.nfhs.org/media/4029958/preliminary-testing-report-7-13-20.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7330568/>

[https://www.nfhs.org/media/4119381/nafme\\_nfhs-guidance-for-fall-2020-august-21-version-2.pdf](https://www.nfhs.org/media/4119381/nafme_nfhs-guidance-for-fall-2020-august-21-version-2.pdf)

### **Is the State Health Dept requiring or suggesting we do temperature checks every day on students entering schools?**

CDC updated their guidance and no longer recommends on-site symptom or temperature screening of K-12 students. They advise parents to monitor students at home before sending them to school. The CDC did not change the guidance for college students or adults, so symptom and temperature screening remain in our guidance for adults (though this has never been a requirement). Continuing temperature checks for students is at the discretion of the school.

### **How many cases in one school will warrant the closing of the entire school?**

Each school will need to determine when school closure is warranted in consultation with local, regional, and/or state public health. Every effort should be made to minimize closures.

### **Are there salient talking points for parents who insist on back to school screening testing for all?**

The CDC and TDH discourage mass testing of asymptomatic individuals. This testing places an enormous burden on testing resources and makes it more difficult for symptomatic people to get the testing they need. The testing of asymptomatic individuals also comes with a higher chance of a test not detecting the virus due to lower levels of virus in people who do not have symptoms. Additionally, point-of-care testing can only be performed at sites with a CLIA (Clinical Laboratory Improvement Amendments) waiver.

### **Is there a definition for low, moderate, or high community spread?**

TDH, with TDOE, have established criteria for management of cases within schools based upon what the White House defines as yellow, orange, and red levels of community spread. County identification based off these criteria can be found on the TDH website by clicking the 4th tab on the data maps ([link https://www.tn.gov/health/cedep/ncov/data/maps.html](https://www.tn.gov/health/cedep/ncov/data/maps.html)) page. These data elements may be used to assist districts as they determine how to respond to cases within a school. They are not intended to be used to determine if a school will hold in-person instruction. In accordance with CDC and AAP guidance, most school districts will reopen in person, in order to holistically address the needs of children. The comparative risk determinations by county should be interpreted in the context of a community – there may be populations that are more or less at risk given how those infections occurred. Spread within a congregate living facility, for example, may or may not impact the risk of transmission to teachers, staff, and students. Given this, school districts are strongly advised to contact their local health departments for consultation as they are making these decisions. TDH and TDOE appreciate the strong relationship between local school districts and public health officers and recognize that regular communication is essential in decision making for districts and schools.

**Is the 6' social distancing standard for students and staff? The American Academy of Pediatrics is saying that 3' is sufficient. What if a school does not have a school nurse? Who should screen students, and what is the protocol that should be followed in the absence of medical personnel?**

*TDH recommends that all students and adults always follow the guidance to wear cloth face coverings and attempt to maintain a distance of at least six feet from each other. For young children, it is acceptable, but not preferred, for desks to be placed three feet away from each other. The wearing of face coverings is especially important when the distance between students is narrowed. Anyone can provide temperature and symptom screening, but the CDC no longer recommends daily screening of K-12 students at school.*

- [From the CDC guidelines](#)
  - *In general, the closer, longer, and more frequent the interaction between students, teachers, and staff, the higher the risk of respiratory droplets being passed between people. Therefore, CDC recommends [keeping a distance of at least 6 feet](#) from other people, in addition to practicing other behaviors that reduce the spread of COVID-19 like wearing cloth face coverings, washing hands often with soap and water, and staying home when sick. Additionally, it is important to ensure that ventilation systems operate properly to increase the circulation of outdoor air as much as possible.*
  - *When maintaining 6 feet of distance is not feasible, try keeping as close to 6 feet apart as possible, recognizing that the closer you are, the more likely it is for respiratory droplets to be passed between people. In situations where maintaining physical distance is difficult, it is especially important to wear cloth face coverings. In areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks), schools can consider additional strategies such as installing physical barriers, such as sneeze guards and partitions. Schools can also consider using outdoor space, weather-permitting, to enable social distancing.*

**Can you give us some guidelines for teaching in science labs and art classes?**

*Ensure adequate supplies to minimize the sharing of materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit the use of supplies and equipment by groups of students and clean and disinfect between use. [CDC Guidelines](#)*

*Space the lab stations six feet apart with minimal sharing of equipment, unless wearing gloves. Have students wash hands upon entering and exiting the room.*

*Have assigned seats to reduce the number of students required to quarantine in the event that someone in the class is diagnosed with COVID-19.*

*Other options could include plexiglass between students. If both students are behind plexiglass, both students are wearing facemasks, and student B tested positive, student A would not necessarily have to quarantine.*