

Returning To School



Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits.

A big question parents have right now is how students can go back to school safely during COVID-19. The latest information from the American Academy of Pediatrics (AAP) says children learn best when they are in school, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. However, returning to school in person needs careful steps in place to keep students and staff safe, and may need to be an individual decision for parents to make for their children.

With so many unknowns during this pandemic, especially about students returning to school, a list of commonly asked questions have been developed to help families.

Please keep in mind the following as you read them:

- Each school district will make the final decisions regarding how and when students will return to their schools.
- The measures put in place by schools are intended to minimize the risk of spreading COVID-19 but cannot eliminate the risk of exposure. This means that it's still possible for a student or school employee to test positive for COVID-19 at some point.
- Based on what is known now about COVID-19, physical distancing, hand hygiene and face coverings remain the top priority to protect students and staff members, and they are essential to prevent the spread of COVID-19 in schools.

1. What is a coronavirus and what is COVID-19?

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus (SARS-CoV-2), identified in late 2019, causes the coronavirus disease COVID-19.

2. How does COVID-19 spread?

People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. These droplets are relatively heavy, do not travel far and quickly sink to the ground. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. This is why **physical distancing** and **wearing face coverings** can help reduce transmission. These droplets can land on objects and surfaces around the person such as tables,

doorknobs and handrails. People can become infected-by touching these objects or surfaces, then touching their eyes, nose or mouth. This is why it is important to **wash your hands regularly** with soap and water or clean with alcohol-based hand rub.

3. Can COVID-19 be caught from someone who does not have symptoms?

COVID-19 is mainly spread through respiratory droplets expelled by someone who is coughing or has other symptoms of COVID-19. Many people with COVID-19 experience only mild symptoms. This is particularly true in the early stages of the disease. It is possible to catch COVID-19 from someone who has just a mild cough and does not feel ill.

Some reports have indicated that people with no symptoms can transmit the virus. It is not yet known how often it happens.

4. How is COVID-19 different in children?

In studying COVID-19 in adults and children since this virus was identified in late 2019, it appears that the virus that causes COVID-19 behaves differently in children than other common respiratory viruses, such as influenza, on which much of the early guidance regarding school closures was based. Although children and adolescents play a major role in influenza outbreaks, to date, this does not appear to be the case with COVID-19. Although many questions remain, increasing amount of evidence indicates that children, particularly younger children, are less likely to be symptomatic and less likely to have severe disease resulting from COVID-19 infection. In addition, while children (including those not showing symptoms) can transmit COVID-19, emerging evidence indicates that children (particularly <10 years of age) are not primary drivers of transmission and that school reopening is likely to have minimal impact on transmission between students or between students and staff.

5. How and why did the local schools make the decision to return to school for in person learning?

Local school leaders, public health and medical experts, educators and parents have worked to balance health precautions with the educational and support needs of our students. Every week, we learn more from our health experts about the COVID-19 virus. Over the past several months we have learned from school systems around the world how to keep our students and staff learning, working and healthy. These decisions have considered not only the spread of COVID-19 in the local community, but **the impact** those cases have had on the community and healthcare system, as well as whether schools are able to make in-person learning safe.

6. How important is temperature taking? Should we expect screening of temperatures at school?

It is ALWAYS important to monitor a child for fever as a sign of illness BEFORE sending a child to school. If a child has a fever over 100.4°F, contact a health care provider and keep the child home from school.

Schools will work with health experts to determine the best way to screen for COVID and how to best take temperatures. When possible, temperatures should be checked before entering the facility, or upon entering the facility for the first time each day (prior to removing the mask/face covering), but should not create bottlenecks or long lines at the entrance of the facility.

Schools will monitor students for signs and symptoms of illness at school as they have in the past. If a student becomes sick at school, their temperature will be taken. Most school policies require student dismissal for fever over 100°F.

7. When should I keep my child home from school?

Every parent should know and check their child for possible symptoms of COVID-19. Keep children home from school and contact a health care provider if they have any of the following:

- Fever or chills
- Cough
- Shortness of breath/difficulty breathing
- Fatigue/tiredness
- Muscle/body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting or diarrhea

8. When is testing recommended?

Testing for COVID-19 is an important tool in identifying and controlling the spread of the virus in the school setting. Testing is most useful for **symptomatic individuals**, particularly for those individuals who are high risk for severe infection. Testing asymptomatic individuals may be useful in some circumstances (such as determining the amount of spread within a certain population), but is not recommended for the general public. Testing tells you at a single moment in time if the virus is detected or not-detected, and since individuals may become positive for the virus 2-14 days after exposure, a negative test does not allow an exposed individual to discontinue quarantine early. Even with a negative test, individuals should continue with other prevention measures such as face coverings in public, practicing social distancing, and good hand hygiene.

9. Why and when should masks/face coverings be worn?

Cloth face coverings are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the cloth face covering coughs, sneezes, talks, or raises their voice. This is called source control. This recommendation is based on what we know about the role respiratory droplets play in the spread of the virus that causes COVID-19, paired with emerging evidence from clinical and laboratory studies that shows cloth face coverings reduce the spray of droplets when worn over the nose and mouth. COVID-19 spreads mainly among people who are in close contact with one another (within about 6 feet), so the use of cloth face coverings is particularly important in settings where people are close to each other or where social distancing is difficult to maintain.

While cloth face coverings are strongly encouraged to reduce the spread of COVID-19, health experts recognize there are specific instances when wearing a cloth face covering may not be feasible. In these instances, adaptations and alternatives may be considered.

Younger children (e.g., preschool or early elementary aged) may be unable to wear a cloth face covering properly, particularly for an extended period of time. Since there is growing evidence that younger children (particularly those under the age of 10 years) are less likely to have severe illness if

infected and are less likely to transmit the virus, it is reasonable to allow adaptations or alternatives for these students in the classroom. Wearing of cloth face coverings may be prioritized at times when it is difficult to maintain a distance of 6 feet from others (e.g., during carpool drop off or pick up, or when standing in line at school). Ensuring proper cloth face covering size and fit and providing children with frequent reminders and education on the importance and proper wear of cloth face coverings may help address these issues.

Adults and middle school/high school students are more likely to transmit the virus that causes COVID-19, so it is important that these individuals wear face coverings, especially when physical distancing cannot be maintained.

Cloth face coverings should **not** be worn by:

- Children younger than 2 years old
- Anyone who has trouble breathing
- Anyone who is unconscious, incapacitated, or otherwise unable to remove the cloth face covering without assistance
- Non-verbal students
- Special needs students who do not tolerate masks/face coverings
- During exercise/strenuous activity

10. What if a child or staff member at a school is diagnosed with COVID-19?

Cases of COVID-19 must be reported to local health departments, and contact tracing is the best way to identify those put at risk. Interviews will determine who has been in contact with an infected person and their level of risk. Recommendations may be made for further care, testing, isolation and quarantine. Schools will work with their local health department and Public Health Officers to determine the need for school closure(s) or other actions.

The above information has been provided after careful evaluation by the Crawford County Public Health Officers of the current medical evidence regarding COVID-19, the data for COVID-19 for Crawford County and Southeast Kansas and the current impact that COVID-19 has on Crawford County. These guidelines may be altered if any of the above factors change. The Crawford County Public Health Officers will work with the school administrators and give guidance regarding quarantine/isolation for individuals, classrooms and schools as well as the current community impact in relation to models of learning. These recommendations are based on guidelines from the [CDC](#), [AAP](#), [Kansas COVID Work Group for Kids](#).

References for additional information:



<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/reopening-schools.html>

Kansas COVID Workgroup for Kids: Recommendations for School Reopening

https://www.massgeneral.org/assets/MGH/pdf/medicine/infectious-diseases/COVID-19%20School%20and%20Community%20Resource%20Library_July%206%202020.pdf

<https://inside.akronchildrens.org/2020/07/16/faq-returning-to-school-during-the-covid-19-pandemic/>