

Hoven School District 53-2

COVID-19 FAQ Sheet

Update: August 3, 2020

1. What do we know about how COVID-19 is spread?

The CDC indicates that the virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet).

2. How long can someone have COVID-19?

The CDC indicates that COVID-19 can be in someone's body for up to 14 days before they get symptoms, and some people will have such a mild case of COVID-19 that they might not notice that anything is wrong.

3. Is it true that only adults, especially those with underlying health conditions, get COVID-19?

No. Older adults are not the only population who contract COVID-19. The virus can infect people of any age. Older adults with preexisting health conditions, such as diabetes or asthma, are more likely to become severely ill.

4. How long does COVID-19 last on surfaces and can the virus be spread easily this way?

The CDC has indicated that touching surfaces is not the primary way the virus seems to spread. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. The CDC also indicates that the virus can live on high-touch surfaces for 2-3 days. Metal, plastics, glass, ceramics, and stainless steel are surfaces more likely to spread. Items such as countertops, tables, doorknobs, bathroom fixtures, phones, keyboards, remote controls, and toilets are considered high use areas that will become a higher priority for cleaning when school is in session.

5. Does COVID-19 spread through food?

No. The CDC indicates there is no evidence to support transmission associated with food based. However, it is not safe to share food with others, use someone else's eating utensils, or share items that could contain saliva, which may transmit the virus from one person to another. In general, food itself is relatively safe.

6. Is it true that over time the more people who get COVID-19 will reduce the ability of the virus to spread?

No. At least 66% of the population needs to be immune to COVID-19 to stop its transmission through vaccination and/or herd immunity. It is currently unknown whether or not someone with COVID-19 is immune from it or how long their antibodies or immunity may last. More research is needed to determine if the virus and its ability to transmit itself to individuals who have been previously diagnosed with COVID-19 is possible.

7. Does warm or cold weather have an impact on COVID-19?

While it was thought initially that the warmer summer months would have an impact on decreasing cases across the globe, this has not proven to be true as there has been a rise in cases over the past few months. Currently, it is unknown if weather and temperature affect the spread of COVID-19.

8. Is it true that COVID-19 is similar to the flu?

No. COVID-19 is not just like the flu. COVID-19 causes an illness that does have flu-like symptoms, however the overall profile of COVID-19 is more serious. COVID-19 has an infection rate three times that of the flu. This means every infected person has the potential to infect three more people. Scientific data suggest that COVID-19 spreads more efficiently than influenza, but not as efficiently as measles. The more closely a person interacts with others and the longer that interaction, the higher the risk of spread.

9. If I send my child to school, should I be concerned that they may get COVID-19?

The CDC and American Academy of Pediatrics have supported that based on available evidence, children do not appear to be at higher risk for COVID-19 than adults. While some children and infants have been sick with COVID-19, adults make up most of the known cases to date. In addition, the CDC suggests that it is not known yet whether all children with underlying medical conditions are at higher risk for severe illness from COVID-19.

In addition, The American Academy of Pediatrics indicates that the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from COVID-19. In addition, children may be less likely to become infected and to spread infection than adults.

10. My child has an underlying health condition. Should I send them to school?

This is a personal decision and one that is best answered between you and your child's pediatrician or doctor. We recommend you visit with them before making your decision. If it is decided that you and your doctor are not comfortable with your child attending school, please reach out to the Superintendent to discuss options for your child to continue their education in a homebased setting as necessary.

In addition, the CDC states that data on children reported that the majority who needed hospitalization for COVID-19 had at least one underlying medical condition. The most common underlying conditions were chronic lung disease (including asthma), heart disease, and conditions that weaken the immune system. If your child has any of these concerns, please visit with your doctor.

11. Do I need to be concerned about my child being on the playground?

The CDC indicates that playgrounds are not known to spread COVID-19. Outdoor play areas generally require normal routine cleaning, but do not require disinfection. Spraying disinfectant on outdoor playgrounds is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. Students in our school district will be asked to wash/sanitize hands before heading outside and will also wash hands when coming back inside. Outdoor play will not be restricted for students outdoors because the virus does not spread as easily outdoors. Indoor recess will be modified to account for better social distancing of students.

12. I hear there is a vaccine that is being developed for COVID-19, is one currently available?

No. While development of a vaccine is in the works, currently there is no vaccine to prevent COVID-19. However, there are currently over 160 trials currently being conducted. It is suggested that current promising vaccines may be ready by the end of 2020 or early in 2021. However, there may not be enough vaccines to immunize enough of the population to develop herd immunity. Only time will tell where vaccines effectiveness will go in having an impact on COVID-19.

13. How easily does COVID-19 spread from person to person from breathing, coughing, or sneezing?

Occupational Health and Safety indicates through research that it takes as few as 1,000 COVID-19 viral particles to infect someone. Speaking releases about 200 particles per minute. A cough releases about 3,000 droplets per occurrence and a sneeze releases about 30,000 droplets per occurrence. It is important to note that many of these viral particles are microscopic and hidden from the human eye. Social distancing of 6 feet or more is the most important thing anyone can do to reduce the transmission spread of the virus from speaking, a cough, or a sneeze.

14. Does wearing gloves help to reduce the spread of COVID-19?

No. Wearing gloves doesn't prevent the spread of COVID-19. Gloves typically have pores and can become contaminated. Washing hands with soap and water is the most effective measure of prevention

15. I am not sure what to think about the wearing of masks. Should my family and I be wearing masks and will they be required at school?

The CDC suggests that all school reopening plans address adherence to behaviors that prevent the spread of COVID-19. When used consistently and correctly cloth face coverings are important to help slow the spread of COVID-19. The CDC as well as the South Dakota State Medical Association (SDSMA) recommends that students and staff in school wear masks. The CDC also recommends that people wear cloth face coverings in public settings and when around people who live outside of their household. The use of cloth face coverings is especially important when social distancing is difficult to maintain.

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. Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected.

The use of cloth face coverings in educational settings may present challenges, particularly for younger students and students with special healthcare or educational needs. The district will weigh the benefits and concerns appropriately to determine if and when masks should be used. If a parent wishes to have their child wear a mask at school, the district and its staff will support the wishes of the parent in allowing the mask to be worn when social distancing of six feet or greater is not possible.

16. Are face shields an alternative to wearing cloth masks?

No. Face shields offer more protection for eyes from droplets than they are as a substitute for wearing masks.

17. Does COVID-19 spread more easily indoors than outdoors?

Yes. COVID-19 spreads more easily indoors vs outdoors due to decreased air flow and ventilation.

18. Can I be assured when my child attends school this year that they will not get COVID-19 at school?

The American Academy of Pediatrics states that COVID-19 policies are intended to mitigate, **not eliminate**, risk. No single action or set of actions will completely eliminate the risk of COVID-19 transmission, but implementation of several coordinated interventions can greatly reduce that risk. The school district has formed a committee of district administration, district staff, parents, and students to make decisions about what mitigation strategies that will be implemented. The hope is that this guidance is reflective of our community as a whole and that the school will do everything it can to implement the plan to the best of our ability.

South Dakota Department of Health

COVID-19 FAQ Sheet

Update: July 24, 2020

Identifying Cases in Schools

Q-1: If a parent, spouse or other household member that lives with a student or staff member tests positive, is this considered a confirmed case in the school?

A-1: Assuming the infected individual did not enter the school, this would not be considered a confirmed case in the school. The student or staff member who lives with the infected individual would be considered a close contact and would be asked to self-quarantine for 14 days.

Note: If the student or staff member develops symptoms and/or tests positive while in quarantine, a new case investigation and 10-day isolation period would begin.

Q-2: If one student in a classroom tests positive for COVID-19, is everyone in that same classroom considered a close contact?

A-2: Each positive case within a classroom will be investigated to determine if other students/staff are close contacts (The CDC defines a close contact as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset or, for asymptomatic patients, 2 days prior to positive specimen collection until the time the patient is isolated.) Close contacts will be notified and will need to complete a 14-day quarantine period to monitor for symptoms.

Q-3: Will schools be notified if one of their staff or students is identified as a close contact of someone testing positive for COVID-19?

A-3: No. DOH will alert a school any time one of their students becomes a positive case. Through conversation with an infected individual (or a student's parent/guardian), DOH will work to identify close contacts, including school close contacts. DOH will notify close contacts of potential exposure and direct the individual to self-quarantine for 14 days from the last exposure. Close contacts will receive a written notification at the beginning of their quarantine period specifying their completion date for quarantine. If an individual becomes symptomatic and tests positive during their quarantine, they will begin a 10-day isolation period from the date of their symptom onset.

Q-4: If a student lives and is tested in a different state but goes to school in a South Dakota school, will that student's positive test result still be reported to school officials?

A-4: Investigation of a person positive for COVID-19 is completed by the public health agency in the state where the person resides. Schools can expect that public health agencies in surrounding states will follow protocol similar to that being used in South Dakota, meaning that a school should be notified of a positive case, even if the student lives in and is tested in another state.

Q-5: If a school is notified mid-day of a positive case within our building(s), is the recommendation to immediately close the building in order to prepare for cleaning or close at the end of the school day?

A-5: DOH would not recommend school closure mid-day. Dismissal at the end-of-day is appropriate. Currently, CDC recommends waiting 24 hours, if feasible, before cleaning and disinfecting an affected area. Reinforce the importance of mitigation strategies such as social distancing, hand washing, symptom screening, cloth face coverings, etc.

Q-6: If a student who is identified as a close contact by the DOH tests negative for COVID-19 during the 14-day quarantine period, can they return to school?

A-6: No. If a student tests negative during their quarantine period, the individual still needs to remain in quarantine until 14 days have passed since their last exposure.

Q-7: When a student has been identified as a close contact or has tested positive for COVID-19, will the district need to receive confirmation from the DOH before excusing them from school, or will a parent's word suffice?

A-7: For a close contact, DOH alerts individuals directly. It is up to the individual identified as the close contact to let the school know of this status. For a positive case, DOH will contact the school. An individual may receive notification of a positive case from their healthcare provider sooner than the DOH receives notification of the case. It would be advisable for the school to excuse based on the report from the parent, as DOH notification may be delayed.

Q-8: What will happen if a student has tested positive for COVID-19, but their parent refuses to obey isolation orders (i.e. continues to send the child to school despite being told not to)?

A-8: The school district should work through the DOH person working the case to obtain a public health order. If the child continues to come to school, in violation of the public health order, the DOH may seek court enforcement of the order.

Q-9: Will the DOH or DOE let school officials know when a student can return to school, whether they're a close contact or a confirmed case?

A-9: The Department of Health will alert a school of any student in the school who has tested positive, but the department will not alert the school when an individual (positive case or close contact) is released from isolation or quarantine. DOH will provide a letter to positive cases who complete their isolation period indicating they can return to school. The DOH will also provide a letter to the close contacts at the beginning of their quarantine period which will identify the completion date for quarantine. Parents will be responsible to provide these letters to the school.

Q-10: Are school employees considered critical infrastructure workers? And does a declaration of such affect the 14-day quarantine period?

A-10: Please refer to the Cybersecurity and Infrastructure Security Agency guidance on issues related to critical infrastructure. As a state, South Dakota has not identified specific critical infrastructure fields.

Schools may want to consider following the CDC’s return to work practices for healthcare providers if they are struggling to staff a building. Example: If a school considers a particular staff member a critical infrastructure worker and that staff member is a close contact of a positive case but has no symptoms, the staff member could ensure they have no symptoms each day (including through a temperature check) and wear a face covering appropriately for 14 days following the exposure. If at any time during the 14 days the individual develops symptoms, they should not be at work.

Infection Control

Q-1: Many people with COVID-19 are asymptomatic. Should schools still screen students for temperature and symptoms?

A-1: DOH and DOE are encouraging schools to use a variety of mitigation strategies in their planning for SY 2020-21. On July 23, CDC released [new guidance specific to screening](#). This guidance does not recommend universal screening of students be conducted by schools. The guidance does say that parents/caregivers should conduct daily monitoring of their children for signs of infectious illness, and students who are sick should not attend school in-person.

Q-2: Are the DOH and DOE requiring students to wear masks?

A-2: The DOH and DOE encourage school leaders to use a variety of mitigation strategies in their planning for SY 2020-21. In selecting which to use, school leaders need to balance public health considerations and current conditions of the virus in their communities with the overall health of students and staff.

On July 23, the CDC released Guidance for K-12 School Administrators on the Use of Face Coverings in School. It offers general guidelines and recommendations on this topic. In addition, the American Academy of Pediatrics recommends that school leaders and health advisors “consider whether the use of cloth face coverings is developmentally appropriate and feasible and whether the policy can be instituted safely.”

Q-3: Are the SDDOH and SDDOE requiring staff to wear masks?

A-3: See the answer above. Additionally, current science suggests that adults are more susceptible to complications from COVID-19 than students. School leaders will need to balance public health considerations and current conditions of the virus in their communities with the overall health of students and staff. A staff members’ duties would influence the type of infection control equipment that is appropriate for that situation.

Q-4: Can schools require students and staff to wear masks if they wish?

A-4: Yes. This would be a local policy decision. See questions above and [CDC guidance regarding face coverings in school](#).

Q-5: Should teachers use clear face shields in place of cloth masks, so students can pick up on facial cues and mouth formations?

A-5: From a public health perspective, clear face shields are a tool for protection against COVID-19, specifically around the eyes, but they do not replace face coverings due to large gaps on the side and bottom. From an educational perspective, clear face shields may be appropriate when it is important that students can see a teacher's facial expressions and mouth movements; for example, in the case of teaching English language learners and students who are deaf or hearing impaired.

Q-6: How do we handle students who are wearing the same masks over and over without washing? Do the masks become less effective in that case?

A-6: Cloth masks should be washed regularly. The CDC offers information on [How to Wash Cloth Face Coverings](#).

Communication with Parents and Students

Q-1: Will the state help school leaders communicate with their school community if there is a confirmed case of COVID-19?

A-1: The Department of Health communicates directly with individuals who test positive for COVID-19, as well as their close contacts. The Departments of Health and Education will also assist a school in determining best methods for communicating with the larger school community about a positive case(s). Communication should be designed to address the school community's desire for information, while also protecting student/staff privacy.

Q-2: How does a school district communicate with their school community while still following HIPAA and FERPA?

A-2: Communication to the broader school community will need to be general and protect student/staff privacy. DOH will handle communication with any individuals who test positive, as well as their close contacts, directly. DOH may enlist the help of school leaders in identifying close contacts. When DOH shares this type of information, school personnel would be bound by FERPA requirements to keep this information confidential.