

Latest update: May 19, 2021

- **Denotes new Q/A**
- **Language updates in green font**

COVID-19 Vaccine

We have staff and teachers who are hesitant to receive the COVID-19 Vaccine. How can we help them understand the importance of receiving the vaccine?

Start with open conversations about common hesitations about receiving the COVID-19 vaccine, and tailor your message to answer their hesitations using facts from the CDC. The CDC offers an abundance of **resources** to help you educate your staff on the safety of the COVID-19 vaccine. Enlist your **Coordinated School Health professionals** or your local **Health Department** Health Educators to help educate your staff. Remind your staff the COVID-19 vaccine is an important tool to help schools get back to normal.

- **As we await the potential approval of a COVID-19 vaccine for children, should children receive their routine vaccinations before receiving the COVID-19 vaccine?**

Yes, children should be receiving their required vaccinations as scheduled. Consider reminding parents that immunization requirements did not change during this pandemic. Parents should double-check to make sure their children are up to date on their routine vaccinations and schedule appointments for missed vaccinations.

COVID-19 vaccines and other vaccines may now be administered without regard to timing. This includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day, as well as co-administration within 14 days.

There will not be a grace period for routine vaccinations for children entering schools.

- **If we are not vaccinating on site, how can our staff locate vaccinating facilities?**

To find a vaccinating facility, which vaccine they provide, and register for an appointment, follow one of these links.

- 1. Register for a Vaccination Appointment:** All Tennesseans can register online at <https://vaccinate.tn.gov/> for an appointment time to receive a vaccination through their local county health department.
- 2. To locate a vaccinating facility and register:** Visit <https://vaccinefinder.org/> to locate a facility vaccinating in your county. Most vaccinating facilities are taking appointments, but in some places walk-ins are welcome, so double-check before walking in without an appointment. Note: *All Tennesseans age 12 and over are eligible for vaccination. Those*

who are 12 to 17 must receive the Pfizer vaccine, so check VaccineFinder.org for vaccinating facilities providing the Pfizer vaccine.

What does be “fully vaccinated” mean?

A person is considered fully vaccinated if they are ≥ 2 weeks following receipt of the second dose in a 2-dose series or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.

Do I need to continue wearing a mask and physical distancing if I am fully vaccinated?

To protect those who may be at high risk of developing complications if infected with COVID-19, you should continue to wear a face mask and follow physical distancing guidelines while in a public setting, gathering with unvaccinated people from more than one other household, or when visiting with an unvaccinated person who is at increased risk of severe illness or death from COVID-19 or who lives with a person at increased risk. Regardless of your vaccination status, you will still need to follow the health and safety guidance at your workplace.

Guidance on mask-wearing and physical distancing is evolving as scientists learn more about how the COVID-19 vaccine builds immunity. **If you are fully vaccinated** (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series or ≥ 2 weeks following receipt of one dose of a single-dose vaccine), you can

- visit other fully vaccinated people indoors without wearing masks or physical distancing.
 - visit with unvaccinated people from a single household who are at low risk for severe COVID-19 disease indoors without wearing masks or physical distancing.
- Another benefit of receiving the COVID-19 vaccine is that you are no longer subject to quarantine or testing following a known exposure, as long as you are symptom-free.

If I receive ONE DOSE of a vaccine that requires two doses and I become a close contact, will I need to quarantine?

Yes. We have learned from clinical trials involving tens of thousands of people who took the vaccine that the Pfizer vaccine is 95% effective at preventing illness from COVID-19 after 14 days from the second dose of vaccine, and Moderna is 94.5% effective at preventing illness from COVID-19 after 14 days from the second dose of vaccine. You must get both doses to have the best protection against the virus. With Johnson & Johnson, the newest addition to available COVID-19 vaccines, only one dose is required for full vaccination and presumed immunity comes 14 days after that single dose.



If I am FULLY VACCINATED and I become a close contact, will I need to Quarantine?

Fully vaccinated people with no COVID-like symptoms do not need to quarantine or be tested following an exposure to someone with suspected or confirmed COVID-19 as their risk of infection is low. Someone is considered fully vaccinated ≥ 2 weeks following receipt of the second dose in a 2-dose series or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.

Fully vaccinated people who do not quarantine should still monitor for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, including SARS-CoV-2 testing, if indicated, and inform their health care provider of their vaccination status at the time of presentation to care.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html#anchor_1615143411738

If my staff has questions regarding the vaccine, where can they find more information?

The COVID-19 Webpage is loaded with vaccination information. For questions about the vaccine, visit the COVID-19 Public FAQ web page. To see the full plan, open the Vaccination Plan PDF.

Our school district is interested in providing vaccines for staff onsite. What steps do we need to take to become a COVID-19 Vaccine provider?

The immunization team is currently recommending schools/districts interested in administering the COVID-19 vaccine to their faculty and staff contact their local health department school liaison to determine the best option – partnering with the local health department or registering as a vaccine provider. If it seems most appropriate to register as a provider, use this link: Register to Become a COVID-19 Pandemic Vaccinating Provider. It's important to note you would not have vaccination responsibilities beyond your faculty and staff. Starting February 22nd, 2021, the state moved to Phase 1b which includes childcare providers and K-12 faculty and staff.

If our school/district decided to vaccinate staff onsite, what supplies will we need to provide?

Your facility **WILL** receive administration kits which include:

- Needles
- Syringes
- Personal Protective Equipment (face masks/face shields)
- Vaccination Cards

Your facility **WILL NOT** receive gloves, band-aids, cotton balls, sharps containers, freezer or refrigerator.

Do we need to have a Chief Medical Officer sign the agreement?

Yes, the CMO needs to be a healthcare provider who has prescribing authority in the state of Tennessee. If your district or school does not have a medical director on staff, you may partner with a provider in your community who is willing to sign the agreement.

We have filled out the agreement, but we have not heard from the immunization team, are we registered?

The immunization team processes all the applications submitted by schools/districts. As the applications are processed, they move through different groups on the team for approval. If any questions come up during processing, the immunization team will reach out to you. Once your application has moved closer to completion, someone will reach out to ensure your school system is set up correctly in the immunization system.

If we don't meet the requirements to become a vaccine provider, can a POD be set up at our school?

Contact the school liaison at your local health department to see if the health department may be able to set up a POD (point of distribution) at your school (or group of schools) to provide vaccinations to faculty and staff.

Facemasks / Face Shields

Is wearing a facemask safe?

Children aged 2 or older can safely wear a face mask for an extended period. Appropriate face masks are made from breathable materials that will not block oxygen or lead to carbon dioxide poisoning. The American Academy of Pediatrics offers some [MythBusters](#) about wearing face masks. The CDC provides some [adaptations and alternatives](#) when wearing a face mask may not be possible.

Why is it important to wear a face mask if I am already physical distancing?

Both wearing a face mask and physical distancing can decrease the risk of viral transmission. When used together, the risk of transmission is even lower. Using a multi-layered approach can slow and even stop the spread of the virus.

Should students wear masks while playing on the playground/sports?

If students can stay 6 feet apart on an outdoor playground or participating in sports, they would not need to wear masks. However, if they are playing in clusters, they would need to wear masks. Examples: playing together on the monkey bars, playing basketball, building pyramids while cheering. The risk of spreading COVID-19 is much lower outside, but not zero, especially when students are not physical distancing.

Does increasing distance eliminate the need for facemasks in the classroom?

Increasing the distance between individuals is helpful, but teachers and students should wear facemasks while others are in the room. The risk of transmission decreases with more distance and less time exposure but still exists. Here are some [Additional Considerations for the Use of Face Masks Among K12 Students](#).

Can a face shield be used in place of a face mask?

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

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

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>

Case and Close Contact Definitions:

Confirmed Case:

Someone who has had a positive confirmatory PCR or NAAT test.

Probable Case:

Someone 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 a close contact to a case. Someone with symptoms consistent with COVID-19 but no direct exposure to a known case is not considered a probable case.

Close Contact:

Someone who has been within 6 feet of a case for a cumulative total of ≥ 15 min over a 24-hour period. However, this depends on the exposure level and setting. Examples:

- *Any duration of an aerosol-generating procedure in a healthcare setting without proper personal protective equipment (PPE) may be defined as close contact.*
- *Extremely close proximity in the setting of high-risk activities (forceful respiratory air propulsion like cough/sneeze/heavy breathing during sports activities; kissing; sharing utensils or drinking after a case) may qualify someone as a close contact even though the contact was for a shorter period of time.*

Chain of Events when learning of a COVID-19 Case:

When 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 face mask (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 the school notify close contacts and ask them to remain at home until the HD investigation is complete.

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*
 - *Note: Fully vaccinated individuals need to be informed they have been exposed and should self-monitor for symptoms, but they do not need to quarantine. If symptoms develop, they should self-isolate and contact their healthcare provider regarding the need for testing.*
- *Contact information of the school nurse or designated school liaison*

Additionally, the liaison should communicate to the school any Health Department recommendations for mitigating the spread of COVID-19 in the school.

Contact Tracing / Household Contacts

Has the definition of “close contact” changed since the CDC now allows 3 feet of physical distancing in elementary school classrooms?

*No. The definition of a **close contact** is still someone who has been within 6 feet of a case for a cumulative total of ≥ 15 min over a 24-hour period.*

When a teacher is roaming the class for more than 15 minutes and a student in the class is determined to be a case, is the teacher considered 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. COVID vaccine is available for all K-12 faculty/staff. Fully vaccinated teachers who are without symptoms would not require quarantine when exposed to a COVID case.

How can a class of students be protected from a teacher who becomes positive?

Only if the teacher was within 6 feet of an individual student for a cumulative total of ≥ 15 minutes over a 24-hour period would a student be considered a close contact. In this type of situation, you should consider the other measures taken in the class. If the teacher and students were wearing masks, the risk is lower. If the teacher remained at the front of the classroom, not spending extended time slowly wandering through the classroom, the risk is lowered even further. A useful approach would be asking the teacher to identify anyone who qualified for the above definition of close contact. We would recommend notifying all families of students in the class of the low-risk exposure. Rather than quarantining everyone, it would be reasonable to ask them to actively monitor for symptoms. At the first sign of symptoms, the student would need to stay home and would be considered a probable case until proven otherwise.

How do we approach contact tracing for children playing together at recess or when seating charts have not been followed?

It is a good idea to cohort students both in the classroom and on the playground. That will help when the need arises for contact tracing. In instances such as recess contacts, using the [COVID-19 Case Response Rubric](#) may be helpful. The COVID-19 Case Response Rubric has been updated, so check your version if you are using a printed copy.

What is a “Household Contact without Ongoing Exposure”?

Household exposure is not 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.

If a student tests 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, 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 to minimize delays in contact tracing, 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](#) that may help your agency determine when to release PII 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 educational agencies and institutions to release PII without consent 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 record that PII was disclosed to the health department. FERPA has provided [Questions and Answers on the applicability of FERPA to Disclosures Related to COVID-19](#) that may help your agency determine when to release PII to the health department.

What information can the health department share with a school?

*Protected health information, such as the individual's identity 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 schools do about contact tracing when health department capacity is limited?

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 local public health department's responsibility 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.

Isolation / Quarantine / Testing

How can a school use the BinaxNOW tests available through the TN Dept of Health?

TDH guidance for [Rapid COVID-19 Testing in Schools](#) provides information about using these tests. Any school or school district interested in testing can contact COVID.Education@tn.gov.

Does a vaccinated individual have to Quarantine?

At this time, vaccinated persons with exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they are fully vaccinated and experiencing no COVID symptoms. A fully vaccinated individual is ≥ 2 weeks following receipt of the second dose in a 2-dose series or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.

What is the guidance for staff or students who were already infected with COVID-19?

Staff and students infected with COVID-19 in the past 90 days do not require quarantine when exposed to a new case of COVID-19. If they develop symptoms after the exposure, they should self-isolate until evaluated by a healthcare provider.

Staff and students who were infected with COVID-19 more than 90 days before being identified as a close contact to a new case (within 6 feet for a cumulative total of ≥ 15 minutes over a 24-hour period) should follow the same quarantine guidelines as someone who has never been infected: [TDH Quarantine Guidelines](#)

Can an asymptomatic person infect others?

Yes. If someone is positive for COVID-19 but not experiencing symptoms, they can still transmit the virus. This question reinforces the importance of wearing a face mask, as someone who is without symptoms may be unaware they are infectious and able to transmit the virus with others. Face masks decrease the risk of transmission.

Can an asymptomatic student / staff member with COVID-19 return to school before their 10-day isolation period is complete?

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 they are asymptomatic) AND must be fever-free (without the use of fever-reducing medications) AND have improvement in symptoms for at least 24 hours. The CDC offers an article on [Evidence Supporting Transmission of Severe Acute Respiratory Syndrome Coronavirus 2 While Presymptomatic or Asymptomatic](#).

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

A person with lingering, mild symptoms lasting longer than 10 days after illness onset would not be considered contagious.

Why are we quarantining healthy children?

Quarantine is used for healthy individuals who have been exposed to a case and are, therefore, at risk of becoming infectious themselves. The length of quarantine is based on the incubation period of the infectious agent. In the case of COVID-19, this is up to 14 days following exposure. If you are a close contact, a 14-day quarantine period is recommended. Alternatives to the 14-day quarantine period can be found in [TDH Quarantine Guidelines](#).

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>.

How can we prevent quarantining students multiple times?

Practicing physical distancing is imperative. Decreasing the frequency of contact and exposure distance can prevent quarantine. Remind and encourage students, staff, and parents to follow the 6 feet for \geq 15-minute rule to protect themselves. Physical distancing is challenging, but it will prevent students and staff from being quarantined.

What can school directors do when parents refuse to quarantine their children?

Continue to reinforce the importance of quarantine, reminding parents this strategy is necessary for fighting the virus. There is a plethora of information on CDC's website about the importance of quarantine and a library of resources on our site for educators.

CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

TDH guidance: https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/School_Recommendations.pdf

[White House Task Force Map](#) shows the positivity rate in each county.

<https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/CaseResponseRubric.pdf>

Work with your local health department and remind parents if they want to keep schools open, it's best to participate in quarantine voluntarily.

If one person in a house is quarantined, does everyone living in the house quarantine too?

The need to quarantine only applies to the person who is a known close contact to a COVID case. We do not recommend quarantine for a “contact of a contact.” Since the risk of transmission is high in households, the quarantined person should be kept separated from the rest of the family as much as possible, avoiding shared bedrooms, bathrooms, or shared living areas. Limiting exposure in this way can help prevent transmission to other family members if the quarantined person were to become positive. Other family members may need to quarantine based on home exposure if the person who is quarantined tests positive or develops symptoms. Refer to [TDH Quarantine Guidelines](#) for more details. Quarantine is not required for fully vaccinated individuals or those testing positive for COVID-19 in the previous 90 days if they are without COVID symptoms.

Are there resources to cover cafeteria staff who are quarantined because one of their team has tested positive?

One of the practices some districts have used is identifying 1-2 staff members from every school to be part of a “back-up” team that can be called upon when needed. This concern reinforces the importance of ensuring staff are able to physically distance themselves while at work.

How should a school respond when a student returns to school with an alternate diagnosis from their healthcare provider but no negative COVID test?

We would encourage the school to share the [Return to School Decision Support Algorithm](#) with those healthcare providers. While TDH can share it with our licensed providers, reinforcing the message at the school level would be helpful as well.

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 the possibility of spread instead of using a stopwatch. Understanding how players come into close contact through the course of the game will help you identify opportunities to avoid some of those instances, reducing the need to quarantine players in the future.

What is meant by “schools MAY exclude students/staff at their discretion” in the Protocol for Schools Assisting Public Health with Close Contact Investigation for COVID-19 Cases?

Official decisions about the need for someone to quarantine come from the Department of Health. 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 an individual (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.

How should we handle quarantine for students living on campus?

Quarantine is for individuals who have close contact with a case of COVID-19. Quarantine is not required for those who are fully vaccinated or those testing positive for COVID-19 in the previous 90 days if they are without COVID symptoms. These are some examples of campus situations that might be encountered:

- 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 need to isolate, and Roommate B does not need to quarantine.
- Roommate A was home over the weekend and their sibling, with whom they had close contact, tests positive, and now Roommate A has symptoms consistent with COVID-19. Roommate A is considered a probable case whether or not they have a negative test, so they will need to isolate. Roommate B has been exposed to a probable case and will need to quarantine.

Can college students isolate or quarantine together?

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.

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>

Travel

We have students returning from travel to other states and countries. What is the quarantine time?

Tennessee does not require testing or quarantine after domestic or international travel, but strongly recommends travelers follow CDC guidance:

- <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/travelers/faqs.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html#travel-1>

Those returning from travel should be aware they may be contagious and should practice Physical distancing, wear a face mask, wash their hands frequently, and self-monitor for symptoms of COVID-19. If symptoms develop, they should isolate themselves and get tested.

Data / Metrics

Is there a mandate for schools with a cluster of cases to 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.

Where is information located about community spread of COVID 19 and its relationship to schools' safe operation?

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

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 for maintaining in-person learning. [Epidemiology and Surveillance Data Dashboard](#)

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

TDH, with TDOE, has established criteria for the 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>) 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 to holistically address the needs of children. The comparative risk determinations by county should be interpreted in the context of a community – risk varies among populations. 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.

Classroom and Extra-Curricular Activities

What is the guidance for physical distancing in classrooms?

Schools providing in-person instruction should prioritize two prevention strategies:

- *Universal and correct use of masks should be required*
- *Physical distancing should be maximized to the greatest extent possible.*
- *CDC guidance for physical distancing in classrooms is different than their guidance for settings outside of the classroom.*
- *Between students **in classrooms**:*
 - *In elementary schools, students should be at least 3 feet apart.*

- *In middle schools and high schools, students should be at least 3 feet apart in areas of low, moderate, or substantial community transmission. In areas of high community transmission, middle and high school students should be 6 feet apart if cohorting is not possible.*
- *Maintain **6 feet** of distance in the following settings:*
 - **Between adults** (teachers and staff), and **between adults and students, at all times** in the school building. Several studies have found that transmission between staff is more common than transmission between students and staff, and among students, in schools.
 - When masks cannot be worn, such as when eating.
 - During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise. Move these activities outdoors or to large, well-ventilated space, when possible.
 - In common areas such as school lobbies and auditoriums.

What is the guidance for teaching in classrooms using shared items? For example, science labs or 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 someone in the class is diagnosed with COVID-19.*
- *Consider options such as 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*

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/articles/unprecedented-international-coalition-led-by-performing-arts-organizations-to-commission-covid-19-study/>

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

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

Close the classroom for 24 hours to provide time for aerosolized particles to settle. After that time, staff wearing re-usable (non-medical, multi-use) gloves, face 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>

What are best practices to hosting an awards banquet?

If possible, host awards events outdoors, practicing Physical distancing. Encourage attendees to wear a face mask, cohort tables or seating by households and maintain distancing of at least 6 feet. Eliminate buffet lines and the use of shared objects. Remind participants not to shake hands, as is often done when receiving awards. Advise attendees to stay home if they are sick and offer online attendance options.

Can students in quarantine come to the school to take the ACT since it is a state scheduled test which is difficult to reschedule?

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

Screening / Monitoring / Temperature Checks

What should be communicated to parents, caregivers, or guardians regarding symptom and temperature screening of children before attending school?

Students who are sick should not attend in-person school, and parents should monitor for symptoms of infectious illness every morning including temperature checks.

Note: On-site symptom and temperature screening for students is at the discretion of the school. Visit the CDC webpage for more information on [screening K-12 students for symptoms of COVID-19](#).

How should we symptom screen our teachers, staff, and visitors?

Encourage staff to self-screen prior to coming onsite and if any of the following are present to not return to the workplace:

- [Symptoms](#) of COVID-19
- Fever equal to or higher than 100.4°F*
- Under evaluation for COVID-19 (for example, waiting for the results of a viral test to confirm infection)
- Diagnosed with COVID-19 and not yet cleared to discontinue isolation