



## Indiana State Department of Health

### Back to School Resources, School FAQs Positive Cases and Contact Tracing

A single [symptom](#) from the list of common signs/symptoms of COVID-19 warrants further evaluation and conversation. If student or staff member is sent home, quarantining and testing is strongly recommended, especially if the individual is a close contact (within 6 feet for a total of 15 minutes or longer in a 24-hour period) of a positive case. A positive test initiates isolation and contact tracing.

Initial nursing assessment, potential exposure to someone with confirmed COVID-19, the person's health history and other factors play a part in how every student, teacher or staff member is managed and triaged at school. For example, someone with a runny nose or nasal congestion and a history of allergies but no fever may stay at school due to an alternate diagnosis. Someone with a significant headache, especially when associated with a fever, should go home and seek evaluation/testing. No two scenarios are the same.

For more information, see guidance for [Return to School](#) (English) [¿Cuándo puede regresar a la escuela?](#) (Spanish/español) or [COVID-19 ရောဂါနှင့် အနီးကပ် ကပ်သွယ်မှုမှရှောင်ရှားရေး](#) (Burmese)

### Assessing Symptoms

**Q: We are concerned about the ability to discern COVID-19 symptoms from other health issues. Is it best practice to send everyone home who has one of the COVID-19 symptoms even during allergy times, when many students have a cough or sore throat? Any guidance would be appreciated.**

A: If the nurse assesses and believes symptoms are consistent with the individual's medical history, we suggest a call to the parent or healthcare provider to discuss. If a student has a medical condition, such as allergies, that could be interpreted as COVID-19, we recommend that the student have an alternate diagnosis on file from his or her doctor. Every student who appears at the nurse's clinic for anything outside of a regular visit for medication administration or daily treatment should have a temperature check. If the temperature is elevated, no matter what the presentation or medical history, send the student home and recommend testing. The [COVID-19 Screening Decision Tree](#) can help guide school personnel in this assessment.

**Q: Many students present to school clinics with multiple symptoms, such as headache, nausea, muscle aches, sore throat, etc. Fever is about the only universal symptom that requires a student to be sent home. Many of the symptoms are the same as COVID-19 symptoms. Any suggestions for determining if you are dealing with a COVID case vs. other common illnesses?**

A: The [COVID-19 Screening Decision Tree](#) can help. COVID-19 generally presents with multiple symptoms, although some individuals may have only one symptom. Any student with symptoms of COVID-19 should be isolated, sent home and testing encouraged, especially if the student or staff member is a close contact of someone with confirmed COVID-19.

**Q: With the symptoms of COVID-19 being so broad, especially in younger children, should all symptoms be treated equally in terms of return to school after they're called in by a parent or if the child's sick at school? Would 24 hours be appropriate for symptoms such as fever, abdominal pain, vomiting, cough, etc.?**

A: Any student exhibiting symptoms of COVID-19 should be sent home and presumed to have COVID-19 until a healthcare provider documents an alternative diagnosis. Without such documentation, a student would need to isolate at home for 10 days, be fever-free for 24 hours without use of fever-reducing medication **and** have improvement of any other symptoms before returning to school.

For guidance tied to a student's symptoms, plus test and close contact status, refer to the [COVID-19 School Attendance Quick Reference](#) (English) and [Una Rápida Referencia Sobre la Asistencia a Clase y el COVID-19](#) (Spanish/español). You can get more detailed information about what happens if a student becomes sick at school or reports a new COVID-19 diagnosis in the Centers for Disease Control and Prevention's (CDC's) [Student is Sick Flowchart](#).

**Q: How many symptoms warrant a possible COVID diagnosis? What about just a headache or nausea with no other symptoms?**

A: There are cases with only one symptom, which is enough to prompt a nurse's assessment.

**Q: It's suggested that a child with a fever be fever-free for 24 hours without fever-reducing medicines before returning to school. Is the 24 hours just for fever or all symptoms?**

A: The 24 hours applies to being fever-free without using fever-reducing medicine, but other symptoms (if any) must also be improved.

## Close Contacts

**Q: When I think about the newest definition of a close contact, it's impossible to know who "added up to 15 minutes" at an elementary recess. Kids are running around, playing soccer, etc. Does this mean that everyone is a close contact if there's a positive case?**

A: A close contact is now defined as being within 6 feet of an infected person for a total of more than 15 minutes in a 24-hour period. Please use your good judgment in measuring what exposures are. Some examples:

- Passing each other in a hallway multiple times is likely not close exposure, but standing with others at lockers for some time is more likely a close contact.
- Walking past me in the classroom is likely not a close contact, but sitting with me at a table during one-on-one instruction for some time more likely would be.

Please don't move students or staff around every 15 minutes to avoid close contacts.

**Q: You said a close contact is anyone within 6 feet of a positive case for a total of more than 15 minutes in a 24-hour period, even if wearing a mask. Wouldn't that mean school nurses would constantly be on quarantine?**

A: School nurses are considered health care personnel, and because their work brings them into close contact with multiple sick children during the day, they should wear a surgical mask. It is recommended aerosol-producing treatments, such as a nebulizer, not be performed at school to lower the risk of infection.

**Q: Is there a recommended timeline for when asymptomatic close contacts should be tested? Should they be tested as soon as they're notified about being a close contact, or should they wait a few days?**

A: Day 5 is best for testing, according to Chief Medical Officer Dr. Lindsay Weaver of the Indiana Department of Health.

## Closing Schools

**Q: Who decides if a school is to close for 2-5 days? Can part of a school, instead of the whole school, be closed?**

A: The Indiana Department of Education has an absenteeism reporting rule that states once a school reaches a 20% absenteeism rate. The rule is in place so the school and local health department can work together to make decisions on whether part of a school or an entire school needs to close: [512 IAC 1-2-1, "Threshold of Student Absences for Reporting Purposes to Local Health Departments"](#)

Among factors considered are the level of positive cases in the school, level of community transmission, the extent of close contacts of the individual or people who tested positive and how students were cohorted. The CDC says schools may need to close for 2-5 days, but the case investigation will ultimately determine the most appropriate actions. When possible, the goal will be to close the smallest area for the shortest time.

Communities can help schools stay open by implementing strategies that reduce their level of transmission. When there's substantial, uncontrolled community spread of the virus, school closure is an important consideration. Learn more about [recommendations](#) based on community level of spread.

**Q: If a positive case is identified, and the school is closed for deep cleaning, is there a recommended time before closure that parents can come get school items for remote learning?**

A: If school is closed, no one should come in, except for the cleaning crew, until cleaning is complete.

## Contact Tracing/Notifications

**Q: The health department initiates contact tracing, correct?**

A: Contact tracing is the process of getting in touch with people who have tested positive to help them isolate safely and obtain information about their recent close contacts. Learn more about contact tracing on the state's [website](#). Close contacts — those within 6 feet of a positive person for more than a total of 15 minutes in a 24-hour period — are monitored daily while in quarantine. The goal is to slow the spread of the virus.

When a case is first identified, the school should immediately begin to identify close contacts and work with their local health department to immediately isolate the case and quarantine close contacts to stop the spread. The name of the positive individual is not shared. Either the Indiana Department of Health or the local health department starts contact tracing. It's important that parents and staff notify the school when they learn of a positive result and that the schools and local and state departments of health communicate to ensure that case investigation is initiated quickly to prevent further spread of infection. The state Department of Health also contact traces cases through the Indiana Centralized Contact Tracing Program.

**Q: If a student has COVID-19 symptom(s) at school and is sent home, what do I do? Do I need to notify the entire classroom? How do I go about doing this?**

A: Once a school learns of a positive student or staff member, the should begin identifying close contacts in the school and submit the information to the state's centralized contact tracing call center. This will help if contact tracing is needed. They should also work with their local health department.

Contact tracing is only started when there's a positive test result. Cases that are diagnosed by a healthcare provider (without a positive test) will be contact traced by the local health department.

If the student is positive, the state and local health departments will be responsible for:

- Initial case investigations
- Communication related to contact tracing
- Tracking positive cases

You can learn more in the Indiana Department of Health's [Preparation for Positive Student/Staff: K-12 Schools](#) guidance, under [Duties of ISDH, Local Health Departments and Schools](#).

**Q: If someone on the school bus tests positive, would the school send out a letter to everyone on that bus stating there was a positive case on the bus so parents could watch for signs or symptoms? Or would a letter just go out to parents whose child was sitting close to the one who tested positive?**

A: The local health department, in collaboration with the state Department of Health, initiates contact tracing. Only those considered close contacts would be notified, and the positive student's name would not be revealed. It would be up to the school system to notify those outside of the 6-foot close contact range. The minimum amount of information necessary to initiate public health actions should be shared.

**Q: If we send a student home with suspicious symptoms, and the student is waiting on a COVID-19 test result or even just being quarantined (parent chooses not to test), do we notify the student's teacher and class of a presumed positive at the time we send the student home? Or do we wait until we have a positive test, then notify? Do we notify all the parents of those students?**

A: In the first situation, wait for the test result. If it's positive, begin assembling a list of close contacts to help with contact tracing/notification. Your local health department collaborates with the state Department of Health to do contact tracing/notifications.

In the second case, please recommend testing to the parent. Without it, the student with symptoms would be presumed to have COVID-19 unless there is an alternative medical diagnosis from a healthcare provider. If the case is presumed positive by a healthcare provider, please notify the school and the student should isolate for 10 days (if only symptomatic) without a test or quarantine for 14 days (a close contact with symptoms) if untested.

**Q: If we send a student home with suspicious symptoms, and the family chooses to not have the child tested, does the school contact anyone?**

A: The student would be presumed to have COVID-19 in the absence of an alternative medical diagnosis from a healthcare provider. If the student is not a close contact of someone with confirmed COVID-19, the student should isolate and close contacts should quarantine for 14 days from the last date of exposure. If the student is not a close contact of a COVID-19 case, the individual should isolate for 10 days since the symptoms started.

**Q: Can schools share the name of a positive case with teachers or other students?**

A: Schools should not broadly share the names of positive individuals. Only the minimum information necessary to gather information for contact tracing should be shared. Contact tracers will never identify a positive case to close contacts and will only notify a close contact of their exposure.

**Q: Will my child's name be shared during contact tracing?**

A: No. The name of a person who tests positive for COVID-19 won't be revealed to anyone who was exposed, even if the close contact asks.

**Q: Can local health departments give schools the name of a positive case?**

A: Yes, but only for the purposes of contact tracing. That information is not to be shared broadly and should only be used to identify others who need to be notified about their exposure and prevent further spread of infection. Share as little identifiable information about the positive case as possible.

**Q: Are there any guidelines or special training required for school districts to track and trace positive staff or students within our school? Can you send me guidelines or forms that should be used and who is directly responsible for tracing positive people?**

A: Schools can help prepare for a potential case by keeping accurate records that include attendance rosters; cohort groups; seating charts for buses, classes and lunch; student

schedules; and anything else that will help provide information if needed for contact tracing. The state and local health departments will be responsible for initial case investigations related to contact tracing and tracking positive cases.

There's more information about this under the heading [Duties of ISDH, Local Health Departments and Schools](#) in the Indiana Department of Health's [Preparation for Positive Student/Staff: K-12 Schools](#) guidance.

## **Families/Siblings/Household Members**

**Q: If a student in a classroom is positive and the close contacts in the class have been notified and isolated, do the siblings of the close contacts need to be isolated if they were never in contact with the positive case?**

A: Close contact of a close contact do not need to quarantine. However, if a close contact tests positive, then the siblings, other household members and close contacts [must quarantine](#) if they have not isolated from the now-positive contact. The student exposed to the positive case in the classroom who is now positive [must isolate](#) for 10 days, be fever-free for 24 hours without taking fever-reducing medicine and have symptoms that are improving to return to school. The siblings would need to quarantine for 14 days from the last date of contact from the infected sibling.

**Q: If a parent was exposed and is on a 14-day quarantine, does the child/student have to be quarantined as well, or only if the parent tests positive or develops symptoms?**

A: A parent who's a close contact [should quarantine at home for 10 days](#) from the date of last exposure. Again, close contacts of a close contact do not need to quarantine, unless the first close contact, in this case a parent, tests positive. Consider quarantine for all household members if there's suspicion of COVID-19. Learn more in [When to quarantine](#) (English) and [¿Cuándo debo estar en Cuarentena?](#) (Spanish/español).

More information is available in the [COVID-19 School Attendance Quick Reference](#) (English) and [Una Rápida Referencia Sobre la Asistencia a Clase y el COVID-19](#) (Spanish/español). It's written for students, teachers and staff.

**Q: If the child of a teacher becomes symptomatic, but the family chooses not to have the child tested, should the teacher (parent) stay at home for 14 days or come to school until symptoms present?**

A: Encourage testing of both parent and child and monitor for symptoms. The child should be tested because if the result is negative, and when fever-free and symptoms improving, both student and parent can return to school (as long as the child is not a close contact).

**Q: Please clarify the new recommendations on siblings and quarantine. What if they live in the same home but never have contact? Do we quarantine everyone if only one person is symptomatic or positive? If so, from what date? If parents say there's no contact, how should we proceed?**

A: Current recommendations include all household members:

- Positive family members isolate for 10 days from the date symptoms appeared or the date the test was taken if no symptoms are present. Your isolation may end after 10 days so long as any other symptoms are improving and you are fever-free for at least 24 hours without using fever-reducing medicine. You can [learn more about isolation guidance for families](#).
- Those who had close contact with a positive individual should quarantine for 14 days after their last date of contact with that person. You can learn more about [quarantine guidance for families](#) (English) and [Cuándo estar en Cuarentena. Detén la propagación. Mantenga a su familia sana](#) (Spanish/español).
- If the family member is in quarantine as a close contact of a positive case, the exposed family member should be tested, and consider quarantine for siblings and household members if symptoms are present while awaiting test results.

**Q: If a child in our school is symptomatic and has a sibling in another school, do we just tell the parent they should pick up both children? In such a case, do we contact the other schools? It seems like telling the other school would be a privacy violation under HIPAA (Health Insurance Portability and Accountability Act).**

A: Notify the parent to pick up the symptomatic child. Other siblings may remain in school, but consider quarantine while waiting for test results if the sibling is a close contact of a someone known to have COVID-19.

**Q: If there is a positive test in the home, the parent should notify the school. Anyone who tests positive should isolate for 10 days; siblings, all other household members and other close contacts should quarantine at home for 14 days. But some parents won't notify the school. Can the local health department let schools know if a student is in isolation or quarantine?**

A: The local health department will notify school only of positive results and work with the school to identify close contacts.

## Isolation and Quarantine

**Q: How should I respond when questioned about close contacts having to quarantine 14 days and a positive case only isolating for 10 days?**

A: Isolation of 10 days for a positive case, with or without symptoms, is related to how long someone with COVID-19 typically continues to shed the virus. Quarantining for 14 days is related to it taking 2-14 days for symptoms to appear in a person from the last date of exposure to a positive person.

**Q: If I'm a close contact, and I had a negative test, can I end my quarantine early?**

A: No. Any student or staff member who's a close contact with no symptoms and tests negative must complete quarantine for 14 days from the last date of exposure to the positive person. That's because symptoms can take up to 14 days after exposure to appear.

A close contact with symptoms and a negative test must complete the full quarantine plus be fever-free for 24 hours without taking any fever-reducing medicine and have improved symptoms before returning to school. If new symptoms appear, the person will need to be re-evaluated. Additionally, consider quarantine for siblings and household member if there is suspicion of COVID-19.

**Q: We have providers writing “may return to school” notes for students who are in quarantine due to being a close contact.**

A: A student or staff member who is a close contact must complete the 14-day quarantine, even if a test is negative. We recommend testing for anyone who has COVID-like symptoms, but a close contact’s negative test does not mean the staff member or student can return to school early.

**Q: Should a person quarantine while awaiting a test result?**

A: Yes. Quarantine minimizes the potential to spread the infection if the test is positive. This is another reason masking is so important, as it can help reduce the risk of spreading infection before someone learns he or she has COVID-19. Learn about [three key steps to take while awaiting your test results](#).

**Q: Is it recommended that a person in the same room with a positive student/staff member but more than 6 feet from the positive person do a precautionary 14-day quarantine?**

A: No.

**Q: Should a student or staff member who tests positive, completes isolation and returns to school later go into isolation or quarantine after another exposure?**

A: Much is still unknown about immunity from COVID-19. People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms again. People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.

**Q: What should be stated in the healthcare provider’s note about an alternative (differential) diagnosis either when a student returns early from quarantine or is returning after 24 hours fever-free and improved symptoms?**

A: Examples of what the note might say: “Student may return to school on [date], and his/her illness was not related to COVID-19,” or, “Student’s illness was not COVID-related, the student has an alternate diagnosis and may return to school on [date].” This is not a HIPAA violation. The provider’s contact information also must be included. For a student returning after 24 hours, the provider should note any additional criteria to return to school.

**Q: Do students or staff members who have had COVID-19 need to quarantine or get tested again if they are identified as a close contact of another positive case?**

A: Any time someone is identified as a close contact he or she should quarantine for 14 days from the last date of exposure. The only exception is if the close contact tested positive for COVID-19 in the last 3 months from the date of exposure.

**Q: Does a person need to be able to taste and smell again before returning to school?**

A: No. That symptom sometimes takes weeks or months to resolve.

## Miscellaneous

**Q: Where can we find sites that will test children?**

A: Testing sites across the state are listed on the [page with a testing map and more information](#). Children living in Indiana who are 2 and older may be tested free at sites that the state Department of Health and OptumServe/LHI operate, as well as community testing sites administered by local health departments.

**Q: What do we do with a student if the parent refuses or is unable to pick up the student?**

A: Speak with your school administrator to devise a plan for this potential situation, including having a space where the student can wait safely.

## Physical Distancing

**Q: We were told that if everyone in a classroom was wearing masks, face shields or had other barriers but wasn't fully distanced 6 feet, and one tested positive, all the close contacts in that class need to quarantine. True?**

A: Yes. Anyone who's within 6 feet of a positive person for a total of more than 15 minutes in a 24-hour period [needs to quarantine for 14 days](#). Plexiglass is another barrier, much like a face shield, that may reduce the likelihood of transmission, but it doesn't negate being a close contact. Six feet of distancing and masking decrease the chance of infection.

**Q: Some believe that if positive case numbers are low or there are no direct cases related to student/family members in the school, we can go back to traditional school with no social distancing or masks. Please clarify.**

A: Without a safe and effective vaccine, the only way to reduce the transmission of COVID-19 is to continue to practice social distancing, wearing masks, frequently washing your hands and staying home if you're sick or a close contact of a positive case.

**Q: If a school can't implement classroom physical distancing due to size of rooms and student numbers, would you support everyone returning to face-to-face instruction or lean toward a hybrid model, such as reducing class size?**

A: A school that can't create at least 3-6 feet between students and staff needs to find alternatives. It could be classes outside, in the gym or in other large learning environment. Hybrid learning, in which some groups of students learn in person while others learn online, is a good alternative in larger classes to allow for extra distance between students. Here are some [recommendations](#) based on the level of community spread.

**Q: The guidance I've read seems to promote social distancing but also says that if it's not feasible it could be forgone or to do the best we can. If you can't do 6 feet, what would be the alternative minimum, or would it just not matter because anything less than 6 feet is a high risk?**

A: We really want to find ways to create physical distancing as much as possible. That might mean taking classes outside when the weather permits. Or it could mean holding choir in the gym instead of the smaller music room. Implementing a mask policy is also important, especially in instances where you can't maintain that social distance. Without 6 feet of social distancing, the number of close contacts who could be subject to quarantine if someone tests positive could be higher. Please refer to Gov. Holcomb's [Stage 5 executive order](#) for guidance under Classroom Settings, near the top of Page 9.

**Q: If a district decides to bring all students back full time every day, would it concern you that there could be small classrooms with 28-30 kids sitting in desks within 2 feet of one another because it's physically impossible to move 6 feet apart?**

A: We expect schools to do the best they can with social distancing at 6 feet. Finding creative ways to increase social distancing — such as utilizing outdoor, cafeteria or gym space — are some ways schools can increase the distance between students. It's also recommended to have seating charts and group students together to help limit exposure and make contact tracing easier if a COVID-19 case is confirmed.

**Q: If face masks are worn, do desks in the classrooms have to be 6 feet apart?**

A: Face masks do not eliminate the need for physical distancing. When desks are closer together, it will likely increase the number of close contacts if a student tests positive.