

Austin Public Health

Frequently Asked Questions on COVID-19 Operations for Austin-Travis County Schools



This document includes questions about COVID-19 asked by schools during meetings and questions that have been emailed to Austin Public Health at APHSchoolInfo@austintexas.gov. Austin Public Health will update this document on a regular basis.

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A. Cleaning and Disinfection

1. **The disinfectant we use must sit for 10 minutes before being wiped away, which is too long for teachers to use to disinfect tables between classes. What recommendations do other schools have for a disinfectant that works well and more quickly?**

The CDC’s [Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#), the CDC outlines this general framework for cleaning and disinfection practices:

1. Normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure.
2. Disinfection using [EPA-approved disinfectants](#) against COVID-19 can also help reduce the risk. Frequent disinfection of surfaces and objects touched by multiple people is important.
3. When [EPA-approved disinfectants](#) are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.

The City of San Francisco has a [list of cleaning products and disinfectants](#) that considers toxicity and lets you arrange by dwell time.



B. Close Contacts, Quarantine, & Isolation

1. **I heard the CDC updated the definition of close contacts. How does this impact schools?**

The [CDC updated definition of close contacts](#) on October 21, 2020. A close contact is defined as: Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).*

Schools should use this updated definition when identifying close contacts and determining who should quarantine.

2. I am caring for my child who tested positive for COVID-19. Do I still have to quarantine?

[Yes, you still have to quarantine](#) because you would be considered a close contact of your child. Your 14-day quarantine would start after the 10-day isolation period for your child ends. If you have to care for another member of your family who tests positive for COVID-19, your 14-day quarantine would need to restart after the 10-day isolation periods for that family member ends.

3. If a student is sent home from on-campus learning for self-quarantine, can that student attend before and after school-sponsored activities, such as athletic practices, rehearsals, and clubs?

No, the student should stay home for 14 days after their last contact with a person who was diagnosed with COVID-19. Children should not go to school or to child care in person. They should also not go to sports practices, games, lessons, or other activities.

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department. Anyone who has had close contact with someone with COVID-19 should stay home for 14 days after their last exposure to that person. See [CDC Quarantine Guidance](#)

4. I was around someone who has COVID-19, and my COVID-19 test came back negative. Do I still need to quarantine for 14 days after I was last exposed?

Yes. You should still self-quarantine for 14 days since your last exposure. It can take up to 14 days after exposure to the virus for a person to develop COVID-19 symptoms. A negative result before end of the 14-day quarantine period does not rule out possible infection. By self-quarantining for 14 days, you lower the chance of possibly exposing others to COVID-19. See [CDC Guidance: If You or Someone You Know is Sick or Had Contact with Someone who Has COVID-19](#)

5. I was around someone who has COVID-19, but I feel fine. Why should I stay home?

People with COVID-19 can still spread the virus even if they don't have any symptoms. If you were around someone who had COVID-19, it is critical that you stay home and away from others for 14 days from the last day that you were around that person. Staying home and away from others at all times helps your health department in the fight against COVID-19 and helps protect you, your family, and your community.

6. What should I do if I was around someone who was identified as a close contact?

If you have been around someone who was identified as a [close contact](#) to a person with COVID-19, closely monitor yourself for any [symptoms of COVID-19](#). You do not need to self-quarantine unless you develop symptoms or if the person identified as a close contact develops COVID-19. You will need to begin a 14-day quarantine if you develop symptoms of COVID-19 or if the person identified as a close contact develops COVID-19.

7. Are the level of community transmission or the stage of risk we are in as a community taken into account when determining who is a close contact?

No, these factors are not taken into account when identifying close contacts. Schools should use the [CDC definition of close contacts \(updated 10/21/2020\)](#) when identifying close contacts and determining who should quarantine.

8. We are using a cohort approach with masks and physical distancing at all times in class. For context, we also have HEPA13 purifiers in all rooms. If one case is identified in the cohort, is it required to quarantine the entire cohort?

If one of the cohort members tests positive, and that person was present in the cohort during the person's infectious period (2 days before illness onset, or for asymptomatic patients, 2 days prior to test specimen collection, until the time the patient is isolated), anyone who was within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period would be considered a close contact and would need to quarantine. While face coverings and air purifiers are measures that can help mitigate spread of COVID-19, these factors should not be taken into account when identifying close contacts of infected persons.

9. Should people returning from trips quarantine for 14 days before returning to school in person?

There are [currently no travel restrictions or mandatory quarantine requirements](#) for travelers entering Texas. Check [here](#) for COVID-19 travel updates from the Texas Department of Public Safety.

As a reminder, [per the CDC](#), "Travel increases your chance of getting and spreading COVID-19. **Staying home is the best way to protect yourself and others from COVID-19.**" The CDC advises that after travel, all travelers should take these actions to protect others from getting sick:

- [Stay at least 6 feet](#) (about 2 arms' length) from anyone who is not from your household. It's important to do this everywhere — both indoors and outdoors.
- Wear a [mask](#) to keep your nose and mouth when you are outside of your home.
- [Wash your hands](#) often or use hand sanitizer.
- Watch your health: Look for [symptoms](#) of COVID-19, and take your temperature if you feel sick.
- See CDC's [After Travel](#) webpage to learn if you should take additional precautions.

Follow [state, territorial, tribal](#), and local recommendations or requirements.

Visit this [Texas Department of State Health Services Information for Travelers web site](#) for links to more information on travel considerations, notices, and advisories.

10. We sent a student home with mild symptoms. The student was given a negative test result attached to a form letter from a physician that recommended the student remain home for ten days anyway. According to TEA, the student can return to school with a negative test, but should the form letter from the physician be considered a doctor's order?

In this situation, APH advises schools to follow the doctor's guidance on when to return to school.

11. In a situation in which an individual was advised by a physician to isolate for 10 days despite testing negative for COVID-19, should a school or child care program identify that person's close contacts and have them quarantine for 14 days?

If the physician note includes an indication of a presumptive positive for COVID-19, identify that person's close contacts and have them quarantine for 14 days. If there is no indication of a presumptive positive for COVID-19 from the provider, it is not necessary for the school to have that person's close contacts quarantine.

People who want to seek a free COVID-19 test through Austin Public Health can complete an Enrollment Form [here](#).

12. If a family calls in to say their child is sick with COVID-like symptom(s), should that student isolate for ten days? My understanding is that the isolation recommendations apply to those who are symptomatic even if they have not been tested.

Yes. Per [TEA Guidance](#), In the case of an individual who has symptoms that could be COVID-19 and who is not evaluated by a medical professional or tested for COVID-19, such individual is assumed to have COVID-19, and the individual may not return to the campus until the individual has completed the three-step set of criteria:

- i. at least one day (24 hours) has passed since recovery (resolution of fever without the use of fever-reducing medications);
- ii. the individual has improvement in symptoms (e.g., cough, shortness of breath); and
- iii. at least ten days have passed since symptoms first appeared

If the individual has symptoms that could be COVID-19 and wants to return to school before completing the above stay at home period, the individual must either:

- a. obtain a medical professional's note clearing the individual for return based on an alternative diagnosis or
- b. obtain an acute infection test (at a physician's office, [approved testing location](#), or other site) that comes back negative for COVID-19.

People who want to seek a free COVID-19 test through Austin Public Health can complete an Enrollment Form [here](#).

13. Can someone end their quarantine period early if they have a COVID-19 antibody (serologic) test that comes back positive?

No. Per [the CDC Interim Guidelines for COVID-19 Antibody Testing](#), serologic tests should not be used at this time to determine if an individual is immune to COVID-19. Therefore, the CDC advises that, "serologic test results should not be used to make decisions about admitting people to congregate settings such as schools, nor should they be used to make decisions about returning persons to the workplace."

14. A teacher's child had COVID-like symptoms so the teacher "failed" our health screening. The teacher took the child to doctor. A COVID-19 test was not done but the doctor concluded that the symptoms were not related to COVID-19. Should we require a COVID-19 test to confirm the

doctor's diagnosis before the teacher can come back to campus to teach or is the doctor's note sufficient?

Since the doctor has assessed the child and identified an alternate source of symptoms, a COVID-19 test would not be required and the doctor's note suffices for return to school. If the child has not been diagnosed with COVID-19, the teacher would not be considered a close contact and therefore would not need to quarantine and could return to work.

The Texas Medical Association has created a return-to-school form that physicians can use to ease and clarify return-to-school documentation. The second row of the table in this document for physicians ([Notice to Physicians COVID 19 Return to School Letter for Students - Form](#)) relates to this scenario. The TMA form considers several different scenarios related to testing and diagnosis. Schools could consider incorporating these scenarios into their illness management policy.

15. When is the quarantine start date for a household member of a person with a confirmed case of COVID-19? Does the start date change if the COVID-19 positive person has been isolated in a separate room from other household members?

Household members who meet the [CDC definition of close contact](#) (updated on October 21, 2020) should quarantine. The quarantine start date for the household member is the last date of exposure to the COVID-19 positive person.

If the COVID-19 positive person cannot isolate themselves from other household members, those household members should not end the quarantine until 14 days after the positive case has completed a 10-day isolation period. Therefore the total quarantine period may be 24 days or more. See scenario 4 in this [CDC web site](#) for more details.

[Per scenario 2 on the CDC's "When to Quarantine" page](#), if the COVID-19 positive person has isolated from the rest of the household members (separate bedroom and bathroom) and the others in the household are able to avoid further contact with that person, the last day of quarantine for the household members is 14 days from when the person with COVID-19 began home isolation.

16. If a parent drops off multiple children and one screens as symptomatic (for example, one child has a fever), do all the children need to be excluded from school?

The symptomatic child should not enter the school. Schools should advise parents of the symptomatic child to consult with their healthcare provider and seek testing. (See information in the COVID-19 testing section on free testing available through APH).

The CDC notes that, "Symptom screenings will identify only that a person may have an illness, not that the illness is COVID-19. Many of the symptoms of COVID-19 are also common in other childhood illnesses like the common cold, the flu, or seasonal allergies." The CDC also points out that, "Excluding students from school for longer than what is called for in existing school policies (e.g., fever free without medication for 24-hours) based on COVID-19 symptoms alone risks repeated, long-term unnecessary student absence." For this reason, the asymptomatic children are not considered close contacts of a COVID-19 positive person and should not be excluded from school.

Remind parents that all children should be screened at home each day before bringing them to school.

17. If there is a sibling who is showing symptoms at school and is sent home to isolate, should other siblings in the household also be sent home?

The symptomatic child should be sent home and the school should advise parents of the symptomatic child to consult with their healthcare provider and seek testing. As described in the answer above, asymptomatic siblings of that child may remain in school. Remind the parents to continue to monitor the asymptomatic siblings for symptoms and not to send them to school if they become symptomatic. If siblings develop symptoms while at school, they should also be sent home and referred to their healthcare provider and seek testing. (See information in the COVID-19 testing section on free testing available through APH).

18. The child of a staff member at our school is symptomatic. The child had a negative rapid test result. Is it ok for the staff member to return to school based on the child's negative rapid test results?

APH, in alignment with the CDC, recommends that a negative rapid test (i.e. an antigen test) for a symptomatic person be followed by a PCR test to rule out a false negative. [Per the CDC:](#) CDC recommends confirming negative antigen test results with an RT-PCR test when the pretest probability is relatively high, especially if the patient is symptomatic or has a known exposure to a person confirmed to have COVID-19. Ideally, confirmatory RT-PCR testing should take place within two days of the initial antigen testing. If RT-PCR testing is not available, clinical discretion can be used in whether to recommend the patient isolate.

If the child's PCR test is positive for COVID-19, the staff member is considered a close contact and should quarantine. For specifics on when and how to quarantine, please refer to the quarantine section in the [APH Interim Guidance for Schools](#) and in the other quarantine related FAQs in this document.

If the child's PCR test is negative and the child is not diagnosed with COVID-19, the staff member would not be considered a close contact and would not need to quarantine.



C. APH "How Long to Quarantine" Flowchart

1. A staff member on campus is a close contact and has been asked to quarantine. We have people on campus who are at increased risk of severe illness if they contract COVID-19. How long should the close contact quarantine?

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If the teacher can do their job without coming into close (within 6 feet) and/or frequent/prolonged contact with a high-risk individual, they could follow one of the shorter 10 or 7-day quarantine options outlined in the [APH "How Long to Quarantine" flowchart](#).

If the teacher needing to quarantine would have close and/or prolonged interaction with an individual at high-risk as they do their job, they should quarantine for 14 days. Note, the [CDC's operational definition of "prolonged"](#) refers to a cumulative time period of 15 or more minutes

during a 24-hour period. For example, a Special Education teacher who works closely and regularly with medically fragile students would need to quarantine for 14 days.

2. Does APH guidance require school health staff who are wearing appropriate PPE to quarantine after close contact with a COVID-positive individual while on duty?

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APH advises schools to follow [CDC Guidance for Asymptomatic Healthcare Providers Who Were Exposed to Individuals with Confirmed SARS-CoV-2 Infection](#), which delineates what work restrictions are required depending on the exposure and the personal protective equipment (PPE) used. In addition, CDC guidance states that, “Healthcare personnel with travel or community-associated exposures where quarantine is recommended should be excluded from work for 14 days after their last exposure.”

For CDC information on PPE for school nurses, see FAQ section G- Medical Treatments and Personal Protective Equipment. If, for example, the school nurse was wearing a cloth mask at the time of exposure, the nurse would need to quarantine. All healthcare professionals who have been exposed to a COVID-positive individual are encouraged to self-monitor for symptoms prior to reporting to work.

For healthcare workers, the APH “How Long to Quarantine” flowchart calls for a 7-day symptom-free quarantine and a negative result from a COVID-19 test taken on or after the 7th day after exposure. However, APH recognizes that some school districts may face staffing challenges when staff members (i.e. school nurses) have to quarantine. In this situation, APH refers schools to TEA and CDC guidance. The [TEA guidance updated December 10, 2020](#), says that, “the CDC has also advised that critical infrastructure services—which includes schools—may permit close contact staff members who are asymptomatic to continue to work in select instances when it is necessary to preserve school operations. Per the CDC, this option should be used only in limited circumstances. When using this option, school systems may consider adding additional protocols to increase monitoring for these individuals, which might include the use of COVID-19 tests (e.g., on Day 3 and/or Day 7 after the close contact exposure).”

APH reiterates the CDC recommendation that schools should employ this option only in limited circumstances for critical staffing needs that cannot be covered in any other way.

3. The [APH “How Long to Quarantine” flowchart](#) poses the question “Were masks worn at the time of exposure?” Does this question refer to whether the close contact or the COVID-positive person was wearing a mask?

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This question refers to both the case and the close contact and the answer determines how long the close contact must quarantine. If one or both of the people (the close contact and the COVID-positive person) were not wearing a mask at the time of exposure, the close contact should quarantine for 14 days. Regardless of mask usage, the COVID-positive individual must isolate until they meet the criteria for ending isolation.



D. Cohorts

1. **Is there a cap on how many children should be in each cohort on school campuses? The children are wearing masks and there is 3' to 6' of spacing between students.**

There is no specific cap on the number of students in a cohort/group in schools. However, schools should seek to keep group sizes as small as possible and groups stable (i.e. avoid mixing across cohorts). Schools should also organize cohorts to allow for 6 feet of physical distancing between people. APH encourages the use of outdoor learning spaces as much as possible to help with physical distancing.

E. COVID-19 Testing

1. **Where are the COVID-19 testing sites in the community?**

Testing sites throughout the community can be found here: <https://arcg.is/PzPza>

2. **What information can I give someone about how to get a free COVID test through Austin Public Health?**

For information on free COVID-19 tests through APH, visit <http://austintexas.gov/covid-testinfo>. Austin Public Health (APH) operates several COVID-19 testing sites throughout Austin. You can sign-up for a test through the [Public Testing Enrollment Form](#) or through the APH Nursing Hotline (512-972-5560). When calling the Hotline press 1 for English, 2 for Spanish, 3 for Vietnamese and other languages. Hotline hours are Mon.-Fri. 8am-6pm and Sat. 9am-1pm. The enrollment, referral and testing through APH are FREE, and you will never be asked about your immigration status. Those with insurance are encouraged to contact their physician's office or insurer directly for testing referrals and private options. There are additional free testing services through APH partner CommUnityCare.

3. **Do you have to have symptoms to be eligible for a test at an APH site?**

Currently, you do not need to be symptomatic to get a test. Visit this web site, <http://austintexas.gov/covid-testinfo>, for more information.

The [Enrollment Form](#) allows anyone to complete an online assessment for COVID-19 testing. The enrollment, referral and testing through APH are FREE, and you will never be asked about your immigration status. Those with insurance are encouraged to contact their physician's office or insurer directly for testing referrals and private options. There are additional free testing services through APH partner CommUnityCare.

After scheduling a test, you will receive a confirmation via email or phone call that gives you information on your testing site and your appointment date and time.

4. How long does it take to get test results back from tests at APH testing sites?

Currently it takes 1.5 days or less.



F. Face Coverings

1. Are vented face coverings acceptable?

No, the CDC does not recommend using masks with valves or vents. Masks with one-way valves or vents allow air to be exhaled through a hole in the material, which can result in expelled respiratory droplets that can reach others. This type of mask does not prevent the person wearing the mask from transmitting COVID-19 to others. [See CDC Face Covering Guidance](#)

2. Should face coverings be removed when sleeping?

Yes, face coverings should be removed when sleeping. Medline [defines sleeping](#) as a state of unconsciousness. Therefore, anyone who has trouble breathing or is unconscious should not be wearing a mask. See page 14 of the [Austin Public Health Interim Guidance on Reopening for Austin-Travis County Schools](#).

3. Is there a list of diagnosis where a student shouldn't wear a mask?

Face coverings are not required for people who have a medical or behavioral condition or disability and cannot wear a face covering (including, but not limited to, any person who has trouble breathing, or is unconscious or incapacitated, or is otherwise unable to put on or remove the face covering without assistance).

APH Interim Guidance on Reopening for Austin-Travis County Schools does not include a list of diagnoses that preclude people from wearing masks. However, if staff or parents have questions as to whether an individual's medical or behavioral condition or disability prevents them from wearing a face covering, they are encouraged to consult with their healthcare provider.

4. Has there been any documented spread from persons wearing face shields? Although face shields are not recommended by the CDC, for students who cannot wear a cloth mask, we are allowing face shields.

At this time we are not aware of documented spread from persons wearing face shields. As noted on page 16 of the [Austin Public Health Interim Guidance on Reopening for Austin-Travis County Schools](#), although the CDC does not recommend that face shields be used for normal everyday activities or as a substitute for cloth face coverings, individuals who cannot wear a cloth face covering may consider wearing a face shield.

G. Medical Treatments and Personal Protective Equipment

1. Where can I find information about personal protective equipment (PPE) for school nurses?

The CDC website, "[Information for School Nurses and Other Healthcare Personnel \(HCP\) Working in Schools and Child Care Settings](#)," provides the following information on PPE:

- Nurses and other HCP should use all recommended PPE when providing direct care to someone with confirmed or suspected COVID-19, including use of N95, or equivalent respirator (or face mask if unavailable), gown, gloves, and eye protection.
- In addition to following [standard precautions](#) like hand hygiene and disinfection, nurses and other HCP should use a [facemask](#) and eye protection when caring for students who are not suspected to have COVID-19 when there is moderate or substantial community transmission. Facemasks are preferred over cloth masks for all HCP.
- If there are shortages of PPE, nurses and other HCP should review CDC's guidance for [Optimizing PPE Supplies](#) and can consider using the same respirator or facemask throughout the entire shift.
- For information on how to safely put on and take off PPE, visit [Using PPE](#).
 - For more information, visit [Facemasks](#) and [Respirators](#).
 - For information about respirator fit testing, visit [Respiratory Protection](#).

2. How should we handle nebulizer treatments at the school?

Schools should refer to CDC guidance when developing illness management policies. [Per the CDC](#), Schools should obtain the appropriate [personal protective equipment \(PPE\)](#) for staff who administer nebulizer treatments and peak flow meters to students with asthma. According to the CDC, PPE for use when administering nebulizer treatments or peak flow meters to students with asthma consists of gloves, medical or surgical facemask, and eye protection. School staff should be trained on when to use PPE, what PPE is necessary, where this PPE is stored, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of used PPE. Staff should also be trained on how to administer nebulizer treatments and peak flow meters.

During this COVID-19 pandemic, if a nebulizer treatment or use of peak flow meter is necessary at school for a student, the number of people present in the room should be limited to the student and the staff member administering the treatment or peak flow meter. After the nebulizer treatment or use of peak flow meter, this room should undergo [routine cleaning and disinfection](#).

H. Reporting

1. Do schools only need to report cases of COVID-19 weekly? Should schools report to Austin Public Health online or by phone?

Austin Public Health has created an online form for schools to use to submit self-reported COVID-19 cases. If your school system is not connected to the online form, please email APHSchoolInfo@austintexas.gov to give us the name, email, and phone number of the person who

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will be responsible for reporting cases to Austin Public Health. Please note, if you already sent APH your COVID-19 point-of-contact information, APH will be reaching out to that person soon about the reporting form.

Schools already connected with the Austin Public Health online form only need to report cases once a week, no later than 11 a.m. on Mondays for any self-reported cases received by the school for the preceding week.

Schools that are not yet connected to the Austin Public Health online reporting form should call the Austin Public Health Nurse Line at 512-972-5560 daily to report COVID-19 cases.

2. Is the Austin Public Health online reporting form different than the one schools complete for the Texas Education Agency and the Texas Department of State Health Services?

Yes, Austin Public Health has a separate reporting form. For information on the state's COVID-19 case reporting form, refer to this [FAQ from the Texas Education Agency](#). Note, only public and charters schools must use the state's reporting form.

3. What will I be asked when I call in to the Austin Public Health Nurse Line to report a COVID-19 case?

Please note that the Nurse Line is answering a variety of calls (calls regarding child care programs and schools, individuals calling in to get test results, as well as other COVID-19 related calls). For this reason, it is helpful to state up front that you are calling from a school or school district to report a COVID-19 case.

When calling in to the APH Nurse Line to report a case, you will be asked the following information:

- School name, address and zip code
- District name
- Grade levels at the school
- Caller name, phone, email and relationship to/role at the school
- Number of confirmed cases among students
- Whether any cases are related to sports and conditioning or extracurricular activities
- Number of cases among staff
- Number of cases among other individuals
- Positive case test date
- Number of staff in close contact
- Number of students in close contact
- Date of last of contacts with confirmed case
- Number of areas needing to quarantine, or is entire school closed?

Please call in daily to report self-reported COVID-19 cases to Austin Public Health, even if you do not have answers to all the questions/fields above.

4. For whom do we need to report COVID-19 cases?

Report to Austin Public Health COVID-19 cases among children and staff on campus for any reason (teaching, working, learning, sports or extracurricular activities, etc.). You should also report COVID-19 cases among employees who may not be assigned to a specific campus, but who have been on a campus. This includes district staff, contract workers, substitutes, visitors — anyone who has been on one of the school campuses and self-reported a positive COVID-19 diagnosis to that school.

Schools do not need to report COVID-19 cases for virtual learners who have not been on campus. However, if a student who is doing their learning virtually but has been on campus for another reason (sports, extracurricular activity, etc.) tests positive for COVID-19, that case should be reported to Austin Public Health.

Cases among district or school staff who have not been on a school campus do not need to be reported.

5. Do we need to report when a family member at home is diagnosed positive and the child has been on campus?

Family members who test positive, i.e. parents, etc., for COVID-19 and have not been on campus do not need to be reported to Austin Public Health.

6. Are before- and after-school programs and child care programs on school campuses responsible for reporting COVID-19 cases to APH?

Communication: School leaders should ensure close communication regarding COVID-19 with before/after school programs and child care programs operating on their campus. This will facilitate identification of close contacts and ensure both the school and the programs are aware of who needs to be isolating or quarantining and for what period of time. Before/after school programs and child care programs on campuses should immediately notify the school's COVID-19 point of contact when they learn of a COVID-19 cases involving someone in the program (student or staff).

Reporting: The school should include COVID-19 cases among people in these programs in their case reports to APH. Licensed child care programs must report cases of children in their programs to APH by calling the Nurse Line at 512-972-5560 as specified in [APH Guidance for Open Child Care Programs](#). Those programs that are not operating as licensed child care do not report cases directly to APH. These programs should report cases to the school COVID-19 point of contact and the school will include those numbers in their reporting to APH.



I. Screening

1. I noticed the APH guidelines for schools recommend screening for a temperature of 100.0 or higher, while the County and City orders recommend using a threshold of greater than 99.6 degrees. What is the reason for the difference in the thresholds?

The City of Austin Health Authority has set the temperature threshold for employees of “essential infrastructure” at greater than 99.6 degrees. Child care programs in Texas were considered essential

(and were therefore never ordered to close). Austin Public Health guidelines for open child care programs designate a temperature threshold of greater than 99.6 degrees.

The temperature threshold used by Austin Public Health in the Interim Guidelines for schools is set at 100.0 degrees or higher to align with TEA guidance and the Texas Administrative Code (Chapter 97, Communicable Diseases).



J. Transportation

1. **If an individual who rides a bus tests positive for COVID-19, do we have to quarantine all the students on the bus or only those who were within 6 feet of the COVID-19 positive individual? Do students still need to quarantine if the windows on the bus were open?**

Only people who are identified as “close contacts” of the COVID-19 positive person must quarantine. Schools should use the [CDC definition of close contacts \(updated 10/21/2020\)](#) when identifying close contacts and determining who should quarantine. The CDC does not take into consideration whether windows are open in the definition of a close contact.

APH recommends that schools utilize assigned seating in all classrooms and school transportation (e.g. buses, vans) to facilitate the rapid identification of close contacts should the school become aware of a COVID-19 infected individual.

2. **How can children be safe as they walk and bike to school?**

The Safe Routes to School program offers the following guidelines for protecting against the spread of COVID-19 while walking or biking to school:

- Avoid touching public surfaces and use your elbow when using call signals to cross the street.
- Practice physical distancing when walking or biking including when safely passing another person, group, and crossing guards.
- When biking or walking to school, wear a face covering when physical distancing is not possible and when traveling with people outside of your household (e.g. If you are traveling in a “walking school bus” or biking in a “bike train” with people outside of your household, a face covering will most likely be required for the entire route).
- Wash your hands:
 - Before leaving home,
 - When you arrive at school,
 - Often throughout the school day, and
 - Once you get home.

Schools can contact Sahiti Karempudi with Safe Routes to School for more information at sahiti.karempudi@austintexas.gov.