

**COVID-19 and K-12 Schools — Questions and Answers**

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## General Questions

### Q1. What will happen if a positive case of COVID-19 occurs in a K-12 school?

The Centers for Disease Control and Prevention (CDC) recommend the following steps should be taken when a COVID-19 positive case is identified in a K-12 school:

- 1. Isolate the positive case.** The case will need to isolate until 5 days have passed, if the person is asymptomatic, or if symptoms are improving and the individual has been fever free without medication for 24 hours at day 5. This isolation period should be followed by 5 days of wearing a well-fitting mask around others.
- 2. Report a positive case.** If a confirmed or suspected case(s) of COVID-19 occurs in a K-12 school, the school point of contact (POC) should report the case(s) to the North Dakota Department of Health (NDDoH).
  - Public Hotline Number: 1.866.207.2880 Monday – Friday 9:00a.m. – 5:00 p.m.
  - [North Dakota Century Code t23c07 \(nd.gov\)](https://www.nd.gov/covid19)
- 3. Contact Tracing Recommendations** (For schools continuing contact tracing).  
When the NDDoH is notified of the positive case/potential exposure, the NDDoH K-12 School COVID-19 Response Team will provide an email case notification to the School COVID-19 point of contact.

A quarantine calculator can be found at [health.nd.gov/covid-calculator](https://health.nd.gov/covid-calculator).  
Please refer to the [Quarantine and Isolation Flow Charts](#).

#### Considerations for identifying a close contact in a K-12 school:

- Arrival and departure time (all locations worked or attended).
- Transportation used, if provided by the school.
- Positive case's locations: home room, hallways, lunchroom, snack, gymnasium, music room.
- Youth sports, performing arts or other extracurricular activities.
- The classroom or program environment and the person's activities.
- Prevention strategies in place (i.e., masking, cohorting, social distancing).
- Prior COVID-19 infection.
- COVID-19 immunization status.

How do the schools promote behaviors that reduce spread of COVID-19 and maintain a healthy school environment?

Achieving high levels of COVID-19 vaccination rates among eligible staff, students and household members is one of the most critical strategies to end the COVID-19 pandemic. It is important to communicate to parents, guardians, or caregivers to monitor their children for signs of infectious illness, including COVID-19. Communicate with your teachers, staff and the families of your students so that they know [when to stay home](#). For more details, please refer to [COVID19 Childcare and School Exclusion Guidance.pdf](#)

Prevention strategies implemented by schools and individuals to reduce the risk of spreading infection include the following:

- [Promoting vaccination](#)
- [Consistent and correct mask use](#)
- [Physical distancing](#)
- [Screening testing to promptly identify cases, clusters, and outbreaks](#)
- [Ventilation](#)
- [Handwashing and respiratory etiquette](#)
- [Staying home when sick and getting tested](#)
- [Contact tracing, in combination with isolation and quarantine](#)
- [Cleaning and disinfection](#)

What are the recommendations for K-12 food service and school lunches?

- Staff are recommended to wear well-fitting masks at all times during meal preparation and service, and during breaks except when eating or drinking.
- Students are recommended to wear well-fitting masks when moving through the food service line.
- Maximize physical distance as much as possible when moving through the food service line and while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as the gymnasium or outdoor seating can help facilitate distancing. Students should not be excluded from in-person learning to keep a minimum distance requirement, including during mealtimes.
- Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- Promote hand washing before, after, and during shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.
- Improve ventilation in food preparation, service, and seating areas.

For additional information see [What School Nutrition Professionals Need to Know About COVID-19 \(cdc.gov\)](#)

## **Q2. What are the recommendations for teachers, staff, or students who have a household member that is identified as a close contact to a COVID-19 positive case?**

**Contacts of a close contact do not need to quarantine.** Thus, any teacher, staff, or student who has a household member identified as a close contact to a COVID-19 positive case can attend school if the household member does not develop symptoms and/or test positive for COVID-19.

## **Q3. What are the recommendations for teachers, staff, or students who have a household member being tested for COVID-19?**

If a household member is **asymptomatic and is not a close contact** to a COVID-19 positive case (e.g., testing for work or travel, K-12 screening testing program), the teacher, staff, or student **does not need to be excluded** from school activities, pending test results.

#### Q4. What are the recommendations for teachers, staff, or students who have a household member positive for COVID-19?

If a household member tests positive for COVID-19, the teacher, staff, or student are recommended to quarantine during the household members isolation period (which is at least 5 days from symptoms onset or positive test date for asymptomatic) **plus** the teacher, staff, or student's 5 day quarantine, [followed](#) by strict mask use for an additional five days. If the exposed person is under the age of 2, then masking is not required.

For all those exposed, best practice would also include a test for SARS-CoV-2 at day five after exposure. If symptoms occur, individuals should immediately quarantine until a negative test confirms symptoms are not attributable to COVID-19.

A quarantine calculator can be found at [health.nd.gov/covid-calculator](https://health.nd.gov/covid-calculator). Please refer to the [Quarantine and Isolation Flow Charts](#).

Exemptions:

- [Vaccinated Household Close Contacts](#)
- [Household Close Contacts who have a history of positive COVID-19 infection in the last 90 days](#)
- [Close contacts in schools enrolled in K-12 School COVID-19 Screening/Testing Program](#)

#### Q5. What are the recommendations for a teacher, staff, or student who is being tested for COVID-19? Can they continue to work/attend school?

- If a teacher, staff, or student is **being tested for COVID-19 and has symptoms**, the teacher, staff, or student **are recommended to be excluded** from school pending test results.
- If a teacher, staff, or student is **asymptomatic and is not a close contact** to a COVID-19 positive case (e.g., testing for work or travel, K-12 Screening Testing Program), the teacher, staff or student **does not need to be excluded** from school activities, pending test results.

#### Q6. What if teachers, staff, or students have allergies? Do they need to be excluded since they always have a runny nose and cough?

The symptoms discussed in the [COVID-19 Childcare and School Exclusion Guidance.pdf](#) refer to new onset of symptoms. If a teacher, staff, or student always has a cough, then they would not need to be excluded unless it has gotten worse. Since teachers, staff, and students may have mild symptoms, they should be referred to their health care provider for evaluation.

#### Q7. How do we distinguish between COVID-19 and other common illnesses that occur in the school setting? How do we decide who needs to be referred home or to the doctor?

Please refer to the North Dakota Department of Health (NDDoH) [COVID-19 Childcare and School Exclusion Guidance.pdf](#) and the [North Dakota Child Care and School Infectious Disease Exclusion Guide](#) to assist in differentiating between COVID-19 and other illness.

## Q8. Are schools recommended to allow visitors in the building?

- Schools are recommended to review their rules for visitors and family engagement activities.
- Schools are encouraged to limit nonessential visitors, volunteers, and activities involving external groups or organizations, particularly in areas where there is moderate-to-high COVID-19 community transmission.
- Schools are recommended to not limit access for [direct service providers](#), but can ensure compliance with school visitor policies.
- Schools are encouraged to continue to emphasize the importance of staying home when sick. Anyone, including visitors, who have symptoms of infectious illness, such as flu or [COVID-19](#), should stay home and seek testing and care, regardless of vaccination status.

## Q9. How do I support coping and resilience in my school?

Regularly share COVID-19 facts from trusted sources of information such as the NDDoH or the Centers for Disease Control and Prevention to counter the spread of misinformation and ease fear. Know and leverage the tools available through the Department of Human Services (DHS), Behavioral Health Division at <https://www.helpishere.nd.gov/> (First Link 211, the Suicide Lifeline, and the Crisis Text Line).

What considerations do families need to make for this school year?

Families are encouraged to [vaccinate](#) their eligible children. Families can also help encourage children to adhere to the layered mitigation strategies schools may have in place, including:

- [Consistent and correct mask use](#)
- [Physical distancing](#)
- [Handwashing and respiratory etiquette](#)
- [Staying home when sick and getting tested](#)

For additional information, please refer to [COVID 19 Childcare and School Exclusion Guidance.pdf](#)

## Q10. What considerations need to be made for sports and other extracurricular activities?

- [The NDDoH provides data on its website that can be used to inform decision-making at the local level.](#) On July 27, 2021, the Centers for Disease Control and Prevention (CDC) recommended universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status, including while participating in indoor sports and other high-risk extracurricular activities and keep physical distance as much as possible.
- Schools should consider using screening testing of unvaccinated student athletes and adults (e.g., coaches, teachers, advisors) who participate in and support these activities. Screening testing helps facilitate safe participation, reduces risk of transmission, and avoids jeopardizing in-person education due to outbreaks. For more information, please see: [additional considerations for K-12 schools - sports and other extracurricular activities.](#)

## Q11. What will happen if a positive case of COVID-19 occurs within a school sport, performing art or other extracurricular activity?

### The Centers for Disease Control and Prevention (CDC) recommends:

**Isolate the positive case.** The case will need to isolate until 5 days have passed, if the person is asymptomatic, or if symptoms are improving and the individual has been fever free without medication for 24 hours at day 5. This isolation period should be followed by 5 days of wearing a well-fitting mask around others.

**Report a positive case.** If a confirmed case(s) of COVID-19 occurs in a K-12 school, the school point of contact should report the case to the North Dakota Department of Health (NDDoH).

- Public Hotline Number: 1.866.207.2880 Monday – Friday 9a.m.- 5 p.m.
- [North Dakota Century Code t23c07 \(nd.gov\)](https://www.nd.gov/coronavirus)

### For schools who are continuing to contact trace:

When the NDDoH is notified of the positive case/potential exposure, the NDDoH K-12 School COVID-19 Response Team will provide an email case notification to the School COVID-19 point of contact (POC).

A quarantine calculator can be found at [health.nd.gov/covid-calculator](https://health.nd.gov/covid-calculator).

Please refer to the [Quarantine and Isolation Flow Charts](#).

### Contact Tracing Recommendations

- Sports, performing arts and other extracurricular activity close contacts are defined as those people who were within six feet of a person confirmed to have COVID-19 for a period of 15 minutes or longer.
- During routine sporting events, performances, practices and other extracurriculars, all participants would generally fall into the category of a close contact.
- Likewise, on a bus ride, those people seated within six feet of the infected person would be considered close contacts.
- Measures that reduce contact among teachers, students and staff may lessen the number of people exposed.
- Identification and quarantine of close contacts plays an important role in breaking chains of transmission and preventing further spread of COVID-19 in schools.
- Schools can begin to work on identification of people who might be close contacts of the case. The school should look back **two days prior to the date symptoms** started or the date of the positive test if there are no symptoms.

### Considerations for identifying close contact in a K-12 school:

- Arrival and departure time (all locations worked or attended).
- Transportation used, if provided by the school.
- Hallways, lunch, snack, recess, class schedule.
- Youth sports, performing arts or other extracurricular activities.

- The classroom or program environment and the person’s activities (i.e., was the person in a cohort or class, or were the classes or groups intermixing).
- Prevention strategies in place (i.e., masking, cohorting).
- Prior COVID-19 infection.
- COVID-19 immunization status.

Additional considerations for identifying close contact in school sports, performing arts or other extracurricular activity:

- **Setting of the sporting event or activity.** In general, the risk of COVID-19 transmission is lower when outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the sporting event (i.e., fields, benches/team areas, locker rooms, spectator viewing areas, spectator facilities/restrooms, etc.).
- **Physical closeness.** Spread of COVID-19 is more likely to occur in sports that require sustained close contact (e.g., wrestling, hockey, football).
- **Number of people.** Risk of spread of COVID-19 increases with increasing numbers of athletes, spectators, teachers, and staff.
- **Level of intensity of activity.** The risk of COVID-19 spread increases with the intensity of the sport.
- **Duration of time.** The risk of COVID-19 spread increases the more time athletes, performers, coaches, teachers, staff, and spectators spend in close proximity or in indoor group settings. This includes time spent traveling to/from sporting events, meetings, meals, and other settings related to the event.
- **Presence of people more likely to develop severe illness.** People at increased risk of severe illness might need to take [extra precautions](#).

**Q12. What considerations do schools need to make for sanitizing and cleaning protocols?**

In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency COVID-19 list](#)) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility and CDC Resources specifically for schools](#).

If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.

**Q13. What considerations are schools encouraged to make for assessing the need for personal protective equipment (PPE) and disinfection supplies?**

- Schools should complete an assessment of personal protective equipment (PPE) and disinfection supplies needed for the institution and establish a for maintaining the supplies needed.

- Schools are encouraged to continue working with regular suppliers. In some instances, it may be necessary to identify multiple options for suppliers or prioritize near-term versus long-term needs.

#### **Q14. What are the recommended thresholds for K-12 school building closures due to COVID-19 transmission within the school?**

At this time, the Centers for Disease Control and Prevention (CDC) does not provide recommendations on threshold plans or building closures due to positive COVID-19 cases.

The CDC recommends school administrators consider multiple factors when making decisions about implementing layered prevention strategies against COVID-19.

The primary factors to consider include:

- Level of community [transmission](#) of COVID-19.
- [COVID-19 vaccination coverage](#) in the community and among students, teachers, and staff.
- Strain on health system capacity for the community.
- Use of a frequent SARS-CoV-2 [screening/testing](#) program for students, teachers, and staff who are not fully vaccinated. Testing provides an important layer of prevention, particularly in areas with substantial to high community transmission levels.
- COVID-19 [outbreaks or increasing trends](#) in the school or surrounding community.
- Ages of children served by K-12 schools and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.

### **Cohorting**

#### **Q15. What is cohorting?**

[Cohorting](#) means keeping people together in a small group and having each group stay together throughout an entire day.

- Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, and particularly in areas of moderate-to-high transmission levels.
- The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group.
- Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended.
- In case of an identified positive case of COVID-19, [Error! Reference source not found.](#) can help make decisions about quarantine and self-monitoring of close contacts.

## Contact Tracing

### Q16. What is a close contact?

A [close contact](#) is anyone who was within 6 feet of an infectious person for a cumulative total of 15 minutes or more over a 24-hour period. Individuals that may have had direct contact with infectious secretions of someone with COVID-19 (e.g., being coughed or sneezed on) would also constitute as a close contact.

**Exception:** In the K-12 indoor classroom setting, the close contact definition excludes students who were within 3-6 feet of an infected student if both students were engaged in consistent and correct use of masks and other K-12 prevention strategies (universal and correct mask use, increased ventilation, and physical distancing). This exception **does not apply** to teachers, staff, or other adults in the indoor classroom setting. See the [Department of Education's Protecting Student Privacy FERPA and the Coronavirus Disease 2019](#) for more information.

### Q17. What are the quarantine recommendations for close contacts in a K-12 School?

Please refer to the [Quarantine and Isolation Flow Charts](#).

Exemptions:

- [Close contacts in schools enrolled in K-12 School COVID-19 Screening/Testing Program](#)
- [Masked Contacts](#)

### Q18. What is the difference between quarantine and isolation?

- Quarantine
- Isolation

### Q19. Is there an expectation of contact tracing and/or quarantining for the 2021/2022 K-12 academic year?

The Centers for Disease Control and Prevention (CDC) recommend contact tracing in combination with quarantine and isolation as part of a layered prevention strategy for [COVID-19 prevention in K-12 Schools](#).

Schools should report, to the extent allowable by applicable privacy laws, new diagnoses of COVID-19 to the North Dakota Department of Health (NDDoH) as soon as they are informed. School officials should notify, to the extent allowable by applicable privacy laws, teachers, staff, and families of students who were close contacts as soon as possible (within the same day if possible) after they are notified that someone in the school has tested positive.

Schools should continue to collaborate with the NDDoH and local health units, to the extent allowable by privacy laws and other applicable laws, to confidentially provide information about people diagnosed

with or exposed to COVID-19. This allows identifying which students, teachers, and staff with positive COVID-19 test results should [isolate](#), and which [close contacts](#) should [quarantine](#).

For additional information see the Department of Education's [FERPA and the Coronavirus Disease 2019 \(COVID-19\) | Protecting Student Privacy \(ed.gov\)](#) .

## **Q20. Are siblings of a close contact exempt from quarantine?**

Siblings of a close contact do not need to be excluded from school or do not need to quarantine. If the close contact tests positive, then the siblings are recommended to quarantine.

## **Q21. Are vaccinated individuals exempt from quarantine?**

If you **are** [up-to-date](#) on COVID-19 vaccination:

- **no quarantine.**
- you do not need to stay home **unless** you develop symptoms.

If you are **NOT** [up-to-date](#) on COVID-19 vaccination:

- [quarantine](#) for at least 5 full days.

In both cases:

- wear a well-fitted mask for 10 full days any time you are around others inside your home or in public.

A quarantine calculator can be found at [health.nd.gov/covid calculator](#).

Please refer to the [Quarantine and Isolation Flow Charts](#).

For all those exposed, best practice would also include a test for SARS-CoV-2 at day five after exposure. If symptoms occur, individuals should immediately quarantine until a negative test confirms symptoms are not attributable to COVID-19.

## **Q22. Are individuals who have a history of testing positive for COVID-19 exempt from quarantine, if identified as a close contact?**

Individuals who have had a prior infection in the last 90 days do not need to quarantine following an exposure but should wear a mask for 10 days after the exposure. For all those exposed, best practice would also include a test for SARS-CoV-2 at day five after exposure. If symptoms occur, individuals should immediately quarantine until a negative test confirms symptoms are not attributable to COVID-19. Please refer to the [Quarantine and Isolation Flow Charts](#).

### Q23. Why are household contacts excluded from school longer than other close contacts?

Household contacts to COVID-19 positive cases should be excluded longer because they are continuously exposed to the positive case in the household. A positive case can be infectious for 5 days after their onset of symptoms (or 5 days after collection date of test if asymptomatic). That means a household contact are recommended to be excluded through the positive case's isolation period plus the contact's 5 days quarantine, followed by strict well-fitting mask use for an additional five days.

### Q24. If you are quarantined due to an exposure outside of school, do you need to quarantine from school?

Yes. If an individual is identified as a close contact of someone who tested positive for COVID-19 outside of school, they would be recommended to follow the same guidelines as someone exposed at school.

Please refer to the [Quarantine and Isolation Flow Charts](#).

Exemptions:

- [Close contacts in schools enrolled in K-12 School COVID-19 Screening/Testing Program](#)
- [Masked Contacts](#)

## Mask Use

### Q25. Is mask use recommended for teachers, staff, and students in K-12 schools?

- [The NDDoH provides data on its website that can be used to inform decision-making at the local level.](#)
- **Indoors:** CDC recommends indoor use of a well-fitting mask for all individuals ages 2 years and older, including students, teachers, staff, and visitors, regardless of vaccination status.
- **Outdoors:** In general, individuals do not need to wear masks when outdoors. However, particularly in areas of [substantial to high transmission](#), the CDC recommends that individuals who are not fully vaccinated wear a well-fitting mask in crowded outdoor settings or during activities that involve sustained close contact with other individuals who are not fully vaccinated.

Passengers and drivers **MUST** wear a well-fitting mask on school buses operated by public and private school systems, subject to the exclusions and exemptions in the CDC's Order. Operators of school buses should refer to the Department of Education's [COVID-19 Handbook pdf](#) [PDF – 27 pages] for additional guidance.

### Q26. Does the 3-foot physical distancing in certain classroom settings change the North Dakota mask-to-mask quarantine exemption?

No. The North Dakota Department of Health (NDDoH) mask-to-mask quarantine exception rule states: If both the infected person and close contact were always wearing a well-fitting mask during the exposure, this would exempt the contact from quarantine provided that the close contact remains asymptomatic. It

would then be recommended to self-monitor for 14 days from the last exposure to the infected individual.

### **Q27. When can mask breaks be taken?**

Mask breaks may be taken when 6 feet or greater can be maintained either indoors or outdoors.

### **Q28. Are masked individuals exempt from quarantine?**

If the case and close contact were both **consistently and correctly wearing a well-fitting mask** at all times during the exposure, they would be exempt from quarantine provided they remain asymptomatic.

### **Q29. Do I have to wear a face covering on a school bus?**

All people are required by the Centers for Disease Control and Prevention (CDC) order to wear a well-fitting face covering on all indoor public transportation conveyances (airports, public buses, etc.), including school buses.

[Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs](#)

Passengers and drivers **MUST** wear a well-fitting mask on school buses operated by public and private school systems, subject to the exclusions and exemptions in the CDC's Order.

For additional information operators of school buses should refer to the Department of Education's [COVID-19 Handbook pdf](#) [PDF – 27 pages].

## **Physical Distancing**

### **Q30. What does the Centers for Disease Control and Prevention (CDC)'s 3-foot physical distancing mean in a school/classroom setting?**

- Maintain at least [3 feet of physical distance](#) between students within classrooms, combined with indoor mask wearing.
- Maintain a distance of at least 6 feet between students and teachers/staff, and between teachers/staff who are not fully vaccinated.

### **Q31. Should other mitigation strategies be used with the student to student 3-foot physical distancing in certain classroom settings?**

The Centers for Disease Control and Prevention (CDC) has developed guidance for prevention strategies that K-12 school administrators can use to help protect students, teachers, and staff and slow the spread of COVID-19. The CDC recommends implementation of layered prevention strategies including:

- [Promoting vaccination](#)
- [Consistent and correct mask use](#)

- [Physical distancing](#)
- [Screening testing to promptly identify cases, clusters, and outbreaks](#)
- [Ventilation](#)
- [Handwashing and respiratory etiquette](#)
- [Staying home when sick and getting tested](#)
- [Contact tracing, in combination with isolation and quarantine](#)
- [Cleaning and disinfection](#)

**Q32. Does the 3-foot distancing apply between students and teacher/staff (student to adult)?**

No. The 3 feet recommendation only applies between students, not students and teacher/staff.

**Q33. Does the 3-foot distancing apply between teachers and staff (adult to adult) in the school setting?**

The Centers for Disease Control and Prevention (CDC) recommends schools maintain a distance of at least 6 feet between teachers/staff who are not fully vaccinated.

**Vaccinations**

**Q34. Should teachers, staff, and students be vaccinated against influenza this year?**

It is more important than ever that children be vaccinated against influenza this year because if they have a cough or congestion, even mild, they are recommended to be excluded from school. These symptoms could be caused by influenza and not COVID-19, so reducing a child’s chance of contracting influenza is best so they can stay in school.

Please refer to the [North Dakota Child Care and School Infectious Disease Exclusion Guide](#).

**Q35. How do I promote vaccinations in a school setting?**

Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to continue with in-person learning. Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection.

- [COVID-19 Vaccine Children and Adolescents.pdf](#)
- [About COVID-19 Vaccines | CDC](#)

## Planning and Preparing

### Q36. Do school districts/schools need to develop an Emergency Operations Plan (EOP) for COVID-19?

Schools are encouraged to follow the Centers for Disease Control and Prevention (CDC) guidelines on Emergency Operations Plans. CDC recommends utilizing the [Whole School, Whole Community, Whole Child \(WSCC\) model](#) to outline EOP policies and protocols across each component. [Tools and resources](#) from the U.S. Department of Education can be used by K-12 administrators to develop and update their EOP.

## At-home Self COVID-19 testing

### Q37. What are the recommendations for a student or staff member who tested positive using the At-home Self COVID-19 testing?

At-home Self-tests for COVID-19 are available by prescription or retail and online without a prescription. These tests can be either molecular (PCR) or antigen tests that detect current infection. **The North Dakota Department of Health (NDDoH) will not accept self-reported test results.** If a Self-test for COVID-19 result is positive, individuals are recommended to isolate until 5 days have passed, this isolation period should be followed by 5 days of wearing a well-fitting mask around others. Inform any close contacts. The Centers for Disease Control and Prevention (CDC) has more information about [at home Self-Testing | CDC](#).

## Screening and Testing Program

### Q38. What will happen if a positive case of COVID-19 occurs in a K-12 school participating in the North Dakota K-12 School COVID-19 Screening/Testing Program?

**1. Isolate the positive case.** The case will need to: isolate until 5 days have passed, if the person is asymptomatic, or if symptoms are improving and the individual has been fever free without medication for 24 hours at day 5. This isolation period should be followed by 5 days of wearing a well-fitting mask around others.

**2. Report a positive case.** If a confirmed or suspected case(s) of COVID-19 occurs in a K-12 school, the school point of contact (POC) should report the case(s) to the North Dakota Department of Health (NDDoH).

- Public Hotline Number: 1.866.207.2880 Monday – Friday 9:00a.m. – 5:00 p.m.
- [North Dakota Century Code t23c07 \(nd.gov\)](#)

**3. Follow recommendations for individuals enrolled in school [K-12 School COVID-19 Screening/Testing Programs](#).**

## Additional resources

### Q39. Are there further resources for schools to use to maintain in-person instruction?

Yes. The updated [Guidance for COVID-19 Prevention in K-12 Schools](#) enhances Centers for Disease Control and Prevention's (CDC) existing resources for K–12 schools in opening for in-person instruction and remaining open.

### Q40. Is there updated science that supports the Centers for Disease Control and Prevention (CDC) and the North Dakota Department of Health (NDDoH) recommendations?

Yes. The CDC updated school guidance includes the [latest science](#) on safe school operation during COVID-19.

## COVID-19 Key Definitions

The following definitions are used for case investigation, contact identification, and follow-up. [COVID-19 Glossary of Terms | Department of Health \(nd.gov\)](#)

**Case:** A person who is positive for COVID-19 through confirmation of a PCR or Rapid Antigen Test.

**Probable case:** A close contact of a confirmed case, who has symptoms compatible with COVID-19, but is not a confirmed positive case.

**Case investigation:** When the North Dakota Department of Health (NDDoH) or other public health partner interviews someone who has COVID-19 to determine where or by whom the individual may have gotten infected, understand symptoms, obtain demographics and underlying health conditions, and to identify close contacts.

**Close contact:** A close contact is anyone who was within 6 feet of an infectious person for a cumulative total of 15 minutes or more over a 24-hour period. Individuals that may have had direct contact with infectious secretions of someone with COVID-19 (e.g., being coughed or sneezed on) would also constitute as a close contact.

**Exception:** In the K-12 indoor classroom setting, the close contact definition excludes students who were more than at least 3 feet away from an infected student if both students were engaged in consistent and correct use of masks and other K-12 prevention strategies (universal and correct mask use, increased ventilation, and physical distancing) This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

**Contact tracing:** People in close contact with someone who is infected with a virus, such as COVID-19, are at higher risk of becoming infected themselves, and of potentially further infecting others. The NDDoH and other public health partners follow-up with close contacts of COVID-19 cases to notify them of their exposure, check for symptoms/signs of infection, and advise them of their quarantine period.

**Exposure:** When an individual comes in contact with the virus. The virus is thought to spread when someone who is infected coughs, sneezes, or exhales.

**Household contact:** All individuals (i.e., family members, roommates, intimate contacts, and caregivers) who live with a person who is positive for COVID-19.

**Incubation period:** The time it takes an individual to develop symptoms after an exposure, the estimated incubation for COVID-19 is 2-14 days.

**Infectious period:** The infectious period begins 2 days BEFORE onset of symptoms (or, for asymptomatic cases, 2 days prior to test specimen collection) and continues until the case is released from isolation up to 10 days. If case is asymptomatic at the time of testing, but becomes symptomatic later, the infectious period is from the onset of symptoms.

**Isolation:** Isolation refers to when a person who is showing symptoms of a disease separates themselves from other people to prevent spreading the disease to others. People who test positive for COVID-19 must be isolated for at least 5 days after symptom onset and be fever free for 24 hours (without the use of medications) and have improvement in symptoms. People who are immunocompromised, hospitalized or health care workers may need to be isolated longer.

**Quarantine:** Separates someone who might have been exposed to COVID-19 away from others. Quarantine applies to household and close contacts. Someone in quarantine should stay separated from others, limiting movement outside of the home or facility where they are staying, however, they do not need to separate themselves from their household.

**Reinfection:** Clinical recurrence of symptoms compatible with COVID-19, accompanied by positive PCR test more than 90 days after the onset of the primary infection, supported by close-contact exposure or outbreak settings, and no evidence of another cause of infection.

**Social distancing:** Also known as “physical distancing”. Individuals should keep physical space between themselves and people outside of your home. Practicing social distancing involves: Staying six feet away from other people. Avoid gathering in groups. Staying out of crowded places and avoiding mass gatherings.