



Questions and Answers Coronavirus webinar August 5th

I am a children's pastor and the church is reopening in a few weeks with children's programming to follow a few weeks after. The church is currently not requiring anyone under 12 to wear a face mask. More information on face masks and kiddos please! This is definitely indicated for everyone over the age of two. May be more difficult in the younger ones, so should invest in face shields also.

My daughter is in marching band, and the director is doing all he can to make sure marching band will happen. What safety measures can be put in place?? Flutists will have mouth shields. Kids are bringing their own waters... and they aren't supposed to congregate. Face one direction, sections to practice together, no shared equipment, check CDC for guidance.

If I have the option of teaching a class of 7/10 students with less protections, or a class of 20 students with increased protections, which one would be safer? Fewer contacts is better, but that does not mean that risky behaviors should be allowed.

Why do we not treat COVID before hospitalization is needed? Why wait till it gets life threatening? Supportive care with known drugs is provided as needed for patient who are mildly or moderately ill with COVID-19, but using investigational drugs is reserved for very serious cases because the safety and side effects are not well known.

Is there a list of antibody testing locations to see if we have already gotten COVID? Go to the Florida Department of Health's website: <https://floridahealthcovid19.gov/testing-sites/>. Scroll down and enter your county or city for locations. Call the testing site to see if they offer antibody testing.

Is the blood test accurate? The test for antibodies to Sars-CoV-2 is most reliable 14-21 days after exposure.

How likely is it that a child 4 years old with consistent upper respiratory issues attending day care will get COVID? There is no increased risk of contracting COVID-19, but there may be a need to get recommendations from your pediatrician given the chronic respiratory symptoms described here.

Where are the test sites available for minors? Go to the Florida Department of Health's website: <https://floridahealthcovid19.gov/testing-sites/>. Scroll down and enter your county or city for testing locations.

Why is the nasal testing done more than oral testing when it is much less invasive and can be transmitted through saliva? Nasal passages tend to have more virus, so the sample is higher quality.

How long after being in direct contact with another child diagnosed with COVID should our children be tested for COVID? Incubation period for COVID-19 is 2-14 days, but most people develop signs of infection at around day 5. I would recommend testing at 5 days after exposure but note that isolation should continue for the full incubation period (14 days), even if the test is negative at 5 days.

Do all students need to get a test prior to attending school so as to be safe? This would only be useful if students avoid any potential exposure from the time they are tested until school begins.

Has there been progress on the rapid test & is that something you would recommend for students on a routine basis? Has rapid testing been approved? Most of the rapid tests have a high false negative rate, meaning that the result could be negative in someone who has the infection. Some recent studies suggest that these tests are useful in populations (like students), where repeated tests will be performed.

Do you feel that letting the classmates of a confirmed positive student return after a negative test is a safe practice? Only when the quarantine is complete. For more info: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Do you have to quarantine the entire classroom if one student tests +? If not, how do you determine who should be quarantined? Those who have been in close contact – less than 6 feet for more than 15 minutes, even while wearing masks. Or if there is direct contamination – coughed or sneezed on.

What are the more effective tests? How can we make sure we have the best test (in quality & waiting time for the results)? PCR tests, nasopharyngeal swabs.

I had a positive result and no symptoms plus I gave it to no one (entire household tested negative). Is it possible that it was a false positive? I would like to donate plasma if it makes sense. False positives are uncommon.

Is there a definitive incubation period from contact to infectious stage? 2-14 days

How would you handle a student a student coming to the Clinic with a fever under 100.4? Why is this the benchmark temperature? That is the standard temperature elevation that indicates infection. Given that temperature elevation is a late finding with COVID-19, students should be screened for other symptoms as well.

If you are a parent, what would you choose to do about back to school choices given what you know as a health professional? If possible, I would choose a model that decreased the number of different people my child came in contact with (cohorts – or small groups of students who attend class on the same cycle), or a hybrid - part in class, part remote learning.

What we can do with Toddlers (3-4 years) at school to prevent the spread of coronavirus? Children this age learn safety behaviors very well but require frequent breaks and reinforcement of rules. Masks, face shields. Structural reminders of distancing, and rewards for tasks.

Are surfaces as important - in recent publications they have shared infections from surfaces are far less likely than that of droplets?

What is the current thought on transmission from surfaces? This is true, the thinking is that spread of COVID-19 is most likely to occur through direct transmission of respiratory droplets from an infected person to another.

How can we best protect our younger children, mine being 10, from the mental stress from walking into a new norm at school? School was already a place that could breed anxiety and self-esteem issues, and I am concerned what this will look like. Enlist the support of the school in facilitating adjustment to the new environment and be sure to talk about the changes frequently with your child, schedule check-ins with your child's teacher and guidance counselors. Learn as much as you can about the new process so you can support your child.

You stated that a fever may not be the first sign of this virus, what are some of the top complaints people have when they have been infected by COVID-19? In no particular order– loss of taste and smell, nausea, diarrhea, runny nose, sore throat, fatigue, headache, mental fog.

I have a child with a bad sinus condition. Should my child wear a mask? Check with your pediatrician.

How often should we be washing our children's masks? Or should we be sending them to school with a different type of mask that better protects them? Daily is ideal, would invest in more than one so they can be alternated.

Can you address the different types of masks & their efficacy? Are masks with filters the best for kids in school to wear all day? 3 ply cloth masks performed very well in studies to evaluate ability to control release of respiratory droplets. Fleece masks, gaiters, and bandanas are not recommended.

What would you suggest for a child that has preexisting conditions such as asthma? Confer with your pediatrician.

What precautions are you taking on the school bus, since social distance is limited? What about the bus stops? Masks, do not touch face, wipe down surfaces.

If a student has a technological issue (with their iPad or something), what is the best way to handle and support the student while keeping a social distance? Consider the use of barriers such as plexiglass shields.

What are the ways to safely social distance in a portable which is half the size of a classroom? Must decrease the number of students to maintain distance.

Could you clarify the instruction time/exposure time within the classroom? Less than 6 feet for more than 15 minutes, even while wearing masks. Or if there is direct contamination – coughed or sneezed on.

If a student has an emergency (choking, allergic reaction, etc.) and requires adult care, what are the guidelines to respond with while making sure our health isn't jeopardized? Protocols exist and trained personnel should utilize them.

What is the suggested protocol if there is a COVID case on campus – are all parents notified? It depends upon which students meet criteria for prolonged exposure – less than 6 feet for more than 15 minutes, even while wearing masks. Or if there is direct contamination – coughed or sneezed on.

Are outdoor group activities safe? (recess, extracurricular sports, 4H, Scouts)? If so what # of participants are recommended? Non-contact activities are safest.

What steps should we take to prevent distribution of COVID viral germs to the household when children return home daily from school? We live with immune-compromised adults. Should the children keep 6 feet away from family members and wear masks at home as well? Shower and change clothing at end of school day, avoid prolonged close contact with at risk members of household.

What do we know about antibodies for COVID19 and if individuals can reacquire the virus? Is this the key to achieving "herd immunity"? It is not clear yet if antibodies to the virus are protective.

Have there been any documented cases where a person had COVID, recovered, & got infected a 2nd time? Is there a reinfection rate? No validated reports of reinfection, though there are reports of people who test positive repeatedly. The thought is that viral fragments are detected after resolution of infection.

Please give us guidance for children attending day care centers. Go to:
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

I've heard that the inhaled steroid Budesonide taken as a breathing treatment with a nebulizer is very effective for treating COVID. Is that correct? Studies have not confirmed this.