Coronavirus (COVID-19) FAQ

While there are currently no reported cases of COVID-19 in Minnesota as of the date of this publication, the situation is evolving quickly. Understandably, educators have concerns about how to best ensure the health and safety of their students, themselves, and their communities. We also know that educators are contacting their unions with questions about the impacts of potential school closings on their pay and work obligations. The questions and answers below seek to address these questions based on our best knowledge right now.

1. What are the most common symptoms of coronavirus?

The symptoms of COVID-19 are similar to the seasonal flu. They range from mild to severe and, in very rare cases, can cause death. The U.S. Centers for Disease Control and Prevention report symptoms appear 2-14 days after exposure and typically include:

- Fever

- Cough and/or sneezing

- Shortness of breath

2. Are children more susceptible to the virus that causes COVID-19 compared with the general population?

There is no evidence that children are more susceptible to the virus than adults.

3. What should schools and higher education institutions be doing to prepare for a possible outbreak of the COVID-19 in their communities?

The Centers for Disease Control have issued the following guidance: "Schools should continue to collaborate, share information, and review plans with local health officials to help protect the whole school community, including those with special health needs. School plans should be designed to minimize disruption to teaching and learning and protect students and staff from social stigma and discrimination. Plans can build on everyday practices (e.g., encouraging hand hygiene, monitoring absenteeism, communicating routinely) that include strategies for before, during, and after a possible outbreak."

Employers should ensure that their existing crisis management policies cover plans for COVID-19. In the event the existing plans are insufficient, modifications should be made with input from staff and health experts. They should then train staff on the plan to ensure understanding and compliance and communicate the plan to the larger school community.

If schools follow the evidence-based guidance developed over the last few years, the risk of exposure to this newly identified coronavirus and other droplet/airborne diseases will be significantly reduced. Seasonal flu is far more common in the United States than the coronavirus and can be quite serious. Improving infection control practices makes sense. As much as possible, schools should evaluate general dilution ventilation to make sure that heating, ventilation and air conditioning (HVAC) systems deliver adequate fresh air to classrooms and other school areas. Good indoor air quality can dilute the concentration of infectious viral droplets and aerosols, and thus, reduce the risks of infection.

Schools and campuses should also consider the impact of school closures on students with special needs, on

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families who do not have childcare options during the day, on students from low-income families who rely on school food services for daily meals, on those in special facilities (e.g., juvenile justice facilities), as well as on those who do not speak English as their first language.

4. Should every school district have a written plan to prepare for a COVID-19 outbreak in our community? What should the plan include?

Yes. The CDC has published important guidance for reviewing and updating pandemic plans, including:

▪ Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza).

▪ Ensure the plan emphasizes common-sense preventive actions for students and staff. For example, emphasize actions such as staying home when sick, appropriately covering coughs and sneezes, cleaning frequently touched surfaces and washing hands often.

▪ Ensure handwashing strategies include washing with soap and water for at least 20 seconds or using a hand sanitizer that contains at least 60% alcohol if soap and water are not available.

▪ Multiple federal agencies have developed resources on school planning principles and a 6-step process for creating plans to build and continually foster safe and healthy school communities before, during, and after possible emergencies.

  ▪ *Key resources include guidance on developing high-quality school emergency operations plans, and a companion guide on the role of school districts in developing high-quality school emergency operations plans.*

  ▪ *The Readiness and Emergency Management for Schools Technical Assistance Center's website contains free resources, trainings, and technical assistance to schools and their community partners, including many tools and resources on emergency planning and response to infectious disease outbreaks.*

▪ Develop information-sharing systems with partners.

  ▪ *Information-sharing systems can be used for day-to-day reporting (on information such as changes in absenteeism) and disease surveillance efforts to detect and respond to an outbreak.*

  ▪ *Local health officials should be a key partner in information sharing.*

▪ Monitor and plan for absenteeism.

  ▪ *Review the usual absenteeism patterns at your school among both students and staff.*

  ▪ *Alert local health officials about large increases in student and staff absenteeism, particularly if absences appear due to respiratory illnesses (like the common cold or the flu, which have symptoms similar to symptoms of COVID-19).*

  ▪ *Review attendance and sick leave policies. Encourage students and staff to stay home when sick. Use flexibility, when possible, to allow staff to stay home to care for sick family members.*

  ▪ *Discourage the use of perfect attendance awards and incentives.*

  ▪ *Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.*

  ▪ *Determine what level of absenteeism will disrupt continuity of teaching and learning.*

▪ Establish procedures for students and staff who are sick at school.

  ▪ *Establish procedures to ensure students and staff who become sick at school or arrive at school sick are sent home as soon as possible.*

  ▪ *Keep sick students and staff separate from well students and staff until they can leave.*

- *Remember that schools are not expected to screen students or staff to identify cases of COVID-19. The majority of respiratory illnesses are not COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.*

- *Share resources with the school community to help families understand when to keep children home. This [guidance](#), not specific to COVID-19, from the American Academy of Pediatrics can be helpful for families.*

- Perform routine environmental cleaning.

  - *Routinely clean frequently touched surfaces (e.g., doorknobs, light switches, countertops) with the cleaners typically used. Use all cleaning products according to the directions on the label.*

  - *Provide disposable wipes so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down by students and staff before each use.*

- Create communications plans for use with the school community.

  - *Include strategies for sharing information with staff, students, and their families.*

  - *Include information about steps being taken by the school or childcare facility to prepare, and how additional information will be shared.*

In addition to CDC guidance, Education Minnesota recommends that any school district plan should address:

- Delivery of educational services if a significant number of staff become ill.

- A procedure for making decisions and communicating about closing and reopening of schools.

- Possible use of buildings by the community in the event of closure.

5. What should our local do if our district or higher education institution does not have a written pandemic or COVID-19 response plan or the plan is inadequate?

Education Minnesota recommends that representatives from each local union make a written request that their administration provide them with a written plan. If administration does not respond or does not currently have a written plan, a union representative should notify their Education Minnesota field representative and ask the district or higher education institution to provide a timetable for developing and adopting a plan.

In the event the union considers the plan inadequate based on the guidance above, the local union should identify the deficiencies in writing and request a timetable for updates to be adopted.

6. What should school employees to do help prevent the transmission of COVID-19 in schools where there are no identified cases?

First, schools should increase education efforts for students, parents, and staff (posters, brochures, emails, etc.) regarding control measures, such as:

- Good hand hygiene. Schools must provide soap and hand sanitizer. Students should be given additional time and opportunities to wash their hands. Instruct students to wash their hands with soap and water after using the bathroom and before eating.

- Reminders to all staff and students to avoid touching their faces, particularly eyes, nose and mouth, with unwashed hands.

- Students and staff should be encouraged to stay home from school for any respiratory illness and consult their healthcare provider. Staff should not be sanctioned for taking sick leave.

As much as possible, custodial and classroom staff should follow commonsense cleaning and disinfection practices and avoid the overuse of disinfectants. Exposure to disinfectants has been associated with asthma exacerbation.

Staff may wish to use disinfectant to clean high-use areas, such as doorknobs and other frequently handled objects and surfaces, with diluted bleach or disinfectants recommended by the U.S. Environmental Protection Agency.

7. What schools and institutes of higher education do if there are identified cases of COVID-19 in their community?

If local health officials report that there are cases of COVID-19 in the community, the CDC recommends that schools consider the following additional steps in response to prevent spread in the school:

- Talk with local health officials to determine a course of action for their childcare programs or schools.

- Determine if, when, and for how long childcare programs or schools may need to be dismissed. Temporarily dismissing childcare programs and K-12 schools is a strategy to stop or slow the further spread of COVID-19 in communities.

- In the event of closures, childcare programs and schools may want to consider remaining open in order give staff access in order to facilitate e-learning days or other remote instruction, to ensure the delivery of essential medical and social services, and meal delivery to families in need.

8. Are schools or higher education institutions required to screen students for COVID-19?

Schools and higher education institutions are not expected or required to screen students or staff to identify cases of COVID-19. The majority of respiratory illnesses are not COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.

9. If our school closes because of an actual or potential outbreak, will we get paid? Will we have to make the days up? Is the district allowed to designate these days as e-learning days?

Whether or not staff are paid during school closures depends on what the collective bargaining agreement and any relevant closure plan provide. Whether or not the days are made up will also likely be addressed by the contract and/or the plan. The state also has the authority to waive the requirement for a minimum of 165 instructional days and/or to provide funding for days cancelled based on an outbreak.

Education Minnesota recognizes that ESP contracts do not always have the same provisions for make-up days/ emergency days, and we will absolutely advocate for ESPs to be treated fairly in this process. This includes having the same option that licensed educators have to make up days and/or receive compensation when school is closed. If your school experiences a closure and either ESPs or teachers are being docked pay or denied the ability to make up the day later in the school year, contact your field representative and they will help you determine next steps.

The statutory authority for e-learning days applies only to weather-related closures, so there is no permission currently to count other days as instructional days. There may be an additional workload in providing homework to sick students during an outbreak, but that would be done when school was still scheduled.

10. Do I need to let my employer know if I have contracted COVID-19? What are privacy my rights if I have contracted COVID-19?

You do not have a legal obligation to notify your employer, but like with other illnesses, they may ask you to do so voluntarily, and you may choose to share. That information in the employer's possession is private personal data and generally cannot be disclosed outside of school administration without your permission.

However, in these limited situations, "health data" (data "relating to the identification, description, prevention, and control of disease or as part of an epidemiologic investigation the commissioner [of the Department of Health] designates as necessary to analyze, describe, or protect the public health") may be released. The commissioner can approve the disclosure from a school district "to the extent necessary to assist the commissioner to locate

or identify a case, carrier, or suspect case, to alert persons who may be threatened by illness as evidenced by epidemiologic data, to control or prevent the spread of serious disease, or to diminish an imminent threat to the public health." The Commissioner may then disclose private health data "to the data subject's physician as necessary to locate or identify a case, carrier, or suspect case, to establish a diagnosis, to provide treatment, to identify persons at risk of illness, or to conduct an epidemiologic investigation."

11. If I were to contract COVID-19, what are my legal and contractual rights to take a leave of absence?

You would have the same rights and protections as you would have for any other serious illness, including the ability to use your accumulated paid sick leave. In the event you have exhausted your accumulated paid sick leave, contracting coronavirus would likely qualify as a "serious health condition" under the Family and Medical Leave Act (if you are eligible for FMLA) and thus, your health insurance would continue. If your employer has a sick leave bank, and your health situation meets the requirements of your sick leave bank contract language or policy, that is another potential source of extended paid sick leave.

The harder cases are likely to be those where employees are especially vulnerable to getting sick, but who are not actually sick yet. Eligibility for paid leave will be an issue between the physician and the employer.

12. How will COVID-19 affect the anti-bullying policies in my worksite?

There is a history of race-based discrimination and bullying increasing in schools during disease outbreaks, and the CDC is warning that fear anxiety can lead to social stigma towards Chinese or other Asian Americans. Stigma and discrimination can occur when people associate an infectious disease, such as COVID-19, with a population or nationality, even though not everyone in that population or from that region is specifically at risk for the disease.

It is important for educators to speak out against negative behaviors, including negative statements on social media about groups of people, or exclusion of students who pose no risk from regular activities. Also, be cautious about spreading stigma in the workplace, including by sharing images that could reinforce stereotypes. Remember:

- Viruses cannot target people from specific populations, ethnicities, or racial backgrounds.

- People from affected countries that live in the U.S. may be worried or anxious about friends and relatives who are living in the region. Facing stigma can make fear and anxiety worsen. Social support during this outbreak can help them cope.