

Frequently Asked Questions – Health and Safety

Community Transmission

- [What is community transmission and why is it so important for school communities?](#)
- [Is the Delta variant more dangerous to my child?](#)

Vaccinations

- [How should Local Education Agencies \(LEAs\)/schools consider vaccination coverage when assessing COVID-19-related risk for schools?](#)
- [Can schools ask for proof of vaccination?](#)
- [What is the recommended process for asking for proof of vaccinations from students and staff?](#)

Masks

- [What is the law on universal masking inside public K-12 schools?](#)
- [Who is exempt from the masking law?](#)
- [Does the law on masking apply to private schools?](#)
- [Why is masking in schools so important?](#)
- [Should students and staff wear masks at recess? Should students and staff wear masks when outdoors?](#)
- [How should schools handle masking and lunch?](#)
- [Are students and staff required to wear a mask on buses?](#)

Responding to Individuals Who are Sick, Case Investigation (CI)/Contact Tracing (CT), and Quarantine

- [What should happen when a student or staff has symptoms at school?](#)
- [Do schools have to keep isolation rooms?](#)
- [Who are considered close contacts in Pre K-12 settings? Are the quarantine requirements different for students depending upon whether they are fully vaccinated or not fully vaccinated?](#)
- [Will LEAs continue to inform the Rhode Island Department of Health \(RIDOH\) of potential close contacts? Will RIDOH still determine if a person must quarantine?](#)
- [What are the quarantine requirements for Pre K-12?](#)

Testing

- [Who should get tested for COVID-19?](#)
- [How does my child benefit from school-based testing?](#)
- [What kind of testing is available at my child's school?](#)
- [Is health insurance information required to participate in school-based testing?](#)
- [Why does my school test so often?](#)

- [Should we conduct asymptomatic screening for students regardless of vaccination status?](#)
- [What testing method will be utilized for school-based asymptomatic screening?](#)
- [What's the difference between diagnostic tests and screening tests \(often referred to as asymptomatic screening\)?](#)
- [Should we use antibody tests?](#)
- [What resources are available to support school-based testing plans?](#)
- [How can students and staff get tested outside of school?](#)

Physical Distancing

- [Can stable groups be mixed?](#)

Cleaning, Disinfecting, and Hand Hygiene

- [Is cleaning sufficient or should we also be disinfecting daily?](#)

Additional Questions

- [What should I do if I have questions about my school/district's Back-to-School plan?](#)
- [What are the criteria for "students who are at increased risk of severe illness"?](#)
- [Will there be provisions for people who have tested positive for COVID-19 and have antibodies?](#)
- [Can schools still offer a remote learning option if families want or need it?](#)



Community Transmission

What is community transmission and why is it so important for school communities?

Community transmission, also known as community spread, means a virus is spreading and infecting people. When there's a lot of community spread, more people are getting COVID-19. The more cases there are in the community, the higher the chance that a student, educator, or staff member will come to school with COVID-19. The CDC notes that we learned this from the 2020-2021 school year: with greater community spread, we are likely to see more infected people show up at school because infected students, educators, and staff may not know they are infected.

More cases in school can disrupt in-person learning, sports, and extracurricular activities for your child. This is why it's so important to [wear masks](#), get [tested](#), stay home with any one [symptom](#), [physical distance](#), [get vaccinated](#), and use all [layered prevention strategies](#) in Pre K-12 schools.

You can check the Rhode Island Department of Health COVID-19 response [data hub](#) to find the level of community transmission in your area.

Is the Delta variant more dangerous to my child?

The [Delta variant](#) spreads very easily and is more than two times as contagious as previous variants. Children are being admitted to hospitals at an increased rate because Delta has become the most common variant in the United States.

It helps unvaccinated children to have high vaccination coverage among people around them as much as possible. Fully vaccinated people can be infected and spread COVID-19 to others but are much less likely to become seriously ill if this happens. However, unvaccinated adults of all ages are much more likely to spread COVID-19 and to be seriously ill and hospitalized than people who are vaccinated.

Vaccinations

How should Local Education Agencies (LEAs)/schools consider the community level of vaccination coverage when assessing COVID-19-related risk for schools?

Rhode Island has very good vaccination coverage overall across the state, though some communities still have less than 45% of the population fully vaccinated. About 90% of Rhode Island's Pre K-12 teachers and staff were already vaccinated during the 2020-21 school year.

Currently in Rhode Island, [community transmission rates](#) are high as the [Delta variant](#) spreads much more easily and quickly. Unvaccinated people are most at risk of getting and spreading the Delta variant. While the CDC has not determined a specific level for vaccination coverage that is necessary to limit transmission, the highest spread of cases and most severe outcomes are happening in places with low vaccination rates.

Can schools ask for proof of vaccination?

Schools can request information about COVID-19 vaccination status directly from students, staff, and others but they aren't required to provide the information.



What is the recommended process for asking for proof of vaccinations from students and staff?

LEAs and schools may take different approaches to verifying vaccination status. This can include requesting paper copies of vaccination records, creating a digital option for self-reporting, or utilizing reporting features in [Rhode Island Child and Adult Immunization Registry \(RICAIR\)](#).

Masks

What is the law on universal masking inside public K-12 schools?

As of August 19, all public K-12 schools in Rhode Island must have a universal indoor masking policy in place at the start of the 2021-22 school year. The Governor issued the mask requirement with his emergency and public health power under the state constitution and general laws. This requirement will be reviewed on an ongoing basis. In line with the [Executive Order](#), the Rhode Island Department of Health (RIDOH) developed a [universal indoor mask protocol](#) for schools to use if they do not already have a policy in place.

To best protect others, RIDOH recommends that everyone age two and older wear masks when outdoors in crowded settings.

Who is exempt from the masking law?

Everyone must wear a mask inside public K-12 schools except children younger than two years; a person with a disability who cannot wear a mask, or cannot safely wear a mask, for reasons related to the disability; or a person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the workplace risk assessment. Most people with underlying medical conditions can and should wear masks. A medical exemption should be supported by a note from the licensed medical provider who is caring for the student/staff.

[CDC recommends](#) that most people with underlying medical conditions can and should wear masks. Parents and guardians should ask their school about the process for medical exemptions.

There are no religious exemptions in the [Executive Order](#) and [RIDOH protocol](#).

Does the law on masking apply to private schools?

Private schools are not required to follow the masking law or the RIDOH mask policy. The CDC strongly recommends everyone age two and older to wear a mask when indoors, and outdoors when in crowded settings. The Governor, Director of Health, and Commissioner of Education have encouraged people to [follow this guidance](#).

Why is masking in schools so important?

Rhode Island pre K-12 schools are planning to provide 100% in-person learning for the 2021-22 academic year. The Delta variant of COVID-19 spreads easily in crowded places, like pre K-12 classrooms.

National and international data have shown that masks help limit or prevent the spread of COVID-19 in schools. Right now, schools across the country with either relaxed or no masking policies are seeing outbreaks of COVID-19. Masking, vaccination, and testing are very important to prevent or limit the spread of COVID-19 in schools.



Should students and staff wear masks at recess? Should students and staff wear masks when outdoors?

Students and staff are [required to wear masks at all times while inside](#). Activities should be held outside whenever possible or in a well-ventilated area if inside. Students and staff are not required to wear masks when outside, however RIDOH recommends that everyone wears a mask when outdoors in crowded settings. Additionally, RIDOH recommends that students remain in **stable pods at all times** during recess if possible.

How should schools handle masking and lunch?

RIDOH strongly recommends that students and staff eat lunch outside.

All students, staff, and other people at school must wear a **mask at all times when inside** unless they are eating or drinking. This mask requirement includes food staff during meal preparation, meal service, and breaks. Students, staff, and others must wear masks indoors during the lunch process, including when moving through the food service line.

Schools should also

- Maximize physical distance as much as possible when moving through the food service line and while eating;
- Improve ventilation in food preparation, service, and seating areas;
- Clean frequently touched surfaces;
- Promote hand washing; and
- Consider reducing the use of single-use items and packaged meals given the very low risk of transmission from surfaces and shared objects.

Are students and staff required to wear a mask on buses?

Yes. [Masks are required](#) by federal order on school buses and other forms of public transportation in the United States.

Responding to Individuals Who are Sick, Case Investigation/Contact Tracing, and Quarantine

What should happen when a student or staff has a COVID-19 symptom when at school?

In line with CDC recommendations, when a student, staff, educator, contractor, or volunteer on the school campus has a [COVID-19 symptom](#), RIDOH recommends that the person is

- Isolated from others right away, regardless of vaccination status;
- Tested for COVID-19 right away; and
- Referred to a healthcare provider for clinical evaluation.

Everyone is required to wear a mask indoors in K-12 school settings. If more than one student has to be in the same isolation room/area, all of the students must be masked. They should also stay at least six feet apart and be supervised.



In addition, schools should review the [Occupational Safety and Health Administration \(OSHA\) Emergency Temporary Standards](#) for healthcare settings to make sure their student health services are in compliance with the new standards.

Do schools have to keep isolation rooms?

Isolation rooms are recommended. If you expect to have students with symptoms who may need testing and/or isolating, or if you expect to have students with positive COVID-19 test results from either a screening test or a symptomatic test, RIDOH recommends keeping an isolation room available.

Who are considered [close contacts](#) in Pre K-12 settings? Are the quarantine requirements different for students who are vaccinated compared to those who are not fully vaccinated?

In line with the [CDC guidance](#), everyone (including students and staff) is considered a **close contact** and should quarantine if they were within six (6) feet of an infected person for at least 15 minutes over a 24-hour period. This definition has not changed and applies to close contact exposures that happen in the cafeteria, recess, on the bus, and any other setting except in a Pre K-12 classroom. Schools should identify close contacts and share with RIDOH, like they did during the 2020-21 school year.

Close contacts may be exempt from quarantine if they

- Are fully vaccinated; **or**
- Have been diagnosed with COVID-19 in the past 90 days; **or**
- Are Pre K-12 students and all of these criteria are true:
 - o Both the infected person and close contact are Pre K-12 students;
 - o Both the close contact and the infected student wore face masks at all times during the close contact exposure;
 - o The exposure happened inside in a Pre K-12 classroom; and
 - o The infected person and the close contact were at least three feet apart at all times during the close contact exposure.

The [Pre K-12 close contact exception](#) does not apply to teachers, staff, or other adults in the indoor classroom setting. The CDC updated its guidance for Pre K-12 students based upon the available data, including research on the transmission between students inside school classrooms during the 2020-21 academic year.

Will LEAs continue to inform RIDOH of potential close contacts? Will RIDOH still determine if a person must quarantine?

Schools have been asked to help with determining which individuals meet the close contact exposure criteria. RIDOH will continue to communicate with close contacts.

What are the quarantine requirements for Pre K-12?

The Rhode Island Department of Health (RIDOH) recommends that schools implement the “**seven days with a negative test result**” [quarantine](#) option. This option is the least disruptive to students and families, which is even more important this year as schools aren’t required to offer remote learning options. With this option, close contacts can return to school on Day 8 as long as they have a negative test result from Day 5 or later. Close contacts should **watch for symptoms until 14 days after they were exposed**.



Schools should continue to provide seating charts and contact information to RIDOH when there are COVID-19 cases among students or staff.

Testing

Who should get tested for COVID-19?

If a student, teacher, or staff member has any one [symptom](#) of COVID-19, they should stay home, [isolate](#) from others as much as possible, and get tested right away, even if they're fully vaccinated.

All close contacts who have not tested positive for COVID-19 in the past 90 days [must get tested](#), including those in Pre K-12 settings. **Fully vaccinated** close contacts must get tested three to five days after they were exposed. Any close contact who is **not fully vaccinated** must get tested right away and again in five to seven days after exposure. **Everyone should wear a mask** when they are in public and indoors for 14 days after they were exposed or until they receive a negative test result.

More information on [Pre K-12 testing](#) is available.

How does my child benefit from school-based testing?

Testing is an important layer of prevention that can quickly identify people who have COVID-19 and potentially [prevent an outbreak](#) within the school. It's used to identify people with infection whether they are showing any symptoms or not. By identifying infections early, schools can limit COVID-19 transmission and keep students in school for in-person learning, sports, and extracurricular activities.

[School-based testing](#) can make it quick and easy to get your child tested, whether as part of routine asymptomatic screening, when they have symptoms, or have been exposed to someone with COVID-19. Some schools offer diagnostic testing and some offer both diagnostic and screening testing. For more information, see RIDOH's Pre K-12 testing [web page](#).

What kind of testing is available at my child's school?

Contact your child's school or district if you have specific questions about their [testing programs](#), guidance, or protocols.

Is health insurance information required to participate in school-based testing?

No. School-based testing is free, and insurance is not required.

Why does my school test so often?

[Regular testing](#) is a safe, effective way to help prevent the spread of COVID-19 and help keep our schools open for in-person learning. Many people with COVID-19, especially children and teens, don't have symptoms but can still spread the virus, so regular testing helps find infections before they can spread to others. Regular testing will help us keep students in the classroom and allow students to take part in the other activities they love.

Schools can decide how many students will be tested and how often based on what's happening in the community. If a school decides to test a percentage of the students every week, this doesn't necessarily



mean that your child will be tested each week – they will be tested only if included as part of the percentage tested that week.

Should we conduct asymptomatic screening for students regardless of vaccination status?

Regular school-based asymptomatic screening keeps students learning in person and able to join extracurricular activities by finding asymptomatic cases early; preventing outbreaks in school and during extracurricular activities; and protecting people who may be at increased risk such as children, school staff, and family members with underlying health conditions.

Current RIDOH recommendations for testing are in line with CDC recommendations: fully vaccinated people are exempt from asymptomatic screening. Nothing precludes a school, organization, business, etc., from establishing a policy to include fully vaccinated persons in its screening testing activities.

Asymptomatic screening in Pre K-12 schools is recommended for all students who are not fully vaccinated, in particular for those students who are not age eligible for a vaccine. For substantial community transmission, Rhode Island recommends testing 25% of non-vaccinated individuals weekly. For high transmission, Rhode Island recommends testing 50% of non-vaccinated individuals weekly.

What testing method should be utilized for school-based asymptomatic screening?

RIDOH recommends PCR testing (pooled or individual) for asymptomatic students and staff. Rapid antigen tests are not recommended for use with people who don't have symptoms. Rapid antigen tests perform best for people with symptoms and in a certain number of days since symptom onset.

Rhode Island's guidance about the use of rapid tests in schools was updated in line with the [CDC's gold standard approach](#). Antigen testing was used in Pre K-12 schools during the 2020-21 school year because it enabled schools to isolate people infected with COVID-19 right away and limit the spread in classrooms. At the time, PCR tests were harder to get and took longer to receive results. Now, we can get laboratory-processed PCR results much quicker and we now know antigen tests are most accurate for people with symptoms.

What's the difference between diagnostic tests and screening tests (often referred to as asymptomatic screening)?

Diagnostic tests are used to identify current COVID-19 infection and should be used if your child has any symptoms. **Screening tests**, or **asymptomatic screening**, are used regularly to identify any unknown cases or cases without symptoms so that actions can be taken to quickly prevent further spread of COVID-19.

Should we use antibody tests?

CDC doesn't recommend using [antibody testing](#) to measure immunity. We're still learning whether the presence of antibodies protects someone from future infection and, if so, for how long. Antibody testing doesn't tell us whether someone is immune to COVID-19.

What resources are available to support school-based testing plans?

There are several options that an LEA can take to have school-based testing. Funding for all of these options is available through the Epidemiology and Laboratory Capacity (ELC) K-12 Reopening Grant, which will enable and expand school-based screening testing to support and maintain in-person learning. LEAs have been



invited to apply for funds to support testing plans, and RIDOH and RIDE will receive and review applications on a rolling basis.

How can students and staff get tested outside of school?

To schedule a test at a [State-run test site](#) in your community, call the Pre K-12 COVID-19 test scheduling service at 844-857-1814 or create an account on [portal.ri.gov](#). Testing at State-run sites is free. Insurance and identification are not required. COVID-19 testing is also available in most primary care offices, [respiratory clinics](#), and [pharmacies](#) throughout Rhode Island. There may be a cost associated with testing at sites that are not directly operated by the State. For more information, visit [covid.ri.gov/testing](#).

Physical Distancing

Can stable groups be mixed?

Schools should keep students in **stable pods at all times** if possible. However, there are no requirements for physical distancing or spacing when outdoors. For indoor locations such as restrooms, cafeterias, or hallway locker usage, LEAs can establish their own local policies. Please refer to [CDC K-12 guidance](#).

Cleaning, Disinfecting, and Hand Hygiene

Is cleaning sufficient or should we also be disinfecting daily?

Daily cleaning will do. However, disinfecting right away is recommended if there is someone with symptoms or a confirmed COVID-19 case in the school.

Additional Questions

Whom should I contact if I have questions regarding my school/district's Back-to-School plan?

Each LEA is required to make its plan available to families by posting the plan on its website. Consult your [local school's plan](#) for more information. Please contact your district/LEA for more information and specifics about your school's plan.

What are the criteria for "students who are at increased risk of severe illness"?

Please refer to [CDC guidance](#). Current evidence on which underlying medical conditions in children are associated with increased risk is limited, though it suggests that children with medical complexity; with genetic, neurologic, and metabolic conditions; or with congenital heart disease can be at increased risk for severe illness from COVID-19. Similar to adults, children with obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression can also be at increased risk for severe illness from COVID-19.

Will there be provisions for people who have tested positive for COVID-19 and have antibodies?

Please refer to [CDC guidance](#). Antibody testing is not currently recommended to determine if you are immune to COVID-19 following COVID-19 vaccination. Antibody testing should also not be used to decide if someone needs to be vaccinated. CDC's Interim Guidelines for COVID-19 Antibody Testing provide more information on how antibody testing should be used and interpreted. In addition, antibody testing cannot be



used to determine the precise timing of past infection and therefore cannot be used to determine if a person is within 90 days of prior infection.

Can schools still offer a remote learning option if families want or need it?

Given the State's goal to have all students back in-person, five days a week, RIDE is not offering the administration of a statewide virtual learning program this year. However, RIDE has created a [Master Price Agreement \(MPA\)](#) so any LEA can contract directly with one of six virtual learning providers. RIDE's recommendation is for LEAs to use ESSER funding to support such a partnership.

