



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN  
Georgia Chapter

# The Pediatrician's Toolkit for School Re-Entry and Children's Health in the Time of COVID-19



**Prepared by the School Health Committee**

**Georgia Chapter**

**American Academy of Pediatrics**

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# The Pediatrician's Toolkit for School Re-Entry and Children's Health in the Time of COVID-19

School Health Committee, Georgia Chapter of the American Academy of Pediatrics

## **Introduction**

COVID-19 has impacted the health, physical, mental, and social, and economy of the world. School reopenings will present challenges (continued physical distancing, monitoring the health of students and school staff, etc.) that cannot be managed by school districts alone. It will take the entire community, working alongside school systems, to provide guidance and resources to keep students, teachers, school administrators and staff, and families safe and secure. The pediatrician's role is critical in providing knowledge about the spread and symptomology of this virus, especially as it pertains to children, and in developing strategies to reduce transmission, monitor outbreaks, and minimize anxiety within the school setting.

The Georgia Chapter of the American Academy of Pediatrics' School Health Committee has developed a toolkit that can serve as a template for how the pediatrician can become involved in school re-openings. It includes:

- Sample introductory letter to send to local superintendents expressing an interest in participating in the planning and implementation of school reopenings.
- Sample handout for patients emphasizing the importance of reconnecting with pediatricians during this crisis.
- Sample letter for pediatricians to use to clear students to return to school after an illness.
- Frequently Asked Questions (FAQ)
- Resources for the pediatrician

**This is an updated version of our previous toolkit. It has been revised to address questions generated from the webinar as well as new/interim guidelines that have been issued since its' initial release. In this revision – 'FAQs have been expanded to provide updates and address additional concerns around face covering/masking, contact tracing, testing and clearance for schools, vaccine development, and additional information for parents and schools.**

We hope you find this toolkit helpful. Please contact us @ [yjohn01@emory.edu](mailto:yjohn01@emory.edu) with suggestions or comments for future updates.

## **Sample Introduction Letter**

This can be sent or emailed to the superintendent of schools in your county.  
(A complete list of Georgia's school district superintendents (by county) is in the Resource section.)

Date:

Dear Superintendent \_\_\_\_\_,

My name is Dr. \_\_\_\_\_ and am a practicing pediatrician in \_\_\_\_\_.  
The challenge of reopening schools during COVID-19 is a daunting task and requires the support of the entire community.

I am offering my support and would like to assist in the planning and implementation of school re-entry. In addition to the challenges of ramping up to resume educational instruction and providing physical distancing for students and staff, you will be tasked with addressing the physical, emotional, and social needs of everyone in the schools, especially the students. I am offering my help in developing policies and procedures and providing resources for you, your staff, and the families you serve.

These are truly 'the times that try men's souls. It is my intent to help lighten the load. Please let me know how I might be of assistance.

Sincerely,

# **Patient Flyer**

## **Why your child needs a visit to the doctor!**

Connecting with your healthcare provider for a well check or sick visit seems so scary and unnecessary in a time when we are all trying to minimize risk of infection. But there are some very important reasons why it is vital to stay connected, especially for your children.

### **1. The better your child’s baseline health, the better they will be able to fight any infection or stressor that comes their way.**

Well child checks allow you to go over all aspects of your child’s physical and emotional wellbeing. We have been working tirelessly to create ways to safely communicate with your family and minimize in-person time in the office. We have changed the office environment to comply with social distancing rules and are deep cleaning multiple times a day to keep you safe. Call us to find out your options.

### **2. It is vital that your child’s vaccines are up to date.**

Vaccine-preventable illnesses like flu and measles not only make you feel miserable when you have them, they also rob your immune system of the ability to fight other infections, including COVID-19. Flu vaccines are especially important if there is a “second wave” of COVID-19 during flu season this fall.

### **3. Chronic medical conditions like asthma, allergies or diabetes must be optimally managed so that your child’s baseline health is the best that it can be.**

Having a plan in place for when your child is well and sick will make a big difference in how their body is able to fight illnesses.

### **4. While distance learning has been important in keeping our children connected to their incredible teachers and education, it has also created challenges for children who need the vibrant school environment to thrive.**

Children with learning differences, focus-related issues or other disabilities miss services that help learning. Touching base with your pediatrician over the summer will allow you to create a plan with your child’s school to best help them succeed.

### **5. Physical distancing, social isolation, and child and family stressors during this crisis are greatly affecting the mental health of children and their caretakers.**

Loss of caretaker jobs and income, lack of food, unstable housing and other stressors have impacted the social and emotional health of children. Many families are on edge. Children need mental health screenings and treatment in order to address all the factors affecting their overall well-being.

We want to help your child thrive. Call us @ (phone number here) to make a plan that works for your family!

More great information is available at [healthychildren.org](https://www.healthychildren.org)

<https://www.healthychildren.org/English/tips-tools/ask-the-pediatrician/Pages/Is-it-OK-to-call-the-pediatrician-during-COVID-19-even-if-Im-not-sure-my-child-is-sick.aspx>

# Sample Clearance Letter

Date: \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ was evaluated by us regarding symptoms that started on \_\_\_\_\_.  
The patient has a history of the following at-risk chronic conditions: \_\_\_\_\_.

Patient was examined:

\_\_\_ in the office on \_\_\_\_\_  
\_\_\_ virtual visit on \_\_\_\_\_  
\_\_\_ phone follow-up on \_\_\_\_\_

Patient circumstance:

Laboratory confirmed COVID-19 with symptoms (positive test and symptomatic)
Suspected COVID-19 due to symptoms WITHOUT confirmed COVID-19 test (symptomatic with no testing completed)
Asymptomatic with laboratory confirmed COVID-19 (positive test and asymptomatic)
Asymptomatic close contact to a person with lab confirmed or suspected COVID-19 infection (face to face contact without face covering closer than 6 feet for >15 min)
Negative COVID-19 testing (PCR) with other diagnosis confirmed: _____
No COVID-19 testing done with other diagnosis confirmed: _____

The patient is cleared to return to school:

Had mild/moderate illness - at least 10 days have passed since first symptoms appeared AND at least 24 hours have passed since last fever >100 without any fever reducing medications AND symptoms have improved
Had severe illness (hospitalized) or is considered immunocompromised - at least 20 days have passed since symptoms first appeared AND at least 24 hours have passed since last fever >100 without any fever reducing medications AND symptoms have improved
Asymptomatic - at least 10 days have passed since positive test and has remained asymptomatic
Asymptomatic exposure - at least 14 days of negative symptom screening from date of known exposure
Negative COVID-19 PCR test and other confirmed dx: _____
No COVID-19 testing done with other diagnosis confirmed: _____

Provider Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# **FAQs for Pediatricians**

This updated toolkit includes questions from the July 15, 2020 Webinar and additional resources.

**This is an ever-changing environment, with constantly fluctuating answers to very complex questions. The responses below are not rigid but are subject to change on a daily basis, requiring some flexibility as our knowledge increases.**

## **ROLE OF PEDIATRICIANS**

**What might my role be as a pediatrician in school reopenings?**

- Serve as COVID-19 content experts
- Communicate school re-entry best practices to families and school districts
- Help families keep up to date on immunizations
- Assist in preparing children with special needs to return to school or obtain school services
- Provide surveillance and treatment of child/adolescent illness
- Provide or refer for COVID testing
- Assist with information about PPE
- Provide information about cleaning and disinfecting in the school setting
- Provide mental health screenings/treatment/referrals

**How can pediatricians counsel families about whether to attend school in-person?**

Pediatricians can discuss some of the following considerations with families:

- The school's safety measures.
- The child and family's risk factors (chronic illnesses, high-risk family members)
- The child's learning style – how did they do with virtual learning previously?
- The family's needs for their children to be in school
- The child's social and emotional well-being
- Additional services needed at school

CDC's Decision-making tool for families:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/decision-tool.html>

**Will students need a clearance letter from a pediatrician to return to school after being diagnosed with COVID?**

Pediatricians may be asked to write a clearance letter for a student to return to school. Attached is a template for a clearance letter for returning to class. Clearance letters for parents will need to be provided on an individual basis.

## **TRANSMISSION IN SCHOOL-AGE CHILDREN AND SCHOOL REOPENING**

**Is it safe to send a child back to school?**

There are national and state guidelines on how to safely reopen schools that minimize health threats to students and school staff. There is always a risk for contracting and spreading the virus once you engage with others within the community. Safeguards are in place to minimize the risk (physical distancing, good hand hygiene, wearing masks when feasible, monitoring for illness, testing, and contact tracing, etc.). None of the recommendations are mandatory and every school district has the flexibility to implement findings based on resources and prevalence of COVID in the community. It is also important to consider the disadvantages of NOT being in school.

# **FAQs for Pediatricians...cont.**

Refer to:

**AAP COVID – 19 Planning Considerations: Guidance for school re-entry (Updated 8/19/2020)**

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

**CDC School Reopening Decision Tree (Updated 7/23/2020)**

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/decision-tool.html>

**CDC updated guidelines for school reopenings (Updated 8/21/2020)**

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

**GA DOE and DPH – Guidance for K-12 Schools (Updated 8/12/2020 , replaces previous “Georgia’s Path to K-12 Recovery”**

[https://www.georgiainsights.com/uploads/1/2/2/2/122221993/covid\\_guidancegeorgia\\_schools\\_08\\_12\\_2020njn.pdf](https://www.georgiainsights.com/uploads/1/2/2/2/122221993/covid_guidancegeorgia_schools_08_12_2020njn.pdf)

**CDC guidelines on disinfecting (Updated 8/8/2020)**

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html>

**Is it Safe to Send My Children to Childcare?**

Refer to:

<https://healthychildren.org/English/tips-tools/ask-the-pediatrician/Pages/Is-it-safe-to-send-my-child-to-child-care-during-COVID-19.aspx>

**What is the effect of increased community spread and prevalence on safely being able to go back to school and stay in school?**

- The risk of community transmission if students return to school in-person is increased if they live in an area of widespread prevalence.  
<https://www.kff.org/coronavirus-covid-19/issue-brief/what-do-we-know-about-children-and-coronavirus-transmission/>
- School openings around the world that have not resulted in increased community transmission rates have generally had low community prevalence rates at the time of reopening. In the US, between July 9 and Aug. 6, there were 179,990 new child cases -- an increase of 90% in child cases over 4 weeks. It is unclear which of the various factors such as increased exposure and increased testing, may have contributed to this large increase.
- Children have generally not been considered a primary driver of disease, and transmission from child to adult appears limited, particularly among young children. However, in July, there was a COVID outbreak in a Georgia overnight camp which demonstrated very high spread among campers and counselors (75% of attendees who were tested), and surprisingly, the attack rate was 51% among those aged 6–10 years, 44% among those aged 11–17 years, and 33% among those aged 18–21 years. This shows that younger children may be as susceptible as older children/adults and they may also play an important role in transmission. More recently, a number of schools in Cherokee and Paulding Counties have opened and have had to switch to virtual learning because of outbreaks.
- Age-dependent effects in the transmission and control of COVID-19 epidemics include:
  - Susceptibility to infection in individuals under age 20 is approximately half of adults.
  - Clinical symptoms manifest in 21% of infections in 10-19-year-olds, increasing to 69% of infections in those over 70. <https://www.nature.com/articles/s41591-020-0962-9>
- Overall hospitalization rates for children with COVID-19 is 8.0 per 100,000 population, but it is 16.4 in Hispanic/Latino children and 10.5 in Black children. One third of admissions are to the ICU.  
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932e3.htm>

# **FAQs for Pediatricians...cont.**

## **Should students who return to school visit grandparents?**

Being in school will increase the risk of visiting grandparents. The ability to socially distance for 14 days before travel is ideal, but this cannot be done if a child is in school. The following are things to consider to reduce the risk:

- Age of grandparents (older=higher risk)
- Underlying health conditions (diabetes, chronic lung disease, hypertension, immunocompromised)
- Ability to travel by car
- PCR testing prior to visit
- Ability to stay in a hotel/house rental during the visit
- Ability to visit outdoors

## **FACE COVERINGS**

### **Does a child need to wear a mask at school? Should school recommendations for masks be age/grade based?**

- Masks are recommended for all children over age 2 but are not generally mandated. Mask requirements depend on the school district and prevalence of COVID in the community.
- Some schools are requiring only students over age 10 (third grade) to wear masks, but this is not based on public health guidelines.
- CDC guidelines on masks in K-12 and childcare (Updated 8/11/2020):  
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/cloth-face-cover.html>
- COVID-19 Planning Considerations: Guidance for school re-entry includes a section on face coverings and PPE (Updated 8/19/2020):  
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

### **If masks are mandatory, which students should be exempt?**

Masks are not recommended for:

- Children younger than 2.
- Anyone who has trouble breathing
- Anyone who is unable to remove the mask without assistance

### **CDC guidelines on masks in schools, including special circumstances (Updated 8/11/2020):**

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/cloth-face-cover.html>

### **JAMA article for more information on mask exemptions and what clinicians need to consider (7/10/2020):**

<https://jamanetwork.com/channels/health-forum/fullarticle/2768376>

### **Are face shields effective? Should students be allowed to wear face shields, especially if they will not wear a mask?**

- Shields alone are not as effective as masks because there can be leaks around the sides or bottom.
- Although the CDC does not recommend use of face shields for normal everyday activities or as a substitute for masks, it is better than not wearing any face covering. If face shields are used without a mask, they should wrap around the sides of the wearer's face and extend to below the chin.

## **FAQs for Pediatricians...cont.**

- Face shields may need to be considered for students who are unable to tolerate face masks. School staff may also choose to wear them with masks for additional protection, especially in instances where their students are unable to wear a mask.

### **What are the different types of masks and what is recommended in schools?**

- Cloth masks are recommended in the school setting. Masks with multiple layers are better than those with a single layer.
- Masks with exhalation valves (cloth or N95) may be more comfortable because they decrease the humidity and fogging, but these valves allow unfiltered air out and should not be used.
- The efficacy of masks with clear panels has not been fully studied. These may need to be used by teachers with hearing-impaired students, students with disabilities, and those who rely on lip reading as a part of learning, such as students who are English Language Learners. Masks with clear panels are preferred over face shields.
- Gaiters have also not been fully studied.
- It is important to remember that the efficacy of face coverings depends on the fit, material, how it is worn (covering the mouth and nose), and comfort (so frequent adjustments are not needed).
- Masks decrease the speed and range of droplets, but there can be some degree of leakage with all masks so physical distancing is still very important.

### **Can masks increase CO2 levels?**

No, carbon dioxide will freely diffuse through the mask and there is no risk of hypoxia in healthy people wearing masks. There have been some studies showing that wearing a N95 mask for a prolonged time may cause a buildup of carbon dioxide in people with preexisting lung disease. However, a mask (either N95 or cloth), cannot trap all carbon dioxide particles - they either go through the mask or escape along the sides of the mask.

## **COVID-19 in SCHOOLS**

### **What is the definition of a close contact? What numbers will guide a school's decision to close down a classroom, school, district? How is this affected if masks are worn?**

- The definition of a "close contact" is being within 6 feet of someone else for at least 15 minutes at one time. Although masks may help an infected person from spreading the infection, it is not clear if masks offer any protection for a contact exposed to a symptomatic or asymptomatic person. Therefore, the determination of close contact should be made irrespective of whether the person with COVID-19 or the contact was wearing a mask.
- The Department of Education has provided some guidelines and daycares may differ from schools. For example, if a child or a teacher tests positive, the entire classroom needs to go home to quarantine for 14 days. As far as closing down a school, if more students are at home than at school due to illness or quarantine, the school will likely close. Entire districts closing, will likely come when a majority of the schools cannot stay open or by order of the governor, as happened in the spring of 2020.
- See DOE's Considerations for partial and total closures – p.20 (Updated August 12, 2020)  
[https://www.georgiainsights.com/uploads/1/2/2/2/122221993/covid\\_guidancegeorgia\\_schools\\_08\\_12\\_2020njin.pdf](https://www.georgiainsights.com/uploads/1/2/2/2/122221993/covid_guidancegeorgia_schools_08_12_2020njin.pdf)

# FAQs for Pediatricians...cont.

## TESTING

### How do I approach testing in children – symptomatic or asymptomatic?

#### General Testing Information:

- As of July 2020, the CDC no longer recommends a test-based strategy to determine when an individual with a COVID-19 infection is no longer infectious and may discontinue isolation. This means that two negative tests at least 24 hours apart are not required to return to school or work. There have been cases where tests can remain positive for up to 12 weeks after the initial positive test, even though they are only infectious for about 10 days.
- Remember: No COVID-19 diagnostics are FDA-approved: Only Emergency Use Authorization (EUA) Policy for Diagnostic Tests for COVID-19
- RT-PCR tests- assesses for active disease (preferred test for COVID-19 diagnosis)
- No serology tests (Antibody) have been approved by FDA for diagnostic purposes; generally reserved for assessing prevalence
- Supplies of tests increasing, but testing still limited, and in many areas, still need to be prioritized (not widespread or universal).
- Rapid tests (POC) are as specific but not as sensitive as PCRs when diagnosing a symptomatic child. However, they may prove to be very effective in screening asymptomatic children especially in the context of preventing and/or monitoring school outbreaks given that they detect "infectiousness". There are many of these tests in development, but only 4 have emergency use authorizations (EUAs) from the FDA.

List of antigen tests with FDA EUAs refer to: <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas#individual-antigen>

- For clinics/practices that use the antigen tests for symptomatic children, a negative result should prompt repeat testing with PCR (and the same would go for a negative initial PCR test if there is sufficient clinical suspicion).

CDC's guideline for Rapid Antigen Testing: <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>

#### Refer to:

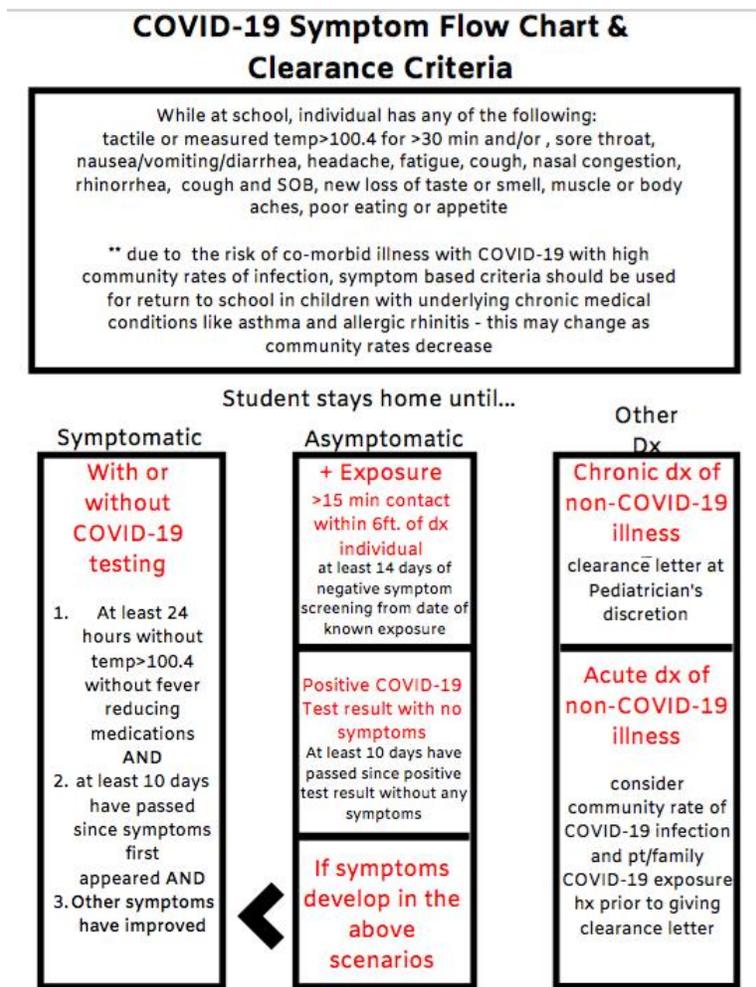
- **AAP's testing guidance (Updated 8/12/2020)**  
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-testing-guidance/>
- **CDC Testing Guidelines for Pediatric Providers (Updated 8/19/2020) – Testing and Recommendation for Isolation**  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>
- **COVID -19 Testing Info: GA DPH**  
<https://gema.georgia.gov/covid-19-testing-info>
- **CHOA – COVID-19 testing sites (CHOA and non-CHOA)**  
<https://www.choa.org/medical-services/wellness-and-preventive-care/covid19-testing>

# FAQs for Pediatricians...cont.

What should I do with a child comes to my office with URI symptoms and/or fever? Should I test every child? What are the clearance criteria to return to school?

This is a difficult decision for the Pediatrician, but not every child may need to be tested.

- For simple URI symptoms, decisions should be made depending on prevalence of COVID in the community, family risk factors, known exposure to COVID positive contacts, and school/daycare requirements. See chart below, which is based on GA DPH and DOE guidelines (July 22, 2020).
- A negative test or doctor's note should **not** be required for return to school upon completion of the 10 days of isolation with improvement of symptoms.
- Updated CDC guidelines (August 14, 2020) state that a negative test or doctor's note should **not** be required for return to school upon completion of the 10 days of isolation with improvement of symptoms. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>
- See sample clearance letter in this toolkit.



\* If an asymptomatic individual is tested while in quarantine and receives a negative result, he/she must still remain in quarantine for the entire 14 days.

## Return to School or Childcare Guidance After COVID-19 Illness or Exposure

<https://dph.georgia.gov/covid-19-materials-and-resources>

# FAQs for Pediatricians...cont.

## If a child tests positive for Strep or flu, how long would they have to be excluded from school?

If a child tests positive for strep or flu, guidelines about return to school for those diseases should apply, taking into account your local COVID prevalence rates.

## Where do I get testing kits or machines to test for COVID-19 to use in my practice?

For kits, reach out to the commercial labs directly (e.g., LabCorp, Quest) and explain your practice' situation. They may send you a small number until you regularly return swabs to them to run. You can also reach out to the DPH and CHOA for testing sites if you do not have sufficient PPE or testing supplies to do the tests yourself. Multiple office-based machines for testing are now available. Please check with your local medical supplier.

## CONTACT TRACING

### Do all schools have direct access to GA department of public health to get guidance -how will they communicate case numbers and make real time decisions?

Contact tracing is the process of identification of persons who may have come into contact with an infected person and subsequent collection of further information about these contacts. Close contact is defined as being within 6 feet of the infected person for 15 minutes or longer without a mask. The Department of Public Health is responsible for conducting contact tracing. All school districts have direct access to local public health offices and officials and are required to report cases to public health so that they can initiate protocols around notifying and tracing those at risk of contracting and spreading COVID.

#### Refer to:

CDC guidelines on contact tracing which was recently updated 8/31/2020

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html>

#### Summary of COVID-19 Specific Practices (CDC)

- Contact tracing will be conducted for [close contacts](#) (any individual within 6 feet of an infected person for at least 15 minutes) of **laboratory-confirmed or probable COVID-19 patients**.
- Remote communications for the purposes of case investigation and contact tracing should be prioritized; in-person communication may be considered only after remote options have been exhausted.
- Testing should be considered for all close contacts of **confirmed or probable COVID-19 patients**.
- Those contacts who test positive (symptomatic or asymptomatic) should be [managed as a confirmed COVID-19 case](#).
- Asymptomatic contacts testing negative should self-quarantine **for 14 days from their last exposure** (i.e., close encounter with confirmed or probable COVID-19 case)
- If testing is not available, **symptomatic** close contacts should self-isolate and be [managed as a probable COVID-19 case](#).
- **Asymptomatic** close contacts who are not tested should self-quarantine and be monitored for 14 days after their last exposure, with linkage to clinical care for those who develop symptoms.

## COVID-19 VACCINES

### What about COVID-19 vaccines?

- The New York Times' Coronavirus Vaccine Tracker gives a brief explanation of the vaccine testing process and provides a frequently updated summary of vaccines that are in trials.  
<https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>
- Detailed information about clinical trials for COVID-19 vaccines:  
<https://www.coronaviruspreventionnetwork.org>

# **FAQs for Pediatricians...cont.**

- 8/24/2020 JAMA Network Interview with Dr. Paul Offit on the latest COVID-19 vaccine developments: <https://www.youtube.com/watch?v=BY67HozpvU8&app=desktop>

## **IMMIGRANT POPULATIONS**

**What are resources for the Latino/immigrant community?** Pediatricians can help identify and mitigate the barriers to healthcare for Latino and immigrant families during the COVID-19 crisis.

- **Refer to:** Sheltering in Place in a Xenophobic Climate: COVID-19 and Children in Immigrant Families - <https://pediatrics.aappublications.org/content/146/1/e20201094>
- Hispanic, Black, low income children with the highest rates of COVID – 19. <https://www.aappublications.org/news/2020/08/05/covid19disparities080520>
- Reaching the Hispanic Community About COVID- 19 through Chronic Disease Prevention Programs [https://www.cdc.gov/pcd/issues/2020/20\\_0165.htm](https://www.cdc.gov/pcd/issues/2020/20_0165.htm)
- COVID-19 Mental Health Resources - <https://www.cvt.org/COVID-19-resources>

## **FOR FAMILIES AND SCHOOLS**

**What should I tell parents about the symptoms of COVID in children?**

- **Refer to: CDC COVID guidelines for Pediatricians** [https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html#anchor\\_1589580133375](https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html#anchor_1589580133375)

**What should I tell parents about the Multisystem Inflammatory Syndrome in Children?**

- **Refer to: Multi-System Inflammatory Syndrome in Children: MIS-C – CDC guidelines for parents,** <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html>
- **MIS-C AAP guidelines:** <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/multisystem-inflammatory-syndrome-in-children-mis-c-interim-guidance/>

**What tools can be used for screening temperatures and symptoms at home?**

- How to Screen your Child for Covid-19 Symptoms- CHOA's checklist for parents to use before school: <https://www.strong4life.com/~media/files/Strong4Life/Programs/School-Programs/back-to-school-2020/how-to-screen-your-child-for-covid-19-symptoms-checklist.pdf?la=en>
- Daily Home Screening for Students - CDC's symptom checklist: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/Daily-Home-Screening-for-Students-Checklist-ACTIVE-rev5A.pdf>

If yes to any of the above questions, then:

- [https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fwhen-its-safe.html](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fwhen-its-safe.html)

**What should I tell parents about summer activities and camps?**

- **Refer to: AAP guidance to families and pediatricians on camp attendance during COVID-19.** <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-for-families-and-pediatricians-on-camp-attendance-during-the-covid-19-pandemic/>

# **FAQs for Pediatricians...cont.**

## **How should athletes be cleared for sports participation?**

The American Academy of Pediatrics (AAP) believes that all exposures, regardless of symptoms, require a minimum 2-week resting period without exercise or competition. Those with symptoms should have at least a 2- to 4-week restriction from exercise and competition.

## **What is the Cardiac follow-up for pediatric patients with COVID-19 or MIS-C to return to play?**

- **Algorithm for sports participation clearance after COVID-19 infection includes steps to rule out myocardial injury:**  
[https://md.choa.org/~media/Physicians%20Portal/Coronavirus/COVID\\_Cardiac\\_Follow\\_up.pdf?la=en](https://md.choa.org/~media/Physicians%20Portal/Coronavirus/COVID_Cardiac_Follow_up.pdf?la=en)
- **Returning to Sports - Added testing guidelines and what to do if athlete tests positive.**  
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>.
- **Guidelines for Opening up School Athletics, NFHS**  
[https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15\\_2020-final.pdf](https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15_2020-final.pdf)

## **What is the guidance for band and chorus (6/19/2020)?**

- **Guidelines for Musical Education:**  
[https://www.nfhs.org/media/3812371/nafme\\_nfhs-guidance-for-fall-2020-review-june-19-2020-final.pdf](https://www.nfhs.org/media/3812371/nafme_nfhs-guidance-for-fall-2020-review-june-19-2020-final.pdf)
- **Guidelines for Marching Bands:**  
<https://www.nfhs.org/media/3812337/2020-nfhs-guidance-for-returning-to-high-school-marching-band-activities.pdf>

## **What should I tell parents about children with chronic diseases in school?**

- Plans should be based on individual circumstances and discussed with the pediatrician/specialists involved in daily care.
- **Refer to:** <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html#immunocompromised>
- **AAP update on the care of special needs children in the context of COVID -**  
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/caring-for-children-and-youth-with-special-health-care-needs-during-the-covid-19-pandemic/>.

## **What are some parent resources for Virtual Learning?**

- **Intel's Parents' Guide to Remote Learning:**  
<https://www.k12blueprint.com/sites/default/files/attachments/Intel%20Parents%20Guide%20to%20Remote%20Learning.pdf>
- **CHOA's 10 Tips for Navigating Virtual Learning**  
<https://www.strong4life.com/en/programs/schools/10-tips-for-navigating-virtual-learning>

# FAQs for Pediatricians...cont.

What are the resources for stress and trauma management for children and families during this pandemic?

- **Refer to: CDC's guideline for Helping Children Cope**  
<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html>
- **CHOA's guideline for coping:**  
<https://www.strong4life.com/en/news/figuring-out-your-familys-covid-19-reentry-plan>
- **Autism resources that has helpful interventions for all children and young adults**  
<https://afirm.fpg.unc.edu/sites/afirm.fpg.unc.edu/files/covid-resources/Supporting%20Individuals%20with%20Autism%20through%20Uncertain%20Times%20Article%20Only.pdf>
- **Behavioral Health Impacts after COVID-19 Shelter-at-Home Orders: What to Expect and Ways to Prepare for the Return to School (Teacher and Administrative levels).**  
<https://www.k12.wa.us/sites/default/files/public/workgroups/SMART%20Center%20Return%20to%20School%206.2.20%20final.pdf>

What are resources for helping explain the importance of social distancing and masking to family and friends who may not understand or be resistant?

- **Social Stories on topics such as social distancing and masks from Autism Resource Central:**  
<https://www.autismresourcecentral.org/social-stories-for-young-and-old-on-covid-19/>
- **Johns Hopkins School of Public Health - How to talk to family and friends who have resistant behaviors:**  
[https://www.jhsph.edu/covid-19/articles/how-can-i-ask-my-friends-to-wear-masks-talking-to-friends-family-kids-and-oworkers-about-covid-19-safety.html?utm\\_source=Public+Health+Updates&utm\\_campaign=6e72f6968a-EMAIL\\_CAMPAIGN\\_2020\\_07\\_13\\_04\\_02\\_COPY\\_01&utm\\_medium=email&utm\\_term=0\\_7b4655f81b-6e72f6968a-198303388](https://www.jhsph.edu/covid-19/articles/how-can-i-ask-my-friends-to-wear-masks-talking-to-friends-family-kids-and-oworkers-about-covid-19-safety.html?utm_source=Public+Health+Updates&utm_campaign=6e72f6968a-EMAIL_CAMPAIGN_2020_07_13_04_02_COPY_01&utm_medium=email&utm_term=0_7b4655f81b-6e72f6968a-198303388)

# **Additional Resources**

These can also be posted on social media:

**List of Georgia's school district superintendents (by county)**

<https://archives.gadoe.org/findaschool.aspx?contacts=ALL>.

**Guidelines for return to school from the American Academy of Pediatrics**

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

**Is it Safe to Send My Child to Childcare?**

<https://healthychildren.org/English/tips-tools/ask-the-pediatrician/Pages/Is-it-safe-to-send-my-child-to-child-care-during-COVID-19.aspx>

**CDC COVID guidelines for Pediatricians (Updated 8/14/2020)**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>

**Multi-System Inflammatory Syndrome in Children: MIS-C – CDC guidelines for parents**

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html>

**CDC updated guidelines for school reopening (Updated 9/1/2020)**

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

**CDC School Reopening Decision Tree**

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/decision-tool.html>

**Georgia's DOE and DPH – Path to school reopening (Updated 8/12/2020)**

[https://www.georgiainsights.com/uploads/1/2/2/2/122221993/covid\\_guidancegeorgia\\_schools\\_08\\_12\\_2020n.jn.pdf](https://www.georgiainsights.com/uploads/1/2/2/2/122221993/covid_guidancegeorgia_schools_08_12_2020n.jn.pdf)

**AAP Healthy Children – Is it OK to call the pediatrician during COVID-19 even if my child is not sick?**

<https://healthychildren.org/English/tips-tools/ask-the-pediatrician/Pages/Is-it-OK-to-call-the-pediatrician-during-COVID-19-even-if-Im-not-sure-my-child-is-sick.aspx>

**Behavioral Health Impacts after COVID-19 Shelter-at-Home Orders: What to Expect and Ways to Prepare for the Return to School (Teacher and Administrative levels)**

**An excellent resource for pediatricians on school reopening in general, with particular attention to behavioral health.**

<https://www.k12.wa.us/sites/default/files/public/workgroups/SMART%20Center%20Return%20to%20School%206.2.20%20final.pdf>

**Guidelines for Opening Up High School Athletics – National Federation of State High School Association/ Sports Medicine Advisory Committee**

[https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15\\_2020-final.pdf](https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15_2020-final.pdf)

**AAP Guidance for families and pediatricians on camp attendance during COVID-19**

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-for-families-and-pediatricians-on-camp-attendance-during-the-covid-19-pandemic/>

**CDC's guideline for Helping Children Cope**

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html>

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Georgia Chapter

**American Academy of Pediatrics**

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