

CUYAHOGA COUNTY
BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

FREQUENTLY ASKED QUESTIONS FROM LOCAL SCHOOLS

Updated August 5, 2020

This document is revised as new information becomes available

Following the review of several critical factors of public health significance, the Cuyahoga County Board of Health, under the guidance of its medical director and many disease prevention experts, offered the following recommendations to schools within its health jurisdiction on July 30:

Schools begin the 2020-21 school year operating remotely due to the elevated risk posed to students, staff and family members.

Schools should discontinue extracurricular activities and sports, as well as band and choir practice during the remote learning period.

COMPLIANCE

1. Since the Board of Health is not approving school plans, how will compliance be monitored or determined, especially for the state guidelines that indicate “to the extent possible” as the standard?

Self-assessment is the only practical way for these policies to work. CCBH can answer questions and offer guidance about public health concerns. Since you are most knowledgeable about your students, faculty and facility, it is imperative that each district designs, maintains and implements its own plan.

2. Can schools resume mass gatherings at this time?

No, the governor has upheld the mass gathering limit because of the elevated number of new cases. Groups with more than 10 persons are prohibited. This applies to schools, homes and private businesses unless the persons gathered are normally a member of

the household or facility and the gathering is part of their normal activity or a religious activity (i.e. a family of 11 people who normally reside together).

Groups of less than 10 people can convene in the school environment to provide student support services and other purposes.

3. What will it take for Cuyahoga County to move from red to orange in the state level risk advisory system?

The advisory system and weekly ratings are calculated by the Ohio Department of Health. Please refer to their website for additional information.

4. Would the rating moving from red to orange cause CCBH to lift their recommendation?

No. There are several items that were considered when we made our recommendation.

5. There is a “metric to return” to school from Franklin County. Can CCBH develop one and share the update with school leadership?

Please visit our website to review information about our recommendations:

<https://www.ccbh.net/covid-19-school-guidance/>

FACILITIES

6. Can students clean surfaces themselves, such as desks or counters, as a part of the building cleaning protocol?

Not recommended – it is a safety issue depending on age and capabilities. If the product label does not indicate a caution like “keep out of reach of children” or some other high toxicity warning, and the child is responsible, then the student may be able to help, but this is still not recommended.

7. Do drinking fountains need to be closed? What about no-touch water refill stations?

Drinking fountains should be closed. No-touch filling stations can be used but should be routinely disinfected in case users touch them.

8. Can a school gather students in the cafeteria for lunch?
Are there specific requirements for doing so?

***They are to follow the same requirements as any other dining facility.
Refer to the [Dine Safe Ohio guidance](#).***

9. Can school buildings be open for summer activities, such as registrations, providing services or evaluations for students with special needs, or summer learning during the summer? Are there any special requirements to do this beyond the recent Ohio Department of Health guidance?

Yes, as long as the number of students remains at 9 or less (adding one instructor makes 10 people) to adhere to the current mass gatherings regulation.

New school orders have not been issued. School buildings, like every other business, should follow the five basic tenets of COVID prevention:

- ***Disinfection and cleaning of high-touch surfaces***
- ***Facial coverings***
- ***Hand hygiene***
- ***Health screenings***
- ***Social distancing***

For additional guidance about the safe operation of the school from a business perspective, refer to the [Resuming Business TOOLKIT](#).

10. Would the Board of Health support individuals or small groups of students gathering in a district building for orientation, assessments, special education services, tutoring?

Yes. We understand that some students need personal contact with educators to meet their mental, physical or social needs. We ask that the classes adhere to the five basic tenants of COVID prevention and limit their size to less than 10 persons total in order to adhere to the mass gathering standards put forth by Governor DeWine.

11. Are there any specific PPE and thermometers (types or brands) that will be required of schools?

Gloves, masks, face shields, wipes, sanitizer/disinfectant, thermometers, and N95 masks for the nurse and physician. No specific brand is required. Products should be appropriate for the intended application and used according to their label instructions.

12. What guidance will be given around the use of student and staff restrooms?

Clean and disinfect often. Wear gloves and masks when cleaning.

Based on proximity of restroom fixtures, schools may need to block or restrict access due to social distancing guidelines.

Pool bathrooms within schools must follow the guidance about cleaning and other practices from the Ohio Department of Health:

<https://coronavirus.ohio.gov/static/responsible/Pool-Aquatic-Centers.pdf>

FALL SPORTS AND EXTRACURRICULAR ACTIVITIES

13. Are there any recommendations for sports and extracurricular activities?

CCBH is recommending that fall sports and extracurricular activities are delayed until the remote learning phase recommendation by this office is lifted.

For schools that decide to continue sports and extracurricular activities, we recommend that contact sports are suspended given the current levels of local transmission and the fact that we do not have any surveillance data indicating how COVID-19 will react in a school environment.

To date, we have responded to outbreaks associated with both contact and non-contact sports. Additionally, some extracurricular activities that involve singing and the use of some musical instruments may increase the risk of spread, based on the nature of the activity created by respiratory or airborne droplets.

14. Can schools continue athletic practice as outlined in Governor DeWine's sector guidelines for reopening?

Our recommendation is that these activities be postponed during the remote learning period. Please refer to the state guidance as well as that from the Ohio High School Athletic Association for additional information.

HEALTH ASSESSMENTS AND PROTOCOLS

15. Will schools be required to conduct an active health assessment of all students and staff when they arrive at school, including temperatures, or is a passive self-assessment by parents (for students) and staff acceptable?

Schools and parents or guardians should conduct daily assessments.

The options are:

- ***a protocol for parents which includes temperature-taking***
- ***a protocol whereby schools provide the health screening/temperature check***
- ***a protocol that states the family and school provide the screening/temperature check***

16. Can you provide us with a checklist for health assessments which references those who are showing symptoms, as well as the process to share with the Board of Health?

The CDC has a list of [COVID Symptoms](#) that are updated regularly. If a member of the family is experiencing COVID symptoms, they should call their primary care provider to discuss next steps.

Schools with COVID questions or concerns can call CCBH Monday-Friday from 8:30 a.m.-4:30 p.m. at 216.201.2000.

17. The state guidance notes that anyone developing symptoms should be given a face covering, removed from others in a room separate from the regular school clinic and sent home. What are the steps a school and individual should take when:

- a. Student exposed to someone who has tested positive for COVID?

The student should be quarantined for 14 days.

Consult a primary care provider.

- b. Staff member(s) exposed to someone with positive COVID test?

The staff member should be quarantined for 14 days.

Consult a primary care provider.

- c. Student has positive COVID test?

The student should be isolated for a minimum of 10 days from the date of the first symptom (or, if asymptomatic, from the date of the test) AND only return to school after 24 hours or more with no fever without the use of a fever-reducing medication AND with all symptoms improving.

- d. Staff member has positive COVID test?

The staff member should be isolated for a minimum of 10 days and may only return to school after 24 hours or more with no fever without the use of a fever-reducing medication and with all symptoms improving.

Our agency strongly recommends that each school district individually connect with their Emergency Medical Services Provider to discuss situations when 9-1-1 or an emergency transport would be warranted versus a non-emergent transport by a parent or guardian.

It is recommended to have this discussion before athletics and school begin.

18. How long should a school close due to a positive test of a student?

Considerations about closure of a school building should be assessed and determined by each individual school district.

We suggest using the following guidance in the decision-making process:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/School-Admin-K12-readiness-and-planning-tool.pdf>

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

19. Will the Board of Health order a school to be closed?

Considerations about closure of a school should be assessed and determined by each individual school district.

20. If students present mild symptoms that resolve quickly, how long will they need to be out of school?

Our recommendation is to contact the child's primary care provider.

If the school is making the decision, we recommend having the child's symptoms monitored at home for 72 hours before returning to school.

The child must be symptom-free for at least 24 hours without the use of fever-reducing medication prior to returning to school.

21. What about an employee or student that had contact with a COVID positive person and is now exhibiting symptoms?

If the student or employee is showing symptoms, then they are considered a probable positive case. They must be isolated and meet the same criteria as a COVID positive person in order to return.

****See question 17.***

22. What about an employee or student who has ongoing home contact with a parent or household member that has tested positive?

The employee or student should quarantine for 16 days if they are asymptomatic and if the positive parent or household member has not been isolated from the employee or student.

If the employee or student then develops symptoms, they should isolate to prevent the virus from spreading.

23. What about an employee or student who has COVID symptoms but no known exposure to a confirmed COVID positive person?

This person should be considered a suspected positive and should isolate for 10 days.

They should contact their primary care provider and only return after meeting the isolation criteria whether or not they have had a COVID-19 test.

People who come in close contact with this person should:

- ***Follow the school masking protocols***
- ***Monitor their symptoms carefully***
- ***Be immediately removed from school if they develop symptoms***

24. Does the quarantining of students prohibit them from participating in their usual class work from home?

No, it does not. Remote learning enables quarantined students to participate as long as they are well enough to do so.

25. Why can't a negative COVID test allow for the quarantine or isolation order to be lifted and the student or employee to return to school?

If someone is exposed to another individual with COVID-19, there is an incubation period of 2-14 days during which time the infection may develop.

A test is only indicative of a point in time, therefore a negative test does not rule out the risk of infection developing later.

Due to the characteristics of the COVID PCR (active virus) tests currently available, positive tests are generally accurate.

Unfortunately, negative tests are not as reliable for several reasons, including:

- ***Some sample collection techniques may be better than others***
- ***False negatives have been reported making reliability questionable in individuals who have symptoms consistent with COVID-19, especially when they have a known exposure to a positive case.***

26. How can we distinguish seasonal flu or cold symptoms from COVID symptoms?

Distinguishing these symptoms from one another can be challenging. This is why it is important to include the primary care provider and local public health professionals in decision-making when students present COVID symptoms.

27. Should schools use the same required vaccination timeline since the administration of vaccines for children are delayed due to telehealth appointments?

We are presently awaiting vaccination guidance from the Ohio Department of Health.

REMOTE LEARNING CRITERIA

28. Why can't school districts use the CCBH zip code maps to determine how safe it is for their individual systems to reopen?

The zip code data indicate where patients with COVID-19 live, not where they contracted the illness.

The map is not intended to indicate exposure risk at any specific geographic level.

The nature of Northeast Ohio is transient with people continuously crossing city and county borders to go to work, school, medical appointments and a host of other things that are a part of their everyday lives.

Infectious diseases don't recognize borders and readily transmit via exposures to positive people throughout our region and beyond.

29. Why did CCBH issue a recommendation instead of a mandate?

Our recommendations are meant to provide evidence-based guidance for school officials. As school districts review our recommendations and their individual plans, we recognize and respect their responsibility to make the decisions that best meet the needs of their school communities.

We understand that they may choose a different path than what we have recommended.

SOCIAL DISTANCING AND FACE COVERINGS

30. The World Health Organization (WHO) indicates social distancing as three feet rather than six feet. Can districts follow the WHO guidelines in creating social distance within the classrooms?

Whenever possible, try to achieve six feet of social distancing with face coverings for two barriers of protection.

The [World Health Organization](#) suggests that a minimum of three feet of social distancing plus a face covering should be maintained.

Options such as desk barriers that are cleanable and durable should be considered in addition to the face coverings when spacing is not achievable.

The Centers for Disease Control and Prevention and the Ohio Department of Health recommend six feet as the appropriate distance for adequate social distancing based on studies about the transmission of SARS-CoV-2, the coronavirus that causes COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>

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

<https://coronavirus.ohio.gov/static/responsible/schools/K-12-Schools-Guidance.pdf>

31. The state guidelines now require face coverings for students in grades 3-12. Are face coverings still necessary if students are socially distant, whether 3 or 6 feet apart?

Face coverings have been well documented as a barrier to reduce the risk of transmission.

Whenever possible, schools should try to utilize two barriers to the spread of COVID by both social distancing and requiring face coverings for all children and staff.

32. Why is the Board of Health allowing face shields if the CDC only recommends face masks?

Whenever possible, cloth face masks or paper surgical masks should be used because these are recommended best practices.

Some children will not tolerate these masks due to their age or their mental or physical health.

Some teachers need for their mouths to be visible to children for lip-reading or making sounds and shapes while learning to read. In this example, a see-through face mask is preferred.

If that option is not available, a face shield may be used as it will still offer more protection than having no mask at all.

The option of a face shield also applies to children who cannot tolerate a mask, as mentioned above.

Our agency recommends a face shield with a covering on the bottom for additional protection.

33. The state guidance does not indicate a maximum number of students on school buses. Does the county have a maximum number of students per seat on a bus if students are wearing face coverings?

We have not established a percentage of maximum capacity or maximum number of students per bus. We are recommending only one student per seat unless families will be seated together.

34. Would teachers still be required to wear face coverings if they are standing at the front of the room teaching and consistently socially distant from the front row of desks?

Yes. All workers in Ohio businesses are required to wear face coverings to protect their customers/students. It is also important for adults to set a good example for students.

35. For students or staff who cannot wear facemasks for medical or special needs reasons, what can we do to protect those individuals as well as the others around them?

Face shields – nose to chin covered just like a mask

Plexiglas barriers – similar to those found in banks and convenient stores

36. Is there a set form to submit for staff members that have medical documentation excluding them from wearing a face covering?

No. School districts should use the form they currently have in place for medical documentation.

37. Is there anything specific that needs to be included in a school district's face covering policy?

Include options that are based on state guidance such as cloth masks, N95 respirators, and disposable paper masks. Face shield provisions should be stated.

Clearly define where and when to wear each type of face covering.

Nurses and Environmental Services must follow OSHA guidelines as they contact body fluids as part of their routine job requirements.

38. When there is a countywide face covering protocol due to a threat level of red or higher, such as in Cuyahoga County, should the district follow its own district policy or the county mandate?

On Thursday, July 23, at 6:00 p.m., Governor DeWine established [a statewide masking requirement](#) for all individuals over age 10. Schools should follow guidance as shown in the [document issued by the Ohio Department of Education and the Ohio Department of Health](#).

SPECIAL EDUCATION AND PRESCHOOLS

39. Do you have any additional guidance or updates about state guidance for district pre-schools beyond the child care sector requirements that came from the governor?

The CDC has updated [COVID guidance for preschools and child care](#)

40. How can we assist kids with toileting and feeding and other self-care needs while maintaining social distancing?

Follow PPE guidelines.

You must be diligent with hand hygiene and surface disinfection.

Remember to always wash the child's hands as well.