



School Reopening and Local Public Health Authorities Questions & Answers

July 31, 2020

Roles & Responsibilities

1. What is the role of Local Public Health Authorities (LPHA) related to school reopening plans?

LPHAs are asked to:

- Receive plans from districts/schools. School districts are responsible to submit plans to the LPHA by August 17, 2020.
- Provide a letter to the district by August 22, 2020 stating that the LPHA has received the plan, is reviewing the plan, and is ready to work with schools to mitigate the impact of COVID-19 in the school community.
- Review Public Health components of the plan (Sections 1 through 3).
 - The review does not have to be completed prior to providing the letter to the district.

Schools are encouraged to work with Marion County Health & Human Services (MCHHS) and the Oregon Department of Education (ODE) as they develop their reopening plans. As the local public health authority, Marion County's goal is to ensure a safe learning environment for both students and staff.

2. Does the letter indicate the LPHA approves the plan?

No. LPHAs may choose to provide input on the public health components of the plan over time as science and local needs indicate that updates or changes may enhance protection of the public's health.

Operational Blueprint Plans & Guidance

3. Where can schools find school reopening guidance and tools?

ODE has a [webpage](#) focused on reopening guidance for fall 2020. This is the first place to look for guidance, tools, supports, and FAQs. In addition, the [Oregon School Nurses Association](#) provides COVID-19 resources.

4. Who is the contact at Marion County Health & Human Services that schools can include in Operational Blueprints to provide support and resources for district and school policies and plans (communicable disease management, etc.)?

The county is working to hire a nurse to fill this role. In the meantime, please use the ReadySchoolsReentry@co.marion.or.us email.

5. The guidance requires schools record and monitor students and staff being isolated or sent home and submit the log for LPHA review. What type of log meets this requirement?

The ODE website provides a link to a [contact log](#) on the [Support Tools](#) page. Additional log templates and tracking ideas can be found in the Oregon School Nurses Association [COVID-19 Toolkit](#), as well as a [Line List for Schools](#) on the Marion County website.

6. Some school districts do not currently have an outbreak response protocol and plan to follow LPHA guidance. Is there a general outbreak response plan already in place that school districts may reference?

Yes. ODE has a [Communicable Disease \(CD\) Management Plan template](#) on their website. Additionally, the Oregon School Nurses Association COVID-19 Toolkit includes [examples/templates](#) of Communicable Disease Management Plans.

Definitions

7. The guidance requires a process to report to the LPHA any cluster of any illness among staff or students. Please define “cluster.”

ODE defines a cluster of illness as any two or more people with similar illness. Please contact the MCHHS Communicable Disease team at (503) 588-5621 to determine if a cluster is present in a school.

8. The guidance requires school districts to provide all logs and information in a timely manner to the LPHA. What constitutes “timely manner.”

Provide logs to MCHHS within 24 hours by email ReadySchoolsReentry@co.marion.or.us or fax to (503) 566-2920.

9. How is “close contact” defined?

Within 6 ft. or less for greater than or equal to 15 minutes.

10. What are the primary symptoms of concern for COVID-19?

Primary symptoms of concern: cough, fever (of greater than 100.4°F) or chills, shortness of breath, or difficulty breathing. The ODE [Ready Schools, Safe Learners](#) guidance document provides additional information about symptoms and screening.

11. What is transition planning? When is this required?

All schools must prepare transition plans for effectively and efficiently shifting between instructional models. These plans must include professional learning for staff, communication for students and families, and thoughtful timelines for staff and families to adequately prepare for shifts to new models.

For schools that have in-person instruction occurring, if one or more of the following metrics are met for more than one week in a row, **planning for Comprehensive Distance Learning** should occur, including training of all staff and communication with school communities.

County Metrics:

- Case rate: ≥ 20 cases per 100,000 population in the preceding 7 days
- Test positivity: $\geq 7.5\%$ in the preceding 7 days

For schools having in-person instruction, if one or more of the following metrics are met for more than one week in a row, **Comprehensive Distance Learning should be initiated.**

County Metrics:

- Case rate: ≥ 30 cases per 100,000 population in the preceding 7 days
- Test positivity: $\geq 10\%$ in the preceding 7 days

Metrics

12. What are the metrics the state is using to decide when schools can return to in-person instruction through an on-site or hybrid model?

[Community COVID-19 Metrics](#) are found on the [ODE webpage](#) under *About the 2020-21 School Year*.

For a school to return to in-person instruction through the Oregon Department of Education's (ODE) On-site or Hybrid Instructional models, the metrics below, which consider local as well as statewide conditions, must be met:

- a. Schools must be in a county that is no longer in baseline phase to consider in-person instructional models.

The following [County Metrics](#) must be met for three weeks in a row:

- Case rate: ≤ 10 cases per 100,000 population in the preceding 7 days
- Test positivity: $\leq 5\%$ in the preceding 7 days

AND

- b. The following [State Metrics](#) must be met three weeks in a row:
 - Test positivity: $\leq 5\%$ in the preceding 7 days

Note: For a school district that draws substantial numbers of students or staff from multiple counties, the case rate and test positivity rate should be considered in each of those counties.

Exceptions

The following exceptions should be prioritized, provided that:

- COVID-19 is not actively spreading among the school community;
- The case rate in the county is < 30 cases per 100,000 population in the preceding 7 days for the past three weeks;
- The test positivity in the county is $\leq 5\%$ in the preceding 7 days for the past three weeks; and
- Schools fully comply with sections 1-3 of the Ready Schools, Safe Learners guidance.

Exceptions:

- 1) Providing in-person education for students in kindergarten through third grade. It is expected that schools will offer in-class options for students in grade K-3 to the extent possible. Younger students get the virus at lower rates, get less sick when they get COVID-19, and seem to spread the virus less than older children or adults. Younger students also need access to in-person instruction to build literacy and numeracy skills critical to their continued learning.
- 2) Remote and rural school districts with ≤ 100 total students and remote and rural private schools with ≤ 100 students.
 - a. Remote is defined as a public or private school that is located more than 8 miles from any public school that serves any of the same grade levels. This is based on the definitions used in ORS 327.077.
 - b. Rural is defined using the National Center for Education Statistics "Locale" codes. These are available through ODE.
- 3) As per ODE's Comprehensive Distance Learning guidance, providing *limited* on-site instruction to meet the needs of specific groups of students based on needed educational, relational, curricular, instructional, and/or assessment supports. This includes, but is not limited to, provisions for supporting students experiencing disability, as well as programs such as career technical education (CTE) that may require hands-on demonstration of skills and the provision of secure assessment environments.

13. Where can school districts find updated metrics for schools by county and for the state?

Districts can view [Latest Metrics from OHA](#) on the ODE webpage.

14. Given that the guidance includes: "It is expected that schools will offer in-class options for students in grade K-3 to the extent possible. Younger students get the virus at lower rates, get less sick when they get COVID-19, and seem to spread the virus less than older children or adults. These younger students need access to in-person instruction to build literacy and numeracy skills critical to their continued learning." Under what circumstances are schools permitted to offer in-person instruction for K-3?

According to ODE, to provide K-3 in-person instruction only the below metrics are required (the statewide 5% metric is **not** required):

- COVID-19 is not actively spreading among the school community;
- The case rate in the county is < 30 cases per 100,000 population in the preceding 7 days for the past three weeks;
- The test positivity in the county is $\leq 5\%$ in the preceding 7 days for the past three weeks; and
- Schools fully comply with sections 1-3 of the [Ready Schools, Safe Learners](#) guidance.

15. What are the rules for schools with 100 or fewer students?

Remote and rural school districts with ≤ 100 total students and remote and rural private schools with ≤ 100 students may return to in-person instruction through the on-site or hybrid model provided that:

- COVID-19 is not actively spreading among the school community;
- The case rate in the county is < 30 cases per 100,000 population in the preceding 7 days for the past three weeks;
- The test positivity in the county is $\leq 5\%$ in the preceding 7 days for the past three weeks; and
- Schools fully comply with sections 1-3 of the Ready Schools, Safe Learners guidance.

Remote is defined as a public or private school that is located more than 8 miles from any public school that serves any of the same grade levels. This is based on the definitions used in ORS 327.077.

Rural is defined using the National Center for Education Statistics "Locale" codes. These are available through ODE.

Reporting, Consulting & Communicating with MCHHS

16. Should school RNs notify the Local Public Health Department (LPHD) of any student or staff known to have been exposed to a person with COVID-19 within the last 14 days?

Yes. Contact the MCHHS Communicable Disease team for assistance at (503) 588-5621.

17. The guidance instructs school districts to report and consult with the LPHA if anyone who has been on campus is known to have been diagnosed with COVID-19 regarding cleaning and possible classroom or program closure. Can this communication come from the school RN to the LPHA?

Yes, a school nurse may be the point of contact and communication. Please follow the district's or school's outbreak response protocol.

18. The guidance requires when new cases are identified in the school setting, and the incidence is low, the LPHA will provide a direct report to the district nurse, or designated staff, on the diagnosed case(s). Likewise, the LPHA will impose restrictions on contacts. Can the LPHA confirm direct report to a nurse?

Yes, MCHHS can direct report to a nurse or staff designated by the school.

19. What will district nurses be able to act on and what will they need to collaborate with the LPHA on in terms of nurse authorization of students returning to school? Not all schools have school nurses, in these cases who will make these decisions?

MCHHS follows Oregon Health Authority investigative guidelines which say a person may end isolation 10 days after symptom onset and 24 hours after fever is gone without

the use of fever reducing medicine; or 10 days after the positive test if they're asymptomatic. Contacts may return back to school 14 days after exposure to a case so long as they haven't developed symptoms (e.g. cough, fever, shortness of breath, loss of taste/smell) or tested positive themselves. If in the course of their quarantine they came into contact with another case and were re-exposed then it would be 14 days from the second exposure date.

School Closures

20. If a student's parent is diagnosed with COVID-19, does that mean the student cannot attend school? If so, how long should the student be excluded from school? Should that classroom close?

If a parent has a confirmed case of COVID-19 and the child has been in close contact (within 6 ft. or less for greater than or equal to 15 minutes), then yes, the student should stay home for 14 days. The school should work with MCHHS Communicable Disease team to determine whether a closure is recommended.

21. What does a procedure for determining necessary restrictions or closures, per cohort or school look like?

Once a school has a case they should contact the MCHHS 24/7 phone at (503) 588-5621 and we will assist them in deciding what restrictions or closures should happen.

Illness and Exposure

22. What is an appropriate response to a staff member who does not have symptoms themselves, but reports contact with someone who:

- **May have COVID-like symptoms, but has not been tested; or**
- **Has COVID-like symptoms and is waiting for test results.**

Anyone with COVID-like symptoms or is a household or close contact (within 6ft. or less for greater than or equal to 15 minutes) of someone with COVID-like symptoms should consult with a health care provider about whether a test is indicated and about isolation and/or quarantine measures.

23. What is the appropriate response for a student who does not have symptoms themselves, but reports contact with someone who:

- **May have COVID-like symptoms, but has not been tested; or**
- **Has COVID-like symptoms and is waiting for test results.**

Anyone with COVID-like symptoms or is a household or close contact (within 6ft. or less for greater than or equal to 15 minutes) of someone with COVID-like symptoms should consult with a health care provider about whether a test is indicated and about isolation and/or quarantine measures.

Isolation & Quarantine

24. Is there a time frame for self-quarantine and what are the expectations of the county for quarantine?

According to OHA investigative guidelines, any confirmed or presumptive case of COVID-19 should remain under home isolation for at least 10 days after illness onset and until 24 hours after fever is gone without use of fever reducing medicine. If a confirmed case does not have symptoms they should remain in isolation for 10 days after the collection date of the positive specimen.

25. Should anyone with COVID-like symptoms automatically self-isolate or only if they have been near someone who has tested positive?

Anyone with COVID-like symptoms should consult with their health care provider about whether a test is indicated. Anyone who tests positive, or anyone who has been in close contact (within 6 ft. or less for greater than or equal to 15 minutes) with someone who tests positive, should isolate themselves.

26. Do people with a cold need to self-isolate?

No. MCHHS follows OHA guidelines and recommendations which do not indicate quarantine for a cold.

Additionally, Marion County has heard that some employers are not allowing formerly symptomatic workers to come back to work until they test negative. This is not a recommendation from Marion County or OHA. MCHHS recommends OHA's guidance:

- *A symptomatic COVID positive person is considered recovered when: At least 10 days have passed after onset of illness symptoms, 24 hours have gone by without a fever and without the use of fever reducing medicine, and all other symptoms are improving. An asymptomatic COVID positive person is considered recovered when: at least 10 days have passed since collection date of specimen.*

Lab tests tell us that the virus cannot replicate 10 days after onset of illness, making the chance of replication statistically zero.

The virus can still be detected in some individuals for weeks, sometimes months, after the illness and they would continue to test positive although they are no longer shedding the virus/contagious.

27. Can someone test out of quarantine with a negative COVID test?

No, please see above in accordance to OHA guidelines. MCHHS does not recommend that persons test negative out of isolation.

28. The Ready Schools document refers to isolation measures in Section 1i. While schools should already have isolation spaces, this is not the case in all schools. What are some options to meet this requirement?

Isolation rooms haven't been defined, but should be designated with adequate space and staff to monitor until the student goes home. The Oregon School Nurses Association provides a [Modifications for Health Room](#) document that may help districts with meeting isolation requirements.

PPE & FIT Testing

29. Are students required to wear masks at school?

Per ODE guidance, face coverings or face shields are required for all students in grades kindergarten and above along with all staff.

30. ODE is requiring those interacting with suspected sick individuals to wear N95 respirators. How can school districts meet requirements for FIT testing?

The employee's FIT test will include a medical questionnaire that is supposed to be signed by a provider. Find a doctor, PCP or NFP etc. to sign off that the employee can wear an N95.

Purchase FIT test kit, the instructions are included, and a nurse or another staff member can do the FIT test. There are some instructional videos from several companies or on the [CDC website](#).

You can also search for and select a company that will provide this service to you.

You may also purchase a machine that does the FIT testing.

Local hospitals have machines that can do FIT tests fairly quickly. You may be able to contract with a local hospital to complete FIT testing.

31. Should custodians use N95 masks?

Except as directed by ODE, it is recommended to reserve N95 masks for medical providers due to supply shortages. The [U.S. Occupational Safety and Administration](#) recommends for routine cleaning, use gloves and gowns, along with any PPE normally used for routine job tasks.

32. There is a shortage of isolation gowns. How should schools address this? Is washing gowns recommended?

The CDC provides recommended strategies for [optimizing the supply of isolation gowns](#).

Private Schools

33. What parts of the ODE guidance apply to private schools?

Only Sections 1-3 are required. Please refer to the most recent version of the [guidance document](#). Under Section 2, "Facilities and School Operations; Enrollment and Attendance do not apply to private schools."

34. Were private schools required to have a Communicable Disease Reporting plan before COVID?

No. However, they may already have an emergency or illness reporting plan that may be useful to build on.

Preschools and Childcare Centers

35. Are preschools and/or childcare centers allowed to be open at all? Are they open for essential workers?

Childcare in Oregon is closed unless operating as emergency child care. [Draft guidance for Early Care and Education Programs](#) released July 26 from the governor's office was developed by OHA and the Early Learning Division (ELD). Once finalized, the guidance will apply statewide to early care and education programs serving children from birth through age 12 in child care, preschool/pre-kindergarten, and early intervention/early childhood special education programs. The guidance is expected to be released on August 14.

Cleaning, Disinfection & Ventilation

36. Will the LPHA assist with cleaning and closure guidelines?

Guidance may be found in the [ODE guidance](#). See Section 2 entitled "Cleaning, Disinfection and Ventilation."

37. How do you clean the isolation room after use by a potential COVID-19 case?

The CDC recommends waiting at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.

To limit the risk of exposure to aerosolized particles, plan disinfection after space has been empty 4 hours; or, disinfect while wearing full PPE (medical grade mask, gloves, isolation gown).

38. Isolation rooms may need to be cleaned immediately after being used. Is this recommended?

If 24 hours is not feasible, wait as long as possible.

39. We've heard the CDC says Lysol is effective in killing COVID-19; however, there are supply chain issues in getting Lysol. Are there alternatives for safe and effective disinfection of an isolation area?

The U.S. Environmental Protection Agency (EPA) provides a list of [disinfectants for use against COVID-19](#).

40. Is there guidance about adequate ventilation?

ODE provides guidance about cleaning, disinfection, and ventilation. See [Section 2j](#) for additional information.

Compliance/Non-Compliance

41. What are the consequences that accompany noncompliance—if, for example, a room has 33 square feet per student instead of 35.

Local schools and public health should work together to mitigate the spread of COVID-19. [ODE's Operational Blueprint](#) lists, by category, all required elements and it is the schools responsibility to provide a safe place for students and staff.

42. What if my school does not submit an Operational Blueprint for Reentry?

The Governor's Executive Order 20-29 provides ongoing authority for this guidance and gives ODE the authority to intervene and/or take action when a school or district is noncompliant with the guidance.