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Frequently Asked Questions Regarding the School Setting and Preventing the Spread of COVID-19

This document is based on information considered to be current as of 8.17.2020.

Additions are in gray

1 Q: The Fulton County Schools' Common Reopening Agreement states, "Communication will be shared per Health Department protocol." What is the Health Department protocol for communication being shared?

1 A: Any communication that occurs due to a COVID-19 case among staff or students will be done in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and any other state/federal rule related to these situations. The name of the individual/staff will not be publically shared. A communication template has been developed and may be appropriate to share depending on the situation and number of exposed persons.

The case, parent/guardian and the school administration will all be contacted. The goal of this communication is to ensure isolation of symptomatic persons and identify close contacts so that they can be quarantined (without symptoms), monitored, and tested if appropriate.

2 Q. What does the Fulton County Health Department consider "exposure" to COVID 19 to be? If a member's doctor has a different standard for exposure, is that going to be a problem?

2 A. FCHD uses CDC guidance when determining exposure to a confirmed or possible case of COVID-19. If someone has been exposed to a COVID-19 case, our investigation will determine if they meet criteria that would qualify them as a close contact.

A close contact is generally defined as someone who is within 6 feet of an infectious person for 15 minutes or more. However, other factors may play a role in determining if someone is a close contact. These are factors typically identified during case investigation, and so they may be case-dependent. Examples would be sharing a kiss, using the same utensil, or having been coughed on (directly in the face).

Infectiousness is generally considered 48 hours prior to symptom onset (or for an asymptomatic case that is positive via a diagnostic test – 48 hours prior to specimen collection) through the 10th day after illness onset (this is usually longer in situations of severe/critical illness or when someone is severely immunocompromised).

A person's physician does not usually determine if they are a close contact. However, if there is a discrepancy, discussion between the physician and the local health department may be warranted.

Sample scenario:

Ms. V. teaches biology and coaches cross country. In addition she typically meets with students before school and during her conference period. She taught school on day 1, day 2 and day 3. On day 4 she is beginning to have a scratchy throat and seems to have lost her sense of taste and smell. She stays home and contacts her medical provider. She is tested and found to be positive for COVID-19. She receives her test results on day 7. Ms. V. is a positive case. A public health professional from her home county

health department will contact her. If she lives outside of Fulton County, the public health professional will coordinate with the Fulton County Health Department to conduct a case investigation. The school administration will be contacted to determine who Ms. V's close contacts were on day 2 and day 3 (48 hours prior to her first symptoms). Since Ms. V stayed home, she may have family members that also are considered close contacts. Anyone she had close contact with beginning 48 hours prior to symptoms until such time that she was able to fully isolate from others are considered close contacts.

Potential Close Contacts	Details	Close Contact?
Family members living in the same house	Ms. V lives with one adult and two youth.	All 3 are considered close contacts.
Ms. V used to share a ride with Ms. H. they decided to drive separately this school year		0
Ms. V arrives to school early and assist with hall monitoring as students arrive.	Clear markings on the floor, upon school entry and in literature communicated to students and staff reminds everyone to maintain 6 ft. distance whenever possible. Students do not visit in the hall and proceed to their first class.	Although 200 students walked past Ms. V, none were considered close contacts. No one stopped to visit for 15 minutes or more nor were within 6 ft.
Ms. V teaches 5 sections of biology.	Ms. V wears a cloth face covering and provides instruction to her students. She is conscientious of maintaining 6 ft. distance as much as possible. The nature of her class structure does not allow for 6 ft. separation at all times.	Ms. V's students have assigned seats. Based on the activities of each class she is able to determine that students in the front row of each of her classes should be considered close contacts. This is 20 students.
Ms. V packs her lunch and eats in her room. Anyone in her room at this time maintains 6 ft. separation.		0
After school Ms. V changes for Cross County practice and meets the team outside.	She wears a cloth face covering and maintains 6 ft. distance at all times during practice.	0
Total close contacts asked to quarantine:		23

3 Q. What will be the expectations for members who have tested positive for COVID 19?

3 A. The Fulton County Health Department will require all individuals who have tested positive to isolate according to CDC/ODH guidelines. Each time a case is reported to the local health department, contact is made with the case. Sometimes this may take time depending on the situation and how quickly results are received and how quickly a call is returned. During the case investigation, we will ask about illness onset and recent activities to determine where the case would have become infected. Once we have gathered all the necessary information, we will determine how long the person must

remain in isolation (home and away from others). The following is guidance from CDC and ODH that we use:

Symptomatic COVID-19 cases should be isolated through the 10th day after symptom onset, where day 0 is the first day of illness onset. Asymptomatic COVID-19 cases should be isolated through the 10th day after specimen collection, where day 0 is the date of specimen collection.

Isolation duration = illness onset + 10 days*

Discontinuation of Isolation Criteria

For most persons with mild to moderate illness, isolation can generally be discontinued 10 days after symptom onset AND resolution of fever for at least 24 hours, without the use of fever-reducing medications AND with improvement of symptoms.

*For those with severe to critical illness or who are severely immunocompromised, isolation can be discontinued 20 days after symptoms onset (or, for asymptomatic severely immunocompromised persons, 20 days after specimen collection).

4 Q. What will be the expectations for members who have been exposed to COVID 19?

4 A. Individuals determined to be close contacts of an individual who tested positive for COVID-19 will be asked to quarantine (no symptoms)/isolate (symptoms) according to CDC/ODH guidelines. Close contacts should be quarantined for 14 days from the date of their last exposure, where day 0 is the date of last known exposure.

Quarantine duration = last date of exposure + 14 days

Discontinuation of Quarantine Criteria

No symptoms are experienced, or the close contact does not test positive for SARS-CoV-2.

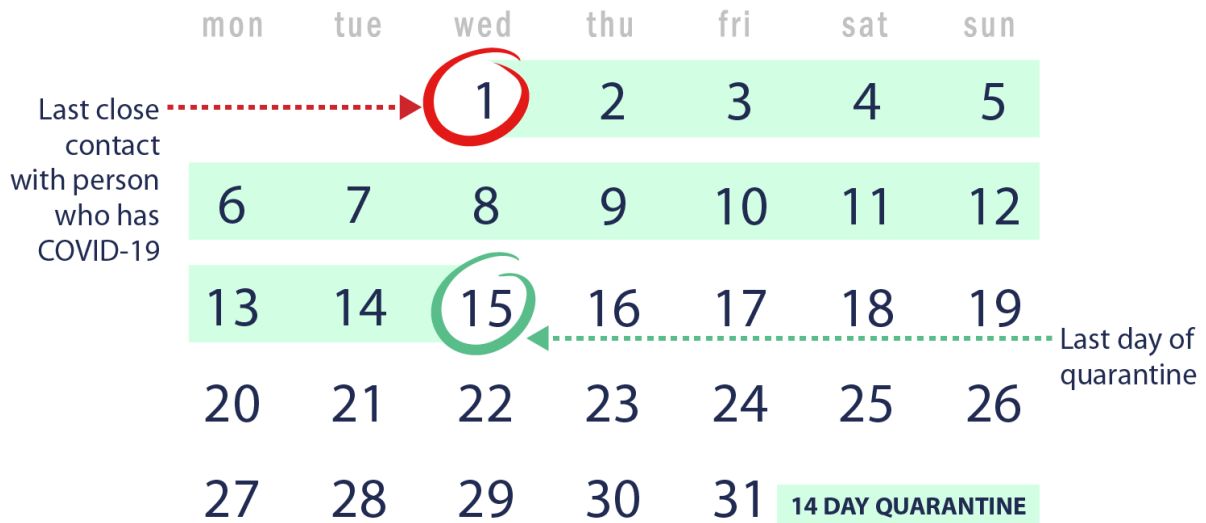
Note – Close contacts that are tested for SARS-CoV-2 and have a negative result does not exclude them from quarantine nor does it end their quarantine early. Thus it is not generally recommended, unless public health believes it may assist with contact tracing or outbreak/cluster control.

Scenario 1: Close contact with someone who has COVID-19—will not have further close contact

I had close contact with someone who has COVID-19 and will not have further contact or interactions with the person while they are sick (e.g., co-worker, neighbor, or friend).

Your last day of quarantine is 14 days from the date you had close contact.

Date of last close contact with person who has COVID-19 + 14 days= end of quarantine



Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

Scenario 2: Close contact with someone who has COVID-19—live with the person but can avoid further close contact

I live with someone who has COVID-19 (e.g., roommate, partner, family member), and that person has isolated by staying in a separate bedroom. I have had no close contact with the person since they isolated.

Your last day of quarantine is 14 days from when the person with COVID-19 began home isolation.

Date person with COVID-19 began home isolation + 14 days = end of quarantine



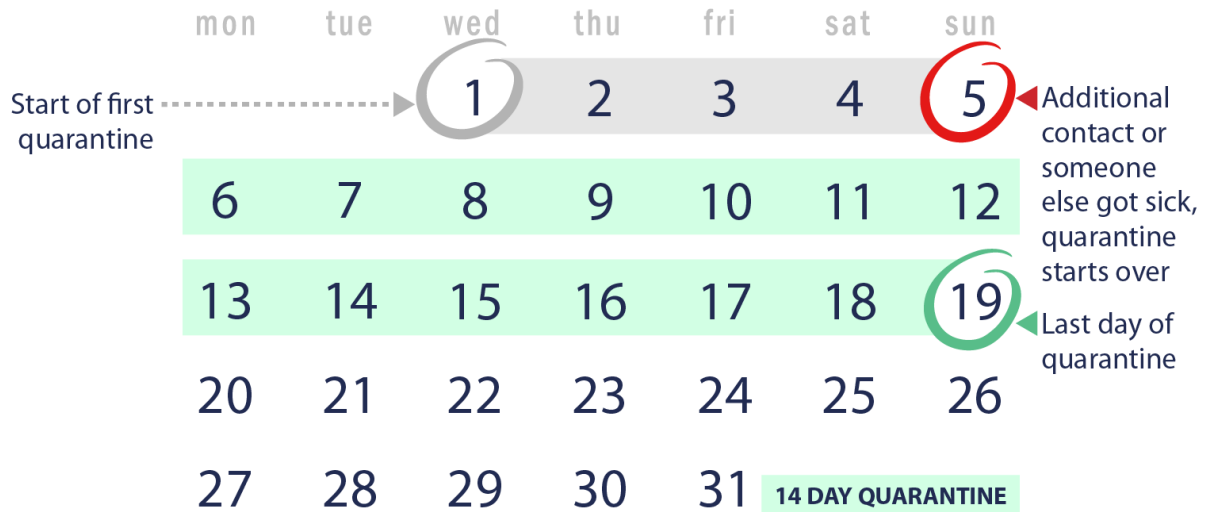
Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

Scenario 3. Under quarantine and had additional close contact with someone who has COVID-19

I live with someone who has COVID-19 and started my 14-day quarantine period because we had close contact. What if I ended up having close contact with the person who is sick during my quarantine? What if another household member gets sick with COVID-19? Do I need to restart my quarantine?

Yes. You will have to restart your quarantine from the last day you had close contact with anyone in your house who has COVID-19. **Any time a new household member gets sick with COVID-19 and you had close contact, you will need to restart your quarantine.**

Date of additional close contact with person who has COVID-19 + 14 days = end of quarantine



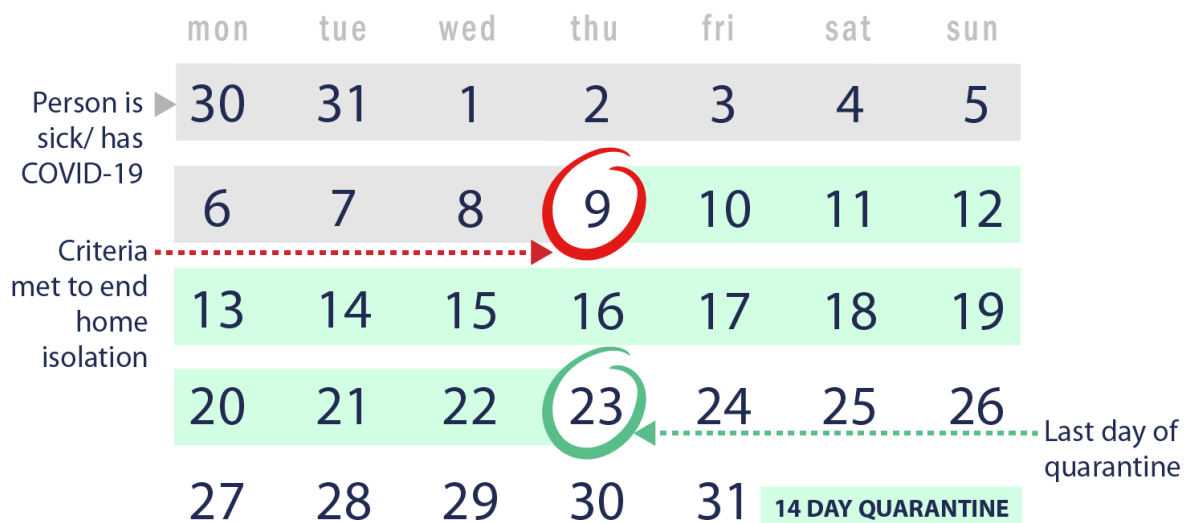
Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

Scenario 4: Live with someone who has COVID-19 and cannot avoid continued close contact

I live in a household where I cannot avoid close contact with the person who has COVID-19. I am providing direct care to the person who is sick, don't have a separate bedroom to isolate the person who is sick, or live in close quarters where I am unable to keep a physical distance of 6 feet.

You should avoid contact with others outside the home while the person is sick, and quarantine for 14 days after the person who has COVID-19 meets the [criteria to end home isolation](#).

Date the person with COVID-19 ends home isolation + 14 days = end of quarantine



Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

5 Q. Will the staff be informed when staff or students have tested positive for COVID 19 (not specifically who obviously)?

5 A. The Fulton County Health Department will notify close contacts. In scenarios where close contacts can be determined, contact will be made with each individual or their emergency contact. In scenarios where close contacts cannot be determined, a general message may be required. The Fulton County Health Department will work closely on development of messaging concerning school districts.

6 Q. What happens if the county Health Department of residence for the member (if not Fulton, likely Lucas or Wood) has a different opinion than the Fulton County Health Department?

6 A. The Health Department with jurisdiction would prevail. The health departments work closely with each other. Each consults with the Ohio Department of Health and are guided by the CDC.

7 Q. What will the Fulton County Health Department do when a staff member or student tests positive for COVID 19?

7 A. The case investigation begins with a conversation with the individual who tested positive or their emergency contact. The school administration would be contacted and determination of close contacts would be completed. Phone numbers and addresses would be obtained to enable the health department to communicate with the close contacts.

8 Q. Is there currently any quarantine requirement if a student or student athlete travels out of the state?

8 A. There is currently a travel advisory for states with a positivity rate of >15%. This advisory to quarantine is considered a recommendation and not a mandatory order. However, it is important to know that quarantine is one of the many tools we have to reduce the spread of COVID-19 within Ohio. Schools should have a system in place to accommodate students and staff who self-quarantine if returning from a state with a travel advisory. For a list of states, please see <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/families-and-individuals/covid-19-travel-advisory/covid-19-travel-advisory>.

9 Q. What is your advice on safety drills where we would be sending 100s of students into the hallway?

9 A. Modifications of the drill is recommended should the agency with oversight of the safety drills allow. Reducing the number of students who drill at any one time will allow for greater spacing between students and prevention of close contact.

10 Q. General cleaning procedures have been a hot topic. Are students allowed to disinfect a desk/chair or are teachers the only ones able to do this? If teachers, should they have PPE (beyond masks) on to clean these areas? I guess that would apply to custodians also, should they have PPE while they are sanitizing?

10 A. The recommended PPE should be that which is noted on the product label being used for cleaning and sanitizing. In addition, under the current public health order, the school staff are required to wear a face covering (mask) unless they meet one of the exemptions listed in the order. The question concerning students disinfecting areas in the classroom should be directed to school administration.

11 Q. We currently have a microwave in at least the middle and high school cafeterias, is this a concern or should we have those removed? I do not have staff available to clean the sitting areas and then disinfect the microwave throughout the entire period.

11 A. The "COVID-19 Health and Prevention Guidance for Ohio K-12 Schools" states that high touch areas must be cleaned frequently. The microwaves present a high touch surface especially if they are self-serve during the lunch period. The line-up of students waiting to use a microwave also presents

potential close contact. If a plan is in place to clean the touched microwave surfaces at least every 15 minutes during the lunch hour(s), continued use could occur. An alternate recommendation is that one designated person operate the machine. For example, designated person opens the microwave and then the student puts their food in, the designated person closes the door. The designated person presses the numbers on the microwave and then when done they open the door. The student then removes their food from the microwave. Lacking a plan, and dependent on the location and frequency of use, removal of the microwave may be needed.

12 Q. Do we treat short term encounters differently from long term? Does this affect class changes, short recesses, short times after lunch, etc.?

12 A. The school day should be structured with the goal of limiting person to person close contact as much as practical. In the event someone is positive for COVID 19 (positive case), individuals who were within 6 ft. for 15 minutes or more are more likely to have been exposed to the virus and will be requested to quarantine. Quarantine is done at home for up to 14 days dependent on the last contact with the positive case. Class changes, recess, free time, etc. need to be evaluated. These times should be structured when possible to prevent close contact (6 ft. 15 min. or more). In settings where the close contact cannot be prevented, consider limiting the number of close contacts through cohorting. For example, assigned seats at lunch limits the number of close contacts and enables identification of close contacts should a student/staff be a positive case.

13 Q. What is the temp reading **above which** a student / employee should be sent home or not come to school? I have heard 100 and 100.5.

13 A. Per CDC, *It is essential for schools to reinforce to students, parents or caregivers, and staff **the importance of students staying home when sick until at least 24 hours after they no longer have a fever (temperature of 100.4 or higher) or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine (e.g., Tylenol).** Policies that encourage and support staying home when sick will help prevent the transmission of SARS-CoV-2 (and other illnesses including flu) and help keep schools open.*

14 Q. Are the following statements medically accepted concepts?

- a. Surface contamination and fleeting encounters are less of a worry than close-up, person-to-person interactions for an extended period of time
- b. It's not common to contract Covid-19 from a contaminated surface and ... fleeting encounters with people outdoors are unlikely to spread the virus ... instead the major culprit is close-up, person-to-person interactions for extended periods

14 A. The virus that causes COVID-19 is spreading very easily and sustainably between people. Information from the ongoing COVID-19 pandemic suggests that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious. In general, **the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.**

It may be possible that a person can get COVID-19 by **touching a surface or object that has the virus on it** and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about how this virus spreads.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

15 Q. I have been seeing on the news that health experts are recommending that schools open their windows to create more air circulation. Is this something that you think might help?

15 A. Under the Administrative and engineering controls section, CDC recommends that schools increase ventilation and air flow. Ensure ventilation systems (when present) are working properly. Increase circulation of outdoor air within buildings by opening windows and doors if it is safe to do so and in consultation with an HVAC professional.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/schools.html>

Additional Resources: <https://www.who.int/news-room/q-a-detail/q-a-ventilation-and-air-conditioning-and-covid-19> and <http://www.ghin.org/heat-and-covid-19/ac-and-ventilation>

16 Q. Prior to the start of school is there any specific information that you would recommend we send out to students and staff?

16 A. CDC Checklist: Planning for In-Person Classes <https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Back-to-School-Planning-for-In-Person-Classes.pdf>

CDC Checklist: Planning for Virtual Classes <https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Back-to-School-Planning-for-Virtual-or-At-Home-Learning.pdf>