COMBATING COVID-19

COVID-19 HEALTH AND PREVENTION GUIDANCE FOR

OHIO K-12 SCHOOLS

Ohio Department of Health

Ohio Department of Education

#IN THIS TOGETHER Ohio

#RESPONSIBLE RESTART Ohio

HEALTH AND
SAFETY GUIDANCE FOR

OHIO K-12 SCHOOLS

- Vigilantly Assess for Symptoms
- Wash and Sanitize Hands to Prevent Spread
- Thoroughly Clean and Sanitize School Environment to Limit Spread on Shared Surfaces
- Practice Social Distancing
- Implement Face Coverings Policy

Health Goals

As schools start to reopen, the health and safety of students, staff, and volunteers is paramount. We are now at the highest level of community spread since the COVID-19 pandemic began. It transmits quickly and having students gather in classrooms again involves inherent risk for students and staff. While the science about COVID-19 is evolving, it will be important to remain vigilant and nimble to respond to new developments.

Continuing to keep children physically out of school could have long-term detrimental effects on academic progress, mental and emotional well-being and behavior, according to recent studies[1] and the American Academy of Pediatrics.[2]

Children rely on schools for academic and social development and in many underserved areas for basic needs including food and support for mental and emotional well-being. Additionally, the pandemic has upended the lives of all Ohioans, particularly children and parents, who rely on the structure of the school day for much needed daily routine.

According to the American Academy of Pediatrics, COVID-19 Planning Considerations: Guidance for School Re-entry, "Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits."[3]

Every adaptation to COVID-19 has been challenging. This is no different. There will be changes to how children will be transported to and from school and what the typical school day will look like. These adaptations are critically important to ensuring that children are able to return to school safely.

What does this mean for schools? This document provides a framework for districts and school leaders to reopen school buildings while also helping their students and staff reduce the risk of exposure and prevent the spread of COVID-19 in their communities. Included are guidance and best practices for:

- Assessing symptoms
- Increased sanitation
- Social distancing
- Face coverings
- Risk assessment and mitigation

Prevention strategies discussed in this guidance should be layered on one another and used at the same time. No single strategy is sufficient. Any signs of a cluster of new cases in a school or the local community should result in a re-evaluation of mitigation strategies.

[1]NWEA, Brown University and the University of Virginia, "Projecting the Potential Impacts of COVID-19 on school closures on academic achievement." https://www.edworkingpapers.com/ai20-226

[2]*New York Times*, "Why a Pediatric Group is Pushing to Reopen Schools this Fall." https://www.nytimes.com/2020/06/30/us/coronavirus-schools-reopening-guidelines-aap.html

[3]American Academy of Pediatrics, COVID-19 Planning Considerations: Guidance for School Re-entry. 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/

Background

FACT:

FACT: COVID-19 is mainly spread through contact with an infected person's respiratory droplets[4] (such as saliva or mucus from coughing, sneezing, yelling, or talking). A person can have COVID-19 and pass it even though they show no symptoms. [5,6]

FACT:

A school building presents a unique environment for the spread of COVID-19: an indoor setting with students and staff in close proximity for an extended period of time.

FACT:

Illness among people in close settings can spread rapidly among the group and then into the community.[7]

Therefore, schools, with the support of parents and communities, should take the following actions to prevent the spread of COVID-19 as they reopen.

[4] Centers for Disease Control and Prevention. Considerations for schools. May 19, 2020. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

[5] Johns Hopkins University. Asymptomatic spread makes COVID-19 tough to contain. May 12, 2020. https://hub.jhu.edu/2020/05/12/gigi-gronvall-asymptomatic-spread-covid-19-immunity-passports/

[6] Furukawa NW, Brooks JT, Sobel J. Evidence supporting transmission of severe acute respiratory syndrome coronavirus 2 while presymptomatic or asymptomatic. Emerg Infect Dis. May 4, 2020. https://doi.org/10.3201/eid2607.201595

[7] Ghinai I, Woods S, Ritger KA, et al. Community Transmission of SARS-CoV-2 at Two Family Gatherings — Chicago, Illinois, February–March 2020. MMWR Morb Mortal Wkly Rep 2020;69:446–450. DOI: http://dx.doi.org/10.15585/mmwr.mm6915e1

Multiple layers of protection

Although our understanding of COVID-19 continues to evolve, one thing that has remained constant is that using multiple layers of protection to protect against catching the virus is key.

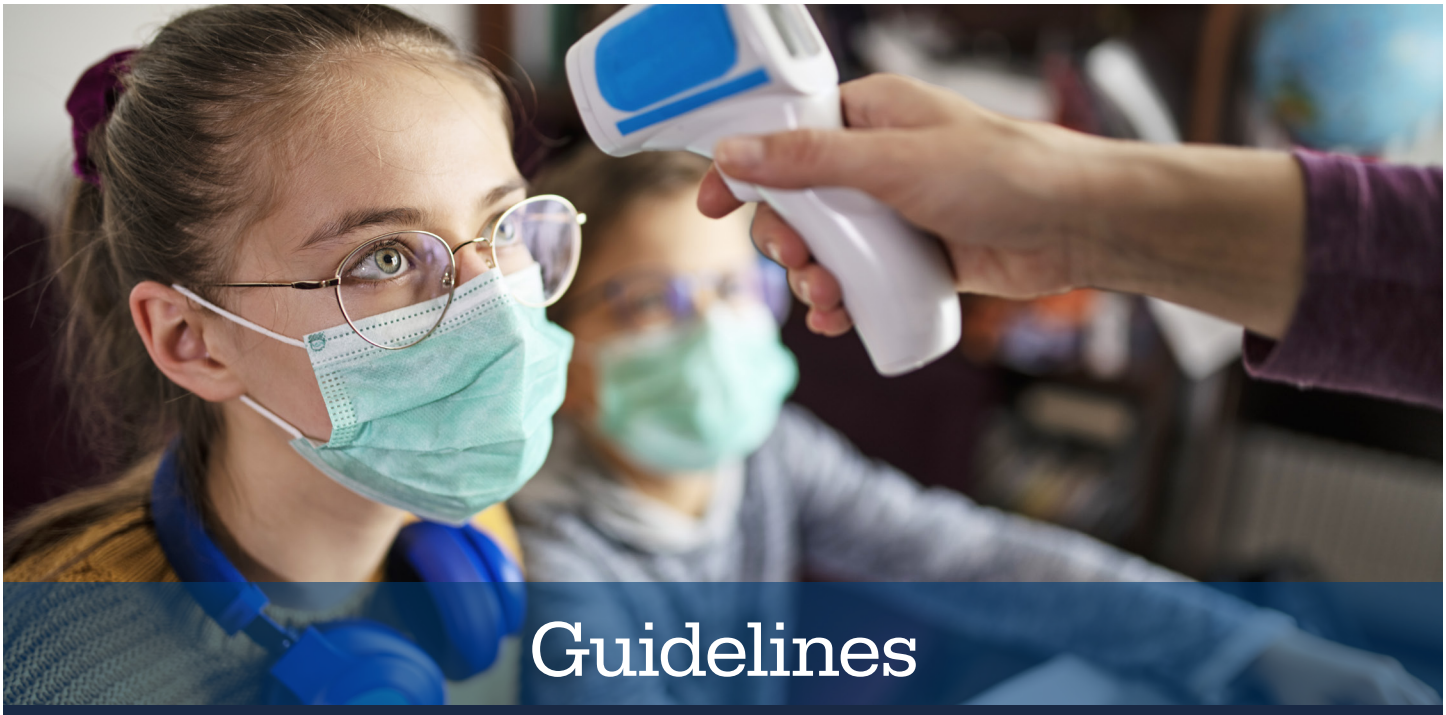
On June 27, the Lancet, a renowned medical journal, published a systematic review and meta-analysis of available medical information related the effectiveness of physical distancing, face masks and eye protection to prevent person-to-person spread of the virus.[8]

The review confirmed that these non-pharmaceutical or non-medicine-based interventions play a key role in limiting transmission of the virus:

- Physical or social distancing
- Face mask
- Eye protection
- Good hand hygiene

Alone, each of these things offer some protection. However, as they are layered together, they provide an increasingly stronger barrier of defense against the virus.[8]

[8] The Lancet. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2931142-9/fulltext?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosscience&stream=science



Guidelines

Vigilantly Assess for Symptoms

Since COVID-19 spreads so rapidly, it is essential that students (and their caregivers), staff, and volunteers conduct daily health checks **prior** to going to school which should include taking their temperature and assessing their symptoms. Anyone with symptoms (described below) or a temperature above 100°F should stay home. Schools should take temperatures of students and staff as they enter the building.

COVID-19 Symptoms

Help prevent the spread of COVID-19

You may have COVID-19 if you experience one or more of the following:

- **Fever or chills.**
- **Cough.**
- **Shortness of breath or difficulty breathing.**
- **Fatigue.**
- **Muscle or body aches.**
- **Headache.**
- **Loss of taste or smell.**
- **Sore throat.**
- **Congestion or runny nose.**
- **Nausea or vomiting.**
- **Diarrhea.**

Symptoms range from mild to severe and may appear two to 14 days after exposure to the virus.

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SITE LINKS

for more information

The Centers for Disease Control and Prevention (CDC) provides the most current information and a symptom checker for self-assessments here

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

If a student, staff, or volunteer begins to show symptoms or has a temperature above 100°F while at school, they must immediately be separated from other students, staff, or volunteers, given a face covering, and monitored by a staff member wearing appropriate personal protective equipment (PPE) and maintaining physical distance when possible. The space where an individual waits before he or she goes home should be separate from the nurse's office and other areas students are likely to visit.[9] Areas of the building that were occupied by a person exhibiting symptoms should be thoroughly sanitized.

School personnel must refer those displaying symptoms of COVID-19 to an appropriate health care professional or testing sites. Local health departments should be contacted in the case of positive or suspected COVID-19 cases in a school building. Local health professionals can help to identify potentially infected or exposed individuals and assist with appropriate notifications. Individuals who potentially have been exposed should follow quarantine and other recommendations from local public health officials and their medical provider.

Schools must monitor daily absences of students and staff for trends. Importantly, sick leave and absence policies should not penalize staff or students for staying home when symptomatic or in quarantine or isolation. Staff, volunteers, support workers, and students who have suspected or confirmed COVID-19 cannot return to school until they meet CDC criteria for return to work/school, and districts should be prepared with appropriate plans for absences. Individuals who test positive for or are suspected to have COVID-19 must experience an improvement in symptoms and isolate for a period of time before returning to school.

[9] Centers for Disease Control and Prevention. Information for health-care professionals about coronavirus (COVID-19). June 1, 2020. https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html

SITE LINKS

for more information

CDC criteria for ending isolation after COVID-19 is available here https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html

The availability and types of testing continue to evolve. Testing should be an integral part of a comprehensive strategy to battle COVID-19.

In addition to testing available through healthcare providers, the state has implemented an initiative to provide testing with no out-of-pocket costs to any individuals of any age at pop-up sites in local communities. Updated testing information and availability can be found at https://coronavirus.ohio.gov/wps/portal/gov/covid-19/resources/general-resources/get-tested-for-covid-19-infographic.

Importantly, schools must refer symptomatic staff or students to an appropriate healthcare provider or testing site.

Guidelines

Wash and Sanitize Hands to Prevent Spread

FACT:

Handwashing and other common prevention methods are some of the most effective ways to reduce the spread of infectious disease.[10,11]

Hand washing and sanitizing are important tools in preventing the spread of COVID-19 by killing the virus. **Students, staff and volunteers should practice frequent handwashing for at least 20 seconds when hands are dirty, before and after eating, and after using the restroom**. Schools must provide opportunities throughout the day for handwashing. To supplement handwashing, schools must provide hand sanitizer (60% to 95% alcohol based) in high traffic areas including entrances to buildings and classrooms and instruct students and staff to use the sanitizer. Additionally, staff, students, and volunteers should avoid touching their mouths, noses, and eyes since the virus easily enters the body through these membranes.

[10] Centers for Disease Control and Prevention. Show Me the Science - Why Wash Your Hands? Sept. 17, 2018. https://www.cdc.gov/handwashing/why-handwashing.html

[11] Centers for Disease Control and Prevention. Nonpharmaceutical Interventions (NPIs). April 27, 2020. https://www.cdc.gov/nonpharmaceutical-interventions/index.html

Staff should understand their role in influencing students and instructing them on proper prevention strategies. Incorporate signs, posters, and other methods to reinforce the important practice of frequent handwashing and sanitizing.

CDC
Centers for Disease Control and Prevention

SITE LINKS

for more information

The CDC provides education resources and lesson plans related to handwashing and infection control here https://www.cdc.gov/handwashing/training-education.html

STOP GERMS
WASH YOUR HANDS

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.

Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.

Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.

Rinse hands well under clean, running water.

Dry hands using a clean towel or air dry them.

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Guidelines

Thoroughly Clean and Sanitize School Environment to Limit Spread on Shared Surfaces

Cleaning, sanitizing, and avoiding shared materials reduces the chance that students, staff, and volunteers will come into contact with viruses on surfaces.

FACT:

COVID-19 can spread by a person touching a contaminated surface, and then touching the mouth, nose, or eyes.[12] Use of disinfectants in facilities reduces the spread of infectious disease.[13]

Schools must clean surfaces frequently, paying close attention to high touch areas and shared materials, and make sanitation wipes or disinfectants labeled for use against SARS-CoV-2 (COVID-19) available in each room and common space. The sharing of supplies and materials should be minimized and if items must be shared, sanitized between each user.

[12] Centers for Disease Control and Prevention. Considerations for schools. May 19, 2020. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

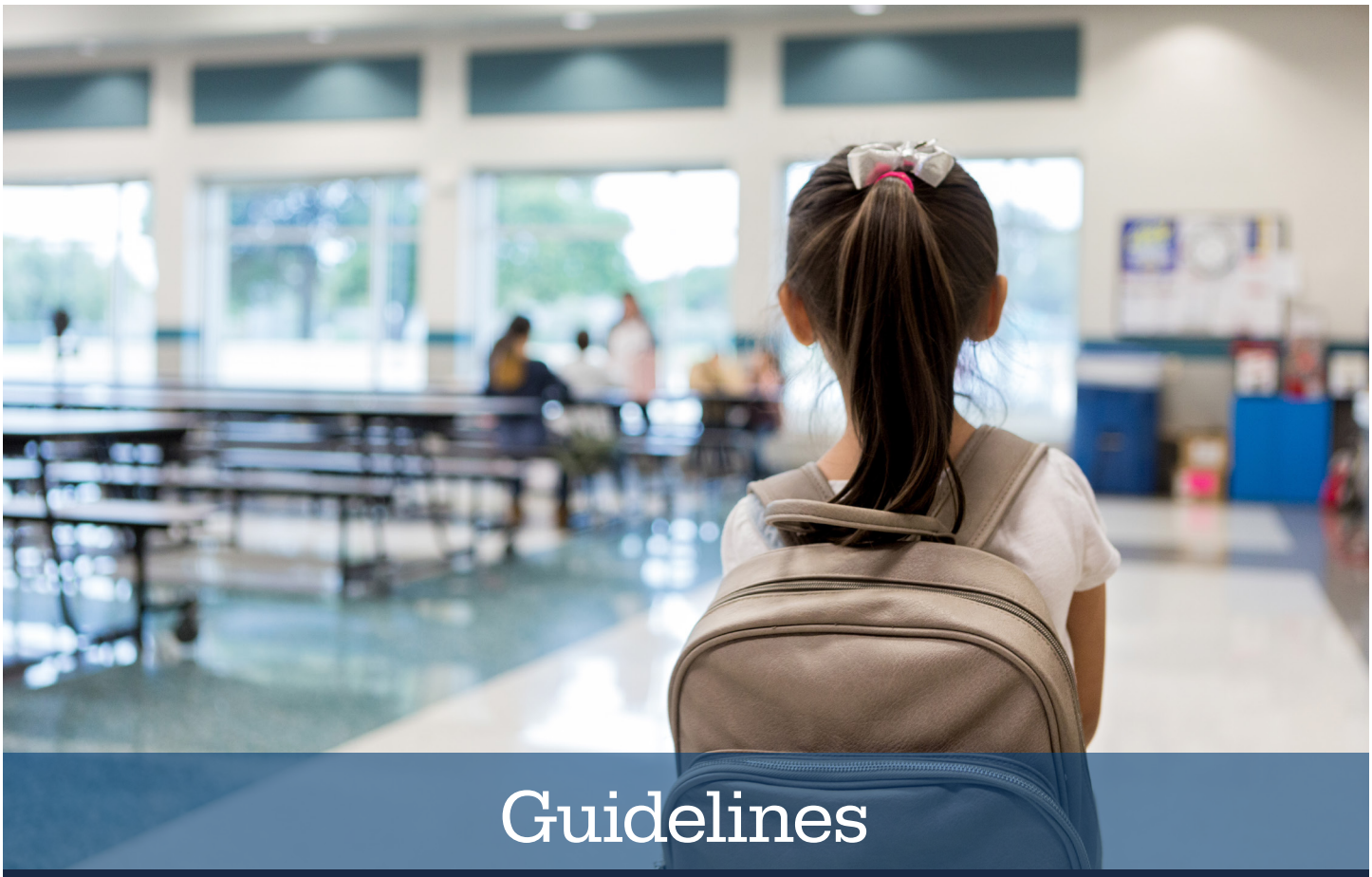
[13] https://www.ajicjournal.org/article/S0196-6553(02)48249-1/fulltext https://www.sciencedirect.com/science/article/abs/pii/S0196655302482491

CDC
Centers for Disease Control and Prevention

SITE LINKS

for more information

The Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA) have issued joint guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes. The CDC also has created additional guidance on disinfecting facilities in response to COVID-19. Schools should follow these guidelines. The EPA identifies disinfectants for use against SARS-CoV-2 https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19



Guidelines

Practice Social Distancing

Keeping a distance of six feet or more between people adds another layer of prevention against the spread of COVID-19 by minimizing the chance of coming into contact with the virus through respiratory droplets. Distancing of six feet or greater is key in preventing droplet spread when speaking loudly, singing, or playing a musical instrument, which have been connected to increased respiratory droplet spread.[14]

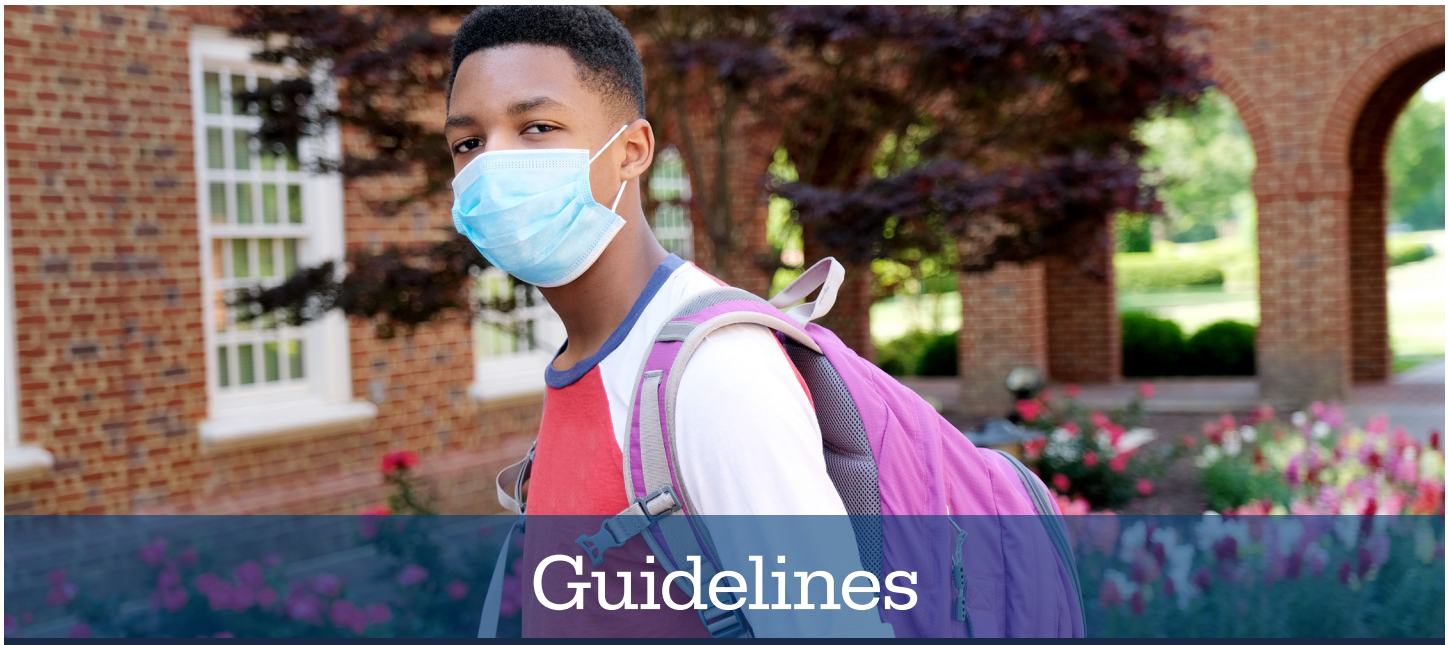
FACT:

Social distancing, with at least 6 feet between people, can reduce the spread of infectious disease.[15]

[14] Anfinrud, Philip, Stadnytskyi, Valentyn, Bax, Christina E., Bax, Adriaan. Visualizing speech-generated oral fluid droplets with laser light scattering. April 15, 2020. New England Journal of Medicine. https://www.nejm.org/doi/full/10.1056/NEJMc2007800?query=featured_home#article_citing_articles

[15] Centers for Disease Control and Prevention. Social Distancing. May 6, 2020. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

- School staff should try when possible to maintain 6-foot social distance among students, staff, and volunteers in all school environments, including classrooms, hallways, restrooms, cafeteria, playground, drop-off and pick-up locations, and school buses. Where social distancing is difficult, face coverings are even more essential.
- Reinforce distancing with visual cues such as floor markings and signs.
- Avoid using shared materials or shared spaces (lockers, cubbies, etc.) Reduce the mixing of student groups.
- Limit the number of visitors to a school and consider eliminating field trips or large group events where intermingling often occurs.
- Due to the nature of band, choir, theater, and other similar classes, 6-feet social distancing may not be adequate. Teachers and students should maintain at as much distance as possible when actively playing and performing.
- School officials should endeavor to do the best they can to keep social distancing on buses.



Guidelines

Implement Face Coverings Policy

Wearing face coverings is especially important during times of elevated community spread, particularly when social distancing is not possible.[16] School settings are especially high risk for community spread. Although children are less likely to become severely ill, they often are carriers of the virus and can spread it to school staff or family members at home, some of whom may be high-risk. Additionally, those family members can then carry the virus to others in workplace and community settings.

Face coverings are critical to preventing the spread of the virus from person-to-person.

FACT:

Use of cloth face coverings can reduce the spread of respiratory droplets that, in infected people, carry and spread COVID-19.[17,18]

[16] Masks and Coronavirus Disease (COVID-19). Journal of American Medical Association. https://jamanetwork.com/journals/jama/fullarticle/2764955. Published April 17, 2020. Accessed June 2, 2020.

[17] Valentyn Stadnytskyi, Christina E. Bax, Adriaan Bax, Philip Anfinrud. The airborne lifetime of small speech droplets and their potential importance in SARS-CoV-2 transmission. Proceedings of the National Academy of Sciences Jun 2020, 117 (22) 11875-11877; DOI: 10.1073/pnas.200687411. https://www.pnas.org/content/117/22/11875

[18] 12. Prather, Kimberly A., Wang, Chia C., Schooley, Robert T. Reducing transmission of SARS-CoV-2, Science, May 27, 2020; DOI: 10.1126/science.abc6197. https://science.sciencemag.org/content/early/2020/06/02/science.abc6197.1

School Staff

School staff must wear masks. As with other businesses, all school staff and volunteers must wear face coverings unless it is unsafe to do so or where doing so would significantly interfere with the learning process.

Exceptions include:

- Facial coverings in the school setting are prohibited by law or regulation
- Facial coverings are in violation of documented industry standards
- Facial coverings are not advisable for health reasons
- Facial coverings are in violation of the school's documented safety policies
- Facial coverings are not required when the staff works alone in an assigned work area
- There is a functional (practical) reason for a staff member or volunteer to not to wear a facial covering in the workplace.

(Schools must provide written justification to local health officials, upon request, explaining why a staff member is not required to wear a facial covering in the school. At minimum, facial coverings (masks) should be cloth/fabric and cover an individual's nose, mouth, and chin.)

School nurses or staff who care for individuals with symptoms must use appropriate personal protective equipment (PPE), provided by the school, in accordance with OSHA standards.

Students

Because of the importance of face masks in slowing the spread of COVID-19, schools must establish a face mask policy. In doing so, they should consider all the available science.

It is strongly recommended that students in 3rd grade and higher wear a face mask unless they are unable to do so for a health or developmental reason. Schools should work to reduce any social stigma for a student who, for medical or developmental reasons, cannot and should not wear a mask. It is anticipated that some schools will be comfortable in starting masks in kindergarten and some first grade, or some later. The majority opinion among experts appears to be that children kindergarten through 5th grade can wear masks as long as consideration is given for the age and developmental level of the child and the physical situation the child is in at that moment.

Face Shields

Face shields that wrap around the face and extend below the chin can be considered as an alternative where cloth face coverings would hinder the learning process. Some situations where face shields would be useful include:

- When interacting with students, such as those with disabilities, where communication could be impacted
- When interacting with English-language learners or when teaching a foreign language.
- Settings where cloth masks might present a safety hazard (i.e. science labs)
- For individuals who have difficulty wearing a cloth face covering

The Journal of the American Medical Association provides insights about practical use of face shields to prevent spread of COVID-19.

CDC
Centers for Disease Control and Prevention

SITE LINKS

for more information

The CDC offers this information about the use of cloth face coverings. Face masks should cover both the mouth and nose to maximize effectiveness. Face coverings should not be worn on children younger than 2 years of age, anyone who has trouble breathing or is unconscious, or anyone who is unable to remove the face covering without assistance. Those at higher risk for COVID-19, those over 65 years of age, individuals who live in a nursing home or long-term care facility, or who have an underlying medical condition including serious heart conditions, severe obesity, diabetes, chronic kidney disease undergoing dialysis, liver disease or are immunocompromised should especially consider wearing a mask. Additional Ohio Department of Health guidance on face coverings in general and on face coverings for children and can be found on coronavirus.ohio.gov.

Transportation Considerations

Students who are being transported to school via school buses are at increased risk for transmission by nature of being in an enclosed space for an extended period of time. Additionally, buses often transport children from multiple grade levels from different parts of the community.

It is strongly recommended that school districts require students to wear masks while being transported on school buses.[19]

[19] Centers for Disease Control, What Bus Operators Need to Know About COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html

Facial Coverings

The Centers for Disease Control and Prevention have said that COVID-19 spreads via respiratory droplets when an infected person coughs, sneezes, or talks.[20]

These droplets may pose an inhalation threat even when the person they are speaking with is at a distance and in an enclosed space.[21]

Masks provide a barrier that prevents these respiratory droplets and smaller aerosolized particles from spreading from one person to another. Not only do they protect the person who is wearing the mask by preventing the spread of that person's respiratory droplets as they speak, cough, sneeze or even sing. If both people involved in the conversation are wearing masks, it limits the particles passing between them.

Although it is impossible to conduct standard randomized, double-blinded controlled studies during a pandemic, researchers have been using other ways to conduct and analyze research. A review and meta-analysis in The Lancet published in June also concluded that masks are effective in reducing the risk of transmission of the virus.[22]

[20] Centers for Disease Control, How to Protect Yourself and Others. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html#:~:text=The%20virus%20is%20thought%20to,are%20not%20showing%20symptoms.

[21] New England Journal of Medicine, Visualizing Speech-Generated Oral Fluid Droplets with Laser Light Scattering. https://www.nejm.org/doi/full/10.1056/NEJMc2007800?query=featured_home

[22] The Lancet. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2931142-9/fulltext?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axios-science&stream=science

A Tale of Two Hairdressers

On May 21, a hairstylist at a Great Clips Salon in Springfield, Mo. tested positive for COVID-19. The next day, one of her colleagues also tested positive.[23]

Together, the hairstylists had worked on 140 people during the approximately nine days they worked while symptomatic. Free testing was offered for all of the exposed people. Of those who were tested (about 1/3), none got sick.

Why?

Personal care shops including hair and nail salons and barbershops in Missouri were the only places where masks were mandated after reopening in early May, health officials said.

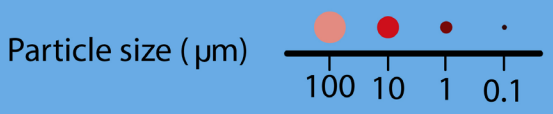
In addition to other measures including spacing out chairs and more frequent cleaning and sanitizing of spaces, health officials credit the requirement for employees and customers to wear masks. They also were able to easily find the exposed customers because they use an electronic reservation system for appointments.

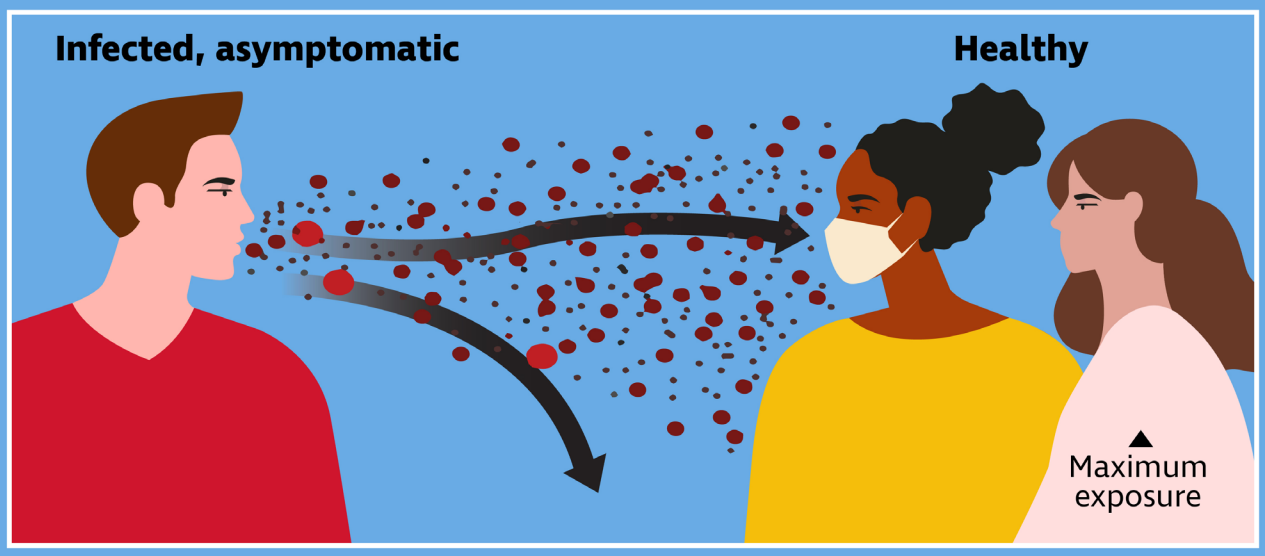
[23] Two hair stylists with the coronavirus wore masks. So did their 140 clients. Of those tested, none got sick., https://www.cleveland.com/coronavirus/2020/06/two-hair-stylists-with-the-coronavirus-wore-masks-so-did-their-140-clients-of-those-tested-none-got-sick.html

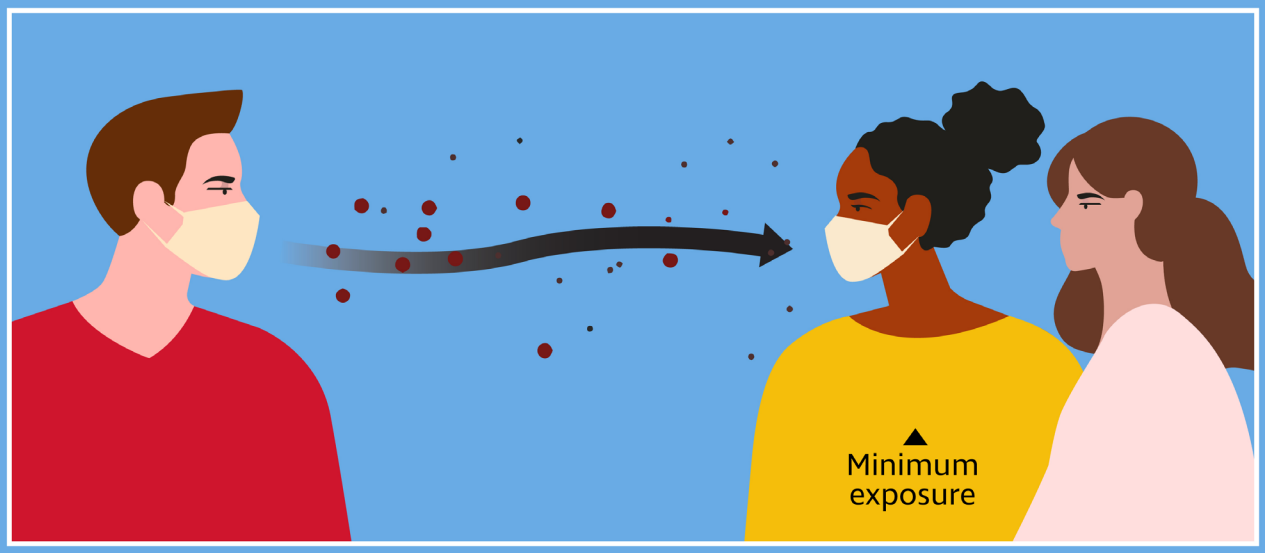
Preventing the spread of
COVID-19

Masks Reduce Airborne Transmission

Infectious aerosol particles can be released during breathing and speaking by asymptomatic infected individuals. No masking maximizes exposure, whereas comprehensive masking results in the least exposure.







Source: Reducing transmission of SARS-CoV-2, Science, May 27, 2020.

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