

CUYAHOGA COUNTY
BOARD OF HEALTH
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Updated School Recommendations

May 18, 2021

Face Masks

“As you may have seen, the Centers for Disease Control recently revised their recommendations around mask guidance for individuals who are fully vaccinated. While Ohio will be amending its health orders to comply with this new CDC guidance, in order to maintain consistency and model safe behavior for Ohio’s students, these changes do not affect the existing order requiring the use of facial coverings and other health protocols in our schools. With limited numbers of students vaccinated, it is important that we continue these safety measures through the end of the current school year.”

Governor Mike DeWine, May 17, 2021

In support of the Ohio Department of Health and Governor Mike DeWine, our agency recommends that students continue to wear masks for the remainder of the school year when in class and on the bus, and especially when within 6 feet of others. It is a best practice that can continue to reduce the potential for COVID-19 transmission, particularly among kids, who are often asymptomatic carriers.

Seated students can take mask breaks when supervised by their teachers. Students who cannot tolerate a face mask or who have severe asthma or other breathing problems can consider wearing a face shield. If neither can be worn, or if the family has a religious objection, the school should follow its existing policies.

When social distancing of 6 feet can be maintained, or when the student is eating or drinking, masks can be removed. This is also true when the student is participating in band, choir, or music classes and when at recess or in physical education class. The CDC has provided additional considerations for the use of masks in a school setting at [Coronavirus disease 2019 \(COVID-19\) Factsheet \(cdc.gov\)](#).

Quarantining Close Contacts

A close contact is defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset, or for asymptomatic patients, 2 days prior to test specimen collection.

Recent studies have identified that the risk of COVID-19 transmission in schools may be limited with strict adherence to appropriate prevention measures in this type of supervised environment. As a result, fully vaccinated students and staff possibly exposed to COVID-19 do not have to quarantine and can continue to attend in-person class and participate in sports and extra-curricular activities, unless symptoms develop.

Unvaccinated students and staff who were possibly exposed to COVID-19 while in a K-12 school may continue to attend in-person school if the following conditions are met:

- The school has documented COVID-19 prevention policies, including mask wearing, social distancing, etc.
- The exposure occurred within a classroom environment or while on a school bus
- The person with COVID-19 and any contacts were properly wearing face masks
- Social distancing was maximized in classroom and other settings
- They remain symptom-free

The CDC's gold standard for acceptable social distancing is 6 feet, but a minimum of 3 feet is acceptable based on building and classroom limitations to allow for in-person classes.

Remember that this 3 foot distance allowance is for spacing and distancing in the school only and is not a determining factor when identifying a close contact in a classroom (within 6 feet of the case for at least 15 minutes).

It is important to remember that these guidelines for unvaccinated students and staff apply only when potential exposures occurred in classroom settings.

Unvaccinated students should not attend in-person school or participate in organized sports or extra-curricular activities if their COVID-19 exposure occurred somewhere other than in the classroom.

Anyone, whether vaccinated or unvaccinated, who is a close contact possibly exposed in the classroom should self-monitor for symptoms for 14 days following the exposure.

Close contacts who continue to attend in-person K-12 school and/or participate in activities should continue to follow normal quarantine protocols when they are not in the classroom or participating in school-related activities.

They should attend classes virtually during the quarantine period.

The Ohio Department of Health has three recommended options for quarantine following possible COVID-19 exposure:

- Initiate a home quarantine for 14 days following the exposure. This quarantine period provides the lowest risk for transmission. It is preferred for people living in, working at, or routinely visiting congregate living facilities, high density workplaces, or other settings where contact with people at increased risk for severe illness from COVID-19 is possible.
- A reduced quarantine duration allows for a quarantine of 10 days from the exposure
- A reduced quarantine duration of 7 days from the exposure when the person obtains a negative viral test on day 5 or later after the last exposure. A PCR test is preferred, but a rapid antigen test is also approved for ending the quarantine after 7 days.

In all cases, the student (and their parents) should monitor for symptoms for 14 days as many students become symptomatic later in the incubation period. The school should have a quarantine policy and be consistent in its response to COVID-19 cases.

There should be no preferential treatment for athletes or those participating in other extra-curricular activities.

Sanitation Practices

High-touch surfaces have the potential for disease transmission, although probably far less frequently than originally assumed. Every effort should be made to eliminate as many of these as possible (i.e. prop doors open safely) and routine (between classes, daily, weekly, etc.) disinfection should take place depending on the frequency of use and contact. Restroom fixtures, tables and desks should be disinfected often, whereas equipment, classroom items and surfaces less frequently touched or those not contacted by others can be disinfected less often.

The disinfectant should be approved to kill COVID-19 and Norovirus. If labeled “keep away from children,” it should not be handled by kids in the classroom.

Routine handwashing with soap and water should be promoted for all students and staff. Hand sanitizing products should be used between handwashing or when in an isolated location where running water is not available.

Indoor Air Quality

Although COVID-19 is primarily spread through close contact from person-to-person, evidence now confirms that the virus can remain airborne for longer times and further distances than originally thought. Along with wearing masks, social distancing and cleaning/disinfection, the use of engineering controls including ventilation and filtration, can help reduce the risk of airborne transmission in a building or space. These include:

- Increasing outside-air ventilation. Fresh air helps combat the spread of COVID-19. Opening windows in classrooms and on the bus can help with air exchanges and reducing the concentration of airborne contaminants, including viruses.
- Increasing air filtration by filtering the air that is re-circulated through the building to remove as many aerosol particles as possible. Consider upgrading HVAC filters to MERV 13 or the highest MERV rating a building's ventilation system can accommodate. Portable air cleaners can also be placed in areas that are hard to ventilate with outside air or that have a high density or occupancy. Keeping the HVAC equipment running optimally and routinely serviced by a professional are keys to success.
- Adjusting or reconfiguring air flows, such as exhausting restrooms and kitchens directly to the outside and redirecting airflows so that they do not blow directly from person to person if possible. Fans should not be blowing directly onto and across students.