

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

**School Guidance for the 2021-2022 School Year
August 3, 2021**

BACKGROUND

The number of COVID-19 cases reported to our office has continued to dramatically rise over the last few weeks. The highly-transmissible Delta variant is surging and has become the dominant strain in the state of Ohio. This variant spreads very easily and quickly and presents an increased risk to everyone, especially those who remain unvaccinated. Now more than ever, it is critically important that anyone who is eligible to receive the COVID-19 vaccine do so.

Vaccination is by far the leading public health prevention strategy that can slow and ultimately end the current pandemic. Those who are vaccinated are at a much lower risk of symptomatic or severe infection that may require medical attention or hospitalization. Unvaccinated individuals account for an overwhelming percentage of all hospitalizations and nearly all of the deaths associated with COVID-19 infection. Vaccines are safe and effective and provide protection against variants circulating locally, statewide and nationwide.

We implore all Cuyahoga County residents ages 12 and older to get vaccinated as soon as possible. Vaccines are readily available through many providers throughout the county. We are hopeful that younger children will become eligible to receive the vaccine as the school year progresses.

RECOMMENDATIONS

While we have continued to make strides in controlling the spread of COVID-19, the virus remains a significant public health risk. As students, teachers and staff head back to class for the new school year, it is important that we do all we can to ensure they can remain in school

to benefit from in-person instruction, while still protecting those in the school setting, along with their family and community members.

Masking

Bearing in mind the guidance released by the Ohio Department of Health (ODH), the Centers for Disease Control and Prevention (CDC), and the American Academy of Pediatrics, our agency recommends that all teachers, staff, students and visitors wear masks when indoors in a school setting, regardless of vaccination status. It is a best practice that can continue to reduce the potential for COVID-19 transmission and other respiratory infections. Exceptions should be made for those who cannot wear a mask because of a developmental delay or disability and for those who have severe asthma or other breathing problems. Some of these students may be able to wear a face shield instead of a face mask. If neither can be worn, the school should follow its existing policies. The CDC also continues to require that masks be worn on all public transportation, including school buses, regardless of vaccination status.

Distancing

Since the majority of students in the school setting are currently unvaccinated, or are not eligible to be vaccinated at this time because they are under the age of 12, schools should implement physical distancing to the greatest extent possible. The CDC recommends that schools maintain a distance of 3 feet between students.

Other Methods of Prevention

To help keep kids in the classroom, schools should layer as many of the established prevention strategies as possible. These include, mask wearing, grouping students into smaller learning pods, handwashing and sanitizing, proper cough and sneeze etiquette, improved building ventilation, screening/testing and staying home when ill.

REPORTING, ISOLATION AND QUARANTINE

Reporting

Schools are required to continue to report new cases of COVID-19 to their local health department and should identify close contacts as soon as possible to help minimize the potential for transmission to others, especially the unvaccinated. Schools should submit a line list within 24 hours (or by the next business day for weekends and holidays) for any report of a new COVID-19 case to schools@ccbh.net. Please see visit <https://www.ccbh.net/covid-19-school-reporting-process/> for additional info about our school reporting process and access to our updated 'school contact tracing line list template'.

Schools will also continue to receive a new survey link each week on Friday at 12:00 pm from schools@ccbh.net. Survey responses will remain due by 12:00 pm the following Monday. The previous week's survey link will expire and will not work. Since the link you receive is personalized for you, your contact information will be automatically populated in the survey. However, if you wish to add a new contact person to receive the survey, you may forward them the link and have them fill out their contact information so they can be added to the directory. If you are no longer responsible for the COVID-19 school reporting, you may opt out to be removed from the directory.

As a reminder, please only report the following cases to CCBH:

- From schools in Cuyahoga County and outside of the city of Cleveland
- Involving students or staff that have spent time on-site including in class or in extracurricular activities.
- That are not involving students or staff members that are completely remote or virtual.

Isolation

Anyone confirmed as having been infected with COVID-19 must isolate until they meet all of the following criteria:

- At least 10 days have passed since the onset of symptoms or 10 days since the test date if they had no symptoms
- Any COVID-19 related symptoms have improved

- They have been fever-free for at least 24 hours without taking fever-reducing medication, like Tylenol or Motrin.

Quarantine

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. These contacts should quarantine in a manner consistent with one of the following options approved by the Ohio Department of Health:

- Initiate a home quarantine for 14 days following the exposure. This quarantine period provides the lowest risk for transmission. It is the preferred course of action 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 date of exposure. This may be an option for those who do not work, live or frequent the settings listed above.
- A reduced quarantine duration of 7 days from the date of 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 negative rapid antigen test is also approved for ending the quarantine after 7 days.

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

Since the implementation of the layered prevention strategies mentioned earlier has proven to be effective in the K-12 school environment as documented during studies and pilot evaluations, Ohio modified its standard quarantine procedures. These changes are intended to

allow unvaccinated students who have been exposed to COVID-19 in a school setting (classroom, bus, etc.) to continue to attend school and participate in sports and extra-curricular activities if:

- the infected person and the contact were both wearing masks consistently and correctly
- all the aforementioned prevention strategies were in place
- they remain symptom-free

Per current CDC guidance, fully-vaccinated students do not have to quarantine. Unvaccinated students who are under quarantine 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 school setting. Anyone, whether vaccinated or unvaccinated, who is a close contact of a case should self-monitor for symptoms for 14 days following the exposure.

These recommendations are subject to change based on CDC or ODH guidance or changes in the level of community transmission.