COUNTY OF BUCKS

DEPARTMENT OF HEALTH

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6/30/20

FREQUENTLY ASKED QUESTIONS BUCKS COUNTY HEALTH DEPARTMENT SCHOOL REOPENING GUIDANCE

1) If there is a confirmed positive case in a student or staff member, do we have to shut down the classroom and/or the school?

No, that is absolutely not our recommendation. The preponderance of current evidence continues to suggest that children are less likely to be infected, less likely to have severe symptoms, and are at lower risk of spreading the disease to others. This has also been the situation so far in Bucks County case investigations. As COVID-19 will likely be with us for an extended period of time, and given that all school districts will almost certainly have cases, we want school districts to begin treating it similarly to the way we have successfully handled other communicable diseases in our schools, including pertussis (whooping cough), measles, strep throat, mumps, influenza, and meningitis. It is our strong intention to keep all classrooms, schools, and districts open, in the event of confirmed cases of COVID-19. One closure decision can lead to a potentially crippling, and precedent setting, domino effect of closures throughout the school district, and in other districts. We will work in conjunction with the principal and/or the superintendent on next steps for efforts to continue school/classroom activities without sending all contacts home. Depending on the situation, this may involve simply conducting enhanced surveillance for signs and symptoms and increasing sanitation and hygiene in the affected areas. Multiple cases may involve modifications to social distancing or mask usage.

2) If a student or staff member is confirmed positive, what are the steps to follow?

The Bucks County Health Department should be notified immediately, if we were not already aware. As part of all COVID-19 case investigations, information will be quickly obtained from the student or staff member as to their close contacts since the onset of their symptoms. The actual nature of the contacts will be explored in detail, and multiple variables (i.e. was the case actually symptomatic during school or did the case only develop illness at home) will be considered. We expect the school districts will provide information to assist our contact tracing efforts as much as possible. Once the information has been gathered, students and staff considered close contacts to the case (if any) will be notified of their exposure, using as little identifying information about the case as possible. Any mitigation steps will then be evaluated by the school and the health department as explained in question #1.

3) What happens if a student or teacher becomes symptomatic during school hours?

First, the student or teacher should leave the classroom immediately, put on a mask, and report to the nurse's office. The nurse should fully assess the student/teacher, including a temperature check and questions about any pre-existing conditions that may explain the symptoms. As the situation warrants, the nurse should contact a parent/guardian to arrange for transportation off-site. Staff and students with elevated temperatures should likely leave the building regardless of cause. The student or teacher's desk area should be sanitized prior to further usage. The student or teacher would then need to either get a COVID-19 test or medical clearance to

return to school. The school should continue to operate as normally as possible until additional information becomes available on the student or teacher's status. There are many common reasons other than COVID-19 that could explain someone not feeling well at any particular time. Notifications would not be warranted in the absence of further details.

4) What if my child has allergies or another chronic medical condition that often cause some of these same symptoms?

Parents should communicate ahead of time (if possible) with the school nurse and alert them to these conditions, so that a plan is in place in the event symptoms develop during school. For example, in order to differentiate between asthma and COVID-19 related shortness of breath, when a student uses his/her inhaler, the symptoms should improve as expected. Or a student with chronic allergies having a mild cough and runny nose whose symptoms may be explained through clear improvement with an anti-histamine.

5) Why aren't temperature readings required for all students upon entry to school?

The majority of Bucks County COVID-19 cases either never had a fever at all, or did not develop a fever until after having other symptoms for several days. A negative temperature reading can lead to a false sense of security, as well as long lines/crowds outside of the school. The most important aspect of recognizing illness comes from thorough symptom screening.

6) If parents are required to perform a symptom screen on their children prior to putting them on a bus or bringing them to school, what specifically should they be looking for?

The most common signs and symptoms include the following: fever greater than 100.3 degrees, cough, shortness of breath, headaches, body aches, fatigue, loss/altered sense of taste or smell, diarrhea, and runny nose/congestion. As an additional safety check, the first teacher (e.g. first period, home room, classroom teacher) that comes in contact with students each day will remind them of the signs and symptoms of COVID-19, with a prompt to go to the nurse immediately if feeling symptomatic.

7) How can we manage social distancing with our low incidence groups who will not understand or cannot comply due to safety and personal care concerns?

Schools should attempt to place individuals with low incidence disabilities in smaller, more personalized classrooms, with additional support staff as possible. Prior to school restarting, schools should communicate with parents/guardians to address any outstanding concerns. Effective virtual therapy services should be used as much as feasible.

8) Why are masks required for children on buses, but not in classrooms?

Masks will be optional while present in school. Extended daylong usage of masks by most children is unrealistic, causing discomfort, distraction, and/or mishandling. Students will touch their face more frequently and can easily contaminate and/or render the mask ineffective, and in the worst case, possibly spread disease. Additionally, some students, for various medical reasons, are unable to wear them. Masks also make it difficult to speak or ask questions in a classroom setting. Mask-use is more appropriate on a school bus, a less-controlled setting where social distancing is more difficult to maintain. However, in this situation, the duration of mask usage is only for a brief, defined period of time, increasing the likelihood of successful usage.

9) Why is a three foot minimum, instead of six, acceptable in the classroom?

Classroom configurations will be altered for maximal social distancing, with as close to six feet as feasible. However, in order to meet the needs of students, this may be less than six feet in many situations. SARS-CoV-2 is spread most commonly through large respiratory droplets when someone coughs or

sneezes. A minimum three-foot distance is clearly associated with significant reductions in infection via respiratory droplets, as most droplets do not travel more than 3 feet due to gravity. This is the current standard used by the World Health Organization (WHO) successfully in many countries throughout the world today.

10) What is the protocol for a student or staff member to return to school after being sent home with symptoms?

The student or staff member should remain home until either a negative COVID-19 test is completed, or other medical clearance to return is received.

11) What is the protocol for a student or staff member to return to school after testing positive?

After a positive test, with clearance from the Health Department or the student/staff member's physician, a symptomatic student or staff member can return 10 days from symptom onset (inclusive of 72 hours without fever), without any additional testing required. If an asymptomatic student or staff member tests positive, the health department will fully investigate the case and determine the return criteria.

12) What if a household contact of a student or staff member tests positive?

If a household family member of a student or staff member tests positive, the health department would then decide based on the exposure and case investigation information gathered as to how long, or even if, that student or staff member should be kept out of school under quarantine.

13) What about a student athlete or coach at practice who develops symptoms?

First, the student or coach should leave the field of play/practice immediately, and put on a mask. Students should contact a parent/guardian to arrange for transportation off-site. Any common equipment touched by the student or coach should be sanitized prior to further usage. The student or coach would then need to either get a COVID-19 test or medical clearance to return to school/practice. The other players on the team should continue to practice normally, as feasible, until additional information becomes available on the student or coach's status. There are many common reasons other than COVID-19 that could explain someone not feeling well at any particular time, and it is not practical to halt the team activities every time a player or coach feels unwell. Notifications, in most situations, will not be warranted in the absence of further details.

14) What if a student athlete or coach is confirmed as positive?

Following the same steps in question #2, we will work in conjunction with the athletic director, the principal, and/or the Superintendent on next steps for efforts to continue carry on with team activities. Again, depending on the details, team activities may likely be able to continue with additional precautions/modifications in place. As in question #1, careful thought must be given to the long-term and precedent setting decision to suspend athletic events from a case of COVID.

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