

FAQs regarding Health Department's Monitoring of Return to School

What data is being used to determine if it is safe to return to the classroom?

The most commonly used metric that has been cited to determine whether to start school in person or not has been the positivity rate. This has some benefits in that it not only can help us gauge if cases are climbing, but if testing availability is adequate. Changes in testing availability and clusters of cases in nursing homes can skew the rate. Porter County's positivity rate has been in the 7-8 % range since testing became widely available in mid-June 2020. Because the Porter County Health Department has the staffing to conduct much of our own contact tracing, we are able to look more closely into clusters of cases to determine if they affect the schools.

We are also monitoring the daily new case numbers for youth. Our numbers climbed in these age groups during the month of July, mostly associated with holiday celebrations, travel, sports and social events. Many, but not all, of those cases involved recent graduates who will not be in the local school system this fall. Our daily number of new cases among youth is starting to fall as mask wearing is becoming more commonplace and both youth and parents are changing behavior in response to the impact of gatherings without social distancing.

A color coded system for schools has been recommended by the Indiana State Department of Health. The Porter County Health Department has determined positivity rate values for the color coded system as follows:

Porter County Positivity Rate (rolling 7 day average)	Level	School Setting
0-5 %	Green	In person with safety modifications
6-12 %	Yellow	In person or hybrid with safety modifications
13 % and higher	Red	Remote Learning

The school districts have defined the modifications for safety at each level according to CDC and State guidance. School districts are able to adjust the school to a stricter setting as they feel their school risk dictates.

What data will be monitored once school starts to determine if it continues to be safe?

In addition to the above metrics, the Health Department will be receiving additional data about specific school cases directly from the Indiana State Department of Health (ISDH). This will allow for rapid response in contact tracing and will allow us the Health Department to follow

individual schools to most quickly recognize clusters of cases that may be due to an outbreak at school vs community acquired cases. As opposed to community acquired cases, school outbreaks will necessitate closure for disinfecting and quarantine.

How is a school outbreak defined?

A school outbreak occurs when the number or percentage of cases within a school cannot be traced back to outside events or 1-2 infected families. This makes it more likely that transmission is happening within the classroom or school and cannot be contained without disinfecting and quarantine. Unless it can be determined that the outbreak is contained to one area or cohort within the school, it will be recommended that the school go to remote learning for 2 weeks.

Outbreaks will be defined as follows:

Population of School	< 400 students	> 400
Number of Cases	4 or more current cases	1 % or greater of current cases within the school

What is the difference between the positivity rate and the incidence of COVID 19?

The positivity rate is the number of individuals with positive tests divided by the number of individuals tested. The incidence is the number of individuals with positive tests divided by the population. Since not every resident in Porter County gets a test, the incidence rate is going to be significantly lower than the positivity rate. If testing is truly available to all who believe they need it, the two values should parallel each other. If testing becomes scarce and is reserved to only those with severe symptoms or who are at high risk, the positivity rate will climb in relation to the incidence.

How will positive cases of COVID19 in the schools be addressed by the Health Department?

The Health Department will use a contact tracing method of addressing community acquired cases of COVID19 in the schools. The school will assist in identifying students and staff who have been in close contact (closer than 6 feet for longer than 15 consecutive minutes). This may come from seating charts in classrooms and bus schedules and athletic departments. Additional information will come from the positive student, such as lunchroom contacts and extracurricular interactions. School leadership may choose to close a classroom if the number of infected and quarantined students is such that a large portion of the class is out of the building for 2 weeks of quarantine.

How long will students or staff need to be out of the classroom if positive or a close contact of a positive case?

Positive COVID students and staff need to stay home in isolation for 10 days from either their symptom onset (symptomatic) or the date of their test (if asymptomatic).

Students and staff may return to school after the 10 days if symptoms have mostly resolved (loss of taste and smell can last longer) and fever has been gone for at least 24 hours.

Close contacts will need to stay home in quarantine to monitor for symptoms for 14 days. If at the end of the 14 days they are still asymptomatic, they may return to class. If symptoms develop in that time, they will need to be tested, and if positive will restart as a positive case.

How does quarantine affect siblings of positive cases and close contacts?

Siblings of positive cases are almost always considered close contacts and would need to quarantine for 14 days at home.

Siblings of close contacts in quarantine are not considered close contacts and may continue in class schooling unless the quarantined sibling develops symptoms and gets tested. Then the sibling would need to stay home until it is determined if the quarantined student is a positive case.

How are school leaders in communication with the Health Department?

School superintendents and school nurses all have after hours contact information for either the public health nurses or the health officer and we have been regularly communicating by phone, email and in person.

How can teachers decrease their personal risk in the classroom?

Most risk of transmission occurs when people are within 6 feet for over 15 minutes, especially if unmasked. If possible, do most of your teaching from an area of the classroom that is 6 feet away from most of the students. You may choose to use a speaker to amplify your voice so you do not need to speak above conversational volumes, especially if your classroom is large. Wear a mask whenever possible, and consider wearing a face shield if you are unable to wear a mask, for example around students who need to see your lips or expressions to understand. If you are moving about the classroom helping individual students with their work, limit your time with any one student if possible. Masks should be worn by both students and teachers when one on one instruction is happening. There is concern of risk in crowded conditions, for instance during passing periods or upon student entry into school, but if these interactions are kept short, and masks are worn, the risk decreases. If you are at higher risk of complications from COVID19, consider asking your leadership if you may be excused from duties in common crowded areas like hallways or lunchrooms.