

**Board Member Questions and Responses  
October 22, 2020 – Reopening Plan Work Session**

**Questions for the Howard County Health Department**

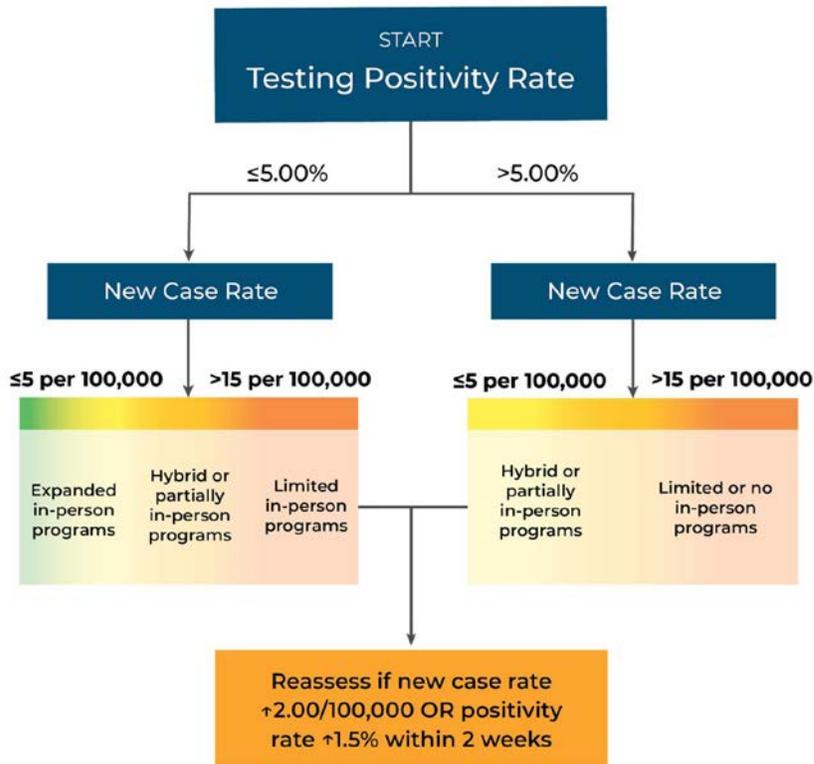
**1. What is the health department's recommendation matrix on whether the school system can open in small group (with mask, 6-foot distancing)? For example:**

**A) if the county sees no less than X1 number of new coronavirus cases in a week, the school can open with precaution.**

**B) if the county sees no less than X2 new cases in a month, the whole school system can return to normal. (I know this is still high in the sky, but providing matrix like this will help both the school and the community)**

School systems and nonpublic schools in Maryland are encouraged to open for in-person learning where it is safe to do so. These schools are expected to follow applicable guidelines from the Maryland Department of Health, local health department, and the CDC for safe reopening of in-person instruction. Each local school system and nonpublic school, in consultation with the local health department, should review the school reopening metrics to make reopening decisions and to adjust in-person educational offerings, as necessary, when the metrics indicate an increased level of risk. Below are the metrics recommended for reopening schools in Maryland and methodology for reassessing given certain parameters. As of October 18, 2020, HC metrics indicate schools can reopen for in person instruction assuming recommended mitigation strategies are deployed.

It is critical that each school and school system develop a plan for reopening. The plan should address COVID-19 mitigation policy and processes. The plan should, at a minimum, address policy and procedures as recommended by the Maryland Department of Health, local health department, and the CDC. HCHD is working with all schools to review their plans and provide technical assistance when needed. HCHD has provided resources and a template for a plan to HCPSS. We are awaiting the draft of the plan that addresses the mitigation policy and processes. The success of reopening will be dependent upon the scope and variety of strategies, discipline for enforcing the strategies, and flexibility to adjust when needed.



**10/20/2020**  
 Howard County Positivity Rate  
 (7-day average)  
**2.5%**  
 Howard County New Case Rate  
 (7-day average)  
**6.4%**

**2. How does the county's trace tracking work and inform parents? Right now, there are sporadic cases in our workforce. However, we are not informing the community at all. I believe it is important to keep the community informed to suppress rumor and panic. At the same time, informing the community will help to keep us vigilant to get through this period. What is your suggestion for school?**

The Maryland Department of Health, (MDH) and Howard County Health Department (HCHD) work together to perform case investigation and contact tracing on all Howard County residents who test positive and whose results are reported to MDH/HCHD. All cases are required to isolate, and all close contacts required to quarantine for the required amount of time. All personal health information is protected by law from sharing publicly unless there is a public reason to share information beyond the individual (need to know). Aggregate information regarding county level data is updated daily/weekly and provided on the County's and State's COVID dashboard. The question of whether LHD's can share aggregate data regarding school cases is being researched by MDH's Assistant Attorney General.

**3. Do we need to ask a student to have a test before attending school (every week)? What is your recommendation to minimize the risk?**

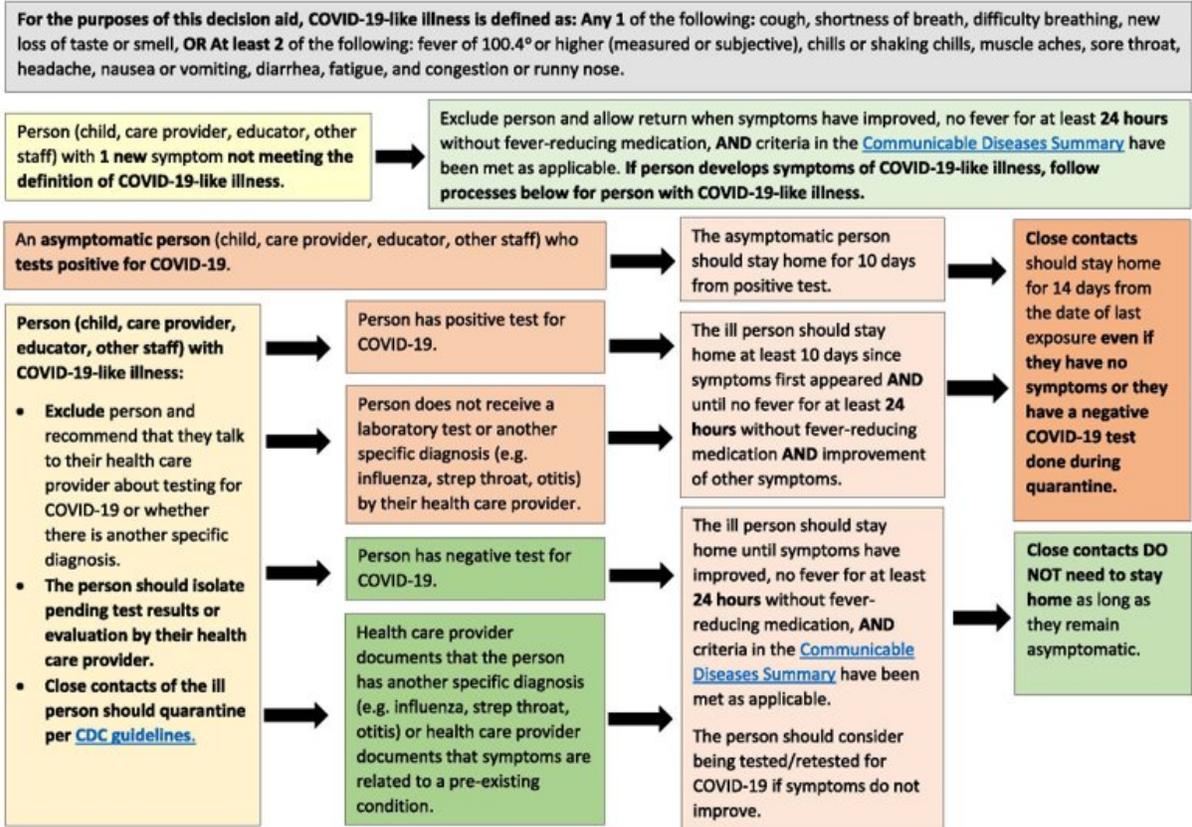
It is important that persons with signs or symptoms of COVID-19 and asymptomatic individuals with recent known or suspected exposure to someone with COVID-19 be tested. Universal

testing refers to testing all students and staff in school settings for SARS-CoV-2, regardless of whether they have symptoms or have a known exposure to someone with COVID-19. CDC does not recommend universal testing of all students and staff as a prerequisite to school attendance. Viral testing only provides COVID-19 status for individuals at the time of testing. One-time or universal entry testing could miss COVID-19 cases in the early stages of infection, and it could miss exposures that happen after testing. A negative test at the beginning of the school year does not mean that a student or staff member will not become infected at a later time. While universal testing at the start of the school year is not recommended, schools may consider school COVID-19 testing as part of a systematic COVID-19 response in accordance with CDC guidance. As science around testing and the pandemic evolves, recommendations may change and we need to be flexible and adapt to the changes as new information is acquired.

**4. When there is a positive test in class/school, what is your recommendation to close the class or school for how long? Do we need to recommend all students/staff/parents to test?**

When a student or staff member becomes ill with a COVID-like illness or tests positive, all close contacts within the school must immediately quarantine at home until the end of their 14-day quarantine period **OR** until either the student or staff member has a negative PCR SARS CoV-2 test (rapid negative test results are not accepted) or a letter from a medical provider is obtained with an alternative diagnosis that explains the symptoms and states that a test for COVID-19 is not necessary. The decision to recommend testing for an individual or group and to close a classroom or school is determined by several factors as outlined by MDH.

**Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19-like Illness in Schools, Child Care Programs, and Youth Camps**



The Maryland Department of Health defines an outbreak in any K-12 school, both public and private, regardless of size as (Definition as of 9.22.20):

**Classroom/Cohort Outbreak**

- 2 or more laboratory confirmed COVID-19 cases among students/teachers/staff with onset of symptoms (if asymptomatic, use date COVID test obtained) within a 14-day period and who are epidemiologically linked, non-household contacts.

**School Outbreak**

- 3 or more classrooms or cohorts with cases from separate households that meet the classroom/cohort outbreak definition that occurs within 14 days.
- OR**
- 5% or more unrelated students/teachers/staff have confirmed COVID-19 within a 14-day period (minimum of 10 unrelated students/teachers/staff).

**5. Do we have the capability to test when needed for each school/cohort? What is the cost? How to create a cost-effective, and efficient test procedure?**

COVID-19 testing is available throughout Howard County at no cost to residents. As newer tests become available that provide faster results and are equally valid to the gold standard PCR tests, testing in schools may be feasible.

**6. How to combat the flu season with the Covid-19 at the same time?**

Flu vaccine is the most effective way to protect against the flu. The most effective strategies to protect against COVID-19 is to wear facial coverings always when indoors, maintain physical distancing, wash hands often, practice sneeze and cough hygiene, avoid gatherings of non-household members, isolate when sick, and answer the call when a contact tracer calls.

**7. What is contact tracing model...school based with support from health dept**

The Maryland Department of Health, (MDH) and Howard County Health Department (HCHD) work together to perform case investigation and contact tracing on all Howard County residents who test positive and whose results are reported to MDH/HCHD. All cases are required to isolate, and all close contacts required to quarantine for the required amount of time. If a school employee or student lab results are reported as positive to HCHD, a case investigation and contact tracing is performed.

**8. How is “close contact” defined... since COVID has shown to be aerosolized, will a close contact be considered a classroom even if not within 6 ft? What are the quarantine protocols given the potential for aerosolized transmission?**

A close contact is defined as an individual who has been within six feet of a case for 15 minutes or more regardless of mask wearing. If an employee or student becomes ill in school, they are brought to the health suite and evaluated per HCPSS nursing protocols.

**9. What is the testing turnaround time, and can expediency be prioritized for school system students and staff to mitigate potential outbreaks? Is infrastructure in place to perform testing at schools?**

Testing in schools depends upon the type of test performed and the lab that is processing the specimen. All persons with symptoms indicative of COVID-19 are recommended to quarantine until test results are known. In HC, the reporting of PCR test results vary from 24 – 96 hours. Schools can test employees and students with appropriate protocols.

**10. Is hybrid a sound model from an epidemiological standpoint? Is the Mon/Tues; Thurs/Fri the best model for infection transmission purposes?**

Hybrid models allow children to participate in in-person learning at a low risk assuming other mitigation strategies are implemented like small, in-person classes, activities, and events,

cohorting, alternating schedules, and staggered schedules are applied rigorously, no mixing of groups of students and teachers throughout/across school days, screening staff and students for illness in advance of them entering schools, students and teachers do not share objects, students, teachers, and staff follow all steps to protect themselves and others at all times including proper use of face masks, social distancing, hand hygiene, and regularly scheduled (i.e., at least daily or between uses) cleaning and disinfection of frequently touched areas implemented with fidelity. Alternating schedules with fixed cohorts of students and staff to decrease class size and promote social distancing is a good strategy to reduce transmission of SARS- CoV-2 in schools.

**11. The state has laid out metrics for return to in person; MD are currently above on of those thresholds... cases per 100K and yet school systems are returning students F2F. Will Howard County have specific metrics to be met at both the county, surrounding county and state levels? Many staff do not live in the county. Will HoCo have its own metrics to move F2F and back to hybrid?**

Regardless of the number of cases in a community, every school should have a plan in place to protect staff, children, and their families from the spread of COVID-19 and a response plan in place for if/when a student, teacher, or staff member tests positive for COVID-19. HCHD follows MDH and CDC guidance and recommendations. HCHD analyzes multiple data points at the local level as well as state data to make informed decisions. See question 1 regarding MSDE metrics. Since metrics fluctuate daily, it is recommended to follow trends and reassess every 2 weeks unless there is a significant event.

**12. Is it recommended to have 2 health professionals at each school? For example, when I was a nurse, each winter you were either a clean nurse or infectious disease nurse to help mitigate potential transmission.**

Staffing is determined by HCPSS. All health staff should follow infectious control processes and wear appropriate PPE to prevent transmission.

### **Questions for Building Safety:**

**1. Have we been able to identify and outfit an isolation room for every school that is separate from the general health room? (w separate air intake)**

- Health Services is identifying isolation spaces. A tiered approach is being used. First, if there is an available room in a school, which is used. If not, Health Services contacts Building Maintenance to coordinate the installation of an impermeable barrier within the Health Suite to serve as the isolation space.

**2. How have portables been outfitted to adhere to new safety standards?**

- The HVAC units in the portables have been equipped with MERV 13 air filters.
- We have also gone through each of our portables to examine each room in terms of options for classroom layouts with social distanced desks.

**3. How can custodians perform extra cleaning w/same amount of staff?**

- When the Health Department recommends extensive or detailed cleaning due to a COVID-19 presumed or confirmed case, Custodial staff can shift daily tasks to fulfill the recommendation, if needed. Custodial Floaters and Specialists can be assigned to a school to assist with the extensive/detail cleaning tasks.
- We are also working right now with HR to fill all of our custodial vacancies so that our staff will be at full force as we go into the second semester.

**4. Is there budget to hire additional custodians to support hybrid?**

- There are no additional funds in the FY21 budget to hire additional custodians. The FY21 budget will allow for temporary help to be hired.

**5. Will teachers be expected to wipe down between classes and if so, will time be built-in for cleaning?**

- From an Operations perspective, Custodial Services will ensure disinfecting wipes, and a bottle of disinfectant and paper towels are available as needed. Teachers may wipe down their areas as they see fit. We are pushing hand washing and hand sanitizer for students and staff as they are manipulating materials and moving about the school. At this time, there is no time built into the schedule for cleaning during the school day.

**6. How will restrooms be monitored and apply safety principles when large groups of students use one common restroom?**

- From an Operations perspective, Custodial Services will perform routine checks of the restrooms more frequently during the day. Signage will be placed on restrooms identifying the number of occupants allowed. Where stalls are unavailable, operations will “X” out equipment that should not be in use due to a lack of social distancing.

**7. ASHRAE recommends air cycle thru at least six (6) fresh air changes per hour. Do our buildings meet this standard?**

- The CDC guidelines (*Operating Schools*) remain our guiding principles for building preparation. Although the CDC guidelines are based on ASHRAE recommendations, they do not specify the quantity of room air changes per hour (ACH) of outdoor air ventilation. They only recommend increasing outdoor air ventilation as much as possible. ASHRAE’s recommendation to increase the outdoor air ventilation to six (6) air ACH applies to patient rooms in healthcare buildings, not non-healthcare buildings. The following CDC guidelines were followed to assist in maximizing outdoor air ventilation to the HCPSS facilities:

- i. Ensure outdoor air dampers and airside economizers are operating properly.
- ii. Disable demand-controlled ventilation (DCV).
- iii. Operate HVAC systems for two (2) hours before and after schools are occupied.
- iv. Ensure exhaust fans are functional and operating at full capacity.

**8. Have we considered use of UV lighting?**

- Yes, we have considered UV lighting. Still there are significant risks associated with its use and it was judged not to be appropriate for non-healthcare buildings.
- Exposure to ultraviolet light can cause eye and skin irritation. At this time, UV lighting is primarily used in medical settings. The occupational exposure limits used do not apply to K-12 facilities. Disadvantages include potential exposure from poor installation or human error, requires expertise to operate and maintain, and can cause degradation in materials like paints, plastics, and HVAC filter media. Installation and maintenance costs are also significant.
- In relation to using UV lighting for cleaning procedures, the CDC states that “the efficiency of alternative disinfection methods such as UV radiation against COVID-19 is not known.” “The EPA does not routinely review the safety or efficiency of devices such as UV; therefore, the EPA cannot confirm whether or under what circumstances these products might be effective against the spread of COVID-19.”
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**9. Given the recommendation of six (6) feet distance, is FTF even possible in some of our more overcrowded schools and on bus routes?**

- As our school system moves further into the school year and looks to prepare to eventually move towards potentially implementing small group instruction, a hybrid learning model, and / or the return of all students, it is important that we know how many staff and students can safely fit in a classroom in light of current health and safety guidelines. With that in mind, the Custodial Office continues to work with their building teams and SMIL on classroom desk set up and verification for proper social distancing. This information will allow us to have a listing which gives student seating availability for every classroom in every school. Our intent is to deliver safe seating and classroom layout, provide verification of student populations in buildings, as well as assist with evaluation of transportation to support needs.
- In regard to buses, the Maryland Recovery Plan for Education and the CDC recommend that buses be limited to one student per seat, keeping the seat directly behind the driver open. Siblings of students who reside in the same residence may be allowed to sit together. All students will have assigned seats, and if possible, the seat will be based on the route, so students are loading in the rear and working forward, and vice versa on the return trip. While waiting to exit the bus, students will remain

seated and not congregate in the aisle. The adult in charge will dismiss students' one row at a time.

- The following precautionary steps are in place for school bus services:
  - o Contractors will be supplied with the following items:
    1. Reusable 3-ply cotton masks face coverings for each driver and attendant (2 per person)
    2. Disposable face coverings for students who did not have one for the bus (10 units).
    3. Disinfectant for each bus is applied each morning, noon, and afternoon route. The safety sheet will also be distributed and expected to be on each bus.
    4. Hand sanitizer for each bus (1 unit). Additional supplies will be provided so that containers can be refilled.
    5. Face shields for attendants in which students assigned to a bus cannot wear a face covering. Those buses will also have nitrile gloves.

<b>10. What PPE will be provided and to whom</b>	<b>Quantity</b>	<b>Frequenc y See Note (1) below</b>	<b>Back-up for Loss or Damage See Note (2) below</b>
Staff	2 - reusable 3-ply cotton masks		
Nurse/Health Assistants	N95 respirators, nitrile gloves, face shields, and disposable gowns		
Custodial	2 - reusable 3-ply cotton masks, face shield, disposable coveralls, and nitrile gloves		
Food Service	2 - reusable 3-ply cotton masks, face shield, and nitrile gloves		
Students	2 - reusable 3-ply cotton masks		

**Note:**

(1) The frequency is being explored and can vary greatly depending on hours of use, number of washings, etc. If we anticipate a mask will last 6-8 weeks based on the manufacturer's instructions, anticipating another 28 weeks of the year, we will need five orders of 60,000 masks at \$2.00/mask for a total of \$600,000. This amount provides a small reserve, and the price per mask may be lower.

(2) Spare inventory will be held at the school for short-term needs. Replenishment orders will be placed to restock schools/offices.

**11. Will masks be required?**

- Students - Yes, anticipate providing at least five (5) masks on average for the year.
- Staff – Yes, each staff is provided two (2) reusable masks that should last 6-8 weeks.

- What will qualify for an exemption? Health Services will make that determination.
- How will exemptions be requested, vetted, and approved? Health Services will establish the process of being mindful of HIPPA requirements.

## **12. What will the PPE acquisition plan be?**

The plan is that we have the following in stock (as located as noted) as of Nov. 6:

- 45,000 Reusable 3-ply cotton masks for all students in grades 4-12 (NOTE: masks for staff have already been distributed to schools and offices)
- 17,000 Reusable 3-ply cotton masks for students in grades Pre-K-3
- 13,000 Disposable 3-ply masks
- 15,680 Packs of disinfectant wipes
- 320 Desk shields
- 479 Tabletop Sneeze Guards
- 24,000 Boxes of Nitrile Gloves
- 600 face shields \$2.00 (Health Services)

We will coordinate with each school on a weekly basis to monitor school inventory levels and replenish based on staff numbers at each location.

Bulk orders will be placed when Logistics Center inventory levels reach 30% of the initial order amount or minimum order quantity for the best price.

## **HVAC and Plumbing Systems Adjustments Questions**

**1. Through research I saw the minimum recommended number of Air Changes per Hour (ACH) is 4 for a 30x30 classroom, meaning that air should be replaced every 15 minutes. This was a minimum with a preferred ACH of 6 or higher.**

**What is our ACH for schools?**

[Room] air changes per hour (ACH) varies based on the supply airflow required for the space. Supply airflow for any space in a building is based on the cooling load of the space. Spaces with greater cooling loads will require greater supply airflow to maintain the cooling setpoint. That said, 1 cubic foot per minute (cfm) per square foot of floor area is a good rule of thumb for supply airflow (some spaces will require more, some spaces will require less). I looked at a typical classroom (Hanover Hills ES, Classroom A93). That room is 782 sf and has a 9'-0" ceiling. Thus, the room air volume is 7,038 cubic feet. The supply airflow for that room is 700 cfm. If you are circulating air within that room at a rate of 700 cubic feet per minute, you would change the air in that room about every 10 minutes ( $7,038 \text{ ft}^3 / 700 \text{ ft}^3 \text{ per min}$ ). Changing the air in a room every 10 minutes equates to 6 [room] air changes per hour (ACH). This would be a typical [room] air change rate for Howard County public schools.

**2. During the IEQ committee work in 2017, one of the critical things that was discussed was the need for registers to be clear, doors to be closed, windows to be closed, etc. for proper HVAC functioning. With the knowledge that an open window can greatly enhance the ACH, will there be changes to IEQ protocols?**

Although open windows can increase outdoor air ventilation for spaces within buildings, they present a security risk and also can introduce pests and allergens to the building which can be a health concern for some building occupants. Also open windows can introduce unwanted moisture into the building which can elevate the indoor air relative humidity and contribute to the growth of humidity mold. For these reasons, and also because outdoor air ventilation for Howard County public schools is introduced through the central HVAC systems (where it is filtered at a MERV 13 efficiency and properly conditioned), the HCPSS will not be opening windows in its buildings.

**3. Security protocols currently have classroom doors shut. Will this be revised to improve ACH?**

Closing classroom doors will not improve ACH since each classroom is equipped with both supply and return air devices that provide air circulation within each classroom at a rate of approximately 6 ACH. Depending on the relative air pressurization between the classrooms and corridors, air may be drawn into the classrooms from the potentially crowded corridors if the classroom doors are left open. This would not be desirable. Also, keeping classroom doors closed is recommended from a security standpoint.

**4. MERV-13 filters - Do we have HVAC units that cannot accommodate MERV13 filters? If yes, what will be done to remediate those situations?**

The only HVAC systems that cannot accommodate MERV 13 air filters are the one-half inch thick washable filters for variable refrigerant flow (VRF) units. These are the units which typically utilize 2-ft x 2-ft ceiling cassettes. These units circulate room air only, they do not provide outdoor air ventilation; outdoor air ventilation is provided for these spaces by a (separate) dedicated outdoor air system. Therefore, these rooms are receiving their design quantity of outdoor air ventilation, they are just not filtering the recirculated air at a MERV 13 filtration efficiency. VRF systems have normally been used in the administrative office and guidance office areas which do not have a high occupant density (typically 1 to 2 people per private office and other areas at approximately 100 sf per person). (Since I have been working at the HCPSS, I have advocated that VRF systems not be used at all, which they aren't in any of the new school designs). The only school I am aware of that uses VRF units in classrooms is Glenwood MS. Consideration could be given to providing HEPA recirculating air units within the classrooms at Glenwood MS if it is determined that recirculating air within these classrooms at the approximately MERV 8 air filtration efficiency of the washable air filters in the VRF units is insufficient.

**Cleaning and Disinfecting**

**1. What is the amount of time (man-hours) estimated to complete the enhanced cleaning protocols?**

Custodial Staff are able to perform routine cleaning/disinfecting in one average size classroom in approximately 15 minutes. Enhanced cleaning/disinfecting in one average size classroom will take approximately 30 minutes.

## **2. Can our current levels of staffing accommodate these enhanced cleaning regimens?**

Yes. The daily tasks can be adjusted for Custodial staff to ensure the enhanced cleaning/disinfecting is performed. In addition, Custodial Floaters and Specialists can be assigned to a school to assist with the extensive/detail cleaning tasks.

## **3. If no, what will not be done OR will additional staff be hired for a hybrid model?**

There are no funds in the FY21 budget to hire additional custodians. FY21 budget will allow for temporary help to be hired and we will work with HR to process the applicants. When extensive or detailed cleaning is recommended by the Health Department due to a COVID-19 presumed or confirmed case, Custodial staff can shift daily tasks to fulfill the recommendation, if needed. Custodial Floaters and Specialists can be assigned to a school to assist with the extensive/detail cleaning tasks. We are also working right now with HR to fill all of our custodial vacancies so that our staff will be at full force as we go into the second semester.

### **Communications Questions:**

#### **1. What are we going to communicate and when?**

Internal and external communication will be happening regularly. Communication protocols and messaging are currently being developed to align with the decision-making protocols that will be adopted by the Board. There will be several efforts to keep staff, the Board and all stakeholders regularly informed during a return to some form of in-person instruction.

Messaging will be sent to the school community when there is a positive case that impacts the school. This messaging will ensure that personal confidentiality is maintained and will reiterate the efforts by the school and school system to work collaboratively with the Health Department, ensure school cleanliness, communicate any changes to the instructional model, and help families understand the contact tracing process.

A complete communications plan will be developed once the Board makes decisions on metrics and a plan for the second semester.

#### **2. What is going to be always available? (Dashboard)**

- **Who will be responsible for populating and keeping the dashboard updated?**

Staff is currently discussing a dashboard to display on the HCPSS website that could include cases and health metrics updated weekly. Communications staff will update the website on a regular basis based on when information is received. Additionally, we are envisioning that this space would serve as a repository for the messages that are being sent to school communities and a place where all HCPSS stakeholders can access regularly updated information.

### **3. What is going to be available regularly? (Weekly update?)**

- **What is the frequency of the regular communications?**
- **Who will generate the regular communications?**
- **Who will it go to?**

Currently, HCPSS News is sent each week to the HCPSS community and can be a vehicle for amplifying important information being posted to the HCPSS website. Additionally, schools typically send weekly newsletters to their communities and will include information related specifically to their school and information provided by Central Office. All other standard platforms will be leveraged, including social media, community emails from the Superintendent, and working with members of the local print and broadcast media.

Beyond these typical methods of communication, schools and Central Office staff will develop and send messages to staff, specific school communities, or all HCPSS stakeholders as the need presents itself.

The Office of Communications will work closely with the Offices of Health Services, School Management and Instructional Leadership, Operations, Human Resources, and Academics to ensure all messaging is expedient, accurate and comprehensive.

### **4. What communication is going to be available in response to special events (incident response) out of cycle?**

- **Notification level**
- **Classroom**
- **School**
- **Systemwide**

This was touched on in an earlier response, but messaging templates are currently being developed to align with possible or likely scenarios that may present themselves during a return to in-person instruction, and the response protocols currently being developed. These messages will be sent to the appropriate audiences (staff, Board, school community, all HCPSS stakeholders) and archived online so all stakeholders have access to messaging sent across the county.

### **5. What are the communication from the individual to the school system will be expected when the following occurs?**

- **Symptomatic - Student/Staff**
- **Positive Covid Test - Student/Staff**

The HCPSS Office of Health Services manages the internal processes for staff, students, and families to inform the school system of positive symptoms or a confirmed positive case.