COMMUNICABLE COVID-19 (Coronavirus 2019) Resources: CDC & NCDHHS **DISEASE** This CD episode is extremely fluid. Sudden changes in recommended responses to actual case situations or community circumstances may be necessary. Keep up with the latest requirements at: https://covid19.ncdhhs.gov/guidance#schools North Carolina DHHS and DPI has devised three plans for opening schools during the COVID-19 Pandemic: PLAN A **Minimal Social Distancing - Least Restrictive:** - implemented if Covid-19 metrics continue to stabilize or move in positive directions - social distancing required only where individuals may congregate, such as hallways, reception areas, cafeteria, restrooms, and locker rooms **PLAN B** Moderate Social Distancing & More Restrictions for Social Distancing, Reduced Density, Minimizing Exposure and Transportation: - implemented if Covid-19 metrics worsen - school facilities are open but social distancing IS REQUIRED Utililze ALL of Plan A Components with ALL THESE ADDITIONS/RESTRICTIONS ☐ Ensure sufficient social distancing with at least 6 feet between people at all times in school facilities and on school transportation vehicles □ Limit density of people in school facilities and transportation vehicles to no greater than 50% maximum occupancy to ensure social distancing of at least 6 feet apart between people Meals must be delivered or have students bring food from cafeteria back to their classrooms. Meals cannot be eaten in cafeteria ☐ Place physical barriers such as plexiglass for protection at reception desks and similar areas ☐ Transporation: no more than one passenger can be seated per school bus seat (considerations for family members to share one seat) ☐ Transportation: no more than two passengers can be seated in a contracted vehicle In addition to the above Plan B restriction, as of 7-14-20, schools are additionally required to: ☐ face coverings required for all teachers & students K-12: ☐ limit total # of students, staff & visitors within a school building or outdoor setting to the extent necessary to ensure 6 feet distance can be maintained when students/staff/visitiors will be stationary; conduct symptom screening, including temperature checks; establish process & dedicated space for people who are ill to isolate & have transportation plan for ill students; clean & disinfect high-touch surfaces in school & transportation vehicles regularly; require frequent hand washing throughout the school day & provide hand sanitizer at entrances & in every classroom; □ discontinue activities that bring together large groups; □ limit nonessential visitors & activities involving external groups; □ discontinue use of self-service food or beverage distribution; 🗆 no more than 1 passenger per school bus seat (unless family member); 🗅 no more that 2 passengers per seat in a contracted vehicle **PLAN C Remote Learning Only** Suspend in-person instruction and implement remote learning for students. Implemented if Covid-19 metrics worsen significantly.

Covid-19	General Information - used for all levels below			
COVID 19 PATHOGEN	COVID 19 is a novel (not previously identified) coronavirus: SARS-CoV-2 (formerly known as 2019-nCoV) Additional information: Coronaviruses are a large family of viruses. Some cause illness in people, and others, such as canine and feline coronaviruses, only infect animals. Rarely, animal coronaviruses that infect animals have emerged to infect people and can spread between people. This is suspected to have occurred for the virus that causes COVID-19. Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) are two other examples of coronaviruses that originated from animals and then spread to people.	BASIC TRANSMISSION-BASED PRECAUTIONS See Communicable Disease Protocol, Appendix D for further information	Basic Precautions for Typical Communicable Disease - see Appendices D & E for more detail about the precautions and training necessary for use: • Standard Precautions • Hand Hygiene • PPE - Donning, Wearing & Removal of: -: * gloves * masks (cloth, surgical, N95) * goggles/face shield * gown • Respiratory Etiquette * cover cough * use tissues & discard appropriately * hand hygiene * stay away: stay home if sick, social distancing, do not share articles • Standard Environmental Precautions, including use of appropriate cleaning and hygiene items such as: * hand soap and paper towels * hand sanitizer (with at least 60 % alcohol)	

Covid-19	General Information - used for all levels below		
PERIOD OF	Mode of Transmission person-to-person primarily via respiratory droplets/airborne among close contact Incubation Period symptoms may appear 2-14 days after exposure to the virus Period of Communicability 48 hours prior to symptoms through completion of isolation per CDC guidelines	CLINICAL MANIFESTATIONS of COVID-19	The clinical spectrum of COVID-19 ranges from mild disease with non-specific signs & symptoms of acute respiratory illness, to severe pneumonia with respiratory failure & septic shock. There have also been reports of asymptomatic infection with COVID-19. Symptoms may include: Cough Shortness of breath or difficulty breathing Onset typically 4 or > days after onset of other sx R/O anxiety: occurs rapidly and "out of the blue" Covid related: occurs gradually over a few days and is worse with physical exertion Drop in blood oxygen Fever 100.4 degrees F or greater (OCS will continue to use 100 degrees F or greater for exclusion of students per OCS Communicable Disease Protocol; 100.4 degrees F or greater will be used for exclusion of staff) Parent report of fever may use the temperature criteria or report according to student feeling warm to touch or giving a history of feeling feverish Chills Myalgia (muscle pain/body aches) Headache Fatigue Sore throat New loss of taste or smell

Covid-19	General Information - used for all levels below		
DISTRICT COMMUNICABLE DISEASE TEAM	See the Communicable Disease Procedure (Collaboration with the Health Department Section) for more information on this team. The team consists of: • Superintendent • Lead Nurse/s • Public Information Officer • Chief Operating Officer • Environmental Health & Safety Director	CLINICAL MANIFESTATIONS of COVID-19 CONTINUED	Less commonly reported symptoms include: nausea vomiting diarrhea runny nose or congestion Children may have milder symptoms. Reported symptoms in children include cold-like symptoms such as fever, runny nose, and cough. Children with Covid-19 may not initially present with fever and cough as often as adults. Note: If a student has a positive symptom screen or fever, send them to the triage area. If the student was exposed to extreme hot or cold weather and has a positive fever screen, repeat temperature after 15 minutes of resting in a normal environment/triage area

Covid-19	General Information - used for all levels below		
CASE DEFINITION FOR MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C)	An individual aged < 21 years presenting with • fever * ≥ 38.0 degrees C (100.4 degrees Fahrenheit) for ≥ to 24 hours OR * report of subjective fever lasting ≥ 24 hours • laboratory evidence of inflammation * including, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin AND • evidence of clinically severe illness requiring hospitalization, with multisystem (≥ 2) organ involvement * cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological AND No alternative plausible diagnoses AND Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms	CLINICAL MANIFESTATIONS of MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C)	Associated with Covid-19. MIS-C has been described as inflammation (swelling) across multiple body systems, potentially including the: • Heart, lungs, and kidneys • Brain • Skin • Eyes • Gastrointestinal organs Signs and symptoms of MIS-C include fever and various symptoms such as: • Abdominal and neck pain • Vomiting and diarrhea • Rash • Feeling tired Not all children will have the same symptoms.

Covid-19	General Information - used for all levels below		
ADDITIONAL COMMENTS FOR COVID-19 & MIS-C	Both are reportable to the health department (OCHD) Some individuals may fulfill full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C Consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection It is currently unknown if MIS is specific to children or it is also occurs in adults.	HISTORY	Determine exposure/medical risk, such as: COVID-19 diagnosis Close contact with someone with Covid 19 (exposure) Under quarantine and why Chronic &/or immunocompromised medical conditions (may be at higher risk) Over-night travel to area/s with high incidence (outside of NC &/or outside of US) Note: this info may change as the disease becomes more or less widespread locally.
PRACTICAL ADVICE FOR TEACHER	Send student to nurse if the child has/is: extremely irritable severe headache change in behavior/mental status (e.g. lethargy) violent cough difficulty breathing (or call nurse to your location) green nasal discharge seems visibly ill Enforce hand hygiene with soap and water or alcohol-based (60-95%) hand sanitizers (if available) before eating and after using the bathroom. Enforce respiratory etiquette. Use gloves to handle contaminated articles/clean surface	MEDICAL REFERRAL CRITERIA	Refer to Medical Provider: • clinical manifestations • significant history • testing criteria should be done according to current CDC guidelines When to Seek Emergency Medical Attention (call 911): • Trouble breathing • Persistant pain or pressure in the chest • New confusion • Inability to wake or stay awake • Bluish lips or face • Severe abdominal pain

Covid-19	School in Session with NO Community Spread		
I SCHOOLIEVEL	Surveillance, including monitoring: • absenteeism • adequate access to PPE needed during illness episodes • changes in community spread Request sick students and staff stay home Intensify cleaning and disinfection during periods of increased illness Identification of alternate health services space that may be needed to ensure the ability to: • triage • keep students separated for routine care vs sick care	SCHOOL EXCLUSION CRITERIA	Fever of 100 ° F or over Note: staff may send a child home if fever is close to 100 degrees and child appears ill . Note: staff exclusion fever 100.4 ° F or over
EDUCATION FOR SCHOOL COMMUNITY	Health Education Resources: CDC website/materials or other reputable sources about Covid-19 Teach and reinforce healthy hygiene and use of PPE	SCHOOL RE-ENTRY CRITERIA	fever free for 24 hrs without the use of fever reducing medications

Covid-19	School in S	Session with Commun	ity Spread
TRANSMISSION-BASED PRECAUTIONS See Communicable Disease Protocol, Appendix D for further information	See CD Protocol, Appendix D (Infection Control Precautions) for more in-depth info about each precaution to be used at this stage: Continue basic precautions/teaching of these as noted above. Add: Respiratory Precaution Contact Precaution Social Distancing Seclusion (separation of sick and well individuals) Environmental Measures (cleaning and disinfection of campus and transportation vehicles). Education for students/parents and training of staff to use these precautions are outlined in Appendix E (Health Education and Staff Training) Minimal to Moderate Community Spread: Implement multiple social distancing strategies for gatherings, classrooms, & movement thru building Discourage use of water fountains except to fill water bottles. Contact precautions - full PPE may be indicated (including gloves and gowns) Respiratory Precautions including: Appropriate masks should be placed on ill students/staff as well as by those caring for them Mask information is below. See face shield section of Appendix D for more information on use of face shields with or without masks. Masks are REQUIRED; Exceptions (listed below) are made on a case by case basis with appropriate staff (EC facilitator, SN, admin) for those not wearing a mask or using a face shield instead of a mask. Consider learning needs, safety, and any potential alternatives. NO MD note will be requested or required. Students with exceptions should be noted in PowerSchool alert. Staff in this situation must contact HR.	COMMUNICATION WITH STUDENTS, PARENTS/GUARDIANS, AND STAFF	See medical referral/school exclusion/re-entry sections. Notify parents, students and staff of how school exclusion and re-entry is different for Covid-19 vs another type of communicable disease. See Appendix E - Health Education and Staff Training for more detailed information. Materials and methods of education will be made from reliable sources and culturally responsive information. Student and Family Education: Topics to be covered: Covid-19 information: * basic heatlh information * symptoms of Covid-19 * when to stay home and when to return to school 3 W's, including wearing masks hand hygiene respiratory etiquette cocess to mental health hotline See Appendix H Letters and Documents: OCS Return to School Parent Letter Parent Letter re: High Risk (Vulnerable) Students Back to School Flyer Attestation Form Logs will be available for the purpose of contact tracing in the: Sick/Isolation Room Front Office (for visitors, vendors, etc.)

Covid-19	School in Session with Community Spread		
TRANSMISSION-BASED PRECAUTIONS Continued	MASKS are required for all school staff, adult visitors, & all students (K-12) when they are or may be within 6 feet of someone, unless the person (or student family member) states that an exception applies. Face coverings must be worn by students and staff inside school buildings, and anywhere on school grounds, including outside. They will be required by everyone (all ages) traveling on buses or other school transportation vehicles, as well as during any school sponsored trip off-campus. Face coverings are NOT REQUIRED to be worn by an individual who: • Cannot tolerate a face covering due to any medical, behavioral condition or disability (including, but not limited to, anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to put on or remove the face covering without assistance) • Cannot remove the mask by themself • Are actively eating or drinking • Are strenuously exercising • Are under the age of 5 • Seeking to communicate with someone hearing-impaired in way that requires mouth to be visible • Giving a speech for a broadcast or to an audience • Working from home or is in a personal vehicle • Temporarily removing face covering to secure government or medical services or for ID purposes • Would be at risk from wearing a face covering at work, as determined by local, state, or federal regulations or workplace safety guidelines • Has found that face coverings is impeding visibility to operate equipment/vehicle; or Is a child whose caregiver is unable to place face covering safely on the child's face	GUIDELINES FOR OCS STAFF CONDUCTING SCREENING AND HEALTH CARE OF STUDENTS	See Appendix E - Health Education and Staff Training for more detailed information. Staff Training: All staff will be trained on the following topics: Standard precautions Hand hygiene Donning, Wearing and Removing PPE (masks and gloves) Respiratory Ettiquette Health Office Guidelines - When and Where to Refer Staff providing screening will be trained on: Attestation Forms Screening Forms and Procedure Positive Screens (Handling of) It is recommended that there be at least 1 (preferably 2) caregiver who can back-up in the sick/Isolation Room if the school nurse is unavailable. Delegated caregivers will receive guidelines and training for: Student care, school exclusion & re-entry Donning, wearing, removing full PPE & when it is needed Contact tracing logs Whiich room to use for student care (well or sick)

Covid-19	School in Session with Community Spread		
TRANSMISSION- BASED PRECAUTIONS Continued	Masks Continued: Consider building in time throughout the school day when students, teachers, and staff can take short breaks from wearing cloth face coverings at times and in settings where risk for transmission is lower (e.g. outside, when air circulation is increased by opening windows, and when people are consistently 6 feet apart). Breaks are recommended but not required. (Minimal to Moderate Community Spread Continued): IN ADDITION: • A sick person should be isolated until he/she is able to leave the building (each school should have a triage area & a well care vs sick/isolation room); students should not ride the bus home • Continue routine cleaning and increase disinfection routines, including disinfection of common surfaces during the school day • Consider ways to accommodate needs of children and families at high risk Cleaning & Disinfection: • Close off areas used by the sick person (including classroom, isolation room, & bus) and do not use those areas until after cleaning & disinfection • Wait at least 24 hours before cleaning & disinfection in the isolation room needs to be done between ill persons; at minimum, cleaning & disinfection is done in classrooms & isolation room at end of each day) Clean per protocol & open windows if possible.	INDIVIDUAL SCHOOL BASED HEALTH TEAM	At minimum, each school will have a health team as follows: Principal School nurse (point person for each school) Social worker Counselor Back-up caregiver First responder point person Screener point person

Covid-19	School in Session with Community Spread		
TRANSMISSION-BASED PRECAUTIONS Continued & PRACTICAL ADVICE FOR TEACHER	Transmistion Based Precautions: Substantial Community Spread: - continue minimal to moderate community spread precautions - consider extended school dismissals Practical Advice for Teacher: Send student to nurse per Health Office Guidelines: When and Where to Refer		Health Education Resources: Teach and reinforce healthy hygiene and use of PPE When sharing health education resources with parents/guardians and staff, use information from official agencies or other reputable sources such as the CDC, OCHD, NC DHHS and NC State Lab Examples: https://epi.dph.ncdhhs.gov/cd/diseases/COVID19.htmlhttps://www.cdc.gov/coronavirus/2019-ncov/about/index.html Follow the Health Education guidelines in Appendix E (Health Education & Staff Training)

Covid-19	School in Session with Community Spread			
SCHOOL EXCLUSION CRITERIA	Students and staff who have a POSITIVE SCREEN (exposure history, positive diagnosis or symptoms) must be immediately isolated from others. Place these persons in the designated sick/isolation room with supervision by a delegated staff member. A school nurse will preferably be available for further assessment. Students or staff will be excluded as follows: Individuals with clinical manifestations which may include: * a fever ≥ 100 degrees F (students) or 100.4 degrees F (staff), and/or additional symptoms of: * cough * shortness of breath * myalgia/ fatigue * sore throat * new loss of taste or smell Individuals (students or staff) with a positive history will be asssesed on a case-by-case basis for possible exclusion and self-quarantine.	SCHOOL RE-ENTRY CRITERIA	Non-seasonal or Novel/Pandemic-type: The Health Department will make recommendations for re-entry depending on the status of the pandemic at that time. Most Current Re-entry Guidelines from NC Division of Public Health (6-30-2020): Adhere to the following process for allowing a student or staff member to return to school: If a person has had a negative Covid-19 test, they can return to school once there is no fever without the use of fever-reducing medications and they have felt well for 24 hours If a person is diagnosed with Covid-19 by a medical professional based on a test or their symptoms OR does not get a Covid-19 test but has had symptoms, they should not be at school and should stay at home until they (or a family member if younger child) can answer YES to the following three questions: 1. Has it been at least 10 days since the individual first had symptoms? 2. Has it been at least 24 hours since the individual had a fever (without using fever reducing medication)? 3. Have symptoms improved, including cough and shortness of breath?	

Covid-19	School in Session with Community Spread		
	Non-seasonal or Novel/Pandemic-type: Additional criteria may be added by the health department It is recommended that individuals with fever, chills, SOB/difficulty breathing, new cough &/or new loss of taste or smell go home and stay away from other people, and call their health care provider. Household members (e.g. siblings) should also quarantine for 14 days from last exposure, unless the symptomatic person is cleared as a result of a negative test for COVID-19. Quarantined Defined: Quarantine means separating a person or group of people who have been exposed to a contagious disease but have not developed illness (symptoms) from others who have not been exposed, in order to prevent the possible spread of that disease. Quarantine is usually established for the incubation period of the communicable disease, which is the span of time during which people have developed illness after exposure. For COVID-19, the period of quarantine is 14 days from the last date of exposure, because 14 days is the longest incubation period seen for similar coronaviruses. Someone who has been released from COVID-19 quarantine is not considered a risk for spreading the virus to others because they have not developed illness during the incubation period.	SCHOOL RE-ENTRY CRITERIA Continued	Note: - A student/employee can return to school (following normal school policies) if they receive/present confirmation of an alternative diagnosis from a health care provider that would explain the Covid-19-like symptoms, once there is no fever without the use of fever-reducing medications and they have been well for 24 hours. - If a student/employee has been diagnosed with Covid-19 but does not have symptoms, they must remain out of school until 10 days have passed since the date of their first positive Covid-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. - If a student/employee that has been diagnosed with Covid-19 or has been presumed positive by a medical professional due to symtpoms, they are not required to have documentation of a negative test in order to return to school - If a student/employee has been determined to have been in close contact with someone diagnosed with Covid-19, they must remain out of school for 14 days since the last date of exposure unless they test positive in which case, exclusion criteria above would apply. They must complete the full 14 days of quarantine, even if they test negative. For students or employees who have been hospitalized due to a positive diagnosis: - Has been released by medical provider to return to school

Covid-19	School in Session with Community Spread			
NOTIFY OCHD	Notify OCHD and lead nurses: Report all positive medical diagnoses Presumptive cases should be reported to the Health Department before results of diagnostic tests are known.	SCHOOL CLOSURE CRITERIA When School is in Session with Community Spread	Non-seasonal or Novel/Pandemic-type: - Determined by Superintendent and Health Director - May be superceded by local, state or national Public Health Agency when issued as an "order" See School Closure Section of Communicable Disease Student Procedure for further guidelines.	

Covid-19	School in Session with Confirmed Covid-19 Case, Regardless of Community Spread				
TRANSMISSION- BASED PRECAUTIONS	 Coordinate with local health officials See school closure section Cancel extracurricular group activities, school-based afterschool programs, and large events (e.g. assemblies, spirit nights, field trips, and sporting events) Discourage staff, students, and their families from gathering or socializing anywhere, including group child care arrangement, gathering at: B32 house, restaurant or shopping mall Clean and disinfect thoroughly (see district cleaning plan) 	NOTIFY OCHD	Once learning of a Covid-19 case in someone who has been in the school, IMMEDIATELY notify OCHD.		
CLOSE CONTACT TRACKING & NOTIFICATION * See most current OCHD comments below for determining high or low risk exposure.	Coordinate with OCHD regarding contact tracing and notification. Follow OCHD recommendations. Logs/documentation of students, staff and visitor attendance/location will be kept for contact tracing. Contact tracing is case investigation of individuals with confirmed and/or probable diagnosis of a reportable communicable disease, such as COVID-19. It is the process used to identify, monitor and support individuals who may have been exposed to a communicable disease. "Close contact is defined as— a) any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic persons, 2 days prior to positive specimen collection) until the time the person is isolated. — OR — b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)	NOTIFY STUDENTS, PARENTS AND STAFF	Any letter or other communication shared with students, parents, staff and community once a person has been found positive with Covid-19 should be written in collaboration with the Orange County Health Department. If a person with Covid-19 was in the school setting while infectious, coordinate with the health department to communicate possible Covid-19 exposure and dismissal decisions. Maintain confidentiality. Keep appropriate school officials informed. Keep in mind high risk groups such as those who are immunocompromised, students with multiple health conditions, EC students, etc. This communication to the school community should align with the communication plan in the school's emergency operations plan. Plan to include messages to counter potential stigma and discrimination. Remember it is critical to maintain confidentiality.		

See district plan for implementing strategies to continue education and related supports for students and staff. Provide remote learning options for students unable to be at school due to illness or exposure. As of July 14, 2020, schools may reopen under Plan B with additional requirements or Plan C. This will mean schools will be in session with community spread (see above section). With new Plan B This part covers information for the Schools in Session During Community Spread as well carring for themselves and their children. Remote or other learning options must be implemented for the subdent and/or their family member(s) are at high risk from Covid-19. As of July 2020, OCS has opted to open schools in Read to the student and/or their family member(s) are at high risk from Covid-19. See Obstance This part covers information for the Schools in Session with a Confirmed Case of Covid-19 Regardless of the student and/or their family member(s) are at high risk from Covid-19. As of July 2020, OCS has opted to open schools in Plan C and then determine later if they will open under Plan B or A using metrics in collaboration with COHD. See BOE presentation on 7-20-20 reguarding metrics.	Covid-19	School in Session with Confirmed Covid-19 Case, Regardless of Community Spread				
BOE Metrics Presentation 7-20-20	ADDITIONAL DISTRICT STRATEGIES This part covers information for the Schools in Session During Community Spread as well as when there is a Confirmed Case	continue education and related supports for students and staff. Provide remote learning options for students unable to be at school due to illness or exposure. As of July 14, 2020, schools may reopen under Plan B with additional requirements or Plan C. This will mean schools will be in session with community spread (see above section). With new Plan B requirements, schools will have flexibility in how they choose to implement the requirements to meet their needs, and it is expected that all schools will also offer full-time virtual instruction for higher-risk students, teachers and families opting into remote learning for themselves and their children. Remote or other learning options must be implemented for the subset of students whose families decide the student needs to remain at home because the student and/or their family member(s) are at high risk from Covid-19. As of July 2020, OCS has opted to open schools in Plan C and then determine later if they will open under Plan B or A using metrics in collaboration with OCHD. See BOE presentation on 7-20-20 reguarding metrics.	SCHOOL CLOSURE CRITERIA When School is in Session with a Confirmed Case of COVID-19 Regardless of	OCHD. Closure will depend on the extent and severity of illness. Whether part of a school, a whole school or more than one school is closed will be determined by the Superintendent's District Team in collaboration with the OCHD Team after careful consideration of the known facts. CDC recommends to dismiss students and most staff for 2-5 days during which time local health officials gain a better understanding of the situation and help school officials determine appropriate next steps (including decisions about cleaning/disinfection and extending the school dismissal) See School Closure Section of Communicable		

BOE Metrics Presentation 7-20-20

- determine if all individuals were wearing masks during the entire encounter
- determine if all individuals remained 6 feet apart or more; if not, was the time they were exposed less than 6 feet apart 15 min or greater? Note: 15 minutes exposure is cumulative in nature, not consective time.

If someone answers YES to wearing a mask AND the other individual(s) were also masked during the encounter, consider this to be a low risk exposure.

^{*} as of 8-21-20 (per OCHD): evaluating possible exposures to a confirmed case of Covid:

Face coverings are not required for individuals who: