

March 31, 2022 local decision making on use of face coverings in K12 settings Frequently Asked Questions (FAQ)

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This document is correct as of the created date. Additional information and updates will be made over time, so it is important to check back frequently.

Questions	Responses
Question: Why the OHA Statewide mask requirement for K-12 Schools through March 31?	Answer: By March 31, statewide hospitalizations are projected to have dropped below 400 patients with COVID-19, with statewide levels of community transmission expected to be low enough for statewide K–12 mask requirements to be lifted. Lifting school mask requirements after spring break gives local decision makers time to consider and respond to local COVID-19 trends, and gives schools time to prepare for this transition. It also gives parents time to get their kids vaccinated. Universal masking in K–12 settings is still strongly advised by CDC, OHA and ODE as part of a layered mitigation strategy. OHA and ODE will work together to update school guidance so schools can continue to operate safely after mask requirements are lifted on March 31.
	Rationale: Students are required to attend school and our goal is to ensure that every student in Oregon is able to attend school in-person, every day of the school year. , Schools are congregate settings where COVID-19 can spread easily if precautions are not taken and the majority of students remain unvaccinated. Universal and correct use of face coverings can keep students learning in-



	person by reducing infections and quarantines, especially when paired with other layered mitigation efforts.
Question: Who is enforcing the K-12 mask mandate until March 31? What happens if there is failure of enforcement?	Answer: Please refer to Enforcement of OAR 333-019-1015 for information on rule enforcement.
Question: In my district, there will be many unvaccinated students and staff who are not up to date with their COVID-19 vaccination that will elect to continue to wear masks. If they are exposed in school will they be able to qualify for test to stay?	Answer: No. Only schools with a universal and consistent masking policy are able to utilize the test to stay protocol. Rationale: Vaccination and universal masking are the most effective public health interventions to reduce the risk of COVID-19 transmission in K-12 settings. When universal masking is in place and an exposure to a case of COVID-19 occurs, the exposure is considered very low risk for onward transmission because masking protects the wearer from transmitting COVID-19 and becoming infected with COVID-19. However, when masking is not in place, any exposure is relatively likely to result in onward transmission because the Omicron variant is extremely transmissible. In schools, children who are not fully vaccinated and adults who are not up to date with their COVID-19 vaccination series who are exposed to COVID-19 are subject to quarantine (unless they have been infected within the last 90 days). Test to stay is a form of modified quarantine—it allows an individual otherwise subject to quarantine to attend school because their exposure is considered low risk by virtue of universal masking and offers additional protections (two tests over 5 days) to help detect onward transmission. Without universal masking in place, individuals otherwise subject to quarantine are very likely to have been infected during their exposure and are very likely to go



	on to infect others. Testing is an imperfect tool in that it does not detect all cases; therefore, test to stay should only be used for low-risk exposures in K-12 settings with all mitigation layers in place including universal masking. As per usual, we will continue to follow data on spread of COVID-19 in Oregon, examine the tools available to reduce spread and re-examine guidance as appropriate.
Question: Will OHA assist LPHAs with recommended metrics for their decisions, or will LPHAs be left on their own?	Answer: OHA will continue to work with LPHAs on prevention, mitigation and response to COVID-19 in Oregon.
Question: Will LPHA be able to support contact tracing?	Answer: LPHAs <u>may</u> have some capacity to assist schools with contract tracing. This is a local decision that LPHAs will make based on their capacity. Rationale: Based on the OHSU forecast, OHA anticipates a significant reduction in COVID-19 cases by March 31. As a result, schools with optional masking policies should anticipate an increased workload in contact tracing and notification as well as monitoring completion of isolation and quarantine to ensure that those returning to school for days 6 through 10 of quarantine or isolation wear a well-fitting face covering.
Question: Are the staff who were given an exception (medical or religious) under the educator vaccination rule (OAR 333-019-1030) still required to wear a mask?	Answer: There are no changes to the vaccination rule (OAR 333-019-1030).



	Rationale: The lifting of the masking rule (OAR 333-019-1015) in K-12 settings does not change the expectation that employers will take reasonable steps to prevent someone with a medical or religious exception from contracting or spreading COVID-19. Reasonable steps may include wearing a well-fitted N95 respirator, wearing a face mask with a face shield, additional physical distancing, a remote workspace, or other steps.
Question: Will masks continue to be required on school buses?	Answer: Maybe—Masking on school buses is currently mandated by both state and federal rules. The federal rule expires on March 18, 2022 and unless it is extended, when the state indoor masking rule is lifted on March 31, the lifting will apply to school buses as well. Rationale: The Centers for Disease Control and Prevention (CDC) issued an Order for the mandatory use of face coverings on public transit on January 29, 2021 requiring the wearing of masks by people on public transportation conveyances or on the premises of transportation hubs to prevent spread of the virus that causes COVID-19. This Order was effective as of February 1, 2021 and will expire on March 18, 2022.
Question: What evidence shows that masks work?	Answer: Please refer to this document on face covering effectiveness in K–12 settings. Rationale: Universal and correct use of face coverings keeps kids learning in-person. Evidence from the past year makes clear that in-person school is crucial in supporting the social-emotional health of students and their families. Face coverings increase the likelihood that students will be able to stay in school by reducing the risk of exposure and transmission of COVID-19.



Question: Does the shift back to local control mean the pandemic is finally behind us?	Answer: No, the pandemic is still with us. Rationale: According to the most recent COVID-19 forecasting from OHSU, by the end of March, hospitalizations and transmission rates statewide will be low enough to return decisions about masking in indoor public spaces, including schools, to local decision making. This decline in cases will reduce strain on hospitals ensuring that when someone needs hospital level care, it is available.
Question: Where can I find more information on quarantine and isolation within optional masking indoor K-12 settings?	Answer: This table has available information.
Question: Is Oregon's guidance aligned with the CDC? Are there other states who are approaching COVID-19 in a similar way?	Answer: Yes, Oregon remains aligned with the CDC in strongly recommending universal face coverings in K-12 settings at this time. Rationale: The <i>Centers for Disease Control and Prevention</i> (CDC), OHA and ODE continue to strongly advise the use of face coverings in schools in order to reduce the spread of COVID-19 and minimize the impact of quarantine through the school year. Many states, including Washington and California, remain aligned with the CDC Oregon's K–12 face covering recommendation also aligns with recommendations from the American Academy of Pediatrics, the Oregon Pediatric Society and the Oregon Academy of Family Physicians.
Question: What is required and what is advisory?	Answer: As of March 31, the following OARs related to COVID-19 prevention, mitigation, response and recovery will be in effect:



	 OAR 333-019-1030 COVID-19 Vaccination Requirements for Teachers and School Staff OAR 581-022-0106 State Standards for the 2021-22 School Year OAR 581-015-2229 Individualized COVID-19 Recovery Services OAR 581-022-2220 Communicable Disease Management Plan; Maintain Separate Isolation Space OAR 333-019-0010 Responsibility to Exclude Students and Staff
	In addition:
	 The Centers for Disease Control and Prevention (CDC) issued an Order for the mandatory use of face coverings on public transit on January 29, 2021 requiring the wearing of masks by people on public transportation conveyances or on the premises of transportation hubs to prevent spread of the virus that causes COVID-19. This Order was effective as of February 1, 2021 and will expire on March 18, 2022. Children and Families Administration's interim final rule with comment (IFC) adding new provisions to the Head Start Program Performance Standards to mitigate the spread of COVID-19. This IFC requires universal masking for all individuals two years of age and older, with some noted exceptions.
Question: What are the consequences of a COVID exposure?	Answer: This depends on whether or not the school is operating under a local ordinance or policy for universal and correct use of masking in the K–12 setting.
	Where an optional masking policy is in place, an exposure is considered to be all indoor close contact that occurs within 6 ft for 15 or more cumulative minutes over 24 hours, regardless of whether mask(s) were worn by one or more people in question.



	Where a universal masking policy is in place, an exposure is defined as any unmasked indoor close contact that occurs within 6 ft for 15 or more cumulative minutes over 24 hours. For example, contact between students who are unmasked while eating lunch
Question: Do vaccinated people who are exposed to COVID-19 need to	Answer: No.
quarantine?	Rationale: People age 18 or older who are <u>up to date</u> with their COVID-19 vaccination or youth 5-17 who are <u>fully vaccinated</u> who have come into close contact with someone with suspected or confirmed COVID-19 do not need to quarantine.
	 Regardless of vaccination status, all close contacts: Should wear a well-fitting mask around other people for the 10 days following their last exposure. May seek testing at least five days after their exposure. Should watch for COVID-19 like symptoms for 10 days after their last exposure. Should stay home and get tested if they develop symptoms.
Question: In what circumstances do students and staff undergo COVID-19 testing?	 Answer: There are several circumstances to note. Students or staff who develop COVID-19 symptoms at school or who have been exposed to COVID-19 may be tested at school if the school is participating in a diagnostic testing program. A completed consent form allowing the test must be on file PRIOR to administering the test. Test administration must follow OHA's program guidance. If a school is operating under a local ordnance or policy for universal masking, students and



	staff are eligible for OHA's test to stay protocol and may be tested . For more information relating to COVID-19 testing and schools, please visit OHA's COVID-19 testing in schools website. For general information on COVID-19 testing, please visit OHA's webpage.
Question: If districts do not adopt a universal masking policy in their schools, will they be allow to utilize Test to Stay?	Response: No. Rationale: Vaccination and universal masking are the most effective public health interventions to reduce the risk of COVID-19 transmission in K-12 settings. When universal masking is in place and an exposure to a case of COVID-19 occurs, the exposure is considered very low risk for onward transmission because masking protects the wearer from transmitting COVID-19 and becoming infected with COVID-19. However, when masking is not in place, any exposure is relatively likely to result in onward transmission because the Omicron variant is extremely transmissible. In schools, children who are not fully vaccinated and adults who are not up to date with their COVID-19 vaccination series who are exposed to COVID-19 are subject to quarantine (unless they have been infected within the last 90 days). Test to stay is a form of modified quarantine—it allows an individual otherwise subject to quarantine to attend school because their exposure is considered low risk by virtue of universal masking and offers additional protections (two tests over 5 days) to help detect onward transmission. Without universal masking in place, individuals otherwise subject to quarantine are very likely to have been infected during their exposure and are very likely to go on to infect others. Testing is an imperfect tool in that it does not detect all cases; therefore, test to stay should only be used for low-risk exposures in K-12 settings with all mitigation layers in place including universal masking. As per usual, we will continue to follow data on spread of COVID-19 in Oregon, examine the tools available to reduce spread and re-examine guidance as appropriate.