

# FAQ: LPH supporting the Safe Learning Plan

The following frequently asked questions are focused on local public health (LPH) supporting the Safe Learning Plan for 2020-2021 school year. *This information is accurate as of 8/7/20 and does not replace information or guidance provided by the Minnesota Department of Health (MDH) or Minnesota Department of Education (MDE).*

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## Resources

### What resources are available regarding the Safe Learning Plan?

- [Safe Learning Plan](#): explains the Safe Learning Plan for the 2020-21 School Year and outlines resources and supports that are available to school districts and charter schools for the upcoming school year. Also, review the [Safe Learning Plan FAQ](#) and other resources on the [Safe Learning Plan Page](#).
- [2020-2021 Planning Guide for Schools Health: Considerations for Navigating COVID-19](#): provides pre-K through grade 12 (K-12) school leaders guidance around policies, practices, and strategies that districts and schools must implement and recommendations they should consider to optimize education and promote health and safety, while mitigating risk throughout the school year.
- [Guidance for Minnesota Public Schools: 2020-2021 School Year Planning](#): contains detailed guidance for three scenarios for the school year.
- [Data for K-12 Schools: 14-day COVID-19 Case Rate by County \(PDF\)](#) includes data that can be used by schools in making decisions about their safe learning model.
- [Guidance for Delivering Direct Student Support Services: Staff Protective Equipment](#): provides direction to school staff on the type of protective equipment that will be needed to reduce the risk of COVID-19 transmission when delivering direct student support services that require close, prolonged contact.

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## Case Rate

### Where is the data for the case rate by county?

The data are at [Data for K-12 Schools: 14-day COVID-19 Case Rate by County](#). This document includes data that can be used by schools in making decisions about their safe learning model. It shows the number of cases by county of residence in Minnesota over 14 days, per 10,000 people by the date of specimen collection (when a person was tested). Any increase in case incidence can represent a greater risk, but schools may consider a 14-day case rate of 10 or more cases per 10,000 to be an elevated risk of disease transmission within the local community, especially when the level of cases per week is sustained or increasing over time. This data is updated weekly on Thursdays.

### Where does the case rate data range come from?

The case rates are calculated using the Morbidity and Mortality Weekly Report (MMWR) weeks, which are defined by the National Notifiable Disease Surveillance System.

### Why is the data not more recent? Why is the data delayed?

The dates represent the date the specimen was collected. The delay (or lag) in data occurs as the result of: 1) assuring data accuracy including confirming address/county of residence and identifying and

removing repeats (confirming the news cases are actually new, not someone taking another test); and 2) delays in MDH receiving electronic test results from external labs.

## **What is counted as a case/what is the numerator?**

Lab confirmed cases (by date of specimen collection) are the numerator for the case rate by county.

## **Where are the county population numbers from?**

The county populations comes from the 2018 American Community Survey 5-year estimates from the U.S. Census Bureau.

## **What about case counts in a city?**

The county rate is used to identify the base learning model. The Safe Learning Plan does not utilize city level data as city addresses can be problematic and poorly defined, which leads to messy and sometimes inaccurate data. City level data can be reviewed as part of the local epidemiological data set but LPH and schools need to exercise caution when applying county level thresholds to city level data.

## **How are long term care, worksite, or jail outbreaks accounted for in the case counts?**

Local information about outbreaks, community spread, and the groups of people becoming ill/infected are also useful components in understanding how COVID-19 is impacting the community. In some cases, high county-level case rates may be the result of a known, isolated outbreak in a specific local employer or workplace that may be unlikely to impact the school setting. However, the high county-level case rates may also be indicative of more widespread community transmission as the result of larger exposures. It is important for school districts and charter schools, particularly those who would like to discuss operating a different learning model than the model determined based on the defined parameters, to consult with public health officials when they have questions about the local epidemiology of COVID-19 in their community.

## **Where are the zip code level data?**

Zip code level data are at <https://www.health.state.mn.us/diseases/coronavirus/stats/index.html>. Zip code level data can be reviewed as part of the local epidemiological data set but LPH and schools need to exercise caution when applying county level thresholds to zip code level data.

## **What about counties with small populations where a case or two can make a significant difference in the case rate?**

Population size and managing rate changes are part of interpreting the county-level data. Local and/or state public health can bring this up during the consultations and discussions.

## **Local Public Health Role in Consultations & Sharing Local Epidemiological Data**

### **Can local public health provide local epidemiological data to school districts?**

Local public health can consult with and provide local epidemiological data and interpretation to school districts. It is not the intention of the Safe Learning Plan process to interrupt the relationships between schools and local public health. MDH is using and sharing the [template for consults](#), which may be of use to local public health.

### **What if the local public health has concerns about the learning module selected?**

If a local public health has concerns, please contact MDH at [Health.schools.covid19@state.mn.us](mailto:Health.schools.covid19@state.mn.us). It is the intent of the consultation process with local and state public health to deal with and address these concerns. If not resolved, the Commissioner of Education can require a more restrictive learning model to assure the health and safety of the students and school staff. The preference is to not use authority, but will if necessary. It would be beneficial to document any concerns in the consultation/discussion notes or in the [template for consults](#).

### **Does local public health have to give the “seal of approval” to a school district’s decision on learning models?**

No, local public health does not give a seal of approval. Local public health is in a consultative role. MDH is communicating this message to school districts and superintendents.

### **How can LPH share with each other best practices in local consultation?**

LPH can share best practices and questions in the [local public health basecamp](#).

### **If asked, can local public health do a friendly audit of the school building and practices?**

If local public health has the capacity, this is a good practice and relationship-building exercise. Remind the school that local public health does not give a seal of approval. Local public health is in a consultative role.

### **Can the COVID updates by county not only provide the total to date but also cases currently in isolation?**

This will be brought back to the data group, however there are no plans at this time to provide this data.

## **Can you provide a link to the study out of South Korea which shows the transmission rates amongst children?**

[Contact Tracing during Coronavirus Disease Outbreak, South Korea, 2020](#)

## **Where do we send education specific questions to?**

[COVID-19.Questions.MDE@state.mn.us](mailto:COVID-19.Questions.MDE@state.mn.us)

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# **Regional Support Teams & the LPH Role**

## **What is local public health's role in the Regional Support Team?**

There is a small workgroup of LPH and MDH staff who are working on the LPH role. There will be flexibility for the each local health department to identify their role based on capacity and other community and department factors. Additional details about the regional support team will be shared as soon as available.

## **What are the Regional Support Teams?**

The Regional Support Teams are a partnership between MDE, MDH, regional service cooperatives and local public health to support school districts and charter schools in navigating the impacts of the COVID-19 pandemic on the 2020-21 school year. Beginning August 24, school districts and charter schools will work with Regional Support Teams to consult regarding implementation and ongoing evaluation of their learning model.

In the interim, on July 30, 2020, superintendents and charter leaders received an email from MDE with contact information and directions about how to schedule a consultation to support their learning model determination. Superintendents and charter school leaders may also choose to consult with local public health officials regarding their learning model determinations.

## What is the structure of the Regional Support Teams?

Regional Support Teams are structured in a way that allows efficient communication from the school and district level to the state level in the event of a confirmed case of COVID-19 in a school building.

As shown in the graphic, the first step in this process is for a superintendent or charter school leader to contact their assigned service cooperative lead. The lead will then contact MDH and/or local public health officials to begin the response process, who will notify the Regional Support Team regarding appropriate next steps.

The Regional Support Teams are made up of rapid response staff, health consultants and testing event planners. Additional details are found in the Stay Safe Plan.




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## School District Covers Multiple Counties

### What if my school district covers multiple counties?

A school district or charter school whose enrollment includes a large proportion of students from an adjacent county should use data from the county with the highest bi-weekly case rate to inform the recommended learning model.

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## County has Multiple School Districts

### What if my county has multiple school districts?

An individual school district's ability to meet the requirements and recommendations of the models may vary in a county. This will factor into their determination of their safe learning model.

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## Private Schools

### Do private schools have to follow the Safe Learning Plan?

MDE does not have jurisdiction over nonpublic schools, but all Minnesota schools are urged to consult with public health experts and use the Safe Learning Plan to determine which learning model is best for their community that prioritizes the health and safety of students, educators, school staff, and families.

## Do private schools staff and students have to wear face coverings?

Yes. [Executive Order 20-81](#) applies to private schools.

## Will face coverings be provided to private schools?

Yes, public and private schools will receive face coverings from MDE.

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# Learning Models and Movement Between Learning Models

## What are the guidelines for the learning models?

Information on the learning models listed below is in the [Guidance for Minnesota Public Schools: 2020-2021 School Year Planning](#).

- In-person learning
- Hybrid learning with strict social distancing and capacity limits
- Distance learning
- What is the expected turnaround time for consultation and plan approval?
- MDH staff are involved in many consultations this week and can usually get to them within a day or two of the request. If/when there starts to be a backlog, schools will be prioritized by school start date.

## What age/grade are elementary students?

Elementary school age does vary by district but it is up to 6<sup>th</sup> grade.

## Please explain the 50% for the hybrid model.

Schools must limit the overall number of people in school facilities to 50% maximum occupancy. Sufficient social distancing with at least 6 feet between people must occur at all times. If distancing cannot be achieved in a space, the number of occupants must be reduced.

## When does the clock start for schools districts to announce the learning model for the start of school?

School districts and charter schools must electronically post and communicate their contingency in-person learning, hybrid learning, and distance learning plans to students and their families no later than one week before the beginning of their respective 2020-21 school year. School districts and charter schools must make all attempts to provide such communications orally and written in languages spoken in their respective school district or charter school.

Please recognize that the data will continue to shift and change. A school can plan towards a specific model based on current data but need to remain prepared to respond quickly if the situation changes rapidly. We are in a pandemic and the situation will continue to shift rapidly so we have to be prepared to change our thinking quickly if needed.

## **How often will schools be expected to move between models?**

After the initial selection of a learning model for school opening, the decision to shift to an alternative learning model should center on the impact of COVID-19 at the school level, while maintaining awareness of changes in viral activity in the community through continued review of the bi-weekly county-level case data. School districts and charter schools considering making a change in their learning model for a school or entire district must do so first and foremost in the interest of safety for school staff and students. It is also important to respect the impact a shift in learning model will have on the school community; making a change requires significant coordination and communication even when well thought-out plans are in place, and therefore any recommendation or decision to change learning models should not be taken lightly. With this in mind, school districts and charter schools may consider the general framework in the Safe Learning Plan.

Note: The education commissioner retains statutory authority to order the transition from in-person instruction to a distance learning model if it is determined—after consultation with MDH—that in-person instruction is no longer safe due to concerns related to COVID-19.

## **How and when can districts and schools change learning models?**

School districts, charter schools, the MDH, and the local public health agency, as applicable, will work together to monitor the number of cases of COVID-19 in an area or facility and the schools' ability to follow health requirements and best practices to keep students and staff safe. Adjustments will be made to the learning model as needed. The commissioners of MDE and MDH have the authority to stop in-person learning if an outbreak or increase in community spread occurs.

Schools may be allowed to move from distance learning to a model that involves a higher level of in-person learning, after consulting with health officials to assess the level of disease spread and the impact on the school community.

A school that is initially required to use a distance learning model due to high levels of viral transmission in the school or local geographic community may consider using a mixed learning model as a bridge to safely move back toward in-person learning if conditions are appropriate. For example, a school could operate using a hybrid model for two incubation periods (28 days) and carefully monitor for any additional clusters of confirmed cases of COVID-19 before transitioning back to a full in-person learning model.



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## Face Coverings

*Note: the [Guidance for Delivering Direct Student Support Services: Staff Protective Equipment](#) provides direction to school staff on the type of protective equipment that will be needed to reduce the risk of COVID-19 transmission when delivering direct student support services that require close, prolonged contact.*

### Are face coverings required?

All students, staff, and other people present in school buildings and district offices or riding on school transportation vehicles are required to wear a face covering. Face coverings are meant to protect other people in case the wearer does not know they are infected. A face shield (a clear plastic barrier that covers the face) allows visibility of facial expressions and lip movements for speech perception and may be used as an alternative to a face covering in certain situations.

Face coverings should not be placed on anyone under age 2, anyone who has trouble breathing or is unconscious, anyone who is incapacitated or otherwise unable to remove the face covering without assistance, or anyone who cannot tolerate a face covering due to a developmental, medical, or behavioral health condition.

### Will face coverings be provided?

The State of Minnesota will provide the following supplies to all public schools:

- Every K-12 student will receive one cloth face covering.
- Every school staff member will receive one cloth face covering.
- Every school will receive three disposable face masks per student.
- Every school will receive face shields for all licensed teachers and 50% of non-licensed staff.

### When will schools get face coverings?

The schools will be receiving the face coverings from MDE during the first part of September.

### Can schools require a medical exemption for masks?

This is currently being discussed with MDE legal team to finalize the process and guidance on this topic. This policy would need to be evaluated by the school district's legal team and then shared with MDE's legal team. We will share when more information is available.

### When will the guidance come out about N95 usage in schools and fit testing?

The [Guidance for Delivering Direct Student Support Services: Staff Protective Equipment](#) provides direction to school staff on the type of protective equipment, including N95, that will be needed to

reduce the risk of COVID-19 transmission when delivering direct student support services that require close, prolonged contact.

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## Sport and Other Extracurricular Activities

### What about sports and other extracurricular activities?

Youth programs must follow the [COVID-19 Prevention Guidance for Youth and Student Programs](#). This can be discussed during the consults.

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## School Nurses

### Will there be any increase in support for school nurses to increase capacity and staffing from MDH, MDE, or legislature?

No information is available on this question at this time.

### Is there guidance for schools that do not have school nurses?

School districts will need to determine who will support their school health/COVID-19 work in the absence of a school nurse. School districts could explore hiring or partner with a neighboring district.

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## Health Coordinator

### Does MDH have recommendations or preference on who should be the COVID Coordinator?

MDH does not have a recommendation for this role. This can be discussed during the consult.

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## Testing

### Saliva Test: How is it obtained and administered?

At the start of the school year, every educator, support professional, administrator and other staff member employed in childcare, preschool or K-12 education will be able to obtain a code for an at-home saliva test.

If a COVID-19 test is needed, the educator will go to a state website and enter their information to confirm they are employed at one of the covered institutions. Once confirmed, an e-mail with a code for the test will automatically be generated. The educator will use the code to order a test. Within 24 hours, the educator will receive test kit in the mail. They may take the test at the time of their choosing. When

test is complete, they put it in the prepaid UPS package and drop it in the nearest UPS drop box for next day delivery to the lab. In approximately 48 hours results will arrive via e-mail.

The saliva test was developed by Vault Health, working with RUCDR Infinite Biologics. It can be done at home using telehealth (video) supervision from a physician. Saliva-based testing offers increased comfort over the standard nasal swab because people can collect their own samples with minimal discomfort by simply spitting into a sterile tube and mailing it to a lab for processing.

## **Saliva Test: How many do teachers and school staff get?**

One of the best ways we can protect both educators and students from the spread of COVID is to put more testing in the hands of our educators. The at home saliva test is NOT a back to school test that must be completed before they enter the classroom. It's a test to use when they feel they need it. Whether they think they were exposed to someone who is COVID-19 or simply wake up feeling ill, education professionals will have the choice to take the test whenever they feel they need it.

Along with the saliva test, teachers will still be able to get tested at their own clinic if they meet criteria and can participate in testing events as needed. In addition, for exposures of less than 50 educators and children, there will be a combination of partners including local public health, the local health system and health resources internal to the school district will partner to ensure testing availability.

For significant transmission within a school, center, or community, the State will provide a large-scale testing event. These events can scale from a few hundred to a few thousand.

## **Saliva Test: How accurate are the tests compared to molecular and serology?**

The RUCDR TaqPath Sars-CoV-2 Assay, in conjunction with a saliva-based sample source, provides the same or higher levels of sensitivity and specificity as any other test currently on the market. With respect to the presence of SARS-CoV-2, 98% of tests provide either a positive or a negative result, and only 2% of tests provide an inconclusive result. The test can detect fewer than 200 copies of viral genes per milliliter of saliva. It can detect the presence of virus in the saliva within 2 days of infection, and up to 28 or more days after infection. Across all known gene sequences of SARS-CoV-2, the test detects the genes of interest more than 99% of the time, making it highly sensitive and specific for those genes.

## **Saliva Test: Who pays for the tests (insurance, the state, the school district)?**

All educators and staff will receive access to a COVID-19 Saliva Test at **no cost**. They will need to enter their insurance or indicate they are uninsured – the state will backstop costs not covered by payers.

## **Saliva Test: How many will the state need in order to make sure every teacher and school staff gets at least one?**

To test all public and private K-12, preschool and childcare teachers, support staff is approximately 240,000 tests. This does not include contractors, home school or virtual schools.

## Saliva Test: For additional information Testing

- <https://www.rutgers.edu/news/new-rutgers-saliva-test-coronavirus-gets-fda-approval>
- <https://www.nytimes.com/2020/07/12/sports/we-didnt-want-to-sit-idle-a-rush-to-meet-pro-sports-testing-needs.html>

## Will there be testing for students?

Children will be asked to get tested through their local health provider. Testing events and universal testing might be offered where there are outbreaks.

## Can a school get a student's test results without permission?

No. All lab-confirmed cases of COVID-19 are reported to MDH. When MDH does the investigation for someone who is positive, during that conversation the individual provides permission for MDH to share with the person's employer, school, or other venues. Giving MDH this permission is important so schools can help with the case identification and notification of close contacts. A school cannot require families to share test results directly without written permission from the family.

## What should individuals do when waiting for test results?

Information on what to do while waiting for test results can be found in [What to do if you're waiting for COVID-19 test results](#).

## How is LPH involved in school-wide testing?

There will be flexibility for local public health's role in school-wide testing based on their capacity, the needs of their community, and other factors. More information will be shared when available.

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## Exposures/Cases in School

### When will the updated Exclusion Decision Tree be available?

The updated Exclusion Decision Tree is available at <https://www.health.state.mn.us/diseases/coronavirus/schools/index.html>. Note in order to get the updated version you may need to refresh your browser or try a different browser.

Additional information coming soon!

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## Case Investigation & Contact Tracing

Information coming soon!



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Contact [health.communications@state.mn.us](mailto:health.communications@state.mn.us) to request an alternate format.

08/07/2020