

COVID-19 RETURN TO SCHOOL TOOLKIT



HEALTH
Department



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DISCLAIMER: This information was developed based on the latest guidance at the time. Visit cdc.gov/coronavirus or Michigan.gov/coronavirus for the most up to date information.

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COVID-19 School Checklist

Follow the instructions of the [MI SAFE SCHOOLS: Michigan's 2020-2021 Return to School Roadmap](#) to identify the Phase your region is in.

MICHIGAN ECONOMIC RECOVERY COUNCIL REPORTING REGIONS



COVID-19 Screening

For School Staff and Administration

Conduct a daily entry self-screening protocol for all employees or contractors entering the workplace, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19.

- A hard copy of an example workplace-screening tool is found in [Appendix A](#).
- You can also use a virtual screener. One option from the state is <https://misymptomapp.state.mi.us/login>
- Staff should let the employer know if they have been exposed to COVID-19 or if they have been diagnosed or have symptoms of COVID-19.

For Students

It is recommended families screen students daily before arrival to school. The school should determine the screening method to use depending upon local schools conditions.

Due to the time and interruption to education doing this on site prior to school entry this would cause, the health department and the CDC does not currently recommend universal symptom screenings (screening all students grades K-12) be conducted by schools. Parents or caregivers should be strongly encouraged to monitor their children for signs of infectious illness every day prior to sending students to school.

It is recommended to set up an agreement or form ([Appendix B](#)) for parents outlining the responsibility of the parent and the responsibility of the school. A recommendation for what parents should ask is outlined below:

Student Screening

- Student guardians should let the school know if they have been exposed to COVID-19 or if they have been diagnosed or have symptoms of COVID-19.

Parents/families: Before leaving for school, please do the following screening. Your child having any of the symptoms indicates a possible illness that may decrease the student’s ability to learn and put them at risk for spreading illness to others.

Section One: Symptoms

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth or forehead with a non-contact thermometer
- Sore throat
- New** uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

Section Two: Close Contact/Potential Exposure

In the past 14 days has your child:

- A. Had close contact (within 6 feet of an infected person for at least 15 minutes including brief encounters totaling at least 15 minutes in 24 hours) with a person with confirmed COVID-19: OR
- B. Had close contact (within 6 feet of an infected person for at least 15 minutes including brief encounters totaling at least 15 minutes in 24 hours) with person under quarantine for possible exposure to COVID-19

If child answers YES to any screener questions, use this chart to determine appropriate action to take.

Response	YES to any symptoms in Section 1	YES to Section 2A	YES to Section 2B
Next Steps	Keep child home from school (isolate). Contact your healthcare provider to determine cause and consider getting tested for COVID-19. If also yes to 2A, strongly consider having your child tested for COVID-19.	Keep child home from school (quarantine) for 14 days from their last exposure.	Child may continue to attend school, but monitor for symptoms.
Return To School	<p>If child tests negative for COVID-19, or,</p> <p>If a healthcare provider provides an alternate diagnosis,</p> <p>They may return to school in accordance with Managing Communicable Diseases in Schools:</p> <p>Fever: at least 24 hours have passed with no fever, without the use of fever-reducing medications</p> <p>Sore throat: improvement (if strep throat: do not return until at least 2 doses of antibiotic have been taken)</p> <p>Cough/shortness of breath: Improvement</p> <p>Diarrhea, vomiting, abdominal pain: no diarrhea or vomiting for 24 hours</p> <p>Severe headache: improvement</p>	<p>If child tests positive for COVID-19, or</p> <p>Child is not tested for COVID-19 and an alternate diagnosis is not provided,</p> <p>They may return to school when:</p> <ul style="list-style-type: none"> - 10 days have passed since symptoms began, and - At least 24 hours have passed with no fever, without the use of fever-reducing medications, and - Symptoms have improved. 	<p>If after 10 days child does not develop symptoms, they may end quarantine and return to school, but continue to monitor for an additional four days.</p> <p>If child does develop symptoms, they must stay home and isolate.</p>

Cloth Face Coverings Help Prevent the Spread of COVID-19

The Michigan Department of Health and Human Services [Gathering Prohibition and Mask Order](#) requires everyone to wear masks when gathered with people from two or more households, including within schools. For schools in Region 6, the wearing of face coverings is strongly recommended, but not required.

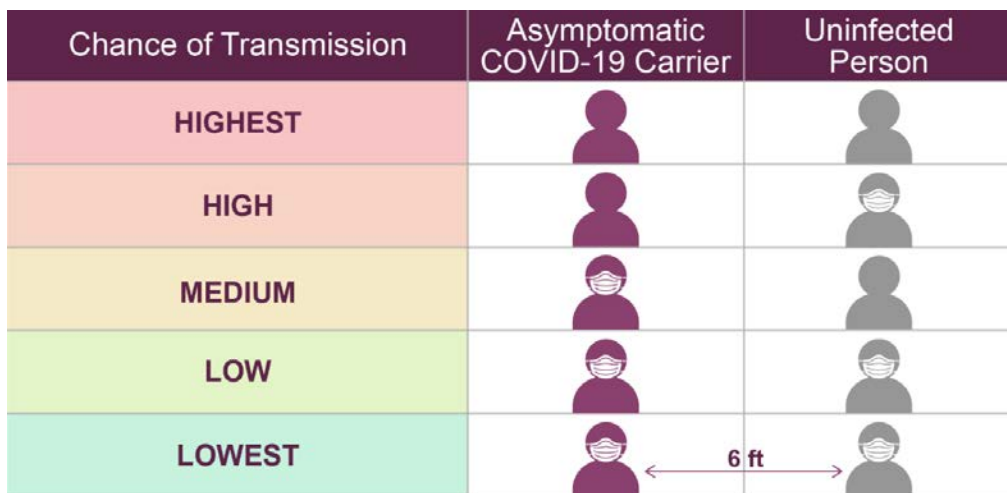
Definition of mask: Face mask means a tightly woven cloth or other multi-layer absorbent material that closely covers an individual’s mouth and nose. Medical or surgical grade masks would be included within this definition. Plastic face shields are not a replacement for a masks, but may be used in **conjunction** with a mask.

Exceptions:

1. Face shields, including plastic shields and hybrid products that have fabric around the edges of the shield, are not a replacement for cloth face coverings. For people who are medically unable to tolerate a face covering, a face shield may be worn alone instead. In settings where cloth face masks are **not required**, plastic face shields may be worn alone, and may offer some degree of protection.
2. School speech therapists may find wearing a face covering interferes with their ability to perform their job. Face shields are an appropriate alternative for the speech therapist and the student during therapy sessions.
 - Face shields must be worn by both the student and the speech therapist during the session.
 - Face shield must be assigned for use by only one student each.
 - Face shields should be cleaned and disinfected thoroughly between each use.
 - Once the therapy session has concluded, both the speech therapist and the students must put face coverings back on.

Environment	Staff	Early Childhood (ages 2-5)	Grades K-5	Grades 6-12
Classrooms/ Small Groups	Required, except during meals	Should be considered*	Required, except during meals	Required, except during meals
Common spaces	Required, except during meals	Should be considered* for ages 2-3, required for ages 4+, except during meals	Required, except during meals	Required, except during meals
Transportation	Required	Required	Required	Required
Outside with social distancing	Not required	Not required	Not required	Not required

* Although cloth face coverings are not required in these settings, they should be encouraged if tolerated.



Managing COVID-19 in the School

As long as there are cases of COVID-19 in the community, there will be no way to prevent all risks of COVID-19 spread in schools. **The goal is to keep the risk as low as possible and keep schools/school activities as safe as possible.** If students did not go to school, they would be at risk of COVID-19 illness from their interactions in the community. Going to school is very important to the development and well-being of our children. It gives them proper education, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits¹. Our goals are to ensure that the benefits of in-person education far outweighs any risks.

Designated COVID-19 Point of Contact

Designate a staff person in each building to be responsible for responding to COVID-19 concerns (e.g., school nurse) as well as a secondary person to help with difficult situations and cover absences. All school staff and families should know who this person is and how to contact them. This designated staff person will be the one responsible for communicating with the local health department and school administration for updates and direction.

Gatherings, Visitors, and Field Trips

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible and be sure to follow gathering requirements outlined in the MDHHS [Gathering Prohibition and Mask Order](#).
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
- Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.
- Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities. Refer to [Interim Guidance for Contact Sports](#) for full details.

Identifying Small Groups and Keeping Them Together (Cohorting)

While keeping students 6 feet from one another is the preferred mitigation strategy, it may be difficult to achieve in the school setting. If this is the case, schools can cohort students and staff. Cohorts are important because they limit how many students and teachers will be exposed to COVID-19 should someone at school be contagious. Cohorts may be by classroom and/or groups within the classroom.

It is recommended to keep the cohort together as much as possible throughout the whole day. The cohort should eat together, have recess together on the playground, and so forth. Older students can stay with a cohort through their core classes. Limit mixing between cohorts as much as possible. Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).

Staggered Scheduling

- Stagger arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.

¹ Source: American Academy of Pediatrics (AAP). June 25, 2020. COVID-19 Planning Considerations: Guidance for School Re-entry <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

- When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between employees and others, especially if social distancing is recommended by state and local health authorities.

What Happens When Someone at School Gets COVID-19?

School and local health department learn of a student or staff member diagnosed with COVID-19

If you become aware of a case of COVID-19 in a student or staff member,

- The designated school staff should notify the health department as soon as possible, but within 24 hours per the requirements of the October 6 epidemic order, [Reporting of Confirmed and Probable Cases of COVID-19 at Schools](#). The health department will notify your designated school staff contact when they become aware of a case as well. Only a select few at the school will know the identity of the person confirmed to have COVID-19. Those few individuals are critical to helping the health department determine who were close contacts to the case and determine what areas of the school need special attention for disinfection and cleaning. Other than those few individuals, the person's identity is kept confidential in respect of their privacy as well as following regulations of FERPA (for schools) and HIPAA (for the health department).
- Additionally, the order requires that if the local health department notifies the school of a case of COVID-19 associated with the school, the school must provide public notice to the school community in a highly visible location on the school's website. Further, schools are encouraged to provide the school community information about measures in place to protect against the transmission of COVID-19.
- Isolate the student or staff member. Continue to monitor the health status of the student or staff member in the Isolation/Mitigation Room while they are awaiting transport home or to the health care provider.
- Ensure that proper cleaning and disinfecting is done in the areas where the student or staff member was located.

Cleaning and Disinfecting

Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting

Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection, including storing products securely away from children.

Review "Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes" developed by the CDC, also found in Appendix C.

Identify Close Contacts

A person with COVID-19 is considered contagious starting 2 days (48 hours) before they started having symptoms. If they never have symptoms, they are considered contagious starting 2 days (48 hours) before their COVID-19 nasal/throat swab test was performed. Close contacts to a person with contagious COVID-19 are at risk of getting sick and becoming contagious/infectious. They must be identified and be quarantined.

Quarantine: A 14 day waiting period for people who are known to have been exposed to COVID-19. During quarantine, individuals stay home and away from others as much as possible.

Isolation: People who are sick with COVID-19 stay home except to get medical care for at least ten days while they recover.

What is a close contact?

For COVID-19, a close contact is someone that has been within 6 feet (about 2 arms' length) of an infected person for at least 15 minutes, or for a total of 15 minutes in a 24 hour period, with or without a face covering.

Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors).

Examples of Close Contacts in the Schools

Many things affect what a close contact is and this needs to be determined on a case by case basis with help from the local health department, as available. However, at a minimum, the following examples should apply to most situations.

Assuming all COVID-19 prevention methods have been followed (everyone has been consistently and properly using face coverings, washing hands frequently, cleaning frequently touched items often, maintaining physical distancing as best as possible, not sharing items, etc.), a close contact might be:

- *If the contagious individual were a teacher:*. If the contagious teacher was not keeping at least 6* feet away from students while teaching (i.e., walking around while lecturing, doing a lot of one on one, face to face instruction), the entire class may need to quarantine.
 - If the teacher is not wearing appropriate face covering, the spread of droplets and aerosol is greater.
- *Classmates sitting or often within 6* feet* of the contagious individual, either in the classroom or on the bus, unless it only occurred one time in a 24-hour period **and** was less than 15 minutes.
 - This would typically be the one to two rows of students sitting closest to the contagious individual.
- *Lunchmates* of student if sitting within 6* feet of contagious individual.
 - This is a higher risk time as face coverings cannot be worn.
- *Playmates on the playground or in gym* within 6* feet of the contagious individual unless interactions are consistently kept very brief, no common items are shared, and locker room time is not shared.
- *Sports teammates* within 6* feet of the contagious individual unless interactions are consistently kept very brief and do not total more than 15 minutes, no common items are shared, and locker room time is not shared.
- *Opposing teammates* in sporting events that shared time on the field or court with the contagious individual unless it can be confirmed that there were no potential interactions within 6* feet between the contagious individual and specific teammates from the opposing team and no contact with shared items
- *Classmates or others that had interactions* with the contagious individual lasting over 15 minutes, or for a total of 15 minutes in a 24 hour period in confined areas such as bathrooms, office room, where distancing of 6* feet is difficult.
- *Any other person outside of school* that had similar exposure to a contagious individual is considered a close contact.
- *Public health authorities may determine that distances beyond 6 feet can still result in high-risk exposures based on other considerations and circumstances in each particular case.

It will be very helpful for parents to keep note of where their student is going and who they are spending time with outside of school. This will help greatly in finding close contacts should someone become infected. You may also understand from this list the importance of assigned seating and keeping students from mingling together as much as

possible in order to keep the spread of disease to a minimum. We know kids don't like assigned seats or losing freedoms but please help encourage them and remind them why this is important.

Communications

Ensure the local health department is aware of the case. They may ask you to complete a form, such as the one provided in Appendix D, to help with contact tracing. The health department will contact individuals and provide quarantine instructions as appropriate and able depending on the severity of spread in the community.

Local Health Departments Quarantine Close Contacts

Quarantine separates people who were exposed to a contagious disease to see if they become sick. This is important because people who are infected with COVID-19 are very contagious starting two days before they have any symptoms of being sick, so unless they are kept separated from other people, they will spread the illness without even knowing it. Since close contacts are not yet known to be infected, the contacts to those contacts do not need to be in quarantine and do not need to be identified or contacted. The large majority of close contacts do not get COVID-19, but, because it is very contagious, we must be cautious.

Example of a contact of a contact:

Bob sits next to Fred in class. Fred gets sick with COVID-19. Bob needs to be in quarantine but is healthy at this time. Bob plays on the football team. No one on the football team has been near Fred. Therefore, the football team doesn't need to be notified about Fred being sick or worry about Bob being on quarantine at this time. Odds are, Bob will not get sick and will be back to school and football in a couple of weeks.

School Scenarios with Action Steps

See page 10.

STAFF/ADULTS

Staff/adults working in school with any of the following symptoms (new/different/worse from baseline of any chronic illness) should be **excluded from work** and encouraged to follow up with their healthcare provider:

ONE of the following:

1. Feverish
2. Cough
3. Shortness of breath

OR TWO of the following:

1. Muscle aches without another explanation
2. Chills
3. Sore throat
4. Headache
5. Vomiting or Diarrhea
6. Loss of taste or smell

They should not return until it has been*:

- At least 10 days since symptoms first appeared **AND**
- At least 24 hours with no fever without fever-reducing medication **AND**
- Symptoms have improved

*(Employers **should not** require sick employees to provide a COVID-19 test result or healthcare provider's note to validate their illness, qualify for sick leave, or return to work.) *Immunocompromised employees may require longer exclusion periods*

Employees may return to work after 24 hours of symptom improvement IF the employee has not had an exposure to COVID-19 AND a negative molecular diagnostic test for COVID-19 result is received.

STUDENTS

Student has **ANY** of the following symptoms (new/different/worse from baseline of any chronic illness):

- Temperature 100.4 or signs of fever (chills/sweating)
- Sore throat
- New uncontrolled cough that causes difficulty breathing
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache

EXCLUDE FROM SCHOOL

Student has **ANY** close contact or potential exposure risk in the past 14 days:

- Had close contact with a person with confirmed COVID-19
- Had close contact with person under quarantine for possible exposure to COVID-19
- Had travel history

NO

1. Refer to Healthcare Provider
2. Refer to COVID-19 testing location for possible testing
*(Schools **should not** require testing results as a part of return to school policies.)*

YES

Diagnosed with COVID-19 OR no other diagnosis available

HOME ISOLATION UNTIL:

- At least 10 days since symptoms first appeared **AND**
- At least 24 hours with no fever without fever-reducing medication **AND**
- Symptoms have improved

COVID-19 Test Results NEGATIVE

Had close contact with a person with confirmed COVID-19 within last 14 days?

NO

YES

Finish 14 Day Quarantine**

Student may return based on the Healthcare Provider guidance for their symptoms (see "Managing Communicable Diseases in Schools"):

1. Fever: at least 24 hours have passed with no fever, without the use of fever-reducing medications
2. Sore throat: improvement (if strep throat: do not return until at least 2 doses of antibiotic have been taken);
3. Cough/Shortness of breath: improvement
4. Diarrhea, vomiting, abdominal pain: no diarrhea or vomiting for 24 hours
5. Severe headache: improvement

**Quarantine lasts 14 days. If no symptoms develop after 10 days, quarantine may be discontinued but symptoms must be monitored for the remaining four days.

Student/Staff Person is Confirmed or Symptomatic^ Pending Results or a Close Contact.			
Scenario 1:	Scenario 2:	Scenario 3:	Scenario 4:
<p>A student/staff person within the school is confirmed to have COVID-19 (tests positive for COVID-19 with a nasal/throat swab).</p>	<p>A student/staff person within the school is symptomatic and lab results for COVID-19 are pending.</p>	<p>A student/staff person within the school is symptomatic and no testing for COVID-19[; / is done.</p>	<p>A student/staff person within the school is a close contact to a confirmed COVID-19 case.</p>
<p>The student/staff person AND all household members of the student/staff person are immediately excluded from school.</p> <p>The confirmed positive student/staff person must isolate at home. The student/staff person must be excluded from school until</p> <ul style="list-style-type: none"> • 24 hours with no fever (without the use of fever-reducing medication) and • Symptoms have improved and • 10 days since symptoms first appeared. <p>Household members and the quarantined student/staff person who are close contacts are excluded for 14 days after their last date of close contact.</p>	<p>The student/staff person is excluded from school until results of the test are available.</p> <p>If test results are negative and the ill student has had close contact to someone with COVID-19, they must still finish their quarantine.</p> <p>If test results are negative and the ill student had no known exposure to COVID-19, the student/staff person may return based on the healthcare provider guidance for their predominate symptoms (see “Managing Communicable Diseases in Schools”).</p> <p>Household members and student/staff person who are close contacts of the <i>pending</i> case with no history of COVID-19 exposure (prior to lab results) should be monitored for symptoms while waiting for test results. They do not need to be excluded from school. If symptoms develop, they should call their medical provider to be tested for COVID-19.</p>	<p>For ALL STAFF and for STUDENTS only IF They Answered YES to any Questions in Section 2[#] of Screener: The student/staff person is excluded from school until:</p> <ul style="list-style-type: none"> • 24 hours with no fever (without the use of fever-reducing medication) and • Symptoms have improved and • 10 days since symptoms first appeared. <p>For STUDENTS If They Answered NO to all of the Questions in Section 2 of the Screener: The student may return based on the healthcare provider guidance for their diagnosis/predominate symptoms (see “Managing Communicable Diseases in Schools”).</p> <p>Household members and student/staff person who are close contacts: if the individual had close contact with a confirmed case of COVID-19 and suspicion for COVID-19 are high, they may need to be excluded from school. Consult with your health department.</p> <p>Otherwise, household members and student/staff person who are close contacts do not need to be excluded from school. If symptoms</p>	<p>The student/staff person must quarantine for 14 days since last date of close contact.</p> <p>After 10 days, if no symptoms develop, quarantine may end early, but symptoms must be monitored for the remaining four days.</p> <p>Household members, classmates, and teachers of the quarantined student/staff person may continue to attend school and should monitor for symptoms. They do not need to be excluded from school. If symptoms develop, they should call their medical provider to be tested for COVID-19.</p>

		develop, they should call their medical provider to be tested for COVID-19.	
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^Symptoms for students: fever, feeling feverish, cough, difficulty breathing, sore throat, diarrhea, vomiting, abdominal pain, severe headache

^Symptoms for staff: New or worsening: fever, feeling feverish, cough, difficulty breathing, sore throat, muscle aches, vomiting, diarrhea, new loss of taste or smell (Source: Should we be screening employees, Content of screening questions)

**Questions in Section 2: Had close contact (within 6 feet of an infected person for at least 15 minutes or for a total of 15 minutes in a 24 hour period) with a person with confirmed COVID-19: OR Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to COVID-19; OR had recent travel history in last 14 days.*

**Close contact with a confirmed COVID-19 case is defined as being within 6 feet of a person who has tested positive for at least 15 minutes or for a total of 15 minutes in a 24 hour period with or without a mask. Public health authorities may determine that distances beyond 6 feet can still result in high-risk exposures based on other considerations and circumstances in each particular case.*

Household Member of a Student within the School is Confirmed or Symptomatic Pending Results or a Close Contact.		
Scenario 1:	Scenario 2:	Scenario 3:
Household member of a student within the school has been confirmed to have COVID-19.	Household member of a student within the school is symptomatic, pending results, and has had close contact with a known case.	Household member of a student within the school has had close contact to a known case of COVID-19.
<p>Students who live in the same house as the COVID-19 positive person are excluded from school while the household member is in isolation (10 days). The student must quarantine for 14 days after the last date of close contact while they are contagious.</p> <p>If after 10 days of quarantine no symptoms have developed, quarantine may end early, but symptoms must be monitored for the remaining four days.</p>	<p>Students who live in the same household of the family member are excluded from school until test results are in.</p> <p>If the household member is positive, see scenario 1. If the household member is negative, student may be able to return to school unless household member is determined to be a probable case of COVID-19.</p>	<p>Student can remain in school but should be monitored. They do not need to be excluded from school.</p> <p>If COVID -19 symptoms develop in the household member, students should be excluded from school, and should be treated as in Scenario 1 pending results.</p>

**Close contact with a confirmed COVID-19 case is defined as being within 6 feet of a person who has tested positive for at least 15 minutes or for a total of 15 minutes in a 24 hour period with or without a mask. Public health authorities may determine that distances beyond 6 feet can still result in high-risk exposures based on other considerations and circumstances in each particular case.*

How Does COVID-19 Spread?

COVID-19 can spread by droplets (most likely), aerosols (less likely), and objects (least likely).

Respiratory Droplets

Respiratory droplets are small particles that enter the air when we cough, sneeze, laugh, yell, and talk. They are little flecks of spit. Respiratory droplets tend to settle out of the air after traveling several feet from the person that released them. Respiratory droplets can also spread directly by kissing or sharing personal items like drinks, vape pens, silverware, or other things that go from one person's mouth to another. We can reduce the spread of droplets to each other by wearing face coverings, avoiding large crowded groups, and staying more than 6 feet apart from each other.

Aerosols

Aerosols are even smaller particles that are created when we breathe, talk, sing, sneeze, or cough. They are lighter and can stay in the air much longer than respiratory droplets but dry up more quickly. We can reduce the spread of aerosols by increasing outdoor air ventilation or filtering air that is being recirculated. Use of face coverings?

Objects

Objects can spread the COVID-19 virus when respiratory droplets or aerosols settle on them, leaving germs behind or if someone has the COVID-19 virus on their hands from touching their nose or mouth than touches an object. COVID-19 appears to stay infectious on objects for up to one to three days. We can reduce the spread of COVID-19 through objects by frequent handwashing, not touching our face, frequent cleaning and disinfection, and use of automatic or touchless controls.

How Do We Get Infected with COVID-19?

You can catch COVID-19 by more ways than being less than 6 feet away from an infected person for 15 minutes *or for a total of 15 minutes in a 24 hour period*). Important things that have to be considered when deciding whether someone could be at risk for exposure to COVID-19 are the intensity, frequency, and duration of exposure to someone contagious with COVID-19.

Intensity of Exposure

The intensity of exposure refers to how much virus you were exposed to. Was the sick person actually contagious when you were exposed to them? Were they coughing and sneezing without a mask on versus having no symptoms with a mask on? Did you kiss them? Did you share personal items like a drink or a vape pen? Did you sit right next to and have a face-to-face conversation with them or were you 6 feet away with your back to them? You can see how some situations can cause you to be exposed to a lot more virus than other situations. The more virus you are exposed to, the more likely you are to get sick.

Frequency of Exposure

The frequency of exposure refers to how often you had contact with someone who was contagious. If you had a brief face-to-face conversation with a teacher each day for several days while the teacher was contagious with COVID-19, those exposures may add up to be enough to lead to an infection.

Duration of Exposure

The duration of exposure refers to how long were you exposed. If you were in a classroom with someone contagious for COVID-19 for 6 hours a day while they were contagious for several days, yet your seat was not within 6 feet of them, you

may still have had a long enough duration of exposure to that person, particularly to aerosols and objects in that classroom.

Personal Health

Your personal health, like how good your immune system is, also plays a part in whether or not you will get sick. Use all the COVID-19 risk reduction methods possible to avoid getting infected.

When a Student Should Stay Home and Will Be Sent Home

Students should not go to school or any school activities or sports if having symptoms of COVID-19. If they start having symptoms of COVID-19 while at school, they will need to be sent home. The complete list symptoms are listed on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. The CDC recommends a shorter list be used for screening students to prevent unnecessary exclusions of students who do not have COVID-19. Screening students for illness and return to school decisions should include

1. Symptom Screen: Students with any of the following symptoms should be excluded from school:

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth or forehead
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

2. Evaluation for COVID-19 Exposure Risks: To determine needed follow up and return to school for students with any of the above symptoms, determine if they have any of the following risks for COVID-19 in the prior 14 days:

- Had close contact with a person with confirmed COVID-19
- Had close contact with person under quarantine for possible exposure to COVID-19
-

If the student has one of the symptoms above and ANY of the exposure risks, the parent or guardian of the student will be instructed to call their health care provider, or if they do not have a health care provider, to follow up with a local clinic or urgent care center. The parent or guardian can also call 2-1-1 or go to www.mi.gov/coronavirustest to find the closest location to have the student tested for COVID-19

For Students that Have Symptoms of COVID-19 AND have ANY of the High Risk Exposures:

If the findings from the health care provider and testing find:

Child has symptoms of COVID-19 and tests positive for COVID-19 with a nasal/throat swab*:

- Keep out of school until it has been at least 10 days from the first day they had symptoms AND they have had 24 hours with no fever and have improving symptoms
 - There is no need to get a “negative test” or a doctor’s note to clear the child or staff to return to school if they meet these criteria
- *if they have symptoms, they must stay out of school until test results are available

Child Has Symptoms of COVID-19 and No Testing for COVID-19 Was Done:

- Keep out of school until it has been at least 10 days from the first day they had symptoms AND they have had 24 hours with no fever and have improving symptoms.

Child Has Symptoms of COVID-19 and Tests Negative for COVID-19*:

- If they were exposed to COVID-19 within past 14 days (i.e., a close contact to a case of COVID) they must quarantine for 14 days. If, after 10 days no symptoms have developed, quarantine may end early, but symptoms must be monitored for the remaining four days.
 - Otherwise, they may return based on the guidance for their symptoms (see “[Managing Communicable Diseases in Schools](#)”)
- *if they have symptoms, they must stay out of school, at minimum, until test results are available

For Staff (See Also Appendix A)

Symptoms recommended for employee screening per the MI Symptom Screener include any of the following that are new/different/worse from baseline of any chronic illness:

One of:

- Feverish
- Cough
- Shortness of breath

OR Two of:

- Muscle aches without another explanation
- Chills
- Sore throat
- Headache
- Vomiting or diarrhea
- Loss of taste or smell

Any adult working in the schools with any of these symptoms should be **excluded from work** and encouraged to follow up with their healthcare provider. They should not return until it has been:

- At least 10 days since symptoms first appeared **and**
- At least 24 hours with no fever without fever-reducing medication **and**

- Symptoms have improved

(Employers should not require sick employees to provide a COVID-19 test result or healthcare provider's note to validate their illness, qualify for sick leave, or return to work.)

Child or Staff That Has Been Exposed to COVID-19 but Has No Symptoms:

- Must be in quarantine (exclude from school) for 14 days from the last day they were exposed

CDC Materials

[Handwashing is your Superpower!](#)

[Wash your Hands!](#)

[Stop the Spread of Germs that can make you and others sick!](#)

[Stop the Spread of Germs](#)

[Please Wear a Cloth Face Covering](#)

[Wear a Cloth Face Covering to Protect You and Your Friends](#)

[Symptoms of Coronavirus \(COVID-19\)](#)

[Help Protect Yourself and Others from COVID-19](#)

[Slow the Spread of COVID-19](#)

[Do it for Yourself and Your Friends](#)

[What Your Test Results Mean](#)

[K-12 Students: Did You Wash Your Hands?](#)

[K-12 Students: Don't Feel Well? Stay Home When You are Sick](#)

[K-12 Students: Keep Space Between Yourself and Others](#)

[K-12 Students: Don't Let Your Germs Go for a Ride](#)

[K-12 Students: Class Rules](#)

October 29

- Changed definition of close contact
- Removed references to executive orders
- Added references to epidemic orders

December 4

- Added definitions of mask, quarantine and isolation
- Remove travel from student screener
- Add flow chart to determine action following student screener
- Align mask requirement table to current orders
- Update quarantine length to 10 days with four days of monitoring, if no symptoms