




Calhoun County Public Health Department

School Teachers & Administrators COVID-19 Toolkit

July 27, 2020

190 E. Michigan Avenue, Battle Creek, Michigan 49014
269-969-6990

www.calhouncountymi.gov

 CCPublicHealthDepartment

School Teachers and Administrators COVID-19 Toolkit

- **Definitions**
- **Cloth Face Coverings Help Prevent the Spread of COVID-19**
- **Contact Tracing in the School Setting**
- **Recommended Scripts for Communication**
- **School Scenarios with Actions Steps**
- **Isolation/Quarantine Timeline**
- **Frequently Asked Questions**

Definitions

Coronavirus: Coronavirus Disease (COVID-19) is an illness caused by a virus that can spread from person to person. The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.

Contact Tracing: A strategy for slowing the spread of disease in which public health workers communicate with infectious people to identify their contacts. They then follow-up with those contacts to provide guidance on how to quarantine themselves and what to do if they develop symptoms of disease.

Quarantine: The practice of keeping someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine must stay home (usually 14 days), separate themselves from others, monitor their health, and follow directions from their state or local health department.

Isolation: The practice of separating people infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. People who are in isolation (usually for 10 days) must stay home until it's safe for them to be around others. In the home, anyone sick or infected must separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available).

Close Contact: A person who was within 6 feet of a person infected with COVID-19 for more than 15 minutes with or without a mask.

Examples of close contacts include individuals who were close to a person who is infected with COVID-19 by providing care to them at home, sharing a living space, having direct physical contact with them (touched, hugged or kissed them), and sharing eating or drinking utensils. People may also be close contacts if they were somehow exposed to droplets from an infected person (sneezed or coughed on).

Types of Masks:

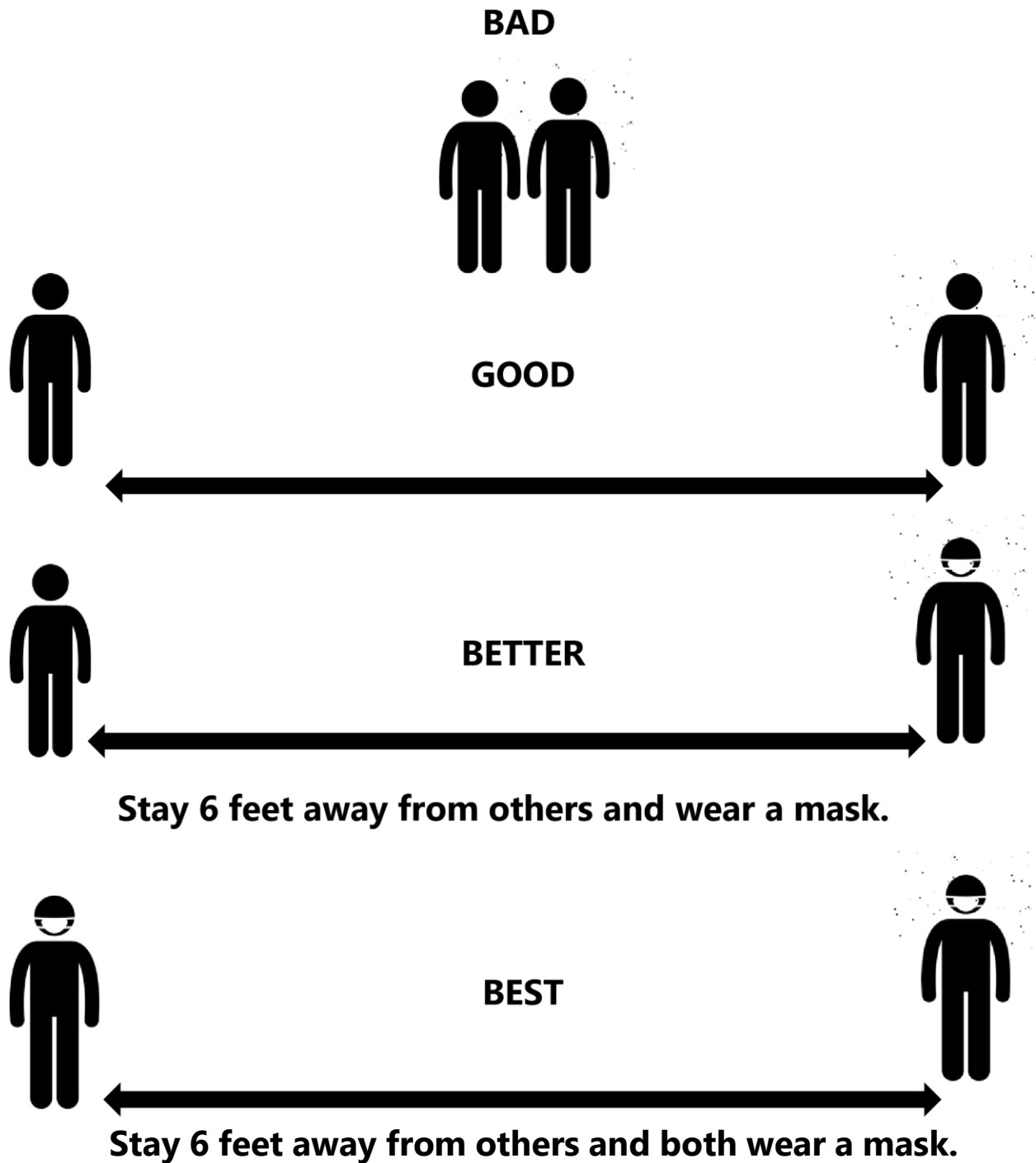
- **Cloth Face Coverings:** Cloth face coverings are masks made from material that are meant to cover your nose and mouth and to be secured under the chin and are not considered personal protective equipment (PPE). These are effective in reducing the spread of the virus.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>

- **Surgical Masks:** Surgical masks were originally intended to be worn by health professionals and are considered personal protective equipment. These are effective in reducing the spread of the virus.

- **N95 or N95 respirator:** A N95 mask, also known as a respirator, filters particles that meet a certain standard for air filtration, meaning that it filters at least 95% of airborne particles. These are recommended only for use by healthcare personnel who need protection from both airborne and fluid hazards (e.g., splashes, sprays).

Cloth Face Coverings Help Prevent the Spread of COVID-19



Contact Tracing in the School Setting

Contact tracing is a public health tool that is used to help stop the spread of certain communicable diseases. It involves identifying others that may have had recent close contact with a person confirmed to have the virus and giving those close contacts guidance on how to stay safe and protect others. This includes close contacts quarantining to prevent further spread of the virus. Quarantine is important with COVID-19 as a person can spread the virus before they know they are sick or if they are infected with the virus without feeling symptoms.

Symptomatic Case

Staff/Student tests positive **after having symptoms.**

Symptoms include:

- Cough
- Shortness of breath
- Fever (Temp >100.4°F)
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Date symptoms started: ___/___/___

48 hours prior to this: ___/___/___

Dates Staff/Student attended school starting from 48 hours prior to onset of symptoms:

___/___/___

___/___/___

___/___/___

**If the staff/student did not attend school during/after the 2-day window, the need to contact trace is up to school discretion.*

Close contacts on those dates:

**Close contacts are those who were in proximity to the infected person for >15 minutes and within 6 ft with or without a mask.*

Asymptomatic Case

Staff/Student tests positive **and has NOT had symptoms.**

Symptoms include:

- Cough
- Shortness of breath
- Fever (Temp >100.4°F)
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Test Date: ___/___/___

48 hours prior to test date: ___/___/___

Dates Staff/Student attended school starting from 48 hours prior to onset of symptoms:

___/___/___

___/___/___

___/___/___

**If the staff/student did not attend school during/after the 2-day window, the need to contact trace is up to school discretion.*

Close contacts on those dates:

**Close contacts are those who were in proximity to the infected person for >15 minutes and within 6 ft with or without a mask.*

Those who are identified as close contacts must quarantine (not leave the house unless necessary) for 14 days from last time of known exposure.

CDC Contact Tracing in the School Setting

Helpful questions to consider when identifying close contacts in the school setting:

- Who is the staff/student near (less than 6ft) throughout the day?
- Has there been adequate physical distancing in breakrooms and lunchrooms?
- Are there any others at the school that live with the staff/student or carpool with them?

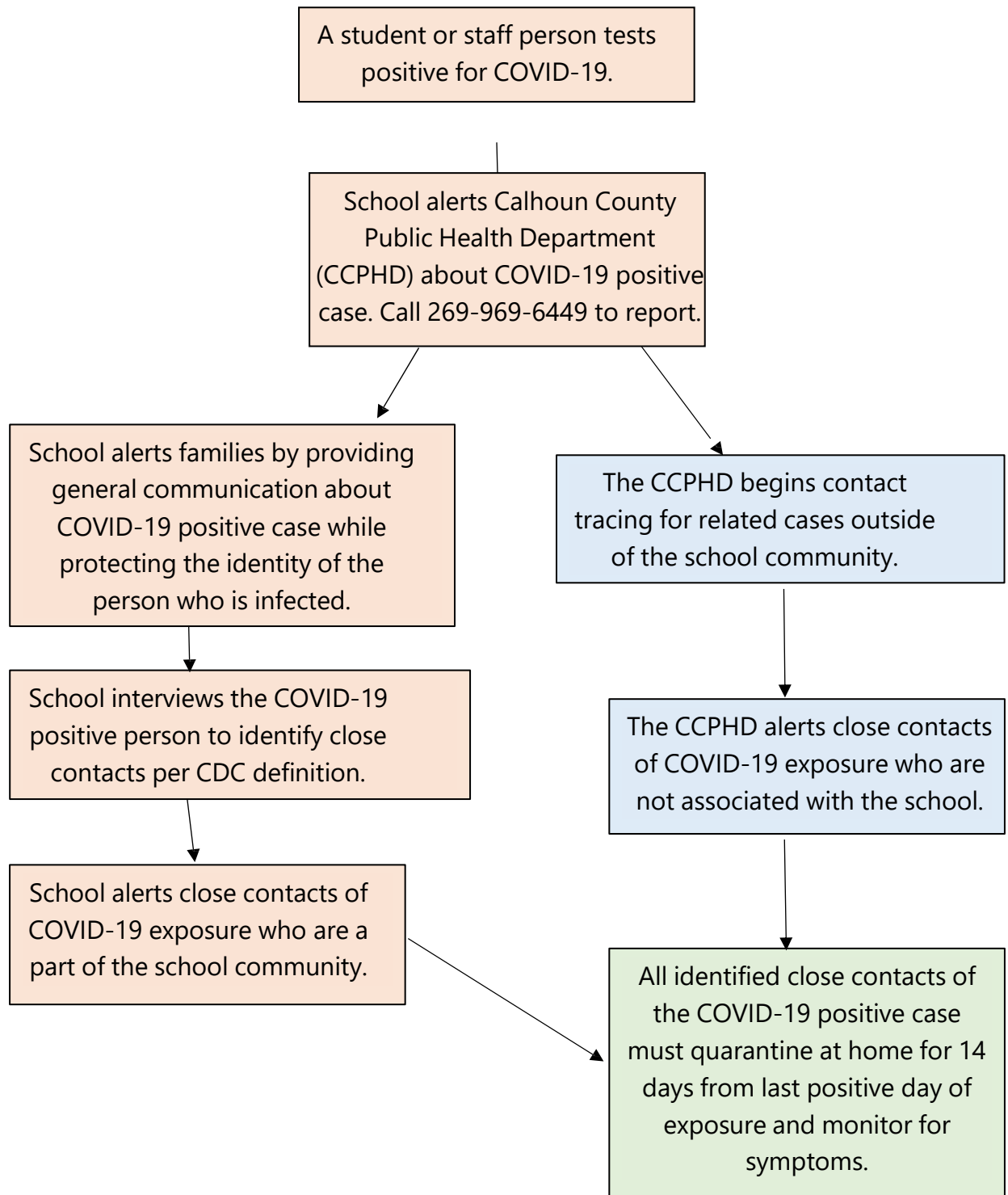
Other considerations for schools when there is more than one positive case identified (to look for patterns/areas of concern):

- Did the school already know staff/student had been identified as a close/household contact of someone who was positive for COVID-19?
- Is there one location/classroom in the school that seems to be more affected?
- Is there something else in common with positive cases?
- Mask adherence in the school (not just while in the hallway, but during classroom time)?

Contact Tracing Resources:

- **Contact Tracing:** <https://www.cdc.gov/coronavirus/2019-ncov/php/openamerica/contact-tracing-resources.html>
- **Contact Tracer's Guide to COVID-19:** <https://www.cdc.gov/coronavirus/2019ncov/php/notification-of-exposure.html>
- **Key Information to Collect During a Case Interview:** <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/keyinfo.html>
- **Quarantine Log:** <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/14-DayTemperature-and-Symptom-Log-for-Contact-Tracing.pdf>

Contact Tracing in the School Setting



Recommended Scripts for School Community

General COVID-19 Exposure in a School Setting

*"We recently became aware of a **[staff member/student/child]** in our **[school/childcare]** setting that tested positive for COVID-19. We found out on **[Insert Date Here]** that the test came back positive. We are responsible for informing all **[staff member/students/child(ren)]** who are considered "close contacts" by the CDC guidelines. If you are required to quarantine because of an exposure, we will contact you. If your **[student/child]** does not qualify as a close contact, you will not hear from us. We want to protect the confidentiality of this person unless there is a reason to inform you of this person's identity. At this time, it is our role to tell all the families of **[Insert School/Program Name Here]** that we are moving forward under the guidance of the Calhoun County Public Health Department and that all measures have been taken to protect the wellbeing of your child(ren). Please monitor for onset of symptoms related to COVID-19, including cough, shortness of breath, fever (Temp > 100.4°F), chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell. If you note any change in the health of your child, please call your regular medical provider."*

COVID-19 Exposure in a Specific Group in School Setting:

*"A **[staff member/student]** involved with **[Insert Group Name]** was exposed to COVID-19. When the **[staff member/student]** became aware of this exposure, they were tested. The **[staff member/student]** was with the **[Insert Group Name]** on **[Insert Date Here]** for approximately **[Insert Amount of Time]**. If you are required to quarantine because of an exposure, we will contact you. If your **[student/child]** does not qualify as a close contact, you will not hear from us. We want to protect the confidentiality of this person unless there is a reason to inform you of this person's identity. At this time, it is our role to tell all the families of **[Insert School/Program Name Here]** that we are moving forward under the guidance of the Calhoun County Public Health Department and that all measures have been taken to protect the wellbeing of your child(ren). Please monitor for onset of symptoms related to COVID-19, cough, shortness of breath, fever (Temp > 100.4°F), chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell. If you note any change in the health of your child, please call your regular medical provider."*

School Scenarios with Action Steps

Student/Staff person is confirmed or symptomatic pending results or a close contact.		
Scenario 1:	Scenario 2:	Scenario 3:
<p>A student/staff person within the school is confirmed to have COVID- 19.</p>	<p>A student/staff person within the school is symptomatic and pending lab result for COVID-19.</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"> • At least 24 hours have passed with no fever (without the use of fever-reducing medication) and • Other symptoms have improved and • 10 days since symptoms first appeared. <p>Household members, classmates, and teachers of 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 negative.</p> <p>If positive, see scenario 1. If negative, the student/staff person must be symptom free for 24 hours without the use of medications prior to returning to school.</p> <p>Household members, classmates, and teachers of the pending case should be monitored for symptoms while waiting for test results. If symptoms develop, they should call their medical provider to be tested for COVID-19.</p>	<p>The student/staff person must quarantine for 14 days since last date of close contact.</p> <p>Household members, classmates, and teachers of the quarantined student/staff person may continue to attend school and should monitor for symptoms. If symptoms develop, they should call their medical provider to be tested for COVID-19.</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 with or without a mask.




School Scenarios with Action Steps

Household member of a student within the school is confirmed or symptomatic pending results or a close contact.		
Scenario 1:	Scenario 2:	Scenario 3:
<p>1. Household member of a student within the school has been confirmed to have COVID-19.</p>	<p>2. Household member of a student within the school is symptomatic, pending results, and has had close contact with a known case.</p>	<p>3. Household member of a student within the school has had close contact to a known case of COVID-19.</p>
<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.</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 can return to school.</p>	<p>Student can remain in school but should be monitored.</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 with or without a mask.

*May be up to 20 days with more severe illness for those who are severely immunocompromised.

Isolation and Quarantine Timeline

A household member becomes sick with COVID-19			
STAY HOME	→		RETURN TO WORK, SCHOOL, DAYCARE
 <p>The sick household member who tested positive must isolate at home.</p>	<p>ISOLATION PERIOD The sick household member must remain in isolation for * 10 days since symptoms first appeared and 24 hours with no fever (without the use of fever-reducing medications) and other symptoms have improved.</p>	 <p>Household member that tested positive can return to work, school or daycare.</p> <p>→</p>	
	<p>People who live in the same household as the person who was tested positive must quarantine at home.</p>	<p>QUARANTINE PERIOD Stay home 24/7 and monitor for symptoms for 14 days since last possible exposure. (The last possible exposure is when the sick family member's isolation period ended.)</p>	<p>If the household members of the person who tested positive for COVID-19 do not develop symptoms, they can return to work, school, or daycare upon completing quarantine.</p>
<p>Household members cannot attend work, daycare, or school during the other household member's isolation (*10 days) or for the 14 days after the isolation period (quarantine). If the quarantined household member DOES develop symptoms, they cannot return until *10 days since first symptoms appeared AND 24 hours being fever-free AND other symptoms have improved. Isolation and quarantine periods start over any time a new household member become sick with COVID-19.</p> <p><i>*May be up to 20 days with more severe illness for those who are severely immunocompromised.</i></p>			
<p>Everyone should assume exposure to COVID-19 and monitor for symptoms. Check your temperature and watch for symptoms. Call your doctor if symptoms develop. QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others in case they become infected. People should stay home and monitor for symptoms. ISOLATION keeps someone who is sick or tested positive for COVID-19 from people who are not infected, even in their own home. In the home, anyone sick or infected should separate themselves from others by staying in a specific area and using a separate bathroom (if available). For more information on quarantine and isolation, visit https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-</p>			

Frequently Asked Questions for School Administrators and Teachers

1. What is the difference between isolation and quarantine?

Isolation is for people who are COVID positive. It separates people who are infected with the virus from people who are not infected. It usually lasts 10 days, however, it may be up to 20 days with more severe illness for those who are severely immunocompromised.

Quarantine is for people who are well but are exposed to someone who is COVID positive. It keeps someone who might have been infected with the virus away from others. It lasts 14 days since the last possible exposure (may be up to 20 days with more severe illness for those who are severely immunocompromised).

2. How long must a teacher or staff person be out of school if they test positive for COVID-19?

A teacher or staff person that tests positive for COVID-19 should isolate at home. The teacher or staff person may return to school after the Local Health Department releases them from isolation (depending on where the case lives will determine which local health department will release them) and 24 hours with no fever and other symptoms have improved and 10 days have passed since symptoms first appeared (*may be up to 20 days with more severe illness for those who are severely immunocompromised).

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

3. How long must a student, teacher or staff person be out of school if they have a family member in the same house as them that tests positive for COVID-19?

A student, teacher or staff person that lives in the same house as someone who tests positive for COVID-19 must remain out of school the entire time the family member is in isolation (typically 10 days) plus 14 additional days of quarantine. The total time out of school would be at least 24 days.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

4. If a person tests positive but does not have symptoms, can they work from home?

Yes, if the school has a system in place for working from home this is encouraged. An employee with mild symptoms should be able to work from home as well.

5. If a teacher or staff member has a household member that tests positive but does not have symptoms, can the teacher or staff member come to work anyway and monitor for symptoms?

No, asymptomatic people who test positive can still spread the virus. A teacher or staff member that has a household member that tests positive and is considered a close contact must quarantine during the household member's isolation period and 14 days after the isolation period ends.

6. Must we close a classroom if a person with COVID-19 attended class in that classroom? If so, for how long?

Yes, the classroom should be closed, cleaned and disinfected. It is recommended to close off the area for at least 24 hours. If that is not feasible, wait as long as possible and then clean and disinfect the classroom following CDC guidance. <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

7. If a teacher or staff person was in a classroom full of children, and that teacher later finds out that they have COVID-19 while they were in the classroom, must all the class be quarantined, or only those children who were within 6 feet of the teacher for 15 minutes or more?

The CCPHD will conduct a case investigation and determine who may have been a close contact and need to quarantine. The need to quarantine may include the entire class room if our investigation determined that outcome.

8. If the teacher was wearing a cloth mask in the classroom, and that teacher later finds out that they have COVID-19 while they were in the classroom, do the children still have to be quarantined?

Yes, if the children who were in the classroom are considered close contacts as discussed in the previous question.

9. Does a sibling of a child in quarantine have to be quarantined?

No, if the sibling was not a direct contact of a person who tested positive for COVID-19, then they should monitor for symptoms and can continue attending school.

10. If a student has an illness that is not COVID-19, like a cold, does that child still have to be out of school until they are 72 hours fever free?

If the student is experiencing any COVID-19-related symptoms, they might have COVID-19 and they should not attend school. They should contact their regular medical provider and get tested for COVID-19.

If they test negative for COVID-19, then they can return after 24 hours.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

11. Does the school have to inform the families of students when a child is excluded from school because of COVID-19, or does the Health Department do that?

The school is responsible for communication to families of students. However, the Health Department can provide guidance as needed.

12. How many children have to be sick with COVID-19 before a school closes?

The Health Department will work closely with School Administration recognizing there are many factors to be considered when closing a school.

13. Does a teacher, staff person, or student have to retest for COVID-19 after testing positive before they are allowed back to school?

No, the teacher, staff person or student who tested positive can return to school after 24 hours with no fever **and** other symptoms have improved **and** 10 days have passed since symptoms first appeared (may be up to 20 days with more severe illness for those who are severely immunocompromised).

The health department does not recommend a retest. Sometimes a person will continue to test positive even though they are no longer infectious.

14. How can we know when a person is no longer infectious?

The general timeline is 10 days since symptoms first appeared.

15. If a student changes classes and is with many different students during the day rather than just one classroom of students, and that student tests positive, do *all* those students have to quarantine?

Yes, based on our case investigation (see #7) This is one reason it is wise to keep students in small cohorts.

16. Should all students get tested for COVID-19 prior to starting school?

No, the COVID-19 test only indicates the presence of the virus the moment the test is taken.

17. If a student teacher or staff are told they are a close contact of a positive case and they get a COVID-19 test that is negative are they released from quarantine?

No, a person can become COVID-19 positive any time during quarantine (the 14 days after the exposure).

18. Should students get an anti-body test to prove that they have already had COVID-19 and thus do not need to quarantine if they are exposed again?

No, students who have already tested positive for COVID-19 will need to quarantine again. We are still learning about the virus and there is a possibility of reinfection. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

19. If a student or teacher already had a proven case of COVID-19 and then has an exposure in school, do they have to quarantine anyway?

These decisions will be made on a case-by-case basis.

20. Does the school have to tell families which child tested positive for COVID-19? Isn't that a violation of HIPAA?

The identity of the child or teacher should be protected as much as possible. Close contacts will be contacted and only given information related to their exposure. The name of the COVID-19 student or teacher will be shared on a need to know basis only.

21. Will children who are at the highest risk for complications, such as children with severe respiratory problems, be required to stay out of the school classroom until this pandemic is over?

The decision to send a child to school or not should be made jointly by the parent and school with guidance from the child's medical provider.

22. What if a staff member/student goes out of state?

There are no current restrictions for staff members or students who travel out of state. However, everyone should assume COVID-19 exposure and monitor for symptoms.

23. Substitutes teach in multiple schools. What if they are diagnosed with COVID-19? Do all kids in each school now have to quarantine and get tested?

See question #7 regarding close contacts. All of the individuals determined to be close contacts would need to be in quarantine. It is recommended that close contacts get tested to see if they are infected, but it is not required. A negative test result does not allow someone to get out of quarantine early.

24. Will the Health Department share information about the number and locations of active COVID-19 cases to help with our decision-making?

Local data is available on our website https://calhouncountymi.gov/alert_detail.php
Data is also available on <https://www.mistartmap.info/> Click on your region and then on your county for more specific data. Click on the drop-down arrows to the right on the "Epidemic Data" bar to see where your area is trending with regard to the phase cut offs.

We also plan on meeting often with school administration throughout the school year to discuss our local case counts and any other pertinent information.

25. Our task force group had many questions regarding screening for both employees and students. Our current Preparedness and Response Plan included a self-check by staff before work. We do not track staff coming and going from the building. Do we need to put a formal check in place? If so, I would like to copy what your company does - a text message every morning that someone can just react to!

All schools, public and private, are subject to the rules governing workplace safeguards established in section 1 of Executive Order 2020-114 (now replaced by 145)

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-531123--,00.html

Per EO 2020-145: 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 COVID19.

CCPHD had a toolkit with template hardcopy screener here:

Employee:

<https://cms5.revize.com/revize/calhouncountymi/Administrative%20Services/Communications/COVID/FINALNB%20Employee%20Screening%20Questionnaire.pdf>

Visitor:

<https://cms5.revize.com/revize/calhouncountymi/Administrative%20Services/Communications/COVID/FINALNB%20Visitor%20Screening%20Questionnaire.pdf>

And a preparedness and response plan here (as all workplaces need one of these too) https://b7415fe4-3f8d-4ed9-b594-7f18ad7f0403.filesusr.com/ugd/56f8bb_f15f0df920b441b2a13278fc2b5f6f60.pdf

You can also use a virtual screener. One option from the state is <https://misymptomapp.state.mi.us/login>

26. Do we have to formally screen students with a health check?

It is recommended you screen students daily. Due to the time and interruption to education screening on-site prior to school entry would cause, the health department recommends the parents screen the children and take their temperature at home daily and have school staff also ask the screening questions prior to starting school each day. Instructing parents to do this prior to sending their kids to school is acceptable. They can do this remotely through an app or text method or you can send them with a card, magnet, door hanger, etc. that reminds them to do this each day. Recommended information for such a tool are:

1. Before leaving for school please make sure of the following:
 - a. Does your child(ren) feel feverish or have a temperature over 100.4?
 - b. Has your child(ren) started to have any of the following, not due to some other known health problem?
 - Cough
 - Runny nose and/or congestion
 - Tired and/or achy
 - Short of breath

- Vomiting and/or diarrhea
- New loss of taste or smell
- c. Has your child(ren) had close contact with someone diagnosed with COVID-19?
- d. Since they were last at school, has your child(ren) been diagnosed with COVID-19?
 - If the answer is YES to any of these questions, keep your child(ren) home from school. Call the school as soon as possible to let them know the reason your child(ren) won't be there today. Call your healthcare provider right away. If you don't have one or cannot be seen, go to www.mi.gov/coronavirustest or call 2-1-1 to find a location to have your child(ren) tested for COVID-19.

27. Is it legal to take temperature and ask questions about a student's health – HIPAA comes up often. Will schools be violating HIPAA if we ask questions?

No. Schools are not a "covered entity" with regards to HIPAA. HIPAA does not apply to you. FERPA applies your schools.

28. Are we required to record the current temperature or simply certify that it is below at 100.4 F?

There is no specific requirement to check a temperature. You should, at a minimum, have staff and students self-monitor and report if they feel feverish. If you have a thermometer, you can check temperatures to ensure everyone is under 100.4.

29. How does taking temperature relate to people who are asymptomatic? Is it accurate that someone without a higher temperature reading can still pass COVID-19 to someone else?

About 40% of people infected with COVID-19 are thought to have no symptoms at all (are asymptomatic). That includes having no fever. Of children with symptomatic COVID-19, nearly half don't have a fever, and nearly one in four adults do not have a fever. Having a fever is very suggestive of COVID-19 but you can have COVID-19 and not have a fever.

30. When a student in a classroom this fall, or an athlete on a team in summer practice tests positive for COVID-19, what should be our first priority in communication and action?

Not to panic, let everyone know you will be working with the health department to identify close contacts and take all the steps that need to be taken. You do not want to get out the wrong message quickly, rather assure people you will get the correct message out as soon as possible.

31. If we do close our schools absent a regional mandate (Regions and Phases) due to a localized outbreak, when can we return?

It isn't known at this time. Previously the CDC said 5 days. It would typically be a full incubation period or 14 days. Guidance will likely change and we (health department and schools) would work together on that.

32. If the school has identified an isolation room for sick children, do they need to have a separate room for each sick child or can multiple children be placed in the same room provided they are masked and kept 6ft apart?

Per CDC, "identify an isolation room or area to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms". You can keep those you suspect have COVID-19 in the same room, keeping them as far apart as possible. Keep all others in a different room.

33. The initial guidance from the CDC from March indicates that when anyone with COVID enters a school building we are to "Dismiss students and most staff for 2-5 days. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school. This allows the local health officials to help the school determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19." Is this still the case?

No, only close contacts are dismissed x 14-day quarantine. In the post-pandemic phase of the MI Safe School Roadmap (Phase 6): if a lab confirmed case is identified, then short term dismissals may be required (see pg. 54 of MI Safe Schools).

34. In the Michigan Roadmap, it mentions that face masks must be worn; are plastic face shields acceptable instead of the face mask?

Per public health: face shields are not a replacement for face masks. They are acceptable only if an individual is unable to tolerate face masks or if a shield is needed for communication reasons. However, we cannot comment if they fulfill the requirement of a "face covering" in the MI Safe School Roadmap. Make sure to ask your legal counsel if a face shield will comply with order.

35. Am I, as the nurse, able to get fit tested for an N95?

Yes, go to your occupational health clinic.

36. What PPE and training is required or recommended for our school nurse?

School health staff should be provided with appropriate medical PPE to use in health suites. This PPE should include N95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the CDC guidance on infection control measures.

Also of note, asthma treatments using inhalers with spacers are preferred over nebulizer treatments whenever possible. The CDC recommends that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask). Nebulizer treatments are an aerosol generating procedure, which is the highest risk for spreading COVID-19.

Staff should be trained on proper donning and doffing procedures and follow the CDC guidance regarding precautions when performing aerosol-generating procedures. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Rooms should be well ventilated or treatments should be performed outside. After the use of the nebulizer, the room should undergo routine cleaning and disinfection.

Also see Guidance for Healthcare Personnel on the Use of Personal Protective Equipment (PPE) in Schools During COVID-19 <https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Guidance-for-Healthcare-Personnel-on-PPE-Use-in-Schools.pdf>

37. Are masks required for all staff and students in school now?

See MI Safe Schools

https://www.michigan.gov/documents/whitmer/MI_Safe_Schools_Roadmap_FINAL_695392_7.pdf, pg. 22 for phase 4, pg. 38 for phase 5, pg. 54 for phase 6.

38. Does the Health Department have a form for doctors to complete stating a student or employee cannot wear a mask?

No, we do not. You will need to determine your own policy on this. Keep in mind that health care providers are currently overwhelmed with requests for medical exemptions to masks and some are simply refusing to provide them. The medical reasons to not wear a mask are not black and white. If a student or teacher is unable to provide you with a note, if this is what you require, by the first day of school, know how you plan to handle this.

39. Should we have documentation of why a staff/child is unable to wear a mask?

You need to decide on your policy and what documentation you will require if any. Keep in mind that health care providers are overwhelmed with requests for notes for mask exemptions and some are refusing to write them at all. If you cannot get a note from someone's provider before the start of school, what will you do? Also note the medical reasons to not wear a mask are not black and white.

40. I am very concerned about young children wearing masks. I do not think this is a healthy option for them. Please address this.

Many studies have been done over the many decades' healthcare providers have been wearing much more restrictive mask for 12 hrs. or more. These have found that there are no adverse effects (other than comfort). Masks are not recommended on children under 2 due to concerns they cannot remove them if needed.

41. What are the most important precautions that should be taken?

There is no one precaution is the most important (though staying home when sick, masking, hand washing, disinfecting is high on the list).

42. Why is social distancing not required on buses?

It is encouraged but just like in classrooms, may not be possible to do without more busses and bus routes, which is usually not possible. That is why masking is required on the bus and in transit.

43. There are times the bus and school become very warm, as we have no air conditioning. Is there a certain temperature where it isn't recommended for students/staff to wear masks?

No, but it is recommended that the windows are kept open on the bus to help reduce the risk of COVID-19.

44. Facial Coverings: Both Phases 4 and 5 indicate that PreK-5 and special education teachers should consider wearing clear masks. Is a clear mask the same thing as a face shield?

The clear mask is suggested to aid with communication for young children. A face shield is not the same things as a clear face mask.

45. I see face shields are single use only for health care. Can they be reused in schools?

In healthcare, you expect to have a lot of contamination from patient's germs...not so much for general everyday use by the public. You could reuse them with cleaning until wear and tear is visible. Same with face shields-most are disposable and supposed to be discarded after use. The CDC does provide suggestions for cleaning of face shields for healthcare providers facing critical shortages. These cleaning instructions could be used for clear masks.

- Carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
- Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
- Wipe the outside of face shield with clean water or alcohol to remove residue.
- Fully dry (air dry or use clean absorbent towels).
- Perform hand hygiene.

46. Do neck gators work for face coverings?

Any face covering is better than nothing and the requirement is for a "facial covering", no specification regarding what type. Neck gators are usually a single layer of cotton or synthetic materials. The material is thin and stretchy, which means a decreased ability to contain droplets. Anything stretchy will be worse as the size of the "filter" will get bigger and less effective.

47. If we have students/parents/staff needing COVID tests, are those free?

Most doctor's offices will bill insurance. If someone does not have insurance, they can bill CARES Act. There are also testing sites that will test for free. One can find these testing sites at this link by calling 211 or go to www.mi.gov/coronavirustest

48. If a student is symptomatic with COVID-19, besides sending them home, can we require a COVID test?

The CCPHD recommends that you would consult with your legal counsel.

49. What is your recommendation regarding Band, Choir and PE classes during this pandemic?

See Performing Arts Resources [https://www.nfhs.org/articles/performing-arts-covid-19-resources/Fall 2020 Guidance for Music Education](https://www.nfhs.org/articles/performing-arts-covid-19-resources/Fall%202020%20Guidance%20for%20Music%20Education) https://www.nfhs.org/media/3812373/nafme_nfhs-guidance-for-fall-2020-review-june-19-2020-final.pdf

50. What is a good guide/threshold for closing school if cases pop up among students/staff (one positive, 3, 20, etc.)

Similar to influenza, once 25-30% of the students are absent due to illness, or staff illness is affecting education due to lack of educators, temporary closure should be considered. This decision would be made with assistance from your health department.

51. Textbooks and materials coming back and forth to the school; is that safe?

It is not ideal or recommended. If this must happen, have kids wipe them down with disinfectant as soon as they get to school.

52. What is this stress going to do to our staff? How does it affect their health and well-being? How does it affect their ability to do their job? How does it affect the quality of education and other important work they are able to provide? What is it going to do to our kids? What are the long-term effects of consistently being stressed out?

The mental toll of all of this is a concern for everyone. This concern is the reason for all the recommendations in the Mental & Social-Emotional Health section of the roadmap. Encourage your staff to use your Employee Assistance Program (EAP).

53. How will it affect students and staff when the first staff member in their school dies from this? The first parent of a student who brought it home dies from this? Sadly, the first kid dies from this?

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 school and 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 and their family members and teachers would be at risk as well. We are seeing the highest rates of suicides in almost 60 years, increases in domestic and child abuse, loss of education, and other negative consequence during these difficult times, and it is felt by nearly all professional organizations the benefits of getting kids back to school outweigh the risks.

54. What is the bleach-water ratio to make disinfectant and do products like Clorox wipes fulfill that ratio?

Diluted household bleach solutions may also be used if appropriate for the surface.

Check the label to see if your bleach is intended for disinfection and has a sodium hypochlorite concentration of 5%–6%. Ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.

Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser. Leave solution on the surface for at least 1 minute.

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of room temperature water

OR

- 4 teaspoons bleach per quart of room temperature water

Bleach solutions will be effective for disinfection up to 24 hours.

Alcohol solutions with at least 70% alcohol may also be used.

Clorox wipes DO NOT HAVE BLEACH IN THEM. They utilize quaternary ammonium compounds – QACs or quats – which are contained in many sanitizing wipes, sprays, and other household cleaners intended for killing germs. These include chemicals such as benzalkonium chloride, alkyl dimethyl benzyl ammonium chloride, and dodecyl dimethyl ammonium chloride as active ingredients. The chemicals can cause skin irritation so washing after using any wipes, for instance, is recommended. The quats do tend to linger on surfaces after application, which is useful for combatting viruses but may not be such a great idea when used on surfaces that are in direct contact with food.

55. Is there a recommendation for sanitizing playground equipment?

No. The CDC states at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>:

Cleaning and disinfecting outdoor areas

- Outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection.
- Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
- High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
- Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- Sidewalks and roads should not be disinfected.

Spread of COVID-19 from these surfaces is very low and disinfection is not effective.

56. We have a lot of questions about what we can and cannot do in schools. For instance, are we able to use a UVC light for disinfecting classrooms rather than using disinfectant?

Recommend reading <https://schools.forhealth.org/wp-content/uploads/sites/19/2020/06/Harvard-Healthy-Buildings-Program-Schools-For-Health-Reopening-Covid19-June2020.pdf> as well as <https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-reopening-schools.pdf> "potential issues with UVGI in schools include cost, maintenance, and potential health concerns of inadvertent UV exposures. In general, UVGI should be further discussed with an expert before consideration for use in a school." It may be of use in airducts but not a replacement to disinfectants.

57. The roadmap speaks of using an EPA registered cleaner or bleach solution. Our regular product is on the D List of antimicrobial products effective against bloodborne/body fluid pathogens, but not the N list. Our product is EPA registered effective against enveloped viruses, which I understand SARS-CoV-2 is. Are we able to use this as our cleaning product?

Look at the product's label to confirm is registered by the EPA and that it lists human coronavirus as a target pathogen. If it has those two things, continue using it. Be sure to follow the instructions on the label to ensure it works.

Per the American Academy of Pediatrics (AAP): When possible, only products labeled as safe for humans and the environment (e.g., Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.