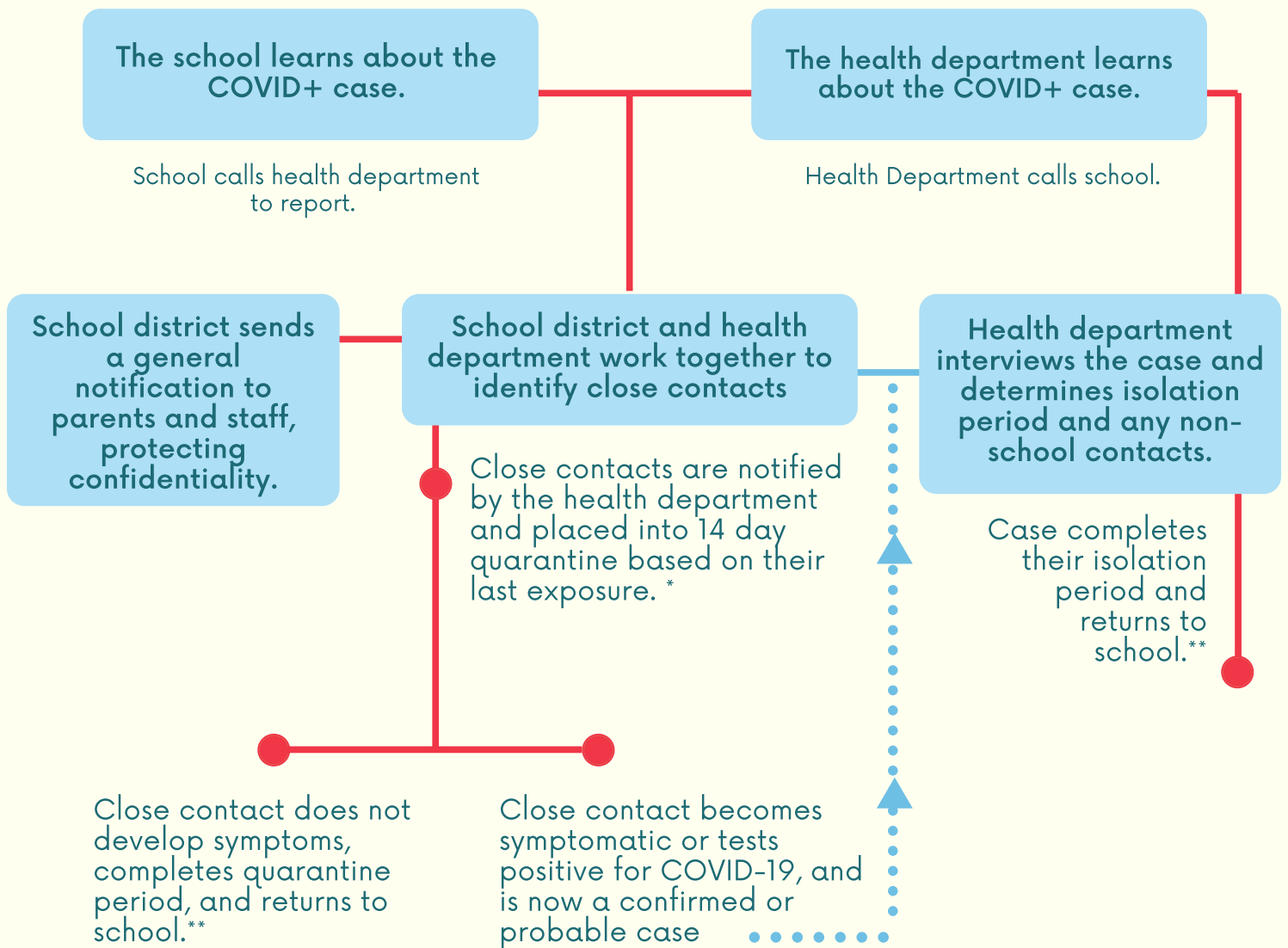




Process for a COVID-19 Case at School

What happens when someone at school gets COVID-19?

Student/Staff is confirmed positive for COVID-19 with diagnostic test (nose/throat swab)



*If someone is placed in quarantine, they may decide to get a COVID-19 test, but a negative result will NOT shorten the length of the quarantine period.

**The health department can issue an official letter or other documentation releasing people from isolation or quarantine. Schools may use the this letter to determine when to allow return to school.



Process for COVID-19 Exposure at School

How to handle symptoms and household exposures?

1.

Does student have symptoms of COVID-19?

Yes, symptoms:

Are they at higher risk of getting COVID-19*?

Yes, at higher risk:

The student is excluded from school until:

- 24 hours with no fever (without fever-reducing medication) AND
- Symptoms have improved AND
- 10 days since symptoms first appeared

---OR---

They have received a negative COVID-19 test AND have met the criteria for return to school in "Managing Communicable Diseases in Schools"

No, not at higher risk:

The student/staff person may return based on the guidance for their predominate symptoms (see "Managing Communicable Diseases in Schools").

*Students at higher risk of exposure to COVID-19 include those who 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, or has a history of international travel, or have been on a cruise or lives in an area with high levels of COVID-19 in the community (Risk Level 1-3 found at www.mistartmap.info).

2.

Are they a close contact of a known COVID+ case?

Yes, close contact:

The student is excluded from school until 14 days past last known exposure to COVID+ person. If one or more negative tests are received, it does not change the length of the quarantine period, and does not allow them to return to school early.

3.

Are they a household member or close contact of a person with symptoms or a pending COVID-19 test?

Yes:

Household members, classmates, and other close contacts of a symptomatic but undiagnosed person, or a quarantined 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. If the household member or contact is diagnosed with COVID-19, they should follow step 2, above.

If the answers to the above questions are "no", and the person is not being isolated or quarantined for COVID-19, the staff or student may attend school.

This is a summary document that may not cover all scenarios. If you are concerned about a less common COVID-19 exposure situation at school, please contact your local health department for guidance.



COVID-19 Privacy and Contacts

● What happens when someone at school gets COVID-19?

1. The school and health department learn about someone with COVID-19 (someone diagnosed with COVID-19 is a "case").

PRIVACY IS IMPORTANT.

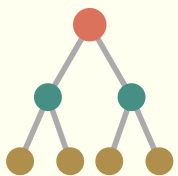
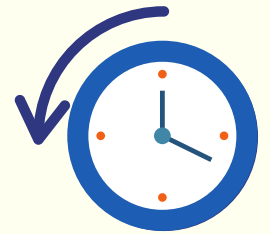
Only a select few at the school will know the identity of the person. They help the health department figure out who were close contacts to the case. The person's identity is kept confidential to respect their privacy as well as following regulations of FERPA (for schools) and HIPAA (for the health department).

2. Close contacts are identified and notified.

What is a close contact? It typically is someone being within 6 feet (about 2 arms' length) of an infected person for at least 15 minutes.

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 test was performed.

Close contacts are at risk of getting sick, and must be identified and be in quarantine. **Quarantine separates people who were exposed to a contagious disease to see if they become sick.**

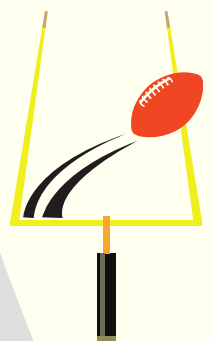


...but what about contacts to close contacts?

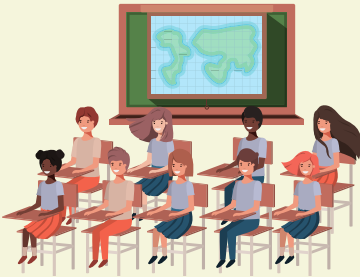
Since close contacts are not yet known to be infected, the contacts to those contacts do not need to be in quarantine and do not need to be identified or contacted.

EXAMPLE

Bob sits next to Fred in class. Fred gets sick with COVID-19. Bob needs to be quarantined, even though he is healthy at this time. Bob plays on the football team, and Fred does not. No one on the football team has been near Fred. Therefore, the football team does not need to be quarantined. Hopefully, Bob will not get sick and will be back to school and football in a couple of weeks.

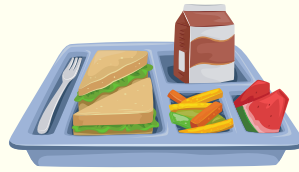


Who might be a close contact?



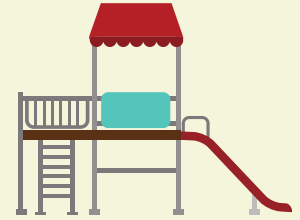
CLASSMATES

Classmates sitting or often within 6 feet of someone with COVID-19, either in the classroom or on the bus, for 15+ minutes.



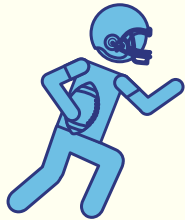
LUNCH MATES

Lunch mates of person with COVID-19 if sitting within 6 feet for 15+ minutes. This is a higher risk time as face coverings cannot be worn.



PLAY MATES

Playmates on the playground or in gym within 6 feet of someone with COVID-19 for 15+ minutes.



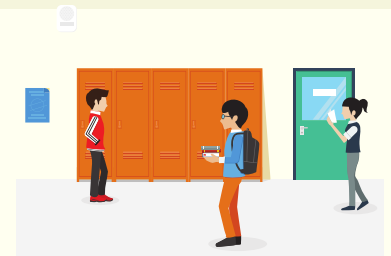
TEAMMATES

Sports teammates within 6 feet of someone with COVID-19 for 15+ minutes.



OPPOSING TEAMMATES

Opposing teammates in sporting events that shared time on the field or court and were within 6 feet of someone with COVID-19 for 15+ minutes.



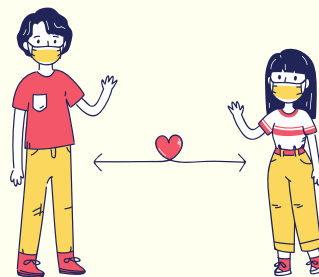
OTHER CLASSMATES

Any others that had interactions with someone with COVID-19 lasting over 15 minutes in confined areas such as bathrooms, office room, where distancing of 6 feet is difficult.



ENTIRE CLASSROOMS

If the contagious individual is a teacher and was frequently less than 6 feet away from students while teaching, the entire class may need to be on quarantine.

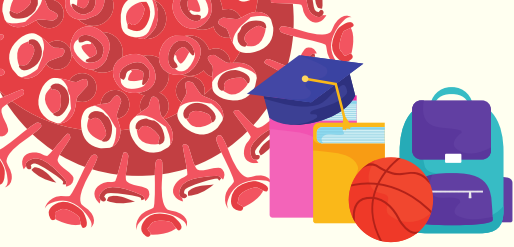


Public health authorities may determine that distances beyond 6 feet or less than 15 minutes can still result in high-risk exposures based on other considerations and circumstances in each particular case.



OTHERS

Any other person outside of school that had similar exposure to a contagious individual is considered a close contact.



Cohorts help to limit COVID-19 contacts

● Cohorts: Keep close contacts to a minimum

One technique to minimize the number of people that need to be excluded from school is to group children together consistently.



Meet the Tadpole Pod!

- This group of second graders has been assigned to a "pod". Their classroom has 4 pods of 5 children each.
- This group of students sits next to each other in the classroom, while still staying as far apart as practicable.
- They eat lunch together, travel the halls together, and go to recess together.

EXAMPLES



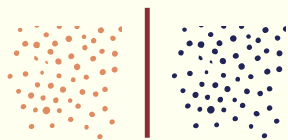
Meet the Wildcat Bubble.

- This group of ninth graders has been assigned to a "bubble". There are many bubbles of 9th graders at their school.
- This group of students sits next to each other in the classroom, while still staying as far apart as practicable. They stay in the same room for math, English, and history, and their teachers come to them. They eat lunch together.

Cohorting can happen at many levels.



Small groups of 4-8 students -- breaking up a classroom, in space or time



Classroom level -- keeping classrooms as contained as possible



Because cohorts keep the number of different people interacting to a minimum, it's a way to limit the number of close contacts that need to be quarantined if one person develops COVID-19.

How does COVID-19 spread?



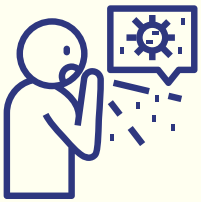
DROPLETS



Respiratory droplets are small particles that enter the air when we cough, sneeze, laugh, sing, yell, and talk. Basically, they are little flecks of spit. Droplets tend to settle out of the air after traveling several feet from the person that released them. 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 respiratory 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.

OBJECTS



Objects can spread the COVID-19 virus when respiratory droplets or aerosols settle on them, leaving germs behind or if someone has the coronavirus on their hands from touching their nose or mouth than touches an object. COVID-19 appears to stay on object for one to three days.

We can reduce the spread of COVID-19 by objects by frequent handwashing, not touching our face, frequent cleaning and disinfection, and use of automatic or touchless controls.



What are the chances of catching COVID-19?

While the definition of a close contact for COVID-19 is being 6 feet away from an infected person for 15 minutes or more, other factors can also come into play.

INTENSITY OF EXPOSURE

The intensity of exposure refers to how much virus you were exposed to.

- Was the sick person really 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 and have a face to face conversation to them or were you 6 feet away with your back to them?

The more virus you are exposed to, the more likely you are to get sick



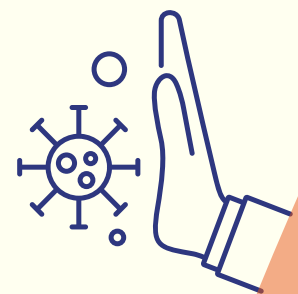
DURATION OF EXPOSURE



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

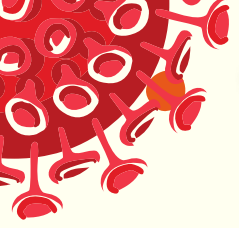
Your personal health, like how good your immune system is, also plays a part in whether or not you will get infected, as does whether you were using all the COVID-19 risk reduction methods possible.



AGE



Age also seems to play a part in risks for COVID-19. Children may be at lower risk of catching COVID-19 and children may be a lower risk of spreading COVID-19 to others, both to other children and adults.



When a student should stay home or may 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. They may return based on the guidance for their diagnosis (See “Managing Communicable Diseases in Schools”) unless they are at risk for COVID-19 exposure.

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 your child has been placed into isolation or quarantine for COVID-19, they may not attend school.**


1. SYMPTOMS OF COVID-19 (CDC VERSION FOR K-12) (If new, different, or worse than any longstanding conditions)


- 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

2. IS YOUR CHILD AT RISK FOR EXPOSURE TO COVID-19?

Students are at higher risk for COVID-19 if in the past 14 days:

- Had close contact with a person with confirmed COVID-19
- Had close contact with person under quarantine for COVID-19
- Have a or has a history of international travel, or have been on a cruise or lives in an area with high levels of COVID-19 in the community (Risk Level 1-3 found at www.mistartmap.info).

 If "YES" to any questions in Section 1, and "NO" to all questions in Section 2, student should stay out of school until they meet criteria for return based on their symptoms

 If "YES" to any question in Section 1, and "YES" to any question in Section 2, student should stay out of school, and be evaluated by their healthcare provider and possibly receive COVID-19 testing

If "NO" to all questions in Section 1, and "YES" to any questions in Section 2, students need only be excluded from school if they have had close contact to someone with confirmed COVID-19, as they should be in quarantine.

If you are asked to get a medical evaluation for your child, you may call your health care provider, or to follow up with a local clinic or urgent care center. You can also call 2-1-1 or go to www.mi.gov/coronavirustest to find the closest testing location. **While testing is not required,** students may need to be excluded from in-person instruction for a longer period of time.

SEE NEXT PAGE



When a student should stay home or may be sent home

HOW LONG MUST THEY STAY OUT OF SCHOOL?

If your child has symptoms of COVID-19, and tests positive for COVID-19

Keep out of school until it has been at least 10 days from the first day they had symptoms, they have had 24 hours with no fever and other symptoms have improved. 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 your child has symptoms of COVID-19, has risk for exposure to COVID-19, and no testing has been done (or results are pending)

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

If your child has symptoms of COVID-19, has risk for exposure to COVID-19, and tests negative for COVID-19

Your student may return based on the guidance for their symptoms (see “Managing Communicable Diseases in Schools”):

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