

**Every morning, families should check their children for signs of illness.  
If your child has specific symptoms or is diagnosed with a specific illness, please let your school know.  
Use the following guidance to better understand when to keep children home from school.**

STAY HOME: COVID-19 SYMPTOMS/HAVE COVID-19	NEXT STEPS: COVID-19 SYMPTOMS/HAVE COVID-19
<p>If your child has any of these symptoms and they are new and not due to a health condition they already have, they need to stay home:</p> <ul style="list-style-type: none"> <li>• Fever or chills</li> <li>• Cough</li> <li>• Shortness of breath or difficulty breathing</li> <li>• Fatigue</li> <li>• Muscle or body aches</li> <li>• Headache</li> <li>• New loss of taste or smell</li> <li>• Sore throat</li> <li>• Congestion or runny nose</li> <li>• Nausea or vomiting</li> <li>• Diarrhea</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Test positive for COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>• If your child tests positive for COVID-19 or they have symptoms of COVID-19 but do not get tested: Isolate your child at home for 5 days*.</li> <li>• If their symptoms have improved or no symptoms developed, your child may leave isolation after day 5 and wear a well-fitted mask for 5 more days (ending after day 10)*.</li> <li>• If your child can't wear a mask around others your child should stay home 10 days* before leaving the house and resuming activities.</li> <li>• If your child tests positive: <ul style="list-style-type: none"> <li>○ Tell your child's of school.</li> <li>○ Tell your child's out of school close contacts. You can use <a href="http://www.tellyourcontacts.org">www.tellyourcontacts.org</a> to do this.</li> </ul> </li> <li>• If your child tests negative for COVID-19, see table below; your child can return to school based on their main symptoms.</li> </ul>
EXPOSED TO COVID-19	NEXT STEPS: EXPOSED TO COVID-19
<p>If your child was exposed to someone contagious with COVID-19</p>	<ul style="list-style-type: none"> <li>• Monitor your child for COVID-19 symptoms for 10 days*.</li> <li>• Have your child wear a well-fitted mask around others for 10 days after exposure.</li> <li>• Avoid unmasked activities or activities with higher risk of exposing vulnerable individuals.</li> <li>• Get your child tested for COVID-19 at any time symptoms occur, and if they are NOT <a href="#">up to date on COVID-19 vaccine</a> or have not had a diagnosed case of COVID-19 within the last 90 days, get them tested 3-5 days* after they were exposed.</li> </ul>

*\*When counting days, day 0 is the day their symptoms started. Follow the same steps if your child tests positive for COVID-19 with no symptoms, counting day 0 as the date their test was done rather than from start of symptoms.*

### General Symptoms: Child is sick due to another illness or tests negative for COVID-19

STAY HOME: GENERAL ILLNESS	CAN RETURN TO SCHOOL WHEN
<b>Fever of 100.4° F or above</b>	Fever has ended for at least 24 hours without use of fever-reducing medication such as acetaminophen (i.e., Tylenol) or ibuprofen (i.e., Motrin, Advil).
<b>Vomiting (defined as vomiting two or more times within one day)</b>	Vomiting has ended for at least 24 hours and child can hold down food and water (OR a healthcare provider has determined their vomiting is not infectious). If they were diagnosed with norovirus, then should be 2 days (48 hours) without vomiting.
<b>Diarrhea (defined as two loose bowel movements in one day)</b>	Diarrhea has ended for at least 24 hours (OR a healthcare provider has determined it is not infectious). If they were diagnosed with norovirus, then should be 2 days (48 hours) without diarrhea.
<b>Rash</b>	Any rash with fever should be checked by a health care provider. They can return once rash has a diagnosis and known to not be contagious, is being treated, or has healed.
<b>Skin sores (if weeping or draining)</b>	Can return if covered with a waterproof dressing and drainage is contained.
<b>Impetigo, lice, ringworm, or scabies</b>	After receiving at least one dose of proper treatment.
<b>Fifth Disease</b>	Child does not need to stay home if they feel well.
<b>Hand, foot, and mouth disease</b>	As long as none of the blisters on hands are draining or the drainage is contained, they can go to school.
<b>Impetigo</b>	After receiving at least one dose of treatment. Cover the lesions if possible.
<b>Influenza</b>	Fever has ended for at least 24 hours without use of fever-reducing medication.
<b>Mononucleosis</b>	Return when able to tolerate school activity; no sports until cleared by healthcare provider.
<b>MRSA</b>	Keep area covered and drainage contained, otherwise does not need to stay home.
<b>Pink Eye</b>	Child does not need to stay home if they feel well.
<b>Strep throat/Scarlet Fever</b>	At least 12 hours after the start of antibiotic treatment.

07/05/2022

## Public Health Guidance 2022-2023

Please **read and follow** the guidance provided in “[Managing Communicable Diseases in Schools](#)” by the Michigan Board of Education (MBE) and the Michigan Department of Health and Human Services (MDHHS).

Another EXCELLENT resource which includes education sheets, sample forms, and letters is Aronson, S., Shope, T. [Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide](#). Vol 5th edition. American Academy of Pediatrics; 2020

At this time, it is recommended the management of COVID-19 transition from a pandemic emergency response model toward a more standard approach used in the management and control of other respiratory viral diseases, such as influenza. Seasonal variations in COVID-19, as well as the appearance of more virulent or contagious variants may cause modification in this approach. However, for the time being, in the preK-12 school setting, the focus should be on basic illness prevention and detecting and responding to in-school clusters of cases, ongoing transmission in the school, and outbreaks. Management will rely less on things like case investigation, contact tracing, and quarantining of students or staff following school exposures.

Important strategies for COVID-19 and other illness prevention should include:

- Recommending COVID-19 vaccination, including proper booster doses when appropriate, to all eligible students and staff.
- Recommending seasonal influenza vaccination and other routine vaccinations.
  - Free school-based curricula are available for all grade levels to educate about the immune system and how it works, diseases and their causes, and vaccines and the science behind them. Go to <https://vaccinemakers.org/lessons>.
- Supporting students, staff, and families who choose to continue to wear a mask even if not needed.
- Following isolation guidance for students and staff who have been diagnosed with or are showing symptoms of COVID-19 and other illnesses.
- Promoting transmission prevention strategies following illness or exposure to cases of COVID-19, including masking, testing, symptom monitoring, and, for higher-risk situations, quarantine.
- Continuing to recommend that parents and staff report any cases of illness to the school, then reporting illnesses to the local health department as required by the public health code.
- Monitoring for increases in absenteeism, patterns in cases, or other signs of clusters, in-school spread, or impending outbreaks.

### Basic Public Health Recommendations:

#### Require sick students and staff to stay home.

- Share resources with the school community to help staff and families understand when to stay home. The [When to Keep Your Child Home](#) guidance from the American Academy of Pediatrics can be helpful.
- See Table One for exclusion times for some of the more common illnesses.
- A handout for parents is available (see *Parent Illness Guide*)

**Table One: Exclusion Times for Common Childhood Illnesses**

Disease	Exclusions (unless longer per healthcare provider; consult with LHD as needed)
Chickenpox (Varicella)	Until lesions crusted and no new lesions for 24hr (for non-crusting lesions: until lesions are fading, and no new lesions appear)
Common Cold, Croup	Exclude until 24hr with no fever <b>and</b> symptoms improving
<b>COVID-19</b>	Exclude until 24hr with no fever <b>and</b> symptoms have improved <b>and</b> 5 days since onset (or positive test if no symptoms); mask use recommended for days 6-10
Diarrheal Illness, no specific diagnosis	Exclude until diarrhea has ceased for 24h or until medically cleared
Fifth Disease ( <i>Erythema infectiosum</i> / Parvovirus B19)	No exclusion if rash is diagnosed as Fifth disease by a healthcare provider
Hand Foot and Mouth Disease (Coxsackievirus/ Herpangina)	If secretions from blisters can be contained, no exclusion needed
Head lice ( <i>Pediculosis</i> )	Students with live lice may stay in school until end of day; immediate treatment at home is advised
Impetigo ( <i>Impetigo contagiosa</i> )	Treatment may be delayed until end of the day; if treatment started before next day's return, no exclusion necessary; cover lesions
<b>Influenza (influenza-like illness)</b>	Exclude until 24hrs with no fever (without fever-reducing medication) and cough has improved
<i>Molloscum contagiosum</i>	No exclusion necessary
Mononucleosis	Exclude until able to tolerate school activities; Exclude from contact sports until recovered or cleared by a healthcare provider
MRSA (Methicillin-resistant <i>Staphylococcus aureus</i> )	No exclusion if covered and drainage contained; No swim exclusion if covered by waterproof bandage
Norovirus (viral gastroenteritis)	Exclude until illness (vomiting and diarrhea) has ceased for at least 2 days; exclude from food handling for 3 days after recovery
Pink Eye (conjunctivitis)	Exclude only if diagnosed by a healthcare provider with herpes simplex conjunctivitis and eye is watering; exclusion also may be necessary if 2 or more associated children have watery, red eyes; contact LHD if questions
Ringworm (Tinea)	Treatment may be delayed until end of the day; if treatment started before next day's return, no exclusion necessary; exclude from contact sports and swimming until start of treatment
Strep throat / Scarlet Fever	Exclude until 12hrs after start of antimicrobial therapy
Vomiting Illness, no specific diagnosis	Exclude until 24hrs after last episode
Whooping Cough (Pertussis)	Exclude until 5 days after proper antibiotic treatment <b>OR</b> until 21 days after onset if not treated
See source for more complete list: <a href="#">Managing Communicable Diseases in Schools</a>	

**Report Appropriate Information to the Local Health Department (LHD)**

- Michigan Law requires schools and childcare centers to report [specific diseases](#) according to Act No. 368 of the Public Acts of 1978. Any [reportable disease](#) that is suspected or known to have occurred in the school or a school-sanctioned activity, including chicken pox, COVID-19, pertussis, measles, mumps, rubella, *Haemophilus influenzae* Type B, meningitis, encephalitis, hepatitis, tuberculosis, or any other serious or unusual communicable disease must be reported within 24 hours. Any unusual occurrence, outbreak or epidemic of *any* disease or condition must also be reported within 24 hours. The following information needs to be reported:
  - Name of the disease.
  - Student demographic information including full name, date of birth, grade, classroom, street address along with zip code, name of parent/guardian, and phone number(s).
  - The date the student was first absent.
  - The individual who identified the disease (e.g., healthcare provider, parent/guardian, etc.).

- Weekly aggregate counts of influenza, or flu-like illness are to be reported to your LHD. Influenza-like illness refers to any child with fever and a cough and/or sore throat without another known cause other than influenza. Some LHDs may also require weekly aggregate counts of gastrointestinal illness (any child with diarrhea and/or vomiting for at least 24 hours), strep throat, pink eye, and head lice.
- Talk with your LHD to know what needs to be reported and the easiest way to report what is needed.

### Request Information from Parents and Staff Regarding Illnesses

- Keep some form of line list of all students and staff that are ill, documenting either the diagnosis given by a healthcare provider or their symptoms. Watch for patterns that might suggest a cluster or outbreak. See the *School Line List* Excel file or create your own tool.
- To better assist with your reporting, supply guidance to parents/guardians about illness reporting. Put a message on your absentee line voice message asking parents/guardians to please include the illness (if known) and who diagnosed it OR a detailed description of symptoms such as vomiting, diarrhea, fever, rash, or sore throat when reporting their child’s absence.

#### A line list should capture, at a minimum, the following information:

- Name of child or staff member
- Parent/guardian name (for child)
- Street address and city
- Phone number of parent or staff member
- Date of birth
- Sex
- Symptom onset date
- Symptoms
- Date last attended/worked in facility
- Areas/rooms attended/worked in facility two days before symptom onset (or date of positive test, if asymptomatic) until time left facility

### Monitor Community Conditions and Respond Accordingly

- Illnesses in the school typically come from your community. Monitor sources such as <https://covid.cdc.gov/covid-data-tracker/#county-view>, [www.michigan.gov/coronavirus#map](http://www.michigan.gov/coronavirus#map) or [www.mistartmap.info](http://www.mistartmap.info) for area COVID-19 conditions. The site <https://www.michigan.gov/coronavirus/stats/k-to-12-aged-isd-reporting> has 7-day average of newly reported COVID-19 cases for residents ages 5 to 18 years by their Michigan ISD and school district based on their residential address. You can go to the current [MI Flu Focus influenza surveillance report](#) found at [www.michigan.gov/flu/surveillance](http://www.michigan.gov/flu/surveillance) for current influenza activity. You can also contact your local health department for information about local illness conditions.
  - **NOTE:** at a CDC HIGH COVID-19 Community Level, universal indoor masking in schools and ECE programs is recommended, as in the community at-large.
- Schools may wish to enhance mitigation strategies if local COVID-19 or other illness transmission is worsening or there are other concerning changes. These enhancements could include:
  - Increase spacing between staff and students to ensure at least 3 feet between seated individuals in classrooms, and at least 6 feet in higher risk settings, such as physical education, performing arts, and while eating.
  - Ensure ventilation allows the maximum amount of outdoor air, filtration of recirculated air, and use of outdoor spaces to the maximum possible.

- Thorough cleaning at least once a day, with higher-risk areas and surfaces cleaned and disinfected (See Table Two).
- Encourage masking or consider mandatory masking during periods of increased respiratory illness (see “*Considerations for School Administrators Regarding Policy Changes to School Infection Control Measures, such as Mask Use*”, below).
- Depending on the COVID-19 community level, consider screening testing for teachers, staff, participants in athletics, and students. See the next section for more details.

**Table Two: Difference Between Cleaning, Sanitizing, and Disinfecting**

Task	Purpose
<b>Clean</b>	To remove dirt and debris by scrubbing and washing with a detergent solution and rinsing with water. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.
<b>Sanitize</b>	To reduce germs on inanimate surfaces.
<b>Disinfect</b>	To destroy or inactivate most germs on any inanimate object.

### **Incorporate COVID-19 Testing into Your Response Plan**

- Background information about school-based COVID-19 testing:
  - Regular school-based testing has been found to be a safe, effective way to help prevent the spread of COVID-19 and help keep schools open for in-person learning.
  - According to the CDC, at least 50% of infections are likely contracted from someone that is asymptomatic (showing no symptoms) or pre-symptomatic (not currently showing symptoms but infected with COVID-19). A testing program, which regularly tests people without symptoms, can be a major tool to reduce “silent” spread of the virus and can protect students, teachers, and staff.
  - Testing in schools can help ensure fair access to testing as some families may be unable or unwilling to seek regular testing if it is not offered on school grounds.
  - Strong testing programs with regular and transparent data sharing can help calm concerns about school safety.
  - Multiplex test kits may also be available, which test for COVID-19, Influenza A and B.
- Identify individuals that will be responsible for your school testing and will design, implement, and continuously improve the testing program.
- Establish clear communication with students and families about the safety and efficacy of the program, and how students’ privacy will be protected. See the *Communication Tools* for help.
- If any test is positive, or if the person becomes symptomatic, they should isolate safely at the school until able to return home and follow [applicable isolation protocols](#).

### **Watch Closely for Signs of Illness Clusters or Outbreaks**

- An outbreak of an illness happens in a school, early childhood education center (ECE), or daycare center when more students and staff are out sick than expected.
- An influenza-like illness outbreak is when a school or ECE building is experiencing influenza-like illnesses among students and staff that are above a level at which would be expected at that time of year.

- A gastrointestinal illness outbreaks is when a school or ECE building is experiencing gastrointestinal illnesses among students and staff that are above a level at which would be expected at that time of year. The sudden onset of vomiting and/or diarrhea in several students or staff may also suggest an outbreak is occurring.
- A COVID-19 outbreak should be suspected when a school building is experiencing an increase in COVID-19 cases among students and staff that are above a level at which would be expected. The official definition of COVID-19 K-12 school-associated cluster and outbreak are listed in Table Three.
- Consult with the health department if you suspect a developing illness cluster or outbreak.

**Table Three: School Based COVID-19 Definitions**

<b>K-12 school-transmission</b>
School-associated cases where the most likely place of exposure is determined to be the school setting or a school-sanctioned extracurricular activity.
<b>K-12 school-associated cluster</b>
At least three (3) cases <i>or</i> multiple cases comprising at least 10% of students, teachers, or staff within a specified core group* meeting criteria for a school-associated COVID-19 case; with symptom onset or positive test result within 14 days of each other§, AND NO likely known epidemiologic link to a case outside of the school setting.
<b>K-12 school-associated outbreak</b>
At least three (3) cases <i>or</i> multiple cases comprising at least 10% of students, teachers, or staff within a specified core group* meeting criteria for a probable or confirmed school-associated COVID-19 case with symptom onset or positive test result within 14 days of each other§; who were not identified as close contacts of each other in another setting (i.e. household) outside of the school setting; AND epidemiologically linked in the school setting or a school-sanctioned extracurricular activity.
<p>* A “core group” includes but is not limited to extracurricular activity†, cohort group, classroom, before/ after school care, etc.)</p> <p>† A school sanctioned extracurricular activity is defined as a voluntary activity sponsored by the school or local education agency (LEA) or an organization sanctioned by the LEA. Extracurricular activities include, but are not limited to, preparation for and involvement in public performances, contests, athletic competitions, demonstrations, displays, and club activities.</p> <p>§ For onset, use symptom onset date whenever available. If symptom onset date is unknown or if a case is asymptomatic, use specimen collection date for the first specimen that tested positive. The 14-day period refers to 14 days before the date of first symptom onset or first positive test sample.</p> <p><a href="https://preparedness.cste.org/wp-content/uploads/2021/08/CSTE-Standardized-COVID-19-K-12-School-Surveillance-Guidance-for-Classification-of-Clusters-and-Outbreaks.pdf">https://preparedness.cste.org/wp-content/uploads/2021/08/CSTE-Standardized-COVID-19-K-12-School-Surveillance-Guidance-for-Classification-of-Clusters-and-Outbreaks.pdf</a></p>

**Respond Appropriately to Clusters and Outbreaks:**

- Temporarily implementing a local universal masking policy for students and staff if an increase in respiratory illness is seen. This can be done at the classroom, grade, or school level depending on the extent of transmission and the structure of the school.
- Increase handwashing, cleaning, and disinfection efforts.
- Cohort students (minimize mixing of impacted grades, classrooms, or other groups) during potential times of mixing. These times might include meals, recess, class changes, gym, extracurriculars, daycare rooms, etc.

- Limit outside visitors to the school to only those necessary for student support and instructional purposes.
- Notify all potentially exposed students and staff. Individual contact tracing does not have to occur, but staff, students, and their families need to be notified of the occurrence of an outbreak in their class, grade, team, or school.
- Recommend/provide testing to potentially exposed students and staff.
  - Testing is a powerful tool to prevent a cluster from becoming an outbreak or stop an outbreak.
  - If you are unable to provide in school testing, consider sending each student and staff member home with a home antigen test kit with instructions to test at home as soon as possible and if negative, repeat testing after 3 to 5 days
  - See Table Four for recommended testing responses to COVID-19 cases

**Table Four: Testing Response To COVID-19 Cases Within Childcare and Schools**

<b>Table Four: Testing Response To COVID-19 Cases Within Childcare and Schools</b>			
<b>Extent of exposure or transmission</b>	One case not due to in-school transmission with limited high-risk contact	More than one case in a single classroom or one case with a higher risk exposure group	More than one case in <b>multiple</b> classrooms/cohorts.
<b>Examples</b>	3 <sup>rd</sup> grade student, attended school with symptoms all week, tests positive for COVID-19 on Thursday. Eats lunch and plays with the same two friends every day, neither vaccinated. Teacher is up to date on COVID-19 vaccination. Gym was held outside. No one else known to be symptomatic.	<ul style="list-style-type: none"> <li>• Two cases in 3<sup>rd</sup> grade class, potentially due to in class spread</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>• 11<sup>th</sup> grade student on basketball team, eats lunch with many friends</li> </ul>	<ul style="list-style-type: none"> <li>• Two or more high school students, potentially due to in school spread</li> </ul>
<b>Recommended testing strategy</b>	<ul style="list-style-type: none"> <li>• Test the two friends now and in 3-5 days. Notify parents/guardians of entire classroom of exposure and recommend (offer) testing for all unvaccinated classmates.</li> <li>• If any students test positive, test their higher risk contacts</li> </ul>	<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> grade example: Test all students and staff in the affected 3<sup>rd</sup> grade classroom who are not up to date on recommended COVID-19 vaccinations</li> <li>• 11<sup>th</sup> grade example: Test all students and staff who are not up to date on recommended COVID-19 vaccinations on basketball team and that eat lunch with case now and in 3-5 days. Notify parents/guardians of classroom of exposure and recommend (offer) testing for all unvaccinated classmates.</li> <li>• If any students test positive, test their higher risk contacts</li> </ul>	<ul style="list-style-type: none"> <li>• Test all students and staff in the school now and in 3-5 days, prioritizing:           <ul style="list-style-type: none"> <li>○ Unvaccinated students and staff with higher risk exposures then</li> <li>○ Any remaining classmates and then</li> <li>○ Any remaining students and staff (Note: you may consider skipping this last step if no positive cases are found in the remaining classmates with no higher risk exposures)</li> </ul> </li> <li>• If any students test positive, test their higher risk contacts</li> </ul>
<p>Most higher risk contacts should be identified by the case, but include household contact, friends or family that have spent the night, romantic or intimate partners, meal partners, teammates, shared personal items (water bottles, food, candy, toothbrush, cigarettes, etc.), close, repeated physical contact while breathing heavily (exercise, athletics, roughhousing, etc.), meal partner</p>			

### **School Closure Should Be a Last Resort**

- Most outbreaks will not need school closure. However, there may be some instances where closure can be considered for disinfection or other mitigation actions. Consult with your LHD as needed for guidance and recommendations.
- School closures due to illness should be reported at once to your LHD regardless of whether it is an outbreak of one disease, a closure due to a variety of illnesses, or a closure due to staff illnesses.

### **Be prepared to support students, families, and educators during illness and closures**

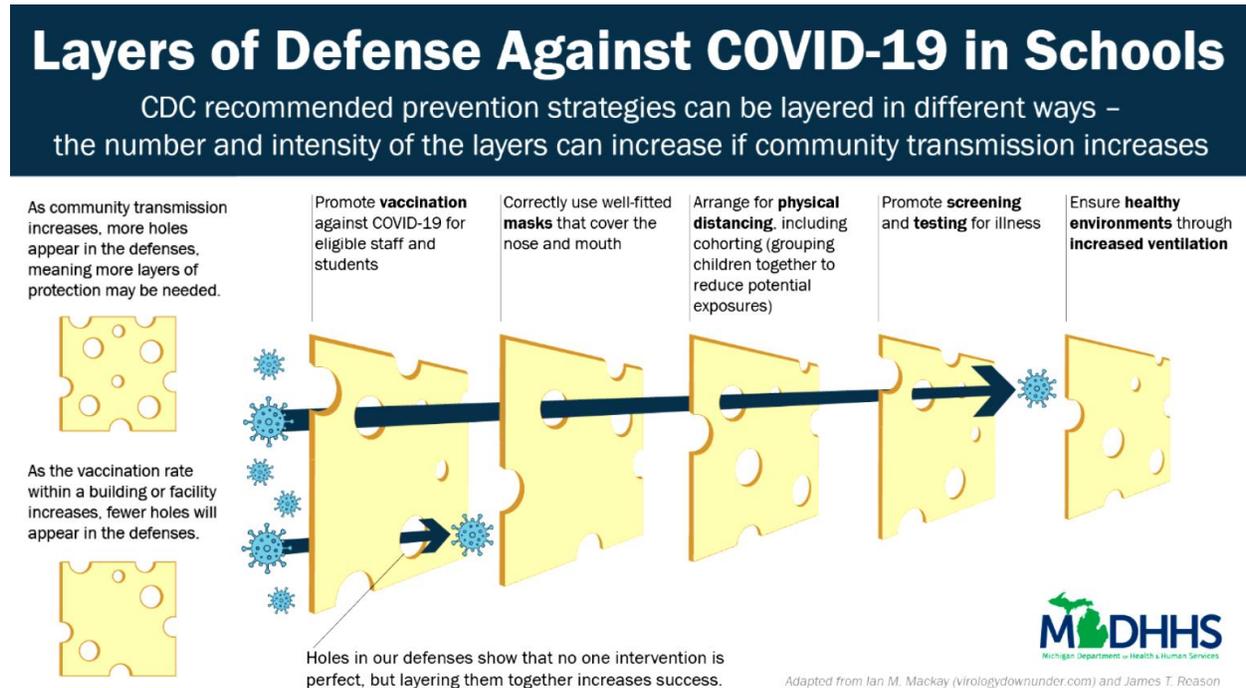
- Consider plans for continued learning for students during times of isolation or quarantine (if needed).
- Consider plans for excess staff absenteeism.
- Consider plans for continuing learning, for example through remote instruction, in advance and shared in case a closure is needed.
- Consider plans for student and family support during student absences or school closure. Lack of nutrition services and other supports may be a heavy burden to families.

### **Have a communication plan**

- Supply timely and accurate notification to parents, guardians, and school staff when an exposure from a communicable disease has taken place in a school setting.
- See the *Communication Tools* for help

## Considerations for School Administrators Regarding Policy Changes to School Infection Control Measures, such as Mask Use

Many prevention strategies can be used to reduce the risks for transmission of respiratory viruses, such as COVID-19 and influenza. This is often referred to as the layers of defense, or “Swiss cheese” approach.



As cases of an illness increase, or if fewer people are protected by vaccination or due to lack of protection to a new variant, more layers of protection are needed to prevent the spread of illness. The overall health of the school population, or their risk of serious illness from the infectious disease, also factor in to how many layers of prevention are right.

Below are some questions to help begin your decision-making process regarding your need to add more mitigation measures, or “slices of cheese” to your current plans. These questions are adapted from: “Considerations for Boards of Education, District Administrators, and other Local Decision-Makers Regarding Potential Changes to School COVID-19 Policies and Practices”, Connecticut Department of Public Health.

1. What does the available data show regarding the community and district prevalence and transmission?
  - For COVID-19, local data can be obtained at <https://covid.cdc.gov/covid-data-tracker/#county-view>, [www.michigan.gov/coronavirus#map](http://www.michigan.gov/coronavirus#map) or [www.mistartmap.info](http://www.mistartmap.info) for area COVID-19 conditions. The site <https://www.michigan.gov/coronavirus/stats/k-to-12-aged-isd-reporting> has 7-day average of newly reported COVID-19 cases for residents ages 5 to 18 years by their Michigan ISD and school district based on their residential address. You can go to the current [MI Flu Focus influenza surveillance report](#)

found at [www.michigan.gov/flu/surveillance](http://www.michigan.gov/flu/surveillance) for current influenza activity. You can also contact your local health department for information.

2. What is the risk tolerance for the possibility of increasing case numbers and necessary isolation in your students and staff?
  - Is your community worried about the risk of illness to the students and spread to others at home? Are they worried about missed education time due to student illness or if closure were needed? Or are they more concerned about the perceived burden of added mitigation measures?
3. What is the current COVID-19 or influenza vaccination status of students and staff within individual schools and across the district, and what is the current vaccine coverage for the surrounding community?

Since vaccination is one of the layers of prevention, the percentage of students and staff up to date on vaccinations will have an impact on the potential effectiveness of masking policies in the schools. If vaccination rates are lower, masking will have a larger impact.
4. What more planning is necessary to address the needs of students and staff who may be at greater risk for adverse health outcomes?
  - Whether there are medically fragile or immunocompromised students or staff who are [at risk for severe outcomes from COVID-19](#) or [at risk for severe outcomes from influenza](#), engaging health advisors regarding provisions to reduce the risk of illness for those medically fragile students and staff who may be in frequent close contact with unmasked individuals inside the school.
5. What added guidance is necessary to ensure support for students and staff who may wish to continue mask wearing?
  - Continue to supply masks and respirators openly to those who wish to use them. Promote acceptance for those who choose to wear masks, management of students who need to wear masks due to recent illness or exposure, or due to parental preference. Recognizing some younger students have not experienced school without everyone being masked.
6. What processes need to be in place for continuous risk assessment and prompt decision-making about respiratory illness policies and mitigation strategies (including mask use) going forward? What advanced contingency planning needs to occur to prepare for potential surges and/or outbreaks?
  - Is someone or a group responsible for monitoring in school and community illness levels? If a sudden increase in school cases or an outbreak were to develop, do you have plans in place to respond quickly and communicate with staff, students, and families? Do you have a response plan developed and communicated so that adding mitigation measures such as masking is not unexpected?

## COMMUNICATION TOOLS

**COVID-19 Communications Tool Kit** <https://www.nspra.org/covid-19-communications-tool-kit>

**covid-19 testing communications toolkit** <https://www.covidtestingtoolkit.org/>

**Communications for COVID Testing in Schools**

<https://www.openandsafeschools.org/communications#communications-templates-&-examples>

**CDC sample letters** for school testing programs <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/letters-for-schools.html>

**Letters for other health issues** (consult with your local health department for help editing letters, letters about additional illnesses, and [www.cdc.gov](http://www.cdc.gov) for additional information on each topic):

[Giardia Letter to Daycare Director](#)

[HFMD Letter to Parents](#)

[Influenza Letter to Parents](#)

[Norovirus Letter to Parents](#)

[Pertussis Letter to Parents](#)

[Pertussis Letter to School Staff](#)

[MRSA Letter to Parents](#)

[Chickenpox Exclusion Letter](#)

**Letters for COVID-19 Isolation and Exposure attached:**

## Isolation Guidance Letter to Parents/Guardians of Students with COVID-19

[Date]

Dear Parent/Guardian:

[Insert School Name] considers the health and well-being of our students and staff a priority. With that in mind, we are sending this letter home to provide you and your student who has [symptoms](#) of COVID-19 or has tested positive for COVID-19 with information on [how to isolate](#), how to continue classwork during isolation, if possible, and when to safely return to school.

Because your child is either experiencing COVID-19 symptoms or has tested positive for COVID-19 (regardless of symptoms), we recommend they follow the current guidance by doing the following:

- Stay home from school and all activities.
- Avoid contact with other members of the household and pets by staying in a separate room and using a separate bathroom if possible.
- Avoid sharing personal household items, like cups, towels, and utensils.
- Wear a mask when around other people, including others within their household.
- If your child is young and needs regular help from an adult, have one person in the household be the primary caregiver during this time if possible, and ensure the caregiver and your child wear a mask as much as possible.
- If your child has [one or more health conditions](#) that increases their risk of becoming very sick, [treatment may be available](#). Contact a health professional right away to determine if your child may be eligible.
- Monitor your child's [symptoms](#). If they develop an [emergency warning sign](#), like trouble breathing, confusion, the inability to wake up or stay awake, or pale, gray, or blue-colored skin, lips, or nail beds, seek emergency medical care immediately.

Your student can be around others when:

- At least 5 full days have passed since their symptoms began, or since the date of their initial positive test (use the date the test was collected) if they did not develop symptoms **AND**
- At least 24 hours have passed since they have had any fever (without the use of fever-reducing medications) **AND**
- Other symptoms have improved.

From days 6 through 10, your student needs to continue to wear a well-fitting mask around others, both at home and in public. If they are unable to wear a mask when around others, they should continue to stay home from school and all activities for a full 10 days.

These recommendations **do not** apply to people with severe COVID-19 or with weakened immune systems (immunocompromised). Consult with a healthcare provider for their recommendations.

If your child has tested positive for COVID-19, please notify all the close contacts your child had a high amount of contact with from 2 days before their symptoms started until 10 days after their symptoms started (or 2 days before their positive test was performed until 10 days after their test was performed if they never had symptoms). Examples of close contacts you should notify include the following:

- Household contacts
- Family members that visit often
- Romantic or intimate partners
- Friends or family that have spent the night
- Roommates
- Caregiver to someone ill with COVID-19, but not household member
- Shared personal items (water bottles, food, candy, toothbrush, cigarettes, etc.)
- Anyone you shared a car for a significant period of time with windows closed (significant time is typically an hour or more, but is less if you are not using a mask, the person with COVID-19 is talking a lot, eating, coughing, etc.)
- Close, repeated physical contact while breathing heavily (exercise, athletics, roughhousing, etc.)
- Meal partner if mealtime was long and sat close together

You can use a tool [www.tellyourcontacts.org](http://www.tellyourcontacts.org) to notify close contacts anonymously. Some guidance on how to talk to your close contacts can be found here <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/tell-your-contacts.html>. If you need help notifying contacts, you can call 2-1-1 or the COVID-19 Hotline at 888-535-6136. You can direct your student's contacts to resources at [www.mi.gov/containcovid](http://www.mi.gov/containcovid) and [www.cdc.gov/coronavirus/2019-ncov/your-health](http://www.cdc.gov/coronavirus/2019-ncov/your-health).

We are happy to welcome your student back to in-person learning at the end of the isolation period. In the meantime, *[a teacher or school administrator will reach out to you with additional information on how your student can continue learning and instruction during the isolation period].*

We encourage you to contact us with questions and concerns. Please call us at **[NUMBER]**, email us at **[EMAIL]**, or visit our website **[INSERT DETAILS HERE]** for updates.

Please be assured that we are committed to facilitating an optimal learning experience for our students and are here to support you during this time.

Sincerely,

**[NAME, TITLE, and CONTACT INFORMATION AT SCHOOL]**

## COVID-19 General Exposure Notification

[Date/Time]

Dear Parent/Guardian:

[Insert School Name] considers the health and well-being of our students and staff a priority. With that in mind, we are sending this letter home for your awareness. We have been alerted that an individual at [Insert School Name] in [Insert Specific Classroom or Activity] has been diagnosed with COVID-19. We are following CDC recommendations to ensure that the person diagnosed with COVID-19 follows instructions for isolation and remains away from others until they can safely return to the school setting.

Your child will not need to quarantine. However, it is recommended they wear a [well-fitting mask](#) for 10 days and it is recommended they get a COVID-19 test in 3 to 5 days. [Insert information re: testing available from the school or home testing availability]

We do recommend that you continue to monitor your child each day for [symptoms](#). If your child develops COVID-19 symptoms, please:

1. Contact your healthcare provider or go to [www.mi.gov/coronavirustest](http://www.mi.gov/coronavirustest) to find the closest location to be tested. [Insert information re: testing available from the school or home testing availability]
2. Follow testing and isolation recommendations.
3. Notify the school immediately and notify the school if they test positive for COVID-19.

We will continue to provide regular updates as needed and will provide prompt notification of any COVID-19 or other health-related concerns that require your attention. We encourage you to contact us with questions and concerns. Please call us at [NUMBER], email us at [EMAIL], or visit our website [INSERT LINK HERE] for updates.

We are committed to facilitating an optimal learning experience and ensuring the safety of our students and staff. COVID-19 vaccination among all eligible students as well as teachers, staff, and household members are the leading public health strategy to help end the pandemic and support schools to continue full operations. Please visit CDC's [COVID-19 Vaccines for Children and Teens](#) page for more information on how to get your child vaccinated as soon as they are eligible.

Sincerely,

[NAME, TITLE, and CONTACT INFORMATION]