

Back to School in a Pandemic 2020-2021

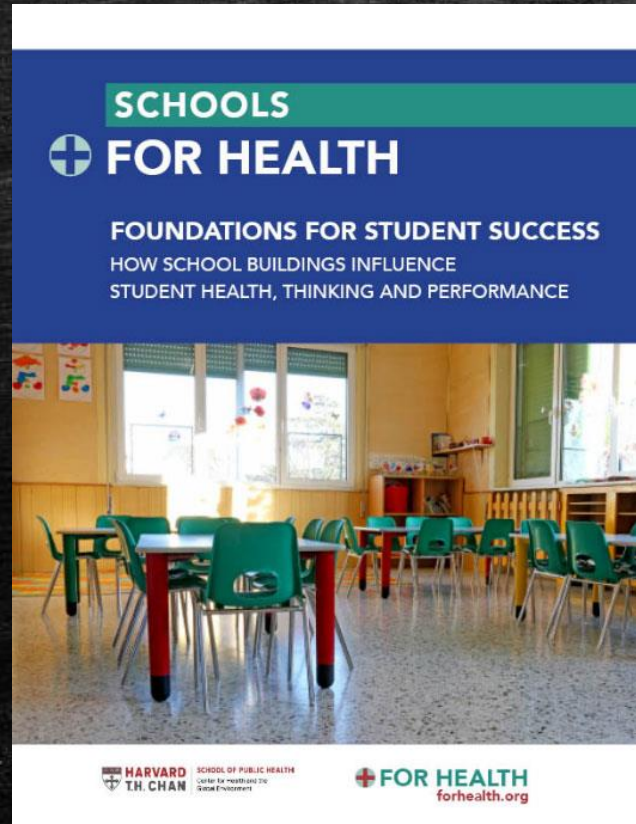
Jennifer Morse, MD, MPH, FAAFP

Medical Director

District Health Department #10/Central Michigan DHD/Mid-Michigan DHD

HIGHLY RECOMMENDED READING

and reference for much of the information in this presentation



SPECIAL COVID-19 REPORT: RISK REDUCTION STRATEGIES FOR REOPENING SCHOOLS

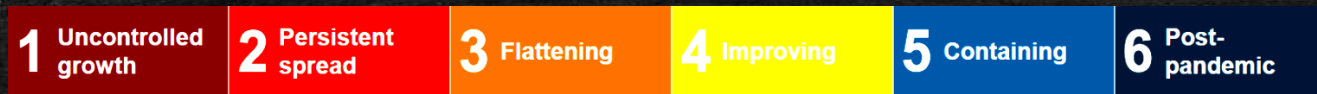
<https://schools.forhealth.org/>

MI Safe School vs. Executive Order 2020-142

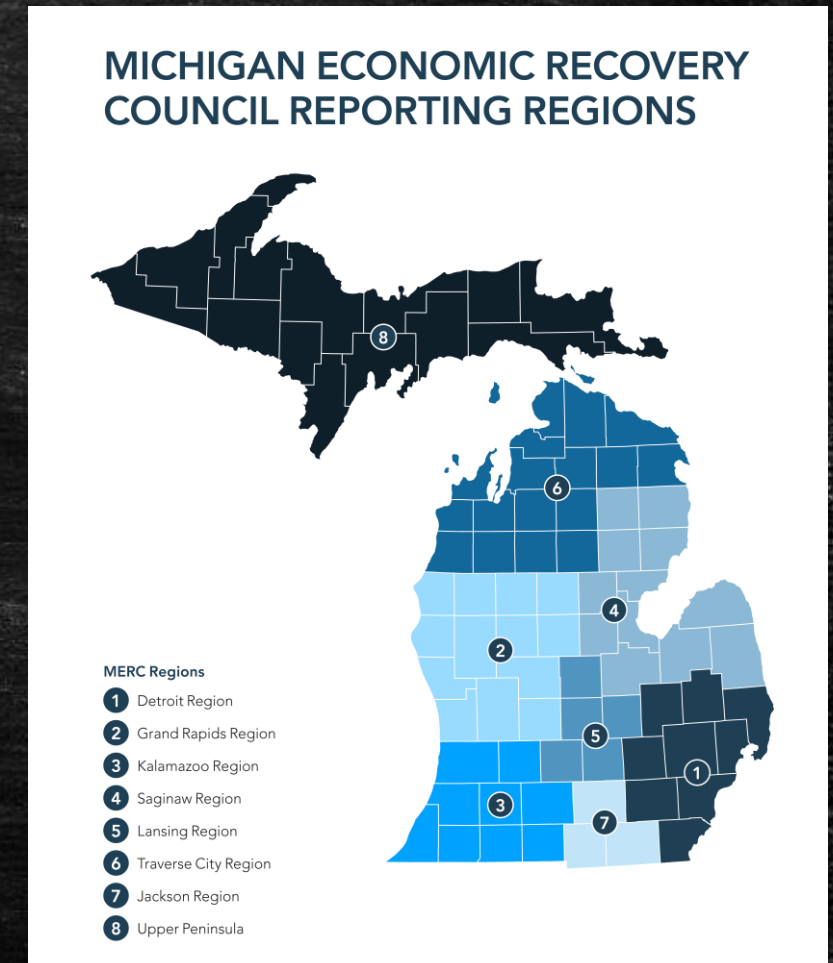
- Executive Order No. 2020-142 provides the “rules”, MI Safe Schools provides the guidance
- EO at https://content.govdelivery.com/attachments/MIEOG/2020/06/30/file_attachments/1485859/EO%202020-142.pdf
- Must develop a COVID-19 Preparedness Plan
 - Describe the policies and procedures you plan to follow for Phases 1-3, 4, and 5
 - May partner with one or more districts or ISDs if lack capacity to do this on your own
 - By August 15 (or 7 days prior to start of school), school board must approve plan
 - By August 14, plan must be sent to the Superintendent of Public Instruction and State Treasurer
 - By August 17, plan must be posted on home page of public internet site
 - If this doesn't happen, school will not be allowed to open
 - NO OTHER MENTION OF POLICING OR PUNISHMENT

MI Safe Schools

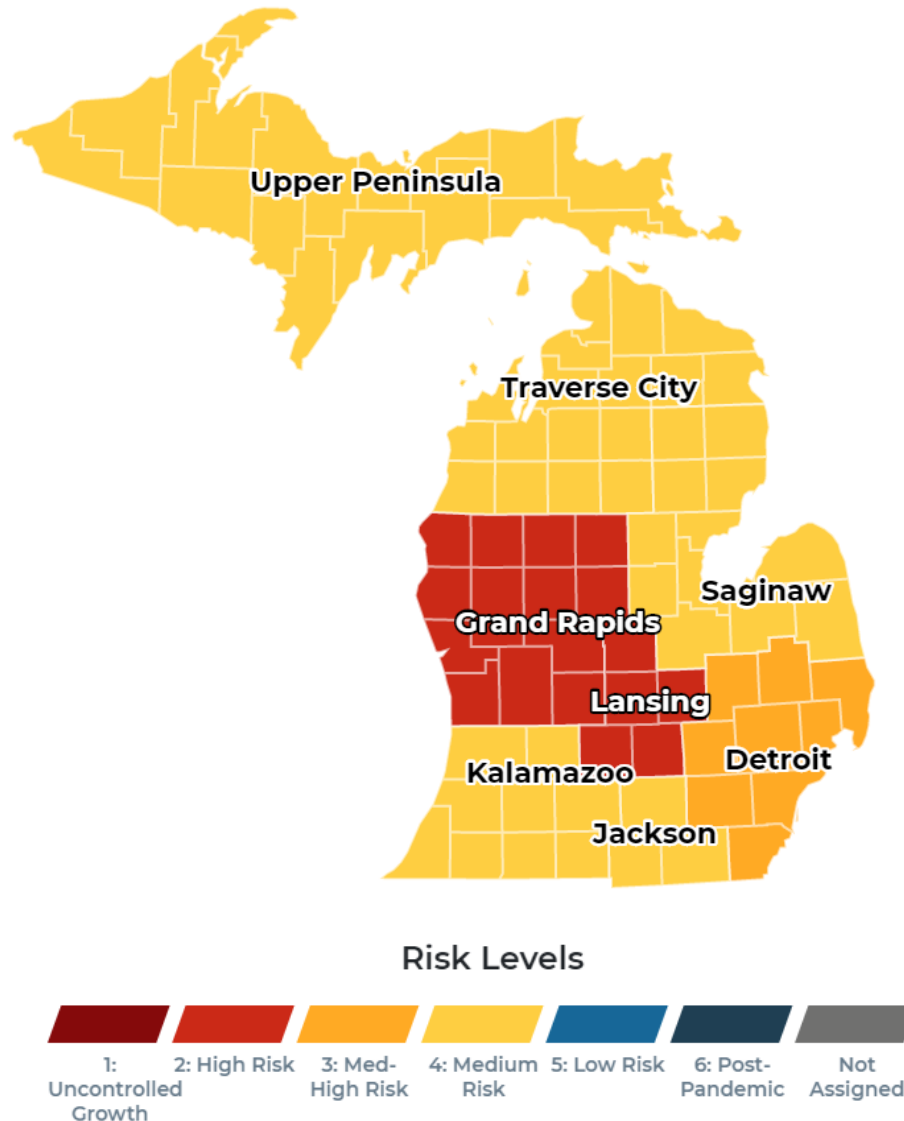
- State is broken into 8 regions determined by the state (we can't change that)
- MI Safe Start Map
<https://www.mistartmap.info/>
- 6 Phases determined at state level



- Phases consider:
 - Lab confirmed COVID-19 cases based on illness onset dates
 - Deaths from COVID-19 based on date of death
 - Number of tests done for COVID-19 and percent positive
 - “Other epidemiologic information”



Current Map??????



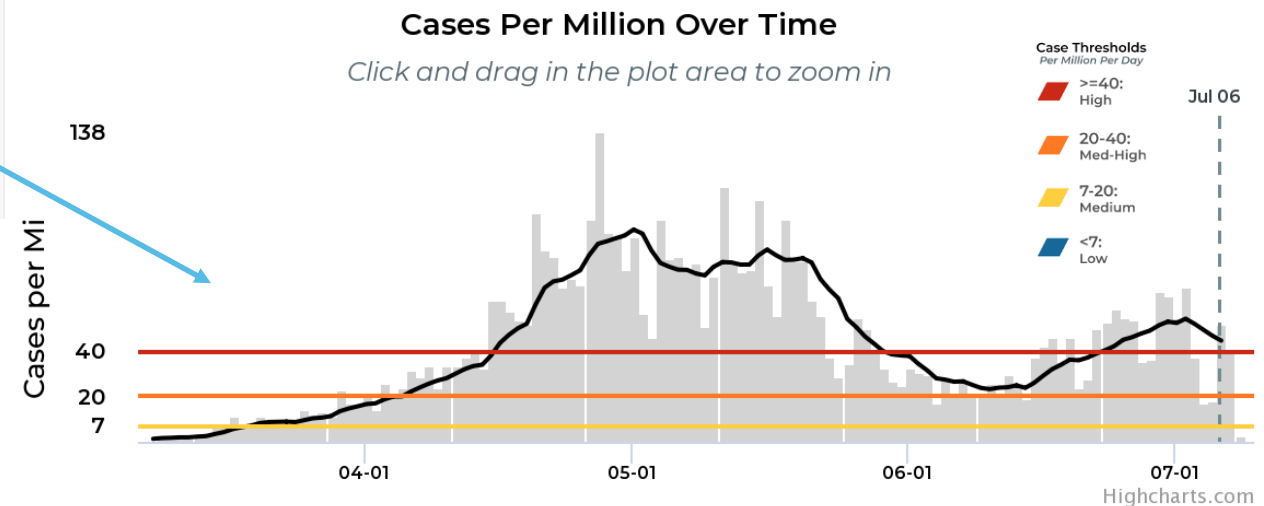
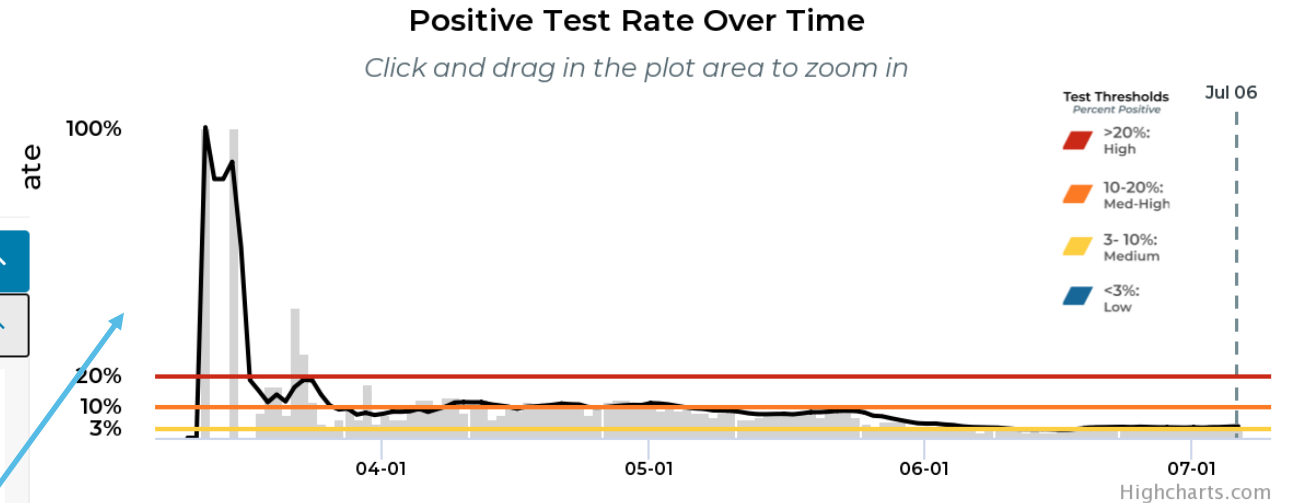
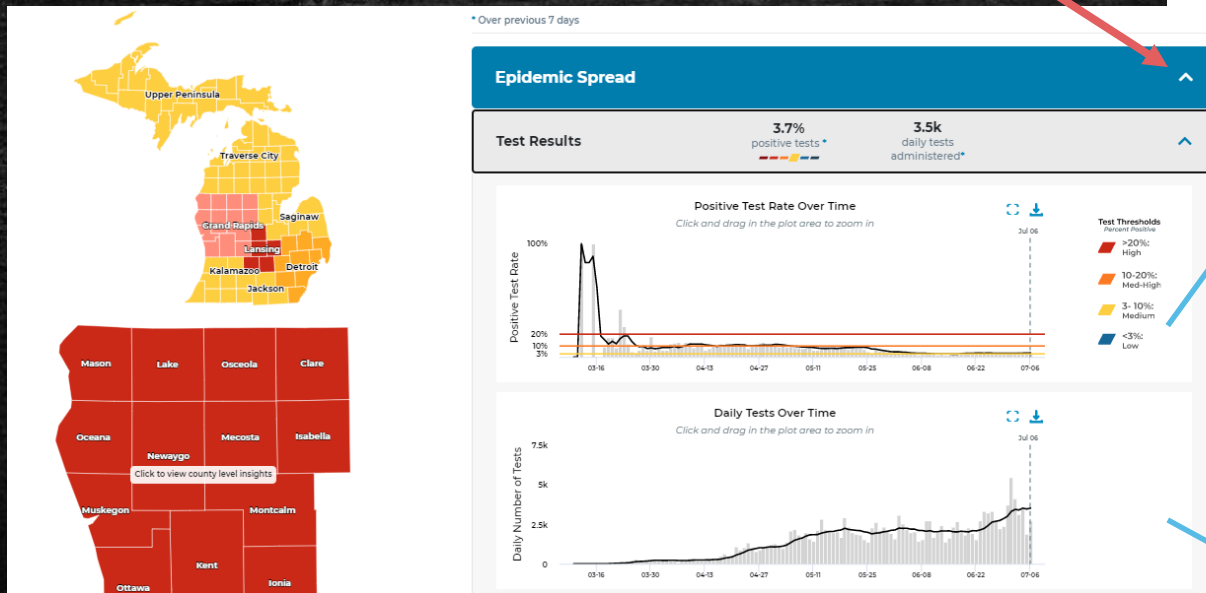
“Map colors reflect official risk levels which convey the risk of spread of the epidemic in a region. **They may differ from the MI Safe Start economic engagement phases and guidance, which can be found here.**”*

Determinations of risk levels are made for entire regions, based on individual indicators and other epidemiologic information. Individual indicators, shown on the right side, are computed for counties as well as regions.”

***THERE IS NO OTHER MAP AVAILABLE AT THIS TIME**

How to Follow the Metrics for Phases

1. Go to mstartmap.info
2. Click on dropdown arrow for "Epidemic Spread"



When Opening Schools, Keep in Mind...

- There is no perfect plan
- Look for the “less bad” option
- Compliance will never be perfect
- Learning will be different
- There will be disruptions
- Schools may need to reclose unexpectedly

BUT...

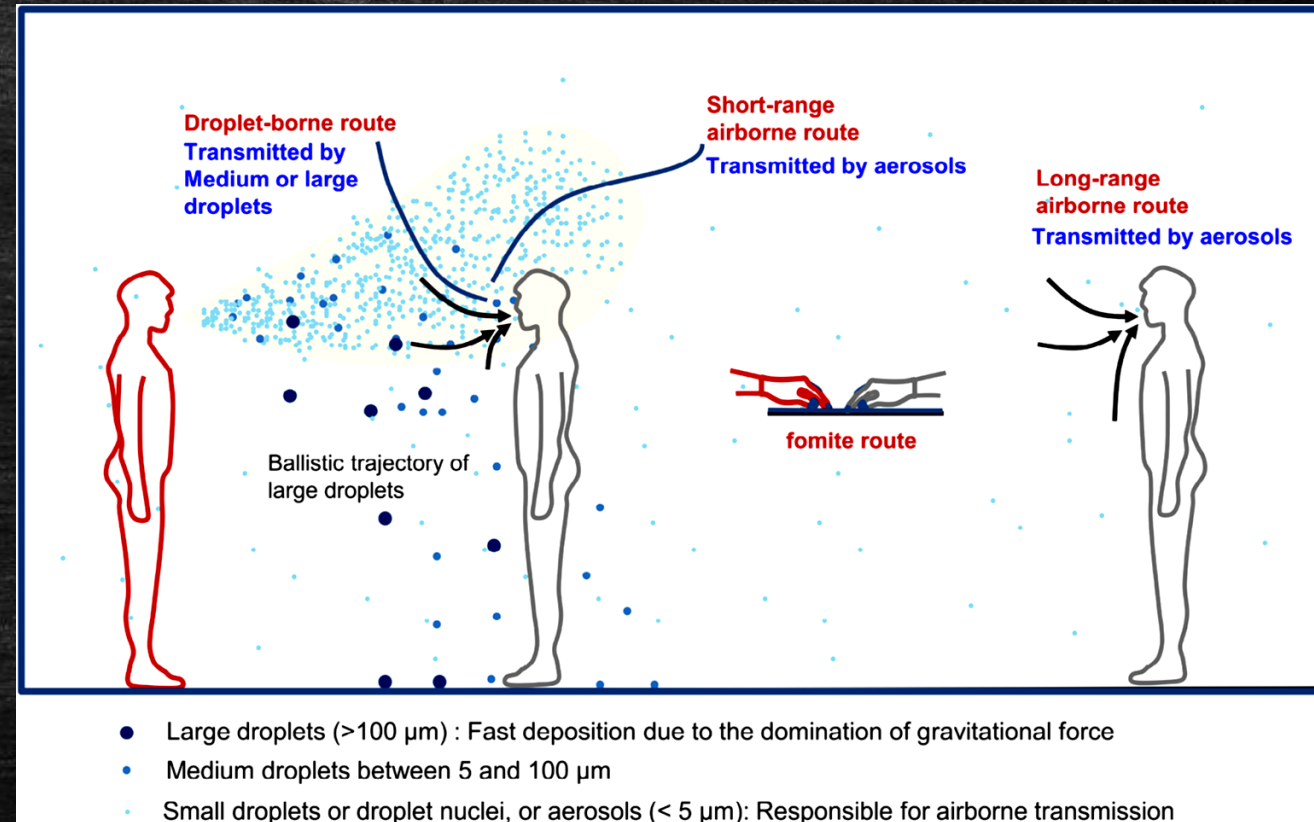
- Reopening is important
- School closure in spring is expected to lead to increase in high school drop-out
- Worldwide increases in abuse, neglect, exploitation, and violence toward children were seen during lockdown measures
- Students see increase weight gains and are more sedentary the longer they are on school breaks
- School closures effect parent's ability to work, including up to 30% of healthcare providers

Guiding Principles in Keeping Schools Healthy

- Err on the side of caution
- No one strategy will limit the spread of disease, no one precaution is the most important (though staying home when sick, masking, hand washing, disinfecting are high on the list)
- No one person or group of people is solely responsible for keeping everyone safe
- Even if you do everything possible, there will still be cases of COVID-19 in some schools
- The virus and its behavior is new, and may change-disease spread and patterns are not predictable
- School closures will disproportionately impact children of lower socioeconomic status

How is COVID-19 Transmitted

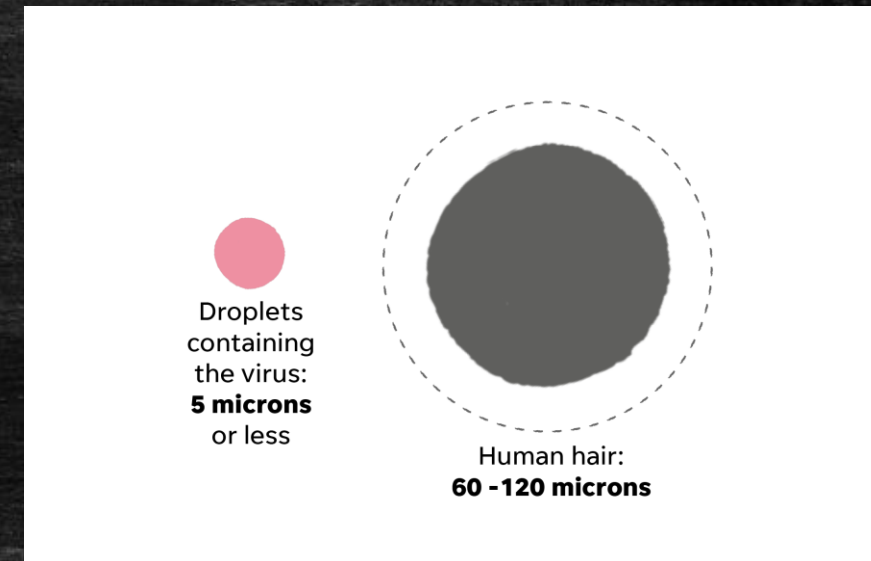
1. Close-contact transmission : most likely way it is spread; can occur by droplets or aerosols (explained next slide)
2. Long-range transmission: less likely; occurs by aerosols
3. Indirect transmission: occurs via fomites (inanimate objects) that are contaminated with virus by droplets and aerosols that settle out of the air



Wei, J., & Li, Y. (2016). Airborne spread of infectious agents in the indoor environment. *American journal of infection control*, 44(9), S102-S108.

More about Droplets, Aerosols, Fomites

- Droplets are small ($5\text{ }\mu\text{m}$ to over $100\mu\text{m}$) particles that enter the air when we talk, laugh, cough, or sneeze
 - *Spread of droplets can be reduced by using a face covering and staying more than 6 ft. away from others*
- Aerosols are smaller ($< 5\text{ }\mu\text{m}$) particles that are created when we exhale, speak, sing, sneeze, or cough. These travel further and can stay in the air longer.
 - *Spread by aerosols can be reduced by increasing outdoor air ventilation or filtering air that is recirculating*
- Fomites spread virus when droplets or aerosols settle on them leaving virus behind. The virus may remain for up to 24 to 72 hrs.
 - *Spread by fomites can be reduced by frequent handwashing, not touching the face, frequent cleaning, and use of automatic or touchless alternatives*



<https://www.usatoday.com/in-depth/news/2020/03/25/coronavirus-survives-on-metal-plastic-cardboard-common-objects/2866340001/>

What Makes an Exposure to COVID-19 Enough to Cause an Infection?

It isn't just contact that is "6 ft. apart for 15 minutes" that leads to infection

- Intensity of exposure: how much virus were you exposed to?
 - Contacts to COVID-19 cases with the most exposure to the case are the most likely to get infected (i.e., those that are the closest to the person)
- Frequency: how often to do have contact with someone infected with COVID-19?
 - Those that have more frequent contact are at higher risk.
- Duration: how much time do you spend with someone infected with COVID-19?
 - Those that spend more time with infected person are at higher risk.
- Other factors: personal health (immune status, age, health, etc.), use of risk reduction tools (mask, barriers)

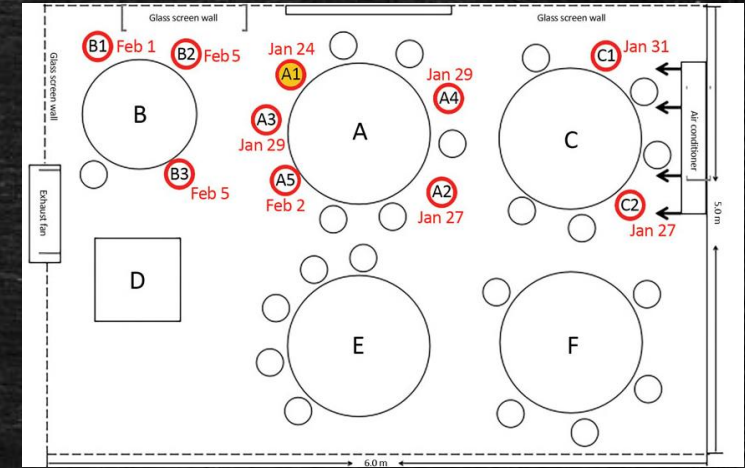


Figure. Sketch showing arrangement of restaurant tables and air conditioning airflow at site of outbreak of COVID-19, Guangzhou, China, 2020. Red circles indicate seating of future case-patients; yellow-filled red circle indicates index case-patient.

<https://wwwnc.cdc.gov/eid/article/26/7/20-0764-f1>

COVID-19 in Kids

- Kids appear to be less susceptible to COVID-19 than adults
- When in contact with an infectious person, kids are half as likely to become infected as adults are
- In general, COVID-19 is typically less severe in kids than adults
 - Kids with comorbidities (heart, lung conditions) are at higher risk of severe illness
- Average incubation from exposure to start of symptoms: in kids: 7.7 days, adults: 5.4 days
- Infected kids have similar symptoms, but different ones predominate (more sinus/nasal symptoms)

Most Common Symptoms COVID-19: Kids vs. Adults

Symptom	Kids Review of 7,780 Cases	Adults Review of 24,410 Cases
Fever	59.1%	78%
Cough	55.9%	57%
Runny nose, congestion	20%	13%
Loss of smell or taste	?	29%
Muscle aches, fatigue	18.7%	48% (muscle aches = 17%, fatigue = 31%)
Sore throat	18.2%	12%
Shortness of breath	11.7%	23%
Abdominal pain/diarrhea	6.5%	14%
Vomiting/nausea	5.4%	10%
Headache/dizziness	4.3%	24% (headache = 13%, dizziness = 11%)
Red throat	3.3%	NA

Sources: Hoang, A., Chorath, K., Moreira, A., Evans, M., Burmeister-Morton, F., Burmeister, F., ... & Moreira, A. (2020). COVID-19 in 7780 pediatric patients: A systematic review. *EClinicalMedicine*, 100433.

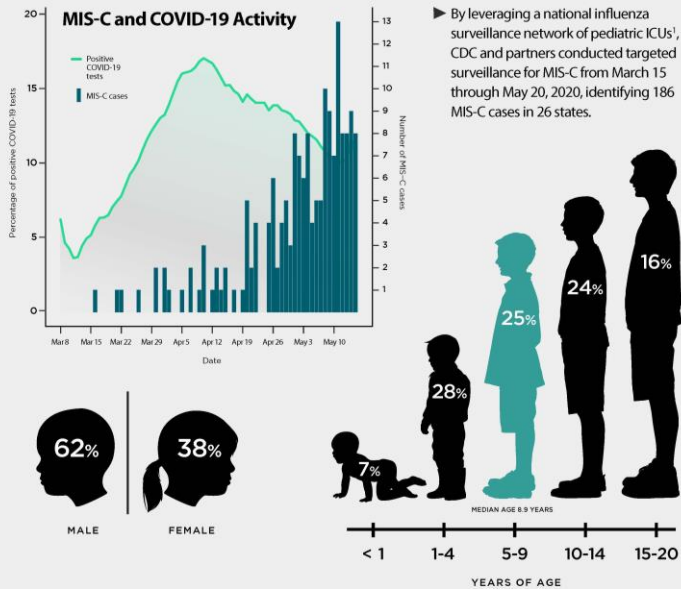
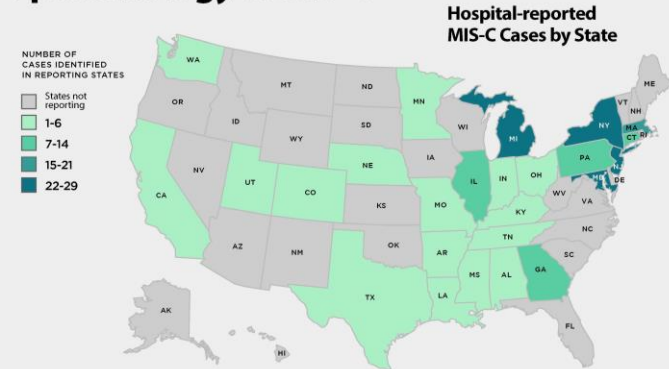
Grant, M. C., Geoghegan, L., Arbyn, M., Mohammed, Z., McGuinness, L., Clarke, E. L., & Wade, R. (2020). The Prevalence of Symptoms in 24,410 Adults Infected by the Novel Coronavirus (SARS-CoV-2; COVID-19): A Systematic Review and Meta-Analysis of 148 Studies from 9 Countries. Available at SSRN 3582819.

186 MIS-C CASES

26 STATES

MARCH 15 - MAY 20, 2020

Epidemiology of MIS-C



Percentage of U.S. Children with MIS-C, by race and ethnicity*

HISPANIC OR LATINO	BLACK, NON-HISPANIC	WHITE, NON-HISPANIC	OTHER, NON-HISPANIC	UNKNOWN
31%	25%	19%	5%	22%

*Race categories were non-exclusive

Rare cases of serious complication in kids: Multi-System Inflammatory Syndrome in Children (MIS-C)

Treatment

Intravenous Immunoglobulin (IVIg)	77%
Second dose IVIg	21%
Systemic Steroids	49%
IL-6 Inhibitors (tocilizumab and siltuximab)	8%
IL-1Ra Inhibitor (anakinra)	13%
Systemic Anticoagulation	47%

Highest Level of Care

Ward	20%
Intensive Care Unit	80%
Intensive Care Interventions	
ECMO ⁹	4%
Mechanical Ventilation	20%
Vasoactive Support	48%

Outcomes

Median Hospitalization	7 days
Still Hospitalized May 20, 2020	28%
Discharged Alive	70%
Died	2%

Source: CDC

Kids and Transmission of COVID-19

- Kids *MAY* be less likely to spread COVID-19 to other adults and kids, compared to adults' ability to spread COVID-19 to adults and kids (based on household studies)
- This may be because kids are less likely to get infected
- **HOWEVER:** the behaviors of children encourages the spread of infectious diseases so it is best to assume children will spread COVID-19 easily

Important Reminder

- The people at biggest risk for
 - getting COVID-19
 - spreading COVID-19
 - having severe COVID-19 and
 - dying from COVID-19

are ***YOUR ADULT STAFF MEMBERS/COACHES/VOLUNTEERS***

Masking

- “Source control”
- You might feel healthy, but around 40% of people who have COVID-19 may be asymptomatic ([source](#)).
- Cloth face coverings can reduce the chance of spreading COVID-19 by about 70% ([source](#), [source](#)).
- When you wear a mask, it keeps more of your droplets with you.



Source: CDC

Masking

- From safety standpoint, everyone that is able should always wear face covering as often as possible
- Realistically, you are going to have to do the best you can do, focus on highest risk settings
- Allow mask free breaks to avoid burn out
 - While outside when distancing can be maintained
 - Separate class, distance, and have quiet time
- Challenges to address:
 - Who will wash them (need to allow time in school for washing)?
 - Will kids bring them to school? Will parents send them to school?
 - Where will you get extras?
 - Who will watch them for wear and tear?
 - How will you address claims of medical exemptions?
 - Getting notes from doctors will be a challenge
 - What do you do with kids (or even staff) that just WILL NOT comply?

Masking

- Teachers: Speaking loudly in front of class = lots of droplets and aerosols = BIG RISK
 - Concern: issues with speech perception and learning, especially in hearing impaired and younger students
 - Option: consider wearing a clear mask

OR

Less favorable option:
Face shield



<https://www.theclearmask.com/>



<https://www.hsdn.org/wp-content/uploads/2020/04/HSD-C-Instructions-for-Clear-Window-Masks.pdf>



Masking

- Have students wear masks as much as possible, especially in areas where they will mix with students from other classes (hallways and bathrooms)
- Younger children (who will struggle with masking more) should at a minimum wear masks in hallways and other public/more crowded areas
- Train students and staff how to properly wear and care for face coverings
 - Wash hands before putting on or removing mask
 - Only touch mask by its straps
 - Avoid touching mask while it is being worn
 - Change mask if it gets wet
 - Make sure it fits snugly and covers nose, mouth, and chin
- Consider providing resources and/or time for students to wash their masks at school or store masks at school

Masking

- Wash fabric masks in soap or detergent and preferably hot water (at least 60 degrees) at least once a day.
- If hot water is not available, wash the mask in soap/detergent and room-temperature water, followed by boiling the mask for 1 minute
- Make sure everyone has their own mask and do not share it with others.

Masking

- For adults or kids who are unable to wear masks, decide on your policy and what documentation you will require if any
 - NOTE: doctors are overwhelmed with requests for notes for masks; the medical reasons to not wear a mask are not black and white
- Clear face shields may be an alternative; less effective than face covering
- Most face shields are disposable and supposed to be discarded after use
 - CDC does provide suggestions for cleaning for healthcare providers facing critical shortages of face shields
 1. 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.
 2. Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
 3. Wipe the outside of face shield with clean water or alcohol to remove residue.
 4. Fully dry (air dry or use clean absorbent towels).
 5. Perform hand hygiene.

Masking

- EO 2020-147 says:

Any individual who leaves their home or place of residence must wear a face covering over their nose and mouth:

- a. When in any indoor public space;
 - There is no exemption for being in your own office, being 6 ft apart, etc.
- The MI Safe School Roadmap say, in Phase 4, they must always be worn by staff except for meals, worn by all on buses, worn in all common areas by all students except eating, worn in classrooms by students grade 6-12, and worn by K-5 in class unless they stay with their class all day and don't come in close contact with any other class.
 - There is no exemption for being in your own office, being 6 ft apart, etc.
- EO 145 (for workplaces) states:
 - (i) Require face coverings to be worn when employees cannot consistently maintain six feet of separation from other individuals in the workplace, and consider face shields when employees cannot consistently maintain three feet of separation from other individuals in the workplace.
 - (j) Require face coverings in shared spaces, including during in-person meetings and in restrooms and hallways.
- So it is VERY confusing...

Hygiene

- Establish a plan to promote good hygiene practices
- Wash hands for at least 20 seconds before and after...
 - Touching any high-use items or surfaces
 - Eating
 - Touching their face
 - After using bathroom
 - Consider having adult supervise bathroom to ensure proper handwashing or have children wash hands again in classroom or use hand sanitizer
 - After coughing, sneezing, blowing nose
- Handwashing should be incorporated into times students enter or leave classrooms
- Where handwashing not available or cannot be accessed without bathroom crowding: use hand sanitizer with at least 60% alcohol
 - Work with fire marshal prior to installing hand sanitizer dispensers to ensure not a hazard
<https://www.cdc.gov/handhygiene/firesafety/index.html>

Physical Distancing

- Goal is 6 ft. to lower risk of infection; likely not possible in many school settings
- Move desks as far away as possible from each other, face desks the same direction, assign seats (decreases number of contacts if illness occurs)
- Change culture away from physical contact (hugs, high-fives) to new gestures like waves or thumbs-up
- Try to keep classes separated from each other and not allowed to mix as much as possible
 - That way, if one person in a class gets COVID-19, there is a smaller group of close contacts
- Older students: may want to make cohorts of students that take same core classes and consider rotating the teacher
- Bathrooms crowd during breaks- may want to assign classrooms specific bathrooms or stagger bathroom breaks by class

Physical Distancing

- Consider staggering arrival, departure, lunch times to decrease crowding
- Consider serving lunch in classrooms
- Minimize visitors
 - Any needed visitors must be approved first, advised of COVID-19 policies, and screened for symptoms
- Hold parent-teacher conferences or other meetings with visitors virtually (not at school)
- Allow staff to work from home if their job allows
- Hold any faculty or staff meetings virtually

Physical Distancing

- Consider modifying attendance; must be considered carefully as it presents a challenge to parents, teachers, and students
- Staggered attendance
 - Students attend school every other day or every other week
- Split attendance
 - Half of students may attend class in morning, other half attend in afternoon
 - While not physically in school, students engage in remote learning
- Phased re-entry
 - Small numbers of students are brought back to school first and more are brought back as COVID-19 case numbers decrease in the area
 - Schools may need to dynamically adjust their attendance policies in cases increase

Transportation

- Encourage non-bus transportation (private vehicle, bike, walk) as much as possible
- Keep windows on bus open (even just an inch)
- Passengers and driver must wear masks unless unable
- Assign seating, starting with back of bus to front so children do not have to walk past each other
 - Ideal: one per seat in zig zag pattern

Physical Barriers, Other Prevention

- In situations where unable to physical distance, consider installing physical barriers, such as plexiglass
 - Areas like reception desk, cafeteria check out
 - Resources on installation and care of physical barriers:
 - <https://www.ehs.washington.edu/system/files/resources/COVID-19-plexiglass-barriers-workplace.pdf>
 - <https://ncceh.ca/content/blog/physical-barriers-covid-19-infection-prevention-and-control-commercial-settings>
- Keep interior doors open or replace with automatic doors
- Install automatic soap dispensers and hand sanitizer, paper towel dispensers, water faucets (or add foot pedals)

Cleaning

- Try to provide student with their own supplies so sharing isn't needed
- Hand-washing before and after using shared supplies is very important
- Provide adequate supply of disinfectant wipes to clean shared items before and after use
- Clean and disinfect high touch surfaces (door handles, light switches, sink handles, etc.) throughout day

Cleaning

- Daily
 - Classroom desks, tables, and chairs
 - Shared spaces
- Multiple Times per Day
 - Door handles
 - Light switches
 - Handrails
 - Drinking fountains
 - Sink handles
 - Restroom surfaces
 - Cafeteria surfaces
 - Elevator buttons
- Between Use
 - Toys, games, art supplies, instructional materials
 - Keyboards, phones, printers, copy machines
 - Seats on bus

Cleaning

- Guidance for cleaning and disinfecting <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- Use of a disinfectant that is active against COVID-19 is recommended (see EPA List N <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>).
 - Per the AAP: *When possible, **only products labeled as safe for humans and the environment (eg, 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.*
- If you can't find a product on this list or have another product, look at the product's label to confirm it is registered with the EPA and that **human coronavirus** is listed as a target pathogen.
- Follow the label directions for safe, effective use. Make sure to follow the contact time, which is the amount of time the surface should be visibly wet

Ventilation

- Proper ventilation, filtration, and air cleaning can help
- See American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) COVID-19 Preparedness Resources webpage at www.ashrae.org/COVID19 and ASHRAE Epidemic Task Force: Schools and Universities <https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-reopening-schools.pdf>
- Basic recommendations
 - Minimize or eliminate air recirculation; filter indoor air
 - Do not shut off or reduce mechanical ventilation when anyone could still be in building (such as before/after school activities, when cleaning crew working)
 - Open windows in school and on buses, use fans to blow in outdoor air
 - Consider portable HEPA filters
 - Verify ventilation and filtration through professional commissioning and testing

Activities

- Recess and gym are important; need both not one or the other
- Wash hands before and after recess; hand sanitizer if hand washing not available
- SARS-CoV-2 is likely inactivated in sunlight quickly; playground equipment low risk for carrying virus, clean as routine (NO disinfection needed)
- Increase supervision on playground to maintain physical distancing and ensure mask use
- If possible: stagger recess time, keep cohorts together
- Disinfect shared equipment like balls and toys
- Modify games to promote safe play

Activities

- Gym:
 - Choose activities that limit shared equipment and contact
 - Limit or stagger access to locker rooms
- Music
 - Avoid wind instruments and singing inside
 - Clean shared equipment regularly
 - Ventilate room often

Sports

- All sports carry some risk
- Hold as much practice and play outdoors as possible
- Limit full gameplay to competitions and focus practice on other training
- Consider replacing a certain number of practice per week with at-home workouts
- Limit shared equipment, shared spaces, and close contact
- Avoid or limit locker room use
- Avoid huddles and high-fives
- Consider limiting the number of competitions in the season
- Avoid competing with teams outside of the local area or conference

Sports

- Limit non-essential personnel at events
- Physical distance between spectators should be maintained
- Spectator should wear masks
- Discourage yelling and cheering; encourage signs and applauding
- Consider hand or electronic whistles
- Coaches and referees should always wear face coverings , athletes should wear them on the sidelines/bench, locker room
 - Ensure mask-free breaks to encourage hydration

Training and Education

- Prior to start of school, educate staff, teachers, students re:
 - Basics of disease transmission, new policies and procedures, expectations regarding code of conduct
- Develop strong communication plan with daily and weekly communications
- Begin each day with a safety message
 - Remind students/staff to stay home/go home if ill, importance of masks, hygiene, etc.

Screening of Students

- Testing of asymptomatic students and staff prior to return to school or sports is not recommended at this time
- Per the American Academy of Pediatrics (AAP):
 - Testing only shows whether a person is infected at that specific moment in time
 - Nasal swab virologic test result can be negative during the early incubation period of the infection
 - Although a negative virologic test result is reassuring, it does not mean that the student or school staff member is not going to subsequently develop COVID-19
 - Stated another way, a student who is negative for COVID-19 on the first day of school may not remain negative throughout the school year

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

Screening of Students

- All students should be screened for signs of illness prior to arrival to school each day
- Recommendations from AAP, Harvard, CDC all discuss options of delegating screening to parents
 - AAP: School policies regarding temperature screening and temperature checks must balance the practicality of performing these screening procedures for large numbers of students...and the possible lost instructional time to conduct the screenings... Parents should be instructed to keep their child at home if they are ill.
 - Harvard: Students, school staff, and parents should be made aware of the symptoms of COVID-19. Schools should consider a daily declaration, via electronic means, that each person heading to school that day is free of symptoms

Local Public Health Recommendation for Screening

- Screen all adult staff and visitors directly (discussed later)
- Students: allow parents to screen them prior to sending them to school.
- Can do this by either:
 - Having them report through electronic means (issues: parents may not have the means to do this, will have to have a means to contact those that do not report, etc.)
 - Providing them education re: how to determine if their child has signs of COVID-19 and what to do if that occurs along with visual aids or other reminders to check their child prior to school for these signs (issues: have to assume they do this, may miss illness in some children)

Suggested Content for Student Screening

Before leaving for school please make sure of the following:

1. Does your child(ren) feel feverish or have a temperature over 100.4?
2. 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

3. Has your child(ren) had close contact with someone diagnosed with COVID-19?

4. 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.

Staff Wellness

- For, follow safe workplace guidelines
 - CDC <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
 - Michigan https://www.michigan.gov/coronavirus/0,9753,7-406-100467_100477_100487_100494---,00.html
 - DHD10 Guidance to Reopening https://www.dhd10.org/wp-content/uploads/2020/06/DHD10_COVID-19_GuidanceToReopen_06.05.2020.pdf
 - DHD10 Business Toolkit https://www.dhd10.org/wp-content/uploads/2020/06/Business_Toolkit_English_06.03.2020.pdf
 - CMDHD Business Toolkit https://b7415fe4-3f8d-4ed9-b594-7f18ad7fo403.filesusr.com/ugd/56f8bb_016af26db22d4ffaaf80631ff557abc6.pdf
 - CMDHD Business Preparedness and Response Plan https://b7415fe4-3f8d-4ed9-b594-7f18ad7fo403.filesusr.com/ugd/56f8bb_f15fodf920b441b2a13278fc2b5f6f60.pdf
 - MMDHD Workplace Toolkit <https://www.mmdhd.org/wp-content/uploads/2020/05/COVID-19-Workplace-Re-Opening-Toolkit-FINAL.pdf>
- All schools, public and private, are subject to the rules governing workplace safeguards established in section 1 of Executive Order 2020-145 (Rescission of EO 2020-114) https://content.govdelivery.com/attachments/MIEOG/2020/07/09/file_attachments/1492329/EO%202020-145%20Emerg%20order%20-%20Workplace%20safeguards%20-%20re-issue.pdf

Per Section 1 of EO 2020-145:

- Develop a COVID-19 preparedness and response plan consistent with OSHA guidelines
- Designate a workplace supervisor to implement, monitor and report on the plan developed as a result of the above requirement
- Provide COVID-19 training to employees addressing infection control practices, proper use of personal protective equipment (PPE), steps to notify the employer of a positive test or symptoms, and how to report unsafe work conditions
- Conduct daily entry self-screening of employees including a questionnaire covering symptoms or confirmed exposure to positive people
- Maintain a distance of 6 feet between all people at the business to the maximum extent possible using ground markings, etc.
- Provide non-medical grade facemasks to all employees
- Require face coverings be worn when employees cannot maintain consistently maintain 6 feet of distance from each other
- Increase disinfection and cleaning of the business with special attention to shared objects and high-touch surfaces
- Develop protocols to be used for cleaning if there is a positive test at the location
- Make cleaning supplies available to employees upon arrival at work and allow time for them to wash their hands or use hand sanitizer frequently
- Notify the local health dept. and co-workers, contractors, or suppliers who may have come into contact with the person within 24 hours of having an employee test positive,
- Follow EO 2020-36 which prohibits any retaliating against employees who stay home or leave work when they are at particular risk of infecting others
- Establish a response plan to send employees home and temporary closure when dealing with a confirmed infection
- Restrict business related travel to essential travel only
- Encourage employees to use PPE and hand sanitizer on public transportation
- Promote remote work to the fullest extent possible
- Adopt additional reasonable infection control measures in light of the work performed at the location and the infection rate in the community

If Someone Gets Sick

- Teachers, bus drivers, staff should watch students closely for signs of illness
 - Reminder: those include fever, cough, runny nose, congestion, loss of smell or taste, sore throat, shortness of breath, abdominal pain/diarrhea, vomiting/nausea, headache/dizziness
- Ensure anyone with symptoms have a mask on, ideally a surgical mask
 - If they already have a cloth mask on, do not remove it; can put surgical mask over cloth mask SO LONG AS it does not cause difficulty breathing
- Separate them from others ASAP
- It is strongly recommended (not required) to have a quarantine area
 - This could be any comfortable area that a student can be alone until pick up that is easy to clean
 - Separate from other ill children
 - If unable, mask and keep as far apart as possible
 - Ideal: window that can open, can close it after use

If Someone Gets Sick

- Contact tracing is **very** important
- FERPA (and for public health, HIPPA) are important for maintaining the privacy of the ill student or teacher
- All those who have been in contact with confirmed or probable COVID-19 case should be notified ASAP (contact with case starting 48 hrs. prior to symptoms onset)
 - Close contacts will need to be in quarantine x 14 days past the last exposure
- Contacts to a person who is a contact to a case DO NOT need to be in quarantine; only those that have been exposed to someone with contagious COVID-19

If Someone Gets Sick

- Students or staff sharing classroom space with a case or teammates are typically assumed to be contacts
 - Reason why cohorting as much as possible is helpful and important
- Important to compile names and contact information for those that were in close contact of cases for the health department
- Other close contacts are important: may wish to encourage parents to log playdates, afterschool activities to assist with contact tracing if it is needed
- Close contacts that need quarantine: public health nurses will contact them/their parents personally, will monitor their quarantine
 - Should be prepared for remote learning in these situations
 - Consider needs for substitute teachers and need to have them pre-trained on the COVID-19 policies and procedures
- Students/staff not close contact to case: we will work with you re: need to send letter home to parents
 - A generic letter notifying parents there was a case, all identified close contacts are home in quarantine may be appreciated by parents and staff

If Someone Gets Sick-Returning to School/Work

If the individual **has symptoms**, they should stay home until:

1. At least 3 days have passed since recovery (resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms)
2. AND either:
 - a. At least 10 days have passed since symptoms first appeared (preferred)
 - b. OR they have two negative results, spaced at least 24 hours apart, based on authorized COVID-19 diagnostic tests by a medical professional.

Otherwise, if the individual tested positive in a diagnostic COVID-19 test but **does not get symptoms**, they should stay home until:

1. At least 10 days have passed since the positive result in the diagnostic test (assuming no symptoms appeared during that time) (preferred)
2. OR they have two negative results, spaced at least 24 hours apart, based on authorized COVID-19 diagnostic tests by a medical professional.

Be Prepared for Remote Learning

- Students who are only mildly sick or have family/household member who is sick or have been a contact to someone else with COVID-19 will be home 10-14 days minimum
 - Remote learning without school absence will be needed
- Students who are (or have a family member that is) immunocompromised, has co-morbidity may wish to learn from home to avoid illness
- Will need
 - Access to Internet, necessary technology, support systems, meals, curriculum
- For students that are not ill or in quarantine that choose remote learning but do not have access to internet/needed technology or do not have a safe home setting, consider using a room within school reserved only for high-risk students to complete remote work with supervision of a staff member

Be Prepared for Remote Learning

- School closings could occur again if we see a “second wave” of pandemic
 - Kids aren’t as responsible for spread of COVID-19 so hopefully that won’t happen
- May need to close if widespread outbreak occurring within school
 - Would be similar to school closures for Influenza
 - If outbreak could not be controlled, large amount of absenteeism, may need to close school
 - Typically close for 1 incubation period (14 days; may be able to decrease it to 7)

Resources

- 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>
- Considerations for School Nurses Regarding Care of Students and Staff that Become Ill at School or Arrive Sick [https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020_NASN_Considerations for School Nurses Regarding Care of Students and Staff that Become Ill at School or Arrive Sick.pdf](https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020_NASN_Considerations_for_School_Nurses_Regarding_Care_of_Students_and_Staff_that_Become_Ill_at_School_or_Arrive_Sick.pdf)
- COVID-19: Preparing For Widespread Illness in Your School Community: A Legal Guide for School Leaders <https://www.nsba.org/Resources/coronavirus/legal-guide>
- <https://famiestogetherinc.org/navigating-covid-19-when-your-child-youth-has-a-disability/>
- Wheelchair and Assistive Technology Users PRECAUTIONS for COVID-19 https://www.va.gov/MS/WC_COVID19.pdf
- COVID-19 Resources for Special Education and Early Learning (Kentucky) <https://education.ky.gov/specialed/Pages/OSEELCommunicationandResources.aspx>
- QUESTIONS AND ANSWERS ON PROVIDING SERVICES TO CHILDREN WITH DISABILITIES DURING THE CORONAVIRUS DISEASE 2019 OUTBREAK https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/qa-covid-19-03-12-2020.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=
- Non-Regulatory Guidance on Flexibility and Waivers for Grantees and Program Participants Impacted by Federally Declared Disasters <https://www2.ed.gov/policy/gen/guid/disasters/disaster-guidance.pdf>

Questions?

Contact:

Jen Morse, MD, MPH, FAAFP

jmorse@cmdhd.org

Cell: 989-802-2590

For Roscommon, Osceola, Clare, Gladwin, Arenac, Isabella Counties:

Steve Hall, R.S., M.S.

shall@cmdhd.org

989-773-5921, Ext. 1421

www.cmdhd.org

For Missaukee, Crawford, Kalkaska, Wexford, Lake, Mason, Manistee, Oceana, Newaygo, Mecosta Counties

Kevin Hughes, MA

khughes@dhd10.org

(231) 876-3839

www.dhd10.org

For Montcalm, Gratiot, Clinton Counties

Marcus Cheatham, PhD

mcheatham@mmdhd.org

989-287-0701

www.mmdhd.org