LMAS DISTRICT HEALTH DEPARTMENT

COVID-19 RETURN TO SCHOOL TOOLKIT

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

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COVID-19 School Checklist

Follow the instructions of the MI SAFE SCHOOLS: Michigan's 2020-2021 Return to School Roadmap for the Phase your region is in.

COVID-19 Screening

For School Staff and Administration

Per EO 2020-145: Conduct a daily entry self-screening protocol for all employees or contractors entering the workplace, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID19.

A hard copy of an example workplace-screening tool is found in Appendix A.

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

For Students

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

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

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

Student Screening

Before leaving for school, please make sure of the following screening. If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and put them at risk for spreading illness to others.

Section One: Symptoms

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

Section Two: Close Contact/Potential Exposure

In the past 14 days has your child:

- ☐ Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19: OR

☐ Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to COVID-19; OR
☐ Had a travel history

If the answer is **YES** to any of the questions in Section One, but **NO** to all the questions in Section Two, keep your child(ren) home from school until the following are fulfilled: for fever: at least 24 hours have passed with no fever, without the use of fever-reducing medications; sore throat/ cough: improvement (if strep throat: do not return until at least 2 doses of antibiotic have been taken); diarrhea, vomiting, abdominal pain: no diarrhea or vomiting for 24 hours; severe headache: improvement in headache.

If the answer is **YES** to any of the questions in Section One AND **YES** to any of the questions in Section Two Call your healthcare provider right away to get evaluated and tested for COVID-19. 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.

If the answer is **YES** to any of the symptom questions, but **NO** to any close contact/potential exposure questions, 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 (if strep throat: do not return until at least 2 doses of antibiotic have been taken);
- Cough/Shortness of breath: improvement
- Diarrhea, vomiting, abdominal pain: no diarrhea or vomiting for 24 hours
- Severe headache: improvement

Cloth Face Coverings Help Prevent the Spread of COVID-19

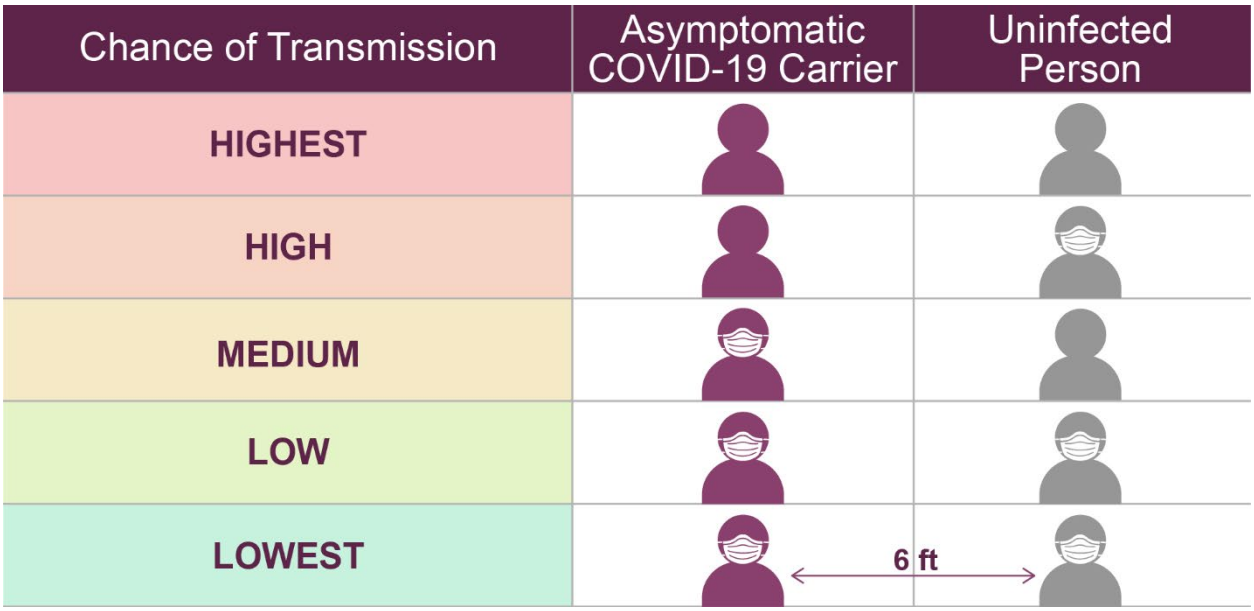
According to the Governor's Legal Counsel, face coverings are not required under Executive Order 2020-147 because classrooms are not an enclosed public space. That said, under EO 2020-142 when schools enter phase 4 and under their preparedness plan, they would have to follow rules in 2(b)(1)(a-e).

In phase 5, schools will have to comply with their local plans that have been approved by their Board of Education – we anticipate most districts will indeed have some sort of facial covering requirements.

Phase	Environment	Staff	Early Childhood (ages 2-5)	Grades K-5	Grades 6-12
Phases 1-4	Classrooms/ Small Groups	Required, except during meals	Should be considered*	Should be encouraged*	Required, except during meals
	Common spaces	Required, except during meals	Should be considered*	Required, except during meals	Required, except during meals
	Transportation	Required	Required	Required	Required
	Outside with social distancing	Not required	Not required	Not required	Not required

Phase 5	All environments	Requirements move to recommendations.

* Although cloth face coverings are not required in these settings, they should be encouraged if tolerated.
Note: plastic face shields are not a replacement for cloth face coverings, but may be used in ***conjunction*** with cloth face coverings in any of the above settings. In settings in which cloth face masks are ***not required***, plastic face shields may be worn alone, and may offer some degree of risk mitigation.



Managing COVID-19 in the School

As long as there are cases of COVID-19 in the community, there will be no way to prevent all risks of COVID-19 spread in schools. **The goal is to keep the risk as low as possible and keep schools/school activities as safe as possible.** If students did not go to school, they would be at risk of COVID-19 illness from their interactions in the community. Yet going to school is very important to the development and well-being of our children. It gives them proper education, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits[1]. Our goals are to ensure that the benefits of in-person education far outweighs any risks.

Designated COVID-19 Point of Contact

Designate a staff person to be responsible for responding to COVID-19 concerns (e.g., school nurse) as well as a secondary person to help with difficult situations and cover absences. All school staff and families should know who this person is and how to contact them.

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

Gatherings, Visitors, and Field Trips

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
- Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.
- Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

Identifying Small Groups and Keeping Them Together (Cohorting)

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

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

Staggered Scheduling

- Stagger arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.
- When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between employees and others, especially if social distancing is recommended by state and local health authorities.

What happens when someone at school gets COVID-19?

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

If you become aware of a case of COVD-19 in a student of staff member, notify the health department right away. The health department will notify your contact person when they become aware of a case. Only a select few at the school will know the identity of the person. Those few individuals are critical to helping the health department figure out who were close contacts to the case and determine what areas of the school need special attention for disinfection and cleaning. Other than those few individuals, the person's identity is kept confidential in respect of their privacy as well as following regulations of FERPA (for schools) and HIPAA (for the health department).

Identify Close Contacts

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

What is a close contact?

For COVID-19, a close contact is most often someone that has been within 6 feet (about 2 arms' length) of an infected person for at least 15 minutes, with or without a face covering. Every case is different, however, and the health department has to look at how COVID-19 is spread and how we get infected when figuring out close contacts. The health department helps determine close contacts every day and routinely investigates contacts to many types of contagious diseases.

Examples of Close Contacts in the Schools

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

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

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

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

It will be very helpful for parents to keep note of where their student is going and who they are spending time with outside of school. This will help greatly in finding close contacts should someone become infected. You may also understand from this list the importance of assigned seating and keeping students from mingling together as much as possible in order to keep the spread of disease to a minimum. We know kids don't like assigned seats or losing freedoms but please help encourage them and remind them why this is important.

Local Health Departments Quarantine Close Contacts

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

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

Cleaning and Disinfecting

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

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

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

Communications

Ensure the local health department is aware of the case. They may ask you to complete this form (Appendix D) to help with contact tracing. The health department will then contact those individuals and tell them to quarantine.

School Scenarios with Action Steps

STAFF/ADULTS

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

ONE of the following:

1. Feverish
2. Cough
3. Shortness of breath

OR TWO of the following:

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

They should not return until it has been:

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

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

STUDENTS

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

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

EXCLUDE FROM SCHOOL

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

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

NO

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

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

YES

1. Refer to Healthcare Provider
2. Refer to COVID-19 testing location for possible testing

*(Schools **should not** require testing results as a part of return to school policies.)*

Diagnosed with COVID-19 OR no other diagnosis available

HOME ISOLATION UNTIL:

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

COVID-19 Test Results NEGATIVE

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

NO

YES

Finish 14 Day Quarantine

Student/Staff person is confirmed or symptomatic^ pending results or a close contact.			
Scenario 1:	**Scenario 2:**	**Scenario 3:**	**Scenario 4:**
A student/staff person within the school is confirmed to have COVID-19 (tests positive for COVID-19 with a nasal/throat swab).	**A student/staff person within the school is symptomatic and lab result for COVID-19 are pending.**	**A student/staff person within the school is symptomatic and no testing for COVID-19 are done.**	**A student/staff person within the school is a close contact to a confirmed COVID-19 case.**
The student/staff person **AND** all household members of the student/staff person are **immediately** excluded from school. The confirmed positive student/staff person must isolate at home. The student/staff person must be excluded from school until • 24 hours with no fever (without the use of fever-reducing medication) **and** • Symptoms have improved **and** • 10 days since symptoms first appeared. Household members and the quarantined student/staff person who are close contacts are excluded for 14	FOR ALL STAFF and STUDENTS ONLY IF the test returns positive, see scenario 1. The student person is excluded from school until results of the test are available. If test results are negative and the ill student close contact to someone with COVID-19, they must still finish their quarantine. If test results are negative and the ill student had no known exposure to COVID-19, the student/staff person may return based on the guidance for their predominate symptoms (see "Managing Communicable Diseases in Schools"). Household members and student/staff person who are close contacts of the *pending* case with no history of COVID-19 exposure (prior to lab results) should be monitored for symptoms while waiting for test results. They do not need to be excluded from school. If	For ALL STAFF and for STUDENTS only IF They Answered YES to any Questions in Section 2# of Screener: The student/staff person is excluded from school until: • 24 hours with no fever (without the use of fever-reducing medication) **and** • Symptoms have improved **and** • 10 days since symptoms first appeared. For STUDENTS If They Answered NO to all of the Questions in Section 2 of the Screener: The **student** may return based on the guidance for their diagnosis/predominate symptoms (see "Managing Communicable Diseases in Schools"). Household members and student/staff person who are close contacts: if the individual had close contact with a confirmed case of COVID-19 and suspicion for COVID-19 are high, they may need to be excluded from school. Consults with your health department. Otherwise, household members and student/staff person who are close contacts do not need to be	The student/staff person must quarantine for **14 days since last date of close contact.** Household members, classmates, and teachers of the quarantined student/staff person may continue to attend school and should monitor for symptoms. They do not need to be excluded from school. If symptoms develop, they should call their medical provider to be tested for COVID-19.

days after their last date of close contact.	symptoms develop, they should call their medical provider to be tested for COVID-19.	excluded from school. If symptoms develop, they should call their medical provider to be tested for COVID-19.	

^Symptoms for students: fever, feeling feverish, cough, difficulty breathing, sore throat, diarrhea, vomiting, abdominal pain, severe headache

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

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

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

Household member of a student within the school is confirmed or symptomatic pending results or a close contact.

Scenario 1:	**Scenario 2:**	**Scenario 3:**
Household member of a student within the school has been confirmed to have COVID-19.	**Household member of a student within the school is symptomatic, pending results, and has had close contact with a known case.**	**Household member of a student within the school has had close contact to a known case of COVID-19.**
Students who live in the same house as the COVID-19 positive person are excluded from school while the household member is in isolation (10 days). The student must quarantine for **14 days** after the last date of close contact while they are contagious.	Students who live in the same household of the family member are excluded from school until test results are in. If the household member is positive, see scenario 1. If the household member is negative, student may be able to return to school unless household member is determined to be a probable case of COVID-19.	Student can remain in school but should be monitored. They do not need to be excluded from school. If COVID -19 symptoms develop in the household member, students should be excluded from school, and should be treated as in Scenario 1 pending results.

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

How Does COVID-19 Spread?

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

Respiratory Droplets

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

Aerosols

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

Objects

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

How Do We Get Infected With COVID-19?

You can catch COVID-19 by more ways than being less than 6 feet away from an infected person for 15 minutes. Important things that have to be considered when deciding whether someone could be at risk for getting COVID-19 are the intensity, frequency, and duration of exposure to someone contagious with COVID-19. Did you get exposed to enough virus that your immune system couldn't fight it off and you end up getting sick?

Intensity of Exposure

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

Frequency of Exposure

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

Duration of Exposure

The duration of exposure refers to how long were you exposed. If you were in a classroom with someone contagious for COVID-19 for 6 hours a day while they were contagious for several days, yet your seat was not within 6 feet of them, you may still have had a long enough duration of exposure to that person, particularly to aerosols and objects in that classroom.

Personal Health

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

When a Student Should Stay Home and Will Be Sent Home

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

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

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

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

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

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

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

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

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

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

Child has symptoms of COVID-19 and no testing for COVID-19 was done:

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

Child has symptoms of COVID-19 and tests negative for COVID-19*:

- If they were exposed to COVID-19 within past 14 days (i.e., a close contact to a case of COVID): They must complete their full 14-day quarantine.
- Otherwise, they may return based on the guidance for their symptoms (see "Managing Communicable Diseases in Schools")
  *if they have symptoms, they must stay out of school until test results are available

For Students that Have Symptoms of COVID-19 AND have NONE of the High Risk Exposures:

- Keep out of school until they have met the guidance for their symptoms (see "Managing Communicable Diseases in Schools")

For Staff (see also Appendix A)

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

One of:

- Feverish
- Cough
- Shortness of breath

OR Two of:

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

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

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

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

Child or staff that has been exposed to COVID-19 but has no symptoms:

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

See "Back to School during a Pandemic" for an infographic on the information found in this section.

International Travel

Since the COVID-19 transmission is still high at a global level, all international travelers should stay home for 14 days after returning from travel, monitor their health, and practice social distancing. Students who are excluded from school should be afforded the opportunity, as soon as feasible when they are well enough to participate in classwork, to make up any missed classwork without penalty in order to reduce mental or physical anxieties about missed academic opportunities.

CDC Materials

Handwashing is your Superpower!
Wash your Hands!
Stop the Spread of Germs that can make you and others sick!
Stop the Spread of Germs
Please Wear a Cloth Face Covering
Wear a Cloth Face Covering to Protect You and Your Friends
Symptoms of Coronavirus (COVID-19)
Help Protect Yourself and Others from COVID-19
Slow the Spread of COVID-19
Do it for Yourself and Your Friends
What Your Test Results Mean

VIDEO: How to Wear a Cloth Face Covering

Appendix A

COVID-19 Workplace Health Screening

Company Name: _____

Employee: _____ Date: _____

Time In: _____

1. In the last 14 days, have you developed any of the following symptoms that are new/different/worse from baseline of any chronic illness:

Subjective fever (felt feverish):	☐ Yes	☐ No
New or worsening cough:	☐ Yes	☐ No
Shortness of breath or difficulty breathing:	☐ Yes	☐ No

2. In the last 14 days, have you developed any of the following symptoms that are new/different/worse from baseline of any chronic illness:

Chills:	☐ Yes	☐ No
Headache:	☐ Yes	☐ No
Sore throat:	☐ Yes	☐ No
Loss of smell or taste:	☐ Yes	☐ No
Runny nose or congestion:	☐ Yes	☐ No
Muscle aches:	☐ Yes	☐ No
Abdominal pain:	☐ Yes	☐ No
Fatigue:	☐ Yes	☐ No
Nausea:	☐ Yes	☐ No
Vomiting:	☐ Yes	☐ No
Diarrhea:	☐ Yes	☐ No
Current Temperature:		

DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19

If you answer **YES** to any of the symptoms listed in section 1, **OR YES** to two or more of the symptoms listed in section 2, **OR** your temperature is **100.4°F or higher**, please do not go into work. Self-isolate at home and contact your primary care physician's office for direction.

- You should isolate at home for minimum of 10 days since symptoms first appear or per guidance of your local health department.
    - If diagnosed as a probable COVID-19 or test positive, call your local health department and make them aware of your diagnosis or testing status.
- You must also have 24 hours without a fever and improvement in symptoms.

In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19?	☐ Yes	☐ No
Traveled?	☐ Yes	☐ No

If you answer **YES** to either of these questions, please do not go into work. Self-quarantine at home for 14 days. Contact your primary care physician's office if you have symptoms or have had close contact with an individual for evaluation. If you are given a probable diagnosis or test positive call your local health department to ensure they are aware.

Signature:_____ Date: _____

Appendix B

COVID-19 School Health Screening Agreement

Instructions for Parents and/or Guardians

For the health and safety of our students, the local public health department requires students be screened for symptoms of COVID-19 before entering the school. Due to the time and interruption to education doing this on site prior to school entry this would cause, the health department and the CDC do not recommend these screenings be done by the schools.

We ask that you complete the steps of the student screening below, prior to sending you child to school or any school activities or sports. We ask that you complete the form below indicating your understanding and agreement to perform symptom screenings on your child.

By signing this form, I am committing to screening my child daily for the 2020-2021 school year, unless otherwise directed. I also understand that it is my responsibility to call [*THE SCHOOL*] as soon as possible to let them know if my child is not going to school for potential COVID-19 symptoms.

I commit to screening my child _____ for COVID-19 symptoms and exposure.

Parent(s)/ Guardian(s) Name: _____

Address: _____

Phone Number: _____

Parent or Guardian Signature: _____

Date: _____

Student Screening

Before leaving for school, please make sure of the following screening. If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and put them at risk for spreading illness to others.

Symptoms

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

Close Contact/Potential Exposure

In the past 14 days has your child:

☐ Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19: OR
☐ Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to COVID-19; OR
☐ Had a travel history

If the answer is **YES** to any of the **symptom** questions, keep your child(ren) home from school.

If the answer is **YES** to any symptoms question and **YES** to any close contact/potential exposure question, 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.

If the answer is **YES** to any of the symptom questions, but **NO** to any close contact/potential exposure questions, 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 (if strep throat: do not return until at least 2 doses of antibiotic have been taken);
- Cough/Shortness of breath: improvement
- Diarrhea, vomiting, abdominal pain: no diarrhea or vomiting for 24 hours
- Severe headache: improvement

DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19.

Source: Centers for Disease Control and Prevention; Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations

GUIDANCE FOR CLEANING AND DISINFECTING

PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES

SCAN HERE FOR MORE INFORMATION

This guidance is intended for all Americans, whether you own a business, run a school, or want to ensure the cleanliness and safety of your home. Reopening America requires all of us to move forward together by practicing social distancing and other daily habits to reduce our risk of exposure to the virus that causes COVID-19. Reopening the country also strongly relies on public health strategies, including increased testing of people for the virus, social distancing, isolation, and keeping track of how someone infected might have infected other people. This plan is part of the larger United States Government plan and focuses on cleaning and disinfecting public spaces, workplaces, businesses, schools, and can also be applied to your home.

Cleaning and disinfecting public spaces including your workplace, school, home, and business will require you to:

- Develop your plan
- Implement your plan
- Maintain and revise your plan

Reducing the risk of exposure to COVID-19 by cleaning and disinfection is an important part of reopening public spaces that will require careful planning. Every American has been called upon to slow the spread of the virus through social distancing and prevention hygiene, such as frequently washing your hands and wearing face coverings. Everyone also has a role in making sure our communities are as safe as possible to reopen and remain open.

The virus that causes COVID-19 can be killed if you use the right products. EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product has been shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19.

This document provides a general framework for cleaning and disinfection practices. The framework is based on doing the following:

1. Normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure.
2. Disinfection using EPA-approved disinfectants against COVID-19 can also help reduce the risk. Frequent disinfection of surfaces and objects touched by multiple people is important.
3. When EPA-approved disinfectants are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.

Links to specific recommendations for many public spaces that use this framework, can be found at the end of this document.
It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America.

A Few Important Reminders about Coronaviruses and Reducing the Risk of Exposure:

- Coronaviruses on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects.
- Normal routine cleaning with soap and water removes germs and dirt from surfaces. It lowers the risk of spreading COVID-19 infection.
- Disinfectants kill germs on surfaces. By killing germs on a surface after cleaning, you can further lower the risk of spreading infection. EPA-approved disinfectants are an important part of reducing the risk of exposure to COVID-19. If disinfectants on this list are in short supply, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions).
- Store and use disinfectants in a responsible and appropriate manner according to the label. Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.
- Do not overuse or stockpile disinfectants or other supplies. This can result in shortages of appropriate products for others to use in critical situations.
- Always wear gloves appropriate for the chemicals being used when you are cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on setting and product. For more information, see CDC's website on Cleaning and Disinfection for Community Facilities.
- Practice social distancing, wear facial coverings, and follow proper prevention hygiene, such as washing your hands frequently and using alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available.

> If you oversee staff in a workplace, your plan should include considerations about the safety of custodial staff and other people who are carrying out the cleaning or disinfecting. These people are at increased risk of being exposed to the virus and to any toxic effects of the cleaning chemicals. These staff should wear appropriate PPE for cleaning and disinfecting. To protect your staff and to ensure that the products are used effectively, staff should be instructed on how to apply the disinfectants according to the label. For more information on concerns related to cleaning staff, visit the Occupational Safety and Health Administration's website on Control and Prevention.

DEVELOP YOUR PLAN

Evaluate your workplace, school, home, or business to determine what kinds of surfaces and materials make up that area. Most surfaces and objects will just need normal routine cleaning. Frequently touched surfaces and objects like light switches and doorknobs will need to be cleaned and then disinfected to further reduce the risk of germs on surfaces and objects.

- First, clean the surface or object with soap and water.
- Then, disinfect using an EPA-approved disinfectant.
- If an EPA-approved disinfectant is unavailable, you can use 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions to disinfect. Do not mix bleach or other cleaning and disinfection products together. Find additional information at CDC's website on Cleaning and Disinfecting Your Facility.

You should also consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. Find additional reopening guidance for cleaning and disinfecting in the Reopening Decision Tool.

It is critical that your plan includes how to maintain a cleaning and disinfecting strategy after reopening. Develop a flexible plan with your staff or family, adjusting the plan as federal, state, tribal, territorial, or local guidance is updated and if your specific circumstances change.

Determine what needs to be cleaned

Some surfaces only need to be cleaned with soap and water. For example, surfaces and objects that are not frequently touched should be cleaned and do not require additional disinfection. Additionally, disinfectants should typically not be applied on items used by children, especially any items that children might put in their mouths. Many disinfectants are toxic when swallowed. In a household setting, cleaning toys and other items used by children with soap and water is usually sufficient. Find more information on cleaning and disinfection toys and other surfaces in the childcare program setting at CDC's Guidance for Childcare Programs that Remain Open.

These questions will help you decide which surfaces and objects will need normal routine cleaning.

Is the area outdoors?

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas.

The targeted use of disinfectants can be done effectively, efficiently and safely on outdoor hard surfaces and objects frequently touched by multiple people. Certain outdoor areas and facilities, such as bars and restaurants, may have additional requirements. More information can be found on CDC's website on Food Safety and the Coronavirus Disease 2019 (COVID-19).

There is no evidence that the virus that causes COVID-19 can spread directly to humans from water in pools, hot tubs or spas, or water play areas. Proper operation, maintenance, and disinfection (for example, with chlorine or bromine) of pools, hot tubs or spas, and water playgrounds should kill the virus that causes COVID-19. However, there are additional concerns with outdoor areas that may be maintained less frequently, including playgrounds, or other facilities located within local, state, or national parks. For more information, visit CDC's website on Visiting Parks & Recreational Facilities.

Has the area been unoccupied for the last 7 days?

If your workplace, school, or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.

There are many public health considerations, not just COVID-19 related, when reopening public buildings and spaces that have been closed for extended periods. For example, take measures to ensure the safety of your building water system. It is not necessary to clean ventilation systems, other than routine maintenance, as part of reducing risk of coronaviruses. For healthcare facilities, additional guidance is provided on CDC's Guidelines for Environmental Infection Control in Health-Care Facilities.

Determine what needs to be disinfected

Following your normal routine cleaning, you can disinfect frequently touched surfaces and objects using a product from EPA's list of approved products that are effective against COVID-19.

These questions will help you choose appropriate disinfectants.

Are you cleaning or disinfecting a hard and non-porous material or item like glass, metal, or plastic?

Consult EPA's list of approved products for use against COVID-19. This list will help you determine the most appropriate disinfectant for the surface or object. You can use diluted household bleach solutions if appropriate for the surface. Pay special attention to the personal protective equipment (PPE) that may be needed to safely apply the disinfectant and the manufacturer's recommendations concerning any additional hazards. Keep all disinfectants out of the reach of children. Please visit CDC's website on How to Clean and Disinfect for additional details and warnings.

Examples of frequently touched surfaces and objects that will need routine disinfection following reopening are:

- tables,
- doorknobs,
- light switches,
- countertops,
- handles,
- desks,
- phones,
- keyboards,
- toilets,
- faucets and sinks,
- gas pump handles,
- touch screens, and
- ATM machines.

Each business or facility will have different surfaces and objects that are frequently touched by multiple people. Appropriately disinfect these surfaces and objects. For example, transit stations have specific guidance for application of cleaning and disinfection.

Are you cleaning or disinfecting a soft and porous material or items like carpet, rugs, or seating in areas?

Soft and porous materials are generally not as easy to disinfect as hard and non-porous surfaces. EPA has listed a limited number of products approved for disinfection for use on soft and porous materials. Soft and porous materials that are not frequently touched should only be cleaned or laundered, following the directions on the item's label, using the warmest appropriate water setting. Find more information on CDC's website on Cleaning and Disinfecting Your Facility for developing strategies for dealing with soft and porous materials.

Consider the resources and equipment needed

Keep in mind the availability of cleaning and disinfection products and appropriate PPE. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. In specific instances, personnel with specialized training and equipment may be required to apply certain disinfectants such as fumigants or fogs. For more information on appropriate PPE for cleaning and disinfection, see CDC's website on Cleaning and Disinfection for Community Facilities.

IMPLEMENT YOUR PLAN

Once you have a plan, it's time to take action. Read all manufacturer's instructions for the cleaning and disinfection products you will use. Put on your gloves and other required personal protective equipment (PPE) to begin the process of cleaning and disinfecting.

Clean visibly dirty surfaces with soap and water

Clean surfaces and objects using soap and water prior to disinfection. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. When you finish cleaning, remember to wash hands thoroughly with soap and water.

Clean or launder soft and porous materials like seating in an office or coffee shop, area rugs, and carpets. Launder items according to the manufacturer's instructions, using the warmest temperature setting possible and dry items completely.

Use the appropriate cleaning or disinfectant product

EPA approved disinfectants, when applied according to the manufacturer's label, are effective for use against COVID-19. Follow the instructions on the label for all cleaning and disinfection products for concentration, dilution, application method, contact time and any other special considerations when applying.

Always follow the directions on the label

Follow the instructions on the label to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

MAINTAIN AND REVISE YOUR PLAN

Take steps to reduce your risk of exposure to the virus that causes COVID-19 during daily activities. CDC provides tips to reduce your exposure and risk of acquiring COVID-19. Reducing exposure to yourself and others is a shared responsibility. Continue to update your plan based on updated guidance and your current circumstances.

Continue routine cleaning and disinfecting

Routine cleaning and disinfecting are an important part of reducing the risk of exposure to COVID-19. Normal routine cleaning with soap and water alone can reduce risk of exposure and is a necessary step before you disinfect dirty surfaces.

Surfaces frequently touched by multiple people, such as door handles, desks, phones, light switches, and faucets, should be cleaned and disinfected at least daily. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use.

Consider choosing a different disinfectant if your first choice is in short supply. Make sure there is enough supply of gloves and appropriate personal protective equipment (PPE) based on the label, the amount of product you will need to apply, and the size of the surface you are treating.

Maintain safe behavioral practices

We have all had to make significant behavioral changes to reduce the spread of COVID-19. To reopen America, we will need to continue these practices:

- social distancing (specifically, staying 6 feet away from others when you must go into a shared space)
- frequently washing hands or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available
- wearing cloth face coverings
- avoiding touching eyes, nose, and mouth
- staying home when sick
- cleaning and disinfecting frequently touched objects and surfaces

It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America. Check this resource for updates on COVID-19. This will help you change your plan when situations are updated.

Consider practices that reduce the potential for exposure

It is also essential to change the ways we use public spaces to work, live, and play. We should continue thinking about our safety and the safety of others.

To reduce your exposure to or the risk of spreading COVID-19 after reopening your business or facility, consider whether you need to touch certain surfaces or materials. Consider wiping public surfaces before and after you touch them. These types of behavioral adjustments can help reduce the spread of COVID-19. There are other resources for more information on COVID-19 and how to Prevent Getting Sick.

Another way to reduce the risk of exposure is to make long-term changes to practices and procedures. These could include reducing the use of porous materials used for seating, leaving some doors open to reduce touching by multiple people, opening windows to improve ventilation, or removing objects in your common areas, like coffee creamer containers. There are many other steps that businesses and institutions can put into place to help reduce the spread of COVID-19 and protect their staff and the public. More information can be found at CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission.

CONCLUSION

Reopening America requires all of us to move forward together using recommended best practices and maintaining safe daily habits in order to reduce our risk of exposure to COVID-19. Remember: We're all in this together!

Additional resources with more specific recommendations.

HEALTHCARE SETTINGS	**Long-term Care Facilities, Nursing Homes**	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Infection Prevention
		Preparedness Checklist
		Things Facilities Should Do Now to Prepare for COVID-19
		When there are Cases in the Facility
	Dialysis Facilities	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim guidance for Outpatient Hemodialysis Facilities
		Patient Screening
	Blood and Plasma Facilities	Infection control in Healthcare Settings
		Infection Control and Environmental Management
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Blood and Plasma Collection Facilities
	Alternate Care Sites	Infection Prevention and Control
	Dental Settings	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Dental Settings
	Pharmacies	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Pharmacies
		Risk-Reduction During Close-Contact Services
	Outpatient and ambulatory care facilities	Infection Control in Healthcare Settings
		Using Personal Protective Equipment
		Hand Hygiene
		Interim Guidance for Outpatient & Ambulatory Care Settings
	Postmortem Care	Using Personal Protective Equipment
		Hand Hygiene
		Collection and Submission of Postmortem Samples
		Cleaning and Waste Disposal
		Transportation of Human Remains

COMMUNITY LOCATIONS	**Critical Infrastructure Employees**	Interim Guidance for Critical Infrastructure Employees
		Cleaning and Disinfecting your Facility
	Schools and childcare programs	K-12 and Childcare Interim Guidance
		Cleaning and Disinfecting your Facility
		FAQ for Administrators
		Parent and Teacher Checklist
	Colleges and universities	Interim Guidance for Colleges & Universities
		Cleaning and Disinfecting your Facility
		Guidance for Student Foreign Travel
		FAQ for Administrators
	Gatherings and community events	Interim Guidance for Mass Gatherings and Events
		Election Polling Location Guidance
		Events FAQ
	Community- and faith-based organizations	Interim Guidance for Organizations
		Cleaning and Disinfecting your Facility
	Businesses	Interim Guidance for Businesses
	Parks & Rec Facilities	Guidance for Administrators of Parks
	Law Enforcement	What Law Enforcement Personnel Need to Know about COVID-19
	Homeless Service Providers	Interim Guidance for Homeless Service Providers
	Retirement Homes	Interim Guidance for Retirement Communities
		FAQ for Administrators
	Correction & Detention Facilities	Interim Guidance for Correction & Detention Facilities
		FAQ for Administrators
HOME SETTING	**Preventing Getting Sick**	How to Protect Yourself and Others
		How to Safely Sterilize/Clean a Cloth Face Covering
		Cleaning and Disinfecting your Home
		Tribal - How to Prevent the Spread of Coronavirus (COVID-19) in Your Home
		Tribal - How to Care for Yourself at Home During Covid-19
	Running Errands	Shopping for Food and Other Essential Items
		Accepting Deliveries and Takeout
		Banking
		Getting Gasoline
		Going to the Doctor and Pharmacy
	If you are sick	Steps to Help Prevent the Spread of COVID19 if You are Sick

TRANSPORTATION	**Ships**	Interim Guidance for Ships on Managing Suspected COVID-19
	Airlines	Cleaning Aircraft Carriers
		Airline Agents Interim Guidance
	Buses	Bus Transit Operator
	Rail	Rail Transit Operators
		Transit Station Workers
	EMS Transport Vehicles	Interim Guidance for EMS
	Taxis and Rideshares	Keeping Commercial Establishments Safe
RESTAURANTS & BARS		Best Practices from FDA

Contact Tracing

Contact Tracing is a public health tool that is used to help stop the spread of certain communicable diseases. For schools, it involves identifying others that may have had recent close contact with a person confirmed to have the virus and giving that information to the local public health department. The local public health department will provide guidance on how to stay safe, protect others, and quarantining to prevent further spread of the virus.

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

This form is to assist the local public health department of identifying close contacts within the school. Please return the information of close contacts to the local health department as soon as possible. This can also be shared with parents to identify close contacts of anyone outside of school that a student has been around.

Staff or student has a positive nasal/throat test.	
For symptomatic cases Date Symptoms Started: ____ /____ / ____ 48 hours prior to this: ____ / ____ / ____	**For asymptomatic positive tests** Test Date: ____ / ____ / ____ 48 hours prior to test date: ____ / ____ / ____
Dates staff or student attended school starting from 48 hours from onset of symptoms (or test date) ____ / ____ / ____ through ____ / ____ / ____	
Close Contacts* on those dates	

Date	Contact	Phone Number

* A close contact is someone being within 6 feet (about 2 arms' length) of an infected person for at least 15 minutes. Public health authorities may determine that distances beyond 6 feet can still result in high-risk exposures based on other considerations and circumstances in each particular case.

HANDWASHING

is your superpower!

cdc.gov/coronavirus

CS 316683-D 04/24/2020

Hands that look clean can still have icky germs!

1 Wet

2 Get Soap

Wash Your Hands!

3 Scrub

4 Rinse

5 Dry

This material was developed by CDC. The Life is Better with Clean Hands campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

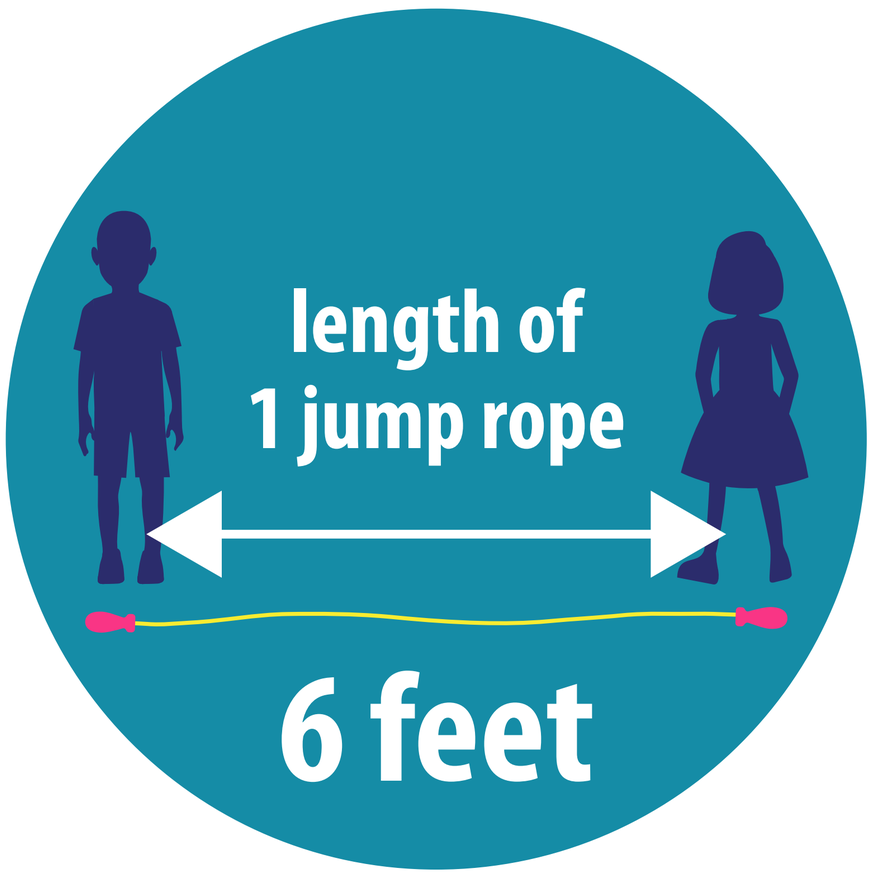
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Stop the spread of germs
that can make you and others sick!

Wash your hands often

Wear a cloth face cover

Cover your coughs and sneezes



Keep **6 feet** of space between you and your friends

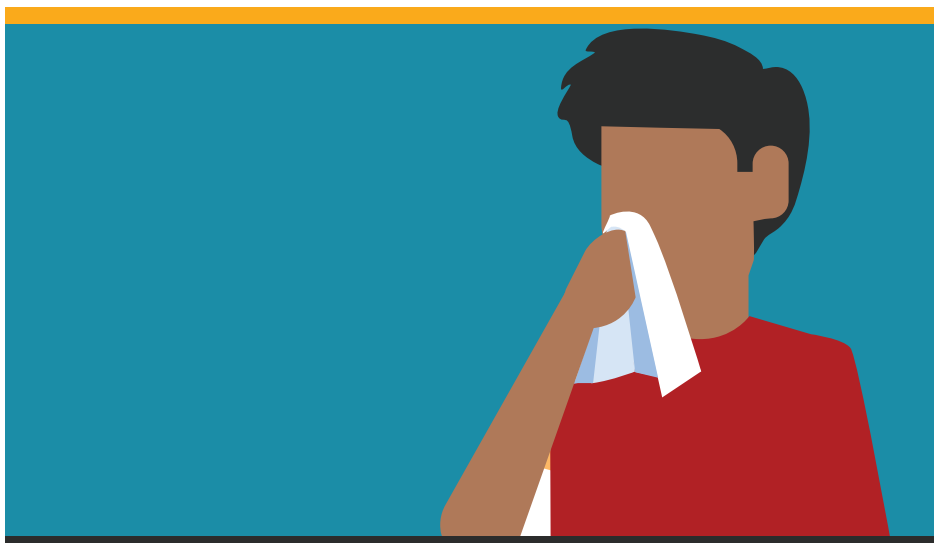
CS 316683-A 04/30/2020

cdc.gov/coronavirus

Stop the Spread of Germs

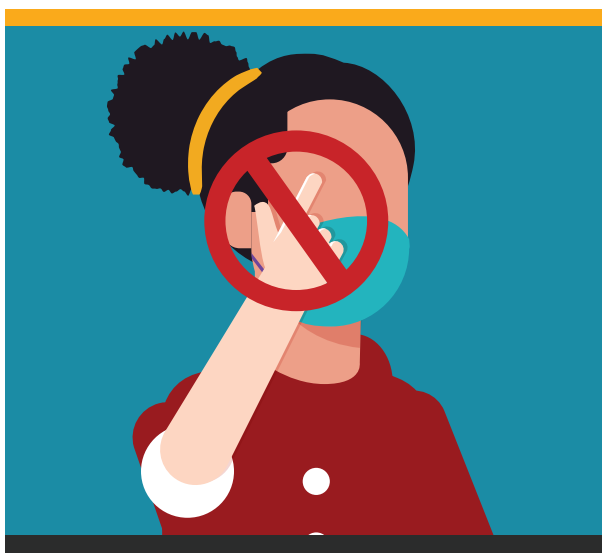
Help prevent the spread of respiratory diseases like COVID-19.

Stay at least 6 feet (about 2 arms' length) from other people.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.

When in public, wear a cloth face covering over your nose and mouth.



Do not touch your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.

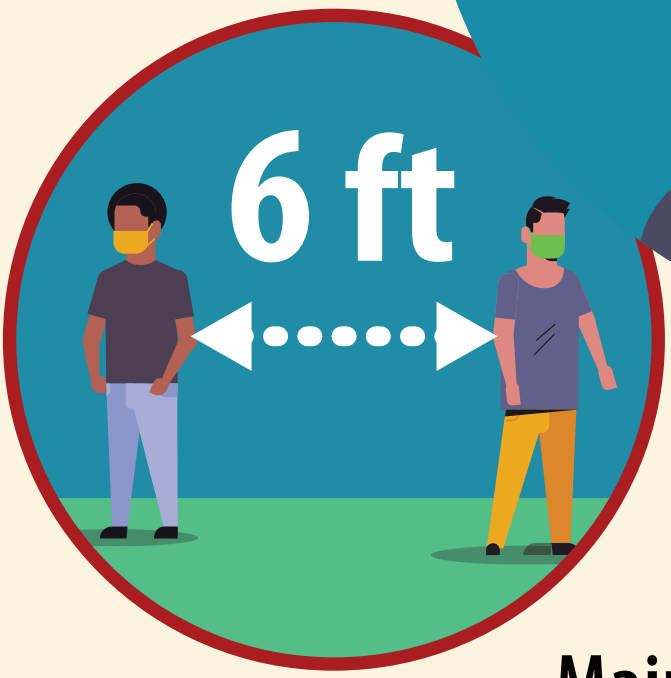
Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

cdc.gov/coronavirus

316917C May 13, 2020 11:03 AM

Please wear a cloth face covering.



Maintain a distance of 6 feet whenever possible.

cdc.gov/coronavirus

CS 317176-B 05/27/2020

Wear a Cloth Face Covering to Protect You and Your Friends

PUT ON

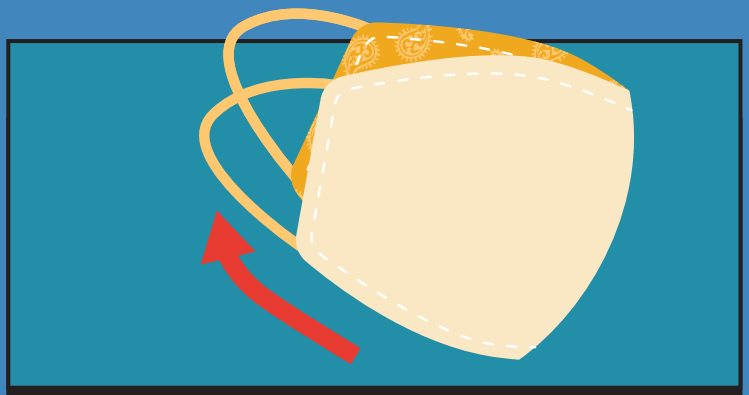
WASH YOUR HANDS

PLACE OVER NOSE AND MOUTH

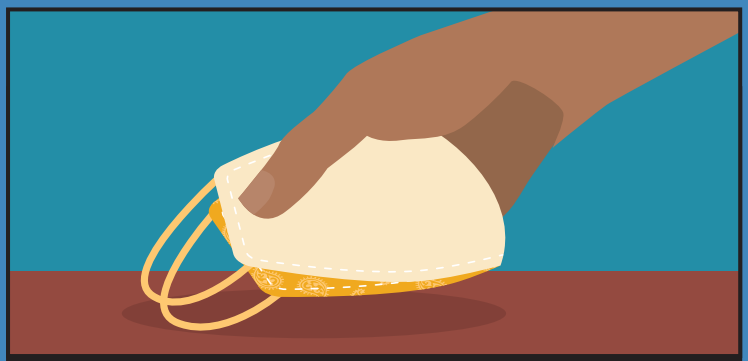
MAKE SURE YOU CAN BREATHE EASILY

TAKE OFF

TAKE OFF YOUR FACE COVERING



FOLD OUTSIDE CORNERS TOGETHER



PUT ASIDE FOR WASHING

WASH YOUR HANDS

WASH YOUR HANDS OFTEN, WEAR A MASK, AND STAY 6 FEET FROM OTHERS.

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Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:

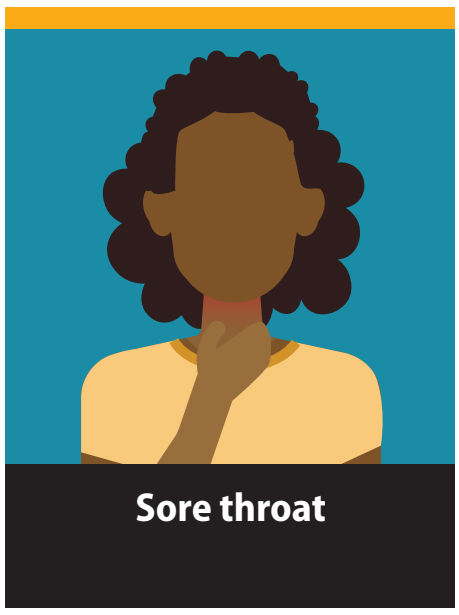
Cough

Fever

Chills

Muscle pain

Shortness of breath or difficulty breathing*


Sore throat

New loss of taste or smell

Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

***Seek medical care immediately if someone has emergency warning signs of COVID-19.**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

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Help Protect Yourself and Others from COVID-19

Stay 6 feet from others

Wear a cloth face covering

Wash your hands often

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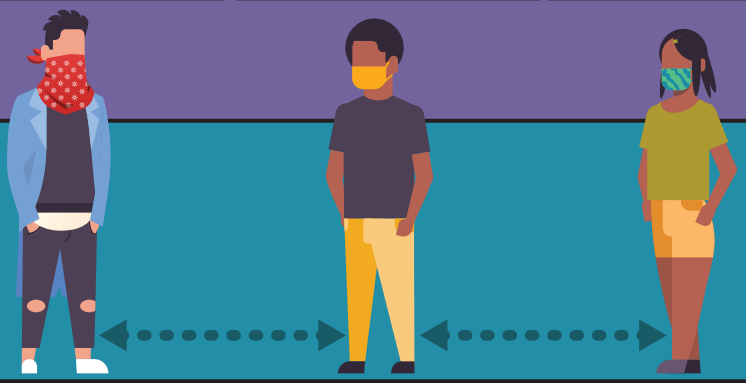
Slow the Spread of COVID-19

WASH YOUR HANDS OFTEN

WHEN OUT WITH YOUR FRIENDS, WEAR A CLOTH FACE COVERING

AND STAY
6 FEET APART
FROM OTHERS



CLEAN FREQUENTLY TOUCHED OBJECTS

DO NOT TOUCH YOUR EYES, NOSE, AND MOUTH

COVER YOUR COUGHS AND SNEEZES

STAY HOME IF YOU ARE SICK

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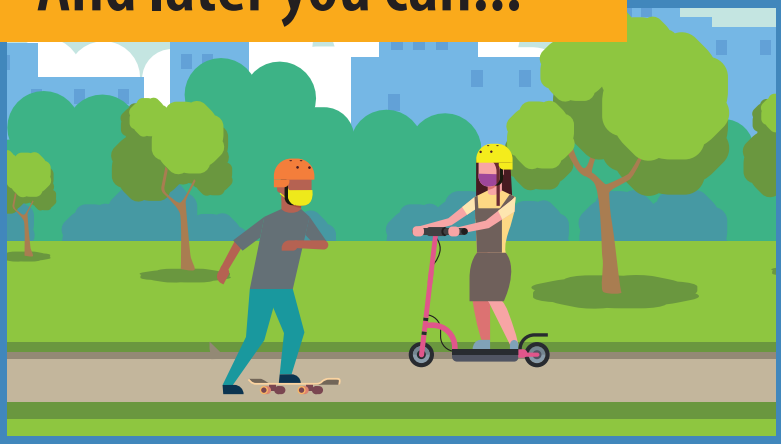
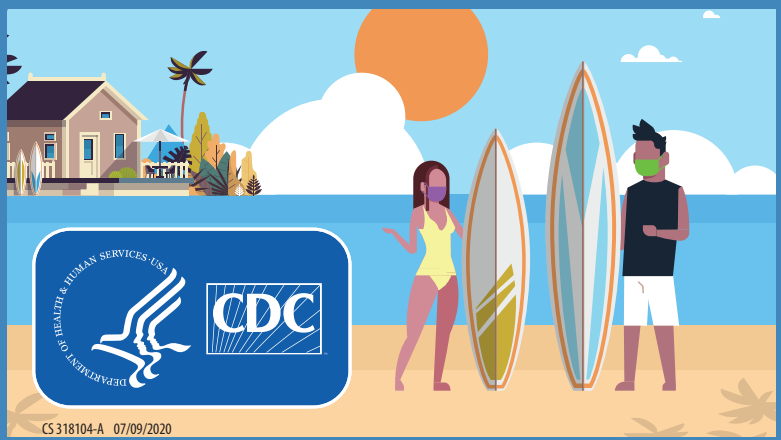
Do it for Yourself and Your Friends

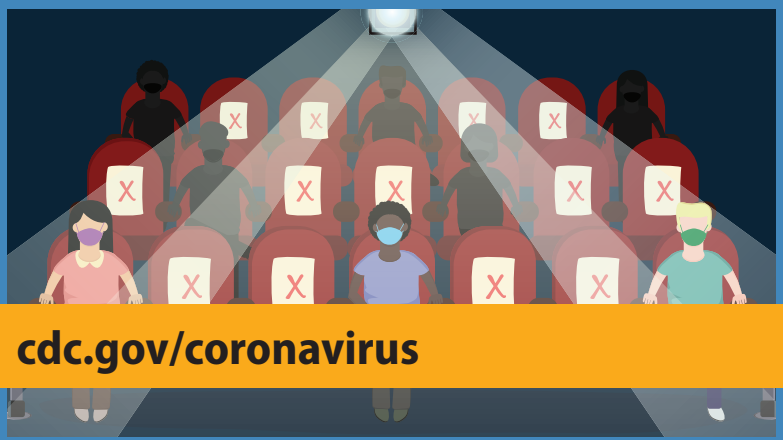
If you have or think you have COVID-19

Stay home, get rest, and hydrate

And later you can...







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What Your Test Results Mean

If you test positive, stay home

- Separate yourself from others
- Rest & hydrate

If you test negative, prevent getting sick by

- Social distance
- Wear a face covering
- Wash your hands

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