

# Returning to School During COVID-19 Pandemic



# Information for Parents & Guardians

# About the Novel Coronavirus

The Coronavirus family is comprised of hundreds of viruses, most of which circulate among animals. There are seven known coronaviruses that sicken people. Four usually cause mild to moderate upper-respiratory tract illnesses, like the common cold. However, three (SARS, MERS, COVID-19) can cause more serious, even fatal, disease.

The virus causing coronavirus disease 2019 (COVID-19), is a new virus not previously identified and there is a great deal to learn about symptoms, transmission in different age groups, and the long-term effects of infection. As the medical and scientific communities learn more about the virus, guidance will be updated at the federal, state, and local levels.

The virus that causes COVID-19 is thought to spread from person to person, mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet) and not wearing masks, which help contain droplets.

COVID-19 is spreading easily and sustainably in the community in many geographic areas, including the Western Upper Peninsula (“community spread”). Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

## Back to School During COVID-19

Just as your family is working to understand and adapt to the rules and realities of the COVID-19 pandemic, school districts across Michigan are working to provide a safe environment for children, teachers, and staff returning to school.

Schools across the Western UP are offering both in-person and virtual instruction. Both educational formats include risks and benefits. In-person instruction may offer a better learning experience, more social interaction and the opportunity for some parents/caregivers to return to work, but it also has a higher risk of COVID-19 exposure than virtual instruction.

Some children may be at increased risk of getting COVID-19 or may be at increased risk for severe illness from COVID-19. For these children, parents and caregivers may need to take additional precautions with regard to school re-entry. There are more COVID-19 cases reported among children with intellectual and developmental disabilities than those without [1]. Additionally, children who are medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease might be at increased risk for severe illness from COVID-19, compared to other children.

To assist your family in deciding between in-person or virtual instruction, take some time to review local school or school district reopening plans to understand the steps they are taking to reduce the spread of COVID-19 and support educational goals. Each district is required to have a plan in place prior to the school year. These plans should include the following strategies across 4 key areas to reduce the spread of COVID-19:

- 1) Promoting behaviors that reduce spread (e.g. social distancing, hand washing & wearing face coverings),
- 2) Maintaining healthy environments (e.g., proper ventilation, cleaning & disinfecting frequently touched surfaces)
- 3) Maintaining healthy operations (e.g., staggering schedules, keeping students in small groups), and
- 4) Preparing for when someone gets sick.

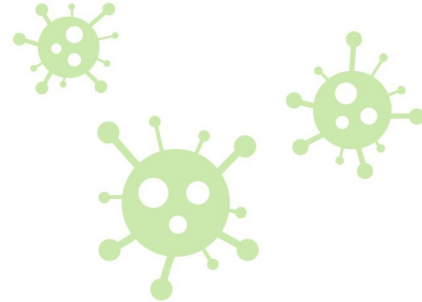
CDC’s **Decision-Making Tool for Parents and Guardians** is designed to help you think through school re-entry and the choices that your child’s school is offering. The tool is included at the end of this document.

[1] Turk, M.A., et al. (2020). Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis. Disability and Health Journal

# COVID-19 Symptoms

People with COVID-19 may experience a wide range of symptoms, ranging from mild to life threatening. Others with COVID-19 are asymptomatic and have no symptoms at all. The list below includes the most common symptoms associated with COVID-19, but may be updated as we learn more about the disease.

- Fever (at least 100.4°F)
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea



Symptoms may develop as soon as 2-3 days after exposure to the virus, but it can take up to 14 days for people with COVID-19 to start showing symptoms and/or test positive for infection.

## COVID-19: Common Terms

**Close contact in COVID-19 terms means:**

- You were within 6 feet of someone who has COVID-19 for at least 15 minutes
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with a sick person (touched, hugged, or kissed them)
- You shared eating or drinking utensils with someone who has COVID-19
- A person with COVID-19 sneezed, coughed, or somehow got respiratory droplets on you

**Contact Tracing:** The process of identifying, assessing, and managing people who have been exposed to a contagious disease to prevent onward transmission.

**Incubation Period:** The time from exposure to a contagious disease to symptom onset. The incubation period for COVID-19 is thought to be three to 14 days, though symptoms typically appear within five days after exposure. A person with COVID-19 may be contagious 48 to 72 hours before starting to experience symptoms.

**Isolation** is used to separate people infected with COVID-19 from people who are not infected. People who are in isolation should stay home until it's safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available).

**Quarantine** helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People who have had close, prolonged contact with someone infected with COVID-19 are asked to quarantine. During quarantine, you should stay home, separate yourself from others, and monitor your health.

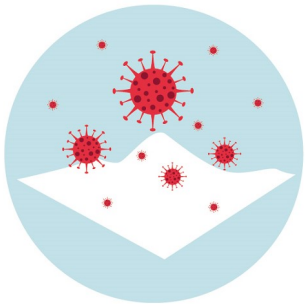
**Social Distancing:** the practice of maintaining a greater than usual physical distance (such as six feet or more) from other people or of avoiding direct contact with people or objects in public places during the outbreak of a contagious disease in order to minimize exposure and reduce the transmission of infection.



# How COVID-19 Spreads



Droplets are small particles that enter the air when we cough, sneeze, laugh, sing, yell, and talk. They can travel several feet from the person that released them. Droplets can also spread infection through 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, particles smaller than droplets, are created when we breathe, talk, sing, sneeze, or cough. They are lighter and can stay in the air much longer than droplets, which can lead to airborne transmission of COVID-19. We can reduce the spread of aerosols by increasing outdoor air ventilation or filtering air that is being recirculated.

Depending on the type of surface or material, coronaviruses can survive up to three days. You may become ill from a contaminated surfaces if you touch a surface or object that has the virus on it and then touch your mouth, nose, or eyes. Frequent cleaning and disinfection of frequently touched surfaces and proper handwashing can help reduce the spread of COVID.

## How We Get Infected with COVID

Everyone is at risk of getting COVID-19 if exposed to the virus. While the most significant factor in becoming infected with the virus is being in close contact (within 6 feet) of an infected person for a prolonged period of time (15 minutes or more), there are other factors that also increase your chances of becoming infected.

**Intensity of Exposure:** Intensity of exposure refers to how much virus you were exposed to. Factors that increase intensity of exposure include whether you and/or the infected individual were wearing a mask, whether or not they were contagious at the time of exposure, if you shared personal items like a drink or a vape pen, and your proximity to the individual during the interaction (were you face-to-face or were you 6 feet away with your back to them?). The more virus you are exposed to, the more likely you are to get sick.



**Frequency & Duration of Exposure:** Frequency & Duration of exposure refer to how often and for how long you were exposed to the virus. If you were in a classroom or office with someone infected with COVID-19 for many hours, over several days, you may have had enough exposure to the virus to become infected.

**Personal Health & Age:** As you get older, this risk of serious illness from COVID-19 increases. Additionally, people of any age with the following conditions **are at increased risk** of severe illness from COVID-19:

- ◆ Cancer
- ◆ Chronic kidney disease
- ◆ COPD (chronic obstructive pulmonary disease)
- ◆ Immunocompromised state (weakened immune system) from solid organ transplant
- ◆ Obesity (body mass index [BMI] of 30 or higher)
- ◆ Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- ◆ Sickle cell disease
- ◆ Type 2 diabetes mellitus

# Protecting Your Child From COVID-19

Because COVID-19 can be spread by individuals who do not appear to be sick, avoiding exposure to the virus is challenging in school and community settings. Talk with your student about ways to prevent getting sick:

**Teach and discuss proper handwashing** — Hands should be washed often with soap and warm water for at least 20 seconds. If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry. Hands should be cleaned:

- Before eating or preparing food
- Before touching your face
- After using the restroom
- After leaving a public place
- After blowing your nose, coughing, or sneezing
- After handling your cloth face covering
- After caring for someone sick
- After touching animals or pets



**Avoid Close Contact with people who are not part of your household** — Close contact is defined as being within approximately 6 feet of another person. Put 6 feet of distance between yourself and people who don't live in your household. If someone in the household is sick, make sure to maintain distance from that person as well.

**Cover your mouth and nose with a cloth face cover when around others** — CDC recommends that people wear cloth face coverings in public settings, especially when social distancing measures are difficult to maintain. Cloth face coverings may help prevent people who have COVID-19 from spreading the virus to others.



**Teach good cough & sneeze hygiene** — Teach your child to always cover their nose and mouth with a tissue or the inside of their elbow when coughing or sneezing. Tissues should immediately be disposed of and hands should be thoroughly washed with soap and water. If soap and water are not available, teach your child the proper use of hand sanitizer.



**Clean & Sanitize Frequently Touched Surfaces** — Cleaning with soap and water **reduces number of germs, dirt and impurities** on the surface. **Disinfecting kills germs** on surfaces. High touch surfaces include doorknobs, light switches, telephones, countertops, and faucets.



**Monitor your child's health daily** — Be alert for symptoms of COVID-19, including new cough, fever, or shortness of breath. Monitor for fever and reach out to your healthcare provider immediately if symptoms of COVID-19 develop in your child or other member of your household.

# COVID-19 and Children

Although data is limited, children (especially young children) appear to be faring better than adults with COVID-19. Children who are infected with COVID-19 are more likely to be asymptomatic or experience mild symptoms. But, they are capable of transmitting to both other children and adults. Children with underlying health conditions may be at increased risk for severe illness.

While children and adults experience similar symptoms of COVID-19, children's symptoms tend to be mild and cold-like. Most children recover within one to two weeks. Their symptoms can include:

- Fever
- Runny nose
- Cough
- Fatigue
- Muscle aches
- Vomiting
- Diarrhea



If your child has symptoms of COVID-19, or you think he or she might have COVID-19, call your child's health care provider. Keep your child at home and away from others as much as possible, except to get medical care. If possible, have your child use a separate bedroom and bathroom from family members.

Some children have had severe complications and developed a condition called Multisystem Inflammatory Syndrome (MIS). [Multisystem inflammatory syndrome in children \(MIS-C\)](#) is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. We do not yet know what causes MIS-C. However, we know that many children with MIS-C had the virus that causes [COVID-19](#), or had been around someone with COVID-19. MIS-C can be serious, even deadly, but most children who were diagnosed with this condition have gotten better with medical care.

**Contact your child's doctor, nurse, or clinic right away** if your child is showing **symptoms of MIS-C**:

- Fever
- Abdominal pain
- Vomiting
- Diarrhea
- Neck pain
- Rash
- Bloodshot eyes
- Feeling extra tired

Be aware that not all children will have all the same symptoms. **Seek emergency care right away** if your child is showing any of these **emergency warning signs of MIS-C** or other concerning signs:

- Trouble breathing
- Pain or pressure in the chest that does not go away
- New confusion
- Inability to wake or stay awake
- Bluish lips or face
- Severe abdominal pain



# Screening Your Child for COVID Symptoms

Now, more than ever before, keeping children home from school when sick is imperative. Parents/Guardians and school personnel share the responsibility in being honest about the presence of unexplained symptoms and illness and staying home until medical personnel have advised on returning to normal activities.

If your child is returning to school via in-person instruction, you will likely be asked to monitor their health daily for signs of infectious illness, prior to putting them on the bus or dropping them at school. The school may ask you to sign an agreement outlining the responsibility of the parent and the responsibility of the school in regards to illness reporting. You will likely be asked to be on the lookout for the following symptoms:









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

The presence of the above-listed symptoms only means your child may have an illness, not that the illness is COVID-19. Many of the symptoms of COVID-19 are also common in other childhood illnesses like the common cold, the flu, or seasonal allergies. The following table illustrates the overlap between the symptoms of COVID-19 and other common seasonal illnesses.

Students who are sick should not attend school. However, most illnesses do not require the same level or length of isolation that COVID-19 does. If, in addition to the symptoms above, your child had close contact with an individual infected with COVID-19, or you've traveled to an area with widespread COVID-19 transmission, you should contact your healthcare provider for guidance on testing. If the child does not have a known exposure to a COVID-19 positive individual, they should stay home from school in accordance with existing sick policies.



# Symptoms of COVID-19

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies
<b>FEVER</b> 	✓		✓		
<b>COUGH</b> 		✓	✓	✓	✓
<b>SORE THROAT</b> 	✓	✓	✓		✓
<b>SHORTNESS OF BREATH</b> 				✓	
<b>FATIGUE</b> 		✓	✓	✓	✓
<b>DIARRHEA OR VOMITING</b> 	✓		✓		
<b>RUNNY NOSE</b> 		✓	✓		✓
<b>BODY/ MUSCLE ACHES</b> 	✓	✓	✓		

✓ Symptom of illness



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

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# When a student should stay home or may be sent home

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Students should not go to school or any school activities or sports if having symptoms of COVID-19. If they start having symptoms of COVID-19 while at school, they will need to be sent home. They may return based on the guidance for their diagnosis (See "Managing Communicable Diseases in Schools") unless they are at risk for COVID-19 exposure.

As long as there are cases of COVID-19 in the community, there will be no way to prevent all risks of COVID-19 spread in schools. The goal is to keep the risk as low as possible and keep school and school activities as safe as possible.



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

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

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

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

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

- Had close contact with a person with confirmed COVID-19
- Had close contact with person under quarantine for COVID-19
- Have a history of travel



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



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

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

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

**SEE NEXT PAGE**



# When a student should stay home or may be sent home

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## HOW LONG MUST THEY STAY OUT OF SCHOOL?

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

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

### If your child has symptoms of COVID-19, has risk for exposure to COVID-19, and no testing has been done (or results are pending)

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

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

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

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

# Masks & Face Coverings: Source Control

The Centers for Disease Control estimate that up to 40% of people with COVID-19 do not have any symptoms (asymptomatic). Without exhibiting so much as a snuffle, people can be spreading a disease that has little to no effect on their health but could be catastrophic to someone with an underlying health condition.

Emerging evidence from clinical and laboratory studies shows that cloth face coverings reduce the spray of droplets when worn over the nose and mouth. Cloth face coverings are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the cloth face covering coughs, sneezes, talks, or raises their voice. **This is called source control.** This recommendation is based on what we know about the role respiratory droplets play in the spread of the virus that causes COVID-19.

## Who Should Wear A Cloth Face Covering?

**General public:** CDC recommends all people 2 years of age and older wear a cloth face covering in public settings and when around people who don't live in the same household. COVID-19 can be spread by people who do not have symptoms and do not know that they are infected. That's why it's important for everyone to wear cloth face coverings in public settings and practice social distancing.

**People who know or think they might have COVID-19:** If you or your child are sick with COVID-19, or think you might have COVID-19, wear a cloth face covering (including in your home). The cloth face covering helps prevent a person who is sick from spreading the virus to others by keeping respiratory droplets contained.

## Wearing a Face Covering Correctly



Wash your hands with soap & water or use hand sanitizer before putting on your face covering



Handle the mask by the loops or straps, careful not to touch the inside. Depending on the type of mask and location of straps, place the straps over your ears or around the back of your head.



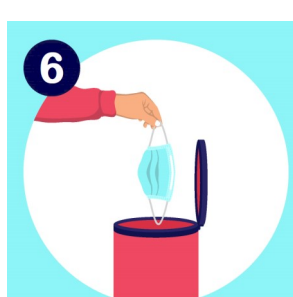
Pull the top of the mask over your nose. If your mask has a metal nose piece, pinch or shape the nosepiece to fit the shape of your nose.



Pull the bottom of the mask to cover your mouth and chin. Try to make the mask fit snugly against the sides of your face as well as nose and chin. Make sure you (or your child) can breathe easily



Avoid touching the front of the mask while wearing. When removing, make sure hands are clean and you handle the mask by the loops or straps.



Cloth face coverings should be washed after each use and can be included with your regular laundry. Use regular laundry detergent and the warmest water setting for the cloth used to make the face covering.

# How will I know if my child was around someone with COVID-19?

COVID-19 is one of more than 80 reportable diseases in Michigan. This means that all lab-confirmed cases of COVID-19 must be reported to the health department serving the individual's county of residence within 24 hours of a positive result.

When the health department is notified of a positive COVID-19 result, staff immediately begin an investigation to determine where the person may have been infected and who they have had close contact with in the 48-72 hours prior to developing symptoms.

Once we know who the infected person was in contact with, public health nurses then work to determine the level of risk associated with the interactions. Individuals who have had close, prolonged contact with a COVID positive individual will be contacted by the health department. This process is called contact tracing.

Close contact exposures include being within 6 feet of someone with COVID-19 for more than 15 minutes, sharing a drinking glass or eating utensil, physically touching the person or their belongings and touching your face, or being coughed or sneezed on. Another factor considered when determining level of risk associated with an exposure is whether one or both the individuals involved were wearing masks.

If your child is a close contact of a positive case at school, you will be notified and asked to keep your child at home and in quarantine for 14 days after their last exposure to the infected individual(s). For privacy reasons, you will not be provided with the identity of the student or staff diagnosed with COVID. Additionally, your personal information or that of your children is confidential and will only be shared with those who will be monitoring your health.

## Quarantine & Incubation Period

If you or your child had close contact with a person infected with COVID-19, you'll be instructed to quarantine for 14 days. During quarantine, you should limit your contact with others and stay home except to seek medical care. Close contacts of infected individuals are instructed to quarantine for 14 days because it can take up to 14 days for someone with COVID-19 to develop symptoms (incubation period).

*During quarantine, 2 things can happen:*

### Symptoms develop and/or you test positive for COVID-19.

You will need to:

- 1) Stay home and **isolate** yourself from other members of your household to prevent spread of illness.
- 2) Provide the health department with a list of close contacts so they can be notified of exposure to the virus.
- 3) Wear a mask and avoid sharing personal items
- 4) Seek medical attention, if needed

### You can end isolation and be around others after:

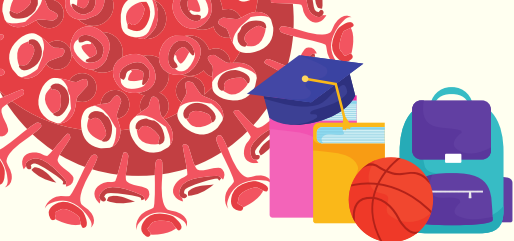
- \* 10 days since symptoms first appeared **and**
- \* 24 hours with no fever without the use of fever-reducing medications **and**
- \* Other symptoms of COVID-19 are improving\*

### No Symptoms or positive test

If after 14 days from your last exposure to the infected individual, you have not developed symptoms or tested positive for COVID-19, you can discontinue quarantine. Your risk of becoming sick from this exposure has ended.







# Back to School during the COVID-19 Pandemic

DISCLAIMER: This information was developed based on the latest guidance at the time. Visit [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus) or [Michigan.gov/coronavirus](https://www.michigan.gov/coronavirus) for updates.

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

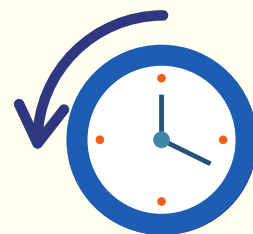
### 1. The school and health department learn about the case.

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. The person's identity is kept confidential to respect their privacy as well as following regulations of FERPA (for schools) and HIPPA (for the health department).

**PRIVACY IS IMPORTANT.**

### 2. Contact tracing begins.

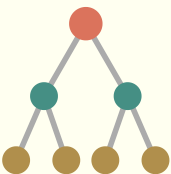
A person with COVID-19 is considered contagious starting 2 days (48 hours) before they started having symptoms. If they never have symptoms, they are considered contagious starting 2 days (48 hours) before their COVID-19 test was performed.



### 3. Quarantine close contacts.

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

Close contacts to a person with COVID-19 are at risk of getting sick. They must be identified and be in quarantine. **Quarantine separates people who were exposed to a contagious disease to see if they become sick.** The large majority of close contacts do not get COVID-19, but we must be cautious because it is so contagious.

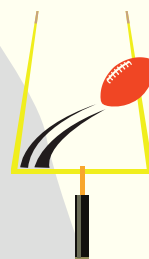


#### ...but what about contacts to close contacts?

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

## EXAMPLE

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





# How Do We Get Infected With COVID-19?

You can catch COVID-19 by more ways than being 6 feet away from an infected person for 15 minutes. Important things that have to be thought about when deciding if someone could be at risk for getting COVID-19 include the following.

## INTENSITY OF EXPOSURE

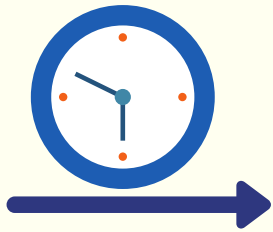
The intensity of exposure refers to how much virus you were exposed to.

- Was the sick person really contagious when you were exposed to them?
- Were they coughing and sneezing without a mask on versus having no symptoms with a mask on? Did you kiss them?
- Did you share personal items like a drink or a vape pen?
- Did you sit right next and have a face to face conversation to them or were you 6 feet away with your back to them?

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



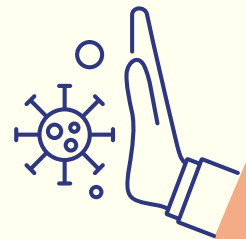
## DURATION OF EXPOSURE



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

## PERSONAL HEALTH

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

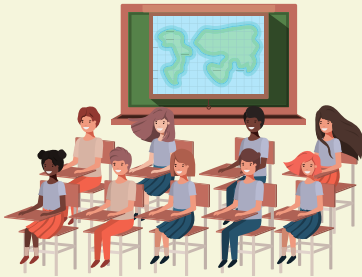


## AGE



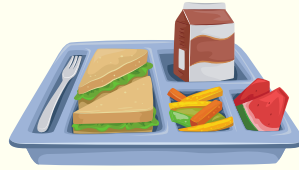
Age also seems to play a part in risks for COVID-19. Children may be at lower risk of catching COVID-19 and children may be a lower risk of spreading COVID-19 to others, both to other children and adults.

# ● How is a close contact determined in the schools?



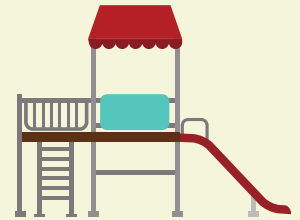
## CLASSMATES

Classmates sitting or often within 6 to 12\* 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.



## LUNCH MATES

Lunch mates of student if sitting with 6 to 12\* feet of contagious individual. This is a higher risk time as face coverings cannot be worn.



## PLAY MATES

Playmates on the playground or in gym within 6 to 12\* feet of the contagious individual unless interactions are consistently kept very brief and no common items are shared, and locker room time is not shared.



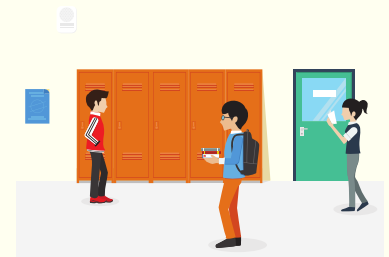
## TEAMMATES

Sports teammates within 6 to 12\* feet of the contagious individual unless interactions are consistently kept very brief and no common items are shared, and locker room time is not shared.



## OPPOSING TEAMMATES

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 to 12\* feet between the contagious individual and specific teammates and no contact with shared items.



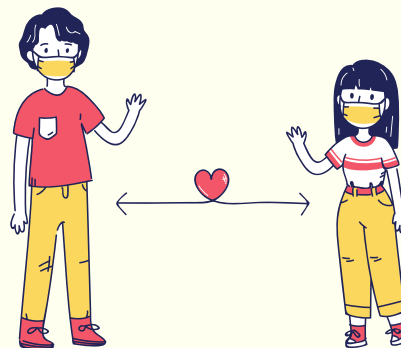
## OTHER CLASSMATES

Any others that had interactions with the contagious individual lasting over 15 minutes in confined areas such as bathrooms, office room, where distancing of 6 to 12\* feet is difficult.



## ENTIRE CLASSROOMS

If the contagious individual is a teacher and was not keeping 6 to 12\* feet away from students while teaching and not following precautions, the entire class will need to be on quarantine.



\*The distance of 6 to 12 feet for contact tracing is used in the school setting due to the intensity, frequency, and duration of exposure to COVID-19 that will occur in school and sports settings.



## OTHERS

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



# When to stay home and when student will be sent home

Students and staff should not go to school or any school activities or sports if having symptoms of COVID-19. If they start having symptoms of COVID-19 while at school, they will need to be sent home. They may return based on the guidance for their diagnosis. See "[Managing Communicable Diseases in Schools](#)"

As long as there are cases of COVID-19 in the community, there will be no way to prevent all risks of COVID-19 spread in schools. The goal is to keep the risk as low as possible and keep school and school activities as safe as possible. If students did not go to school, they would be at risk of COVID-19 illness from their interactions in the community.

## SYMPTOMS OF COVID-19

- Fever or chills\*
- Cough\*
- Shortness of breath or difficulty breathing\*
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

\*These are the most common

## TESTING

The parent or guardian of the student will be instructed to call their health care provider, or 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](http://www.mi.gov/coronavirustest) to find the closest location to have the student tested for COVID-19. Staff with symptoms of COVID-19 will also be advised to follow up with their healthcare provider and testing for COVID-19.

## CHILD OR STAFF HAS SYMPTOMS OF COVID-19 AND TESTS POSITIVE FOR COVID-19

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

There is no need to get a "negative test" or a doctor's note to clear the child or staff to return to school if they meet these criteria.

## CHILD OR STAFF 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, they have had 24 hours with no fever and other symptoms have improved.

They may return to school if their health care provider diagnoses them with another cause for their symptoms and present a note from the provider.

## CHILD OR STAFF HAS SYMPTOMS OF COVID-19 AND TESTS NEGATIVE FOR COVID-19

Keep out of school until 24 hours with no fever (without taking fever medications) and other symptoms have improved.



# Back to School Decision Making Tool

**Note:** These questions address your views about how your school is preparing for school year 2020-2021. If you answer “unsure” to any items regarding your school’s plan, consider reaching out to your school administrator for more information.

	Does Not Apply	Disagree	Unsure	Agree
I feel comfortable with my school’s reopening plans for reducing risk of spreading COVID-19.				
I believe my school has the resources needed to effectively implement their reopening plan (e.g., staffing, supplies, training).				
I feel comfortable with my school’s plan if a student or staff member test positive for COVID-19.				
I believe my school has a plan to provide an effective program of instruction every day of the regular school week (generally five days).				
I am satisfied with how my school communicates with families about the changes it is considering.				
I am satisfied with how my school is addressing parents’ or caregivers’ concerns and questions.				
My child knows how to properly wear a cloth face covering or mask and understands the importance of doing so.				
My child can wear a cloth face covering for an extended period of time, if required by the school.				
My child has a reliable mode of transportation to and from school (e.g., school bus, carpool, walk/bike, public transit).				
I am comfortable with how my child’s mode of transportation to and from school is reducing the risk of spreading COVID-19 (e.g., decreased bus/transit capacity, wearing masks, increased cleaning and disinfecting practices).				



**[cdc.gov/coronavirus](https://cdc.gov/coronavirus)**

# Virtual/At-Home Learning Feasibility

*Note: The questions in this section assess whether virtual learning would be feasible for you and your child.*

	Does Not Apply	Disagree	Unsure	Agree
I am able to work while my child is not in school (i.e., can still successfully do my job or I am able to telework.				
I have access to reliable internet and a device, such as a computer or tablet, which my child can use for virtual learning.				
I can supervise or identify someone who can supervise my child during periods of virtual/at home learning.				
My child has a space where I live that is free of distractions during school hours.				
My school provides a virtual learning option that allows students to have real-time interactions with their teachers (e.g., have live instruction).				
My child's learning style and needs are compatible with digital modes of learning.				

## Academic and Social-Emotional Wellbeing

My child will be able to keep up academically through virtual/at-home learning.				
My child will receive quality education through virtual/at-home learning.				
My child will be sufficiently engaged during prolonged periods of virtual/at-home learning.				
My child will be able to stay socially connected during prolonged periods of virtual/at-home learning.				
If my child needs specialized adaptive communication devices, equipment, or learning aides, I am able to have them where I live.				



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# School-Based Services

**Note:** The questions below review some school-based services that your family may be using. You may want to consider whether you have been able to access these services through a virtual/at home learning option, your satisfaction with the services to date, and whether you would prefer to receive these services in school. If your child is at higher risk for severe illness and relies on school-based services that are only available on site, you may want to have additional conversations with your school to address concerns you may have.

	Does Not Apply	Disagree	Unsure	Agree
<p><i>If your child has an Individualized Education Program (IEP) or other specialized learning or behavior plan...</i></p> <p>My child is able to receive the required IEP learning accommodations through a virtual/at-home learning option that meets my family's needs.</p>				
<p><i>If your child receives school-based learning services (e.g., tutoring before or after school)...</i></p> <p>My child is able to receive needed school-based learning services through a virtual/at-home learning option that meets my family's needs.</p>				
<p><i>If your child receives school-based nutrition services (e.g., school breakfast or lunch)...</i></p> <p>My child has an alternative to the nutrition services provided in schools that adequately meets our family's needs [Your school district's child nutrition website may have this information].<sup>1</sup></p>				
<p><i>If your child receives school-based behavioral services (e.g., social skills training, occupational therapy, speech/language therapy)...</i></p> <p>My child is able to receive needed behavioral services through a virtual/at-home option that meets my family's needs.</p>				
<p><i>If your child receives school-based emotional or mental health services...</i></p> <p>My child is able to receive needed emotional or mental health services through a virtual/at-home option that meets my family's needs.</p>				
<p><i>If your child attends after care (including after school clubs and activities) provided by the school...</i></p> <p>My child has an alternative to the after-care services provided by schools that adequately meets my family's needs.</p>				

<sup>1</sup> School meals in some states may still be available to parents with kids for children learning from home, although this may be subject to change. Learn about parent meal pick-up options here: <https://www.fns.usda.gov/meals4kids>



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