

COVID-19 AND SCHOOLS FAQS

Below are questions from school administrators and staff about schools reopening in Fall 2020-21. These questions are answered by Dr. Jennifer Morse, Medical Director for District Health Department #10, Central Michigan District Health Department, and MidMichigan District Health Department, according to current medical knowledge and guidance from the state. The answers are subject to change as knowledge and policies are updated.

Questions from Schools to Health Departments

Will you advise local schools to reopen based on the safe start risk level found at <https://www.mistartmap.info/about> (currently safe start stage 2 for our county) or the stage of economic reopening that our area is at (currently stage 4 for our county). As is seen today, these levels are not always in sync.

This can be confusing. The information provided at www.mistartmap.info reflects risk levels which convey the risk of spread of the epidemic in a region. This information will help make decisions about the safety of in person school. They may differ from the [MI Safe Start](#) economic engagement phases and guidance. These phases are used to direct which portion of the MI Safe School Roadmap your school should follow.

Is there guidance on determining who is high risk in a legally and sensitive way in particularly our special education classrooms?

Regarding legality, I cannot comment on that as I don't know what is allowable and not. One way to consider doing it would be, "Are you at increased risk for severe illness from COVID-19, such as being an older adult or having a medical condition? For more information to see if you fit either of these, see: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html> and <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?>

The return to learn document appears to recommend that schools create a system for students, families, and staff to self-report high risk status. I understand these are minimum guidelines, so my question is, will there be any further recommendation, such as requiring/recommending a physician note/signature etc. from the health department?

No we will not recommend or require this.

Do you think the use of plexiglass dividers at tables in elementary classrooms would be low, medium, high risk to mitigate the spread of COVID-19, especially if the kids are not wearing masks?

See <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/reopening-schools-faqs.html>. If you cannot keep them 6ft apart then use barriers but goal is still physical distancing. This is probably one of the better guides to barriers I've seen <https://www.ehs.washington.edu/system/files/resources/COVID-19-plexiglass-barriers-workplace.pdf>

How do we treat library books and other materials that cannot normally be sprayed? How long would we need to quarantine these objects?

You can recirculate books after 3 days (see <https://www.nedcc.org/free-resources/preservation-leaflets/3.-emergency-management/3.5-disinfecting-books> and actual data at https://www.webjunction.org/content/dam/WebJunction/Documents/webJunction/real_m/test1-report.pdf)

Do we need to worry about COVID spreading through soft surfaces (rugs that children sit on)?

Specific studies haven't been done on how long it can live in soft surfaces like carpets, towels and clothes but viruses as a rule cannot live as long in these types of environments as on hard smooth surfaces like desktops. You can have them wash their hands or use hand sanitizer after sitting on the floor.

Recent studies have suggested that neck gators are worse than wearing a mask. Could you elaborate on that?

The fabric on neck garters are thin, single layered, and stretchy. Anything stretchy is worse than non-stretchy as when it is stretched, the size between the fibers increases. In other words, the filter size increases so it will do a worse job of filtering out droplets from the person wearing it. Here is the study <https://advances.sciencemag.org/content/early/2020/08/07/sciadv.abd3083.full>

Below are the results (high droplet count is BAD-means droplets got through). The table below that is the key to what the masks were. 'Fleece'=Gaiter type neck fleece. Picture of masks below.

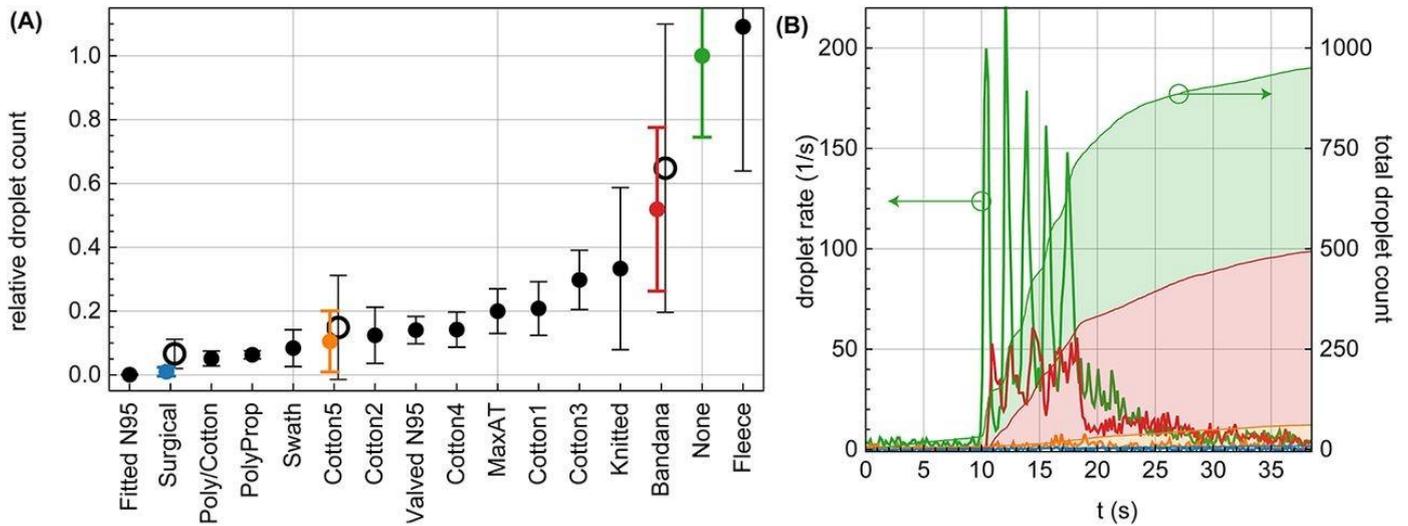


Table 1 Face masks under investigation.

This table lists the investigated face masks, mask alternatives, and mask material (masks are depicted in Fig. 1). Masks marked with an asterisk (*) were tested by four speakers, all others by one speaker.

Mask, Name	Description
1, 'Surgical' *	Surgical mask, 3-layer
2, 'Valved N95'	N95 mask with exhalation valve
3, 'Knitted'	Knitted mask
4, 'PolyProp'	2-layer polypropylene apron mask
5, 'Poly/Cotton'	Cotton-polypropylene-cotton mask
6, 'MaxAT'	1-layer Maxima AT mask
7, 'Cotton2'	2-layer cotton, pleated style mask
8, 'Cotton4'	2-layer cotton, Olson style mask
9, 'Cotton3'	2-layer cotton, pleated style mask
10, 'Cotton1'	1-layer cotton, pleated style mask
11, 'Fleece'	Gaiter type neck fleece
12, 'Bandana' *	Double-layer bandana
13, 'Cotton5' *	2-layer cotton, pleated style mask
14, 'Fitted N95'	N95 mask, no exhalation valve, fitted
'Swath'	Swath of mask material, polypropylene
'None' *	Control experiment, no mask

See images of masks on next page.



Our mandate is to work closely with our local health department. What will be the recommendations for health checks (temperature, assessment of CLI, risk potential)? Will it be the same or different for general education, and special education classrooms?

We do not recommend the schools do health screening, nor does the CDC (see <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>). We recommend, as does the CDC, that parents do this prior to sending children to school.

I see the recommendation for school nurses working within a sick room with students with potential COVID-like illnesses awaiting parent transport home, to use personal protective equipment such as N95, goggles, gown and gloves. I do not see recommendation for unlicensed assistive personnel (UAP) to use N95 masks. I also see recommendations for fast tracking fit testing during a pandemic at the CDC site. I am interested in finding resources such as train the trainer for fit testing for healthcare personnel. Will that be offered locally?

A surgical or procedural facemask (medical grade) should be used when caring for sick children. An N95 is also an option. An N95 should be used if an aerosol generating procedure is done on any student. In the schools, this would be providing nebulizer treatments.

In order to do FIT testing, you need a lot of equipment to do it, in addition someone trained to do it. It would be costly to you with little long-term utility. You also then have to have numerous procedures and plans. See https://www.3m.com/3M/en_US/safety-centers-of-expertise-us/respiratory-protection/fit-testing/ for more information. Another resource that gives a good overview of PPE needs for anyone in the school is: <https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Guidance-for-Healthcare-Personnel-on-PPE-Use-in-Schools.pdf>.

The R2SRM mentions the requirement of following health department guidance for screening. Will the health department provide specific direction for temperature checks, frequency of screening during the day, etc.?

We provided guidance in our [PowerPoint presentation](#) given to schools. We do not recommend that schools do health screening, nor does the CDC (see <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>). We recommend, as does the CDC, that parents do this prior to sending children to school. There is formal guidance in our toolkit. See https://www.dhd10.org/wp-content/uploads/2020/07/COVID-19-Return-to-School-Toolkit_07.30.2020.pdf.

Should residential facility schools follow the same guidelines around students wearing masks while in school?

The rules apply to all public and private schools. The [MI Safe Schools Roadmap](#) instructs boarding schools to seek guidance from MDHHS regarding spacing, movement, and facility Access (see pg. 24)

Does the Executive Order regarding Masks trump the Reopening Roadmap Phases? In other words, will all schools in the state have to require Masks for everyone?

NO. EO 147 does not apply to school. Schools are not considered a “public place” as it applies to that order. Follow the [MI Safe Start Roadmap](#).

What are our recommendations on band camp, especially if it is hosted outside?

I recommend following the guidance given at <https://www.nfhs.org/>. There is also continuously updated data regarding band, singing and other school related topics at https://www.massgeneral.org/assets/MGH/pdf/medicine/infectious-diseases/COVID-19%20School%20and%20Community%20Resource%20Library_July%206%202020.pdf#page=12&zoom=100,96,96.

Questions About COVID-19 Symptoms, Spread, Positive Cases, etc.

Will the Health Department share information about the number and locations of active COVID-19 cases to help with our decision-making?

Local data is available on our website <https://www.dhd10.org/coronavirus/>. Data is also available on <https://www.mistartmap.info>. Click on your region and then on your county for more specific data. Click on the drop down arrows to the right on the “Epidemic Data” bar to see where your area is trending with regard to the phase cut offs.

How are we to differentiate between allergies or common flu symptoms and COVID symptoms?

This is very difficult. The CDC has shortened the list of symptoms used to screen students and has emphasized new onset for symptoms. See the toolkit at: https://www.dhd10.org/wp-content/uploads/2020/07/COVID-19-Return-to-School-Toolkit_07.30.2020.pdf.

I know we can suggest talking to a doctor. Do students or staff return when they are not symptomatic?

See the toolkit at https://www.dhd10.org/wp-content/uploads/2020/07/COVID-19-Return-to-School-Toolkit_07.30.2020.pdf for guidance on return to school. Specifically, page 8 has a flowchart to walk you through this.

What if the parent insists their symptoms are “just a cold” etc. Can students return the next day (as long as no temp)? Do we have any room to request a Doctor’s note to return?

See the toolkit at https://www.dhd10.org/wp-content/uploads/2020/07/COVID-19-Return-to-School-Toolkit_07.30.2020.pdf for guidance on return to school. Specifically, page 8 has a flowchart to walk you through this.

Can kids pass COVID to other people, kids and/or adults?

Yes, though children may be a lower risk of spreading COVID-19 to others, both to other children and adults. However, kids have a lot of behaviors that encourage spread of germs, so we need to err on the side of caution. There is also continuously updated data regarding COVID and kids at:

https://www.massgeneral.org/assets/MGH/pdf/medicine/infectious-diseases/COVID-19%20School%20and%20Community%20Resource%20Library_July%206%202020.pdf#page=12&zoom=100,96,96

If a child is sent home because they don’t feel well and then shows back up the next day – should the child be tested for COVID? Should the child be allowed back in school?

See the toolkit at https://www.dhd10.org/wp-content/uploads/2020/07/COVID-19-Return-to-School-Toolkit_07.30.2020.pdf for guidance on return to school. Specifically, page 8 has a flowchart to walk you through this.

Do we have to keep a health record on each student like we do for employees?

No. The requirements for employees is an OSHA requirement that does not apply to students.

Responding to Positive Tests Among Staff and Students, Phase 4 requires that: “All schools, public and private, must cooperate with the local public health department if a confirmed case of COVID-19 is identified, and in particular, must collect the contact information for any close contacts of the affected individual from two days before he or she showed symptoms to the time when he or she was last present at the school. What will this look like?

See the toolkit at https://www.dhd10.org/wp-content/uploads/2020/07/COVID-19-Return-to-School-Toolkit_07.30.2020.pdf for guidance on return to school - specifically, page 5.

If that staff member is in a class with students or is working in close proximity to others, do they all, then, stay home and quarantine for 14 days if there is a positive case?

See the toolkit at https://www.dhd10.org/wp-content/uploads/2020/07/COVID-19-Return-to-School-Toolkit_07.30.2020.pdf for guidance on return to school - specifically, page 5-6.

What if someone who lives in the same house as a staff member tests positive? Does that staff member now need to take 14 days off of work to quarantine?

Yes. An exposed student or staff member with a household contact with COVID-19 would be asked to quarantine at home for 14 days from last close contact. If ongoing care of the person with COVID-19 is required in the home, and the student or staff member has to be that caregiver and is repeatedly exposed, their quarantine would be 14 days from the time that person is no longer deemed infectious (at least 10 days after symptom onset/positive test), totaling at least 24 days.

Substitutes teach in multiple schools. What if they are diagnosed with COVID-19? Do all the kids in each school now have to quarantine and get tested?

All of the individuals determined to be close contacts while the individual was contagious would need to be in quarantine. It is recommended that close contacts get tested to see if they are infected, but it is not required. A negative test result does not allow someone to get out of quarantine early.

Questions About Screening

Our task force group had many questions regarding screening for both employees and students. Our current Preparedness and Response Plan included a self-check by staff before work. We do not track staff coming and going from the building. Do we need to put a formal check in place? If so, I would like to copy what your company does - a text message every morning that someone can just react to!

All schools, public and private, are subject to the rules governing workplace safeguards established in section 1 of Executive Order 2020-114 (now replaced by 145) https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-531123-,00.html

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.

See the toolkit at https://www.dhd10.org/wp-content/uploads/2020/07/COVID-19-Return-to-School-Toolkit_07.30.2020.pdf for an example of an employee screener on page 12 (Appendix A).

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

Do we have to formally screen students with a health check?

We do not recommend that schools do health screening, nor does the CDC (see <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>).

We recommend, as does the CDC, that parents do this prior to sending children to school. See the toolkit at https://www.dhd10.org/wp-content/uploads/2020/07/COVID-19-Return-to-School-Toolkit_07.30.2020.pdf - specifically, 13-14 (Appendix B) for the student screener for parents.

Is it legal to take temperature and ask questions about a student's health - HIPPA comes up often. Will schools be violating HIPPA if we ask questions?

No. Schools are not a “covered entity” with regards to HIPPA. HIPPA does not apply to you. [FERPA](#) applies to schools.

Are we required to record the current temperature or simply certify that it is below at 100.4 F?

There is no specific requirement to check a temperature. We do not recommend the schools do health screening, nor does the CDC (see

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>).

How does taking temperature relate to people who are asymptomatic? Is it accurate that someone without a higher temperature reading can still pass COVID-19 to someone else?

About 40% of people infected with COVID-19 are thought to have no symptoms at all (are asymptomatic). That includes having no fever. Of children with symptomatic COVID-19, nearly half don't have a fever, and nearly one in four adults do not have a fever. Having a fever is very suggestive of COVID-19, but you can have COVID-19 and not have a fever.

Screening Students and Staff, Phase 4, requires that "Schools must cooperate with the local public health department regarding implementing protocols for screening students and staff". What are these? Are we required to screen each day? Is it a self-screen at home that we "encourage" our families to do?

See the toolkit at https://www.dhd10.org/wp-content/uploads/2020/07/COVID-19-Return-to-School-Toolkit_07.30.2020.pdf for guidance on return to school - specifically, page 5. We also recommended that staff and bus drivers be informed of the signs and symptoms of COVID-19, watch for these in the students, and know how to respond should they arise.

Questions About Contacts, Exposure, Quarantine & Returning to School

If a student must quarantine for 14 days, do the rest of their classmates AND their siblings have to as well?

Only if considered a close contact to case. For COVID-19, it is typically said that close contact is being within 6 feet (about 2 arms' length) of an infected person for at least 15 minutes. In reality, it isn't always this simple. Important things that have to be thought about when deciding if someone could be at risk for getting COVID-19 are the **intensity**, **frequency**, and **duration** of exposure to someone contagious with COVID-19. Basically, did you get exposed to enough virus that your immune system couldn't fight it off and you end up getting sick?

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 to

them 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.

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.

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.

If my spouse tests positive for COVID, but I have not been diagnosed (yet), should I let everyone who was at our staff meeting know to monitor symptoms?

No – contacts of contacts do not need to be notified. Another 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.

Here is the hypothetical scenario: A high school student tests positive for COVID-19. He/She was in multiple classrooms immediately before the positive test. How would the other students in attendance be handled in terms of tracing, testing, and quarantining?

Depending on COVID-19 prevention used (such as face coverings), distancing between students, if student sat by same people every day, symptoms (coughing/sneezing/etc or minimal) and how many days in class with symptoms, the need for quarantine may only apply to the students nearest the case or to the entire classrooms. Health Department staff will contact the students that need to be quarantined.

What will happen if one Nutrition Staff Member is diagnosed positive with COVID-19 and had been working. Will our kitchen automatically be shut down for 14 days or can staff members from another school building continue to still feed our students?

Close contacts would ideally be in quarantine. However, these individuals are considered *critical infrastructure workers* and can be allowed to continue to work after an exposure **IF** they follow very strict protocols. See <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>.

When a student in a classroom this fall, or an athlete on a team in summer practice, is tested and COVID-positive, what should be our first priority in communication and action?

Not to panic, let everyone know you will be working with the health department to identify close contacts and take all the steps that need to be taken. You do not want to get out the wrong message. Rather, quickly assure people you will get the correct message out as soon as possible.

When can a sick student/staff member return (symptom-free? 14 days? 3 days post symptoms? etc.)

See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

Here are steps to follow if a health care provider and/or testing conclude that:

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 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](#)”).

If we do close our schools absent a regional mandate (Regions and Phases) due to a localized outbreak, when can we return (14 days later?, etc.)

It isn’t known at this time. Previously the CDC said 5 days. It would typically be a full incubation period or 14 days. Guidance will likely change and we (health department and schools) would work together on that.

If the school has identified an isolation room for sick children, do they need to have a separate room for each sick child or can multiple children be placed in the same room provided they are masked and kept 6-feet apart?

Per CDC, “identify an isolation room or area to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms”. You can keep those you suspect have COVID-19 in the same room, keeping them as far apart as possible. Keep all others in a different room.

The initial guidance from the CDC in March indicates that, when anyone with COVID enters a school building, we are to “Dismiss students and most staff for 2-5 days. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school. This allows the local health officials to help the school determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.” Is this still the case?

No- only close contacts are dismissed and required to quarantine for 14-days. In the post-pandemic phase of the MI Safe School Roadmap (Phase 6): if a lab-confirmed case is identified, then short term dismissals may be required (see pg 54 of [MI Safe Schools](#)).

Questions About Personal Protection Equipment (facemasks, face shields) and Social Distancing

In the Michigan Roadmap, it mentions that face masks must be worn; are plastic face shields acceptable instead of the face mask?

Per public health and the FAQ re: EO 142: face shields are not a replacement for face masks. They are acceptable only if an individual is unable to tolerate face masks or if a shield is needed for communication reasons.

https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-535121--,00.html.

Am I, as the nurse, able to get fit tested for an N 95?

Yes - go to your occupational health clinic. You can also contact your local health department to see if they are capable of providing this service.

What PPE and training is required or recommended for our school nurse?

School health staff should be provided with appropriate medical PPE to use in health suites. This PPE may include N95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the [CDC guidance on infection control measures](#). N95 masks are needed during aerosol generating procedures such as providing nebulizer treatments. N95 masks can be used when caring for ill students. Surgical or procedure masks (medical grade) can be used for any student care, as long as it is not an aerosol generating procedure.

Staff should be trained on proper donning and doffing procedures and follow the CDC guidance regarding precautions when performing aerosol-generating procedures. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Rooms should be well ventilated or treatments should be performed outside. After the use of the nebulizer, the room should undergo routine cleaning and disinfection.

Also see Guidance for Healthcare Personnel on the Use of Personal Protective Equipment (PPE) in Schools During COVID-19:

<https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Guidance-for-Healthcare-Personnel-on-PPE-Use-in-Schools.pdf>.

Does the Health Department have a form for doctors to complete stating a student or employee cannot wear a mask?

Yes. See the toolkit at https://www.dhd10.org/wp-content/uploads/2020/07/COVID-19-Return-to-School-Toolkit_07.30.2020.pdf - specifically, 17 (Appendix E)

Should we have documentation of why a staff/child is unable to wear a mask?

It is now required per MDHHS (see https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-535121--,00.html)

I am very concerned about young children wearing masks. I do not think this is a healthy option for them. Please address this.

See evidence at https://www.massgeneral.org/assets/MGH/pdf/medicine/infectious-diseases/COVID-19%20School%20and%20Community%20Resource%20Library_July%206%202020.pdf#page=12&zoom=100,96,96

What are the most important precautions that should be taken?

There is no one precaution that is the most important (though staying home when sick, masking, hand washing, disinfecting is high on the list).

What about masks on mass transit, like Dial-A-Ride or other public transportation?

All the same recommendations apply. Most public transportation programs have similar policies regarding masking, distancing, hygiene, etc.

Why is social distancing not required on buses?

It is encouraged, but just like in classrooms, may not be possible to do without more buses and bus routes, which is usually not possible. That is why masking is required on the bus and in transit.

Are masks required for all staff and students in school now?

See MI Safe Schools

https://www.michigan.gov/documents/whitmer/MI_Safe_Schools_Roadmap_FINAL_69539_2_7.pdf - specifically, page 22 for phase 4, page 38 for phase 5, and page 54 for phase 6.

Does the new Executive Order impact the wearing of face mask at all?

NO. EO 147 does not apply to school. Schools are not considered a “public place” as it applies to that order. Follow the [MI Safe Start Roadmap](#).

There are times the bus and school become very warm, as we have no air conditioning. Is there a certain temperature where it isn't recommended for students/staff to wear masks?

No, but it is recommended that the windows are kept open on the bus to help reduce the risk of COVID-19.

Facial Coverings: Both Phases 4 and 5 indicate that PreK-5 and special education teachers should consider wearing clear masks. Is a clear mask the same thing as a face shield?

The clear mask is suggested to aid with communication for young children. A face shield is not the same things as a clear face mask. See also

https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-535121--,00.html

I see face shields are single use only for health care. Can they be reused in schools?

In healthcare, you expect to have a lot of contamination from patient’s germs...not so much for general everyday use by the public. You could reuse them with cleaning until wear and tear is visible. Same with face shields - most are disposable and supposed to be discarded after use. The CDC does provide suggestions for cleaning of face shields for healthcare providers facing critical shortages. These cleaning instructions could be used for clear masks.

- Carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
- Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
- Wipe the outside of face shield with clean water or alcohol to remove residue.
- Fully dry (air dry or use clean absorbent towels).
- Perform hand hygiene.

Do neck gators work for face coverings?

Any face covering is better than nothing, and the requirement is for a “facial covering”; there is no specification regarding what type. Neck gators are usually a single layer of cotton or synthetic materials. The material is thin and stretchy, which means a decreased ability to contain droplets. Anything stretchy will be worse as the size of the “filter” will get bigger and less effective.

Questions About Testing

If we have students/parents/staff needing COVID tests, are those free?

Most doctor’s offices or other test sites will bill insurance. If someone does not have insurance, they can bill CARES Act. There are also testing sites that will test for free. One can find these testing sites by calling 211 or go to www.mi.gov/coronavirustest

If a student is symptomatic with COVID-19, besides sending them home, can we require a COVID test?

I do not know this answer for sure-you would need to consult with your legal counsel.

Do all students or staff that were working in close proximity to others who tested positive, now have to get tested? Who pays for those tests? Are they happening at school? How are the parents being notified? Does everyone in each of those kids’ families need to get tested?

In general, people that are considered a close contact to a case are recommended to be tested, but it is not required. It helps to identify more cases and identify and quarantine more contacts; but if they test negative, they cannot be released from quarantine early.

Regarding who pays for the test, it is typically billed to their insurance; however, there are testing sites that provide free testing from the state: they can call 211 for locations or go to www.mi.gov/coronavirustest.

Parents will be notified by the school that there is an identified or suspected COVID case. The health department will notify parents if a student is a close contact and if the student needs to quarantine.

Questions About the MI Roadmap, Executive Orders, and State Policies

The Roadmap states we need to train our staff and students on proper hygiene re: handwashing, coughing and sneezing, etc. Are there materials explaining the COVID 19 illness that the health department will be giving to schools to help facilitate this education?

The CDC has materials available at <https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/schools.html>

There are also numerous resources available for public reuse at <https://www.healthwise.org/specialpages/covid-19-resources.aspx#Learning-Topics>

How can the health department help us advocate for extricating our county from the Grand Rapids COVID Region 2?

You can speak with your elected officials. Many of our residents do tend to travel out of our jurisdictions and there is a lot of fluctuation in community spread, which makes it very difficult to define and predict disease activity.

Under Phase 4 of the MI Safe Start, specifically under athletics, large scale outdoor spectator events are limited to 100 people. Can there still be a concession stand for spectators? Under Phase 5 of the MI Safe Start, you can have indoor spectator events limited to 50 people and the outdoor events as well. Can there be a concession stand offered at these events? What is required to offer a concession stand?

The executive orders do not specifically prohibit concessions stands at outdoor gatherings.

The concession stand workers at a venue would count toward the total gathering size of 100 people as specified in Executive Order 2020-110.

A concession stand would be included under the event organizer's general workplace safeguards as required by Executive Order 2020-145 or have their own plan and training under EO 2020-145. A concession stand would follow all applicable requirements for food service facilities specified in Section 8 of EO 2020-145.

- Limit capacity to 50% of normal seating.
- Require six feet of separation between parties or groups at different tables or bar tops (e.g., spread tables out, use every other table, remove or put up chairs or barstools that are not in use).
- Require patrons to wear a face covering except when seated at their table or bar top (unless the patron is unable medically to tolerate a face covering).
- Require patrons to remain seated at their tables or bar tops, except to enter or exit the premises, to order food, or to use the restroom.
- Prohibit access to common areas in which people can congregate, dance, or otherwise mingle.
- Create communications material for customers (e.g., signs, pamphlets) to inform them of changes to restaurant or bar practices and to explain the precautions that are being taken to prevent infection.
- Close self-serve food or drink options, such as buffets, salad bars, and drink stations.
- Provide physical guides, such as tape on floors or sidewalks and signage on walls to ensure that customers remain at least six feet apart in any lines.
- Post sign(s) at store entrance(s) informing customers not to enter if they are or have recently been sick.
- Post sign(s) instructing customers to wear face coverings until they get to their table.
- Require cashiers, hosts, servers, and staff to wear face coverings in the dining area.
- Require employees to wear face coverings and gloves in the kitchen area when handling food, consistent with guidelines from the Food and Drug Administration ("FDA").

- Limit shared items for customers (e.g., condiments, menus) and clean high-contact areas after each customer (e.g., tables, chairs, menus, payment tools)
- Train employees on:
 - Appropriate use of personal protective equipment in conjunction with food safety guidelines.
 - Food safety health protocols (e.g., cleaning between customers, especially shared condiments).
 - How to manage symptomatic customers upon entry or in the restaurant.
- Notify employees if the employer learns that an individual (including an employee, customer, or supplier) with a confirmed case of COVID-19 has visited the store.
- Close restaurant immediately if an employee shows symptoms of COVID-19, defined as either the new onset of cough or new onset of chest tightness or two of the following: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, or olfactory/taste disorder(s), and perform a deep clean, consistent with guidance from the FDA and the CDC. Such cleaning may occur overnight.
- Install physical barriers, such as sneeze guards and partitions at cash registers, bars, host stands, and other areas where maintaining physical distance of six feet is difficult.
- To the maximum extent possible, limit the number of employees in shared spaces, including kitchens, host stands, break rooms, and offices, to maintain at least a six-foot distance between employees.

The event organizer and/or concession stand operator would be responsible for controlling social distancing around the concession stand and at points of congestion.

Executive Order 2020-153 would also be applicable if patrons were allowed to return to their seats with food. Seating would be required to allow for a minimum of 6 feet of social distance from members not of the same household. Patrons would be required to wear a mask anytime not seated.

Are there any clarification on the use of vending machines in any of the MI Safe Start Phases?

Vending machine operation is not prohibited under the executive orders.

Operators should increase the frequency of cleaning and disinfection of hand contact surfaces to at least once daily or more frequently.

Reminders for social distancing should be in place through signs and/or floor markings.

Textbooks and materials coming back and forth to the school - is that safe?

It is not ideal or recommended. If this must happen, have kids wipe them down with disinfectant as soon as they get to school.

What is this stress going to do to our staff? How does it affect their health and well-being? How does it affect their ability to do their job? How does it affect the quality of education and other important work they are able to provide? What is it going to do to our kids? What are the long-term effects of consistently being stressed out?

The mental toll of all of this is a concern for everyone. This concern is the reason for all the recommendations in the Mental & Social-Emotional Health section of the [roadmap](#). Encourage your staff to use your Employee Assistance Program (EAP).

How will it affect students and staff when the first staff member in their school dies from this? The first parent of a student who brought it home dies from this? Sadly, the first kid dies from this?

In my opinion, there are many harms to kids and their families if we don't have in person school. Both sides of the coin need to be considered rather than just fear of the what if. 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, and their family members and teachers would be at risk as well. We are seeing the highest rates of suicides in almost 60 years, increases in domestic and child abuse, loss of education, and other negative consequence during these difficult time, and it is felt by nearly all professional organizations that the benefits of getting kids back to school outweigh the risks.

“The fundamental argument that children, families, educators, and society deserve to have safe and reliable primary schools should not be controversial. If we all agree on that principle, then it is inexcusable to open nonessential services for adults this summer if it forces students to remain at home even part-time this fall.” (Levinson, Cevek, Lipsitch, 7/29/20, Reopening Primary Schools during the Pandemic | NEJM)

Questions About Cleaning & Sanitizing

What is the bleach-water ratio to make disinfectant and do products like Clorox wipes fulfill that ratio?

Diluted household bleach solutions may also be used if appropriate for the surface. Check the label to see if your bleach is intended for disinfection and has a sodium hypochlorite concentration of 5%–6%. Ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser. Leave solution on the surface for at least 1 minute.

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of room temperature water
OR
- 4 teaspoons bleach per quart of room temperature water
- Bleach solutions will be effective for disinfection up to 24 hours.
- Alcohol solutions with at least 70% alcohol may also be used.

Clorox wipes DO NOT HAVE BLEACH IN THEM. They utilize quaternary ammonium compounds – QACs or quats – which are contained in many sanitizing wipes, sprays, and other household cleaners intended for killing germs. These include chemicals such as benzalkonium chloride, alkyl dimethyl benzyl ammonium chloride, and dodecyl dimethyl ammonium chloride as active ingredients. The chemicals can cause skin irritation, so washing after using any wipes, for instance, is recommended. The quats do tend to linger on surfaces after application, which is useful for combating viruses, but may not be such a great idea when used on surfaces that are in direct contact with food.

Is there a recommendation for sanitizing playground equipment?

No. The CDC states at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>:

Cleaning and disinfecting outdoor areas:

- Outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection.
 - Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
 - High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
 - Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- Sidewalks and roads should not be disinfected.
 - Spread of COVID-19 from these surfaces is very low and disinfection is not effective.

We have a lot of questions about what we can and cannot do in schools. For instance, are we able to use a UVC light for disinfecting classrooms rather than using disinfectant?

Recommend reading:

<https://schools.forhealth.org/wpcontent/uploads/sites/19/2020/06/Harvard-Healthy-Buildings-Program-Schools-For-Health-Reopening-Covid19-June2020.pdf>.

<https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-reopening-schools.pdf>.

"Potential issues with UVGI in schools include cost, maintenance, and potential health concerns of inadvertent UV exposures. In general, UVGI should be further discussed with an expert before consideration for use in a school." It may be of use in air ducts but not a replacement to disinfectants.

The Roadmap speaks of using an EPA-registered cleaner or bleach solution. Our regular product is on the D List of antimicrobial products effective against bloodborne/body fluid pathogens, but not the N list. Our product is EPA-registered effective against enveloped viruses, which I understand SARS-CoV-2 is. Are we able to use this as our cleaning product?

Look at the product's label to confirm it is registered by the EPA and that it lists human coronavirus as a target pathogen. If it has those two things, continue using it. Be sure to follow the instructions on the label to ensure it works.

Per the American Academy of Pediatrics (AAP): When possible, only products labeled as safe for humans and the environment (e.g., Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.