Back to School 2020-2021
Update September 3

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Medical Director
CMDHD/MMDHD/DHD#10
Clarification re: Face Coverings

- The best thing for public health and COVID-19 prevention is to **have everyone wearing face coverings as much as possible regardless of “the rules”**

- The rules (MI Safe Schools Roadmap) say:
  - Facial coverings are REQUIRED in Phase 4 counties (strongly recommended in Phase 5) as follows:
    - Facial coverings must always be worn by staff except for meals.
    - Facial coverings must be worn by preK-12 students, staff, and bus drivers during school transportation.
    - Facial coverings must always be worn in hallways and common areas by preK-12 students in the building except for during meals.
    - Facial coverings must be worn in classrooms by all students grades 6-12.
    - All students in grades K-5 must wear facial coverings **unless** students remain with their classes **throughout the school day** and do not come into close contact with students in another class.
Clarification re: Face Coverings

- While face covering use by the lay public reduces the risk of spread, they do not eliminate it, especially given the wide variety is the quality and proper use of the coverings.

- Therefore, we do not take face covering use into consideration as we determine close contacts
  - NOTE: healthcare workers wearing medical PPE is a different situation...https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

- Keeping students 6ft apart and wearing face coverings is to help prevent illness. It may not prevent them from being a close contact and needing to be in quarantine. That is not the sole point of doing all of this.
  - Putting someone in quarantine is one more measure to stop the spread of illness, along with face coverings, distancing, etc. Doing one thing will not negate the need to do other prevention activities.
Simulated Heavy Cough Travels 12 ft. in Just Under a Minute

Image (a) taken after 2.3 s

Image (b) taken after 11 s

Image (c) taken after 53 s

Simulated Heavy Cough Using a Folded Handkerchief Face Covering Travels Average Distance 1 ft. 3 in. in about 6 sec.

Image (b) taken after 0.5 s

Image (c) taken after 2.27 s

Image (d) taken after 5.55 s

Simulated Heavy Cough Using a Two-Layered Fabric Face Covering Travels Average Distance of 2.5 in. 1.68 s

Not shown: Bandana style (elastic T-shirt material) average distance 3 ft. 7 in.
What about health care providers (HCP), which may include first responders?


- If a HCP has had exposure to a COVID-19 infected individual **AND**:
  - **Was** wearing a respirator or facemask (facemask = medical grade surgical or procedural mask, NOT a cloth mask)
  - **Was** wearing eye protection *(if the person with COVID-19 was not wearing a cloth face covering or facemask)*
  - **If** they performed an aerosol-generating procedure: **was** wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator)

- They ARE **NOT considered a contact** and they **do not need to be in quarantine**
Questions about Acceptable Face Coverings

■ The criteria/definition for a facial covering is at
https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-535121--,00.html

■ A facial covering is cloth material* that covers the nose and mouth. Facial coverings may be secured to the head or simply wrapped around the lower face. They can be made of a variety of materials, such as cotton or linen, and may be factory-made or made by hand.

*this one is acceptable as it has plastic covering the nose and mouth and foam is creating a seal
Students Falsely Reporting Case/Exposure

- We have heard some reports of students reporting to the school they have been diagnosed with COVID-19 when they have not.
- Consider having clear policy now (if you do not already) how you will handle false reports of COVID-19 disease or contact and make it widely known to your students (and staff if needed).
Clarifications on Quarantine/cohorts/contact tracing/notification

- From the school toolkit:

- 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.

- 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. Basically, did you get exposed to enough virus that your immune system couldn’t fight it off and you end up getting sick?
Reminder of Contacts of Contacts Not Needing Special Notification or Quarantine

General Quarantine Protocol

Confirmed Case

Should Quarantine

Does not Need to Quarantine

A

B

C

Close Contact

Close Contact

No Close Contact

School Based Examples of Responses Required

- Student 🔄/👤 has COVID-19
- Close contacts will be assessed by the local health department; it is likely that everyone in the 🟥 will be considered a close contact and need to be in quarantine.
- 🔄 is a close contact from the classroom and rode on bus 2 as 🛺.
- No one on bus 2 needs to be in quarantine since being a contact to a contact is not a risk (if 🛺 becomes infected with COVID-19, then further action will be taken.)
Notifications of Close Contacts and School

- School will assist local health department to identify close contacts
- Close contacts that need to stay home in quarantine will be notified by the health department (and the school as well if needed) so they can be given proper education.
  - *It may take us longer to contact them than the schools, simply because of the time involved in our investigations vs. the fact that you may be calling a parent to come pick up a child because they are a close contact so it may be that the schools will notify parents they are a close contact and tell them the health department will be following up with them.*
- General notification of the rest of the school (in the form of the letter, phone blast, whatever works best for your school) can come from the school, or if you prefer, we can provide a letter on our letter head (though that may take longer.
- NOTE: the state plans to start listing names of school identified to have outbreaks on their website next week
  - *Outbreak will most likely be defined as: Two or more confirmed COVID-19 cases among students or staff with onsets within a 14-day period, who are linked to each other through the school only (i.e., same classroom, school event, school-based extracurricular activity, school transportation) and are not household members, didn’t share any other common setting, and there is no other more likely source of exposure (e.g., household or close contact to a confirmed case outside of educational setting).*
Handling Sick Students

**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:
    - Feverish
    - Cough
    - Shortness of breath
  - OR **TWO** of the following:
    - Muscle aches without another explanation
    - Chills
    - Sore throat
    - Headache
    - Vomiting or Diarrhea
    - 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°F 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

- 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 international travel or been on a cruise
  - Lives in an area with high levels of COVID-19 in the community (Risk Level 1-3 found at [www.minsctrmpo.info](http://www.minsctrmpo.info))

**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?
  - **YES**
    - Finish 14 Day Quarantine
  - **NO**

**STUDENT**
- Student may return based on the guidance for their symptoms (see "Managing Communicable Diseases in School"): 
  - 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
### 7 Day Average County COVID-19 Percent Positivity and Cases/Million for CMDHD/MINDH/DHD#10
**As of September 2, 2020 (August 22, 2020)**

#### <3% Percent Positivity: Low Risk

<table>
<thead>
<tr>
<th>% of Tests Positive</th>
<th>County</th>
<th>Cases per Million</th>
<th>% of Tests Positive</th>
<th>County</th>
<th>Cases per Million</th>
</tr>
</thead>
<tbody>
<tr>
<td>0% (same)</td>
<td>Lake</td>
<td>0</td>
<td>0% (0.7%)</td>
<td>Crawford</td>
<td>0</td>
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<tr>
<td>0% (1.7%)</td>
<td>Gladwin</td>
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<td>0% (1.7%)</td>
<td>Crawford</td>
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</tr>
<tr>
<td>0.0% (1.4%)</td>
<td>Kalkaska</td>
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<td>0.7% (0.7%)</td>
<td>Osceola</td>
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<td>0.7% (0.7%)</td>
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<tr>
<td>0.8% (1.4%)</td>
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<td>0.8% (1.4%)</td>
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<td>0</td>
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<tr>
<td>0.5% (4.4%)</td>
<td>Gladwin</td>
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<td>0.8% (0.7%)</td>
<td>Carson</td>
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<tr>
<td>0.6% (0.7%)</td>
<td>Crawford</td>
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<td>1.2% (0.7%)</td>
<td>Manistee</td>
<td>0</td>
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<tr>
<td>1.5% (0.8%)</td>
<td>Roscommon</td>
<td>0.5% (0.8%)</td>
<td>1.9% (same)</td>
<td>Chippewa</td>
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<td>1.5% (0.8%)</td>
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<tr>
<td>2.8% (2.5%)</td>
<td>Clare</td>
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<td>2.9% (1.6%)</td>
<td>Arenac</td>
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#### 3% to <7% Percent Positivity: Medium Risk

<table>
<thead>
<tr>
<th>% of Tests Positive</th>
<th>County</th>
<th>Cases per Million</th>
<th>% of Tests Positive</th>
<th>County</th>
<th>Cases per Million</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5% (1.6%)</td>
<td>Lake</td>
<td>0</td>
<td>3% (3.3%)</td>
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<td>4.3% (1.6%)</td>
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<td>4.9% (1.6%)</td>
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<td>4.9% (1.6%)</td>
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#### 7 to <10 Cases per Million: Medium

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<th>% of Tests Positive</th>
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#### 10 to <20 Cases per Million: Medium-High

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<td>NONE</td>
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#### 20 to <40 Cases per Million: High

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<th>County</th>
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#### 40 to <70 Cases per Million: Very High

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<th>% of Tests Positive</th>
<th>County</th>
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#### 70 to <150 Cases per Million: Highest

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<td>NONE</td>
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### Considerations

- **Student with symptoms of COVID-19 living in these counties (with either indicator for risk of community spread in category 1-3) should be referred to their healthcare provider and/or referred for COVID-19 testing prior to returning to school (SEE pg. 7 of toolkit)**
- **Consider remote instruction**
- **Consider efforts to reduce density in building such as hybrid instruction approach of some in-person and some remote learning to ensure social distancing and learning are both possible**
- **Allow in-person school (with all appropriate prevention efforts and monitoring)**

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1. **20 or greater Percent Positivity: Very High**
2. **3% to <7% Percent Positivity: Low Risk**
3. **7 Day Average County COVID-19 Percent Positivity and Cases/Million for CMDHD/MINDH/DHD#10**
4. **7 to <10 Cases per Million: Medium**
Other Option: Oregon School Scenarios

Travel

- The CDC changed recommendations 8/10.
- It is recommended to “take extra precautions” such as staying home if you were involved in activities or situations that can increase your risk of exposure to COVID-19 which include:
  - Being in an area that is experiencing high levels of COVID-19 spread. You can check the levels for places you traveled, including countries, U.S. states and territories, counties, and cities.
  - Going to a large social gathering like a wedding, funeral, or party.
  - Attending a mass gathering like a sporting event, concert, or parade.
  - Being in crowds – for example, in restaurants, bars, airports, bus and train stations, or movie theaters.
  - Traveling on a cruise ship or river boat.
- For domestic travel: there is not set definition of this. **If you wish**, you could utilize [https://globalepidemics.org/key-metrics-for-covid-suppression/](https://globalepidemics.org/key-metrics-for-covid-suppression/) map and consider precautions after travel to any orange or red states. This is not a state or health department recommendation, only something you can consider based on your HR recommendations.
Questions?

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