



## Management of COVID-19 Cases and Close Contacts for K-12 Schools

Designate a staff person (school liaison) responsible for responding to COVID-19 concerns and coordinating with local health authorities. Ensure all families and staff know who this person is and how to contact them. Provide the school liaison with [knowledge and skill-based training](#) in contact tracing.

Ensure your school liaison knows the name and means of contacting the communicable disease nurse or other point of contact at the local health department (LHD POC). You should be contacted by your LHD POC before or early in the school year and you can put their contact information below for easy access. If you are not contacted and do not know who your LHD POC is, contact Annette Marvin at [amarvin@dhd10.org](mailto:amarvin@dhd10.org). Be sure your LHD POC has your contact information and discuss preferences for handling COVID-19 responses that may be unique to your school or county.

### LHD POC for your school(s): Contact information

Name:

Phone:

Email:

If you become aware of a case of COVID-19 in a student or staff member, notify the health department as soon as possible, and within 24 hours per the requirements of the [Michigan Administrative Code R. 325.173\(9\)](#), as well as the October 6, 2020 epidemic order, [Reporting of Confirmed and Probable Cases of COVID-19 at Schools](#). Likewise, the health department will notify the school liaison when they become aware of a case that affects the school. The October 6<sup>th</sup> order also requires that if the local health department notifies the school of a case of COVID-19 associated with the school, the school must provide public notice to the school community in a highly visible location on the school's website.

Communicate information about cases and close contact with your LHD POC in the manner you have both decided works best. Appendix 4, Reporting Positive Employees/Students Contact Tracing Form, has been provided as one potential tool to aid with this process.

Encourage parents, guardians, and older students to screen for symptoms of illness before leaving for school or school activities. Symptom screening should not try to identify every known symptom of COVID-19. No single symptom indicates someone has COVID-19, and many COVID-19 symptoms can occur when a person does not have COVID-19. Use symptom screening to determine if a student currently has any infectious illness that they might pass on to others.

The presence of a temperature of 100.4 or higher, sore throat, cough, difficulty breathing, diarrhea, vomiting, or new onset of a severe headache generally suggests a student has an infectious illness of some kind and should not attend school, regardless of whether the illness is COVID-19. Students should not attend school in-person if they or their caregiver identifies **new** development of any of these symptoms and they are not due to a pre-existing or chronic medical condition.

Though not required, encourage staff and other adults in your facilities or at school functions to self-monitor for symptoms of infectious illnesses such as COVID-19.

If someone develops symptoms of COVID-19 (see **Appendix 1**) or other infectious illness while at school or a school function that is new and not due to a pre-existing or chronic medical condition, they should be sent home immediately, regardless of COVID-19 vaccination status or prior history of disease. Symptomatic students or staff who are waiting to be picked up or leave should put on a mask if not already wearing one and should be isolated in a designated space.

Do not allow the student or staff member to return until they have [finished isolation](#) or have tested negative with a [test for current infection](#) with COVID-19. In the case of students, they can return if they have been given a specific alternative diagnosis from a healthcare provider to explain their symptoms (see **Appendix 2**). School administrators have the authority to exclude children ill with communicable illness (such as COVID-19) from school per [Michigan Administrative Code R 325.175 \(2\)](#) and are required to keep employees out of work per [Public Act 339](#).

## Identify Close Contacts

Gather and review the student's or staff member's activity during the time they were infectious at the facility. See **Appendix 3** for things to consider ahead of time to make this work easier. A person with COVID-19 can be 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. Ask the student/staff member to begin creating a list of any close contacts they can think of or places they have been during their contagious period. You can use **Appendix 4** as a worksheet as you collect this information. You must cooperate with the local health department and notify them of anyone that is a close contact as specified under [Michigan Administrative Code R. 325.174\(2\)](#).

Close contacts include anyone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period (for example, sat side by side for 5 minutes 3 separate times over the course of a day). Though wearing a mask decreases your risk of spreading or getting COVID-19, the types of masks used and whether they are used consistently and correctly varies so mask use is not considered when defining a close contact except as discussed below.

- **Exception for K-12 indoor classroom settings only:** In the K-12 indoor classroom setting, the close contact definition **excludes students who were within 3 to 6 feet** of an infected student (laboratory-confirmed or a clinically compatible illness) **where:**
  - **both students were correctly wearing well-fitting masks; and**
  - **other K–12 school prevention strategies (e.g., ventilation, cleaning and disinfection, respiratory etiquette, and hygiene) were in place in the K-12 school setting.**

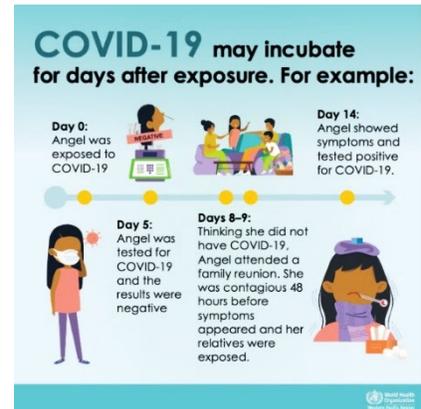
- This applies to exposures in classrooms but does not apply to exposures during extracurricular or athletic activities.
- This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

See **Appendix 5** for an algorithm to help assess which quarantine options applies to various situations.

### Recommendations for quarantine of close contacts

- Close contacts who are *not* fully vaccinated<sup>1</sup> should quarantine. They should also be tested for COVID-19 between 3-5 days after their exposure to the confirmed case.
- Close contacts who *are* fully vaccinated and those who have had COVID-19 within the past 90-days do not need to quarantine. It is recommended they get tested 3-5 days after exposure, wear a mask around others until receiving a negative test result, and continue to monitor for symptoms for 14 days.
- CDC currently recommends a quarantine period of 14 days. However, the following option to shorten quarantine is an acceptable alternative per the CDC, MDHHS, and your local health department:
  - Quarantine can end after Day 10 without testing if no symptoms have been reported during daily monitoring. Symptom monitoring and masking must continue through day 14.
    - With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%.

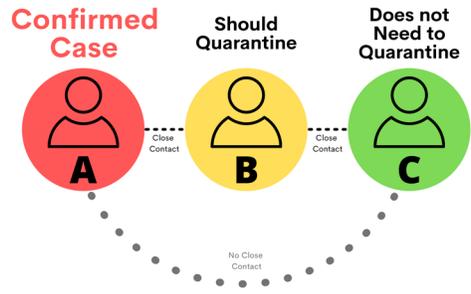
**Remember:** A negative test during quarantine does not end quarantine early.  
There is about a 1 in 10 risk of going on to spread COVID-19 if quarantine is ended on day 7 even after having a negative test.



A contact to close contacts who were not themselves exposed to someone with COVID-19 does not need to be in quarantine and does not need to be identified or contacted. See image below.

<sup>1</sup> In general, people are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine



Source: [Oregon Department of Education](#)

Note: when counting days of isolation and quarantine, only full days are counted as illustrated in **Appendix 6**.

### **Communication**

Refer to the “COVID-19 School Communication Guide” for guidance, sample letters, phone scripts, and other resources.

## Appendix 1:

### Symptoms of COVID-19

The most common symptoms of COVID-19, listed from most common to least common to be present, are:

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

This list does not include all possible symptoms. In school-aged children, symptoms are often milder than in adults and the five most common symptoms are fever, cough, shortness of breath, headache, and sore throat.

Per [Public Act 339](#), employees are not to report to work until testing negative or completing the isolation period for COVID-19 if they display the “principal symptoms” of COVID-19. Per this Act, the principal symptoms are defined as:

- One or more of the following not explained by a known medical or physical condition:
  - Fever
  - Shortness of breath
  - Uncontrolled cough
- Two or more of the following not explained by a known medical or physical condition:
  - Abdominal pain
  - Diarrhea
  - Loss of taste or smell
  - Muscle aches
  - Severe headache
  - Sore throat
  - Vomiting

# 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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## COVID-19 Decision Tree for Student

**Are symptoms of COVID-19\* present?**

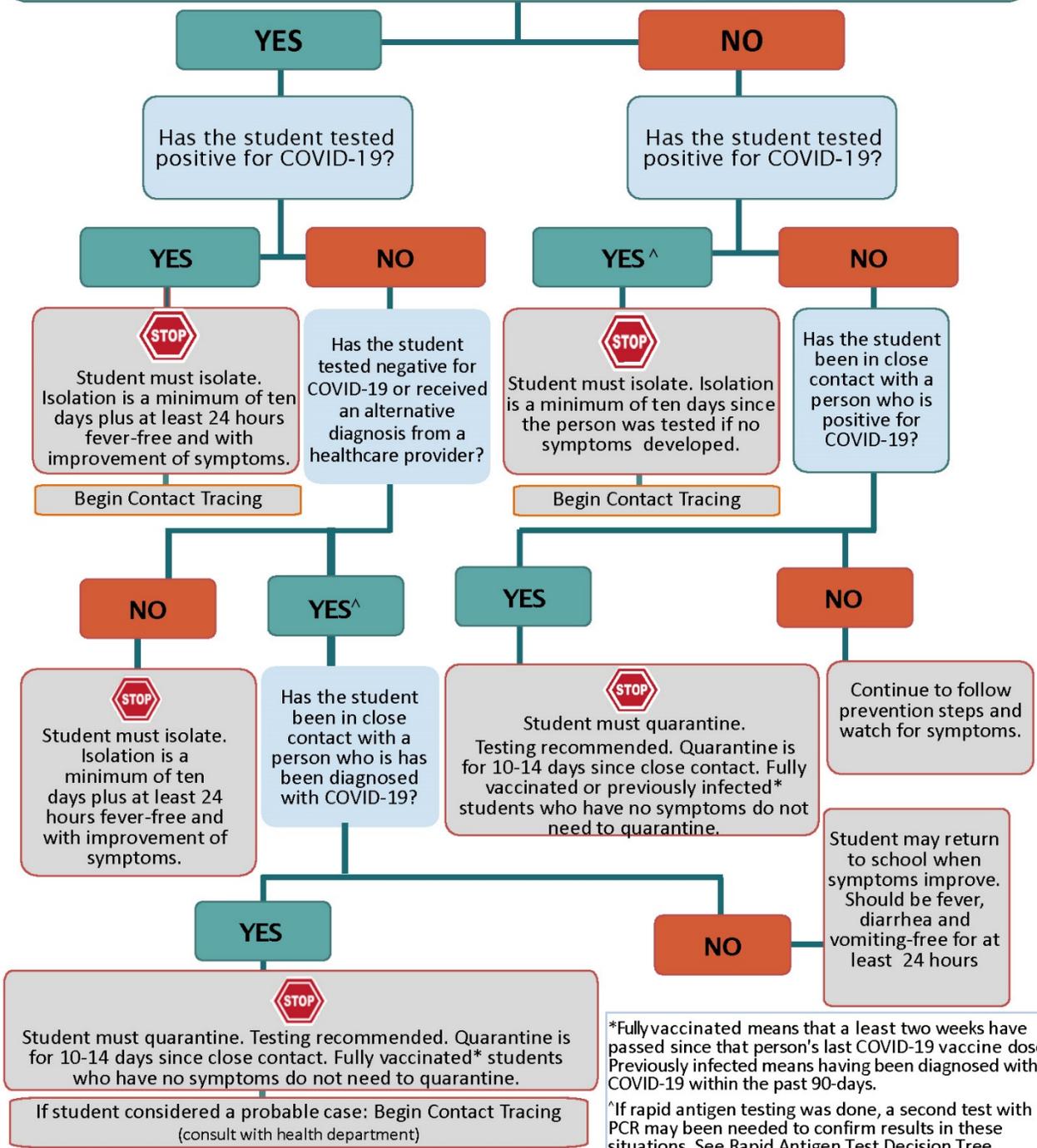
Symptoms concerning for *any* infectious illness, including COVID-19, are:

- Fever, sore throat, new uncontrolled cough that causes difficulty breathing, diarrhea, vomiting, abdominal pain, or new onset of severe headache

Other symptoms of COVID-19 include:

- Muscle/body aches, fatigue, new loss of taste or smell, congestion or runny nose

\*Symptoms listed are concerning ONLY if they are NEW and not explained by a known pre-existing/chronic medical condition



\*Fully vaccinated means that a least two weeks have passed since that person's last COVID-19 vaccine dose. Previously infected means having been diagnosed with COVID-19 within the past 90-days.

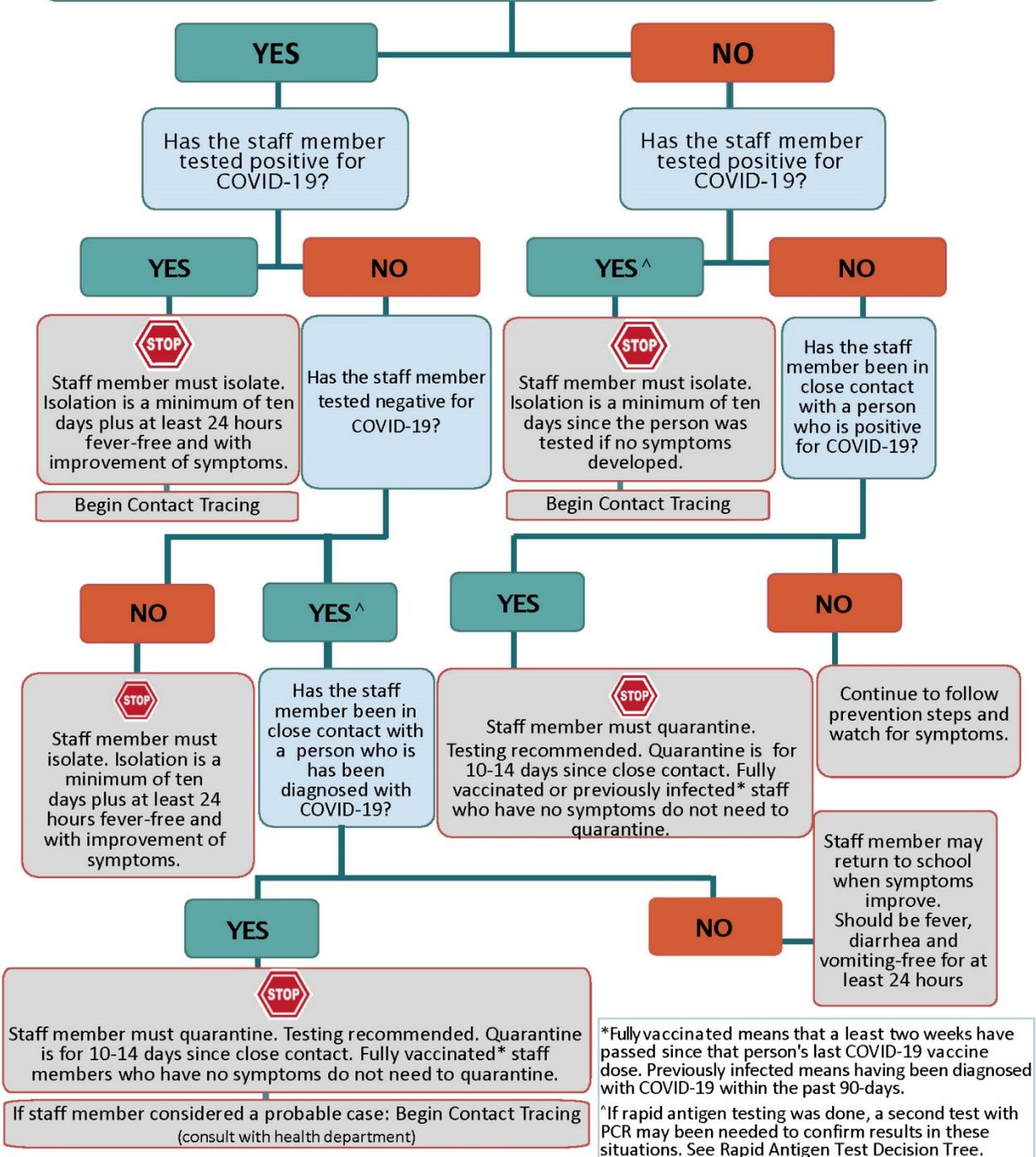
^If rapid antigen testing was done, a second test with PCR may be needed to confirm results in these situations. See Rapid Antigen Test Decision Tree.

# COVID-19 Decision Tree for Staff

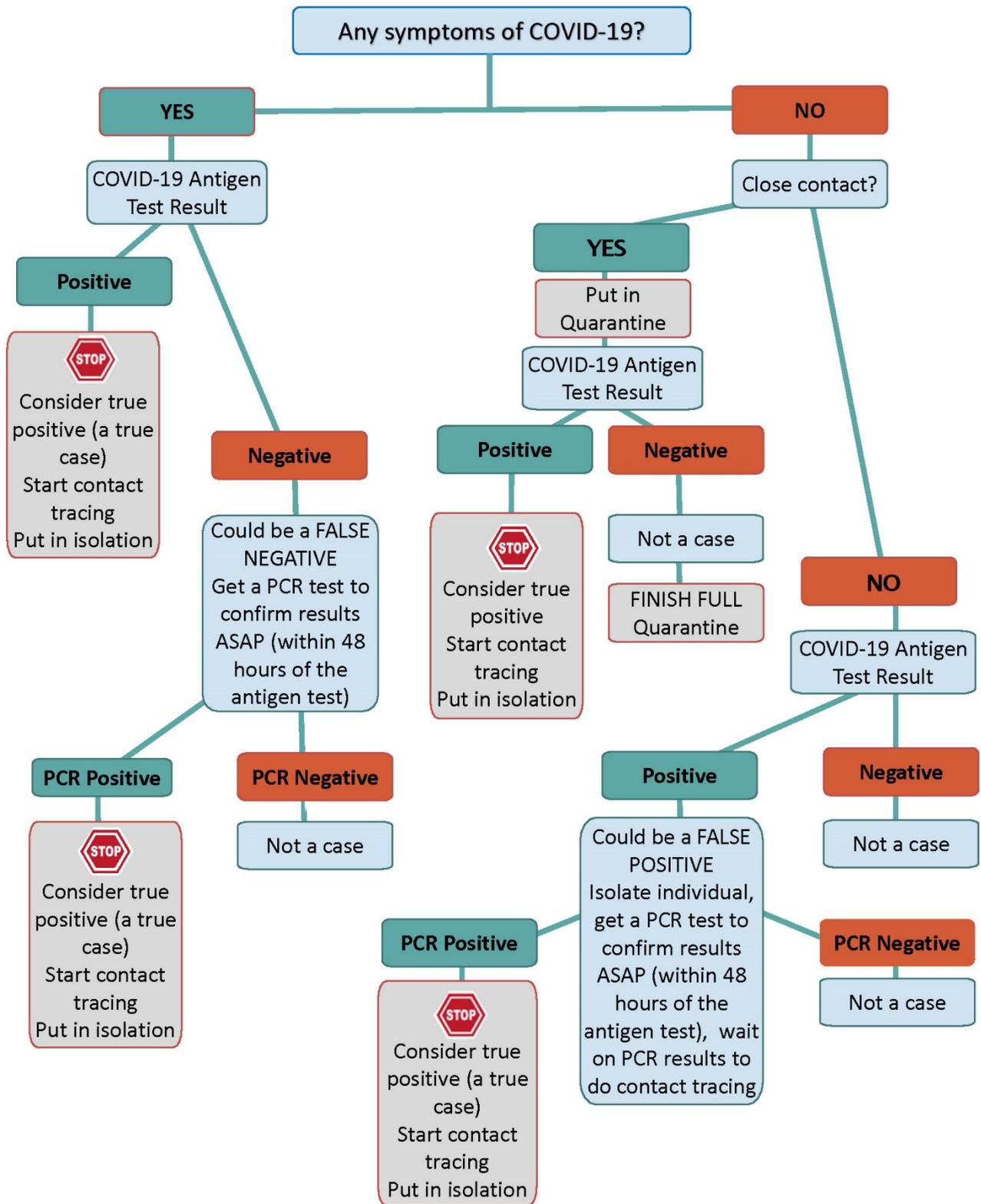
**Are symptoms of COVID-19\* present?**

- One or more of the following: fever, shortness of breath, uncontrolled cough
- Two or more of the following: abdominal pain, diarrhea, loss of taste or smell, muscle aches, severe headache, sore throat, vomiting

\*Symptoms listed are concerning ONLY if they are NEW and not explained by a known pre-existing/chronic medical condition



# Rapid Antigen Test Decision Tree



### Appendix 3:

#### Consider policies and procedures to support expedited determination of exposure risk and close contacts (from CDC, Case Investigation in K-12 Schools

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

#### In order to better enable you to perform contact tracing, especially on weekends or holidays, consider the following ahead of time:

- How readily can you provide information on the school/ environment, including:
  - Facility/setting (e.g., building or room structure, ventilation, and seating arrangements-including physical distancing)?
    - How easily can you access documentation of students, staff and educators who are seated within three to six feet of each other?
  - Prevention measures (e.g., mask use policies or practices, staggered schedules)?
- How can you quickly identify everyone (e.g., students, educators, staff, volunteers, contractors) in a classroom or shared space at a specific time?
  - How is this information retrieved from the school/ data system?
- Do contacts have to be identified one at a time or can you access information on group exposure (e.g., all students, teachers, volunteers) in one classroom?
- Can you easily determine which students are onsite on staggered schedules, identifying classrooms and seating assignments, including which students are assigned to individual cohorts or learning pods?
- How is classroom attendance monitored and documented?
- How quickly can you determine attendance at shared dining or meals? Does your policy include assigned seating?
  - How is this information documented? If it is not, how can this information be gathered?
- How quickly can you access information on school/ support services (e.g., counseling, tutoring, study groups, work-study)?
  - How is this information documented? If it is not, how can this information be gathered?
- How are school/ assemblies and extracurricular activities structured and recorded?
  - What information is obtained about participants and attendees?
- What information (e.g., POC, school name, or team roster) is captured at events involving multiple schools?
- How readily can you provide information on school “sponsored” or “related”:
  - Transportation (e.g., busing to/from school/, campus transportation, busing, or other transportation to extracurricular events)?
    - Can you easily determine those in attendance, physical spacing and seating assignments?
  - How will the K-12 school provide contact information (e.g., name, demographics, phone number, email, home address) and other relevant information (e.g., symptom monitoring, test results, lists of school and community contacts) for students (or their families), staff, educators, and contractors to support case investigation and contact tracing?
    - Will this need to be retrieved manually or supported by technology, such as a student information system?
    - What privacy and confidentiality release forms are in place or will need to be completed to support data sharing?
    - How will this information be shared in a way that is compliant with data privacy, confidentiality, and security standards?



### Reporting Positive Employees/Students Contact Tracing Form

Today's Date:	
<b>School Information</b>	
Name of School:	
Address:	City:
Contact Name:	Contact Phone #:
Contact Email:	
How many staff or student(s) have been diagnosed with COVID-19 in the past two weeks (include those you will be reporting today):	
<b>COVID-19 Case (Staff/Student) Information</b>	
First Name:	Last Name:
Birthdate:	County of Residence:
Phone Number:	Email:
Date staff/student tested:	
Date staff/student last worked/attended school/school activity:	
How many staff/students had close contact to this case?	
Have you notified these close contacts (staff/parent or guardian) of the exposure?      Yes      No	
<b>Next Steps</b>	
<b>Please encourage the COVID-19 case (staff or parent of student listed above) to answer calls from the local or state health department and cooperate with case investigations.</b>	
It is vital you maintain privacy of the staff/student who tested positive. You cannot divulge his/her name to other staff/students.	
<b>Fax or email this form to the county to the local health department point of contact/communicable disease nurse where your school is located</b>	
<b>If you need to report more than one staff/student, please submit additional pages, one per staff/student.</b>	

CRAWFORD COUNTY	KALKASKA COUNTY	LAKE COUNTY	MANISTEE COUNTY	MASON COUNTY
501 Norway Street, Suite 1 Grayling, MI 49738 (989) 348-7800 Fax: 989-348-5346	625 Courthouse Drive Kalkaska, MI 49646 (231) 258-8669 Fax: 231-258-2805	5681 S. M-37 Baldwin, MI 49304 (231) 745-4663 Fax: 231-745-2501	385 Third Street Manistee, MI 49660 (231) 723-3595 Fax: 231-723-1477	916 Diana Street Ludington, MI 49431 (231) 845-7381 Fax: 231-845-0438
MECOSTA COUNTY	MISSAUKEE COUNTY	NEWAYGO COUNTY	OCEANA COUNTY	WEXFORD COUNTY
14485 Northland Drive Big Rapids, MI 49307 (231) 592-0130 Fax: 231-796-7864	6180 W. Sanborn Road, Suite 1 Lake City, MI 49651 (231) 839-7167 Fax: 231-839-7908	1049 Newell Street White Cloud, MI 49349 (231) 689-7300 Fax: 231-689-7382	3986 N. Oceana Drive Hart, MI 49420 (231) 873-2193 Fax: 231-873-4248	521 Cobb Street Cadillac, MI 49601 (231) 775-9942 Fax: 231-775-5372

**HIPAA allows for the disclosure of protected health information, without individual client authorization, to public health authorities, more details [here](#) on page 2.**





Date of last exposure	Contact Name	Date of Birth	Address	Phone Number

**\*Close Contact Definition** <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html>

Close Contact through [Proximity and Duration of Exposure](#): Someone who was within [6 feet of an infected person](#) (laboratory- confirmed or a [clinically compatible illness](#)) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for [discontinuing home isolation](#).

- **Exception:** In the **K–12 indoor classroom** setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a [clinically compatible illness](#)) if both the infected student and the exposed student(s) [correctly and consistently wore well-fitting masks](#) the entire time.

This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

**Public Health Recommendations:**

Except in certain circumstances, people who have been in close contact with someone who has COVID-19 should [quarantine](#). However, the following people with recent exposure may NOT need to quarantine:

- People who have been [fully vaccinated](#)
- People who were [previously diagnosed with COVID-19](#) within the last three months

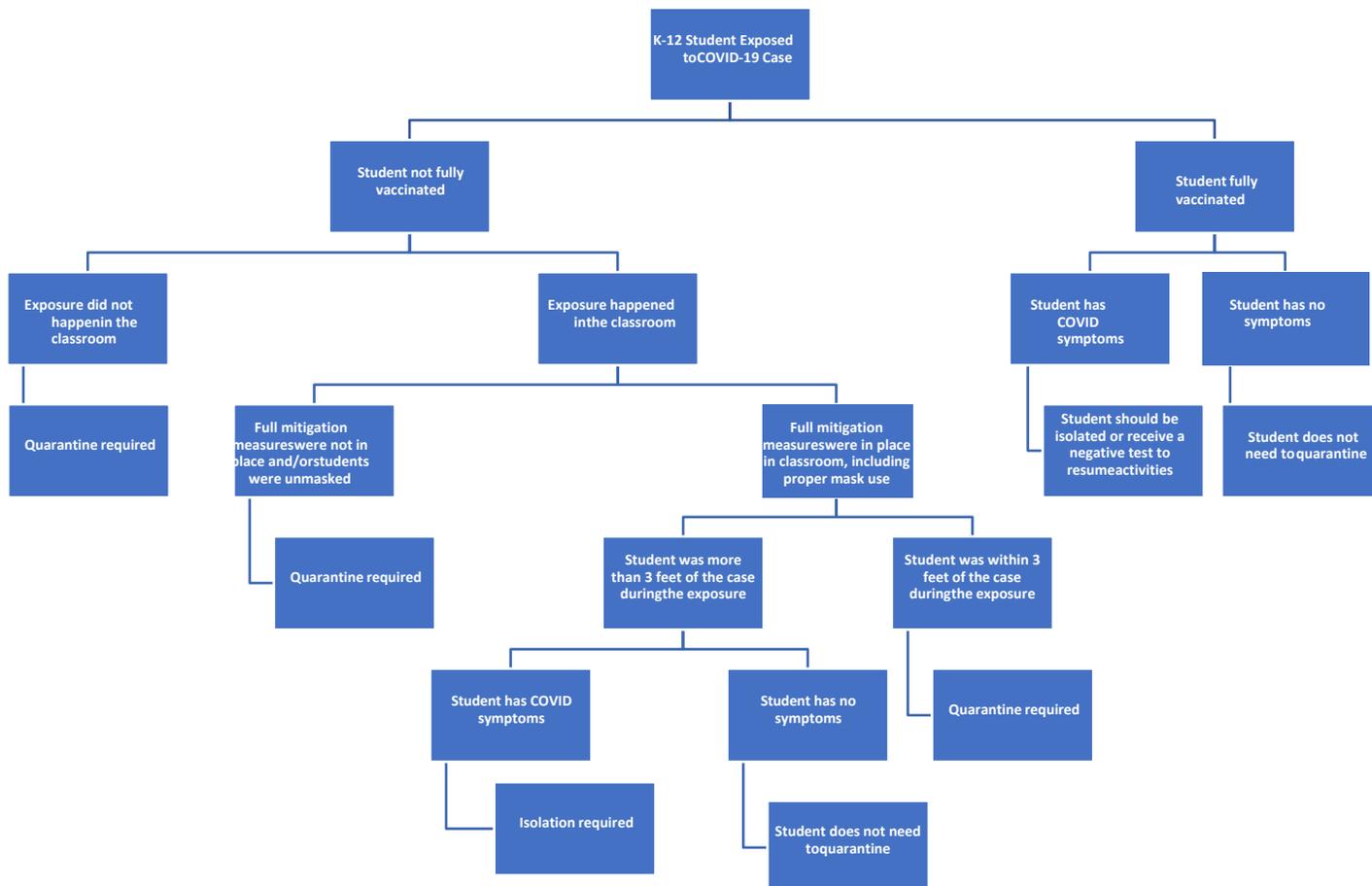
**Additional Information:**

A number of factors can influence a person’s risk of exposure to COVID-19, including the [type, proximity, and duration of their exposure](#), environmental factors (such as [crowding](#) and ventilation), [vaccination status](#), [prior COVID-19 infection](#), and [mask use](#).

[Correct](#) and consistent [mask use](#) is a critical step that people can take to protect themselves and others from COVID-19. However, the [type of masks used](#) and whether they are used consistently and correctly varies throughout the general population. Except in K–12 indoor classroom settings as described above, mask use is not considered when defining a close contact during case investigation and contact tracing, regardless of whether the person diagnosed with COVID-19 or the person exposed to SARS-CoV-2 was wearing a mask. (Note: Exposure risk in the healthcare setting is determined separately and outlined in CDC [guidance](#)).

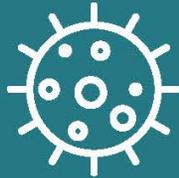
Appendix 5:

Algorithm for assessing quarantine options based on K-12 student exposure



# COVID-19 positive or exposed:

## When can I be around others again?



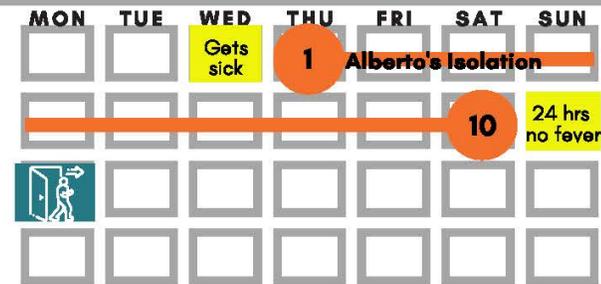
### Close Contact and Quarantine SCENARIO 1

Sasha's partner gets sick on Monday and isolates in a separate room. Sasha feels well, but she was in close contact with her partner until Monday so she quarantine for at least 10 days.



### Isolation with Lingering Symptoms SCENARIO 2

Alberto gets sick on Wednesday and has a fever and cough for ten days. He cannot end isolation until it's been ten days and he's fever-free for 24 hours.

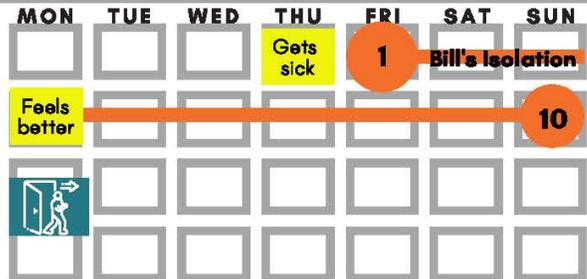


Alberto isolates the ten days plus one extra day.

### Isolation with Brief Illness

### SCENARIO 3

Bill gets sick on Thursday. He feels better and his fever ends on Monday. Even though he seems well earlier, he still must isolate for a full ten days since his symptoms started.

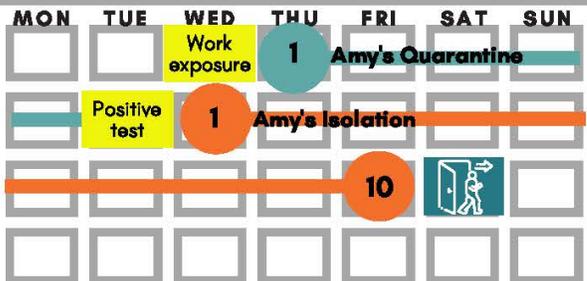


Bill's isolation ends after ten days.

### Asymptomatic Case

### SCENARIO 4

Amy's co-worker tested positive for COVID-19. Amy began to quarantine and decided to get tested after 5 days even though she never felt sick. Her test comes back positive.



The positive test starts isolation since Amy is asymptomatic.

### Household Quarantine and Isolation

### SCENARIO 5

Tom's son, Jake, was exposed at school. Jake quarantines for 4 days and gets sick. Now, Jake isolates and Tom quarantines. Tom cares for Jake. He is exposed until Jake's isolation ends.



Tom will quarantine for 10 days.

Tom's quarantine starts when Jake gets sick, but the 10-day count starts after Tom's last exposure to Jake.

**Close contact:** usually someone who was within 6 feet of a person who is sick for 15 minutes or more (can be cumulative) within a 24-hour period. This can be anytime during the sick person's isolation or two days before the person got sick. This is regardless of face mask use.

**Isolation:** for people with symptoms or a positive COVID-19 test. Isolation should be for 10 days, beginning when symptoms started or positive test date.

**Quarantine:** for people who are well but who are close contacts of (i.e. exposed to) someone who is ill.

Details on isolation & quarantine: <https://bit.ly/3lsgkej>