

PreK-12 Public Health Guidance 2022-2023

Please also **read and follow** the guidance provided in “[Managing Communicable Diseases in Schools](#)” by the Michigan Board of Education (MBE) and the Michigan Department of Health and Human Services (MDHHS).

Another EXCELLENT resource which includes education sheets, sample forms, and letters is Aronson, S., Shope, T. [Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide](#). Vol 5th edition. American Academy of Pediatrics; 2020

At this time, it is recommended the management of COVID-19 transition from a pandemic emergency response model toward a more standard approach used in the management and control of other respiratory viral diseases, such as influenza. Seasonal variations in COVID-19, as well as the appearance of more virulent or contagious variants may cause modification in this approach. For the time being, in the preK-12 school setting, the focus should be on basic illness prevention and detecting and responding to in-school clusters of cases, ongoing transmission in the school, and outbreaks. Management will rely less on things like case investigation, contact tracing, and quarantining of students or staff following school exposures.

Important strategies for COVID-19 and other illness prevention should include:

- Recommending COVID-19 vaccination, including proper booster doses when appropriate, to all eligible students and staff.
- Recommending seasonal influenza vaccination and other routine vaccinations.
 - Free school-based curricula are available for all grade levels to educate about the immune system, diseases and their causes, and vaccines and the science behind them. Go to <https://vaccinemakers.org/lessons>.
- Supporting students, staff, and families who choose to continue to wear a mask even if not recommended or required.
- Following isolation guidance for students and staff who have been diagnosed with or are showing symptoms of COVID-19 or other illnesses.
- Promoting transmission prevention strategies following illness or exposure to cases of COVID-19, including masking, testing, symptom monitoring, and, for higher-risk situations, quarantine.
- Continuing to recommend that parents and staff report any cases of illness to the school, then, as required by the public health code, reporting illnesses to the local health department.
- Monitoring for increases in absenteeism, patterns in illness, or other signs of clusters, in-school spread, or impending outbreaks.

Basic Public Health Recommendations:

Require sick students and staff to stay home.

- Share resources with the school community to help staff and families understand when to stay home. The [When to Keep Your Child Home](#) guidance from the American Academy of Pediatrics can be helpful.
- A handout for parents is available (see *Parent Illness Guide*).
- See Table One for exclusion times for some of the more common illnesses.

Table One: Exclusion Times for Common Childhood Illnesses

Disease	Exclusions (unless longer per healthcare provider; consult with LHD as needed)
Chickenpox (Varicella)	Until lesions crusted and no new lesions for 24hr (for non-crusting lesions: until lesions are fading, and no new lesions appear)
Common Cold, Croup	Exclude until 24hr with no fever and symptoms improving
COVID-19	Exclude until 24hr with no fever and symptoms have improved and 5 days since onset (or after 5 days from positive test if no symptoms); mask use recommended for days 6-10
Diarrheal Illness, no specific diagnosis	Exclude until diarrhea has ceased for 24h or until medically cleared
Fifth Disease (<i>Erythema infectiosum</i> /Parvovirus B19)	No exclusion if rash is diagnosed as Fifth disease by a healthcare provider
Hand Foot and Mouth Disease (Coxsackievirus/Herpangina)	No exclusion needed if secretions from blisters can be contained
Head lice (<i>Pediculosis</i>)	Students with live lice may stay in school until end of day; immediate treatment at home is advised
Impetigo (<i>Impetigo contagiosa</i>)	Treatment may be delayed until end of the day; if treatment started before next day's return, no exclusion necessary; cover lesions
Influenza (influenza-like illness)	Exclude until 24hrs with no fever (without fever-reducing medication) and cough has improved
Monkeypox	Exclude until the rash has resolved, the scabs have fallen off, and a fresh layer of intact skin has formed (or as directed by the health department)
<i>Molloscum contagiosum</i>	No exclusion necessary
Mononucleosis	Exclude until able to tolerate school activities; Exclude from contact sports until recovered or cleared by a healthcare provider
MRSA (Methicillin-resistant <i>Staphylococcus aureus</i>)	No exclusion if covered and drainage contained; No swim exclusion if covered by waterproof bandage
Norovirus (viral gastroenteritis)	Exclude until illness (vomiting and diarrhea) has ceased for at least 2 days; exclude from food handling for 3 days after recovery
Pink Eye (conjunctivitis)	Exclude only if diagnosed by a healthcare provider with herpes simplex conjunctivitis and eye is watering; exclusion also may be necessary if 2 or more associated children have watery, red eyes; contact LHD if questions
Ringworm (Tinea)	Treatment may be delayed until end of the day; if treatment started before next day's return, no exclusion necessary; exclude from contact sports and swimming until start of treatment
Strep throat / Scarlet Fever	Exclude until 12hrs after start of antimicrobial therapy
Vomiting Illness, no specific diagnosis	Exclude until 24hrs after last episode
Whooping Cough (Pertussis)	Exclude until 5 days after proper antibiotic treatment OR until 21 days after onset if not treated

See source for more complete list: [Managing Communicable Diseases in Schools](#)

Report Appropriate Information to the Local Health Department (LHD)

- Michigan Law requires schools and childcare centers to report [specific diseases](#) according to Act No. 368 of the Public Acts of 1978. Any [reportable disease](#) that is suspected or known to have occurred in the school or a school-sanctioned activity, including chicken pox, COVID-19, pertussis, measles, mumps, rubella, *Haemophilus influenzae* Type B, meningitis, encephalitis, hepatitis, tuberculosis, monkeypox, or any other serious or unusual communicable disease must be reported within 24 hours. Any unusual occurrence, outbreak or epidemic of *any* disease or condition must also be reported within 24 hours. The following information needs to be reported:
 - Name of the disease.
 - Student demographic information including full name, date of birth, grade, classroom, street address along with zip code, name of parent/guardian, and phone number(s).
 - The date the student was first absent.
 - The individual who identified the disease (e.g., healthcare provider, parent/guardian, etc.).
- Weekly aggregate counts of influenza, or flu-like illness are to be reported to your LHD. Influenza-like illness refers to any child with fever and a cough and/or sore throat without another known cause other

than influenza. Some LHDs may also require weekly aggregate counts of gastrointestinal illness (any child with diarrhea and/or vomiting for at least 24 hours), strep throat, pink eye, and head lice.

- Talk with your LHD to know what needs to be reported and the easiest way to report what is needed.

Request Information from Parents and Staff Regarding Illnesses

- Keep some form of line list of all students and staff that are ill, documenting either the diagnosis given by a healthcare provider or their symptoms. Watch for patterns that might suggest a cluster or outbreak. See the included *School Line List* Excel file or create your own tool.
- To better assist with your reporting, supply guidance to parents/guardians about illness reporting. Put a message on your absentee line voice message asking parents/guardians to please include the illness (if known) and who diagnosed it OR a detailed description of symptoms such as vomiting, diarrhea, fever, rash, or sore throat when reporting their child's absence.

A line list should capture, at a minimum, the following information:

- Name of child or staff member
- Parent/guardian name (for child)
- Street address and city
- Phone number of parent or staff member
- Date of birth
- Sex
- Symptom onset date
- Symptoms
- Date last attended/worked in facility
- Areas/rooms attended/worked in facility two days before symptom onset (or date of positive test, if asymptomatic) until time left facility

Monitor Community Conditions and Respond Accordingly

- Illnesses in the school typically come from your community. Monitor sources such as <https://covid.cdc.gov/covid-data-tracker/#county-view>, www.michigan.gov/coronavirus#map or www.mistartmap.info for area COVID-19 conditions. The site <https://www.michigan.gov/coronavirus/stats/k-to-12-aged-isd-reporting> has 7-day average of newly reported COVID-19 cases for residents ages 5 to 18 years by their Michigan ISD and school district based on their residential address. You can go to the current [MI Flu Focus influenza surveillance report](#) found at www.michigan.gov/flu/surveillance for current influenza activity. You can also contact your local health department for information about local illness conditions.
 - **NOTE:** at a CDC HIGH COVID-19 Community Level, universal indoor masking in schools and ECE programs is recommended, as it is for the community at-large.
- Schools may wish to enhance mitigation strategies if local COVID-19 or other illness transmission is increasing or there are other concerning changes. These enhancements could include:
 - Increase spacing between staff and students to ensure at least 3 feet between seated individuals in classrooms, and at least 6 feet in higher risk settings, such as physical education, performing arts, and while eating.
 - Ensure ventilation allows the maximum amount of outdoor air, filtration of recirculated air, and use of outdoor spaces to the maximum possible.
 - Thorough cleaning at least once a day, with higher-risk areas and surfaces cleaned and disinfected (See Table Two).
 - Encourage masking or consider mandatory masking during periods of increased respiratory illness (see *“Considerations for School Administrators Regarding Policy Changes to School Infection Control Measures, such as Mask Use”*, below).

- Depending on the COVID-19 community level, consider screening testing for teachers, staff, participants in athletics, and students. See the next section for more details.

Table Two: Difference Between Cleaning, Sanitizing, and Disinfecting

Task	Purpose
Clean	To remove dirt and debris by scrubbing and washing with a detergent solution and rinsing with water. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.
Sanitize	To reduce germs on inanimate surfaces.
Disinfect	To destroy or inactivate most germs on any inanimate object.

Incorporate COVID-19 Testing into Your Response Plan

- Background information about school-based COVID-19 testing:
 - Regular school-based testing has been found to be a safe, effective way to help prevent the spread of COVID-19 and help keep schools open for in-person learning.
 - According to the CDC, at least 50% of infections are likely contracted from someone that is asymptomatic (showing no symptoms) or pre-symptomatic (not currently showing symptoms but infected with COVID-19). A testing program, which regularly tests people without symptoms, can be a major tool to reduce “silent” spread of the virus and can protect students, teachers, and staff.
 - Testing in schools can help ensure fair access to testing as some families may be unable or unwilling to seek regular testing if it is not offered on school grounds.
 - Strong testing programs with regular and transparent data sharing can help calm concerns about school safety.
 - Multiplex test kits may also be available, which test for COVID-19, Influenza A and B.
- Identify individuals that will be responsible for your school testing and will design, implement, and continuously improve the testing program.
- Establish clear communication with students and families about the safety and efficacy of the program, and how students’ privacy will be protected. See the *Communication Tools* for help.
- If any test is positive, or if the person becomes symptomatic, they should isolate safely at the school until able to return home and follow [applicable isolation protocols](#).

Watch Closely for Signs of Illness Clusters or Outbreaks

- An outbreak of an illness happens in a school, early childhood education center (ECE), or daycare center when more students and staff are out sick than expected.
- An influenza-like illness outbreak is when a school or ECE building is experiencing influenza-like illnesses among students and staff that are above a level at which would be expected at that time of year.
- A gastrointestinal illness outbreaks is when a school or ECE building is experiencing gastrointestinal illnesses among students and staff that are above a level at which would be expected at that time of year. The sudden onset of vomiting and/or diarrhea in several students or staff may also suggest an outbreak is occurring.
- A COVID-19 outbreak should be suspected when a school building is experiencing an increase in COVID-19 cases among students and staff that are above a level at which would be expected. The official definition of COVID-19 K-12 school-associated cluster and outbreak are listed in Table Three. These definitions are used by public health but do not define when action needs to be taken.
- Consult with the health department if you suspect a developing illness cluster or outbreak.

Table Three: School Based COVID-19 Definitions

K-12 school-transmission

School-associated cases where the most likely place of exposure is determined to be the school setting or a school-sanctioned extracurricular activity.

K-12 school-associated cluster

At least three (3) cases *or* multiple cases comprising at least 10% of students, teachers, or staff within a specified core group* meeting criteria for a school-associated COVID-19 case; with symptom onset or positive test result within 14 days of each other§, AND NO likely known epidemiologic link to a case outside of the school setting.

K-12 school-associated outbreak

At least three (3) cases *or* multiple cases comprising at least 10% of students, teachers, or staff within a specified core group* meeting criteria for a probable or confirmed school-associated COVID-19 case with symptom onset or positive test result within 14 days of each other§; who were not identified as close contacts of each other in another setting (i.e. household) outside of the school setting; AND epidemiologically linked in the school setting or a school-sanctioned extracurricular activity.

* A "core group" includes but is not limited to extracurricular activity†, cohort group, classroom, before/ after school care, etc.)

† A school sanctioned extracurricular activity is defined as a voluntary activity sponsored by the school or local education agency (LEA) or an organization sanctioned by the LEA. Extracurricular activities include, but are not limited to, preparation for and involvement in public performances, contests, athletic competitions, demonstrations, displays, and club activities.

§ For onset, use symptom onset date whenever available. If symptom onset date is unknown or if a case is asymptomatic, use specimen collection date for the first specimen that tested positive. The 14-day period refers to 14 days before the date of first symptom onset or first positive test sample.

<https://preparedness.cste.org/wp-content/uploads/2021/08/CSTE-Standardized-COVID-19-K-12-School-Surveillance-Guidance-for-Classification-of-Clusters-and-Outbreaks.pdf>

Respond Appropriately to Clusters and Outbreaks:

- Temporarily implement a local universal masking policy for students and staff if an increase in respiratory illness is seen. This can be done at the classroom, grade, or school level depending on the extent of transmission and the structure of the school.
- Increase handwashing, cleaning, and disinfection efforts.
- Cohort students (minimize mixing of impacted grades, classrooms, or other groups) during potential times of mixing. These times might include meals, recess, class changes, gym, extracurriculars, daycare rooms, etc.
- Limit outside visitors to the school to only those necessary for student support and instructional purposes.
- Notify all potentially exposed students and staff. Individual contact tracing does not have to occur, but staff, students, and their families need to be notified of the occurrence of an outbreak in their class, grade, team, or school.
- Recommend/provide testing to potentially exposed students and staff.
 - Testing is a powerful tool to prevent a cluster from becoming an outbreak or stop an outbreak.
 - If you are unable to provide in-school testing, consider sending each student and staff member home with a home antigen test kit with instructions to test at home as soon as possible and if negative, repeat testing after 3 to 5 days
 - See Table Four for recommended testing responses to COVID-19 cases

Table Four: Testing Response To COVID-19 Cases Within Childcare and Schools

Extent of exposure or transmission	One case not due to in-school transmission with limited high-risk contact.	More than one case in a single classroom or one case with a higher risk exposure group.	More than one case in multiple classrooms/cohorts.
Examples	3 rd grade student, attended school with symptoms all week, tests positive for COVID-19 on Thursday. Eats lunch and plays with the same two friends every day, neither vaccinated. Teacher is up to date on COVID-19 vaccination. Gym was held outside. No one else known to be symptomatic.	<ul style="list-style-type: none"> Two cases in 3rd grade class, potentially due to in class spread. <p>OR</p> <ul style="list-style-type: none"> 11th grade student on basketball team, eats lunch with many friends. 	<ul style="list-style-type: none"> Two or more high school students, potentially due to in school spread.
Recommended testing strategy	<ul style="list-style-type: none"> Test the two friends now and in 3-5 days. Notify parents/guardians of entire classroom of exposure and recommend (offer) testing for all unvaccinated classmates. If any students test positive, test their higher risk contacts. 	<ul style="list-style-type: none"> 3rd grade example: Test all students and staff in the affected 3rd grade classroom who are not up to date on recommended COVID-19 vaccinations. 11th grade example: Test all students and staff who are not up to date on recommended COVID-19 vaccinations on basketball team and that eat lunch with case now and in 3-5 days. Notify parents/guardians of classroom of exposure and recommend (offer) testing for all unvaccinated classmates. If any students test positive, test their higher risk contacts. 	<ul style="list-style-type: none"> Test all students and staff in the school now and in 3-5 days, prioritizing: <ul style="list-style-type: none"> Unvaccinated students and staff with higher risk exposures then Any remaining classmates and then Any remaining students and staff (Note: you may consider skipping this last step if no positive cases are found in the remaining classmates with no higher risk exposures) If any students test positive, test their higher risk contacts.
<p>Most higher risk contacts should be identified by the case, but include household contact, friends or family that have spent the night, romantic or intimate partners, meal partners, teammates, shared personal items (water bottles, food, candy, toothbrush, cigarettes, etc.), close, repeated physical contact while breathing heavily (exercise, athletics, roughhousing, etc.), meal partner</p>			

School Closure Should Be a Last Resort

- Most outbreaks will not need school closure. However, there may be some instances where closure can be considered for disinfection or other mitigation actions. Consult with your LHD as needed for guidance and recommendations.
- School closures due to illness should be reported at once to your LHD regardless of whether it is an outbreak of one disease, a closure due to a variety of illnesses, or a closure due to staff illnesses.

Be prepared to support students, families, and educators during illness and closures

- Consider plans for continued learning for students during times of isolation or quarantine (if needed).
- Consider plans for excess staff absenteeism.
- Consider plans for continuing learning, for example through remote instruction, in advance and shared in case a closure is needed.
- Consider plans for student and family support during student absences or school closure. Lack of nutrition services and other supports may be a heavy burden to families.

Have a communication plan

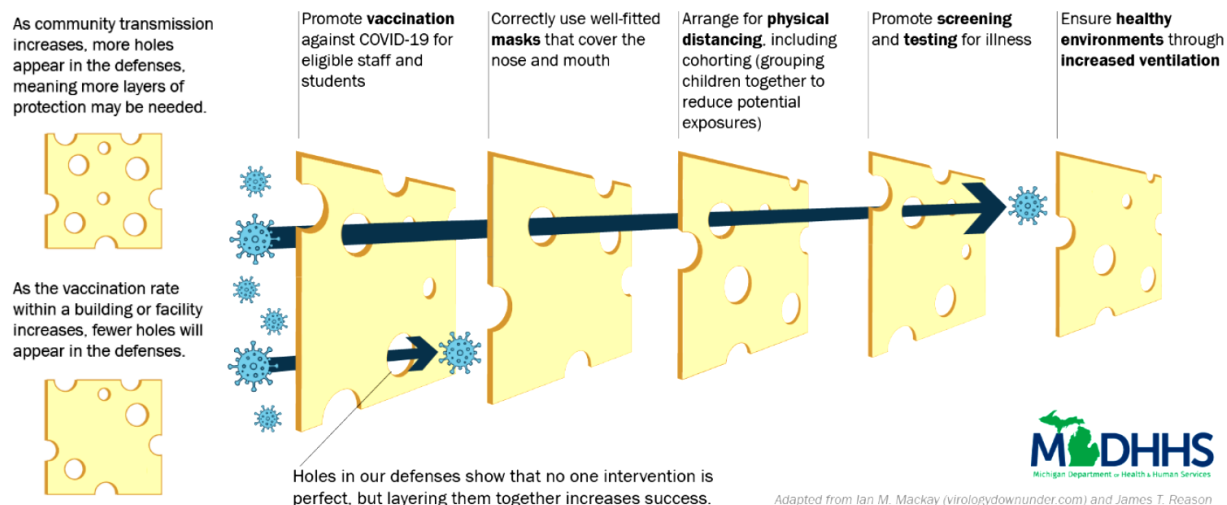
- Supply timely and accurate notification to parents, guardians, and school staff when an exposure from a communicable disease has taken place in a school setting.
- See the *Communication Tools* for help

Considerations for School Administrators Regarding Policy Changes to School Infection Control Measures, such as Mask Use

Many prevention strategies can be used to reduce the risks for transmission of respiratory viruses, such as COVID-19 and influenza. This is often referred to as the layers of defense, or “Swiss cheese” approach.

Layers of Defense Against COVID-19 in Schools

CDC recommended prevention strategies can be layered in different ways – the number and intensity of the layers can increase if community transmission increases



As cases of an illness increase, or if fewer people are protected by vaccination or due to lack of protection to a new variant, more layers of protection are needed to prevent the spread of illness. The overall health of the school population, or their risk of serious illness from the infectious disease, also factor in to how many layers of prevention are right.

Below are some questions to help begin your decision-making process regarding your need to add more mitigation measures, or “slices of cheese” to your current plans. These questions are adapted from: “Considerations for Boards of Education, District Administrators, and other Local Decision-Makers Regarding Potential Changes to School COVID-19 Policies and Practices”, Connecticut Department of Public Health.

1. What does the available data show regarding the community and district prevalence and transmission?
 - For COVID-19, local data can be obtained at <https://covid.cdc.gov/covid-data-tracker/#county-view>, www.michigan.gov/coronavirus#map or www.mistartmap.info for area COVID-19 conditions. The site <https://www.michigan.gov/coronavirus/stats/k-to-12-aged-isd-reporting> has 7-day average of newly reported COVID-19 cases for residents ages 5 to 18 years by their Michigan ISD and school district based on their residential address. You can go to the current [MI Flu Focus influenza surveillance report](#) found at www.michigan.gov/flu/surveillance for current influenza activity. You can also contact your local health department for information.
 - To assist school districts to make meaning from this information, The ABC Science Collaborative developed a [Masking and Mitigation Considerations Calculator \(MC²\)](#). By entering a district's specific size and current community case rates, the MC² will estimate the impact of mitigation strategy decisions on the school district and community.

2. What is the risk tolerance for the possibility of increasing case numbers and necessary isolation in your students and staff?
 - Is your community worried about the risk of illness to the students and spread to others at home? Are they worried about missed education time due to student illness or if closure were needed? Or are they more concerned about the perceived burden of added mitigation measures?
3. What is the current COVID-19 or influenza vaccination status of students and staff within individual schools and across the district, and what is the current vaccine coverage for the surrounding community?

Since vaccination is one of the layers of prevention, the percentage of students and staff up to date on vaccinations will have an impact on the potential effectiveness of masking policies in the schools. If vaccination rates are lower, masking will have a larger impact.
4. What more planning is necessary to address the needs of students and staff who may be at greater risk for adverse health outcomes?
 - Whether there are medically fragile or immunocompromised students or staff who are [at risk for severe outcomes from COVID-19](#) or [at risk for severe outcomes from influenza](#), engaging health advisors regarding provisions to reduce the risk of illness for those medically fragile students and staff who may be in frequent close contact with unmasked individuals inside the school.
5. What added guidance is necessary to ensure support for students and staff who may wish to continue mask wearing?
 - Continue to supply masks and respirators openly to those who wish to use them. Promote acceptance for those who choose to wear masks, management of students who need to wear masks due to recent illness or exposure, or due to parental preference. Recognizing some younger students have not experienced school without everyone being masked.
6. What processes need to be in place for continuous risk assessment and prompt decision-making about respiratory illness policies and mitigation strategies (including mask use) going forward? What advanced contingency planning needs to occur to prepare for potential surges and/or outbreaks?
 - Is someone or a group responsible for monitoring in school and community illness levels? If a sudden increase in school cases or an outbreak were to develop, do you have plans in place to respond quickly and communicate with staff, students, and families? Do you have a response plan developed and communicated so that adding mitigation measures such as masking is not unexpected?