



Livingston County Health Department
Return to School Toolkit

LIVINGSTON COUNTY 
Health Department

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Guidance Introduction

This guidance document is written to coincide with the Governor Whitmer's MI Safe Schools: Michigan's 2020-21 Return to School Roadmap (MI Safe Schools) and is intended to supplement a school's Coronavirus Disease 2019 (COVID-19) Preparedness and Response Plan and to assist K-12 schools in Livingston County during reopening for the 2020-2021 school year. LCHD understands the importance of getting students and staff safely back into the classroom for in-person education and development. This document was developed by the Livingston County Health Department (LCHD) and is based on guidance from the Centers for Disease Control and Prevention (CDC) to assist school leadership with decision-making for in-person classes.

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 so that school and school activities are 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. Yet going to school is very important to the development and well-being of our children. It gives them proper education, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. Our goal is to ensure that the benefits of in-person education far outweigh any risks.

Assumptions

It is possible that some students or staff members may live outside of Livingston County. It is assumed that the school would likely be working with additional local health departments along with LCHD.

Guiding Principles

Several key principles informed the creation of this document:

- **Evidence- and Practice-Based:** This document is based on a review of the scientific research and available epidemiologic data on COVID-19. Although there continues to be limited information available on the dynamics of COVID-19 transmission, effectiveness of various public health interventions, and the clinical impact of COVID-19 on children and youth, LCHD utilized the best evidence available to create these recommendations. This includes evaluation of published scientific literature, the experiences of other jurisdictions, and recommendations of experts in the United States and elsewhere.
- **Collaborative:** This document was created in collaboration with the Livingston County school superintendents. Input received from the superintendents, teachers, and parents/guardians has been invaluable in helping LCHD to consider the educational needs of students and the practical constraints facing schools and families while also protecting the health and safety of students, staff, and the entire community.
- **Dynamic:** Given the evolving nature of the COVID-19 epidemic anticipated in the coming months, LCHD expects that this document may need to be updated in the future. LCHD is responsible for editing and

maintaining this document and will push out updates to all school districts.

- Practical and Adaptable:** During this unprecedented pandemic, LCHD realizes that schools face significant operational constraints and pressure from various outlets to protect students and staff and maintain a safe environment. Every school is different and all students have a variety of educational and developmental needs especially when considering the spectrum of differences across elementary, middle, junior high, and high school settings. There is a possibility of intermittent partial or full school closures (short-term or long-term) in the upcoming academic year. This document was designed to provide clear direction while allowing schools appropriate flexibility based on their own constraints and resources.

Symptoms of COVID-19

Students and staff should not go to school or participate in any school activities or sports if they are having symptoms of COVID-19. If they start having symptoms of COVID-19 while at school, they should be sent home. Symptoms are listed on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> and include:

Symptoms for Students to Monitor	Symptoms for Staff to Monitor
Temperature 100.4°F or higher when taken by mouth	Temperature 100.4°F or higher when taken by mouth
Sore throat	Sore throat
New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)	New or worsening cough, shortness of breath or difficulty breathing
Diarrhea, vomiting, or abdominal pain	Diarrhea, vomiting, or abdominal pain
New onset of severe headache, especially with fever	Headache
	Chills
	Loss of taste or smell
	Runny nose or congestion
	Muscle Aches
	Fatigue
	Nausea

The parent/guardian of the student should be instructed to call their health care provider, or if they do not have a health care provider, to follow up with a local clinic or urgent care center. The parent/guardian can also call 2-1-1 or go to www.mi.gov/coronavirustest or www.lchd.org to find the closest location to have the student tested for COVID-19. Staff with symptoms of COVID-19 are also be advised to follow up with their healthcare provider and testing for COVID-19. While testing is not required, students/staff may need to be excluded from in-person participation for a longer period of time.

There is obviously some overlap between the list of COVID-19 symptoms and other common ailments, including seasonal allergies. Students or staff with pre-existing health conditions that present with specific COVID-19-like symptoms such as seasonal allergies may not need to be excluded if a health care provider has evaluated them for those specific symptoms and the health care provider determined them to not be due to

COVID-19. However, if those symptoms are worsening or changing, the student or staff member may still be required to be excluded and not return until re-evaluated or tested.

How Does COVID-19 Spread?

COVID-19 can spread by droplets (most likely), aerosols (less likely), and objects (least likely).

Droplets

Droplets are small particles that enter the air when people cough, sneeze, laugh, yell, and talk. They are little flecks of spit. Droplets tend to settle out of the air after traveling several feet from the person that released them. Droplets can also spread directly by kissing or sharing personal items like drinks, vape pens, silverware, or other things that go from one person’s mouth to another. Reduce the spread of droplets can by wearing face coverings, avoiding large crowded groups, and staying more than 6 feet apart from others.

Aerosols

Aerosols are even smaller than particles that are created when people breathe, talk, sing, sneeze, or cough. They are lighter and can stay in the air much longer than droplets but dry up more quickly. Reduce the spread of aerosols by increasing outdoor air ventilation or filtering air that is being recirculated.

Objects

Objects can spread the COVID-19 virus when droplets or aerosols settle on them, leaving germs behind or if someone has the COVID-19 virus on their hands from touching their nose or mouth than touches an object. COVID-19 appears to stay on objects for up to one to three days. Reduce the spread of COVID-19 through objects by encouraging frequent handwashing, instructing people not to touch their face, frequent cleaning and disinfection, and the use of automatic or touchless controls.

Cloth Face Coverings Help Prevent the Spread of COVID-19

Cloth face coverings may help prevent people who have COVID-19 from spreading the virus to others. Wearing a cloth face covering helps protect people around you. The spread of COVID-19 can be reduced when cloth face coverings are used along with other preventive measures, including social distancing, frequent handwashing, and cleaning and disinfecting frequently touched surfaces.

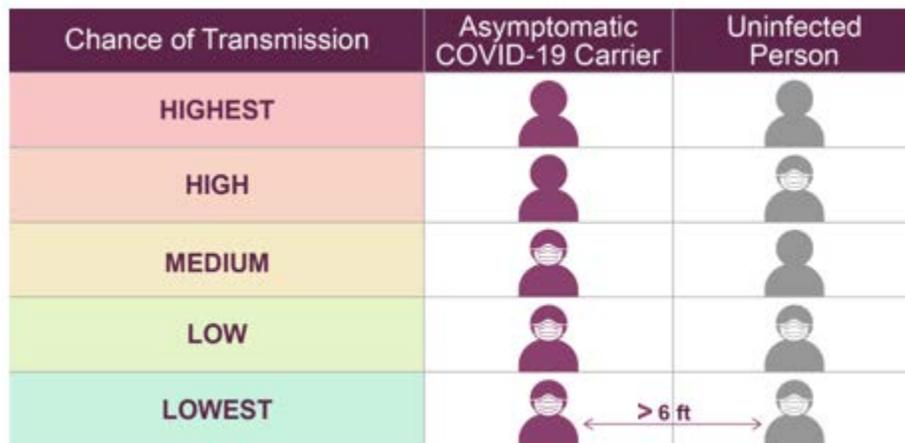
Under EO 2020-142 if schools enter phase 4 their preparedness plan would have to follow rules in 2(b)(1)(a-e). In phase 5, schools have to comply with their local plans that have been approved by their Board of Education. It is anticipated that most districts may have some sort of facial covering requirements.

Phase	Environment	Staff	Early Childhood (ages 2-5)	Grades K-5	Grades 6-12
Phases 1-4	Classrooms/ Small Groups	Required, except during meals	Should be considered*	Should be encouraged*	Required, except during meals

	Common spaces	Required, except during meals	Should be considered*	Required, except during meals	Required, except during meals
	Transportation	Required	Required	Required	Required
	Outside with social distancing	Not required	Not required	Not required	Not required
Phase 5	All environments	Requirements move to recommendations.			

* Although cloth face coverings are not required in these settings, they should be encouraged if tolerated.

Note: *plastic face shields are not a replacement for cloth face coverings, but may be used in conjunction with cloth face coverings in any of the above settings. In settings in which cloth face masks are not required, plastic face shields may be worn alone, and may offer some degree of risk mitigation.*



How Do We Get Infected with COVID-19?

A person is likely to catch COVID-19 in more ways than being less than 6 feet away from an infected person for 15 minutes. Considerations LCHD takes 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.

Intensity of Exposure

The intensity of exposure refers to how much virus a person is exposed to. Was the infected person actually contagious when someone was exposed to them? Were they coughing and sneezing without a mask on versus having no symptoms with a mask on? Did they kiss someone? Did they share personal items like a drink or a vape pen? Did they sit right next to others and have a face-to-face conversation with them or were they 6 feet away with their back to them? Some situations can cause a person to be exposed to a lot more virus than other situations. The more virus a person is exposed to, the more likely they are to get sick.

Frequency of Exposure

The frequency of exposure refers to how often a person had contact with someone who was contagious. If a person had a brief face-to-face conversation with a teacher every day for several days while the teacher was contagious with COVID-19, then those exposures may add up to be enough to overwhelm a person's immune system and lead to an infection.

Duration of Exposure

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

Personal Health

Personal health, or how good a person's immune system is, also plays a part in whether or not they get infected or how severe their illness may be, as does whether a person was using all the COVID-19 risk reduction methods possible.

Managing COVID-19 in the School

Designate a COVID-19 Point of Contact

Designate a staff person (e.g., school nurse) to be responsible for responding to COVID-19 concerns as well as a secondary person to help with difficult situations and cover absences. All school staff and families should know who this person is and how to contact them.

Identify Small Groups and Keep Them Together (Cohorting)

While keeping students 6 feet from one another is one of the preferred mitigation strategy, it may be difficult to achieve in the school setting. If this is the case, another important tool to help contain the spread of COVID-19 in schools is cohorting students and staff. Cohorts may be identified by classroom and/or groups within the classroom. Cohorts are important because it limits how many students and teachers are exposed to COVID-19 should someone at school be contagious.

It is recommended to keep the cohort together as much as possible throughout the whole day. The cohort would eat together in the cafeteria, have recess together on the playground, and so forth. Older students can stay with a cohort through their core classes. Limit mixing between cohorts as much as possible. Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).

Staggered Scheduling

- Stagger arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents/guardians as much as possible.
- When possible, allow staff to use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing between employees and others, especially if social distancing is recommended by state and local health authorities.

Gatherings, Visitors, and Field Trips

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations – especially with individuals who are not from the Livingston County geographic area (e.g., community, town, city, county).

- Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent/guardian meetings, and spirit nights, as possible.
- Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

International Travel

Since the COVID-19 transmission is still high at a global level, all international travelers should stay home for 14 days after returning from travel, monitor their health, and practice social distancing. Students who are excluded from school should be afforded the opportunity, as soon as feasible when they are well enough to participate in classwork, to make up any missed classwork without penalty in order to reduce mental or physical anxieties about missed academic opportunities.

Recommendations for Identifying Suspect Cases and Screening

COVID-19 Screening

For School Staff and Administration

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 COVID-19.

All staff should self-monitor for symptoms of COVID prior to leaving for work each day. An example of an employee self-monitoring screening tool is in [Appendix A](#). Another option is to use a virtual screener like the MI Symptom App (<https://misymptomapp.state.mi.us/login>) developed by the Michigan Department of Health and Human Services (MDHHS).

For Students

As knowledge and understanding of COVID-19 evolves, the CDC continually updates guidance and recommendations. Based on the best available evidence at this time:

- CDC does not currently recommend universal symptom screenings (screening all students, grades K-12) be conducted by schools. That being said, LCHD is supportive of those schools that wish to pursue student screening.
- Parents/guardians should be strongly encouraged to monitor their children for signs of infectious illness every day before they leave for school.
 - An example of a screening tool for parents/guardians is in [Appendix B](#).
- Students who are sick should not attend school in-person.

For Visitors

All visitors entering the school (ex., delivery person, mail carrier, food vendors, parent/guardian, etc.) should be screened prior to entry. Any individual who does not meet the screening criteria should not be granted access to the school.

School and LCHD learn of a student or staff member diagnosed with COVID-19

If the school becomes aware of a case of COVID-19 in a student or a staff member, notify LCHD right away. If LCHD becomes aware of a case that affects the school, they notify a school's designated contact person. Only

a select few at the school should know the identity of the person. Those few individuals are critical to helping LCHD identify close contacts to the case and to determine what areas of the school need special attention for disinfection and cleaning. Other than those few individuals, the person's identity is kept confidential in respect for their privacy as well as following regulations of Family Educational Rights and Privacy Act (FERPA) (for schools) and Health Insurance Portability and Accountability Act (HIPAA) (for LCHD).

Reporting Suspect Cases to LCHD

If a student is showing symptoms when screened by a parent/guardian, then the parent/guardian should contact the school to let them know. This individual should be well-versed in the school's policies to provide the parent/guardian with information about next steps and requirements for getting the student back to school.

Schools must report daily suspect cases of COVID-19 in students and staff using the Mandatory Report of Communicable Diseases in Michigan Form (<https://bit.ly/3eLpplc>). Schools must also continue weekly communicable disease reporting of students through the LCHD website (<https://livingstonlive.livgov.com/CDReporting/>).

Identify Close Contacts to a Confirmed Case

A person with confirmed COVID-19 is considered to be contagious 48 hours prior to symptom onset or, if asymptomatic, 48 hours prior to a positive test result. All individuals who were in contact with the case in that timeframe should be identified by the school. Using this list of individuals, LCHD determines who meets the threshold of "close contacts". These individuals are deemed to be at higher risk of developing an infection and thus are required to quarantine for at least 14 days. However, this is simply a guideline and at times, an individual in excess of 6 feet may be considered a close contact based on certain factors like duration, frequency, type of activity, etc. These situations are evaluated on case-by-case basis.

Who 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. Every case is different, however, and LCHD has to look at how COVID-19 is spread and how we get infected when figuring out close contacts. LCHD helps determine close contacts every day and routinely investigates contacts to many types of contagious diseases.

Examples of Close Contacts in the Schools

Many things affect who a close contact is and this is determined on a case by case basis with help from LCHD. However, at a minimum, the following examples should apply to most situations.

Assuming all COVID-19 prevention methods have been followed (everyone has been consistently and properly using face coverings, washing hands frequently, cleaning frequently touched items often, maintaining physical distancing as best as possible, not sharing items, etc.), a close contact might be:

- *If the contagious individual is a teacher:* adults tend to be more contagious. If the contagious teacher was not keeping at least 6 feet* away from students while teaching (i.e., walking around while lecturing, doing a lot of one on one, face to face instruction), the entire class might need to be on quarantine.
 - If the teacher is not wearing appropriate face covering, the spread of droplets and aerosol is greater.

- *Classmates sitting or often within 6 feet** of the contagious individual, either in the classroom or on the bus, unless it only occurred one time and was less than 15 minutes.
 - This would typically be the one to two rows of students sitting closest to the contagious individual.
- *Lunchmates* of student if sitting within 6 feet* of contagious individual.
 - This is a higher risk activity as face coverings cannot be worn.
- *Playmates on the playground or in gym* within 6 feet* of the contagious individual unless interactions are consistently kept very brief, no common items are shared, and locker room time is not shared.
- *Sports teammates* within 6 feet* of the contagious individual unless interactions are consistently kept very brief, no common items are shared, and locker room time is not shared.
- *Opposing teammates* in sporting events that shared time on the field or court with the contagious individual. Unless it can be confirmed that there were no potential interactions within 6 feet* between the contagious individual and specific teammates from the opposing team and no contact with shared items.
- *Classmates or others that had interactions* with the contagious individual lasting more than 15 minutes in confined areas such as bathrooms, office room, where distancing of 6 feet* is difficult.
- *Any other person outside of school* that had similar exposure to a contagious individual is considered a close contact.

****LCHD may determine that distances beyond 6 feet can still result in high-risk exposures based on other considerations and circumstances in each particular case.***

It is helpful for parents/guardians to keep note of where their child is going and who they are spending time with outside of school. This helps identify close contacts should someone become infected. Classrooms should also follow assigned seating to keep students from mingling together as much as possible in order to keep the spread of disease to a minimum. For more information about how to handle symptoms and household exposures for students, refer to the Student Households with Symptoms Flowchart in Appendix C.

Contacts of Close Contacts

Since close contacts are not yet known to be infected, the contacts to those contacts do not need to be in quarantine and do not need to be identified or contacted. The large majority of close contacts do not get COVID-19, but because it is very contagious caution must be taken.

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.

Reporting Close Contacts of Confirmed Cases to LCHD

A person with confirmed COVID-19 is considered contagious starting two days (48 hours) prior to showing symptoms. If a person is asymptomatic, or has no symptoms, they are considered contagious starting two days

(48 hours) before their COVID-19 test was performed. Close contacts to a person with confirmed COVID-19 are at risk of getting sick and must be identified and placed in quarantine to reduce the risk of spreading the virus further.

To track and report close contacts of the case to LCHD, use the Close Contact Tracking Spreadsheet in Appendix D. A staff member must collect information within 24 hours of receiving notification of a confirmed case within the school. A Tracking Survey must be completed for each person who came into close contact (less than 6 feet for more than 15 minutes) with the infected individual such as if they ate lunch together, if they were on the same team, if they carpooled, etc.

[Cleaning and Disinfecting Affected Area](#)

The school should close off areas used by an infected person for 24 hours prior to cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct usage and storage of cleaning and disinfection products, including storing products securely away from children.

Review “[Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)” developed by the CDC.

[Issuing Quarantine and Isolation Letters](#)

LCHD is responsible for following up with the affected person/family member to issue quarantine or isolation letters and ensure the infected person is instructed about any restrictions or requirements for following current quarantine and isolation requirements and timeframe.

School Closures and Remote Learning

There may be a time where cases in a school increase to a point where closing the school for in-person learning might be the best option to protect students and staff. If multiple students/staff members are diagnosed with COVID-19, LCHD and school officials will discuss whether additional measures (including closure of a building or a school) are warranted. Other reasons (local epidemiologic data or results from public health investigations) may also warrant discussion regarding potential closures. Schools should be prepared to transition into remote learning with minimal notice. This is a fluid situation and schools need to be adaptable to these changes.

School Scenarios with Action Steps

Student/Staff person is confirmed or symptomatic pending results or a close contact.			
Scenario 1:	Scenario 2:	Scenario 3:	Scenario 4:
<p>A student/staff person within the school is confirmed to have COVID-19 (tests positive for COVID-19 with a nasal/throat swab).</p>	<p>A student/staff person within the school is symptomatic and lab result for COVID-19 are pending.</p>	<p>A student/staff person within the school is symptomatic and no testing for COVID-19 is done.</p>	<p>A student/staff person within the school is a close contact to a confirmed COVID-19 case.</p>
<p>The student/staff person AND all household members of the student/staff person are immediately excluded from school.</p> <p>The confirmed positive student/staff person must isolate at home. The student/staff person must be excluded from school until:</p> <ul style="list-style-type: none"> • 24 hours with no fever (without the use of fever-reducing medication) and • Symptoms have improved and • 10 days since symptoms first appeared. <p>Household members and the quarantined student/staff person who are close contacts are excluded for 14 days after their last date of close contact.</p>	<p>The student/staff person is excluded from school until results of the test are negative.</p> <p>If the test returns positive, see Scenario 1.</p> <p>If test results are negative and the ill student had close contact to someone with COVID-19, they must still finish their quarantine.</p> <p>If test results are negative and the ill student had no known exposure to COVID-19, the student/staff person may return based on the guidance for their predominate symptoms (see "Managing Communicable Diseases in Schools").</p> <p>Household members and student/staff person who are close contacts of the <i>pending</i> case (assuming case has no history of COVID-19 exposure), prior to lab results, should be monitored for symptoms while waiting for test results. They do not need to be excluded from school. If symptoms develop, they should call their medical provider to be tested for COVID-19.</p>	<p>For ALL STAFF and for STUDENTS only if they answered YES to any questions in Section 2[#] of the Screening Form: The student/staff person is excluded from school until:</p> <ul style="list-style-type: none"> • 24 hours with no fever (without the use of fever-reducing medication) and • Symptoms have improved and • 10 days since symptoms first appeared. <p>For STUDENTS, if they answered NO to all of the questions in Section 2 of the Screening Tool, the student may return based on the guidance for their diagnosis/predominate symptoms (see "Managing Communicable Diseases in Schools").</p> <p>Household members and student/staff person who are close contacts: if the individual had close contact with a confirmed case of COVID-19 and suspicion for COVID-19 are high, they may need to be excluded from school. Consult with LCHD at 517-546-9850.</p> <p>Otherwise, household members and student/staff person who are close contacts do not need to be excluded from school. If symptoms develop, they should call their medical provider to be tested for COVID-19.</p>	<p>The student/staff person must quarantine for 14 days since last date of close contact.</p> <p>Household members, classmates, and teachers of the quarantined student/staff person may continue to attend school and should monitor for symptoms. They do not need to be excluded from school. If symptoms develop, they should call their medical provider to be tested for COVID-19.</p>

[^]Symptoms for students: fever, feeling feverish, cough, difficulty breathing, sore throat, diarrhea, vomiting, abdominal pain, severe headache

^Symptoms for staff: New or worsening: fever, feeling feverish, cough, difficulty breathing, sore throat, muscle aches, vomiting, diarrhea, new loss of taste or smell (Source; Should we be screening employees, Content of screening questions)

#Questions in Section 2: Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19: OR Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to COVID-19; OR had recent travel history in last 14 days.

**Close contact with a confirmed COVID-19 case is defined as being within 6 feet of a person who has tested positive for at least 15 minutes with or without a mask. Public health authorities may determine that distances beyond 6 feet can still result in high-risk exposures based on other considerations and circumstances in each particular case.*

There is no need for a “negative test” or a “doctor’s note” to clear the child or staff to return to school if they meet all isolation and quarantine criteria. LCHD issues an Isolation and Quarantine Completion Notification Letter once an individual completes isolation/quarantine.

Household member of a student within the school is confirmed or symptomatic pending results or a close contact.		
Scenario 1:	Scenario 2:	Scenario 3:
Household member of a student within the school has been confirmed to have COVID-19.	Household member of a student within the school is symptomatic, pending results, and has had close contact with a known case.	Household member of a student within the school has had close contact to a known case of COVID-19.
Students who live in the same house as the COVID-19 positive person are excluded from school while the household member is in isolation (10 days). The student must quarantine for 14 days after the last date of close contact while they are contagious.	Students who live in the same household of the family member are excluded from school until test results are in. If the household member is positive, see Scenario 1 . If the household member is negative, student may be able to return to school unless household member is determined to be a probable case of COVID-19.	Student can remain in school but should be monitored. They do not need to be excluded from school. If COVID -19 symptoms develop in the household member, students should be excluded from school, and should be treated as in Scenario 1 pending results.

**Close contact with a confirmed COVID-19 case is defined as being within 6 feet of a person who has tested positive for at least 15 minutes with or without a mask. Public health authorities may determine that distances beyond 6 feet can still result in high-risk exposures based on other considerations and circumstances in each particular case.*

There is no need for a “negative test” or a “doctor’s note” to clear the child or staff to return to school if they meet all isolation and quarantine criteria. LCHD issues an Isolation and Quarantine Completion Notification Letter once an individual completes isolation/quarantine.

Resources

MI Safe Schools Return to School Roadmap

Follow the instructions of the [MI SAFE SCHOOLS: Michigan's 2020-2021 Return to School Roadmap](#) for the Phase Livingston County is in.

CDC Materials

[*Class Rules*](#)

[*Cover Coughs and Sneezes*](#)

[*Did you Wash Your Hands?*](#)

[*Do it for Yourself and your Friends*](#)

[*Don't Feel Well? Stay Home When You Are Sick*](#)

[*Don't Let Your Germs Go for a Ride*](#)

[*Help Protect Yourself and Others from COVID-19*](#)

[*Keep Space Between You and Others*](#)

[*Please Wear a Cloth Face Covering*](#)

[*Available in multiple languages*](#)

[*Protect Yourself and Others from COVID-19*](#)

[*Slow the Spread of COVID-19*](#)

[*Stop the Spread*](#)

[*Stop the Spread of Germs*](#)

[*Available in multiple languages*](#)

[*Symptoms of Coronavirus \(COVID-19\)*](#)

[*Wear a Cloth Face Covering to Protect You and Your Friends*](#)

[*What Your Test Results Mean*](#)

[**VIDEO: How to Wear a Cloth Face Covering**](#)

Employee Health Self-Screening

Monitor your health each day prior to reporting to work. If you begin to show symptoms of COVID-19, do not report to work and contact your supervisor.

Section 1: In the last 14 days, have you developed any of the following symptoms that are new/different/worse from baseline of any chronic illness:

Subjective fever (felt feverish):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New or worsening cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath or difficulty breathing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2: In the last 14 days, have you developed any of the following symptoms that are new/different/worse from baseline of any chronic illness:

Chills:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of smell or taste:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny nose or congestion:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle aches:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal pain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vomiting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Temperature:		

DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19

If you answer **YES** to any of the symptoms listed in **Section 1**, **OR YES** to two or more of the symptoms listed in **Section 2**, **OR** your temperature is **100.4°F or higher**, please do not go into work. Self-isolate at home and contact your primary care physician's office for direction.

- You should isolate at home for minimum of 10 days since symptoms first appear or per guidance of the Livingston County Health Department (LCHD).
 - If diagnosed as a probable COVID-19 or test positive, call LCHD and make them aware of your diagnosis or testing status.
- You must also have 24 hours without a fever and improvement in symptoms.

In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traveled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer **YES** to either of these questions, please do not go into work. Self-quarantine at home for 14 days. Contact your primary care physician's office if you have symptoms or have had close contact with an individual for evaluation. If you are given a probable diagnosis or test positive call your local health department to ensure they are aware.

Student Self-Screening Sheet

Screen your child(ren) before leaving for school or sending them to school. If your child(ren) has any of the following symptoms, that indicates a possible illness that may decrease the child's ability to learn and put them at risk for spreading illness to others.

Section 1: Symptoms

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

Section 2: Close Contact/Potential Exposure

In the past 14 days has your child(ren):

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19: OR
- Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to COVID-19; OR
- Had a travel history

If the answer is **YES** to any of the **symptom** questions, keep your child(ren) home from school.

If the answer is **YES** to any symptoms question and **YES** to any close contact/potential exposure question, call the school as soon as possible to let them know the reason your child(ren) won't be there today. Call your healthcare provider right away. If you don't have one or cannot be seen, go to www.mi.gov/coronavirustest or call 2-1-1 to find a location to have your child(ren) tested for COVID-19.

If the answer is **YES** to any of the symptom questions, but **NO** to any close contact/potential exposure questions, your student may return based on the guidance for their symptoms (see "[Managing Communicable Diseases in Schools](#)"):

- **Fever:** at least 24 hours have passed with no fever, without the use of fever-reducing medications
- **Sore throat:** improvement (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

DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19.

How to handle symptoms and household exposures for students



Student has symptom(s) (new/different/worse from baseline of any chronic illness):

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

Exclude student from school

Screen for close contact or potential exposure risk within last 14 days.

- Student had close contact with a person with confirmed
- Student had close contact with person under quarantine for possible exposure to COVID-19
- Student traveled to or lives in any areas in Phase 1-3 (see <https://www.mistartmap.info/>)
- Student traveled internationally

Yes

Refer to healthcare provider or COVID-19 testing location for possible testing.

Student **diagnosed** with COVID-19 OR **no diagnosis** is available.

Student has **negative** test results.

Student had close contact with confirmed COVID-19 within last 14 days.

No

Student may return based on this guidance for their symptoms

- **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

Yes

No

Finish Quarantine

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



Schools are required to assist the Livingston County Health Department (LCHD) with the identification of close contacts to a confirmed case of COVID-19 in a student or staff member at the school. Contact tracing and identification of close contacts starts 48 hours prior to the onset of symptoms in a symptomatic confirmed case or 48 hours prior to a positive test result in an asymptomatic confirmed case. Close contacts to a person with confirmed COVID-19 are at risk of getting sick and must be identified and placed in quarantine to reduce the risk of spreading the virus

To track and report close contacts of the case to LCHD, use this Close Contact Tracking Spreadsheet. Please keep this spreadsheet within a secure database at your school. All student or staff health information must be maintained securely. **A staff member must collect information within 24 hours of receiving notification of a confirmed case within the school.**

Close Contact: Any individual who came in contact with the confirmed case for more than 15 minutes at a distance of 6 feet or less, with or without a mask. **This is a guideline and LCHD may determine that additional exposures not meeting this guideline should be considered a**

If you are unclear about contact status, call the Livingston County Health Department at 517-546-9850 for more guidance.

Please submit completed Close Contact Tracking Sheets to Emma Harman at Eharman@livgov.com.

