

**School and Childcare Teachers and Administrators COVID-19 Toolkit:
Version 11-06-2020**

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KENT COUNTY HEALTH DEPARTMENT

700 FULLER N.E.
GRAND RAPIDS, MICHIGAN 49503-1918
PH: 616-632-7100
1-888-515-1300
FAX: 616-632-7083



Adam London, Ph.D., RS, MPA
Administrative Health Officer

August 6, 2020

The current science on COVID-19 confirms that the primary way that COVID-19 spreads is through respiratory droplets. Two effective ways to reduce the spread of the virus are masks and social distancing. Based on this science, the Kent County Health Department confirms the following to be true regarding mask use in Kent County schools:

- The Centers for Disease Control (CDC) has confirmed that masks worn over the mouth and nose reduce the quantity of and distance the droplets containing the virus travel. This reduces the potential spread of the virus. ¹
- The CDC has confirmed that social distancing of a minimum of 6 feet is effective to reduce the potential spread of the virus.
- Science confirms that children of all ages can spread the virus.
- Young children often cannot or do not practice social distancing.
- The State of Michigan's MI Safe Schools Return to School Roadmap, published on June 30, 2020, requires school students and personnel to wear masks when on a bus, in hallways and common areas, except when eating or drinking. ² This document also requires students 6th -12th grade to wear a mask in the classroom.
- The Governor's executive order, (EO 2020- 153) requires everyone age 5 and older to wear a mask in public. ³ This requirement reflects the best public health science and should be followed broadly.

Whenever they are in school or being transported to and from school all students and school personnel should wear masks to reduce the spread of the virus, unless they are eating or drinking, or are outside in open air and socially distanced from others. If a child cannot wear a mask for medical reasons the parent should consider an alternative to face-to-face education, such as virtual education, to protect their child and others.

Adam London, Ph.D.
Administrative Health Officer

¹ <https://www.cdc.gov/media/releases/2020/p0714-americans-to-wear-masks.html>

² https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html (p. 22)

³ https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

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Adam London, Ph.D., RS, MPA
Administrative Health Officer

September 10, 2020

To School Administrators:

Contact tracing is an important tool utilized by Kent County Health Department (KCHD) to quickly identify those who should be quarantined due to exposure to COVID-19. KCHD has a well-trained team of investigators and contact tracers dedicated to contacting students and school personnel who should quarantine due to exposure and subsequent risk of infection of the Coronavirus; however, it is often impossible for these team members to reach the families prior to the following school day. For this reason, the Kent County Health Department is requesting that schools inform those who are identified as close contacts that they should not enter the school building or participate in school activities until they hear from the KCHD. It is the responsibility of the Kent County Health Department to alert students and staff of their need to quarantine, but it is the responsibility of the school to inform them of the requirement to remain out of school and to abstain from all school activities while awaiting the call from KCHD.

Thank you for working with Kent County Health Department to protect our schools from the spread of COVID19.

Respectfully,



Adam London, Ph.D.
Administrative Health Officer

Definitions

Coronavirus: Coronavirus Disease (COVID-19) is an illness caused by a virus that can spread from person to person. The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.

Contact Tracing: A strategy for slowing the spread of disease in which public health workers communicate with infectious people to identify their contacts. They then follow up with those contacts to provide guidance on how to quarantine themselves and what to do if they develop symptoms of disease.

Quarantine: The practice of keeping someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine must stay home (usually 14 days), separate themselves from others, monitor their health, and follow directions from their state or local health department.

Isolation: The practice of separating people infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. People who are in isolation (usually for 10 days) must stay home until it's safe for them to be around others. In the home, anyone sick or infected must separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available).

Close Contact: A person who was within 6 feet of a person infected with COVID-19 for more than 15 minutes with or without a mask.

Examples of close contacts include individuals who were close to a person who is infected with COVID-19 by providing care to them at home, sharing a living space, having direct physical contact with them (touched, hugged or kissed them), and sharing eating or drinking utensils. People may also be close contacts if they were somehow exposed to droplets from an infected person (sneezed or coughed on).

Types of Masks:

Cloth Face Coverings



Cloth face coverings are masks made from material that are meant to cover your nose and mouth and to be secured under the chin and are not considered personal protective equipment (PPE). These are effective in reducing the spread of the virus. These should be cleaned daily with detergent and water.

Bandanas do not provide the same level of protection as a cloth face mask but are better than not having any covering at all. They should be permitted when nothing else is available.

Gaiters do not provide the same level of protection as a cloth face mask. The evaluation of their effectiveness is ongoing. If you wear a gaiter, it must have two layers or be folded to make it two layers.

**There may be some instances when cloth face coverings are not feasible and adaptations to cloth face coverings may need to be considered.*

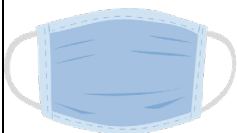
Masks with holes or that are made of mesh do not meet the requirements of a face covering.

In certain circumstances, a clear face covering that covers the nose and wraps securely around the face may be worn by certain people in the school setting. Some examples include:

- Those who interact with students or staff who are deaf or hard of hearing
- Teachers of young students learning to read
- Teachers of students in English as a second language classes
- Teachers of students with disabilities

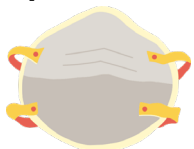
Clear face coverings are not face shields. CDC does **not** recommend use of face shields for everyday activities or as a substitute for masks because of a lack of evidence of their effectiveness for source control.

Surgical Masks



Surgical masks were originally intended to be worn by health professionals and are considered personal protective equipment. These are effective in reducing the spread of the virus.

N95 or N95 respirator



A N95 mask, also known as a respirator, filters particles that meet a certain standard for air filtration, meaning that it filters at least 95% of airborne particles. These are recommended only for use by healthcare personnel who need protection from both airborne and fluid hazards (e.g., splashes, sprays).

Additional Resources:

- [A Visual Guide to Face Masks: What Works, What Doesn't](#)
- [Considerations for Wearing Masks](#)
- [Face Masks in Schools](#)
- [Adaptations to Face Masks Guidance](#)

How to Select, Wear, and Clean Your Mask

Cloth Face Coverings Prevent the Spread of COVID-19

BAD



GOOD



BETTER



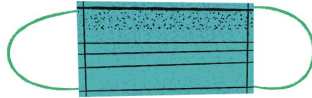
Stay 6 feet away from others and wear a mask.

BEST



Stay 6 feet away from others and both wear a mask.

TIPS FOR HELPING STUDENTS WEAR MASKS



COMMUNICATE	PERSONALIZE IT
Knowing what to expect helps kids of all ages feel prepared and more at ease. Give kids time to get used to what's new. Set expectations, give support, and answer their questions to help them feel comfortable.	Allow students to select their cloth face covering and/or material that is used to make it. Kids can decorate their masks to make it their own.
PROVIDE OPTIONS	EXPLAIN WHY
For students with sensory concerns or tactile sensitivities, offer a variety of materials, prints, and textures, and allow them to choose which face covering is most comfortable.	Use simple words to explain why masks are important to our health and how they keep us safe from germs. Focus on the positive aspects of wearing them.
PRACTICE AND PRAISE	MAKE MASKS COMFORTABLE
As much as you can, give kids time to practice wearing their masks for longer periods at home or in public so they are ready for school. Use positive reinforcement to help encourage them.	Find adaptations such as face mask extenders or ear savers that can make wearing a mask more comfortable.
TEACH ABOUT PROPER USE	MAKE IT FUN
By talking to kids and showing them how to wear masks safely, they are more likely to properly wear them.	For younger children, you can make it fun by putting a mask on their favorite stuffed animal. Play with your children while wearing masks and pretend you are superheroes or doctors.
<p>If you need further assistance, seek services from specialists such as behavior analysts or behavioral psychologists.</p>	

RESOURCES:

- [CDC How to Wear Masks](#)
- [Social Stories for Young and Old](#)
- [Helping Individuals with Autism Wear Face Masks](#)
- [Sesame Street Video](#)
- [American Lung Association: Steps to Get Used to Wearing a Mask](#)



School Contact Tracing Flowchart

A student or school personnel tests positive for COVID-19.

School alerts Kent County Health Department (KCHD) about COVID-19 positive case. **Call 616-326-0060 to report.**

School interviews the COVID-19 positive person to identify close contacts within the school and completes the Contact Tracing Spreadsheet for Schools.









The KCHD begins contact tracing for related cases outside of the school community.

School reports close contacts by completing and submitting the COVID-19 Contact Tracing Spreadsheet for Schools form to the Kent County Health Department at COVIDSchools@kentcounty.onmicrosoft.com.

The KCHD alerts all identified close contacts of COVID-19 exposure who are in the school community and those not associated with the school.

All identified close contacts of the COVID-19 positive case must quarantine at home for 14 days from last positive day of exposure and monitor for symptoms.

Who might be a close contact?

<p>Classmates</p> <p>Classmates who carpool, ride the bus together, or are in class within 6 feet of someone with COVID-19 for 15 +minutes or more.</p> 	<p>Lunch Mates</p> <p>When someone who eats lunch within 6 feet of someone with COVID-19 for 15+ minutes. This is a higher risk time as face coverings cannot be worn.</p> 	<p>Play Mates</p> <p>Playmates on the playground or in the gym within 6 feet of someone with COVID-19 for 15+ minutes.</p> 
<p>Teammates</p> <p>Sports teammates within 6 feet of someone with COVID-19 for 15+ minutes.</p> 	<p>Opposing Teammates</p> <p>Opposing teammates in sporting events that shared time on the field or court and were within 6 feet of someone with COVID-19 for 15+ minutes.</p> 	<p>Other Classmates</p> <p>Any others that had interactions with someone who had COVID-19 lasting over 15 minutes in confined areas such as bathrooms, office room, where distancing of 6 feet is difficult.</p> 
<p>Entire Classrooms</p> <p>If the contagious individual is a teacher and was frequently less than 6 feet from students while teaching, the entire class may need to quarantine.</p> 	<p>Public health authorities may determine that distances beyond 6 feet or less than 15 minutes can still result in high-risk exposures based on other considerations and circumstances in each case.</p>	<p>Others</p> <p>Any other person outside of the school community that had similar exposure to a contagious individual is considered a close contact.</p> 



School Drinking Water Guidance and Resources

For Parents

For School Administrators and Managers

[Flushing Guidance Memo to Schools During Executive Order 2020-35](#)

[Guidance on Flushing Your School Plumbing System Before Resuming Class](#): information concerning the risks of water stagnation and where to find more information to help maintain the quality of drinking water within your facilities.

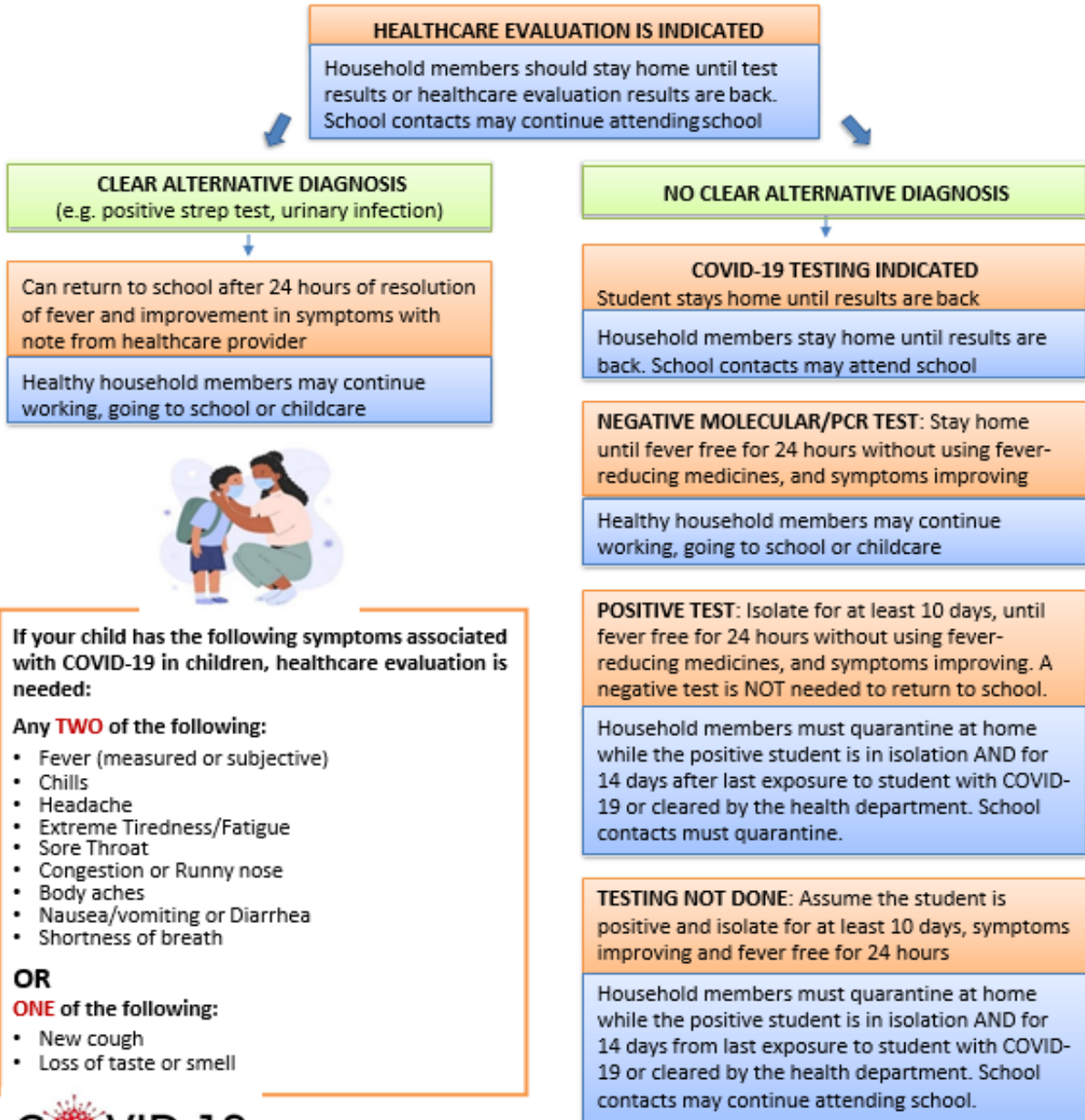
For more guidance documents, lead testing information and videos, please visit, https://www.michigan.gov/egle/0,9429,7-135-3313_3675_3691-474608--,00.html



K-12 COVID-19 Symptom and Testing Protocol

STUDENTS with symptoms that are concerning for COVID-19

STUDENT screens positive for a **concerning symptom** on screener or develops concerning symptoms at school
AND has no known exposure to someone with COVID-19 in the past 14 days



If your child has the following symptoms associated with COVID-19 in children, healthcare evaluation is needed:

Any **TWO** of the following:

- Fever (measured or subjective)
- Chills
- Headache
- Extreme Tiredness/Fatigue
- Sore Throat
- Congestion or Runny nose
- Body aches
- Nausea/vomiting or Diarrhea
- Shortness of breath

OR

ONE of the following:

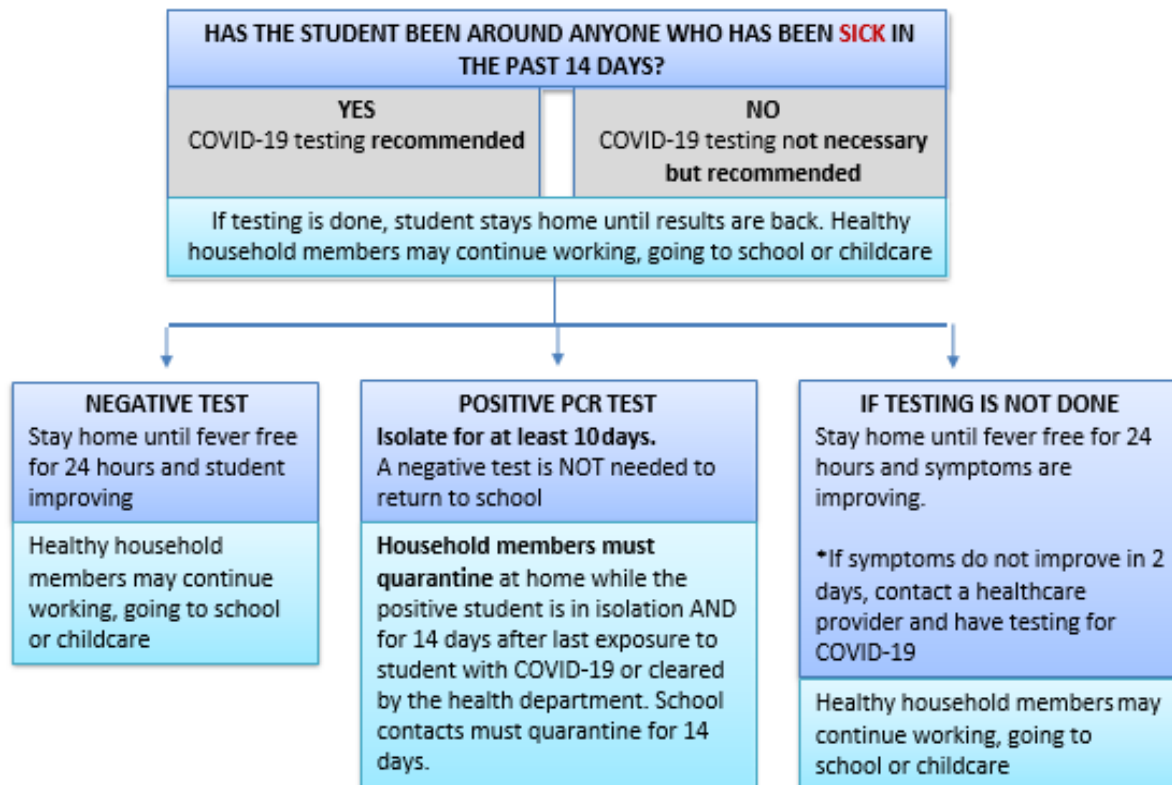
- New cough
- Loss of taste or smell





STUDENTS with symptoms that are NOT as concerning for COVID-19

STUDENT has symptoms that are **NOT** as concerning for COVID-19 or has only **ONE** of the symptoms on the list below
AND has no known exposure to someone with COVID-19 in the past 14 days:



SYMPTOMS CONCERNING FOR COVID-19
If the child has the following symptoms, healthcare evaluation is needed:

Any TWO of the following:

- Fever (measured or subjective)
- Chills
- Headache
- Extreme Tiredness/Fatigue
- Sore Throat
- Congestion or Runny nose
- Body aches
- Nausea/vomiting or Diarrhea
- Shortness of breath

OR

ONE of the following:

- New cough
- Loss of taste or smell

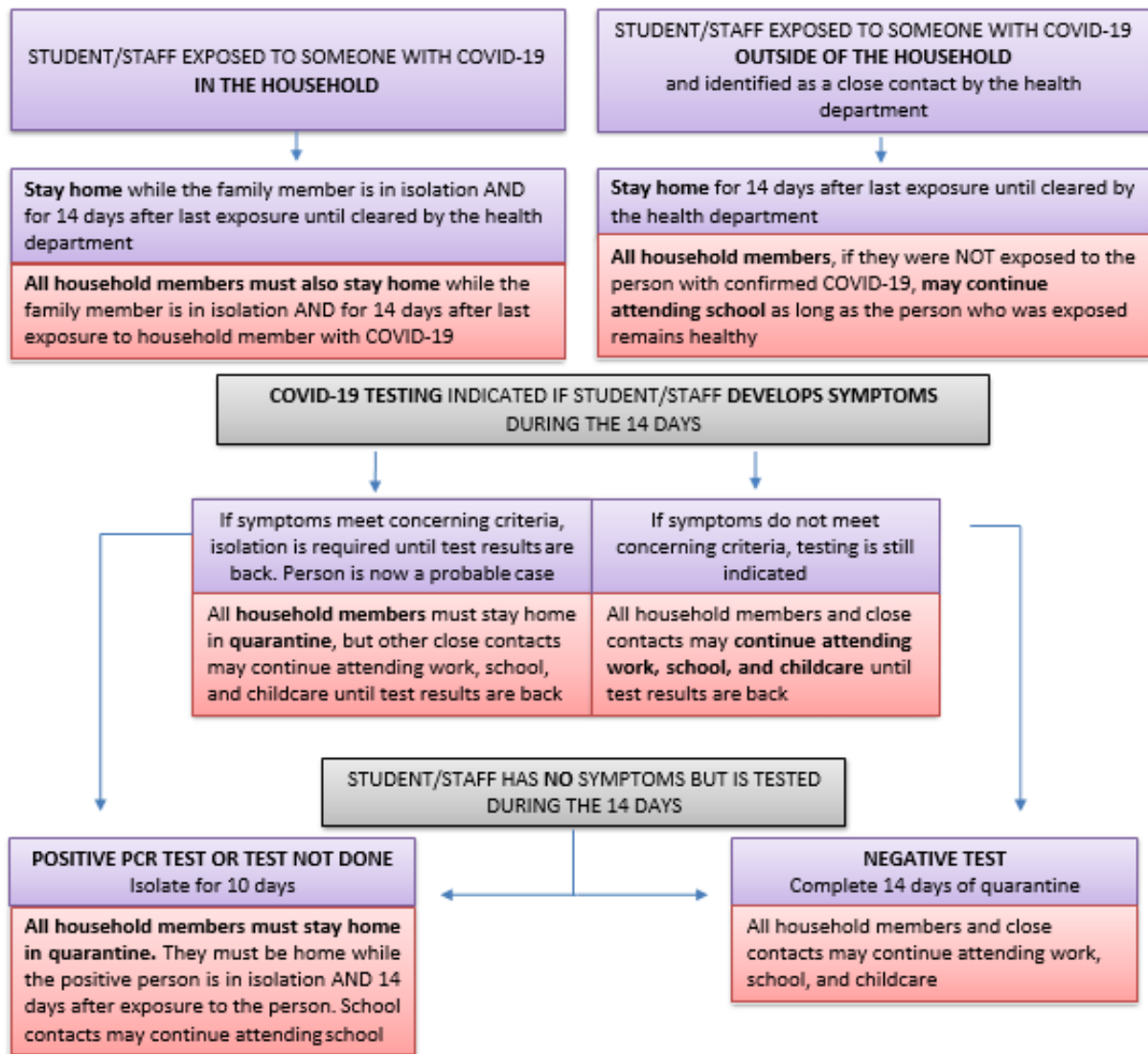
If the child does not meet these criteria, then follow the guidance above





Students/Staff who have known exposure to a person with confirmed COVID-19

Stay home for 14 days after last exposure until cleared by the health department
Consider COVID-19 testing. Must complete 14 days of quarantine **EVEN** if test is negative



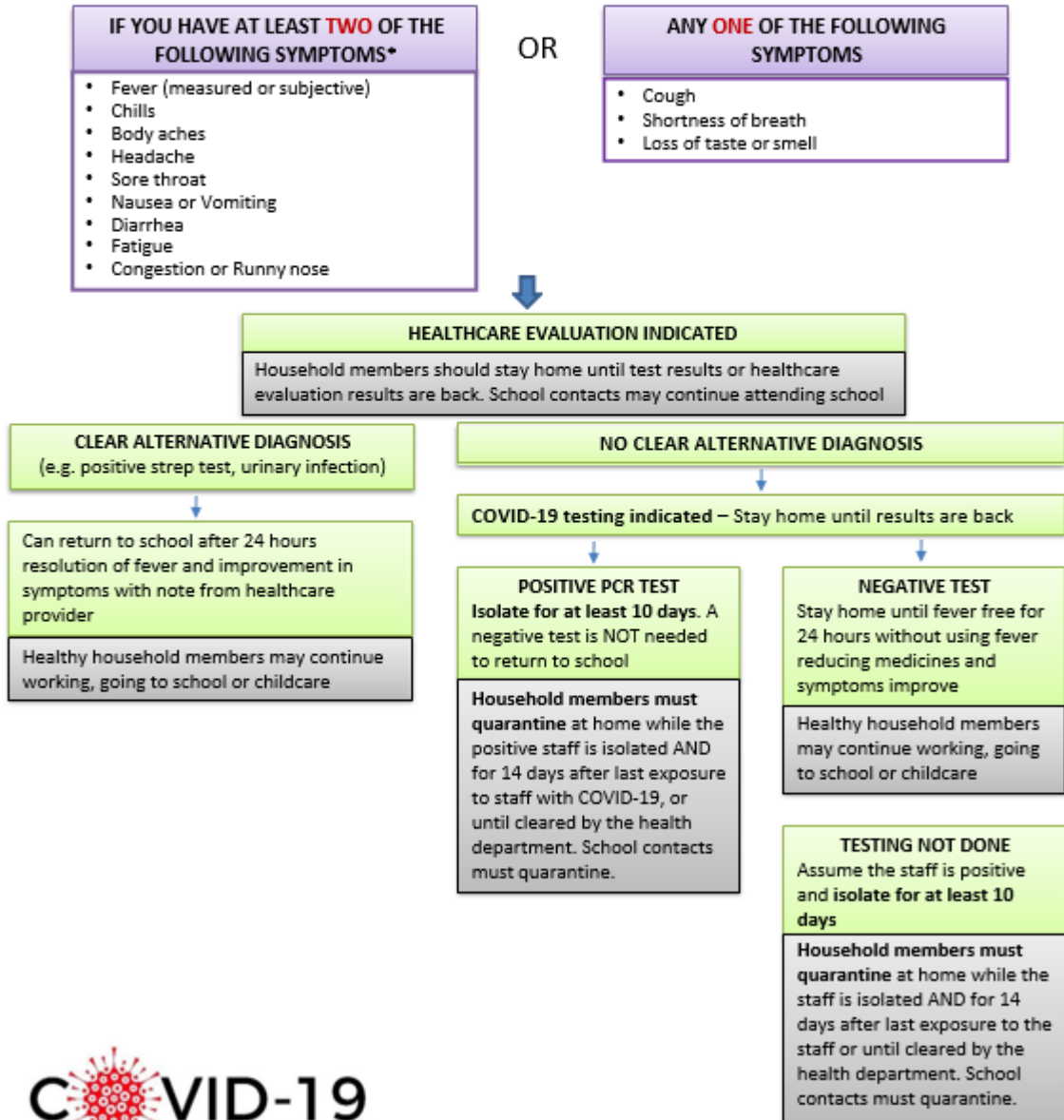
A negative COVID-19 test does not mean that someone who is a close contact can end the 14-day quarantine early





School STAFF MEMBER has symptoms concerning for COVID-19

STAFF screens positive for a **symptom** on screener AND has **no known exposure** to someone with COVID-19 in the past 14 days:

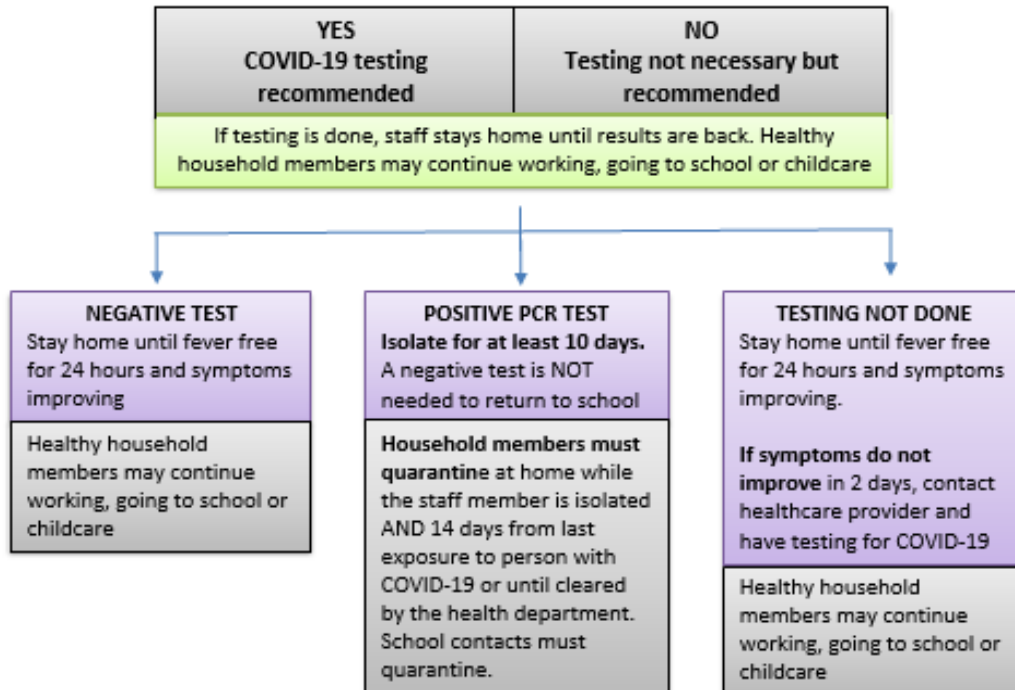


* Criteria from Council of State and Territorial Epidemiologists



School STAFF MEMBER has symptoms but does not meet criteria on page 4

Your symptoms DO NOT meet the criteria below.
Have you been around anyone who has been sick in the past 14 days?



SYMPTOMS CONCERNING FOR COVID-19:
Any **TWO** of the following:

- Fever (measured or subjective)
- Chills
- Body aches
- Headache
- Sore throat
- Nausea or Vomiting
- Diarrhea
- Fatigue
- Congestion or Runny nose

OR

ONE of the following:

- Cough
- Shortness of breath
- Loss of taste or smell

If you do not meet these criteria, then follow the guidance above





What to Do After Receiving Your COVID-19 Test Results

You have been tested for COVID-19 and received your test results.

Negative Results

I am considered a close contact of someone with COVID-19.



If you are required to quarantine due to an exposure to a COVID-19 positive person, then negative test results **DO NOT** change the need to quarantine. Close contacts must quarantine for 14 days since last day of possible exposure.

I am not considered a close contact, but I was tested for another reason.



You no longer need to stay home after you are feeling better and have been fever-free for 24 hours.

Positive Results

Do you have symptoms?

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

NO

YES

Stay home in isolation. You no longer need to isolate after 10 days from time of positive test result.

If symptoms develop, see box under YES.

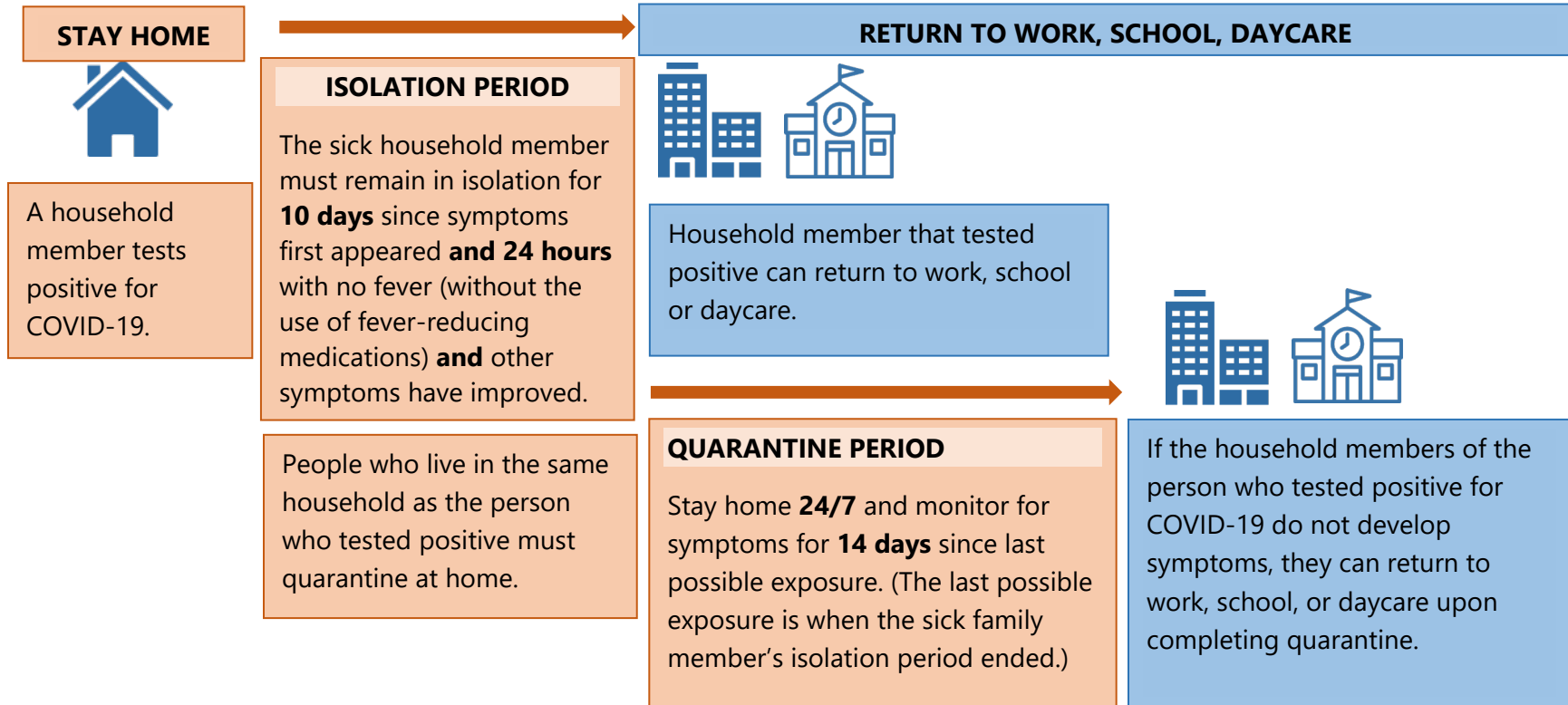
The KCHD will call all those who test positive for contact tracing whether they have symptoms or not.

Stay home in isolation. You no longer need to isolate after 10 days from the onset of symptoms **AND** at least 24 hours of no fever without the use of fever-reducing medications **AND** symptoms have significantly improved.

*If you receive inconclusive results, please consult with your medical provider.

If you test positive for COVID-19, consult with your regular medical provider for details about your specific case. Some students may not be able to return to school, sports, or other physical activities due to the severity of their COVID-19 infection.

Isolation and Quarantine Timeline



Household members cannot attend work, daycare, or school **during the other household member's isolation** (10 days) and must continue their quarantine for 14 days after COVID-19 positive person's isolation period is complete. If the quarantined household member **DOES** develop symptoms, they cannot return until 10 days since first symptoms appeared **AND** 24 hours being fever-free **AND** other symptoms have improved. Isolation and quarantine periods start over any time a new household member becomes sick with COVID-19.

Everyone should assume exposure to COVID-19 and monitor for symptoms. Call your doctor if symptoms develop.

**If a COVID-19 positive case meets CDC isolation criteria, household members may not be considered close contacts. This will be up to the discretion of the contact tracer to determine if a COVID-19 positive case can meet isolation requirements. If a COVID-19 positive case can meet isolation requirements, close contacts within the household must quarantine for 14 days starting the day the individual started their in-home isolation. If isolation criteria cannot be met, then close contacts must quarantine starting after isolation criteria has been met (at least 10 days.)*



Mental Health Resources for Schools

Mental Health Screening Recommendation

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:07df8d20-935b-4b64-b7c2-cf4c70d5d235#pageNum=1>

Spectrum Health offers free access to mental health app to employees, school administrators.

FREE Headspace Subscription for Educators

https://www.headspace.com/educators?fbclid=IwAR0Z1TTNwbvRfRUCJtPS8Xai7DkjcHWAioE3T0We_BDwxdhOkzv87_Rao18

Kent ISD MI Safe Schools Roadmap Mental & Social-Emotional Health Companion Document

https://docs.google.com/document/d/13yqeikpBwYE6BT_EBIOaOF6aL5sXnBhJCvQp77hVLMw/edit#

This document was created by the Kent ISD mental health internal and external partners. It is intended to align to the MI Safe Schools Roadmap and gives guidance, recommendations, and resources for district re-entry planning.

Throughout this document, items and activities in Phases 1-3 are strongly recommended while schools are closed for in-person instruction.

Activities in Phase 4 are strongly recommended before schools reopen for hybrid or in-person instruction, and items in Phase 5 are recommended before school reopens for in-person instruction.

Sections within document:

- Classroom Community Building (Tier I)
- Mental Health Universal Screening
- Data Analysis and Student Referral Process
- Crisis Management Planning
- Professional Development
- Mental Health Universal Screening
- Community Wellness Resources
- Universal Support for Staff Wellness
- Additional Re-entry Research and Resources

State of Michigan Mental Health Support Documents

The state of Michigan will be releasing a mental health toolkit on their website very soon. While that is being finalized the below resources were made available by the state of Michigan.

Best Practices In Universal Social, Emotional and Behavioral Screening, An Implementation Guide:

<https://smhcollaborative.org/wp-content/uploads/2019/11/universalscreening.pdf>

School Mental Health Screening Playbook:

https://www.azahcccs.gov/AHCCCS/Downloads/Initiatives/BehavioralHealthServices/Helios/Tucson_09252019/ToolkitResource/School-Mental-Health-Screening-Playbook.pdf

Please see the following documents in appendix:

- Assessing needs of students and staff
- Caregiver
- Student



- Teacher/Support Staff/Classroom
- MTSS chart for SEL and diversity
- Acute Stress Checklist (ASC) for children

31n Team Vendor Resources:

The state 31n team collaborated with each of the vendors to support your efforts to increase student mental health outcomes, and you can use your 31n funds to partner with them should you choose to do so. Note: 31n(12) funds can be used for costs associated with initiation and training on these resources, and 31(6) funds can be used for the platform/service. Please see the attached summaries for information on each option. Let your 31n consultant know if you have any questions about any of these resources, or feel free to reach out to the vendors directly.

Class Catalyst is available for Tier 1 and offers virtual student check-in which could be a precursor for screening students who may need extra support.

Trusst is available for Tier 2 (&/or Tier 3) and is a text messaging platform for therapists and students to use for mental health service provision (could be helpful in areas where WIFI is limited or for students who need privacy to discuss mental health concerns when zoom or phone calls could be prohibitive).

BH-Works is a browser-based platform for universal screening, intake process management, referral and care coordination, and much more.

Macomb ISD mental health resources:

<https://www.misd.net/Mental-Health-Resources/>

Other resources:

Podcasts about crisis and re-entry by the clinical director of STARR commonwealth:

https://soundcloud.com/starr-commonwealth/dr-caelan-soma-crisis-response-and-reintegration?utm_medium=email&hsenc=p2ANqtz-tzYA7DSw4y-Co2HYAHLX0xcX7Hv7MvWxyfcXoLSsCTR-4tImtGleELCRtIoDCMsHGooqp3Bp2CuDp8TMX9I5nASg&hsmi=88693286&utm_content=88693881&utm_source=hs_email&hsCtaTr

Websites:

- [Planning for the next normal at school, Kaiser Permanente Ideas and Tools for working with Parents and Families, Collaborative for Academic, Social, and Emotional Learning \(CASEL\)](#)
- [Advancing Comprehensive School Mental Health Systems: Guidance from the Field, National Center for School Mental Health COVID-19, National Center for School Mental Health](#)
- [University of Maryland School of Medicine COVID-19: Family and Educator Resources, National Association of School Psychologists Coronavirus Disease 2019 Resources, National Association of School Nurses](#)
- [Responding to School Mental Health, Mental Health Technology Transfer Center Network](#)



Guidance for Band Programs at Education Institutions During COVID-19



Is it safe for my child(ren) to return to music class?

COVID-19 transmission risks are dependent on numerous factors. Factors can include the level of COVID-19 activity at the school or community and whether students are appropriately screened for illness. Risk is minimized when there have been no sick persons at the school and all students are appropriately screened for illness prior to entry.

The risk of exposure may be increased in any setting where people are in an enclosed space, especially if they are singing or playing wind instruments. However, there are some strategies which can decrease the risks of exposure. These strategies include social distancing, frequent hand washing or sanitizing with at least 60% alcohol hand rub and staying home when sick.

What measures can be done to promote health and safety in music classes?

- Students in music classes should wear cloth face coverings and socially distance at all times.
- Students should be placed facing the same direction with a distance of at least 6 x 6 feet between each child. Practices may need to be held remotely or broken into sections to achieve proper social distancing.
- All music stands, chairs, and other frequently touched surfaces should be disinfected between classes.
- Classes should be held outdoors whenever possible. If classes must be held indoors then occupancy should be decreased and spacing should be increased as much as possible (12 feet of spacing is better than 6 feet for example).

Is there specific guidance for band classes or other wind instrument practices/performances?

- Wind and brass instruments should not be shared between students. String instruments and percussive instruments (no mouth contact) may be shared if they are disinfected between students.
- Slit masks are permitted only while students are playing wind or brass instruments. When instruments are not being played, students should wear appropriate cloth face coverings.
- When possible, instruments should be fitted with bell covers consisting of a minimum of two layers of dense fabric. Bell covers should be made of a non-stretchy material with a MERV-13 rating (Minimum Efficiency Reporting Value).

What are some ways to improve ventilation for music classes that are being held indoors?

If indoor practice is unavoidable, ventilation should be improved in the following ways:

- Doors and windows should be opened unless this poses a safety or health risks (e.g. risk of falling or triggering asthma).
- Fans can be used to increase circulation by placing in or near windows and doors if they do not induce potentially contaminated airflow over students or staff. Strategic fan placement in exhaust mode can help draw fresh air into the room via open windows and doors without generating strong room air currents.
- Ensure that ventilation systems are functioning and maintain air quality for the room's



occupancy level. Air filters can be inspected to ensure they are operating within service life and are properly fitted.

- Consider running the HVAC system at maximum outside airflow for 2 hours before and after the school is occupied. Portable high-efficiency particulate air (HEPA) fan/filtration systems may be used to enhance air cleaning.

What precautions are necessary for students in choir or other vocal performance settings?

- Vocal performances should be conducted with cloth face coverings on and the maximum possible distancing.
- Aerosol rates increase while singing and masks cannot contain 100% of aerosols projected from the mouth and nose. Six feet of distance is the minimum recommendation, and 12 feet is preferred when possible.
- Vocal performances are much safer outside, but if they must be conducted indoors, see some of the strategies above to maximize ventilation.

What other health measures can be taken by my child(ren) to stay healthy?

- Students should frequently wash or sanitize their hands and use good respiratory etiquette (cough into a tissue or elbow of sleeve).
- Students should partake in daily disinfection of their instrument and surroundings (i.e., music stand, chair).
- It is critical that face coverings are used the entire time during class. A face covering must fit securely around the mouth and nose.

Should my child(ren) wear a face shield?

Face shields do not offer the same level of protection as a cloth face covering. They may be worn in addition to cloth face coverings.

How can instruments be made safer to play?

All instruments should be thoroughly disinfected before and after use. [Click here](#) for a list of EPA approved disinfectants. Check with the instrument's manufacturer to determine which disinfectants won't tarnish or corrode the instrument.

- For wind instruments, bell covers should be used to prevent infectious air from escaping the instrument. They should be cleaned in accordance with the requirements for cloth face coverings. Even with bell covers, instrumental performances should be conducted outdoors whenever possible, with distancing of at least 6 feet. The covers should be made of instrument multilayer MERV 13 type material.
- Spit valves should be emptied away from others into an absorbent, disposable material that can be discarded. Hand hygiene is very important after disposing of this material.

What if my child(ren) become sick?

Immediately notify the school that your child(ren) has developed symptoms. Do not send the child(ren) back to school until your local health department or healthcare provider is consulted.



Frequently Asked Questions

1. What is the difference between isolation and quarantine?

Isolation is for people who are COVID positive. It separates people who are infected with the virus from people who are not infected. It usually lasts 10 days.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

Quarantine is for people who are well but are exposed to someone who is COVID positive. It keeps someone who might have been infected with the virus away from others. It lasts 14 days since the last possible exposure.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

2. How long must a teacher or staff person be out of school if they test positive for COVID-19?

A teacher or staff person that tests positive for COVID-19 should isolate at home. The teacher or staff person may return to school after 24 hours with no fever **and** respiratory symptoms have improved (e.g. cough, shortness of breath) **and** at least 10 days have passed since symptoms first appeared. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

3. How long must a student, teacher or staff person be out of school if they have a family member in the same house as them that tests positive for COVID-19?

A student, teacher or staff person that lives in the same house as someone who tests positive for COVID-19 must remain out of school the entire time the family member is in isolation (typically 10 days) plus 14 additional days of quarantine. The total time out of school would be at least 24 days.

**If a COVID-19 positive case meets CDC isolation criteria, household members may not be considered close contacts. This will be up to the discretion of the contact tracer to determine if a COVID-19 positive case can meet isolation requirements. If a COVID-19 positive case can meet isolation requirements, close contacts within the household must quarantine for 14 days starting the day the individual started their in-home isolation. If isolation criteria cannot be met, then close contacts must quarantine starting after isolation criteria has been met (at least 10 days.)*

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

4. If a person tests positive but does not have symptoms, can they work from home?

Yes, if the school has a system in place for working from home this is encouraged. An employee with mild symptoms should be able to work from home as well.



5. If a teacher, staff member, or student has a household member that tests positive but does not have symptoms, can they come to work anyway and monitor for symptoms?

No, asymptomatic people who test positive can still spread the virus. School personnel or students that are considered close contacts to a COVID-19 positive household member must quarantine during the household member's isolation period and 14 days after the isolation period ends.

**If a COVID-19 positive case meets CDC isolation criteria, it is possible that the household members may not be considered close contacts. This will be up to the discretion of the contact tracer to determine if a COVID-19 positive case can meet isolation requirements. If a COVID-19 positive case can meet isolation requirements, close contacts within the household must quarantine for 14 days starting the day the individual started their in-home isolation.*

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

6. Must we close a classroom if a person with COVID-19 attended class in that classroom? If so, for how long?

Yes, the classroom should be closed, cleaned and disinfected. It is recommended to close off the area for at least 24 hours and then clean the classroom. This allows any virus in the air to settle on surfaces. If that is not feasible, wait as long as possible and then clean and disinfect the classroom following CDC guidance.

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

7. If a teacher or staff person was in a classroom full of children, and that teacher later finds out that they have COVID-19 while they were in the classroom, must all the class be quarantined, or only those children who were within 6 feet of the teacher for 15 minutes or more?

Generally, the entire class must be quarantined and monitor for COVID-19-related symptoms, especially among younger children. Close contacts 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. It will be up to the discretion of the contact tracer to decide who is considered close contacts in a classroom setting. Contact tracers will consider age of students, length of exposure, social distancing, and other circumstances during time of exposure. Those who are identified as close contacts must quarantine (not leave the house unless necessary) for 14 days from last time of known exposure.



8. If the teacher was wearing a cloth mask in the classroom, and that teacher later finds out that they have COVID-19 while they were in the classroom, do the children still have to be quarantined?

Yes, the fact that the teacher was wearing a mask does not change the need to quarantine. See answer above.

9. Does a sibling of a child in quarantine have to be quarantined?

No, if the sibling was not a direct contact of a person who tested positive for COVID-19, then they should monitor for symptoms and can continue attending school.

10. If a student has an illness that is not COVID-19, like a cold, does that child still have to be out of school until they are 24 hours fever free?

If the student is experiencing any COVID-19-related symptoms, they might have COVID-19 and they should not attend school. They should contact their regular medical provider and get tested for COVID-19.

If the student does not have COVID-19 but is still experiencing cold or flu-like symptoms, then they can return to school after they are feeling better and have been fever-free for 24 hours.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

11. Does the school have to inform the families of students when a child is excluded from school because of COVID-19, or does the Health Department do that?

The school is responsible for doing contact tracing within the school setting. The Health Department will do the contact tracing outside of the school setting and notify all close contacts of their need to quarantine.

12. How many children must be sick with COVID-19 before a school closes?

The Health Department will work closely with School Administration recognizing there are many factors to be considered when closing a school.

13. Does a teacher, staff person, or student have to retest for COVID-19 after testing positive before they are allowed back to school?

No, the teacher, staff person or student who tested positive can return to school after 24 hours with no fever **and** other symptoms have improved **and** 10 days have passed since symptoms first appeared.

The Health Department does not recommend a retest. Sometimes a person will continue to test positive even though they are no longer infectious.

14. How can we know when a person is no longer infectious?

The general timeline is 10 days since symptoms first appeared. If the person is asymptomatic, it is 10 days since they tested positive.

15. If a student changes classes and is with many different students during the day rather than just one classroom of students, and that student tests positive, do *all* those students have to quarantine?

Close contacts 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. It will be up to the discretion of the contact tracer to decide who is considered close contacts in a classroom setting. Contact tracers will consider age of students, length of exposure, social distancing, and other circumstances during time of exposure. Those who are identified as close contacts must quarantine (not leave the house unless necessary) for 14 days from last time of known exposure.

In order to limit the number of students that may need to quarantine, it is wise to keep students in small cohorts.

16. Should all students get tested for COVID-19 prior to starting school?

No, the COVID-19 test only indicates the presence of the virus the moment the test is taken.

17. If a student, teacher, or other school personnel are told they are a close contact of a positive case, can they take a COVID-19 test, and if negative be released from quarantine?

No, a person can become COVID-19 positive any time during quarantine (the 14 days after the exposure). No number of COVID-19 negative tests exempt a person from quarantine.

18. Should students get an antibody test to prove that they have already had COVID-19 and thus do not need to quarantine if they are exposed again?

No, students do not need to get an antibody test. Students who have a proven COVID-19 positive test in the last 3 months do not have to quarantine again after a new exposure.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>



19. If a student or teacher already had a proven case of COVID-19 and then has an exposure in school, do they have to quarantine anyway?

No, students or teachers with proven cases of COVID-19 will not need to quarantine if the positive test was within the last 3 months of the new exposure.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

20. Does the school have to tell families which child tested positive for COVID-19? Isn't that a violation of HIPAA?

The identity of the child or school personnel should be protected as much as possible. Close contacts will be contacted by the Health Department and only given information related to their exposure. The name of the COVID-19 student or school personnel will be shared on a need to know basis only.

21. Will children who are at the highest risk for complications, such as children with severe respiratory problems, be required to stay out of the school classroom until this pandemic is over?

The decision to send a child to school or not will be made jointly by the parent and school with guidance from the child's medical provider.

22. What if a staff member/student travels domestically or internationally?

There are no current restrictions for staff members or students who travel domestically or internationally. However, it would be advisable that anyone travelling to areas of the United States or the world that have high rates of COVID-19 consider a 14-day quarantine upon return. This is a link to a map which is updated regularly to show COVID hotspots around the world.

- [COVID Risk Levels Dashboard](#), Brown School of Public Health

23. Are face shields acceptable alternatives to masks?

No, the CDC does not recommend the use of face shields as a substitute for clothing face coverings. However, a face shield that covers the eyes, nose and mouth can be worn in addition to a cloth mask if desired. Moreover, a face shield may be worn by younger children who are not required to wear a cloth face mask.

24. If a building is K-8 or 5-6, or otherwise serves students in grades PK-5 and 6 and higher, can the school choose to do strict cohorting and therefore not require facial coverings for student?

No.



25. Does the Governor's Executive Order No. 2020-153 apply to schools?

No, schools are not considered public spaces.

26. How should masks be stored when they are not in use?

Due to [EO No. 2020-185](#), masks are required for all students in grades kindergarten and up while in their classrooms.

27. What does the Health Department recommend for the cleaning of desks in between class periods?

As required in the Michigan 2020-21 Return to School Roadmap, student desks must be wiped down after each class period (page 27 of Michigan 2020-21 Return to School Roadmap).

If the students are older (middle school and up) we recommend that the students themselves wipe down their desk using an EPA-approved agent and follow the labeled instructions. If the instructions do not require the use of gloves, then no gloves should be required. Each student can have one towel or wipe, do the wipe down, and throw the wipe or towel out on their way out of the room. With smaller children, an adult would have to rapidly do the cleaning in between classes.

28. Are there special considerations for center-based students regarding mask requirements?

Yes, the decision of whether a student at a center-based school will be required to wear a mask will be made by the students' physician, family and school personnel.

29. What should bus drivers do if wearing a mask causes their glasses to fog up?

Bus drivers should wear a mask anytime a student is getting on or off the bus. Once the students are seated and the driver begins to drive the bus driver may lower the mask to prevent their glasses from becoming foggy. Bus drivers must not wear a face shield because it alters their ability to see. Bus companies should consider placing a plexiglass barrier between the driver and the students.

30. If children ride a bus together and one is found to be COVID positive will every child on the bus have to quarantine?

No, not necessarily. The KCHD recommends that students be given assigned seats on buses. should a student become COVID positive, only the other students that sat close to this student would need to quarantine. The best way to know who is contact is through assigned seating. An additional safety measure is that students should be spread out on the bus as much as possible.

31. What special precautions should be taken for music and band classes?



Special precautions should be taken including social distancing and smaller cohorts. For more guidance, see pages 30-31 of the Toolkit.

32. What should siblings do when they have someone in their home that is symptomatic, has been tested, but the test results have not come back yet?

When there are students awaiting test results of their siblings, they should not attend school. If the test comes back negative, they can come back to school. If the test result for the sibling comes back positive, they have already started their required 14-day quarantine.

33. If a person in quarantine begins to show symptoms that are concerning for COVID-19 should the other household members be quarantined while awaiting the sibling to be tested and receive test results?

Yes, since the person qualifies as a close contact and is now showing symptoms, they would be considered a probable positive. Therefore, the other siblings should quarantine. If test results are not positive, the siblings can return to school.

34. If a school-aged student is identified as a close contact by the Health Department, and is therefore placed in quarantine, will the school be notified?

Yes, the KCHD has a process in place to identify close contacts who are school-aged. The contact tracer asks the parent the name of the students' school and we attempt to contact the school as soon as possible.

35. What guidance exists regarding mask exemption requests for children attending in-person school?

See guidance related to [mask exemption requests](#) from the CDC and AAP.

36. What are the most updated guidelines about athletic activities and sports?

The Michigan High School Athletic Association (MHSAA) is a reliable source for guidance about athletic activities. The following link specifically addresses face coverings and crowds/gathering sizes. The KCHD defers guidance about sports and athletics to [MHSAA](#).

37. How far back must you look when identifying close contacts to a positive case?

A close contact is anyone who was within 6 feet of an infected person for a total of 15 minutes or more. An infected person can spread COVID-19 starting from 48 hours (or 2 days) prior to getting tested or showing symptoms.