

**COVID-19
PREPAREDNESS AND
RETURN TO SCHOOL
ROADMAP**



**Oak Park
Schools**

Dr. Jamii Hitchcock | Superintendent

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INTRODUCTION

Oak Park School District (“OPSD”) or (the “District”) has developed this COVID-19 Preparedness and Response Plan & Policy based on the guidance from the following agencies:

- Centers for Disease Control and Prevention (CDC)
- Michigan Department of Health and Human Services (MDHHS)
- Michigan Occupational Safety and Health Administration (MIOSHA)
- Oakland County Health Division (OCHD)

The purpose of this plan is to inform the Oak Park School District’s employees, students, contractors, vendors, visitors, parents, and community members of the protocols implemented within the District, to optimize the health and safety of the entire school community during a global pandemic. This document also outlines the specific expectations and measures for any individual entering District property in order to maximize mitigation strategies and minimize risks associated with the spread of the COVID-19 virus.

SUPPORTING DOCUMENTS

- *State of Michigan Guidelines for Operating Schools Safely*

STATE OF MICHIGAN GUIDELINES FOR OPERATING SCHOOLS SAFELY

INTRODUCTION

The State of Michigan has set a goal that all school districts offer an in-person learning option for students as soon as possible, and no later than March 1st. The value of in-person schooling is immeasurable and we all want a return to normal by doing what is best for students, educators and parents. Governor Whitmer and the State of Michigan are working diligently with local school officials and community leaders to ensure schools can operate with proven mitigation measures in place.

Many students have struggled to succeed with distance learning, and the students facing the greatest challenges are disproportionately those who already face the most obstacles. Many of these students and their families need a face-to-face learning environment in order to learn and thrive. Some families will still choose for their children to continue learning remotely and some educators meet the CDC definition of high-risk – and we will continue to support these groups that wish to continue teaching and learning at a distance. We also know that in-person learning provides a key benefit for many parents who rely on their children being in school to be able to participate fully in the economy.

Over the last nine months, medical experts and epidemiologists have closely followed the data and have learned that schools can establish a low risk of transmission by ensuring that everyone wears a mask and adopting careful infection prevention protocols. It is critical that we take a fact-based approach by doing things like wearing face masks, washing hands, and practicing social distancing. As rapid testing access expands, we will have even more tools to make schools safer for students, educators, and other staff.

Schools are strongly encouraged to provide as much in-person learning as is feasible, especially for young learners (PK-5), economically disadvantaged learners, learners with special education needs, and English language learners. The goal should be to reach at least half-time for all students. Nevertheless, we recognize that schools may still need to close if they are experiencing an uncontrolled outbreak, or if they are unable to operate due to quarantined staff. And if cases again rise precipitously, schools may be subject to closure orders from state or local health departments. Unless subject to a closure order, school reopening and closing decisions will ultimately be made by local school districts.

This document collects and summarizes guidance for schools across a range of topics that are relevant to in-person school operations. Prior guidance based on state reopening phases or local case rate targets is now obsolete. In its place, this document recommends that, to reopen or remain open under levels of spread now prevailing statewide, schools should continue to adopt and implement strict infection-control measures. And it affirms that reopening decisions should be made locally, using a holistic assessment of multiple pandemic metrics, and considering the broader COVID context at a given time. Please note that this guidance is intended to update the June 30th, 2020 MI Safe Schools Roadmap.

This guidance is subject to change. MDHHS is carefully monitoring new developments, including the entry of a more transmissible COVID variant into the United States. This document may also be updated if new guidance is provided from the Centers for Disease Control.

STATE OF MICHIGAN GUIDELINES FOR OPERATING SCHOOLS SAFELY

SARS-COV-2 TESTING IN SCHOOLS

Testing to diagnose COVID-19 is part of a comprehensive strategy and should be used in conjunction with promoting behaviors that reduce spread (e.g., mask use, social distancing, hand hygiene); maintaining healthy environments (e.g., cleaning and disinfection, ventilation); managing school operations (e.g., class sizes); and preparing for when someone gets sick.

Testing is not a requirement for schools to return to in-person learning. Schools that follow existing guidance carefully and diligently are not considered major risks for outbreaks. However, testing and early detection of cases may be one additional tool that may be used to allow for in-person instruction.

The state has worked with the Michigan High School Sports Association to pilot a testing program in 200 state high schools. Now that feasibility has been assessed, the state will roll out a voluntary program to offer weekly testing to educators in public schools. Additional pilot programs may also be offered to school districts that are interested in a limited amount of student testing for the purposes of surveillance.

Testing in schools is not a replacement for mitigation practices, including use of masks and social distancing.

VACCINATIONS

The Michigan Department of Health and Human Services (MDHHS) has released a prioritization plan for COVID-19 vaccinations. Teachers and other school staff are classified as "frontline essential workers" under the MDHHS guidance and are now eligible to receive vaccinations with the start of Phase 1b. School districts will be working with state and local partners to arrange vaccination opportunities for school staff. Vaccination is not a requirement for schools to return to in-person learning.

MDHHS is following the Centers for Disease Control and Prevention (CDC) recommendations for prioritization of distribution and administration of COVID-19 vaccines for adults. CDC recommendations are based on input from the Advisory Committee on Immunization Practices (ACIP). This federal advisory committee is made up of medical and public health experts who develop recommendations on the use of vaccines in the United States. ACIP recommended on 12/3/20 that both 1) health care personnel and 2) residents of long-term care facilities be offered COVID-19 vaccine in the initial phase of the vaccination program.

FEDERAL FUNDING AVAILABLE FOR SCHOOLS

In December 2020, Congress passed and President Trump signed a bipartisan COVID-19 relief package that provides widespread economic aid, including significant financial support for schools. Michigan's PK-12 schools are expected to receive more than \$1 billion, largely allocated through a formula driven by Title I. This is more than four times the amount allocated to schools from the original CARES Act.

STATE OF MICHIGAN GUIDELINES FOR OPERATING SCHOOLS SAFELY

FEDERAL FUNDING AVAILABLE FOR SCHOOLS CONT.

Among other allowable uses, schools may use these funds to implement infection mitigation strategies, including:

- Coordination of coronavirus response efforts
- Developing and implementing procedures and systems to improve the preparedness and response efforts of local educational agencies
- Training and professional development for staff of the local educational agency on sanitation
- Purchasing supplies to sanitize and clean
- School facility improvements that reduce risk of virus transmission and exposure to environmental hazards
- Upgrades and maintenance to improve indoor air quality
- Other activities necessary to maintain operations

MDE will release more detailed guidance on district-by-district allocations and procedures for drawing down these funds.

SAFETY PROTOCOLS

Designated COVID-19 point of contact: Schools should designate a staff person, such as the school nurse, to be responsible for responding to COVID-19 concerns. All school staff and families should know who this person is and how to contact them.

Cohorting: If feasible, schools should divide students and teachers into distinct groups that stay together throughout an entire school day during in-person classroom instruction. Schools should limit mixing between groups such that there is minimal or no interaction between cohorts.

Personal Protective Equipment: Per the MDHHS December 18th Epidemic Order, face masks (as defined by MDHHS) must always be worn indoors by all staff and students 5 and older, except for meals and in other limited circumstances.

- Face masks may be made of cloth material (preferably multi-layered) or they may be disposable surgical or KN95 masks
- Masks should fit snugly, with no gaps, and should be worn over the nose and mouth
- Cloth face masks should be washed daily. Disposable face masks should be disposed of at the end of each day
- Plastic face shields or eye protection may be used in addition to cloth face masks for additional risk mitigation, if desired.
- Further guidance on masking is available online.

Hand Hygiene: Provide adequate supplies to support hand hygiene (including soap, hand sanitizer with at least 60% alcohol for safe use by staff and students, paper towels, tissues, and signs reinforcing proper hand washing techniques).

STATE OF MICHIGAN GUIDELINES FOR OPERATING SCHOOLS SAFELY

SAFETY PROTOCOLS CONT.

Spacing and Movement:

- Maintain six feet of distance at all times.
- In instructional settings, space desks six feet apart, making creative use of all school spaces (e.g., gymnasiums, cafeterias, multi-purpose rooms).

If physical distancing of six feet cannot be maintained in instructional settings with an all in-person approach, schools should consider alternative strategies to reduce student density. This may include the use of a hybrid schedule that allows students to maintain six feet of distancing and attend in-person school for at least half-time.

If a school district nonetheless proceeds with in-person learning, at a minimum it should:

- Maintain minimum seated distance of three feet in classrooms
- Consider the feasibility of installing barriers/partitions for additional risk mitigation
- Ensure that when students are eating at lunch with masks off, they maintain six feet of physical distance to the extent feasible
- Class sizes should be kept to the level afforded by the spacing guidance listed above.

Ventilation:

- Increase outdoor air ventilation, using caution in highly polluted areas
 - When weather conditions allow, increase fresh outdoor air by opening windows and doors (if possible) unless this poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms)
 - Use fans to increase the effectiveness of open windows.
 - Position fans securely and carefully in or near windows to facilitate outdoor air exchange
 - Consider ventilation system upgrades or improvements after obtaining consultation from experienced Heating, Ventilation and Air Conditioning (HVAC) professionals and reviewing specific guidance ([American Society of Heating, Refrigerating, and Air-Conditioning Engineers \(ASHRAE\) Guidance for Building Operations During the COVID-19 Pandemic](#))
- The Michigan Department of Environment, Great Lakes, and Energy (EGLE) [has a program to assist Michigan K-12 public schools](#) by providing recommendations to reduce infectious aerosol transmission via the heating, ventilating, and air-conditioning (HVAC) systems. This program surveys Michigan K-12 public schools to gather information on their HVAC systems. On completing the survey, schools are eligible to request an onsite inspection from a licensed HVAC contractor for recommendations
- Air filters should be changed on a more frequent basis and per manufacturers' guidance
- See [this EGLE document](#) and [this EPA website](#) for additional air quality best practices

STATE OF MICHIGAN GUIDELINES FOR OPERATING SCHOOLS SAFELY

SYMPTOMATIC SCREENING

- Staff and students should screen for symptoms associated with COVID-19, at home, prior to coming to school. If they exhibit any respiratory or gastrointestinal symptoms, or have a temperature of 100.4 or greater, they should stay home
- Every school should identify and designate a quarantine area and a staff person to care for students who become ill at school
- **Symptomatic individuals** may not attend school until they have tested negative on a molecular (PCR) test, or have completely recovered according to [CDC guidelines](#).

RESPONDING TO POSITIVE TESTS

In the event of a lab or clinically diagnosed case of COVID-19, the school should immediately work with the local health department in accordance with guidelines to initiate an investigation and implement measures up to, and including, closure if necessary.

FOOD SERVICE, ATHLETICS, AND EXTRACURRICULAR ACTIVITIES

- As feasible, have children eat meals outdoors or in classrooms, while maintaining social distance (at least 6 feet apart), instead of in a communal dining hall or cafeteria
- Close communal use shared spaces such as dining halls if possible; otherwise, stagger use and clean and disinfect between use
- Recess and physical exercise classes should be conducted outside whenever possible with appropriate social distancing and cohorting of students
- Classes that involve physical contact among participants, a high degree of exhalation or physical exertion indoors, or where masks cannot be worn, should not be conducted at this time
- Activities that can be modified to allow social distancing or that require minimal physical contact can continue
- MDHHS orders should be consulted for the most recent requirements on which sports are permitted

SURFACES

- Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use
- **Frequently touched surfaces** including light switches, doors, benches, bathrooms, should be cleaned at least twice daily with either an [EPA-approved disinfectant](#) or diluted bleach solution

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WATER

- After a prolonged facility shutdown, to minimize the risk of lead or copper exposure, and Legionnaire's disease, follow EPA's steps (Training, Testing, and Taking Action) to ensure that all water systems and features are safe to use
- Restoring and maintaining water quality after extended shutdowns is key to protecting educators and students from exposure to health risks. EGLE recommends the development of a drinking water quality maintenance plan to reduce risks associated with low to no use of water
- Use this checklist for restoring and maintaining water quality
- Follow EPA's steps (Training, Testing, and Taking Action) to ensure that all water systems and features are safe to use
- Additional recommendation on improving the quality of school drinking water can be found here

WORKPLACE SAFETY PRECAUTIONS

Schools and their employees are covered by guidance issued by the Michigan Occupational Safety and Health Administration's (MiOSHA) October 14th Emergency Rules. These rules clearly outline the practices that all employers must undertake regarding employee screening, exposure notification, preparedness planning, infection prevention, health surveillance, personal protective equipment, and training. Schools are required to comply with all guidelines articulated by the October 14th rules. School districts should also consult federal guidance issued by the CDC entitled, "Operating Schools during COVID-19: CDC's Considerations" for additional information.

QUARANTINE AND ISOLATION PRECAUTIONS FOR STAFF AND STUDENTS

Staff and students who either test positive or are close contacts of those who test positive should follow the guidance issued by MDHHS as well as Local Health Departments. If individuals are considered close contacts, but do not have symptoms, they should nonetheless quarantine for 10 days, per CDC guidance. They should only resume normal activities if they have no symptoms.

Contacts who do exhibit symptoms should get tested immediately. Additional information is available here.

CHILD CARE AND AFTER SCHOOL PROGRAMMING

Schools are strongly encouraged to allow child care and after school programming to occur in person in school buildings. Licensed child care providers should follow the "Guidelines for Safe Child Care Operations During COVID-19" issued by the Department of Licensing and Regulatory Affairs.

STATE OF MICHIGAN GUIDELINES FOR OPERATING SCHOOLS SAFELY

SCIENTIFIC STUDIES REGARDING SCHOOL RE-OPENING

The guidance in this document is informed by outbreak information throughout the state of Michigan, consultations with expert epidemiologists and clinicians, as well as the following studies and reports:

American Academy of Pediatrics and the Children's Hospital Association, "Children and COVID-19: State Data Report: Summary of publicly reported data from 49 states, NYC, DC, PR, and GU," Published 12/17/2020, <https://downloads.aap.org/AAP/PDF/AAP%20and%20CHA%20-%20Children%20and%20COVID-19%20State%20Data%20Report%2012.17.20%20FINAL.pdf>

Ingo E. Isphording, Marc Lipfert, and Nico Pestel, "School Re-Openings after Summer Breaks in Germany Did Not Increase SARS-CoV-2 Cases," IZA Institute of Labor Economics, October 2020, <http://ftp.iza.org/dp13790.pdf>

Brandon Guthrie, Jessie Sellar, and Lorenzo Tolentino et al., "Summary of Evidence Related to Schools During the COVID-19 Pandemic," University of Washington COVID-19 Literature Report, October 19, 2020, <https://depts.washington.edu/pandemicalliance/wordpress/wp-content/uploads/2020/10/COVID-19-Schools-Summary-2020-10-19.pdf>

Dyani Lewis, "Why schools probably aren't COVID hotspots," Nature, October 29, 2020, <https://www.nature.com/articles/d41586-020-02973-3>

Smriti Mallapaty, "How schools can reopen safely during the pandemic," Nature, August 18, 2020, <https://www.nature.com/articles/d41586-020-02403-4#ref-CR1>

Walter S. Gilliam, Aryn A. Malik, and Mehr Shafiq et al., "COVID-19 Transmission in US Child Care Programs," Pediatrics, December 2020, <https://pediatrics.aappublications.org/content/early/2020/12/04/peds.2020-031971>

World Health Organization, "What we know about COVID-19 transmission in schools," October 21, 2020, https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update39-covid-and-schools.pdf?sfvrsn=320db233_2

DEFINITIONS

For the purpose of this COVID-19 Preparedness and Return to School Roadmap, the following definitions apply and will assist in the understanding of terms that are relevant and unique to the current global pandemic.

- **Cleaning:** the removal of germs, dirt, and impurities from surfaces or objects.
- **Close Contacts:** someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or for exposure to asymptomatic individuals, two days prior to a positive test result).
- **COVID-19:** an illness caused by a coronavirus called SARS-CoV-2. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from the COVID-19 illness.
- **Disinfecting:** the killing of germs on surfaces or objects by use of chemicals.
- **Global Pandemic:** epidemic that has spread over several countries or continents, usually affecting a large number of people.
- **Isolation:** the separation of sick people with a contagious disease from people who are not sick. This includes people with or without symptoms of COVID-19, diagnosed with COVID-19, or who are awaiting test results for COVID-19 (isolation is a period of 10 days from symptom onset or a positive test result).
- **Mitigation:** strategies to reduce or prevent COVID-19 transmission.
- **Quarantine:** the separation and restriction of movement for people who have been exposed to a contagious disease to see if they become sick. This includes anyone identified as a “close contact” to a person infected with COVID-19 (quarantine in OPSD is 14 days).
- **School Health Room:** the designated room for students with ailments unrelated to COVID-19 who require medical attention.
- **Supervised Isolation Center (SIC Room):** the designated quarantine room for students presenting with COVID-19 symptoms that require attention, immediate action, and isolation from others.
- **Social Distancing:** putting space between yourself and other people who are not from your household.

IDENTIFYING COVID-19

Symptoms of COVID-19 as defined by the CDC and OCHD include:

- **Fever (of 100.4° F or higher or feeling feverish)**
- **Chills**
- **Cough**
- **Shortness of breath or difficulty breathing**
- **Extreme fatigue**
- **Muscle or body aches**
- **Headache**
- **New loss of taste or smell**
- **Sore throat**
- **Congestion or runny nose**
- **Nausea or vomiting (2x in a 24-hour period)**
- **Diarrhea (2x in a 24-hour period)**

COVID-19 SYMPTOMS

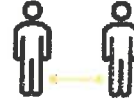
Are you currently experiencing any of the following symptoms?

- **Fever** (100.4 degrees or greater)
- **Chills**
- **Sore throat**
- **Headache**
- **Cough**
- **Muscle or body aches**
- **Diarrhea** (2x in 24 hours)
- **Extreme fatigue**
- **Shortness of breath or difficulty breathing**
- **New loss of taste/smell**
- **Nausea or vomiting** (2x in 24 hours)
- **Congestion or runny nose**

COVID-19

ACT NOW!

WEAR A MASK



STAY 6 FEET APART



AVOID CROWDS

Symptoms of Coronavirus

Updated Dec. 22, 2020

[Print](#)

What you need to know

- Anyone can have mild to severe symptoms.
- **Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.**



Coronavirus Self-Checker

A tool to help you make decisions on when to seek testing and medical care

[Get Started](#)
[About the Tool](#)

Watch for symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- 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

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

When to seek emergency medical attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest

- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Caring for yourself or others

- [How to protect yourself](#)
- [How to care for someone who is sick](#)
- [What to do if you are sick](#)

What is the difference between Influenza (Flu) and COVID-19?

Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2), and flu is caused by infection with [influenza viruses](#).

COVID-19 seems to spread more easily than flu and causes more serious illnesses in some people. It can also take longer before people show symptoms and people can be contagious for longer. More information about differences between flu and COVID-19 is available in the different sections below.

Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and [testing](#) may be needed to help confirm a diagnosis.

While more is learned every day about COVID-19 and the virus that causes it, there is still a lot that is unknown. This page compares COVID-19 and flu, given the best available information to date.

Digital Resources



Symptoms of COVID-19 (PDF)

Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms of COVID-19 (Video)

Symptoms can include fever, cough and shortness of breath.

Symptoms of COVID-19: ASL (Video)

American Sign Language Video about symptoms.

Stop the Spread of Germs (PDF)

Help prevent the spread of respiratory diseases, like coronavirus disease 2019.

More Information

1/27/2021

Symptoms of Coronavirus | CDC

[Older Adults](#)

[People at Increased Risk](#)

[Travelers](#)

[COVID-19 and Seasonal Allergies FAQs](#)

[Healthcare Professionals](#)

[COVID-19 in Children and Teens](#)

Last Updated Dec. 22, 2020

DAILY SCREENING PROTOCOL

EMPLOYEES

1. If the OPSD is fully virtual, the following protocols will be used at each District Building to enter the work place.

A. PRINCIPALS AND BUILDING LEADERS PREPARE BUILDING ENTRIES:

- Identify one (1) door (clearly identify the door #) that will be used for employees and visitors to enter and exit the building.
- Set up a 6-foot table at the entrance of the designated door. Prepare the table with the following items:
 - Two cup holders for pens labeled "clean" and "used"
 - Pens
 - Hand sanitizer
 - Masks
 - Copies of the Oakland County Michigan Health Division *Employee, Student, Visitor & Vendor Screening Checklist for Schools*
 - Copy of the *Sign in and Sign out Spreadsheet* labeled with the current date
- Notify the staff of the designated door (door #) to use when entering and exiting the building.
- Label other main entrance doors as needed, to redirect all staff and visitors to the designated door to enter.
- Identify and train staff responsible for checking people in and out each day.
- Set up a filing system, in house, to secure the sign in and sign out spreadsheet with individual screening checklists for each day.
- Each day prepare a new sign in and sign out spreadsheet with the current date.

B. MIOSHA DOCUMENTATION

- Employees must complete and submit the *Request for In-Person Work by Employee Form* (required one time) and submit it to the appropriate School Official prior to entering the building.
- School Officials must use the *In-Person Work by Position/Employee Group Audit* form to record all in-person workers.

C. APPROVAL TO ENTER A BUILDING

- When an individual enters a building, they must complete the screening checklist and have it verified by the School Official in the building.

- If the checklist is satisfactory the School Official signs the bottom of the checklist and directs the individual to sign in using the spreadsheet.
 - It is recommended practice to sanitize the table on a regular basis, throughout the day depending on traffic.
 - If the screening checklist has one or more symptoms, the School Official will direct them to return home and recommend testing.
 - Each individual must sign in and sign out each time they enter and exit the building to keep track of cumulative time in the building.
 - At the end of the work day, staple the sign in and sign out sheet to the screening checklists and file in chronological order.
 - The next work day, start a new sign in-sign-out spreadsheet.
2. If the District is providing **in-person learning** the following protocol is to be used to enter the work place.
- All employees must self-screen for COVID-19 signs and symptoms daily by:
 - Submitting a signed copy of the *COVID-19 School Health Screening Agreement (Employee)*.
 - The self-screening should be done using the *Employee, Student, Visitor & Vendor Checklist for Schools* as a guide.
 - Employees exhibiting symptoms of COVID-19 as outlined in the *Employee, Student, Visitor & Vendor Checklist for Schools* must stay home and should get tested for COVID-19 with a polymerase chain reaction (PCR) test.
 - Employees who become ill with a fever or symptoms of COVID-19 while on campus during the work day should:
 - notify their Direct Supervisor;
 - obtain and apply a surgical mask; and
 - leave the premises immediately if stable enough to self-transport or an ambulance will be called.
 - Employees, or those with household members who are awaiting a COVID-19 test result or have tested positive for COVID-19, are prohibited from entering the work place.

STUDENTS

- All students with parent/guardian guidance, must self-screen daily for COVID-19 signs and symptoms by:
 - Submitting a copy of the *COVID-19 School Health Screening Agreement*, signed by a parent/guardian (required one time before returning to in-person learning).
 - The self-screening should be done using the *Employee, Student, Visitor & Vendor Checklist for Schools* as a guide.

- Students who become ill with a fever or symptoms of COVID-19 while on campus during the school day should:
 - notify their teacher or trusted adult;
 - obtain and apply a surgical mask over current mask;
 - be escorted to the SIC;
 - be sent home immediately by parent/guardian pick-up.
- Students and all siblings of those who are awaiting a COVID-19 test result or have tested positive for COVID-19 are prohibited from entering the District.

VISITORS (PARENTS, CONTRACTORS, AND VENDORS)

- When a non-employee or non-student enters a building, they must complete the *Employee, Student, Visitor & Vendor Checklist for Schools*.
- The checklist is verified by the School Official in the building.
- If the checklist is satisfactory the School Official signs the bottom of the checklist and directs the individual to sign-in using the spreadsheet.
- It is good practice to sanitize the table on a regular basis, throughout the day depending on traffic.
- If the individual who completes the screening checklist has one or more symptoms, the school official will direct them to return home and recommend PCR testing.
- Each individual must sign-in and sign-out each time they enter and exit the building to keep track of cumulative time in the building.
- A visitor who refuses to comply with one of the requirements listed above, after being asked to do so by a District employee, will be asked to leave. If the visitor refuses to comply with this request, subsequent District action may include calling local police to request their assistance in removing the visitor, charges under state law or local ordinance for trespassing, and/or banning the visitor from District property.

SUPPORTING DOCUMENTS

- *Oakland County Michigan Health Division - Employee, Student, Visitor & Vendor Screening Checklist for Schools*
- *Sign in and Sign out Spreadsheet*
- *Request for In-Person Work by Employee Form*
- *In-Person Work by Position/Employee Group Audit*

SUPPORTING DOCUMENTS (CONTINUED)

- *COVID-19 School Health Screening Agreement (Employee)*
- *COVID-19 School Health Screening Agreement (Student)*
- *Oakland County Michigan Health Division – Should I Report to School?*
- *Oakland County Michigan Health Division – Staff and Student At-Home Screening Checklist for Schools*



Employee, Student, Visitor & Vendor Checklist for Schools



Name: _____ Date: _____

This checklist provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

SCREENING QUESTIONS AND HOW TO RESPOND

1. Are you currently experiencing ONE or more of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

- New cough
- Shortness of breath
- Difficulty breathing
- New loss of taste or smell
- No I am not experiencing one or more of the above symptoms.

If you are experiencing one or more of the above symptoms, stay home, consult your medical provider, and get tested for COVID-19.

2. Are you currently experiencing any TWO of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

- Fever (100.4 degrees or greater)
- Chills (rigors)
- Diarrhea (2x in 24 hours)
- Congestion or runny nose
- Nausea or vomiting (2x in 24 hours)
- Headache
- Muscle aches (myalgias)
- Sore throat
- Fatigue
- No I am not experiencing two or more of the above symptoms.

If you are experiencing two or more of the above symptoms, stay home, consult your medical provider, and get tested for COVID-19.

If experiencing only one of these symptoms, stay home and consult your medical provider. You may return to work/school after being fever free for 24 hours without taking fever reducing medication and symptoms have improved.

3. Have you had close contact (within 6 ft for 15 minutes or greater) with anyone (including household members) who had a positive COVID-19 diagnostic test in the past 14 days?

- Yes
- No

If yes to question 3 the CDC requires a 14 day quarantine from last date of exposure.

If you answer NO to all the above questions, you have passed the screening and can begin working and/or attend school.

4. Have you traveled internationally within the last 14 days?

- Yes
- No

If yes to question 4, the Centers for Disease Control and Prevention (CDC) recommends to stay home as much as possible for 14 days, avoid contact with those at high-risk for COVID-19 infection, and consider getting tested.

Checked in by: _____

For more information, visit oakgov.com/covid. Questions? Contact Nurse On Call at 1.800.848.5533



**Oak Park
Schools**

Request for In-Person Work by Individual Employee

Pursuant to the October 14, 2020 Michigan Occupational Safety and Health Administration (MIOSHA) Emergency Rules, in-person work for employees is prohibited "to the extent that their work activities can feasibly be completed remotely." If an employee insists on performing work in-person at the school, the employee must complete this request form and submit it to _____ [Insert contact person] who should review the form and determine whether some or all aspects of the employee's work cannot feasibly be completed remotely.

To be completed by the Employee:

Employee Name: _____
Job Title: _____
Building: _____
Date: _____
Time In: _____

- Reason: The Employee is experiencing issues with internet connectivity, which is necessary to perform work.
- The Employee is conducting a special project that requires classroom resources (e.g., science project).
- The Employee is obtaining, printing, or making copies of classroom materials.
- If other, please specify: _____

Employee Signature

For Internal Purposes:

____ Approved ____ Not Approved

Administrator: _____ (Signature) Date: _____

In-Person Work by Position/Employee Group Audit

Pursuant to the October 14, 2020 Michigan Occupational Safety and Health Administration (MIOSHA) Emergency Rules, in-person work for employees is prohibited "to the extent that their work activities can feasibly be completed remotely." If certain positions or employee groups cannot feasibly be completed remotely and instead require in-person work, the School must identify the affected positions and document why those employees must be physically present in the workplace and what aspect(s) of their work cannot feasibly be completed remotely.

To be completed by the School:

Position/Employee Group	Can Employee/Employee Group feasibly complete all work remotely? If not, list aspects of work that cannot feasibly be completed remotely.	If some or all work cannot feasibly be completed remotely, list specific reason(s) why that aspect of work cannot feasibly be completed remotely and why Employee/Employee Group must be physically present in the workplace and for what periods of time.

EMPLOYEE

COVID-19 SCHOOL HEALTH SCREENING AGREEMENT



Instructions for Employees:

For the health and safety of our students and employees, Oakland County Health Division (OCHD) requires employees be screened for symptoms of COVID-19 before entering any OPSD building. The Centers for Disease Control and Prevention (CDC) do not recommend screenings be done by the schools in consideration of time and interruption to education. Schools may conduct additional in school screening if cases have been identified in the school or prior to after school activities.

Complete the information below prior to returning to work. By doing so, you indicate your understanding and agreement to perform daily symptom screenings on yourself.

By signing this form, I am committing to screening myself daily for the 2020-2021 school year, unless otherwise directed. I also understand that it is my responsibility to report my absence in Willsub if I will not be reporting to work for potential COVID-19 symptoms. COVID-19 positive results must be reported to your Administrator.

I commit to screening myself _____ daily for COVID-19 symptoms and exposure.

OPSD Employee Name: _____

Address: _____ Phone Number: _____

Date: _____

School Name: _____

Employee Signature: _____

COVID-19 SCHOOL HEALTH SCREENING AGREEMENT



Instructions for Parents and/or Guardians

For the health and safety of our students, Oakland County Health Division (OCHD) requires students be screened for symptoms of COVID-19 before getting on a bus or entering school. The Centers for Disease Control and Prevention (CDC) do not recommend screenings be done by the schools in consideration of time and interruption to education. Schools may conduct additional in school screening if cases have been identified in the school or prior to after school activities.

Complete the information below prior to sending your child to school. By doing so, you indicate your understanding and agreement to perform daily symptom screenings on your child.

By signing this form, I am committing to screening my child daily for the 2020-2021 school year, unless otherwise directed. I also understand that it is my responsibility to call the school immediately if my child is not going to school for potential COVID-19 symptoms.

I commit to screening my child _____ daily for COVID-19 symptoms and exposure.

Parent(s)/Guardian(s) Name: _____

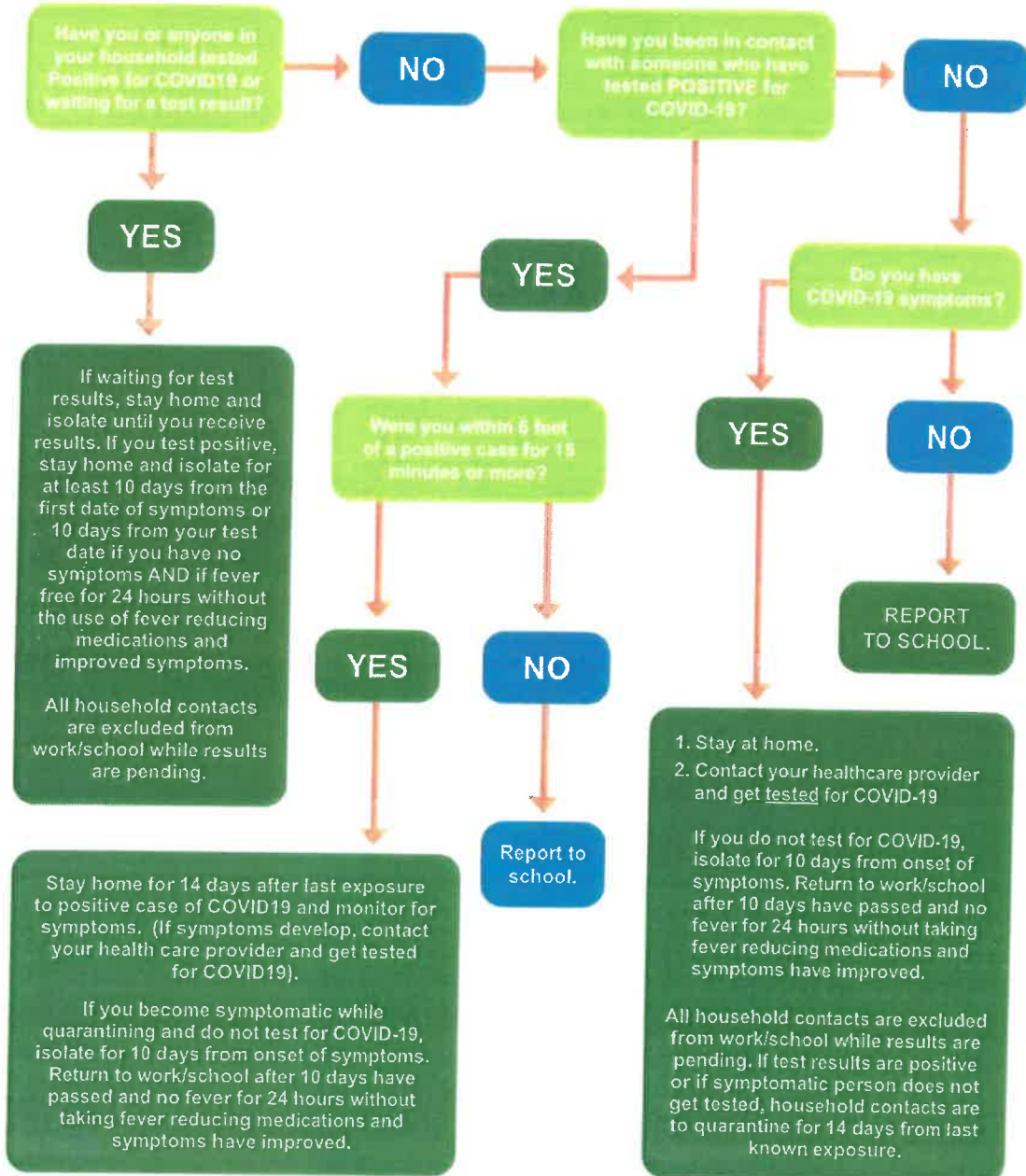
Address: _____ Phone Number: _____

_____ Date: _____

School Name: _____

Parent or Guardian Signature: _____

START HERE



The quarantine period may be reduced from fourteen (14) days to ten (10) days if the below requirements are followed by the exposed individual:

- The individual does not develop symptoms or show clinical evidence of COVID-19 infection during daily symptom monitoring for the 10 days after last exposure; and;
- Daily symptom monitoring continues through day 14 after the last exposure.

STAFF AND STUDENT AT-HOME SCREENING CHECKLIST FOR SCHOOLS



If a child or staff member has any of the following symptoms, this indicates a possible illness and puts them at risk for spreading illness to others.

SCREENING QUESTIONS AND HOW TO RESPOND

1. Are you currently experiencing ONE or more of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

- New cough Shortness of breath Difficulty breathing New loss of taste or smell
 No I am not experiencing one or more of the above symptoms.

If you are experiencing one or more of the above symptoms, stay home, consult your medical provider, and get tested for COVID-19.

2. Are you currently experiencing any TWO of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

- Fever (100.4 degrees or greater) Chills (rigors) Diarrhea (2x in 24 hours) Congestion or runny nose
 Nausea or vomiting (2x in 24 hours) Headache Muscle aches (myalgias) Sore throat
 Fatigue No I am not experiencing two or more of the above symptoms.

If you are experiencing two or more of the above symptoms, stay home, consult your medical provider, and get tested for COVID-19.

If experiencing only one of these symptoms, stay home and consult your medical provider. You may return to work/school after being fever free for 24 hours without taking fever reducing medication and symptoms have improved.

3. Have you had close contact (within 6 ft for 15 minutes or greater) with anyone (including household members) who had a positive COVID-19 diagnostic test in the past 14 days?

- Yes No

If yes to question 3 the CDC requires a 14 day quarantine from last date of exposure.

If you answer NO to all the above questions, you have passed the screening and can begin working and/or attend school.

4. Have you traveled internationally within the last 14 days?

- Yes No

If yes to question 4 the Centers for Disease Control and Prevention (CDC) recommends to stay home as much as possible for 14 days, avoid contact with those at high-risk for COVID-19 infection, and consider getting tested.

For more information, visit oakgov.com/covid. Questions? Contact Nurse On Call at 1.800.848.5533

SOCIAL DISTANCING AND MITIGATING MEASURES

The following mitigation measures, as recommended by the CDC and OCHD, have been implemented and will be followed by all employees, students and visitors to reduce the risk of transmission of COVID-19 within the OPSD learning community.

With the support of the District, the building principal is designated as the **worksite supervisor** for his or her District building. As the worksite supervisor, the building principal is responsible for implementing and monitoring this plan.

1. FACE COVERINGS

- Anyone entering a District building will be required to wear a face mask covering their mouth and nose at all times.
- Employees, students, and bus drivers are required to wear a mask while on the bus.
- Employees, students, and visitors are required to wear masks in hallways, common areas, and playgrounds.
- Face shields will be available for teachers, paraprofessionals and other employees to wear in addition to a mask, if desired.
- Disposable masks will be kept in the office and classrooms for anyone who enters a District building without a face mask.

2. HYGIENE

- Signage for proper handwashing technique will be posted near all handwashing locations.
- Hand sanitizer with at least 60% alcohol and disinfecting wipes will be available in every classroom.
- Soap will be provided in all schools near water sources.
- Handwashing times for students will be scheduled every two to three hours.
- Students will be taught proper hygiene techniques such as handwashing, coughing and sneezing into their elbows, covering with a tissue, discarding tissue properly, etc.
- Students will hand sanitize or wash hands after playing on the playground.
- The District will limit the sharing of students' personal items and supplies.
- Students' personal items will be kept separate using lockers, cubbies, etc.
- Custodial staff will check and refill all hand hygiene supplies, such as hand sanitizer, soap dispensers, and paper towel in regular intervals throughout the day.

3. SOCIAL DISTANCING (SPACING, MOVEMENT AND ACCESSING)

- Desks will be spaced at least 6 feet apart and facing forward when feasible.
- Teachers/students will adhere to seating charts in all classrooms.
- Students at tables will be spaced apart and tables may be equipped with table plexiglass dividers.
- Teachers should maintain six feet of spacing from students when possible.
- Classroom windows may be opened to add additional air flow.
- When possible, Specials' teachers will travel to classrooms, especially at the elementary level.
- Visitors will not be allowed in the building, except under extenuating circumstances.
 - Strict visitor records will be kept.
 - Visitors who enter the building, will be screened following OPSD and Oakland County Health Division protocols, must wear a facial mask, and must sanitize hands upon entering.
- Signs, floor tape, and markings will be used in common areas to encourage and outline social distancing in 6-foot intervals.

4. FOOD SERVICE

- Cafeteria and food service staff will wear protective equipment including gloves, a surgical mask, and face shield, while preparing and serving meals.
- All staff and students will wash hands before and after meals.
- Lunch times and outdoor recesses will be staggered to maintain social distancing.
- Classrooms and/or outdoor areas may also be used for lunch.
- School-supplied meals will use disposable plates and utensils.
- Staff will follow social distancing guidelines while eating lunch in designated staff areas.
- Plexiglass shields will be used to serve food.

5. BUSING AND STUDENT TRANSPORTATION

- The Oak Park School District will work with its transportation provider, First Student, to implement busing protocols.
- All adults and students must wear masks on buses and use hand sanitizer before entering the bus.
- Students will be strategically seated to allow for social distancing.
- Students will enter the bus, sitting back to front and exit the bus front to back.
- Transportation vehicles will be cleaned and disinfected after every drop off and at the end of the day, paying close attention to cleaning and disinfecting frequently touched surfaces.
- Any equipment (such as wheelchairs, etc.) must be cleaned when being transported to schools.
- If a student is sick, they may not use District transportation. Schools will follow protocols for sick students.

- If a driver becomes sick, protocols for sick employees will be followed.
- Windows on buses should be opened, weather permitting, for ventilation during cleaning, between trips, and while in motion if appropriate and safe.

6. COMPLIANCE TO MITIGATION MEASURES

- Homemade and cloth masks must be washed daily.
- Disposable masks must be disposed of daily.
- Students who are not wearing a mask and refuse to do so in an area where a mask is required, will be issued a mask by a staff member and asked to put on the mask (consequences for insubordination may be followed as stated in the Student Code of Conduct).
- Students showing patterns of non-compliance may be removed from the school building and placed into remote instruction until the student agrees to comply with this safety protocol.
- Employees or students who become incapacitated or who are unable to remove facial coverings without assistance must not wear a mask.

SUPPORTING DOCUMENTS







- *Oakland County Michigan Heath Division – Reduce Your Risk:
Protect yourself from getting/spreading COVID-19. Make low-risk choice*



REDUCE YOUR RISK

Protect yourself from getting/spreading COVID-19. Make low-risk choices.



	SAFEST	SAFER	SOME RISK	RISKIEST
 FACE COVERING	Everyone is wearing a mask or face covering	Most are wearing a mask or face covering	Some are wearing a mask or face covering	No one is wearing a mask or face covering
 6 ft. SOCIAL DISTANCE	Not engaging in any activity in person; virtual only	Staying 6 feet or more from others	Staying under 6 feet from others	Standing face to face, hugging, shaking hands
 DROPLET SPREAD	Breathing normally	Speaking or breathing heavily	Shouting, yelling, or singing	Coughing or sneezing
 LOCATION	Outdoors in an open space	Staying under an outdoor shelter (gazebo, covered porch)	Large, indoor rooms with good air flow	Small, indoor rooms with poor air flow
 FOOD	Only bringing and touching your own food	Serving pre-portioned food, using good hand hygiene	Family style, but using your own serving utensils	Sharing plates, utensils, and cups
 GROUPS	Only household members	Small groups (two households, under 10 people)	Large groups over 10 people	Large gatherings with people from different geographic areas

REMEMBER

Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.

Stay home when you are sick, except to get medical care. Call ahead before you visit your doctor or emergency room.

CLEANING AND DISINFECTING

District cleaning and disinfecting is a team effort and requires a heightened awareness of your immediate surrounding, initiative, communication and a plan. The following measures have been taken to minimize the spread of COVID-19 at the District and building levels.

THE DISTRICT WILL:

- Make cleaning supplies available to employees at their buildings.
- Increase District cleaning and disinfecting to limit exposure to COVID-19, particularly on high-touch surfaces and shared equipment and products.
- Maintain the cleanliness of the office spaces, classrooms, hallways and common areas by:
 - Posting signs about the importance of personal hygiene;
 - Disinfecting high-touch services at least every 3-4 hours and as needed (computer keyboards, sinks and sink fixtures, telephones, door knobs, and light switches); and
 - Minimize the shared use of items (phones, desks, offices, etc.) when possible.
- Clean the bathrooms with an EPA approved disinfectant or diluted bleach solution at least every four hours. Custodial staff will note the time, date and initials on a cleaning log that is kept daily.
- Provide disinfecting wipes, hand sanitizer, latex-free gloves, and masks in all designated areas and classrooms.
- Disinfect the students' desks and tables at the end of each day.
- Clean and disinfect nightly with an EPA approved disinfectant or diluted bleach solution.
- Clean playground equipment using normal cleaning protocols.

THE EMPLOYEES AND STUDENTS WILL:

- Wash hands frequently and the elementary levels will implement a handwashing schedule.
- Develop cleaning protocols to clean shared materials after every class period including pencil sharpeners, computers, keyboards, art materials, and books.
- Wipe down student desks and tables at the end of every period at the secondary level with an EPA approved disinfectant or diluted bleach solution.
- The District will ensure safe and correct use and storage of cleaning and disinfection products.

- Staff will be provided training on how to clean using the cleaning and disinfecting protocols recommended by the CDC.
- Custodial staff will wear gloves, a surgical mask, and face shield while performing cleaning and disinfecting activities.
- Teachers will direct students at the end of each day to clear their desks for after school disinfecting.

SUPPORTING DOCUMENTS

- *Six Steps for Properly Cleaning and Disinfecting Your School*
- *Cleaning and Disinfecting in School Classrooms*

Six Steps for Properly Cleaning and Disinfecting Your School

Protect Your School Against COVID-19

Properly cleaning and disinfecting surfaces and objects can help safely and effectively reduce the spread of disease in your school or facility.

- ✓ Always wear gloves and other personal protective equipment (PPE) appropriate for the chemicals being used.
- ✓ Cleaning and disinfection products should not be used by or near students.
- ✓ Make sure that there is adequate ventilation (air flow) when using chemical products to prevent yourself or others from inhaling toxic fumes.



1. **Use an EPA-approved disinfectant against COVID-19.** Visit [epa.gov/listn](https://www.epa.gov/listn) or scan the QR code with your smart phone to check EPA's list of approved disinfectants.



2. **Always follow the directions on the label.** Check "use sites" and "surface types" to find out where the product can be used. Pay close attention to "precautionary statements."



3. **Clean surfaces and determine how areas will be disinfected.** Clean surfaces with soap and water prior to disinfection. Routinely clean and disinfect frequently touched surfaces at least daily.



4. **Follow the specified contact time.** Apply the product (e.g., spray or wipe a surface) and allow it to dry according to the specified contact time on the label.



5. **Wear gloves and wash your hands with soap and water.** Discard disposable gloves after each cleaning and disinfection. For reusable gloves, dedicate a pair to disinfecting surfaces to prevent the spread of COVID-19. After removing gloves, wash your hands with soap and water for at least 20 seconds.



6. **Store chemicals in a secure location.** Keep product lids closed tightly and store products in a location away from students' reach and sight.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Cleaning and Disinfecting in School Classrooms

Cleaning and disinfecting are key to limiting exposure to germs and maintaining a safe environment during the COVID-19 pandemic. Reduce the spread of germs by keeping surfaces clean and reminding students of the importance of hand hygiene.

The Difference Between Cleaning and Disinfecting

- ✓ **Cleaning** reduces germs, dirt, and impurities from surfaces or objects and works by using soap (or detergent) and water to physically remove germs from surfaces.
 - Cleaning of surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses.
- ✓ **Disinfecting** kills (or inactivates) germs on surfaces or objects. Disinfecting works best by using chemicals, as directed, on surfaces after they've been properly cleaned.

Which Disinfectant Products Should I Use?

You can use any EPA-approved disinfectant against COVID-19. Visit [epa.gov/listn](https://www.epa.gov/listn) or scan the QR code with your smart phone to check EPA's list of approved disinfectants.



Where Should I Clean and Disinfect?

Clean and disinfect frequently touched surfaces and objects within the classroom. Check compatibility for products for use on electronic devices.

Consider cleaning surfaces and object including but not limited to:

- Door handles and knobs
- Desks and chairs
- Cabinets, lockers, and bookshelves
- Shared computer keyboards and mice
- Light switches
- Pencil sharpener handles
- Sinks and surrounding areas
- Countertops
- Shared electronics such as printers
- Other shared learning materials

When Should I Clean and Disinfect?

Clean and disinfect frequently touched surfaces at least daily or between use by different students. Limit the use of shared objects when possible, or clean and disinfect between use.

Options for cleaning and disinfection include:

- In the morning before students arrive
- Between classes (if students change rooms and while students are not present)
- Between use of shared surfaces or objects
- Before and after food service
- Before students return from recess or breaks
- After students leave for the day



Store cleaning and disinfection products out of the reach of students. Cleaning and disinfection products should not be used by or near students, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.



RESPONSE PLAN FOR COVID-19 SYMPTOMS AND DIAGNOSIS

The Oakland County Health Division protocols will be followed when a student or employee exhibit COVID-19 symptoms in school or report a COVID-19 diagnosis.

WHEN COVID-19 SYMPTOMS ARE EXHIBITED

- Follow the guide *What Do Schools Do When COVID-19 Symptoms Occur at School?*
 - Student
 - Staff
- Students who present COVID-19 symptoms while in a classroom or school area will be sent to the designated Supervised Isolation Center (SIC) immediately. The teacher or supporting adult will notify the office by phone with the student's name, symptoms and request a student escort if needed.
- The Principal or office personnel will guide the student to the SIC and follow the *Oakland County Health Division Generic Isolation Room Guidelines*.
- The Principal or designated office personnel will complete documentation for the students in the SIC who are exhibiting symptoms of COVID-19 using the *Symptomatic Student Documentation Log*.
- The Principal or office personnel will contact a parent or guardian for immediate pick up and prepare the *Symptomatic Student Parent Letter*. This is to be provided to the parent/guardian upon arrival.
- The Principal or office personnel will use an internal tracking system to monitor students or employees return to school dates, based on one of the three recommendations:
 - Provide proof of a negative Polymerase Chain Reaction (PCR) COVID-19 test after being fever free for 24 hours without use of fever-reducing medication and symptoms have improved.
 - If a student or employee does not get tested for COVID-19, they will be excluded from school until 10 days have passed since symptom onset and at least 24 hours without fever reducing medication and symptoms have improved.
 - If a student or employee tests positive for COVID-19, they are to isolate at home for 10 days. They can return after being fever free for 24 hours without use of fever reducing medication and symptoms have improved. A negative test is not required to return to school once all criteria is met.
 - Note: A doctor's note does negate the three recommendations to return to school for anyone exhibiting COVID-19 symptoms.

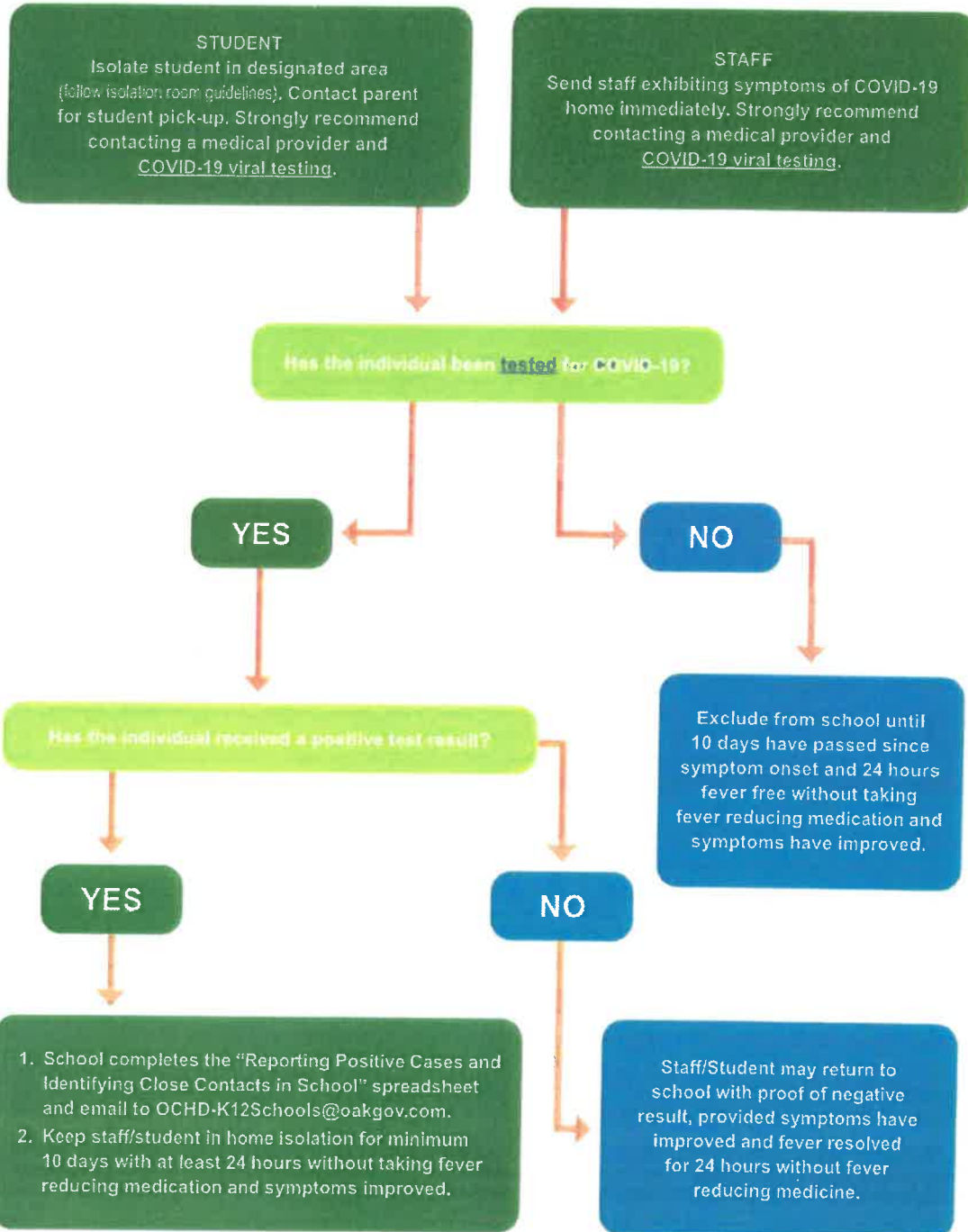
- The Principal or office personnel will notify the building custodian of any classrooms or areas that require special attention where COVID-19 symptoms were exhibited.

REPORTING OF A COVID-19 DIAGNOSIS

- Schools will follow protocols established by the Oakland County Health Division for responding to a positive case.
- All positive cases will be reported to the Oakland County Health Division.
- Families will be notified of any **confirmed or presumed** positive cases in the classroom and/or school, maintaining confidentiality according to ADA and privacy laws.
- Per CDC guidelines, any close contacts (defined as someone who was within 6 feet of an infected person for a total of 15 cumulative minutes over the course of a 24-hour period, starting two days before the onset of illness) of any students or employees who test positive will be required to quarantine at home for 14 days and monitor symptoms.
- All household contacts of a positive or presumed person must quarantine for 14 days from last exposure to the positive household member during their isolation period (24 days for those who are unable to completely isolate).
- It is not required for all students or employees identified as close contacts to be tested.
- For close contacts who develop symptoms, it is recommended to take a COVID-19 PCR test and isolation is required.
- The district nurse will assist with implementation of protocols to respond to positive cases.

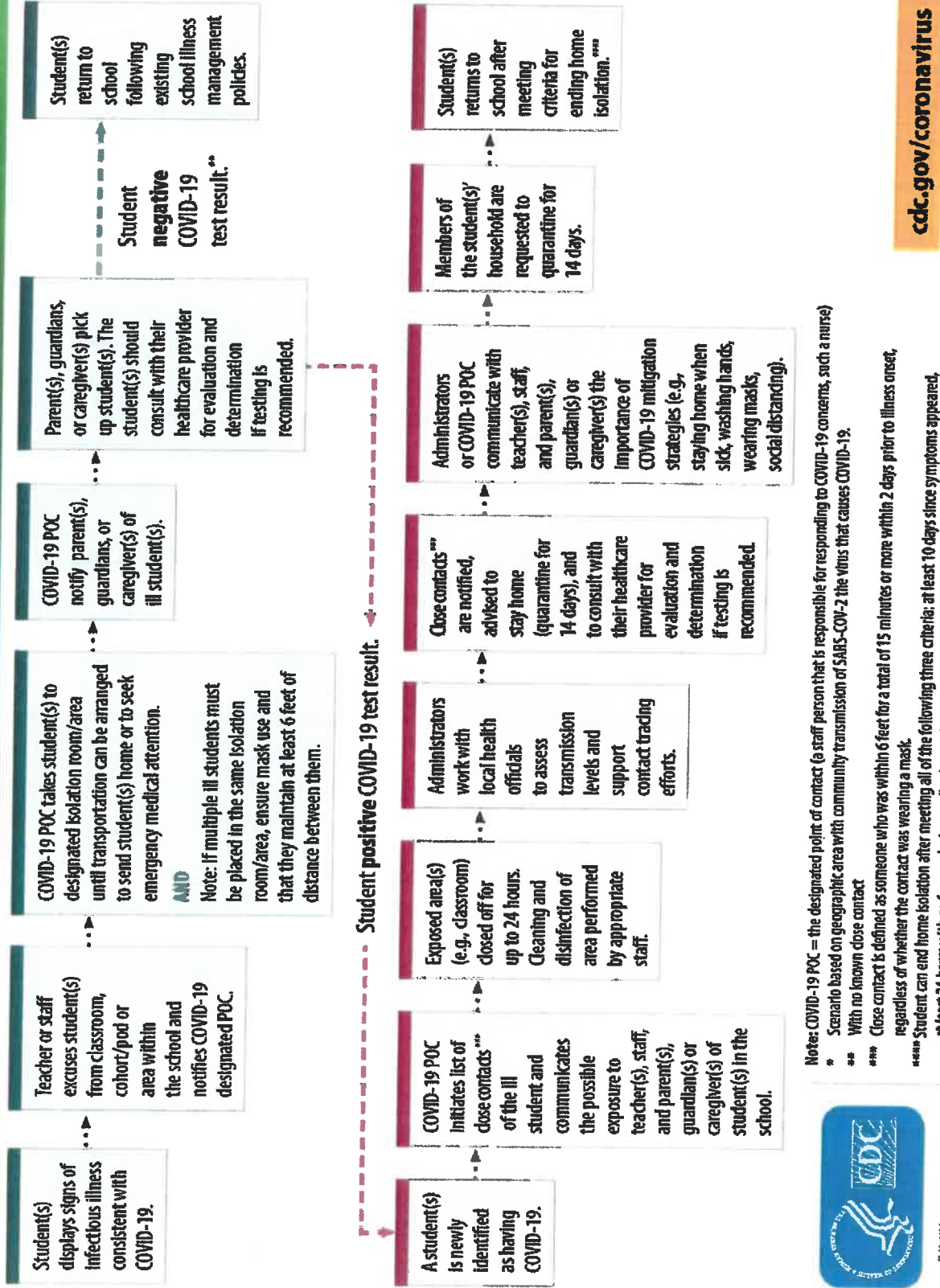
SUPPORTING DOCUMENTS

- *What Do Schools Do When COVID-19 Symptoms Occur at School?*
- *Oakland County Health Division Generic Isolation Room Guidelines*
- *Symptomatic Student Documentation Log*
- *Symptomatic Student Parent Letter*



*CDC lists COVID19 symptoms as: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. Consider pre-existing conditions that may cause similar symptoms, such as asthma, allergies, etc.

WHAT TO DO IF A STUDENT BECOMES SICK AT SCHOOL OR REPORTS A NEW COVID-19 DIAGNOSIS*



CS 31465/A

Note: COVID-19 POC = the designated point of contact (a staff person that is responsible for responding to COVID-19 concerns, such as a nurse)
 * Scenario based on geographic area with community transmission of SARS-COV-2 the virus that causes COVID-19.
 ** With no known close contact
 *** Close contact is defined as someone who was within 6 feet for a total of 15 minutes or more within 2 days prior to illness onset, regardless of whether the contact was wearing a mask.
 **** Student can end home isolation after meeting all of the following three criteria: at least 10 days since symptoms appeared, at least 24 hours with no fever-reducing medication, and symptoms have improved.

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

GENERIC ISOLATION ROOM GUIDELINES



The purpose of these guidelines is to outline the isolation room procedure when a student becomes ill at school with COVID-19 symptoms.

The isolation room should contain a bathroom with handwashing facilities. If this is not feasible, designate a bathroom for isolation room use only. Consideration of ventilation such as windows and an outside door is preferable to reduce the spread of disease for isolated individuals exiting the building.

RECOMMENDED SUPPLIES

- Surgical masks (adult and child sizes)
- Latex-free gloves
- Face shield
- Disposable gowns
- Tissues
- Garbage can
- Trash bags
- Hand-sanitizer with 60-95% alcohol
- Brown paper bags
- EPA approved cleaning supplies
- Phone or Walk-talkie
- N95 masks
- Touchless thermometer
- Proper signage restricting/limiting entry
- Clipboard, pens, symptomatic log sheet, symptomatic student letter

HOW TO DETERMINE IF STUDENT SHOULD BE RELOCATED TO ISOLATION ROOM

1. Is student currently experiencing ONE or more of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

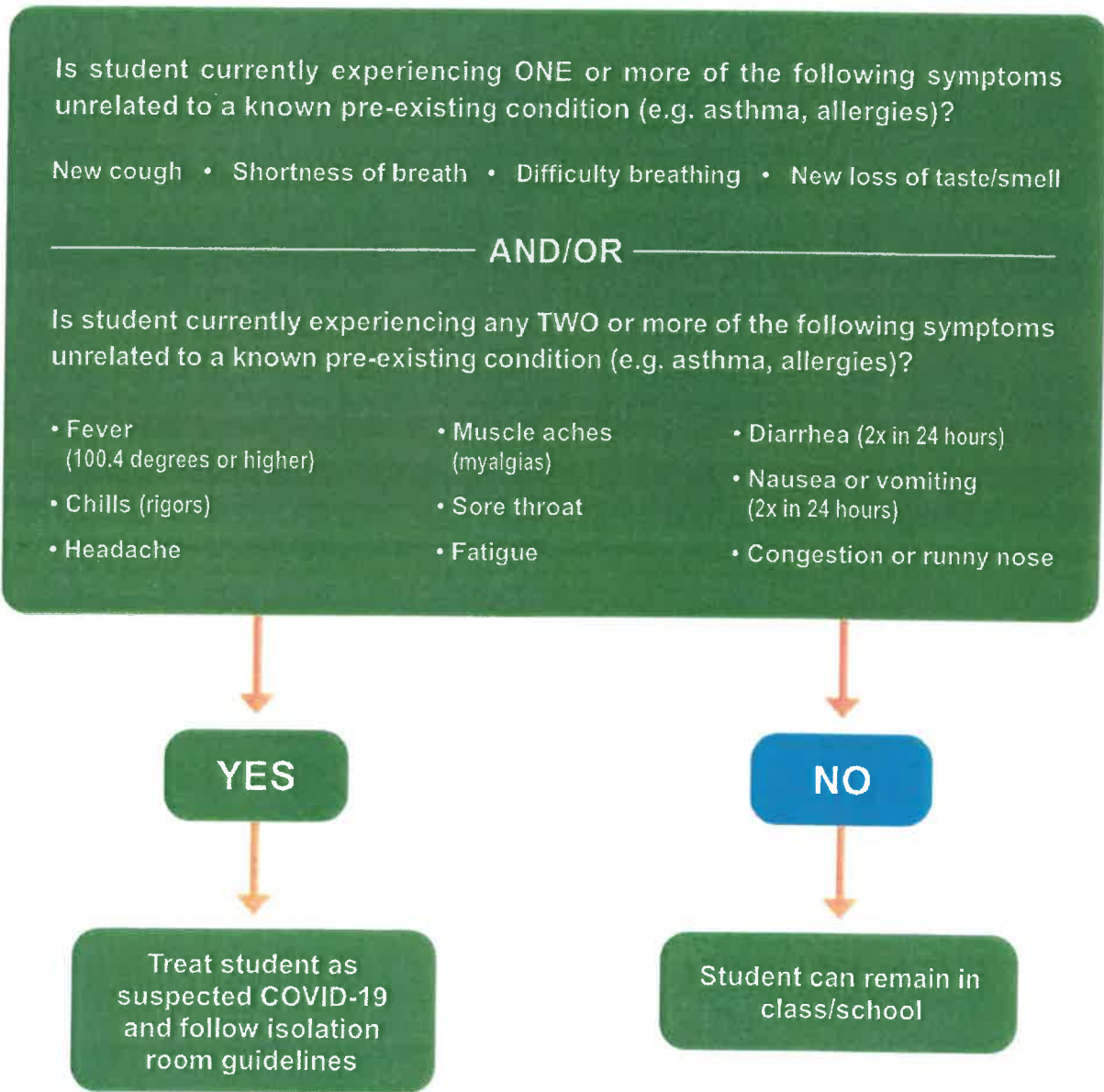
- New cough Shortness of breath Difficulty breathing New loss of taste or smell

2. Is student currently experiencing TWO or more of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

- Fever (100.4 degrees or higher) Headache Diarrhea (2x in 24 hours)
- Chills (rigors) Sore throat Nausea or vomiting (2x in 24 hours)
- Muscle aches (myalgias) Fatigue Congestion or runny nose

Learn more about slowing the spread of COVID-19 at www.oakgov.com/covid.
For questions call Nurse On Call at 1.800.848.5533.

For students with a known pre-existing condition (e.g. Asthma, Allergies), follow the students specific Individual medical care plan/emergency plan. Isolation is not required.



ONCE IN THE ISOLATION ROOM

- Assigned school personnel wears gloves and surgical mask at all times
- If student is coughing, assigned school personnel should wear a face shield and N95 mask
- If student is vomiting, assigned personnel should wear a gown
- Contact parent for prompt student pick up
- Have student wash hands and replace facial covering with a surgical mask (store used face covering in brown paper bag to be laundered at home or throw away disposable mask)
- Remain 6 feet apart in the isolation room when possible
- Monitor student(s) at all times
- Assigned school personnel uses Symptomatic Student Documentation Log
- Recommend taking temperature upon arrival and document results on Symptomatic Student Documentation Log.

ONCE PARENT/GUARDIAN ARRIVES TO SCHOOL

- Parent/Guardian to remain in vehicle, student to be escorted to pick up area
- Parent/Guardian to receive Symptomatic Student Letter

CLEAN AND DISINFECT

- All items and surfaces used by the ill student
- Remove gloves – wash hands
- Remove mask and throw way – wash hands again
- Replace surgical mask if monitoring additional students
- Notify custodial staff per building disinfecting protocol.

CDC provides guidance on an isolation plan if someone arrives or becomes ill at school. Isolation "separates sick people with a contagious disease from people who are not sick" (CDC, 2017). [Managing Communicable Disease in School \(July 2020\)](#)
[Cleaning and Disinfecting in School Classrooms](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/cleaning-disinfecting-school-classrooms.pdf) <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

SYMPTOMATIC STUDENT DOCUMENTATION LOG



Students who are exhibiting symptoms of COVID-19 should remain in the isolation room until their parent/guardian picks them up. It is important to document the symptoms and other health information about the symptomatic student while in the isolation room. Contact parent for prompt student pickup.

Student Name: _____ Date: _____

Teacher: _____ Grade: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Time Parent Called for Pickup: _____

School Personnel Assigned to Isolation Room: _____

1. Is student currently experiencing ONE or more of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

- New cough
- Shortness of breath
- Difficulty breathing
- New loss of taste or smell

2. Is student currently experiencing TWO or more of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

- | | | |
|---|---|---|
| <input type="radio"/> Fever (100.4 degrees or higher) | <input type="radio"/> Chills (rigors) | <input type="radio"/> Fatigue |
| Temp. Result: _____ | <input type="radio"/> Muscle aches (myalgias) | <input type="radio"/> Diarrhea (2x in 24 hours) |
| Time Taken: _____ | <input type="radio"/> Headache | <input type="radio"/> Nausea or vomiting (2x in 24 hours) |
| Initial: _____ | <input type="radio"/> Sore throat | <input type="radio"/> Congestion or runny nose |

Student escorted to parent/guardian at _____ by _____
 (Time) (Name)

Parent/guardian provided symptomatic student letter.

SYMPTOMATIC STUDENT PARENT LETTER



Date: _____

To parent or guardian of _____,
Your child is being sent home from school today since they have presented with symptoms that may be suggestive of COVID-19. Your child was noted to have the following new onset or worsening symptom(s):

1. Is student currently experiencing ONE or more of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

- New cough Shortness of breath Difficulty breathing New loss of taste or smell

2. Is student currently experiencing TWO or more of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

- Fever (100.4 degrees or higher) Headache Diarrhea (2x in 24 hours)
 Chills (rigors) Sore throat Nausea or vomiting (2x in 24 hours)
 Muscle aches (myalgias) Fatigue Congestion or runny nose

Polymerase Chain Reaction (PCR) COVID-19 testing is strongly recommended. Contact your medical provider and get tested for COVID-19.

Your child may return to school:

With proof of a negative Polymerase Chain Reaction (PCR) COVID-19 test and after being fever free for 24 hours without the use of fever-reducing medications and symptoms have improved.

If your child does not get tested for COVID-19, they will be excluded from school until 10 days have passed since symptom onset and at least 24 hours without fever reducing medication and symptoms have improved.

If your child tests positive for COVID-19, keep them in home isolation for 10 days. They can return after being fever free for 24 hours without the use of fever reducing medication and symptoms have improved. A negative test result is not required to return to school once all criteria is met.

NO COST COVID-19 TESTING • APPOINTMENT REQUIRED • NO PRESCRIPTION NEEDED
Contact Oakland County Nurse on Call at 1-800-848-5533 or noc@oakgov.com

SELF-REPORTING, PRECLUSION FROM DISTRICT PROPERTY, AND RETURNING TO SCHOOL

Employees and students (with assistance of a parent/guardian) are required to conduct daily screenings for COVID-19 symptoms. In the event an employee or student comes in **close contact** with someone who has COVID-19 or is diagnosed with COVID-19, they are prohibited from District property and must self-report to the appropriate District personnel. In either case, the employee or student will self-monitor using the *Oakland County Health Division Self-Monitoring Guidance* while in quarantine or isolation.

QUARANTINE

Quarantine is for people without symptoms who recently had close contact (less than 6 feet for 15 cumulative minutes or more) with someone with COVID-19.

Recommendations for quarantine and return timeline:

- Stay home 24/7 for 14 days, watch for COVID-19 symptoms and maintain physical distance of at least 6 feet from others at all times.
- Continue symptom monitoring for symptoms for 14 days.
- Check and record your temperature 2x a day for 14 days using the *Symptom and Temperature Log*.
- Continue mask wearing and physical distancing around family and roommates for 14 days.
- Call your physician or local Health Department if symptoms develop and get tested.
- Employees or students in quarantine, who do not test positive, may return back after the completion of 14-day quarantining from the last exposure to a confirmed or presumed COVID-19 positive individual.
- Employees or students who are in quarantine but asymptomatic should continue to work and participate in school remotely.
- NOTE: Any asymptomatic person identified as a close contact, with a history of a confirmed positive COVID-19 PCR test, may be excluded from quarantine for 90 days from the date of their verified positive test.

ISOLATION

Isolation is for people with or without symptoms of COVID-19, diagnosed with COVID-19, presumed positive for COVID-19, or who are awaiting test results for COVID-19.

Recommendations for isolation and return timeline:

- Stay home when in isolation.
- The isolation period begins the first day of symptoms.
- Stay in a separate room from other household members.
- Use separate bathroom if possible. If sharing a bathroom, keep toothbrushes separate and disinfect all surfaces after each use.
- Avoid sharing personal items.
- Household member should practice self-quarantine and monitoring.
- Wear a mask if you're around others and pets.
- Isolation ends when the following conditions are met and individuals may return back to the District when:
 - People with symptoms: At least 10 days after symptoms began AND 24 hours fever-free without fever reducing medications with improving symptoms.
 - People without symptoms: 10 days after first positive diagnostic/viral test if no symptoms develop. If symptoms develop after testing positive, follow the guidance in the bullet above.

DISTRICT REPORTING

The following protocol will be used for all employee or student positive COVID-19 cases reported to the District.

STEP 1: INTAKE OF INFORMATION

- Employee or student reports positive COVID-19 to the home building School Official. School Official learns of a positive COVID-19 case and initiates the report.
- School Official accesses the Oakland County Health Department Form titled *Reporting Positive COVID-19 Cases and Identifying Close Contacts in School Spreadsheet*, and completes the form following the instructions **except for step 5; DO NOT email the form to OCHD.**
- **Important Note:** Each new case must be saved using a "unique file name" of the individual's name.

- School Official is careful to record all “close contact” employees and students on the spreadsheet (colleagues, classmates, teammates, employees, vendors, etc.)
- Maintain confidentiality by limiting the sharing of the positive employee or student’s identity to only those who need information to complete their roles/responsibilities.
- School Official calls and emails a copy of the completed OCHD spreadsheet to the District Nurse who will review the case and notify the Assistant Superintendent of Human Resources and Superintendent.

STEP 2: COMMUNICATION

- The District Nurse will follow up with the positive COVID-19 employee or student (parents) and confirm the isolation or quarantine date for a return back to school.
- The Assistant Superintendent of Human Resources will email the employee and confirm the reported case and the return date and cc their direct supervisor.
- The principal or designee will communicate with the parent of the student(s) and follow up with a form letter.
- Assistant Superintendent of Human Resources will notify third party partner(s).
- School Official who took the initial report will notify the Operations Manager who will work with DM Burr to sanitize the contaminated area(s).

STEP 3: REPORT

- The District Nurse will forward the OCHD form to the health department.
- The District Nurse will update the Internal District Spreadsheet of COVID-19 positive cases and return dates by buildings.

STEP 4: PUBLIC NOTICE

- The District Nurse will update the school website within 24 hours of a reported case.
- The Assistant Superintendent of Human Resources and District Nurse will prepare the Public Notice to be communicated by the Communication Coordinator.

STEP 5: USE YOUR RESOURCES

- Access OPSD Internal Protocols through the HR-AC Resources folder.
- Use the most current resources found on Oakland County Health Department K-12 Resources Tool Kit at <https://www.oakgov.com/covid/resources/education/Pages/k-12.aspx>
- Vanessa Long, RN, District Nurse: vlong@oakparkschools.org or 248-342-9944
- Carol Diglio, Assistant Superintendent of Human Resources: cdiglio@oakparkschools.org or 734-812-2501

VERIFICATION

An employee may be required to provide verification acceptable to the District of

1. The employee's need to self-quarantine; and/or
2. The employee's eligibility to return to work, given the current availability of tests and other relevant factors, and in accordance with current federal, state, and local laws and guidance.

Any application or documentation requirements for an employee to be eligible for paid or unpaid leave under the law, District policy, or an applicable employment contract (i.e., the Family Medical Leave Act, Michigan Paid Leave Act, or paid sick leave under an individual contract or collective bargaining agreement) remain in effect.

An employee required to self-quarantine but capable of performing work may be required to work remotely.

SUPPORTING DOCUMENTS

- *Self-Monitoring Guidance*
- *Quarantine & Isolation*
- *Close Contact Quarantine Guidelines*
- *Symptom and Temperature Log*
- *Using the Reporting Sheet*
- *Reporting Positive COVID-19 Cases and Identifying Close Contacts in School Spreadsheet*



Stay home and monitor for symptoms if you have had contact with a person who has tested positive for COVID-19.



Monitor your health two times a day; every morning and night for 14 days from last exposure to case.

- **Watch for 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, or diarrhea.
- **Write down any symptoms** you experience.
- **Take your temperature twice a day** and write it down. Before you take your temperature:
 - Wait 30 minutes after eating, drinking, or exercising.
 - Wait 6 hours after taking medicines that can lower your temperature: acetaminophen/paracetamol, ibuprofen, or aspirin.
 - Clean thermometer with soap and water after use.

If you have a fever of 100.4 F (38C), cough, or trouble breathing:

- If this is a life threatening emergency call 911.
- Call your healthcare provider's office or emergency department before seeking care. Explain your symptoms and that you are self-monitoring.



Practice good health habits.

- Wash your hands with soap and warm water for 20 seconds and help young children do the same. If soap and water is not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Cover your mouth and nose with a tissue when you cough or sneeze or cough/sneeze into your upper sleeve. Immediately throw away used tissue in the trash, then wash hands.
- Avoid close contact with others, sharing cups, or sharing eating utensils.
- Clean and disinfect frequently touched surfaces, such as toys and doorknobs.
- Be sure to get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.
- Do not travel, unless you are seeking medical care. Call ahead before seeking care.



Learn more about slowing the spread of COVID-19 at www.oakgov.com/covid.
For questions call Nurse On Call at 1.800.848.5533.



QUARANTINE & ISOLATION

YOU MAY BE ASKED TO DO ANY OF THE FOLLOWING

Updated 2/24/21

WHO SHOULD DO IT?

WHAT IS IT?

QUARANTINE



People without symptoms who recently had close contact (less than 6 feet for 15 minutes or more) with someone with COVID-19.

Quarantine is not required for individuals who had COVID-19 within the past 3 months.

- Stay home 24/7 for 14 days, watch for [symptoms](#) and maintain physical distance (at least 6 feet) from others at all times.
 - Quarantine can end after day 10 if no symptoms or clinical evidence of COVID-19 develop. Always follow guidance from contact tracers.
 - Continue symptom monitoring for 14 days.
 - Check and record your temperature 2x a day for 14 days.
 - Continue mask wearing and physical distancing around family and roommates for 14 days.
 - Call your Health Department if symptoms develop.
 - Vaccinated persons are not required to quarantine if they meet all of the following criteria:
 - Are within three (3) months of receiving the last dose in the series
 - It is more than 14 days since receiving the last dose in the series
 - Have remained asymptomatic since the current COVID-19 exposure
- Continue to follow current quarantine guidance if all 3 criteria are not met.*

ISOLATION



People diagnosed with COVID 19 (with or without symptoms), or those awaiting test results.

- Stay home.
- Stay in a separate room from other household members.
- Use separate bathroom if possible. If sharing a bathroom, keep toothbrushes separate and disinfect all surfaces after each use.
- Avoid sharing personal items like dishes, drinking glasses, cups, eating utensils, towels, or bedding with household members.
- Household members should practice self-quarantine and monitoring.
- Wear a mask if you are around others and pets.
- Stop isolation when the following conditions are met:
 - People with symptoms: At least 10 days after symptoms began AND 24 hours after no fever without fever reducing medications and symptoms have improved.
 - People without symptoms: 10 days after first positive diagnostic/viral test if no symptoms develop. If symptoms develop after testing positive, follow the guidance in the bullet above.

Learn more about slowing the spread of COVID-19 at www.oakgov.com/covid.
 For questions call Nurse On Call at 1.800.848.5533.



Quarantine keeps someone who might have been exposed to COVID-19 away from others. It helps prevent the spread of disease that can occur before a person knows they are infected with a virus. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from the health department.

WHO NEEDS TO QUARANTINE?

People who have been in close contact with someone who has COVID-19 — excluding people who have had COVID-19 within the past 3 months.

People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months if they remain symptom-free. Those who develop symptoms again within 3 months of their first COVID-19 positive test may need to be [tested](#) again if no other cause is identified for their symptoms.

WHO IS A CLOSE CONTACT?

Someone who has had the following contact with a COVID-19 positive individual:

- Within 6 feet for a total of 15 minutes or more
- Provides care at home to someone who is sick with COVID-19
- Direct physical contact with the person (hugged or kissed them)
- Shared eating or drinking utensils
- Sneezed, coughed, or came in contact with the person's respiratory droplets

Stay home and monitor your health

- Stay home for 14 days after your last contact with a person who has COVID-19.
- The quarantine period may be reduced from fourteen (14) days to ten (10) days if the below requirements are followed by the exposed individual:
 - The individual does not develop symptoms or show clinical evidence of COVID-19 infection during daily symptom monitoring for the 10 days after last exposure; and;
 - Daily symptom monitoring continues through day 14 after the last exposure.
- Watch for [symptoms](#) including 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.
- Maintain physical distance (at least 6 feet) from others (even family and roommates), especially those who are at [higher risk](#), at all times.

WHEN TO START AND END QUARANTINE

Even if you test negative for COVID-19 or feel healthy, continue to stay home (quarantine) since symptoms may appear 2 to 14 days after exposure.

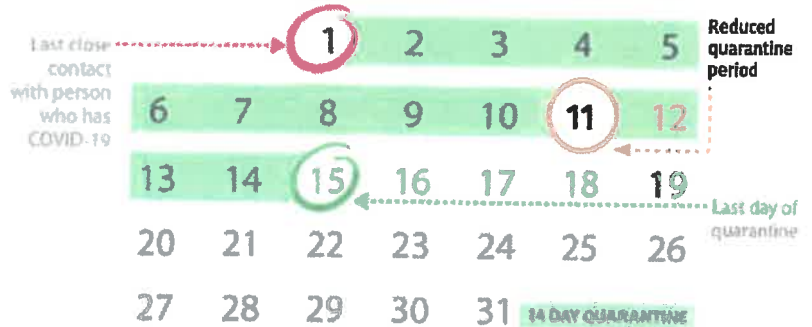
SCENARIO 1: Close contact with someone who has COVID-19—will not have further close contact

I had close contact with someone who has COVID-19 and will not have further interactions with the person while they are sick (e.g., co-worker, neighbor, or friend).

- Your last day of quarantine is 14 days from the date you had close contact.

Date of last close contact with person who has COVID-19 + 14 days = end of quarantine.

Please note: If your quarantine starts at noon on day 1, then it would end at noon on the last day.



Date of last close contact with person who has COVID-19 + 10 days = Reduced quarantine period. (This option can be used if the individual does develop symptoms or show clinical evidence of COVID-19 infection during daily symptom monitoring for the 10 days after last exposure; and daily symptom monitoring continues through day 14 after last exposure.)

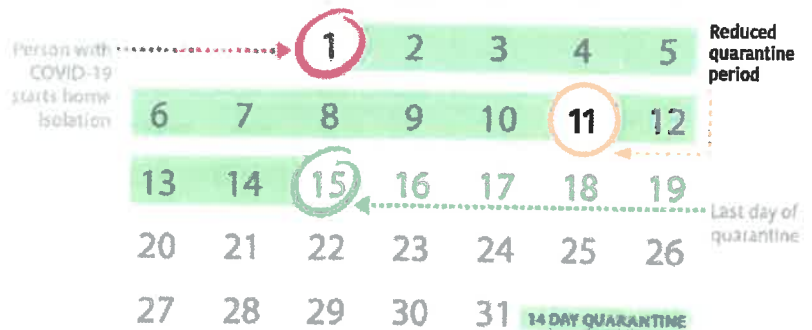
SCENARIO 2: Close contact with someone who has COVID-19—live with the person but can avoid further close contact

I live with someone who has COVID-19 (e.g., roommate, partner, family member), and that person has isolated by staying in a separate bedroom. I have had no close contact with the person since they isolated.

- Your last day of quarantine is 14 days from when the person with COVID-19 began home isolation.

Date person with COVID-19 began home isolation + 14 days = end of quarantine.

Please note: If your quarantine starts at noon on day 1, then it would end at noon on the last day.

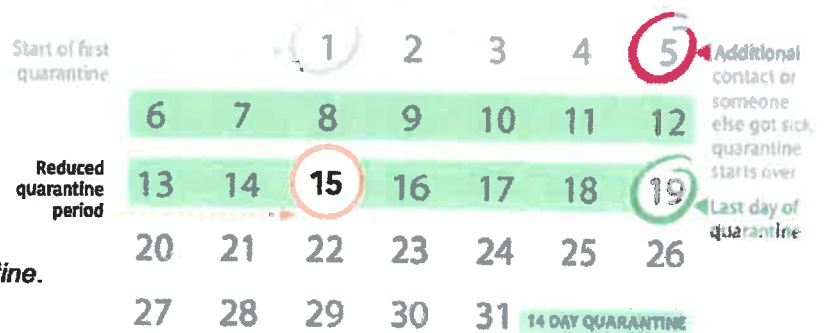


Date of last close contact with person who has COVID-19 + 10 days = Reduced quarantine period. (This option can be used if the individual does develop symptoms or show clinical evidence of COVID-19 infection during daily symptom monitoring for the 10 days after last exposure; and daily symptom monitoring continues through day 14 after last exposure.)

SCENARIO 3: Under quarantine and had additional close contact with someone who has COVID-19

I live with someone who has COVID-19 and started my 14-day quarantine period. I had close contact with the sick person during my quarantine or another household member got sick with COVID-19.

- Restart your quarantine from the last day you had close contact with anyone in your house who has COVID-19. Any time a new household member gets sick with COVID-19 and you had close contact, quarantine must begin again.



Date of additional close contact with persons who has COVID-19 + 14 days = end of quarantine.

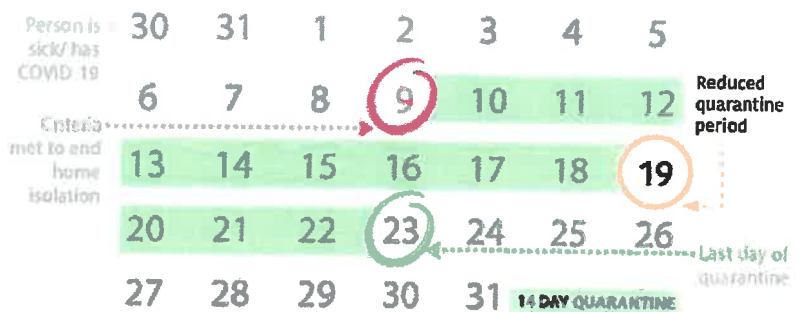
Please note: If your quarantine starts at noon on day 1, then it would end at noon on the last day.

Date of additional close contact with person who has COVID-19 + 10 days = Reduced quarantine period. (This option can be used if the individual does develop symptoms or show clinical evidence of COVID-19 infection during daily symptom monitoring for the 10 days after last exposure; and daily symptom monitoring continues through day 14 after last exposure.)

SCENARIO 4: Live with someone who has COVID-19 and cannot avoid continued close contact.

I live in a household where I cannot avoid close contact with the person who has COVID-19. I provide direct care to the person who is sick, don't have a separate bedroom to isolate the person who is sick, or live in close quarters where I am unable to keep a physical distance of 6 feet.

- Avoid contact with others outside the home while the person is sick, and quarantine for 14 days after the person who has COVID-19 meets the criteria to end home isolation.



Date the person with COVID-19 ends home isolation (minimum of 10 days + 14 days = end of quarantine).

Please note: If your quarantine starts at noon on day 1, then it would end at noon on the last day.

Date of the person with COVID-19 ends home isolation (minimum of 10 days + 10 days = Reduced quarantine period (This option can be used if the individual does develop symptoms or show clinical evidence of COVID-19 infection during daily symptom monitoring for the 10 days after last exposure; and daily symptom monitoring continues through day 14 after last exposure.)



SYMPTOM AND TEMPERATURE LOG

If you have recently had close contact (less than 6 feet for 15 minutes or more) with someone with COVID-19 and do not have symptoms, write down your temperature and any COVID-19 symptoms you experience. Do this two times a day for 14 days after your possible exposure or as indicated by your healthcare provider.

DAY	DATE	SYMPTOMS	TEMP
DAY 1			
DAY 2			
DAY 3			
DAY 4			
DAY 5			
DAY 6			
DAY 7			
DAY 8			
DAY 9			
DAY 10			
DAY 11			
DAY 12			
DAY 13			
DAY 14			

If you get sick, contact your healthcare provider. Notify them you are self-monitoring and of any recent travel.



If you have a medical emergency, call 911, and let them know you may have COVID-19.



Department of Health & Human Services
HEALTH DIVISION

oakgov.com/health

GUIDELINES & REPORTING TOOL FOR COVID-19 IN SCHOOLS

Oakland County School Public Health Nurses



And any other person
outside of the school community

[Click here to view the COVID-19 Reporting Positive COVID-19 Cases and Identifying Close Contact in Schools Video](#)

Isolation vs Quarantine

❖ **Isolation:** those who are sick with symptoms of COVID-19, presumed positive, and/or have tested **POSITIVE** for COVID-19

- Begins on either:
 - A. the day symptoms appear
 - B. the day the test was performed (if asymptomatic)

❖ **Quarantine:** those who have been exposed through close contact to someone who has tested positive for COVID-19 (those in quarantine may not have symptoms initially, but may get sick later on)

- Close contact: within 6ft for 15 minutes or more (cumulative over 24 hours)
- Begins on the day of last known exposure to the sick individual

COVID Incubation
Period: 2-14 days

Length of Time: 10 days

Length of Time: 14 days

Contact Tracing vs. Identifying Close Contacts

Contact Tracing:

A strategy for slowing the spread of disease in which public health workers communicate with people infected with COVID-19 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.

◆ Contact Tracing is done by the Oakland County Health Department, not schools.

Identifying

Close Contacts:

Identifying those who have been within 6 ft of a COVID positive individual (s), for at least 15 minutes within the school district, is done at the school level to ensure all possible staff and students that have been exposed are excluded from school

- Within 6 feet for a total of 15 minutes or more
- Provides care at home to someone who is sick with COVID-19
- Direct physical contact with the person (hugged or kissed them)
- Shared eating or drinking utensils
- Sneezed, coughed, or came into contact with the person's respiratory droplets

What Do I Do During Isolation?

- Polymerase Chain Reaction (PCR) COVID-19 testing is strongly recommended. Contact your medical provider and get tested for COVID-19
- Monitor your symptoms. If you are having trouble breathing or shortness of breath, seek emergency medical care immediately
- Stay in a separate room from other household members, if possible
- Use a separate bathroom, if possible
- Avoid contact with other members of the household and pets
- Don't share personal household items, like cups, towels, and utensils
- Wear a mask when around other people

What Do I Do During Quarantine?

- Stay home for 14 days after your last contact with a person who has COVID-19.
- Watch for symptoms including 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.
- Maintain physical distance (at least 6 feet) from others (even family and roommates), especially those who are at higher risk, at all times
- **REMINDER: Even if you test negative for COVID-19 or feel healthy, continue to stay home (quarantine) since symptoms may appear 2 to 14 days after exposure**

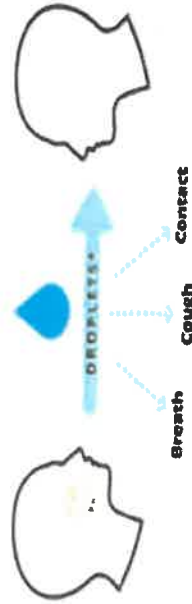
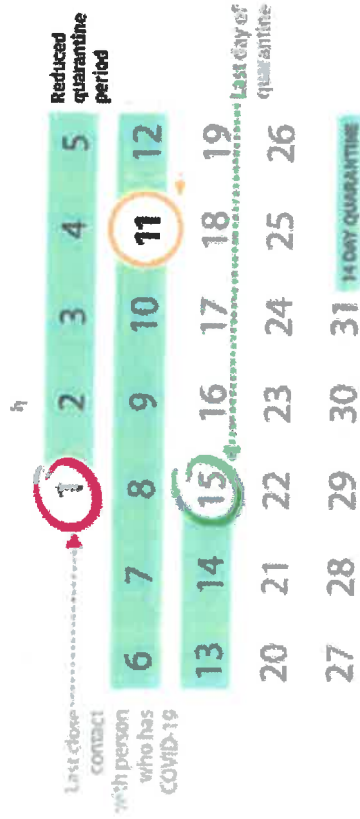
Scenario #1

SCENARIO 1: Close contact with someone who has COVID-19—will not have further close contact
I had close contact with someone who has COVID-19 and will not have further interactions with the person while they are sick (e.g., co-worker, neighbor, or friend).

• Your last day of quarantine is 14 days from the date you had close contact.

Date of last close contact with person who has COVID-19 + 14 days = end of quarantine.

Please note: If your quarantine starts at noon on day 1, then it would end at noon on the last day.



Scenario #2

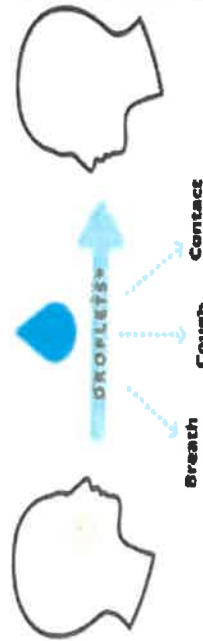
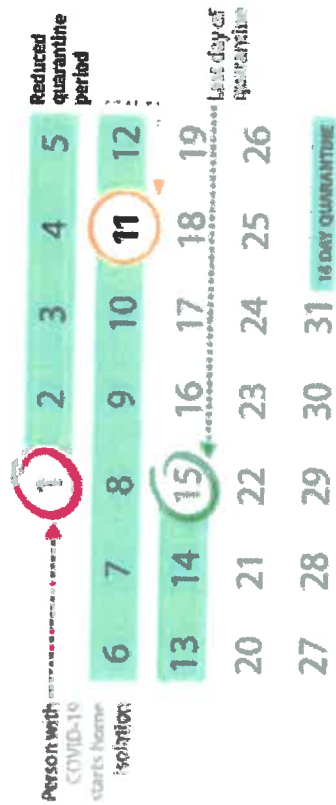
SCENARIO 2: Close contact with someone who has COVID-19—live with the person but can avoid further close contact

I live with someone who has COVID-19 (e.g., roommate, partner, family member), and that person has isolated by staying in a separate bedroom. I have had no close contact with the person since they isolated.

- Your last day of quarantine is 14 days from when the person with COVID-19 began home isolation.

Date person with COVID-19 began home isolation + 14 days = end of quarantine.

Please note: If your quarantine starts at noon on day 1, then it would end at noon on the last day.



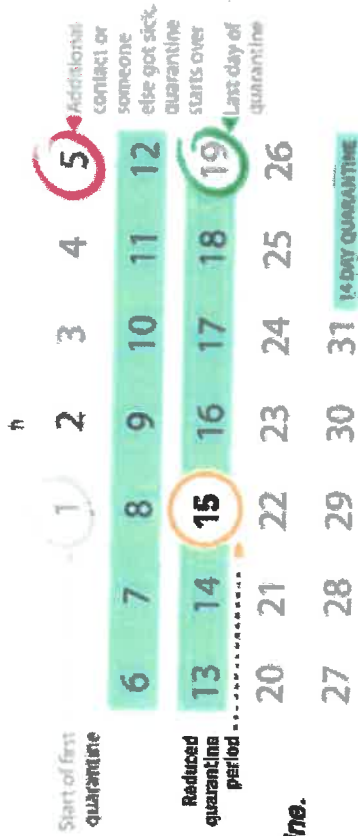
Scenario #3

SCENARIO 3: Under quarantine and had additional close contact with someone who has COVID-19
 I live with someone who has COVID-19 and started my 14-day quarantine period. I had close contact with the sick person during my quarantine or another household member got sick with COVID-19.

- Restart your quarantine from the last day you had close contact with anyone in your house who has COVID-19. Any time a new household member gets sick with COVID-19 and you had close contact, quarantine must begin again.

Date of additional close contact with persons who has COVID-19 + 14 days = end of quarantine.

Please note: If your quarantine starts at noon on day 1, then it would end at noon on the last day.



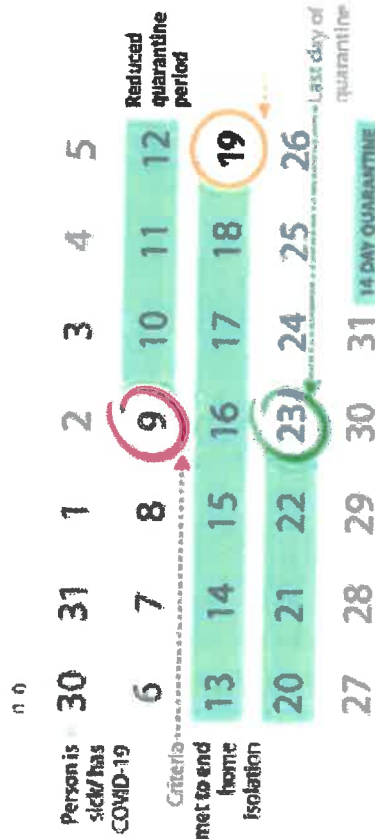
Scenario #4

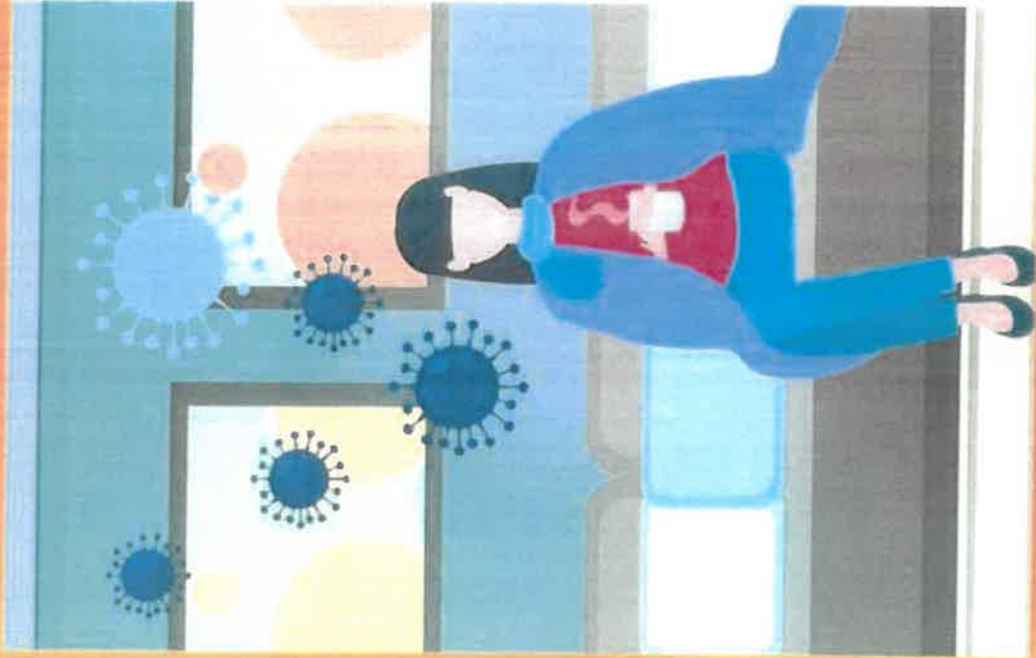
SCENARIO 4: Live with someone who has COVID-19 and cannot avoid continued close contact.
 I live in a household where I cannot avoid close contact with the person who has COVID-19. I provide direct care to the person who is sick, don't have a separate bedroom to isolate the person who is sick, or live in close quarters where I am unable to keep a physical distance of 6 feet.

- Avoid contact with others outside the home while the person is sick, and quarantine for 14 days after the person who has COVID-19 meets the criteria to end home isolation.

Date the person with COVID-19 ends home isolation (minimum of 10 days + 14 days = end of quarantine).

Please note: if your quarantine starts at noon on day 1, then it would end at noon on the last day.





Important Protocol Information

- ◊ [Close Contact Quarantine Guidelines](#)
- ◊ [Isolation Room Guidelines](#)
- ◊ [Quarantine & Isolation Packet](#)
- ◊ [Symptomatic Student Log](#)
- ◊ [Symptomatic Student Parent Letter](#)
- ◊ [COVID-19 Symptom List](#)
- ◊ [COVID-19 At School Flow Charts](#)
- ◊ [COVID-19 Test Methods](#)

New Standardized Reporting Tool

- Fillable spreadsheet that is to be used when schools are reporting either a student OR staff member with COVID-19– No more separate forms!

Allows a more streamlined process for schools to list and submit known close contacts

A BETTER way of organizing your reporting to OCHD

No need to send multiple documents/seating charts

No need to send handwritten documents

Allows for OCHD to quickly add close contacts into their contact tracing system

Your Oak Park School Nurses will now be involved in supporting schools after each case submission and will work closely with the Epidemiologist for each case



OCHD= OAKLAND
COUNTY HEALTH
DEPARTMENT



New Reporting Spreadsheet

- Form helps answer common FAQs from schools:

A. The date needed to start the quarantine process – spreadsheet auto populates the infectious period when date of symptoms/test date is entered.

B. Identifying close contacts to quarantine – guidance provided in updated K-12 school toolkit & training of school staff by COVID public health nurses.

- Highlights:

- ❖ Safety – eliminates need for written process, poor copy quality, reduces error

- ❖ Standardization- same process is used for both staff and students

- ❖ Efficiency – eliminates manual processes



Using the Reporting Sheet



Instructions on Using the New Spreadsheet:

- Download the reporting form from the website
- Fill out the fields in the blue boxes (top portion of the form)
- Identify close contact(s) and document
- Save the document, providing a unique file name to ensure information is saved correctly
- E-mail document to: ochdtk12school@oakgov.com
- Include the district and school name in the subject line
- ****Note: Please create a new reporting form for each case!**

REMINDER: ONLY USE SPREADSHEET IF COVID-19 POSITIVE STUDENT OR STAFF WAS ON SCHOOL GROUNDS OR PARTICIPATED IN IN-PERSON SCHOOL-RELATED ACTIVITIES

While virtual learning, no need to send staff or student reports if not physically in school

Determining Close Contacts

CARPOOLERS:

Classmates who carpool, ride the bus together, or are in class within 6 feet of someone with COVID-19 for 15+ minutes.

LUNCHMATES:

When someone eats lunch within 6 feet of someone with COVID-19 for 15+ minutes. This is high risk, as face coverings cannot be worn.

OTHER CLASSMATES:

Interactions with someone who had COVID-19 that lasted 15+ minutes in confined areas where social distancing is difficult.

TEAMMATES:

Sports teammates within 6 feet of someone with COVID-19 for 15+ minutes.

OPPOSING

TEAMMATES:

Opposing teammates that share time on the field/court and were within 6 feet of someone with COVID-19 for 15+ minutes.

PLAYMATES:

Playmates on the playground or in the gym within 6 feet of someone with COVID-19 for 15+ minutes.

CLASSROOM INTERACTIONS:

Frequent classroom interactions (less than 6 ft apart) with someone who had COVID-19.



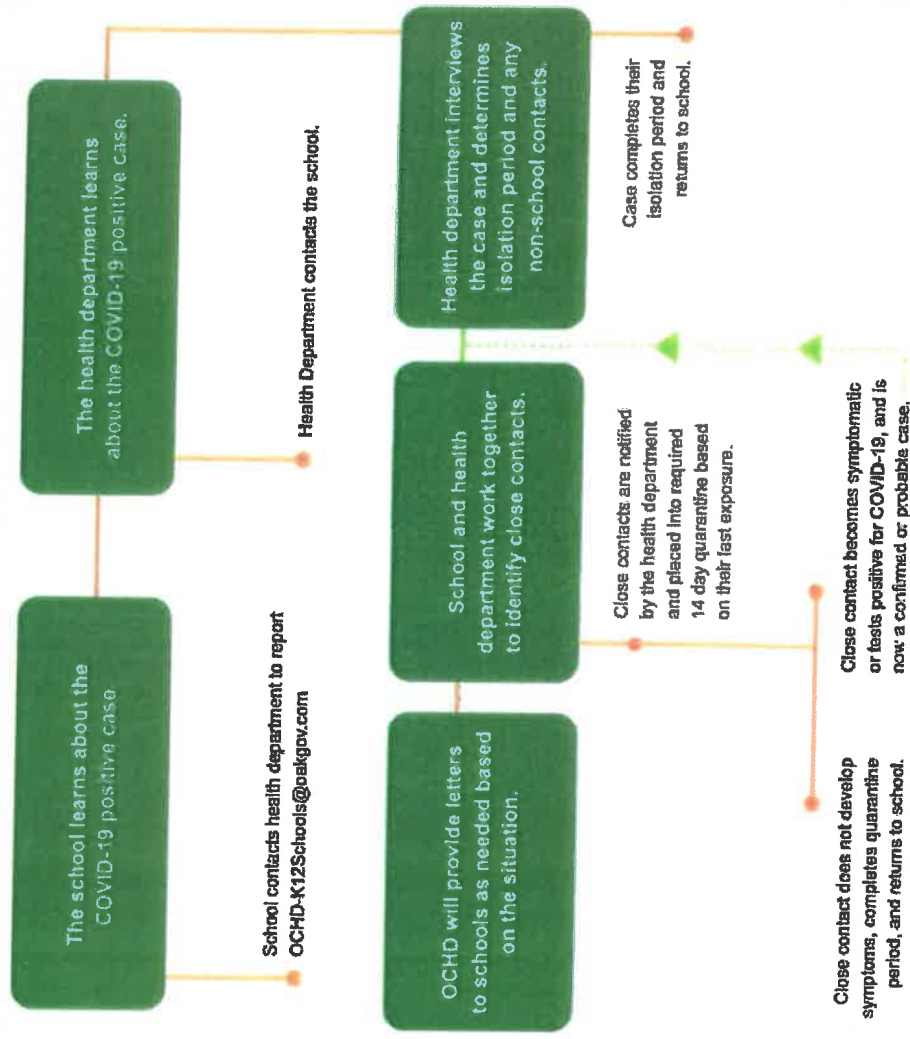
OTHERS: Any other person outside of the school community that had similar exposure to a contagious individual is considered a close contact.

Process for a COVID-19 case at an Oakland County Michigan School

Follow the steps in the flowchart if a student or staff member is confirmed positive for COVID-19 with diagnostic test (nose/throat swab)

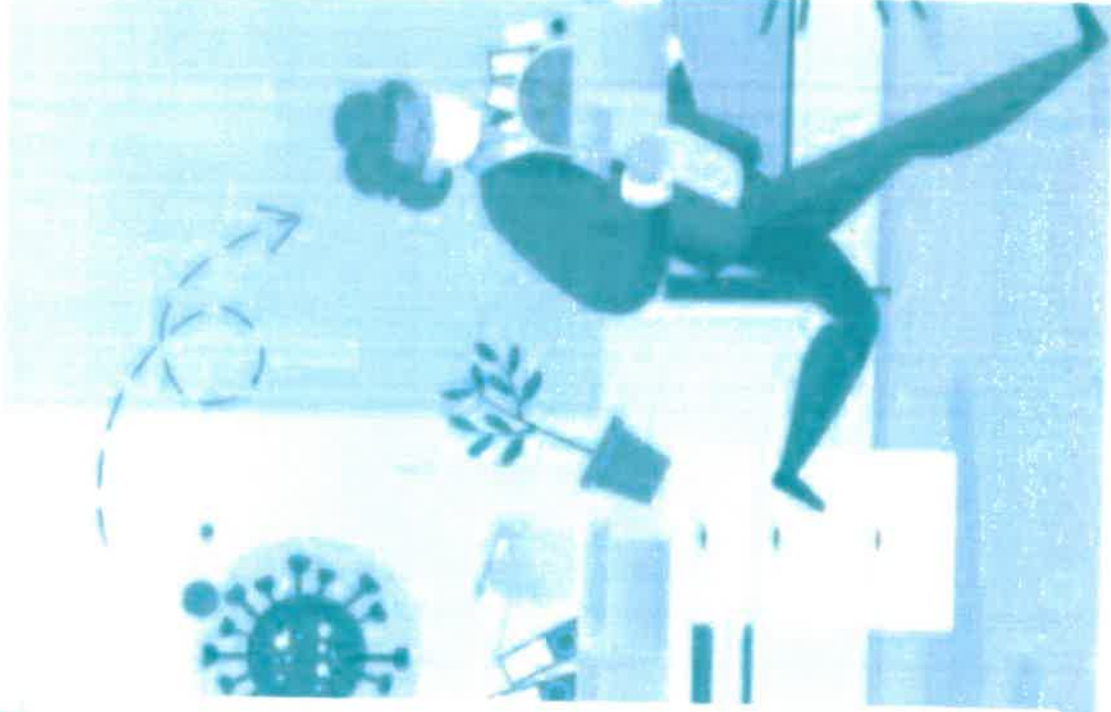
*PCR Test is Gold Standard diagnostic test

More information can be found at [COVID-19 Safety Reopening Toolkit](#)



References

- <https://www.oakgov.com/covid/resources/education/Pages/k-12.aspx>
- https://www.michigan.gov/documents/whitmer/MI_Safe_Schools_Roadmap_FINAL_695392_7.pdf
- <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>
- <https://www.cdc.org/news-insights/your-covid-19-testing-questions-answered>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/FAQ-schools-child-care.pdf>
- <https://www.youtube.com/watch?v=AmDTeO7Fs8&feature=youtu.be>



Questions?

◦ Please contact school nurse or district administrator

WE ARE HERE TO HELP!



ATHLETICS AND EXTRA-CURRICULAR ACTIVITIES

ATHLETICS

The Oak Park School District will comply with all guidance published by Michigan High School Athletic Association (MHSAA) and guidelines set by the MDHHS *Interim Guidance for Contact Sports*

- Whether school is held in-person or online, athletes may participate in sports following MHSAA/MDHHS most current guidelines.
- Coaches, students, and staff must use proper hand hygiene techniques before and after every practice, event, or other gathering.
- Every participant should complete self-screening and confirm that they are healthy and without any symptoms prior to any event.
- All equipment must be disinfected before and after use.
- If school transportation is provided, buses must be cleaned and disinfected before and after every use, as detailed in the subsequent "Busing and Student Transportation" section.
- Each participant must use a clearly marked water bottle for individual use.
- There should be no sharing of this equipment.
- Handshakes, fist bumps, and other unnecessary contact must not occur.
- Indoor weight rooms and physical conditioning activities that require shared equipment are suspended.
- Outdoor physical conditioning activities are allowed while maintaining social distancing.
- Large scale indoor spectator events are suspended.

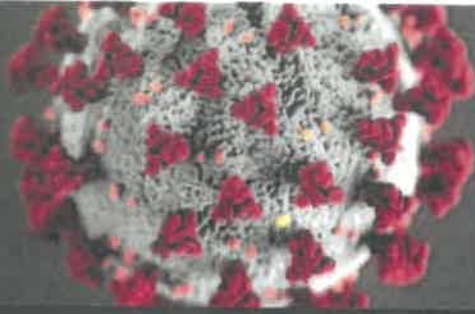
EXTRA-CURRICULAR ACTIVITIES AND GATHERINGS

Employees, students and visitors will abide by the guidelines set by the MDHHS epidemic orders for gatherings within OPSD:

- Assemblies that bring together students from more than one classroom are suspended.
- Large scale outdoor assemblies or gatherings of more than 50 people are suspended.
- Indoor concerts and building events are suspended.
- Off-site field trips that require bus transportation to an indoor location are suspended.
- Select small group extracurricular activities may continue with the use of masks.

SUPPORTING DOCUMENTS

- *MHSAA February 4, 2021 UPDATE*
- *February 8. Sports and COVID-19*
- *MDHHS Guidance for Band, Choir and Orchestra Programs at Educational Institutions During COVID-19*
- *CDC Considerations for Youth Sports*



INTERIM GUIDANCE FOR CONTACT SPORTS

Michigan.gov/Coronavirus

Updated 10/29/2020

Summary of Recent Changes

- Section added on "Additional Mitigation Measures for Safer Athletic Practice and Play without the use of Face Masks."

Executive Summary

- Given the available epidemiological data with concerning rising cases of COVID-19, contact sports such as football and wrestling pose a high risk of transmitting COVID-19 to athletes, coaches, and the general community, and should be avoided at this time.
- Teams that can implement robust public health measures may be able to decrease risk, but risk remains elevated.
- As the epidemiology of COVID-19 around the country and the state of Michigan evolves, MDHHS will review its recommendation that contact sports should be avoided.
- Lower rates of transmission may allow individuals to participate in contact sports more safely in the future.
- CDC or MDHHS guidance should be adhered to for sports teams/clubs and facilities that are continuing to operate.

Contact Sports and Risk of COVID-19 Transmission

Counties around the country have faced outbreaks of COVID-19 associated with sports teams. There have been 42 outbreaks associated with athletics (K-12 schools, professional, collegiate, and commercial venues) in August and September of 2020. Outbreaks of this magnitude have the potential to affect more than just a sports team, but the community in which the players and coaches reside as well.

Contact sports, meaning sports involving more than occasional and fleeting contact, pose a challenge in the era of COVID-19 due to the closeness of the players and potential for infectious

disease transmission. Even with mitigation measures in place, such as wearing of masks, disease transmission cannot be completely prevented when players are in prolonged or intense contact. Contact sports include the following: football, basketball, rugby, field hockey, soccer, lacrosse, wrestling, hockey, boxing, futsal and martial arts with opponents.

Sports that require frequent closeness between players make it more difficult to prevent disease transmission, compared to sports where players are not as close to each other. The risk of COVID-19 transmission is increased by the number of individuals a player physically interacts with, as well as the intensity and duration of that interaction.

Given the available epidemiological data and the concerning rising cases of COVID-19 in Michigan, contact sports pose a high risk of disease transmission to athletes, coaches, and the general community, and should be avoided at this time.

As the epidemiology of COVID-19 around the country and the state of Michigan evolves, MDHHS will continue to review this recommendation. Lower rates of transmission may allow for contact sports to resume safely in the future. At the current juncture, the resumption of contact sports will create a risk of outbreaks among players and place coaches, family members and community members at increased risk.

Mitigation Measures

Even when competitions are not held, teams may meet and practice in a way that is socially distanced and addresses concerns arising from close contacts. In these contexts, and in contexts where sports teams/clubs and facilities continue to compete, MDHHS recommends the following behaviors to reduce risk of disease transmission:

- **Adjusting the level and intensity of physical activity and taking frequent rest breaks can improve toleration of a face mask***
 - If a cloth face mask cannot be tolerated while engaging in athletic activity, a plastic face shield covering the mouth and nose would also be acceptable.
 - If an athlete cannot tolerate either a cloth face mask or a plastic face shield, then the athlete should make adjustments to the activity that would maintain distancing of 6 feet or more (individual practice rather than game play, for example).
- Enforce hand washing and the covering of coughs and sneezes.
- Ensure adequate supplies to support healthy hygiene practices for participants, spectators, and employees, including soap, hand sanitizer with at least 60 percent alcohol content, paper towels and tissues.

- Ensure enough time between events or practices to allow for proper cleaning and disinfection of the facilities and shared equipment.
- Discourage sharing of items that are difficult to clean, sanitize or disinfect. Do not let players share towels, clothing or other items used to wipe faces or hands.
- Identify an adult staff member or volunteer to ensure proper cleaning and disinfection of objects and equipment, particularly for any shared equipment or frequently touched surfaces.
- When disinfecting, use products that meet [EPA's criteria for use against SARS-CoV-2](#) and that are appropriate for the surface. Prior to wiping the surface, allow the disinfectant to sit for the necessary contact time recommended by the manufacturer. Train staff on proper cleaning procedures to ensure safe and correct application of disinfectants.
- Consider making available individual disinfectant wipes in bathrooms.
- Provide no-touch trash cans and, if equipped, encourage use of no-touch doors.
- Limit the use of carpools or van pools. When riding in an automobile to a sports event, encourage players to ride to the sports event with persons living in their same household.
- For younger athletes, it may be beneficial for parents or other household members to monitor their children, make sure they follow social distancing and take other protective actions (e.g., younger children could sit with parents or caregivers, instead of in a dugout or group area).
- Consider having participants report in proper gear before events and launder clothing immediately upon return home.
- No pre- or post-event handshakes, hugs, fist bumps, high fives or contact celebrations.
- No spitting, chewing gum or tobacco in the event areas.
- Prioritize outdoor, as opposed to indoor, practice and play as much as possible.
- If playing inside, ensure ventilation systems or fans operate properly. Increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling or triggering asthma symptoms) to players or others using the facility.

***Additional Mitigation Measures for Safer Athletic Practice and Play without the use of Face Masks:**

There are tightly defined circumstances in which safer athletic practice and play is possible without the use of face masks or face shields. This involves all the following:

- COVID-19 testing of all active players should be conducted at least 6 times per week with a turnaround time fast enough to confirm negative results within a day of unmasked close contact.
- Players should not play or practice while [symptomatic](https://www.cdc.gov/media/releases/2020/s0921-symptomatic.html) (URL: [bit.ly/3oCRHe5](https://www.cdc.gov/media/releases/2020/s0921-symptomatic.html)) even with a negative COVID-19 test, per current CDC guidelines. They may return only when symptoms have resolved for >24 hours and with a negative RT-PCR result.
- Those who test positive should isolate and may not return to team play or practices for the duration of their infectious period as determined by [current CDC guidance](https://www.cdc.gov/media/releases/2020/s0921-symptomatic.html). (URL: [bit.ly/2TBf0Xq](https://www.cdc.gov/media/releases/2020/s0921-symptomatic.html))
- During the two weeks before and after events, athletes should have no social contact outside of teammates, team staff/coaches, or their households. Athletes should completely avoid participation in non-team gatherings, and this should be strictly enforced by team staff and coaches.
- Coaches, staff, and spectators should continue to use masks, and athletes should continue to use masks when not actively participating in play (including in locker rooms, on the sidelines, when entering or leaving the field).
- Team medical staff should have adequate capacity to follow-up on positive tests and maintain prompt follow-up for case investigation and full contact tracing (including affected contacts outside of the athletic team).
- Complete compliance is needed with local and state public health officials during the case investigation and contact tracing process, and with enforcement of quarantine and isolation requirements.

For a full list of mitigation measures see the following resources:

- www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html
- www.michigan.gov/documents/coronavirus/Youth_Sports_Informed_Choice_06_24_2020_695135_7.docx

For the latest information on Michigan's response to COVID-19, please visit [Michigan.gov/Coronavirus](https://www.michigan.gov/Coronavirus). You may also call the COVID-19 Hotline at 888-535-6136 or email COVID-19@michigan.gov.



michigan high school athletic association

Mark Uyl, Executive Director

1661 Ramblewood Drive • East Lansing, MI 48823-7392 • 517-332-5046 • Fax 517-332-4071 • Web mhsaa.com

TO: MHSAA Community
FROM: Mark Uyl, Executive Director
DATE: February 4, 2021
SUBJECT: **MHSAA Update**

Dear MHSAA Community,

Earlier today, MDHHS released an updated emergency order that goes into effect on **Monday, Feb. 8**, which will allow full practices in winter contact sports to begin with competition to follow.

Here is the updated listing of the winter contact sports tournament dates with new “first contest” dates. Remember that regular-season contests can be scheduled in all winter sports up until the date of the MHSAA Finals in each sport as long as schools stay within the weekly limits (e.g., maximum of three basketball games in a week).

Girls Basketball

First contest: Feb. 8
Districts: March 22, 24, 26
Regionals: March 29, 31
Quarterfinals: April 5
Semifinals: April 7
Finals: April 9

Boys Basketball

First contest: Feb. 8
Districts: March 23, 25, 27
Regionals: March 30, April 1
Quarterfinals: April 6
Semifinals: April 8
Finals: April 10

Competitive Cheer

First contest: Feb. 12
Districts: March 17-20
Regionals: March 23-24
Finals: March 26-27

Ice Hockey**First contest: Feb. 8**

Regionals: March 15-20

Quarterfinals: March 23-24

Semifinals: March 25-26

Finals: March 27

Wrestling**First contest: Feb. 12**

Districts: Team- Mar. 17-18; Individual- Mar. 20

Regionals: Team- Mar. 24; Individual- Mar. 27

Team Finals: March 30

Individual Finals: April 2-3

Note that the first allowed contest date for basketball and ice hockey is next Monday, Feb. 8. While we understand that many basketball schools are still finalizing teams after a few days of contact practice have been completed, the MHSAA wanted to give schools as much scheduling flexibility and local control as possible in terms of setting ice time and finalizing gym schedules for practices and games next week.

As a scheduling reminder, the season limits of competition remain unchanged for all winter sports, and the weekly limits of competition also remain unchanged in all sports except for these two modifications for 2020-21 in ice hockey and wrestling. In ice hockey, teams may play two games on one non-school day a maximum of two times during the season. When the two games/one day option is used, ice hockey teams could play four games (on three dates) in those two weeks. For high school wrestling, teams and individuals are allowed two days of competition in a week. Remember that all regular-season wrestling competition is limited to four teams at a site (three matches per student per day of competition). For middle school wrestling, one day of competition in a week is allowed. Again, all regular-season wrestling competition is limited to four teams at a site (three matches per student per day of competition). Schools and/or leagues may elect to play fewer games or use fewer days of competition.

Mask Requirements and Testing Options:

Basketball & Ice Hockey: Schools, teams and individuals must wear a mask at all times, including during active participation (while "in the game") during all practices and competition. For schools, teams and individuals that are "masked" at all times during practices and games, there is no COVID rapid testing requirement for practice and play. We are waiting on further guidance and details from MDHHS relative to testing requirements should teams/individuals in these two sports wish to use the testing option.

Wrestling: To be eligible to compete, all wrestlers must complete a negative rapid antigen test on the day of all meets with no exceptions. All individuals would also be subject to contact tracing and close contact requirements when positive cases or tests exist. Those tested wrestlers would be able to compete without wearing a mask during the match but masks would be required of all individuals at all other times during meets and practices. This is required for wrestling as published in the MDHHS FAQ document.

Competitive Cheer: Masks are required for all participants when not in active participation on the mat. While in active participation on the mat, athletes may wear face masks but are not required to do so given this sport is always conducted with the same teammates, and opponents are never in physical contact or within physical proximity of each other. Face masks are required during practices; however, the mask may be removed while stunting and tumbling.

Testing Information: MDHHS will make rapid tests available at no charge to all wrestling schools along with other schools and sports that wish to test participants. Schools will need to order tests from the MDHHS and those will be shipped to the local ISD facility for pickup. All participants would also be subject to all contact tracing and close contact requirements when positive cases or tests exist. Many more details on testing information (ordering, shipping, conducting, reporting, requirements, etc.) will be available from the MDHHS very soon.

These same requirements would be in place for those junior high/middle schools that wish to play these four winter contact sports.

The last set of dates to be finalized will be the first practice dates for spring sports. School athletic directors will be surveyed next week for feedback on finalizing the first practice date in March. At the present time there are no changes to out-of-season fall and spring sport workouts with masks and physical distancing being required.

More information and details will be shared with schools as we learn them relative to the re-start of winter contact sports over the next few days.

Thank you.



FEB. 8

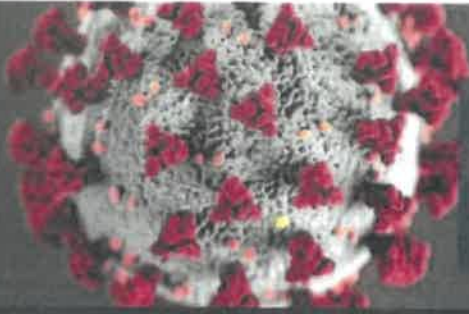
SPORTS AND COVID-19

- Contact sports that can be played with a mask can proceed with contact practice and competition beginning Monday, Feb. 8.
- Where contact sports participants cannot remain masked, they must be tested consistent with the testing protocol specified in MDHHS's Guidance for Athletics issued February 7, 2021.
- Non-contact sports where distancing can be maintained and a mask is not possible can continue with no changes.

For more information about sports and COVID-19, visit [Michigan.gov/Coronavirus](https://michigan.gov/Coronavirus). Questions or concerns can be emailed to COVID19@michigan.gov.



	Indoor	Outdoor
Non-contact sports		 *Where athletes are playing a non-contact sport outdoors and can consistently maintain social distance, a mask is not required.
Contact sports		
Contact sports and cannot mask safely		



Guidance for Band, Choir and Orchestra Programs at Educational Institutions During COVID-19

Michigan.gov/Coronavirus

October 13, 2020

COVID-19 Transmission Risk

COVID-19 transmission risks are dependent on numerous factors. These 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 or brass 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.

Measures to Promote Health and Safety in Band, Choir and Orchestra Programs

- 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 feet between each child in all directions. 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).

Guidance for Wind and Brass Instrument Practices and 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).

Disinfection and Protection Measures for Instruments

All instruments should be thoroughly disinfected before and after use. A list of EPA approved disinfectants can be found here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>. Check with the manufacturer to determine which disinfectants won't tarnish or corrode the instrument.

- For wind and brass instruments, bell covers should be used to prevent infectious air from escaping. 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.

Improving Ventilation for Indoor Practices

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

- Doors and windows should be open unless this poses safety or health risks (e.g. risk of falling or triggering asthma).
- Fans can be used to increase circulation by placing them 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 ventilation systems are functioning and maintain air quality for the room's occupancy level. Inspect air filters to ensure they are operating within their service life and are properly fitted.
- Consider running the HVAC system at maximum outside airflow for two hours before and after the school is occupied. Portable high-efficiency particulate air (HEPA) fan/filtration systems may be used to enhance air cleaning.

Precautions for Choirs and 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.

Health Measures for Students

- **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.**
- **Face shields, including plastic shields and hybrid products that have fabric around the edges of the shield, are not a replacement for cloth face coverings. For people who are medically unable to tolerate a face covering, a face shield may be worn alone instead.**
- **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.**



COVID-19

Considerations for Youth Sports Administrators

Updated Dec. 31, 2020

[Print](#)

As some communities in the United States begin or continue to hold youth sports activities, CDC offers the following considerations to help prevent the spread of COVID-19. Administrators of youth sports organizations can consult with [state and local health officials](#) to determine whether and how to put the following considerations into place. Each community may need to make adjustments to meet its unique needs and circumstances. It's important to note that safely hosting a large event, including sporting events, in areas where there are high levels of COVID-19 within the community will be challenging. Consult with your state and local health officials to discuss the particular situation in your community before considering holding such an event and make sure you are following limits on gathering sizes. The following considerations are meant to supplement – not replace – any state, local, territorial, or tribal health and safety laws, rules, and regulations with which youth sports organizations must comply.

Assessing Risk

The way sports are played and the way equipment is shared can influence the spread of COVID-19 among players. When you are assessing the risk of spread in your sport, consider:

- **Community levels of COVID-19:** High or increasing levels of COVID-19 cases in the local community increase the risk of infection and spread among youth athletes, coaches, and families. Administrators should consider the number of COVID-19 cases in the community when deciding whether to resume or continue youth sporting activities. Information on the number of cases in an area can often be found on the local [health department](#) website or on CDC's COVID Data Tracker [County View](#).
- **Physical closeness of players.** Sports that require contact or close proximity (within 6 feet) between players may make it more difficult to maintain physical distancing, compared to sports where players are not close to each other. For close-contact sports (e.g., wrestling, basketball), play may be modified to safely increase distance between players.
 - For example, players and coaches can focus on individual skill building versus competition.

Coaches can also modify practices so players work on individual skills, rather than on competition. Coaches may also put players into small groups (cohorts) that remain together and work through stations, rather than switching groups or mixing groups.

- **Level of intensity of activity.** Activities that are high intensity or require a high level of exertion (such as full competition) present a higher level of risk of getting and spreading COVID-19 than lower intensity activities (such as discussing strategy and rules, walking through plays), particularly when indoors. Higher intensity activities are safer when done outdoors.
- **Length of time that players are close to each other or to staff.** Activities that last longer pose more risk than shorter activities. Being within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more in a 24-hour period greatly increases the risk of becoming sick and requires [quarantine](#). Limit the time players spend in [close contact](#) to reduce the risk of COVID-19 spread.
 - For example, players and coaches can:
 - play full contact only in game-time situations;
 - decrease the number of competitions during a season.
- **Setting of the sporting event or activity.** Indoor activities pose more risk than outdoor activities. Minimize the amount of time spent indoors. If it is necessary to be inside, ensure the facility has proper [ventilation and filtration systems](#) and open windows and doors to increase airflow throughout the space.
- **Amount of necessary touching of shared equipment and gear (e.g., protective gear, balls, bats, racquets, mats, or water bottles).** The virus is thought to spread mainly from person to person, but it is also possible that a person can get COVID-

19 by touching a surface or object that has the virus on it, and then touching their own mouth, nose, or eyes. Minimize equipment sharing, and clean and disinfect shared equipment between use by different people to reduce the risk of COVID-19 spread.





- **Ability to engage in physical distancing while not actively engaged in play (e.g., during practice, on the sideline, or in the dugout).** During times when players are not actively participating in practice or competition, attention should be given to maintaining [physical distancing](#) by increasing space between players on the sideline, dugout, or bench. Additionally, coaches can encourage athletes to use downtime for individual skill-building work or cardiovascular conditioning, rather than staying clustered together.
- **Age of the player.** Older youth might be better able to follow directions for physical distancing and take other protective actions like not sharing water bottles. If feasible, a coach, parent, or other caregiver can assist with making sure that athletes maintain proper physical distancing. For younger athletes, youth sports programs may ask parents or other household members to monitor their children and make sure that they follow physical distancing and take other protective actions (e.g., younger children could sit with parents or caregivers, instead of in a dugout or group area).
- **Players at higher risk of developing severe illness.** Parents and coaches should assess level of risk based on individual players on the team who may be at [higher risk for severe illness](#), such as children who may have asthma, diabetes, or other health problems.
- **Size of the team.** Sports with a large number of players on a team may increase the likelihood of spread, compared to sports with fewer team members. Consider decreasing team sizes, as feasible.
- **Nonessential visitors, spectators, volunteers.** Limit any nonessential visitors, spectators, volunteers, and activities involving external groups or organizations.
- **Travel outside of the local community.** [Traveling](#) outside of the local community may increase the chances of exposing players, coaches, and fans to COVID-19, or unknowingly spreading it to others. This is the case particularly if a team from an area with high levels of COVID-19 competes with a team from an area with low levels of the virus. Youth sports teams should consider competing only against teams in their local area (e.g., neighborhood, town, or community).
- **Behavior of the athletes off the field.** Athletes who do not consistently adhere to [social distancing](#) (staying at least 6 feet apart), [mask wearing](#), [handwashing](#), and other prevention behaviors pose more risk to the team than those who consistently practiced these safety measures.

If organizations are not able to keep in place safety measures during competition (for example, maintaining physical distancing by keeping children at least 6 feet apart at all times), they may consider limiting participation to within-team competition only (for example, scrimmages between members of the same team) or team-based practices only. Similarly, if organizations are unable to put in place safety measures during team-based activities, they may choose individual or at-home activities, especially if any members of the team are at [high risk for severe illness](#).

Promoting Behaviors that Reduce Spread

Youth sports organizations may consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

- **Staying Home when Appropriate**
 - Educate staff and player families about when they should stay home and when they can return to activity.
 - Advise staff, families, and players to stay home if they have tested positive for COVID-19, are showing COVID-19 [symptoms](#), or if they have had a [close contact](#) with a person who has tested positive for or who has symptoms of COVID-19.
 - Develop policies that encourage staff who are sick to stay at home without fear of reprisal, and ensure staff are aware of these policies.
 - CDC's criteria can help inform when it is okay to end isolation or quarantine.
 - If they have been sick with COVID-19
 - If they tested positive for COVID-19 but had no symptoms
 - If they have recently had a close contact with a person with COVID-19
- **Physical Distancing**
 - The size and type of a sporting event should be determined based on the ability of athletes and spectators from different households to stay at least [6 feet \(2 arm lengths\) apart](#).

- Encourage players to wait in their cars with guardians until just before the beginning of a practice, warm-up, or game, instead of forming a group.
- Remind athletes and their families upon arrival at the facility or field to maintain at least 6 feet of distance between themselves and people they don't live with.
- Discourage athletes, coaches, staff, and families from greeting others with physical contact (e.g., handshakes). Include this reminder on [signs](#) about physical
- Identify adult staff members or volunteers to help maintain [physical distancing](#) among youth, coaches, umpires/referees, and spectators (if state and local directives allow for spectators).
- Space players at least 6 feet apart on the field (e.g., during warmup, skill building activities, simulation drills, while explaining rules)
- If keeping physical distance is difficult with players in competition or group practice, consider relying on individual skill work and drills.
- Increase distance for high-intensity activities.
- Limit the use of carpools or van pools. When riding in an automobile to a sports event, encourage players to ride to the sports event with persons living in their same household.
- **Masks**
 - Require the consistent and correct use of [masks](#), by making sure that staff, athletes, and spectators are covering their noses and mouths.
 - Provide everyone with information on [proper use, removal, and washing of masks](#) prior to the sporting event.
 - Consider having additional masks on hand in case player forgets one or needs to replace a moist mask with a dry one. Higher-intensity sports: People who are engaged in high-intensity activities, like running, may not be able to wear a mask if it causes difficulty breathing. Limit high-intensity sports when indoors.
 - Risk often increases when players are not actively engaged in activity, for instance when they are taking a break or socializing. Ensure that masks are used at all times.
 - Advise staff and coaches that [masks](#) should not be placed on:
 - Babies or children younger than 2 years old
 - Anyone who has trouble breathing
 - Anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance
- **Hand Hygiene and Respiratory Etiquette**
 - Encourage athletes and coaches to [wash hands often](#) with soap and water for at least 20 seconds.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
 - Do not allow spitting and encourage everyone to cover their mouth and nose with a tissue when coughing and sneezing. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
 - Encourage athletes, coaches, and spectators to avoid singing, chanting, or shouting, especially indoors.
- **Adequate Supplies**
 - Ensure adequate supplies to support [healthy hygiene](#)  [\[PDF - 269 KB\]](#) Supplies include soap, water, hand sanitizer containing at least 60% alcohol, paper towels, tissues, disinfectant wipes, masks (as feasible), and no-touch trash cans.
- **Signs and Messages**
 - Post signs in highly visible locations (e.g., at entrances and exits, in restrooms) that [promote everyday protective measures](#)  [\[PDF - 269 KB\]](#) and describe how to [stop the spread](#)  [\[PDF - 486 KB\]](#) of germs such as by [properly washing hands](#), [properly wearing a mask](#) , and [physical distancing](#).
 - Broadcast [regular announcements](#) on the public announcement system.
 - Include COVID-19 prevention messages (for example, [videos](#)) about behaviors that prevent spread of COVID-19 when communicating with staff, volunteers, officials, and families. This could include links, videos, and prevention messages in emails, on organization websites, and through the team and league's [social media accounts](#).
 - Consider developing signs and messages in multiple languages spoken in the community and formats (e.g., large print, braille, American Sign Language) for people who have limited vision or are blind or people who are deaf or

hard of hearing.

- Find freely available CDC print and digital resources on [CDC's communication resources](#) main page.

Maintaining Healthy Environments

Youth sports organizations may consider implementing several strategies to maintain healthy environments.

• Cleaning and Disinfection

- [Clean and disinfect](#) frequently touched surfaces on the field, court, or play surface at least daily, or between uses as much as possible.
- Clean and disinfect shared objects and equipment (e.g., balls, bats, gymnastics equipment) between uses.
- Consider closing areas such as drinking fountains that cannot be adequately cleaned and disinfected during a sporting event.
- Develop a schedule for increasing routine cleaning and disinfection.
- Ensure [safe and correct use](#) and storage of disinfectants, including storing products securely away from children. Always read and follow label instructions for each product.
- Use [EPA-approved disinfectants against COVID-19](#) [🔗](#).
- Identify an adult staff member or volunteer to ensure proper cleaning and disinfection of objects and equipment, particularly for any shared equipment or frequently touched surfaces.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic vapors.
- Use disposable gloves when removing garbage bags or handling and disposing of trash.
 - After using disposable gloves, throw them out in a lined trash can.
 - Do not disinfect or reuse the gloves.
 - [Wash hands](#) after removing gloves.

• Shared Objects

- Discourage people from sharing items that are difficult to clean, sanitize, or disinfect. Recommend players bring their own equipment such as bats, helmets, water bottles, etc. Do not let players share towels, clothing, or other items they use to wipe their faces or hands.
- Ensure adequate supplies of shared items to minimize sharing of equipment to the extent possible (e.g., protective gear, balls, bats); otherwise, limit use of supplies and equipment to one group of players at a time and clean and disinfect between use.
 - Keep each player's belongings separated from others' and in individually labeled containers, bags, or areas.
 - If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and be sure to have players sit at least 6 feet apart from one another. Offer hand sanitizer or encourage handwashing.

• Ventilation

- If playing inside, ensure ventilation systems operate properly. If feasible, adjust system when sports are played to increase outdoor air exchange. Increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling or triggering asthma symptoms) to players or others using the facility.
- If portable ventilation equipment like fans are used, take steps to minimize air blowing from one person directly at another person to reduce the potential spread of any airborne or aerosolized viruses. Fans should be used to push air outside, not across the room.
- For additional information on increasing ventilation, visit [CDC's Information on Cleaning, Disinfection, and Ventilating your home](#) or [Guidance for Businesses and Employers](#).

• Water Systems

- To minimize the risk of [Legionnaires' disease](#) and other diseases associated with water, [take steps](#) to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. If they are used, drinking fountains should be cleaned and sanitized. But encourage staff and players to bring their own water to minimize touching water fountains.

• Communal Spaces

- If practices or competition facilities (e.g., locker rooms) must be shared, stagger practice times and consider increasing the amount of time between practices and competitions to allow for one group to leave before another group enters the facility. Allow time for cleaning and disinfecting between use.
- Limit the number of players sitting in confined player seating areas (e.g., dugouts) by allowing players to spread out into spectator areas if more space is available (e.g., if spectators are not allowed).
- Add physical barriers, such as plastic flexible screens, for example between bathroom sinks, especially when they cannot be at least 6 feet apart.

Maintaining Healthy Operations

Youth sports organizations may consider implementing several strategies to maintain healthy operations.

- **Regulatory Awareness**
 - Be aware of state or local regulatory agency policies related to group gatherings to determine if events can be held.
- **Protections for Staff and Players at Higher Risk for Severe Illness from COVID-19**
 - Offer options for individuals at [higher risk of severe illness from COVID-19](#) (including older adults and people of any age with underlying medical conditions) that limit exposure risk (such as virtual coaching and in-home drills).
 - Consider limiting youth sports participation to staff and youth who live in the local area (e.g., community, city, town, or county) to reduce risk of spreading the virus from areas with higher levels of COVID-19. If attendance is open to youth from other communities, cities, town or counties, provide their families with information about local [COVID-19 levels](#) so they can make an informed decision about participation.
 - Put policies in place to protect the privacy of people at [higher risk for severe illness](#) regarding their underlying medical conditions.
- **Identifying Small Groups and Keeping them Together (Cohorting)**
 - Keep players together in small groups with dedicated coaches or staff, and make sure that each group of players and coach avoid mixing with other groups as much as possible. Teams might consider having the same group of players stay with the same coach or having the same group of players rotate among coaches.
 - Consider staging within-team scrimmages instead of playing games with other teams to minimize exposure among players and teams.
- **For Facility Staff to have Limited, Staggered, or Rotated Shifts and Attendance Times** Stagger arrival and drop-off times or locations by cohort (group) or put in place other protocols to limit contact between groups as much as possible. One example is increasing the amount of time between practices and competitions to allow for one group to depart before another group enters the facility. This also allows for more time to clean the facility between uses.
 - Use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for physical distancing between facility staff and others.
- **Designated COVID-19 Point of Contact**
 - Designate a youth sports program staff person or office to be responsible for responding to COVID-19 concerns. All coaches, staff, officials, and families should have information about who this person or office is and how to contact them.
- **Communication Systems**
 - Put systems in place to:
 - Encourage coaches, staff, and athletes to self-report to the youth sports organization or a COVID-19 point of contact if they have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 in accordance with [health information sharing regulations for COVID-19](#) [\[3\]](#) (e.g. see "Notify Health Officials and Close Contacts" in the [Preparing for When Someone Gets Sick](#) section below), and other applicable laws and regulations.
 - Advise coaches, staff, and athletes prior to the sporting event that they should not attend if they have symptoms of, a positive test for, or were recently exposed to COVID-19.
 - Notify staff, officials, families, and the public of youth sports facility closures and restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).
 - Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to coaches, staff, and athletes. Tailor information so that it is easily understood by

COVID-19 information to coaches, staff, and athletes. Tailor information so that it is easily understood by various audiences and is available in multiple languages and accessible formats (e.g., braille or larger print)

- You can learn more about communicating to staff in a crisis at [Crisis Communications Plan](#).
- **Leave (Time Off) Policies**
 - Implement flexible sick leave policies and practices for coaches, officials, and staff that are not punitive and enable employees to stay home when they are sick, have been exposed, are [caring for someone who is sick](#), or who must stay home with children if schools or child care centers are closed.
 - Examine and revise policies for leave, telework, and employee compensation as needed.
 - Ensure that any relevant policies are communicated to staff.
 - Develop policies for return-to-play after COVID-19 illness. CDC's criteria to [discontinue home isolation and quarantine](#) can inform these policies.
- **Back-up Staffing Plan**
 - Monitor absenteeism of coaches and officials, cross-train staff, and create a roster of trained back-up personnel.
- **Coach and Staff Training**
 - Train coaches, officials, and staff on all safety protocols. Consider using CDC's [Interim Guidance for Businesses and Employers](#) as a guide.
 - Conduct training virtually, or ensure that [physical distancing](#) is maintained during training.
 - If training needs to be done in person, maintain physical distancing. Virtual training is optimal when feasible.
- **Recognize Signs and Symptoms**
 - If feasible, conduct daily health checks (e.g., temperature screening and/or [symptom checking](#)) of coaches, officials, staff, and players safely and respectfully, and in accordance with any applicable privacy and confidentiality laws and regulations.
 - Youth sports program administrators may use examples of screening methods found in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) as a guide for screening children, and CDC's [General Business FAQs](#) for screening staff.
- **Sharing Facilities**
 - Encourage any organizations that share or use the youth sports facilities to also follow these considerations and limit shared use.
- **Support Coping and Resilience**
 - Promote staff and coach ability to eat healthy foods, exercise, get enough sleep, find time to unwind, and cope with stress.
 - Encourage staff to talk with people they trust about their concerns and how they are feeling.
 - Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746; The National Domestic Violence Hotline: 1-800-799-7233 and TTY 1-800-787-3224; and The National Suicide Prevention Lifeline: 1-800-273-TALK (8255).
- **Protect Your Health This Flu Season**
 - It's likely that the flu and COVID-19 will both spread this winter. Consider encouraging staff to get a [flu vaccine](#).

Preparing for When Someone Gets Sick

Youth sports organizations should consider implementing several strategies to prepare for when someone gets sick.

- **Advise Sick Individuals of Home Isolation Criteria**
 - Communicate with sick coaches, staff members, umpires/officials, or players that they should not return until they have met CDC's [criteria to discontinue home isolation](#).
- **Isolate and Transport Those Who are Sick**
 - Immediately separate coaches, staff, officials, and players with COVID-19 [symptoms](#) (i.e., fever, cough, shortness of breath) at any youth sports activity. Individuals who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow [CDC guidance for caring for themselves](#).
 - Individuals who have had [close contact](#) with a person who has [symptoms](#) should be separated, sent home, and advised to follow [CDC guidance for community-related exposure](#) (see "Notify Health Officials and Close Contacts")

below). If symptoms develop, individuals and families should follow [CDC guidance for caring for themselves who are sick](#).

- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, call first to alert them that the person may have COVID-19.
- **Clean and Disinfect**
 - Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting them](#) (for outdoor areas, this includes surfaces or shared objects in the area, if applicable).
 - Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct use](#) and storage of [cleaning](#) and disinfection products, including storing them securely away from children.
- **Notify Health Officials and Close Contacts**
 - In accordance with state and local laws and regulations, youth sports organizations should notify [local health officials](#) immediately of any case of COVID-19 .
 - Advise those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home and [self-monitor for symptoms](#), and to follow [CDC guidance](#) if symptoms develop.
 - Maintain careful rosters of which players, family members, coaches, and ancillary staff attend each practice and game, and have current contact information for everyone. If a COVID-19 exposure occurs, timely notifications are critical, and this information will help [contact tracing](#) activities occur more smoothly.
- **What to do if anyone becomes sick after participating in a youth sports activity**
 - If someone develops [symptoms consistent with COVID-19](#), such as fever, cough, or shortness of breath, or if they [test positive for COVID-19](#), [follow steps to prevent the spread of COVID-19](#) and the [Public Health Guidance for Community-Related Exposure](#).
 - This person(s) should [self-isolate](#) if they have tested positive for COVID-19 or [self-quarantine](#) if they are a close contact.
 - Immediately contact and notify the people they were in close contact with, the league organizers, and/or the [local health department](#).
 - Youth sports league organizers may need to inform staff, parents, and other people about their possible exposure to the virus, while maintaining confidentiality as required by the [Americans with Disabilities Act \(ADA\)](#) and other applicable laws and regulations.
 - If you, a staff member, or a participant is waiting for your COVID-19 test results, [follow these important steps](#) [\[PDF - 234 KB\]](#) to help stop the spread of COVID-19:
 - Stay home and monitor your health.
 - Think about the people you have recently been around and places where you have been and write down any information you can remember.
 - Answer the phone call from the health department.
 - If you, a staff member, or a participant has been diagnosed with COVID-19, a [public health worker may contact you](#) to check on your health and ask you who you have been in contact with and where you've spent your time. Your information will be confidential. Learn more about [what to expect with contact tracing](#).
- **Contact Tracing**
 - [Contact tracing](#) is key to slowing the spread of COVID-19 and helps protect the community by:
 - Letting people know they may have been exposed to COVID-19 and should monitor their health for signs and [symptoms](#) of COVID-19.
 - Helping people who may have been exposed to COVID-19 get tested.
 - Asking people to [self-isolate](#) if they have COVID-19 or [self-quarantine](#) if they are a close contact.
 - Learn more about contact tracing and what to expect at [CDC's Contact Tracing website](#).

Communication Resources



Assess Your Risk (Graphic)
Game plan on to how reduce risk while playing sports [Download](#) [IMAGE - 425 KB]

Letter Template for Sports Administrators and Coaches
Send out a customized letter to parents to inform them about steps taken to protect players. [Download](#) [DOC - 65 KB]

Sports Banner (6'X3')
Educate players on how to stay staff on and off the field [Download](#) [PDF - 408 KB]

Checklist for Coaches Help protect players and staff from COVID-19
[Download](#) [PDF - 315 KB]

Other Resources

[Latest COVID-19 Information](#)

[Masks](#)

[Cleaning and Disinfection](#)

[Social Distancing](#)

[Guidance for Businesses and Employers](#)

[COVID-19 Frequently Asked Questions](#)

[Guidance for Park Administrators and Visitors \(including for aquatic venues\)](#)

[Persons at Higher Risk](#)

[Guidance for Schools and Childcare Centers](#)

[Managing Stress and Coping](#)

[Guidance for Park Administrators](#)

[HIPAA and COVID-19](#)

[COVID-19 Prevention](#)

[CDC communication resources](#)

[Handwashing Information](#)

[Community Mitigation](#)

Last Updated Dec. 31, 2020

EMPLOYEE RIGHTS

An employee shall not be discharged, disciplined, or otherwise retaliated against for staying at home because he or she has COVID-19, has symptoms of COVID-19, or has had close contact with an individual with COVID-19.

An employee who is allowed to return after the periods described above in the section titled *Self-Reporting, Preclusion from District Property, and Returning to School*, but declines to do so may be subject to discipline, up to and including discharge.

RECORD-KEEPING AND CONFIDENTIALITY

The District shall train building principals and district leaders as it relates to record-keeping and confidentiality as outlined in the COVID-19 PREPAREDNESS AND RETURN TO SCHOOL ROADMAP.

RECORD-KEEPING

- The District will provide professional development and maintain records of training, including the topics covered, a list of participants, copies of any materials used, the identity of the trainer, and any other information deemed relevant.
- Direct building principals and leaders to maintain copies, whether digitally or in hard copy, of the self-screening questionnaires completed daily by employees and visitors. These questionnaires shall be maintained in a confidential paper and/or digital file, with access restricted.
- Maintaining a copy of the notices provided to the Oakland County Department of Health of District employees, students or visitors working who have been identified with a confirmed case of COVID-19. Notice to the Oakland County Health Division shall be maintained in a separate, confidential file with access restricted.

CONFIDENTIALITY

The District will take reasonable precautions to protect health information pursuant to all applicable laws and statutes, including, but not limited to, the Americans with Disabilities Act ("ADA"), the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Family Education Rights and Privacy Act of 1974 ("FERPA").

SUPPORTING DOCUMENTS

- *CDC: HIPAA-FERPA Infographic*

FERPA

The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that protects the privacy of student education records.

The Act serves two primary purposes:

1. Gives parents or eligible students more control of their educational records
2. Prohibits educational institutions from disclosing "personally identifiable information in education records" without written consent



Who must comply?



- Any public or private school:
 - Elementary
 - Secondary
 - Post-secondary
 - Any state or local education agency
- Any of the above must receive funds under an applicable program of the US Department of Education

Protected information



Student Education Records: Records that contain information directly related to a student and which are maintained by an educational agency or institution or by a party acting for the agency or institution

Permitted disclosures¹



- School officials
- Schools to which a student is transferring
- Specified officials for audit or evaluation purposes
- Appropriate parties in connection with financial aid to a student
- Organizations conducting certain studies for or on behalf of the school
- Accrediting organizations
- Appropriate officials in cases of health and safety emergencies
- State and local authorities, within a juvenile justice system, pursuant to specific state law
- To comply with a judicial order or lawfully issued subpoena

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) is a national standard that protects sensitive patient health information from being disclosed without the patient's consent or knowledge. Via the Privacy Rule, the main goal is to

- Ensure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being.



- Every healthcare provider who electronically transmits health information in connection with certain transactions
- Health plans
- Healthcare clearinghouses
- Business associates that act on behalf of a covered entity, including claims processing, data analysis, utilization review, and billing



Protected Health Information²: Individually identifiable health information that is transmitted or maintained in any form or medium (electronic, oral, or paper) by a covered entity or its business associates, excluding certain educational and employment records



- To the individual
- Treatment, payment, and healthcare operations
- Uses and disclosures with opportunity to agree or object by asking the individual or giving opportunity to agree or object
- Incident to an otherwise permitted use and disclosure
- Public interest and benefit activities (e.g., public health activities, victims of abuse or neglect, decedents, research, law enforcement purposes, serious threat to health and safety)
- Limited dataset for the purposes of research, public health, or healthcare operations

1. Permitted disclosures mean the information can be, but is not required to be, shared without individual authorization.

2. Protected health information or individually identifiable health information includes demographic information collected from an individual and 1) is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse and 2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; or (i) That identifies the individual, or (ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

For more information, please visit the Department of Health and Human Services' [HIPAA website](#) and the Department of Education's FERPA website.



RESOURCES

Centers for Disease Control and Prevention (CDC)

Center for Disease Control and Prevention webpage:

<https://www.cdc.gov>

Center for Disease Control and Prevention COVID-19 webpage:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Michigan Department of Health and Human Services (MDHHS)

Michigan Department of Health and Human Services webpage:

<https://www.michigan.gov/mdhhs/>

MDHHS Sports and COVID-19 Infographic:

https://www.michigan.gov/images/coronavirus/COVID_and_sports_v9_715307_7.png

MDHHS Epidemic Orders Webpage:

https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-533660--,00.html

FAQs for the February 4th Gatherings and Face Mask Order:

https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-551411--,00.html

MDHHS Mental Health Resource Webpage:

<https://www.michigan.gov/staywell>

Michigan Occupational Safety and Health Administration (MIOSHA)

The Department of Labor and Economic Opportunity, State of MI Occupational Safety & Health Administration Webpage:

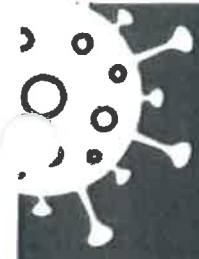
https://www.michigan.gov/leo/0,5863,7-336-94422_11407--,00.html

Oakland County Health Division (OCHD)

Oakland County Health Division COVID-19 webpage

<https://www.oakgov.com/COVID-19>

FEB. 8: GATHERING GUIDELINES



Open



Two-household gathering (high precautions)*



Small outdoor gatherings (25 people)



Retail



Preschool through 12th grade (local district choice)



Childcare



Manufacturing, construction, other work that is impossible to do remotely, including technical education



Public transit



Hair salons, barber shops, other personal services



Gyms, pools, roller and ice rinks



Restaurants and bars*



Professional sports**



Parks and outdoor recreation



Funerals (25 people)



Health care



Theaters, movie theaters, stadiums, arenas



Bowling centers



Bingo halls, casinos, arcades



Contact/Non-contact sports



Indoor group fitness classes

*See DHHS guidance for safety practices.
**Includes a limited number of NCAA sports.



Workplaces, when work can be done from home



Night clubs

Not open



Water parks

For more information about the order, visit Michigan.gov/Coronavirus.
Questions or concerns can be emailed to COVID19@michigan.gov.



Free COVID-19 Testing

Henry Ford Health System is offering free, walk-in COVID-19 testing at multiple locations in Detroit and nearby suburbs including **OAK PARK HIGH SCHOOL!**

No appointment, physician referral, prescription or insurance is needed. The PCR tests are available for adults and children. Results are provided within 48 hours.

OAK PARK HIGH SCHOOL

EVERY WEDNESDAY from 10:00 am - 6:00 pm



**Oak Park
Schools**

- **Enter using the Coolidge Road entrance**
 - **Please wait in your car/outside**
 - **Text the number on the sign**
 - **Follow the directions provided**



For details and a complete schedule of testing days, times and locations, visit www.henryford.com/freeCOVIDtest.

This COVID-19 testing program is supported by grants from the State of Michigan's Racial Disparity Task Force and Johnson & Johnson's Mobile Health Clinic Support Program.



The COVID-19 pandemic has created emotional distress within Michigan's educational community. Parents, teachers, students and staff are feeling anxious, depressed and uncertain about the future. These feelings are normal and understandable—and it can help to talk to someone.

Be Kind to Your Mind.

Call the Michigan Stay Well counseling line for free emotional support.

Dial 1-888-535-6136 and press "8."

Remain on the line until you hear the prompt to speak with a Stay Well counselor.
This service is free, confidential, and available 24/7.



For more guidance on coping with pandemic-related distress, visit Michigan.gov/StayWell.

The Stay Well program is brought to you by a behavioral health task force within the Michigan Department of Health and Human Services, with grant funding from the Federal Emergency Management Agency. Crisis counseling training was provided by the Substance Abuse and Mental Health Services Administration.



Molecular Test

Polymerase Chain Reaction (PCR) test is the standard test for COVID-19 infection, recommended by the Centers for Disease Control and Prevention (CDC). This type of test looks for SARS-CoV-2 viral RNA in the upper respiratory tract, collected using a "swab."

If you test positive using the Molecular Test, you should self-isolate until the following three things happen:

1. No fever for 24 hours without fever reducing medicine
2. Symptoms Improved
3. At least 10 days passed since symptoms first appeared

Even if you had COVID-19 and recovered, this test may continue to be positive for weeks afterward. See our [guidelines](#) for when it is safe to be around others.

False negative results are possible. If the level of virus present is low due to being tested very early or very late in your illness, levels of the virus may not be high enough to be detected by this test. If you have been exposed and have symptoms, but your test was negative, consider re-testing a couple days after your first test.

Antibody Tests

Antibody tests cannot diagnose COVID-19. These tests look for the presence of COVID-19 antibodies in a person's blood. Unlike the molecular tests, antibody tests *may* detect those who were infected and have now recovered – this is still under investigation by the CDC.

Two Types of Antibody Tests:

1. "Rapid Antibody Tests" – obtained by a "finger-poke" blood sample. None of these tests are currently Food and Drug Administration (FDA) approved for routine clinical use. Commonly offered by urgent care clinics and pharmacies. Rapid antibody tests have not proven to be reliable.
2. Quantitative Serological Antibody Titers – obtained by blood draw. These tests *may* be reliable, but all are currently for investigative use only. The only way to have this test is to participate in an official clinical trial.

Currently, there is not enough information on the antibody levels during the clinical course of COVID-19 infection to make conclusions on the use of these tests.

Antigen Test

Antigen tests look for certain proteins specific to SARS-CoV-2 virus in the upper respiratory tract. Faster and less expensive than molecular (PCR) tests, antigen tests may be useful in screening and surveillance testing for the virus; however, they are less sensitive than PCR tests, and should not necessarily be used for diagnosing SARS-CoV2 infection. Proper interpretation of antigen test results is important for accurate clinical management of patients with suspected COVID-19. ([CDC Guidance](#))

This is an evolving situation and information/resources will be updated as available at www.oakgov.com/covid. Our Nurse on Call is available at 800-848-5533.

Household members or caregivers may have close contact with someone who is in self-isolation with symptoms of COVID-19 or diagnosed with COVID-19. Household members/close contacts should follow these recommendations when caring for others in self-isolation:

PROTECT YOUR OWN HEALTH

- Washing your hands often with soap and warm water for 20 seconds, and help young children do the same. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoiding sharing cups, drinking bottles, utensils and eating food from the same dish as the patient.
- Practice healthy habits. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious foods.

MONITOR THE PATIENT'S HEALTH

- Make sure that you understand and can help the patient follow their healthcare provider's instructions for medication(s) and care. Help with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.
- Monitor the patient's symptoms. If the patient is getting more sick, call his or her healthcare provider and tell them that the patient has laboratory-confirmed COVID-19 or is in self-isolation with symptoms of COVID-19.
- If patient has a medical emergency and you need to call 911, notify dispatch personnel that the patient has, COVID-19 or is in self-isolation with symptoms.

ISOLATE THE PATIENT

- Other household members should stay in another room or be separated from the patient as much as possible, including using a separate bedroom and bathroom, if available.
- Prohibit visitors who do not have an essential need to be in the home.
- Household members should care for pets in the home. The patient should not handle pets or other animals while sick. For more information, see [COVID-19 and Animals](#).
- Avoid sharing personal items with patient like dishes, towels, and bedding.

CLEAN AND DISINFECT FREQUENTLY TOUCHED OBJECTS AND SURFACES

- Clean all commonly touched surfaces like counters, tables, light switches, and door knobs/handles. Use a household cleaning spray or wipe according to the label instructions.
- Wash laundry thoroughly.
 - Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
 - Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.



TAKE PRECAUTIONS

- The patient should wear a facemask, if available, around other people. If the patient is not able to wear a facemask (for example, because it causes trouble breathing), you, as the caregiver, should wear a mask when you are in the same room as the patient.
- Wear a disposable facemask, if available, and gloves when you touch or have contact with the patient's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine.
 - Throw out disposable facemasks and gloves after using them in a lined container before disposing of them with other household waste. Do not reuse. Clean your hands immediately after handling these items.
 - When removing personal protective equipment, first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.
 - During a public health emergency, facemasks may be reserved for healthcare workers. You may need to improvise a facemask using a scarf or bandana.

WHEN TO END HOME ISOLATION (STAYING HOME)

Isolation of symptomatic persons with COVID-19 can be discontinued:

- At least 10 days after symptoms began AND 24 hours after no fever without fever reducing medications and improved symptoms.

Isolation of NON-symptomatic persons with COVID-19 can be discontinued:

- 10 days after positive test taken if no symptoms develop
 - If symptoms develop after testing positive, follow the guidance for symptomatic persons above.

This is an evolving situation and information/resources will be updated as available at www.oakgov.com/covid. Our Nurse on Call is available at 800-848-5533