miOttawa Department of
Public Health

COVID-19 RETURN TO SCHOOL TOOLKIT

CAPS Family Edition

Dated 11/5/2020

Originally published August 7, 2020; updates: 8/18/20, 8/25/20, 8/31/20, 11/05/20

DISCLAIMER: This information was developed based on the latest guidance at the time. Visit cdc.gov/coronavirus or Michigan.gov/coronavirus for the most up to date information.

Legal disclaimer: *The contents of this document are made available to you for informational purposes only and should not be construed as legal, financial or medical advice on any matter. This material may not reflect the most current COVID-19 developments and is subject to revision. In no event will Ottawa County Department of Public Health be liable for any decisions made or action taken in relation upon the information provided through this document.*

COVID-19 SCHOOL CHECKLIST

Follow the instructions of the MI SAFE SCHOOLS: Michigan's 2020-2021 Return to School Roadmap for the Phase your region is in.

COVID-19 SCREENING

FOR SCHOOL STAFF AND ADMINISTRATION

MIOSHA COVID-19 Workplace Safety Guidelines requires a daily self-screening protocol for all employees or contractors entering the workplace, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19.

An example workplace-screening form and symptom list is found in Appendix B. You can also use a virtual screener. One option provided by the State of Michigan is https://misymptomapp.state.mi.us/login

FOR STUDENTS

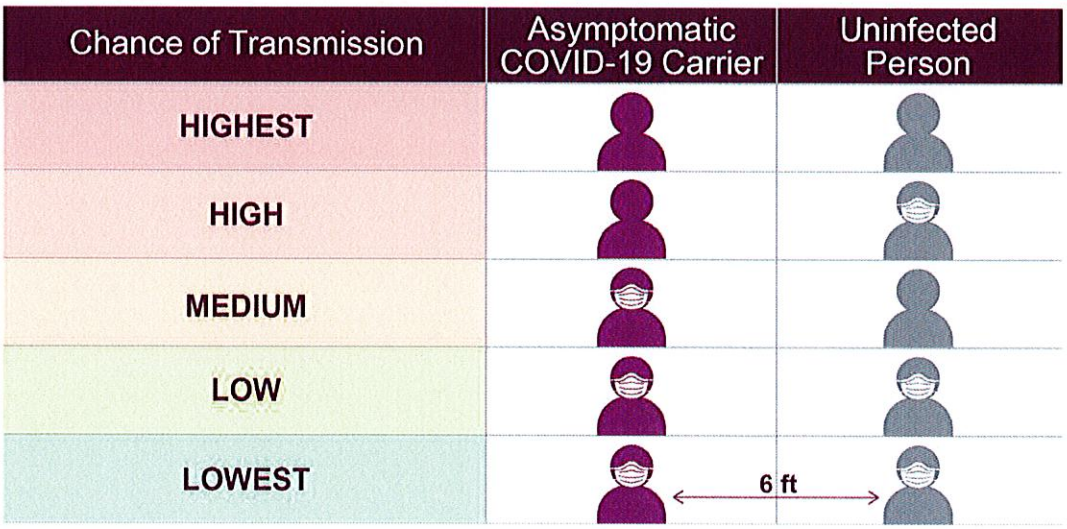
Schools should determine a screening method to detect symptoms of illness in students that suit local school and community conditions. Schools should have a plan for symptoms that begin while at school that includes the ability to safely isolate the student until they can go home.

The health department and the CDC does not currently recommend universal symptom screenings (screening all students grades K-12) be conducted by schools. Parents or caregivers should be strongly encouraged to monitor their children for signs of infectious illness every day prior to sending students to school.

It is recommended to set up an agreement or form for parents outlining the responsibility of the parent and the responsibility of the school. An example agreement and symptom screening are in Appendix C.

CLOTH FACE COVERINGS HELP PREVENT THE SPREAD OF COVID-19

The MDHHS Gatherings and Face Mask Order requires everyone to wear masks when gathered with people from two or more households, including within schools. Schools may require documentation from a medical professional for students or staff who cannot medically tolerate a face covering, as they do for other types of accommodations. See Appendix D for an example form schools may use for documentation. In phase 5, schools will have to comply with their local plans that have been approved by their Board of Education – we anticipate most districts will have some sort of facial covering requirement.



Schools should continue to follow the guidance in the MI Safe Schools Roadmap. In phase 5, schools will have to comply with their local plans that have been approved by their Board of Education – we anticipate most districts will indeed have some sort of facial covering requirements.

Phase	Environment	Staff	Early Childhood (ages 2-5)	Grades K-5	Grades 6-12
Phases 1-4	Classrooms/ Small Groups	Required, except during meals	Should be considered*	Required, except during meals	Required, except during meals
	Common spaces	Required, except during meals	Should be considered*	Required, except during meals	Required, except during meals
	Transportation	Required	Required	Required	Required
	Outside with social distancing	Not required	Not required	Not required	Not required
Phase 5	All environments	Requirements move to recommendations.			

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

ALTERNATIVES TO FACE COVERINGS OVER THE NOSE AND MOUTH

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.

School speech therapists may find wearing a face covering interferes with their ability to perform their job. Face shields are an appropriate alternative for the speech therapist and the student during therapy sessions.

- Face shields must be worn by both the student and the speech therapist during the session.
- Face shield must be assigned for use by only one student each.
- Face shields should be cleaned and disinfected thoroughly between each use.
- Once the therapy session has concluded, both the speech therapist and the students must put face coverings back on.

MANAGING COVID-19 IN THE SCHOOL

As long as there are cases of COVID-19 in the community, there will be no way to prevent all risks of COVID-19 spread in schools. **The goal is to keep the risk as low as possible and keep schools/school activities as safe as possible.** If students did not go to school, they would still be at risk of COVID-19 illness from their interactions in the community. Our goal is to partner with schools to ensure that the benefits of in-person education outweigh any risks.

DESIGNATED COVID-19 POINT OF CONTACT

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

The health department will also need to know who to contact at the school for case investigation and contact tracing. Before school reopens, please provide the name and contact information of your COVID-19 school liaison to the COVID-19 investigation team at the health department by contacting Tonya Barber at (616) 494-5531 or tbarber@miOttawa.org. Once received, a member of the health department COVID-19 investigation team will contact the school liaison to provide additional information and assure quick communication channels.

LIMIT GATHERINGS, VISITORS, AND FIELD TRIPS

- Pursue virtual group events, gatherings, or meetings, if possible. For in-person, limit group size and promote social distancing of at least 6 feet between people.
- Limit nonessential visitors, volunteers, and activities involving external groups or organizations – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
- Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights.
- Pursue options to convene sporting events and participation in sports activities in ways that minimize the risk of transmission of COVID-19 to players, families, coaches, and communities.

COHORTING – IDENTIFYING SMALL GROUPS AND KEEPING THEM TOGETHER

While keeping students 6 feet from one another is a preferred prevention strategy, it may be difficult to achieve in the school setting. If this is the case, schools can cohort students and staff as an important tool to help contain the spread of COVID-19. Cohorts limit how many students and teachers will be exposed to COVID-19 should someone at school be contagious. Cohorts may be by classroom and/or groups within the classroom.

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

STAGGERED SCHEDULING

- Stagger arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.
- When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between employees and others.

WHAT HAPPENS WHEN SOMEONE AT SCHOOL GETS COVID-19

SCHOOL AND HEALTH DEPARTMENT LEARN OF A STUDENT OR STAFF MEMBER WITH COVID-19

If a case of COVID-19 is identified in a student or staff member, notify the school's designated COVID-19 liaison right away. The law requires that a school immediately notify the health department about a case (within 24 hours, if possible). Please email notification to OCDPHCOVIDSchool@miottawa.org. The health department will notify the school's COVID-19 liaison whenever they become aware of a case. It is also important for the school COVID-19 liaison to let the health department investigator know of any cases in the school that are not Ottawa County residents. Only a select few at the school should know the identity of the case. Those few individuals are critical to helping the health department figure out close contacts to the case and determine what areas of the school need special attention for disinfection and cleaning. Other than those few individuals, the person's identity is kept confidential in respect of their privacy as well as following regulations of FERPA (for schools) and HIPAA (for the health department). **Once the school and health department are both aware of a new case, then it is important for the school to notify families.** Appendix A has a sample letter that the health department will provide to the school's COVID-19 liaison in the event of a case in the school. The health department will issue a notice of isolation to each student or staff member case.

IDENTIFY CLOSE CONTACTS

A person with COVID-19 is considered contagious starting 2 days before they started having symptoms. If they never have symptoms, they are considered contagious starting 2 days before their positive COVID-19 test was performed. Close contacts to a person with COVID-19 are at risk of getting sick. They must be identified and quarantined to prevent further spread at school. Schools should have a plan to make seating charts and cohort lists immediately available.

WHAT IS A CLOSE CONTACT?*

For COVID-19, a close contact is most often someone that has been within 6 feet (about 2 arms' length) of an infected person for at least 15 minutes in a 24-hour period including brief encounters (does not need to be consecutive minutes), with or without a face covering. Face coverings significantly reduce the risk of spreading COVID-19. The risk of spread is lowest when the contagious individual and potential close contacts both keep their nose and mouth covered, but the risk is not eliminated. Wearing a mask or face covering will not prevent a person from being considered a close contact if exposed, but it will reduce the likelihood that they get sick and become a case, thus also reducing the likelihood of community transmission. Every investigation is different, so the health department will work with the school to determine close contacts for quarantine.

EXAMPLES OF CLOSE CONTACTS IN THE SCHOOLS*

Many things affect what a close contact is and this needs to be determined on a case-by-case basis with help from the local health department. However, at a minimum, the following examples should apply to most situations.

- IF THE CONTAGIOUS INDIVIDUAL WERE A TEACHER: If the contagious teacher was not consistently keeping at least 6 feet away from students while teaching (i.e., walking around while lecturing, doing a lot of one on one, face to face instruction, young students coming up to the teacher), the entire class might need to be quarantined.
- CLASSMATES SITTING OR OFTEN WITHIN 6 FEET of the contagious individual, either in the classroom or on the bus, for 15 non-consecutive minutes or more. This would typically be students one to two rows from the contagious individual.
- LUNCHMATES of student if sitting within 6 feet of contagious individual for 15 non-consecutive minutes or more.
- PLAYMATES ON THE PLAYGROUND OR IN GYM within 6 feet of the contagious individual for 15 non-consecutive minutes or more.
- SPORTS TEAMMATES within 6 feet of the contagious individual for 15 non-consecutive minutes or more on the field or court, or in the locker room or bus. The OCDPH may advise the entire team to be quarantined.
- OPPOSING TEAMMATES in sporting events that shared time on the field or court with the contagious individual and were within 6 feet for 15 non-consecutive minutes or more. The OCDPH may advise the entire team to be quarantined.
- CLASSMATES OR OTHERS THAT HAD INTERACTIONS with the contagious individual lasting over 15 non-consecutive minutes in confined areas such as bathrooms, office room, where distancing of 6 feet is difficult.

These examples illustrate the importance of assigned seating and student/staff cohorts in order to minimize the spread of disease and keep students and staff in school. We understand that students may not like assigned seats, losing some freedoms, or the limitations of cohorts, but please help encourage them and remind them why this is important.

It is helpful for parents to keep note of where their student is going and who they are spending time with outside of school. This will assist in finding all close contacts who have been exposed and may become infected, further preventing the spread of COVID-19.

**The health department's determinations of who is a close contact may vary from standard definitions. Such exceptions would be unique and applied when exposure circumstances are unusual, or the exposed population is highly susceptible.*

LOCAL HEALTH DEPARTMENTS QUARANTINE CLOSE CONTACTS

Quarantine separates people who were exposed to a contagious disease to see if they become sick. This is important because people who are infected with COVID-19 are contagious two days before they have any symptoms of being sick, so unless they are kept separated from other people, they can spread the illness without even knowing it. Since close contacts are not yet known to be infected, **the contacts to those contacts do not need to be in quarantine and do not need to be identified or contacted**. Many close contacts do not get COVID-19, but because it is very contagious, we must be cautious. A public health investigator determines when a close contact is released from quarantine.

Example of a contact of a contact:

> Bob sits next to Fred in class. Fred gets sick with COVID-19. Bob needs to be in quarantine but is healthy at this time. Bob plays on the football team. No one on the football team has been near Fred. Therefore, the football team doesn't need to be notified about Fred being sick or worry about Bob being in quarantine at this time. Odds are, Bob will not get sick and will be back in school and football in a couple of weeks.

CLEANING AND DISINFECTING

Close off areas used by a sick person and 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 products securely away from children. Review Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes developed by the CDC.

COMMUNICATIONS

Ensure the health department is aware of the case, especially those in your school that do not reside in Ottawa County. Work with the health department to notify families that there is a COVID-19 case in the school (Appendix A). The health department will ask your COVID-19 school liaison to help with school-related contact tracing, having them gather and send close contact information to the health department electronically (Appendix F). The health department will work with the school to notify those individuals and instruct them to quarantine.

If you are notified after business hours that a student or staff person has had a positive test result, or has been notified that they are a COVID-19 case, have your COVID-19 school liaison contact a member of your health department COVID-19 investigation team by emailing OCDPHCOVIDSchool@miottawa.org. If the case is involved in one or more extra-curricular activities as either a participant or a leader and it is a Friday or weekend day, consider canceling the next school/business day's activities to allow time for case investigation and contact tracing.

HOW DOES COVID-19 SPREAD?

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

RESPIRATORY DROPLETS

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

AEROSOLS

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

OBJECTS

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

WHEN A STUDENT/STAFF PERSON SHOULD STAY HOME AND WILL BE SENT HOME

Students and staff should not go to school or any school activities or sports if having symptoms of COVID-19 or if they have been identified by the health department as a close contact of a COVID-19 case. If they start having symptoms of COVID-19 while at school, they will need to be sent home. Testing for COVID-19 should be encouraged since there is illness in the community and some people don't know they are infected. Testing may also shorten the time that they are excluded from school or work. If a student or staff person tests positive for COVID-19, the health department will provide them with a letter of isolation. This letter can be used for leave from school/work and return to school/work.

Symptoms of COVID-19 include **one** of the following symptoms: cough, shortness of breath, difficulty breathing, loss of taste or loss of smell OR **two** of the following symptoms: fever of 100.4 or greater or feeling feverish, chills, muscle aches, sore throat, diarrhea, vomiting, nausea, congestion, runny nose, headache or fatigue, among others.

MATERIALS & RESOURCES

The following materials are developed by the CDC to support COVID-19 recommendations. All materials are free for download. They may be printed on a standard office printer, or you may use a commercial printer.

Print Materials for Students - Kindergarten through College

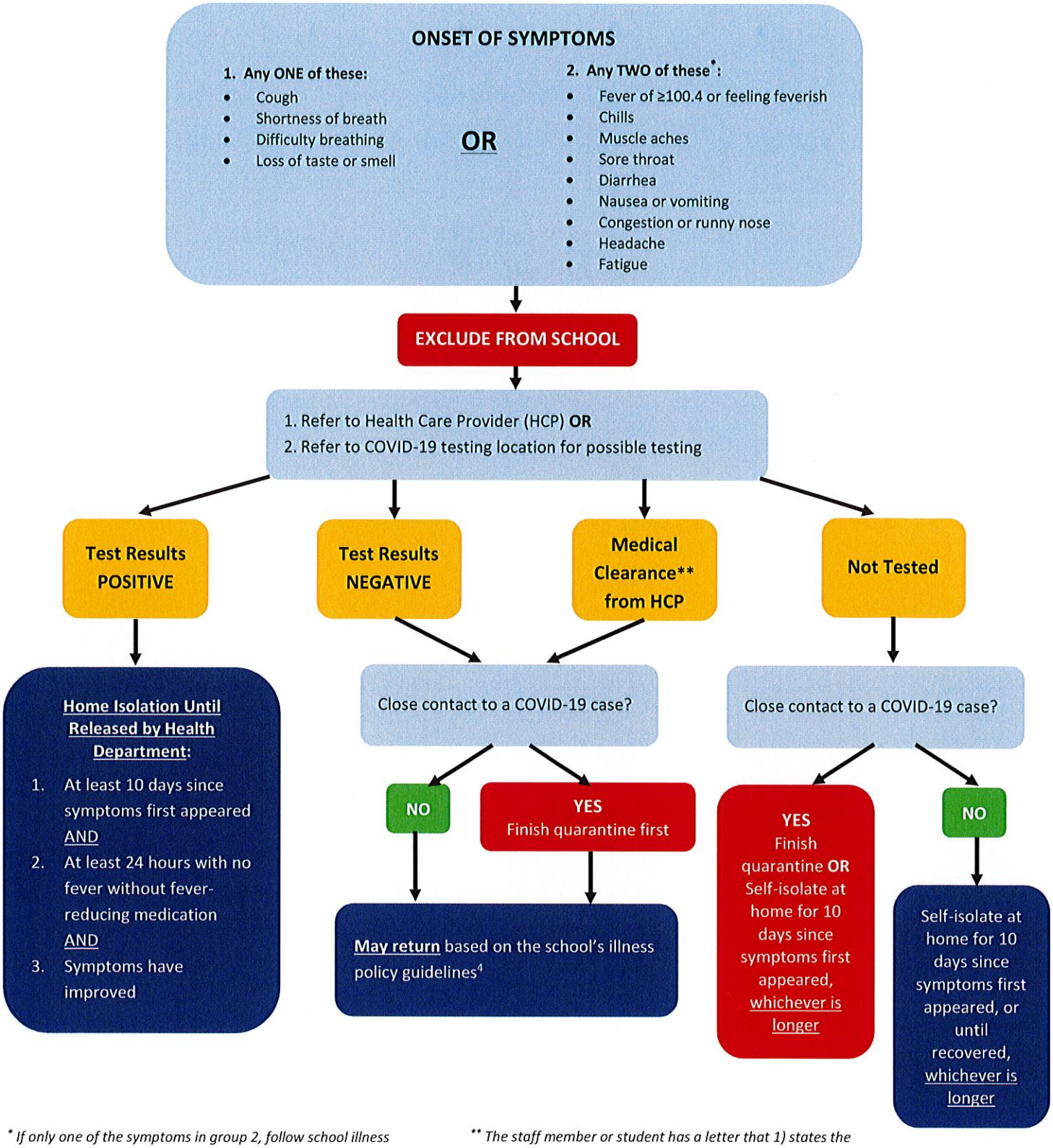
Media Materials for All Ages and all COVID-19 Topics

VIDEO: How to Wear a Cloth Face Covering for Young Adults

COVID-19 SCHOOL SCENARIOS WITH ACTION STEPS

The next section provides both a flowchart for symptomatic individuals and a table for those who are either symptomatic or a close contact that may help illustrate the decisions and actions that follow for a student or staff member. These are based on current guidance and are subject to change as we learn more about COVID-19 and how it is spread.

FIGURE 1. FLOWCHART FOR SYMPTOMATIC INDIVIDUALS (STUDENTS OR STAFF MEMBERS)



** If only one of the symptoms in group 2, follow school illness policy for return to school. Note that it is possible for people with COVID-19 to have no, or almost no, symptoms. If you have even ONE of these symptoms, you are encouraged to seek testing or consult your HCP for an alternative diagnosis.*

*** The staff member or student has a letter that 1) states the individual is not considered to have COVID-19, and 2) gives medical permission for the individual to return to school, and 3) provides a specific return to school date, and 4) is signed or countersigned by an MD or DO. See Appendix E.*

TABLE 1. STUDENT AND STAFF MEMBER SCENARIOS

Scenario 1	Scenario 2	Scenario 3	Scenario 4
A student/staff person is confirmed to have COVID-19	**A student/staff person is symptomatic[1] and lab results are pending**	**A student/staff person is symptomatic[1] but without a COVID-19 test**	**A student/staff person is a close contact[2] to a COVID-19 case**
The student/staff person **AND** all household members of the student/staff person are **immediately** excluded from school. The COVID-19 positive student/staff person must isolate at home. The student/staff person must be excluded from school until: • 24 hours with no fever (without the use of fever-reducing medication) **and** • Symptoms[1] have improved **and** • 10 days since symptoms[1] first appeared **and** • Released from isolation by the health department Household members and the quarantined student/staff who are close contacts[2] are excluded for 14 days after their last date of close contact.	The student/staff person is excluded from school until results of the test are available. If test results are **positive,** see Scenario 1. If test results are **negative** and the ill student/staff person is a close contact to someone with COVID-19 ,[2] they must still finish their quarantine. If test results are **negative** and the ill student/staff person had no known exposure[2] to COVID-19, they may return in accordance with the school's illness policy.[4] Close contacts do not need to be excluded from school while the symptomatic person is waiting for test results but should self-monitor for symptoms. If a close contact develops symptoms, they should call their medical provider and/or be tested for COVID-19.	IF THERE IS KNOWN COVID-19 EXPOSURE[2] and NO TEST DONE, exclude from school for whichever is longer of the below actions: • Self-quarantine for 14 days from the last known exposure **OR** • 24 hours fever-free (without the use of fever-reducing medication) **and** symptoms have improved **and** 10 days since symptoms first appeared. IF THERE IS NO KNOWN COVID-19 EXPOSURE[2] and: • NO TEST DONE, exclude from school until 24 hours fever-free (without the use of fever-reducing medication) **and** symptoms have improved **and** 10 days since symptoms first appeared. • NO TEST DONE and HAS MEDICAL CLEARANCE[3] FROM HEALTH CARE PROVIDER, they may return to school in accordance with the school's illness policy.[4]	The student/staff person must quarantine for **14 days since last date of exposure.**[2] If a close contact has a negative COVID-19 test during this time, the duration of quarantine is still 14 days from last date of exposure. Household members, classmates, and coworkers of the quarantined student/staff person ("contacts of a contact" – see page 5) may continue to attend school and should monitor for symptoms.[1] If symptoms develop, they should call their medical provider to be tested for COVID-19.

[1] *Symptoms include: Any ONE of cough, shortness of breath, difficulty breathing, loss of taste, loss of smell* ***OR*** *any TWO of fever ≥ 100.4 or feeling feverish, chills, muscle pain, sore throat, diarrhea, vomiting, nausea, congestion, runny nose, headache, fatigue, among others. If a student or staff member has just one of the second list, encourage testing since some with COVID-19 can have only one symptom, but may return to school according to school illness policy if not tested.*

[2] *Close contact with a COVID-19 case is defined as being within 6 feet for at least 15 minutes (does not have to be consecutive minutes and includes brief encounters) in a 24-hour period, with or without a face covering. The risk of spread is lowest when both the contagious individual and the potential close contacts keep a face covering over their nose and mouth, but it is not eliminated. Therefore, high levels of face covering use help minimize the number of COVID-19 cases in a school, but may not reduce the number of people who are considered close contacts for quarantine, if a case is identified. Public health may deviate from standard close contact definitions. Such exceptions would be unique, and applied when exposure circumstances are unusual or the exposed population is highly susceptible.*

[3] *The staff member or student has a letter that 1) states the individual is not considered to have COVID-19, and 2) gives medical permission for the individual to return to school, and 3) provides a specific return to school date, and 4) is signed or countersigned by an MD or DO. See Appendix E.*

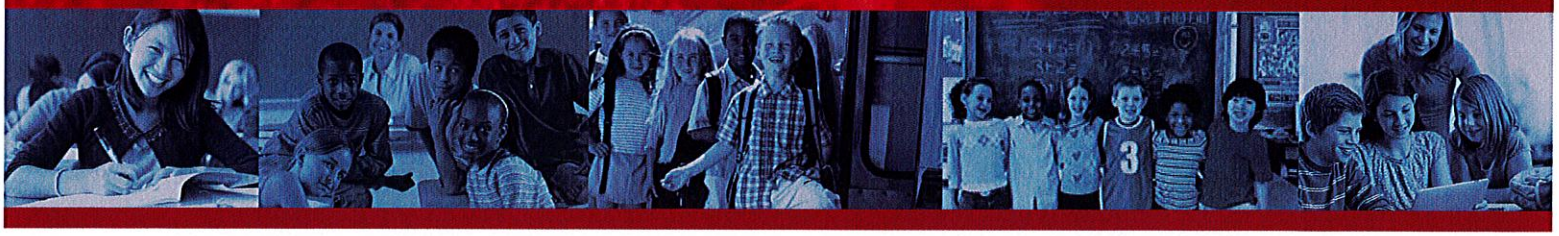
[4] *Many schools base their illness policy on the MDHHS Managing Communicable Diseases in Schools guidebook.*

COVID-19 FACT SHEET FOR SCHOOL AND PARENT USE

The following 2-page infographic fact sheet offers a broad overview of the health department's process regarding COVID-19 case investigation and contact tracing specific to students and staff members of schools and is intended for use by general school staff and parents/guardians. The flowchart and tables in the previous section on page 7 and 8, while providing some of the same information in the infographic fact sheet, provide more detail about the local health department's process and strongly recommended guidance for schools regarding symptomatic COVID-19 cases and the members of their household that may also be students or staff members of an area school.

Overview Guide for Schools

COVID-19 PREVENTION & RESPONSE



What happens when someone at school gets COVID-19?

School learns about a COVID positive case

School calls health department to report the positive case

Health department learns about a COVID positive case

Health department calls school's COVID-19 liaison

School sends notification to parents and staff, and ensures patient confidentiality

School and health department work together to identify close contacts

Health department interviews the case and determines isolation period and any non-school contacts

Health department notifies close contacts and requires a 14-day quarantine based on last exposure *

Case completes isolation period of at least 10 days and returns to school

Close contact does NOT develop symptoms, completes quarantine period, and returns to school

Close contact becomes symptomatic or tests positive for COVID-19 and is now a case

*If someone is placed in quarantine, they may decide to get a COVID-19 test.
A negative result will NOT shorten the length of the quarantine period.

miOttawa Department of Public Health

Updated 11/05/2020 based on the latest guidance from the Centers for Disease Control and Prevention.
Information is subject to change upon new research and recommendations.

ISOLATION is for people who are already sick. Isolation separates and restricts sick people so they can't spread the disease to healthy people.

QUARANTINE is for people who are not sick but have been exposed. Quarantined people may or may not become sick, so it's important they keep distance from others.

Who must stay home or will be sent home?

STOP **Anyone in isolation or quarantine for COVID-19.**

STOP **Anyone who has symptoms of COVID-19.**

Any ONE of these:

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

Any TWO of these*:

- Fever of ≥100.4 or feeling feverish
- Chills
- Muscle aches
- Sore throat
- Diarrhea
- Nausea or vomiting
- Congestion or runny nose
- Headache
- Fatigue

* If only one of the symptoms in group two, follow school illness policy for return to school. People with COVID-19 can have no or almost no symptoms. If you have even ONE of these symptoms, consider getting tested for COVID-19.

STOP **Anyone who is considered a close contact that had a potential exposure within the last 14 days.**

- Someone who has been within 6 feet (about 2 arms' length) of an infected person for at least 15 minutes in a 24-hour period including brief encounters (does not need to be consecutive minutes), with or without a face covering or someone under quarantine for possible exposure.
- Public health authorities may determine that distances beyond 6 feet or less than 15 minutes can still result in high-risk exposures based on other considerations and circumstances in each particular case.

If excluded, you may not return to school or any school activity until authorized by public health. For a medical evaluation and/or COVID-19 testing, contact your health care provider or call 2-1-1 for resources.

How long do they have to stay home and out of school?

At least 10 days from the first day symptoms started and until no fever (without the use of fever-reducing medications) and other symptoms have improved for at least 24 hours or in accordance to the school's illness policy.

Symptomatic AND tests positive for COVID-19 (or results are pending).
If someone is awaiting test results, they must stay home until the results are in.

Symptomatic and no test and no medical clearance* BUT had exposure.

Symptomatic and no test and no medical clearance* and had NO known exposure.

At least 24 hours until no fever (without the use of fever-reducing medications) and other symptoms have improved for at least 24 hours or in accordance to the school's illness policy.

Symptomatic AND tests negative for COVID-19 and had NO known exposure.

Symptomatic AND no medical clearance* and had NO known exposure.

At least 14 days based on last exposure.

If NO symptoms BUT had exposure.

A person with COVID-19 is considered contagious starting 2 days before they started having symptoms. If a person never had symptoms, they are considered contagious starting 2 days before their COVID-19 test was performed.

Classmates—and other close contacts of a symptomatic but undiagnosed person or of a quarantined person—may continue to attend school and should monitor for symptoms. They do not need to be excluded from school.

* See Appendix E in the Ottawa County Department of Public Health COVID-19 Return to School Toolkit.

CONTACT TRACING

Contact Tracing is a public health tool that is used to help stop the spread of certain communicable diseases. For schools, it involves identifying others that may have had recent close contact* with a person confirmed to have the virus and giving that information to the local public health department. The public health department will provide guidance on how to stay safe, protect others, and quarantine to prevent further spread of the virus.

Quarantine separates people who were exposed to a contagious disease to see if they become sick. This is important because people who are infected with COVID-19 are contagious two days before they have any symptoms, so unless they are kept separated from other people, they could spread COVID-19 without even knowing it. Since close contacts are not yet known to be infected, the contacts to those contacts do not need to be in quarantine and do not need to be identified or contacted.

The Ottawa County Department of Public Health has a process for schools to report identified close contacts to public health using information sheets that are filled out electronically and accessible to both school and public health. Information that may be requested includes but is not limited to: student name, student date of birth, student home address, student grade, student homeroom teacher, parent/guardian name, and parent/guardian phone number.

** A close contact is someone being within 6 feet for at least 15 minutes (does not have to be consecutive minutes and includes brief encounters) in a 24-hour period, with or without a face covering. Public health determinations of who is a close contact may vary from standard definitions. Such exceptions would be unique and applied when exposure circumstances are unusual, or the exposed population is highly susceptible.*