SAGINAW COUNTY COVID-19 SCHOOL PLANNING MEETING

July 15, 2020
WHERE WE ARE…

- 1 week decline in positivity rate – now at 2.8%
- Cases fluctuating – 1 week increase with 17.3 Avg. Daily.
- 2 week averages – downward trend

2 WEEK COVID-19 CASE AVERAGES, SAGINAW COUNTY
What are school opening scenarios for Fall 2020? Depending on the status of MI Safe Schools, there are three scenarios for school opening in fall 2020:

1. Schools open for in-person instruction with minimal required safety protocols (MI Safe Start Phase 6).
2. Schools open for in-person instruction with moderate required safety protocols (MI Safe Start Phase 5).
3. Schools open for in-person instruction with more stringent required safety protocols (MI Safe Start Phase 4).
4. Schools do not open for in-person instruction and instruction is provided remotely (MI Safe Start Phases 1-3).
## MI SAFE START

### Phase 4

#### Virus Status

- The number of new cases and deaths has fallen for a period of time, but overall case levels are still high.
- Most new outbreaks are quickly identified, traced, and contained due to robust testing infrastructure and rapid contact tracing.
- Health system capacity can typically handle these new outbreaks, and therefore case fatality rate does not rise above typical levels.
- The overall number of infected individuals still indicate the need for distancing to stop transmission and move to the next phase.

#### How to Keep School and Communities Safe

- School preparedness and response activities continue - conducting ongoing surveillance and executing a series of active mitigation measures.
- Schools should be prepared to implement social distancing measures.
- Short-term dismissals and suspension of extracurricular activities should be expected for cleaning and contact tracing purposes.
- Schools must consider the judgment of the local health department for the sub-region (I.e., county or ISD) of concern.

#### School Operating Status

- In-person instruction is permitted with required safety protocols.

#### Essential Actions and Safety Protocols

<table>
<thead>
<tr>
<th>Action</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Protective Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Wear masks while in school</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>- Use hand sanitizer</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>- Maintain physical distancing</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>- Regular cleaning and disinfection</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>- <strong>Note:</strong> UL listed disinfectants</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>School Operating Status</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>- In-person instruction is permitted with required safety protocols</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
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</tbody>
</table>

**PLANNING PURPOSES**
• Teachers can wear face coverings, cloth or disposable masks.

• If unable (medically cannot tolerate) a mask – a faceshield is an option

• N95s are required for staff performing any aerosolized procedures – like nebulizer treatment
# Most Common Symptoms COVID-19: Kids vs. Adults

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Kids Review of 7,780 Cases</th>
<th>Adults Review of 24,410 Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>59.1%</td>
<td>78%</td>
</tr>
<tr>
<td>Cough</td>
<td>55.9%</td>
<td>57%</td>
</tr>
<tr>
<td>Runny nose, congestion</td>
<td>20%</td>
<td>13%</td>
</tr>
<tr>
<td>Loss of smell or taste</td>
<td>?</td>
<td>29%</td>
</tr>
<tr>
<td>Muscle aches, fatigue</td>
<td>18.7%</td>
<td>48%</td>
</tr>
<tr>
<td></td>
<td>(muscle aches = 17%, fatigue = 31%)</td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td>18.2%</td>
<td>12%</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>11.7%</td>
<td>23%</td>
</tr>
<tr>
<td>Abdominal pain/diarrhea</td>
<td>6.5%</td>
<td>14%</td>
</tr>
<tr>
<td>Vomiting/nausea</td>
<td>5.4%</td>
<td>10%</td>
</tr>
<tr>
<td>Headache/dizziness</td>
<td>4.3%</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>(headache = 13%, dizziness = 11%)</td>
<td></td>
</tr>
<tr>
<td>Red throat</td>
<td>3.3%</td>
<td>NA</td>
</tr>
</tbody>
</table>


RARE CASES OF SERIOUS COMPLICATION IN KIDS: MULTI-SYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C)

By leveraging a national influenza surveillance network of pediatric EUS, CDC and partners conducted targeted surveillance for MIS-C from March 15 through May 22, 2020, identifying 186 MIS-C cases in 26 states.

**Treatment**
- Intravenous Immunoglobulin (IVig) 77%
- Second dose IVig 21%
- Systemic Steroids 49%
- IL-6 Inhibitors (tocilizumab and siltuximab) 8%
- IL-1 Ra Inhibitor (anakinra) 13%
- Systemic Anticoagulation 47%

**Highest Level of Care**
- Ward 20%
- Intensive Care Unit 80%
- Intensive Care Interventions
  - ECMO 4%
  - Mechanical Ventilation 20%
  - Vasoactive Support 48%

**Outcomes**
- Median Hospitalization 7 days
- Still Hospitalized May 20, 2020 28%
- Discharged Alive 70%
- Died 2%

Source: CDC
SPACING, MOVEMENT, ACCESS

All elements in this section are “recommended”, however SCHD is strongly recommending the following (these are important when it comes to that first positive case):

• Space desks 6 feet apart in the classroom, facing the same direction
• Limit parent involvement within the classrooms, can you eliminate visitors?
• Floor tape, markers for social distances (Floor tape in front of the teachers desk where kids should stand, waiting, walking, etc.)
• Signage, Signage, Signage
• Keep windows open as much as possible to increase air flow (this WILL help limit the spread should COVID be in the classroom)
Screen all visitors, require hand washing/sanitizer upon entry, and strictly limit their movement within the building.

Keep logs of who enters, what date/time they enter and exit, and where they are going (this may need to be added to the sign-in/out sheets).

Limit student movement as much as possible. Can students enter school through separate hallways to their classrooms, and stay in that room most of the day.

Can meals be delivered to the classroom, further space recess time to cohort with classroom students only…recess by class not grade.

Specials come to classrooms – **move staff, not students!**

No assemblies, no off site field trips, etc…

**the goal is LIMIT MOVEMENT and EXPOSURE**
• Required in the Plan says to coordinate with health department.
• Staff screening would be most beneficial
• Have staff arrive in staggered times, through controlled entries
• Take temperatures if you can, ask screening questions
• Be have good record keeping of school staff attendance, their shifts, etc.
SCREENING - STUDENTS

• CDC guidance states: Because symptom screenings are not helpful for identification of individuals with COVID-19 who may be asymptomatic or pre-symptomatic or if infected with an unrelated virus, symptom screening will not prevent all individuals with COVID-19 from entering the school.

• Communicate with families on school expectation of home screening:
  Parent should screen their children prior to each school day. Take temperatures, anything over 100.4 the child needs to remain home or any COVID symptoms! – We can develop a letter or help with communication on this if need be.

Before leaving for school please make sure of the following:

1. Does your child(ren) feel feverish or have a temperature over 100.4?
2. Has your child(ren) started to have any of the following, not due to some other known health problem?
   • Cough
   • Runny nose and/or congestion
   • Tired and/or achy
   • Short of breath
   • Vomiting and/or diarrhea
   • New loss of taste or smell
3. Has your child(ren) had close contact with someone diagnosed with COVID-19?
4. Since they were last at school, has you child(ren) been diagnosed with COVID-19?

If the answer is YES to any of these questions, keep your child(ren) home from school. Call the school as soon as possible to let them know the reason your child(ren) won’t be there today. Call your healthcare provider right away. If you don’t have one or cannot be seen, go to www.mi.gov/coronavirus test or call 2-1-1 to find a location to have your child(ren) tested for COVID-19.
SYMPTOMATIC STUDENT

• Schools need to identify an isolation area for symptomatic students – strong recommend this!
  • Put a surgical mask on the child (if feasible),
  • call immediately for parent pick up (take the child out to the parent upon pick up with staff wearing masks,
  • child not to return until negative test, or meets symptom based strategy for return:
    • 3 days fever free (without using fever reducing medicine) AND
    • Improvement in symptoms – so cough resolved, no shortness of breath, etc.. AND
    • 10 days from the onset of symptoms

• After symptomatic student/staff is sent home:
  • Student/staff should be tested right away
  • Students in room(s) exposed – stay home until test results come back
  • Wait 24 hours and disinfect classroom - if test comes back positive
  • Will work on closure details – rooms/buildings and timeframes (which may be 2-5 days per CDC guidelines)
Current MDHHS recommendations for testing are:

- Anyone experiencing COVID-like symptoms
- Close contacts and Probable cases
- Those working outside the home

CDC current recommendations state:

- **CDC does not recommend universal testing of all students and staff.**
  Implementation of a universal approach to testing in schools may pose challenges, such as the lack of infrastructure to support routine testing and follow up in the school setting, unknown acceptability of this testing approach among students, parents, and staff, lack of dedicated resources, practical considerations related to testing minors and potential disruption in the educational environment.

SCHD will recommend testing, and may assist schools in rapid testing through the SCHD Lab, or drive thru testing resources in the community for those needing testing.
THAT 1ST CASE...

- Protocols developed – Contract Tracing & Evaluation documents
- CDC COVID-19 Close Contact Definition:
  - those who spent at least 15 minutes less than six feet in proximity to the student or staff member that is positive for COVID-19
    - Passing someone in the hallway is NOT close contact
    - Speaking with someone in a classroom for less than 15 minutes is NOT close contact
    - Riding on the bus next to a positive, even with a mask IS close contact
    - Sitting less than 6 feet from a positive during the school day IS close contact
1st - Notification

Schools will likely know about the confirmed case BEFORE SCHD does.

When a positive is reported – call local health department of residence – if Saginaw call 758-3887.

- We need positive persons name, address, county of residence, date of positive test, date of symptom onset, if known, and if student, staff, etc..

Begin filling out the “Form” we provide to collect data

Then things will need to happen from a school perspective.

- First – identification of CONTACTS within the school needs to happen by your staff (use guidance document)
- Second – notification to families needs to occur. Will this happen district wide, building wide – this is up to you and may depend upon the facts in the first step.
2ND – DATA COLLECTION

• Close Contacts and data on the case needs to be collected in order to make informed decisions about:
  • Closure
  • Cleaning/Disinfection
  • Close Contact Notification

• Siblings in other school building would be close contacts if within the same household, but does NOT mean exposure in the other buildings
3RD – CLEANING/DISINFECTION/CLOSURE

• Based upon details of data collection will pinpoint which areas of the building need to be disinfected/cleaned

• Should wait 24 hours before crew goes in to disinfect

• PPE for staff should be surgical mask, gloves, faceshield when cleaning

  • Use of a disinfectant that is active against COVID-19 is recommended (see EPA List N [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19)).
  • Per the AAP: When possible, **only products labeled as safe for humans and the environment** (eg, Safer or Designed for the Environment), **containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected** from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.
  • Follow the label directions for safe, effective use. Make sure to follow the contact time, which is the amount of time the surface should be visibly wet

• CDC recommendations for schools and child care is closure 2-5 days
CLEANING/DISINFECTION

• Daily
  • Classroom desks, tables, and chairs
  • Shared spaces
• Multiple Times per Day
  • Door handles
  • Light switches
  • Handrails
  • Drinking fountains
  • Sink handles
  • Restroom surfaces
  • Cafeteria surfaces
  • Elevator buttons

• Between Use
  • Toys, games, art supplies, instructional materials
  • Keyboards, phones, printers, copy machines
  • Seats on bus
4TH – FAMILY NOTIFICATION

• Depending upon Step 2 of Data Collection this will determine protocols for notification of families
  • 1st close contacts MUST be notified of their exposure and need for self quarantine for 14 days from the date of exposure and follow up for self-monitoring will occur by health department representatives.
  • 2nd broader family notification should be considered due to the nature of schools and the “risk”. This would be information to let parents know either school building wide or district wide on a reported positive case, identification of close contacts was made, and cleaning and disinfection protocols taken, also any closures
RETURNING TO SCHOOL/WORK

If the individual **has symptoms**, they should stay home until:

1. At least 3 days have passed since recovery (resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms)

2. AND either:
   a. At least 10 days have passed since symptoms first appeared (preferred)
   b. OR they have two negative results, spaced at least 24 hours apart, based on authorized COVID-19 diagnostic tests by a medical professional.

Otherwise, if the individual tested positive in a diagnostic COVID-19 test but **does not get symptoms**, they should stay home until:

1. At least 10 days have passed since the positive result in the diagnostic test (assuming no symptoms appeared during that time) (preferred)

2. OR they have two negative results, spaced at least 24 hours apart, based on authorized COVID-19 diagnostic tests by a medical professional.
OPEN DISCUSSION

• What questions do you have for SCHD?
• How best can we communicate with you and your schools?
  • SCHD Updates will continue to stakeholders
  • Facebook Live updates on COVID in Saginaw from SCHD as resource
  • Our website as resource for data
  • www.mistartmap.info for trends across Michigan
• What other guidance are you looking for from SCHD?
• All school based guidance from SCHD and other resources will be shared on the school page on SCHD website: https://www.saginawpublichealth.org/coronavirus/information-for-schools-and-childcare-facilities/

• Currently we have the following for schools:
  1. Case Reporting – What To Do Form
  2. Contract Tracing Process
  3. Close Contact Evaluation Flowchart
  4. FAQ for Parents
  5. Roadmap Requirements Breakdown
• To report a positive case call 989.758.3887

• Contacts
  • Field Questions/Planning Guidance - Carissa Hillman, EPC - 989.758.3804
    chillman@saginawcounty.com
  • Health Officer - Chris Harrington – charrington@saginawcounty.com
  • Medical Director - Delicia Pruitt – dpruitt@saginawcounty.com
  • Nursing Director - Tawnya Simon – tsimon@saginawcounty.com

• In emergency situations Superintendents may contact our answering service to speak with a SCHD representative – 989.776.5444