

COVID-19 SCHOOL PROTOCOL

Saginaw County  HEALTH DEPARTMENT

Back-to-School COVID-19 Guidance

Saginaw County 2022-2023 School Year

In the school setting, management of COVID-19 is transitioning from a pandemic emergency response model toward a more standard approach used in the management and control of other respiratory viral diseases, such as influenza. Seasonal variations in COVID-19, as well as the appearance of more virulent or contagious variants may cause modification in this approach. However, for the time being, in the preK-12 school setting, the focus should be on basic illness prevention and detecting and responding to in-school clusters of cases, ongoing transmission in the school, and outbreaks. Management will rely less on things like case investigation, contact tracing, and quarantining of students or staff following school exposures.

Your HRA will help you focus on these strategies for COVID-19 and other illness prevention:

- Requiring sick staff and students to stay home.
- Recommending COVID-19 vaccination, including proper booster doses when appropriate, to all eligible students and staff.
- Recommending seasonal influenza vaccination and other routine vaccinations.
- Supporting students, staff, and families who choose to continue to wear a mask even if not needed.
- Following isolation guidance for students and staff who have been diagnosed with or are showing symptoms of COVID-19 and other illnesses. ([See CDC recommendations for isolation](#))
- Individual contact tracing and quarantine are no longer necessary for COVID-19. However, exposures related to school associated outbreaks should promote transmission prevention strategies such as notification to contacts for symptom monitoring, screening testing, masking, and for higher-risk situations quarantine if necessary.
- Continuing to recommend that parents and staff report any cases of illness to the school, then reporting illnesses to the local health department as required by the public health code.
- Monitoring for increases in absenteeism, patterns in cases, or other signs of clusters, in-school spread, or impending outbreaks.

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Educate Your School Community About the Requirement to Stay Home When Sick

Share resources with your school community to help staff and families understand when to stay home. Use this guide.

STAY HOME WHEN SICK! How Long is Long Enough?

| Disease | STAY HOME UNTIL... |
|---|---|
| Chickenpox (Varicella) | Lesions crusted and no new lesions for 24hr (for non-crusting lesions: until lesions are fading, and no new lesions appear) |
| Common Cold, Croup | 24hrs with no fever and symptoms improving |
| COVID-19 | 24hrs with no fever and symptoms have improved and 5 days since onset (or positive test if no symptoms); mask use recommended for days 6-10 |
| Diarrheal Illness, no specific diagnosis | Diarrhea has ceased for 24 hrs or until medically cleared |
| Fifth Disease (Erythema infectiosum/ Parvovirus B19) | No need to stay home if rash is diagnosed as Fifth disease by a healthcare provider |
| Hand Foot and Mouth Disease (Coxsackievirus/Herpangina) | No need to stay home IF secretions from blisters can be contained |
| Head lice (Pediculosis) | Students with live lice may stay in school until end of day; immediate treatment at home is advised |
| Impetigo (Impetigo contagiosa) | Treatment may be delayed until end of the day; if treatment started before next day's return, no need to stay home; cover lesions |
| Influenza (influenza-like illness) | 24hrs with no fever (without fever-reducing medication) and cough has improved |
| Molluscum contagiosum | No need to stay home |
| Mononucleosis | Able to tolerate school activities; exclude from contact sports until recovered or cleared by a healthcare provider |
| MRSA (Methicillin-resistant Staphylococcus aureus) | No need to stay home if covered and drainage contained; swimming allowed if covered by waterproof bandage |
| Norovirus (viral gastroenteritis) | Vomiting and diarrhea has ceased for at least 2 days; exclude from food handling for 3 days after recovery |
| Pink Eye (conjunctivitis) | Stay home only if diagnosed by a healthcare provider with herpes simplex conjunctivitis and eye is watering; may be necessary to stay home if 2 or more associated children have watery, red eyes; contact health department with questions |
| Ringworm (Tinea) | Treatment may be delayed until end of the day; if treatment started before next day's return, no need to stay home; exclude from contact sports and swimming until start of treatment |
| Strep throat / Scarlet Fever | 12hrs after start of antimicrobial therapy |
| Vomiting Illness, no specific diagnosis | 24hrs after last episode |
| Whooping Cough (Pertussis) | 5 days after proper antibiotic treatment OR until 21 days after onset if not treated |

See source for more complete list: [Managing Communicable Diseases in Schools](#)

Report Appropriate Information to the Saginaw County Health Department

Michigan Law requires schools and childcare centers to report specific diseases according to Act No. 368 of the Public Acts of 1978. Any reportable disease that is suspected or known to have occurred in the school or a school-sanctioned activity, including chicken pox, COVID-19, pertussis, measles, mumps, rubella, Haemophilus influenzae Type B, meningitis, encephalitis, hepatitis, tuberculosis, or any other serious or unusual communicable disease must be reported within 24 hours. Any unusual occurrence, outbreak or epidemic of any disease or condition must also be reported within 24 hours.

The following information needs to be reported:

- Name of the disease.
- Student demographic information including full name, date of birth, grade, classroom, street address along with zip code, name of parent/guardian, and phone number(s).
- The date the student was first absent.
- The individual who identified the disease (e.g., healthcare provider, parent/guardian, etc.).

Weekly aggregate counts of influenza, or flu-like illness are to be reported to the health department. Influenza-like illness refers to any child with fever and a cough and/or sore throat without another known cause other than influenza. Also report weekly aggregate counts of gastrointestinal illness (any child with diarrhea and/or vomiting for at least 24 hours), strep throat, pink eye, and head lice.

Request Information from Parents and Staff Regarding Illnesses

Keep some form of line list of all students and staff who are ill, documenting either the diagnosis given by a healthcare provider or their symptoms. Watch for patterns that might suggest a cluster or outbreak.

To better assist with your reporting, supply guidance to parents/guardians about illness reporting. Put a message on your absentee line voice message asking parents/guardians to please include the illness (if known) and who diagnosed it OR a detailed description of symptoms such as vomiting, diarrhea, fever, rash, or sore throat when reporting their child's absence.

A line list should capture, at a minimum, the following information:

- Name of child or staff member
- Parent/guardian name (for child)
- Street address and city
- Phone number of parent or staff member
- Date of birth
- Sex
- Symptom onset date
- Symptoms
- Date last attended/ worked in facility
- Areas/rooms attended/ worked in facility two days before symptom onset (or date of positive test, if asymptomatic) until time left facility

Incorporating COVID-19 Testing into Your School's Response Plan

Illnesses in your school typically come from your community. Your HRA is there to help your district monitor the CDC's covid data tracker and state resources reporting cases for residents ages 5-18 years old along with implementing a COVID-19 testing program if needed.