

# Risk of COVID Transmission in Schools: A Framework for Public Health Recommendations

(MDHHS Orders take precedence over these recommendations)

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### **Information Needed:**

County Positivity Rate, 7-day average=

County Incidence/100,000 in 14 days =

Your Community's Incidence/100,000 in 14 days

# Part 1

Assess Risk Level for **Extracurricular Activities and** Interscholastic Athletics

# 2

# County Positivity Rate, 7-day avg:

What is the risk level based on the county positivity rate? As the community positivity increases, so does the risk of COVID-19 transmission in the schools

Risk Level	County Positivity Rate	
Low Risk	<5%	
Moderate	5% to <8%	
Higher	8% to < 10%	
Highest	>10%	



# **Community Incidence Compared to County Incidence**

Adjust your risk level based on your community incidence/100,000 in 14 days

_	Your District Incidence/100,000 in 14 days	Assess your Community Risk		
		Level		
	More than 100 cases/100,000 below county	Go down 1 risk level		
	Within 100 cases/100,000 of county	Stay at risk level		
	More than 100 cases/100,000 above county	Go up 1 risk level		

	Low Risk	Moderate Risk	Higher Risk	Highest Risk
Extracurricular Activities	Allowed with mitigation strategies identified in the district's Extended Continuity of Learning Plan. Universal masking recommended at all risk levels.	· · · · · · · · · · · · · · · · · · ·	No in person performances, rehearsals, or gatherings	No in person performances, rehearsals, or gatherings
Interscholastic Athletics	Allowed with mitigation strategies identified in the district's Extended Continuity of Learning Plan and MHSAA Guidelines. Universal masking recommended at all risk levels.	mitigation strategies that require spectator limitations (two tickets per participant) and	Suspend all team/group competition and group sports training, revert to individual or online training and activities	Suspend all team/group competition and group sports training, revert to individual or online training and activities

# Part 2

Assess Risk Level for In-**School Learning** 



- 1. Start with Community Risk Level from Part 1, Step 3
- 2. Does your school have ALL these mitigation measures in place?
  - Universal masking of staff and students
  - Symptom screen for all staff and students reviewed by school staff daily
  - Use of cohorts for staff and students
  - Ability to maintain at least 3-6 feet between students in the classroom AND No evidence of in-school transmission in the past 14 days



Can go down risk level, but if County Positivity is >10%, Grades 9-12 are advised to remain virtual If No Stay at same risk level

Recommendations for	Low Risk	Moderate Risk	Higher Risk	Highest Risk		
In-School Learning						
Virtual learning reco	Virtual learning recommended for students with high-risk conditions <sup>1</sup> , vulnerable household members <sup>2</sup> , and contacts in all grade levels and risk levels					
Grades K-5	In-person learning	In-person learning	In-person learning	Use alternate strategies to reduce		
				number of students in classrooms		
Grades 6-8	In-person learning	Use alternate strategies to reduce	Use alternate strategies to	In-person with highest need only <sup>3</sup>		
		number of students in classrooms	reduce number of students in			
			classrooms			
Grades 9-12	In-person learning	Use alternate strategies to reduce	Use alternate strategies to	Virtual Learning: As long as county		
		number of students in classrooms	reduce number of students in	positivity is above 10%, virtual learning		
			classrooms	should be maintained for this group		

- There is limited data on which conditions increase risk to children. Children with underlying medical conditions are at increased risk for severe illness if infected
- 2. People at increased risk for severe illness: older adults especially those aged 65 and older, people with certain chronic medical conditions including cancer, chronic kidney disease, type 2 diabetes, COPD, heart disease, obesity, immunocompromised state, smoking, sickle cell disease. For complete list visit the CDC website
- Highest need students include, but are not limited to, Special Education students, 504 plan students, English Learners, Homeless students, Migrant students, 3. Economically Disadvantaged students and students lacking internet and/or device access

### Risk of COVID Transmission in Schools: A Framework for Public Health Recommendations

This framework is intended to provide guidance in making decisions about education modality, extracurricular activities, and interscholastic athletics at various levels of community transmission of COVID-19. These recommendations reflect our understanding of current public health science and may change as we learn more. Orders from the Michigan Department of Health and Human Services (MDHHS) take precedence over these recommendations.

Schools are a vital part of our local communities. They not only provide academic support to students, but are critical in meeting the social, emotional and physical needs for students and their families. Keeping schools safe and open must remain a priority for all. The framework is premised on the following guiding principles:

- 1. Safety for students and staff is always the priority, with student safety defined to include social, emotional, and physical wellbeing.
- 2. In-person learning options should be prioritized for the overall wellbeing of students, with a priority on some students having an in-person option. Students with higher need include, but are not limited to, elementary school students, special education students, 504 plan students, English learners, students experiencing homelessness, students of migrant agricultural workers, students who are economically disadvantaged, and students lacking internet and/or device access.

**Metrics:** The following metrics should be considered in school decision making around educational setting and co-curricular, extracurricular and interscholastic activities. Schools should adhere to the mitigation strategies outlined in each local district's continuity of learning plans.

- 1. County Positivity Rate: Percentage of RT-PCR tests in the county that are positive during the last 7 days is calculated by dividing the number of positive tests over the last 7 days by the total number of tests resulted over the last 7 days. Diagnostic tests are viral (RT-PCR) diagnostic and screening laboratory tests.
- 2. Community 14-day incidence/100,000: Number of new cases per 100,000 persons within the last 14 days is calculated by adding the number of new cases in the community in the last 14 days divided by the population in the community and multiplying by 100,000. The community in this framework is defined as the residents who live within a boundary of a school district. Given the diversity of Kent County, some communities may have lower incidence of the virus than others which could influence school decisions.

**School mitigation factors:** The following measures help reduce the risk of in-school transmission and become even more vital as community transmission of the virus increases.<sup>1</sup>

- Universal masking of students and staff
- Symptom screen for all staff and students reviewed by school staff daily
- Use of cohorts for staff and students
- Physical distancing: The CDC recommends that students be spaced at least 6 feet apart when feasible. According to the American Academy of Pediatrics, (AAP), desks should be placed at least 3 feet apart, ideally 6 feet apart.<sup>2</sup>

## **Children and COVID-19**

We are still learning about the differences between children and adults in acquiring and transmitting the virus that causes COVID-19. From what we know now, children 9 years or younger are less susceptible than children aged 10-14 years.<sup>3</sup> Susceptibility of infection of people under the age of 20 is half that of adults aged 20 or older.<sup>3</sup> Infected children under 10 years may be less contagious than teenagers and adults, but adolescents transmit virus as often as adults and more readily than young children.<sup>3</sup> Children with symptoms carry as much virus in the nose, mouth and throat as adults, but for shorter periods of time.<sup>3</sup>

#### Resources

- CDC Indicators for Dynamic School Decision-Making: <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html#thresholds">https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html#thresholds</a>
- 2. American Academy of Pediatrics. COVID-19 Planning Considerations: Guidance for School Re-entry: <a href="https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/">https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/</a>
- 3. World Health Organization: What we know about COVID-19 transmission in schools: <a href="https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update39-covid-and-schools.pdf?sfvrsn=320db233">https://www.who.int/docs/default-source/coronaviruse/risk-comms-update39-covid-and-schools.pdf?sfvrsn=320db233</a> 2
- 4. The Patho to Zero and Schools: Achieving Pandemic Resilient Teaching and Learning Spaces. Harvard Global Health Institute: <a href="https://globalepidemics.org/wp-content/uploads/2020/07/pandemic resilient schools briefing 72020.pdf">https://globalepidemics.org/wp-content/uploads/2020/07/pandemic resilient schools briefing 72020.pdf</a>

### **Local Metrics**

Kent County Health Department COVID-19 Dashboard: <a href="https://www.accesskent.com/Health/covid-19-data.htm">https://www.accesskent.com/Health/covid-19-data.htm</a>
Kent Intermediate School District COVID-19 School Dashboard: <a href="https://www.kentisd.org/parents--community/covid-19-resources/covid-19-district-dashboard/">https://www.kentisd.org/parents--community/covid-19-resources/covid-19-district-dashboard/</a>