

COVID-19 RETURN TO SCHOOL TOOLKIT - LENAWEЕ

PROVIDED BY
Lenawee County Health Department
Updated September 21, 2020

DISCLAIMER: This information was developed based on the latest guidance at the time. Visit [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus) or [Michigan.gov/coronavirus](https://www.michigan.gov/coronavirus) for the most up to date information.

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[Appendix A Employee Screening Rev 9-23-2020.docx](#)

[Appendix B.1 Student Screening Form Rev 9-21-2020.docx](#)

[Appendix B.2 Health Screening Agreement Rev 8-10-2020.docx](#)

[Appendix C Health Department Contact Information](#)

[Appendix D Contact Tracing Form Rev 9-23-2020](#)

[Appendix E Contact of Positive Individual Form Fillable Rev 9-16-2020](#)

[Appendix F Resources Rev 9-23-2020](#)

[Appendix G Sample Notification letter.docx](#)

[Appendix H Mask Medical Exemption form.docx](#)

[Appendix I Close Contact to COVID - Letter to Parents Template](#)

Record of Changes

<u>Date of Change</u>	<u>Changes</u>	<u>Affected sections</u>
9/21/20	Addition of Appendix I- template letter for schools to send to parents of children who are close contacts	Appendix I Close Contact to COVID – Letter to Parents Template
9/21/20	Update to Scenarios, especially Scenario 3	Main document: School Scenarios
9/21/20	Updated Employee screening form: Formatting. Addition to question 2: “including known asthma or allergies”. Addition of question 4: Have you been tested for COVID-19 and are waiting for results?	Appendix A Employee Screening Form
9/21/20	Updated Student Screening form. Formatting. Revision of symptom definition of cough. Revision of question 1 to add: symptoms “that are new/different/worse from baseline of any chronic illness including known asthma or allergies”. Revision of responses to question 1 and 2 for clarity. Addition of question 3: Have you been tested for COVID-19 and are waiting for results?	Appendix B.1 Student Screening Form
9/21/20	Updating of references to executive orders.	Main document: COVID-19 Screening
9/21/20	Additional example of a close contact in the schools to include the possibility of an entire classroom being quarantined.	Main document: Examples of close contacts in the schools
9/21/20	Update to Appendix E – Contact of a Positive Form	Appendix E
9/23/20	Further revision to Appendix A – Employee Screening form to acknowledge that adults who are routinely tested as part of their job, do not need to isolate if they do not have symptoms and have not been in close contact with a COVID positive individual.	Appendix A Employee Screening Form
9/23/20	Update to Appendix F - Resources, to include the updated link to Fall 2020 Guidance for Music Education	Appendix F – Resources
9/23/20	Update to Appendix D - Contact Tracing Form to change the time period for identifying close contacts from 48 hours prior to symptoms or test date, to 2 full days prior to symptoms or test date. For example, if a person was symptomatic on a Wednesday, close contacts for all day Monday and all day Tuesday would need to be identified.	Appendix D – Contact Tracing Form

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. As of September 21, 2020, Lenawee County is in phase 4.

COVID-19 Screening

For School Staff and Administration

Per [EO 2020-175](#), all staff and contractors must complete a daily self-screening, including at a minimum, a temperature check, and a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19. It is recommended that volunteers complete the screening as well.

A hard copy of an example employee-screening tool is found in [Appendix A](#). This also provides direction on action to take should the person answer yes to any of the screening questions.

You can also use a virtual screener. One option from the state is <https://misymptomapp.state.mi.us/login>. The screening questions in the MISymptom tracker may vary slightly from the questions listed in Appendix A. Creating a Google form is another option.

For Students

All students should be screened at the start of the day. This should be conducted by parents every morning before the child leaves home. Note: The CDC recommends a shorter list be used for screening students to minimize unnecessary exclusions of students who do not have COVID-19.

The screening must include:

- A Temperature check with a thermometer
- A symptom check
 - Temperature 100.4° Fahrenheit or higher when taken by mouth
 - Sore throat
 - New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
 - Diarrhea, vomiting, or abdominal pain
 - New onset of severe headache, especially with a fever
- Assessment of Close Contact/Potential Exposure
 - In the past 14 days, has your child had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19?

A screening form with more details including actions to take can be found in Appendix B.1.

Options to conduct the screening may include:

- having the parents complete a paper form at home.
- having the parents use an online tracker such as the MI Symptoms app <https://misymptomapp.state.mi.us/login>. The screening questions in the MISymptom tracker may vary slightly from the questions listed in Appendix B. Creating a Google form is another option.

It is recommended to set up an agreement ([Appendix B.2](#)) with parents outlining the responsibility of the parent and the responsibility of the school.

Cloth Face Coverings Help Prevent the Spread of COVID-19

Under Executive Order 2020-142 when schools are in phase 4 and under their preparedness plan, they have to follow mask-wearing rules in 2(b)(1)(a-e) which are:

- A. All staff and all students in grades pre-K and up when on a school bus.
- B. All staff and all students in grades pre-kindergarten and up when in indoor hallways and common areas.

- C. All staff when in classrooms.
- D. All students in grades 6 and up when in classrooms.
- E. All students in grades kindergarten through 5 unless students remain with their classes throughout the school day and do not come into close contact with students in another class.

According to the Michigan Safe Schools Roadmap, any student that is unable to medically tolerate a facial covering must not wear one (page 22).

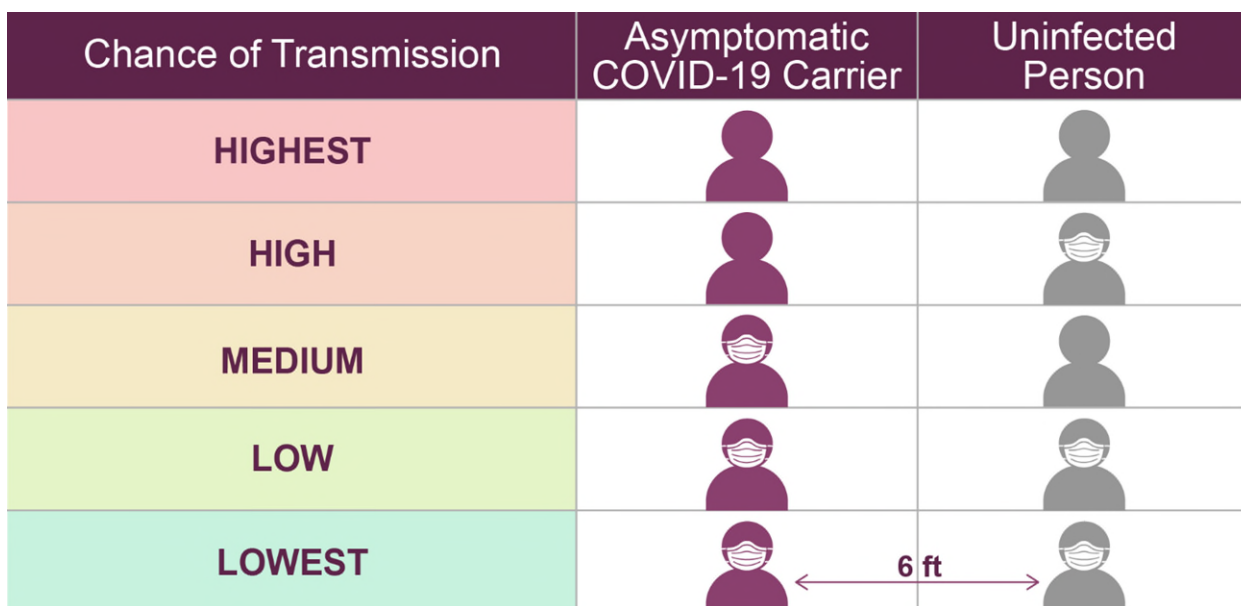
In phase 5, schools will have to comply with their local plans that have been approved by their Board of Education – we anticipate most districts will have some sort of facial covering requirements.

Phase	Environment	Staff	Pre-K	Grades K-5	Grades 6-12
Phases 1-4	Classrooms/ Small Groups	Required, except during meals	Should be considered*	Should be encouraged**	Required, except during meals
	Common spaces	Required, except during meals	Required, except during meals	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.

** Cloth face coverings are not required for students in grades kindergarten through 5 for students who remain with their classes throughout the school day and do not come into close contact with students in another class, however, it is encouraged.

Note: plastic face shields are not a replacement for cloth face coverings, but may be used in **conjunction** with cloth face coverings in any of the above settings. In settings in which cloth face masks are **not required**, plastic face shields may be worn alone, and may offer some degree of risk mitigation.



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 be at risk of COVID-19 illness from their interactions in the community. Yet going to school is very important to the development and well-being of our children. It gives them proper education, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits¹. Our goals are to ensure that the benefits of in-person education far 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. Let the health department know who this contact person is as well by emailing Meredith.Mackey@lenawee.mi.us.

Gatherings, Visitors, and Field Trips

- Pursue virtual group events, gatherings, or meetings, rather than in-person events. Promote social distancing of at least 6 feet between people and limit group size for in-person events.
- Limit any 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 minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

Identifying Small Groups and Keeping Them Together (Cohorting)

While keeping students 6 feet from one another is one of the preferred mitigation strategies, it may be difficult to achieve in the school setting. If this is the case, schools can cohort students and staff. Another important tool to help contain the spread of COVID-19 in schools, cohorting means keeping a group students and staff together while minimizing contact with those not in the cohort. Cohorts are important because they 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, and 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 other protocols in place 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.

¹ Source: American Academy of Pediatrics (AAP). June 25, 2020. COVID-19 Planning Considerations: Guidance for School Re-entry <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/>

What happens when someone at school gets COVID-19?

School and local health department learn of a student or staff member diagnosed with COVID-19

If you become aware of a case of COVID-19 in a student or staff member, notify the health department right away. See Appendix C for contact information. Likewise, the health department will notify your contact person if they become aware of a case. Only a select few at the school will know the identity of the person. Those few individuals are critical to helping the health department figure out who were 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 for their privacy as well as following regulations of FERPA (for schools) and HIPAA (for the health department).

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 COVID-19 nasal/throat swab test was performed. Close contacts to a person with contagious COVID-19 are at risk of getting sick. They must be identified and be quarantined.

What counts as a close contact?

- You were within 6 feet of someone who has COVID-19 for at least 15 minutes
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

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 apply to most situations.

Assuming all COVID-19 prevention methods have been followed (everyone has been consistently and properly using face coverings, washing hands frequently, cleaning frequently touched items often, maintaining physical distancing as best as possible, not sharing items, etc.), a close contact might be:

- *If the contagious individual were a teacher:* If the contagious teacher was not 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), the entire class might need to be on quarantine.
 - If the teacher is not wearing appropriate face covering, the spread of droplets and aerosol is greater.
- *If someone with COVID-19 is in a classroom for multiple hours* in a day while they were contagious, an entire classroom may need to be quarantined regardless of whether the classmates and teacher were within 6 feet of the contagious individual.
- *Classmates sitting or often within 6* feet* of the contagious individual, either in the classroom or on the bus, unless it only occurred one time and was less than 15 minutes.
 - This would typically be the one to two rows of students sitting closest to the contagious individual.
- *Lunchmates* of student if sitting within 6* feet of contagious individual.
 - This is a higher risk time as face coverings cannot be worn.
- *Playmates on the playground or in gym* within 6* feet of the contagious individual unless interactions are consistently kept very brief and no common items are shared, and locker room time is not shared.
- *Sports teammates* within 6* feet of the contagious individual unless interactions are consistently kept very brief and no common items are shared, and locker room time is not shared.

- *Opposing teammates* in sporting events that shared time on the field or court with the contagious individual unless it can be confirmed that there were no potential interactions within 6* feet between the contagious individual and specific teammates from the opposing team and no contact with shared items
- *Classmates or others that had interactions* with the contagious individual lasting over 15 minutes in confined areas such as bathroom or an office, where distancing of 6* feet is difficult.
- *Any other person outside of school* that had similar exposure to a contagious individual is considered a close contact.

*Public health authorities may determine that distances beyond 6 feet can still result in high-risk exposures based on other considerations and circumstances in each particular case.

It will be very helpful for parents to keep note of where their student is going and who they are spending time with outside of school. This will help greatly in finding close contacts should someone become infected. You may also understand from this list the importance of assigned seating and keeping students from mingling together as much as possible in order to keep the spread of disease to a minimum. Visitor logs, attendance records (both school and sports), and rosters of staff in the building are also be important for contact tracing.

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 very contagious two days before they have any symptoms, so unless they are kept separated from other people, they will 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.

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 on quarantine at this time.

Contact Tracing

The Lenawee County Health Department and the school will work together to identify all contacts of a COVID-19 case. The school will be responsible for identifying any school contacts and notifying them of the need to quarantine. The health department will provide a template of a letter that can be used for this purpose. The school may be able to utilize their own alerting system to make these notifications. The school will forward the name, birthdate, phone number and email address for the school contacts to the health department. The health department will be responsible for monitoring these individuals. The health department will interview the COVID positive individual to determine any out-of-school contacts. Appendix D should be utilized to document contacts.

Cleaning and Disinfecting

Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting.

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, 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.

Scenarios with Action Steps

The following scenarios are examples of the steps to follow if a staff or student tests positive or is exposed to an individual who is COVID positive.

Note: Close contact with a confirmed COVID-19 case is defined as being within 6 feet of a person who has tested positive for at least 15 minutes with or without a mask. Public health authorities may determine that distances beyond 6 feet can still result in high-risk exposures based on other considerations and circumstances in each particular case.

Scenario 1: A student/staff person within the school is confirmed to have COVID-19 (tests positive for COVID-19 with a nasal/throat swab).

The student/staff person **AND** all household members of the student/staff person are **immediately** excluded from school.

The confirmed 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 have improved **and**
- 10 days since symptoms first appeared.

Household members and the quarantined student/staff person who are close contacts are excluded for 14 days after their last date of close contact.

Scenario 2: A student/staff person within the school is symptomatic and lab results for COVID-19 are pending.

The student/staff person is excluded from school until results of the test are available.

If the test results are positive, see scenario 1.

If the test results are negative and the ill student is a close contact to someone with COVID-19, they must still finish their quarantine.

If the test results are negative, and there is no known exposure to COVID-19, the student/staff person may return based on physician guidance for their predominate symptoms (see "[Managing Communicable Diseases in Schools](#)").

Household members and student/staff person who are close contacts of the *pending* case with no history of COVID-19 exposure (prior to lab results) should be monitored for symptoms while waiting for test results. They do not need to be excluded from school. If symptoms develop, they should call their healthcare provider to be tested for COVID-19.

Scenario 3: A student/staff person within the school is symptomatic and no testing for COVID-19 is done.

For symptomatic STAFF:

The staff person is excluded from school until:

- 24 hours with no fever (without the use of fever-reducing medication) **and**
- Symptoms have improved **and**
- 10 days since symptoms first appeared.

For Symptomatic Students who answered Yes to Question 2 about close contacts on the screening form:

The student is excluded from school until:

- 24 hours with no fever (without the use of fever-reducing medication) **and**
- Symptoms have improved **and**
- 10 days since symptoms first appeared.

For Symptomatic Students who answered No to Question 2 about close contacts on the screening form:

The **student** may return based on guidance from their physician and their diagnosis/predominate symptoms (see [“Managing Communicable Diseases in Schools”](#)).

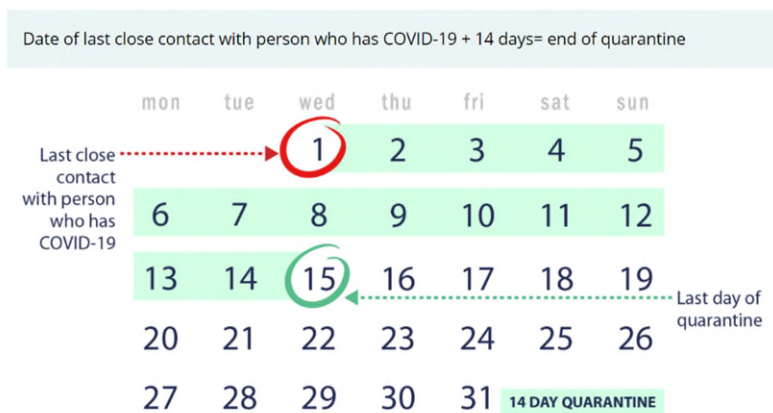
Household Contacts

If the symptomatic staff person or student had close contact with a confirmed case of COVID-19, household members will need to be quarantined. Notify your health department.

If the symptomatic staff person or student did not have close contact with a confirmed case of COVID-19, then household members do not need to be quarantined. If symptoms develop, they should call their healthcare provider to be tested for COVID-19.

Scenario 4: A student/staff person within the school is a close contact to a confirmed COVID-19 case.

The student/staff person must quarantine at home for **14 days since last date of close contact**. See example in screen shot below.



Household members, classmates, and teachers of the quarantined student/staff person may continue to attend school and should monitor for symptoms. They do not need to be excluded from school. If symptoms develop, they should call their healthcare provider to be tested for COVID-19.

Scenario 5: Household member of a student within the school has been confirmed to have COVID-19.

Students who live in the same house as the COVID-19 positive person are excluded from school and must quarantine for **14 days** after the last date of close contact. Any questions about a student's return should be directed to the health department.

Scenario 6: Household member of a student within the school is symptomatic, pending results, and has had close contact with a known case.

Students who live in the same household of the family member are excluded from school until test results are received. If the household member is positive, see scenario 1. If the household member is negative, student may be able to return to school unless the household member is determined to be a probable case of COVID-19. Contact the health department for further guidance.

Scenario 7: Household member of a student within the school has had close contact to a known case of COVID-19.

Student can remain in school but should be monitored. They do not need to be excluded from school.

If COVID-19 symptoms develop in the household member, the household member becomes a probable case and should be tested. The student should be excluded from school, quarantine at home, and should be treated as in Scenario 1 pending result or receiving a positive result.

If the household member tests negative, then the student can return to school.

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, sing, and talk. They are little flecks of spit. Droplets tend to settle out of the air after traveling several feet from the person that released them. 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 from one person to another 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 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 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 than 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.

How Do We Get Infected With COVID-19?

Whether or not you become infected with COVID-19 depends on many factors including the intensity of exposure, frequency of exposure, and duration of exposure to someone with COVID-19. These factors, in addition to your personal health, help determine whether or not you become infected.

Intensity of Exposure

The intensity of exposure refers to how much virus you were exposed to. Was the sick person actually contagious when you were exposed to them? Were they coughing and sneezing without a mask on versus having no symptoms with a mask on? Did you kiss them? Did you share personal items like a drink or a vape pen? Did you sit right next to and have a face-to-face conversation with them or were you 6 feet away with your back to them? Some situations can cause you to be exposed to more virus than other situations. The more virus you are exposed to, the more likely you are to get sick.

Frequency of Exposure

The frequency of exposure refers to how often you had contact with someone who was contagious. If you had a brief face-to-face conversation with a teacher each day for several days while the teacher was contagious with COVID-19, those exposures may lead to an infection.

Duration of Exposure

The duration of exposure refers to how long were you exposed. If you were in a classroom with someone contagious for COVID-19 for 6 hours a day while they were contagious for several days, yet your seat was not within 6 feet of them, you may still have had a long enough duration of exposure to that person, particularly to aerosols and objects in that classroom.

Personal Health

Your personal health, i.e. the strength of your immune system, also plays a part in whether or not you will get infected, as does whether you were using all the COVID-19 risk reduction methods possible.

When to Stay Home and When Student Will Be Sent Home

Students and staff should not go to school or any school activities or sports if they are having symptoms of COVID-19. In addition, staff should be alert to overt symptoms of any infectious illness that may develop during the school day. Overt symptoms could include an uncontrolled cough or signs of a fever such as chills, feeling very warm, flushed appearance, or sweating. If they start having symptoms of COVID-19 while at school, they will need to be sent home. Symptom lists can be found in the screening forms in appendices A and B. Note: The CDC recommends a shorter list be used for screening students to minimize unnecessary exclusions of students who do not have COVID-19.

The symptoms of COVID-19 are subject to change based on the latest research available.

The parent or guardian of the student will be instructed to call their health care provider. If they do not have a healthcare provider, they may contact the Lenawee County Health Department at (517) 264-5226, Option 5 to speak with a Public Health Nurse (Monday – Friday 8:00am – 4:30pm). Staff with symptoms of COVID-19 will also be advised to follow up with their healthcare provider to see if testing for COVID-19 is indicated.

If the findings from the health care provider and testing find:

Child or staff has symptoms of COVID-19 and tests positive for COVID-19 with a nasal/throat swab*:

- Keep out of school until it has been at least 10 days from the first day they had symptoms AND they have had 24 hours with no fever and have improving symptoms
 - There is no need to get a “negative test” or a doctor’s note to clear the child or staff to return to school if they meet these criteria
- *if they have symptoms, they must stay out of school until test results are available

Child or staff has symptoms of COVID-19 and no testing for COVID-19 was done:

- Keep out of school until it has been at least 10 days from the first day they had symptoms AND they have had 24 hours with no fever and have improving symptoms,
- **OR** if no known exposure, the student may return based on the guidance for their diagnosis/predominate symptoms (see [“Managing Communicable Diseases in Schools”](#)).

Child or staff has symptoms of COVID-19 and tests negative for COVID-19*:

- If they were exposed to COVID-19 within past 14 days (i.e., a close contact to a case of COVID): They must complete their full 14-day quarantine.
 - Otherwise, they may return based on guidance from their physician and their predominate symptoms (see [“Managing Communicable Diseases in Schools”](#)).
- *if they have symptoms, they must stay out of school until test results are available

Child or staff that has been exposed to COVID-19 but has no symptoms:

- Must be in quarantine (exclude from school) for 14 days from the last day of exposure

CDC Materials

Many print resources are available on the CDC website. Listed below are a select few:

<i>Handwashing is your Superpower!</i>	https://www.cdc.gov/handwashing/posters.html
<i>Wash your Hands!</i>	https://www.cdc.gov/handwashing/posters.html
<i>Stop the Spread of Germs that can make you and others sick!</i>	https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf
<i>Please Wear a Cloth Face Covering</i>	https://www.snohd.org/DocumentCenter/View/4210/Please-Wear-a-Cloth-Face-Cover?bidId=
<i>Wear a Cloth Face Covering to Protect You and Your Friends</i>	https://www.cdc.gov/coronavirus/2019-ncov/downloads/Young-Mitigation-recommendations-resources-toolkit.pdf?deliveryName=USCDC_2067-DM33094
<i>Symptoms of Coronavirus (COVID-19)</i>	https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc&Search=symptoms
<i>How to Protect Yourself and Others from COVID-19</i>	https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf
<i>Stop the Spread of Germs</i>	https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf
<i>Do it for Yourself and Your Friends (If you have or think you have COVID-19)</i>	https://www.cdc.gov/coronavirus/2019-ncov/downloads/Young-Mitigation-recommendations-resources-toolkit-COL.pdf
<i>What Your Test Results Mean</i>	https://www.cdc.gov/coronavirus/2019-ncov/downloads/What-Your-Test-Results-Mean.pdf
<i>Slow the Spread of COVID-19 (teens)</i>	https://www.cdc.gov/coronavirus/2019-ncov/downloads/Young_Mitigation_recommendations_and_resources_toolkit_03_COL.pdf
<i>Toolkit for Youth and Young Adults: 15 to 21</i>	https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/young-people-15-to-21.html
<i>VIDEO: How to Wear a Cloth Face Covering</i>	https://www.youtube.com/watch?v=dy9TzRwVWoA&feature=youtu.be