

Frequently Asked Questions (FAQs)
Phase 4 of the MI Safe Start Plan
School Districts in Wayne County and Detroit

Note: The list of FAQs in this document is intended to serve as a local complement to the “MI Safe Schools: Michigan’s 2020- 21 Return to School Roadmap” published by the Michigan COVID-19 Task Force on Education Return to School Advisory Council on June 30, 2020. This document is not intended to be exhaustive but intended to be read in conjunction with the Michigan Return to School Roadmap.

Face Coverings

1. Who is required to wear a face covering?

All students in grades pre-K-12 and staff must wear a face covering while in hallways or other common areas in a school, and on buses.

All students in grades 6-12 must wear a face covering while in classrooms.

All staff must always wear a face covering except while eating meals.

2. When can students forgo wearing a face mask?

Students who are in grades preK-5 who stay in the same classroom the whole day can forgo wearing face coverings while in the classroom. These students still must wear face coverings when they are in hallways, while on buses and in other common areas of the school.

3. If a building is K-8 or 5-6, or otherwise serves students in grades PK-5 and 6 and higher, can the school choose to do strict cohorting and therefore not require facial coverings for students?

No

4. Who should not wear a face covering?

Children under 2 years of age must not wear a face covering. Students and staff who medically cannot tolerate wearing a face covering must not wear one.

Students or staff who are unconscious, incapacitated or are unable to remove the face covering without assistance, must not wear one.

Schools should require documentation from a medical professional, as they do for other types of accommodations.

5. Is it unsafe or unhealthy for young children to wear a face mask?

Many studies have been conducted about the health effects of wearing face masks. These studies have found that there are no adverse effects (other than discomfort) from wearing a face mask. Masks are not recommended on children under the age of 2 due to concerns that they cannot remove them, if needed.

6. Does the Health Department have a form for doctors to complete stating a student or employee cannot wear a mask?

No, the Health Department does not provide a form for doctors to complete. In consultation with legal counsel, the school should establish its own policy on requiring a doctor's note for those who cannot medically tolerate wearing a face covering. The Health Department supports having a doctor's note for those who cannot tolerate wearing a face covering but is not requiring this.

7. Are there recommendations or restrictions for students wearing masks when they are on mass transit, public buses, or other public transportation?

All the same recommendations apply as wearing masks in public. Most public transportation systems have similar policies regarding masking, distancing, hygiene, etc.

8. Facial Coverings: Both Phases 4 and 5 indicate that PreK-5 and special education teachers should consider wearing clear masks. Is a clear mask the same thing as a face shield?

The clear mask is suggested to aid with communication for young children.

A face shield is not the same thing as a clear face mask.

9. Does the new Governor's Executive Order (EO) impact the wearing of face masks at all?

EO 2020-147 says any individual who leaves their home or place of residence must wear a face covering over their nose and mouth when in any indoor public space. We have been advised that with regard to this order, schools do not qualify as a public space. Therefore, the requirements in the MI Safe School Roadmap takes precedent.

10. Is it OK to have mask-free breaks?

Yes, scheduling times for staff and students to be outside and maintaining social distancing or having quiet time in a classroom and maintaining social distancing are acceptable practices for breaks from wearing a face mask. Indoor breaks should be infrequent and for a very limited time (less than 15 minutes)?

11. In the Michigan Roadmap, it mentions that face masks must be worn; are plastic face shields acceptable instead of the face mask?

No, The CDC does not recommend the use of face shields as a substitute for cloth face coverings. However, a face shield that covers the eyes, nose and mouth can be worn in addition to a mask if desired. Moreover, a face shield may be worn by younger children who are not required to wear a mask.

12. Can a school nurse, get fit tested for an N 95?

Yes, if the school nurse has not already been fit tested for an N95 mask, they will need to go to an occupational health clinic for the N95 fit testing.

13. What are the most important precautions that should be taken against COVID-19?

There is no one precaution that is the important (though staying home when sick, masking, hand washing, disinfecting, wearing face coverings and social distancing are high on the list).

14. What PPE and training are required or recommended for the school nurse?

School health staff must be provided with appropriate medical PPE to use in health suites.

This PPE will include N95 or KN95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the CDC and MIOSHA guidelines on infection control measures.

Asthma treatments using inhalers with spacers are preferred over nebulizer treatments whenever possible. The CDC recommends that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask). Nebulizer treatments are an aerosol generating procedure which is the procedure that has the highest risk for spreading COVID-19.

Staff must be trained on proper donning and doffing procedures for PPE and follow the CDC guidance and MIOSHA regarding precautions when performing aerosol-generating procedures. Nebulizer treatments must be performed in a space that limits exposure to others and with minimal staff present. Rooms will be well ventilated, or treatments will be performed outside. After the use of the nebulizer, the room must undergo routine cleaning and disinfection.

Also see Guidance for Health care Personnel on the Use of Personal Protective Equipment (PPE) in Schools During COVID-19

<https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Guidance-for-Healthcare-Personnel-on-PPE-Use-in-Schools.pdf>

15. What PPE is required or recommended for staff who work with students with moderate to severe disabilities and performing non-medical care such as providing direct physical support, feeding toileting, and positioning?

The PPE for these employees includes face coverings, gowns, and gloves. Face shields or other eye protection is necessary when performing medical procedures that generate aerosols.

16. What recourse is there if students/families openly refuse to wear masks and have no documentation of being unable to medically tolerate a facial covering? .

Schools should enforce compliance with state and local requirements for students through their normal disciplinary mechanisms. The Health Department supports face coverings being worn by staff and students as outlined in the MI Safe Schools Return to School Roadmap but is not involved in the enforcement of face coverings being worn in the schools.

17. Can parents “opt-out” their child from the facial covering requirement, but still send them to school in person?

No. The child may opt-out of the requirement only if they choose to enroll in a fully remote learning environment.

18. Because school buses are not air-conditioned and can get hot, is there a certain temperature where it isn't recommended for students/staff to wear masks on a school bus?

No, but it is recommended that the windows are kept open on the bus to help reduce the risk of COVID-19.

19. I see face shields are single use only for health care. Can they be reused in schools?

Yes, face shields in the school setting can be reused with cleaning until wear and tear makes the shield ineffective to use. The CDC guidance for cleaning face shields is:

- Carefully wipe the *inside, followed by the outside* of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
- Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
- Wipe the outside of face shield with clean water or alcohol to remove residue.
- Fully dry (air dry or use clean absorbent towels)
- Perform hand hygiene.

20. Are neck gators acceptable to use as face coverings?

Yes, a neck gator is a single layer of cotton or synthetic material that is thin and stretchy. This single layer of cotton or synthetic material will contain air droplets, the requirement is for a facial covering, a neck gator meets that definition.

Social Distancing

21. Why is social distancing not required on buses?

It is encouraged but just like in classrooms, may not be possible to do without more busses and bus routes, which is usually not possible. That is why masking is required on the bus and in transit.

Testing

22. Where are local COVID-19 testing sites?

Testing locations frequently change, for the most updated list of testing locations, the State of Michigan Test Finder website at https://www.michigan.gov/coronavirus/0,9753,7-406-99891_99912-531745--,00.htm

Close Contact

23. What is the definition of a close contact?

A person who spends more than 15 minutes less than six feet away from another individual is classified as being in close contact and therefore is identified as a close contact for the purpose of COVID-19 case investigation/contact tracing.

Daily Health Screenings

24. Are students and staff required to have a health screening prior to entering a school building?

Yes, per Governor Executive Order 2020-145: Conduct a daily entry 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 COVID19.

All schools, public and private, are subject to the rules governing workplace safeguards established in section 1 of Executive Order 2020-114 (now replaced by 145) https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-531123--,00.html

A virtual screener is approved to meet this requirement. One option of a virtual screener from the state is <https://misymptomapp.state.mi.us/login>

25. Do schools have to formally perform a health screening on students each day?

Yes, but due to the amount of time and interruption to education doing a formal health screening on students each day prior to entry to school, the health department is instructing parents to do the health screenings prior to sending their kids to school as acceptable practice. Parents can do the health screening remotely through an app or text method, or the school district can send parents a card, magnet, door hanger, etc. that reminds them to do this each day. Health screening questions are:

Before leaving for school please make sure of the following:

- Does your child(ren) feel feverish or have a temperature over 100.4?
- Has your child(ren) started to have any of the following symptoms, not due to some other known health problem?
 - A new or worsening cough
 - Runny nose and/or congestion
 - Tired and/or achy
 - Short of breath
 - Vomiting and/or diarrhea
 - New loss of taste or smell
- Has your child(ren) had close contact with someone diagnosed with COVID-19?
- Since they were last at school, has your 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) will not be attending school on that day. Call your healthcare provider right away. If you don't have one or cannot be seen, go to www.mi.gov/coronavirustest or call 2-1-1 to find a location to have your child(ren) tested for COVID-19.

26. Is it legal to take temperature and ask questions about a student's health? Will schools be violating HIPPA if they ask these questions?

Please consult with the school's legal counsel for guidance on this legal question.

27. Is it required to take and record a temperature of a staff or student, or simply certify that the temperature is below 100.4 F?

There is no specific requirement to check a temperature. Staff and students must self-monitor and report if they feel feverish. If a thermometer, is available, temperature checks can be done.

28. How does taking a temperature relate to people who are asymptomatic? Is it accurate that someone without a higher temperature reading can still pass COVID-19 to someone else?

About 40% of people infected with COVID-19 are thought to have no symptoms at all (are asymptomatic). That includes having no fever. Someone without a high temperature can still pass COVID-19 to someone else. For children with symptomatic COVID-19, nearly half do not have a fever, and nearly one in four adults do not have a fever. Having a fever is very suggestive of COVID-19 but a person can have COVID-19 and not have a fever.

29. How can a school differentiate between allergies or common flu symptoms and COVID symptoms?

This is exceedingly difficult even for trained health care providers. We know that there is overlap between the list of symptoms associated with COVID-19 and other common causes, including seasonal allergies. A student or staff member showing symptoms of COVID-19 must follow the same procedure as any other individual before returning to the school.

Students or staff with pre-existing health conditions that present with specific COVID-19 – like symptoms such as seasonal allergies may not need to be excluded if they have been evaluated by a health care provider for those specific symptoms and the health care provider determined them to not be due to COVID-19.

However, if those symptoms are worsening or changing, the student or staff member may still be required to be excluded and not return until re-evaluated or tested for COVID-19. There have been many cases of COVID-19 that seemed to be nothing more than worsening allergies.

Communal School Resources

30. Can students and staff use water fountains, vending machines, etc. that are used by all?

No, communal resources such as vending machines, employee coffee pots, microwaves, must be turned off, disconnected, and not used.

COVID-19 SYMPTOMS, SPREAD, POSITIVE CASES, ETC.

31. Responding to Positive Tests Among Staff and Students, Phase 4, Required: “All schools, public and private, must cooperate with the local public health department if a confirmed case of COVID-19 is identified, and in particular, must collect the contact information for any close contacts of the affected individual from two days before he or she showed symptoms to the time when he or she was last present at the school. What will this look like?”

This will be like any other communicable disease investigation in a school such as (whopping cough, chicken pox, etc.). It will be ideal to designate 2 or 3 primary contacts at your school that will be liaisons to the communicable disease staff at the health department. Typically, this would be your school nurse, secretary, administrative assistant, and so on.

First, both the school and the health department are made aware of the case. Only a select few at the school will know the identity of the student/staff person who is positive for COVID-19. Those few individuals are needed to help 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 of their privacy as well as following regulations of FERPA (for schools) and HIPPA (for the health department).

Many things effect who at the school is a close contact, this is determined on a case by case basis with help from the local health department. However, at a minimum, the following will apply to most situations (assuming all COVID-19 prevention methods have been followed):

A close contact will be, at a minimum, starting 2 days before the person with the confirmed case of COVID-19 started having symptoms (or was tested if they never had symptoms) and a person who had been within 6 feet of the confirmed COVID-19 case for 15 minutes or more:

- If the confirmed COVID-19 case is a teacher:
 - If the teacher was not keeping 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 will need to be put into home self-quarantine for 14 days.

- If the teacher is not wearing appropriate face covering, the spread of droplets and aerosol is greater.
- Classmates sitting or often within 6 feet of the confirmed COVID-19 case either in the classroom or on the bus unless the interaction was less than 15 minutes.
 - This would typically be the one to two rows of students sitting closest to the confirmed COVID-19 case.
- Lunchmates of student if sitting with 6 feet of the confirmed COVID-19 positive case
 - This is a higher risk time as face coverings cannot be worn.
- Playmates on the playground or in gym within 6 feet of the confirmed COVID-19 positive case 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 confirmed COVID-19 case 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 confirmed COVID-19 case unless it can be confirmed that there were no potential interactions within 6 feet between the confirmed COVID-19 positive case and specific teammates and no contact with shared items (i.e., the confirmed COVID-19 case did not touch the ball, others did not touch the ball).
- Classmates or others that had interactions with the confirmed COVID-19 case lasting over 15 minutes in confined areas such as bathrooms, office room, where distancing of 6 feet is difficult.

Any other person outside of school that had similar exposure to a confirmed COVID-19 case is considered a close contact.

The Health Department will help with drafting any letters needed to send home to parents regarding the case as well as any press releases and social media communications, if needed.

32. What steps are taken by the school staff when, while at school, a student becomes ill with symptoms of COVID-19?

- Have the student taken to an identified quarantine area in the school, and remain there until they can be picked up by a parent or guardian
- Ensure the student has a surgical mask on while waiting in the quarantine area
- Arrange for the student to be picked up from the school

- Instruct the parent to consult a health care provider

33. If the school has identified an isolation room for sick children, do they need to have a separate room for each sick child or can multiple children be placed in the same room provided they are masked and kept 6ft apart?

Per CDC, “identify an isolation room or area to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms”. You can keep those you suspect have COVID-19 in the same room, keeping them as far apart as possible. Keep all others in a different room.

34. What steps are taken by the school staff when, while at school, an employee becomes ill with symptoms of COVID-19?

- Have the employee wear a mask and leave the school, or if the employee is unable to independently leave, arrange for transport off school property.
- Instruct the employee to consult their primary care physician
- To rule out COVID-19, instruct the employee to have a COVID-19 test at an off-site testing location.

35. Are there other steps that are necessary for the school to take when a student or staff becomes ill with COVID-19 symptoms while at school once the ill person has left the school?

36. No, because the symptoms of COVID-19 are similar to many other diseases, it is not necessary to relocate students, close off classrooms or areas in the building or perform deep cleaning procedures when a student or staff becomes ill while at school and leave school during the school day. When a student, or an athlete, or a staff person has tested positive for COVID-19, what should be the school’s first priority in communication and action?

Let staff, and parents know of the COVID-19 positive you will be working with the health department to identify close contacts and take all the steps that need to be taken. For more information see the virtual binder.

37. What steps are taken by the school when a student or staff person has a confirmed positive COVID-19 test?

- The school will notify the local health department of the positive case (see contact information Appendix B)
- The school will provide the local health department with:

- contact information for the student/staff person,
- when the student/staff person was last at school,
- what activities the student/staff person participated in
- contact information for the close contacts of the student/staff person
- provide the local health department copies of any COVID-19 test results that have been provided to the school
- The school will identify the areas in the school where the student/staff person had been and have the janitorial staff perform a deep cleaning of those areas
- Utilizing the COVID-19 notification template, the school will prepare and distribute a notification to parents of classmates of the positive COVID-19 staff/student.
- The school will prepare and distribute a notification to employees of the positive COVID-19 staff/student

38. What steps will the Health Department take when a student/staff person is identified as a positive COVID-19 case?

- Confirm the diagnosis of COVID-19
- Notify the school of the positive COVID-19 case
- If an employee who tests positive for COVID-19 works at multiple schools or districts, all schools and districts will be notified
- Confirm the contact information of the student/staff person
- Confirm when the student/staff person was last at the school
- Confirm what activities the student/staff person participated in
- Determine who at the school had been a close contact to the student/staff and instruct those individuals to self-quarantine for 14 days.
- Obtain copies of the COVID-19 test results

39. If a student must quarantine for 14 days, must the rest of their classmates AND their siblings do so as well?

Only those considered close contacts to the confirmed COVID-19 case must quarantine  for 14 days.

40. What happens when a substitute teacher who works in multiple buildings or districts tests positive for COVID-19?

All individuals identified as close contacts to that teacher will be required to self-quarantine for 14 days. In addition, as outlined above, all schools and districts will be notified of the employee who has tested positive for COVID-19.

41. If a teacher who teaches 5 classes a day tests positive for COVID-19, will all students be required to self-quarantine?

No, only those students or staff who are identified as close contacts of that teacher are required to self-quarantine. Teachers who maintain the six feet of social distancing and wear a face mask while teaching would not have been in close contact with the students in those classes.

42. If a household member of a teacher or student tests positive for COVID-19, does that teacher/student need to self-quarantine?

Yes, when a household member tests positive, the teacher and/or student are considered close contacts and must self-quarantine for 14 days.

43. Can kids pass COVID to other people, kids and/or adults?

Yes, though children may be a lower risk of spreading COVID-19 to others, both to other children and adults. However, kids have a lot of behaviors that encourage spread of germs, so we need to err on the side of caution.

44. What will happen if one Nutrition Staff Member is diagnosed positive with COVID 19 and had been working. Will our kitchen automatically be shut down for 14 days or can staff members from another school building continue to still feed our students?

Close contacts to the nutrition staff member will be in self- quarantine for 14 days. After the kitchen is cleaned and disinfected the kitchen can reopen. If necessary, staff members from another school building can be reassigned to work in the kitchen after it is reopened.

45. What steps are taken when a student/staff member is asymptomatic and pending COVID-19 test results?

These individuals are not excluded from school at this point. Household members, classmates, and teachers of the individual who is waiting on the test result should be monitored for symptoms.

If symptoms develop while they are waiting for the test results, they are excluded from school and will self-quarantine at home while waiting for the test results.

If the test result is negative, and they have not developed symptoms, they can return to school.

If the test result is negative and symptoms had developed, they can return to school when at least 24 hours have passed with no fever (>100.4 F) without the use of fever-reducing medication.

If the test result is positive, then the steps are taken for a student or staff member who has tested positive for COVID-19.

Returning to School After Being Sick with COVID-19

46. When can a sick student/staff member return (symptom-free? 14 days? 3 days post symptoms? etc.)

See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

Child or staff have symptoms of COVID-19 and test positive for COVID-19:

- Keep these individuals out of school until it has been at least 10 days from the first day they had symptom AND they have had 3 days with no fever and 3 days with improving respiratory symptoms (which is improving cough, shortness of breath, and difficulty breathing).
- 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.

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

- Keep these individuals out of school until it has been at least 10 days from the first day they had symptom AND they have had 3 days with no fever and 3 days with improving respiratory symptoms (which is improving cough, shortness of breath, and difficulty breathing)

- They may return to school if their health care provider diagnoses them with another cause for their symptoms (e.g., urinary tract infection, strep throat, allergies) and presents a note from the provider.
 - They may return based on the guidance for their diagnosis (see “Managing Communicable Diseases in Schools”
https://www.michigan.gov/documents/mdch/Managing_CD_in_Schools_FINAL_469824_7.PDF.)

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

- If they were exposed to someone with COVID-19 within past 14 days: Keep these individuals out of school until it has been at least 10 days from the first day they had symptom AND they have had 3 days with no fever and 3 days with improving respiratory symptoms (which is improving cough, shortness of breath, and difficulty breathing)
- Otherwise, they may return based on the guidance for their symptoms (see “Managing Communicable Diseases in Schools”:
https://www.michigan.gov/documents/mdch/Managing_CD_in_Schools_FINAL_469824_7.PDF.)

Child or staff that has a moderate to high risk exposure to COVID-19 but has no symptoms:

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

Any child or staff that has been tested must not return to school if test results are still pending.

47. What if a student or employee tested positive for COVID-19 but does not get symptoms, when can they return to school?

When at least 10 days have passed since the positive COVID-19 test collection and no symptoms appeared during those 10 days.

Returning to School When a Household Member Tests Positive for COVID-19

48. When can a student or teacher return to school when a household member tests positive for COVID-19?

A student or employee who has a household contact that is positive must self-quarantine for 14 days after the last exposure to that individual. This person can return to school after the 14 days if they have not developed symptoms

Extra-Curricular Activities at School

49. What are the guidelines regarding Band, Choir and PE classes during this pandemic?

See Performing Arts Resources <https://www.nfhs.org/articles/performing-arts-covid-19-resources/> Fall 2020 Guidance for Music Education
https://www.nfhs.org/media/3812373/nafme_nfhs-guidance-for-fall-2020-review-june-19-2020-final.pdf

50. What is the guide/threshold for closing school if cases pop up among students/staff (one positive, 3, 20, etc.)

Like influenza, once 25-30% of the students are absent due to illness, or staff illness is affecting education due to lack of educators, temporary closure should be considered. This decision is made by the school after receiving information from the Health Department on the number of confirmed cases of COVID-19 among staff and students at a school.

51. What protocols do we need to follow if employees travel either domestically or internationally by airplane?

In accordance with CDC guidelines:

- International travel: 14-day quarantine
- Domestic travel (by any means): no quarantine requirements

52. Textbooks and materials coming back and forth to the school; is that safe?

It is not ideal or recommended that students or teachers regularly remove and return materials to and from a school building. If this must happen, students must wipe down textbooks and materials with disinfectant as soon as they get to school.

Mental Health

53. What is this stress going to do to our staff and students?

The mental toll of all of this is a concern for everyone. This concern is the reason for all the recommendations in the Mental & Social-Emotional Health section of the roadmap. Encourage your staff to use your Employee Assistance Program (EAP).

Cleaning and Sanitizing During COVID-19

54. Is there a recommendation for sanitizing playground equipment?

No. The CDC states at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>:

Cleaning and disinfecting outdoor areas

- Outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection.
 - Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
 - High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
 - Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
 - Supervised hand washing or hand sanitization should be available after using playground equipment.
- Sidewalks and roads should not be disinfected.
 - Spread of COVID-19 from these surfaces is very low and disinfection is not effective.

The roadmap speaks of using an EPA registered cleaner or bleach solution, how do you confirm cleaning products are EPA registered?

Look at the product's label to confirm is registered by the EPA and that it lists human coronavirus as a target pathogen. If it has those two things, continue using it. Be sure to

follow the instructions on the label to ensure the product is being used properly to disinfect.

55. What is the bleach-water ratio to make disinfectant and do products like Clorox wipes fulfill that ratio?

Check the label to see if your bleach is intended for disinfection and has a sodium hypochlorite concentration of 5%–6%. Ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser. Leave solution on the surface for at least 1 minute.

Unexpired household bleach will be effective against coronaviruses when properly diluted

To make a bleach solution, mix:

5 tablespoons (1/3rd cup) bleach per gallon of room temperature water

OR

4 teaspoons bleach per quart of room temperature water

Bleach solutions will be effective for disinfection up to 24 hours.

Alcohol solutions with at least 70% alcohol may also be used.

Clorox wipes DO NOT HAVE BLEACH IN THEM. They utilize quaternary ammonium compounds – QACs or quats – which are contained in many sanitizing wipes, sprays, and other household cleaners intended for killing germs. These include chemicals such as benzalkonium chloride, alkyl dimethyl benzyl ammonium chloride, and dodecyl dimethyl ammonium chloride as active ingredients. The chemicals can cause skin irritation so washing after using any wipes, for instance, is recommended. The quats do tend to linger on surfaces after application, which is useful for combatting viruses but may not be such a great idea when used on surfaces that are in direct contact with food.