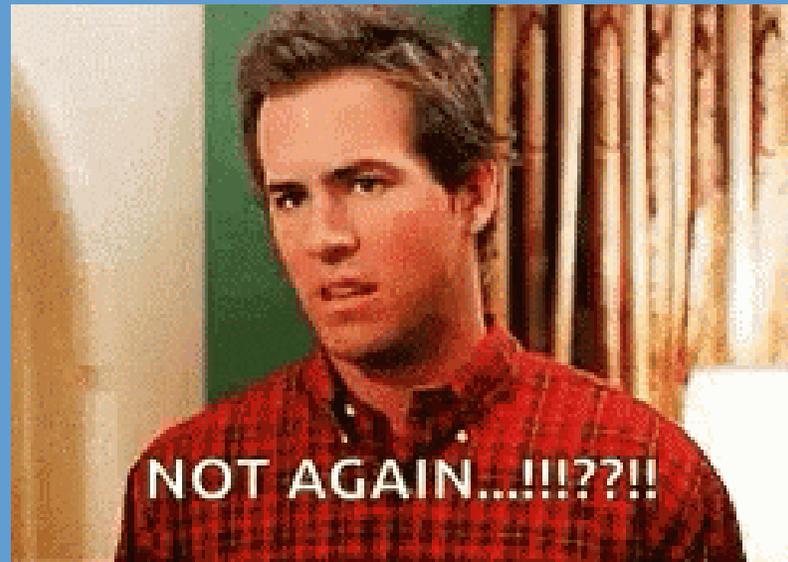
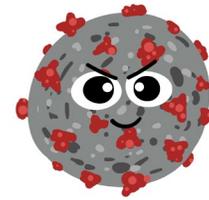




BACK TO SCHOOL 2021-2022 WITH COVID-19



Jennifer Morse, MD, MPH, FAAFP
Medical Director
CMDHD/MMDHD/DHD#10

PLAN FOR TODAY

- Quick overview of what we've learned re: COVID-19 and school
- Public Health Recommendations and any applicable requirements
 - With additional data, resources, explanations thrown in
- Discussion for schools that may have alternate plans
- Review of what is legally required vs. what is a public health recommendation
- Questions and Answers

“Evaluating science is a process, not a single event.

Leaders need to continuously seek out and evaluate new research and adapt their strategies to mitigate the risks presented by SARS-CoV-2.”

Bailey, J. Is it Safe to Reopen Schools? An Extensive Review of the Research. March 2021.

https://www.crpe.org/sites/default/files/final_is_it_safe_to_reopen_schools_an_extensive_review_of_the_research.pdf



WHAT HAVE WE LEARNED IN THE LAST 1.5 YEARS?

- Reduced in-person learning has a negative effect on children's learning and the mental and emotional well-being of both kids and parents
- Children and adolescents can get infected with SARS-CoV-2, can get sick with COVID-19, and can spread the virus to others
- As of March 2021, based on testing for active and past infection, the rates of COVID-19 infection (with or without symptoms) in children ages 5-17 years have been comparable to infection rates in adults ages 18-49 and *higher* than rates in adults ages 50 and older
- Children and adolescents can also transmit COVID-19 to others even when they do not have symptoms or have mild, non-specific symptoms and thus might not know that they are infected and infectious
 - Several studies suggest that children may be major contributors to transmitting COVID-19

- CDC, Transmission of SARS-CoV-2 in K-12 schools, https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html
- Bailey, J. Is it Safe to Reopen Schools? An Extensive Review of the Research. March 2021
https://www.crpe.org/sites/default/files/final_is_it_safe_to_reopen_schools_an_extensive_review_of_the_research.pdf

WHAT HAVE WE LEARNED IN THE LAST 1.5 YEARS?

- Compared with adults, children and adolescents who are infected with COVID-19 are more commonly asymptomatic (never develop symptoms) or have mild, non-specific symptoms (e.g. headache, sore throat)
- Some children, faculty, and staff do face higher risks due to pre-existing health conditions and other social determinants of health
- The risk of children dying from COVID-19 is exceedingly low
- Some children do develop a rare and very serious multisystem inflammatory syndrome (MIS-C), a condition in which different body systems become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs

- CDC, Transmission of SARS-CoV-2 in K-12 schools, https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html
- Bailey, J. Is it Safe to Reopen Schools? An Extensive Review of the Research. March 2021
https://www.crpe.org/sites/default/files/final_is_it_safe_to_reopen_schools_an_extensive_review_of_the_research.pdf

WHAT HAVE WE LEARNED IN THE LAST 1.5 YEARS?

- Attending school does not appear to greatly increase risk of COVID-19 infection to children, particularly if health protocols are followed
- Schools do not appear to drive the rate of community transmission of COVID-19 as with some other illnesses, like influenza
- COVID-19 activity in the community *will* affect amount of COVID-19 in schools
 - Transmission within school settings is typically lower than – or at least similar to – levels of community transmission, **when prevention strategies are in place in schools**
 - Most cases of COVID-19 are acquired in the community and brought into the school
 - This may lead to limited spread in the school when multiple layered prevention strategies are in place
 - Significant secondary transmission of COVID-19 has occurred in school settings when prevention strategies are *not* implemented or are not followed properly

- CDC, Transmission of SARS-CoV-2 in K-12 schools, https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html
- Bailey, J. Is it Safe to Reopen Schools? An Extensive Review of the Research. March 2021
https://www.crpe.org/sites/default/files/final_is_it_safe_to_reopen_schools_an_extensive_review_of_the_research.pdf

WHAT HAVE WE LEARNED IN THE LAST 1.5 YEARS?

- Staff-to-staff transmission may be more common than transmission from students to staff, staff to student, or student to student (*pre-vaccine data; vaccination rates of staff will affect this*)
- SARS-CoV-2 might spread more easily within middle- and high school settings than in elementary school settings (*pre-vaccine data; vaccination rates of students will affect this*)
- Team sports or other types of group extracurricular activities can increase the risk of COVID-19 transmission
- Numerous studies have found that COVID-19 transmission is very low in schools that adhere to multiple prevention strategies

- CDC, Transmission of SARS-CoV-2 in K-12 schools, https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html
- Bailey, J. Is it Safe to Reopen Schools? An Extensive Review of the Research. March 2021
https://www.crpe.org/sites/default/files/final_is_it_safe_to_reopen_schools_an_extensive_review_of_the_research.pdf

WHAT HAVE WE LEARNED IN THE LAST 1.5 YEARS?

- Masks have proven to be one of the most effective public health tools in the fight against COVID-19 infections
- Breaches in mask use, lack of mask-use policies, or lack of mask use with other problems in prevention strategies have been found to be the cause of in-school spread or in-school outbreaks
 - Examples:
 - Zimmerman KO, Akinboyo IC, Brookhart MA, et al. Incidence and Secondary Transmission of SARS-CoV-2 Infections in Schools. *Pediatrics* 2021;147(4). doi:10.1542/peds.2020-048090
 - Doyle T, Kendrick K, Troelstrup T, et al. COVID-19 in Primary and Secondary School Settings During the First Semester of School Reopening – Florida, August-December 2020. *MMWR Morb Mortal Wkly Rep* 2021;70(12):437-441. doi:10.15585/mmwr.mm7012e2
 - Stein-Zamir C, Abramson N, Shoob H, et al. A large COVID-19 outbreak in a high school 10 days after schools' reopening, Israel, May 2020. *Euro Surveill* 2020;25(29)doi:10.2807/1560-7917.Es.2020.25.29.2001352
- CDC, Transmission of SARS-CoV-2 in K-12 schools, https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html
- Bailey, J. Is it Safe to Reopen Schools? An Extensive Review of the Research. March 2021
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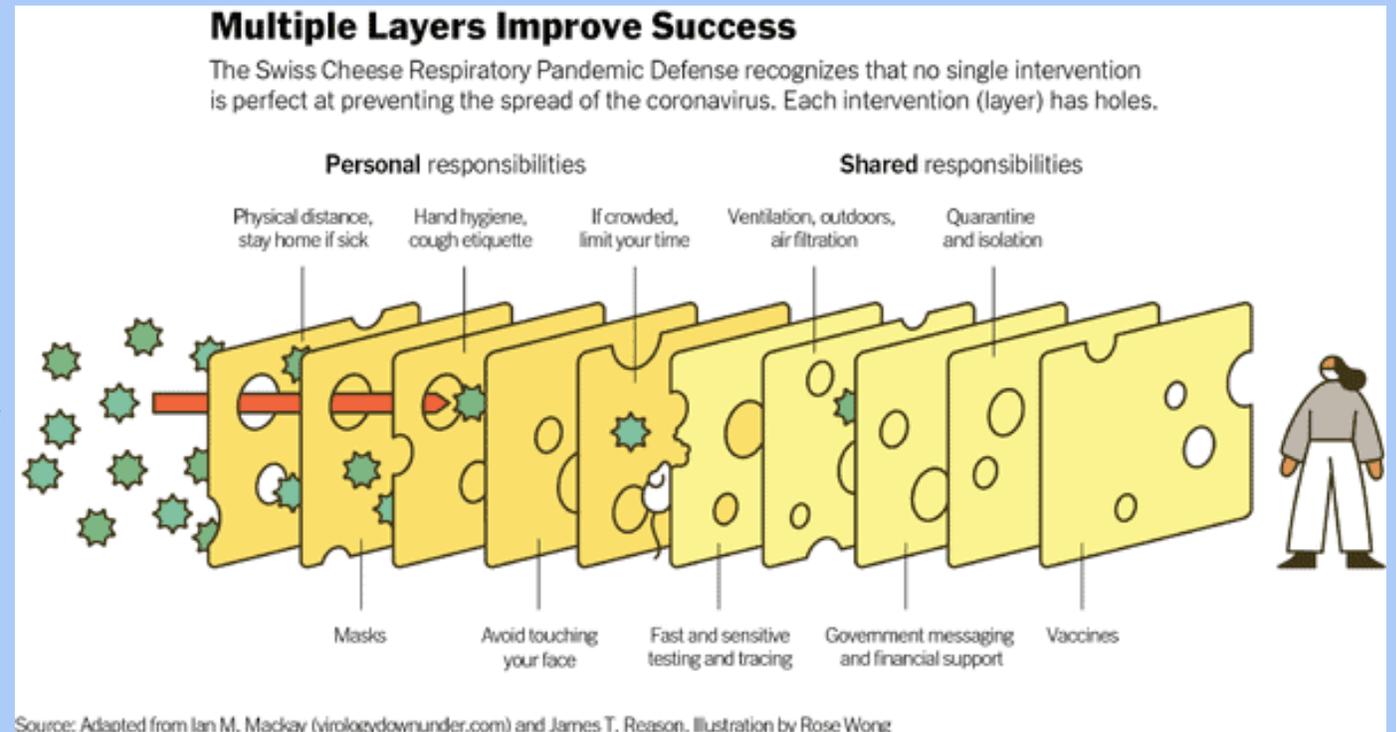
WHAT HAVE WE LEARNED IN THE LAST 1.5 YEARS?

- Layered prevention – the use of multiple strategies to prevent disease transmission – is more effective than using one or a few strategies
 - Using multiple strategies is especially important when community transmission is moderate to high, vaccination rates are low, or in people who are not yet fully vaccinated
- There is agreement that physical distancing is beneficial but some debate re: how much distance
 - The preponderance of the available evidence indicates that even when students were placed *less than 6* feet apart in classrooms, there was limited COVID-19 transmission when other layered prevention strategies were consistently maintained
- Screening testing can be used as a prevention strategy in schools since many children with COVID-19 are asymptomatic
- Screening testing was estimated to be most effective in settings where other prevention strategies such as physical distancing and wearing masks were used *less*

- CDC, Transmission of SARS-CoV-2 in K-12 schools, https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html
- Bailey, J. Is it Safe to Reopen Schools? An Extensive Review of the Research. March 2021
https://www.crpe.org/sites/default/files/final_is_it_safe_to_reopen_schools_an_extensive_review_of_the_research.pdf

WHAT IS RECOMMENDED

- Layering of multiple evidence-based prevention strategies to prevent COVID-19 transmission
- Prevention strategies include:
 - Vaccination
 - Mask use
 - Physical distancing
 - Stay home when sick and getting tested
 - Contact tracing, isolation, and quarantine
 - Screening testing
 - Ventilation
 - Handwashing
 - Respiratory etiquette
 - Cleaning and disinfection



NINE CDC RECOMMENDATIONS

JULY 9, 2021 (WITH UPDATE JULY 27)

- CDC continues to recommend masking and physical distancing, among others, as key prevention strategies

Prevention Strategies to Reduce Transmission of SARS-CoV-2 in Schools Recommended by CDC:

1. Promoting vaccination
2. Consistent and correct mask use
3. Physical distancing
4. Screening testing to promptly identify cases, clusters, and outbreaks
5. Ventilation
6. Handwashing and respiratory etiquette
7. Staying home when sick and getting tested
8. Contact tracing, in combination with isolation and quarantine
9. Cleaning and disinfection

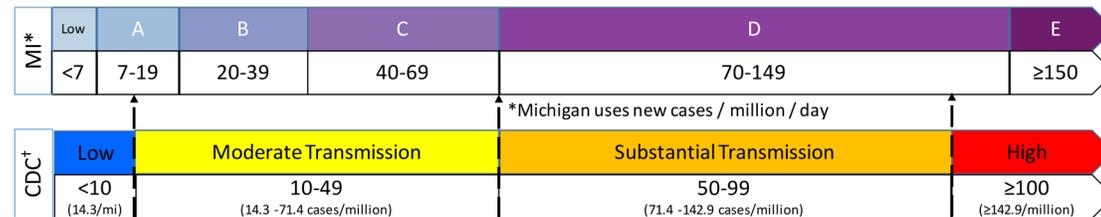
CDC RECOMMENDATIONS

- Make frequent reference to:
 - Level of community transmission <https://covid.cdc.gov/covid-data-tracker/#county-view>

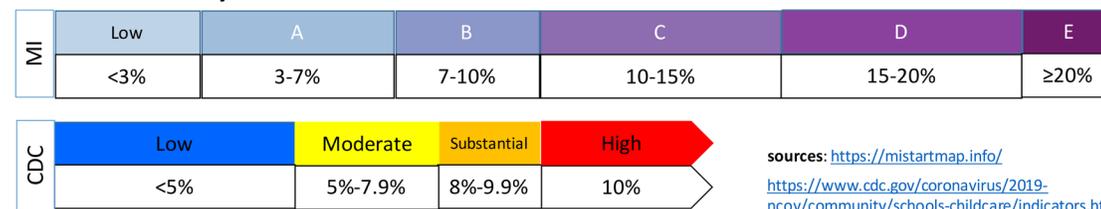
Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

Comparing CDC community transmission thresholds to MI levels

Case Rate*†

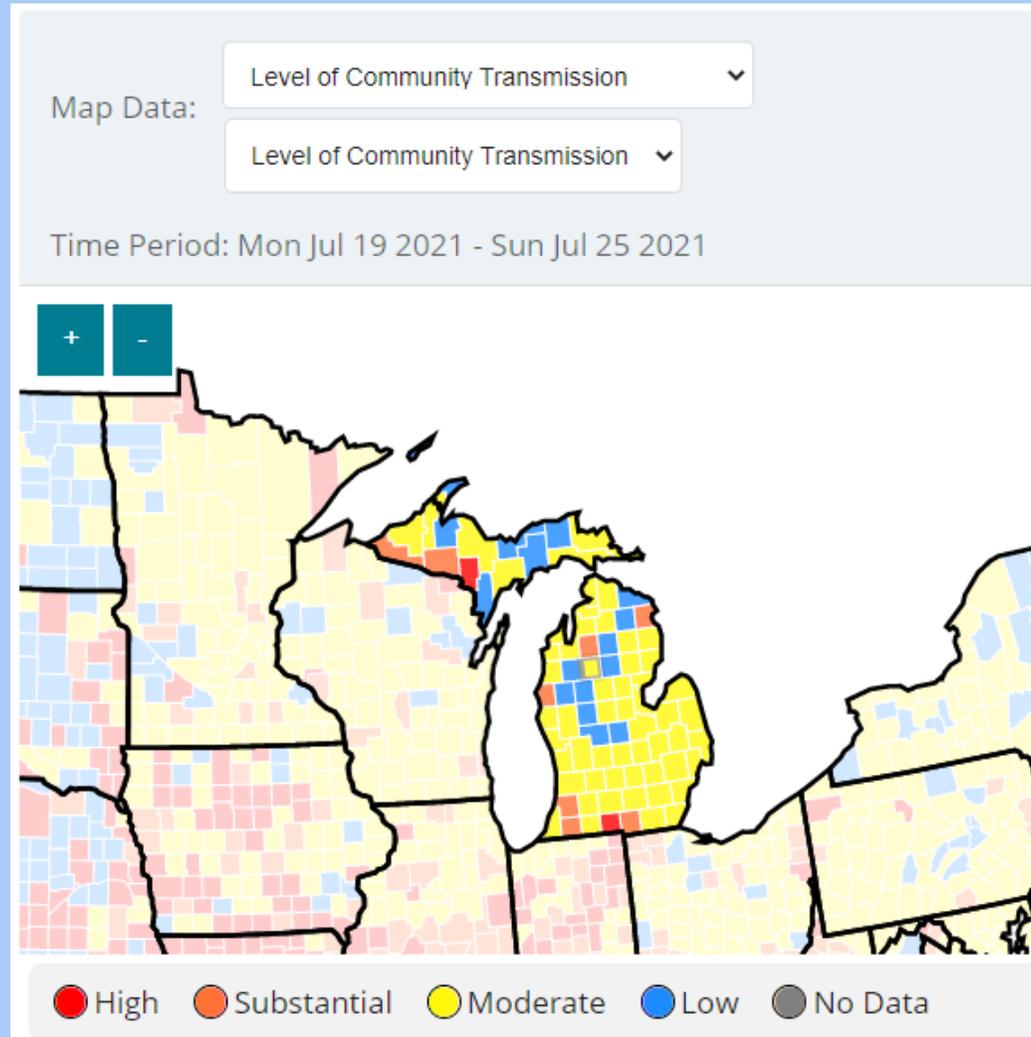


Percent Positivity



sources: <https://mistartmap.info/>
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html>

USING [HTTPS://COVID.CDC.GOV/COVID-DATA-TRACKER/#COUNTY-VIEW](https://COVID.CDC.GOV/COVID-DATA-TRACKER/#COUNTY-VIEW)



OR...GO TO WWW.MISTARTMAP.INFO

Click on **The MI Start Map team is working on calculating CDC Transmission Indicators alongside the MI Start Map Risk Levels. Until then, please use our [CDC Risk Level Calculator](#).**

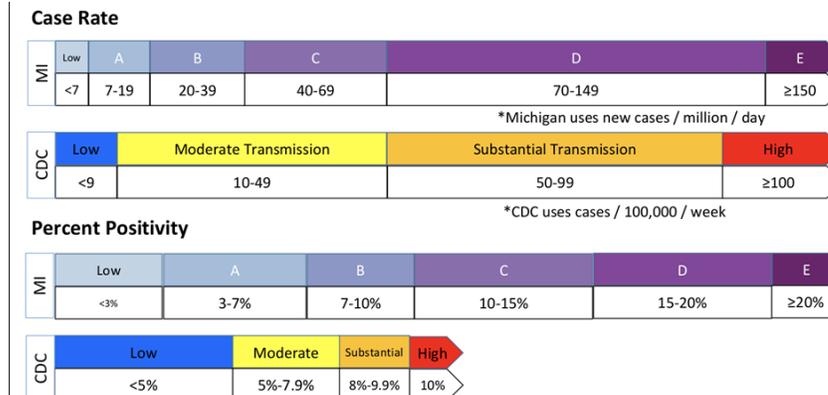
A calculator to translate between the MI Safe Start Map Risk Levels and the CDC Transmission Indicators. The MI Start Map team is still working on displaying live CDC Transmission indicators alongside the MI Start Map Risk Levels.

To translate MI Safe Start Map risk levels into CDC risk levels:

- Select a region and a date on MI Safe Start Map
- Take the Daily Cases Per Million Population for that region and date from MI Safe Start Map, and input it in "Daily Cases Per Million..."
- Take the positive tests rate for a region from MI Safe Start Map, and input it in "Percent Positive Tests"
- To calculate the regions overall risk level, both test and case information must be entered. The algorithms use the respective **worse level** of the 2 calculated as their overall.

	MI Safe Start Map Results	CDC Indicator Results
Overall Risk Levels:	■ N/A	■ N/A
Cases Daily Cases per Million Population (7-Day Average) <input type="text" value="Enter a value..."/>	■ N/A Enter a value	■ N/A Enter a value
Weekly Cases per 100,000 Population <input type="text" value="Enter a value..."/>		
Test Positivity Percent Positive Tests <input type="text" value="Enter a value..."/> %	■ N/A Enter a value	■ N/A Enter a value

Comparing new CDC school thresholds to MI levels



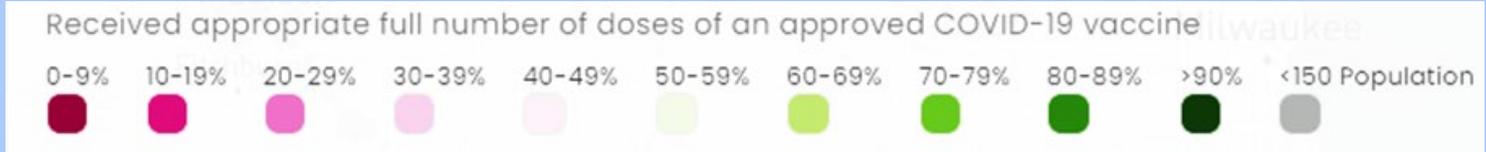
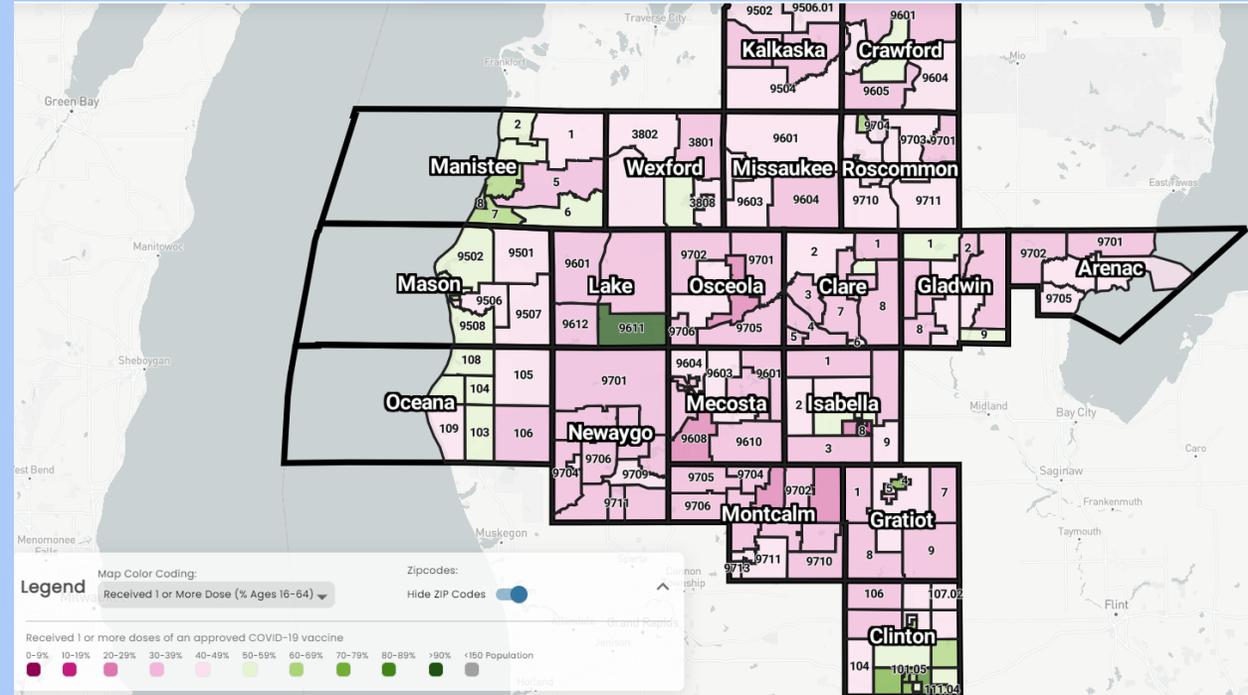
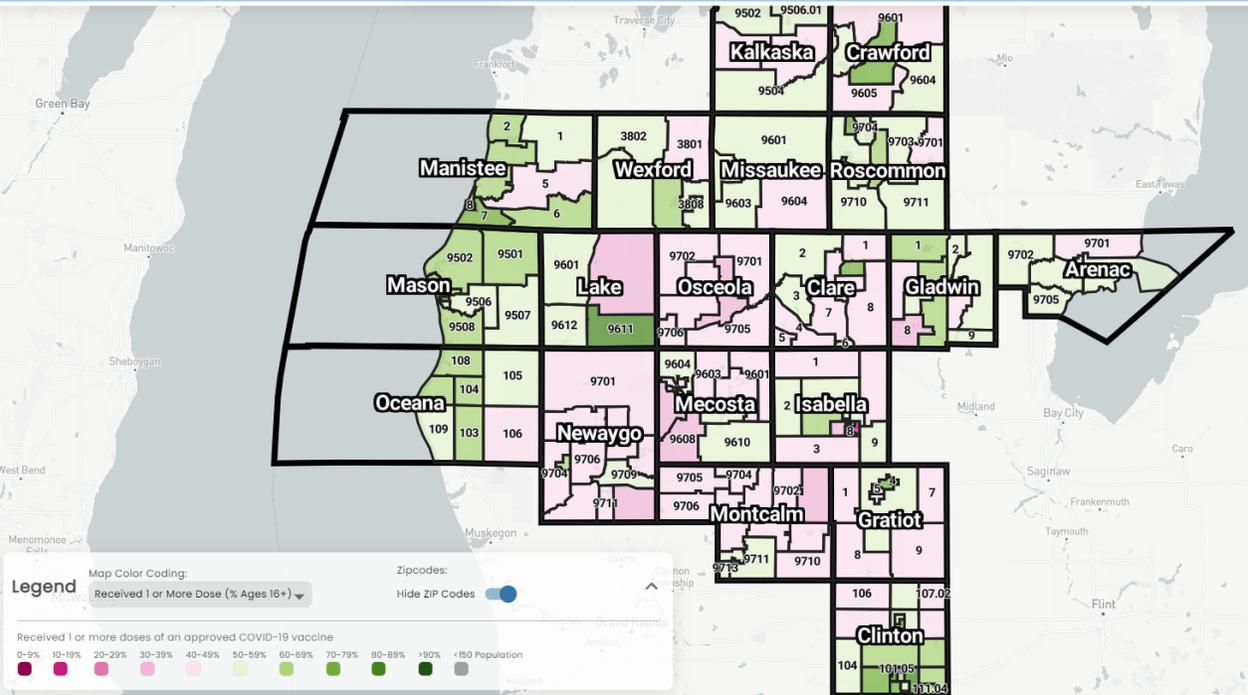
CDC RECOMMENDATIONS

- I. Promote vaccination as it is **the leading public health prevention strategy to end the COVID-19 pandemic**
 - a. This is our main tool to end this (or at least make it manageable) and to keep students/staff/their families safe
 - b. This is an evidence-based, medical preventative measure based on centuries of past precedent; it does not need to be controversial/political/personal, etc.
 - c. How Schools Can Promote Vaccination and Address Hesitancy: A 10-Point Plan that Puts Equity First <https://www.gettingsmart.com/2021/03/how-schools-can-promote-vaccination-and-address-hesitancy-a-10-point-plan-that-puts-equity-first/>
 - d. School Vaccine Hub <https://www.schoolvaccinehub.org/>
 - e. How Schools Can Support COVID-19 Vaccination <https://www.cdc.gov/vaccines/covid-19/planning/school-located-clinics/how-schools-can-support.html>
 - f. Addressing COVID-19 Misinformation/Answering Common Questions about Vaccines [Slides](#) and [Video Presentation](#)

AT LEAST ONE DOSE

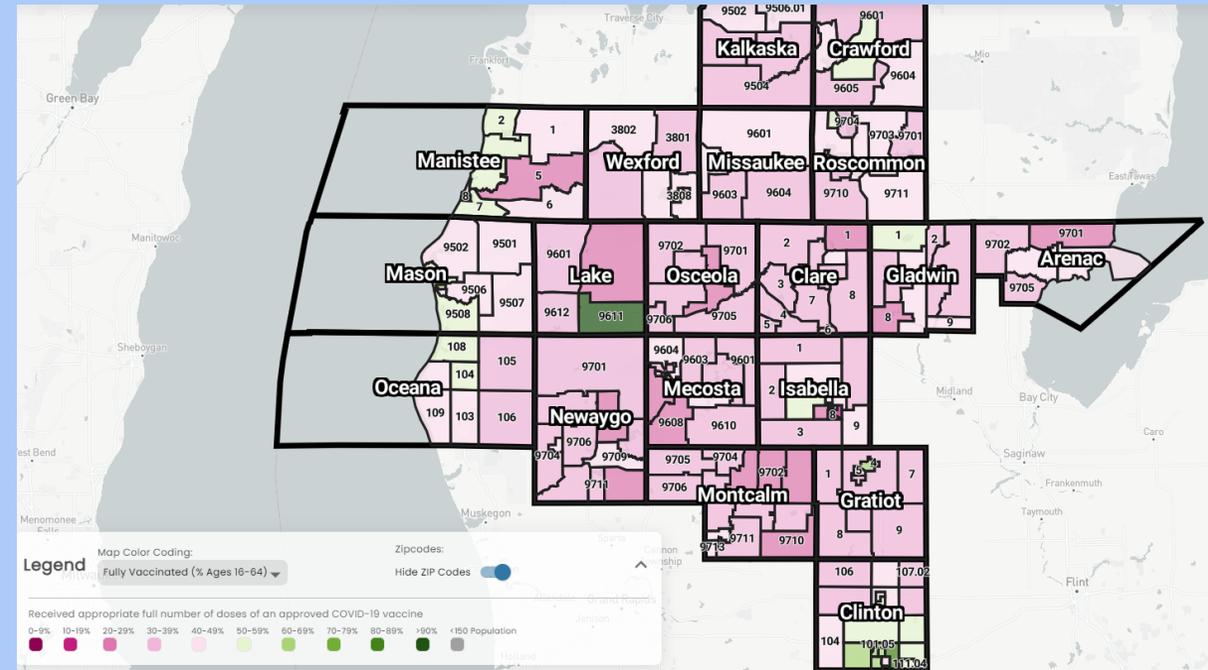
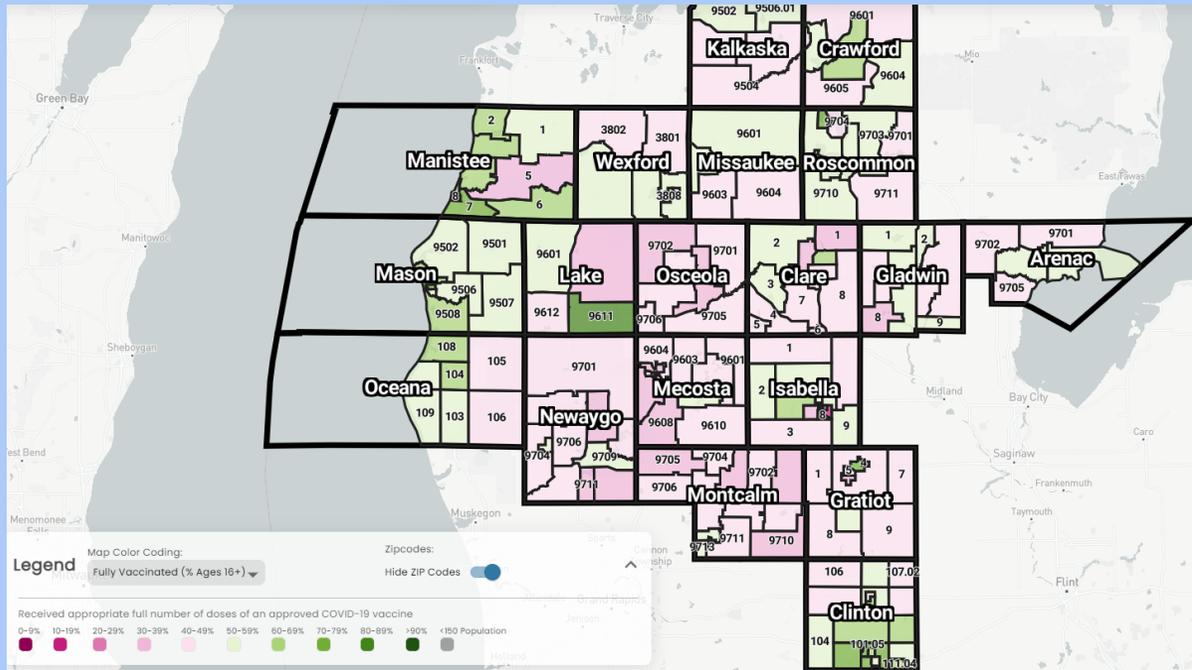
16 AND OVER

16-64



FULLY VACCINATED 16 AND OVER

16-64



CDC RECOMMENDATIONS

2. Consistent and Correct Mask Use

~~a) While indoors for people 2 years and older who are not fully vaccinated including students, teachers, and staff~~

UPDATE 7/27/21: Given new evidence on the B.1.617.2 (Delta) variant, CDC has updated the guidance for fully vaccinated people. CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place.

b) Consider outdoors for those not fully vaccinated in areas with substantial to high transmission in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated

c) Per [CDC Order \(federal regulation\)](#) everyone on buses or any public transportation must wear a mask (school buses addressed in [FAQ](#) regarding this order)

3. Physical Distancing

a) If not fully vaccinated: 6 ft. recommended; minimum of 3 feet if combined with proper mask use (as above in #2)

i. If over 3 ft. of distancing *not* possible, it is *especially* important to use all other prevention strategies possible (particularly mask use)

ii. If **unvaccinated student-staff** member or **unvaccinated staff-staff** member interacting, at least 6 ft. of distance strongly recommended

I) *THINK ABOUT STAFF MEETINGS, BREAK ROOM...*

iii. Cohorting can still be used to limit close contacts, especially if distancing is difficult, and when community transmission is moderate to high

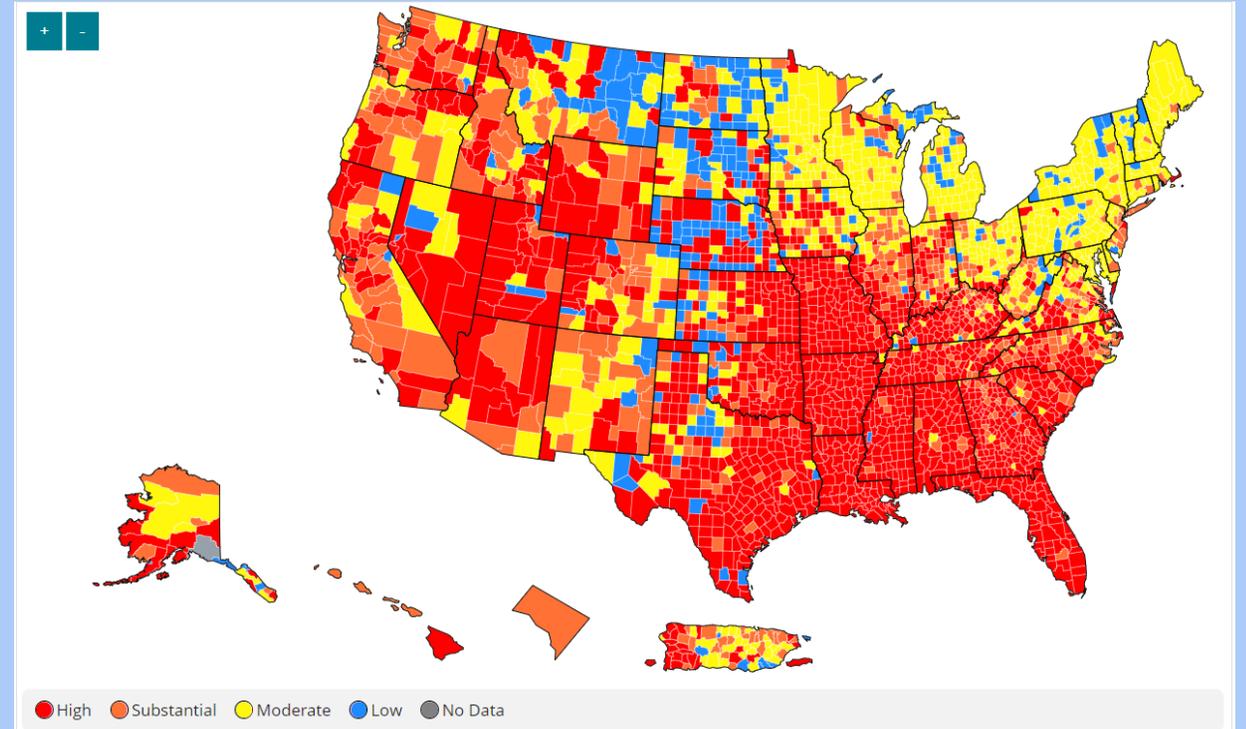
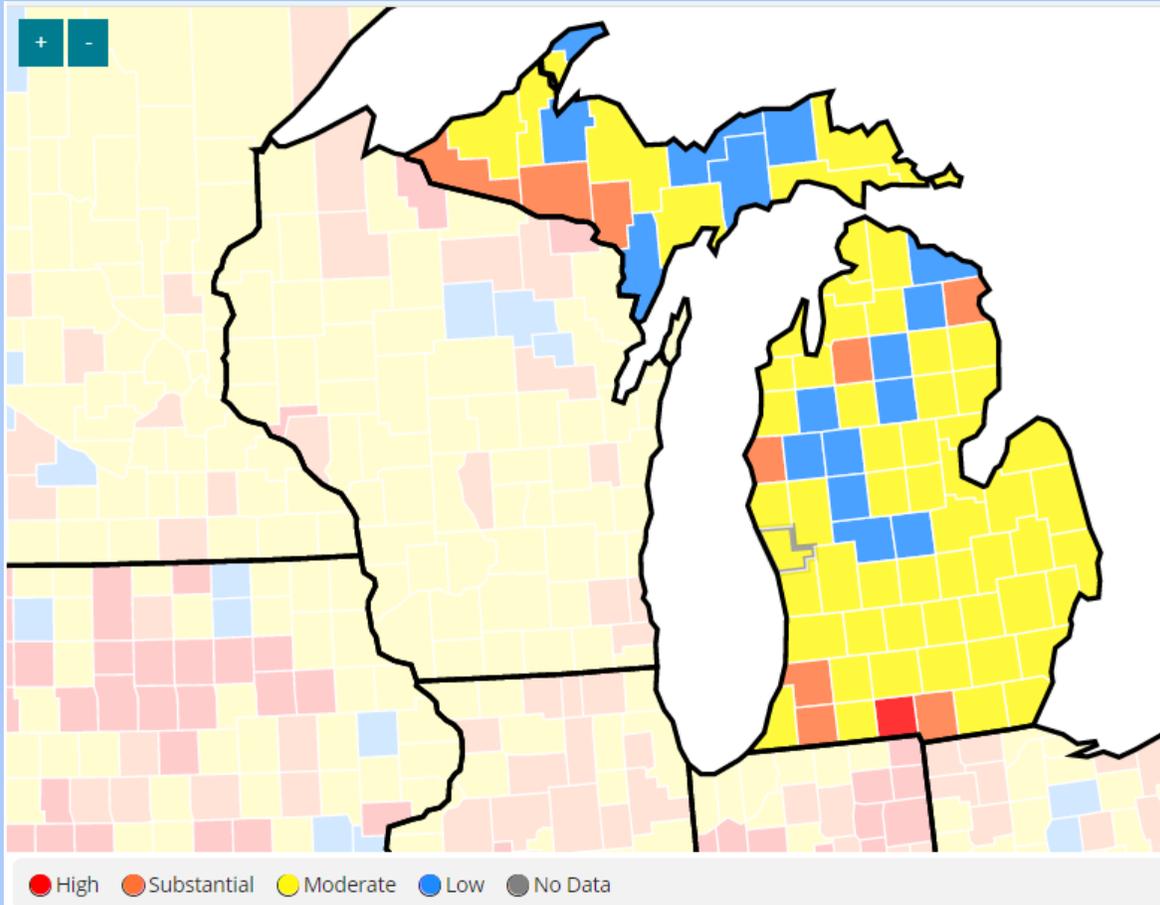
CDC GENERAL RECOMMENDATIONS FOR MASK USE AFTER VACCINATION

- To maximize protection from the Delta variant and prevent possibly spreading it to others, wear a mask indoors in public if you are in an area of substantial or high transmission.
- You might choose to wear a mask regardless of the level of transmission if you have a weakened immune system or if, because of your age or an underlying medical condition, you are at increased risk for severe disease, or if a member of your household has a weakened immune system, is at increased risk for severe disease, or is unvaccinated.

FOR UNVACCINATED:

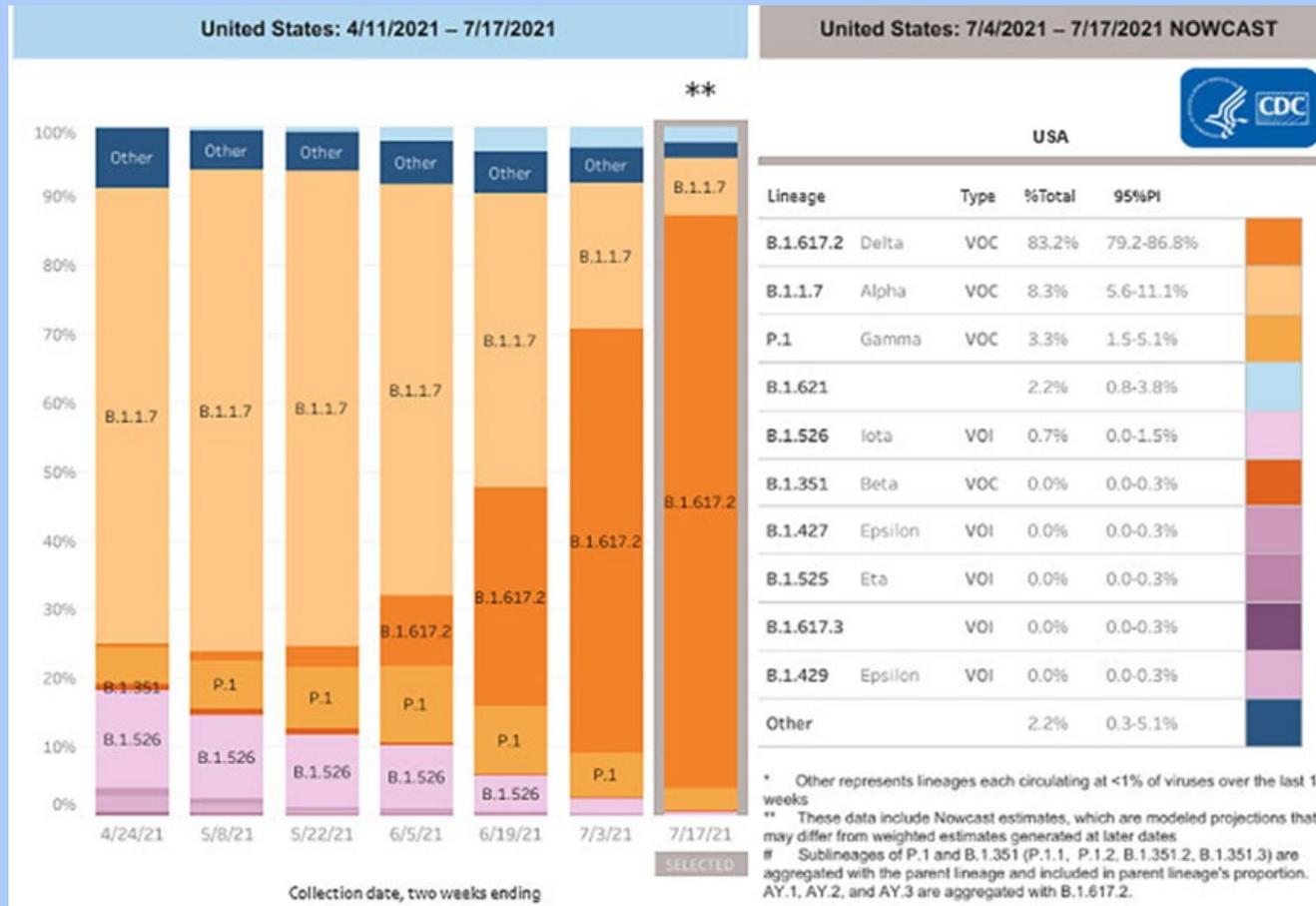
- If you are not fully vaccinated and aged 2 or older, you should wear a mask in indoor public places.
- In general, you do not need to wear a mask in outdoor settings.
 - In areas with high numbers of COVID-19 cases, consider wearing a mask in crowded outdoor settings and for activities with close contact with others who are not fully vaccinated.

COMMUNITY TRANSMISSION FROM 7/20-7/26

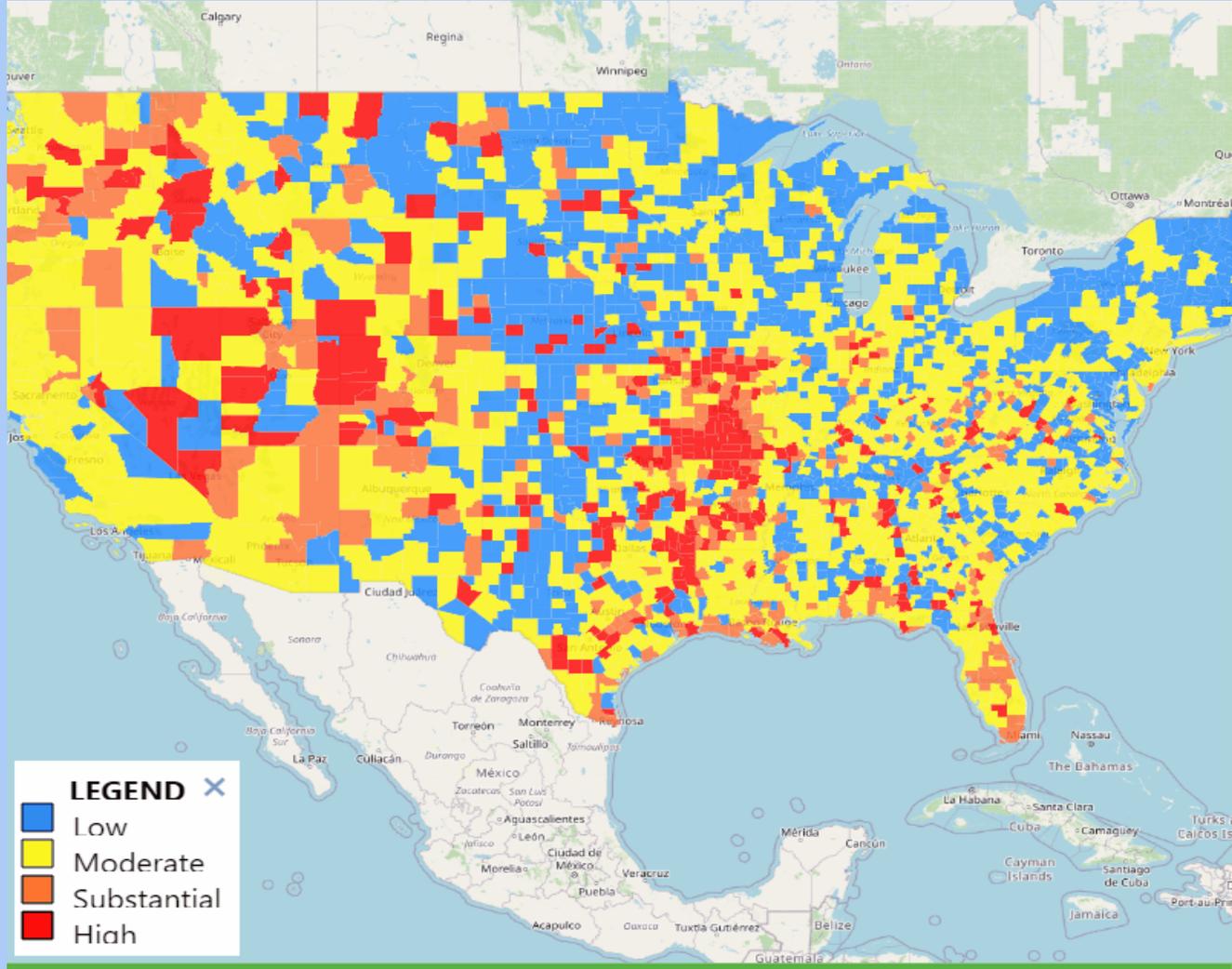


Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

- Next slide: animation of daily transmission rates, USA, from 6/28-7/28
- Amount of Delta variant in US has doubled in that time



DAILY TIME LAPSE 6/28-7/28



COVID-19 | PHASED PREVENTION | LEVELS OF COMMUNITY TRANSMISSION | ALL COUNTIES | 06/28/2021



Explore more data at ephtracking.cdc.gov/DataExplorer

CDC RECOMMENDATIONS

4. Screening testing (typically rapid antigen testing)
 - a) Should be offered to **all teachers and staff at least once a week** who have not been fully vaccinated, regardless of COVID-19 activity in community
 - b) See table next slide for additional recommendations
 - c) Resources (primary: [MDHHS](#))
 - a) The COVID-19 Educational Testing Toolkit <https://covidtesting.com/>
 - b) Covid-19 Testing in K-12 Settings A Playbook for Educators and Leaders <https://www.rockefellerfoundation.org/wp-content/uploads/2021/02/The-RockefellerFoundation-Covid-19-K-12-Testing-Playbook-for-Educators-and-Leaders.pdf>

Table 1. Screening Testing Recommendations for K-12 Schools by Level of Community Transmission

	Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	Offer screening testing for students who are not fully vaccinated at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports² and extracurricular activities³ at least once per week for participants who are not fully vaccinated.		Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants who are not fully vaccinated.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports. ²	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.		

¹ [Levels of community transmission](#) defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%.)

² The NCAA has developed a risk stratification for sports. See table to right and see https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI_Resocialization_DevelopingStandardsSecondEdition.pdf for additional details.

³High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.

High Risk Sport/Activity ^{2,3}	Intermediate Risk Sport ²	Low Risk Sport ²
Football Volleyball (if unmasked) Basketball Ice hockey Rugby Water polo Wrestling Acrobatics and Tumbling (indoors) Band (indoors) Choir (indoors)	Soccer Volleyball (if masked) Rowing (sculls of two or more) Softball Lacrosse Indoor track and field Baseball Field Hockey Fencing (if unmasked)	Bowling Cross Country Outdoor track and field Rifle Rowing Equestrian (outdoor) Golf Gymnastics Swimming and Diving Tennis Skiing Fencing (if masked) Beach volleyball

CDC RECOMMENDATIONS

5. Ventilation

- a) Opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, making changes to the HVAC or air filtration systems, open or crack windows in buses and other forms of transportation, etc.
- b) Resources:
 - i. 5 Step Guide To Checking Ventilation Rates in Classrooms <https://schools.forhealth.org/ventilation-guide/>
 - ii. Indoor Air Quality Tools for Schools: Preventive Maintenance Guidance Documents <https://www.epa.gov/iaq-schools/indoor-air-quality-tools-schools-preventive-maintenance-guidance-documents>
 - iii. Ventilation in Schools and Child Care Programs <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html>
 - iv. Ventilation FAQs <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html#Ventilation-FAQs>

CDC RECOMMENDATIONS

6. Handwashing and Respiratory Etiquette

- a) Continue to teach and encourage both habits
- b) If handwashing is not possible, use hand sanitizer containing at least 60% alcohol
 - i. Cover Your Cough materials <https://www.health.state.mn.us/people/cyc/index.html>
 - ii. Handwashing materials https://www.cdc.gov/handwashing/materials.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhandwashing%2Fresources.html

CDC RECOMMENDATIONS

7. Educate students/parents and staff to **STAY HOME WHEN SICK** and **get tested** when sick
 - a) Anyone with symptoms of contagious illnesses, such as the flu or COVID-19, should stay home and be referred to their healthcare provider
 - i. See [Managing Communicable Diseases in Schools](#) pgs. 3-7 “Responding to Diseases in School” for general guidance for handling ill staff and students, as well as pgs. 11-15 for disease specific guidance
 - ii. No major changes from last year

CDC RECOMMENDATIONS

8. Contact Tracing in Combination with Isolation and Quarantine

- a) Continue to collaborate with state and local health departments to confidentially provide information about people diagnosed with or exposed to COVID-19. This allows identifying which students, teachers, and staff with positive COVID-19 test results should isolate, and which close contacts should quarantine.
- b) **Fully vaccinated people and those who were previously diagnosed with COVID-19 within the last three months** who were in close contact with someone who has COVID-19 but do NOT have COVID-19 symptoms **do not need to quarantine** or be tested.

NOTE: addition to definition of Close Contact <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>:

In the K-12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) where

- both students were engaged in consistent and correct use of well-fitting face masks; and
- other K-12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K-12 school setting.

This exception does not apply to teachers, staff, or other adults in the indoor classroom setting or in lunchroom, gym, athletics.

So: in other words:

If unvaccinated students involved in an exposure are wearing masks: only need to quarantine if <3ft. apart for >15 min. total in classroom setting

If unvaccinated students involved in an exposure are NOT wearing masks: they need to quarantine if <6ft. apart for >15 min. total in classroom setting

A Cochrane Rapid Review: Quarantine Efficacy for COVID-19

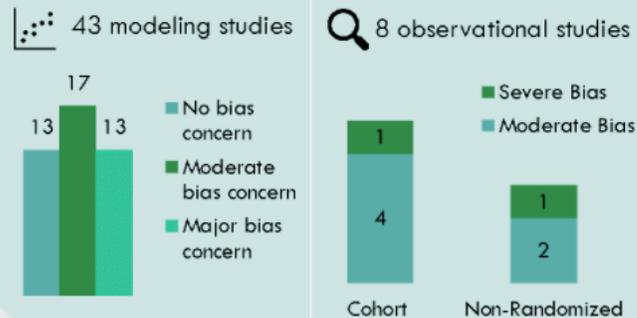
Does quarantining alone or with other public health measures prevent transmission or death from those who were in contact with a confirmed or suspected case of COVID-19?

Methodology

51 studies reviewed

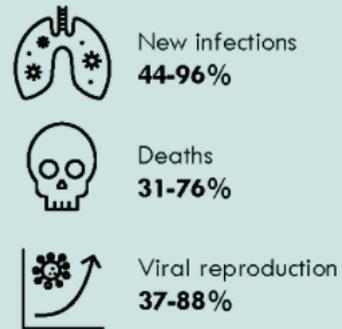


Assessing the risk of bias of each study

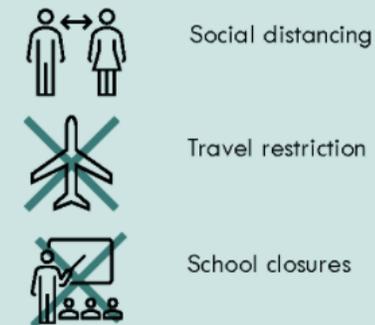


Results

Quarantine alone reduces:



Greater reductions in infection if combined with:



Earlier quarantining could save 232 – 279 mil CAD.
Quarantining always lowered costs during outbreaks.

Quarantining reduced incidence and mortality (low or very low certainty of evidence) in people exposed to COVID-19. The magnitude of the effect is unclear given most studies were mathematical models that made different assumptions.

Nussbaumer-Streit et al., 2020
<https://doi.org/10.1002/14651858.CD013574>

Creators: Sahil Angelo, MD (@angelo_sahil) & Wint Thu Saung, MD (@wintessential)
Editors: Angel Xiao (@an_xiao) & Caroline Coleman, MD (@cg_coleman)
Reviewer: Sarah Hodgkinson, PhD.

Nussbaumer-Streit B, Mayr V, Dobrescu AI, Chapman A, Persad E, Klerings I, Wagner G, Siebert U, Ledinger D, Zachariah C, Gartlehner G. Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review. *Cochrane Database of Systematic Reviews* 2020, Issue 9. Art. No.: CD013574. DOI: 10.1002/14651858.CD013574.pub2.

https://www.cochrane.org/CD013574/INFECTN_does-quarantine-alone-or-combination-other-public-health-measures-control-coronavirus-covid-19

INFO ON CONTACT TRACING/QUARANTINE (NO OTHER MAJOR CHANGES FROM LAST YEAR)

- Quarantine Guidance from you LHD https://b7415fe4-3f8d-4ed9-b594-7f18ad7f0403.filesusr.com/ugd/6f9944_cal5d94a5c3d4f199aa44c3a18018517.pdf
- Contact Tracing for K-12 Sports <https://www.mmdhd.org/wp-content/uploads/2021/03/CORRECTED-2-20-Contact-Tracing-K-12-Sports-Team.pdf>
- How Long Does My Student Have to Stay Home? https://b7415fe4-3f8d-4ed9-b594-7f18ad7f0403.filesusr.com/ugd/5d8ecc_5f2429b9d443421cb95d43f5bf8b776c.pdf
- MDHHS Quarantine Period Guidance https://www.michigan.gov/documents/mdhhs/MDHHS-Quarantine_Period_Guidance_726293_7.pdf

LEGAL OBLIGATIONS

Michigan schools have an obligation to report certain communicable diseases, including COVID-19, as specified under Michigan Administrative Code R. 325.173(9) which states that:

- (9) A primary or secondary school, child day care center, or camp **shall report, within 24 hours of suspecting**, both of the following to the appropriate local health department:
 - (a) The occurrence among those in attendance of any of the **serious communicable diseases listed** and maintained by the department as required in MCL 333.5111(1), except for human immunodeficiency virus and acquired immunodeficiency syndrome which are governed by MCL 333.5131.
 - (b) The **unusual occurrence, outbreak, or epidemic of any disease, infection, or condition** among those in attendance.

Schools have an obligation to cooperate with public health investigations of cases and contacts identified within the student population per R. 325.174(2), that specifies:

- (2) An investigator who presents official identification of **the local health department or the department shall promptly be provided with** medical, epidemiologic, and other **information pertaining to any of the following**:
 - (a) **Individuals who have designated conditions or other conditions of public health significance.**
 - (b) **Individuals, whether ill or well, who are part of a group in which an unusual occurrence, outbreak, or epidemic has occurred.**
 - (c) **Individuals who are not known to have a designated condition but whose medical or epidemiological information is needed for investigation** into the cause of the occurrence of the condition.
 - (d) **Individuals who were potentially exposed to a designated condition.**

Local health departments may require exclusion from school for individuals or groups of students suspected to have a communicable disease as specified in R 325.175 (2, 3, 4):

- (2) **When a school official reasonably suspects that a student has a communicable disease** except for AIDS, HIV infection, and noncommunicable diseases, **the official may exclude the student for a period sufficient to obtain a determination by a physician or local health officer as to the presence of a communicable disease.**
- (3) The local health officer may initiate the exclusion from school or group programs of a student or individual who has a communicable disease. A student or individual may be returned to school or a group program when a physician or local health officer indicates that the excluded individual does not represent a risk to other individuals.
- (4) **When a local health officer confirms or reasonably suspects that a student or individual attending school or a group program has a communicable disease, the health officer may, as a disease control measure, exclude from attendance any individuals lacking documentation of immunity or otherwise considered susceptible to the disease until such time as the health officer deems there to be no likely further risk of disease spread.**

The Michigan Administrative Code can be found at: <https://ars.apps.lara.state.mi.us/AdminCode/AdminCode>

[2021 Reportable Diseases in Michigan - Organized By Condition](#)

[2021 Reportable Diseases in Michigan - Organized By Pathogen](#)

ADDITIONAL LEGAL OBLIGATIONS

The **October 6, 2020 MDHHS Epidemic Order, Reporting of Confirmed and Probable Cases of COVID-19 at Schools**, remains in effect. The order can be found at https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-541860--,00.html

- This Order requires that schools post public notice of that information within 24 hours on the school website. The order reads as follows:
- I. The critical terms included in this order are defined as follows:
 - a. “School” means public and nonpublic schools.
 - b. “Close Contact” means any individual who was within 6 feet of an COVID-19 infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, two days prior to positive specimen collection).
 - c. “School Associated Case” means a case of probable or confirmed COVID-19 amongst students, teachers, staff members, coaches, volunteers, or any other person who was present on school property or at a school function under circumstances that may result in the transmission or contraction of COVID-19 during their infectious period.
 - d. “School Community” means the set of persons who are affiliated with the school. This set may include, but is not limited to, parents, guardians, students, teachers, staff members, coaches, and volunteers.
 - e. “Public Notice” means providing the new and cumulative counts of School Associated Case(s) of COVID-19, including the date on which the School was notified of the new School Associated Case(s).
- 2. Upon learning that a probable or confirmed case of COVID-19 is a School Associated Case, the local health department must, within 24 hours, notify the School to which the School Associated Case(s) relate, including the affected building or location and other information that may assist the School with carrying out its duties under this order.
- 3. **Within 24 hours of being notified by a local health department of School Associated Case(s), the School must provide Public Notice to the School Community in a highly visible location on the School’s website that covers the impacted building or location.** Schools are encouraged to provide information about measures in place at the School to prevent transmission of COVID-19, as well as measures that individuals can take to prevent transmission.
- 4. Public Notice does not replace the need for direct notification to persons who were, or are suspected to have been, a Close Contact of School Associated Case(s); such notice is the responsibility of the local health department.

ADDITIONAL LEGAL OBLIGATIONS

“Both LHDs and school districts share a commitment and responsibility to protect the students’ health and safety. Under the Revised School Code, public schools have a responsibility to provide “for the safety and welfare of pupils while at school or a school sponsored activity or while *en route* to or from school or a school sponsored activity” ([MCL 380.11a](#)).”

POTENTIAL PENALTIES

With regard to enforcement against individuals who do not report as required, or who impede public health in its duty to implement and enforce laws to protect the public's health, these sections from the Michigan Public Health Code apply:

333.1291 Obstruction of person enforcing health law.

- A person shall not wilfully oppose or obstruct a department representative, health officer, or any other person charged with enforcement of a health law in the performance of that person's legal duty to enforce that law.

333.1299 Violation as misdemeanor; prosecution.

- (1) A person who violates a provision of this code for which a penalty is not otherwise provided is guilty of a misdemeanor.
- (2) A prosecuting attorney having jurisdiction and the attorney general knowing of a violation of this code, a rule promulgated under this code, or a local health department regulation the violation of which is punishable by a criminal penalty may prosecute the violator.

Furthermore, teachers and administrators are [certified](#) in Michigan. Certain criminal convictions may result in denial, suspension, or revocation of the certificate by the State Superintendent [MCL 380.1535a].

LEGAL OBLIGATIONS: STAFF

- **Public Act 339** <http://www.legislature.mi.gov/documents/2019-2020/publicact/pdf/2020-PA-0339.pdf> still in effect
- **An employee who tests positive for COVID-19 must not report to work** until they are advised by a health care provider or public health professional that they have completed their isolation period, or all of the following conditions are met:
 - (a) If the employee has a fever, 24 hours have passed since the fever has stopped without the use of fever reducing medications.
 - (b) The isolation period has passed.
 - (c) The employee's principal symptoms of COVID-19 have improved.
 - (d) If the employee has been advised by a health care provider or public health professional to remain isolated, the employee is no longer subject to such advisement.
- **(2) An employee who displays the principal symptoms* of COVID-19 but has not yet tested positive shall not report to work** until 1 of the following conditions are met:
 - (a) A negative diagnostic test result has been received.
 - (b) All of the following apply:
 - (i) The isolation period has passed since the principal symptoms of COVID-19 started.
 - (ii) The employee's principal symptoms of COVID-19 have improved.
 - (iii) If the employee had a fever, 24 hours have passed since the fever subsided without the use of fever-reducing medication.
- **(3) Except as provided in subsection (4), an employee who has close contact with an individual who tests positive for COVID-19 shall not report to work** until 1 of the following conditions is met:
 - (a) The quarantine period has passed since the employee last had close contact with the individual.
 - (b) The employee is advised by a health care provider **or public health professional that they have completed their period of quarantine**¹.
- In subsection (4) Some essential workers are exempt from quarantine if their absence would cause serious harm or danger to public health or safety. K-12 staff/teachers are not included in this list. See https://www.michigan.gov/documents/coronavirus/Essential_Workers_and_Quarantine_1.25.21_714009_7.pdf for additional information

***Principal symptoms are defined as:**

One or more of the following not explained by a known medical or physical condition:

- (A) Fever.
- (B) Shortness of breath.
- (C) Uncontrolled cough.

Two or more of the following not explained by a known medical or physical condition:

- (A) Abdominal pain.
- (B) Diarrhea.
- (C) Loss of taste or smell.
- (D) Muscle aches.
- (E) Severe headache.
- (F) Sore throat.
- (G) Vomiting.

¹Public health professional is officially advising you now (Dr. Morse) that an employee that is fully vaccinated at the time they were exposed to COVID-19 or was diagnosed with COVID-19 within 90 days prior to their exposure to COVID-19, and remain free of symptoms of COVID-19, can report to work and do not need to quarantine.

CDC RECOMMENDATIONS

9. Cleaning and Disinfection

- a) The risk of infection from touching a surface/object is LOW
 - i. The most reliable way to prevent infection from surfaces is to regularly wash hands or use hand sanitizer.
 - ii. In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces.
 - iii. If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space
 - iv. Disinfectants on the [U.S. Environmental Protection Agency COVID-19 list](#) are recommended.
 - v. For more information see [Cleaning and Disinfecting Your Facility](#).

CDC RECOMMENDATIONS

- Additional Considerations:
 - Limit nonessential visitors/volunteers/external groups that include unvaccinated people, especially when there is moderate to high community transmission
 - Eating, especially indoors, continues to be a higher risk activity
 - Maximize distance between students while in food service line and while eating
 - There is **NO NEED** to use only single use items and packaged meals, due to the low risk of transmission from surfaces and shared objects
 - Due to increased exhalation that occurs during physical activity and for some other extracurricular activities, such as band, choir, theater, and school clubs that meet indoors, mask use and physical distancing as much as possible is more important
 - Strongly consider using screening testing for student athletes, student participants, and adults (e.g., coaches, teachers, advisors) who are not fully vaccinated who participate in and support these activities

CDC RECOMMENDATIONS

CDC Recommends Use of the Following Prevention Strategies to Reduce Transmission of COVID-19 in Schools:

1. Promoting vaccination
 2. Consistent and correct mask use
 3. Physical distancing
 4. Screening testing to promptly identify cases, clusters, and outbreaks
 5. Ventilation
 6. Handwashing and respiratory etiquette
 7. Staying home when sick and getting tested
 8. Contact tracing, in combination with isolation and quarantine
 9. Cleaning and disinfection
- Per the CDC: If school administrators decide to remove any of the strategies based on local conditions: **do it one at a time**, watch closely for any increases in COVID-19 cases, and be ready to make adjustments

WHAT IF YOU HAD OTHER PLANS?

- **You must at least follow the laws**
 - Masks on buses by everyone
 - Report suspected and confirmed COVID-19 (and all other reportable diseases, outbreaks, unusual occurrences) to the health department
 - Post case counts on your website
 - Keep sick and exposed (unvaccinated) staff home as required by PA 339
 - Exclude ill children from school
 - Assist LHD with contact tracing (REMEMBER in classroom setting: if unvaccinated students are NOT required to mask, close contact = **within 6 ft.** x 15min. cumulative over 24hr.)
- If you do not intend to conform with contact tracing/quarantine rules/guidance:
 - PA 339 requires nonvaccinated employees to be quarantined
 - Public health code requires assisting LHD with contact tracing and case investigations
 - If you don't plan to exclude students or staff that should be quarantine or isolation, any further cases, outbreaks, etc. that could have been prevented are due to not following public health recommendations
 - YOU SHOULD AT LEAST notify parents/staff if their child/they have been exposed so they can make safe decisions for themselves and their family
 - They may have high risk family members/friends or themselves be at risk and **NEED TO KNOW** if they could be contagious/infected

WHAT IF YOU HAD OTHER PLANS?

- Do the bare minimum you are willing to do and do it 100% (knowing things will sneak through the holes since you have fewer “slices of cheese”)
 - Clean/disinfect *often*
 - Urge/incentivize vaccination
 - Teach and reinforce/take time to wash hands, use hand sanitizer, teach cough etiquette, screen for illness, send sick kids home ASAP, test sick kids on site, test close contacts on site, etc. etc.
 - If not planning to require masking, **STRONGLY CONSIDER** screening testing of all teachers weekly and at least a random 10% of students weekly
 - Get room HEPA filters
 - etc., etc.
- Be willing to be flexible and prepare you staff, students, families for the need to be flexible as this is **NOT OVER** and is still **VERY FLUID**
 - Examples:
 - If Delta variant identified in anyone associated or connected to the school or student/staff family: reinstate masking, start screening tests, etc.
 - If community transmission increases to substantial or high, or cases are increasing in your school, add back prevention strategies
 - If case detected in a classroom and you do not plan to cooperate with enforcing quarantine and have not been masking: have close contacts to case wear masks x 14 days after exposure

What is Legally Required* and What is Recommended to Keep Your Schools Healthy	
Requirements (like seatbelts)	Public Health Recommendations# (like motorcycle helmets)
Masking for all on buses per CDC Order	Encourage or require COVID-19 vaccination
Report suspected and confirmed COVID-19 (and all other reportable diseases, outbreaks, unusual occurrences) to the health department as specified under Michigan Administrative Code R. 325.173(9)	Universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status
Post COVID-19 case counts on your website as per MDHHS Epidemic Order, Reporting of Confirmed and Probable Cases of COVID-19 at Schools	Physical distancing: <ul style="list-style-type: none"> • Between unvaccinated students: at least 3 ft. if masking, 6 ft. if not masking • Between unvaccinated staff or unvaccinated staff/student: 6 ft.
Keep employees sick with or exposed to (if unvaccinated) to COVID-19 home as required by Public Act 339	Screening testing at least weekly in staff, and in students as in Table 1 in the CDC Guidance for COVID-19 Prevention in K-12 Schools
Exclude children ill with communicable illness (such as COVID-19) from school as specified under Michigan Administrative Code R 325.175 (2) :	Ensure proper ventilation
Assist LHD with contact tracing as specified under Michigan Administrative Code R. 325.174(2)	Encourage proper handwashing and respiratory etiquette
	Regular cleaning and disinfection
	Exclude non-employee close contacts from all school grounds and activities during quarantine (employees required to be excluded per PA 339)
*For reference only. THIS IS NOT written by a lawyer or school law expert; not all requirements may be listed here. #Recommended per the CDC, MDHHS, and your local public health departments (DHD10, CMDHD, MMDHD)	

Why should you do what is recommended?

Under the Revised School Code, public schools have a responsibility to provide “for the safety and welfare of pupils while at school or a school sponsored activity or while *en route* to or from school or a school sponsored activity” ([MCL 380.11a](#)).”

Why you should do what is required?

For individuals who do not report as required, or who impede public health in its duty to implement and enforce laws to protect the public’s health, these sections from the Michigan Public Health Code apply:

[333.1291 Obstruction of person enforcing health law](#)

A person shall not willfully oppose or obstruct a department representative, health officer, or any other person charged with enforcement of a health law in the performance of that person’s legal duty to enforce that law.

[333.1299 Violation as misdemeanor; prosecution](#)

(1) A person who violates a provision of this code for which a penalty is not otherwise provided is guilty of a misdemeanor.

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Furthermore, teachers and administrators are [certified](#) in Michigan. Certain criminal convictions may result in denial, suspension, or revocation of the certificate by the State Superintendent [[MCL 380.1535a](#)].

FINALLY...

- Send any new or changed contact information to:
 - For Missaukee, Crawford, Kalkaska, Wexford, Lake, Mason, Manistee, Oceana, Newaygo, Mecosta Counties (covered by District Health Department #10): send to info@dhd10.org
 - For Roscommon, Osceola, Clare, Gladwin, Arenac, Isabella Counties (covered by Central Michigan District Health Department): sent to mderoche@cmdhd.org
 - For Montcalm, Gratiot, Clinton Counties (covered by Mid-Michigan District Health Department): send to lkinnee@mmdhd.org
- We will email you the PowerPoint and video of today's talk as well as post it at
 - <https://www.dhd10.org/coronavirus/school-guidance/>
 - <https://www.cmdhd.org/novelschools>
 - <https://www.mmdhd.org/covid-schools/>
- I will be working on updating guidance documents and sending them out to your points of contact and posting them to the above websites
- Ok to send out brief survey re: what your school's plan are for COVID-19 prevention?
- Thoughts on future meetings...

THANKS FOR
JOINING US!

ANY QUESTIONS?

Contacts:

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For Roscommon, Osceola, Clare, Gladwin,
Arenac, Isabella Counties:

Steve Hall, R.S., M.S.

shall@cmdhd.org

989-773-5921, Ext. 1421

www.cmdhd.org

For Missaukee, Crawford, Kalkaska, Wexford,
Lake, Mason, Manistee, Oceana, Newaygo,
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For Montcalm, Gratiot, Clinton Counties

NEW HEALTH OFFICER/CONTACT INFO:

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