

Background Information for the Enforcement Accommodation of the January 11, 2022 COVID-19 Prevention in Educational Settings Reconciliation Order

- Healthcare providers and public health providers rely heavily on the information provided by the CDC to guide their practice. Local health departments must interpret, synthesize, and apply the guidance based on a multitude of factors, including local conditions.
- When the CDC released its updated Isolation and Quarantine Guidance for the general public, they clarified that setting-specific guidance, including guidance for educational settings, was still to come, acknowledging that there are things that make the school setting distinct and unique. MDHHS followed suit.
- Both the CDC and MDHHS, as well as the US Department of Education, have continued to recommend that all persons in the K-12 educational setting wear face masks, regardless of vaccination status, as one of *multiple layers* of protection from transmission of SARS-CoV-2 (the virus that causes COVID-19) in the educational setting.
- The subsequent CDC and MDHHS updated school guidance on isolation and quarantine includes the presence of **universal masking in the educational setting** as one of these layers of protection, leaving local health departments to interpret the guidance to apply to settings where this layer is not in place, while ensuring the presence of other safeguards to reduce transmission of the virus.
 - When one layer of protection from transmission is removed (e.g., masks on everyone), another should take its place (e.g., stricter isolation and quarantine protocols).
 - If the need to remove another layer arises, such as during a time of critical staffing shortages, (e.g., shorter isolation and quarantine periods despite no universal masking), another should take its place (e.g., a negative test before returning to the educational setting where not everyone is masked).
- OCDPH has reviewed, synthesized, interpreted, and applied guidance from multiple entities, including the CDC and MDHHS, in the context of a variety of factors including ongoing high community transmission of SARS-CoV-2, the presence of an apparently more transmissible new variant of concern (Omicron), and continued strain on local healthcare systems. Some of this guidance is public facing on the websites of the CDC and MDHHS, and some of it requires closer examination and clinical expertise to summarize and present in a concise, applicable manner. Such is the role of public health professionals.
- Below are links to some of the information that informs OCDPH decisions when considering public health guidance and requirements for educational settings. This is not an exhaustive list but may provide a broader context for some questions that have arisen about how and why the order seems different from CDC guidance.
 1. [Quarantine and Isolation Guidance for the General Public:](https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html) <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>
 2. [Guidance for COVID-19 Prevention in K-12 Schools:](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#anchor_1625661937509) https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#anchor_1625661937509
 3. [Overview of COVID-19 Isolation for K-12 Schools:](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-contact-tracing/about-isolation.html) <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-contact-tracing/about-isolation.html>
 4. [Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs – Updated:](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html) https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html
 5. [Toolkit for Responding to COVID-19 cases:](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/K-12-contact-tracing.html) <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/K-12-contact-tracing.html>

6. [MI Safer Schools Guidance for Managing COVID-19 Exposures in the K-12 schools:](https://www.michigan.gov/documents/coronavirus/MI_Safer_Schools_Guidance_for_Managing_Students_Exposed_to_COVID-19_734750_7.pdf)
[https://www.michigan.gov/documents/coronavirus/MI Safer Schools Guidance for Managing Students Exposed to COVID-19 734750 7.pdf](https://www.michigan.gov/documents/coronavirus/MI_Safer_Schools_Guidance_for_Managing_Students_Exposed_to_COVID-19_734750_7.pdf)
7. [US Department of Education COVID-19 Handbook:](https://www2.ed.gov/documents/coronavirus/reopening.pdf)
<https://www2.ed.gov/documents/coronavirus/reopening.pdf>

Highlights from the above resources that emphasize the importance of masking as part of a layered prevention strategy:

From [COVID-19 Prevention Strategies Most Important for Safe In-Person Learning in K-12 Schools](#)

- Schools are an important part of the infrastructure of communities. They provide safe and supportive learning environments for students that support social and emotional development, provide access to critical services, and improve life outcomes. They also employ people, and enable parents, guardians, and caregivers to work.
- Though COVID-19 outbreaks have occurred in school settings, multiple studies have shown that transmission rates within school settings, **when multiple prevention strategies are in place**, are typically lower than—or similar to—community transmission levels.
- CDC’s science brief on [Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs](#) summarizes evidence on COVID-19 among children and adolescents and what is known about preventing transmission in schools and Early Care and Education programs.
- With the burden of COVID-19 transmission, **protection against exposure remains essential in school settings**. Because of the highly transmissible nature of SARS-CoV-2, along with mixing of vaccinated and unvaccinated people in schools, **CDC recommends universal indoor masking for all* students (ages 2 years and older), teachers, staff, and visitors to K-12 schools, regardless of vaccination status.**
- Schools should work with [local public health officials](#), consistent with applicable laws and regulations, including those related to privacy, to determine the **additional prevention strategies** needed in their area by monitoring [levels of community transmission](#) (low, moderate, substantial, or high) and local [vaccine coverage](#), and use of screening testing to detect cases in K-12 schools.
 - For example, with a low teacher, staff, or student vaccination rate, and without a screening testing program, schools might decide that they need to continue to maximize physical distancing or implement screening testing **in addition to mask wearing**.

From the Science Brief on [Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs](#)

The studies in this review describe school operations when multiple, layered prevention strategies were in use including **universal masking policies**, limited class sizes, and cohorting. The studies are also not limited to experiences in the United States and **do not account for new variants** of the virus. **This context is important to consider when reviewing this summarized science.**

Significant secondary transmission of SARS-CoV-2 infection has occurred in school settings when prevention strategies are not implemented or are not followed:

- In Israel, prior to vaccine introduction, a school was closed less than two weeks after reopening when two symptomatic students attended in-person learning, leading to 153 infections among

students and 25 among staff members, from among 1,161 students and 151 staff members that were tested. Importantly, prevention strategies were not adhered to – including **lifting of a mask requirement** because of a heat wave, classroom crowding, and poor ventilation.

Prevention strategies and school in-person learning:

- CDC guidance identifies multiple prevention strategies that schools can implement in a **layered** approach to promote safer in-person learning and care. These include promoting vaccination, consistent and correct use of masks for people who are not fully vaccinated, physical distancing, screening testing in schools to promptly identify cases, improved ventilation, handwashing and respiratory etiquette, staying home when sick and getting tested, contact tracing in combination with isolation and quarantine, and routine cleaning with disinfection under certain conditions.
- When prevention strategies are consistently and correctly used, the risk of SARS-CoV-2 transmission in the school environment is decreased.
 - **Use of multiple strategies – also called layered prevention – provides greater protection in breaking transmission chains than implementing a single strategy.**
 - CDC guidance recommends **layering** multiple prevention strategies, especially in areas with moderate to high community transmission, low vaccination rates, and for people who are not fully vaccinated.
- Studies of SARS-CoV-2 transmission in schools that consistently **implemented layered prevention strategies [including mask use]** have shown success in limiting transmission in schools.
- When a **combination** of effective prevention strategies is implemented and *strictly adhered to* in the K-12 in-person learning environment, the risk of transmission in the school setting appears to be lower than or equivalent to the transmission risk in other community settings.
- Evidence to date suggests that when prevention strategies **are layered and implemented with fidelity**, transmission within schools and ECE programs can be limited. Information on transmission patterns following the uptake of COVID-19 vaccines and the experiences of schools as they use different mixes of effective prevention strategies to address COVID-19 will help refine guidance.
- Reducing SARS-CoV-2 transmission in schools and ECE programs is a shared responsibility. Schools and ECE programs can limit transmission by layering the following effective prevention strategies:
 - [Promoting COVID-19 vaccination](#) for those eligible
 - [Consistent and correct use of masks](#) by people who are not fully vaccinated
 - [Physical distancing](#) among people who are not fully vaccinated
 - [Screening testing](#) in K-12 schools
 - Improving [ventilation](#)
 - [Handwashing](#) and [respiratory etiquette](#)
 - Staying home when sick and getting tested
 - Testing and [contact tracing](#) in combination with [isolation](#) and [quarantine](#), including Test to Stay as appropriate
 - Routine [cleaning with disinfection](#) under certain conditions.
- **Implementing these strategies is particularly important in areas with moderate, substantial, or high transmission rates and low vaccination coverage, and to protect people who are not fully vaccinated.** CDC has developed guidance that administrators in K-12 schools and ECE programs can use to help protect students, teachers, and staff; slow the spread of SARS-CoV-2; and support in-person learning and care.

From [What We Know About Quarantine and Isolation](#)

On testing to end isolation:

- If an individual has access to a test and wants to test, **the best approach is to use an antigen test towards the end of the 5-day isolation period.** If your test result is positive, *you should continue to isolate until day 10.* If your test result is negative, you can end isolation, but continue to wear a well-fitting mask around others at home and in public until day 10.
- To limit spread to other people you are in [close contact](#) with (e.g., co-workers or people you live with, especially if there are individuals who are unvaccinated or immunocompromised), CDC recommends always wearing a [well-fitting mask](#) for 10 days following your positive test result (if asymptomatic). If you are symptomatic with COVID-19, CDC also recommends wearing a [well-fitting mask](#) for 10 days following your onset of symptoms to limit spread to others in the home or other [close contacts](#).
- [Tests for SARS-CoV-2](#) are best used early in the course of illness to diagnose COVID-19 and are not authorized by the U.S. Food and Drug Administration (FDA) to evaluate duration of infectiousness.
 - Some people may remain positive by *PCR test* long beyond the period of expected infectiousness.
 - The significance of a positive or negative *antigen test* late in the course of illness is less clear; **while a positive antigen test likely means a person has residual transmissible virus and can potentially infect others, a negative antigen test does not necessarily indicate the absence of transmissible virus.**
 - As such, regardless of the test result, wearing a [well-fitting mask](#) is still recommended.

On wearing a mask even at home during quarantine or isolation:

- Throughout the pandemic, CDC has always recommended that during periods of isolation or quarantine, **all members of the household should properly wear a [well-fitting mask](#), even inside the home, to reduce risk of spread within the household.**
- If possible, one member of the household should care for the person who is in isolation or quarantine to limit potential exposures. This is especially important if there are people in your home who are unvaccinated, vaccinated and not yet boosted, or [immunocompromised](#).
- **People should continue to wear a mask and limit contact with those in their household for 10 days following detection of SARS-CoV-2 infection or for 10 days after coming into [close contact](#) with someone with COVID-19.**
- Everyone should continue to follow current recommendations for [general mask guidance](#).