

# Ottawa County Interim COVID-19 School Guidance for the 2021-2022 School Year

Updated October 6, 2021

## *Intended Audiences: K-12 School Leaders and Administrators*

### **Goal:**

K-12 Schools are an institution in Ottawa County that encompass over 60,000 people, including staff, faculty, and students. No other local public institution has the same reach, complexity, or impact on our community. The Ottawa County Department of Public Health (OCDPH) recognizes that the school population is unique, that academics are essential, and that in-person learning is ideal for most students, staff, and parents.

The mutual responsibility of schools and local public health to care for the health and safety of members of our community is embedded in various codes. Schools are charged with the responsibility to provide “[for the safety and welfare of pupils](#)” while local public health has the duty to “[continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups](#)”.

These shared duties necessitate an ongoing partnership between schools and public health – a relationship vital for a safe and successful return to the classroom.

*OCDPH’s goal is to return as many students as possible to in-person learning while prioritizing the health and safety needs of the school population and greater community.*

### **Recommendations by Public Health and Medical Organizations:**

The Centers for Disease Control and Prevention’s (CDC) “[Guidance for COVID-19 Prevention in K-12 Schools](#)” highlights the need to have layered prevention strategies that include universal indoor masking in schools, physical distancing of at least 3 feet, and various other non-pharmaceutical interventions.

The Michigan Department of Health and Human Services’ (MDHHS) “[Interim Recommendations for Operating Schools Safely When There is COVID-19 Transmission](#)” also includes a recommendation for layered prevention strategies and reiterates that some communities may have prevention requirements directed by the local health department.

The American Academy of Pediatrics published “[COVID-19 Guidance for Safe Schools](#)” that specifically recommends COVID-19 vaccination for everyone eligible, universal masking at school, and additional measures to ensure holistic health for students and school staff.

## Summary of Required and Recommended Prevention Strategies in Schools:

OCDPH advises schools to implement prevention strategies in a layered and measured approach. Layering multiple strategies provides increased safety and protection for staff and students. Table 1 below provides a synopsis of required and recommended prevention strategies along with additional details for each. Schools should consider the make-up of their personnel and student bodies when making final decisions for implementation. Consideration should be given to current CDC Indicators for Thresholds for Community Transmission of COVID-19 (see page 3), vaccination rates, vulnerability of populations served, and ability to consistently support and integrate prevention strategies.

**Table 1. Required and Recommended COVID-19 Prevention Strategies in K-12 Schools**

Status	Mitigation Strategy	Additional Details	
Required <sup>1</sup>	Isolation of COVID-19 Cases	Required per <a href="#">OCDPH Public Health Order</a>	
	Quarantine of Outbreak and Household Close Contacts		
	Contact Tracing		
	Public Posting of COVID Prevention Plan by School District		
	Face Mask Worn Indoors by Students, Staff and Visitors in Grades Pre-K through 6 <sup>th</sup> 2, 3		
	Notification of Close Contacts		Responsibility of Local Health Department per <a href="#">MDHHS Order</a>
	Public Posting of COVID Case Counts in Schools		Responsibility of Schools per <a href="#">MDHHS Order</a>
Recommended	Screening Testing	Recommendations dependent on risk group and Community Transmission Levels as defined by the CDC.	
	Quarantine of All Close Contacts	Recommended throughout.  <i>In K-12 schools, the close contact definition is reduced to &lt;3 feet when both parties are appropriately masked AND other prevention strategies are in place. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.</i>  <i>Fully vaccinated people who have a known exposure to someone with COVID-19 should get tested 3-5 days after exposure, regardless of symptoms, and wear a mask in public indoor settings for 14 days or until they receive a negative test result.</i>	
	Promoting Vaccination	Recommended throughout.	
	Wearing Masks Consistently and Correctly		
	Physical Distancing/Cohorting		
	Exclusion of Ill (stay home when sick)		
	Handwashing & Respiratory Etiquette		
	Cleaning and Disinfection		
Improving Ventilation			

<sup>1</sup> Not all applicable requirements may be listed here.

<sup>2</sup> Face Masks must be worn during school supported transportation. CDC order applies to all public transportation inclusive of conveyance by school bus; face masks must be worn by all buses operated by public and private school systems.

<sup>3</sup> Persons who are medically unable to tolerate wearing a face mask can seek a waiver signed by a Michigan licensed Medical Doctor (MD) or Doctor of Osteopathy (DO) that indicates a medical reason for exemption from the requirement. See Appendix A on page 7 for a sample of an acceptable medical waiver.

For additional guidance on measures such as: supporting those with disabilities or other healthcare needs, visitors, food service and school meals, recess and physical education, sports and extracurricular activities, and vaccination verification, please see the CDC Guidance for COVID-19 Prevention found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>.

### Why follow *recommendations*?

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 follow *requirements*?

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.
- (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](#)].

### Monitoring Community Transmission & COVID-19 Activity:

Local public health will provide ongoing monitoring of community transmission in Ottawa County and the surrounding region. This activity will allow the OCDPH to support school superintendents and administrators in making informed decisions that are best for school operations, students, and staff. OCDPH will provide updates and adjust recommendations based on the CDC’s predesignated indicators and thresholds for [community transmission of COVID-19](#). If COVID-19 activity escalates and additional control measures are needed, OCDPH may adjust recommendations and requirements or enact further prevention strategies.

**Table 2. CDC Indicators and Thresholds for Community Transmission of COVID-19**

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	10-49	50-99	≥100
Percentage of NAATs <sup>1</sup> that are positive during the past 7 days	<5.0%	5.0%-7.9%	8.0%-9.9%	≥10.0%

Level of Community Transmission: This metric \*\* uses two indicators for categorization (1. Total number of new cases per 100,000 persons within the last 7 days and 2. Percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the last 7 days). <sup>1</sup>NAAT remains the “gold standard” for clinical diagnostic detection of SARS-CoV-2 and includes viral testing such as Nucleic Acid Amplification Tests (NAATs), which include reverse transcriptase-polymerase chain reaction (RT-PCR) tests. Total number of new cases per 100,000 persons within the last 7 days is calculated by adding the number of new cases in the county (or other administrative level) in the last 7 days divided by the population in the county (or other administrative level) and multiplying by 100,000. Percentage of positive diagnostic and screening NAAT during the last 7 days is calculated by dividing the number of positive tests in the county (or other administrative level) during the last 7 days by the total number of tests resulted over the last 7 days. If the two indicators suggest different transmission levels, the higher level is selected.

**To obtain the current CDC Threshold for Ottawa County, please visit the following CDC website and search for Ottawa County:**

[CDC COVID Data Tracker](#)

## Considerations:

For schools choosing to utilize prevention strategies that involve masking, efforts should be made to provide a safe and welcoming environment that reduces stigma associated with wearing or not wearing masks. Monitor student and staff behavior for bullying and work to reduce resentment toward persons whose COVID-19 infections result in quarantine events.

Having masks available at school ensures that students and staff are able to have a clean mask every day. Masks are available at no cost for schools through a partnership with public health departments and intermediate school districts.

Per the Council for State and Territorial Epidemiologists (CSTE) case definition for COVID-19 proposed in July of 2021, only testing conducted by a CLIA-approved entity will be considered a confirmed or probable case. Testing by a non-CLIA approved entity (e.g., at home test kits) should not be used to confirm or rule-out COVID-19 infection for exclusion or return-to-school purposes.

Quarantined close contacts who remain symptom-free on the 7<sup>th</sup> day following their last exposure to a COVID-19 case in their household or as part of a school-associated outbreak may return to school on day 8 if they continue to monitor for symptoms through day 14 and provide the school with evidence of a negative result from a COVID-19 PCR test for a specimen taken on the 5<sup>th</sup> day or later following the exposure. The laboratory result must include: name of close contact, close contact date of birth, date of specimen collection, type of test, test result and laboratory name. *Schools must retain the laboratory record for a minimum of 30 days.*

“Close contact” means being within 6 feet of someone who is a COVID-19 case for a total of 15 minutes or more over a 24-hour period. “Close contact” also means engaging in sport activities with unavoidable frequent physical contact with someone who is identified as a COVID-19 case. In the K-12 indoor *and outdoor* classroom setting only, an exception to the close contact definition excludes students who were within 3 to 6 feet of an infected student where:

- Both students were engaged in consistent and correct use of well-fitting 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 in K-12 schools does not apply to teachers, staff, or other adults in the indoor *or outdoor* classroom setting.

In rare instances OCDPH may recommend or require quarantine based on extenuating circumstances, particularly when there is an accumulation of factors that can influence a person’s risk of exposure to COVID-19, including the type, proximity, and duration of their exposure, environmental factors (such as crowding and ventilation), vaccination status, prior COVID-19 infection, and mask use. This is applicable to all school settings including athletics and non-athletic extracurriculars.

When considering the removal of one or more prevention strategies, remove them individually to carefully evaluate the effect on the health and safety of the school environment before removing another prevention strategy. Because a layered approach is ideal, a maximum number of prevention strategies should be used.

Schools should designate one or more staff to serve as COVID-19 liaisons with OCDPH and a method for communicating COVID-19 case and close contact information.

For information on how to manage symptomatic staff or students, see Figure 1 on page 6.

**Additional Guidance, Resources, & Reference Materials:**

Recommendations and prevention categories and strategies identified previously correspond with and are based upon the following MDHSS & CDC guidance documents.

MDHHS issued a brief guidance document on June 25, 2021 and updated on August 2, 2021.

[https://www.michigan.gov/documents/coronavirus/COVID-19\\_Guidance\\_for\\_Operating\\_Schools\\_Safely\\_728838\\_7.pdf](https://www.michigan.gov/documents/coronavirus/COVID-19_Guidance_for_Operating_Schools_Safely_728838_7.pdf)

MDHHS When to Wear a Mask (Revised August 4, 2021)

[MDHHS\\_Face\\_Mask\\_Recommendations\\_5.20.21\\_725941\\_7.pdf \(michigan.gov\)](https://www.michigan.gov/documents/coronavirus/MDHHS_Face_Mask_Recommendations_5.20.21_725941_7.pdf)

CDC guidance for COVID-19 Prevention in Kindergarten (K) -12 Schools. Updated July 9, 2021.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

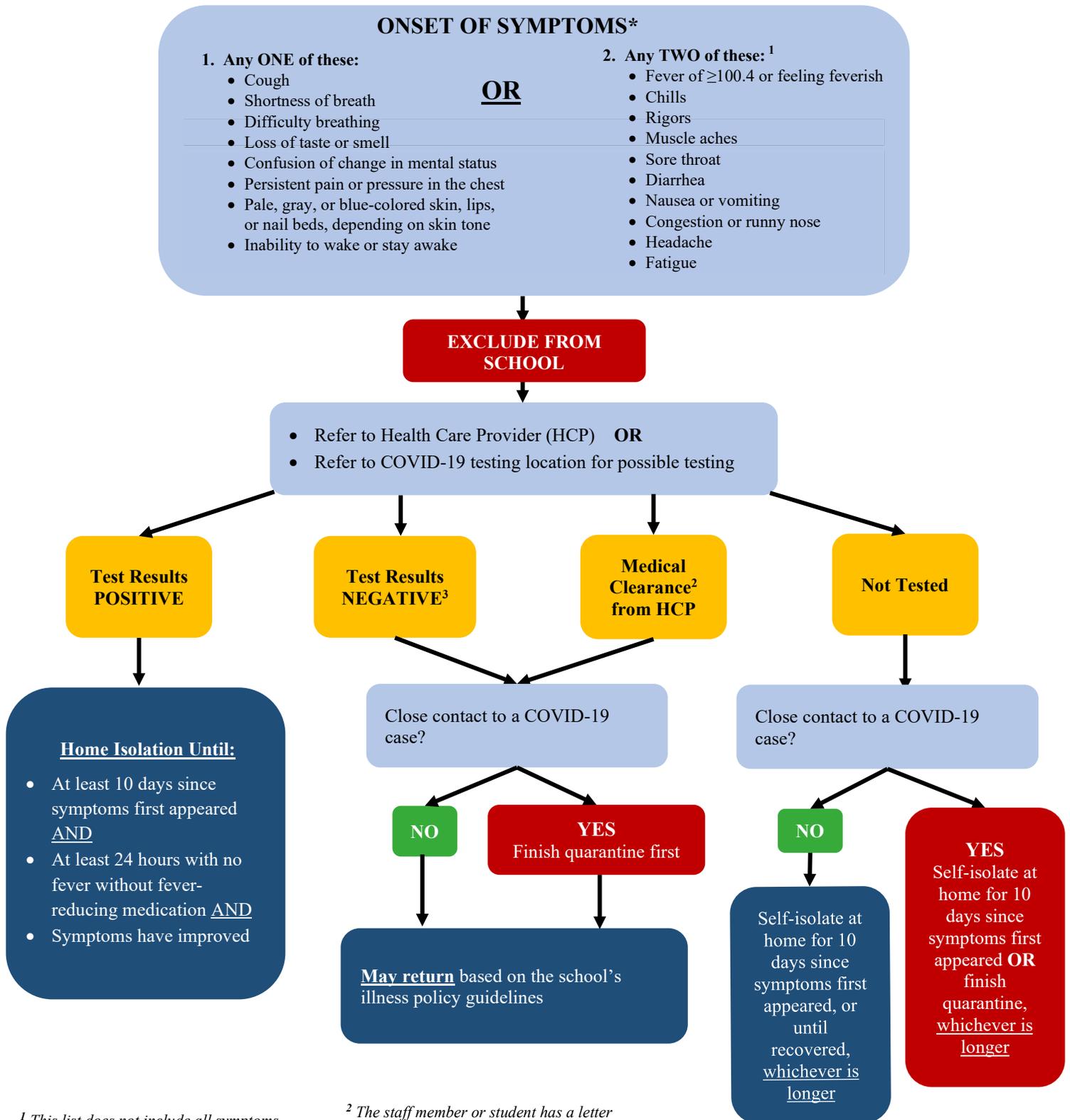
MMWR. Disparities in Learning Mode Access Among K-12 Students During the COVID-19 Pandemic, by Race/Ethnicity, Geography, and Grade Level. Issued June 29, 2021.

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7026e2.htm>

Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs – Updated July 9, 2021.

[https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission\\_k\\_12\\_schools.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Fscience-and-research%2Ftransmission\\_k\\_12\\_schools.html#print](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Fscience-and-research%2Ftransmission_k_12_schools.html#print)

**Figure 1. Flowchart for Symptomatic Individuals (Students or Staff Members)**



<sup>1</sup> This list does not include all symptoms of COVID-19. It is possible for people with COVID-19 to have no, or almost no, symptoms. If you have any new symptom, you are encouraged to seek testing or consult your HCP for an alternative diagnosis.

<sup>2</sup> The staff member or student has a letter that 1) states the individual is not considered to have COVID-19, and 2) gives medical permission for the individual to return to school, and 3) provides a specific return to school date, and 4) is signed or countersigned by an NP, PA, MD or DO.

<sup>3</sup> If a person is symptomatic and has a negative COVID-19 test for return to school, they should provide an official lab result including patient name, date of birth, laboratory name, test type, date of test and test result.

\*CSTE Proposed Clinical Criteria: [https://cdn.ymaws.com/www.cste.org/resource/resmgr/21-ID-01\\_COVID-19\\_updated\\_Au.pdf](https://cdn.ymaws.com/www.cste.org/resource/resmgr/21-ID-01_COVID-19_updated_Au.pdf)

**Appendix A.**

**MEDICAL WAIVER FOR FACE MASKS**

Persons who are medically unable to tolerate wearing a face mask can seek a waiver signed by a physician that indicates a medical reason for exemption from the requirement.

**PLEASE COMPLETE TOP SECTION BEFORE GIVING IT TO YOUR HEALTHCARE PROVIDER**

<p><b>PLEASE PRINT ALL INFORMATION</b></p> <p>Student/School Staff Name: _____</p> <p>Date of Birth: _____</p> <p>School Name: _____</p>
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The above-named individual requires documentation from a medical or osteopathic doctor that they are unable to wear a face covering during the 2021-2022 school year due to a medical condition. The school requires this documentation as they do with any other accommodation. We appreciate your time and assistance in this matter.

The above-named individual **cannot** medically tolerate a face covering due to the following qualifying medical conditions:

\_\_\_\_\_

If unable to medically tolerate a face covering, this student/staff member **is able** to use a face shield:

- Yes                       No                       Other

If No, why not: \_\_\_\_\_

If Other, please explain: \_\_\_\_\_

Printed Name of MD/DO: \_\_\_\_\_

Signature of MD/ DO: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby agree with and authorize any restrictions or limitations described above pertaining to my child or ward.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**Revision History:**

<b>Date</b>	<b>Revision(s)</b>
August 20, 2021	Table 1 on page 2: Added OCDPH requirement to wear face masks indoors for all pre-kindergarten through 6 <sup>th</sup> grade students, staff and visitors. On page 3: Added a consideration for schools to supply face masks at school to ensure clean mask daily. Added Appendix A to provide a template medical mask waiver form.
August 24, 2021	Added Appendix B to provide a template notification of exposure letter for identified close contacts, consistent with MDHHS order.
October 6, 2021	Removed Appendix B as OCDPH no longer using Traceforce for notification of close contacts. OCDPH now using teletask for notification of close contacts.