



2021-2022 Summary of Guidance for K-12 Schools

This guidance has been updated 3/17/2022 and is subject to change based on new recommendations from MDHHS, CDC, local trends, or new information regarding COVID-19.

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Recommendations

This guidance involves responsive and layered prevention strategies to reduce the risk of COVID-19 transmission to students, staff, and the greater community. Local school districts should implement preventive strategies based on an ongoing assessment of:

- 1) [the current community COVID-19 level](#),
- 2) the current level of in-school transmission of COVID-19, and
- 3) the capacity of the school's facilities, staff, and resources.

Prevention strategies include staying home when sick, vaccination, mask use, physical distancing and cohorting, regular screening and testing when appropriate, ventilation, handwashing and respiratory etiquette, contact tracing and appropriate isolation and quarantine, and cleaning and disinfecting.

School-based prevention strategies may change throughout the school year, particularly as COVID-19 transmission changes or we learn more about the virus and its impact locally.

WCHD works with schools to monitor COVID-19 cases, local trends, and outbreaks, and to provide situation-specific guidance. WCHD encourages schools to prioritize in-person instruction while implementing available preventive measures to reduce transmission.

Requirements

Some things are required for schools:

- Positive COVID-19 cases (confirmed or probable) and close contacts, must be excluded from school based on the [Michigan Public Health Code: 333.5201](#) and the [Michigan Administrative Code](#) (starting on p. 5) unless additional mitigation efforts, outlined by the CDC, MDHHS, and WCHD, are implemented.
- Case notification to the Washtenaw County Health Department is required by the Michigan Administrative Code.
- Notification of clusters/outbreaks to the Washtenaw County Health Department is required by the Michigan Administrative Code.
- Standard school infectious disease policies mandate requiring students and staff to stay home when sick or exposed and at risk of developing disease.



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- Clinical spaces, whether permanently in a school, or temporary (as when the health department visits a school) must follow the regulations from OSHA regarding masking. Currently, these can be found here: <https://www.osha.gov/coronavirus/ETS#:~:text=On%20June%2021%2C%202021%2C%20OSHA,healthcare%20or%20healthcare%20support%20services.>

Masking Overview

When community COVID-19 levels, as [defined by the CDC](#), are in the “green” (low) or “yellow” (medium) levels, mask use is optional. In certain situations, schools may want to enforce masking even at these levels—for instance, for staff working in special education classrooms with medically fragile/vulnerable students; or as directed by the health department during outbreaks or other specific situations.

Universal masking is highly recommended when community transmission levels, as defined by the CDC, are at the “orange” (high) level.

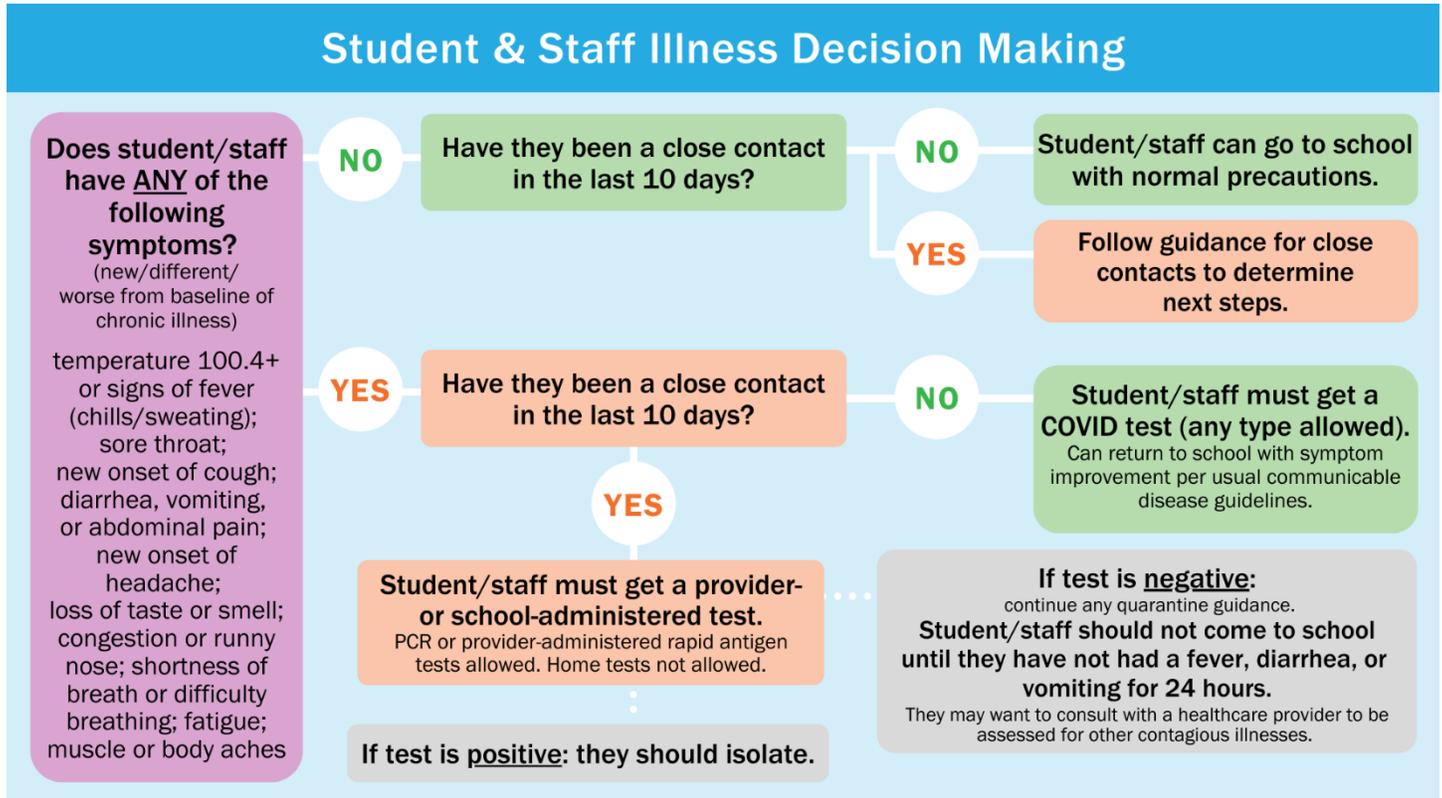
At all community levels, staff and students who feel more comfortable wearing a mask because of their own or their family’s health risks, because they are unvaccinated, or because they want to, should be encouraged to feel comfortable masking in school.

At all community levels, it is important to continue to prioritize vaccinations and to test individuals who are showing symptoms. Individuals who have tested positive or are close contacts will need to wear a mask in school during the contagious period, as described below. Masks should fit well and be comprised of multiple layers (surgical, KN95, and N95 masks offer better protection than cloth masks).



What to do if someone is sick

Here is a general overview of guidance for students and staff. Additional next steps for each situation may need to be discussed with WCHD case investigators. See usual communicable disease guidelines (referenced below) [here](#).



What to do if someone tests positive (exclude from school)

Here is a general overview of guidance for students and staff, regardless of vaccination status. See guidance for the general public as a printable PDF here: [English \(bit.ly/COVIDiq\)](https://bit.ly/COVIDiq), [Spanish](#), [Arabic](#), [Simplified Chinese](#), [French](#)

- Isolate at home for at least 5 days after symptom onset
 - Day 0 is the day symptoms started or test sample was collected. See calendar in the appendix for how to count days after testing positive.
- On day 5, does case have no symptoms or symptoms are improving?
 - If yes, can return to school on day 6. Continue to wear a well-fitting mask around others through day 10.
 - If no, should NOT return to school- remain at home until symptoms improve or 10 days have gone by since tested positive or first developed symptoms. If case has a fever, do not return to school until fever goes away.
 - "Improving symptoms" means symptoms have gotten noticeably better. Some symptoms (like fatigue and loss of smell) may last a longer time.
- WCHD strongly recommends that neither students nor staff return to school if they are still feeling ill. If rapid testing is available, it is safest to take a rapid antigen test on day 5 of isolation and return only if it is negative.
- Continue to wear a mask around others on days 6-10.
 - When a student or staff returns to school between days 6 and 10, they should wear a KN95, N95, or surgical mask, rather than a cloth mask.
 - If a student or staff returns on Day 6 after testing positive, they must wear a mask at all times, except while eating. They can participate in extra-curricular activities to the extent that they can do so while wearing a mask. If they cannot wear a mask (e.g., while swimming or wrestling), they cannot participate until day 11.
- Those who cannot wear a mask for any reason during days 6-10 cannot return to school until day 11.

Additional recommendations

Taking these extra steps can further reduce risk of spreading COVID-19 to others.

- Take a rapid antigen test on day 5 of isolation.
 - If negative, end isolation on day 6 and wear a mask around others through day 10.
 - If positive, continue to isolate through day 10 or until one gets a negative rapid antigen test result, if wish to continue testing.
- Be more cautious for a full 10 days. Limit being around others as much as possible.
- If often around vulnerable populations (e.g., immunocompromised students and staff):
 - Consider isolating for longer (a full 10 days).
 - If one decides to stop isolation before 10 days, take a rapid antigen test. If positive, consider isolating for the full 10 days or until test negative if one chooses to test again.

Close contact guidance for the K-12 community (when to exclude from school)

The guidance below applies to all members of the K-12 community (students, staff, teachers, etc.).

Decision Making for Students and School Staff

Here is a general overview of guidance for those in the K-12 community who were potentially exposed to someone with COVID-19. Guidance for close contacts depends on exposure setting.

- In most school settings, no contact tracing is required. This includes most in-school contacts, including classrooms, buses, lunch, carpooling, and most extra-curricular activities. Send a general notification letter to the class or school that individuals should closely monitor symptoms for 10 days; they do not need to quarantine at home. No additional contact tracing required.
- In the following settings, complete contact tracing and follow the guidance below. If you have questions, please reach out to WCHD.
 - Household and personal/social contacts of a positive case (regardless of vaccination status):
 - Monitor for symptoms for 10 days.
 - Masking is required for the full 10 days.
 - Test to stay (TTS) is recommended at least 3x/week. If TTS is not possible, recommend testing minimally once between days 3-7.
 - Outbreaks/clusters: if there are 3 or more cases within a class/group (or 10% or more of the class), everyone in the class/group should be considered a close contact (regardless of vaccination status).
 - Monitor for symptoms for 10 days.
 - Masking is required for the full 10 days.
 - Test to stay (TTS) is recommended at least 3x/week. If TTS is not possible, recommend testing minimally once between days 3-7.
- Other exposure settings (community, work, etc.), follow the guidance below.
 - Monitor for symptoms for 10 days.
 - Test if symptoms develop.
 - Consider masking for 10 days. At a minimum, mask in settings with higher risk of exposing vulnerable individuals.

Close Contact Exclusion Notes

- Individuals without a medical mask exemption who are unwilling to mask must be excluded for a full 10 days or do test to stay for 10 days.



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- For **Special Education students**¹ who cannot mask and for students who have a medical mask exemption and are close contacts:
 - If they have completed the primary vaccine series, they can still come to school
 - If they have not completed the primary vaccine series, but they are able to test, they can do test to stay for 10 days
 - If they have not completed the primary vaccine series, and cannot mask or test, they must stay home for 10 days.
- If a positive case is unable to isolate from other household members, household members must mask for 15 days total. If household members are unable to mask they should be excluded while case is infectious (5 days), and then follow guidance above depending on if they have medical mask exemption or are a special education student.
- Additional steps for each situation may need to be discussed with Health Department case investigators. In all situations, Health Department guidance may change according to the specific circumstances or when necessary to control a large or ongoing outbreak.
- Individuals who are close contacts can participate in all activities, including sports and aftercare, and must mask at all times, except while eating. In order to unmask during activities that would otherwise be unsafe (e.g., swimming) they must be participating in test to stay.
- Positive cases should notify their non-school close contacts.

¹ Given the importance of in-school support, special attention must be paid to the requirements of special education law and the difficulties with remote instruction for significantly disabled students.

Which test can be used?

In almost all circumstances, rapid antigen tests and PCR tests are both acceptable options for testing.

You can use rapid antigen tests on symptomatic or asymptomatic individuals.

Some situations may specifically require a PCR test. A PCR test is needed when:

- Confirming a positive rapid antigen test result for someone who is asymptomatic if confirmation is necessary.
- Confirming a negative rapid antigen test result for someone who is symptomatic.
 - In this situation, another option is to have a medical evaluation to identify a different diagnosis other than COVID-19.

Some situations may specifically require a rapid antigen test. A rapid antigen test is needed when:

- Confirming that someone is no longer contagious on day 5 of isolation or later after having COVID. A PCR should not be used for 90 days after a COVID-19 diagnosis.

Additional testing notes:

- Some situations require provider-administered tests. This means a test given by a health care provider or at school. At-home tests are not acceptable in these situations.
- Most at-home rapid antigen test results are not reported to the Michigan Disease Surveillance System (MDSS) except for certain at-home tests that include an app. To ensure that tests are appropriately captured, schools should report any positive at-home antigen test results to the Health Department.

COVID-19 vaccination

WCHD strongly recommends all eligible individuals get vaccinated against COVID-19 and stay up-to-date on their COVID-19 vaccines, including boosters if eligible.

All eligible individuals who have had COVID previously should still get vaccinated and boosted. They just need to wait until their isolation is complete – in most cases, they do not need to wait 90 days to get vaccinated.

Find a vaccine clinic near you by visiting <http://bit.ly/vaxwchd> or by calling us at 734-544-6700. See even more Washtenaw County COVID-19 vaccine options by visiting <http://bit.ly/vaxlocations>.

Local pharmacies and the Regional Alliance for Health Schools clinics are also offering vaccinations.

Resources and Notes

Follow us on [Facebook](#), [Twitter](#), [NextDoor](#), or [Instagram](#) or [sign up](#) for our COVID-19 update emails for the latest local COVID-19 information.

- [CDC COVID-19 Community Levels \(https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html\)](https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html)
- [Michigan MI Safe Start Map \(mistartmap.info\)](http://mistartmap.info)
- [MDHHS K-12 School Opening Guidance \(michigan.gov/coronavirus\)](http://michigan.gov/coronavirus)
- [WCHD COVID-19 General Webpage \(washtenaw.org/covid19\)](http://washtenaw.org/covid19)
- [WCHD COVID-19 Webpage for Schools, Childcare, Camps, and Sports](#)
- [WCHD “When Should a Child be Kept Home or Sent Home from School for Illness”](#)
- [WCHD “If you test positive for COVID-19” \(includes quarantine instructions for general public\)](#)

Preschool & Childcare Guidance

Preschool and childcare settings can follow the K-12 guidance with the following exceptions/variations. This guidance is for children who are not yet old enough to be in K-12 school. If a childcare provides care for older children (e.g., aftercare) they should follow the K-12 guidance for that group of children.

NOTE: Head Start locations must follow federal requirements around masking.

Isolation

- See page 4 for detailed guidance on what to do if someone tests positive.
- Children who can mask on return can do a 5-day isolation with symptom improvement. Children who cannot mask should complete a 10-day isolation.
- During times where children do not wear masks, such as during meals, snacks, and naptime, keep children who are returning from isolation (on days 6-10) 6 feet apart whenever possible.
- Preschool/childcare **staff** who are feeling well can return on days 6-10. If they return on days 6-10, they should wear a well-fitting mask at all times except while eating. It is recommended that they wear a higher-grade mask (for example KN95, N95, KF94) or minimally a surgical mask. Cloth masks are not recommended.
- WCHD strongly recommends that neither students nor staff return to school if they are still feeling ill. For childcare staff, it is safest to take a rapid antigen test on day 5 of isolation, if possible, and return only if it is negative.

Exposure

- If there is a single positive case in a classroom, the families should be given a general notification. Nobody needs to be quarantined. Masks are strongly recommended for staff.
- If there are two or more positive cases in a classroom, the entire classroom (or pod) should be considered close contacts and are recommended to follow close contact exclusion guidance. Two or more cases in a group are considered an outbreak/cluster, and WCHD should be notified. WCHD will work closely with the school to align with best practices.
- Household/social contacts at all ages are high risk exposures.

Close Contact Exclusion

- Preschools/childcares have the following options for exclusion for **children**:
 - Preschools/childcares can choose a 10-day exclusion or a 5-day exclusion. Upon return, consistent masking is recommended for those old enough to mask through 10 days. Preschools/childcares that choose a 5-day exclusion must inform parents that not all children will be able to mask, so parents can decide if they prefer to keep their children home for 10 days.
 - Test to stay. Exposed students can remain at school if they have no symptoms and should test at least 3 times/week. Masking is recommended for those old enough to mask.



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- At the school’s discretion, children who can consistently wear a mask except while eating do not need to be excluded and can continue to attend daycare.
- Preschool/childcare **staff** (regardless of vaccination status) do not need to be excluded. They should follow the guidance below.
 - Monitor for symptoms for 10 days.
 - Masking is required for the full 10 days.
 - Test to stay (TTS) is recommended at least 3x/week. If TTS is not possible, recommend testing minimally once between days 3-7.

Close Contact Exclusion Notes

- If a positive case is unable to isolate from other household members, household members must mask for 15 days total. If household members are unable to mask they should be excluded while case is infectious (5 days) and then following guidance above regarding exclusion options

Strictly Enforce Sick Policy

Providers should continue to enforce their sick policy. The administrative rules for centers (R400.8155) and homes (R400.1919) detail rule requirements. Any child with an infectious illness should not attend childcare, regardless of whether the illness is COVID-19. For children with chronic conditions, a positive screening should represent a change from their typical health status.

Appendix

HOW TO COUNT DAYS AFTER TESTING POSITIVE						
SUN	MON	TUE	WED	THU	FRI	SAT
Contagious period starts		You get a positive test result or start having COVID symptoms. Start isolation.				
Day -2	Day -1	Day 0	Day 1	Day 2	Day 3	Day 4
If no symptoms or if symptoms are resolving, this could be last day of isolation	If no symptoms or if symptoms are resolving, done with isolation*					
+ Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11

*Continue to wear a well-fitting mask when around others (including household members) until Day 11. If you cannot wear a mask, continue to isolate until Day 11.

+ WCHD recommendation: take a rapid antigen test this day to determine next steps.