

Summer 2023 COVID-19 Guidance for Schools and Childcares

Updated 6/1/2023

Tools Schools Can Use

In general, reducing COVID transmission in schools includes five strategies.

- **Staying home while sick**
- **COVID vaccination**
- **Masking**
- **Increasing ventilation**
- **Testing**

COVID-19 continues to circulate locally. COVID cases and outbreaks are expected in schools and in the community. Using these strategies can help us avoid the worst impacts of COVID.

Staying home while sick: Students and staff who feel sick should stay home and away from others as much as possible. For COVID-19 cases, exclude from school for 5 days after symptom onset AND until symptoms have improved and individual is fever-free for at least 24 hours. Mask use is strongly recommended for days 6-10. (For other illnesses, follow Michigan Department of Health and Human Services (MDHHS) guidance, [particularly the linked table on p. 11-15](#))

Vaccinations: Stay [up-to-date](#) on all recommended COVID-19 and other vaccinations. Please visit the [CDC website](#) for information about when you are due for a vaccine. We recommend vaccinations for all vaccine-preventable diseases.

Masking: For those who are able (e.g., excluding children under 2 and certain children with conditions that make it difficult to mask), masking is strongly recommended when:

1. Student or staff is a household or personal/social contact of a positive case,
2. During outbreaks/clusters, and
3. During periods of higher hospital admission levels. COVID-19 hospital admission levels (low, moderate, high) are [defined by the Centers for Disease Control and Prevention \(CDC\)](#) and are updated late in the day on Thursdays.

Choose a multilayer surgical, KN95, or N95 mask rather than a cloth mask.

Universal masking is strongly recommended when hospital admission levels are high. Schools should support anyone who wants to mask for any reason even when levels are low or moderate.

Clinical spaces, whether permanently in a school, or temporary (as when the health department visits a school) must follow the regulations from OSHA and miOSHA regarding masking.

In-school ventilation: Good ventilation, including the use of windows but also improved building ventilation systems, can decrease transmission. [Read more here](#). And here is a [one-page summary](#).

Testing: Schools can test on location using rapid antigen tests or use “backpack” testing to send tests home. Use of home and in-school testing can quickly identify cases and reduce spread to keep students and staff safer. Schools can order tests through the [MDHHS School District Antigen Test Ordering Form](#). This form can be used by public school districts, charter schools, and private/parochial schools.

School administered antigen test results must be reported to MDHHS via the [online portal](#). Results from backpack or home tests are not required to be reported. The [FDA recommends repeat, or serial, testing following a negative antigen test result](#). The best practice is to use multiple tests over a certain time period, such as 2-3 days. If performing serial antigen testing, wait 24-48 hours between tests. If it is only possible to test once, that is preferable to not testing at all.

Support from the Health Department

The Washtenaw County Health Department (WCHD) is available to help you with decision-making in complicated situations and in outbreak situations and, as needed, to navigate access to testing resources from MDHHS.

Expectations from Schools

Schools are expected to:

- Exclude student and staff COVID cases from school per state guidance. For COVID-19, exclude students and staff from school for 5 days after symptom onset AND until symptoms have improved and individual is fever-free for at least 24 hours. Mask use is recommended for days 6-10. For other illnesses, follow Michigan Department of Health and Human Services (MDHHS) guidance, [particularly the linked table on p. 11-15](#).
- Notify WCHD of outbreaks/clusters
- Families should understand that there will be occasional cases in the schools. Schools should notify smaller groups (e.g., a sports team or a classroom) when there is an outbreak/cluster. Further notification is not necessary if additional cases are identified as part of the outbreak/cluster. Notification is not required for individual positive cases if there is no outbreak.
- Have a clearly defined policy of when masking is recommended or required
- Keep a [list of absences for ALL illnesses](#), whether they are COVID, influenza, norovirus, strep throat, or other illnesses. WCHD may ask for information from it for outbreaks or other specific illnesses (e.g., pertussis). Primarily, this is a tool for the school to use to help identify outbreaks and when additional steps should be taken to contain illness.
- Report outbreaks to WCHD.

If we need information from your line list, we would expect you to have these items, at a minimum:

- Student or staff name
- Class/grade information
- Illness, if known; symptoms, if illness is not known (e.g., strep throat OR sore throat)
- Symptom onset date
- Who is reporting it (name/relationship, e.g. parent)
- Space for additional comments/notes (e.g., on football team)

Reporting Forms

Outbreak reporting using this form: bit.ly/outbreakreport. This form should be used anytime you are aware of an outbreak that exceeds 20% of a particular group (e.g., a classroom). We will be asking for details about the outbreak and detailed information on any student or staff person who is known to be hospitalized for the illness.

For situations where masking is difficult or impossible: [CDC guidance](#) goes into more detail, but states “Because mask use is not recommended for children ages younger than 2 years and may be difficult for very young children or for some [children with disabilities who cannot safely wear a mask](#), ECE programs and K-12 schools may need to consider other prevention strategies—such as improving ventilation and avoiding crowding—when the COVID-19 hospital admission level is medium or high or in response to an outbreak. K-12 schools or ECE programs may choose to implement universal indoor mask use to meet the needs of the families they serve, which could include people at risk for getting very sick with COVID-19.” It also states that “K-12 school and ECE administrators can decide how to manage exposures based on the local context and benefits of preserving access to in-person learning.”

Outbreak Guidance: K-12 Settings

10%: In general, if 10% of a group (classroom, sports team, etc.) is sick within a seven-day period, WCHD recommends that you begin masking if not already masked, especially indoors. You may want to begin testing (screening) using in-school or home testing. Notification of the group is recommended.

20%: If 20% of a group (classroom, sports team, etc.) is sick within a seven-day period, whether or not the cases are known to be connected, **report this to WCHD as an outbreak/cluster as soon as the school becomes aware of it via the Outbreak Reporting Form.** Continue or begin masking if not already masked, especially indoors. Continue or begin testing. If not done at 10%, notification of the group is required at 20% (you do not need to keep re-notifying the group, once is enough).

30%: If 30% of a group (classroom, sports team, etc.) is sick within a seven-day period, **consider closing the classroom or group, or moving remote for three to five days.** Consider asking students and staff to do three at-home rapid antigen tests during the closure period and at any time if symptoms develop. Testing can also be done at the school if the school has the capacity.

Outbreak Example:

- Over the weekend, 3 kids on a 20-person indoor sports team test positive (15%)
- Keep track of names on the school line list and submit weekly counts
- Notify the sports team
- Request the rest of the student-athletes, and coaches, do a home test the next morning
- Consider instating masking
- One more student tests positive (20%)—report an outbreak to WCHD
- Ask for another round of testing 1-2 days later
- If nobody else tests positive, testing can stop five days after the last positive test; masking should go for 10 days

Outbreak Guidance: Preschools and Day Cares

10%: If 10% of the classroom tests positive within a seven-day period (at least 2 cases), WCHD recommends serially testing at least three times after notification. Masking is recommended for those old enough to mask.

20%: If 20% of a group (classroom or the whole school) is sick within a seven-day period, **report this to WCHD as an outbreak/cluster as soon as the school becomes aware this is an outbreak via the Outbreak Reporting Form.** Continue or begin masking if not already masked for ages 2+, especially indoors. Continue or begin testing.

30%: If 30% of the classroom tests positive within a seven-day period, consider closing the classroom for three days and then test for two more days (or, alternatively, close the classroom for five days).

Please reach out to WCHD staff for complicated situations or with questions.

Frequently Asked Questions

What is the isolation guidance for students who have COVID-19 and who are unable to mask?

For students who are unable to mask, it is recommended that they complete a full 10-day isolation and return to school on day 11. They could return sooner if they have two negative rapid antigen tests collected at least 24-48 hours apart after day 5.

If students/staff return to school on days 6-10 after having COVID-19 should they eat in an isolated area for lunch?

Since they will be unmasked while eating, it is ideal if they can eat in a separate room or a separate part of the cafeteria.

If a student/staff has symptoms that could be COVID-related, are they required to get a COVID test before returning to school?

If an individual is symptomatic, WCHD recommends they get a COVID test before returning to school. Home or provider-given rapid antigen testing is okay. The family may want to consult with a healthcare provider to be assessed for other contagious illnesses (e.g., strep throat). If they test negative, it is recommended they test again 48 hours after the first negative test, for a total of at least 2 tests. They can return to school while conducting serial testing, but should wear a mask at school, if possible. If they get a negative result on the second test and they are concerned that they could have COVID-19, they may choose to test again 48 hours after the second test, consider getting a PCR test, or consult with a health care provider.

Is it still recommended that athletes who test positive get medical clearance prior to returning to their sport?

Student athletes with moderate or severe COVID-19 symptoms (>4 days of fever or muscle aches/pain) should see a medical provider before returning to athletic activities.

For outbreaks/clusters, how should testing be conducted?

WCHD recommends serially at least three times after notification, [per FDA guidance](#). If additional cases are identified and the date of last exposure is more recent, the testing period should be extended. Schools/centers can choose what type of testing to conduct. Options include in-school testing, backpack program tests, other home tests, and/or provider administered tests.

What are the recommendations for students who cannot mask and are a household contact of a positive case?

If a student who cannot mask is a household contact of a positive case, the school/center may want to ask the family to test the student serially in the mornings before school, even if the student has no symptoms. If the exposed student develops symptoms they should stay home, get a COVID test, and follow guidance for individuals with symptoms. If testing, of any type, is not feasible they can still come to school so long as they remain symptom-free.

With other questions, please follow the [CDC Guidance](#), which states in part:

Quarantine is no longer recommended for people who are exposed to COVID-19 except in certain high-risk congregate settings such as correctional facilities, homeless shelters, and nursing homes. In schools and ECE settings, which are generally not considered high-risk congregate settings, people who were exposed to COVID-19 should follow [recommendations](#) to wear a well-fitting mask and get tested. K-12 school and ECE administrators can decide how to manage exposures based on the local context and benefits of preserving access to in-person learning. Accommodations may be necessary for exposed people who cannot wear a mask or have difficulty wearing a well-fitting mask. Schools and ECE programs can also consider recommending masking and/or testing for a classroom in which a student was recently exposed who is unable to consistently and correctly wear a mask.

Quarantine is a key component to Test to Stay programs. Since quarantine is no longer recommended for people who are exposed to COVID-19 except in certain high-risk congregate settings, Test to Stay (TTS) is no longer needed. If any school or ECE program chooses to continue requiring quarantine, they may also choose to continue TTS.

Links and Resources

- [CDC K-12 schools and childcare guidance](#)
- [MDHHS communicable disease guidance](#) (see especially the table on p. 11-15)
- [WCHD schools and childcare guidance webpage](#)
- Weekly case reporting form: bit.ly/schoolweeklyreport
- Outbreak reporting form: bit.ly/outbreakreport