

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 ¹	Isolation of COVID-19 Cases	Required per OCDPH Public Health Order	
	Quarantine of Outbreak and Household Close Contacts		
	Contact Tracing		
	Public Posting of COVID Prevention Strategies Form by School District		
	Face Mask Worn Indoors by Students, Staff and Visitors in Grades Pre-K through 6 th 2, 3		
	Notification of Close Contacts		Responsibility of Local Health Department per MDHHS Order
	Public Posting of COVID New and Cumulative Case Counts in Schools		Responsibility of Schools per MDHHS Order
Recommended	Testing to Screen for COVID-19	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 <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 5-7 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) ⁴		
	Handwashing & Respiratory Etiquette		
	Cleaning and Disinfection		
Improving Ventilation			

¹ Not all applicable requirements may be listed here.

² 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.

³ 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 or visit <https://www.miottawa.org/Health/OCHD/pdf/Mask-Exemption-Information.pdf>

⁴ [Managing Communicable Diseases in Schools](#)

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](#)].

Schools should consult with their legal counsel regarding how their compliance with public health orders impacts their legal immunity status.

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 ¹ 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). ¹NAAT 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 7th 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 5th 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. Schools should ensure that they have a sufficient number of trained liaisons to provide case and close contact information to OCDPH liaisons within one business day and are accessible to assist in notification of quarantine in the event of a school-associated outbreak.

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

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)

[https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission 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)

MDHHS. Managing Communicable Diseases in Schools.

[managing cd in schools final 469824_7.pdf \(michigan.gov\)](https://www.michigan.gov/documents/coronavirus/managing_cd_in_schools_final_469824_7.pdf)

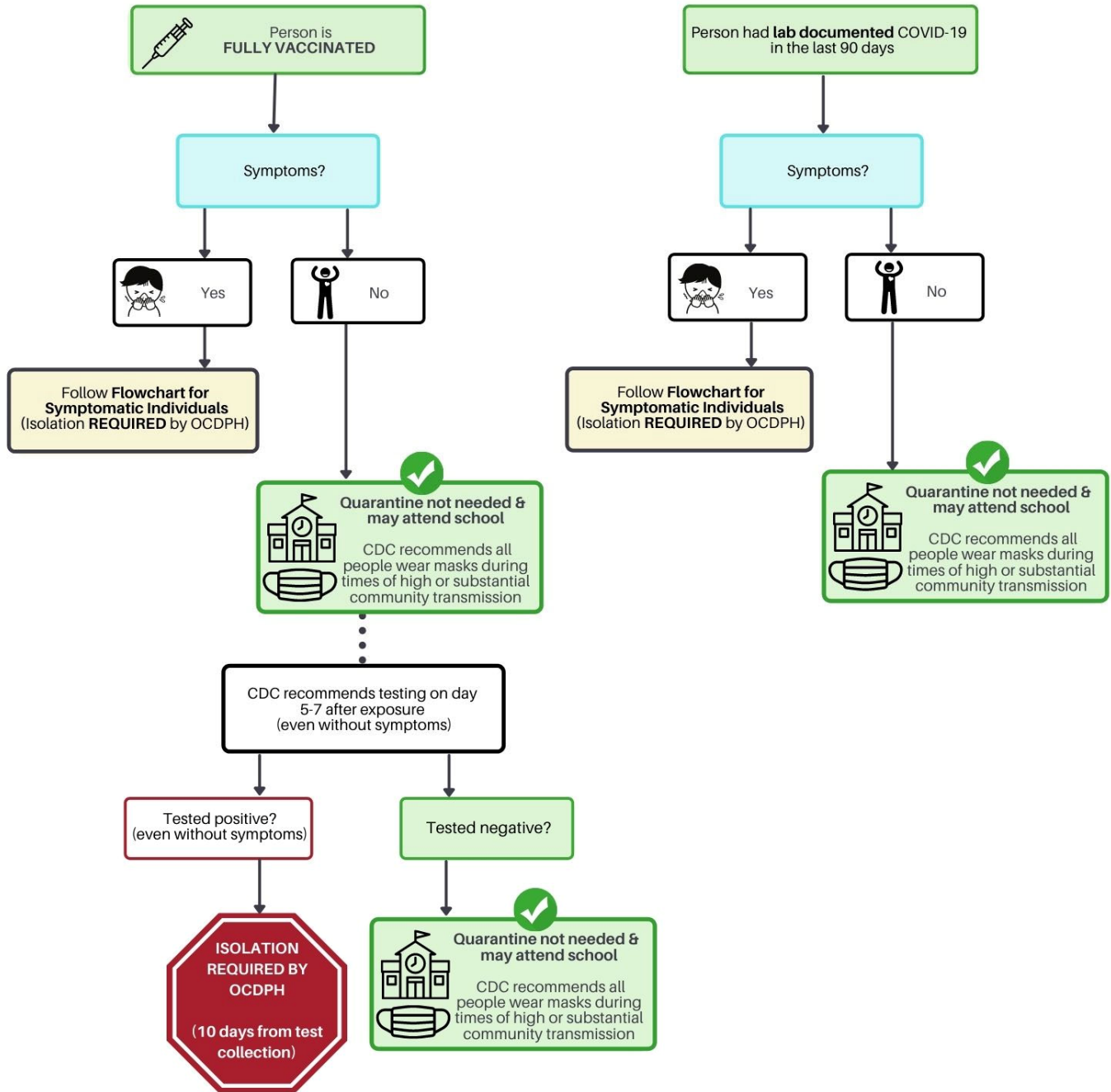
Figure 1. Flowchart for Exposed Person Who Is Fully Vaccinated (Students or Staff Members)



Exposed: Fully Vaccinated Person

or had laboratory documented COVID-19 in the last 90 days

www.miottawa.org/covid-school



Exposure flowcharts apply for student-to-student exposures ONLY. If case or contact is adult (teacher/staff/volunteer), follow CDC definitions and recommendations for contact tracing, quarantine, and isolation.

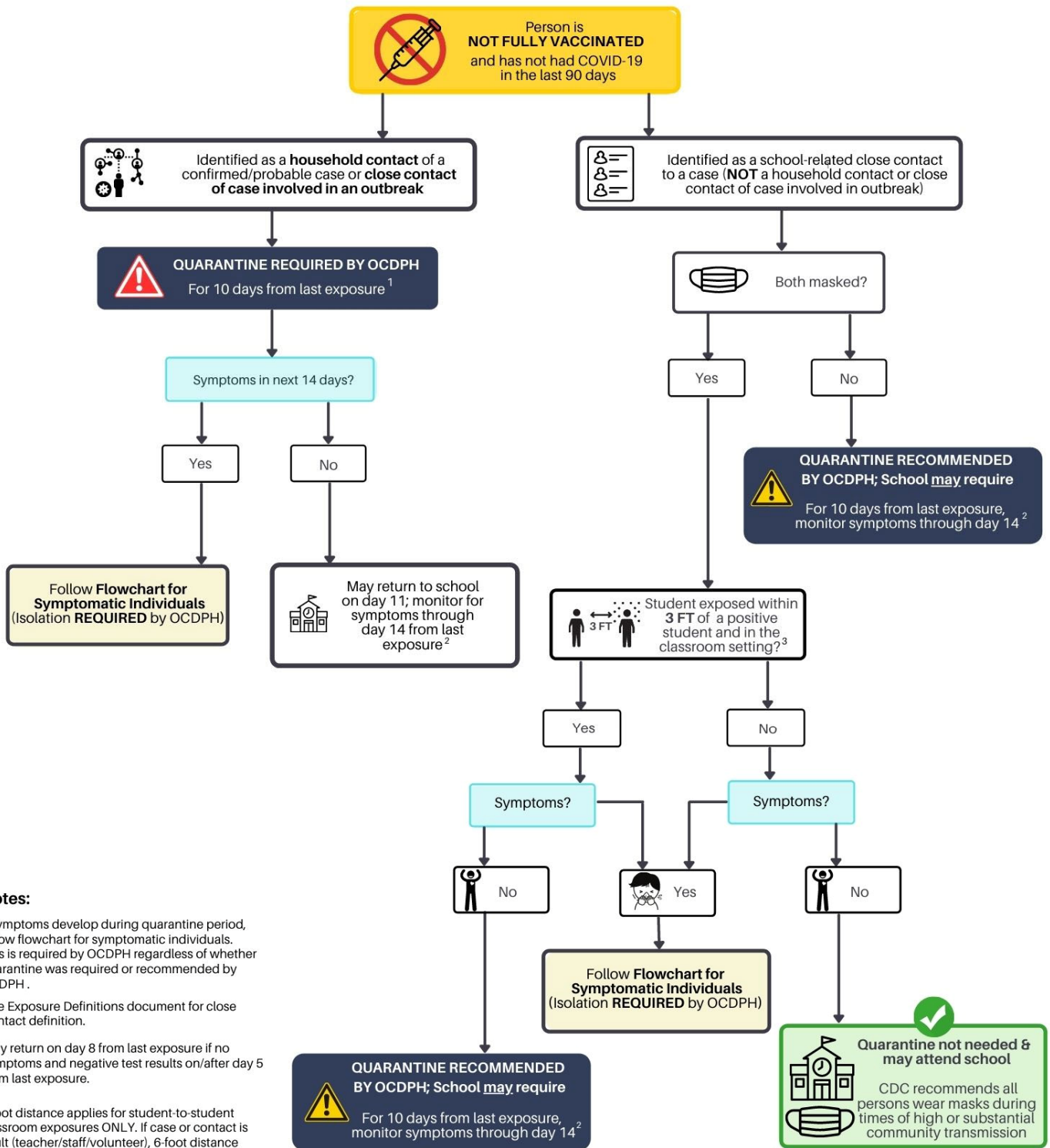
This information may change as new information becomes available from the CDC or MDHHS.

Figure 2. Flowchart for Exposed Person Who Is Not Fully Vaccinated (Students or Staff Members)



Ottawa County Department of Public Health
Exposed: NOT Fully Vaccinated Person
 and has not had COVID-19 in the last 90 days

www.mioottawa.org/covid-school



Notes:

If symptoms develop during quarantine period, follow flowchart for symptomatic individuals. This is required by OCDPH regardless of whether quarantine was required or recommended by OCDPH.

¹ See Exposure Definitions document for close contact definition.

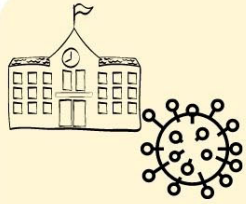
² May return on day 8 from last exposure if no symptoms and negative test results on/after day 5 from last exposure.

³ 3-foot distance applies for student-to-student classroom exposures ONLY. If case or contact is adult (teacher/staff/volunteer), 6-foot distance applies for contact tracing, quarantine and isolation.

This information may change as new information becomes available from the CDC or MDHHS.

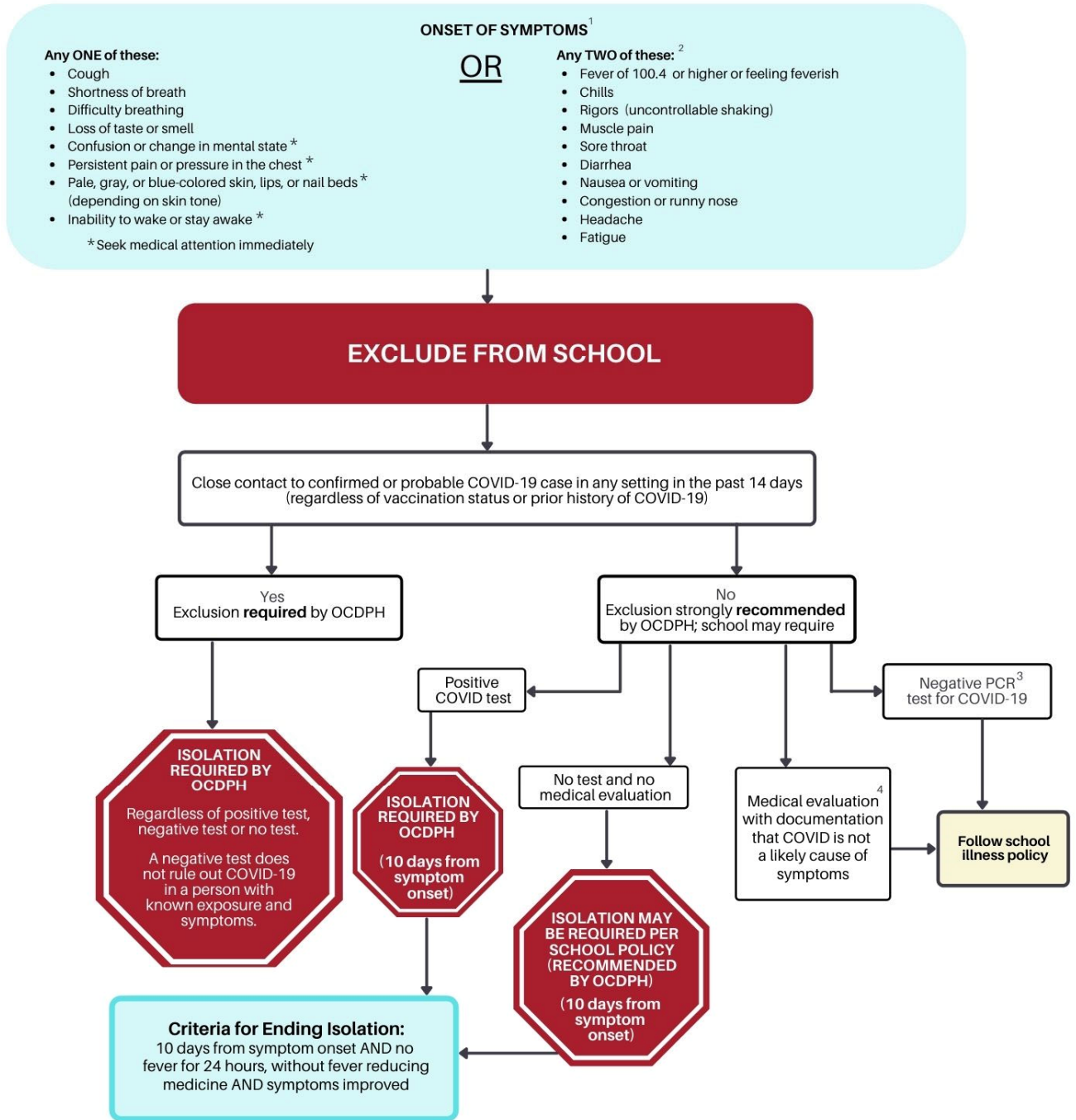
version 11.11.21

Figure 3. Flowchart for Symptomatic Individuals (Students or Staff Members)



Flowchart for Symptomatic Individuals

www.mottawa.org/covid-school



¹ CSTE Proposed Clinical Criteria: <https://bit.ly/2Yw9njc>

² 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 symptoms, you are encouraged to seek testing or consult your HCP for an alternative diagnosis.

³ If a person has symptoms and 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.

⁴ 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.

Figure 4. K-12 COVID-19 Exposure Definitions



K - 12 COVID - 19 Exposure Definitions



Close Contact:

- In general, a close contact is someone who was less than 6 feet away from the infected person (case) for a combined total of 15 minutes or more within a 24-hour period, starting from 2 days before the case's symptoms started (or 2 days before the case's test was collected, if the case has no symptoms) OR
- Someone who participated 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, the close contact distance decreases to 3 feet if:
 - Both students were consistently and correctly wearing 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 applies to student-to-student classroom exposures only. If the case or contact is an adult (teacher/staff/volunteer), the 6-foot distance applies.

Case: A person confirmed or suspected to be infected with COVID-19. <https://bit.ly/3COhsu8>

- Confirmed case: Has a confirmed positive lab test for COVID-19. Isolation is required.
- Probable case: has COVID-19 symptoms and a known exposure to a COVID-19 case, but may not have a positive test. A negative COVID-19 test does not rule out COVID-19 in a person with symptoms and exposure. Isolation is required.

Household contact: Individuals who live within the same household with a COVID-19 case.

- Contact's last exposure date to case is the last day of isolation for the positive case in the household because the case remains possibly contagious throughout their entire isolation period; therefore the household contact must continue to quarantine for 10 or more days after the case's isolation period ends.

Exposure: Having come into close contact with a person infected with COVID-19 (see Close Contact definition).

Isolation: The separation of a person (case) or group of people who are infected (COVID-19 positive) from others who are not infected with COVID-19. Isolate when ill

- Isolation is 10 days from the first day of symptoms, or, if the case has no symptoms, 10 days from the date the test was collected
- Isolation may end when all three of these criteria are met:
 - 10 days from the first day of symptoms AND
 - When there is no fever for 24 hours without the use of fever-lowering medicine AND
 - Symptoms are improved

Quarantine: The separation of a person believed to have been exposed to COVID-19 (close contact), but who is not showing symptoms (asymptomatic), from others who have not been exposed, to prevent the possible spread of the disease.

- Quarantine is 10 days from last exposure to a case; should monitor for symptoms for 14 days from last exposure.
- **REQUIRED** (by OCDPH public health order) for anyone who is a household contact of a case, or a close contact of a case identified as part of an outbreak.
- **RECOMMENDED** (by OCDPH, CDC and MDHHS, and considered best practice to contain spread) for any close contact without proper masking. Schools may require quarantine for close contacts in any setting.
- If symptoms develop during quarantine, isolation is required by OCDPH, regardless of whether quarantine was required or recommended.

Outbreak: Multiple cases adding up to 10 percent of students/staff or 3 school-associated cases within a core group (team, classroom, etc.)

Fully vaccinated: In general, people are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

Not fully vaccinated: People are not fully vaccinated if:

- They have not received any doses of the COVID-19 vaccines, or
- They are only partially vaccinated:
 - Received only one dose of Pfizer or Moderna two-dose vaccine series, or
 - they are not 2 weeks after their last dose.

Symptoms of COVID-19: Fever or chills, cough, shortness of breath or difficulty breathing, new loss of taste or smell, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or other new symptoms of illness.

Asymptomatic: An individual infected with COVID-19 who does not have symptoms at any time, or a close contact who does not develop symptoms.

PCR Test: The Polymerase Chain Reaction (PCR) test for COVID-19 is a lab test that checks for the genetic material of SARS-CoV-2, the virus that causes COVID-19, usually from a specimen taken using a nose swab.

How to wear a mask properly:

- Wear a mask that covers your nose and mouth.
- Secure the mask under your chin. Make sure it fits snugly against the sides of your face.

APPENDIX A.

Medical Facial Covering Exemption Form

Background:

- **Studies of COVID-19 incidence in school districts during the 2020-2021 school year demonstrate that proper masking is the most effective mitigation strategy to prevent secondary transmission in schools when COVID-19 is circulating and when vaccination is unavailable, or there is insufficient uptake of vaccination.**
- According to the AAP, the CDC, and the Michigan Department of Health and Human Services (MDHHS), the universal use of masks in schools is a safe, essential, and proven strategy to reduce the spread of COVID-19 in schools.
- Masks are primarily intended to reduce the emission of virus-laden droplets, which is especially relevant for asymptomatic or pre-symptomatic infected wearers who feel well and may be unaware of their infectiousness to others, and who are estimated to account for more than 50% of transmissions.
- Masks also help reduce inhalation of these droplets by the wearer.
- The community benefit of masking for SARS-CoV-2 control is due to the combination of these effects; individual prevention benefit increases with increasing numbers of people using masks consistently and correctly.
- A CDC report released September 24, 2021 indicated **that increases in pediatric COVID-19 case rates during the start of the 2021–22 school year were smaller in U.S. counties with school mask requirements than in those without school mask requirements.**⁸
- School mask requirements, in combination with other prevention strategies, including COVID-19 vaccination, are critical to reduce the spread of COVID-19 in schools.⁸
- OCDPH issued a **public health order** on August 20, 2021, **requiring** that
 - Educational Institutions shall ensure that people in pre-kindergarten through grade six consistently and properly wear a facial covering while inside any enclosed building or structure of the institution.
 - The Educational Institutions shall ensure that all persons, regardless of vaccination status, providing service to any persons in pre-kindergarten through grade six properly and consistently wear a facial covering while inside any enclosed building or structure of the institution.

The following categories of people continue to be exempt from the requirement to wear a mask:

- A child under the age of 2 years
- [A person with a disability](#) who cannot wear a mask, or cannot safely wear a mask, because of the disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 *et seq.*)
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

Additional exceptions as stated in the August 20, 2021 OCDPH order:

IT IS FURTHER ORDERED that this ORDER shall not apply to the following Persons:

1. Persons in the act of eating or drinking.
2. Persons under the age of four years; however, supervised masking is *recommended* for children who are at least two years of age.
3. Persons with developmental conditions of any age attending school for whom it has been demonstrated that the use of a face covering would inhibit the person's access to education. *These are limited to persons with an Individualized Education Plan, Section 504 Plan, Individualized Healthcare Plan or equivalent.*
4. Vaccinated teachers who are working with children who are hard of hearing or students with developmental conditions who benefit from facial cues.
5. Persons who have a medical reason *confirmed in writing* from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) currently licensed to practice medicine in the State of Michigan.

Who is covered by the exemption for “a person with a disability who cannot wear a mask, or cannot safely wear a mask, because of the disability as defined by the [Americans with Disabilities Act](#) (ADA, 42 U.S.C. 12101 *et seq.*)”?

- Most people, including those with disabilities, can tolerate and safely wear a mask and are required to wear one.

- However, certain people with disabilities who, because of their disability, cannot wear a mask, or cannot safely wear a mask, are exempted from CDC’s mask-wearing requirement.
- **The exemption is not meant to cover people with disabilities for whom wearing a mask might only be difficult or whose disability does not prevent them from wearing a mask or wearing a mask safely.**
- The following narrow subset of persons with disabilities are exempt from the requirement to wear a mask:
 - A person with a disability who, for reasons related to the disability, would be physically unable to remove a mask without assistance if breathing becomes obstructed.
 - Examples might include a person with impaired motor skills, quadriplegia, or limb restrictions
 - A person with an intellectual, developmental, cognitive, or psychiatric disability that affects the person’s ability to understand the need to remove a mask if breathing becomes obstructed
- The following persons with disabilities *might be* exempt from CDC’s requirement to wear a mask based on factors specific to the person:
 - A person with a disability who cannot wear a mask because it would cause the person to be **unable to breathe or have respiratory distress** if a mask were worn over the mouth and nose.
 - A person with a condition that causes intermittent respiratory distress, such as asthma, likely **does not** qualify for this exemption because people with asthma, or other similar conditions, can generally wear a mask safely.
 - A person with a disability requiring the use of an assistive device, such as for mobility or communication, that prevents the person from wearing a mask and wearing or using the assistive device at the same time.
 - If use of the device is intermittent and the person can remove the mask independently to use the device, then a mask **must** be worn during periods when the person is not using the device.
 - A person with a *severe* sensory disability or a *severe* mental health disability who would pose an **imminent threat of harm to themselves or others** if required to wear a mask.
 - Persons who experience discomfort or anxiety while wearing a mask without imminent threat of harm **would not** qualify for this exemption.

Sources (accessed 9/24/21)

1. <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2768376>
2. <https://www.miottawa.org/Health/OCHD/pdf/OCDPH-Mask-Exemption-Information-for-Physicians-Schools-Families.pdf>
3. <https://www.msms.org/About-MSMS/News-Media/dos-and-donts-for-discussing-face-masks-and-covid-19-vaccinations-with-patients-and-visitors>
4. <https://www.stclaircounty.org/offices/health/forms/Mask%20Exemption%20Letter%20and%20Form.pdf>
5. https://www.miottawa.org/Health/OCHD/pdf/Face-Masks-in-Educational-Settings-Order_082021.pdf
6. <https://docs.google.com/document/d/1etRUuIPFw7iwVx0QLBrwBlue7ySrEefz/edit>
7. http://p3cdn4static.sharpschool.com/UserFiles/Servers/Server_4922/File/Primary%20School/OP%20Forms/Student%20Face%20Covering%20Medical%20Exemption%20Request%20Form.pdf
8. https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e3.htm?s_cid=mm7039e3_w

Student and School information

Student name:	Student Date of Birth:
School name:	Student grade:

Parent acknowledgement:

- COVID-19 can lead to severe illness, personal injury, permanent disability, and death.
- Attending school in-person without a face covering could increase the risk of being exposed to, contracting, or transmitting COVID-19.
- Ottawa County Department of Public Health requires students to wear face masks in PreK-6 buildings and classrooms during some or all of the school day to prevent the spread of COVID-19.

I, the undersigned, certify that I am the parent or guardian of the student named above (“Student”) and that the Student is medically unable to wear a face covering in an otherwise mandatory setting due to the following medical condition:

I also agree to the following statements:

- I acknowledge that by signing this form, I am formally requesting a mask exemption for my Student.
- I acknowledge that by signing this form, I am authorizing the physician to share any personal medical information of the Student with the School that may be required to obtain the mask exemption, and I recognize that I have the right to revoke his authorization at any time by sending a written revocation to the physician and that the physician will not send any personal health information after the date the physician receives the revocation.
- I understand that signing this authorization is voluntary and that my child’s treatment, payment, enrollment in a health plan, or eligibility for benefits is not conditioned upon my authorization of this disclosure. I do not authorize the School to release personal health information to any parties other than the local Public Health Department and the School’s business associates.
- I acknowledge that I have been provided with the information contained in the “Background” section of this document.
- I understand that the school may take additional safety precautions to protect others from contracting COVID-19.
- I acknowledge that exempting the Student from wearing a face covering at a school activity or facility may increase the Student’s risk of being exposed to, contracting, or transmitting COVID-19 or a COVID-19 Symptom.
- I understand that my Student may be referred for an evaluation to determine if a disability prevents my Student from wearing a face mask and whether and to what extent accommodations will be provided.
- I understand that the school may take additional safety precautions, including requiring my child to wear a face shield or other personal protection equipment, to protect others from contracting COVID-19, and that the school may consider alternative learning options for my child, including whether distance learning is appropriate.
- I assume all risks of any nature arising out of or in any way related to the Student’s face covering exemption at any school activity or facility and hold the school harmless from any liability or damages that may result from this requested exemption.
- If my child exhibits symptoms of COVID-19, tests positive for COVID-19, or is in close contact with someone who tests positive for COVID-19, I will immediately notify my child’s school.
- If my child exhibits symptoms of COVID-19, tests positive for COVID-19, or is in close contact with someone who tests positive for COVID-19, I understand that my child may be required to remain out of school for 10 or more days as directed by public health officials.
- I acknowledge this request does not supersede a future public health order from the Ottawa County Department of Public Health, Michigan Department of Health and Human Services, or Centers for Disease Control and Prevention.
- Finally, the Administration and Board of Education reserve the right to modify, amend, or further alter all COVID-19 policies and procedures, including a mask exemption, if deemed appropriate to the health and safety of students.

Parent/Guardian Name (Printed):	Parent phone number:
Parent Signature:	Date:

Physician certification:

- Best current evidence shows that masking is effective at preventing viral spread, protecting primarily the public, although it likely offers protection to the mask wearer as well.¹
- Thus, a delicate balance arises between the public health interest and individual disability modifications.¹
- Inappropriate medical exemptions may inadvertently hasten viral spread and threaten public health.¹
- Additionally, several media sources have reported on several physicians who have been disciplined by various state medical boards for issuing medical exemptions to patients without an objective medical basis for the exemption.³

I certify that _____ is a patient under my care. I certify that my patient has an existing medical condition (such as those outlined in the “Background” section of this document) that prevents them from safely wearing a mask in an otherwise mandatory setting.

- I have discussed the risks and benefits of this decision with my patient and/or their caregiver, and they have expressed understanding of the potential increased risk of transmission and/or contraction of SARS-CoV-2 without this protective measure.
- We have discussed possible accommodations and modifications that might help my patient be successful at wearing a mask.
- We have discussed other mitigation measures such as distancing, ventilation, and hand hygiene as other necessary parts of a prevention plan.

Physician name (printed):	Specialty:
MI license or NPI#:	Physician phone number:
Physician signature:	Date:

Revision History:

Date	Revision(s)
August 20, 2021	Table 1 on page 2: Added OCDPH requirement to wear face masks indoors for all pre-kindergarten through 6 th 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 SMS and phone messages for notification of close contacts.
October 19, 2021	<p>Links verified.</p> <p>Page 2 Public Posting of COVID Prevention Strategies Form by School District Strategies Form replaces word Plan</p> <p>Page 2 Public Posting of COVID New and Cumulative Case Counts in Schools – words “New and Cumulative” added</p> <p>Page 2 Testing to Screen for COVID-19 – wording changed from “Screening Testing”</p> <p>Page 2 updated to reflect October 15 CDC update that <i>“Fully vaccinated people who have a known exposure to someone with COVID-19 should get tested 5-7 days after exposure,”</i> (previously was 3-5 days)</p> <p>Added footnote to Table 1 with link to Managing Communicable Diseases in Schools.</p> <p>Page 3 added sentence: Schools should consult with their legal counsel regarding how their compliance with public health orders impacts their legal immunity status.</p> <p>Page 4 added sentence: Schools should ensure that they have a sufficient number of trained liaisons to provide case and close contact information to OCDPH liaisons within one business day and are accessible to assist in notification of quarantine in the event of a school-associated outbreak.</p> <p>Page 5 added resource link to Managing Communicable Diseases in Schools</p> <p>Removed Appendix A. Medical Waiver for Face Masks and replaced it with Appendix A. Medical Facial Covering Exemption Form.</p>
November 10, 2021	Removed Figure 1 (Flowchart for Symptomatic Individuals) and replaced with updated flowchart. Also updated with Figure 2. Flowchart for Exposed Person Who is Fully Vaccinated, Figure 2. Flowchart for Exposed Person Who is Not Fully Vaccinated, and Figure 4. K-12 COVID-19 Exposure Definitions.
November 11, 2021	Figures 1-4 (flowchart and exposure definitions) updated for clarity.