



MI SAFE SCHOOLS GUIDANCE FOR K-12 SETTINGS FREQUENTLY ASKED QUESTIONS

Michigan.gov/Coronavirus

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Why was the Michigan K-12 School Setting Guidance updated, and what are the key updates?

The CDC recently updated its [isolation and quarantine recommendations for K-12 school settings](#) based on updated science and research about the COVID-19 virus and to maintain alignment with updates made to general population isolation and quarantine guidance. CDC and Michigan Department of Health and Human Services (MDHHS) continue to recommend indoor masking in K-12 schools for all individuals ages 2 years and older, including students, teachers, staff, and visitors, regardless of vaccination status.

Michigan is committed to continuing to follow best practices and science to support a safe and healthy environment for our students, teachers, and staff. Key MDHHS guidance updates include:

- Updating of isolation and quarantine guidance to align with the CDC.
- CDC K-12 isolation and quarantine guidance also now applies to teachers and staff exposed in a school setting, in addition to students.
- Updates to Test to Stay option and inclusion of Mask to Stay option.

Who does this guidance apply to?

This guidance is specific to K-12 school setting exposures. It now applies to students, teachers and staff members. This guidance does not apply to household or community exposures. If a student, teacher or staff member is identified as a close contact from a community and/or household exposure they should follow [general public guidance for isolation and quarantine](#). This guidance does not apply to childcare/pre-k settings or higher education settings. Additional guidance for these congregate like settings is expected from the CDC in the near future.

Who should quarantine after an exposure linked to a school setting?

Students, teachers, and staff who are identified as a close contact of another student, teacher or staff member who is positive for COVID-19 should quarantine with a few exceptions. Exceptions include: individuals who are up to date with recommended vaccinations, or have a positive test result for COVID-19 in the last 90 days, may continue to stay in school provided they wear a mask. All other exposed individuals who are identified as a close contact* should quarantine using one of the following options:

- Home quarantine for days 1-5, if feasible (an individual has access to a test and wants to test) test on day 5, **and** “Mask to Stay” for days 6-10, **or**
- “Test to Stay”* for days 1-6 AND “Mask to Stay” for days 1-10; **or**
- Home quarantine for days 1-10 if unable/unwilling to mask

* Close contact is defined as being within 6 feet of a person who is infected with COVID-19 for a cumulative total of 15 minutes in a 24-hour period.

Note: Administration and Staff of K-12 settings should also adhere to provisions and requirements as contained in [Public Act 238 of 2020](#).

How can these quarantine guidelines be implemented in special needs/education settings?

Education partners should make reasonable modifications to their policies, where possible. Schools can consider alternate and enhanced methods of protection such as face shields, plexiglass dividers, increased distancing between students and staff within a room, smaller class sizes, cohorting, increased ventilation, more frequent testing for staff and/or students as feasible, etc. In addition, Individualized Education Program (IEP) teams may consider adding a goal for increased mask tolerance and, until that goal is achieved, adding an accommodation so the student will enter the hallways (changing classes/entering and exiting the building) a few minutes either before or after large masses of students do so, to limit unmasked exposure, by and to the unmasked student.

If a close contact in quarantine is unable or unwilling to wear a well-fitting face mask, what course of action is recommended?

To continue to support a safe and healthy school-setting, it is recommended that students, teachers, and staff who should quarantine and who will not or cannot wear a well-fitting face mask should complete their full quarantine period at home.

- This would be at-home quarantine for 10 days past the last day of exposure to a COVID-19 positive individual.
- These students, teachers and staff would still be recommended to be tested on day 5 of their quarantine period, but should remain home if unable or unwilling to wear a mask.
- Day 0 is counted as the last day of contact with the COVID-19 positive individual.

The recommendation would be similar for a student, teacher or staff who tests positive for COVID-19 in isolation– whether with or without symptoms. If unable or unwilling to wear a face mask, the student, teacher or staff should complete the full isolation period at home.

- This would be 10 days past the first day that symptoms begin or 10 days past the day the test was taken for those without symptoms.
- Day 0 is the day symptoms started, or if no symptoms, the date of the positive COVID-19 test.

What qualifies as improvement in symptoms for an individual with COVID-19 to return to school under this guidance?

Individuals in isolation should be fever-free for 24 hours without the use of fever-reducing medications with [symptoms](#) improving. If fever is present, or other symptoms are not improving or are increasing in severity remain in home isolation.

“Well-fitting mask” is referenced in both the isolation/quarantine guidance. What is considered an appropriate and effective “well-fitting mask.”?

A well-fitting mask adheres to the side of your face and covers your nose and mouth. A KN95 or similar mask is the recommended choice in congregate or high-transmission settings, such as schools. The best mask is the most protective mask, that will be worn consistently and fits properly.

Additional guidance to help choose the most effective face mask can be found at Michigan.gov/MaskUp.

Should students or staff test to return to school and school activities following an isolation period?

The MDHHS does not recommend testing on day 6 if a person has a **confirmed case** of COVID-19 and has been in home isolation for days 0-5 if that person is able to wear a well-fitting mask through day 10 of isolation. Those staff or children who are unable or unwilling to wear a well-fitting mask over their mouth and nose should remain home through day 10; no additional test is recommended for return after the isolation period.

If an individual has access to a test and wants to test, the best approach is to use an [antigen test](#) on day 6. Collect the test sample only if fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation). If your test result is positive, you should continue to isolate until day 10.

Are immunocompromised individuals eligible for the 5-day isolation?

People who are severely ill or have weakened immune systems may remain infectious for a longer period of time and should isolate for at least 10 and up to 20 days. People who are severely ill or have weakened immune systems should consult with their healthcare provider to determine the appropriate duration of isolation.

This guidance uses the phrase “up to date on vaccination” opposed to “fully vaccinated” – why did that change?

“[Up to date on vaccination](#)” means a person received all recommended COVID-19 vaccines, including any booster dose(s) when eligible. This better aligns with CDC language and guidance. K-12 School settings include individuals of all ages and as such guidance and recommended vaccination series may be different across all individuals in a school setting. See the table on page six for full details about when a person is up to date on vaccinations.

What is “Test to Stay” and how has this changed in the new guidance?

Test to Stay is an option available to students, teachers, and staff who are identified as a close contact in a school-setting and are required to quarantine. To minimize impact to school operations and missed school days while also maintaining a safe and healthy environment, a student, teacher, or staff may test every other day for **6 days** (*previous guidance included 7 days*) following their exposure and when paired with consistent and correct use of a well-fitting mask they can remain in school and not be excluded during the quarantine period.

Test to Stay can only be used for students, teachers, and staff who are a school-associated close contact and remain symptom-free during their quarantine period. It does not apply if the exposure was from a household contact.

What is “Mask to Stay” and is that new to this guidance?

Mask to Stay is the consistent and correct use of a well-fitting mask by students, teachers, and staff when around others and in school and public settings during a quarantine period after having been identified as a close contact.

For students, teachers and staff who are identified as a close contact, mask to stay can shorten the at home quarantine period to 5 days after exposure by the student, teacher or staff wearing a mask in school for days 6 through 10. Additionally, when paired with the “Test to Stay” approach it can eliminate out of school time and the need for at home quarantine all together.

Mask to Stay can only be used for students, teachers, and staff who remain symptom free during their quarantine period.

What lunch and recess considerations should be given to students, teachers and staff that are using the “Test to Stay” and/or “Mask to Stay” options during their quarantine period?

K-12 School Administrators should continue to support layered prevention and mitigation strategies in all school settings. Vaccination, ventilation, and social distancing as is feasible during periods of the school day when masking may be relaxed continue to be important ways to lower the risk of COVID-19 transmission for students, teachers, and staff. Universal masking is recommended by the CDC and MDHHS in all public settings, including schools, regardless of vaccination status in areas of high COVID-19 transmission.

The school should ensure that there is a plan for people identified as close contacts to stay masked at all times indoors until 10 full days after their last close contact to someone with COVID-19. Day 0 is the last day of contact with the COVID-19 positive individual. During times in the school day when students or staff members may typically remove masks indoors (such as during lunches, snacks, band practice, etc.), have a plan for them to [adequately distance](#) from others and ensure they wear their masks when not actively participating in these activities (such as when they are not eating).

Why Did the CDC Update its Isolation & Quarantine Guidance for the General Population?

CDC has continued to review isolation and quarantine recommendations for various populations throughout the course of the COVID-19 pandemic. Accumulating evidence demonstrates the majority of transmission occurs during the early periods of infection. In just a few weeks, Omicron [has become a dominant virus strain](#) due to the highly transmissible nature of the variant. These updated recommendations come as the Omicron variant is now rapidly spreading throughout the United States causing very high case rates. The recommendations reflect the societal impact (e.g., critical infrastructure and staffing shortages) and the latest science on disease severity and when and for how long a person is maximally infectious. CDC will continue to evaluate these recommendations as more data become available. Additional FAQs for general population Isolation and Quarantine guidance can be found [here](#).

How can a school prioritize contact tracing efforts to help with staffing burden and shortages?

	HIGH PRIORITY <i>Focus contact tracing efforts here</i>	LOW PRIORITY
Rationale	<ul style="list-style-type: none"> • Locations where multiple students and/staff are present for sustained periods of time AND/OR • There is likelihood of close contact or inconsistent or no mask wearing 	<ul style="list-style-type: none"> • Locations where students can consistently distance and wear masks • Locations where students and/or staff are present briefly or transitioning through • Outdoor locations
Examples	<ul style="list-style-type: none"> • Bus rides/route • Indoor classrooms where students do not consistently wear masks (e.g., younger children, those with mask exemptions) • Health rooms/nurses' office • Indoor meal locations • Indoor breakrooms and workrooms (staff only) • Indoor or outdoor school affiliated activities, in which there are aerosol-generating actions taking place (contact sports, performing arts, cheer, speech/debate, after-school care, etc.). These may take place before, during, or after school-day 	<ul style="list-style-type: none"> • Indoor classrooms where all students are wearing masks • Outdoor classrooms • Hallway/stairwells and other locations used during transition periods • Restrooms • Many outdoor activities or locations (skills practice, meals, PE, etc.) <i>except for aerosol-generating activities.</i>

When a person is up to date

COVID-19 vaccines are not currently authorized for use or recommended for young children ages 0-4.

Children ages 5 - 11 years are up to date:	Adolescents ages 12 -17 years are up to date:	Adults ages 18+ are up to date:
<p>After receiving two doses of Pfizer vaccine.</p> <p>Boosters are not authorized for use in this age group and not needed to be considered up to date.</p>	<p>After receiving two doses of Pfizer and a booster dose when eligible.</p> <p>The interval from the two-dose Pfizer vaccine primary series to the booster dose is five months. Those in the five-month dose waiting period are up to date until five or more months has passed and they become eligible for the booster dose.</p>	<p>After receiving two doses of Pfizer or Moderna and a booster dose when eligible.</p> <p>The interval from the two-dose Pfizer or Moderna vaccine primary series to the booster dose is five months. Those in the five-month dose waiting period are up to date until five or more months has passed and they become eligible for the booster dose.</p> <p>OR</p> <p>After receiving a single dose of Johnson & Johnson and a booster* dose when eligible.</p> <p>The interval from the Johnson & Johnson vaccine to the booster dose is two months. Those in the two-month dose waiting period are up to date until two or more months has passed and they become eligible for the booster dose.</p>

When a moderately or severely immunocompromised (IC) person is up to date

Individuals five years and older who are moderately or severely immunocompromised should get an additional primary dose and a booster dose after their primary series. The additional primary dose should be of the same vaccine type (Pfizer or Moderna) given 28 days after the second dose in their Pfizer or Moderna primary series.

IC children ages 5 - 11 years are up to date:	IC adolescents ages 12 -17 years are up to date:	IC adults ages 18+ are up to date:
<p>After receiving two doses of Pfizer vaccine primary series and one additional dose of Pfizer vaccine 28 day after the primary series.</p> <p>Boosters are not authorized for use in this age group and not needed to be considered up to date.</p>	<p>After receiving two doses of Pfizer vaccine primary series, one additional dose of Pfizer vaccine 28 day after the primary series and a booster dose when eligible.</p> <p>The interval from additional dose to the booster dose is five months. Those in the five-month dose waiting period are up to date until five or more months has passed and they become eligible for the booster dose.</p>	<p>After receiving two doses of Pfizer or Moderna vaccine primary series, one additional dose of Pfizer or Moderna vaccine 28 day after the primary series and a booster dose when eligible.</p> <p>The interval from additional dose to the booster dose is five months. Those in the five-month dose waiting period are up to date until five or more months has passed and they become eligible for the booster dose.</p> <p>OR</p> <p>After receiving a single dose of Johnson & Johnson and a booster* dose when eligible. There is no additional dose recommended for moderately to severely immunocompromised individuals who received Johnson & Johnson as their primary series.</p> <p>The interval from the Johnson & Johnson vaccine to the booster dose is two months. Those in the two-month dose waiting period are up to date until two or more months has passed and they become eligible for the booster dose.</p>

* For people who had Johnson & Johnson for their primary series, it is preferred to receive a booster dose of Pfizer or Moderna two months after vaccination. The Johnson & Johnson booster is available for those unwilling or unable to receive a Pfizer or Moderna booster dose.