

MIDLAND PUBLIC SCHOOLS COVID PROTOCOL FREQUENTLY ASKED QUESTIONS

Abbreviations: MCDPH=Midland County Department of Public Health; MDHHS=Michigan Department of Health & Human Services; APA=American Pediatric Association

2021-22 School Year

Effective September 23, 2021--Updated definition of outbreaks involving schools. MCDPH contacted our MDHHS Regional Epidemiologist for clarification and the short explanation is an outbreak is basically what we've been using but now is 3 or more cases (instead of 2) or 10% of core group. An example of this is a student tests positive and then 2 of the student's close contacts test positive within 14 days (so they are epi linked) and they also did not have ill family members (no other exposure outside of school). For a cluster, it is 3 or more cases in a building within 14 days but the cases do not have to be epi linked. However, they also should not have outside exposures.

The following was shared from by MCDPH from MDHHS: **LHD Sitrep – Definition of Outbreaks Involving Schools** -- Effective Thursday September 23, 2021, the Council of State and Territorial Epidemiologists (CSTE) guidance, Standardized COVID-19 K-12 School Surveillance Guidance for Classification of Clusters and Outbreaks (Version 1: August 6, 2021) will be utilized for reporting school outbreaks and clusters in the LHD SITREP. Definitions of a K-12 school-associated COVID-19 case and standardized K-12 school-transmission are outlined. The CSTE guidance provides standard criteria with which to determine whether a school is having an outbreak or cluster of cases. All K-12 school-associated clusters and school-associated outbreaks meeting the criteria below should be reported in the LHD SITREP. **K-12 school-associated COVID-19 case (confirmed or probable)** is a student, teacher, or staff member physically present in the school setting or participated in a school sanctioned extracurricular activity: a. Within 14 days prior to illness onset or a positive test result OR b. Within 10 days after illness onset or a positive test result. Standardized K-12 school-transmission definition--A subset of school-associated cases where the most likely place of exposure is determined to be the school setting or a school-sanctioned extracurricular activity. **Standardized K-12 school-associated cluster description** -- Multiple cases comprising at least 10% of students, teachers, or staff within a specified core group OR at least three (3) cases within a specified core group meeting criteria for a probable or confirmed school-associated COVID-19 case with symptom onset or positive test result within 14 days of each other, AND NO likely known epidemiologic link to a case outside of the school setting. **Standardized K-12 school-associated outbreak description** -- Multiple cases comprising at least 10% of students, teachers, or staff within a specified core group OR at least three (3) cases within a specified core group meeting criteria for a probable or confirmed school-associated COVID-19 case with symptom onset or positive test result within 14 days of each other; who were not identified as close contacts of each other in another setting (i.e., household) outside of the school setting; AND epidemiologically linked in the school setting or a school-sanctioned extracurricular activity. Additional information can be located here--CSTE-Standardized-COVID-19-K-12-School-Surveillance-Guidance-for-Classification-of-Clusters-and-Outbreaks.pdf

Quote from Dr. C. Bodnar, Medical Director, MCDPH, regarding need for FLEXIBILITY

There have been so many changes and new issues that have arisen during the course of the pandemic, it is crucial that we maintain the ability to be flexible and able to pivot. The change in masking recommendations will depend upon many parameters and how they come together including: Expert recommendations; Community transmission; Positivity Rate; COVID-19 Testing rate; Vaccination Coverage; Community Outbreaks; Compliance with Public Health recommendations; Variant situation (delta and others than may become predominant); Availability of COVID-19 vaccine for those 5 – 11 years old; Status of our Health Systems; Other pathogens, such as influenza; What we're seeing in Michigan, the region, the US and globally; Other factors. Also, if we publish metrics and something unforeseen occurs and we deviate from the metrics, we risk making the situation even worse than it is today.

<p>Quote from Dr. C. Bodnar, Medical Director, MCDPH, regarding MASKING</p>	<p><i>The current masking requirement was put in place by Midland Public Schools, in consultation with the Midland County Department of Public Health. This is in line with the guidance of many expert health organizations. As I've previously stated, the Midland County Department of Public Health (MCDPH) strongly supports adherence to CDC, American Academy of Pediatrics (AAP) and Michigan Department of Health and Human Services (MDHHS) COVID-19 guidelines. Compelling data now demonstrate that community mask wearing is an effective nonpharmacologic intervention to reduce the spread of COVID-19, especially as source control to prevent spread from infected persons, but also as protection to reduce wearers' exposure to infection. MCDPH strongly endorses the CDC, AAP and MDHHS recommendation for universal masking in schools K – 12 regardless of vaccination status. This is especially important when community transmission is moderate, substantial or high. There is no controversy that masks are both effective and safe.</i></p>
<p>Quote from Dr. C. Bodnar, Medical Director, MCDPH, regarding MASKING</p>	<p><i>Healthcare Providers and Public Health Officials rely on trusted sources of evidence-based studies and reviews and analysis by organizations with subject matter expertise to develop practice guidelines to guide clinical and public health practice. The use of face masks as a mitigation measure to reduce the risk of SARS-CoV-2 transmission is supported by many medical organizations and societies including the Center for Disease Control and Prevention (CDC), the Infectious Diseases Society of America (IDSA), the American Academy of Pediatrics (AAP), the American College of Physicians, the Michigan Department of Health and Human Services (MDHHS) and other major medical organizations, along with many local medical organizations. I honestly don't see any win for countering the "masks don't work" narrative with data. The summary conclusions of many expert medical organizations and societies that have synthesized the data to render their expert opinions speak volumes to their collective conclusion that face masks are effective in reducing the risk of transmission of SARS-CoV-2.</i></p>
<p>Information shared re: SARS-CoV-2 Transmission by Dr. C. Bodnar, Medical Director, MCDPH</p>	<p><i>I've attached Kent and Ottawa County's summary of the literature on the effectiveness of masks to prevent SARS-CoV-2 transmission, for your reference. I think the executive summary is excellent: The effectiveness of face masks to prevent SARS-CoV-2 transmission: A summary of literature. Executive Summary: The Kent County Health Department and Ottawa County Department of Public Health with assistance from the Michigan Department of Health and Human Services, health systems, and other local health departments have compiled scientific articles on the effectiveness of wearing masks during the COVID-19 pandemic. While each individual study may have its own strengths and limitations, the evidence presented in these scientific journal articles taken as a whole demonstrate that masks in healthcare and community settings are effective in reducing the risk of exposure to SARS-CoV-2 and transmission of the virus to others. Epidemiological and modeling studies indicate that communities that established mask mandates generally had reduced disease transmission. Controlled studies examining various masks generally show that masks help prevent the spread of virus-laden droplets. Taken together, current scientific data supports the use of masks to reduce the transmission of COVID-19 in the community. We will continue to review the science and update our recommendations as needed to protect the health of our community. The Infectious Diseases Society of America (IDSA) has a nice summary of key information and literature on use of face masks to reduce the risk of SARS-CoV-2 transmission: https://www.idsociety.org/covid-19-real-time-learning-network/infection-prevention/masks-and-face-coverings-for-the-public/ The American College of Physicians stated in January 2021: The federal government, state and local authorities may appropriately require the wearing of masks by the public in community settings as a component of a comprehensive public health strategy to prevent and contain the spread of COVID-19. https://www.acponline.org/acp-newsroom/acp-says-requirements-for-masks-in-community-settings-should-be-expanded-to-reduce-transmission-of</i></p>

<p>What specific COVID tests are being used at MPS and have they been recalled. Options for more testing and different kinds of testing.</p>	<p>MPS uses the following tests: BinaxNOW COVID-19 AgCARD manufactured by Abbott Diagnostics Scarborough, Inc. These tests are authorized for school use for rapid testing (this is not the PCR test that was referenced by the speaker at the 9/20/21 BOE meeting). These tests are of the rapid serial antigen test type. The original expiration on the packaging was 9/19/2021, but the company has verified that these tests were still valid/functioning properly and extended the deadline on all tests for another year. Currently, internal Abbott studies have shown that these rapid tests are rated at greater than 95% accurate for positive sensitivity to COVID. Meaning a positive result is greater than 95% likely to be verified as positive by a follow-up PCR test. In general, false positives rates are very low, but students are always encouraged to get a PCR test to confirm (and to contact their family doctor for additional advice/treatment) if the rapid test shows a positive result.</p>
<p>Why have there been changes in MPS COVID reporting on the website from 2020-21 to 2021-22</p>	<p>During 2020-21 & the first couple of weeks of 2021-22, Midland PS COVID numbers were coming directly from the MCDPH. Every school day, based on the information we received from MCDPH, MPS reported on the website the number in quarantine/isolation, cases of confirmed and close contact students/staff along with the daily report by school that showed whether the confirmed case was student/staff and the date they could return to school. However, in early to mid-September, we stopped listing the number in quarantine/isolation because the numbers got very convoluted since for 2021-22 there are a number of ways a person can quarantine/isolate depending on whether they are immunized or not; testing daily or not; quarantining at home, etc. Another change in MPS COVID reporting on the website is taking place in how we are receiving the numbers. For the past couple of weeks Midland Public Schools has been assigned two registered nurses who are completing the confirmed and close contact information on-site at the MPS school level in a shared document. They are also assisting with other aspects of COVID, for instance, testing, reporting to the MCDPH, etc. The two nurse positions are funded by a grant secured by the MCDPH.</p>
<p>What data did MPS use to make the decision for K-6 mask mandate?</p>	<p>District COVID #'s are posted on the MPS website each school day from a daily shared spreadsheet with the MCDPH (the info is approximately 24 hours behind). Midland PS with assistance from MCDPH monitors community data that includes the number of community cases as well as school district data. When we see cases on a steady decline and the availability to choose COVID vaccination for K-6 students, we hope to return to student masking as a parent choice.</p>
<p>Has MPS considered requiring masking in grades 7 through 12?</p>	<p>MPS has considered this, but this age group has access to COVID vaccination and masking as safeguards if they choose. MPS will continue to monitor to COVID data at these grade levels but would prefer the decision to remain parent choice if possible.</p>
<p>Has MPS considered virtual and/or remote education?</p>	<p>MPS is committed to providing the best educational delivery and learning possible, which is in-school learning. In order to accomplish this, it is vital that students and parents assist us with social distancing, health screening daily, disinfection and consideration to be vaccinated and masking.</p>
<p>Has MPS considered masking requirements by classrooms or single buildings where COVID clusters or outbreaks have occurred?</p>	<p>Yes, this strategy has been considered and could be used when the exposure has been limited to a classroom or just one building. Presently, MDHHS has identified all 11 MPS school buildings as Covid Clusters (3 or more cases in a building within 14 days) and 7 of the buildings as Covid Outbreak sites (3 or more cases in a building epi linked).</p>
<p>Will face shields be an option if student is unable to wear a mask?</p>	<p>A face shield would be an option if it is stated in an IEP, through a medical exemption or in a student's 504 plan</p>

<p>MCL380.11a states public schools have a responsibility to “provide for the safety and welfare of pupils while at school or a school sponsored activity or while enroute to or from school or school sponsored activity.”</p>	<p>MPS is, of course, obligated to follow school code. The safety and welfare of students while at school/school event is at the heart of CL380.11a and at the heart of every decision made by MPS. With current COVID trends, MPS is providing for the safety and welfare of our K-6 Grade students (who currently are unable to receive the COVID vaccination) by mandating masking.</p>
<p>Do masks break the prohibition of breathing restraints in schools?</p>	<p>It has been determined by MDHHS that masks do not impede breathing.</p>
<p>Does MPS allow masking religious exemptions?</p>	<p>Midland PS has sought and received guidance from the district's legal counsel regarding religious exemptions to the recent orders requiring masking for students in grades PreK - 6. The Order contains specific exemptions that apply to individuals with a medical condition confirmed by a doctor to not wear a face mask. Notably, the Order does not contain an exemption for an individual's “sincerely held religious belief.” Based on current case law from the federal courts in 2020, it appears there is not a “religious exemption” that is legally required on public educational institutions subject to the Order. Given the court’s previous rulings where the court concluded that, (1) the mask order was not motivated by animus towards people of faith in general or towards one faith in particular; (2) the mask order did not regulate only religious activity; (3) the mask order was neutral or generally applicable, the District will not accept religious exemptions at this time. This position, however, is subject to the 6th Circuit’s forthcoming decision in the Resurrection School case.</p>
<p>Does MPS allow masking health exemptions?</p>	<p>The District has developed a waiver for “persons with developmental conditions of any age attending school for whom it has been demonstrated that the use of a facial covering would inhibit the person’s access to education. These are limited to persons with an Individualized Education Plan, Section 504 Plan, Individualized Health Care Plan or equivalent.”</p>
<p>Please provide who the district takes guidance from in making these COVID decisions.</p>	<p>MPS Board, Superintendent and Administrators stay up to date with the CDC, MDHHS and APA findings and recommendations. In this K-6 masking mandate, the district consulted closely with the MCDPH to make what we believe is the best decision for the health and welfare of our students and staff based on rising COVID positivity rates in our community as well as documented COVID numbers within our schools.</p>
<p>Are mask “mandates” from local and/or state health entities, government run or otherwise, legal law to be enforced by law enforcement or are they simply recommendations and/or guidelines?</p>	<p>Yes. The school district is given responsibility for the safety of our students and, as such, the policies and procedures the district puts in place are enforceable.</p>
<p>Why is MPS offering vaccine clinics in our schools?</p>	<p>MPS has partnered with the MCDPH to use our facilities to offer vaccines for the convenience of our stakeholders who choose to be vaccinated.</p>

<p>Have you asked or been made aware of how Michigan and more specifically Midland County is tracking the Covid-19 delta variant?</p>	<p>Midland PS is not a medical expert and relies on the data from the MCDPH and MDHHS.</p>
<p>Does MPS have a vaccination mandate for students or staff?</p>	<p>Vaccine mandates for staff and students are not in place at this time. Vaccine mandates for students would have to come from a state medical mandate from the MDHHS similar to other childhood vaccines. Staff COVID vaccines could be mandatory in the future.</p>
<p>Where does MPS get its information regarding mask mandates?</p>	<p>MPS is not a medical expert. The responsibility falls on the MCDPH, MDHHS, CDC, APA who all along have strongly recommended masking. MPS will return to parental choice regarding masking for their child when possible.</p>
<p>Was parent input received regarding the K-6 mask mandate?</p>	<p>Board of Education Trustees are District parents and speak with parents daily. In addition Board Trustees and Mr. Sharrow received many emails and phone calls that provided input, advice and guidance from parents, guardians, the community and health experts before the decision was made to mandate masks for students in Grades K-6.</p>
<p>Why did MPS announce the masking mandate 5 days after school started?</p>	<p>The District had data from the first week of school that COVID had spread from student to student and supported the District's need for a K-6 mask mandate at least temporarily.</p>