



The mission of the Health Department of Northwest Michigan is to serve our entire community and to achieve health equity by promoting well-being, preventing disease, and protecting the environment through partnerships, innovation, and excellence in public health practice.

HEALTH DEPARTMENT OF NORTHWEST MICHIGAN

Original Order: August 27, 2021

This First Amended Order: November 9, 2021

First Amended Order Regarding Prevention of COVID-19 Transmission in Educational Settings within Antrim, Charlevoix, Emmet and Otsego County, State of Michigan:

The Health Officer of the Health Department of Northwest Michigan (HDNW) makes the following factual determinations and issues this First Amended Order pursuant to the Michigan Public Health Code, MCL 333.2451 and MCL 333.2453, as well as R. 325.175(4), which is an administrative rule promulgated by the Michigan Department of Health and Human Services pursuant to MCL 333.2226(d). Following regular, ongoing discussions with schools in the health department jurisdiction and questions that have been posed since the Original Order was issued, the Health Officer updates and amends the Original Order as set forth herein.

Significant and relevant factual findings include, but are not limited to, the following:

1. In correspondence dated August 3, 2021, the HDNW notified local School Leaders regarding updated CDC guidelines and the importance of universal masking for all students in K-12 indoor classrooms and specifically mentioned that the HDNW, by and through the Health Officer and Medical Director, would "...monitor levels of community transmission..." and that preventive measures may need to be "dialed up" based upon pandemic risk factors which include the number of reported cases. Between August 3-27, the Health Department of Northwest Michigan reported 536 total cases of COVID-19 and 9 deaths – an increase of 425% compared to 102 cases in July. In addition, local hospital authorities have reported a dangerous strain on capacity including limited ICU beds, extremely long wait times in Emergency Departments, resulting in the need to intermittently divert patients to hospitals out of the area which also puts strain on local EMS capacity. Based upon recent trends and heightened risk factors, it is clear within a reasonable degree of medical certainty that absent the implementation of proven preventive measures, increased incidents of school-based transmission are inevitable. This increases the likelihood that (1) students will be infected with the SARS-CoV2 virus which causes COVID-19; (2) students will unknowingly transmit the virus to other students as well as household and community members, further increasing community transmission; and (3) vulnerable students and staff, for example those with pre-existing conditions such as asthma, diabetes, and obesity, will have an increased risk of long-term adverse health impacts, including death. Protection of our younger population and school staff should not be delayed.
2. Without strict implementation of recommended mitigation measures such as masking, it is likely that school related cases will increase sharply. Data from school related cases from the 2020- 2021 school

year demonstrates that necessary public health measures such as case investigation and contact tracing are time and resource intensive, which puts a dangerous strain on the public health system likely resulting in decreased capacity to contain community transmission.

3. The principal mode by which people are infected with SARS-CoV-2 (the virus that causes COVID-19) is through exposure to respiratory fluids carrying infectious virus. Exposure occurs in two main ways: (1) inhalation of very fine respiratory droplets and aerosol particles, and (2) deposition of respiratory droplets and particles on exposed mucous membranes in the mouth, nose, or eye by direct splashes and sprays.
4. People release respiratory fluids during exhalation (e.g., quiet breathing, speaking, singing, exercise, coughing, sneezing) in the form of droplets across a spectrum of sizes. These droplets carry virus and transmit infection.
5. The risk of SARS-CoV-2 infection varies according to the amount of virus and the duration to which a person is exposed. Once infectious droplets and particles are exhaled, they move outward from the source. The risk for infection decreases with increasing distance from the source and increasing time after exhalation. The longer the duration of exposure within an indoor setting, the risk of infection increases.
6. Two main factors determine the amount of virus to which a person is exposed in the air or by touching a surface contaminated by virus:
 - a. Decreasing the amount of virus in the air.
 - b. Progressive loss of viral viability and infectiousness over time influenced by environmental factors such as temperature, humidity, and ultraviolet radiation (e.g., sunlight).
7. Transmission of SARS-CoV-2 from inhalation of virus in the air farther than six feet from an infectious source can occur. Although infections through inhalation at distances greater than six feet from an infectious source are less likely than at closer distances, these transmission events have involved the presence of an infectious person exhaling virus indoors for an extended time (more than 15 minutes and in some cases hours) leading to virus concentrations in the air space sufficient to transmit infections to people more than 6 feet away.
8. Available evidence continues to demonstrate that existing recommendations to prevent SARS-CoV-2 transmission remain effective. These include physical distancing, community use of well-fitting masks, adequate ventilation, and avoidance of crowded indoor spaces. These methods will reduce transmission both from inhalation of virus and deposition of virus on exposed mucous membranes.
9. Masks are primarily intended to reduce the emission of virus-laden droplets (“source control”), 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 (“filtration for wearer protection”). 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.

10. The Delta variant of the SARS-CoV-2 virus is the dominant variant in Michigan and is significantly more contagious than the original form that entered the United States in winter 2020. While the risk of severe disease is lower in children, low risk does not equal no risk. In 23 states, 0.1% to 1.9% of all pediatric COVID cases resulted in hospitalization. Pediatric hospitalizations for COVID disease have increased week over week and have currently reached record highs in the United States. Although rare, there have been over 490 pediatric deaths reported to CDC to date, and over 4,400 cases of Multi System Inflammatory Syndrome in Children (MIS-C). The Data and Modeling Update issued on November 2, 2021 by MDHHS indicates that case increases are largest in school aged children, 5-18 years old. This data also indicates that school districts without mask requirements have experienced the highest case rates.
11. The most effective way to prevent transmission in schools is to support your community being vaccinated. Achieving high levels of COVID-19 vaccination among eligible students, as well as teachers, staff, and household members, is the most critical strategy to help schools stay open safely. People 12 years and older are eligible for COVID-19 vaccination. Students younger than 12 years of age are ineligible to receive vaccination. At the time the Original Order was issued, people 12 years and older were eligible for COVID-19 vaccination. Students younger than 12 years of age were ineligible to receive vaccination. However, as of November 2, 2021, children age 5-11 years old became eligible for COVID-19 vaccination.
12. According to the American Academy of Pediatrics (AAP), the Centers for Disease Control and Prevention (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. Masking, along with other mitigation measures, can prevent a significant number of new infections among students, secondary cases in their households, and reduce the number of missed days of school due to illness, isolation, or quarantine.
13. When multiple prevention strategies are applied consistently, including ensuring ventilation for increased air exchange within a setting, proper and frequent handwashing, and consistent, proper, and universal mask use, school-associated transmission of COVID-19 is reduced by up to 70% according to current models.
14. On August 27, 2021 and pursuant to law, this Health Officer issued an “Order Regarding Prevention of COVID-19 Transmission in Educational Settings within Antrim, Charlevoix, Emmet and Otsego County, State of Michigan”, which for brevity shall be called the Original Order.
15. This Order, as described in this document and being issued on November 9, 2021, shall be called the First Amended Order.

THEREFORE, IT IS HEREBY ORDERED that all Educational Institutions and all Persons in Educational Settings must adhere to the following requirements:

1. The Educational Institutions shall immediately adopt a policy requiring universal masking indoors and

implement this policy by any and all reasonable and necessary enforcement procedures that require all children in kindergarten through grade 12, regardless of vaccination status, to consistently and properly wear a facial mask covering both nose and mouth while inside any enclosed building or structure of the Institution.

2. The Educational Institutions shall immediately adopt a policy requiring universal masking indoors, require and implement this policy by any and all reasonable and necessary enforcement procedures that require all persons, regardless of vaccination status, providing service to any child in kindergarten through grade 12, and all persons providing service to students identified as medically fragile regardless of age, to consistently and properly wear a facial mask while inside any enclosed building or structure of the institution.
3. The Educational Institution shall immediately post this First Amended Order and maintain the posting of this Order at each entrance to the facility and additionally document distribution of this First Amended Order to all local school districts workers.
4. Those Educational Institutions that currently are in compliance with this First Amended Order shall continue compliance.

IT IS FURTHER ORDERED that the following terms shall have the following definitions for purposes of this **ORDER**:

- a. “Educational Institutions” or “Educational Settings” includes youth camps, youth programs, childcare centers, tutoring centers, preschools, primary through secondary schools, vocational schools, colleges, and universities and other organized activities outside the home where coursework is taught.
- b. “Persons in Educational Settings” means students K through grade 12, teachers, administrative staff, visitors, attendees, volunteers, or students older than grade 12 who may be present in the educational setting of students, coaches, camp leaders, and other employees or volunteers of Educational Institutions. This also applies to teachers and staff working with or in the classroom of medically fragile or neurodivergent students of any age.
- c. “Face mask” or “facial covering” means a tightly woven cloth or other multi-layer absorbent material that closely covers an individual’s mouth and nose. The following are NOT considered face masks or facial coverings in compliance with this order: mesh, netting, lace, or material that is see-through.

FURTHERMORE, this **ORDER** shall NOT apply to the following Persons:

1. Persons in the act of eating or drinking.
2. Persons outside if not engaged in activities involving direct physical contact.
3. Persons under the age of five years, although supervised masking is encouraged.

4. Neurodivergent students of any age attending school, although supervised masking is encouraged.
5. Teachers who are working with children who are hard of hearing or neurodivergent students who benefit from facial cues. These teachers or staff should be vaccinated or comply with masking directive.
6. Persons who have a current 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.
7. A person with a disability who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the American with Disabilities Act, 42 USC 12101 et seq. and the Michigan Persons with Disabilities Act, MCL 37.1101 et seq.
8. Students and Officials/Referees participating in a testing program specified in the HDNW publication titled [Health Department of Northwest Michigan Athletic and Performing Arts Guidance for Schools](#) issued November 9, 2021, and are engaged in practice, competition, or performance where the wearing of a mask would be unsafe or interfere with the ability to perform.
9. Residential schools that are operating under a written mitigation plan approved by this Health Officer.

IT IS FURTHER REMINDED that:

1. On January 29, 2021, the Centers for Disease Control and Prevention issued an Order that required facemasks to be worn by all people while on public transportation (which included all passengers and all personnel operating conveyances) traveling into, within, or out of the United States and U.S. territories. That Order includes school buses, both public and private.
2. On July 27, 2021, the Centers for Disease Control and Prevention issued recommendations calling for universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status. The HDNW reminds Educational Institutions of this recommendation and has previously encouraged them to enact policies to this effect prior to the upcoming school year.
3. This First Amended Order is consistent with and assists schools in complying with their statutory obligation 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 a school sponsored activity. See, MCL 380.11a(3)(b).
4. This First Amended Order may be enforced as authorized by law and includes, but is not limited to injunctive relief as provided in MCL 333.2255.
5. This First Amended Order does not repeat, supersede, or rely on any current MDHHS or Federal Epidemic Orders, but as long as such orders remain in effect, they are incorporated by reference herein.

THIS ORDER was issued on August 27, 2021 and is amended as of November 9, 2021. It is effective immediately and updates the Original Order. It remains in effect until it has been determined by the Health Department that the risk trends have consistently improved utilizing such indicators as transmission levels, vaccination coverage, hospital capacity and public health capacity AND/OR until further notice from the Health Officer.



Lisa Peacock, MSN, MPH, RN, WHNP-BC
Health Officer
Health Department of Northwest Michigan



Dr. Joshua Meyerson, MD, MPH, FAAP
Board Certified in Pediatrics
Medical Director
Health Department of Northwest Michigan

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