



Frequently Asked Questions Following the September 22, 2021 Public Health Orders

Public Health Order for Face Masks in Educational Settings

1. Why can't we leave it up to each individual person if they would like to mask or not?

The Barry-Eaton District Health Department's (BEDHD) goal is to keep as many students as possible in an in-person learning setting while prioritizing the health and safety needs of the school population and greater community. Children under the age of 12 are currently ineligible for the COVID-19 vaccine. The vaccine provides a high level of protection and may reduce the risk of transmission of COVID-19 to others. Furthermore, vaccine uptake is currently at an insufficient level to reach "herd immunity" among eligible individuals in both Barry and Eaton counties. This means that the virus is still spreading rapidly within our communities and not only infecting those who choose to not get vaccinated, but also those who would like but are unable to due to various reasons such as age limitations, immunocompromising illness, and more. This has become more of a significant issue with the start of in-person learning.

Those in kindergarten and older are also mandated by law to receive an education, typically indoors at a school with many other children for hours each day. Until these children are able to or parents and guardians choose for them to get a vaccine, the most effective way to prevent spread during the school day is to have layered prevention strategies, including the universal use of face masks among staff and students along with other important prevention strategies such as distancing, increased ventilation, disinfection/hygiene and available COVID-19 testing.

It is the statutory duty of the public health officer to prevent an imminent danger that could result in disease, death or physical harm. *If many students do not wear masks, this may result in harm to others through the transmission of COVID-19 which can spread from person-to-person before an individual has any symptoms.* An infected person will still appear healthy and may not choose what is best for others since they won't yet know they are infected with COVID-19. For these reasons, and because of data showing increasing transmission of Delta in Barry and Eaton counties, and unprecedented rates of hospitalized youth in other States, BEDHD passed the September 22, 2021 Face Mask Order for educational institutions, child care centers, preschools, and pre-k to 12 schools (elementary, middle, high, and vocational).

Resources:

[BEDHD School Resources Webpage](#)

[Public Health Code: ACT 368 of 1978, MCL 333.2433](#)

2. Why did we wait until now to pass a mask mandate?

BEDHD worked closely with educational facilities in Barry and Eaton counties long before the 2021 school year began, providing best practices and sharing the most current information on the virus including proper and effective mitigation practices. Unfortunately, recommending mitigation strategies was not effective enough to curb the spread of the virus.

There has been a 219% increase in new cases among 0-17 year olds comparing the two week period of August 1-14 to August 29-Sept 11. For the month of September, 45% of all COVID-19 cases in Barry County are under the age of 20. For the month of September, 30% of all COVID-19 cases in Eaton County are under the age of 20.

Last school year, BEDHD had 45 school related outbreaks between January 2021 and June 2021. This year from August 30 – Today (9/20) we have had 13 school related outbreaks.

Barry County Specific Data for cases under the age of 18

- Last year:
 - From 8/2/2020 – 8/15/2020 there were 6 cases
 - From 8/30/2020 – 9/12/2020 there was 9 cases
- This Year
 - 8/1/2021 -8/14/2021 there were 14 cases
 - 8/29/2021 – 9/11/2021 there were 94 cases
- While we would expect some rise in cases with coming back to school, a 571% increase in just Barry county alone is substantial and much higher than what we saw last year.

Eaton County Specific Data for under age of 18

- Last year:
 - From 8/2/2020 – 8/15/2020 there were 7 cases
 - From 8/30/2020 – 9/12/2020 there was 7 cases
- This Year
 - 8/1/2021 -8/14/2021 there were 44 cases
 - 8/29/2021 – 9/11/2021 there were 93 cases
- Eaton saw a 111% increase in cases once schools went back in session. Some school districts in Eaton County have had a masking and quarantine policy already in place since the beginning of the school year.

Resources:

[BEDHD Data Update August 2021](#)
www.barryeatonhealth.org/coronavirus

3. Will the health department enforce these orders? If yes, how will they enforce these orders?

It is the responsibility of the school to ensure compliance with the September 22, 2020 Face Mask and Quarantine Orders and lack of compliance by the school, or by students, teachers and staff while at the school or part of school-affiliated activities, will result in action by the health department. Michigan law authorizes local health departments to respond to noncompliance with public health rules, regulations and orders in a variety of ways, depending on the scope and severity of the violation. The response could include anything from a warning to a school-specific Cease and Desist Order, among other things. In addition, we will respond to and investigate any complaints or concerns we receive. We will always contact the school in question, review their posted prevention strategies, share any complaint(s) and receive a report from the school administrator on the level of compliance. We will offer to work together with a school to gain full compliance with the orders.

4. In what situations would someone in an educational setting NOT be required to wear a mask?

Masks are not required in the following situations:

- Person is eating, drinking or napping

- Person is under the age of 4
- 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.
- Vaccinated teachers who are working with children who are hard of hearing or students with developmental conditions who benefit from facial cues.
- Persons who have a medical contraindication confirmed in writing from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) currently licensed to practice medicine in the State of Michigan.

5. Does my child need to wear a mask on the school bus?

Yes. All children and staff on board a school bus are required to wear a face mask per Federal law.

Resources:

[Masking for Public Transportation and School Buses](#)

6. Does this face mask order apply to sports and/or extracurricular activities?

Yes, when in an enclosed structure. This means a location that is fully or partially enclosed on the top and: fully or partially enclosed on two or more contiguous sides; OR if fully or partially enclosed on two non-contiguous sides, any part of that space that is more than 8 feet from an open side is considered an enclosed structure. While this order is in effect, all teachers, staff, students, and visitors, regardless of vaccination status, must wear a mask while indoors at an educational setting. An educational setting is broadly defined and includes but is not limited to, youth camps, youth programs, childcare centers, preschools, primary through secondary schools, and vocational schools. This definition includes educationally affiliated extracurricular activities such as school athletics and field trips, and transportation provided to and from educational settings and educationally affiliated extracurricular activities. Persons in attendance at any meetings, including school board meetings, held within the facility are included. All individuals, regardless of vaccination status, may remove masks during sports and other extracurricular activities conducted *outdoors*. It is recommended that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated, especially in communities with substantial to high transmission. Those who are fully vaccinated may also wear masks outdoors when in crowded environments, should they wish to do so.

7. Why can people go to a college or professional football stadium and not be required to be masked but our kids need to be masked in school?

Stadiums are outside where the coronavirus has a reduced transmission rate, while school takes place indoors where the virus is able to quickly pass from person to person. Furthermore, going to a college- or professional-level sporting event in a stadium is a choice, while attending K-12 school is required by law. It is up to community leaders, including but not limited to BEDHD, to be sure that students of all backgrounds are protected from biological and other hazards while engaging in an activity that law deems necessary. Finally, it is the recommendation that people attending any type of event wear a mask to help reduce the spread of COVID-19.

8. How does wearing a face mask prevent the spread of COVID-19?

COVID-19 is an airborne virus that most commonly spreads between people who are in close contact with one another. It spreads through respiratory droplets or small particles, such as those in aerosols, produced when an infected person coughs, sneezes, sings, talks, or breathes. How well masking helps with COVID-19 spread is still being researched; however, we do have an accumulation of research from COVID-19 and other viruses that masking can reduce spread and thus reduce new infections.

If you wear a mask, you decrease the number of droplets that spread from your nose and mouth out into the environment around you. If you happen to be sick or carrying the virus, wearing a mask decreases the amount of virus around you as well. If less virus is in the environment, the chance of getting sick from COVID-19 decreases. As more people wear masks and face coverings, the chance of coming across the virus will decrease. A mask is only effective if it is worn properly by covering both the nose and mouth.

Resources:

[FDA: Face Masks, Including Surgical Masks, and Respirators for COVID-19](#)

[CDC: Guidance for Wearing Masks](#)

[Mayo Clinic: How Well Do Face Masks Protect Against Coronavirus](#)

[CDC: Scientific Brief: SARS-CoV-2 Transmission](#)

9. Are face coverings or masks harmful to kids?

Masks are not harmful to kids if worn properly. Masks are NOT recommended for children under 2 years old. A mask should cover your nose and mouth and be secured under your chin. It should fit snugly against the sides of your face. Cloth masks should be washed consistently to prevent contamination. Disposable masks should be replaced with a clean mask after every use.

All published research performed to date show no danger to children. Articles that have been retracted are not classified as credible published research. According to the American Academy of Pediatrics, face masks can be safely worn by all children 2 years of age and older, including most children with special health conditions, with rare exception. Children with weakened immune systems or who have health conditions that put them at high risk for infections are encouraged to take all recommended precautions including wearing a well-fitted mask for protection. Children with medical conditions that interfere with a cognitive or lung function may have a hard time tolerating a face mask. For these children, special accommodations may be needed.

Face masks have long been recommended for use in many different situations to protect both the individual as well as others around the individual. It has been a precedent for masks to be used in highly populated cities around the world, for example, to curb the spread of other contagious diseases. It would not be the recommendation from reputable sources for immunocompromised individuals, doctors, nurses, and other healthcare professionals to wear masks if they were negatively impacting physical health.

Resources:

[American Academy of Pediatrics \(AAP\)](#)

[American Academy of Pediatrics – Healthy Children FAQ](#)

[CDC: Your Guide to Masks](#)

[Review of Best Masks for Kids](#)

[Randomized clinical trial to evaluate the safety, fit, comfort of a novel N95 mask in children Assessment of Respiratory Function in Infants and Young Children Wearing Face Masks During the COVID-19 Pandemic](#)

10. Can a face shield be used instead of a face mask?

Face shields, including plastic shields and hybrid products that have fabric around the edges of the shield are not a replacement for cloth face coverings. For people who are medically unable to tolerate a face covering, or in special circumstances, a face shield may be worn alone instead. The CDC does not recommend use of athletic face coverings or neck warmers/gaiters as a substitute for cloth face coverings. Masks with vents also should not be worn.

Resources:

[CDC: Your Guide to Masks](#)

11. My child has a medical condition and cannot wear a face mask. What are our options?

There may be a small minority of individuals who have a documented medical contraindication to using face coverings or need an accommodation based on a developmental disability in order to access education. The order includes exceptions for these situations. In the case of those with developmental disabilities, these are limited to persons with an Individualized Education Plan, Section 504 Plan, Individualized Healthcare Plan or equivalent. Persons who have a medical contraindication to wearing a mask must have that confirmed in writing from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) currently licensed to practice medicine in the State of Michigan. Schools must collect this documentation to have on file.

12. Why don't we mask for the flu?

Within a few months of COVID-19 arriving in the U.S., mask-wearing was recommended and, in some cases, mandated to prevent COVID-19 from spreading. In addition to a growing body of research supporting masking, people with COVID-19 may be contagious without symptoms for two or more days, longer than the one day that is typical for influenza. The FDA authorized the COVID-19 vaccines for first emergency use authorization (EUA) on December 11, 2020. The FDA gave full approval of the Pfizer vaccine on August 23, 2021.

Masks were one of the best methods for preventing the spread of COVID-19 before vaccines were approved. Masks are still recommended for individuals, in addition to getting the COVID-19 vaccine, because of more severe and more transmissible variants such as the Delta variant. Masks may be recommended for influenza prevention in the future. As the body of research on masking and COVID-19 grows, evidence may point to mask use as a method for slowing influenza transmission, similar to COVID-19. In 2020, influenza activity was substantially reduced in both the southern and northern hemispheres, adding compelling information that COVID-19 prevention strategies – like masking – may greatly reduce the impact of influenza. Lastly, influenza has a vaccine that is available to nearly everyone aged 6 months or older, giving an added level of protection against infection and severe outcomes.

Resources:

[CDC: Decreased Influenza Activity During the COVID-19 Pandemic Similarities and Differences Between Flu and COVID-19](#)

Public Health Order for Quarantine in Educational Settings

1. Why do we need a quarantine and isolation order for schools?

Because there was no order in place, schools were not required to exclude students who were exposed to COVID-19. Keeping individuals with a known exposure to COVID-19 at home is one way to prevent the spread of COVID-19. All students and staff should have the expectation that they are attending school with people

who do not have an increased chance of spreading COVID-19 to others – particularly since many people are immunocompromised, have significant co-morbidities, or cannot yet be vaccinated against COVID-19.

2. What is the point of quarantining people?

Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease. Isolation separates sick people with a contagious disease from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

Isolation and quarantine are particularly important when it comes to reducing the spread of COVID-19 as every person that eventually becomes infected with the virus is able to transmit the disease to others for at least a 48-hour period before they become symptomatic, or otherwise have any reason to know that they can make other people sick. This means that someone could have contracted the virus and spread it without knowing. Additionally, significant numbers of individuals remain asymptomatic, yet they are fully able to transmit the disease and make other people sick.

Most individuals who get the virus start showing symptoms between 3-5 days after exposure but some can take up to 14 days and others may never show symptoms at all. Quarantining keeps individuals who may have been in contact with a known case from others until the potentially contagious window has passed while isolation keeps known cases away from others until they are no longer contagious.

Resources:

[CDC: About Quarantine and Isolation](#)

3. Why don't we just go back to virtual learning if the virus is getting so out of control again?

While virtual learning was effective for some individuals and families, it was harmful for far too many others. The resources and tools required for schools and families to make virtual learning a positive experience are unfortunately not equally distributed across communities. In addition, there are many areas in Barry and Eaton counties where there is no access to high-speed internet necessary for virtual instruction, not even through cellular hot-spots.

In addition to having access to tangible learning essentials, in-person learning facilitates the development of critical life skills and provides a safe space for children of all backgrounds to have an opportunity to learn and develop.

Resources:

[Mi Safe Schools Rationale](#)

4. Why don't people who are fully vaccinated not need to quarantine, but people whose COVID-19 infection was more than 3 months ago need to quarantine?

Studies have shown that the immune response through vaccination is more consistent and longer lasting than infection from COVID-19.

People who have been fully vaccinated against COVID-19 are less likely to get and spread COVID-19, although breakthrough cases can still occur. After an exposure, people who are vaccinated should monitor themselves

for symptoms of COVID-19 for 14 days, and isolate and get tested if symptoms appear, as well as wear a mask for 14 days.

People who have infected with COVID-19 within the past 90 days also have some immunity to becoming infected from COVID-19, and do not need to quarantine during that time. They should still monitor their symptoms and wear a mask after an exposure. After about 3 months, the immunity of people who have been infected begins to taper off; this waning immunity varies widely and is unpredictable. In a recent study, a third of people who had been infected with COVID-19 did not generate any antibodies. In another study, among those who had previously been infected, those who were unvaccinated were 2.34 times as likely to get reinfected with COVID compared with vaccinated people who had also been previously reinfected. Thus people who have been infected with COVID-19 should get vaccinated after they have recovered, in order to improve their immune response.

Resources:

[Predictors of Nonseroconversion after SARS-CoV-2 Infection](#)

[Reduced Risk of Reinfection with SARS-CoV-2 After COVID-19 Vaccination](#)

5. The guidelines are too confusing. Do you have a resource that outlines the guidelines?

BEDHD understands that there are many different scenarios and specifics that can make it difficult to understand what each individual needs to do in any given situation. This is why we created [an easy-to-follow document](#) which outlines some different scenarios and their outcomes as they relate to quarantine and isolation. *This document only applies to K-12 school exposures.* If you have questions about the quarantine and isolation procedures at schools, daycares and other establishments under K-12, please reach out to that establishment directly. For general isolation and quarantine guidelines, visit the CDC's website at the link provided below.

Resources:

[COVID-19 K-12 Student Exposure Quarantine Scenarios](#)

[MDHHS Isolation and Quarantine Guidelines](#)

6. The guidelines keep changing! Why was quarantine 14 days last year and 10 (or even 7) days now?

As the scientific community gathers more data and evidence relating to the virus, guidelines change. BEDHD works hard to be sure that the most current recommendations are being provided to the communities we serve as it pertains to not only COVID-19, but in all areas of health.