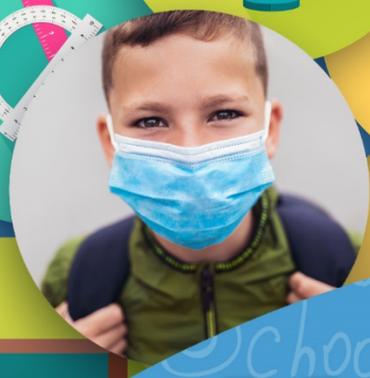
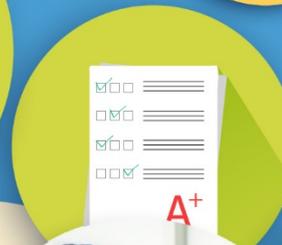


# Frequently Asked Health-Related COVID-19 Questions



# Missouri School Reopening & Operating Guidance

# Introduction



Updated May 20, 2021

*(Look for this icon throughout the document to view the most recent updates.)*

This document contains school reopening and operating guidance that aims to provide additional clarity and consistency for Missouri school leaders and public health officials as they make decisions about school reopening and operating strategies at the local level. It is important to note that information contained in this document is guidance issued from the state level; therefore, local jurisdictions, public health departments or school districts may choose to implement stricter guidance.

There are no statewide health mandates related to K-12 school reopening and operations issued at this time. There may, however, be local ordinances that school leaders and health officials should keep in mind when making plans school reopening and operating plans.

The FAQs addressed in this document center around:

- The **Proactive Strategies** that Missouri’s K-12 schools can implement to mitigate the spread of COVID-19 and best protect their students, staff members and communities, including minimum protocols regarding the following:
  - [Screening](#)
  - [Physical Distancing](#)
  - [Masks/Face Coverings](#)
  - [Hand Washing](#)
- The **Reactive Strategies** that Missouri’s K-12 schools need to be prepared to address upon reopening, including how to handle the follow situations:
  - [When an Individual Presents Symptoms at School](#)
  - [Positive Cases](#)
  - [Contact Tracing \(Investigation\)](#)



The Centers for Disease Control and Prevention (CDC) released an updated [Guidance for Preparing for a Safe Return to School](#) in March 2021, emphasizing that all schools should implement and layer prevention strategies and should prioritize universal and correct use of masks and physical distancing. This document contains descriptions of the latest research regarding schools and the impact on COVID-19 transmission, as well as guidance on mitigation strategies [for schools](#).

*As health experts learn more about COVID-19, this document may continue to evolve to better inform K-12 operations in Missouri and provide guidance on further protocols to prevent the spread of this virus. It is also important to note that local schools and local jurisdictions have the authority to implement more stringent or less restrictive preventative measures.*

## PROACTIVE STRATEGIES

### Screening



#### How should K-12 schools screen students for COVID-19?

K-12 schools should implement a process for daily screening for symptoms of and exposure to COVID-19. Parents and caregivers should be empowered to screen children for symptoms at home, prior to coming to school, and should be provided with a checklist that includes the following symptoms and exposure:

- Fever or chills
- Cough
- Headache
- Muscle aches
- Nausea, vomiting or diarrhea
- New loss of taste or smell
- New runny nose or congestion
- Shortness of breath or difficulty breathing
- Sore throat
- Close contact with a person with COVID-19 in the last 14 days

This list is subject to change as new symptoms of COVID-19 are identified and schools should be prepared to educate families regarding additional symptoms of concern. Parents should assess their children for COVID-19 symptoms. It is important to note, however, that temperature screenings are of low sensitivity.



Students with symptoms should not attend school and parents should consult their healthcare provider and follow CDC considerations regarding their return to school. For students who are diagnosed with COVID-19, either by a laboratory test or based on their symptoms, return to school is permissible when the student is at least 10 days from symptom onset, has been without a fever for 24 hours **and** has improving symptoms. Return to school for children with an alternate diagnosis is at the discretion of their healthcare provider and/or the school nurse. Immunocompromised children and children with severe illness may require a longer duration of isolation (e.g. 20 days) and should be discussed with the child's healthcare provider.

Schools should broadly communicate the importance of keeping students home when they feel sick. At-home screening reinforces that decision and reminds families how important that choice is, as it helps to further protect other students, school staff members, and communities as a whole. Performing a daily screening before a student arrives at school also reduces the likelihood that a student will have to be isolated at school and sent home after experiencing COVID-19 symptoms.

The [Washington University Pediatric and Adolescent Ambulatory Research Consortium](#) has developed and shared two algorithms that school leaders and LPHAs may find helpful. The St. Louis City and St. Louis County Health Departments have agreed to use these approaches, as local leaders continue to develop school reopening guidelines.

- [School Nurse Algorithm](#): shows flow charts for decision-making on screening students for COVID-19 symptoms and assisting LPHAs with contact tracing
- [Clinician Algorithms](#): shows flow charts for healthcare professionals assessing for COVID-19 in children with symptoms both with and without known exposure
  - This Washington University algorithm indicates that the use of face coverings should be reported to the health department when conducting a contact investigation in schools. Per the change in state guidance announced on November 12, 2020, appropriate mask wearing in the school setting may prevent individuals from being excluded from school after a possible exposure. See page 16 of this document for further details.

Children’s Mercy Kansas City has also developed the following resources for school leaders and LPHAs:

- [COVID-19 School Reopening Guidance](#): includes detailed information on screening students for symptoms related to COVID-19 (Appendix A, page 15) and how to handle students that screen positive (Appendix B, pages 15-16).
- [Considerations for the Testing and Management of Children](#): outlines considerations for: asymptomatic children, children without a COVID-19-like illness and children with a COVID-19-like illness.
- [Return to School Considerations for COVID-19 Symptoms](#): provides further information for families and schools assessing symptomatic and asymptomatic children.

### Should schools screen students for COVID-19 onsite?



Children should be visually inspected for signs and symptoms of illness as they enter the school and/or classroom. School leaders may choose to perform additional screening at school, but these measures have proven to be labor-intensive and often do not provide conclusive results.

### How should K-12 schools screen staff members for COVID-19?



Health data continues to reveal that adults are much more likely to spread the novel coronavirus than children, unlike other viruses (e.g. influenza) where children are more likely to transmit the virus to others. Therefore, school staff members should self-screen at home, following the same protocol listed above for families screening students at home. School leaders may choose to perform additional screening at school, but these measures have proven to be labor-intensive and often do not provide conclusive results.

### How should K-12 schools screen visitors for COVID-19?



Many schools limited visitors of all kinds during the 2020-21 school year. Looking ahead to the 2021-22 school year, local factors like COVID-19 cases and transmission in the local community should determine when visitors should be permitted. In instances where case numbers are low and transmission in the community is minimal, schools may consider permitting visitors. Schools should screen the visitor for COVID-19 by asking questions about symptoms and require the visitor to wear a mask while indoors. A record of visitors inside the school should also be kept, and it should include areas of the school that were visited and the time the visitor entered and exited the building. Whether the visitor is fully vaccinated may also play a role in a district’s decision to permit the individual inside the building.





### **Why is physical distancing important?**

Physical distancing is one measure that has been demonstrated to reduce the spread of the novel coronavirus. Distances of three to six feet may be effective in reducing viral transmission. However, a person is considered a “close contact” of a case of COVID-19 if they are within six feet of the case for more than 15 minutes. Close contacts of cases should quarantine for up to 14 days from the last exposure. The CDC has revised quarantine guidance to give LPHAs the option of reducing quarantine to 10 days or alternately to seven days with a negative test after day 5 from exposure. By encouraging proper mask use, observing physical distancing in schools and reducing contacts, we can limit the number of children and staff members who will need to quarantine if a positive case occurs in school. Modifications were made to the guidance related to identifying close contacts in the school setting on November 12, 2020. If both the positive case and the close contact were wearing masks appropriately during the exposure in the school setting, the close contact will not need to be excluded from school. See page 16 of this document for further details.

### **What physical distancing measures should K-12 schools have in place to protect against the spread of COVID-19?**

Schools should assign students to cohorts and limit their exposure to other cohorts within the building. This means that students should stay with the same group of students and adults throughout the day. If classes must rotate, schools should consider rotating teachers, rather than moving groups of students throughout the school building. Strict adherence to a specific size of student groups should be discouraged, as this may limit the ability to provide in-person education. Schools should also implement and enforce assigned seating, and keep records of those seating charts to assist with identifying close contacts in the event a member of the school community is diagnosed with COVID-19.

Per the [revised CDC guidance](#) issued March 19, 2021, the CDC recommends that, with universal masking, students may maintain a distance of at least three feet in classroom settings. This recommendation doesn't apply universally, however:

- In elementary schools, the CDC recommends all students remain at least three feet apart in classrooms where mask use is universal — regardless of whether community transmission is low, moderate, substantial or high.
- In middle and high schools, CDC also recommends students should be at least three feet apart in classrooms where mask use is universal and in communities where transmission is low, moderate or substantial.



- Greater distances may be utilized when there is a high level of community spread, to reduce the risk of students needing to quarantine, if Missouri's modified quarantine option as outlined on pages 18-19, is not being utilized.

The latest CDC guidance encourages schools to maintain six feet of distance in the following settings:

- Between adults in the school building and between adults and students. Several studies have found that in schools, transmission between staff is more common than transmission between students and staff or among students themselves.
- When masks can't be worn, such as during meal times.
- During activities when increased exhalation occurs, such as singing, shouting, band, sports or exercise.
- In common areas with high traffic where it is hard to maintain proper physical distance.

Other physical distancing measures to consider:

- Students should be spaced as far apart as possible. A minimum of three feet apart is best, but more distance may be needed in specific circumstances as noted above.
- Desks should be placed facing forward in the same direction so students do not sit face-to-face.
- Schools should place physical distancing markers and cues throughout the building, which will remind and prompt students to remain six feet apart in areas where they are not stationary, such as hallways, cafeterias, restrooms and other locations where lines assemble.
- Schools should require hand hygiene before and after students move from one space to another within the building. Proper hand hygiene information can be found [here](#) and should be shared with students of all ages.

### **How should physical distancing take place on a school bus?**

School bus transportation may not readily allow for physical distancing. However, strategies to reduce contact on buses and risk of infection can include:

- Screening of COVID-19 symptoms at home prior to getting on the bus.
- Encouraging hand hygiene upon boarding the bus.
- Assigning students to seats so contacts are stable.
- Seating siblings together.
- Loading the bus from back to front.
- Requiring the use of face masks during transport. Per a federal order issued by the CDC in February 2021, [masks are required](#) on school buses and other forms of public transportation (see the third question/answer in the FAQ section in the provided link).
- Creating distance between children on school buses (e.g., seat children one child per row, skip rows) when possible. Children from the same household can sit together without distancing.
- Having windows open when safe and weather-permitting.
- Providing bus drivers and monitors onboard with personal protective equipment, such as face masks and face shields and/or eye protection, as long as these do not impair driving.
- Installing plexiglass or another kind of barrier around the school bus driver area, complying with Federal Motor Vehicles Safety Standards as regulated by the Federal Highway and Traffic Safety Administration.
- More information about school transportation and prevention is available [here](#).



Schools may also ask families that are able to transport their students to and from school or arrange for carpools, when possible, to reduce the number of students riding buses in the upcoming school year.



### **How should physical distancing take place during meal times?**

Because masks can't be worn when people are eating, the CDC suggests maintaining six feet of physical distance during meal times. Keep students in cohorts during meal times and, when possible, have students eat in their classrooms rather than moving through the school building. Schools may consider bringing meals directly to classrooms but should make efforts to ensure nutritional value and appealing menu choices are not sacrificed. In order to minimize the amount of time students are unmasked during meal times, ensure that food is ready to eat when students remove their masks (i.e. containers are opened, food is already cut, etc.) For older students, multiple separate lunch periods may be created and alternate locations, such as an outdoor environment or large indoor spaces (e.g. gymnasium), may be used for lunches with proper supervision.

### **How should physical distancing take place during recess and physical education?**

Physical activity during recess and physical education class is important for a child's physical, mental and emotional health. Schools should require hand hygiene before and after recess and physical education. Students should engage in these activities with their primary cohorts (to the extent possible) to reduce the number of contacts. Multiple cohorts could have recess at the same time, as long as they are playing in separate areas of the playground. The latest CDC guidance encourages schools to maintain six feet of distance during activities when increased exhalation occurs, such as sports or exercise.



Guidance previously suggested disinfecting individual recess/physical education equipment between use, or separating that equipment by cohort to reduce the need for cleaning. That suggestion has been removed per new research that shows a low rate of COVID-19 transmission from contact with hard surfaces.

### **Are there other creative ways schools can arrange for physical distancing?**

School leaders should consider leveraging space in innovative ways. Large spaces, such as multi-purpose rooms and auditoriums could be marked and utilized to account for appropriate physical distancing. The risk of transmitting the virus outdoors is much lower, so schools may also consider using outdoor learning spaces more often.

### **How should physical distancing take place during music class, given the conversation around the higher rate of COVID-19 transmission during singing?**

In local areas with ongoing community transmission, chorus and band classes should be controlled. School leaders should be advised that the risk of transmission during music and band classes increases in older grades. When considering music classes, ensure that students are appropriately physically distanced. Six feet of distance should remain between individuals during activities when increased exhalation occurs, such as singing and playing instruments. Move these activities outdoors or to a large, well-ventilated space when possible. When physical distancing cannot occur, consider alternative music classes such as virtual instruction, music technology, music theory, and music appreciation.



### **Do fully vaccinated K-12 students and staff need to wear masks with the new CDC guidance?**



At this time, the CDC’s mask guidance for schools remains unchanged. Because a large portion of the school population (students under the age of 12) are not yet eligible for vaccination, the CDC continues to recommend that all students and staff wear masks while at school. For more information about the new guidance for vaccinated individuals, please visit the CDC website [here](#).

### **Should K-12 students wear face coverings?**

Face coverings continue to be an important strategy to reduce transmission of the novel coronavirus, both by reducing the spread of infection from the wearer to those around as well as by preventing acquisition of the infection by the wearer. It is recommended that school leaders require K-12 students to wear appropriate face coverings [unless medically exempt](#). Recently published guidance from the American Academy of Pediatrics has indicated that “cloth face coverings can be safely worn by all children 2 years of age and older, including the vast majority of children with underlying health conditions, with rare exception.” The use of face coverings can provide an additional layer of protection against the spread of infection.

Face coverings should especially be considered for all age groups during periods when students cannot physically distance (e.g. in hallways or during entry and dismissal periods). As noted above, it is also appropriate for all students to wear masks or face coverings while riding the bus.

Schools should consider how to best deliver training to students on the safe and proper use of masks, accounting for the training most appropriate for the age group. Local leaders are encouraged to stay informed about CDC guidance and recommendations on face coverings (see “Cloth Face Coverings” section [here](#)). Appropriate mask usage is defined on pg. 7 of this document.

### **Should K-12 staff members wear face coverings?**

It is recommended that school leaders continue to require school staff members to wear appropriate face coverings, [unless medically exempt](#), as adults are the most likely cause of transmission of the virus to others. Face coverings should be worn by staff members at all times when they are in close proximity to students or other staff members. In lecture formats, where the teacher is stationary and appropriately physically distanced from students, face coverings may not be necessary. In some circumstances, such as when working with young children or deaf or hard of hearing students, the need to convey facial expressions and mouth movements is important; in these circumstances, the use of a clear face shield is preferred to no face covering at all. As noted above, bus drivers and monitors onboard a school bus should wear personal protective equipment.

## DO choose masks that



Have two or more layers of washable, breathable fabric



Completely cover your nose and mouth



Fit snugly against the sides of your face and don't have gaps

## Special Situations: Children



If you are able, find a mask that is made for children



If you can't find a mask made for children, check to be sure the mask fits snugly over the nose and mouth and under the chin



Do NOT put on children younger than 2 years old

Any teacher or staff member who is working closely with symptomatic children must wear medical grade masks and eye protections to ensure that staff are protected. Click [here](#) to review information from the CDC on recommendations for personal protective equipment for those working with symptomatic individuals.

The CDC has also provided a number of visual aids and resources to further communicate about appropriate mask wearing:

- [How to Select, Wear and Clean Your Mask](#)
- [How to Wear Masks](#)

## Gaiters & Face Shields



Wear a gaiter with two layers, or fold it to make two layers



Caution: Evaluation is ongoing but effectiveness is unknown at this time

## Special Situations: Glasses



If you wear glasses, find a mask that fits closely over your nose or one that has a nose wire to limit fogging

Graphics courtesy of the CDC



### Should hand hygiene continue to be a priority for students and staff members?

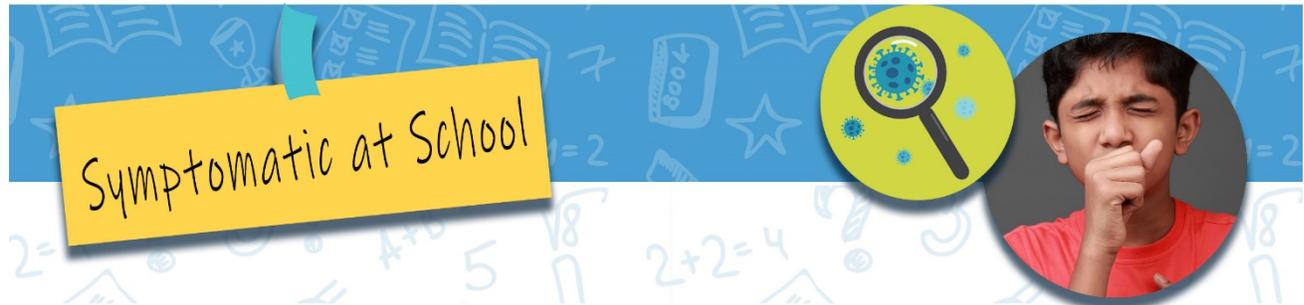


Hand hygiene continues to be a key way to combat the spread of COVID-19. [Cleaning your hands](#) with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60 percent alcohol if soap and water is not readily available is one of the most important steps a person can take to avoid getting sick. This helps prevent a variety of infections because:

- People frequently touch their eyes, nose, and mouth without even realizing it. Germs can get into the body through the mouth, nose, and eyes and make us sick.
- Germs transfer from unwashed hands to other objects, such as handrails, tabletops, or keyboards, and then to another person's hands.
- Removing germs through handwashing, therefore, helps prevent diarrhea and respiratory infections and may even help prevent skin and eye infections.

Teaching people about handwashing helps them and their communities stay healthy. Handwashing can reduce respiratory illnesses, such as common colds, in the general population by up to 21 percent. Additionally, school-based programs promoting handwashing and hand hygiene can result in less gastrointestinal and respiratory illnesses and fewer missed school days for students and staff. For more information, see [CDC's Handwashing: Clean Hands Save Lives](#) website.

## REACTIVE STRATEGIES



### **What should K-12 school leaders do when a student or staff member presents with COVID-19 symptoms while at school?**

All students and staff members with a fever of at least 100.4° or other symptoms consistent with COVID-19 should seek medical care for further evaluation and instructions. All students and staff members who become symptomatic while at the school require immediate isolation and should wear a medical-grade mask until they are no longer in the building. Students who are sick should be walked out of the building to their parent/guardian. The [School Nurse Algorithm](#) linked above, developed by the [Washington University Pediatric and Adolescent Ambulatory Research Consortium](#), can be used by local school leaders and LPHAs to further inform the management of symptomatic students and staff members.

It is recommended that each school have a room or space, separate from the nurse's office, where students or staff members who are feeling sick or appear ill can be evaluated and/or wait to be picked up by a parent/guardian. These rooms/spaces should be set up in such a way as to prevent cross infection among students/staff who may be experiencing different symptoms. For example, in the case that multiple symptomatic students must be in the same room, shower curtain-type barriers should be installed to separate potentially infected students or staff. The room should be disinfected immediately after any individual exhibiting symptoms of illness has exited.

Strict physical distancing should be required and a record should be kept of all persons who entered the room. Staff members entering the room should wear appropriate personal protective equipment, including goggles or face shields, gloves, and medical-grade masks and gowns.

Students who do not display symptoms of illness can be seen and treated in the nurse's office. This would include students who are injured during the school day or students with special health care needs. Use of nebulizers and other aerosol generating procedures should be avoided in the school setting when possible. When these are necessary and/or when contact with respiratory secretions cannot be avoided, such as when suctioning is required, medical grade PPE including eye protection, a fit tested N95 respirator, gloves and a gown should be worn during care.



Additional information about PPE can be found in the National Association of School Nurses' [Guidance for Healthcare Personnel on the Use of Personal Protective Equipment \(PPE\) in Schools During COVID-19](#). DHSS is also working to develop PPE guidance at the state level for school nurses in Missouri. That document will be added here when it becomes available.

## Positive Cases



### **Are public health officials allowed to share health information about a student or staff member with district/school officials to allow necessary contact tracing to take place?**

The Family Education Rights and Privacy Act (FERPA) has a provision that allows Local Education Agencies (LEAs) to share student records, [which include student health information](#), with LPHAs ([34 C.F.R. § 99.36](#)).

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) has a provision that allows personal health information (PHI) to be shared by DHSS and LPHAs to LEAs ([45 C.F.R. § 164.512j\(1\)\(i\)](#)) if the disclosure is necessary to protect public health. Some public health authorities may be considered “covered entities” or “hybrid entities” under HIPAA, meaning that the law applies to them. HIPAA specifically states that covered entities that disclose PHI in the interests of protecting public health are presumed to have “acted in good faith” if the “disclosure:

- (A) Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and
- (B) Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.”

In a [February 2020 Bulletin](#), the U.S. Department Health and Human Services, Office for Civil Rights, stated that “a covered entity must make reasonable efforts to limit the information disclosed to that which is the ‘minimum necessary’ to accomplish the purpose.”

In the case of COVID-19, the “minimum necessary” information to disclose to protect public health (e.g. to support case investigations and contact tracing) may include the name of the student/staff member who has contracted COVID-19, and the probable date of onset. This information should only be disclosed to the necessary staff members (e.g. the school or district COVID-19 point-of-contact) to inform and conduct the steps of the LPHA or school/district. The individual who tested positive should not be identified in communications to the school community at large.

LPHAs may develop written policies to govern routine and recurring disclosures of PHI to schools and districts for the purposes of containing COVID-19. Policies and protocols should address what type of information will be disclosed to support contact tracing and disease mitigation and what will not be disclosed.

LPHAs and LEAs can find additional information on this topic from the following resources:

- U.S. Department of Health and Human Services
  - [Notification of Enforcement Discretion](#)
  - [COVID-19 Limited HIPAA Waiver](#)

- The Network for Public Health Law
  - [Public Health COVID-19 Frequently Utilized HIPAA Privacy Rule Provisions](#)

It is also important to note that federal law typically limits the type of medical inquiries that can be made by LEAs, but given the nature of the pandemic, more leeway has been given to districts and schools in this circumstance to make additional medical inquiries of staff and students than would otherwise be allowed.

- If a parent/guardian tells the school that their child is sick, the school may ask the parent/guardian whether the student is exhibiting any symptoms of COVID-19 or has a positive COVID-19 test.
- If an employee calls in sick or appears ill, the district/school can inquire as to whether the employee is experiencing any COVID-19 symptoms or has been tested.
- If a person is obviously ill, the district/school may make additional inquiries and may exclude the person from school property.

LPHAs and LEAs should direct legal questions to their organization’s legal counsel.



**What communication will take place between local public health authorities (LPHAs) and school leaders when a member of the school community tests positive for COVID-19, and what role will each entity play in that communication process?**

It is the responsibility of the LPHA to contact the person confirmed with COVID-19, inform direct contacts of their possible exposure and give instructions to those involved with the confirmed case, including siblings and other household members, regarding self-quarantine and testing, as indicated. LPHAs should proactively communicate to the school or district the existence of a positive case among its students or staff.



Schools and districts should designate a point of contact at both the school and district levels with whom LPHAs will coordinate regarding COVID-19 exposures, case investigations and contact tracing. Pursuant to 19 CSR 20-20.030(1), schools and districts should report any known COVID-19 cases or exposures to the LPHA where the student resides. When there is confirmation that a person infected with COVID-19 was on school property, the district/school should contact the LPHA immediately and follow the directions of the LPHA where the school is located. Schools and districts should track information regarding cases and exposures to ensure that no staff member or student returns to school before released to do so by the LPHA of record. LPHAs should provide clear guidance and direction to schools and districts on the next steps for contact tracing and potential quarantine.

The communication process between LPHAs and schools/districts could take place in a number of ways, including, but not limited to, the following scenarios:

- **Scenario 1:** An LPHA might share that an individual in Mr. Green’s 4<sup>th</sup> grade class has tested positive to allow for contract tracing. Such information should allow the LPHA to obtain the necessary information from the school to perform contact tracing and notification of exposed individuals.
- **Scenario 2:** A parent/guardian may inform the school that his/her child tested positive and won’t be attending school. The school should alert the LPHA and immediately provide the necessary information for the LPHA to perform contact tracing.

- **Scenario 3:** If the LPHA directs a student to isolate or quarantine, but his or her parent(s)/guardian(s) are not cooperating with the LPHA and causes the LPHA to believe the student plans to attend classes, the LPHA should alert the school, not only for contact tracing purposes, but also to prevent the student from attending school and exposing others.
- **Scenario 4:** If the LPHA's functional ability to begin contact tracing on the same day of notification is constrained by a an increase in cases, a decrease in staffing levels, etc., the LPHA may provide the necessary PHI to the school or district, along with instructions, to begin the process of identifying and isolating close contacts that occurred on school or district property.

[On September 1, 2020](#), DHSS issued additional information about the requirements for schools to report a positive or suspected case of COVID-19 among students or staff members, including when and how this reporting should take place and why this communication is important.

DHSS and DESE also released additional information on [September 4, 2020](#), detailing additional guidance for schools and LPHAs as they continue to work together on contact tracing and quarantine/isolation directives.

**Should school buildings plan to close for a certain period of time after a positive case within the school community to allow for contact tracing and/or sanitization efforts to be completed?**

School districts should consult the LPHA where the school is located for more information about whether a school building or school district closure is required, and how long to expect to be closed. In the case of conflicting guidance from multiple LPHAs within the district's attendance area, the more restrictive guidance should be followed, whenever possible.



If, in the course of contact tracing, a cluster of infections is found in a school community, the LPHA(s) leading the case investigation should provide clear guidance and direction as to whether a classroom or portion of the school building should be closed for cleaning and contact tracing, and provide an estimated timeline as to how long the case investigation may take, so that school leaders and teachers can plan for distance instruction. If the LPHA conducting the case investigation and contact tracing recommends a school building or district closure, it should consult and coordinate with the LPHA where the school is located, which will make the final recommendation. In some cases, where there is a high number of cases, the school may need to close temporarily to determine if there has been a breakdown in mitigation strategies.

In the event that a closure is required, LPHAs should, when feasible, default to a closure strategy that disrupts the learning of the fewest students. For example, if a school is cohorted, that cohort should be sent home, and that classroom cleaned, before an entire floor or school building is closed. If it becomes clear that a school has not utilized cohorts, or that close contacts of the student or staff member that tested positive have moved beyond the cohort, then school leaders should follow the guidance of local health officials regarding closures.



Schools and districts are able to use Alternative Methods of Instruction (AMI) days to provide distanced instruction (up to 36 hours) when building and district closures are determined to be necessary.



### How often should cleaning and disinfecting take place within the school setting?

Recent data suggests the risk of transmission of COVID-19 on hard surfaces (fomite transmission) is low, and that a surface exposure has less than a 1 in 10,000 chance of causing an infection. The CDC notes that, "[Cleaning](#) and promoting hand hygiene are important [everyday actions](#) schools can take to slow the spread of COVID-19 and other infectious diseases and protect students and staff. Cleaning with products containing soap or detergent reduces germs on surfaces and objects by removing contaminants and may also weaken or damage some of the virus particles, which decreases risk of infection from surfaces. Cleaning high touch surfaces and shared objects once a day is usually enough to sufficiently remove virus that may be on surfaces unless someone with confirmed or suspected COVID-19 has been in your school." For more information on cleaning and disinfecting schools, see [Cleaning and Disinfecting Your Facility](#).

The latest CDC guidance suggests schools may clean more frequently or clean **and** disinfect surfaces and objects if certain conditions apply:

- High transmission of COVID-19 in your community
- Low number of people wearing masks or improper mask usage
- Infrequent hand hygiene
- The space is occupied by people at [increased risk for severe illness from COVID-19](#)



### What criteria or indicators should be used to make a decision to increase mitigation strategies or close school buildings? Are there thresholds that trigger certain actions?

At this time, there are no absolute thresholds in place at the state level that trigger certain actions. It will be critical for schools to track cases and clusters in their school community, as this may be the most important factor in determining if a change is necessary. The CDC has updated information on which factors within the community should be reviewed to determine when and under what conditions in-person learning can be provided safely. The [New Indicators and Thresholds for Community Transmission of COVID-19](#) from the CDC's New Operational Strategy for K-12 Schools through Phased Mitigation include:

- Total number of new cases per 100,000 in the last seven days
- Percentage of positive tests in the last seven days

Schools that are open for in-person instruction may decide to remain open even at high levels of community transmission. These decisions should be guided by information on school-specific factors such as mitigation strategies implemented, local needs and the number of cases among the school community. Per the CDC, "a decision to remain open should involve considerations for further strengthening mitigation strategies and continuing to monitor cases to reassess decisions. This should be driven by a 'classroom-first' approach; in-person instruction should be prioritized over extracurricular activities including sports and school events, a common source of school transmission, to minimize risk of transmission in schools and protect in-person learning."



Data from across the country during the 2020-21 school year, including Missouri-specific studies, show that full time in-person learning can be done safely. Because of this evidence, DESE and the State Board of Education, as well as leaders at the federal level, including President Biden and Education Secretary Miguel Cardona, expect schools to begin the 2021-22 school year offering in-person learning, full time, five days a week. The attendance hour rule created by the Missouri State Board of Education for the 2020-21 school year (Alternative Methods of

Instruction-Extended) is scheduled to expire on July 30, 2021. Remote or virtual learning continues to be available for families who choose that option, whether that's through a provider with the Missouri Course Access and Virtual School Program (MOCAP) or a virtual learning option the district has implemented.

Many districts across Missouri used a hybrid learning model as a mitigation strategy through the 2020-21 school year. It may be even more important for those districts transitioning from hybrid to full time in-person learning to establish and enforce additional layers of protection within the school setting to ensure this transition takes place safely and provide additional comfort and confidence to families, students and school personnel.



**Are school staff members considered “essential workers” like healthcare professionals or first responders, and therefore, do not have to follow the same quarantine guidelines?**

While the Departments of Health and Senior Services and Elementary and Secondary Education believe educators and school staff members are “essential” in that they provide invaluable services to the students across our state and prepare them for a bright future, in the State of Missouri, at this time, educators and school staff members are not officially designated as “essential workers” as that phrase relates to the current pandemic.

The White House designated educators as “essential workers” in advisory guidance contained within a [Cybersecurity and Infrastructure Security Agency \(CISA\) Advisory Memo](#). The memo contains the [CDC Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#). These CDC practices state that critical/essential workers who have been exposed to COVID-19 but are asymptomatic may continue coming to work as long as they do not develop symptoms and ensure they follow key mitigation strategies, like wearing a mask, social distancing, etc. It is important to note that both documents (the CISA memo and the CDC practices) are advisory in nature and do not carry the force of law, nor do they currently offer any additional protections for Missouri educators.

In order for educators and/or school staff members to be classified as essential workers in Missouri, executive action would be required. However, local governments, local public health departments and school districts are able to take this information and make their own decision locally. Local education agencies may review this guidance and work with their local public health department(s) and legal counsel to determine how/if they wish to move forward. Local school boards considering designating educators as essential workers may wish to address new questions related to their local sick leave and/or paid time off policies.

It is important to note that by Executive Order and by Emergency Regulation, there is now a presumption for First Responders that if they contract COVID-19 or are quarantined by it, and they file a claim of workers’ compensation, that the First Responder contracted it because of their employment. (See 8 CSR 50-5.005.) Should an LEA designate educators or school staff members as “essential workers,” those employees are not granted this additional employment protection given to First Responders in Missouri.



### **What is contact tracing and what will that look like in a school/district?**

Contact tracing is the means by which COVID-19 infections and exposures are identified, subsequently notified, and ultimately isolated or quarantined to reduce transmission of the virus. Contact tracing is a fundamental epidemiological practice that is used to stop the spread of many infectious diseases, including COVID-19. Contact tracing consists of a series of interviews, performed by public health workers, which are designed to identify close contacts of a student or staff member that tested positive for COVID-19. Close contacts are defined as someone who was within six feet of a person diagnosed with COVID-19 for a cumulative total of 15 minutes or more throughout a 24-hour period starting from two days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection). Close contacts of cases should quarantine for up to 14 days from the last exposure. The CDC has revised quarantine guidance to give LPHAs the option of reducing quarantine to 10 days or alternately to seven days with a negative test after day 5 from exposure. Fully vaccinated individuals, defined as those who received their final vaccine dose at least 14 days ago, do not need to quarantine but should continue to mask and monitor for symptoms.

As DHSS and DESE have gathered more data during this novel virus related to the rate of transmission and infection within the school setting (see references on pg. 20), a decision was made to modify the state guidance on November 12, 2020, related to identifying close contacts in the school setting. Schools and local public health officials may now use the following criteria to determine close contacts in the school setting (see the visual aid on pg. 17):

- If the school has implemented a mask mandate, and appropriate masks were being worn correctly by both individuals during the time of exposure in the school setting, the individual who came in contact with the person with COVID-19 can continue to attend school. Those exposed individuals should self-monitor for symptoms and should also stay home from school at the first sign they do not feel well. Individuals who were exposed to someone diagnosed with COVID-19 while at school should continue wearing their mask at all times to further reduce the likelihood of transmitting the virus, and they should continue to quarantine at home for 14 days when not at school. The person who tests positive for COVID-19 is still required to isolate.
  - It is important to note that if either the person with COVID-19 or the person exposed to that positive case was not following the school's mask mandate or was not wearing their mask appropriately during the time of exposure, the close contact should not come to school and continue to quarantine at home for 14 days.
- If the school has not implemented a mask mandate, close contacts in the school setting should not come to school and quarantine at home for 14 days.

See the [FAQ document](#) here for further details about the modified guidance.

Adequate physical distancing and good hand hygiene should also continue, as they remain important in combatting the spread of COVID-19. This change in guidance is only for exposure within the school setting; standard protocol remains in place for identifying close contacts for quarantine outside of the school setting. Click [here](#) to review the CDC guidance. DHSS and DESE released additional guidance on [November 2020](#) (which has been revised to align to recent updates), for assessing COVID-19 exposures and defining close-contacts in a school setting.

# Wear a mask. Stay in school.



## COVID-19 School Scenarios

*with no documented transmission in the classroom setting*

**EVERYONE MASKED**

When a masked person tests positive and those exposed are wearing masks

**COVID +**      **Close Contacts**

**ISOLATE**      **SELF-MONITOR AND QUARANTINE CAN ATTEND SCHOOL**

**CLOSE CONTACTS MASKED**

When an unmasked person tests positive and those exposed are wearing masks

**COVID +**      **Close Contacts**

**ISOLATE**      **QUARANTINE CANNOT ATTEND SCHOOL**

**CLOSE CONTACTS UNMASKED**

When a masked person tests positive and those exposed are not wearing masks

**COVID +**      **Close Contacts**

**ISOLATE**      **SELF-MONITOR AND QUARANTINE CAN ATTEND SCHOOL**      **QUARANTINE CANNOT ATTEND SCHOOL**

**NO ONE MASKED**

When an unmasked person tests positive and those exposed are not wearing masks

**COVID +**      **Close Contacts**

**ISOLATE**      **QUARANTINE CANNOT ATTEND SCHOOL**

**CLOSE CONTACT:** Someone who was within 6 feet of a person diagnosed with COVID-19 for a cumulative total of 15 minutes or more throughout a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection).

**SELF-MONITOR:** Perform a self-check or be monitored daily for symptoms of COVID-19 over a 14-day period. Contact your health care provider with questions about symptoms.

**QUARANTINE:** The practice of separating individuals who have had close contact with someone diagnosed with COVID-19 to determine whether they develop symptoms or test positive for the disease.

**ISOLATION:** The practice of separating people diagnosed with COVID-19 from others who are not sick to prevent further exposures and/or spread of the disease.

### **Who is responsible for contact tracing in the school setting?**

Contact tracing efforts/investigations are led by the LPHA where the COVID-19 positive person resides, whether that is a student or an adult. In school districts where students and staff reside in different LPHA jurisdictions, the LPHA where the COVID-19 positive student or staff person lives leads the case investigation, and provides guidance to the infected person as well as close contacts of the infected person. However, schools may learn of COVID-19 infections within the school community before an LPHA is aware, as students and staff may receive test results from their health care provider and contact the school. For this reason, schools should be ready to assist with identifying close contacts within the school setting so that any potential close contacts can stay home from school until the LPHA takes over the case investigation and makes a final determination on that individual's status (return to school remain quarantined, etc.).

Ordinances related to COVID-19 exposure, such as length of self-quarantine, and recommendations for close contacts of a person who has tested positive for COVID-19 may vary slightly between LPHA jurisdictions. When feasible, the more restrictive ordinance should be followed in order to better protect the health of students and staff.

DHSS and DESE also released additional information on [September 4, 2020](#), detailing additional guidance for schools and LPHAs as they continue to work together on contact tracing and quarantine/isolation directives.

### **How can schools facilitate contact tracing and COVID-19 containment strategies within a school?**

Schools and districts should make every effort to facilitate contact tracing in their school communities, and be ready to provide timely, effective documentation to the appropriate LPHA. If a school is notified of a positive case of COVID-19 in the school community, the school should begin in-school documentation of that student or staff member's close contacts, no matter if the notification was received by the positive individual or the LPHA.

Schools can facilitate the speed and accuracy of contact tracing by limiting the movement of students in a school building, requiring the use of masks, and using assigned seating. Schools should space students as far apart as is feasible, and create seating charts that can be given to local public health officials to assist in identifying close contacts of the infected student or staff person.

Prior to school reopening, LPHAs and schools should work collaboratively to develop a tactical contact tracing plan, which should clearly define roles, responsibilities, and contact persons at each LPHA, school district and school building. School leaders should assign a point of contact at both the district and school levels for the purposes of coordinating with LPHAs regarding infection mitigation and contact tracing. School districts should plan redundancies into these communication channels in case the primary contact is unable to complete their duties for any reason.

To every extent possible, LPHAs should work together to standardize their quarantine and testing protocols for members of the school community, in an effort to reduce confusion and ensure that standardized, repeatable processes are in place for contact tracing and return to school protocols.

Schools may consider designating at least one staff member to pursue training in contact tracing to inform school/district operations. The [Johns Hopkins Coronavirus Resource Center](#) offers a free, six-hour online course on contact tracing; this will be the same course suggested to LPHAs.

**What documentation, records, etc. should schools have ready to assist health officials in conducting contact tracing?**

Schools should keep records regarding student attendance at the classroom level, seating charts, which may include classroom assigned seating, lunch room assigned seating, academic and physical education locker location/layout information, school bus assigned seating, and cohort lists for health officials to use to assist with contact tracing. Mask usage policies at the school/district should also be communicated to the LPHA.

Students should still use assigned seating in each classroom, and where possible, be seated next to the same peers as they move from class to class. Schools should keep records of students’ class schedules and seating charts for each class. Seating charts should not change for the duration of a class, and if possible, for the entire school year. Appropriate mask wearing by all students and staff should occur. These measures not only ensure that students have fewer close contacts that would be asked to quarantine, but lowers the overall risk of transmission and infection at school.

School staff members should also keep a daily log of their close contacts. Staff should be discouraged from gathering in break rooms to eat lunch, and should be provided time to eat lunch in a space that allows for adequate physical distancing (e.g. a classroom, multipurpose room or outdoors, weather permitting). These staff member daily logs and records for students should be kept for at least 14 days, whether they are kept manually or electronically.

The district and LPHA should develop a consistent protocol to determine if a student or employee should remain at home and self-quarantine, even without symptoms, if the student or employee has recently had contact with a person with a suspected or confirmed case of COVID-19, has someone in their home being tested for COVID-19, or has recently traveled from somewhere considered to be a “hot spot” by the CDC or State Health Department. DHSS has released a [health bulletin](#), in alignment with the CDC’s most recent guidance regarding isolation protocols, which provides direction for LPHAs in determining how long a student or staff person should be isolated.



## APPENDIX

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### References related to masks/face coverings:

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