Guidance for Keeping Schools Safe for Students and Staff

Updated: July 27, 2021

- Vaccination - page 5
- Consistent and Correct Mask Usage - page 5-6
A message from the Children's Mercy COVID-19 Team:

Keeping schools open and safe for all is a top priority for the upcoming 2021-22 school year, and COVID-19 mitigation strategies remain critical to protect school staff, students, and families.

Since the pandemic’s beginning, we have learned so much about the direct and indirect impact of COVID-19 on the lives of children. We’ve seen that schools can conduct in-person learning safely when mitigation strategies are in place. Effective and safe COVID-19 vaccines are available for adults and children 12 and older—in the coming months vaccines will be approved for younger children.

A school-based COVID-19 Response Team will support the continued modification of schools’ COVID-19 plans to reflect the changing landscape. Appendix A outlines the responsibilities and composition of a school COVID-19 Response Team. At a minimum, the COVID-19 Response Team should meet regularly to review plans and protocols and will be responsible for:

- The development and implementation of a risk mitigation plan that addresses isolation and containment
- Implementation of new guidance as changes occur and new information is available

In addition, each school should identify one person to serve as the liaison with the local health department.

This document serves as guidance to mitigate the risk of COVID-19 transmission in K-12 schools. The information in this document is based on current guidelines\(^1\) and the latest scientific information available\(^2\) and will be updated as appropriate.

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2 [https://abcsciencecollaborative.org/year-in-review-path-forward/](https://abcsciencecollaborative.org/year-in-review-path-forward/)
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Layered mitigation strategies are crucial to providing safe in-person education. The most important strategies are listed below and will be discussed in detail throughout the document.

1. Vaccination
2. Consistent and correct mask use
3. Physical distancing
4. Screening testing to promptly identify cases, clusters, and outbreaks
5. Ventilation
6. Handwashing and respiratory etiquette
7. Staying home when sick and getting tested
8. Contact tracing, quarantine, and isolation
9. Cleaning and disinfection
10. Other considerations
1. Vaccination

COVID-19 vaccination is the leading mitigation strategy to prevent individuals from getting infected by the virus and transmitting it to others. Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full operations. The available COVID-19 vaccines in the U.S. are safe and highly effective at preventing infection.

Schools should promote vaccination for all eligible students, staff, and families. This can be challenging given the high rates of vaccine hesitancy, circulating misinformation regarding vaccine, and inequity related to vaccine access. Schools can collaborate with local partners such as the health department, hospitals, and clinics to develop strategies to increase vaccine rates.

For more information on COVID-19 vaccination in schools, visit
OR

Vaccination Verification
Since recommended prevention strategies vary by COVID-19 vaccination status, K-12 administrators who maintain documentation of students’ and staff member’s COVID-19 vaccination status can use this information, consistent with applicable laws and regulations, including those related to privacy, to inform masking and physical distancing practices, testing, contact tracing efforts, and quarantine and isolation practices. Schools that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information from students.

2. Consistent and Correct Mask Usage

Consistent and correct mask wearing has proven to be an effective strategy to decrease the transmission of COVID-19 in schools.

On July 27, 2021, the CDC updated guidance for fully vaccinated people due to the high transmissibility of the Delta variant. CDC recommends universal indoor masking for all teachers, staff, students and visitors to K-12 schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place.

In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission levels, wearing a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated is recommended.
The CDC states that in the K-12 setting, the definition of a close contact excludes students who are 3 feet or more if both students were engaged in consistent and correct usage of well-fitted masks. This does not apply to teachers, staff, or other adults.

Missouri Departments of Elementary and Secondary Education and Health and Senior Services state that if a child is exposed in a school with a mask mandate and both the infected and exposed child were correctly wearing appropriate masks during the exposure, then the exposed child does not need to quarantine at home.

The exposed child should self-monitor for symptoms and isolate if they become ill. They should continue to wear a mask at all times. Decisions around quarantine for masked exposures should be made by the local health departments.

https://dese.mo.gov/communications/coronavirus-covid-19-information

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**HOW TO WEAR A MASK**

- The best mask has 2-3 layers of breathable fabric, is worn snug over the mouth and nose without gaps and does not have an exhalation valve (this promotes the spread of infection).
- The fit of a mask is optimized by adding a nose wire to the top, tying ear loops tighter, tucking in the sides, or wearing a mask fitter.
- Masks should never be worn while sleeping. During naptime, children should be physically distanced as possible. Consider arranging children head to toe.
- Cloth face coverings should be washed daily and when soiled.
- Additional masks should be available for students and staff if mask is forgotten or becomes soiled and/or wet.
3. Physical Distancing and Cohorting

Physical Distancing
Every effort should be made to organize classrooms and school environments that support physical distancing and the cohorting of staff and students. Physical distancing becomes increasingly important when unvaccinated people are not wearing masks.

- Schools should attempt to physically distance students at least 3 feet apart. However, physical distancing should NOT be a barrier to bringing students back into the classroom.
- In cases where 3 feet cannot be maintained, other mitigation strategies (e.g., masking, screening testing, increased ventilation) provide increased layers of protection and should be implemented.
- A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.

Cohorting
Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, and particularly in areas of moderate-to-high transmission levels. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. In creating cohorts of students and staff consider the following:

- Limit the number of staff who can work with each cohort.
- Limit the number of cohorts each staff member can work with.
- It is a school’s responsibility to ensure that cohorting is done in an equitable manner that does not perpetuate academic, racial, or other tracking.
- The size of the cohort may vary depending on the number of students and teachers and the available learning space.
- A cohort may be a class or an entire grade.

4. Testing

Symptomatic testing
All students and staff should have access to COVID-19 testing if they are symptomatic. If the school does not provide onsite testing, a list of resources should be provided to students, families, and staff as to where testing can be performed. Rapid diagnosis of COVID-19 in symptomatic persons allows for rapid contact investigation and lowers the risk of continued transmission.

Screening testing
Screening testing can provide an added layer of mitigation by identifying students and staff who are infected but may not be displaying symptoms. Identification of either asymptomatic or pre-symptomatic persons allows for rapid isolation, contact tracing, and quarantine of others who were in close contact with the infected person. Screening testing is most helpful when other effective mitigation strategies (e.g., masking and physical distancing) are not used, during high-risk activities (e.g., indoor choir, unmasked sports), high community rates of COVID-19, and/or low community vaccination rates. Screening
testing should occur at least once per week, while more frequent testing can increase the effectiveness. Funding for screening testing programs is available through the ELC Reopening Schools Award. [https://www.cdc.gov/ncezid/dpei/pdf/guidance-elc-reopening-schools-508.pdf](https://www.cdc.gov/ncezid/dpei/pdf/guidance-elc-reopening-schools-508.pdf)

**Missouri COVID-19 Screening Testing for K-12 Schools Program:**

**Kansas Schools & Summer Camp Testing:**

Testing should be based on community transmission levels.

**Table 1. Community transmission levels**

<table>
<thead>
<tr>
<th>Indicator - If the two indicators suggest different transmission levels, the higher level is selected</th>
<th>Low Transmission Blue</th>
<th>Moderate Transmission Yellow</th>
<th>Substantial Transmission Orange</th>
<th>High Transmission Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total new cases per 100,000 persons in the past 7 days</td>
<td>0-9.99</td>
<td>10-49.99</td>
<td>50-99.99</td>
<td>≥100</td>
</tr>
<tr>
<td>Percentage of NAATs¹ that are positive during the past 7 days</td>
<td>0-4.99%</td>
<td>5-7.99%</td>
<td>8-9.99%</td>
<td>≥10.0%</td>
</tr>
</tbody>
</table>

**Table 2. Testing recommendations based on transmission levels**

<table>
<thead>
<tr>
<th>Low Transmission Blue</th>
<th>Moderate Transmission Yellow</th>
<th>Substantial Transmission Orange</th>
<th>High Transmission Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>Do not need to screen students.</td>
<td>Offer screening testing for students who are not fully vaccinated at least once per week.</td>
<td></td>
</tr>
<tr>
<td>Teachers and staff</td>
<td>Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High risk sports and activities</td>
<td>Recommend screening testing for high-risk sports² and extracurricular activities³ at least once per week for participants who are not fully vaccinated.</td>
<td>Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants who are not fully vaccinated.</td>
<td>Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.</td>
</tr>
<tr>
<td>Low- and intermediate-risk sports</td>
<td>Do not need to screen students participating in low- and intermediate-risk sports.⁴</td>
<td>Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.</td>
<td></td>
</tr>
</tbody>
</table>
**Type of test**
A variety of tests are available for COVID-19. The three main types of tests available are PCR, antigen and antibody. PCR tests are the most sensitive, but they may be time and labor intensive, requiring laboratory equipment with delayed results. Antigen tests (e.g., BinaxNOW™) are rapid but may be less sensitive, particularly when less virus is present (e.g., at the beginning or end of infection). Antibody tests are used to determine if a person has been exposed to the virus in the past. Antibody tests are not used to determine acute infection. A positive antibody test does not mean that a person cannot get the virus that causes COVID-19.

If a symptomatic child has a negative antigen test result, the decision as to whether a follow-up PCR test is needed should be made by the local health department and/or public health officials.

<table>
<thead>
<tr>
<th>Characteristics of Available COVID-19 Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristic</td>
</tr>
<tr>
<td>Specimen type</td>
</tr>
<tr>
<td>Sensitivity*</td>
</tr>
<tr>
<td>Specificity**</td>
</tr>
<tr>
<td>Turn-around time</td>
</tr>
<tr>
<td>Where performed</td>
</tr>
<tr>
<td>What does it tell you?</td>
</tr>
</tbody>
</table>

**Sensitivity** is the ability to correctly identify people with a disease. A highly sensitive test rules out infection because of low false negatives meaning a negative test result is most likely to be a real negative.

**Specificity** is the ability to correctly identify people without a disease. A highly specific test rules in infection because of low false positives meaning a positive test result is likely to be a real positive.
Developing a screening testing program

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antigen</strong></td>
<td>• More false positives and false negatives</td>
</tr>
<tr>
<td>• Rapid</td>
<td>• Some health departments may require PCR confirmation</td>
</tr>
<tr>
<td>• On-site</td>
<td>• Require CLIA waiver with EUA-authorized tests</td>
</tr>
<tr>
<td><strong>Single PCR</strong></td>
<td>• 24-48 hours (or longer) turnaround time</td>
</tr>
<tr>
<td>• Few false positives and false negatives</td>
<td>• Specimen sent to laboratory</td>
</tr>
<tr>
<td>• No additional testing needed</td>
<td>• Expensive</td>
</tr>
<tr>
<td><strong>Pooled PCR</strong></td>
<td>• 24-48 hours (or longer) turnaround time</td>
</tr>
<tr>
<td>• Few false positives and false negatives</td>
<td>• Specimen sent to laboratory</td>
</tr>
<tr>
<td>• Cheaper than single PCR testing (less</td>
<td>• Positive pools require individual follow-up testing prior to return</td>
</tr>
<tr>
<td>tests are run)</td>
<td>to school</td>
</tr>
</tbody>
</table>

5. Ventilation

The virus that causes COVID-19 appears to spread less in outdoor environments and areas with improved ventilation.

- Activities should be held outside, whenever possible.
- Best practices to promote good air flow in buildings.
  - Open outdoor air dampers as much as 100% to increase outdoor air ventilation thus minimizing or eliminating recirculated return air. This will depend on weather conditions.
  - Improve air handling system filtration to MERV 13, if possible. The age of the air handling system and its operating parameters may limit filtration upgrades to a MERV 8 or 10.
  - Increase hours of operation for air handling systems and reduce setback times to be as short as possible.
  - At a minimum, begin HVAC system operation at least two hours prior to school starting, continuously throughout the day, and then for at least an additional two hours after school.
  - Experts recommend quarterly filter changes, typically school districts change filters three times per year, which fits nicely with the school year schedule. More frequent filter changes may be required depending on filter dirtiness.
Whenever filter changes occur, staff should ensure filters are seated properly and sealed to prevent filter bypass.
Consider closing doors to separate classroom cohorts from one another.
Ensure staff do not obstruct any supply, return, and exhaust vents in their respective spaces.
Operate exhaust fans in those areas where such fans are present (e.g., kitchens, restrooms).
 Routinely service and make repairs, if necessary, to exiting HVAC equipment. If existing ventilation is not adequate or does not allow for the introduction of outside air, as is the case with Window AC units, consider installing portable air cleaners with High Efficiency Particulate Air (HEPA) filtration and an appropriate Clean Air Delivery Rate (CADR) for the size of the space.

- **Window Air Conditioning (AC) unit use in classrooms.**
  - Window AC units can be used to cool rooms during warmer weather.
  - Window ACs typically do not have the best filtration and may not be able to handle highly efficient filtration. If there are concerns about filter efficiency and higher efficiency filters are not available, more frequent filter changes are recommended.

**NOTE:** Window AC units do not introduce fresh, outside air into the occupied spaces: it only recirculates air.

- **Space Heater use in classrooms.**
  - A heater may be required in a space if the existing HVAC system is unable to maintain temperatures at 65º F during the occupied periods of the school day. Portable heaters alter existing air flow patterns in the facility, which may increase exposure potential to airborne COVID-19.
  - Space heaters should have a Tilt Safety Shut-Off switch.

- **Portable Fan use in classrooms.**
  - In well-ventilated areas, the use of portable fans is discouraged because it can alter existing airflow patterns, which could increase exposures.
  - In poorly ventilated areas, opening windows, the introduction of a portable HEPA room air cleaner, and the use of fans has shown to be effective at reducing indoor airborne virus transmission.


### 6. Handwashing and Respiratory Etiquette

Hand hygiene is an important step in decreasing spread of the virus that causes COVID-19. The most reliable way to prevent COVID-19 infection from surfaces is to regularly wash hands. Hand hygiene should occur:

- Before, during and after preparing food
- Before eating food
- Before and after treating a cut or wound
- Before and after touching (i.e., putting on or taking off) a mask
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

Instructions on proper hand hygiene should be posted and students should be reminded of appropriate handwashing instructions. Hands should be washed for at least 20 seconds with soap and water.
An alcohol-based hand sanitizer that contains at least 60% alcohol can be used if soap and water are not available. Students and staff should practice hand washing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses. Schools should reinforce these behaviors and provide adequate handwashing supplies.

7. Staying at home when sick and getting tested

Staying at home when sick is an important strategy to decrease the spread of COVID-19 at schools. Unfortunately, COVID-19 symptoms are similar to other infections such as the flu, and it is impossible to tell if someone with COVID-19 like symptoms has the virus unless they are tested.

Self Attestation: Staff, parents/caregivers and/or students should perform a daily assessment for symptoms before arriving at school (see Appendix B). See Appendix C for symptoms associated with COVID-19. The assessment should also include a history of exposure to persons with known or suspected COVID-19. Staff and students with evidence of an acute illness should not report to school. If the student or staff is not fully vaccinated and has an exposure to a person with COVID-19, they should not report to school. For additional guidance on management of a positive symptom assessment, see Appendix D.

Daily symptom and temperature screening is not recommended to be performed at school. However, if a staff or student becomes symptomatic at school, schools that do not have a universal mask requirement should require masking by symptomatic students, teachers, and staff at school while waiting to be picked up or leave the school.

Schools may test students/staff who become symptomatic at school onsite. If onsite testing is not performed, or the student is at home with symptoms, the school should have a list of local resources where testing can be performed.

8. Contact tracing/isolation/quarantine

Schools and staff should have a written plan for isolation and containment when a student or staff member is ill. Prior to the start of in-person schooling, parents/caregivers should be provided pertinent information, including symptoms for which a student will be sent home, the time interval in which a student must be picked up by a parent/caregiver, and the criteria for return to school. All schools should identify a designated isolation area where exposed and/or ill students can be safely placed until picked up by a parent/caregiver. Students should not be left unattended. The school nurse or a designated staff member should monitor the student and ensure their safety until care is transitioned. Schools should consider having pre-printed templates for communication regarding positive cases and exposures to facilitate rapid communication. The following terminology should be used:

Case Definition
- Confirmed case: Positive antigen or positive PCR laboratory test result.
- Probable case: Clinical criteria (Appendix C: 1 high risk or 2 moderate risk symptoms) AND COVID-19 exposure with NO confirmatory laboratory testing.
**Close Contact**
For teachers, staff, and other adults in the indoor classroom setting, a close contact is someone who was within 6 feet for ≥15 minutes within the 48 hours prior to the onset of symptoms in a person with diagnosed COVID-19 or a clinically compatible illness until the discontinuation of home isolation OR a positive COVID-19 test in an asymptomatic person. The ≥15 minute duration is a cumulative total over a 24 hour period.

An exception has been made for K-12 students in the indoor classroom setting. If both students were consistently and correctly using well-fitting face masks, were physically distanced ≥ 3 feet, and other prevention strategies were in place, they are not considered a close contact.

This definition is based on the Centers for Disease Control and Prevention but may vary based on recommendations by local health departments. If questions on exposure, please contact your local health department.

**Quarantine**
Keeps someone who might have been exposed to the virus away from others. Someone who is fully vaccinated or who has had COVID-19 within the past 3 months does not need to quarantine.

**COVID-19 Quarantine:**
Local public health authorities determine and establish the quarantine options for their jurisdictions. The CDC recommends a quarantine period of 14 days from last contact with a person with confirmed or probable COVID-19. Additional information can be found at: [https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html)

The CDC provides two alternative options to reduce quarantine based on local circumstances and resources (e.g., testing capabilities).
- **Alternative Option 1:** Quarantine can end after Day 10 without testing if no symptoms are reported during daily monitoring.
- **Alternative Option 2:** Quarantine can end after Day 7 after receiving a negative test result (test must occur on day 5 or later).

- In both cases, continued symptom monitoring and masking through day 14 are required.

Any student or staff member exposed to someone with suspected or confirmed COVID-19 should not go to school. If a student is identified to have been exposed, and they are already at school, they should be isolated (see Appendix E), and the parent/caregiver should be called for prompt pickup.

If a staff member is identified to have been exposed, and they are already at school, they should be sent home immediately.
People who had COVID-19 within the previous 3 months and fully recovered OR people who are fully vaccinated do NOT need to quarantine if they do not have symptoms. Fully vaccinated is defined as 14 days after the second dose in a two-dose series (e.g., Pfizer and Moderna) or a single-dose vaccine (e.g., Johnson and Johnson/ Janssen).

The Missouri Departments of Elementary and Secondary Education and Health and Senior Services state that if a child is exposed in a school with a mask mandate and both the infected and exposed child were correctly wearing appropriate masks during the exposure, then the exposed child does not need to quarantine at home. They should self-monitor for symptoms and isolate if they become ill. They should continue to wear a mask at all times. Decisions around quarantine for masked exposures should be made by the local health departments.

https://dese.mo.gov/communications/coronavirus-covid-19-information

Isolation
Isolation separates people who are infected with the virus away from people who are not infected.

**COVID-19 Symptomatic Isolation:**
Isolation for:
a) At least 10 days have passed since symptoms first appeared AND  
b) At least 24 hours since fever free without the use of fever-reducing medications and improvement in symptoms

For children who are immune compromised or require care in the intensive care unit, they may require a longer duration of isolation, up to 20 days or longer. The child’s medical provider or an infectious diseases expert can assist with this determination.

**COVID-19 Asymptomatic Isolation:**
Isolation for at least 10 days from a positive test.

Any student or staff member with COVID-19 symptoms should not go to school. If a student is identified to have or develops COVID-19 symptoms once the student is already at school, they should be isolated, and the parent/ caregiver should be called for prompt pick up. If a staff member is identified to have COVID-19 symptoms, and they are already at school, they should be sent home immediately. If universal masking is not in place, the sick student or staff should be masked. School should designate a contact to determine when staff and students can return to school. See Appendix D for further recommendations regarding return to school.
Identification of a COVID-19 positive case
The school and/or school staff may be notified of a COVID-19 positive case prior to the local health department. In this case, the school liaison to the health department should promptly notify the health department where the staff member or student resides to report the case.

• The liaison should confirm what, if any, additional information is needed and to whom it should be provided. In some cases, multiple health departments may be involved in a contact investigation.

School Case Investigation
Schools should familiarize themselves with the principles of contact tracing in order to rapidly facilitate identification of exposed students and staff and assist local health departments.

Some local health departments are stratifying COVID-19 exposure risk based on activity risk and adherence to mitigation strategies (e.g., mask wearing). Ultimately, the decision of who is exposed and quarantined is determined by the local health department.

Schools should initiate contact investigation for all confirmed cases. The decision for contact investigation of probable cases should be made by the local health department.

• Schools should designate at least one staff member to pursue training in contact tracing.
• Online, free training can be found at the Johns Hopkins Coronavirus Resource Center.
• Once a staff member or student has been diagnosed with COVID-19, the designated staff member in charge of contact tracing will identify any staff members or students that should be considered exposed based on classroom layouts, schedules, etc.
• The school liaison to the local health department will work with the health department to identify any exposed persons.
• Schools should be prepared to notify any exposed persons, so they can be immediately dismissed from school or informed to not return to school until their quarantine is complete. All school privacy requirements should be maintained.
• Schools may choose, but are not required, to notify other staff and students that a person in the school was diagnosed with COVID-19. If schools choose to do this, they should highlight that staff and students were not exposed unless otherwise notified.
• Every effort should be made to keep the identity of the COVID-19 positive person private from other staff and students.
• The decision to close a classroom and/or school should be made in conjunction with the local health department.

9. Cleaning
The risk of getting COVID-19 infection from touching a surface is low. When no people with confirmed or suspected COVID-19 are known to be in school, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces.
You may want to either clean more frequently or choose to disinfect (in addition to cleaning) in shared spaces if the space is a high traffic area or if certain conditions apply that can increase the risk of infection from touching surfaces:

- High rates of COVID-19 in your community;
- Low vaccination rates in your community;
- Infrequent use of other prevention measures, such as mask wearing (among unvaccinated people) and hand hygiene; or
- The space is occupied by people at increased risk for severe illness from COVID-19

If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean AND disinfect the space. If >24 hours have passed since the person who is diagnosed with COVID-19 has been in the space, cleaning is enough.

- See Appendix F for recommended products to disinfect against COVID-19.
- If a school has been closed for a prolonged period, additional considerations for cleaning and disinfecting prior to reopening may be needed.
- Before reopening buildings, consider flushing water systems and all termination devices to prevent Legionella.


10. Other Considerations

Personal Protective Equipment

Although cloth face coverings should be worn by all staff, some staff may require additional personal protective equipment (PPE) due to the nature of their role in the school.

- All school nurses should have access to appropriate PPE to care for an ill student or staff member. Appropriate PPE includes gown, gloves, medical grade mask, and eye shield.
- A fit-tested N95 respirator should be used if nebulizer treatments are being administered. If possible, nebulized treatments should be administered outside or in a room with exhaust ventilation. Every effort should be made to use metered dose inhalers over nebulizers. Schools should work with the child’s primary care provider to find alternatives to nebulizers.
- For children who are technology dependent, schools should work to develop a plan with the child’s multidisciplinary care team, which may include but is not limited to the primary care provider and therapists. For children with tracheotomies, involvement of otolaryngologists, pulmonologists, home nursing, respiratory therapists, and/or home ventilator teams is critical to mitigate the risks associated with suctioning.
- If the school does not have a school nurse, a designated staff member should be provided appropriate PPE when medical care is needed.
- Face and eye shields can be used by staff members, if desired, but should not be a substitute for masks.
- Gloves should be used when handling food, caring for an ill student or staff member, or when bodily fluid contamination may occur. Otherwise, gloves are generally not necessary, especially when frequent and effective hand washing techniques are employed.
Transportation
According to CDC's Order, all children and adults should wear masks on buses and other forms of public transportation, regardless of vaccination status or the mask policy at school.  

To decrease the risk COVID-19 transmission on buses:
• Buses should be loaded from back to front.
• Seats should be assigned.
• Family units should sit together.
• Windows should be opened (weather permitting) to allow for airflow.
• Using hand sanitizer upon bus entry is encouraged.

Higher risk activities
• Unmasked, indoor activities (e.g., lunch) put unvaccinated persons at higher risk of transmitting COVID-19. Increased physical distancing, cohorting, shortening the time period of the activity, and increasing ventilation can decrease this risk.
• Other high-risk activities, including choir, band, and shouting/cheering activities also increase the risk of COVID-19 spread. These activities should be performed outside where possible. If indoors, mask usage for unvaccinated individuals and physical distancing to the greatest extent possible decrease this risk.

Health Maintenance
• All staff and students should be encouraged to receive appropriate health maintenance checks (preventive and well child visits), as recommended.
• All staff and students should be encouraged to receive all appropriate immunizations, including seasonal influenza. Immunizations decrease the incidence of many infectious diseases, which may mimic COVID-19 and cause unnecessary absences.
• Schools should work with local health departments and healthcare providers to offer COVID-19 vaccine clinics to students, families, and staff who are eligible for COVID-19 vaccine.
• Persons can get the COVID-19 vaccine and other vaccines at the same time. There is no longer a 14 day wait requirement between different vaccinations. Possible side effects of vaccines are generally the same when given alone or with other vaccines.

Mental and Behavioral Health Support
It is recommended to collaborate with your school/school district mental health team to determine the best tools and interventions for the school community.

Providing school-based mental health services:
• There are many factors to take into consideration when deciding to screen students. Click here for a comprehensive evidence-based review of screening in schools.
• The School Health Assessment and Performance Evaluation (SHAPE) system is a public-access, web-based platform that offers schools, districts, and states a work-space and targeted resources to support school mental health quality improvement.
Teaching virtual learning tips: Promoting student well-being during the COVID-19 pandemic
• Although more schools are offering in-person learning, virtual learning may still be an option for some students. Learn about 8 virtual learning tips to promote student well-being during the COVID-19 pandemic here, or watch it here.

Creating an equity mindset as center of work
• Schools/districts are encouraged to proactively determine how equity will be assessed and addressed.
• Implement trauma-informed practices.
• Require diversity training for all staff.
• Create a channel for teachers and parents to advocate for student needs (e.g., connecting a student with supplies, technology access, mental health support).
• Inquire about individual student needs and resources from their parents/caregivers.

Staying calm in the midst of pandemic
• Think carefully about available expertise and how best to utilize it.
• Focus on what your school/districts is uniquely qualified to offer and offload other tasks. This may require some basic training of support staff. For example, consider providing the front office staff with questions and decision trees to help triage parent calls.
• Self-care is also essential! Listen to your staff and support their needs.
• Connect with professionals from other schools through district or school organizations for support and ideas.
• Continue to advocate for your school or school district’s needs. Addressing family support and adherence to school policies.

Addressing family support and adherence to school policies
• Provide families with education on school policies in multiple formats.
• Provide simple, clear visual representations of policies in handout format, email, on the school website, and on school grounds.
• Short video demonstrations will help families engage and learn the new policies.
• If your policies include students bringing items to school each day (e.g., masks, hand sanitizer), create a backpack checklist for the family to use before children leave the home.
• Create opportunities for staff or family volunteers to educate families on new policies and connect families in need to appropriate resources.

Visitor Screening
• Schools should limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not fully vaccinated, particularly in areas where there is moderate-to-high COVID-19 community transmission.
• If visitor entry is required, screening for COVID-19 symptoms and exposure should be performed. If a visitor has any symptoms of COVID-19 or contact with a COVID-19 positive person, they should not enter the building.
• Visitors should sign in and sign out, recording times of entry and exit. Locations visited should be documented. This information will facilitate contact tracing.
Appendix A: COVID-19 School Response Team

Every school/district should establish a COVID-19 response team. The team should include representation of administration, educators, nurses and custodial staff.

Key functions of the COVID-19 Response:

• Implement and disseminate COVID-19 policies.
• Provide training to teachers, staff, students, and parents/guardians prior to school opening.
• Start each day with a morning message to the entire school, reinforcing health messaging.
• Create and display signs around the school as reminders of rules, roles, and responsibilities.
• Hold weekly and monthly all-staff meetings on COVID-19 to evaluate control strategies.
• Send out weekly reports and reminders to parents and students of their respective roles.
• Ensure staff are aware of privacy policies regarding disclosure of COVID-19 status.
• Increase staff surge capacity if possible by recruiting student teachers, substitute teachers, community volunteers, and/or recent retirees.
• Appoint a point person responsible for communication to the local health department.
Appendix B: At-home Attestation for Staff, Parent/Caregiver and/or Student

1. Have you been diagnosed with COVID-19 since you were last at school?

2. Have you had any of the following symptoms since you were last at school?
   - Fever
   - Chills
   - Shortness of breath or difficulty breathing
   - New cough
   - New loss of taste or smell
   - Congestion/runny nose
   - Nausea/vomiting/diarrhea
   - Sore throat
   - Headache
   - Muscle or body aches
   - Fatigue

3. Have you had close contact (been within 6 feet of someone diagnosed with COVID-19 for a cumulative total of 15 minutes over a 24-hour period) in the last 14 days?

4. Has any health department staff or a health care provider been in contact with you and advised you to quarantine?

If NO to all questions, you may report to school.

If YES to any of the questions, please contact the school nurse or the designated point person for additional follow-up and do not report to school.
Appendix C: Symptoms Associated with COVID-19

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Note: This list is subject to change and can be found on the CDC website.
Appendix D: What to do if a student has symptoms of COVID-19

COVID-19 SYMPTOM GUIDANCE

<table>
<thead>
<tr>
<th>Close Contact (within 6 feet for at least 15 minutes)</th>
<th>High-Risk Symptoms</th>
<th>Moderate-Risk Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>To a person with COVID-19</td>
<td>• New cough</td>
<td>• Fever (≥100.4°F) or chills*</td>
</tr>
<tr>
<td><strong>Exception:</strong> This EXCLUDES students (not staff) in the K-12 school setting where both students are engaged in consistent and correct use of well-fitting masks and at least 3 feet from each other.</td>
<td>• Difficulty breathing</td>
<td>• Congestion/runny nose</td>
</tr>
<tr>
<td></td>
<td>• Loss of taste/smell</td>
<td>• Nausea/vomiting/diarrhea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sore throat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Headache</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Muscle or body aches</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fatigue</td>
</tr>
</tbody>
</table>

*Fever in adults should be considered a high-risk symptom.

Scenario 1: What to do if a student has symptoms of COVID-19?

<table>
<thead>
<tr>
<th>Screening Results</th>
<th>Does the Child Require a COVID-19 PCR Test?</th>
<th>When Can the Child Return to School?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 moderate-risk symptom</td>
<td>NO</td>
<td>Return to school 24 hours after fever resolution and symptom improvement OR If the provider believes that an alternate diagnosis is the cause of signs and symptoms, return precautions should be specific to diagnosis.</td>
</tr>
<tr>
<td>AND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No COVID-19 exposure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(cont.)
Appendix D: (cont.)

Scenario 2: What to do if a student has symptoms of COVID-19?

<table>
<thead>
<tr>
<th>Screening Results</th>
<th>Does the Child Require a COVID-19 PCR Test?</th>
<th>When Can the Child Return to School?</th>
</tr>
</thead>
</table>
| 1 high-risk symptom OR ≥2 moderate-risk symptoms AND No COVID-19 close contact | YES | **Negative COVID-19 Test:**
Return to school 24 hours after fever resolution and symptom improvement** OR
If the provider believes that an alternate diagnosis is the cause of signs and symptoms, return precautions should be specific to diagnosis

**Positive COVID-19 Test or NO***Test:**
Return to school at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms AND At least 10 days have passed since symptoms first appeared****

** If an antigen test is used and is negative in a symptomatic student, the school may want to consider a confirmatory PCR.

*** In cases where COVID-19 testing is not performed in a student with COVID-19 symptoms, the decision to return to school sooner can be made by the school nurse and/or COVID-19 team in conjunction with the student’s medical provider.

**** For children who are immune compromised or require care in the intensive care unit, they require a longer duration of isolation, 20 days or longer. Consult the child’s medical provider, pediatric infectious diseases expert or local health department if you have questions regarding duration of isolation in these cases.

(cont.)
Scenario 3: What to do if a student has close contact with a person with COVID-19?

<table>
<thead>
<tr>
<th>Screening Results</th>
<th>Does the Child Require a COVID-19 PCR Test?</th>
<th>When Can the Child Return to School? *****</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close contact with a person with COVID-19</td>
<td>Recommend testing 5 days after exposure*****</td>
<td>Quarantine for 14 days from last exposure to a person with confirmed or probable COVID-19. This could be &gt;14 days depending on the last point of contact. If a person tests negative for the virus that causes COVID-19 during quarantine, they must still remain in quarantine for 14 days. If child develops high-risk or moderate-risk symptoms during quarantine, they need to be evaluated for COVID-19.</td>
</tr>
</tbody>
</table>

Exception: This EXCLUDES students (not staff) in the K-12 school setting where both students are engaged in consistent and correct use of well-fitting masks and at least 3 feet from each other.

***** The CDC recommends a quarantine period of 14 days. However, the CDC has provided alternative options to shorten quarantine as acceptable alternatives including quarantine for 10 days without testing and no reported symptoms OR quarantine for 7 days if a diagnostic specimen tests negative on day 5 of quarantine and no reported symptoms. Local public health authorities determine and establish quarantine options for their jurisdictions. People who had COVID-19 within the previous 3 months and fully recovered OR people who are fully vaccinated do NOT need to quarantine if they do not have symptoms. Fully vaccinated is defined as 14 days after the second dose in a two-dose series (e.g., Pfizer and Moderna) or a single-dose vaccine (e.g., Johnson and Johnson/ Janssen).

****** If a child tests positive during quarantine, they must start isolation. See COVID-19 symptomatic and asymptomatic isolation.

The Missouri Departments of Elementary and Secondary Education and Health and Human Services state that if a child is exposed in a school with a mask mandate and both the infected and exposed child were correctly wearing appropriate masks during the exposure, then the exposed child does not need to quarantine at home. They should self-monitor for symptoms and isolate if they become ill. They should continue to wear a mask at all times. Decisions around quarantine for masked exposures should be made by the local health departments.

https://dese.mo.gov/communications/coronavirus-covid-19-information
Appendix E: Creating Isolation Rooms

- Schools may need to think creatively to find and utilize spaces that at first glance may not appear to be likely candidates for an isolation room. The schools may consider modifying existing spaces that are likely to contain exhaust ventilation, such as staff workrooms, science rooms or science storerooms.

- Evaluate the sick/isolation room to ensure that the area is under negative (-) pressure and that exhaust air is directed outside and not into the space.

- If no locations can be found with existing exhaust ventilation and the district does not have resources to make significant and costly modifications to the existing HVAC system, the districts should consider placing a room HEPA Air Cleaner that has a Clean Air Delivery (CAD) rate for the size of the space the device will be placed in. Placement of a room HEPA Air Cleaner will help reduce airborne contaminants and minimize transmission of COVID-19 in sick/isolation rooms.

- Other considerations when determining what spaces to utilize should include the following:
  - Can physical distancing effectively be practiced in the space?
  - Does the space have an outside entrance/exit?
  - How close to the existing clinic or front office should the sick room be?
  - How often should the sick room be cleaned and disinfected?

- Develop cleaning and disinfecting protocols for the isolation room.
Appendix F: Recommended products to disinfect against COVID-19

- **Safe products for disinfecting:**
  - Clorox Commercial Solutions Disinfecting Bio Stain & Odor Remover
  - Clorox Pet Solutions Advanced Disinfecting Stain & Odor Remover
  - Lysol Hydrogen Peroxide Action Multi-Purpose Cleaner, Oxygen Splash
  - Lysol Hydrogen Peroxide Bathroom Cleaner, Cool Spring Breeze
  - Lysol Hydrogen Peroxide Multi-Purpose Cleaner, Citrus Sparkle Zest
  - Lysol Hydrogen Peroxide Multi-Purpose Cleaning Wipes, Oxygen Splash
  - Lysol Power Bathroom Cleaner, Island Breeze
  - Purell Multi Surface Disinfectant, Fragrance Free
  - Seventh Generation Disinfectant Spray, Eucalyptus, Spearmint & Thyme
  - Seventh Generation Disinfectant Spray, Fresh Citrus & Thyme
  - Seventh Generation Disinfectant Spray, Lavender Vanilla & Thyme
  - Seventh Generation Disinfecting Bathroom Cleaner, Lemongrass Citrus Scent
  - Seventh Generation Disinfecting Multi-Surface Cleaner, Lemongrass Citrus Scent
  - Seventh Generation Disinfecting Wipes, Lemongrass Citrus Scent
  - Windex Multi Surface Disinfectant Cleaner
  - Windex Multi Surface Disinfectant Cleaner, Glade Rainshower

- **Safer active ingredients:** If you cannot find any of the products listed above, EWG recommends checking the labels of EPA-registered products for the following active ingredients, which are safer and lower in toxicity compared to others:
  - Hydrogen peroxide
  - Ethyl alcohol (ethanol)
  - Citric acid
  - L-lactic acid
  - Caprylic acid (octanoic acid)
  - Thymol

- **Active ingredients to avoid:** When considering a product, read the labels and be on the lookout for these ingredients that may be best to avoid.
  - Sodium hypochlorite: Found in chlorine bleach. EWG notes that this is “linked to harm to the skin and respiratory system and the environment. When improperly mixed with other cleaners or acids, sodium hypochlorite can be fatally poisonous.”
  - Quaternary ammonium compounds: Also known as quats, which, according to EWG, are linked to asthma and suspected of causing reproductive toxicity and birth defects in humans. They also take an environmental toll.
  - Hydrogen peroxide and vinegar mixed together: The combination forms caustic peracetic acid.

Note: This list is a general information resource and should not be treated as medical advice. These ideas are meant to supplement considerations by your state and local governing bodies and Health Department, NOT meant to replace them. Rely on information at your own risk, consult the most up-to-date recommendations and your own state and local public health officials.