



CLAY COUNTY  
**PUBLIC  
HEALTH  
CENTER**



# Interim Return-to-School Guidance

Public Health Recommendations  
for Safe School Reopening

August 4, 2020

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# Introduction

The following recommendations are based on our present scientific understanding of both the current prevalence and future risks of transmission of COVID-19 among children under 10 and in the 10-19 age groups. The interim guidance and recommendations provided by Clay County Public Health Center (CCPHC) outlined below are subject to change at any time based upon local data and conditions as they evolve in Clay County and will be updated as appropriate.

## **Risk for Severe Illness Increases with Age**

As you get older, your risk for severe illness from COVID-19 increases. For example, people in their 50s are at higher risk for severe illness than people in their 40s. Similarly, people in their 60s or 70s are, in general, at higher risk for severe illness than people in their 50s. The greatest risk for severe illness from COVID-19 is among those aged 85 or older.

There are also other factors that can increase your risk for severe illness, such as having underlying medical conditions. The list of underlying conditions is meant to inform individuals as to what their level of risk may be so they can make individual decisions about illness prevention. We are learning more about COVID-19 every day. CDC's list is a living document that may be updated at any time, subject to potentially rapid change as the science evolves.

[https://www.cdc.gov/coronavirus/2019-ncov/need- extra-precautions/people-with-medical-conditions.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html)

People of any age with the following conditions are at increased risk of severe illness from COVID-19:

Cancer, Chronic kidney disease, COPD (chronic obstructive pulmonary disease), Immunocompromised state (weakened immune system) from solid organ transplant, Obesity (body mass index [BMI] of 30 or higher), Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies, Sickle cell disease, Type 2 diabetes mellitus.

In addition, children who have medical complexity, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease might be at increased risk for severe illness from COVID-19 compared to other children. Parents should consult their child's doctor in order to determine whether their child should participate in classroom learning.

Although we are seeing an increase in cases of COVID-19 in under 10 and 10-19 age

groups, it appears that this is primarily stemming from adults transmitting this disease to children. To date, transmission from children under 10 seems to be less than that from the 10-19 age group.

Therefore, based on this evidence, and the challenges of virtual learning in the younger ages, we are recommending beginning the school year with in-person education for pre-k through grade school students.

Because the transmission of COVID-19 among 12-18-year-old children appears to be biologically similar to that of adults, we are recommending virtual learning for high school and middle school students where a household member is considered high risk for serious complications if infected with COVID-19.

Additionally, for both high school and middle school students, virtual-only or various hybrid models should be implemented, including smaller cohorts and reduced days of attendance, to reduce the likelihood of transmission among these students and students to teachers and adult support staff. These hybrid models will need close monitoring to determine if they can be done safely.

Furthermore, our recommendation is that middle and high school students should not begin school until after Labor Day, as this will allow more time for our community wide mask requirements and other mitigation strategies to take effect.

## General Reopening Parameters

- Establish a plan for ***daily screening*** for illness or exposure to the novel coronavirus.
- ***Minimize interaction between groups*** by staggering lunch times, utilizing alternate common spaces, and keeping students in cohorts to the extent possible.
- ***Keep students physically distanced*** in a classroom, to the extent possible.
- ***Avoid large gatherings*** that mix multiple groups and do not allow for physical distancing. For the short-term, avoid assemblies and pep rallies, choir rehearsals, band practice, and theater performances where large groups may congregate and loud talking or shouting may be increased.
- ***Develop contingency plans*** to respond to changes in the level of transmission in the community. Protocols should be developed for hybrid and virtual learning that can be activated if the circumstances dictate.
- ***Require the wearing of masks/facial coverings*** for all staff and students. Masks/ face coverings are recommended for all students and all staff at all grade levels with limited exceptions.

- **Appoint a point person** at each school who is responsible for developing policies and procedures related to COVID-19 and communicating with local health department officials immediately after identifying positive cases.

## Air Quality and 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.
- Windows should remain open, weather permitting.
- Best practices to promote good air flow in buildings.
  - Operate building Heating, Ventilation, and Air Conditioning (HVAC) systems according to manufacturer instructions.
  - Begin HVAC system operation at least an hour prior to school starting, continuously throughout the day, and then for at least an additional hour after school.
  - Use HVAC filtration with a Minimum Efficiency Rating Value (MERV) rating of at least 8 and possibly up to MERV 10 or MERV 12 as most existing HVAC systems are not capable of handling more efficient filtration without damaging the fan motor.
  - 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.
  - 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 (kitchens, restrooms, etc.)
  - Routinely service and make repairs, if necessary, to exiting HVAC equipment.
- 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 for the units, more frequent filter changes are recommended.
- Space Heater use in classrooms
  - A heater may be required in a space if the existing HVAC system is unable

to maintain temperatures at 65° F during the occupied periods of the school day. 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.

## Protecting Those Who Are Most Vulnerable

Ensure that students and staff with risk factors for severe COVID-19 have the ability to participate remotely to the greatest extent possible if desired.

## Physical Distancing

Physical distancing of at least 6 feet remains one of the best preventative measures for reducing the spread of COVID-19. It is recognized that this cannot always be accomplished and distancing of at least 3 feet, with required masking, can also partially reduce infections. While children are unlikely to exhibit serious symptoms from COVID-19, physical distancing helps prevent the spread of the virus—especially to those who may be at high risk. If an individual tests positive for COVID-19, those individuals who spent  $\geq 15$  minutes within 6 feet of the infected person within the 48 hours prior to symptom onset (or 48 hours prior to test date if asymptomatic), will be required to quarantine for 14 days from last exposure.

- Establish physical distancing protocols for various activities during the school day classroom, cafeteria, gym, playground, etc. Use painter's tape or signage to mark appropriate distances between students.
- Avoid desks facing each other. Ensure that all desks face in the same direction.
- Establish a process for physical distancing, not mixing different student groups, and sanitizing between groups when students are eating within a cafeteria. Every effort should be made for children to eat outside or in their classroom with their cohort.
- Schools should minimize parent and caregiver entry into the building. Masked staff should escort the children to and from the building to the parent or caregiver. If absolutely necessary, establish a contained area (such as a vestibule) for parents when checking students in/out during the school day. If others are waiting to check their student in, they should wait outside (in their vehicle if necessary) so there is a limited number of individuals in the contained area. Only one person at a time should be waiting in the contained area.
- Discontinue allowing non-essential visitors into the school.
- Administer health screening questions to any visitors allowed into the school building. Face masks should be required for these individuals.
- Keep accurate records of anyone who has been inside a building in case an outbreak occurs to assist with contact tracing efforts. Records should include the time of entry and exit and the location that the person visited.

- Allow parents to keep students home for virtual learning, without documentation of illness.
- Maintain a virtual home learning plan for all students, available in the event of the need to quarantine or isolate.

## Health Screenings – Staff

- Implement a health screening, (including symptom assessment and COVID-19 positive close contacts) for all staff *before and/or at the time of* reporting to work.
- If a staff member answers “Yes” to any of the screening questions, they should not report to work.

## Health Screenings- Students

[As of July 31st, the CDC provides limitations and considerations for screening K-12 students for symptoms of COVID-19:](#)

We learn more about COVID-19 every day, and as more information becomes available, CDC will continue to update and share information. As our knowledge and understanding of COVID-19 evolves, this guidance may change. However, based on the best available evidence at this time:

- CDC **does not** currently recommend that universal symptom screenings (screening all students grades K-12) be conducted by schools.
- Parents or caregivers should be strongly encouraged to monitor their children for signs of infectious illness every day.
- Students who are sick should not attend school in-person.

## Hand Washing – Staff and Students

- Perform hand washing with soap and water or the use of hand sanitizer upon entering a building, before and after eating, after restroom usage, before and after any group activities and recess and before boarding school buses and any time the face/mouth are touched (which may prove difficult with younger students).

## Water Fountains – Staff and Students

(Note: the CDC has not issued specific guidance regarding the use of water fountains)

- Avoid groups congregating around water fountains waiting for access.
- Closing access to water fountains except for the use of filling water bottles.

## When Someone Is Sick

The culture of working or going to school when sick must be discontinued. We need to change this culture by encouraging staff and students to stay home when sick. This message should be clearly sent to staff, parents and students. **Perfect attendance awards for staff and students must be eliminated.** We must strive to keep sick people at home. Schools should have a plan to address the anticipated need for staff to take sick time and family leave due to COVID-19 isolation and quarantine guidance. When someone is identified as displaying any symptoms listed in the health screening that cannot be explained by a history of preexisting chronic conditions, such as asthma, hay fever, or seasonal allergies, the following protocols must take place.

- Send student or staff member home immediately.
- Isolate the sick student in a pre-designated area until arrangements can be made for the child to be picked up by a parent or guardian. A designated faculty member with appropriate personal protective equipment (PPE) should be available to supervise the child until they have been picked up.
- Advise the sick staff member (or the parent of a sick student) to contact a healthcare provider if they exhibit symptoms or answered "Yes" to any screening question for further evaluation.
- Follow the guidance of the local health department regarding contact tracing, classroom or school closure, notification of community, sanitizing protocols, etc. if a case of COVID-19 is identified within the school.

## Quarantine, Isolation and Containment

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 with 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 is used:

## **1. Exposure**

Contact within 6 feet for  $\geq 15$  minutes within the 48 hours prior to the onset of symptoms in a person with COVID-19 OR a positive COVID-19 test in an asymptomatic person. This definition is based on the Centers for Disease Control and Prevention but may vary based on recommendations by local health departments.

## **2. Quarantine** - Keeps someone who might have been exposed to the virus away from others.

- **COVID-19 Quarantine:** Quarantine for 14 days from last contact with a person with confirmed or suspected COVID-19. This could be  $>14$  days depending if the person with COVID-19 was unable to isolate from the exposed person (e.g. caregiver and child) or if additional exposure with COVID-19 positive persons occurred (e.g. multiple household members). Further information can be found [here](#).

## **3. 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 24 hours since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms AND
- b) At least 10 days have passed since symptoms first appeared.

- **COVID-19 Asymptomatic Isolation:**

- a) 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. School should designate a contact to determine when staff and students can return to school. See **Appendix A** for further recommendations regarding return to school.

## **4. 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 CCPHC (816-200-3101 or awegner@clayhealth.com) 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.

## 5. 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 CCPHC.

- 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. [See more.](#)
- 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 CCPHC.

## Face Masks and Coverings

Masking has proven to be an effective way to decrease the spread of COVID-19. Instruction on appropriate mask wearing should be discussed at the beginning of the school year and repeated frequently. In this guidance, the term "mask" is used to include a cloth face covering or medical grade mask. For instances where a medical grade mask is required, this will be specified.

- All school staff and visitors are required to wear a mask.
- Wearing a face shield in addition to a mask can be considered but is not a substitute for a mask.
- Students K-12th grade wear a mask.
- Masks should be worn at all times EXCEPT while: eating; drinking; and during active outdoor recess, outdoor physical education activities and indoor physical education while maintaining physical distancing of 6 feet.

- Exceptions may be considered for young children in grade K-3rd where masking may be difficult due to inappropriate mask hygiene (e.g. frequently touching mask and/or pulling the mask down so it does not cover the mouth and nose), or in children with difficulty with speech or language. Children in this age group appear to be less likely to spread the novel coronavirus. Other exceptions may include students with special healthcare and educational needs and those who are unable to take off a mask by themselves. Clear masks may be a substitute in some cases.
- Any mask exceptions should be reviewed by the school's COVID-19 team.
- Staff interacting with children unable to wear a mask, may consider wearing a face shield in addition to, but not substituted for, a mask.
- Decisions related to masking should include grade level, as opposed to age.
- Masks with exhalation valves are not recommended as they can promote the spread of infection.
- Cloth face coverings should be washed daily and when soiled.
- Additional masks should be available for students and staff if mask becomes soiled, wet, or forgotten.
- Staff and students should be reminded regularly as to proper mask wearing, including hand hygiene before putting mask on and taking it off, avoidance of touching mask, and ensuring mask covers mouth and nose.
- Masks should be properly labeled to ensure the masks are not shared between students.

## Gloves – Staff

(Gloves not necessary for students)

- Provide gloves for any staff member working with sick or suspected sick individuals. A fresh pair of gloves should be worn when working with each new individual. An individual should use hand sanitizer or wash their hands with soap and water before putting on gloves and then once again after removing gloves.
- Require custodians to use gloves whenever cleaning.

## Restrooms

- Limit the number of individuals in the restroom to maintain physical distancing.
- Marking spaces outside restrooms to provide visual cues to ensure physical distancing while waiting.
- Administer at least one deep cleaning a day and clean/wipe down high touch surfaces throughout the day. High-touch surfaces can transmit the virus but it is not a high likelihood.
- Maintain a cleaning log to ensure that scheduled cleaning is occurring at the appointed times.

- Ensure that the ventilation system is in full working condition.
- Implementing scheduled restroom breaks so each grade/class can use at a specific time and avoid mixing students from different classes.

## Transportation

- Assign seats to reduce transmission and assist with contact tracing if necessary.
- Establish a protocol for loading and unloading of buses to minimize student contact such as loading the rear of the bus first.
- Keep family units seated together.
- Establish daily cleaning protocols for sanitizing each bus.
- Require bus drivers to wear face masks.
- Require all children kindergarten and up to wear masks while on the bus and while entering school.
- Keeping windows open when weather allows.
- Screening of COVID-19 symptoms/exposures at home prior to child getting on bus.
- Installing a physical barrier (e.g. plexiglass) around the bus driver.

## Cleaning and Disinfection

The Centers for Disease Control and Prevention (CDC) has provided [guidelines](#) regarding cleaning and disinfecting school buildings and other areas.

- Require the use of disposable gloves when cleaning and disinfecting.
- Clean and disinfect surfaces per CDC [guidance](#). Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#).
- Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children.
- Practice routine cleaning of frequently touched surfaces.
  - More frequent cleaning and disinfection may be required based on level of use.
  - High-touch surfaces and objects (such as tables, doorknobs, light switches, desks, phones, keyboards, faucets, etc.) should be cleaned and disinfected regularly.
- Disinfect using EPA-registered household [disinfectant](#), properly diluted bleach solutions or alcohol solutions with at least 70% alcohol.

# Social and Emotional Wellbeing

This pandemic has contributed to heightened stress levels among staff and students. From prolonged absences and disrupted routines, to fear of the unknown, to deaths related to COVID-19, there has been a variety of stressors on our school community. Administrators should keep this aspect in mind when creating their re-entry plans:

- Provide training to teachers and other staff with respect to communicating with and supporting students (and other staff members) during these stressful times.
- Provide mental health first aid training (or a suitable alternative) for building leaders and teachers.
- Consider implementing recommendations in Children's Mercy Hospital Guidance for School Re-opening During the COVID-19 Pandemic. <https://www.childrensmercy.org/health-and-safety-resources/information-about-covid-19-novel-coronavirus/returning-to-community-activities/>

## Other Mitigation Strategies

Creativity and flexibility will be required in order for school operations and student learning to remain steady, despite likely upticks in cases of infection by the novel coronavirus, as well as traditional illnesses, such as seasonal influenza.

- Maintain ongoing communication between administrators and the Clay County Public Health Center by participating in weekly briefings (details will be provided soon).

## Frequently Asked Questions

### **1. What is the current status of novel coronavirus cases in the Kansas City Metro Area?**

As of July 28th, the number of cases continues to rise sharply. Outbreaks have been mostly associated with large indoor gatherings, nursing homes, and production plants. Hospitalization rates have increased. However, local medical capacity is still sufficient.

### **2. What are the criteria for when the school system must close?**

This depends on several variables that are still uncertain including likelihood of child to child and child to adult transmission rates. Therefore, at this time, CCPHC and its partners have not yet defined these criteria. However, it is our position that if over 5% of the student body in a building or district test positive any day, 4% test positive over 2 days in a row or 3% test positive for 3 days in a row, then that

building or district closes for 10 days. We recommend consultation with CCPHC before school closure.

**3. How will CCPHC communicate with school administrators regarding community spread and the need for modifications to our school operations?**

Constant communication between CCPHC and schools will be essential throughout the reopening process, and into the fall. To this end, CCPHC will schedule weekly briefings (details will be provided soon) with school administrators or their designated representatives.

**4. If a child has seasonal allergies or an asthma flare, with a runny nose and cough, but no fever, should they be sent home?**

If these are chronic symptoms of seasonal allergies or asthma, then they should be able to stay in school. If the child has new symptoms of runny nose and cough, regardless of fever, they will need to be sent home and evaluated by a health care provider, even if the child has a history of seasonal allergies and/or asthma.

**5. If a child is coughing a lot with no other symptoms, should they be sent home?**

Yes, a child with new coughing should be sent home, as this is a symptom of COVID-19. They should be evaluated by a health care provider before returning to school.

**6. If a student or staff member has no symptoms, but has a family member who has been diagnosed with COVID-19, should they be asked to stay at home?**

Yes, per CDC recommendations, if they have a contact within 6 feet for >15 minutes with COVID-19, they should quarantine for 14 days from the last point of exposure, which means that the 14 days of quarantine begins when the case's 10 days of isolation ends if they are in the same home.

**7. How is a close contact defined?**

Per CDC guidance, a close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.

**8. Is it still defined as a close contact if both parties (including diagnosed person) were wearing masks?**

Yes, but we still recommend the wearing of masks, as they have been proven to reduce the likelihood of transmission.

## **9. Does the whole school need to be notified when there has been a case identified in the building?**

School personnel should consult with CCPHC once a case has been identified. After collecting pertinent information, CCPHC staff will inform the school staff of which individuals (including staff, students, and families) must be notified. Administrators should communicate with their school community to determine what level of additional notifications are desired in the spirit of transparency.

## **10. Our student athletes have been engaged in summer conditioning outdoors while practicing social distancing. Is it possible for them to start indoor weight room conditioning? And if they can be together, should they stay outside or is it okay to move inside?**

The risk of infection is increased within indoor environments. We recommend that where feasible, physical exercise take place outdoors with sufficient space for social distance.

## **11. Are team sports allowed?**

Locally, we have already had a few outbreaks associated with youth who participate in sports activities, we do not recommend that games resume. However, if these do resume, risks can be mitigated by disallowing use of the locker rooms where feasible, and requiring that coaches, players and spectators wear face masks. Spectators should remain physically distanced, and some programs may choose to not allow spectators. Drinks and personal use equipment should not be shared. Coaches should avoid loud talking and yelling, where possible.

## **12. What about outdoor recess?**

Outdoor environments are beneficial in that there is reduced transmission of the novel coronavirus. Therefore, we recommend that school leaders continue to promote this component of the students' day. Staff members and students aged 10 years and older will need to wear face masks during outdoor activities that do not allow for physical distancing. Recess should occur within cohorts and hand washing should occur before and after.

## **13. Do staff and students need to quarantine after returning from travel?**

According to CDC guidelines, some cities and states may require a 14-day quarantine upon arrival or return from travel. However, at this time, CCPHC has no such requirement. School administrators may consider implementing a policy that asks staff and families to quarantine after traveling to hotspot areas. CDC also provides a list of recommendations for people considering travel.

## **14. Can face masks and face shields be used interchangeably?**

It is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. [CDC does not recommend](#) use of face shields for normal everyday activities or as a substitute for cloth face coverings. Some people may choose to use a face shield when sustained close contact with other people is expected. If face shields are used without a mask, they should wrap around the sides of the wearer's face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use.

## **15. Where can we purchase see-through face masks?**

<https://www.theclearmask.com/product>

## **16. Should we make students with COVID-19 symptoms get an all-clear before returning to school? (e.g., Doctor's note)?**

Please see [recommendations from Children's Mercy](#) regarding staff and students' return to school and community after COVID-19 symptoms.

## **17. What should we do if a student/staff member tests positive for COVID? Close a classroom? Close the school?**

It is unlikely that school closure will be necessary in this case. When you are notified of a positive employee test, please have your designated liaison contact CCPHC for further instructions regarding quarantining, isolation, and disinfecting.

## **18. What percentage of student absences should we be concerned about? What do we do if we get to those numbers?**

Due to isolation and quarantining, it will be difficult to interpret absenteeism. Therefore, we do not recommend that absenteeism be used as a criterion for closure.

## **19. When can students/staff return after testing positive for COVID?**

After testing positive, students and staff can return to school at least 10 days from symptom onset AND 24 hours from resolution of fever without fever reducing medications and improvement in symptoms. If the student/ staff is asymptomatic, they can return to school 10 days after the test was performed. A negative test is not required to return to school.

## APPENDIX A

Exposure	High Risk Symptoms	Moderate Risk Symptoms
To a person with COVID-19	<ul style="list-style-type: none"> <li>• New Cough</li> <li>• Difficulty breathing</li> <li>• Loss of taste/ smell</li> </ul>	<ul style="list-style-type: none"> <li>• Fever(&gt;100.4) or chills</li> <li>• Congestion/ runny nose</li> <li>• Nausea/ vomiting/diarrhea</li> <li>• Sore throat</li> <li>• Headache</li> <li>• Muscle or body aches</li> </ul>

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

Screening Results	Does the child require a COVID-19 test?	When can the child return to school?
1 moderate risk symptom AND NO COVID-19 exposure	NO	<p>Return to school 24 hours after fever resolution and symptom improvement</p> <p><b>OR</b></p> <p>If the provider believes that an alternate diagnosis is the cause of signs and symptoms, return precautions should be specific to diagnosis</p>

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

Screening Results	Does the child require a COVID-19 test?	When can the child return to school?
<p>1 high-risk symptom OR ≥2 moderate-risk symptoms AND No COVID-19 exposure</p>	<p><b>YES</b></p>	<p><b>Negative COVID-19 Test:</b> Return to school 24 hours after fever resolution and symptom improvement <b>OR</b> If provider believes that an alternate diagnosis is the cause of signs and symptoms, return precautions should be specific to diagnosis</p> <p><b>Positive COVID-19 Test or NO* Test:</b> Return to school at least 24 hours since resolution of fever without the use of fever-reducing medications <b>AND</b> improvement in symptoms <b>AND</b> at least 10 days have passed since symptoms first appeared</p>

\*In cases where COVID-19 testing cannot be 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.

### Scenario 3: What to do if a student has a COVID-19 exposure?

Screening Results	Does the child require a COVID-19 test?	When can the child return to school?
Exposure to a person with COVID-19	Can be considered based on local resources	Quarantine for 14 days from last exposure to a person with confirmed or suspected COVID-19. This could be >14 days depending on the last point of contact. If child develops <b>high-risk</b> or <b>moderate-risk symptoms</b> during quarantine, they need to be evaluated for COVID-19.

## Cited and Reviewed Sources

[CDC Guidelines for Schools](#)

[ASHRAE Position Document on Infectious Aerosols](#)

[These 8 Basic Steps Will Let Us Reopen Schools, The Atlantic](#)

Kansas City Missouri Health Department Interim Return to School Guidance

[Children's Mercy Hospital Guidance for School Re-opening during the COVID-19 Pandemic](#)

St. Louis County Return to School Guidance

MOCPHE Return to School Guidance