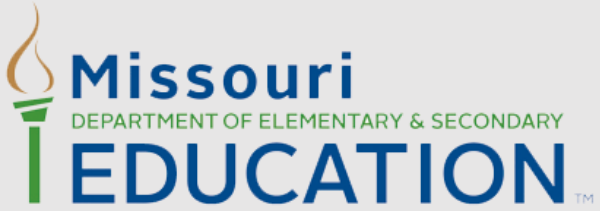
Updated August 17, 2021



Missouri School Reopening & Operating Guidance

Created by the Department of Health & Senior Services (DHSS) and the
Department of Elementary & Secondary Education (DESE)

This document contains school reopening and operating guidance that intends 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.

Preliminary information and data suggests that the transmission and impacts of COVID-19 resulting from the Delta variant is impacting residents in novel and different ways than what was experienced with COVID-19 outcomes last school year. While research is still being conducted, Local Education Agencies (LEAs) and Local Public Health Agencies (LPHAs) should work together as this variant appears to be more quickly transmissible, more impactful on unvaccinated populations, and affecting more adolescents than what was experienced with COVID-19 last year.

The decision to get vaccinated is important. It is the expectation of Missouri education and health officials that school leaders and local public health leaders will work together to develop and implement policies that impact the public health of teachers, students, and other school staff. While the individual choice to be vaccinated is an important one, public health policy decisions should be made on the basis of legitimate and appropriate information obtained from trusted health sources.

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 collaborate to determine the appropriate mitigation strategies at the local level. 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 school reopening and operating plans.

***Update:* The body of research work and science regarding COVID-19 variant transmission continues to grow each week. Transmission of the Delta variant and other possible future variants may be exceptionally different from what was experienced in previous COVID-19 outbreaks. Therefore, this guidance may continue to be modified as more data and information is learned.**

Introduction

The Centers for Disease Control and Prevention (CDC) released updated Guidance for COVID-19 Prevention in K-12 Schools on July 9, 2021. The information below serves as an executive summary of the latest CDC guidance for Missouri school leaders.

COVID-19 prevention strategies remain critical to protect people, including students, teachers, and staff, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels. Many schools serve children under the age of 12 who are not eligible for vaccination at this time. Therefore, the CDC guidance emphasizes implementing layered prevention strategies (e.g., using multiple prevention strategies together) to protect people who are not fully vaccinated. Local leaders, including school administrators, should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies being implemented (e.g., physical distancing, screening testing).

In-Person Learning Prioritized
The latest CDC guidance emphasizes that because students benefit from in-person learning, safely returning to in-person instruction in fall 2021 is a priority. COVID-19 prevention strategies remain critical to protect people who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels. However, students should not need to be excluded from in-person learning, as effective prevention strategies are to be implemented. The timely and accurate sharing of information at the local level is crucial to maintaining in-person learning safely.

Vaccination

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely maintain in-person learning as well as extracurricular activities and sports. The CDC indicates, "Schools can promote vaccinations among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible." Missouri expects LEA's to work with LPHA's or other state enrolled vaccinators to offer vaccinations to eligible staff and students.

The Missouri Chapter of the American Academy of Pediatrics has also developed a vaccine toolkit for Missouri schools with easily accessible information regarding the administration of the COVID-19 vaccine to eligible children. Complete information about the COVID-19 vaccine can be found at MOStopsCOVID.com.

Because children under the age of 12 are not eligible for vaccination at this time, the CDC guidance emphasizes implementing layered prevention strategies (e.g., using multiple prevention strategies together consistently) to protect people who are not fully vaccinated.

The CDC recently released an article that demonstrates drastic reduction in infections if school district staff are vaccinated.

Vaccination Status
There is currently no federal guidance regarding whether an LEA has the authority to require proof of vaccination status for students. There is nothing that precludes an LEA from asking each student for vaccination status, but there is not a clear mechanism or legal authorization for a student or his or her parent or guardian to be compelled to produce such records to the LEA. LEAs should collaborate with LPHAs to gain public health insights and community transmission information, prior to making decisions or policies that impact the public health of students. LEAs should also consult with their own legal counsel or appropriate advisory association as to what necessary and appropriate factors could impact such decisions, including, but not limited to, FERPA, ADA, HIPAA, EEOC guidance, state law, and existing ordinances or local public health orders.

Masks & Face Coverings

The updated CDC guidance aligns school-specific guidance with general mask guidance for individuals based on their vaccination status. The CDC recommends masks be worn indoors by all individuals (age 2 and older) who are not fully vaccinated. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and in crowded settings, when physical distancing cannot be maintained. In general, people do not need to wear masks when outdoors.

Clarification: Policies regarding masks should be made at the discretion of the local boards of education, after consideration of community transmission and positivity rates within a community, and should be

considered for adjustment as public health circumstances dictate. Such policies should be developed with consultation of state and/or local health authorities, as statutory and regulatory authority to mitigate risk of transmission, up to and including school closures, remains within the jurisdiction of the LPHA

Update: On July 27, the CDC released additional guidance, suggesting all individuals should wear masks indoors regardless of their vaccination status. At this time, Missouri acknowledges this new guidance, but believes such decisions should be made at the discretion of local board of education, in consultation with local public health officials. Local entities should consider community transmission and local positivity rates when making these decisions.

Another resource regarding the implementation of prevention strategies based on vaccination rates and community transmission is described in this issue of the CDC's Morbidity and Mortality Weekly Report.

Physical Distancing

The CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing by people who are not fully vaccinated, to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, it is especially important to layer multiple other prevention strategies, such as indoor masking. Because of the importance of in-person learning, schools where not everyone is fully vaccinated should implement physical distancing to the extent possible within their structures (in addition to masking and other prevention strategies), but should not exclude students from in-person learning to keep a minimum distance requirement.

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. Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended. 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, as described in the U.S. Department of Education COVID-19 Handbook, Volume 1.

Screening Testing

The CDC shares that screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing and do not need to quarantine if they do not have any symptoms; although decisions regarding screening testing may be made at the local level.

The CDC provides screening testing recommendations for K-12 schools by level of community transmission in Table 1 in the updated Guidance for COVID-19 Prevention in K-12 Schools.

DHSS is offering Missouri's K-12 local education agencies (LEAs) the opportunity to participate in a COVID-19 screening testing program using a pooled testing approach during the 2021-22 school year. Please reference the Missouri Screening Testing Program for K-12 Schools Guide for complete information about the program.

Contact Tracing

Schools should continue to collaborate with local health departments to confidentially provide information about people diagnosed with or exposed to COVID-19. This allows identifying which students, teachers, and staff with positive COVID-19 test results should isolate, and which close contacts should quarantine. See the added exception in the close contact definition for the exclusion of students in the K-12 classroom who are within 3 to 6 feet of an infected student with masking and other prevention strategies. Fully vaccinated people who were in close contact with someone who has COVID-19 but do NOT have COVID-19 symptoms do not need to quarantine.

Updated CDC guidance has added a recommendation that fully vaccinated individuals who have had a known exposure to someone with suspected or confirmed COVID-19 to be tested 3-5 days after exposure, and to wear a mask in public indoor settings for 14 days or until they receive a negative test result.

School Buses – Masks Required per CDC Order

Per a federal order issued by the CDC, masks are required on public and private school buses and other forms of public transportation for both passengers and drivers. Learn more here, including the applicable exclusions and exemptions. Per this CDC order, if a student attends a school where mask use is not required due to vaccination status (e.g., a high school with a high rate of vaccination), the student is still required to wear a mask on the school bus. Schools should provide masks to those students who need them (including on buses), such as students who forgot to bring their mask or whose families are unable to afford them. Neither LEAs nor LPHAs have discretion regarding this federal order.

Food Service

The CDC recommends maximizing physical distance as much as possible when eating and moving through food service lines. Settings outside of the cafeteria, such as the gymnasium or outdoor seating may be used to facilitate distancing. However, students and staff members who are fully vaccinated do not need to distance themselves while eating. Per the CDC, "[g]iven the low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals." Frequently touched surfaces should be cleaned and surfaces that come in contact with food should be sanitized before and after meals. Schools should promote proper hand hygiene before and after meal times.

Sports & Extracurricular Activities

Students and coaches/teachers who are not fully vaccinated should refrain from these activities when they have symptoms consistent with COVID-19 and should be tested. The CDC goes on to say, "Students who are not fully vaccinated and participate in indoor sports and other higher-risk activities should continue to wear masks and keep physical distance as much as possible. Schools should consider using screening testing (see Table 1 in the updated CDC guidance) for student athletes and adults (e.g., coaches, teachers, advisors) who are not fully vaccinated who participate in and support these activities to facilitate safe participation and reduce risk of transmission — and avoid jeopardizing in-person education due to outbreaks."

Additional Preventative Measures

Screening testing, ventilation, handwashing and respiratory etiquette, staying home when sick and getting tested, contact tracing in combination with quarantine and isolation, and cleaning and disinfection are also important layers of prevention to keep schools safe. Students, teachers, and staff should stay home when they have signs of any infectious illness and be referred to their healthcare provider for testing and care.

Additional Resources

The Washington University Pediatric and Adolescent Ambulatory Research Consortium has developed and shared two algorithms that school leaders and LPHAs may find helpful.

- School Nurse Algorithm
- Clinician Algorithms

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

- COVID-19 School Reopening Guidance
- Considerations for the Testing and Management of Children
- Return to School Considerations for COVID-19 Symptoms

Addendum

Missouri DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION™

Missouri DHSS Department of Health and Senior Services

Updated 08/16/21

When to Quarantine After Exposure to a Case of COVID-19 (K-12 Schools)

Is the exposed student/staff member vaccinated?

- **Yes** → Exposed person is not required to quarantine and can attend both in-person learning and sports/extracurricular activities

  CDC guidance (8/5/21) suggests getting tested 3-5 days after exposure, correctly wearing masks in school, AND wearing a mask indoors for 14 days or until negative test results are received
- **No** → **Was the person exposed at school?**
  - **Yes** → **If individuals were less than 3 feet apart, were they properly masked?**
    - **Yes** → Exposed person may attend in-person learning while monitoring symptoms, wearing a mask consistently, and quarantining outside of school; attending sport/extracurriculars is not permitted (per state modified quarantine guidance, 08/2021)
    - **No** → Quarantine at home
  - **No** → Quarantine at home

If the individual starts experiencing symptoms, they should get a COVID test and isolate while awaiting results.

What is the COVID test result?

- **Negative*** → Return to school when able, based on school/district policies (i.e. symptom-free or fever-free for 24 hours)
- **Positive*** → Isolate at home

*There will be situations where additional recommendations, testing, and control measures are needed. At-home tests will not be accepted for decisions on isolation and quarantine recommendations.

COVID-19 Exposure

Exposure is defined as being 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 two days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection) until the infected individual meets the criteria for discontinuing home isolation. Per revised guidance, individuals who were within 3–6 feet of a person diagnosed with COVID-19 in a K–12 indoor setting are not considered close contacts if both the infected individual and the exposed individual correctly and consistently wore well-fitting masks the entire time.

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. The CDC recommends staying home for 14 days after the last exposure. Vaccinated individuals and those who have recovered from COVID-19 within three months do not need to quarantine while asymptomatic.

Isolation

The practice of separating individuals diagnosed with COVID-19 from others who are not sick to prevent further exposures and/or the spread of the disease. The CDC states isolation can end 10 days after symptom onset and 24 hours after being fever-free with no fever-reducing medications. Other COVID-19 symptoms should also be improving.

Schools should work with local public health officials in executing these steps locally.

dese.mo.gov/covid19

"When to Quarantine After Exposure to a Case of COVID-19 (K-12 Schools)" PDF