



CLAY COUNTY

PUBLIC HEALTH CENTER



COVID-19 and On-Site Learning Guidance for Schools & Early Childcare Centers

Last updated: October 20, 2022

Purpose

This guidance was created as a resource for school and early childcare education (ECE) administrators, including those with home-based programs and family childcare, to safely continue to full onsite learning and/or operations in Clay County, Missouri for the fall 2022 semester. This guidance can help K-12 school and ECE program administrators support safe, in-person learning and keep ECE programs open, while managing the spread of COVID-19. This guidance is meant to provide flexibility based upon Clay County, Missouri COVID-19 community level. It was developed from recommendations from lead public health agencies and expert pediatric organizations, including the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and Children's Mercy Hospitals and Clinics (CMH). It must be used in conjunction with all local and state emergency orders and other guidance provided by Clay County Public Health Center (CCPHC). For both schools and ECEs, this guidance is meant to supplement – not replace – any federal or state regulations that require compliance. The adoption and implementation of this guidance should be done in collaboration with any regulatory agencies, and in compliance with state and local policies and practices. This guidance is written for COVID-19 prevention, the layered prevention approach laid out can help prevent the spread of other infectious diseases, such as influenza (flu), respiratory syncytial virus (RSV), and norovirus. This approach supports a healthy learning environment for all.

Key Takeaways

- K-12 schools and ECE programs should develop and implement a core set of infectious disease prevention strategies as apart of normal operations. These specific strategies should be linked to COVID-19 Community Levels.
- Schools and ECE programs are an important aspect of the infrastructure of communities as they provide safe and supportive learning environments for students and children and enable parents and caregivers to be at work.
- Schools and ECE programs help mitigate health disparities, and provide social, physical, behavioral, and mental health services.
- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely continue in-person learning as well as minimize outbreaks among students participating in extracurricular activities and sports.

- 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.
- School administrators should monitor community levels, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies (e.g., physical distancing, screening testing).
- Ventilation, handwashing, respiratory etiquette, staying home when sick and getting tested, isolation, screening testing, and cleaning and disinfection are important layers of prevention to keep schools safe.
- COVID-19 prevention strategies remain critical to protect people, including students, teachers, and staff, who are not fully vaccinated, especially in areas of high community transmission levels.

Organization

This support document is organized into 9 areas to address for the 2022-2023 school year:

1. Strategies for Everyday Operations
2. COVID-19 Community Levels and Associated Prevention Strategies
3. Masking
4. Testing
5. Managing Cases
6. Exposures
7. Considerations for High-Risk Activities including sports and other extracurricular activities
8. Considerations for Prioritizing Strategies
9. Data-informed decision-making

1. Strategies for Everyday Operations

Prevention strategies can be implemented in everyday operations to prevent the spread of infectious diseases, including COVID-19. The following actions should be a priority and used every day with *all* COVID-19 Community Levels.

Staying Up to Date on Vaccinations

Reaching high levels of COVID-19 vaccines among all ages of students, teachers, staff, and household members is one of the critical strategies to help schools continue with in-person learning. Not only does it provide individual-level protection, but it also enhances the protection of communities; vaccines lessen the burden on people, schools, healthcare systems, and the overall population. Vaccines reduce the risk of infection by working with body's natural defenses to help safely develop immunity to disease.

To promote vaccinations, schools and ECEs can:

- Visit [vaccines.gov](https://www.vaccines.gov) to find out where members of the school community can get vaccinated and promote COVID-19 vaccination locations near schools.
- Find ways to adapt [key messages](#)¹⁴ to help school community members become more confident about the vaccine by using the language, tone, and format that fits the needs of the community and is responsive to concerns.
- Provide students and families flexible options for excused absence to receive a COVID-19 vaccination and for possible side effects after vaccination.

- Work with local partners to offer COVID-19 vaccination for eligible students and eligible family members during pre-sport/extracurricular activity summer physicals.

What should be addressed in the school's protocol

- *Strategies to increase vaccine acceptance and uptake*

Staying Home When Sick

Schools should continue to emphasize the importance of staying home when sick. Perfect attendance awards should not be used during the 2022-2023 school year. Grade penalties for absences due to illness (e.g., lowering grades for missing a certain percentage of total classes of a subject) should not be used during the 2022-2023 school year. Anyone, including visitors, who have symptoms of infectious illness, such as flu or COVID-19, should stay home and seek testing and care even if symptoms are mild.

In accordance with applicable laws and regulations, school and ECE programs should offer flexible, supportive sick leave options (e.g., paid sick leave) and practices. Policies should support staying home when feeling ill without fear of penalty, loss of pay, loss of employment, or other negative impacts. Policies should reflect excused absences for students who are sick and support processes around learning from home if they are sick or in quarantine.

Schools and ECE programs should ensure that employees are aware of and understand policies surrounding staying home when sick for students.

What should be addressed in the school's protocol

- *How the school will support sick leave policies and unexcused absences for individuals sick*

Ventilation Systems

A layered approach has proven beneficial to reduce the spread and exposure to COVID-19 and other infectious diseases. Improvements or updates to ventilation systems is a layer that reduces the concentration of indoor infectious particles.

Schools and ECE programs can optimize [ventilation](#) and improve indoor air quality to reduce the risk of germs and contaminants spreading through the air. Funds provided through the U.S. Department of Education's [Elementary and Secondary Schools Emergency Relief \(ESSER\) Programs](#) and the and the [Governor's Emergency Education Relief \(GEER\) Programs](#) and the Department of Health and Humans Services' [Head Start and Child Care American Rescue Plan](#) funds can support improvements to ventilation; repairs, upgrades, and replacements in Heating, Ventilation, and Air Conditioning (HVAC) systems; purchase of MERV-13 air filters and portable air cleaners; as well as implementation of other public health protocols and CDC guidance. Ventilation recommendations for [different types of buildings](#) can be found in the [American Society of Heating, Refrigerating, and Air-Conditioning Engineers \(ASHRAE\) schools and universities guidance \[1.9MB, 41 pages\]](#). The Environmental Protection Agency's (EPA) [Clean Air in Buildings Challenge \[107KB, 3 pages\]](#) provides specific steps schools and other buildings can take to improve indoor air quality and reduce the risk of airborne spread of viruses and other contaminants. CDC does not provide recommendations for, or against, any manufacturer or product.¹

What should be addressed in the school's protocol

- *Any everyday strategies or resources available to teachers and staff (i.e., open windows when weather permits, availability of air purifiers, etc.)*

Hand Hygiene and Respiratory Etiquette

Schools and ECE programs should explain and emphasize proper handwashing and respiratory etiquette. Support personal protective measures always but especially before and after eating and after recess. Build in time during the day for teachers, staff, and students to engage in frequent hand washing as needed as the norm. Ensure adequate access to hand sanitizers with greater than 60% ethanol or 70% isopropanol when hand washing is unavailable.

What should be addressed in the school's protocol

- *How the school will promote frequent handwashing & good respiratory etiquette*

Cleaning and Disinfection

Cleaning and disinfection guidelines ought to include cleaning surfaces a minimum of once per day to reduce the spread of germs on surfaces. If someone has tested positive for COVID-19 in a classroom or office, associated areas and spaces should be cleaned and disinfected within 24 hours. For more information, see [Cleaning and Disinfecting Your Facility](#)². Additionally, ECE programs should follow recommended procedures for cleaning, sanitizing, and disinfection in their setting such as after diapering, feeding, and exposure to bodily fluids. See [Caring for Our Children](#)^{3,4}.

What should be addressed in the school's protocol

- *Cleaning protocols and schedules*

2. COVID-19 Community Levels and Associated Prevention Strategies

COVID-19 Community Levels enable individuals, leaders, and communities to make COVID-19 prevention decisions based on their community's classification as low (green), medium (yellow), or high (orange). COVID-19 hospitalization rates, healthcare burden, and COVID-19 cases all dictate COVID-19 Community Levels. Schools and ECE programs are considered the same as other community situations and should follow guidance based on the COVID-19 Community Level of the community in which they are located.

Other local indicators may be used when implementing COVID-19 prevention strategies, in conjunction with working with CCPHC health officials. Examples of indicators could be staffing levels or student and staff vaccination rates, pediatric hospitalizations, results from wastewater surveillance, or other local information.

Adding layers of prevention strategies should be considered at the different COVID-19 Community Level, particularly if the level is medium or high. This is to ensure safe, in-person learning and to keep schools and ECE programs to safely stay open.

If a school or ECE program is experiencing a COVID-19 [outbreak \[227KB, 3 pages\]](#)⁵, they should consider adding prevention strategies regardless of the COVID-19 Community Level. For example, those with an existing screening testing program may increase the frequency of testing, regardless of the vaccination

status of the population. They may also put in place prevention strategies recommended at medium and high COVID-19 Community Levels (for example, masks) even if the community the school or ECE program is in is at a lower COVID-19 Community Level. Schools and ECE programs that are experiencing outbreaks should work with CCPHC in accordance with state and local regulations. CCPHC will provide timely outbreak response support to K-12 schools and ECEs.⁶

With decreasing or low COVID-19 Community Levels, schools and ECE programs can consider removing prevention strategies one at a time, followed by close monitoring of the COVID-19 Community Level in the weeks that follow.

3. Masking

A well-fitting mask worn consistently and correctly reduces the spread of COVID-19 and other infectious diseases. Indoor masking is recommended at high COVID-19 Community Level.

An individual wearing a mask should be supported at any COVID-19 Community Level, including low. Schools and ECE programs should adopt non-retributive policies and practices to support people who choose to wear a mask at any time or COVID-19 Community Level. Universal masking in schools and ECE is recommended when COVID-19 Community Levels are high. Please see Appendix A for further review of recommendations of behaviors, including masking, at each COVID-19 Community Levels.

Schools with students at risk for getting very sick with COVID-19 must make reasonable modifications when necessary to ensure that all students, including those with disabilities, are able to access in-person learning. For more information, visit the [U.S. Department of Education's Disability Rights](#)⁷ webpage. Students with immunocompromising conditions or other conditions or disabilities that increase risk for getting very sick with COVID-19 should not be placed into separate classrooms or otherwise segregated from other students.⁸

Because mask use is not recommended for children ages younger than 2 years and may be difficult for very young children or for some [children with disabilities who cannot safely wear a mask](#), ECE programs and K-12 schools may need to consider other prevention strategies—such as improving ventilation and avoiding crowding—when the COVID-19 Community Level is medium or high or in response to an outbreak. K-12 schools or ECE programs may choose to implement universal indoor mask use to meet the needs of the families they serve, which could include people at risk for getting very sick with COVID-19.¹⁵

What should be addressed in the school's protocol

- *Masking policy and implementation*

4. Testing

Symptom Testing

Rapid detection of COVID-19 in symptomatic person allows for timely contact investigation and lowers the risk of in-school transmission. All students, teachers and staff should have access to COVID-19 testing if they are having symptoms consistent with COVID-19. If the school does not provide onsite testing, a list of resources should be provided to students, households, and staff as to where they can

seek testing in the community. The CCPHC website continues to be updated with [current information on testing](#) in the county.

What should be addressed in the school's protocol

- *Plan for testing of symptomatic persons and communication*

Screening Testing

At medium and high COVID-19 Community Levels, consider implementing screening testing in schools and ECE programs. Maintaining screening testing infrastructure during a low COVID-19 Community Level, even at a reduced volume, will help by more easily allowing for testing to scale up when the COVID-19 Community Levels are medium or high. Schools can also consider implementing screening testing for high-risk activities such as indoor sports and extracurricular activities, returning from breaks (for example, holidays, spring break, at the beginning of the school year), and for those serving students who are at risk for getting very sick with COVID-19, such as those with moderate or severe immunocompromise or complex medical conditions.⁹

What should be addressed in the school's protocol

- *Whether the school wants to utilize this strategy, and plans for how this will be implemented in the school*

Antigen Testing Resource from the Department of Education and Secondary Education:

Missouri's COVID-19 Antigen Testing program is available to all Missouri LEAs and private schools. The purpose of the Antigen tests is to help schools safely deliver in-person learning to as many students as possible. Antigen tests can be used for symptomatic testing, asymptomatic testing, and testing individuals from positive pools identified in the screening testing program. An application is required, but testing kits are provided to schools at no charge. Contact AntigenTesting@health.mo.gov with questions.

5. Managing Cases

Schools and staff should have a written plan for isolation and containment when a student or staff member is ill. Students who are symptomatic should wear a well-fitting mask until a caregiver can pick them up from school. For those unable to wear a mask, all schools should identify a designated area where symptomatic students can be safely placed until picked up by a parent/caregiver. Schools should consider having pre-printed templates for communication regarding positive cases and exposures to facilitate rapid communication.

Schools and ECE programs that are not conducting contact tracing should use other methods to inform people who might have been in close contact with someone with COVID-19 in the school environment of their potential exposure and the actions they should take to remain safe and reduce transmission. Timely notification to all students, children, and staff in a classroom, cohort, or other school-based group with a potential exposure could include a phone call, email, or letter.

Identification of a COVID-19 positive case and Isolation

Isolation separates people who are infected with the virus away from people who are not infected. Regardless of vaccination status, individuals should isolate from others if an individual tests positive for COVID-19. Individuals who are symptomatic and suspect a positive test result should isolate until test results are presented. Testing is not required to determine the end of isolation or mask use following COVID-19 infection. However, individuals can use the test-based strategy of two sequential negative antigen tests to shorten mask use following COVID-19 infection.

- COVID-19 Symptomatic Isolation:
 - Day 0 of isolation is the day of symptom onset, regardless of when you tested positive
 - Day 1 is the first full day after the day your symptoms started
 - Isolate from others for at least 5 days from onset date AND
 - At least 24 hours since recovery defined as resolution of fever without the use of fever-reducing medications AND
 - Improvement in symptoms
 - Wear a mask when in public days 6-10 or two sequential negative tests 48 hours apart, you may remove your mask sooner than day 10.
 - If symptoms have not improved by day 5, the person should continue to isolate through day 10.
- COVID-19 Asymptomatic Isolation (positive test result with no symptoms):
 - Day 0 is the day of test
 - Day 1 is the first full day following the day of test
 - Isolation for at least 5 days from a positive test.
 - Wear a mask when in public days 6-10 or two sequential negative tests 48 hours apart, you may remove your mask sooner than day 10.

After isolation has ended, if COVID-19 symptoms recur or worsen, restart isolation at day 0.

In previous years, CCPHC worked with schools to facilitate reporting of positive cases to the health department to facilitate more timely investigations of school-related cases. Due to changes in case investigation protocols, CCPHC can easily prioritize any potential school-aged case that is reported by health care providers. As at-home tests are not systematically reported, schools should encourage any parent of student, staff, or teacher who reports a positive at-home test to report to CCPHC as well using the link below.

[COVID-19 At-Home Test Report Form \(qualtrics.com\)](https://qualtrics.com)

The school and/or school staff may be notified of a COVID-19 positive case prior to the local health department. To eliminate barriers for timely investigations from CCPHC, schools **may** notify the health center of these occurrences using a predetermined method (e.g., secure email, google sheets). It's important to note that this process is entirely voluntary but allows for more rapid investigation of cases and public health education of cases and contacts to assist schools with isolation and quarantine in families that are associated with schools.

Each school district has been assigned a CCPHC liaison to provide direct technical assistance with guidance on reporting positives, guidance on isolation/quarantine, guidance on contact investigations and other general questions.

Clusters, Outbreaks, Case Investigation, and Contact Tracing

Occasionally, students, teachers, or staff within the same group (i.e., a classroom, extracurricular activity, other designated cohort and more) may test positive for COVID-19. Early identification and communication of cases is important to help reduce transmission and keep individuals isolated. At this point, CCPHC will work with the school to determine whether these cases are related and if in-school transmission has occurred. In these instances, additional reporting and/or prevention measures may be recommended by CCPHC to minimize spread of the virus. Schools or ECE programs should consider adding prevention strategies regardless of the COVID-19 Community Level. Strategies such as wearing a well-fitting mask, improving ventilation, screen testing, case investigation, and contact tracing. Schools and ECE programs may consider suspending high-risk activities to control a school or program-associated outbreak.

CCPHC will use the following [standardized case definitions](#)⁵ from the Council of State and Territorial Epidemiologists (CSTE):

Cluster: Multiple cases comprising at least 10% of students, teachers, or staff within a specified core group* OR at least three (3) within a specified core group* meeting criterion for a school-associated COVID-19 case; with symptom onset or positive test result within 14 days of each other§, AND NO likely known epidemiologic link to a case outside of the school setting.

Outbreak: Multiple cases comprising at least 10% of students, teachers, or staff, within a specified core group* OR at least three (3) cases within a specified core group* meeting criteria for a probable or confirmed school-associated COVID-19 case with symptom onset or positive test result within 14 days of each other§ ; who were not identified as close contacts of each other in another setting (i.e. household) outside of the school setting; AND epidemiologically linked in the school setting or a school-sanctioned extracurricular activity.

* A “core group” includes but is not limited to extracurricular activity†, cohort group, classroom, before/after school care, etc.)

† A school sanctioned extracurricular activity is defined as a voluntary activity sponsored by the school or local education agency (LEA) or an organization sanctioned by the LEA. Extracurricular activities include, but are not limited to, preparation for and involvement in public performances, contests, athletic competitions, demonstrations, displays, and club activities.

§ For onset, use symptom onset date whenever available. If symptom onset date is unknown or if a case is asymptomatic, use specimen collection date for the first specimen that tested positive. The 14-day period refers to 14 days before the date of first symptom onset or first positive test sample.

One trigger for classroom closures would be evidence of ongoing transmission. Ongoing transmission is defined as one cohort or classroom having a known exposure occur and additional cases (probable or confirmed) arising within the following 14 days (1 incubation period) from that exposure. Uncontrolled ongoing transmission occurs if additional cases arise over 2 full incubation periods (28 days). Outbreaks and clusters can also trigger closures especially in the absence of masking. Other factors to consider in these situations is age of students and vaccination status of the cohort.

What should be addressed in the school’s protocol

- *Process for identifying cases*
- *Process for communication with local public health*

6. Exposures

Quarantine is no longer recommended for people who are exposed to COVID-19 except in certain high-risk congregate settings such as correctional facilities, homeless shelters, and nursing homes. In schools and ECE settings, which are generally not considered high-risk congregate settings, people who were exposed to COVID-19 should follow [recommendations](#) to wear a well-fitting mask and get tested. Clay County schools may consider utilizing rapid notification methods to notify individuals/caregivers within classrooms of potential exposures if applicable with the goal of monitoring for signs and symptoms in addition to encouraging masking for the next 10 days. Accommodations may be necessary for exposed people who cannot wear a mask or have difficulty wearing a well-fitting mask. Schools and ECE programs can also consider recommending masking and/or testing for a classroom in which a student was recently exposed who is unable to consistently and correctly wear a mask.¹⁶

Please refer to the website for [What to Do If You Were Exposed to COVID-19 | CDC](#).

7. Considerations for Sports and Other High-Risk Activities

Due to increased exhalation that occurs during physical activity, some [sports](#) can put players, coaches, trainers, and others who are not fully vaccinated at [increased risk](#)⁴ for getting and spreading COVID-19. Close contact sports and indoor sports are particularly risky. Similar risks might exist for other extracurricular activities, such as band, choir, theater, and school clubs that meet indoors.

Students should refrain from these activities when they have symptoms consistent with COVID-19 and should be tested.

At all COVID-19 Community Levels, schools and ECE programs can consider screen testing for indoor sports and extracurricular activities. When COVID-19 Community Levels are high or a program associated with an outbreak has occurred, schools and ECE programs may consider temporarily stopping activities. Masking may also be considered as a layered prevention strategy when close contact occurs.

8. Considerations for Prioritizing Strategies

Schools and ECE programs should take into consideration other aspects when choosing strategies. Education, social and mental health outcomes should be measured against the risk of COVID-19 and prevention strategies. Additional factors to consider:

- Age of population served
- Availability of resources
- Communities served
- Pediatric-specific healthcare capacity
- Equity
- Students with disabilities¹³

9. Data-Informed Decision Making

School administrators, working with CCPHC staff, may choose to assess the level of risk in the community since the risk of introduction of a case in the school setting is partially dependent on the COVID-19 Community Level.

Some examples of scenarios or metrics that would trigger discussion around classroom closure are below.

Event	Action Taken
Three clusters* within a school within a 14-day period	District leadership will discuss the safety benefits of school closure with the school board, an independent body, CCPHC, and key stakeholders
More than three clusters** within a 14-day period <u>per</u> 10,000 students in a school district	District leadership will discuss the safety benefits of school closure with the school board, an independent body, CCPHC, and key stakeholders
Substantial secondary transmission*** in a school that does not rise to level of a cluster	District leadership will discuss the safety benefits of school closure with the school board, an independent body, CCPHC, and key stakeholders
Substantial secondary transmission*** in a school district	District leadership will discuss the safety benefits of school closure with the school board, an independent body, CCPHC, and key stakeholders

Modified from ABC Science Collaborative³⁶

*See definition for cluster under “Responding to COVID-19 Clusters and Outbreaks in Schools”

**In school districts of <10,000, greater than two clusters

***Substantial secondary transmission is defined as >5 cases of COVID-19, within-school transmission per 1,000 students within a 14-day period

Appendix A

Table 1. COVID-19 Community Levels

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

*Table 2. Individual Behavior and Community-Level Recommendations:
Low Community Level*

COVID-19 Community Level	Individual- and household-level prevention behaviors	Community-level prevention strategies (as recommended by state or local authorities)
Low	<ul style="list-style-type: none"> • Stay up to date with COVID-19 vaccines and boosters • Maintain improved ventilation throughout indoor spaces when possible • Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 • If you are immunocompromised or high risk for severe disease <ul style="list-style-type: none"> - Have a plan for rapid testing if needed (e.g., having home tests or access to testing) - Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies 	<ul style="list-style-type: none"> • Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity • Maintain improved ventilation in public indoor spaces • Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> - Communicate with organizations and places that serve people who are immunocompromised or at high risk for severe disease to ensure they know how to get rapid testing • Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations

*Table 2. Individual Behavior and Community-Level Recommendations:
Medium Community Level*

<p>Medium</p>	<ul style="list-style-type: none"> • If you are immunocompromised or high risk for severe disease <ul style="list-style-type: none"> - Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing) - Have a plan for rapid testing if needed (e.g., having home tests or access to testing) - Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies • If you have household or social contact with someone at high risk for severe disease <ul style="list-style-type: none"> - consider self-testing to detect infection before contact - consider wearing a mask when indoors with them • Stay up to date with COVID-19 vaccines and boosters • Maintain improved ventilation throughout indoor spaces when possible • Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 	<ul style="list-style-type: none"> • Protect people at high risk for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information • Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate • Implement enhanced prevention measures in high-risk congregate settings (see guidance for correctional facilities and homeless shelters) • Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity • Maintain improved ventilation in public indoor spaces • Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> - Communicate with organizations and places that serve people who are immunocompromised or at high risk for severe disease to ensure they know how to get rapid testing • Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations
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*Table 2. Individual Behavior and Community-Level Recommendations:
High Community Level*

<p>High</p>	<ul style="list-style-type: none"> • Wear a well-fitting mask¹ indoors in public, regardless of vaccination status (including in K-12 schools and other indoor community settings) • If you are immunocompromised or high risk for severe disease <ul style="list-style-type: none"> – Wear a mask or respirator that provides you with greater protection – Consider avoiding non-essential indoor activities in public where you could be exposed – Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing) – Have a plan for rapid testing if needed (e.g., having home tests or access to testing) – Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies • If you have household or social contact with someone at high risk for severe disease <ul style="list-style-type: none"> – consider self-testing to detect infection before contact – consider wearing a mask when indoors with them • Stay up to date with COVID-19 vaccines and boosters • Maintain improved ventilation throughout indoor spaces when possible • Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 	<ul style="list-style-type: none"> • Consider setting-specific recommendations for prevention strategies based on local factors • Implement healthcare surge support as needed • Protect people at high risk for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information • Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate • Implement enhanced prevention measures in high-risk congregate settings (see guidance for correctional facilities and homeless shelters) • Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity • Maintain improved ventilation in public indoor spaces • Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> – Communicate with organizations and places that serve people who are immunocompromised or at high risk for severe disease to ensure they know how to get rapid testing • Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations
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Appendix B: School Workflow Guide for COVID-19

Updated 8/16/2022

1. School Notified of or Identifies a Positive Case for Coronavirus

Action: Positive student, teacher, staff, volunteer, etc. immediately excluded from school activities under school policy. Schools should refer parents to the home test report link below to report any positive home tests.

[COVID-19 At-Home Test Report Form \(qualtrics.com\)](https://www.qualtrics.com)

Goal: Separate anyone who are actively infectious with the virus away from people who are not infected

Exclusion can end after:

Symptomatic Case: At least 24 hours since resolution of fever without the use of fever-reducing medications and improvement in symptoms AND At least 5 days have passed since symptoms first appeared. If symptoms have not improved after 5 days, they should continue to isolate through day 10.

Asymptomatic Case: 5 days from a positive test based on the collection date of the sample.

Anyone who ends isolation after 5 days should wear a well-fitting mask for an additional 5 days.

Please see [Isolation and Precautions for People with COVID-19 | CDC](https://www.cdc.gov/media/releases/2020/s111920-isolation.html) for removing your mask after isolation.

Test Based Strategy to reduce number of days of masking: If you have access to antigen tests, you should consider using them. With two sequential negative tests 48 hours apart, you may remove your mask sooner than day 10.

Note: If your antigen test results¹ are positive, you may still be infectious. You should continue wearing a mask and wait at least 48 hours before taking another test. Continue taking antigen tests at least 48 hours apart until you have two sequential negative results. This may mean you need to continue wearing a mask and testing beyond day 10.

2. School Alerts Public Health of any Potential Clusters or Outbreaks

When to Alert Public Health

Schools should contact public health when multiple cases within a core group have been identified. CCPHC will work with the school on identifying potential exposures, determining whether an outbreak is occurring, and make recommendations on how to stop the spread of the virus within that group. For cluster or outbreak investigations, the following definitions will be used:

Cluster: Multiple cases comprising at least 10% of students, teachers, or staff within a specified core group* OR at least three (3) within a specified core group* meeting criterion for a school-associated COVID-19 case; with symptom onset or positive test result within 14 days of each other\$, AND NO likely known epidemiologic link to a case outside of the school setting.

Outbreak: Multiple cases comprising at least 10% of students, teachers, or staff, within a specified core group* OR at least three (3) cases within a specified core group* meeting criteria for a probable or confirmed school-associated COVID-19 case with symptom onset or positive test result within 14 days of each other§ ; who were not identified as close contacts of each other in another setting (i.e. household) outside of the school setting; AND epidemiologically linked in the school setting or a school-sanctioned extracurricular activity.

* A “core group” includes but is not limited to extracurricular activity†, cohort group, classroom, before/after school care, etc.)

† A school sanctioned extracurricular activity is defined as a voluntary activity sponsored by the school or local education agency (LEA) or an organization sanctioned by the LEA. Extracurricular activities include, but are not limited to, preparation for and involvement in public performances, contests, athletic competitions, demonstrations, displays, and club activities.

§ For onset, use symptom onset date whenever available. If symptom onset date is unknown or if a case is asymptomatic, use specimen collection date for the first specimen that tested positive. The 14-day period refers to 14 days before the date of first symptom onset or first positive test sample.

One trigger for classroom closures would be evidence of ongoing transmission. Ongoing transmission is defined as one cohort or classroom having a known exposure occur and additional cases (probable or confirmed) arising within the following 14 days (1 incubation period) from that exposure. Uncontrolled ongoing transmission occurs if additional cases arise over 2 full incubation periods (28 days). Outbreaks and clusters can also trigger closures especially in the absence of masking. Other factors to consider in these situations is age of students and vaccination status of the cohort.

Excluding identified Close or Direct Contacts

Schools should work with CCPHC to facilitate contact tracing during a cluster or outbreak investigation. Once close contacts are identified by CCPHC, schools should exclude those individuals based on school policy.

3. Send information to Clay County Public Health Center through established reporting methods

Reporting to Clay County Public Health Center

The school and/or school staff may be notified of a COVID-19 positive case prior to the local health department. To eliminate barriers for timely investigations from Clay County Health Center (CCPHC), schools may notify the health center of these occurrences using the online reporting form or through other agreed upon methods.

LINK TO REPORTING FORM

https://ccph.iad1.qualtrics.com/jfe/form/SV_4SEXlw1cUiyapsV

Information needed for CCPHC to start the case investigation:

1. Name
2. Date of Birth
3. Home Address
4. Symptom onset date (to the best of your knowledge, will be confirmed upon official case investigation)

5. Testing information (to the best of your knowledge, will be confirmed upon official case investigation)

Please Note: Positive cases living in any county can be reported to CCPHC through this method. CCPHC will conduct the case investigation for all Clay Jurisdiction cases and will route out of jurisdiction cases to the appropriate health department.

4. When Clay County Public Health Center receives information from the school

Confirmed Cases: Confirmed Cases in CCPHC jurisdiction will be contacted by a Disease Case Investigator (DCI) as school-aged persons, teachers, and staff fall under the CCPHC priority case category.

School Liaisons

(Please Only Distribute to Internal School Contacts)

North Kansas City and Liberty:

M-F 8 am-3 pm – Erin Cooper: 816-872-0949, ecooper@clayhealth.com

After hours – Haley Shelton: 816-872-0193, hshelton@clayhealth.com

Smithville, Kearney, Excelsior Springs, and Private Schools:

M-F, 10-4:30 – Rita Thurman: 816-872-2422 rthurman@clayhealth.com

Other hours: Erin Cooper, ecooper@clayhealth.com

After hours - Haley Shelton: 816-872-0193, hshelton@clayhealth.com

School Liaison Roles

- Be available to assist schools in working through COVID related incidences
- Answer questions from the schools about Clay County Public Health Center school guidance and gating criteria
- Assist schools in monitoring cases or close contacts by linking them to CCPHC's DCIs
- Send any case or contact information to the proper jurisdiction

We will always do our best to connect back with community members that reach out to us for any reason. The situation will dictate who is able to reach out to them and how quickly.

CCPHC Resources Outside of the Liaison's Role

Please route parents or community members to these resources should they have general questions or concerns about COVID.

Scenario	Where to Direct	Contact Information
Parent with questions about quarantine dates if their child was exposed	CCPHC website	Feeling Sick? Clay County PHC, MO (clayhealth.com)
Parent or community member with questions about CCPHC Interim School Guidance	CCPHC main line or website	816-595-4200, then press 4 https://www.clayhealth.com/279/COVID-19-2019-Novel-Coronavirus Safe School Reopening Guidance https://www.clayhealth.com/286/Recovery-Guidance https://www.clayhealth.com/288/Local-Data
Parent or community member with questions about number of COVID-19 cases at the school or community	To the school dashboard if available or to the CCPHC COVID-19 Hub	Clay County Public Health Center COVID-19 Hub
Parents or community members with concerns or complaints about school, business, or community guidance	CCPHC mainline or email	816-595-4200, then press 4 Email: Complaints@clayhealth.com
Parents or community members with general questions about COVID-19	Missouri COVID-19 Hotline	877-435-8411 Open 7 days a week; 7 a.m.-9 p.m.
Parents or community members needing resources of any kind	CCPHC website page with list of local resources	https://www.clayhealth.com/283/Resources-for-Residents-Businesses
Information regarding COVID-19 Vaccination	CCPHC Website	https://www.clayhealth.com/301/COVID-19-Vaccine

Appendix C: Symptom Guidance

<p>Isolation Mild or moderate illness for individuals who are not severely immunocompromised (<i>Isolation guidance extends for individuals with severe to critical illness and individuals who are moderately to severely immunocompromised.</i>)</p>	<p>Mild Illness:</p> <ul style="list-style-type: none"> • 5 days if fever free for 24 hours and symptoms are improving, • Mask in public through day 10 after symptom onset <p>Moderate or Severe Illness (experienced shortness of breath, had difficulty breathing or were hospitalized):</p> <ul style="list-style-type: none"> • 10 days
<p>Exposure (<i>For individuals unable to follow these requirements, restriction should be considered</i>)</p>	<ul style="list-style-type: none"> • Mask for 10 days (exposure is day 0) • Monitor for signs and symptoms for 10 days • Test on day 6 (5 full days after exposure) <ul style="list-style-type: none"> ○ Isolate if positive

Masking defined: At a minimum, must wear a cloth face mask. Refer to the CCPHC masking policy for program and position specific masking requirements.

Testing defined: a minimum of an antigen test (rapid)

Reference for guidance (general public):

[If You Are Sick or Caring for Someone | CDC](#)

[What to Do If You Were Exposed to COVID-19 | CDC](#)

Appendix D: Glossary

Incubation Period: From the time an individual is exposed until the time that this person can become infectious with SARS-CoV-2 is 14 days from last contact with a person with confirmed or suspected COVID-19.

Infectious Period Info

Symptomatic Cases: The infectious period is 48 hours before first symptom onset and 1) at least 10 days have passed since symptoms first appeared, 2) at least 24 hours have passed since last fever without the use of fever-reducing medications and, 3) symptoms (e.g., cough, shortness of breath) have improved.

Asymptomatic Cases: The infectious period is calculated from 48 hours before and for 10 days after a positive test based on the **sample collection date**, not the result date.

Close Contact Definition

Once infectious period is established, locate all individuals who meet the close contact or direct contact criteria to the case during that time.

Close Contact:

Anyone who meets any of the following during the infectious period -

- Within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period
- Had direct physical contact (hugging, kissing, tackling, touching, etc.)
- Shared eating or drinking utensils, food, or and other object that had not been sterilized before entering the mouth or nose
- **Exception:** In the **K–12 indoor classroom** setting, the close contact definition **excludes students** who were within **3 to 6 feet of an infected student** (laboratory-confirmed or a [clinically compatible illness](#)) where
 - both students were engaged in **consistent and** correct use of well-fitting masks; *and*
 - other K–12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K–12 school setting.

This exception **does not** apply to teachers, staff, or other adults in the indoor classroom setting. Mask usage is not factored when determining who is a close contact for adults

Types of Exposure to Consider

- Classroom participants seated within 6 feet in the front, side, and back of confirmed case
- Lunchroom seating area within 6 feet of confirmed case
- Free period interactions with confirmed case
- Transportation seating within 6 feet of confirmed case

- Sport team or extracurricular activities where social distancing is not possible or direct exposure is frequent

Test Based Strategy to reduce number of days of masking: If you have access to antigen tests, you should consider using them. With two sequential negative tests 48 hours apart, you may remove your mask sooner than day 10.

Note: If your antigen test results¹ are positive, you may still be infectious. You should continue wearing a mask and wait at least 48 hours before taking another test. Continue taking antigen tests at least 48 hours apart until you have two sequential negative results. This may mean you need to continue wearing a mask and testing beyond day 10.

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