

Table 1. Community Transmission Levels and School Recommendations/Strategies			
Levels of Spread	Substantial Spread	Moderate Spread	Low Spread
Missouri DHSS* <i>Indicator</i>	Positivity rate > 10% or incidence of >/= 100 new cases in 7 days per 100k	Positivity rate 5%-9.99% or incidence between 10-99.99 new cases in 7 days per 100k	Positivity rate 0%-4.99% or incidence between 0-9.99 new cases in 7 days per 100k
What does this mean?	Large uncontrolled transmission within the school community.	Sustained transmission within the school community; potential for rapid increase in positive cases.	Isolated cases within the school community; minimal exposure to others in the school community.
	If the two indicators suggest different transmission levels, the higher level is selected.		
Operational Guidance			
K-12 Close Contact Exception <i>Updated 8/18/21</i>	<p>In Missouri, students, teachers, and staff in the K-12 indoor setting who were within 3 to 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) AND if both the infected person and the exposed person(s) <u>correctly and consistently</u> wore well-fitting <u>masks</u> the entire time are not considered close contacts to a case. This definition is a modified version of the CDC definition of close contact.</p> <p>Full links here: CDC K-12 Close Contact Exception ; MO K-12 Close Contact Exception</p>		
Physical Distancing	<p>Implement physical distancing of at least 3 feet. Whenever possible, a distance of at least 6 feet may offer additional protection from transmission and should be considered when other mitigation strategies cannot be utilized (e.g., removing masks while eating).</p> <p>Maintain seating charts in classrooms, buses, and the cafeteria to facilitate contact tracing if an exposure occurs.</p> <p>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.</p>		
Mitigation Strategies (use most restrictive recommendation when moving from lower to higher level)	<p>Eliminate field trips, student assemblies, and school-wide parent meetings.</p> <p>Establish a protocol for student pick up and drop off: staggered entry and release (by grade, class, or bus numbers), marked spacing for pickup.</p>	<p>Limit field trips (to areas of low spread).</p> <p>Restrict nonessential visitors and volunteers.</p>	<p>Post signage to communicate how to stop the spread, COVID symptoms, preventative measures (including staying home when sick), good hygiene, and school/district specific protocols.</p>

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<i>Mitigation strategies, continued</i>	<p>Screen students and staff (to the extent practicable) for symptoms.</p> <p>Alternative serving models include serving meals in classrooms or the use of additional spaces to maximize distancing (like gymnasium or outdoor seating).</p> <p>Clean AND <u>disinfect</u> each space daily.</p>	<p>Limit unnecessary congregations of students and staff.</p> <p>Serve meals in cafeteria with spaced seating and serving lines. Limit mingling of students between tables.</p> <p>Clean AND <u>disinfect</u> each space daily.</p>	<p>Establish a protocol for visitors. Encourage hand hygiene breaks and provide students with the supplies needed for good hand hygiene and respiratory etiquette. Ensure proper ventilation in classrooms and other school spaces. Refer to CDC guidance on Ventilation in Schools and Childcare Programs for additional information.</p> <p>Clean spaces daily with soap or detergent to reduce germs on surfaces.</p>
Screening Testing	Offer screening testing at least once per week for unvaccinated students and staff, in accordance with Table 1 (See Appendix A, below).		
Sports & Activities (See Appendix B, below for the NCAA categorization of sport risk)	<p>Limit spectators at high-risk sporting events and activities.</p> <p>To prioritize in-person learning, consider cancelling events or holding them virtually unless all participants are fully vaccinated.</p> <p>Screening and testing recommended twice per week for participants who are not fully vaccinated.</p>	Screening and testing recommended twice per week for participants who are not fully vaccinated.	Screening and testing recommended each week for participants who are not fully vaccinated
	Recommend screening and testing participants in low-and-moderate risk sport and activities at least once per week.		No screening necessary.

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Vaccinations	Encourage COVID vaccinations for eligible staff and students. <ul style="list-style-type: none"> ○ Include in back-to-school communications ○ Establish a process to request proof of vaccination for COVID vaccine similar to other routine immunizations. ○ If staff or family does not submit vaccination status, consider them to be unvaccinated for quarantine purposes. 		
Masks	Recommend all students and staff wear a mask while indoors, regardless of vaccination status.		Masks optional.
	See K-12 Close Contact Exemption for masking and quarantine considerations.		
	<p><u>The American Academy of Pediatrics</u> recommends that all students and staff over the 2 years old wear a mask in school, regardless of vaccination status.</p> <p>MoDHSS* <u>recommendations</u> regarding masks and schools:</p> <ul style="list-style-type: none"> - Indoors: Mask use is recommended for individuals regardless of vaccination status, including students, teachers, and staff. Children under 2 years of age should not wear a mask. (July 21, 2021, <u>Update for fully vaccinated individuals due to Delta variant transmission</u>) - Outdoors: In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, the CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with others who are not fully vaccinated. <p><u>CDC School Transportation Mask Order</u>: All passengers on public conveyances (e.g., airplanes, ships, ferries, trains, subways, buses, taxis, ride-shares) traveling into, within, or out of the United States (including U.S. territories) as well as conveyance operators (e.g., crew, drivers, conductors, and other workers involved in the operation of conveyances), regardless of their vaccination status, are required to wear a mask over their nose and mouth.</p>		

<p>Close Contact Definition</p>	<p>Close contacts: < 6 feet for more than 15 minutes.</p> <p>Applies to adults AND students when universal masking is not in place or mask information is NOT available.</p> <p>Vaccination status is not considered in determining close contact, however public health recommendations for diagnostic testing and quarantine may differ depending on a person’s vaccination status or prior infection.</p>	<p><i>Updated 8/18/21: K-12 Close Contact Exception</i> : In Missouri, students, teachers, and staff in the K-12 indoor setting who were within 3 to 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) AND if both the infected person and the exposed person(s) correctly and consistently wore well-fitting masks the entire time are not considered close contacts to a case. This definition is a modified version of the CDC definition of close contact.</p> <p>Full link here: MO K-12 Close Contact Exception</p>
<p><i>Updated 8/18/21</i></p> <p>Duration of Quarantine: Students, teachers, and staff identified as close contacts required to quarantine, should stay home and quarantine for a full 14 days past last date of exposure to the case (last date of exposure is Day 0).</p> <p>SCCDPH provides two additional options for shortening quarantine:</p> <ul style="list-style-type: none"> • After day 10 without testing, must be asymptomatic • After day 7 after receiving a negative test result (test must occur on day 5 or later) AND must be asymptomatic <p>Note: A full 14-day quarantine period is still the recommended duration of quarantine. The CDC modified options for reducing quarantine are not appropriate in all situations and settings, such as those at increased risk of transmission or exposure to persons at greater risk for severe illness due to COVID19. As noted, the LPHAs make the final decision regarding the duration of quarantine.</p>		
<p><i>Updated 8/18/21</i></p> <p>At Home/Self COVID-19 Tests. The FDA has granted several “at home” or “self-tests” emergency use authorization approval for use. These at home tests are convenient and provide prompt results. However, at home test results will not be accepted for decisions and recommendations regarding preventing or shortening periods of isolation and/or quarantine in the school setting, which includes the participation in sports and other extracurricular activities. Persons who test positive by an at home test should stay home and follow all recommendations for isolation, and seek confirmatory testing with a medical provider. In addition, close contacts to an individual who tests positive by an at home test should follow recommendations regarding quarantine.</p>		

Table 2. Case Identification and Contact Tracing			
	MODHSS/DESE* Guidance	School Role	LPHA Role
Identification of Positive or Symptomatic Students	<p>Schools should outline a process for parents and staff to report positive test results and symptomatic students and staff.</p> <p>MoDESE and MoDHSS Reopening Guidance recommends that schools assist with contact tracing including identifying who should be isolated and quarantined.</p> <p><i>Updated 8/18/21: Isolation at home should be observed for students, teachers and staff who test positive or who are symptomatic close contacts until they meet the criteria to return to normal activities (pg. 2 of MODHSS Guidance).</i></p>	<p>Reporting of presence or suspected presence of COVID-19 to SCCDPH.</p> <p>Maintain communication with local health officials and assist in contact tracing for exposures occurring during school hours and activities.</p> <p>Assist in identifying cases and close contacts and notify parents of potential exposure.</p> <p>Do not allow infected students and close contacts to return to school until after quarantine/isolation has ended.</p>	<p>Provide notification of exposure and quarantine information to cases and exposed close contacts and notify school of students excluded from school.</p> <p>Aid school staff regarding infection control measures, identification of positive cases, and contact tracing situational questions.</p> <p>Report all cases of COVID (a MO Reportable Condition) to MODHSS within 24 hours of notification.</p>

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Close Contact and Quarantine Situations			
Layered Protection Strategy/Exposure Type	MODHSS/DESE* Guidance	School Role	LPHA Role
Vaccinated Students/Staff	Vaccinated students or staff who are exposed do not need to quarantine as long as they are asymptomatic but should still monitor for symptoms and seek testing 3-5 days after exposure. ***** (pg. 2 of <u>MODHSS Guidance updated 8/18/21</u>).	Schools should establish a process for staff and parents/guardians of student to voluntarily submit COVID vaccine information to the school. (See Exhibit C. CDC Guidance of Vaccine Verification, below) Include all (unmasked) students in contact tracing regardless of vaccination status. ***	Send vaccine exemption letters to all reported students and staff who have confirmed vaccination status and are considered to have an exposure. This letter provides information on the exemption, testing, and symptom monitoring.
With Universal Mask Wearing ** OR Both Case and Contact are Reported as Wearing a Mask <i>Updated 8/18/21</i>	If > than 3 feet, not considered a close contact and not required to quarantine (pg. 2 of <u>MODHSS Guidance updated 8/18/21</u>).	No action required.	Monitor building and district level of cases to ensure secondary transmission and clusters do not occur.
	If < than 3 feet, contact is required to quarantine at home but can still attend school; known as modified quarantine (pg. 3 of <u>MODHSS Guidance updated 8/18/21</u>).	Contact tracing information should be submitted to SCCDPH within 1-2 school days. **** Do not allow students on modified quarantine to participate in sports or extracurricular activities until 14 days have passed from last exposure or shortened quarantine criteria have been met.	SCCDPH will provide modified quarantine letters electronically to all students, staff, and teachers who meet the criteria for modified quarantine.
With Optional Mask Wearing OR No Mask Information Available	Contacts should quarantine for 14 days; can utilize shortened quarantine options if meet criteria (pg. 3 of <u>MODHSS Guidance updated 8/18/21</u>).	Contact tracing information should be submitted to SCCDPH within 1-2 school days. **** Do not allow students or staff to return to school until after quarantine has ended.	Quarantine information electronically sent to parents/guardians based on information reported by schools.

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Household Contact	Unvaccinated household contacts of infected students should quarantine for 14 days and may utilize shortened quarantine options if available in their jurisdiction.	Parents/guardians should report if a student is exposed in their household to COVID to their school. Unvaccinated household contacts should not be allowed to return to school until after their quarantine has ended.	Unvaccinated students who are reported as being household contacts by the school will receive quarantine information electronically. Not all students exposed at home may be known to Local Public Health Agencies (LPHA) based on case investigations, self-reporting by parents to the school will remain crucial.
Symptomatic students with no known exposure	Outline a process to ensure that students experiencing symptoms do not attend school.	Students with symptoms and no known exposure should not return to school until 24 hours symptom free.	Offer COVID testing opportunities to parents/guardians as needed.

Table 3. Case Rate and Transmission at the School Building Level

The St. Charles County Department of Public Health suggests that **IF** any of the following are true:

- 5% of the student body in a building or district tests positive on any given day
- 4% tests positive for 2 days in a row
- 3% tests positive for 3 days in a row

AND

It's been determined any of the following are occurring:

- Multiple positive cases related or unrelated within one building
- Multiple clusters of positive cases occurring within one building
- Secondary transmission of positive cases within one classroom

THEN

The following may occur at the discretion of the DPH after consultation with the school leadership:

- Recommended mask wearing for all students, teachers, staff, and visitors (indoors and/or outdoors).
- Suspension of shortened quarantine options and application of standard quarantine protocols for a classroom or an entire school
- Quarantine of an entire classroom.
- Temporary closure of school building.

Mask Recommendations from the AAP and MoDHSS*:

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- [The American Academy of Pediatrics](#) recommends that all students and staff over the age of 2 years wear a mask in school, regardless of vaccination status.
- MoDHSS* [Recommendations for Fully Vaccinated Individuals](#): To maximize protection from the Delta variant and prevent spreading it to others, wear a mask indoors in public if you are in an area of substantial or high transmission.
- MoDHSS* [Recommendations](#) regarding masks and schools:
 - o Indoors: Mask use is recommended for people who are not fully vaccinated including students, teachers, and staff. Children under 2 years of age should not wear a mask. See updated guidance for Fully Vaccinated Individuals.
 - o Outdoors: In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, the CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

See full DESE/MODHSS Reopening and Operating Guidance here: <https://dese.mo.gov/media/pdf/covid-mo-k-12-school-guidance>

And here (updated 8/18/21): <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/guidance-assessing-exposures-contacts-school.pdf>

See Guidance for COVID-19 Prevention in K-12 Schools [here](#).

* On July 23, 2021, as updated on July 30, 2021, the Missouri Department of Health and Senior Services (“MoDHSS”), in conjunction with the Missouri Department of Elementary and Secondary Education (“DESE”), issued its “Missouri School Reopening and Elementary and Secondary Education Guidance.” In its school guidance, MoDHSS and DESE refer local public health agencies to CDC guidance “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.” The references in this document to the CDC guidance are as provided and directed by MoDHSS and DESE.

** Under the K-12 Close Contact Exception, the definition of close contact excludes students who were within 3 to 6 feet of an infected student if both the infected student and the exposed student(s) [correctly and consistently](#) wore well-fitting [masks](#) the entire time. If the requirements of this exception are met, students who are close contacts of an infected student will not have to quarantine as long as the close contact remains asymptomatic. [K-12 Close Contact Exception](#). Therefore, a local school board’s decision on mask policy is likely to have a significant outcome on the number of students who may be required to quarantine due to close contact status and the number of times those students may be required to quarantine. *DESE/MODHSS expanded the CDC K-12 Close Contact Exception on August 17th in their [updated guidance](#) to include teachers and school staff.*

*** Vaccinated students who are appropriately wearing a mask during an exposure are not required to be included in contact tracing lists.

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**** Contact tracing information should include name, DOB, date of last exposure, COVID vaccination status, appropriate mask usage during exposure; see data reporting documentation provided by SCCDPH for full list of required fields.

*****Characteristics of predominant variants may warrant changes in testing considerations or symptomology.

Appendix A.

Table 1. Screening Testing Recommendations for K-12 Schools by Level of Community Transmission

	Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	Offer screening testing for students who are not fully vaccinated at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports ² and extracurricular activities ³ at least once per week for participants who are not fully vaccinated.	Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants who are not fully vaccinated.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.	
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports. ²	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.		

As of August 5, 2021

Direct Link [here.](#)

Appendix B. NCAA CLASSIFICATION OF SPORTS RISK

NCAA Sport Classification Update

The categorization of sport risk was previously noted in the [Action Plan](#) document and is based on consensus from the NCAA COVID-19 Advisory Panel and the AMSSM COVID-19 Working Group and on the probability and significance of respiratory droplet spread during vigorous exercise when physical distancing and masking are not applied or are not possible. Importantly, the sport classification refers to sport-specific training and competition and not cross-training or other aspects of training. For example, swimming is a low contact risk sport, but dry land training activities such as trampoline, stretching, and tumbling may be associated with higher risk activity if risk-mitigating strategies noted above are not in place.

The risk assessment has now been updated below to include all NCAA-sponsored sports, including both winter and spring sports. Importantly, this risk assessment differs from the National Federation of State High School Associations and the United States Olympic and Paralympic Committee and also may differ from state/local risk categorization guidance.

- **Low contact risk:** bowling, diving, equestrian, fencing, golf, rifle, skiing, swimming, tennis, track and field.
- **Medium contact risk:** acrobatics and tumbling, baseball, beach volleyball, cross country*, gymnastics, softball, triathlon*.
- **High contact risk:** basketball, field hockey, football, ice hockey, lacrosse, rowing, rugby, soccer, squash, volleyball, water polo, wrestling.

** The level of risk in cross country, track and field and triathlon are dependent upon the student athlete's proximity to other unmasked individuals. For example, the start or finish of a race may involve a group of athletes who are breathing heavily in a group space with a breakdown in physical distancing.*

Direct Link [here](#).

Appendix C. GUIDANCE ON VACCINATION VERIFICATION

Existing laws and regulations require certain vaccinations for children attending school. K-12 administrators regularly maintain documentation of people’s immunization records. Administrators who maintain documentation of students’ and workers’ COVID-19 vaccination status can use this information, consistent with applicable laws and regulations, including those related to privacy, to inform prevention strategies, school-based testing, contact tracing efforts, and quarantine and isolation practices. Schools that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information from students. The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA) statutory and regulatory requirements. Policies or practices related to providing or receiving proof of COVID-19 vaccination should comply with all relevant state, tribal, local, or territorial laws and regulations.

As part of their workplace COVID-19 vaccination policy, schools should recognize that a worker who cannot get vaccinated due to a disability (covered by the ADA), has a disability that affects their ability to have a full immune response to vaccination, or has a sincerely held religious belief or practice (covered by Title VII of the Civil Rights Act of 1964) may be entitled to a reasonable accommodation that does not pose an undue hardship on the operation of the employer’s business. Additionally, school employers should advise workers with weakened immune systems about the importance of talking to their healthcare professional about the need for continued personal protective measures after vaccination. For more information on what you should know about COVID-19 and the ADA, the Rehabilitation Act and other Equal Employment Opportunity Laws visit the [Equal Employment Opportunity Commission](#) website.

Direct Link [here](#).