



CLAY COUNTY
**PUBLIC
HEALTH
CENTER**



Interim Return-to-School & Early Childcare Guidance

**Public Health Recommendations
to Protect In-Person Learning**

Revised June 7, 2021

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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 based on several reviewed recommendations, including those from the Centers for Disease Control and Prevention (CDC)¹, Children's Mercy Hospitals & Clinics², Kansas City, Missouri³, St. Louis County⁴, and the Missouri Center for Public Health Excellence (MOCEPHE)⁵ 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

Risk for severe illness from COVID-19 increases with age. 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 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. The CDC's list is a living document that may be updated at any time, subject to potentially rapid change as the science evolves⁶.

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

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In addition, babies under 1 year old and children who have medical complexity (neurologic, genetic, metabolic conditions, or congenital heart disease) might be at increased risk for more severe illness from COVID-19 compared to other children². Parents should consult their child's doctor 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 children⁷. 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 2020-2021 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 like that of adults⁷, 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 the 2020-2021 school year until after Labor Day, as this will allow more time for CCPHC community-wide mask requirements and other mitigation strategies to take effect.

March 2021 UPDATE: After evaluation of several studies on in-school transmission of COVID-19⁸⁻¹¹, as well as evaluation of local in-school transmission data based on case investigations & contact tracing¹², school districts may consider returning to on site learning for 3, 4, or 5 days per week, provided in-school transmission rates remains low, community transmission remains below 100 new cases per 100,000 population over the course of 7 days, and schools are able to successfully implement active mitigation measures. CCPHC recognizes that each school district may have additional planning and/or safety requirements they choose to implement before expanding their current in person learning schedule.

General Reopening Parameters¹³

- 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 socially 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/face coverings** for all staff and students. Multi-layer masks/face coverings are recommended for all students and all staff at all grade levels with limited exceptions.

June 2021 UPDATE: On May 13, 2021, the CDC removed recommendations of social distancing and mask wearing for individuals who are fully vaccinated²⁵. On May 14, 2021, CCPHC removed its county-wide mask order²⁶. Evaluation of in-school transmission data collected in partnership with Clay County public school districts, widespread availability of the COVID-19 vaccines, expanded age eligibility for COVID-19 vaccination for adolescents, and low case rates indicate that students are at very low risk for transmitting COVID-19. Therefore, CCPHC will recommend optional masking for students and vaccinated adults. Unvaccinated faculty, staff and visitors should still wear a mask.

- **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 ventilation¹⁴.

- Activities should be held outside, whenever possible.
- Windows should remain open, weather permitting and using caution in highly polluted areas.
- 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 existing 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 high efficiency 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 can participate remotely to the greatest extent possible, if desired.

Social Distancing

Social distancing of at least 6 feet remains one of the best preventative measures for reducing the spread of COVID-19¹⁶. It is recognized that this cannot always be accomplished and distancing of at least 3 feet, with masking, can also partially reduce infections. While children are unlikely to exhibit serious symptoms from COVID-19, social 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 ≥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 follow current quarantine protocols for the duration of the viral incubation period (14 days from last exposure).

- Establish social 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 social 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 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.

June 2021 UPDATE: People who are fully vaccinated do not need to social distance. CCPHC continues to recommend schools encourage social distancing as much as possible. Social distancing provides protection for staff and students who are not fully vaccinated by reducing the risk of exposure and limiting the number of close contacts.

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.

June 2021 UPDATE: Health screenings for staff are no longer recommended. Staff should continue to stay home if they are not feeling well.

Health Screenings– Students

[As of July 31st, 2020, the CDC provides limitations and considerations for screening K-12 students for symptoms of COVID-19^{1,14}.](#)

- 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^{1,16}

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/Close Contact

Close contact is within 6 feet for ≥ 15 minutes cumulative 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. An exposure is also defined as direct physical contact (hugging, kissing, touching, etc.), sharing eating and drinking utensils, and contact with respiratory droplets (sneeze or cough) 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.

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 [here¹⁶](#).

March 2021 UPDATE: Current data collected from schools during the Fall 2020 semester, rates of in-school transmission are low. Therefore, CCPHC has decided to adopt the DESE/MO DHSS guidance regarding masking and exposure to the virus that causes COVID-19⁸.

- If the school has implemented a mask mandate, and appropriate masks were being worn correctly by both individuals during the time of exposure in the school setting, the individual who came in contact with the person with COVID-19 can continue to attend school AND participate in school-related activities, so long as they can wear a mask and maintain social distance. Those exposed individuals should self-monitor for symptoms and should also stay home from school at the first sign they do not feel well. Individuals who were exposed to someone diagnosed with COVID-19 while at school should continue wearing their mask at all times to further reduce the likelihood of transmitting the virus, and they should continue to quarantine at home for 14 days when not at school. The person who tests positive for COVID-19 is still required to isolate.
 - It is important to note that if either the person with COVID-19 or the person exposed to that positive case was not following the school's mask mandate or was not wearing their mask appropriately during the time of exposure, the close contact should follow previously implemented quarantine protocols and continue to quarantine at home per current quarantine protocols.
- If the school has not implemented a mask mandate, close contacts in the school setting should follow previously implemented quarantine protocols and quarantine at home per current quarantine protocols.

Please note that this new adoption does not relieve the school of contact tracing responsibilities, parent notifications, or symptom monitoring. This protocol option is only effective if other mitigation measures – including contact tracing – are in place and implemented correctly.

Individuals who had a laboratory confirmed (PCR Test) COVID-19 illness and fully recovered do NOT need to be quarantined if they are subsequently exposed within the next 3 months and do not have symptoms.

- Antigen positive and symptomatic at the time of testing do not have to quarantine if re-exposed within the next 3 months.
- Antigen positive and asymptomatic will be assessed on a case-by-case basis but will likely result in quarantine.
- Those who were probable cases (a contact to a confirmed case and symptomatic) but did not have any testing done will need to quarantine due to re-exposure.
- Those that were antibody positive would also have to quarantine if re-exposed, because there is no way to know exactly when they were infected.

March 2021 UPDATE: On February 10, 2021, CDC released updated interim

guidance for vaccinated persons who have been exposed to COVID-19¹⁶. Those who have been vaccinated do not need to quarantine for exposure if they meet the following criteria:

- They are fully vaccinated (at least two weeks from receipt of the final dose)
- Have remained asymptomatic since the current exposure

JUNE 2021 UPDATE: CCPHC will support schools in adopting CDC's option of ending quarantine after day 7 for unvaccinated individuals, provided the exposed individual remains asymptomatic and has a negative PCR or NAAT test on or after day 5. For individuals who do not provide proof of a negative test, default to a 10 day quarantine with masking required through day 14.

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. To eliminate barriers for timely investigations from CCPHC, schools may notify the health center of these occurrences using the online reporting form (link below). 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.

https://ccph.iad1.qualtrics.com/jfe/form/SV_4SEXIw1cUiyapsV

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.

5. School Case Investigation

Schools should familiarize themselves with the principles of contact tracing 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](#)¹⁷
- 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 maintained¹⁸.
- 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.

Process on Communicating Close Contact to CCPHC

Schools may report close contacts through one of 3 options:

1. Utilize and become users of the CCPHC adopted system to monitor contacts called SARA Alert. Contact the CCPHC school liaison assigned to learn more about this process if interested.
2. Attach a "Close Contact Template" to the online report form when reporting the positive case to CCPHC. Please email the CCPHC school liaison for a copy of this reporting template.
3. A "Close Contact Template" may be emailed to the CCPHC school liaison if the message can be adequately encrypted. If a sender is unsure if their email server has the capability to encrypt emails, please contact IT for your organization. Please email the CCPHC school liaison for a copy of this reporting template.

Face Masks

Masking has proven to be an effective way to decrease the spread of COVID-19¹⁸. 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 multi-layer 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 always be worn 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 masks 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.

June 2021 UPDATE: On May 13, 2021, the CDC removed recommendations of social distancing and mask wearing for individuals who are fully vaccinated²⁵. On May 14, 2021, CCPHC removed its county-wide mask order²⁶. Evaluation of in-school transmission data collected in partnership with Clay County public school districts, widespread availability of the COVID-19 vaccines, expanded age eligibility for COVID-19 vaccination for adolescents, and low case rates indicate that students

are at very low risk for COVID-19. Therefore, CCPHC will recommend optional masking for students and vaccinated adults. Unvaccinated faculty, staff and visitors should still wear a mask.

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 social distancing.
- Marking spaces outside restrooms to provide visual cues to ensure social 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.
- 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.

June 2021 UPDATE: Per federal order²⁷, masks are required on public transportation, including school buses. If schools choose to not require masks for students and/or staff in school buildings and classrooms, it is important to note that masks must still be worn on school buses.

Cleaning and Disinfection

The Centers for Disease Control and Prevention (CDC) has provided [guidelines](#)¹⁹ 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.

June 2021 UPDATE: In April 2021, CDC updated [cleaning and disinfection guidance for schools](#)²⁸. When no people with confirmed or suspected COVID-19 are known to have been in a space, cleaning once a day is usually enough to sufficiently remove virus that may be on surfaces and help maintain a healthy facility. Frequent cleaning & disinfection is recommended if:

- High transmission of COVID-19 in the community
- Low number of persons wearing masks
- Infrequent hand hygiene
- The space is occupied by people at increased risk for severe illness from COVID-19

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](#)²⁰.

Other Mitigation Strategies

Creativity and flexibility will be required 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 bi-weekly briefings.

Frequently Asked Questions

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

As of June 7, 2021, there have been 174,666 cases and 2,490 deaths²¹. Limited outbreaks continue to occur across the region and community spread is occurring.

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

Please see **Appendix B** for gating criteria, updated by CDC on February 11, 2021¹. 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 pandemic. To this end, CCPHC will continue bi-weekly briefings 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 following current protocols from the last point of exposure, which means that the quarantine period 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 total, 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. If close contacts are identified in the school setting and both parties were determined to be properly wearing a medical-grade or multi-layer cloth mask, the contact may still attend school and school activities, provided they are able to wear a mask, maintain social distance, and remain symptom-free.

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. When indoors, apply physical distancing, masking, and appropriate sanitization practices. Where feasible, encourage physical exercise take place outdoors with sufficient space for physical distancing.

11. Are team sports allowed?

Yes, however, risks can be lowered by following appropriate COVID-19 precautions as recommended by the CDC. Spectators should remain socially distanced, and some programs may choose to not allow spectators. Drinks and personal use equipment should not be shared.

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 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, currently, 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 masks. 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

School Workflow Guide for COVID-19

~Updated 3/22/2021~

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

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 10 days have passed since symptoms first appeared

Asymptomatic Case: 10 days from a positive test based on the collection date of the sample

2. School Identifies Close and Direct Contacts and Excludes from School through Contact Tracing

Action: Determine who was exposed to the positive case during their infectious period through contact tracing

Goal: Keep the virus from spreading by excluding those who might become contagious after their exposure

When to Initiate Contact Tracing

The need for contact tracing can be determined based on presence of symptoms and if COVID-19 exposure happened

COVID-19 Symptom Guide

High-Risk Symptoms	Moderate- Risk Symptoms
<ul style="list-style-type: none">• New cough• Difficulty breathing• Loss of taste/smell <p>*Fever in adults should be considered a high-risk symptom</p>	<ul style="list-style-type: none">• Fever $\geq 100.4^{\circ}$ or chills• Congestion/ runny nose• Nausea/ vomiting/ diarrhea• Sore throat• Headache• Muscle or body ache

Scenario 1

	Question	Answer
Screening Results	What symptoms are they showing?	1 moderate-risk symptom
	Did they have a COVID-19 Exposure?	No exposure to someone with COVID-19
Actions	Should they be tested?	No
	When can they return to School?	Return to school 24 hours after fever resolution and symptom improvement OR If the provider believes that an alternate diagnosis is the cause of signs and symptoms, return precautions should be specific to diagnosis
	Is contact tracing recommended?	No contact tracing necessary

Scenario 2

	Question	Answer
Screening Results	What symptoms are they showing?	1 high-risk symptom OR ≥ 2 moderate-risk symptoms
	Did they have a COVID-19 Exposure?	No exposure to someone with COVID-19
Actions	Should they be tested?	Yes
	When can they return to School?	If test results are Negative Return to school 24 hours after fever resolution and symptom improvement* OR If the provider believes that an alternate diagnosis is the cause of signs and symptoms, return precautions should be specific to diagnosis *On State recommendation - any negative rapid test must be confirmed by a PCR test before returning to school
		If test results are positive OR No Test Return to school at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms AND At least 10 days have passed since first symptoms appeared
	Is contact tracing recommended?	Initiate Contact Tracing upon receipt of positive test result These are not probable cases because they lack contact to a confirmed case (epidemiology linkage)

Scenario 3

	Question	Answer
Screening Results	What symptoms are they showing?	No Symptoms
	Did they have a COVID-19 Exposure?	Yes
Actions	Should they be tested?	Yes, testing recommended between days 5-14 after exposure
	When can they return to School?	<p>If exposure is outside of school OR if in-school without proper mask wearing: Individuals may return after:</p> <ul style="list-style-type: none"> • 7 days IF they have NO symptoms and a negative PCR or NAAT test taken after day 5 or • 10 days IF they have NO symptoms <p>In both scenarios they must continue to wear their mask and monitor for symptoms for the full 14-day time period. If at any time during that 14-day timeframe, they develop symptoms of COVID-19 they need to isolate and get tested (see scenario 4)</p> <p>If exposure is in-school with proper mask wearing: Individuals do not need to quarantine from school or school activities IF they have NO symptoms, but they must continue to wear their mask and monitor for symptoms for the full 14-day time period. If at any time during that 14-day timeframe, they develop symptoms of COVID-19 they need to isolate and get tested (see scenario 4)</p>
	Is contact tracing recommended?	Initiate Contact Tracing ONLY upon receipt of positive test result

Scenario 4

	Question	Answer
Screening Results	What symptoms are they showing?	Any moderate or high-risk symptom
	Did they have a COVID-19 Exposure?	Yes
Actions	Should they be tested?	Yes
	When can they return to School?	<p>If test results are positive</p> <p>Return to school at least 24 hours since resolution of fever without the use of fever-reducing medications and improvement in symptoms AND At least 10 days have passed since first symptoms appeared</p>
		<p>If test results are negative</p> <p>If the first PCR test is negative, a second negative PCR test will be required for release of isolation prior to the 10 days</p>

	Is contact tracing recommended?	<p>Yes Initiate contact investigation based on symptom onset and exclude contacts until test results are received</p>	If test results are positive	Contacts will be subject to current quarantine protocols.
			If test results are negative	This will be evaluated on a case by case basis between the school and CCPHC to determine course of action

Infectious Period

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

NOTE: Mask usage is not factored when determining who is a close contact

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

Excluding identified Close or Direct contacts

Once close contacts are identified exclude those individuals based on school policy.

The SARS-CoV-2 incubation period ends 14 days from last contact with a person with confirmed or suspected COVID-19.

- This could be more than 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).
- Per CDC guidance, a full 14 day quarantine is the preferred option. HOWEVER, based on the CCPHC 03/01/2021 Full On-Site Learning Guidance, if an in-school or school activity exposure occurs and both

parties are properly masked, the individual exposed does not need to quarantine from school or school activities. If the exposure occurred out of school or school activities, based on the 12/02/2020 CDC update close contacts may end their quarantine **after 7 days with a negative PCR or NAAT test taken on or after day 5 or after 10 days** IF no symptoms have appeared. Close contacts must continue to mask and monitor for symptoms for the full 14 days. If at any time during that 14-day timeframe any moderate or high-risk symptoms develop, the student must isolate and testing is recommended. **NOTE:** If the student or teacher are unable to wear a mask in general or for a particular activity or sport, they would need to complete the 14 day quarantine or avoid any activities for which you cannot wear a mask until the end of the 14 day quarantine.

- Individuals who had a laboratory confirmed COVID-19 illness and fully recovered do NOT need to be quarantined if they are subsequently exposed within the next 3 months and do not have symptoms.
- Individuals who are fully vaccinated against COVID-19 (two weeks from receipt of 2nd dose in a two-dose series or two weeks from receipt of 1st dose of a one-dose series) do NOT need to be quarantined if they are exposed and do not have symptoms²².

NOTE: Excluded individuals should be advised to self-monitor using CDC's checklist of signs and symptoms and report the development of any COVID-related symptoms to a healthcare provider.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

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.

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.

Schools may report known exposures/ close contacts through one of 4 options:

- Become users and utilize the CCPHC adopted system to monitor contacts called SARA Alert. Contact the CCPHC school liaison assigned to learn more about this process if interested.
- Submit a "Close Contact Template" to the online report form here: https://ccph.iad1.qualtrics.com/jfe/form/SV_3DjMXwH1QogkgEB *
- A "Close Contact Template" can also be uploaded into the positives reporting form if this documentation is ready at the time of reporting the positive: https://ccph.iad1.qualtrics.com/jfe/form/SV_4SEXlw1cUiyapsV

*

- A “Close Contact Template” may be emailed to the CCPHC school liaison if the message can be adequately encrypted. If a sender is unsure if their email server has the capability to encrypt emails, please contact IT for your organization. *

*Please email the CCPHC school liaison for a copy of this reporting template

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) and entered SaraAlert monitoring system to be monitored for the extent of their isolation.

Close Contacts: This is determined in conjunction with our school liaison

NOTE: If the weekly rate of new cases rises above 200 per 100,000 population, Clay County Public Health MAY NOT be able to conduct contact tracing and MAY NOT be alerting close contacts of their exposure and need to quarantine. Instead, case investigation – the process of connecting with those that have tested positive – will be the focus of health department staff.

School Liaisons

(Please Only Distribute to Internal School Contacts)

North Kansas City and Liberty:

M-F, 8-4:30 - Ryan Shafer: 816-319-8200, rshafer@clayhealth.com

After hours - Elizabeth Yoder: 816-886-8456, eyoder@clayhealth.com

Smithville, Kearney, Excelsior Springs and Private Schools:

M-F, 8-4:30 - DuJuan Hord: 816-702-9427 dhord@clayhealth.com

After hours - Lexi Bertacini: 816-516-7229, abertacini@clayhealth.com

School Liaisons 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

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 or community member with questions about CCPHC Interim School Guidance or County Health Orders	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

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	https://www.clayhealth.com/288/Local-Data 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

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.

APPENDIX B

Clay County Gating Criteria Considerations for Elementary, Middle and High Schools

Update for March 2021: New Operational Guidance from CDC adopted by CCPHC.

Regional gating criteria considerations continue to reflect indicators from the CDC released September 15 and feedback from local public health departments and school districts. CCPHC has decided to move forward with updated gating criteria considerations released by CDC February 11, 2021 as it is the most recently available guidance.

Regarding the change in the CCPHC School Gating Criteria Dashboard: as of March 2021, CCPHC no longer has access to equivalent data for the portion of Clay County that is under Kansas City, MO Health Department jurisdiction, and therefore is only providing data based on CCPHC jurisdiction, which is the non-Kansas City portion of Clay County.

Information for the gating criteria has been informed from many sources which can be found linked at the end of this document. Based on CDC guidance, "Each indicator or combination of indicators should neither be used in isolation nor should they be viewed as hard cut-offs...Rather, they serve as broad guideposts of inherent risk to inform decision-making."¹

Indicator	Low Community Transmission	Moderate Community Transmission	Substantial Community Transmission	High Community Transmission
Total new cases per 100K in the past 7 days	0-9	10-49	50-99	>=100

Low Community Transmission	Moderate Community Transmission	Substantial Community Transmission	High Community Transmission
<p>All schools implement 5 key mitigation strategies: Universal and correct use of masks required; physical distancing; handwashing and respiratory etiquette; cleaning and maintaining healthy facilities; contact tracing in combination with isolation and quarantine. Diagnostic testing: Symptomatic students, teachers, and staff and close contacts referred for diagnostic testing</p>			
<p>K-12 schools open for full in-person instruction. Social distancing of 6 feet or more OR to the greatest extent possible.</p>	<p>Elementary schools in hybrid learning mode for reduced attendance. Social distancing of 6 feet or more is required.</p>		<p>Middle and high schools in virtual only instruction unless they can strictly implement all mitigation strategies, and have few cases; schools that are already open for in-person instruction can</p>
	<p>Middle and high schools in hybrid learning mode or reduced attendance. Physical distance of 6 feet or more is required.</p>		

			remain open, but only if they strictly implement mitigation strategies and have few cases.
Sports and extracurricular activities occur; physical distancing of 6 feet or more OR to the greatest extent possible.	Sports and extracurricular activities occur with physical distancing of 6 feet or more OR to the greatest extent possible.	Sports and extracurricular activities occur only if they can be held outdoors, with physical distancing of 6 feet or more.	Sports and extracurricular activities are virtual only.

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