



**Public Health**  
CITY OF KANSAS CITY, MISSOURI  
**Health Department**

*Dr. Rex Archer, Director*

**INTERIM  
RETURN TO SCHOOL GUIDANCE**

# Table of Contents

<a href="#"><u>Introduction</u></a>	Pg. 3
<a href="#"><u>General reopening parameters</u></a>	Pg. 5
<a href="#"><u>Air quality and ventilation</u></a>	Pg. 6
<a href="#"><u>Protecting those who are most vulnerable</u></a>	Pg. 6
<a href="#"><u>Physical and Social distancing</u></a>	Pg. 6
<a href="#"><u>Health screenings</u></a>	Pg. 7
<a href="#"><u>Hand washing</u></a>	Pg. 8
<a href="#"><u>When someone is sick</u></a>	Pg. 8
<a href="#"><u>Contact tracing and quarantining</u></a>	Pg. 9
<a href="#"><u>Face masks</u></a>	Pg. 13
<a href="#"><u>PPE</u></a>	Pg. 13
<a href="#"><u>Restrooms</u></a>	Pg. 14
<a href="#"><u>Transportation</u></a>	Pg. 14
<a href="#"><u>Cleaning and Disinfecting</u></a>	Pg. 15
<a href="#"><u>Social and emotional wellbeing</u></a>	Pg. 15
<a href="#"><u>Other mitigation strategies</u></a>	Pg. 16
<a href="#"><u>Frequently asked questions</u></a>	Pg. 16
<a href="#"><u>Reviewed and cited resources</u></a>	Pg. 20

## Introduction

The following Kansas City Health Department recommendations are based on our present scientific understanding of both the current prevalence and future risks of transmission of COVID-19 among the under 10 and 10-19 age groups.

Although we are seeing a substantial increase in cases of COVID-19 in under 10 and 10-19 age groups, it appears that this is primarily stemming from adults transmitting this disease to children. To date, for children under 10, we have little evidence of significant levels of child-to-child transmission. We also have little evidence of significant child-to-adult transmission. Therefore, based on this evidence, and the challenges of virtual learning in the younger ages, we are highly encouraging in-person education for all pre-k through grade school students.

Because the transmission of COVID-19 among 12-18-year-old children appears to be biologically similar to that of adults and because the lag time from testing to results being available is presently 5-9+ days, 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.

### Risk for Severe Illness Increases with Age

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

There are also other factors that can increase your risk for severe illness, such as having underlying medical conditions. [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html)

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

Cancer	COPD (chronic obstructive pulmonary disease)
Chronic kidney disease	

Immunocompromised state (weakened immune system) from solid organ transplant

Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies

Obesity (body mass index [BMI] of 30 or higher)

Sickle cell disease

Type 2 diabetes mellitus

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

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

By understanding the factors that put you at an increased risk, you can make decisions about what kind of precautions to take in your daily life.

All parents/guardians need to be aware of these risks and should consider virtual learning until the COVID-19 outbreak and testing result delays have significantly improved. For both high school and middle school students, virtual-only or various hybrid models may be considered, 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.

These recommendations are also based on our present lack of resources to fully support schools through outbreak investigations and contact tracing and the provision of isolation and/or quarantining advice when outbreaks occur. The KC Health Department will prioritize supporting pre-k through grade school cases, particularly among those school districts that either mandate or strongly encourage influenza vaccination and achieve at least 80% vaccination of their students and teachers/support staff by November 15th. If resources permit, we would subsequently support the needs of middle schools and then high schools.

Furthermore, our recommendation is that students (particularly middle and high school) should not begin school until after Labor Day, as this will allow more time for our community wide mask requirements and other mitigation strategies to take effect. If schools start before Labor Day, the HD will make every effort to provide support under the priority

criteria mentioned above and the level of CAREs Act funding we are receiving from the counties in which the schools are located.

However, it must be mentioned that the present limited access to COVID-19 test reagents and the staff necessary to conduct timely disease investigations/contact tracing reduces our capacity to manage outbreaks within school environments.

Our guidance is categorized into “*Critical*” (actions that are strongly prescribed by KCHD in order to open safely, but not legally mandated), “*Advised*” (actions that are prescribed as additional safety measures that are non-critical), and “*Consider*” (actions that would further mitigate the risks of COVID-19 transmission). These items may be re-categorized if conditions should change. This guidance (to the greatest extent possible) was established with the current known factors as of July 28, 2020.

## Critical General Guidance

- Establish a plan for *daily screening* for illness or exposure to the novel coronavirus.
- *Minimize interaction between groups* by staggering lunch times, utilizing alternate common spaces, and keeping students in cohorts to the extent possible.
- *Keep students physically distanced* in a classroom, to the extent possible.
- *Avoid large gatherings that mix multiple groups* and do not allow for physical distancing. For the short-term, avoid assemblies and pep rallies, choir rehearsals, band practice, and theater performances where large groups may congregate and loud talking or shouting may be increased.
- *Develop contingency plans* to respond to changes in the level of transmission in the community. Protocols should be developed for hybrid and virtual learning that can be activated if the circumstances dictate.
- *Require the wearing of facial coverings* for all staff and students ages 10 and older when indoors or when outdoors and it is not feasible to maintain physical distance. *Strongly encourage* all youth in grades K-12 to wear facial coverings. **This is legally mandated under Mayor Lucas’ 10<sup>th</sup> Order.**
- *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. **This is legally mandated under Mayor Lucas’ 10<sup>th</sup> Order.**

## Air Quality and Ventilation

### *Advised:*

- Install higher Minimum Efficiency Reporting Values (MERV)-rated filters to more efficiently capture viral particles and reduce airborne infectious material (check with the manufacturer if higher rated filters can be used in the air handling unit)
- Change the air handling unit settings to increase the amount of outside air pulled into the building (up to 100%) while simultaneously exhausting or pushing more indoor air outside. This indoor air “flushing” of the building will dilute airborne viral particles.
- If the air handling unit has a humidification device, maintain relative humidity between 40% to 60% to limit spread and survival of viruses.
- Install an Ultraviolet Germicidal Irradiation (UVGI) device in the air handling unit to disinfect air.

## Protecting Those Who Are Most Vulnerable

### *Critical*

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

### *Advised*

- Provide parallel virtual learning opportunities that are available to all students on an ongoing basis
- Not requiring parents and families to commit to one learning opportunity without the ability to access an alternate option

## Physical Distancing

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

### *Critical:*

- Establish physical distancing protocols for various activities during the school day—classroom, cafeteria, gym, playground, etc. Use painter’s tape or signage to mark appropriate distances between students.

- Avoid desks facing each other. Ensure that all desks face in the same direction.
- Establish a process for physical distancing, not mixing different student groups, and sanitizing between groups when students are eating within a cafeteria. Every effort should be made for children to eat outside or in their classroom with their cohort.
- Schools should minimize parent and caregiver entry into the building. Masked staff should escort the children to and from the building to the parent or caregiver. If absolutely necessary, establish a contained area (such as a vestibule) for parents when checking students in/out during the school day. If others are waiting to check their student in, they should wait outside (in their vehicle if necessary) so there is a limited number of individuals in the contained area. Only one person at a time should be waiting in the contained area.
- Discontinue allowing non-essential visitors into the school.
- Administer health screening questions to any visitors allowed into the school building. Face masks should be required for these individuals.
- Keep accurate records of anyone who has been inside a building in case an outbreak occurs to assist with contact tracing efforts. Records should include the time of entry and exit and the location that the person visited.
- Allow parents to keep students home for virtual learning, without documentation of illness.
- Maintain a virtual home learning plan for all students, available in the event of the need to quarantine or isolate.

***Advised:***

- Close employee breakrooms and teachers' lounges.
- Students should eat in their classrooms or outside, with their cohorts. Alternating or hybrid schedules should not be considered a substitute for in-person learning, and every effort should be made to have all children in class with physical distancing and cohorting.

***Consider:***

- When possible, have teachers for elective classes rotate to the classrooms rather than having students move between classrooms.
- Establishing a schedule for varying arrival and departure times to minimize the number of students entering and exiting the building at the same time only if bottlenecks of students is a concern.

## **Health Screenings – Staff**

***Critical:***

- 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.

**Consider:**

- Implementing temperature checks *before and/or at the time of* reporting to work.

## Health Screenings– Students

[As of July 23rd, the CDC provides limitations and considerations for screening K-12 students for symptoms of COVID-19:](#)

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

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

## Hand Washing – Staff and Students

**Critical:**

- 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)

**Critical:**

- Avoid groups congregating around water fountains waiting for access.

**Advised:**

- 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.

**Critical:** *(when someone is identified with any symptoms listed in the health screening):*

- 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.
- Physicians from Children’s Mercy Hospital have Advised the following considerations and actions when a student screens positive for COVID-19 symptoms or exposure.

## Contact Tracing and Quarantine Measures

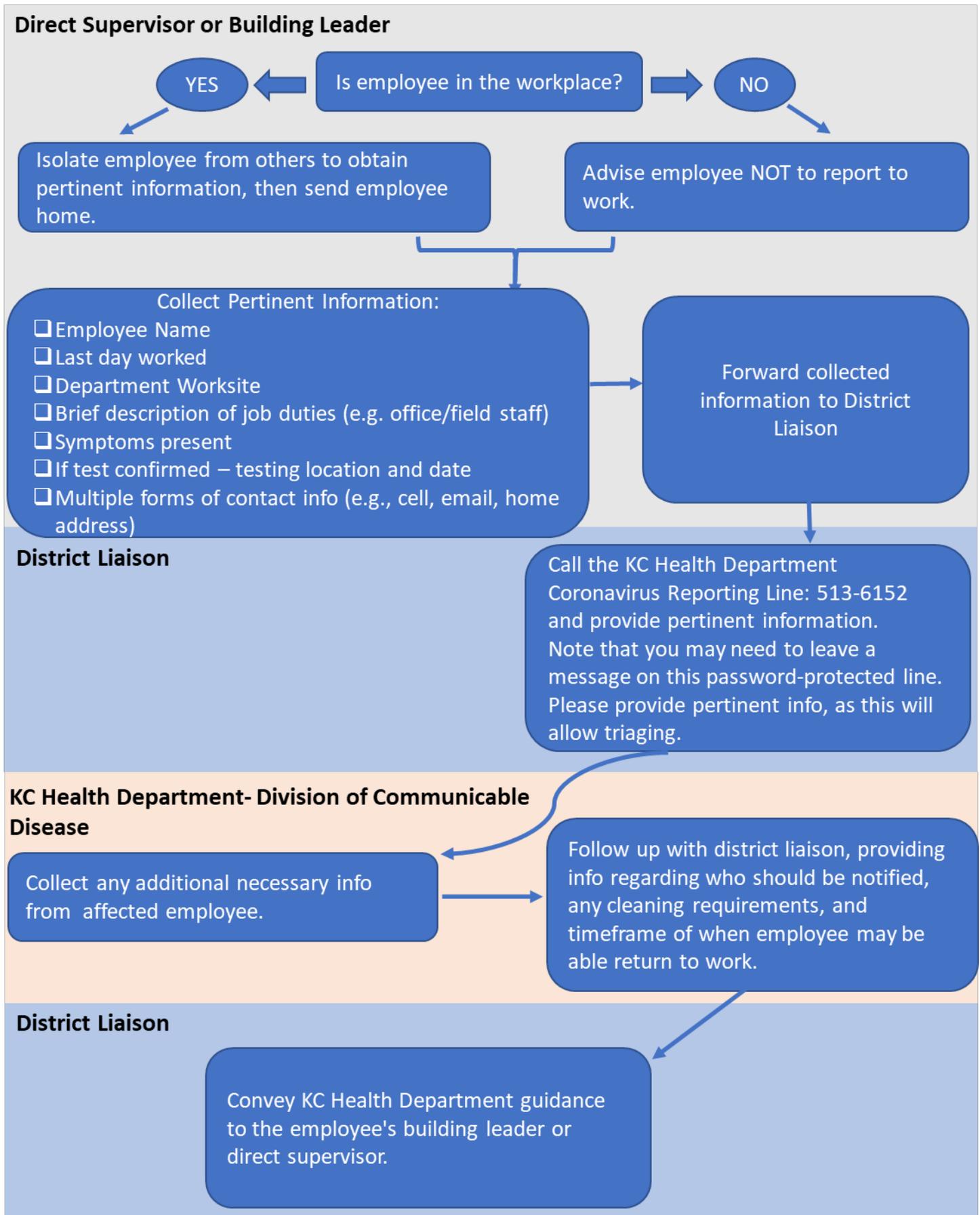
If an individual within a school building is tested positive for COVID-19, schools must work with the KC Health Department (816-513-6152) to determine who should be notified of contacts and where necessary, quarantined.

**Critical:**

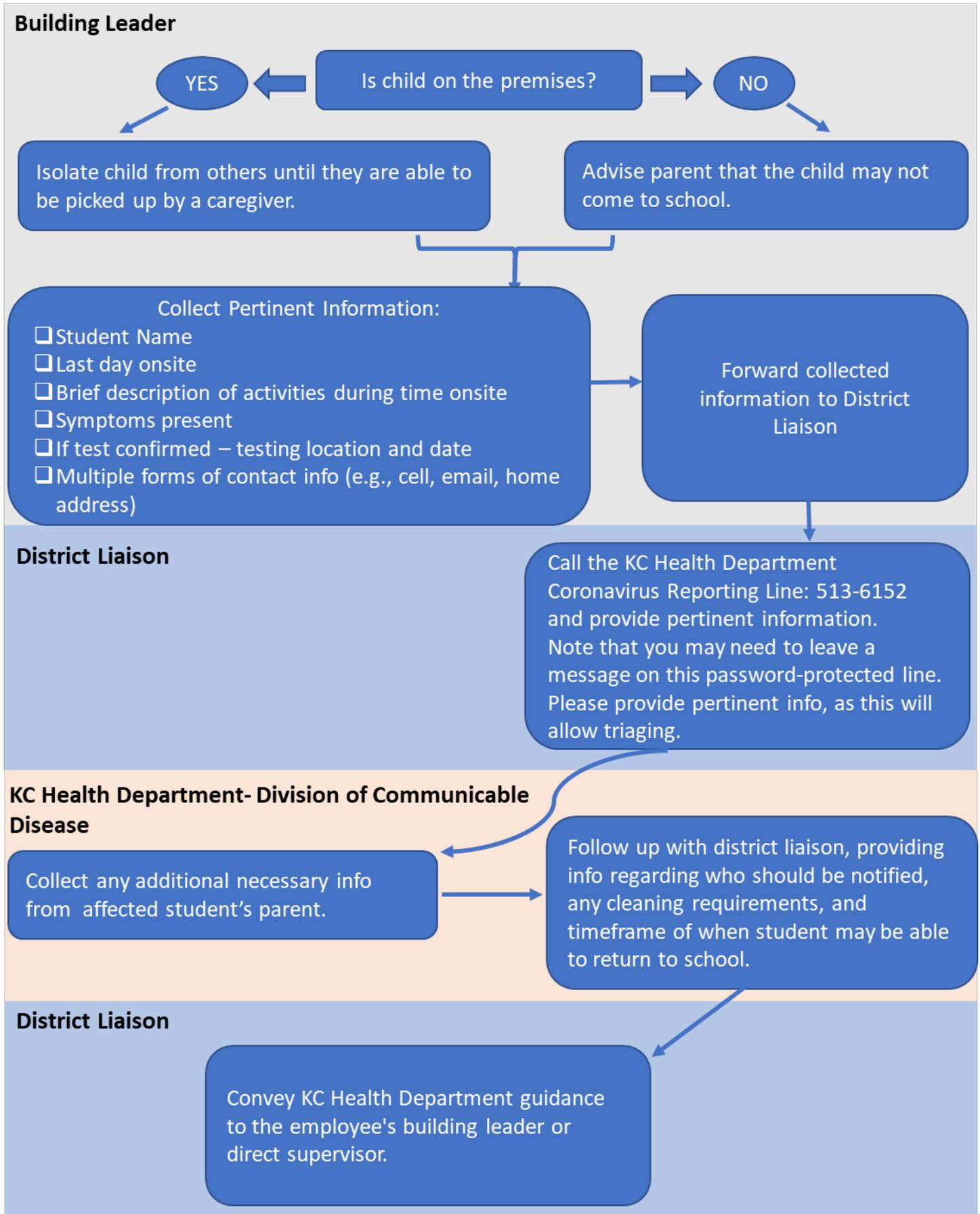
- Identify who the individual was in contact with, within a 6-foot space, for at least 15 minutes within the 48 hours prior to symptom onset (or positive test, if asymptomatic). If specific contacts cannot be identified, quarantine everyone who was in the same room, bus or other areas.
- Maintain permanent seating assignments (where feasible) and room/bus logs or photos in order to assist with contact tracing. By maintaining classroom seating chart, and bus seating charts or photos, the number of students required to be quarantined can be minimized.

- The Kansas City MO Health Department and the Missouri Center for Public Health Excellence (MOCPHE) indicate that if over 5% of the student body in a building or district test positive any day, 4% test positive over 2 days in a row or 3% test positive for 3 days in a row, then that building or district closes for 10 days. These percentages may change when better scientific data becomes available. **Note: A single positive case does not necessarily require the closure of a classroom, especially when seating charts are maintained.**
- Schools need to ensure there is a space to isolate a sick student or staff member until the individual can leave the building.
- Per [updated CDC guidelines](#), in the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the staff or students, schools should close for 24 hours for cleaning and disinfection of that building or exposed area.

Employee notifies supervisor/building administrator of close contact or confirmed positive test for coronavirus...



A student or their parent notifies school staff of close contact or confirmed positive test for coronavirus...



## Face Masks for Staff

### *Critical:*

- Require staff members to wear a face mask when within 6 feet of another individual.
- Require adults who are not staff members to wear a face mask at all times on school property.
- Provide medical grade face masks, eye protection and other PPE to nurses and other staff for use when working with students who become ill at school.
- [Instruct](#) staff how to properly wear a face mask (i.e. above the nose and below the chin).

### *Consider:*

- Encouraging teachers to use a face shield when the need to convey facial expressions and mouth movements is present, and teachers are greater than 6 feet from all students and other staff (i.e. at the front of the classroom during a lecture format).
- Purchasing see-through masks that can be used when facial and mouth visualization is needed.

## Face Masks – Students

### *Critical:*

- Students K-12 grades wear a face mask at all times while indoors, except for while eating or drinking.
- Isolate any student who becomes ill and provide a medical grade face mask.
- [Instruct](#) students how to properly wear a face mask (i.e. above the nose and below the chin).
- Children who are medically exempt from mask wearing must make every effort to maintain physical distancing.

### *Advised:*

- All Pre-K students wear a face mask.
- Masks should not be worn by children <3 years of age. Masks should not be worn by young children during naptime or when unsupervised.

## Gloves – Staff (gloves not necessary for students)

### *Critical:*

- 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**

### ***Critical:***

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

### ***Advised:***

- Implementing scheduled restroom breaks so each grade/class can use at a specific time and avoid mixing students from different classes.

## **Transportation**

### ***Critical:***

- Assign seats to reduce transmission and assist with contact tracing if necessary.
- Establish a protocol for loading and unloading of buses to minimize student contact such as loading the rear of the bus first.
- Keep family units seated together.
- Establish daily cleaning protocols for sanitizing each bus.
- Require bus drivers to wear face masks.
- Require all children kindergarten and up to wear masks while on the bus and while entering school.
- Keeping windows open when weather allows.

### ***Advised:***

- 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

### ***Consider:***

- Reducing the number of students on a bus by allowing only one student per seat and/or alternating rows of students.
- Encouraging parents to transport students to and from school.
- Sanitizing each bus in between routes.

## Cleaning and Disinfecting

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

### *Critical:*

- Require the use of disposable gloves when cleaning and disinfecting.
- Clean and disinfect surfaces per CDC [guidance](#).
- 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.

### *Consider:*

- Reducing the need to touch door handles by propping doors open or installing foot pulls.
- Implementing sanitizing procedures using alternative means. Please check the effectiveness with local health department.

## 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:

### *Critical:*

- 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.

- Maintain vigilance for students who may be exhibiting suicidal ideation or grieving due to losses of family or friends, or missed experiences.

*Consider:*

- Adopt an approach of universal services for mental health support for all students and staff.
- Conduct wellness check-ins for students who do not return to school, as they may be experiencing trauma, anxiety, or home-related concerns.
- Implement academic accommodations for students having difficulty concentrating or learning new information due to stress associated with the pandemic.

## Other Mitigation Strategies

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

*Critical:*

- Maintain ongoing communication between administrators and the KC Health Department by participating in weekly briefings (details will be provided soon).

*Consider:*

- Negotiate partnerships with KC Parks and Recreation, LINC, Upper Room, and other similar organizations who can provide child supervision during scheduled periods of school closures, such as days for extra cleaning.
- Strongly promote encourage students and their families receive the influenza vaccination as soon as it is locally available. Consider hosting vaccination clinics on school grounds, in collaboration with the KC Health Department.
- Extend the winter break season (perhaps with supplemental virtual learning) to allow deeper cleaning of facilities, and reduced building population at the height of cold and flu season.

## Frequently Asked Questions

1. **What is the current status of novel coronavirus cases in the Kansas City Metro Area?**  
As of July 28th, the number of cases continues to rise sharply. Outbreaks have been mostly associated with large indoor gatherings and production plants. Hospitalization rates have increased. However, local medical capacity is still sufficient.
2. **What are the criteria for when the school system must close?**

This depends on several variables that are still uncertain including likelihood of child to child and child to adult transmission rates. Therefore, at this time, the KC Health Department and its partners have not yet defined these criteria. However, it is our position that if over 5% of the student body in a building or district test positive any day, 4% test positive over 2 days in a row or 3% test positive for 3 days in a row, then that building or district closes for 10 days. Unfortunately, this recommendation requires more rapid availability of test results than is presently the case. We recommend consultation with the KC Health Department before school closure.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**11. Are team sports allowed?**

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

Competitions in which teams compete with others from regions outside of the City of Kansas City should not take place.

**12. What about outdoor recess?**

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

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

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

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

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

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

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

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

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

**17. What should we do if a student/staff member tests positive for COVID? Close a classroom? Close the school? <sup>1</sup>**

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 the Kansas City MO Health Department for further instructions regarding quarantining, isolation, and disinfecting.

A large South Korean study demonstrates that children 0-9 years old transmitted SARS-CoV-2 to 5.3% of household contacts compared with children ages 10-19 who transmitted the virus to 18.6% of household contacts. It should be noted that mitigation strategies, particularly masking, rarely occur in the household setting. Importantly, non-household transmission in all children was approximately 1%. This study did not account for mitigation strategies, particularly masking and physical distancing, which

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<sup>1</sup> [https://wwwnc.cdc.gov/eid/article/26/10/20-1315\\_article](https://wwwnc.cdc.gov/eid/article/26/10/20-1315_article)

were in place outside of the household and would optimally be in place in a school setting. These data suggest that for young children, who may have difficulty masking and physically distancing, transmission is lower. Older children likely have the ability to transmit at similar rates to adults, but mitigation strategies such as masking and physical distancing lower these rates.

**18. Should we have schools on different schedules with respect to the infection rates of their neighborhoods?**

We do not have a recommendation on this matter. Differentiated schedules are not likely to have large impact on community spread.

**19. 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.

**20. 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.

## Cited and Reviewed Sources

[CDC Guidelines for Schools](#)

[ASHRAE Position Document on Infectious Aerosols](#)

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

St. Louis County Return to School Guidance

MOCPE Return to School Guidance

Kansas [Draft] Navigating Change Reentry Guidance