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Missouri School Reopening Guidance
Frequently Asked Health-Related COVID-19 Questions

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

This document contains further school reopening guidance that aims to provide additional clarity and consistency for Missouri school leaders and public health officials as they make decisions about school reopening strategies at the local level. There are no statewide health mandates related to K-12 school reopening being issued at this time. There may, however, be local ordinances that school leaders and health officials should keep in mind when making plans to reopen schools.

The FAQs addressed in this document center around:

- The **Proactive Strategies** that Missouri's K-12 schools can implement to mitigate the spread of COVID-19 and best protect their students, staff members and communities, including minimum protocols regarding the following:
    - Screening
    - Physical Distancing
    - Masks/Face Coverings

- The **Reactive Strategies** that Missouri's K-12 schools need to be prepared to address upon reopening, including how to handle the follow situations:
    - Symptomatic at School
    - Positive Cases
    - Contact Tracing

The Centers for Disease Control and Prevention (CDC) released Guidance for Preparing for a Safe Return to School on July 23, 2020. This document contains descriptions of the latest research regarding schools and the impact on COVID-19 transmission, as well as guidance on mitigation strategies for schools.

As health experts learn more about COVID-19, this document may continue to evolve to better inform K-12 operations in Missouri and provide guidance on further protocols to prevent the spread of this virus. It is also important to note that local schools and local jurisdictions have the authority to implement more stringent or less restrictive preventative measures.

PROACTIVE STRATEGIES

Screening

How should K-12 schools screen students for COVID-19?
K-12 schools should implement a process for daily screening for symptoms of and exposure to COVID-19. Parents and caregivers should be empowered to screen children for symptoms at home, prior to coming to school, and should be provided with a checklist that includes the following symptoms and exposure:

- Fever or chills
- Cough
- Headache
- Muscle aches
- Nausea, vomiting or diarrhea
- New loss of taste or smell
- New runny nose or congestion
- Shortness of breath or difficulty breathing
- Sore throat
- Close contact with a person with COVID-19 in the last 14 days

This list is subject to change as new symptoms of COVID-19 are identified and schools should be prepared to educate families regarding additional symptoms of concern. Parents should assess their children for fever. It is important to note, however, that temperature screenings are of low sensitivity and performing those checks in-person at school has the potential to create lines/groups of students.

Students with symptoms should not attend school and parents should consult their healthcare provider and follow CDC considerations regarding their return to school. For students who are diagnosed with COVID-19, either by a laboratory test or based on their symptoms, return to school is permissible when the student is at least 10 days from symptom onset, has had three days with no fever **and** has improving symptoms. Return to school for children with an alternate diagnosis is at the discretion of their healthcare provider and/or the school nurse. Children with a known close contact with COVID-19 (or an adult with symptoms compatible with COVID-19) should stay home for 14 days from their last contact **and** until return to school is approved by the local health department in accordance with the CDC guidance. Click here to review the CDC guidance.

Schools should broadly communicate the importance of keeping students home when they feel sick. At-home screening reinforces that decision and reminds families how important that choice is, as it helps to further protect other students, school staff members, and communities as a whole. Performing a daily screening before a student arrives at school also reduces the likelihood that a student will have to be isolated at school and sent home after experiencing COVID-19 symptoms.

The Washington University Pediatric and Adolescent Ambulatory Research Consortium has developed and shared two algorithms that school leaders and LPHAs may find helpful. The St. Louis City and St. Louis County Health Departments have agreed to use these approaches, as local leaders continue to develop school reopening guidelines.

- School Nurse Algorithm: shows flow charts for decision-making on screening students for COVID-19 symptoms and assisting LPHAs with contact tracing
- Clinician Algorithms: shows flow charts for healthcare professionals assessing for COVID-19 in children with symptoms both with and without known exposure

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

- COVID-19 School Reopening Guidance: includes detailed information on screening students for symptoms related to COVID-19 (Appendix A, page 15) and how to handle students that screen positive (Appendix B, pages 15-16).
- Considerations for the Testing and Management of Children: outlines considerations for: asymptomatic children, children without a COVID-19-like illness and children with a COVID-19-like illness.

Should schools screen students for COVID-19 onsite?
Children should be visually inspected for signs and symptoms of illness as they enter the school and/or classroom. School leaders may also elect to perform additional symptom or temperature screening at school, but should ensure those procedures do not force bottlenecks at building entry points, creating unnecessary situations where students cannot maintain adequate physical distance from one another.

How should K-12 schools screen staff members for COVID-19?
Health data continues to reveal that adults are much more likely to spread the novel coronavirus than children, unlike other viruses (e.g. influenza) where children are more likely to transmit the virus to others. Therefore, school staff members should self-screen at home, following the same protocol listed above for families screening students at home. Schools should also screen staff members upon entry to the building each day, and that screening may include a temperature check.

How should K-12 schools screen visitors for COVID-19?
Schools should limit visitors inside the building during the upcoming school year. Schools should identify options to conduct meetings with families remotely (conference call or videoconference) so parents can continue to engage with teachers (e.g. parent-teacher conferences) and participate in necessary discussions (e.g. Individualized Education Program (IEP) and 504 plan meetings; discipline conversations).

If visitors are unable to join a remote meeting or conduct their business without entering the building, schools should screen the visitor for COVID-19 by asking questions about symptoms and performing a temperature check, and then limit the visitor's movement throughout the school building. Schools may consider a designated visitor space/room where physical distancing measures are enforced. A record of visitors inside the school should also be kept, and it should include areas of the school that were visited and the time the visitor entered and exited the building.

Physical Distancing

Why is physical distancing important?
Physical distancing is one measure that has been demonstrated to reduce the spread of the novel coronavirus. Distances of three to six feet may be effective in reducing viral transmission. However, a person is considered a "close contact" of a case of COVID-19 if they are within six feet of the case for more than 15 minutes. Close contacts of cases require quarantine for 14 days from the last exposure. By observing physical distancing in schools and reducing contacts, we can limit the number of children (and staff members) who will need to quarantine if a positive case occurs in school.

What physical distancing measures should K-12 schools have in place to protect against the spread of COVID-19?
Schools should assign students to cohorts and limit their exposure to other cohorts within the building. This means that students should stay with the same group of students and adults throughout the day. If classes must rotate, schools should consider rotating teachers, rather than moving groups of students throughout the school building. Strict adherence to a specific size of student groups should be discouraged, as this may limit the ability to provide in-person education. Schools should also implement and enforce assigned seating, and keep records of those seating charts to assist with identifying close contacts in the event a member of the school community is diagnosed with COVID-19.

Cohorting may not be feasible for middle and high school students and thus, assigned seating can help to reduce contacts among older students.

Other physical distancing measures to consider:

- Schools should limit the mixing of cohorts of students to the extent possible.
- Students should be spaced as far apart as possible. Six feet apart is best; when that's not possible, schools should make efforts to ensure a minimum of three feet of space between students.
- Desks should be placed facing forward in the same direction so students do not sit face-to-face.
- Schools should place physical distancing markers and cues throughout the building, which will remind and prompt students to remain six feet apart in areas where they are not stationary, such as hallways, cafeterias, restrooms and other locations where lines assemble.
- Schools should require hand hygiene before and after students move from one space to another within the building. Proper hand hygiene information can be found here and should be shared with students of all ages.

How should physical distancing take place on a school bus?
School bus transportation may not readily allow for physical distancing. However, strategies to reduce contact on buses and risk of infection can include:

- Screening of COVID-19 symptoms at home prior to getting on the bus.
- Encouraging hand hygiene upon boarding the bus.
- Assigning students to seats so contacts are stable.
- Seating siblings together.
- Loading the bus from back to front.
- Encouraging the use of face masks during transport.
- Having windows open when safe and weather-permitting.
- Providing bus drivers and monitors onboard with personal protective equipment, such as face masks and face shields and/or eye protection, as long as these do not impair driving.
- Installing plexiglass or another kind of barrier around the school bus driver area, complying with Federal Motor Vehicles Safety Standards as regulated by the Federal Highway and Traffic Safety Administration.

Schools may also ask families that are able to transport their students to and from school or arrange for carpools, when possible, to reduce the number of students riding buses in the upcoming school year.

How should physical distancing take place during meal times?
Keep students in cohorts during meal times and, when possible, have students eat in their classrooms rather than moving through the school building. Schools may consider bringing meals directly to classrooms but should make efforts to ensure nutritional value and appealing menu choices are not

sacrificed. For older students, multiple separate lunch periods may be created and alternate locations, such as an outdoor environment or large indoor spaces (e.g. gymnasium), may be used for lunches with proper supervision.

How should physical distancing take place during recess and physical education?
Physical activity during recess and physical education class is important for a child's physical, mental and emotional health. Students should engage in these activities with their primary cohorts (to the extent possible) to reduce the number of contacts. Multiple cohorts could have recess at the same time, as long as they are playing in separate areas of the playground.

If possible, individual equipment used during recess and physical education (e.g. balls, jump ropes) could be separated by cohort to reduce the need for disinfecting between uses. If that is not possible, individual equipment should be cleaned between uses. Stationary playground equipment does not need to be cleaned, with the exception of handrails and other high touch surfaces, which should be cleaned in accordance with CDC guidelines (see "cleaning and disinfecting outdoor areas" section here). Schools should require hand hygiene before and after recess and physical education.

Are there other creative ways schools can arrange for physical distancing?
School leaders should consider leveraging space in innovative ways. Large spaces, such as multi-purpose rooms and auditoriums could be marked and utilized to account for appropriate physical distancing. The risk of transmitting the virus outdoors is much lower, so schools may also consider using outdoor learning spaces more often.

How should physical distancing take place during music class, given the conversation around the higher rate of COVID-19 transmission during singing?
In local areas with ongoing community transmission, chorus and band classes should be controlled. School leaders should be advised that the risk of transmission during music and band classes increases in older grades. When considering music classes, ensure that students remain in cohorts and are appropriately physically distanced. Holding these classes outdoors would be a safe alternative. When cohorting and/or physical distancing cannot occur, consider alternative music classes such as virtual instruction, music technology, music theory, and music appreciation.

Masks/Face Coverings

Should K-12 students and staff wear face coverings?
Face coverings are an important strategy to reduce transmission of the novel coronavirus, both by reducing the spread of infection from the wearer to those around as well as by preventing acquisition of the infection by the wearer. It is recommended that school leaders require K-12 students to wear face coverings. Recently published guidance from the American Academy of Pediatrics has indicated that "cloth face coverings can be safely worn by all children 2 years of age and older, including the vast majority of children with underlying health conditions, with rare exception." The use of face coverings can provide an additional layer of protection against the spread of infection.

Face coverings should especially be considered for all age groups during periods when students are not cohorted or cannot physically distance (e.g. in hallways or during entry and dismissal periods). As noted above, it is also appropriate for all students to wear masks or face coverings while riding the bus.

Schools should consider how to best deliver training to students on the safe and proper use of masks, accounting for the training most appropriate for the age group. Local leaders are encouraged to stay

informed about CDC guidance and recommendations on face coverings (see "Cloth Face Coverings" section here).

Should K-12 staff members wear face coverings?
It is recommended that school leaders require school staff members to wear face coverings, as adults are the most likely to transmit the infection to others. Face coverings should be worn by staff members at all times when they are in close proximity to students or other staff members. In lecture formats, where the teacher is stationary and appropriately physically distanced from students, face coverings may not be necessary. In some circumstances, such as when working with young children or deaf or hard of hearing students, the need to convey facial expressions and mouth movements is important; in these circumstances, the use of a clear face shield is preferred to no face covering at all. As noted above, bus drivers and monitors onboard a school bus should wear personal protective equipment.

Any teacher or staff member who is working closely with symptomatic children must wear medical grade masks and eye protections to ensure that staff are protected. Click here to review recently updated information from the CDC on recommendations for personal protective equipment for those working with symptomatic individuals.

REACTIVE STRATEGIES

Symptomatic at School

What should K-12 school leaders do when a student or staff member presents with COVID-19 symptoms while at school?
All students and staff members with a fever of at least 100.4° or other symptoms consistent with COVID-19 should seek medical care for further evaluation and instructions. All students and staff members who become symptomatic while at the school require immediate isolation and should wear a medical-grade mask until they are no longer in the building. Students who are sick should be walked out of the building to their parent/guardian. The School Nurse Algorithm linked above, developed by the Washington University Pediatric and Adolescent Ambulatory Research Consortium, can be used by local school leaders and LPHAs to further inform the management of symptomatic students and staff members.

It is recommended that each school have a room or space, separate from the nurse's office, where students or staff members who are feeling sick or appear ill can be evaluated and/or wait to be picked up by a parent/guardian. These rooms/spaces should be set up in such a way as to prevent cross infection among students/staff who may be experiencing different symptoms. For example, in the case that multiple symptomatic students must be in the same room, shower curtain-type barriers should be installed to separate potentially infected students or staff. The room should be disinfected immediately after any individual exhibiting symptoms of illness has exited.

Strict physical distancing should be required and a record should be kept of all persons who entered the room. Staff members entering the room should wear appropriate personal protective equipment, including goggles or face shields, gloves, and medical-grade masks and gowns.

Students who do not display symptoms of illness can be seen and treated in the nurse's office. This would include students who are injured during the school day or students with special health care

needs. Use of nebulizers and other aerosol generating procedures should be avoided in the school setting when possible. When these are necessary and/or when contact with respiratory secretions cannot be avoided, such as when suctioning is required, medical grade PPE including eye protection, a fit tested N95 respirator, gloves and a gown should be worn during care.

Additional information about PPE can be found in the National Association of School Nurses' Guidance for Healthcare Personnel on the Use of Personal Protective Equipment (PPE) in Schools During COVID-19. DHSS is also working to develop PPE guidance at the state level for school nurses in Missouri. That document will be added here when it becomes available.

Positive Cases

Are public health officials allowed to share health information about a student or staff member with district/school officials to allow necessary contact tracing to take place?
The Family Education Rights and Privacy Act (FERPA) has a provision that allows Local Education Agencies (LEAs) to share student records, which include student health information, with LPHAs (34 C.F.R. § 99.36).

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) has a provision that allows personal health information (PHI) to be shared by DHSS and LPHAs to LEAs (45 C.F.R. § 164.512j(1)(i)) if the disclosure is necessary to protect public health. Some public health authorities may be considered "covered entities" or "hybrid entities" under HIPAA, meaning that the law applies to them. HIPAA specifically states that covered entities that disclose PHI in the interests of protecting public health are presumed to have "acted in good faith" if the "disclosure:

- (A) Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and
- (B) Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat."

In a February 2020 Bulletin, the U.S. Department Health and Human Services, Office for Civil Rights, stated that "a covered entity must make reasonable efforts to limit the information disclosed to that which is the 'minimum necessary' to accomplish the purpose."

In the case of COVID-19, the "minimum necessary" information to disclose to protect public health (e.g. to support case investigations and contact tracing) may include the name of the student/staff member who has contracted COVID-19, and the probable date of onset. This information should only be disclosed to the necessary staff members (e.g. the school or district COVID-19 point-of-contact) to inform and conduct the steps of the LPHA or school/district. The individual who tested positive should not be identified in communications to the school community at large.

LPHAs may develop written policies to govern routine and recurring disclosures of PHI to schools and districts for the purposes of containing COVID-19. Policies and protocols should address what type of information will be disclosed to support contact tracing and disease mitigation and what will not be disclosed.

LPHAs and LEAs can find additional information on this topic from the following resources:

- U.S. Department of Health and Human Services
    - Notification of Enforcement Discretion
    - COVID-19 Limited HIPAA Waiver

- The Network for Public Health Law
    - Public Health COVID-19 Frequently Utilized HIPAA Privacy Rule Provisions

It is also important to note that federal law typically limits the type of medical inquiries that can be made by LEAs, but given the nature of the pandemic, more leeway has been given to districts and schools in this circumstance to make additional medical inquiries of staff and students than would otherwise be allowed.

- If a parent/guardian tells the school that their child is sick, the school may ask the parent/guardian whether the student is exhibiting any symptoms of COVID-19 or has a positive COVID-19 test.
- If an employee calls in sick or appears ill, the district/school can inquire as to whether the employee is experiencing any COVID-19 symptoms or has been tested.
- If a person is obviously ill, the district/school may make additional inquiries and may exclude the person from school property.

LPHAs and LEAs should direct legal questions to their organization's legal counsel.

What communication will take place between local public health authorities (LPHAs) and school leaders when a member of the school community tests positive for COVID-19, and what role will each entity play in that communication process?

It is the responsibility of the LPHA to contact the person confirmed with COVID-19, inform direct contacts of their possible exposure and give instructions to those involved with the confirmed case, including siblings and other household members, regarding self-quarantine and testing, as indicated. LPHAs should proactively communicate to the school or district the existence of a positive case among its students or staff.

Schools and districts should designate a point of contact at both the school and district levels with whom LPHAs will coordinate regarding COVID-19 exposures, case investigations and contact tracing. Pursuant to 19 CSR 20-20.030(1), schools and districts should report any known COVID-19 cases or exposures to the LPHA where the student resides. When there is confirmation that a person infected with COVID-19 was on school property, the district/school should contact the LPHA immediately and follow the directions of the LPHA where the school is located. Schools and districts should track information regarding cases and exposures to ensure that no staff member or student returns to school before released to do so by the LPHA of record. LPHAs should provide clear guidance and direction to schools and districts on the next steps for contact tracing and potential quarantine.

The communication process between LPHAs and schools/districts could take place in a number of ways, including, but not limited to, the following scenarios:

- **Scenario 1:** An LPHA might share that an individual in Mr. Green's 4th grade class has tested positive to allow for contract tracing. Such information should allow the LPHA to obtain the necessary information from the school to perform contact tracing and notification of exposed individuals.
- **Scenario 2:** A parent/guardian may inform the school that his/her child tested positive and won't be attending school. The school should alert the LPHA and immediately provide the necessary information for the LPHA to perform contact tracing.
- **Scenario 3:** If the LPHA directs a student to isolate or quarantine, but his or her parent(s)/guardian(s) are not cooperating with the LPHA and causes the LPHA to believe the student plans to attend classes, the LPHA should alert the school, not only for contract tracing purposes, but also to prevent the student from attending school and exposing others.

- **Scenario 4:** If the LPHA's functional ability to begin contact tracing on the same day of notification is constrained by a an increase in cases, a decrease in staffing levels, etc., the LPHA may provide the necessary PHI to the school or district, along with instructions, to begin the process of identifying and isolating close contacts that occurred on school or district property.

Should school buildings plan to close for a certain period of time after a positive case within the school community to allow for contact tracing and/or sanitization efforts to be completed?
School districts should consult the LPHA where the school is located for more information about whether a school building or school district closure is required, and how long to expect to be closed. In the case of conflicting guidance from multiple LPHAs within the district's attendance area, the more restrictive guidance should be followed, whenever possible.

If, in the course of contact tracing, a cluster of infections is found in a school community, the LPHA(s) leading the case investigation should provide clear guidance and direction as to whether a classroom or portion of the school building should be closed for cleaning and contact tracing, and provide an estimated timeline as to how long the case investigation may take, so that school leaders and teachers can plan for distance instruction. If the LPHA conducting the case investigation and contact tracing recommends a school building or district closure, it should consult and coordinate with the LPHA where the school is located, which will make the final recommendation.

In the event that a closure is required, LPHAs should, when feasible, default to a closure strategy that disrupts the learning of the fewest students. For example, if a school is properly cohorted, that cohort should be sent home, and that classroom cleaned, before an entire floor or school building is closed. If it becomes clear that a school has not utilized cohorts, or that close contacts of the student or staff member that tested positive have moved beyond the cohort, then school leaders should follow the guidance of local health officials regarding closures.

Schools and districts should prepare distance learning plans for both short and long term classroom, building and district closures.

What criteria or indicators should be used to make a decision to increase mitigation strategies, pivot to more frequent or strictly distance learning, etc.? Are there thresholds that trigger certain actions?
Districts should make the decision to shift to distance learning, either intermittently or for a more substantial period of time, in consultation with the LPHAs within their attendance area. At this time, there are no absolute thresholds in place at the state level that trigger certain actions. It will be critical for schools to track cases and clusters in their school community, as this may be the most important factor in determining if a shift to an alternate instructional model for some or all students is necessary.

The CDC recommends considering the level of community transmission when determining mitigation strategies for COVID-19, including school closure. For example, school districts should consider the following indicators when determining a school closure, as these data points can help to better inform local leaders of the community spread in their area:

- Percent change in new cases per 100,000 over a 7-14 day period in the county in which the school is located
- Increases in new cases per 100,000 in the county in which the school or district is located over a 7-14 day period
- Increasing percent positivity of tests reported to the LPHAs in the school's attendance area
- Access to adequate testing to support contact tracing, including turnaround times of 72 hours or less, as reported by the LPHAs in the district's attendance area
- Increasing rates of hospitalization or death

- Hospital and ICU bed capacity in the region in which the school is located

While Missouri does not have statewide thresholds and criteria to dictate how COVID-19 statistics should impact mitigation strategies and approaches to teaching and learning, there are several national resources school leaders and LPHAs can review collaboratively to develop plans locally. One such resource is The Path to Zero and Schools: Achieving Pandemic Resilient Teaching and Learning Spaces, published by the Harvard Global Health Institute. This guide provides a Risk Incidence Level Framework with clear charts connecting specific levels of community spread to recommendations on reopening schools.

Contact Tracing

What is contact tracing and what will that look like in a school/district?
Contact tracing is the means by which COVID-19 infections and exposures are identified, subsequently notified, and ultimately isolated or quarantined to reduce transmission of the virus. Contact tracing is a fundamental epidemiological practice that is used to stop the spread of many infectious diseases, including COVID-19. Contact tracing consists of a series of interviews, performed by public health workers, which are designed to identify close contacts of a student or staff member that tested positive for COVID-19. Close contacts are defined as having been within six feet of an infected individual for more than 15 minutes. The consistent use of a face mask by the case and close contacts may be considered in determining the need for quarantine. Those close contacts are then ordinarily may be asked to self-quarantine for 14 days from their last contact with the positive case and/or take a COVID-19 diagnostic test.

Contact tracing efforts/investigations are led by the LPHA where the COVID-19 positive person resides, whether that is a student or an adult. In school districts where students and staff reside in different LPHA jurisdictions, the LPHA where the COVID-19 positive student or staff person lives leads the case investigation, and provides guidance to the infected person as well as close contacts of the infected person. However, schools may learn of COVID-19 infections within the school community before an LPHA is aware, as students and staff may receive test results from their health care provider and contact the school. For this reason, schools should be ready to assist with identifying close contacts within the school setting so that any potential close contacts can stay home from school until the LPHA takes over the case investigation and makes a final determination on that individual's status (return to school remain quarantined, etc.).

Ordinances related to COVID-19 exposure, such as length of self-quarantine, and requirements for close contacts of a person who has tested positive for COVID-19 may vary slightly between LPHA jurisdictions. When feasible, the more restrictive ordinance should be followed in order to better protect the health of students and staff.

How can schools and districts facilitate contact tracing and COVID-19 containment strategies within a school?
Schools and districts should make every effort to facilitate contact tracing in their school communities, and be ready to provide timely, effective documentation to the appropriate LPHA. If a school is notified of a positive case of COVID-19 in the school community, the school should begin in-school documentation of that student or staff member's close contacts, no matter if the notification was received by the positive individual or the LPHA.

Schools can facilitate the speed and accuracy of contact tracing by limiting the movement of students in a school building, cohorting students and using assigned seating. Schools should space students as far apart as is feasible, and create seating charts that can be given to local public health officials to assist in identifying close contacts of the infected student or staff person.

Prior to school reopening, LPHAs and schools should work collaboratively to develop a tactical contact tracing plan, which should clearly define roles, responsibilities, and contact persons at each LPHA, school district and school building. School leaders should assign a point of contact at both the district and school levels for the purposes of coordinating with LPHAs regarding infection mitigation and contact tracing. School districts should plan redundancies into these communication channels in case the primary contact is unable to complete their duties for any reason.

To every extent possible, LPHAs should work together to standardize their quarantine and testing protocols for members of the school community, in an effort to reduce confusion and ensure that standardized, repeatable processes are in place for contact tracing and return to school protocols.

Schools may consider designating at least one staff member to pursue training in contact tracing to inform school/district operations. The Johns Hopkins Coronavirus Resource Center offers a free, six-hour online course on contact tracing; this will be the same course suggested to LPHAs.

What documentation, records, etc. should schools have ready to assist health officials in conducting contact tracing?
Schools should keep records regarding student attendance at the classroom level, seating charts, which may include classroom assigned seating, lunch room assigned seating, academic and physical education locker location/layout information, school bus assigned seating, and cohort lists for health officials to use to assist with contact tracing. Mask usage policies at the school/district should also be communicated to the LPHA.

In schools where cohorting is not possible, students should still use assigned seating in each classroom, and where possible, be seated next to the same peers as they move from class to class. Schools should keep records of students' class schedules and seating charts for each class. Seating charts should not change for the duration of a class, and if possible, for the entire school year. This not only ensures that students have fewer close contacts, thereby lowering their chance of infection at school, but also assists in making the contact tracing process more efficient.

School staff members should also keep a daily log of their close contacts. Staff should be discouraged from gathering in break rooms to eat lunch, and should be provided time to eat lunch in a space that allows for adequate physical distancing (e.g. a classroom, multipurpose room or outdoors, weather permitting).These staff member daily logs and records for students should be kept for at least 14 days, whether they are kept manually or electronically.

The district and LPHA should develop a consistent protocol to determine if a student or employee should remain at home and self-quarantine, even without symptoms, if the student or employee has recently had contact with a person with a suspected or confirmed case of COVID-19, has someone in their home being tested for COVID-19, or has recently traveled from somewhere considered to be a "hot spot" by the CDC or State Health Department. DHSS has released a health bulletin, in alignment with the CDC's most recent guidance regarding isolation protocols, which provides direction for LPHAs in determining how long a student or staff person should be isolated.