



Guidance for Assessing COVID-19 Exposures and Defining Close Contacts in a School Setting

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

The following guidance is based on the current recommendations from the Centers for Disease Control and Prevention (CDC) and recommendations specific to Missouri. Links to the CDC and Missouri specific guidance documents used as references are available in the references section noted below. It is important to note that data to inform the definition of close contacts are insufficient to precisely define the duration and time that constitutes a prolonged exposure. In addition, there will be situations where the possible exposures do not fit clearly into an obvious risk category. The final determination of close contact, isolation, and quarantine is up to the discretion of the Local Public Health Agency (LPHA) based on the findings of the case investigation and contact tracing conducted in collaboration with the school.

The transmission of SARS-CoV-2 in the K-12 school setting and subsequent control measures continue to be studied. The CDC provides a summary of the findings of the studies to date, in their updated [K-12 Science Brief](#). However, transmission of the Delta variant and other possible future variants may be exceptionally different from what was experienced in previous COVID-19 transmission and outbreaks in the K-12 school setting. Therefore, this guidance will continue to be reviewed and modified as more data and information is learned.

Defining Close Contacts

The CDC defines a [close contact](#) to COVID-19 as someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

The CDC added an exception for students in the K-12 setting. In Missouri, students, teachers, and staff in the K-12 indoor setting who were within 3 to 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) **AND** if both the infected person and the exposed person(s) correctly and consistently wore well-fitting masks the entire time are not considered close contacts to a case. This definition is a modified version of the CDC definition of close contact.

A number of factors can influence a person's risk of exposure to COVID-19, including the [type, proximity, and duration of their exposure](#), environmental factors (such as crowding and ventilation), vaccination status, prior COVID-19 infection, and mask use. [Correct](#) and consistent [mask use](#) is a critical step that people can take to protect themselves and others from COVID-19. However, the [type of masks used](#) and whether they are used consistently and correctly varies throughout the general population. Except in K-12 indoor settings as described above, mask use is not considered when defining a close contact during

case investigation and contact tracing, regardless of whether the person diagnosed with COVID-19 or the person exposed to SARS-CoV-2 was wearing a mask. Exposure risk in the healthcare setting is determined separately.

Isolation

Students, teachers, and staff who test positive or are symptomatic close contacts to a case should self-isolate and not return to school until the following criteria are met:

- 10 days since symptoms first appeared; **AND**
- 24 hours with no fever without the use of fever-reducing medications; **AND**
- COVID-19 symptoms are improving (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation).
- 10 days following the positive viral test for COVID-19, for persons who test positive but do not develop symptoms (asymptomatic).

Note: these recommendations do not apply to persons with severe COVID-19, who usually would be hospitalized, or with severely weakened immune systems (immunocompromised). People who are severely ill with COVID-19 might need to stay home longer, up to 20 days after symptoms first appeared. For those symptomatic exposed contacts, we may suggest a consult with the LPHA, if an alternative diagnosis was established. For additional information see “CDC. [Quarantine and Isolation](#) guidance document.

Quarantine

- A. **Quarantine not required:** Students, teachers, and staff identified as close contacts do not need to quarantine if:
- Fully vaccinated and do not develop signs symptoms of COVID-19. Fully vaccinated is defined two weeks after second dose in two-dose series (such as Pfizer or Moderna vaccines) or two weeks after single-dose vaccine (such as Johnson & Johnson’s Janssen vaccine). **OR**
 - Had COVID-19 illness within the previous 3 months, **AND** has recovered **AND** remains without COVID-19 symptoms for the full 14 days past the last date of exposure to the case. Documentation of a positive viral test (such as PCR and antigen) tests required. See note regarding the use of at home tests; **OR**
 - Within 3–6 feet of a person diagnosed with COVID-19 in a K–12 setting (does not include exposures occurring during extracurricular activities such as sports); **AND** both the case and the potentially close contact [correctly and consistently](#) wore well-fitting masks the entire time; **AND** remains without COVID-19 symptoms for the full 14 days past the last date of exposure to the case.

Note: Quarantine is not required for individuals noted above. However, CDC does recommend fully vaccinated persons get tested 3-5 days after exposure **AND** correctly and consistently wearing masks in school, **AND** wearing a mask in other indoor settings for 14 days or until negative test results are received. All close contact in this category should continue to correctly and consistently wear masks in the school setting.

B. **Quarantine required, though contacts can continue to attend school:** Students, teachers and staff identified as close contacts can continue to attend school, but [quarantine](#) at home while not in school if:

- The exposure happened in the school setting (does not include exposures occurring during extracurricular activities such as sports); **AND**
- Both the case and the potentially exposed close contacts [correctly and consistently](#) wore well-fitting masks the entire time; **AND** remains without COVID-19 symptoms for the full 14 days past the last date of exposure to the case.

Note: All close contacts in this category should continue to consistently and correctly wear masks in the school setting.

C. **Quarantine Required:** Quarantine is required for students, teachers, and staff identified as close contact to a case who do not meet one of the above exemptions and/or quarantine modifications noted above in A. and B.

Duration of Quarantine: Students, teachers, and staff identified as close contacts required to [quarantine](#), should stay home and quarantine for a full 14 days past last date of exposure to the case (last date of exposure is Day 0). The LPHAs make the final decisions regarding how long quarantine should last.

The CDC provides two additional options for LPHAs to consider for shortening quarantine:

- After day 10 without testing
- After day 7 after receiving a negative test result (test must occur on day 5 or later)

Note: A full 14-day quarantine period is still the recommended duration of quarantine. The CDC modified options for reducing quarantine are not appropriate in all situations and settings, such as those at increased risk of transmission or exposure to persons at greater risk for severe illness due to COVID-19. As noted, the LPHAs make the final decision regarding the duration of quarantine.

At Home/Self COVID-19 Tests. The FDA has granted several “at home” or “self-tests” emergency use authorization approval for use. These at home tests are convenient and provide prompt results. However, at home test results will not be accepted for decisions and recommendations regarding preventing or shortening periods of isolation and/or quarantine in the school setting, which includes the participation in sports and other extracurricular activities. Persons who test positive by an at home test should stay home and follow all recommendations for isolation. In addition, close contacts to an individual who tests positive by an at home test should follow recommendations regarding quarantine. The State of Missouri has offered testing options to LEAs and LPHAs that may be utilized for the purpose of preventing or determining shortened periods of isolation and/or quarantine in the school setting. Such testing includes the option for LEAs to participate in the K-12 Screening Testing Program, mobile community testing opportunities offered through DHSS and partnering organizations, and other community testing events sponsored or operated by LPHAs and other community groups.

Vaccination Status

There is currently no federal guidance regarding whether an LEA has the authority to require proof of vaccination status for students. There is nothing that precludes an LEA from asking each student for vaccination status, but there is not a clear mechanism or legal authorization for a student or his or her parent or guardian to be compelled to produce such records to the LEA. LEAs should collaborate with LPHAs to gain public health insights and community transmission information, prior to making decisions or policies that impact the public health of students. LEAs should also consult with their own legal counsel or appropriate advisory association as to what necessary and appropriate factors could impact such decisions, including, but not limited to, FERPA, ADA, HIPAA, EEOC guidance, state law, and existing ordinances or local public health orders.

Clarification: It has been brought to the attention of the State of Missouri that in some LEA jurisdictions, school nurses are being expressly forbidden from assisting in contact tracing needs within schools. This is outside the scope of guidance provided by DESE and DHSS; school nurses have a role to play in assisting in contact tracing, and are expected to do so. However, it is not within the authority of an LPHA to require the school nurse or school district to do all contact tracing within a particular school or district.

Clarification: The State of Missouri has been informed that some LEAs are asking school nurses to utilize their access to the ShowMeVax system to provide verifications of vaccination status for school district employees and/or students within the LEAs jurisdiction. This is expressly prohibited within the terms and conditions of the ShowMeVax user agreement. Further, those vaccinated through some federally-operated vaccination programs do not show up within the ShowMeVax system. Using this system for such employer purposes is not an appropriate lawful activity. Such actions in violation of terms of use may result in legal liability on the directing employer and/or prohibitive action by the state.

References

- [MO DHSS/DESE. Missouri School Reopening & Operating Guidance](#)
- [CDC. Guidance for COVID-19 Prevention in K-12 Schools](#)
- [CDC. Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs.](#)
- [CDC. How COVID-19 Spreads](#)
- [CDC. Improve How Your Mask Protects You](#)
- [CDC. Your Guide to Masks](#)
- [CDC. Types of Masks](#)
- [CDC. Quarantine and Isolation](#)