

KDHE Guidance for Isolation & Quarantine

Health Care Worker Isolation and Quarantine Guidance			
Population	Guidance by Staffing Level		
Up to Date and Not Up to Date Health Care Workers with lab confirmed or probable COVID-19 Infection	Conventional Staffing Isolate for 10 days OR 7 days with negative test ¹ , if asymptomatic or mildly symptomatic (with improving symptoms). Should be fever-free for 24 hours (without the use of fever-reducing medication) and symptoms are improving. If health care worker returns to work during 10-day infectious period they should only work with COVID-19 patients for the remainder of the infectious period.	Contingency Staffing Isolate for 5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms). Should be fever-free for 24 hours (without the use of fever-reducing medication) and symptoms are improving. If health care worker returns to work during 10-day infectious period they should only work with COVID-19 patients for the remainder of the infectious period.	Crisis Staffing No work restrictions, with prioritization considerations (e.g., the types of patients they care for). Should be fever-free for 24 hours (without the use of fever-reducing medication) and symptoms are improving.
Up to Date Asymptomatic Health Care Workers who are close contacts of a person with confirmed or probable COVID-19 infection Confirmed COVID-19 infection within the past 90 days Asymptomatic Health Care Workers who are close contacts of a person with confirmed or probable COVID-19 infection	Conventional Staffing No work restrictions with required negative test on Day 2 and any one day between Day 5 and 7 after exposure. ²	Contingency Staffing No work restrictions.	Crisis Staffing No work restrictions.
Not Up to Date Asymptomatic Health Care Workers who are close contacts of a person with confirmed or probable COVID-19 infection	Conventional Staffing Quarantine 10 days OR 7 days with negative test.	Contingency Staffing No work restrictions with negative tests required on days 1, 2, 3, and any one day between Day 5 and 7 after exposure ²	Crisis Staffing No work restrictions (test if possible)

¹ Negative test results within 48 hours before returning to work

² For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible. See CDC Guidance [Stay Up to Date with Your Vaccines](#).

Each healthcare facility should determine their staffing level based on current circumstances. CDC has provided details on Contingency and Crisis staffing levels in the [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#). In short, Conventional Staffing can be taken to mean business as usual and adequate staffing, Contingency Staffing can be taken to mean the facility anticipates a staffing shortage and has tried to solve staffing issues, and Crisis Staffing to mean the facility does not have staff to provide patient care.

KDHE Guidance for Isolation & Quarantine

General Population Isolation and Quarantine Guidance			
Population	Guidance		
<p>Up to Date and Not Up to Date Anyone with lab confirmed or probable COVID-19 Infection</p>	<p>Stay home for at least 5 days Stay home for 5 days and isolate from others in your home. Wear a well-fitted mask if you must be around others in your home.</p> <p>After 5 full days in home isolation, wear a well-fitted mask indoors and outdoors when around others for an additional 5 days. Do not go to places where you are unable to wear a mask.</p> <p>If you cannot or will not mask Stay home for 10 days and isolate from others in your home.</p>	<p>Ending home isolation with masking If you had symptoms End isolation after 5 full days if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving.</p> <p>If you did NOT have symptoms End isolation after at least 5 full days after your positive test.</p> <p>If you were severely ill with COVID-19 End isolation after at least 10 days and up to 20 full days if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving. Consult your doctor before ending isolation.</p>	<p>Additional precautions until day 10</p> <p>Avoid travel</p> <p>Avoid being around people who are at high risk for developing severe disease</p>
<p>Not Up to Date Asymptomatic close contacts of a person with confirmed or probable COVID-19 infection</p> <p>People who are unvaccinated Asymptomatic close contacts of a person with confirmed or probable COVID-19 infection</p>	<p>Quarantine for at least 5 days Stay home and quarantine for at least 5 full days. Wear a well-fitted mask if you must be around others in your home. After 5 full days in quarantine, wear a well-fitted mask indoors and outdoors when around others for an additional 5 days. Do not go to places where you are unable to wear a mask.</p> <p>If you cannot or will not mask Stay home for 10 days and quarantine from others in your home.</p> <p>Get tested Even if you don't develop symptoms, it is recommended that you get tested at least 5 days after you last had close contact with someone with COVID-19.</p>	<p>After Home Quarantine Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.</p> <p>If you develop symptoms Isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.</p>	<p>Additional precautions until day 10</p> <p>Avoid travel</p> <p>Avoid being around people who are at high risk for developing severe disease</p>
<p>Up to Date Asymptomatic close contacts of a person with confirmed or probable COVID-19 infection</p> <p>People who had confirmed COVID-19 infection within the past 90 days (you tested positive using a viral test) Asymptomatic close contacts of a person with confirmed or probable COVID-19 infection</p>	<p>No quarantine You do not need to stay home unless you develop symptoms.</p> <p>Get tested Even if you don't develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19</p>	<p>Watch for symptoms Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.</p> <p>If you develop symptoms Isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.</p>	<p>Additional precautions until day 10</p> <p>Avoid travel</p> <p>Avoid being around people who are at high risk for developing severe disease</p>

Exceptions to General Population Guidance:

In certain congregate settings that have a high risk of secondary transmission (such as correctional and detention facilities, homeless shelters and cruise ships), CDC recommends a 10-day quarantine for exposed residents, regardless of vaccination and booster status. A 10-day isolation period is also recommended for confirmed and probable cases among residents. Staff are also recommended to follow this criterion; however, during periods of critical staffing shortages, facilities may consider shortening the isolation and quarantine period for staff to ensure continuity of operations after consulting with their local health department.

View the [Isolation & Quarantine Guidance FAQ](#) document for more information.

Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible. See CDC Guidance [Stay Up to Date with Your Vaccines](#).

CURRENT ISOLATION AND QUARANTINE GUIDANCE

What is the current KDHE guidance for isolation and quarantine of health care workers?

KDHE has adopted the CDC [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#). Facilities should check this guidance frequently for updates. As of 1/10/2022, KDHE will apply this guidance, with one modification (see below), to all health care personnel working in all healthcare facilities in Kansas.

Healthcare Personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, dental healthcare personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). For this guidance, HCP does not include clinical laboratory personnel.

Does KDHE have any modifications to the CDC [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) specific to Kansas facilities?

For facilities in Conventional or Contingency Staffing modes, KDHE requires that COVID-19 positive health care workers that will return to work during their 10-day infectious period only work with COVID-19 positive patients during the remainder of their infectious period.

Why does KDHE require COVID-19 positive health care workers to only work with COVID-19 positive patients during the remainder of their infectious period when the CDC guidance does not place this restriction?

Our current understanding of COVID-19 disease is still based on a [10-day infectious period](#) for most people. While the CDC and KDHE guidance allows for positive healthcare workers to return to work during their infectious period, KDHE has added this additional restriction to limit transmission of disease between positive healthcare workers and negative patients, many of which are considered vulnerable populations for developing severe disease.

Are exposed Up to Date asymptomatic health care workers and exposed asymptomatic health care workers with confirmed COVID-19 infection within the last 90 days required or recommended to test on Days 2 and 5-7? And does that mean test on Days 5, 6 and 7 or on any day between 5 and 7?

Exposed Up to Date asymptomatic health care workers and those with confirmed COVID-19 infection within the last 90 days are required to test Day 2 after

exposure (the day of exposure is considered Day 0) **and** required to test on any one day between Day 5 and Day 7 after exposure. **Any one day means on either Day 5, Day 6 or Day 7.**

For exposed health care workers that are not Up to Date or do not have confirmed COVID-19 infection within the last 90 days, do they need to test using a PCR or antigen test? And is the testing required or recommended and on which days exactly?

Either an antigen test or PCR or other nucleic acid amplification test (NAAT) can be used.

For Conventional Staffing; if the close contact is going to return to work on Day 7 after exposure, they are required to have a sample collected within 48 hours before they return to work and have a negative result from that sample before they return.

For Contingency Staffing; there is no work restriction for the close contact; however, they are required to have a sample collected on Days 1, 2, 3 and on any one day between Day 5 through 7 after exposure (the day of exposure is considered day 0) and these results should all be negative to continue working. **Any one day means on either Day 5, Day 6 or Day 7.** If any of these samples are positive, follow the guidance for healthcare workers with lab-confirmed COVID-19 infections.

What is the current KDHE guidance for isolation and quarantine for the general public?

KDHE has adopted the CDC [Quarantine and Isolation](#) guidance for the general public which allows people with a confirmed or probable COVID-19 infection to isolate at home for the first 5 days of their infectious period and allows them to return to work and other settings for the next 5 days as long as they are wearing a well-fitting mask indoors and outdoors when around others. Before leaving home isolation, people should be fever free for 24 hours without the use of fever-reducing medication and other symptoms should be improving.

If people with a confirmed or probable COVID-19 infection cannot wear a mask when around others, they should follow these **isolation criteria**:

- Isolate at home for a minimum of 10 days from the onset of symptoms (day of symptom onset is Day 0). Asymptomatic people should isolate at home for 10 days from the date their positive sample was taken (day of sample was taken is Day 0).
- On day 11, they may discontinue isolation IF they have been fever free for 24 hours without the use of fever reducing medication AND there has been a significant improvement in symptoms
- IF they continue to have a fever or other symptoms, they should continue isolating at home for 14 days.

People with COVID-19 who are severely ill and require care in the Intensive Care Unit (ICU) or who are severely immunocompromised (i.e. currently receiving

chemotherapy or are on immune system suppressing medications) may be infectious longer and can be released from isolation using these criteria:

- 20 days from onset of symptoms OR
- 24 hours after fever is gone without the use of fever reducing medication AND there has been significant improvement in symptoms
- WHICHEVER IS LONGER.

If you have questions, contact your local county health department, or KDHE at 877-427-7317.

This guidance additionally allows susceptible close contacts who have been **exposed to COVID-19** disease to stay home in quarantine for the first 5 days of their incubation period after their last exposure and allows them to return to work and other settings for the last 5 days of their incubation period as long as they are asymptomatic and wearing a [well-fitting mask](#) covering their nose and mouth both indoors and outdoors when around others.

If a person cannot wear a [well-fitting mask](#) covering both their nose and mouth when around others, they should quarantine for 10 days and follow these quarantine criteria:

10 Day Quarantine (Asymptomatic individuals – no testing)

- After exposure, monitor yourself for symptoms daily or participate in Public Health monitoring for 10 full days.
- If you have no symptoms during the 10 days, you can be released from the quarantine without a test on Day 11.

KDHE recommends all exposed people should self-monitor for fourteen (14) days from exposure and contact healthcare provider if symptoms develop. Disease can still develop through day 14.

People should check the CDC guidance frequently for updates.

See the KDHE Isolation and Quarantine Release Graphic for more information: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/1086/Isolation-Quarantine-Release-Graphic-KS-PDF---11922>

Are there any exceptions for who can follow the CDC [Quarantine and Isolation guidance for the general public](#)?

In certain congregate settings that have a high risk of secondary transmission (such as correctional and detention facilities, homeless shelters, and cruise ships), CDC recommends a 10-day **quarantine** for exposed residents, regardless of vaccination and booster status. During periods of critical staffing shortages, facilities may consider shortening the quarantine period for staff to ensure continuity of operations. Decisions to shorten quarantine in these settings should be made in consultation with the local health department and should take into consideration the context and characteristics of the facility. CDC's [setting-specific guidance](#) provides additional recommendations for these settings.

Additionally, KDHE and CDC recommend that residents with confirmed or probable COVID-19 infection in congregate settings continue to **isolate** away from others for the full 10-day infectious period. During periods of critical staffing shortages, facilities may consider shortening the isolation period for staff to ensure continuity of operations. Decisions to shorten isolation in these settings should be made in consultation with the local health department and should take into consideration the context and characteristics of the facility. CDC's [setting-specific guidance](#) provides additional recommendations for these settings.

What is the current KDHE guidance for isolation and quarantine in daycares?

If staff and children ages 2 years and older are presumed or confirmed to have COVID-19, they should isolate for at least 5 full days. After isolating for 5 days, if they are asymptomatic or their symptoms are resolving (without fever for 24 hours), they can return to the ECE program and wear a well-fitting mask consistently to minimize the risk of infecting others. Similarly, staff and children who were close contacts but not up to date with COVID-19 vaccinations or did not have confirmed COVID-19 in the past 90 days should quarantine for 5 days and then return to ECE and wear a well-fitting mask consistently for an additional 5 days. For staff and children who cannot wear a mask (including all children under 2 years of age), the safest option is to isolate or quarantine for 10 full days. For more information, see the [Interim Guidance for Child Care Facilities Licensed by the Kansas Department of Health and Environment \(KDHE\)](#) and the [Frequently Asked Questions \(FAQ\) for Child Care Facilities Licensed by the Kansas Department of Health and Environment \(KDHE\)](#).

What is the current KDHE guidance for isolation and quarantine in K-12 schools?

KDHE has adopted the CDC [Guidance for COVID-19 Prevention in K-12 Schools](#) in which everyone with confirmed or probable COVID-19 should stay home and **isolate** away from other people for at least 5 full days (day 0 is the first day of symptoms or the day of the positive viral test for asymptomatic persons). They should wear a [well-fitting mask](#) covering both their nose and mouth when around others at home and in public for an additional 5 days. People who have symptoms can end isolation after 5 full days only if they are fever-free for 24 hours without the use of fever-reducing medication and if other symptoms have improved. They should continue to wear a well-fitting mask around others at home and in public for 5 additional days. Students, teachers, and staff who come into close contact with someone with COVID-19 should **quarantine** for at least 5 days (day 0 through day 5) after their last close contact with a person who has COVID-19.

In a K-12 setting, who is considered susceptible to COVID-19 disease and would need to quarantine?

- Persons who received two doses of a mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) over 5 months ago but have not received a recommended booster shot when eligible. To allow time for students to catch up with the latest recommendations and to minimize disruption to in-person learning, schools may consider forgoing quarantine for students ages 12-17 years who completed their primary vaccine series but have not yet received all eligible boosters.

- Persons who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a recommended booster shot when eligible.
- Those who are not vaccinated or have not completed a primary vaccine series AND do not have evidence of recent infection in the last 90 days.

What is the current guidance for isolation and quarantine in colleges and universities?

CDC recommends time for isolation be a minimum of 5 days for everyone and quarantine be a minimum of five full days for those who are not up to date with their COVID-19 vaccines. People who are severely ill with COVID-19 and people with compromised immune systems might need to isolate at home longer.

Shared housing (for example, dormitories) in institutions of higher education is considered a lower risk congregate setting due to the lower risk of severe health outcomes (such as hospitalizations and death) associated with young adults. Therefore, CDC recommends shared housing in IHE settings follow the general public guidance for quarantine and isolation.

For more information, see CDC's [Guidance for Institutions of Higher Education \(IHEs\)](#).

What is the current guidance for isolation and quarantine in nursing homes?

CDC has published the [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) and the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#). This guidance is specific to nursing homes, including skilled nursing facilities, but may also be applicable to other post-acute care settings. Guidance on when HCP with SARS-CoV-2 infection can return to work, and on work restrictions for HCP with higher-risk exposures, see CDC's [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#).

Patients can be removed from Transmission-Based Precautions (quarantine) after Day 10 following the exposure (Day 0) if they do not develop symptoms. Alternatively, patients can be removed from quarantine after Day 7 following the exposure (Day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of quarantine. In general, asymptomatic patients who are up to date with all recommended COVID-19 vaccine doses or who have recovered from SARS-CoV-2 infection in the prior 90 days do not require quarantine following close contact with someone with SARS-CoV-2 infection.

For patients who with confirmed or probable COVID-19 infection who have mild illness and are not severely immunocompromised, the guidance recommends 10 days of isolation since symptoms started and at least 24 hours fever free without the use of fever-reducing medication and improving symptoms. For asymptomatic patients, the guidance recommends 10 days of home isolation from the date of the first positive sample. For patients that are severely ill, but not immunocompromised, the guidance recommends a 10 to 20-day isolation with an added testing strategy to test negative before ending isolation. For patients that are immunocompromised, the guidance recommends a 20 day isolation with an added testing strategy to test negative and consultation with a

physician before ending isolation. Please see the full guidance referenced above for details including details on the testing strategy.

Is a COVID-19 test required at the end of home isolation?

If an individual has access to a test and wants to test, the best approach is to use an antigen test towards the end of the 5-day isolation period. If your test result is positive, you should continue to isolate until day 10. Do not continue to test daily; complete the 10-day isolation. If your test result is negative, you can end isolation, but continue to wear a well-fitting mask around others at home and in public until day 10.

GENERAL QUESTIONS

Do the new CDC and KDHE recommendations for isolation and quarantine change the definition of the infectious period or the incubation period for COVID-19 disease?

Our current understanding of COVID-19 disease is still based on a [10-day infectious period](#) for most people and longer for severely immunocompromised people. This means that we expect that people with COVID-19 disease can still spread the disease to others during their entire infectious period. Similarly, our understanding is still that people may take up to 14 days to show symptoms of COVID-19 disease after they are exposed (incubation period). There is some emerging evidence that people who are exposed to the Omicron variant of the disease may become symptomatic sooner, between 2 and 4 days after exposure, compared to previous versions of the virus.

Do the new isolation guidelines, both the health care worker and the general population, apply to only lab-confirmed cases or do they apply to probable cases as well? What if cases are vaccinated?

The guidance applies to both confirmed cases and probable cases. Probable cases are people with a known exposure to a COVID-19 case or who are part of an outbreak and have symptoms consistent with COVID-19 disease but they have not been tested with a confirmatory test. Probable cases also include people who are positive via antigen test in a respiratory specimen. All cases should be isolated regardless of vaccination status as we know breakthrough infections do occur.

What is the definition of a close contact?

As of 1/10/2022, KDHE will adopt the CDC definition of a close contact.

A close contact is someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) 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*). Learn more about close contact, including exceptions to the definition for K-12 schools.

Close Contact through proximity and duration of exposure: Someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) 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 2 days before they have any symptoms (or, for asymptomatic people, 2 days before the positive specimen collection date).

K-12 Exception: In the K–12 indoor classroom setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator

supervision), the close contact definition excludes students who were between 3 to 6 feet of an infected student (laboratory-confirmed or a clinical diagnosis) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

This exception **does not apply** to teachers, staff, or other adults in the indoor classroom setting.

What does it mean to be susceptible to COVID-19 disease?

Persons are considered susceptible to COVID-19 disease because they are currently considered NOT immune.

The following persons are considered SUSCEPTIBLE:

- Persons who received two doses of a mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) over 5 months ago but have not received a recommended booster shot when eligible.
- Persons who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a recommended booster shot when eligible.
- Persons who are not vaccinated or have not completed a primary vaccine series AND do not have evidence of recent COVID-19 infection in the last 90 days.

How should household contacts calculate their last day of exposure with the new guidance?

A close household contact (someone in their household has COVID-19) should quarantine during the entirety of the case's at home isolation period which is a minimum of 5 days. After that period, the household contact will continue their period of quarantine for an additional 5 days followed by 5 days of masking with a well-fitting mask when indoors and outdoors when around others. If the contact is unable to wear a mask, then the period of quarantine will be an additional 10 days. See the KDHE Isolation and Quarantine Release Graphic for more information: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/1086/Isolation-Quarantine-Release-Graphic-KS-PDF---11922>

If I am eligible for a booster and have received a booster, do I need to quarantine due to travel?

Boosted persons are not required to quarantine after travel if they have remained asymptomatic since the travel. If you are fully vaccinated but not yet eligible for a booster due to age or the amount of time that has passed since your last vaccination, then you are still considered immune and do not need to quarantine due to travel.

How long am I considered immune if I had COVID-19 disease?

Currently, people are considered immune for 90 days after infection.

How long am I considered immune if I had COVID-19 vaccine?

If you are fully vaccinated and eligible for a booster but have not yet received your booster you are no longer considered immune and would need to quarantine after an exposure to someone with suspected or confirmed COVID-19. See CDC guidance on [COVID-19 Booster Shots](#).

How long am I considered immune if I had the COVID-19 booster?

There is currently no time limit to how long a person who is boosted is considered immune. Boosted persons are not required to quarantine after exposure if they have remained asymptomatic since the exposure. They should wear a [well-fitting mask](#) covering both their nose and mouth around others for 10 days from the date of their last close contact with someone with COVID-19 (the date of last close contact is considered day 0) and get tested at least 5 days after they last had close contact with someone with COVID-19. If they test positive or develop COVID-19 symptoms, they should isolate from other people and follow [CDC recommendations for isolation](#).

What happens if I develop symptoms consistent with COVID-19 while I am in quarantine?

Symptoms of COVID-19 include a measured fever of 100.4 (F) or higher and lower respiratory symptoms like coughing or shortness of breath.

If possible, immediately get tested for COVID-19. If positive, follow the guidance for positive health care workers or general population, whichever is applicable. If testing is not available, follow the guidance for positive healthcare workers or general population, whichever is applicable.

If you have shortness of breath and need to call 911, notify the dispatch personnel that you may have been exposed to COVID-19 while traveling. If possible, put on a facemask before emergency medical services arrive.

If you have a question about getting tested for COVID-19, call your health care provider or your local health department.

If you have general questions, contact your local county health department, or KDHE at 877-427-7317.

If I develop symptoms consistent with COVID-19 while I am in quarantine, and my test comes back negative, do I still need to finish out my quarantine?

Yes, you will need to finish your quarantine. A negative test result does not allow a patient to end quarantine early.

Do I need to be in isolation if I am waiting for test results?

Yes, if you are considered a Person Under Investigation

- A Person Under Investigation (PUI) is someone who is suspected of having COVID-19 disease because of symptoms or exposure (travel-related or exposure to a known case). A person who is being tested for COVID-19 because they are suspected of having the disease is required to be in isolation until test results are received.

No, if you are being tested for another purpose, such as a test before surgery (i.e. pre-operative screening test) you are not required to isolate while waiting for results.

Possible outcomes of the test result include:

- If the test result is positive, then the person becomes a case or
- If the test result is negative and the person has a known exposure (travel-related or exposure to a known case), then the person must finish their quarantine period, or
- If the test result is negative and there was no known exposure, then the person is released from isolation.

Who has the authority to issue and enforce isolation and quarantine orders?

Each county's Local Health Officer, as well as the State Health Officer, has the authority to issue isolation and quarantine orders. For the most part, people will isolate and quarantine themselves without written orders. However, if someone violates isolation or quarantine, a written order may be needed. Local law enforcement may be enlisted to help enforce an isolation or quarantine order.

65-101. Health supervision; investigation of causes of disease, sickness and death; sanitation inspections; prevention of spread of disease; outreach services; rules and regulations; injunction. (a) The secretary of health and environment shall exercise general supervision of the health of the people of the state and may:

(1) Where authorized by any other statute, require reports from appropriate persons relating to the health of the people of the state so a determination of the causes of sickness and death among the people of the state may be made through the use of these reports and other records;

(2) investigate the causes of disease, including especially, epidemics and endemics, the causes of mortality and effects of locality, employments, conditions, food, water supply, habits and other circumstances affecting the health of the people of this state and the causes of sickness and death;

(3) advise other offices and agencies of government concerning location, drainage, water supply, disposal of excreta and heating and ventilation of public buildings;

(4) make sanitary inspection and survey of such places and localities as the secretary deems advisable;

(5) take action to prevent the introduction of infectious or contagious disease into this state and to prevent the spread of infectious or contagious disease within this state;

(6) provide public health outreach services to the people of the state including educational and other activities designed to increase the individual's awareness and appropriate use of public and other preventive health services.

(b) The secretary of health and environment may adopt rules and regulations necessary to carry out the provisions of paragraphs (1) through (6), inclusive, of subsection (a). In addition to other remedies provided by law, the secretary is authorized to apply to the district court, and such court shall have jurisdiction upon a hearing and for cause shown to grant a temporary or permanent injunction to compel compliance with such rules and regulations.

65-119. Duties and powers of local health officers; contagious diseases; confidentiality of information; disclosure, when. (a) Any county or joint board of health or local health officer

having knowledge of any infectious or contagious disease, or of a death from such disease, within their jurisdiction, shall immediately exercise and maintain a supervision over such case or cases during their continuance, **seeing that all such cases are properly cared for and that the provisions of this act as to isolation, restriction of communication, quarantine and disinfection are duly enforced.** The county or joint board of health or local health officer shall communicate without delay all information as to existing conditions to the secretary of health and environment. The local health officer shall confer personally, if practicable, otherwise by letter, with the person in attendance upon the case, as to its future management and control. The county or joint board of health or local health officer is hereby empowered and authorized to prohibit public gatherings when necessary for the control of any and all infectious or contagious disease.

(b) Any disclosure or communication of information relating to infectious or contagious diseases required to be disclosed or communicated under subsection (a) of this section shall be confidential and shall not be disclosed or made public beyond the requirements of subsection (a) of this section or subsection (a) of K.S.A. 65-118, except as otherwise permitted by subsection (c) of K.S.A. 65-118.

65-122. Schools and child care facilities; non-admissions and exclusions; readmissions, when. **No person afflicted with an infectious or contagious disease dangerous to the public health shall be admitted into any public, parochial or private school or licensed child care facility. It shall be the duty of the parent or guardian, and the principal or other person in charge of any public, parochial, private school or licensed child care facility to exclude therefrom any child or other person affected with a disease suspected of being infectious or contagious until the expiration of the prescribed period of isolation or quarantine for the particular infectious or contagious disease.** If the attending person licensed to practice medicine and surgery or local health officer finds upon examination that the person affected with a disease, suspected of being infectious or contagious is not suffering from an infectious or contagious disease, he or she may submit a certificate to this effect to the person in charge of the public, parochial, private school or licensed child care facility and such person shall be readmitted to school or to the child care facility.

History: L. 1901, ch. 285, § 6; R.S. 1923, 65-122; L. 1953, ch. 283, § 3; L. 1976, ch. 262, § 3; July 1.

65-126. Quarantine of city, township or county. Whenever the county or joint board of health or the local health officer neglects to properly isolate and quarantine infectious or contagious diseases and persons afflicted with or exposed to such diseases as may be necessary to prevent the spread thereof, **the secretary of health and environment may quarantine any area in which any of these diseases may show a tendency to become epidemic.**

65-127. Penalty provision. Any person found guilty of violating any of the provisions of K.S.A. 65-118, 65-119, 65-122, 65-123 and 65-126, and any amendments thereto, or failing to comply with any requirements thereof shall be fined, upon conviction, not less than twenty-five dollars (\$25) nor more than one hundred dollars (\$100) for each offense.

65-129b. Infections or contagious diseases; authority of local health officer or secretary; evaluation or treatment orders, isolation or quarantine orders; enforcement. (a) Notwithstanding the provisions of K.S.A. [65-119](#), [65-122](#), [65-123](#), [65-126](#) and [65-128](#), and amendments thereto, and any rules or regulations adopted thereunder, in investigating actual or potential exposures to an infectious or contagious disease that is potentially life-threatening, the local health officer or the secretary:

(1) (A) May issue an order requiring an individual who the local health officer or the secretary has reason to believe has been exposed to an infectious or contagious disease to seek appropriate and necessary evaluation and treatment;

(B) when the local health officer or the secretary determines that it is medically necessary and reasonable to prevent or reduce the spread of the disease or outbreak believed to have been caused by the exposure to an infectious or contagious disease, may order an individual or group of individuals to go to and remain in places of isolation or quarantine until the local health officer or the secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public;

(C) if a competent individual of 18 years of age or older or an emancipated minor refuses vaccination, medical examination, treatment or testing under this section, may require the individual to go to and remain in a place of isolation or quarantine until the local health officer or the secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public; and

(D) if, on behalf of a minor child or ward, a parent or guardian refuses vaccination, medical examination, treatment or testing under this section, may require the minor child or ward to go to and remain in a place of isolation or quarantine and must allow the parent or guardian to accompany the minor child or ward until the local health officer or the secretary determines that the minor child or ward no longer poses a substantial risk of transmitting the disease or condition to the public; and

(2) may order any sheriff, deputy sheriff or other law enforcement officer of the state or any subdivision to assist in the execution or enforcement of any order issued under this section.

History: L. 2005, ch. 122, § 2; April 21.

65-129c. Same; orders for isolation or quarantine; form and content; notice; hearing in district court; application and effect; procedure; orders for relief; emergency rules of procedure. (a) If the local health officer or the secretary requires an individual or a group of individuals to go to and remain in places of isolation or quarantine under K.S.A. [65-129b](#), and amendments thereto, the local health officer or the secretary shall issue an order to the individual or group of individuals.

(b) The order shall specify:

(1) The identity of the individual or group of individuals subject to isolation or quarantine;

(2) the premises subject to isolation or quarantine;

(3) the date and time at which isolation or quarantine commences;

(4) the suspected infectious or contagious disease causing the outbreak or disease, if known;

(5) the basis upon which isolation or quarantine is justified; and

(6) the availability of a hearing to contest the order.

(c) (1) Except as provided in paragraph (2) of subsection (c), the order shall be in writing and given to the individual or group of individuals prior to the individual or group of individuals being required to go to and remain in places of isolation and quarantine.

(2) (A) If the local health officer or the secretary determines that the notice required under paragraph (1) of subsection (c) is impractical because of the number of individuals or geographical areas affected, the local health officer or the secretary shall ensure that the affected individuals are fully informed of the order using the best possible means available.

(B) If the order applies to a group of individuals and it is impractical to provide written individual copies under paragraph (1) of subsection (c), the written order may be posted in a conspicuous place in the isolation or quarantine premises.

(d) (1) An individual or group of individuals isolated or quarantined under this section may request a hearing in district court contesting the isolation or quarantine, as provided in article 15 of chapter 60 of the Kansas Statutes Annotated, but the provisions of this section shall apply to any order issued under K.S.A. [65-129a](#) to [65-129d](#), inclusive, and amendments thereto, notwithstanding any conflicting provisions contained in that article.

(2) A request for a hearing may not stay or enjoin an isolation or quarantine order.

(3) Upon receipt of a request under this subsection (d), the court shall conduct a hearing within 72 hours after receipt of the request.

(4) (A) In any proceedings brought for relief under this subsection (d), the court may extend the time for a hearing upon a showing by the local health officer or the secretary or other designated official that extraordinary circumstances exist that justify the extension.

(B) In granting or denying an extension, the court shall consider the rights of the affected individual, the protection of the public health, the severity of the health emergency and the availability, if necessary, of witnesses and evidence.

(C) (i) The court shall grant the request for relief unless the court determines that the isolation or quarantine order is necessary and reasonable to prevent or reduce the spread of the disease or outbreak believed to have been caused by the exposure to an infectious or contagious disease.

(ii) If feasible, in making a determination under this paragraph (C), the court may consider the means of transmission, the degree of contagion, and, to the extent possible, the degree of public exposure to the disease.

(5) An order of the court authorizing the isolation or quarantine issued under this section shall:

(A) Identify the isolated or quarantined individual or group of individuals by name or shared characteristics;

(B) specify factual findings warranting isolation or quarantine; and

(C) except as provided in paragraph (2) of subsection (c), be in writing and given to the individual or group of individuals.

(6) If the court determines that the notice required in paragraph (C) of subsection (d)(5) is impractical because of the number of individuals or geographical areas affected, the court shall ensure that the affected individuals are fully informed of the order using the best possible means available.

(7) An order of the court authorizing isolation or quarantine shall be effective for a period not to exceed 30 days. The court shall base its decision on the standards provided under this section.

(8) In the event that an individual cannot personally appear before the court, proceedings may be conducted:

(A) By an individual's authorized representative; and

(B) through any means that allows other individuals to fully participate.

(9) In any proceedings brought under this section, the court may order the consolidation of individual claims into group claims where:

(A) The number of individuals involved or affected is so large as to render individual participation impractical;

(B) there are questions of law or fact common to the individual claims or rights to be determined;

(C) the group claims or rights to be determined are typical of the affected individual's claims or rights; and

(D) the entire group will be adequately represented in the consolidation.

(10) The court shall appoint counsel to represent individuals or a group of individuals who are not otherwise represented by counsel.

(11) The supreme court of Kansas may develop emergency rules of procedure to facilitate the efficient adjudication of any proceedings brought under this section.

History: L. 2005, ch. 122, § 3; April 21.