

KDHE Guidance for Isolation & Quarantine

Health Care Worker Isolation and Quarantine Guidance			
Population	Guidance by Staffing Level		
<p>Up to Date and Not Up to Date Health Care Workers with lab confirmed or probable COVID-19 Infection</p>	<p>Conventional Staffing Isolate for 10 days OR 7 days with negative test¹, 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.</p> <p>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.</p>	<p>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.</p> <p>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.</p>	<p>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.</p>
<p>Up to Date Asymptomatic Health Care Workers who are close contacts of a person with confirmed or probable COVID-19 infection</p> <p>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</p>	<p>Conventional Staffing No work restrictions with required negative test on Day 2 and any one day between Day 5 and 7 after exposure.²</p>	<p>Contingency Staffing No work restrictions.</p>	<p>Crisis Staffing No work restrictions.</p>
<p>Not Up to Date Asymptomatic Health Care Workers who are close contacts of a person with confirmed or probable COVID-19 infection</p>	<p>Conventional Staffing Quarantine 10 days OR 7 days with negative test.</p>	<p>Contingency Staffing No work restrictions with negative tests required on days 1, 2, 3, and any one day between Day 5 and 7 after exposure²</p>	<p>Crisis Staffing No work restrictions (test if possible)</p>

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.

General Population Isolation and Quarantine Guidance

Who does this apply to?	What should I do for isolation or quarantine	What should I do to end isolation or quarantine?	Additional precautions
<p>Anyone, regardless of your vaccination status, with lab confirmed or probable COVID-19 infection</p> <p>Anyone, regardless of your vaccination status, who is sick and suspects they may have COVID-19 but does not have test results yet</p>	<p>Stay home for at least 5 days Stay home for at least 5 full days after your positive test and isolate from others in your home. Wear a high quality, well-fitted mask if you must be around others in your home.</p> <p>If you cannot or will not mask after isolation Stay home for 10 days and isolate from others in your home.</p>	<p>Ending home isolation with masking if you have symptoms After 5 full days in home isolation, end isolation if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving.</p> <p>Wear a high quality, 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. If you have access to antigen tests, as an option to end masking sooner, you may remove your mask after Day 5 (between Day 6 and Day 10) with two sequential negative tests 48 hours apart. The soonest that you can test is Day 6 and, if you meet the testing criteria, the soonest that you could stop masking is Day 8.</p> <p>If your symptoms worsen, restart your isolation at day 0. Talk to a healthcare provider if you have questions about your symptoms or when to end isolation.</p> <p>Ending home isolation with masking if you did NOT have symptoms End isolation after at least 5 full days after your positive test.</p> <p>Wear a high quality, 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. If you have access to antigen tests, as an option to end masking sooner, you may remove your mask after Day 5 (between Day 6 and Day 10) with two sequential negative tests 48 hours apart. The soonest that you can test is Day 6 and, if you meet the testing criteria, the soonest that you could stop masking is Day 8.</p> <p>If you were moderately or severely ill with COVID-19 or are immunocompromised End isolation after at least 10 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>Asymptomatic close contacts of a person with confirmed or probable COVID-19 infection, regardless of your vaccination status.</p>	<p>No quarantine You do not need to stay home unless you develop symptoms. Wear a high quality, well-fitted mask indoors and outdoors when around others for 10 days. Do not go to places where you are unable to wear a mask.</p> <p>Watch for symptoms Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.</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. If you develop symptoms, isolate and get tested immediately. Continue to stay home until you know the results.</p>	<p>Ending monitoring period End your 10-day monitoring period if you have not developed COVID-19 disease. You may stop wearing a mask if you choose.</p>	<p>Additional precautions until Day 10</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. **As of 8/19/2022, CDC has not published updated isolation and quarantine guidance for high risk congregate settings.**

Defining moderate and severe illness: Moderate illness=experienced shortness of breath or difficulty breathing and severe illness=hospitalized
See CDC Guidance [Isolation and Precautions for People with COVID-19](#) and [What to Do If You Were Exposed to COVID-19](#).

Kansas Department of Health and Environment
Isolation and Quarantine FAQ

Updated: 8/19/2022

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. As of 8/19/2022, CDC has not updated this guidance but has stated on the website that it is being updated to align with current guidance.

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 [Isolation and Precautions for People with COVID-19](#) which updates isolation guidance and [What to Do If You Were Exposed to COVID-19](#) which updates quarantine guidance. This guidance applies to childcare, K-12 and college/university settings.

The guidance for the general public 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 if their symptoms are resolving and they have been fever-free without fever-reducing medications for 24 hours and are wearing a high quality, well-fitting mask indoors and outdoors when around others. If you have access to antigen tests, as an option to end masking sooner, you may remove your mask after Day 5 (between Day 6 and Day 10) with two sequential negative tests 48 hours apart. The soonest that you can test is Day 6 and, if you meet the testing criteria, the soonest that you could stop masking is Day 8. 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 your symptoms worsen, restart your isolation at day 0. Talk to a healthcare provider if you have questions about your symptoms or when to end isolation.

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 you had [moderate illness](#) (if you experienced shortness of breath or had difficulty breathing), or [severe illness](#) (you were hospitalized) due to COVID-19, or you have a weakened immune system, you need to isolate through Day 10.

If you had [severe illness](#) or have a weakened immune system, consult your doctor before ending isolation. Ending isolation without a viral test may not be an option for you.

If you are unsure if your symptoms are moderate or severe or if you have a weakened immune system, talk to a healthcare provider for further guidance.

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

Anyone who has been **exposed to COVID-19** disease is recommended to monitor themselves for symptoms for 10 days after exposure and recommended to wear a [high quality, well-fitted mask](#) indoors and outdoors when around others for 10 days. Do not go to places where you are unable to wear a mask. Even if you don't develop symptoms, you are recommended to get tested at least 5 days after you last had close contact with someone with COVID-19, or immediately if you develop symptoms.

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 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 high quality, well-fitting mask consistently to minimize the risk of infecting others.

Staff and attendees ages 2 and older who have been **exposed to COVID-19** disease should monitor themselves for symptoms for 10 days after exposure and wear a [high quality, well-fitted mask](#) indoors and outdoors when around others for 10 days. Even if you don't develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19, or immediately if you develop symptoms. For staff and attendees that cannot wear a mask (including children under 2 years of age), the safest option is to quarantine for 10 full days. For more information, see the (insert link).

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

As of 2/2/2022, CDC has not updated its guidance for nursing homes but has stated that they are reviewing to align with updated guidance.

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 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, 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?

No, a test is not required to end 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 at home to complete the full 10 days.** **If your test result is negative, you can end isolation, but continue to wear a high quality, 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 8/11/2022, CDC has moved away from the previous definition of a close contact and moved toward information for individuals on [Understanding Exposure Risks](#).

There are a number of factors that increase the risk of getting COVID-19 after being exposed to someone with COVID-19 including: 1) longer time spent with the infected person, 2) if the infected person was coughing, singing, shouting or breathing heavily, 3) if the infected person had symptoms, 4) if neither the infected person or the exposed person were wearing a high-quality mask, 5) if the space was poorly ventilated, and 6) if the exposed person was very close or touching the infected person.

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

Yes, if you have symptoms of COVID-19 infection or exposure to a person with COVID-19 disease. 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.

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.

Are there any restrictions placed on schools who would need to ensure that a student in 2-4 weeks of home isolation does not attend school in-person?

[K.S.A. 72-5180](#) puts limits on remote student learning to 40 total hours of remote learning for any student, unless an individual student cannot reasonably attend in person due to illness, medical condition, injury or any other extraordinary circumstance and the local school board authorized the student to temporarily attend through remote learning in excess of 40 hours.

The school and guardian would need to work with the local school board to get approval for the additional hours of remote learning. If the district does not offer remote learning, the absences should be counted as excused.