

K-12 Schools During the COVID-19 Pandemic Modified Isolation and Quarantine Requirements

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This guide specifically addresses requirements around maintaining continuity of learning in the situation where all students and staff in a classroom are exposed to COVID-19; namely the modified quarantine requirements for close contacts of a case. On March 19, 2021, the Centers for Disease Control and Prevention (CDC) revised physical distancing recommendations within classrooms from a recommended 6 feet to 3 feet. See CDC guidance at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>. The recommendation applies only to classroom settings within Pre-K through 12 schools and does not apply to common spaces like lobbies and cafeterias or other settings outside of school settings. This recommendation also only applies to schools implementing other prevention strategies including the universal and correct usage of face masks, hand washing and respiratory etiquette, cleaning and maintaining healthy facilities, and cooperation with contact tracing and adherence to isolation and quarantine guidance.

Although CDC and KDHE recommend reducing physical distancing requirements in Pre-K through 12 classrooms to 3 feet it is important to note that, if there is a classroom-based exposure, close contacts will continue to be defined as people within 6 feet for 10 minutes or more. Thus, there is the increased potential for classroom-wide exposure. What this modified quarantine allows is the ability for all students and staff in the exposed classroom to continue physically attending school during their quarantine period but remaining in quarantine outside of the regular school day. Ideally, any students or staff that have been identified as close contacts of a case would be able to continue lessons remotely. However, in the case where this is not possible, a school district, in working with their local health department, might consider this option for modified quarantine. This guide includes some specific engineering and administrative controls that must be in place before the modified quarantine of close contacts is allowed.

Background:

COVID-19 is a respiratory disease caused by a coronavirus (SARS-CoV-2) which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose. Studies show that asymptomatic people and people in the pre-symptomatic phase (2 days before symptoms begin) can also be a source of infection.

The most common symptoms of COVID-19 are fever and lower respiratory symptoms including coughing, shortness of breath or difficulty breathing. However, there are many other symptoms that may be associated with COVID-19 including chills, fatigue, muscle aches or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. The elderly and people with underlying medical problems such as high blood pressure, heart problems or diabetes, or chronic respiratory conditions, are at a greater risk of serious illness from COVID-19.

Schools are an important part of the infrastructure of communities, as they provide safe, supportive learning environments for students, employ teachers and other staff, and enable parents, guardians, and caregivers to work. The unique and critical role that schools play makes them a priority for opening and remaining open, enabling students to receive both academic instruction and support as well as critical services.

Current Isolation and Quarantine Requirements:

A Person Under Investigation (PUI) is someone who is suspected of having COVID-19 disease. A person who is being tested for COVID-19 is required to be in isolation until test results are received. Possible outcomes of the test result include: 1) If the test result is positive, then the person becomes a case or 2) If the test result is negative and the person has a known exposure, then the person must finish their quarantine, or 3) If the test result is negative and there was no known exposure, then the person is released from isolation. Isolation and quarantine guidance may differ for people who are fully vaccinated. See Isolation and Quarantine FAQ <https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---3-15-21>.

Symptomatic cases are released from isolation 10 days after symptom onset OR 72 hours fever free without the use of medication and significant improvement in symptoms, whichever is longer. Meaning, symptomatic cases are in isolation for a minimum of 10 days. Asymptomatic cases are released from isolation 10 days after their positive sample was collected, as long as they remain asymptomatic. If they become symptomatic during the 10 days, then they would begin a new isolation period using the criteria for symptomatic cases.

Close contacts of a confirmed case are in quarantine for 7-14 days after their last contact with a case while the case was infectious (see Shortened Quarantine Guidance below). A symptomatic case is considered infectious starting two days before the onset of their first symptom until they are released from isolation. An asymptomatic case is considered infectious starting two days before the date their positive sample was collected until they are released from isolation.

Shortened Quarantine Guidance

Quarantine is for people who don't currently have symptoms but were exposed to the disease. KDHE continues to recommend a 14-day quarantine following exposure to COVID-19, as the incubation period for this disease is 14 days. CDC has released modified guidance allowing for shorter quarantine periods to increase better compliance with quarantine and increase people getting tested. Local Health Departments may choose to opt into this guidance. For information in your county, please contact your local health department.

How the Shortened Time Period Works (Please check in with your local health department for specific information in your community)

- **7 Day Quarantine** (Includes Testing and No Symptoms)
 - After exposure, you monitor yourself for symptoms daily or participate in monitoring by Public Health for 7 full days.

- If you have no symptoms during this time frame, on or after Day 6, you may get a PCR test (antigen and antibody tests are NOT allowed for this purpose).
- If the test is negative, and you remain symptom-free, you can be removed from quarantine on or after Day 8.
- If Testing Results are pending, you must wait until you receive results.
- **10 Day Quarantine** (No testing and No Symptoms)
 - After exposure, you 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.

Defining A Close Contact:

You are a "**close contact**" if any of the following situations happened, even if COVID-19 positive person you had contact with didn't have symptoms:

- Were within 6 feet of the person for 10 consecutive minutes or more
- Had contact with the person's respiratory secretions (for example, coughed or sneezed on; kissed; contact with a dirty tissue; shared a drinking glass, food, towels, or other personal items).
- Live with the person or stayed overnight for at least one night in a house with the person.

The chance of spreading the virus is greater the longer an infected person or persons are close to someone. It also matters if the infected person is coughing, sneezing, singing, shouting, or doing anything else that produces more respiratory droplets that contain virus or if there are exposures to more than one infected person. Under these higher risk situations, you may want to consider a close contact someone who has been within 6 feet of an infectious person or persons for 10 cumulative minutes or more in a 24-hour period.

While research indicates masks may help in limiting transmission, the degree of protection, if any, will depend on the type of mask used and if the mask was used properly and consistently during exposure to a symptomatic or asymptomatic person with COVID-19. Therefore, the determination of close contact should be made irrespective of whether the person with COVID-19 or the contact was wearing a mask. Because the general public has not received training on proper selection and use of respiratory Personal Protective Equipment (PPE), it cannot be certain whether respiratory PPE worn during an exposure to an individual with COVID-19 infection provided protection from that exposure. Therefore, the determination of close contact should be made irrespective of whether the general public was wearing respiratory

PPE, which use is intended for healthcare personnel and other trained users.

The time period for close contact tracing includes any day(s) the positive student or staff attended school and the preceding 48 hours prior to symptom onset (symptomatic cases) or the preceding 48 hours prior to sample collection (asymptomatic cases).

The final decision on what constitutes close contact is made at the discretion of public health.

Modified Quarantine Requirements:

These modified quarantine requirements are contingent on the close contacts of a case remaining asymptomatic. Students and staff who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during the school day:

- **Transportation:** Students and staff on modified quarantine should not commute to school with anyone that is not also on modified quarantine.
- **Arrival and dismissal times:** Students and staff on modified quarantine must arrive and leave school on a staggered schedule without interacting with the general school population.
- **Pre-screen:** School administrators should measure the quarantined student and staff temperatures and assess symptoms prior to the start of the school day. Ideally, temperature checks should happen before the individual enters the school building. If an infrared device is used to check temperature, accuracy may be an issue so anyone measuring 99.0° F or higher should receive a more accurate temperature check and in-depth symptom screening.
- **Medical check-in:** Quarantined students and staff should check in with medical staff at specified time periods. If the quarantined student or staff becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Anyone who develops illness compatible with COVID-19 during the quarantine period should notify the school nurse or school administration who will work with the local health department to arrange for testing.
- **Wear a mask:** The quarantined students and staff should wear a face mask/face covering at all times while in the school. KDHE recommends wearing a mask that fits snugly around the nose, mouth, and chin and has multiple layers of fabric. Alternatively, a thinner disposable mask may be worn underneath a cloth face mask to improve the fit. For more information on the mask guidance visit: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/441/KDHE-Mask-Guidance-PDF---3-1-21>.
- **Physical separation:** The quarantined students and staff should be physically separated from the general school population. All activities, including mealtimes and classes like art and music, should take place within the classroom.

- Bathrooms: The quarantined students and staff must have their own designated bathroom or, if feasible, common bathrooms must be cleaned after a quarantined student or staff have used them.
- School activities: Quarantined students and staff should not participate in any activities that involve interaction with non-quarantined students and staff. This includes before and after school care and all school-related activities.
- Outside of school: Quarantined students and staff should understand that they are still in quarantine outside of the normal school day. Meaning, they should remain at home when not physical in school.

Required Cleaning/Disinfection/Sanitation

- While the risk of COVID-19 infection from touching surfaces is low, KDHE recommends regular handwashing or use of an alcohol-based hand sanitizer, and cleaning and disinfecting surfaces to reduce risk. To see the latest KDHE cleaning guidance, visit:
<https://www.coronavirus.kdheks.gov/DocumentCenter/View/1966/COVID-19-Cleaning-and-Disinfection-Guidance-Non-Healthcare-Settings-PDF---5-11-2021>.
- Disinfect high-touch surfaces in the classroom with products meeting Environmental Protection Agency (EPA) criteria for use against SARS- CoV-2 and used according to the manufacturer’s instructions.
- If materials are used by multiple people – disinfect between shared use.
- Conduct targeted and more frequent cleaning of high-touch surfaces of shared spaces (e.g., tables and chairs, railings, door handles).

There are no modifications for isolation of a PUI while awaiting test results or for a case under isolation. Local health departments and school districts can decide which approach, either the current isolation and quarantine requirements or the modified requirements, works best for their individual school.

