Updated Guidance for COVID-19 Prevention in K-12 Schools

Updated January 27, 2022

The Kansas Department of Health and Environment (KDHE) is adopting the recently updated CDC guidance including: Guidance for COVID-19 Prevention in K-12 Schools, Stay Up to Date with Your Vaccines and COVID-19 Quarantine and Isolation. The guiding principle for KDHE’s updated guidance is to support safe, in-person instruction for the 2021-2022 school year.

EXECUTIVE SUMMARY OF UPDATES

• Vaccination remains the leading public health prevention strategy to end the COVID-19 pandemic. Currently, everyone ages 5 and older are eligible for their primary series of COVID-19 vaccines and should receive their booster dose when eligible. A person is considered “boosted” and not susceptible right after getting their booster dose.

INFECTION PERIOD

• A person with COVID-19 is considered most infectious early in the course of illness, generally 1-2 days prior to the onset of symptoms and the 2-3 days after; the infectious period is still considered to be 10 days after the onset of symptoms. COVID-19 can be spread by people that do not have symptoms, so people who do not have symptoms are considered contagious in the 2 days prior to when their positive sample was collected and up to 10 days after. People who are severely ill with COVID-19 or who are immunocompromised may spread the virus for up to 20 days.

DEFINITION OF A CLOSE CONTACT

• The definition of a close contact, applicable to everyone, has been updated to “being within 6 feet of the person for a cumulative total of 15 minutes or more over a 24-hour period”
• In the K-12 classroom setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision):
  o The close contact definition EXCLUDES students who were between 3-6 feet of a person with COVID-19 if BOTH the person with COVID-19 and the close contact correctly and consistently wore well-fitting masks the entire time.
  o The exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

QUARANTINE

• A shortened quarantine period of 5 days after exposure followed by continued masking with a well-fitted mask while around others for 5 additional days is now recommended for persons considered SUSCEPTIBLE to COVID-19 disease (NOT immune).
• Persons considered SUSCEPTIBLE (NOT immune) to COVID-19 disease is updated to include persons over age 18 not up to date on recommended COVID-19 vaccines (have not received their boosters) AND unvaccinated or not fully vaccinated persons who do not have evidence of recent COVID-19 infection in the last 90 days.
  o 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.

PARTICIPATION IN TEST TO STAY (SCHOOL DISTRICT WILL CONTINUE CONTACT TRACING)

• KDHE has modified one of the Test to Stay plans to testing susceptible close contacts every other day with a rapid antigen through day 7 (changed from daily testing).
• Modification if overwhelmed with testing or facing critical shortages in supplies: Test upon notification that someone is a susceptible close contact and test one additional time between Days 5 and 7 after exposure.

PARTICIPATION IN TEST TO STAY DURING OMICRON SURGE (SCHOOL DISTRICTS HAVE THE OPTION TO TEMPORARILY SUSPEND CONTACT TRACING)

• Considering the surge in COVID-19 cases due to the omicron variant, on January 17th, KDHE issued a memo allowing school districts to temporarily suspend identifying specific susceptible close contacts potentially exposed to COVID-19 in classroom and extracurricular settings for a 30-day period starting Tuesday 1/18/2022. KDHE and KSDE will reevaluate this recommendation after 30 days.
• School districts participating in TTS opting to temporarily suspend contact tracing should:
  o Switch to diagnostic testing to support students/teachers/staff that call and notify the school that they are symptomatic.
  o Focus on antigen testing for people coming back from 5 days of home isolation after testing positive. This can be a one-time test on the morning of return to school with the option to test again the following morning. Students/teachers/staff should NOT attend school while in home isolation.
  o Focus on antigen or PCR testing for people coming back from 5 days of home quarantine. This can be a one-time test on the morning of return to school with the option to test more often. Students/teachers/staff should NOT attend school while in home quarantine.

ISOLATION

• Shortened home isolation period of 5 days if person is asymptomatic or their symptoms are resolving (without fever for 24 hours without the use of fever-reducing medication), followed by 5 days of masking with a well-fitted mask while around others. Schools can consider requiring a negative antigen test to return to school.
• Because students/staff returning from isolation on day 6 could still be infectious, it is now recommended that the school ensure that those returning from isolation are masked at all times when around others. During times when they cannot mask, for example during lunch, they should be separated away from others. If they cannot participate in an activity while safely masking, they should not participate in the activity for the remaining time they are considered infectious.
• Despite the ability to temporarily suspend identifying specific susceptible close contacts, KSA 65-122 provides the legal requirement for schools and parents to keep students/staff with COVID-19 in isolation for the prescribed period (5 days home isolation and then 5 days of masking or if the person cannot or will not mask then the period of isolation is for 10 days).
Updated Guidance for COVID-19 Prevention in K-12 Schools

The recommendations in this document provide an update to Navigating Change: Kansas’ Guide to Learning and School Safety Operations published January 2021 and updated June 9, 2021. This current update incorporates changes to COVID-19 isolation and quarantine guidance made during the course of the 2020-2021 school year and also incorporates new CDC Guidance for COVID-19 Prevention in K-12 Schools. Because there will continue to be new information regarding COVID-19, recommendations from national, state, and local agencies will continue to evolve. Local school districts need to work with their local health departments and local stakeholders to ensure their protocols align with the most current scientific knowledge and community expectations.

While the original Navigating Change guidance relied on the prevalence of COVID-19 in the community to frame decisions on On-Site, Hybrid and Remote learning models, the overarching principle of this updated guidance is to support safe, On-Site, and In-Person instruction for the 2021-2022 school year by implementing vaccination, testing, and other prevention strategies. An On-site and In-Person Learning Environment is defined as students and teachers will be in school with or without social distancing practices put into place. Local trends in disease spread should still be monitored for awareness; however, all mitigation strategies should be implemented throughout the school year to ensure that On-Site and In-Person instruction can continue uninterrupted. As such, the School Gating Criteria will no longer be tied to recommendations for On-Site, Hybrid and Remote learning models.

This section provides a multitude of recommendations from a public health perspective and includes information for school testing programs. It is important to keep in mind the concept of the “swiss cheese” model of COVID-19 prevention: no one strategy is 100% effective by itself; however, by layering prevention strategies we can control the spread of disease in our schools and communities.

To be self-contained guidance, where scientific evidence and lessons learned from the past school year still support current practice, the guidance has not changed. Where there is new evidence and best practice, this guidance includes those updates including changes to recommended screening practices and ensuring that close contacts are handled appropriately.

**VACCINATION**

- Vaccination with an authorized COVID-19 vaccine is the current leading prevention strategy. Currently, everyone ages 5 and older are eligible for COVID-19 vaccination.
- A systematic review of evidence on the efficacy and safety of the Pfizer COVID-19 vaccine among 12 to 15 year old persons and 5 to 11 year old persons showed over 90% vaccine efficacy in preventing symptomatic laboratory-confirmed COVID-19.
- In balancing the benefits of recommending COVID-19 vaccinations for young adults versus the potential consequences, the Advisory Committee on Immunization Practices determined that the benefits outweigh the remote risk of complications and recommended the Pfizer COVID-19 vaccine for the prevention of COVID-19 disease in persons ages 12 to 15 years and in persons ages 5 to 11 years.
- It typically takes two weeks after completing a vaccination series for the body to build protection (immunity) against the virus that causes COVID-19 disease. School districts
should be working with local and state public health and other partners to actively plan vaccination clinics. A person is considered “boosted” and not susceptible right after getting their booster dose.

- All COVID-19 vaccines currently available in the United States are effective in preventing severe COVID-19 disease and hospitalizations in both clinical trials and in real-world settings. COVID-19 vaccinations help protect people from becoming sick themselves and, in the case that a fully vaccinated person does become exposed, may reduce the change that a fully vaccinated person can spread the disease to others.

DEFINING A CASE OF COVID-19 DISEASE AND THE INFECTIOUS PERIOD

A person is considered a case of COVID-19 disease if they have tested positive for the SARS-CoV-2 virus by a diagnostic test (PCR or antigen). Based on what we currently know, a case is considered most infectious early in the course of illness, generally 1-2 days prior to the onset of symptoms and the 2-3 days after. However, the infectious period is still considered to be 10 days after the onset of symptoms. For cases that do not have symptoms, the infectious period is two days prior to the date the sample was collected through a minimum of 10 days from the date the sample was collected. People who are severely ill with COVID-19 or who are immunocompromised may spread the virus for up to 20 days.

DEFINING NOT SUSCEPTIBLE VS. SUSCEPTIBLE

Disease susceptibility means a person is at risk of getting a disease. Persons are considered NOT SUSCEPTIBLE to COVID-19 disease if they are considered immune. Persons 5 years and older are considered NOT SUSCEPTIBLE to COVID-19 disease if they have received a primary series of a COVID-19 vaccine (a 2-dose series of a mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna), or a single-dose COVID-19 vaccine (Johnson & Johnson’s Janssen vaccine) and are up to date with recommended booster shots.

A person is considered fully vaccinated > 2 weeks following receipt of the second dose in a 2-dose series, or > 2 weeks following receipt of one dose of a single-dose vaccine. A person is considered boosted immediately upon receiving their booster dose.

Persons who have immunity because of recent COVID-19 infection are also considered NOT SUSCEPTIBLE to COVID-19 disease. A person is considered to have evidence of previous infection if they had a positive PCR or antigen test within the last 90 days; results from an over-the-counter test or a serology or antibody test may not be substituted for a laboratory report of a viral diagnostic test. Persons are considered SUSCEPTIBLE to COVID-19 disease because they are currently considered NOT immune.

Persons are considered SUSCEPTIBLE to COVID-19 disease if they are not fully vaccinated or if they do not have evidence of recent COVID-19 infection. 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.

**DEFINING A CLOSE CONTACT**

A person is considered a "close contact" if they spent time with a person with COVID-19, even if the person didn't have symptoms. Close contact includes any of the following:

- Being within 6 feet of the person for a cumulative total of 15 minutes or more over a 24-hour period with the EXCEPTION for students in the K-12 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 3-6 feet of a person with COVID-19 if BOTH the person with COVID-19 and the close contact correctly and consistently wore well-fitting masks the entire time (NOTE: the exception does not apply to teachers, staff or other adults in the indoor classroom setting).
- Having contact with the person’s respiratory secretions (for example, coughed or sneezed on; kissed; contact with a dirty tissue; sharing a drinking glass, food, towels, or other personal items)
- Living with the person or staying 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. The final decision on what constitutes close contact is made at the discretion of public health.

**EXCLUSION FROM SCHOOL**

**KSA 65-122 provides the legal requirement for schools and parents to keep students/staff with COVID-19 in isolation for the prescribed period (5 days home isolation and then 5 days of masking or if the person cannot or will not mask then the period of isolation is for 10 days).**

- KSA 65-122. Schools and childcare 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 childcare 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 childcare facility to exclude there from 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.
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ISOLATION

Isolation is separating people who have COVID-19 or symptoms of COVID-19 from those who are not infected to prevent the spread of COVID-19.

WHO SHOULD ISOLATE: People who have confirmed or suspected COVID-19 or are showing symptoms of COVID-19 without an alternate diagnosis from a health care provider need to isolate regardless of vaccination status. More specifically,

- Persons who have a positive viral test for COVID-19, regardless of whether they have symptoms.
- Persons with symptoms of COVID-19, including people who are awaiting test results or have not been tested. People with symptoms should isolate even if they do not know if they have been in close contact with someone with COVID-19.

HOW LONG TO ISOLATE: All people with COVID-19 should undergo isolation for at least 5 full days, followed by continued masking with a well-fitted mask indoors and outdoors while around others for 5 days. Day 0 is the day symptoms began or the day of the positive viral test (for people with no COVID-19 symptoms).

SYMPTOMATIC PERSONS: Persons who test positive for COVID-19 and have symptoms, regardless of vaccination status, should undergo isolation at home for at least 5 full days. Day 0 is the day symptoms began and day 1 is the first full day after symptoms began. They can end isolation after 5 full days if they are fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation).

If they continue to have fever or other symptoms have not improved after 5 days of isolation, they should wait to end isolation after day 10 and they should be fever-free for 24 hours without the use of fever-reducing medication and their other symptoms have improved.

Persons who are severely ill with COVID-19 or are immunocompromised should isolate for at least 10 days up to 20 days. They should consult with their physician before ending isolation.

ASYMPTOMATIC PERSONS: Persons who test positive for COVID-19 and do not develop symptoms should isolate for at least 5 days. Day 0 is the day of the positive viral test (based on the date of testing) and day 1 is the first full day after the specimen was collected for the positive test. If they continue to have no symptoms, they can end isolation after at least 5 days.

For persons who develop symptoms after testing positive, the 5-day isolation period should start over. Day 0 is the first day of symptoms. Follow the recommendations above for ending isolation for people who had COVID-19 and had symptoms.

All persons, whether symptomatic or asymptomatic, in isolation should avoid people who are immunocompromised or at high-risk for severe disease, and nursing homes and other high-risk
settings, and should continue to wear a well-fitting mask around others at home and in public until day 10 following exposure (day 6 through day 10).

RETURN FROM ISOLATION: It is very important that a student or staff member not attend in-person school while in isolation. Schools should offer remote learning options for students who cannot attend in-person school or provide packets of learning materials for offline instruction. Consult with school officials about the best way for students to receive instruction and continue learning while they are in isolation.

After a person with COVID-19 has completed their 5-day at home isolation period, consider requiring a negative antigen test the morning of returning to school and again the following morning. Do not use a PCR for this testing requirement as PCR tests are expected to be positive beyond when a person is considered infectious to others. If the person tests positive, they should continue isolating at home for the remainder of their 10-day infectious period.

The school should ensure there is a plan for people ending isolation and undergoing their 5 additional days after the end of isolation to stay masked at all times indoors. During times in the school day when students or staff members may typically remove masks indoors (such as during lunches, snacks, etc.), have a plan for them to adequately distance from others and ensure they wear their masks when not actively participating in these activities (such as when they are not actively eating). If masking and proper separation during unmasking cannot be maintained, the student/teacher/staff should remain at home and complete a full 10-day at home isolation. For students who participate in activities where they cannot mask at all times, they should not participate in the activity for the last 5 days of their infectious period.

For persons who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.), Federal and state disability laws may require an individualized approach for working with children and youth with disabilities consistent with the child’s Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), or Section 504 plan. Administrators should consider adaptations and alternatives to prevention strategies when serving people with disabilities, while maintaining efforts to protect all children and staff from COVID-19.

Note that these recommendations do not apply to people with severe COVID-19 or with weakened immune systems (immunocompromised). See CDC’s COVID-19 Quarantine and Isolation page recommendations for when to end isolation for these groups.

QUARANTINE
Quarantine is a public health tool used to prevent transmission of COVID-19 by keeping people who have been in close contact with someone with COVID-19 disease apart from others.

HOW LONG TO QUARANTINE: CDC and KDHE have provided guidance for a shortened quarantine period of 5 days to focus on the period when a person is most likely to develop disease, followed by continued masking with a well-fitted mask indoors and outdoors while around others for 5 days. For people who cannot or will not mask, a full 10-day quarantine at home is recommended (for the complete updated guidance, visit COVID-19 Quarantine and
Isolation. The shortened quarantine period aims to increase compliance with quarantine measures; the incubation period during which someone might develop COVID-19 disease after exposure is still considered 14 days.

While quarantine normally occurs at home, school-based testing programs allow a “modified quarantine” called “Test to Stay” (TTS) where students and staff who have been exposed can remain in-person at school during quarantine using a testing strategy. The length of quarantine is determined by the Local Health Officer. For information in your county, please contact your local health department.

WHO SHOULD QUARANTINE

All susceptible contacts should quarantine.

- **SUSCEPTIBLE CLOSE CONTACTS (Non-Household):** Students, teachers, and staff considered SUSCEPTIBLE who come into close contact with someone with COVID-19 should quarantine for at least 5 days (Day 0 is considered the day of exposure so home quarantine is from Day 1 through Day 5) after their last close contact with a person who has COVID-19 if they are in one of the following groups:
  - 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.

For schools participating in a TTS program, the non-household susceptible close contacts may attend school during their 5 days of home quarantine but should adhere to quarantine guidelines otherwise (staying at home for full 5-day quarantine period).

- **SUSCEPTIBLE CLOSE HOUSEHOLD CONTACTS:** Students, teachers, and staff considered SUSCEPTIBLE to COVID-19 disease who are a close household contact (someone in their household has COVID-19) should quarantine during the entirety of the cases 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.

For schools participating in a TTS program, household close contacts may attend school during their quarantine but should adhere to quarantine guidelines otherwise.
TEST TO STAY

Test to Stay is another valuable tool in a layered prevention strategy that includes promoting vaccination of eligible students and staff, requiring everyone age 2 and older wear a mask inside schools and facilities, keeping at least 3 feet of distance between students, screening testing, ventilation, handwashing, and staying home when sick.

Schools may consider Test to stay (TTS) as an option for keeping asymptomatic close contacts in the classroom as an alternative to traditional quarantine at home. Test to Stay combines contact tracing and serial testing (testing that is repeated at least twice during a 7-day period after last close contact with a person with COVID-19) to allow some students, teachers and staff who are in quarantine to continue in-person learning. This includes people who are a school-associated close contact, household close contacts if allowed by the local health department/school testing program, persons who are not fully vaccinated, do not test positive for COVID-19, and have no symptoms. Those who test positive or develop COVID-19 symptoms should follow recommendations for isolation.

Students who participate in TTS should wear well-fitting masks while in school and should stay home and isolate if symptoms develop or they test positive. Schools implementing TTS should have robust contact tracing in place and testing resources, among other layered prevention strategies.

MASKING, TESTING, AND SYMPTOM MONITORING FOLLOWING EXPOSURE: All close contacts (SUSCEPTIBLE and NOT SUSCEPTIBLE) should wear a well-fitting mask around others for 10 days from the date of their last exposure to someone with COVID-19 (the date of last close contact is considered day 0). They should also get tested at least 5 days after having close contact with someone with COVID-19 unless they had confirmed COVID-19 in the last 90 days and subsequently recovered. If symptoms develop, they should isolate and get tested immediately.

For 10 days after their last exposure to someone with COVID-19, they should watch for fever (100.4°F or greater), cough, shortness of breath, or other COVID-19 symptoms. If symptoms develop, they should isolate and get tested immediately.

TESTING STRATEGIES

- New and improved technology for COVID-19 testing now allows for test results within 15 to 20 minutes without the need to send samples off to a lab for analysis. Sample collection is also much easier, a simple nasal swab that can be collected by the patient themselves or by a healthcare professional.
- Establishing a school-level COVID-19 testing strategy is another very effective tool in preventing the spread of COVID-19 disease in schools. The guiding principle is to test individuals at high risk for COVID-19 disease, high risk based on the types of activities or known exposure, and to identify cases quickly to stop the spread of disease to others.
- In partnership with county local health departments, schools may adopt plans that allow exposed students to remain learning in-person and participating in other school-based activities in-person during their quarantine period if they participate in a testing strategy.
The Test to Know plan provides the resources to provide diagnostic testing for students, teachers, and staff on site within schools or another centralized location within the school district. This plan aims to provide rapid COVID-19 testing on site within schools for students, teachers and staff who become ill with symptoms during the school day.

The Test to Stay and Learn plan provides the resources to test susceptible close contacts during their quarantine period with the goal of keeping close contacts who test negative On-site and In-Person learning. Participation in this testing strategy effectively reduces or eliminates the need for close contacts to miss in-person school after exposure to a case. Only close contacts who are wearing masks are eligible to remain in school during their quarantine period under this strategy.

The Test to Stay, Play and Participate plan provides the resources to test susceptible close contacts daily during their quarantine period with the goal of keeping close contacts who test negative participating in extracurricular activities and school-based events. Participation in this testing strategy effectively reduces or eliminates the need for close contacts to miss extracurricular activities and school-based events. Only close contacts who are wearing masks are eligible to remain in school during their quarantine period under this strategy.

Federal funding is available through KDHE to pay for staffing, supplies, equipment, and other resources needed for a testing strategy.

Any testing strategy implemented should be in conjunction with other proven mitigation strategies including vaccination, masking, physical distancing, and hygiene measures.

ROUTINE SCREENING TESTING: Routine screening testing is when you test SUSCEPTIBLE asymptomatic and unexposed persons on a regular basis to screen for disease. Those who are considered NOT SUSCEPTIBLE do NOT need to undergo routine screening testing.

TESTING FOLLOWING EXPOSURE: Anyone who may have been exposed to someone with COVID should test five days after their exposure, or as soon as symptoms occur.

TEST TO STAY TESTING CADENCE

For students participating in TTS, face masks should be worn daily for at least 10 days following exposure and are recommended for the full 14-day incubation period. Testing is preferably done before the start of the school day. If operationally not feasible, the close contact should be tested at the same time each day. Daily testing does not include weekends.

Susceptible close contacts should be tested upon notification of their exposure and then every other day through day 7 allowing them to continue in-person learning:
  - Using a rapid antigen (minimum of 3 tests with at least one test occurring on day 5 or later) OR
  - Using a rapid PCR test (minimum of 2 tests with at least one test occurring on day 5 or later).

Modification of school testing programs if overwhelmed with testing or facing critical shortages in supplies: Test upon notification that someone is a susceptible close contact and test one additional time between Days 5 and 7 after exposure. For
household contacts, the second test should be between Days 5 and 7 after last exposure while the case was infectious. If TTS school has PCR use PCR, if not use rapid antigen.

- For school districts that do not allow in-person learning during quarantine, test susceptible close contacts upon return to school from 4-day quarantine on day 6 after exposure with a PCR test. Student/staff can return to person if the result is negative. The close contact should remain symptom free and face masks should be worn daily at least 10 days following exposure and are recommended for the full 14-day incubation period.

PARTICIPATION IN TEST TO STAY DURING OMICRON SURGE (SCHOOL DISTRICTS HAVE THE OPTION TO TEMPORARILY SUSPEND CONTACT TRACING)

Considering the surge in COVID-19 cases due to the omicron variant, on January 17th, KDHE issued a memo allowing school districts to temporarily suspend identifying specific susceptible close contacts potentially exposed to COVID-19 in classroom and extracurricular settings for a 30-day period starting Tuesday 1/18/2022. KDHE and KSDE will reevaluate this recommendation after 30 days. School districts participating in TTS opting to temporarily suspend contact tracing should:

- Switch to diagnostic testing to support students/teachers/staff who become symptomatic during the school day and/or for students/teachers/staff that call and notify the school that they are symptomatic.
- Focus on antigen testing for people coming back from 5 days of home isolation after testing positive. This can be a one-time test on the morning of return to school with the option to test again the following morning. Students/teachers/staff should NOT attend school while in home isolation.
- Focus on antigen or PCR testing for people coming back from 5 days of home quarantine. This can be a one-time test on the morning of return to school with the option to test more often. Students/teachers/staff should NOT attend school while in home quarantine.

MASKS

- CDC and KDHE recommend universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.
- Individuals should wear the most protective mask that fits well and will be worn consistently.
- Masks should be worn by all individuals (age 2 and older) on all forms of public transportation including school buses regardless of vaccination status.
- As the risk of transmitting disease is reduced outdoors, especially where physical distancing is being maintained, masks and cloth face coverings are not generally recommended while outdoors.

PHYSICAL DISTANCING

- Emerging evidence supports the reduced risk of transmission in school classrooms using a physical distancing less than six feet. Schools should strive to maintain at least 3 feet of
physical distance between students within classrooms; however, the inability to implement physical distancing within schools should not be a barrier to keeping all students learning in-person.

- In the classroom setting only, students can be 3 feet apart if they are all facing in one direction.
- If an outbreak is occurring in any school setting, students should be 6 feet apart until the outbreak is contained.
- Maintain 6 feet of distance in the following settings:
  - Between adults and between adults and students in the school building.
  - When masks cannot be worn, such as when eating.
  - During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise. Move these activities outdoors or to large, well-ventilated space when possible.
  - In common areas such as school lobbies and auditoriums
- When it is not possible to maintain at least 3 feet of physical distancing, it is especially important to layer all prevention strategies including vaccination, testing, masking, and good personal hygiene.
- For quarantine purposes, a close contact of a case with COVID-19 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).
  - 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 if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

**HYGIENE MEASURES**

- Teach and reinforce handwashing with soap and warm water for at least 20 seconds and increase monitoring to ensure adherence among students and staff.
- If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- Place hand hygiene stations at the entrances of the building.
- Encourage students and employees to sanitize their backpacks and personal items at the beginning and end of the day and separate personal items into cubbies or baskets that are not shared with other students. Because the practice of sharing lockers may contribute to lapses in physical distancing, it is recommended that students not share lockers.
- Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash, and hands should be washed immediately with soap and water for at least 20 seconds.
- Encourage classes and employees to create their own hand signals to replace shaking hands, hugging, or giving high-fives.
- Make sure that disinfectant and related supplies are available to all employees close to their workstations.
- Post signs at all entrances informing all who enter that they should: 1) Not enter if they
have recently tested positive for COVID-19 and are supposed to be in isolation or have recently been exposed to a positive case or exposed through travel and are supposed to be in quarantine, 2) should try to maintain a minimum 3 feet of distance from others in any school area, and 3) Should not shake hands or engage in any unnecessary physical contact.

- Post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a mask or cloth face covering).
- Post signs in bathrooms with directions on how to effectively wash hands.
- Include messages about behaviors that prevent the spread of COVID-19 when communicating with staff and families (such as on school websites, in emails, and on school social media accounts).
- Employee handbooks and student handbooks should include information on how to recognize the signs of infection and directives not to come to school if sick.

CONSIDERATIONS FOR NURSE/HEALTH PERSONNEL

- Be familiar with the school district and school testing plans for COVID-19 disease. Ensure that all nursing and healthcare staff are properly trained to use testing equipment and are trained on reporting all test results to public health. In the situation where testing will not be provided through the school or school district, be familiar with community options for free or low-cost testing to recommend to families.
- Inventory and request necessary supplies for the health room and other building use. Examples: Personal Protective Equipment (PPE) - gloves, masks, face shields, gowns; touch-free thermometers; and sanitizers/ cleanser, hand soap, tissues.
- Make sure, at minimum, surgical masks are available for health room staff members; any employee working with a medically fragile child; and any person exhibiting symptoms.
- A surgical mask plus face shield can be used during an interaction with students/staff that will likely aerosolize droplets. N95 masks should only be used by personnel who have been fit tested and as part of an established respiratory health program.
- Inventory and request necessary testing supplies including platforms and testing kits for rapid COVID-19.
- Provide a separate room for students/ staff who might have COVID-19 or other communicable disease and are waiting for pickup. The room needs to be disinfected frequently and restricted to authorized staff and students.
- Determine if an area separate from the nurse’s office is necessary to care for students that need suctioning, tube feeding and nebulizers to minimize contact with potentially ill children.
- Ensure furniture and other surfaces can be easily disinfected.
- Ensure trash cans and other receptacles are no-touch.
- Examine equipment such as thermometers to determine if adjustments need to be made to increase sterilization and minimize chances of reinfection or if new equipment is needed.
- Explore telehealth options for district, staff members and family use.
- Review immunization records. Notify all parents of students who are not immunized or have a legal exemption on file that the student will not be allowed to attend school until
those immunizations have been completed or the first dose of an ongoing immunization is received. Notify all parents of students who have a legal exemption on file that the student may be excluded from school if there is an incident of a disease for which they are not immunized in the school community.

- Contact all parents with students on health plans and determine if they need to be revised to address minimizing infection.
- Revise medication schedules to minimize the number of students in the nurse’s office at one time.
- Prepare lists of medical/dental resources to share with families.
- Prepare to provide daily health reports to the superintendent or central office.
- Communicate with state and local health departments.
- Obtain current information and tools that help students, families, and staff self-screen for COVID-19 illness.
- If the local health department is tracking school-related absences, notify the health department when student or staff absences exceed predetermined threshold.

MEDICAL INQUIRIES

- Given the nature of the pandemic, a school district will make additional medical inquiries of staff members and students than they otherwise would have. Please note that federal law typically limits the type of medical inquiries that can be made, but given the nature of the pandemic, more leeway has been given by federal agencies in this circumstance.
- If a parent tells the school that a student is ill, the school may ask the parent whether the student is exhibiting any symptoms of COVID-19. If an employee calls in sick or appears ill, the school will inquire as to whether the employee is experiencing any COVID-19 symptoms. The school may take the temperature of students, employees, and visitors to school property on a random basis or in situations where there is reason to believe that the person may be ill. If someone is sneezing or coughing, he or she may be excluded to minimize the spread of bodily fluids, even if the person is not exhibiting signs of COVID-19. If a person is obviously ill, the school may make additional inquiries and may exclude the person from school property.

SCHOOL RESPONSE TO IDENTIFICATION OF A CASE

- When there is confirmation that a person infected with COVID-19 was in a school building, the school will contact the local health department immediately.
- As soon as the school becomes aware of a student or employee that has been diagnosed with COVID-19 disease, the custodial staff will be informed so that all desks, lockers, and workspaces of the person are thoroughly disinfected. There is no need to wait 24 hours or any other length of time before disinfection occurs.
- School staff will immediately begin compiling a list of close contacts, including names, email addresses and phone numbers. Consider the two days prior to when the case started having symptoms or, if the case was asymptomatic, the two days prior to the date the sample was collected. Identify anyone who would have been within 6 feet for 10 minutes or more or would have had direct contact with secretions (see above section on
Defining a Susceptible Close Contact).

- Guardians of students who have been identified as close contacts and any staff identified as close contacts should be informed immediately.
- The school may contact parents/students and employees and notify them that a person who tested positive for COVID-19 was in the building and encourage cooperation with the school and the local health department to trace contacts with the individual. The individual who tested positive will not be identified in communications to the school community at large.

SEPARATION WHILE IN SCHOOL

- Each school should have a room or space separate from the nurse’s office where students or employees who may have COVID-19 or another communicable disease will wait to be evaluated or for pick-up.
- Students will be given a mask to wear.
- Only essential staff and students assigned to the room may enter, all will sign in so that there is a record of the persons who entered the room, and the room will be disinfected several times throughout the day.
- Strict social distancing is required, and staff should wear appropriate PPE.
- Students who are ill will be walked out of the building to their parents.

CARE ROOMS FOR STUDENTS WITH PHYSICAL NEEDS

- Each school will designate a location separate from the nurse’s office for the care of students with special care needs, such as suctioning, tube feeding and nebulizers to minimize exposure to students who might be ill. The room will be disinfected frequently, and all staff members present will wear appropriate PPE. The student will be provided a mask.