

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

July 30, 2021

The Kansas Department of Health and Environment (KDHE) is adopting recently updated CDC [Guidance for COVID-19 Prevention in K-12 Schools](#) and [CDC Guidance for Fully Vaccinated People](#). The guiding principle for this updated guidance is to support safe, in-person instruction for the 2021-2022 school year.

EXECUTIVE SUMMARY:

- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic.
 - Currently, everyone ages 12 and older are eligible for COVID-19 vaccination.
 - School districts should be working with local and state public health and other partners to actively plan vaccination clinics.
 - Fully vaccinated individuals do not have to quarantine after an exposure to COVID-19 as long as they remain without symptoms. This means that they can remain physically in-person at school.
 - It is recommended by the CDC that fully vaccinated individuals get tested 3 to 5 days after exposure even if they do not have symptoms with an additional recommendation by KDHE to re-test 7-10 days after exposure. However, they do not have to isolate at home while waiting for results if they do not have symptoms.
- A robust COVID-19 testing strategy will help ensure students, staff and teachers can continue in-person during the 2021-2022 school year.
 - 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 an approved testing strategy.
 - [Federal funding](#) is available through KDHE to pay for staffing, supplies, equipment, and other resources needed for a testing strategy.
- CDC and KDHE recommend universal indoor masking for all teachers, staff, students, and visitors (age 2 and older) to K-12 schools, regardless of vaccination status.
 - Masks should be worn by all individuals (age 2 and older) on all forms of public transportation including school buses regardless of vaccination status.
- Schools should strive to maintain at least 3 feet of physical distance between students within classrooms and other closed settings; however, the inability to implement physical distancing within schools should not be a barrier to keeping all students learning in-person. 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.

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 about important preparation which should take place prior to the start of the 2021-2022 school year. 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 12 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 showed 100% 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.
- 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.
- 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.
- Fully vaccinated individuals do not have to quarantine after an exposure to COVID-19 as

long as they remain without symptoms. This means that they can remain On-site and In-Person learning at school.

- It is recommended by the CDC that fully vaccinated individuals get tested 3 to 5 days after exposure even if they do not have symptoms with an additional recommendation by KDHE to re-test 7-10 days after exposure. However, they do not have to isolate at home while waiting for results if they do not have symptoms.

TEMPERATURE AND SYMPTOM SCREENING

- Given that [40% or more of COVID-19 cases do not exhibit any symptoms](#), and given that people [including children](#) are able to spread the disease to others several days before they start to show symptoms, regular temperature and symptom screenings may not be the most effective use of resources.
- If no-touch thermometers have already been established in school buildings, schools may continue to use them to screen students, teachers and visitors.
- Students, teachers, staff and families should be aware of the symptoms of COVID-19 disease. Compared to adults, [children and adolescents](#) tend to have more mild, non-specific symptoms like a headache or sore throat. The disease does present different among different age groups and it is useful to know the most common symptoms seen in [children](#) versus [adults](#).

TESTING STRATEGY

- 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, as well as other rapid testing including influenza and strep, 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 daily 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.
 - 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.

- [Federal funding](#) is available through KDHE to pay for staffing, supplies, equipment, and other resources needed for a testing strategy.

MASKS

- CDC and KDHE recommend universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.
- 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 settings using a physical distancing less than six feet. Schools should strive to maintain at least 3 feet of physical distance between students within classrooms and other closed settings; however, the inability to implement physical distancing within schools should not be a barrier to keeping all students learning in-person.
- 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.

HYGIENE MEASURES

- Teach and reinforce hand-washing 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 must: 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) Must 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, rapid influenza and rapid strep testing.
- 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.
- As a result of the COVID-19 Contact Tracing Privacy Act, if a school collects information on susceptible close contacts of a case, the school must obtain consent from the close contact, or guardian of the close contact, prior to sharing said information with the health department. Information about close contacts will only be used for the purposes of monitoring the close contact during their quarantine period.

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

- A Person Under Investigation (PUI) is someone who is suspected of having COVID-19 disease because of symptoms or exposure (travel-related or exposure to a known case). A person who is being tested for COVID-19 because they are suspected of having the disease is required to be in isolation until test results are received.
- 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 infectious two days prior to the onset of symptoms through at least 10 days after the onset of symptoms. For cases that do not have symptoms, the infectious period is considered as two days prior to the date the sample was collected through a minimum of 10 days from the date the sample was collected.

DEFINING A SUSCEPTIBLE CLOSE CONTACT

- A close contact is defined as someone who:
 - Was within 6 feet of the person for 10 consecutive minutes or more OR
 - 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) OR
 - 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.

- The final decision on what constitutes close contact is made at the discretion of public health.
- Close contacts must remain in quarantine until they have met the [criteria for release from quarantine](#) set by KDHE or the local health department.
- Close contacts with evidence of previous infection supported by a positive PCR or antigen test may be exempt from quarantine after re-exposure as long as they remain asymptomatic. This is to be determined by the local health officer based on a possible 6-month period of presumed immunity. These close contacts may not be considered susceptible close contacts.
- Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:
 - Are fully vaccinated (i.e., ≥ 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)
 - Have remained asymptomatic since the current COVID-19 exposure
- There is currently no time limit on how long fully vaccinated persons are considered immune. These close contacts may not be considered susceptible close contacts. Persons who do not meet both of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19.
- It is recommended by the CDC that fully vaccinated individuals get tested 3 to 5 days after exposure even if they do not have symptoms with an additional recommendation by KDHE to re-test 7-10 days after exposure. However, they do not have to isolate at home while waiting for results if they do not have symptoms.

OTHER STUDENTS AND EMPLOYEES IN THE HOUSEHOLD

- If a student or employee is excluded from school because of a positive COVID-19 test, other students and employees living in the same household that are considered susceptible close contacts must remain in quarantine until they have met the [criteria for release from quarantine](#) set by KDHE or the local health department. The quarantine period for susceptible household contacts begins [after their last exposure to the case](#).
- If a student or employee is excluded from school on a mandatory quarantine period because they have been identified as a close contact of a case, then other students and employees living in the same household are considered contacts of a contact and do not need to be excluded from school unless they were also identified as a close contact of a case.

DEFINING EXPOSURE THROUGH TRAVEL AND TRAVEL-RELATED QUARANTINE

- If a student or employee has recently traveled from a location on the [KDHE Travel related Quarantine List](#), the student or employee must remain in quarantine until they have met the [criteria for release from quarantine](#) set by KDHE or the local health department.
- Vaccinated persons are not required to quarantine regarding travel if they meet all of the following criteria:
 - Are fully vaccinated (i.e., ≥ 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)
 - Have remained asymptomatic since the travel
 - There is currently no time limit on how long fully vaccinated persons are considered immune. Persons who do not meet both of the above criteria should continue to follow current quarantine guidance for travel.

- It is recommended by the CDC that fully vaccinated individuals get tested 3 to 5 days after exposure even if they do not have symptoms with an additional recommendation by KDHE to re-test 7-10 days after exposure. However, they do not have to isolate at home while waiting for results if they do not have symptoms.
- Vaccinated persons who become symptomatic during their quarantine period must remain in quarantine until they have met the [criteria for release from quarantine](#) set by KDHE or the local health department.

EXCLUSION FROM SCHOOL

- Students, staff and teachers exhibiting symptoms of COVID-19 without other obvious explanations or an alternative diagnosis from a healthcare professional are prohibited from coming to school, or will be sent home from school if already in attendance, unless they have a negative test result.
- Schools and school districts that have resources to test onsite through the [Test to Know](#) plan should utilize testing resources to test students, teachers and staff exhibiting symptoms of COVID-19 disease. [Federal funding](#) is available through KDHE to pay for staffing, supplies, equipment, and other resources needed for a testing strategy.

RETURN TO SCHOOL AFTER EXCLUSION

Once a student or employee is excluded from the school environment, they may return if they satisfy the recommendations of KDHE or the local health department. Currently those guidelines are:

Untested

- Persons who have not received a test proving or disproving the presence of SARS CoV-2, the virus that causes COVID-19, but experience symptoms, may return if the following conditions are met:
 - 10 days from the onset of symptoms OR
 - 72 hours after fever is gone without the use of fever reducing medication AND there has been a significant improvement in symptoms
 - WHICHEVER IS LONGER.

Tested and awaiting results

- Persons who are suspected of having COVID-19 disease and are awaiting test results should be isolated at home until test results are received.

Positive result, symptomatic case

- Cases must remain in isolation until they have met the [criteria for release from isolation](#) set by KDHE or the local health department.
 - Most cases are considered no longer infectious and can be released from isolation using this criteria:
 - 10 days from the onset of symptoms OR
 - 72 hours after fever is gone without the use of fever reducing medication AND there has been a significant improvement in symptoms
 - WHICHEVER IS LONGER.
 - However, severely ill cases who require care in the Intensive Care Unit (ICU) or cases who are severely immunocompromised (i.e. currently receiving

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

- 20 days from onset of symptoms OR
 - 72 hours after fever is gone without the use of fever reducing medication AND there has been significant improvement in symptoms
 - WHICHEVER IS LONGER.
- If you have questions, contact your local county health department, or KDHE at 877-427-7317.

Positive result, asymptomatic case

- Cases must remain in isolation until they have met the [criteria for release from isolation](#) set by KDHE or the local health department.
 - Ten (10) calendar days have passed since the date sample was collected AND
 - Symptoms have not developed.
 - If symptoms develop during the 10-day isolation period, then follow the above criteria for symptomatic cases with a new isolation period starting from the day symptoms started.

Negative result, known exposure

- People who are identified as susceptible close contacts of a COVID-19 case or have travelled from a location on the [KDHE Travel related Quarantine List](#) must remain in quarantine until they have met the [criteria for release from quarantine](#) set by KDHE or the local health department.

Negative result, no known exposure

- People who have not been identified as a close contact to a COVID-19 case and have not traveled from a location on the KDHE Travel-related Quarantine List may return to work/school.

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 must 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 must 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.