



**COVID-19 in K-12 Schools  
Public Health Guidance for Administrators**

Updated 3/22/2021

The Johnson County Department of Health and Environment (JCDHE) is releasing the following updated public health guidance for K-12 schools. The recommendations are based on currently available data and science, as well as other expert analysis from the Centers for Disease Control and Prevention, the Kansas Department of Health and Environment (KDHE), and Children’s Mercy Hospital. JCDHE is working closely with our education partners to monitor the spread of COVID-19 in schools, investigate possible transmission, and issue public health recommendations to protect the community.

The guidance in this document may change as additional scientific evidence becomes available and the findings dictating best practice expand.

Community transmission of COVID-19 is currently high in Johnson County. There are cases in schools. The guidelines below are intended to prevent transmission of COVID-19 in the school setting, meaning that even if an individual is in the building during their infectious period, the infection does not spread to others in the same space.

COVID-19 is a respiratory illness, which is contracted primarily through the respiratory droplets of an infected person. These droplets are produced when an infected person coughs, sneezes, sings, speaks, etc. Mitigation techniques work. Masking, physical distancing, hand washing and staying home when ill are effective. If properly adopted by students and staff, the risk of COVID-19 transmission in schools can be reduced. Additional measures, such as assigned seating and cohorting, should be implemented by school personnel to ensure that timely and accurate contact tracing is possible to further prevent transmission.

**For questions and assistance, please contact your school’s JCDHE liaison or email [dhe-schools@jocogov.org](mailto:dhe-schools@jocogov.org)**

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## Definitions

**Contact tracing:** The Centers for Disease Control and Prevention (CDC) defines contact tracing as, “an evidence-based way to slow the spread of infectious disease. It is the process of interviewing individuals who have been infected with a disease, identifying close contacts that they may have unknowingly exposed, and providing those contacts with the information needed to monitor their own health and prevent the continued spread of the illness.” See p. 8 of this document for the legal justification of this activity.

**Quarantine:** Keeps someone who might have been exposed to the virus away from others. Individuals in quarantine should stay home. If an individual must be in public to seek medical assistance, practice masking and physical distancing as much as possible. Quarantine/exclusion timelines always begin at last exposure to a person with confirmed or presumed COVID-19.

**COVID-19 Quarantine:** The CDC recommends a 14-day quarantine as the gold standard for COVID-19 infection prevention/control. Although the risk of transmission after the 10-day quarantine period is low, the risk is not zero. The modifications to a 14-day quarantine period are optional. For more information, please refer to the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

**All close contacts, regardless of which quarantine procedure they follow, should continue to self-monitor for 14 days from exposure. If symptoms develop during the 14-day period, person should self-isolate and get a PCR test. <sup>NEW</sup> If an individual develops symptoms anytime during the 14 days following exposure, they no longer meet the CDC’s guidelines for early return. Exposed, symptomatic individuals who receive a negative PCR test after symptom onset should complete the 14-day exclusion period. Exposed symptomatic individuals who either do not receive a PCR test OR whose PCR test was negative prior to symptom onset would be considered presumed positive and should self-isolate for 10 days after the onset of symptoms or 14 days from last exposure (whichever is longer).**

**WITHOUT Testing:** Quarantine for **10 days** from last exposure. If the person remains symptom-free, they may return to activities on day 11 after exposure.

**WITH Testing:** Quarantine for **7 days** from last exposure. A PCR test should be conducted on day 6 or later. If the PCR test is negative and person is symptom-free, they may return to activities on day 8 after exposure.

**Isolation:** Isolation separates people who are infected with the virus away from people who are not infected. Individuals with confirmed or presumed COVID-19 should isolate within their household and use a separate bedroom/bathroom, if possible. Sleeping areas should not be shared. Individuals should not spend time in common household areas (living room, kitchen); if face-to-face interactions must take place, all household members should mask. Disinfect frequently touched surfaces in the household often.

### **COVID-19 Symptomatic Isolation:**

Isolate for:

1. At least 10 days have passed since symptoms first appeared AND
2. At least 24 hours fever-free without the use of fever-reducing medications AND
3. Improvement in initial symptoms

### **COVID-19 Asymptomatic Isolation:**

Isolate for 10 days from a positive test. Use the date specimen was collected, not the date of results.

### **Close Contact/Exposure:**

A close contact is defined as:

- a. being directly exposed to infectious secretions (e.g., being coughed on); or
- b. being within 6 feet for 10 cumulative minutes or more over a 24-hour period. Additional factors like infected person/contact masking (i.e., both the infectious individual and the potential close contact have been consistently and properly masked), classroom-level mitigation measures, individual risk profiles, and case symptomology may affect this determination.

Either (a) or (b) is defined as close contact if it occurred during the case’s infectious period, which is defined as two days prior to symptom onset through 10 days after symptom onset. In the case of asymptomatic individuals who are confirmed with COVID-19, the infectious period is defined as two days prior to the confirming lab test and continuing for 10 days following the confirming lab test.

**Infectious period:** An individual is considered **infectious** (capable of spreading the virus) for two days *before* their symptoms began until ten days *after* symptom onset *and* 24 hours after their fever (if present) has resolved without the aid of medication *and* initial symptoms have improved. For an **asymptomatic** individual who tests positive for COVID-19, their infectious period is considered to be two days before through 10 days after their specimen was collected.

**Presumed Positive:** Individuals with a known exposure to a COVID-19 positive individual who become symptomatic (e.g., 1+ primary symptoms or 2+ secondary symptoms) are presumed positive. Individuals with a new olfactory or taste disorder are presumed positive regardless of symptoms or exposure.

**New olfactory or taste disorder:** new loss of taste and/or smell

**Mask:** The CDC and JCDHE recommend all staff and students in schools wear barrier masks/cloth face coverings to reduce the spread of respiratory droplets. Governor Kelly’s [Executive Order 20-59](#) requires facial coverings for anyone over age 5 (please reference EO for situational and individual exemptions). Please see CDC guidance for appropriate types of masks: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

### **NEW Masking**

The Centers for Disease Control recommends a well-fitting mask of at least two layers of breathable, washable fabric as an important mitigation strategy in K – 12 schools. Double-masking is not necessary so long as an individual is wearing a **properly fitting** mask that fits snugly around the nose and chin with no large gaps around the sides of the face. Further, the CDC does NOT recommend the use of masks made from loosely woven fabric (i.e., allows light to pass through) or masks with exhalation valves or vents as they allow respiratory droplets with viral particles to escape. Mesh masks of any kind do not provide adequate coverage and are not recommended for the same reason. The effectiveness of gators is unknown, but they are likely less effective than other masks because they only have a single layer of fabric.

#### **Recommended Masks**

- Medical or surgical masks
- Properly fitting masks (i.e., snugly around the nose AND chin with no large gaps around the sides of the face)
- Masks made with tightly-woven fabric (i.e., fabrics that do NOT let light pass through when held up to a light source)
- Masks with two or three layers
- Masks with inner filter pockets

#### **NOT Recommended**

- Masks with large gaps or that are too loose
- Masks made from materials that are difficult to breathe through (such as leather or plastic)
- Masks made from fabric that is loosely woven or knitted (i.e. allow light to pass through when held up to a light source, mesh masks)
- Masks with one layer
- Masks with exhalation valves or vents
- Scarves or ski masks

**NEW Poor-masking:** an inability to successfully comply with mask wearing under normal circumstances. For example, individuals who are reported as routinely needing to be reminded to keep their mask over their nose and/or mouth would be considered “poor-maskers” for the purposes of contact tracing and exclusion. If an infected individual is identified as being a “poor-masker”, then individuals sitting within 6 feet of the infected person would be considered a high-risk

exposure and should be excluded. Alternatively, if an infected person masks well, then poor-maskers sitting within 6 feet of the infected individual would be considered a high-risk exposure and should be excluded.

## **Symptomatic Individuals in a School Setting**

Individuals can spread COVID-19 even before they develop symptoms, and individuals who are infectious (spreading the virus) may not have any symptoms. The symptoms of COVID-19 are wide ranging, from a loss of taste and smell to severe respiratory issues.

**Staff or students who have at least one primary symptom OR two or more secondary symptoms are assumed to have COVID-19 and should be excluded from school and school-related activities and isolate at home.**

Individuals with symptoms should consult with a health care provider to be tested for COVID-19 and/or obtain an alternative diagnosis. Many primary care providers offer COVID-19 testing, as does JCDHE (schedule an appointment online at [jocogov.org/coronavirus](http://jocogov.org/coronavirus)).

Individuals who exhibit one primary symptom OR two or more secondary symptoms and are either not tested or test positive for COVID-19 should remain out of school and all school-related activities for 10 days after their symptoms began AND 24 hours after their fever (if present) has resolved without the aid of medication AND their initial symptoms have improved.

Individuals who test negative for COVID-19 can return to work 24 hours after their symptoms improve. If a physician indicates the symptoms are due to a *non-infectious* diagnosis (e.g., allergies, asthma), they can return to school and activities prior to symptom resolution. If an employee only has one secondary symptom, the individual should be excluded until 24 hours after their symptom improves.

### **Primary Symptoms (at least one):**

- New cough
- Difficulty breathing
- Loss of taste/smell

### **Secondary Symptoms (at least two):**

- Extreme fatigue
- Chills
- Congestion/runny nose
- Nausea/vomiting/diarrhea
- Sore throat
- Headache
- Muscle or body aches
- Fever ( $\geq 100^{\circ}$  F)

## Guide for Testing, Return to School and Contact Tracing

*See testing section below for specifics about acceptable types of lab results*

Students and staff can return to school, work, and extracurricular activities under the following guidelines (adapted from Children's Mercy guidance, update version 7/28/20): <https://www.childrensmercy.org/siteassets/media/covid-19/guidance-for-school-re-opening-during-the-covid-19-pandemic.pdf>

Screening Results	Is a COVID-19 PCR test recommended?	When Can the Individual Return to School?	Contact Tracing Needed?
1 primary symptom*  OR  ≥2 secondary symptoms  AND  No COVID-19 exposure	YES	<b>Negative COVID-19 PCR Test:</b> 24 hours after fever resolution and symptom improvement	NO
		<b>Negative COVID-19 Antigen Test:</b> At least 10 days have passed since symptoms first appeared <b>AND</b> 24 hours since resolution of fever without the use of fever-reducing medications <b>AND</b> improvement in symptoms <b>OR</b> Physician documentation that an alternate diagnosis is the cause of signs and symptoms. Return precautions should be specific to diagnosis	NO
		<b>NO Test:</b> At least 10 days have passed since symptoms first appeared <b>AND</b> 24 hours since resolution of fever without the use of fever-reducing medications <b>AND</b> improvement in symptoms <b>OR</b> Physician documentation that an alternate diagnosis is the cause of signs and symptoms. Return precautions should be specific to diagnosis	NO
		<b>Positive COVID-19 Test:</b> At least 10 days have passed since symptoms first appeared <b>AND</b> 24 hours since resolution of fever without the use of fever-reducing medications <b>AND</b> improvement in symptoms	YES

**NEW\***If one of the primary symptoms exhibited is new olfactory or taste disorder, the individual would be considered presumptive positive regardless of exposure or test result and should be excluded as a presumptive positive from the onset of symptoms. Contact tracing should occur and contacts excluded.

Screening Results	Is a COVID-19 PCR test recommended?	When Can the Individual Return to School?	Contact Tracing Needed?***
<p>1 primary symptom*</p> <p>OR</p> <p>≥2 secondary symptoms</p> <p>AND</p> <p>Exposure to a person with COVID-19 in the last 14 days**</p>	<p>YES</p> <p>If individual is symptomatic and has a COVID-19 exposure, they are presumed positive and should be treated as such.</p>	<p><b>Negative COVID-19 PCR Test BEFORE symptom onset:</b>  <b>NEW</b> 10 days from symptom onset <b>AND</b> at least 24 hours since resolution of fever w/o fever reducing medications <b>AND</b> improvement in symptoms  <b>OR</b>            14 days from last exposure and symptoms improved <b>(whichever is longer)</b></p>	<p>YES**</p>
		<p><b>Negative COVID-19 PCR Test AFTER symptom onset:</b>  <b>NEW</b> Symptomatic contacts may not test out of quarantine. They must quarantine for 14 days and their symptoms must be improved.</p>	<p>NO**</p>
		<p><b>Negative COVID-19 Antigen Test:</b>  <b>NEW</b> 10 days from symptom onset <b>AND</b> at least 24 hours since resolution of fever w/o fever reducing medications <b>AND</b> improvement in symptoms  <b>OR</b>            14 days from last exposure and symptoms improved <b>(whichever is longer)</b></p>	<p>YES**</p>
		<p><b>NO Test:</b>            14 days from last exposure to person with COVID-19  <b>OR</b>            At least 10 days have passed since symptoms first appeared <b>AND</b> at least 24 hours since resolution of fever without the use of fever-reducing medications  <b>AND</b>            improvement in symptoms <b>(whichever is longer)</b></p>	<p>YES**</p>
		<p><b>Positive COVID-19 Test</b>            At least 10 days have passed since symptoms first appeared <b>AND</b> at least 24 hours since resolution of fever without the use of fever-reducing medications  <b>AND</b>            improvement in symptoms</p>	<p>YES**</p>

**NEW** If one of the primary symptoms exhibited is new olfactory or taste disorder, the individual would be considered presumptive positive regardless of exposure or test result and should be excluded as a presumptive positive from the onset of symptoms. Contact tracing should occur and contacts excluded.

\*\*According to CSTE/CDC case definition, individuals with a known exposure and COVID-like illness are considered probable cases. Contact tracing and exclusions should be performed without a test or prior to test results coming back due to the high likelihood that an individual has COVID-19.

\*\*\*Contact tracing should be relatively simple since individuals in this situation should already be in quarantine

Screening Results	Is a COVID-19 PCR test recommended?	When Can the Individual Return to School?	Contact Tracing Needed?
1 secondary symptom*  AND  No COVID-19 exposure	NO	24 hours after fever resolution and symptom improvement  <b>OR</b> If alternate diagnosis is made, return precautions should be specific to diagnosis	NO

Screening Results	Is a COVID-19 PCR test recommended?	When Can the Individual Return to School?	Contact Tracing Needed?
Exposure to a person with COVID-19	YES	<p><b>All close contacts should continue to self-monitor for 14 days from exposure. If symptoms develop during the 14-day period, person should isolate/be excluded from school and school activities and get a PCR test.</b></p> <p><b><u>WITHOUT Testing and No Symptoms:</u> 10 days</b> from last exposure to a person with COVID-19. If the person remains symptom-free, they may return to activities on day 11 after exposure.</p> <p><b><u>WITH Negative PCR Test and No Symptoms:</u> 7 days</b> from last exposure to a person with COVID-19. A PCR test must be conducted on day 6 or later. After the test is collected, if the person develops symptoms during the 14-day period, then the individual needs to self-isolate and be excluded from school <b>REGARDLESS</b> of the results of the test.</p>	NO

## Testing

### Types of Tests:

**Rapid diagnostic tests (RDT)**-Known as antigen tests; these detect a protein on the virus. The results are rapid because the specimen is read on-site. They may be useful as an initial data point, but because antigen tests may not detect lower levels of the virus, false negatives are a concern. An RDT/antigen test should be followed by a confirmatory PCR to make a final diagnosis.

**Molecular/viral testing**-Known as PCR (polymerase chain reaction) tests; they detect the presence of viral genetic material in specimens. These tests take longer (sometimes several days) because they must be sent to a lab for processing but are more accurate. JCDHE currently offers free PCR tests (nasal swab version). Individuals associated with schools can use the red referral cards to get a test at the Olathe location without an appointment. JCDHE is providing saliva test kits to schools, which should be made available for all symptomatic students and staff in participating districts.

**Serology tests**-A blood test that detects antibodies one may have to the virus from an immune system response. These are NOT diagnostic tests and should not be used as such. Serology tests do not provide sufficient evidence of immunity and cannot be used to release individuals from quarantine.

## RETURN TO SCHOOL FOLLOWING INFECTION WITH OR EXPOSURE TO COVID-19

### **Acceptable tests for return to school/activities**

PCR tests are acceptable for confirmation of COVID-19 infections. Serology tests are not diagnostic tests and, therefore, are never sufficient to prove current infection. Antigen tests (RDTs) are a gray area. School personnel can use **positive** antigen tests as confirmation of a case and as the basis to conduct contact tracing, determination of return dates and/or to make quarantine recommendations. Antigen tests present serious concerns about false negatives; therefore, **negative** antigen tests on symptomatic individuals (1 primary and/or  $\geq 2$  secondary symptoms) should NOT be used to return to school. Similarly, negative antigen tests are not sufficient to allow asymptomatic individuals with exposures (who should be quarantining) back to school/school activities prior to day 10 after exposure to COVID-19 positive case. The individual will need a confirmatory PCR test, a physician's alternate diagnosis, or wait 10 days from symptom onset. Symptomatic individuals are encouraged to get a PCR test.

### **Acceptable documentation for return to school/activities**

Staff members or parents/guardians of students who have been excluded due to exposure to a positive COVID-19 case MUST provide documentation of a negative PCR test on/after day 6. Documentation must include patient name, date of birth, lab result, and identification of the testing entity or lab. Electronic communication of results through a medical record portal will become common. If it is not possible to export results, screenshots containing the above information are acceptable. Health department staff will not access negative results on patient's behalf.

If documentation cannot be provided, case must be excluded for the full 10-day period.

### **Period of immunity**

Individuals with documentation of previous infection no more than six months prior to the most recent exposure (or within the CDC's most recent guidelines) MAY be released from quarantine recommendations.

### **NEW Post-Exposure Management of Vaccinated Individuals**

Per CDC guidelines, individuals who have been vaccinated for COVID-19 may be exempt from quarantine IF they meet **ALL** of the following criteria:

1. Asymptomatic following their exposure,
2. At least 2 weeks following their second dose, and;
3. Within 6 months of their vaccination.

### **Exclusion while waiting for results**

Currently or recently symptomatic students and staff members awaiting COVID-19 test results should be excluded from school and activities until confirmatory lab results are received. Students and staff who are asymptomatic and in quarantine must also be excluded until receipt of a negative PCR lab result, even if the wait extends beyond the 7-day quarantine period. Individuals who are waiting on test results prior to planned travel or a medical procedure do not need to be excluded.

### **Testing out of quarantine**

To prevent transmission of COVID-19, the safest, lowest-risk quarantine protocol is 14-days from last exposure. New guidance from CDC and KDHE, updated in December 2020, offered additional quarantine protocol options for individuals who are symptom-free and test negative (PCR tests ONLY). Exposed individuals who are **asymptomatic** may test on/after day 6; with a negative result and **no symptoms**, individuals may return to normal activities on Day 8 post-exposure. Individuals who are exposed and symptom-free but do NOT take a PCR test should quarantine for 10 days, returning to activities on day 11 after exposure.

**NEW** If an individual develops symptoms **at any time** following exposure, then they no longer meet the criteria for early release from quarantine. If they get a PCR-negative test AFTER symptoms develop, then no contact tracing is required

**All close contacts should self-monitor for symptoms for 14 days from last exposure. If symptoms develop during the 14-day period, person should self-isolate and get a PCR test.**

For more information, please refer to the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

## MANAGEMENT OF A COVID-19 POSITIVE INDIVIDUAL

All individuals who test positive **must** be excluded from school settings until they are no longer infectious.

It is likely that several days will pass between a person being sent home with symptoms and test results coming back. The 10-day isolation period is always based off the first day the individual became symptomatic, regardless of testing. The infectious period for asymptomatic individuals (not showing any symptoms) is 48 hours before the lab specimen was collected until 10 days after their lab test.

### Contact Tracing and Exclusion of Contacts

According to guidance from KDHE, school administrators (including nurses and teachers) are considered mandated reporters of infectious diseases under K.S.A. 65-118. A mandated reporter is NOT considered a third-party under Kansas HB 2016 (passed in 2020) and is still required to provide information to county and state public health officials. A mandated reporter can share information on close contacts of a case WITHOUT consent from the contacts.

JCDHE staff and school officials will partner on contact tracing activities to ensure that transmission chains in schools or at school-related activities are broken. School officials will only be responsible for contact tracing within the school, while JCDHE will be responsible for identifying and quarantining contacts outside of the school setting. Quarantining close contacts of infected individuals is a tried and true public health mitigation technique.

Each school should designate an individual (large buildings should designate multiple individuals) to be the point person on contact tracing. There are three forms included to guide these activities: elementary contact tracing form, middle/high contact tracing form, and staff contact tracing form. Please do not hesitate to reach out to your building's designated JCDHE staff contact or email us at [dhe-schools@jocogov.org](mailto:dhe-schools@jocogov.org) for additional assistance.

Contact tracing should be completed the same day a school is notified (by JCDHE or the individual/family) of a confirmed positive COVID-19 case. Generally, contact tracing should only be conducted on confirmed positive cases; exceptions may be made when an individual with an exposure to a positive case becomes symptomatic. In this case, the individual is presumed positive and contact tracing can be conducted before schools/JCDHE receives confirmatory results.

#### **High Risk Exposures**

- **Anything unmasked, especially when not physically distanced**
- Eating breakfast/lunch/snack less than six feet apart
- Indoor or outdoor activities which include physical exertion, less than six feet for longer than 10 cumulative minutes
- Athletic activity that involves "close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory droplets will be transmitted between participants." The National Federation of State High School Associations classifies specific sports where these conditions are present as "high-risk." Due to the increased risk of transmission indoors, masking may not be taken into account when determining recommendation quarantines for sports. JCDHE will not make determinations by sport but will review the conditions during play/practice.
- Playing woodwind and brass instruments without other precautions (mask, distance)
- Singing/shouting without other precautions
- This list is not exhaustive. Additional considerations such as duration of contact, amount of physical distance, other mitigation measures, and symptoms of infectious individual may alter these recommendations

#### **Low Risk Exposures**

- Being in the same classroom with proper mask wearing
- On the same bus with mask wearing, ventilation, 3' distance

- Playground, even if unmasked (if social distancing and cohorts have been maintained); this moves into a high-risk exposure if children have sustained contact with physical exertion for more than 10 minutes

#### **No Exposure**

- Walking in the same hallway masked
- Attending class during the class period after a positive individual

#### **Considerations in Determining Exclusions**

Properly wearing masks is an effective way to help prevent the spread of COVID-19. Additional factors such as duration of contact, amount of physical distance, classroom-level mitigation measures, and symptoms of infectious individual may alter exclusion recommendations. JCDHE and school/district leaders will consult on complex or unclear cases.

Individuals who are wearing masks and are in close contact (6 feet for 10 cumulative minutes or more) with an infectious individual are considered **low-risk** for contracting COVID-19. These individuals should still be notified of their low-risk exposure and be on the look-out for symptoms.

Individuals who were unmasked within 6 feet for 10 cumulative minutes or more in a single instance or participated in a high-risk activity with the COVID-19 positive individual during their infectious period, **must be excluded** for a minimum of 7 days (with negative test AND no symptoms) from their last interaction with the individual. Individuals who do not get a negative PCR test should be excluded for 10 days from last exposure, provided they remain symptom-free.

*All close contacts should self-monitor for 14 days from exposure. If symptoms develop during the 14-day period, person should self-isolate/be excluded from school and school activities and get a PCR test.*

**NEW Airplane Model for Secondary Students**

The Centers for Disease Control and Prevention continues to promote physical distancing between individuals and for this distance to be maintained at 6 feet wherever possible. However, as secondary students return to full in person learning, the ability to maintain 3-6 feet of distance between desks/seats will become increasingly difficult in most classrooms. As such, for students in classrooms, the CDC recommends a physical distance of at least 3 feet for **elementary** students. In areas where community transmission is between low and substantial, physical distance of at least 3 feet for **secondary** students is recommended. **However**, in areas of high community transmission, physical distancing of at least 6 feet should be maintained for **secondary** students if cohorting is not possible.

When secondary students are sitting within 3 feet of one another, JCHDE will be applying an adapted airplane model for **secondary** students. In this model, any **secondary** students sitting immediately next to and in front of an infected individual will be considered a moderate risk exposure—regardless of masking. In this model, students identified as **moderate risk** should be included as exposed persons in the Line List and should receive an exposure notification. Further, in this model, students sitting within 6 feet with mask compliance issues would also be excluded. If an infected person is identified as being unable to mask or having mask compliance issues, then susceptible individuals sitting within 6 feet of the infected individual may be considered exposed.

These criteria are being applied to only secondary students due to the inability for these students to be cohorted, which increases the likelihood of spread through a much larger group (e.g., an entire grade). The CDC’s Operational Strategies for K – 12 Schools stress masking **and** physical distancing in their phased mitigation approach, and this adaptation of the airplane model is consistent with that approach.

Front of Classroom

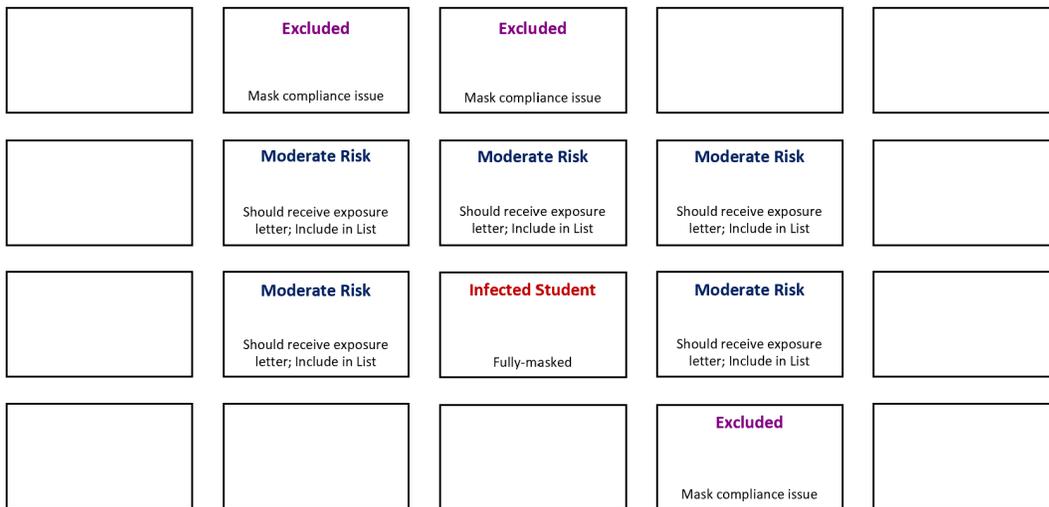
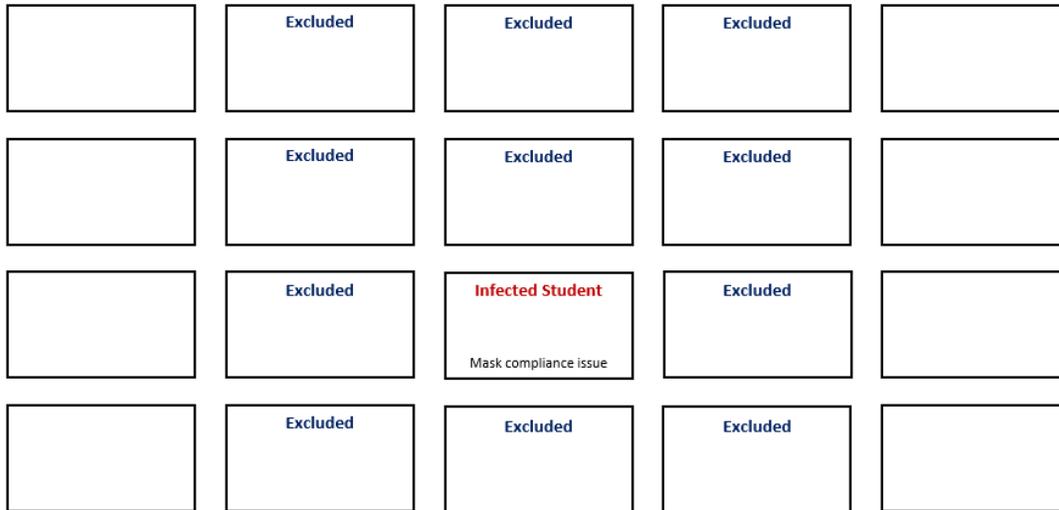


Figure 1

## Front of Classroom



*Figure 2*

### Exclusion of a Group

The risk of COVID-19 transmission is low if public health mitigation techniques such as proper masking, physical distancing and hand hygiene are being followed. If transmission is occurring within a group setting (such as a classroom, sports team, bus route, etc.), it is an indication that public health measures have not been followed. **If there are two or more positives in a group\*** contact your JCDHE liaison to determine if there is evidence of COVID-19 transmission. If transmission is identified, the entire group may be excluded per current public health recommendations.

\*Groups are considered to be a classroom, sports team, bus riders, clubs, etc. It is critical that seats and cohort groups are assigned and adhered to so that contacts can be traced; if contacts cannot be traced and public health measures are not being followed, the entire group may be excluded following a single positive case.

### What happens to the group when there is a positive case?

	Exposures	Quarantine
<b>1 case</b>	High-risk activity	Quarantine
	Low-risk activity	No quarantine
<b>2+ cases</b> (with evidence of transmission within group, meaning individuals tested positive or began showing symptoms within 14 days of each other with no other known exposures)	n/a	Consult JCDHE – may result in quarantine for an entire group

### Exposures outside of the school setting

If a student or staff member is a close contact of a positive individual, no matter the setting in which they were exposed, they should be excluded per current public health recommendations. See above tables for guidance.

All close contacts should self-monitor for symptoms for 14 days from exposure. If symptoms develop during the 14-day period, person should self-isolate/be excluded from school and school activities and get a PCR test.

### **Household Contact**

If a household member (sibling, parent, etc.) tests positive for COVID-19, then all other household members must be quarantined per current public health recommendations following their last interaction with the positive case. If the positive individual can isolate in a separate bedroom, with a separate bathroom, spending little to no time in common areas and always wearing a mask in the presence of other household members, then the quarantine begins on the day the positive individual began isolating away from the household. If this is not possible, then household members will need to quarantine per current public health recommendations following the end of the infected person's isolation. This may mean that family members are quarantined for longer periods. If additional household members become symptomatic/test positive during the isolation or quarantine period, the quarantine period starts over (see attached document).

### **Presumed Positive**

Individuals with a known exposure to a COVID-19 positive individual who become symptomatic *within 14 days of last exposure* are presumed positive. Becoming symptomatic/presumed positive should trigger a move from quarantine to isolation and contact tracing activities should begin at school/JCDHE immediately. **NEW** A new olfactory and/or taste disorder (e.g., loss of taste and/or smell) is characteristic for COVID-19 and individuals with this symptom will be considered presumed positive regardless of negative test results or exposure history.

The individual should be encouraged to get a PCR test (e.g. confirmatory test). If presumed positive individuals receive a negative PCR test after the onset of symptoms, they are no longer considered a presumed positive and they should revert to their quarantine timeline.

### **Contacts of Contacts**

If an individual is notified that they are a close contact of a COVID-19 positive individual, only that person who was directly exposed needs to quarantine. Other family members (e.g., siblings) do not need to quarantine if they did not have contact with the infected individual.

### **Travel**

Families and staff planning out-of-state travel should check KDHE's Quarantine guidelines. Students and staff can return to school, work, and extracurricular activities after traveling to a location on this list only after a quarantine period. <https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran>

**NEW** Individuals traveling to attend a large group gathering of 500 or more people without mitigation measures (i.e., physical distancing, masking, etc.) or those traveling on a cruise ship or river cruise on or after March 15, 2020 should quarantine following their return. Families and staff planning travel that meet either of these conditions are required to quarantine upon their return.

<https://www.coronavirus.kdheks.gov/DocumentCenter/View/135/Travel-Related-Quarantine-Table-PDF---Updated-12-1-20>

### **NEW Notification Following a COVID-19 Positive Exposure**

JCDHE recommends families be notified in writing of all high-risk exposures. This letter should include information about recommended exclusion from school/school activities, options for testing, and contact information for school/JCDHE personnel to answer family questions.

Families of students/staff in elementary and younger grades should be notified of low-risk exposures and encouraged to monitor their children for signs and symptoms of COVID-19. The return to full in-person instruction may increase the number and frequency of low-risk notification letters to families and staff in secondary grades; as such, JCDHE will support each district's decision to forego the low-risk notification of secondary students if an undue burden is created. If a district decides to forego the low-risk notification letter, this change should be communicated to parents before it takes effect. See attached letters to assist you in this notification.

For secondary students sitting within 3 feet of an infected individual, JCDHE recommends a moderate-risk exposure letter be sent to families. Students meeting this moderate-risk classification may remain in school; however, JCDHE recommends that they refrain from activities until they receive a PCR-negative COVID-19 test collected on Day 6 or later, and only if they remain asymptomatic. Individuals who develop symptoms at any time in the 14 days following exposure are not eligible for early-release from quarantine.

**NEW ACTIVITIES GUIDANCE**

In order to minimize the risk of transmission and protect in-person learning, in-person instruction should be prioritized over extracurricular activities, including sports and school events. There is an increased risk of COVID-19 transmission while playing team sports or engaging in other group activities where mitigation measures cannot be effectively or safely implemented.

Based, in part, on guidance from the Centers for Disease Control and Prevention and the National Federation of State High School Associations, and evidence from previous school semesters, the Johnson County Department of Health and Environment has determined the following risk categories for some activities. These categories are provisional and subject to the results of case investigation and contact tracing. Exclusion determinations will be made based on several factors: ability to maintain physical distancing, masking, increased respiration/exhalation, cohorting, etc.

- **Lowest Risk Activities**
  - These activities are those that have the potential to limit physical contact, have greater mask compliance, and/or the ability to successfully cohort to limit the number of individuals exposed. If investigation determines that these conditions are not met, then high-risk close contacts will be determined on a case-by-case basis.
- **Moderate Risk Activities**
  - These activities are those that have *some* potential to limit physical contact, may facilitate mask compliance, and/or allow for successful cohorting to limit the number of individuals exposed. In order to avoid exclusion, an investigation would need to determine that mitigation measures were in place and that no high-risk contact occurred.
- **Highest Risk Activities**
  - These activities are those that have little potential for limiting physical contact, ineffective mask compliance, and/or physical exertion that increases the risk of exposure to respiratory droplets regardless of other mitigation measures. These high-risk activities would indicate the need for exclusion regardless of masking.

Lowest Risk	Moderate Risk (Case-by-Case)	Highest Risk
Cross-country Golf Running (individual events) Swimming (individual) Track (some events) Weightlifting Bowling	Baseball Field hockey Gymnastics Ice hockey Softball Swimming relays Tennis Volleyball Track (some events) All sports Conditioning Cheer Dance	Basketball Lacrosse Soccer Football Wrestling Rugby Boxing
Other Activities		
Debate	Band Choir Performing arts Graduation	Prom

All athletic conditioning (e.g., weight training or similar) would be assessed on a case-by-base basis, but mitigation measures should be implemented wherever possible in these settings in order to potentially avoid exclusion.

JCDHE does *not* recommend large group gatherings that increase the risk for transmission of COVID-19. Gatherings where mitigation measures would be difficult to enforce or absent altogether should be avoided to prioritize in-person instruction.

## Executive Summary

### Summary

The decision as to how and when to open schools to in-person instruction for all students has been an important consideration for the Johnson County Department of Health and Environment, schools, and our community since the start of the COVID-19 pandemic. The health and safety of our students, faculty and staff, and community continue to be of paramount importance and it is in this context that JCDHE has been reviewing the recently updated guidance and emerging research regarding a return to full in-person instruction as well as the data concerning the potential for classroom transmission in schools or for broader community spread associated with full in-person instruction.

In February, the Centers for Disease Control and Prevention released an [Operational Strategy for K – 12 Schools](#) to reopen through phased mitigation. Among other mitigation measures, the CDC stressed the need for universal and correct use of masks and that physical distancing of at least six feet should be maximized wherever possible. Recognizing that these operational strategies may, in part, be reflective of many of the mitigation measures that Johnson County schools have adopted since the start of the 2020-21 school year, a summary of the most relevant features and the available tools follows. The CDC stressed that there are five mitigation strategies that schools need to implement in order to safely operate in-person, and prioritized the first two:

1. Universal and correct use of masks by faculty/staff and students
2. Physical distancing of at least 6 feet
3. Handwashing and good respiratory etiquette
4. Cleaning and maintaining facilities
5. Contact tracing, in combination with isolation and quarantine, in collaboration with the local health department

### Emerging Research

Recently, a [CDC MMWR](#) report was widely circulated that addressed COVID-19 cases and transmission in schools and found that fewer than 5% of cases were associated with in-school transmission. The authors were explicit in their findings, stating that attending school where recommended mitigation strategies were implemented may not place children at any increased risk than in the community generally; however, these findings are subject to several limitations including that the studies were conducted only in rural communities, researchers' inability to ascertain which mitigation measures significantly reduced risk, and they were unable to determine asymptomatic spread.

While this early study's findings are promising, data regarding classroom transmission of COVID-19 remain limited and should not be broadly extrapolated to larger, more-urban communities like Johnson County. Further, the findings are still contingent upon successful implementation of classroom mitigation measures such as masking, cohorting, and distancing, which have been ongoing challenges for Johnson County Schools. These mitigation recommendations are further supported by an additional [MMWR](#) report investigating clusters of COVID-19 infection among elementary schools in one school district in Georgia and identified 9 clusters of COVID-19 cases. In these clusters, researchers observed poor adherence to mitigation measures, particularly physical distancing and mask-wearing among students.

As more students are present in classrooms, physical distancing will be difficult, if not impossible, to maintain and teachers will need to monitor mask compliance for many more students. Additionally, contact tracing efforts in schools will become increasingly more complicated as students with block or hourly scheduling move to in-person instruction. JCDHE has already observed that in-person instruction in these students can result in large groups of students being excluded following exposure due to poor mitigation compliance. We anticipate this issue to recur as more and more students move to in-person—especially as their schedules allow them to interact with different classes and cohorting will not be maintained.

### Mitigation Measures

All mitigation measures provide some level of protection and, when used together, the recommended mitigation measures provide the greatest level of protection.

### 1. [Masking](#)

Wearing a mask helps protect others as well as the individual, but it is not a substitute for physical distancing. Masks should still be worn in addition to staying at least 6 feet apart, especially when indoors around people who do not share the same household. An appropriate fitting mask will completely cover the nose and mouth and fit snugly against the sides of the face without gaps. The CDC goes further to state that some masks are more effective than others to slow the spread of COVID-19.

#### Recommended Masks

- Medical or surgical masks
- Properly fitting masks (i.e., snugly around the nose AND chin with no large gaps around the sides of the face)
- Masks made with tightly-woven fabric (i.e., fabrics that do NOT let light pass through when held up to a light source)
- Masks with two or three layers
- Masks with inner filter pockets

#### NOT Recommended

- Masks with large gaps or that are too loose
- Masks made from materials that are difficult to breathe through (such as leather or plastic)
- Masks made from fabric that is loosely woven or knitted (i.e. allow light to pass through when held up to a light source)
- Masks with one layer
- Masks with exhalation valves or vents
- Scarves or ski masks

### 2. [Physical Distancing](#)

Effective physical distancing is the practice of maintaining at least 6 feet between an individual and others who are not from the same household—including both indoor and outdoor spaces. Physical distancing should be practiced in conjunction with other mitigation strategies to reduce the transmission of COVID-19, including wearing masks, and good hand hygiene. Physical distancing of at least 6 feet should be maximized wherever possible. To ensure distancing is maintained, schools should establish policies and implement structural interventions to promote distancing of at least 3 to 6 feet between individuals. Further, the CDC recommends the cohorting of groups to limit exposure across the school environment.

If design changes to accommodate additional space and cohorting in secondary grades are not or cannot be implemented, JCDHE will update our exclusion recommendations to reflect the increased risk of transmission. As such, students and staff should be excluded *regardless* of masking in situations where transmission is indicated and there was less than 3 feet of distance for longer than ten minutes. Functionally, this means that all students sitting within arm’s length of an infectious person will be recommended to quarantine. Across seven or eight class periods, that can be a lot of individuals.

**NEW** The [Centers for Disease Control and Prevention](#) have recently updated their recommendations for elementary students to reflect the challenges of maintaining at least 6 feet of physical distance between students in classroom settings. As such, the most current recommendation is to maintain at least 3 feet of physical distancing between elementary students in classrooms. In secondary students, students should be spaced at least 3 feet apart in areas where community transmission is low to moderate and secondary students should be spaced at least 6 feet apart in areas where community transmission is high and if cohorting is not possible.

The CDC reiterates that at least 6 feet of physical distancing should be maintained under the following circumstances:

- Between adults (faculty and staff)
- Between adults (faculty and staff) and students
- When masks cannot be worn, such as mealtimes
- During activities when increase exhalation occurs (e.g., singing, shouting, band, or sports/exercise)
- In common areas such as school lobbies, hallways, and auditoriums

### 3. [Handwashing and Respiratory Etiquette](#)

Good handwashing is one of the best ways to prevent the spread of diseases, including COVID-19. Washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water is not readily available is an important step to avoid spreading COVID-19 in schools but should not be used in place of the other mitigation measures. Rather, schools should promote good hand hygiene throughout the school in conjunction with masking, physical distancing, cleaning, and contact tracing. The CDC recommends that schools build time into daily routines to facilitate good handwashing among staff and students and that this routine should also consider physical distancing. Schools should also consider making hand sanitizers available to staff and students and to place these near frequently touched surfaces (e.g., doors, shared equipment, etc.). Students and staff should also be encouraged to cough/sneeze into their elbow or sleeve rather than their hands and should be encouraged to wash their hands whenever they do cough or sneeze.

4. [Cleaning and Maintaining Facilities](#)

Cleaning and disinfecting surfaces should be considered as part of the broad approach to preventing the spread of disease in schools. Schools should ensure that frequently touched surfaces, such as playground equipment, door handles, and sink handles, within the school and school buses are cleaned and disinfected daily or between use as much as possible. Further, schools should limit the use of shared objects (e.g., gym or P.E. equipment, art supplies, toys, computers, etc.) or should clean and disinfect these objects between uses.

5. [Contact Tracing](#)

One of the most valuable activities K – 12 schools can do to assist in the response to COVID-19 is to prepare and provide information to aid in the identification and exclusion of exposed contacts. The CDC recommends that schools work with their local health departments to reduce the spread of COVID-19 in schools. While the local health department has the legal authority to complete contact tracing, K – 12 schools are mandated reporters for notifiable diseases, including COVID-19, and their activities should supplement the health department’s activities to ensure all exposed individuals are documented and receive proper follow-up. This follow-up should include exclusion as applicable, and especially where a high-risk exposure has been identified.

**Indicators of Community Transmission**

The CDC recommends the use of two measures of community burden to determine the level of risk of transmission: total number of new cases per 100,000 persons in the previous 7 days; and percentage of molecular test results that are positive during the previous 7 days. While the risk of exposure to COVID-19 may be lower when these indicators of community transmission are lower, the risk of exposure in K – 12 schools is also dependent on the implementation of mitigation strategies in both the school and community. For example, if community transmission is low but mitigation strategies are not implemented or are inconsistently implemented, then the risk for introduction and subsequent transmission of COVID-19 in a school will increase. Alternatively, if community transmission is high, but these mitigation strategies are successfully implemented in schools, then it’s possible to have decreased risk of transmission in schools despite the high community transmission. We have largely observed the latter throughout Johnson County Schools since the start of the 2020-21 school year.

**Additional COVID-19 Prevention in Schools**

Testing those who have symptoms of COVID-like illness or who have had a known exposure to COVID-19 is an important strategy in CDC’s phased mitigation. At all levels of community transmission schools should refer individuals to diagnostic testing as needed.