



Guidance for Prevention of COVID-19 Transmission in K-12 School Settings and Activities

Updated 08/22/2021

Introduction

The Johnson County Department of Health and Environment (JCDHE) is providing updated guidance for the prevention of COVID-19 in K-12 school settings and activities. This guidance incorporates revised guidance from the Centers for Disease Control and Prevention (CDC) regarding mask use considering the emerging data on the highly infectious Delta variant of SARS-CoV-2. Working in partnership with the education community throughout Johnson County, our shared, primary goal remains to keep schools open so that our children can learn and benefit from interactions with others.

There have been cases in school-aged children in Johnson County throughout the pandemic. Since COVID-19 first arrived in Johnson County in March 2020, more than 8,700 cases in children 5-17 years old have been identified. These cases account for approximately 17% of total cases in Johnson County to date. The highly transmissible Delta variant is now the dominant strain in Johnson County, resulting in an increase in new cases and numerous outbreaks associated with summer camps and school-age programs. Currently authorized vaccines are highly effective at preventing COVID-19 transmission and severe illness, including against the Delta variant. However, approximately 40% of children age 12-17 years in Johnson County have been fully vaccinated.

This updated guidance includes a multi-layered approach with four primary evidence-based mitigation strategies: (1) promote vaccination; (2) require indoor mask wearing among all students, staff and visitors, regardless of vaccination status; (3) exclude persons with suspected or confirmed COVID-19 infection; and (4) exclude close contacts of confirmed COVID-19 cases. These strategies are consistent with the recently updated K-12 school guidance from the U.S. Centers for Disease Control and Prevention (CDC).

Additional measures, such as collecting and maintaining COVID-19 vaccination status among students and staff, assigned seating, cohorting, increased ventilation, hand hygiene and cough and sneeze etiquette, and cleaning and disinfection, should be implemented by school personnel to ensure that timely and accurate contact tracing is possible to further prevent transmission. The guidance in this document may change as additional scientific evidence becomes available and the findings dictating best practice expand.

Preventing COVID-19 Transmission and Disease

Vaccination

COVID-19 vaccines are safe and effective at preventing COVID-19, especially severe illness and death ([CDC, 2021](#)).

Vaccination among eligible staff and students will be an important mitigation strategy to reduce in-school transmission of COVID-19 in the 2021-2022 school year. Schools should work to promote vaccination among eligible staff and students.

The Centers for Disease Control and Prevention (CDC) released in July 2021 [updated guidance](#) for **fully vaccinated individuals**. Per this updated guidance, fully vaccinated individuals may ([CDC, 2021](#)):

- Participate in many of the activities that they did before the pandemic.
- Resume domestic travel and refrain from testing before or after travel or self-quarantine after travel.
- Refrain from testing before leaving the United States for international travel (unless required by the destination) and refrain from self-quarantine after arriving back in the United States.

While only a small proportion of those who are fully vaccinated may develop COVID-19, new data are emerging that fully vaccinated individuals may become infected and transmit the virus to others. The CDC recommends that fully vaccinated people:

- Wear a mask in public indoor settings in areas of substantial or high transmission.
- Get tested if they are experiencing symptoms of COVID-19.
- Get tested following a known exposure to someone with suspected or confirmed COVID-19 and wear a mask in public indoor settings for 14 days after exposure or until a negative test result.
- Follow any applicable federal, state, local, tribal, or territorial laws rules, and regulations.

Unvaccinated individuals are those of all ages, including children, that have not completed a two-dose vaccination series or have not received a single-dose vaccine. Persons for whom less than 14 days have elapsed since receiving a single-dose vaccine, or the second dose in a two-dose series, also will be considered **unvaccinated**. At this time, only the Pfizer-BioNTech vaccine is authorized for children age 12 years and older.

Masking

Masking while indoors is a critical element of student and staff safety. In a recent review of the current scientific literature and available data on COVID-19 transmission and mitigation for K-12 schools, researchers with the ABC Science Collaborative concluded that proper mask wearing is effective in limiting in-school transmission, even with increased student presence, poor ventilation, and high community transmission. ([ABC, 2021](#))

An internal analysis by JCDHE also demonstrates the effectiveness of mask wearing—even during full, in-person learning. Based on data from the 2020-2021 school year, among masked classmates who were within three feet of a positive individual, less than 1% were infected. (JCDHE unpublished data, 2021)

In their most updated guidance from July 2021, the CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Consistent and correct mask use is important indoors and in crowded settings when physical distancing cannot be maintained. This is especially important in areas with substantial to high community transmission.

In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

The [CDC](#) 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. The effectiveness of gators is unknown, but they are likely less effective than other masks because many only have a single layer of fabric.

The Johnson County Board of County Commissioners, acting as the County Board of Health, adopted on August 5, 2021, [Public Health Order No. 001-21](#) requiring masks or other face coverings be worn indoors by all students, faculty, and staff in public and private schools with students up to and including sixth grade. The following individuals are exempt from wearing masks or other face coverings while inside school buildings:

- Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
- Persons communicating with a person who is deaf or hard of hearing, where the ability to see the mouth is essential for communication.
- Persons engaged in religious services, ceremonies, or activities.
- Persons engaged in activities and athletics inside school buildings, who should follow Kansas State High School Activities Association and/or school guidelines.

Refer to Appendix B for a fully copy of [Public Health Order No. 001-21](#). School districts and boards should implement a policy that requires indoor universal mask wearing among students, faculty, staff and visitors, regardless of vaccination status, that applies to all schools with kindergarten through grade 12. If masking policies are applied consistently, the risks to close contacts are low and **contact tracing will not be needed unless transmission within a class is identified.**

Management of Suspected/Confirmed COVID-19 Individuals and Contacts

Exclusion of Persons with Suspected or Confirmed COVID-19 Infection

Any person, including student, faculty or staff member, diagnosed with COVID-19 infection must be excluded from school and school activities for the appropriate period of isolation. Per [K.S.A. 65-122](#), school principals and other persons in charge have a duty to exclude persons affected with a disease suspected of being infectious or contagious. This includes persons under investigation for COVID-19 until they are determined to be uninfected.

Unvaccinated, symptomatic individuals with no known exposure should consult with a health care provider to be tested for COVID-19. 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. Refer to Table 2 and Appendix A for additional information.

Currently or recently symptomatic students and staff members awaiting COVID-19 test results should be excluded from school and activities until confirmatory laboratory results are received and COVID-19 infection is ruled out.

Individuals who test negative for COVID-19 may return to school 24 hours after their symptoms improve. If a physician indicates the symptoms are due to a *non-infectious* diagnosis (e.g., allergies, asthma), they may return to school prior to symptom resolution.

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 on 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 laboratory specimen was collected until 10 days after their lab test.

Exclusion of Persons Exposed to COVID-19

Contact Tracing and Exclusion of Contacts

According to guidance from Kansas Department of Health and Environment (KDHE), school administrators (including nurses and teachers) are considered mandated reporters of infectious diseases under [K.S.A. 65-118](#). A mandated reporter may 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. Where school districts elect to perform contact tracing in partnership with JCDHE, school officials will only be asked to contact trace within the school, while JCDHE will be responsible for identifying and quarantining contacts outside of the school setting.

Susceptible (i.e., those who are not fully vaccinated and without a confirmed history of COVID-19 infection in the previous six months) close contacts of infected individuals should be quarantined, regardless of where the exposure occurred (i.e., within or outside the school setting).

Each school should designate an individual (large buildings should designate multiple individuals) to be the point person on contact tracing. Please do not hesitate to reach out to your building's designated JCDHE staff contact for additional assistance.

Contact tracing should be completed the same day a school is notified (by JCDHE, the individual/family, or laboratory) of a confirmed positive COVID-19 case. Generally, contact tracing should only be conducted on cases with a positive PCR or antigen test; 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 should be conducted before schools/JCDHE receives confirmatory results.

Factors such as duration of contact, amount of physical distance, mitigation measures in place and symptoms of the infectious individual must be considered when assessing potential exposures. JCDHE and school/district leaders will consult on complex or unclear cases.

To assist with the contact tracing process, the following activities may be considered **high risk**:

- Eating breakfast/lunch/snack less than six feet apart.
- Indoor or outdoor activities which include physical exertion, less than six feet for longer than 15 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."
- Playing woodwind and brass instruments without other precautions (mask, distance).
- Singing/shouting without other precautions.

Examples of activities that may be considered **low risk** include:

- 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 [15 minutes](#).

Activities such as walking, while masked, in the same hallway or attending class during the class period after a positive individual would be considered **no exposure**.

Exposures in Vaccinated Individuals

Per guidance from the Centers of Disease Control and Prevention, **fully vaccinated** individuals do not need to be excluded for quarantine following an exposure to COVID-19 so long as they remain **asymptomatic** following their exposure. To be exempt from quarantine exclusions, exposed staff members and students must provide documentation of vaccination that includes patient name, date of birth, vaccine manufacturer, date(s) of vaccination(s), and clinic or facility name where the vaccination was performed. **It will not be feasible for JCDHE staff to access vaccination records on patient's behalf.**

Fully vaccinated individuals are not required to quarantine following exposure; however, updated guidance from the CDC recommends fully vaccinated individuals get tested three to five days after exposure and monitor themselves for symptoms for 14 days following exposure. Any person who develops symptoms during the 14-day period should self-isolate, get tested and be excluded from school until it is determined if their symptoms are due to COVID-19. This testing recommendation for fully vaccinated people should not be confused with the exclusion and testing requirements for unvaccinated individuals opting for shortened quarantine. (CDC, 2021) Refer to Table 1 for further guidance.

Exposures in Unvaccinated, Susceptible Individuals

Susceptible unmasked individuals who were within three feet for [15 cumulative minutes](#) or more, or participated in a high-risk activity with a COVID-19 positive individual during their infectious period will be considered exposed. To prevent transmission of COVID-19, the safest, lowest-risk quarantine protocol is 14 days from last exposure ([CDC, 2020](#)). However, guidance from CDC and KDHE, updated in December 2020, provides two shortened quarantine protocol options for individuals who remain symptom-free:

- **Option 1 (with testing):** Exposed individuals who remain **asymptomatic** may test on or after day six following the last day of exposure. With a negative result and **no symptoms**, individuals may return to normal activities on day eight post-exposure. Only PCR test results will be considered for shortened quarantine; antigen and antibody tests are not allowed for this purpose. To return to school under this option, documentation of test results must be provided that includes patient name, date of birth, lab result, and identification of the testing entity or laboratory. **It will not be feasible for JCDHE staff to access negative results on patient's behalf.**
- **Option 2 (without testing):** Individuals who are exposed and remain **asymptomatic**, but do NOT take a PCR test, must quarantine for 10 days, returning to activities on day 11 after exposure.

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.

If an individual develops symptoms **at any time** following exposure, then they no longer meet the criteria for a shortened quarantine period. If they have a PCR-negative test with specimen collected **AFTER** symptoms develop, then no contact tracing is required. For more information, please refer to the [CDC's Science Brief](#) regarding the options to reduce quarantine ([CDC, 2020](#)).

Exposures in Unvaccinated Staff and Students with a History of Previous Infection

Close contacts with evidence of previous infection **within the past six months** that is documented by a positive PCR or antigen test may be exempt from quarantine exclusion if they remain **asymptomatic** following their exposure. Positive serology or antibody tests may not be substituted for either the PCR or antigen test. If the close contact becomes symptomatic following their exposure, but during the 90 days after recovery from a prior infection, then there is a possibility of reinfection. Antigen testing in such circumstances is preferred, with the specimen collected within the first five to seven days from symptom onset ([KDHE, 2021](#); [CDC, 2021](#)).

Exclusion of a Group

The risk of COVID-19 transmission is low if public health mitigation techniques such as vaccination, 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 (e.g., classroom, sports team bus riders, clubs, etc.) 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.

Table 1. Guidelines for Exclusions in Exposed Individuals

Vaccination Status or Disease History	Is a COVID-19 test recommended?	Test Type	Test Result	When can the individual return to school?	Contact Tracing
Screening Results: Symptomatic AND EXPOSURE within previous 14 days.					
Fully vaccinated OR Documented history of COVID-19 infection within the past 6 mos.	YES <i>If individual is symptomatic and has a COVID-19 exposure, they are presumed positive and should be treated as such until they receive a negative test result.</i>	PCR <i>If the individual has had COVID-19 within the past 90 days, then a PCR test is <u>NOT</u> recommended.</i>	Positive	At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	YES
			Negative	At least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	NO
		Antigen <i>If the individual has had COVID-19 within the past 90 days, then an antigen test within the first five to seven days from symptom onset is recommended over PCR testing.</i>	Positive	At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	YES
			Negative	At least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	NO
Unvaccinated OR Incompletely vaccinated	YES <i>If individual is symptomatic and has a COVID-19 exposure, they are presumed positive and should be treated as such until they receive a negative test result.</i>	PCR <i>If the individual has had COVID-19 within the past 90 days, then a PCR test is <u>NOT</u> recommended.</i>	Positive	At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	YES
			Negative	Symptomatic contacts who are not fully vaccinated may not test out of quarantine. They must quarantine for 14 days <u>and</u> their symptoms must be improved.	NO
		Antigen <i>If the individual has had COVID-19 within the past 90 days, then an antigen test within the first five to seven days from symptom onset is recommended.</i>	Positive	At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	YES
			Negative	Symptomatic contacts who are not fully vaccinated may not test out of quarantine. They must quarantine for 14 days <u>and</u> their symptoms must be improved.	NO
Screening Results: Exposure to a person with COVID-19 in the last 14 days (NO symptoms)					
Fully vaccinated	YES	Exclusion/quarantine not required. CDC recommends testing three to five days after exposure.			NO
Documented history of COVID infection within the past 6 mos.	NO	Exclusion and testing are NOT indicated.			NO
Unvaccinated OR Incompletely vaccinated	YES	NO TEST		10 days 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.	NO
		PCR <i>A PCR test must be conducted on day six or later to be eligible for a shortened quarantine.</i>	Positive	10 days from date the specimen was collected; they may return to activities on day 11 if no symptoms develop. If symptoms develop, see above.	YES
			Negative	Seven days from last exposure to a person with COVID-19. They may return on day 8 after exposure. 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 REGARDLESS of the results of the test.	NO
		Antigen <i>Antigen testing does not meet the requirements for shortened quarantine.</i>	Positive	PCR test is recommended due to the chance of false positive results in asymptomatic individuals.	--
Negative	10 days 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. PCR testing is required to be eligible for shortened quarantine.		--		
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.					

Table 2. Guidelines for Exclusion in for Symptomatic Individuals with NO Known Exposure

Vaccination Status or Disease History	Is a COVID-19 test recommended?	Test Type	Test Result	When can the individual return to school?	Contact Tracing
Screening Results: Symptomatic AND NO EXPOSURE within previous 14 days.					
Fully vaccinated	YES	PCR <i>If the individual has had COVID-19 within the past 90 days, then an PCR test is <u>NOT</u> recommended.</i>	Positive	At least 10 days after symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms	YES
			Negative	At least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	NO
		Antigen <i>If the individual has had COVID-19 within the past 90 days, then an antigen test is recommended.</i>	Positive	At least 10 days after symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms	YES
			Negative	At least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	NO
		NO TEST		At least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	
Documented history of previous COVID infection within the past 6 months	MAYBE <i>Individuals with a documented history of COVID-19 within the past 6 months with no known exposure should consult with their provider to determine if a COVID-19 test is needed.</i>	A provider may determine that a COVID-19 test is recommended. If a test is conducted, then follow return guidelines based on test results.		Dependent on test results and test type.	NO
		NO TEST		At least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	
Unvaccinated OR Incompletely vaccinated	YES <i>If an unvaccinated individual has symptoms consistent with COVID-19, then a COVID-19 test is recommended.</i>	PCR <i>If the individual has had COVID-19 within the past 90 days, then an PCR test is <u>NOT</u> recommended.</i>	Positive	At least 10 days after symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms	YES
			Negative	At least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	NO
		Antigen <i>If the individual has had COVID-19 within the past 90 days, then an antigen test is recommended.</i>	Positive	At least 10 after symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms	YES
			Negative	At least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	NO
		NO TEST		10 days from symptom onset AND at least 24 hours since resolution of fever w/o fever reducing medications AND improvement in symptoms	

Preventing COVID-19 Transmission in School-Related Activities

Activities Guidance

People who are fully vaccinated can refrain from quarantine following a known exposure if asymptomatic, facilitating continued participation in in-person learning, sports, and extracurricular activities. Due to increased exhalation that occurs during physical activity, some [sports](#) can put players, coaches, trainers, and others who are not fully vaccinated at [increased risk](#) for getting and spreading COVID-19. [Close contact sports](#) and indoor sports are particularly risky. Similar risks might exist for other extracurricular activities, such as band, choir, theater, and school clubs that meet indoors.

Prevention strategies for those who are not fully vaccinated in these activities remain important and should comply with school day policies and procedures. Students should refrain from these activities when they have symptoms consistent with COVID-19 and should be tested. Students who are not fully vaccinated and participate in indoor sports and other higher-risk activities should **continue to wear masks and keep physical distance as much as possible**. Schools should consider using screening testing for student athletes and adults (e.g., coaches, teachers, advisors) who are not fully vaccinated who participate in and support these activities to facilitate safe participation and reduce risk of transmission – and avoid jeopardizing in-person education due to outbreaks.

Coaches and school sports administrators should also consider specific sport-related risks for people who are not fully vaccinated:

- **Setting of the sporting event or activity.** In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the sporting event (i.e., fields, benches/team areas, locker rooms, spectator viewing areas, spectator facilities/restrooms, etc.).
- **Physical closeness.** Spread of COVID-19 is more likely to occur in sports that require sustained close contact (such as wrestling, hockey, football).
- **Number of people.** Risk of spread of COVID-19 increases with increasing numbers of athletes, spectators, teachers, and staff.
- **Level of intensity of activity.** The risk of COVID-19 spread increases with the intensity of the sport.
- **Duration of time.** The risk of COVID-19 spread increases the more time athletes, coaches, teachers, staff and spectators spend in close proximity or in indoor group settings. This includes time spent traveling to/from sporting events, meetings, meals, and other settings related to the event.
- **Presence of people more likely to develop severe illness.** People at increased risk of severe illness might need to take [extra precautions](#).

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

Appendix A: Key Terms and Concepts

<p><u>Antigen OR Rapid Diagnostic Test (RDT):</u></p>	<p>Antigen tests detect a protein on the virus. Results for most antigen tests are available onsite in 15-30 minutes. 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. If COVID-19 is suspected or there has been a known exposure, an RDT/antigen test should be followed by a confirmatory PCR to make a final diagnosis.</p>
<p><u>Contact tracing:</u></p>	<p>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.” (CDC, 2021)</p>
<p><u>Close contact/exposure:</u></p>	<p>A close contact is defined as:</p> <ol style="list-style-type: none"> a. being directly exposed to infectious secretions (e.g., being coughed on); or b. being within six feet for 15 or more cumulative minutes 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. (CDC, 2021) <p>Either (a) or (b) is defined as close contact if it occurred during the case’s infectious period, which is defined as two days <i>before</i> their symptoms began until ten days <i>after</i> symptom onset <i>and</i> 24 hours after their fever (if present) has resolved without the aid of medication <i>and</i> initial symptoms have improved. For an asymptomatic individual who tests positive for COVID-19, their infectious period is two days before through 10 days after their specimen was collected.</p>
<p><u>Fully vaccinated:</u></p>	<p>Consistent with these updated guidelines, individuals are considered fully vaccinated for COVID-19 starting on day 14 after they receive the second dose in a two-dose series (Pfizer-BioNTech or Moderna), OR starting on day 14 after they have received a single-dose vaccine (Johnson & Johnson/Janssen). Currently, there is no time limit on fully vaccinated status (CDC, 2021).</p>
<p><u>Infectious period:</u></p>	<p>An individual is considered infectious (capable of spreading the virus) for two days <i>before</i> their symptoms began until ten days <i>after</i> symptom onset <i>and</i> 24 hours after their fever (if present) has resolved without the aid of medication <i>and</i> initial symptoms have improved. For an asymptomatic individual who tests positive for COVID-19, their infectious period is two days before through 10 days after their specimen was collected.</p>
<p><u>Isolation:</u></p>	<p>Isolation separates people who are infected with the virus from people who are not infected. If not all household members are fully vaccinated, individuals with confirmed or presumed COVID-19 should isolate within their household and use a separate bedroom and bathroom, if possible. Individuals should not spend time in common household areas (e.g., living room, kitchen). If face-to-face interactions must take place, the infected person and unvaccinated household members should mask. Disinfect frequently touched surfaces in the household often. (CDC, 2021)</p>
<p><u>Mask:</u></p>	<p>A well-fitted mask of at least two layers of breathable, washable fabric that fits snugly around the nose and chin with no large gaps around the sides of the face.</p>

<u>New olfactory or taste disorder:</u>	New change/loss of taste or smell.
<u>PCR/molecular test:</u>	Polymerase chain reaction tests 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 generally more sensitive than antigen tests. 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.
<u>Presumed Positive:</u>	<p>Symptomatic individuals with a known exposure to a COVID-19 positive individual within the 14 days prior to symptom onset are presumed positive. Becoming symptomatic while excluded for quarantine should trigger a move from quarantine to isolation and contact tracing activities should begin at school/JCDHE immediately.</p> <p>A new olfactory or taste disorder (e.g., loss of taste or smell) is characteristic for COVID-19 and individuals with this symptom and a history of exposure within the previous 14 days will be considered positive until a PCR-negative test has been obtained.</p> <p>Individuals with a positive antigen test without a subsequent negative PCR test within 48 hours of the initial antigen test will be considered presumed positive.</p>
<u>Quarantine:</u>	Keeps someone who has been exposed to the virus away from others. Individuals in quarantine should <u>stay home</u> . An individual who must be in public to seek medical assistance should 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. (CDC, 2021)
<u>Serology:</u>	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.
<u>Susceptible:</u>	Individuals who are not fully vaccinated per the most recent CDC guidelines for the vaccine received or have no previous history of infection in the past six months.
<u>Symptomatic:</u>	<p>Individuals meeting clinical criteria for COVID-19, defined as:</p> <ul style="list-style-type: none"> • Any one of the following primary symptoms: <ul style="list-style-type: none"> ○ New cough ○ Difficulty breathing ○ New olfactory or taste disorder <p>OR</p> <ul style="list-style-type: none"> • At least two of the following secondary symptoms: <ul style="list-style-type: none"> ○ Chills ○ Congestion/runny nose ○ Extreme fatigue ○ Fever ($\geq 100^{\circ}\text{F}$) ○ Headache ○ Muscle or body aches ○ Nausea/vomiting/diarrhea ○ Sore throat
<u>Vaccine (COVID-19) Breakthrough Case:</u>	A breakthrough case is defined as an individual who has SARS-CoV-2 RNA or antigen detected on a respiratory specimen collected ≥ 14 days after completing an FDA-authorized COVID-19 vaccine.

JOHNSON COUNTY BOARD OF HEALTH ORDER NO. 001-21

Applicable within the entirety of Johnson County, Kansas

This Public Health Order is issued by the Board of County Commissioners of Johnson County, Kansas, sitting as the County Board of Health, on August 5, 2021 and is effective the 9th day of August 2021, at 12:01 A.M. to ensure elementary level schools in Johnson County can safely provide in-person learning and to slow the spread of COVID-19 in Johnson County elementary level schools, pursuant to the authority provided in K.S.A. 65-119 and other applicable laws or regulations.

The Board, sitting and acting as the County Board of Health, upon a motion duly made, seconded, and carried adopted the following Order, to-wit:

WHEREAS, COVID-19 is a respiratory disease that spreads easily from person to person and may result in serious illness or death among some who are infected; and

WHEREAS, the United States Department of Health and Human Services declared a public health emergency for COVID-19 beginning January 27, 2020, with now more than 34,722,631 cases of the illness and more than 609,853 deaths as a result of the illness across the United States; and

WHEREAS, on March 19, 2020, the Board of County Commissioners of Johnson County issued a state of local disaster emergency declaration, which was renewed and extended on May 28, 2020, and which remains in place at the time of this Order; and

WHEREAS, as of this date, in Kansas there have been 330,932 reported positive cases of COVID-19 spread among all 105 counties, including 5,247 deaths; and

WHEREAS, COVID-19 has resulted in 48,983 reported positive cases of COVID-19 in Johnson County and the deaths of 679 Johnson County residents; and

WHEREAS, the highly transmissible Delta variant of COVID-19 is now the dominant strain in Johnson County, resulting in a rapid increase in new cases and numerous outbreaks associated with summer camps and school-age programs; and

WHEREAS, children under the age of 12 are not currently eligible for vaccines and approximately less than forty percent (40%) of children aged 12-17 years in Johnson County have been fully vaccinated against COVID-19; and

WHEREAS, K-12 students benefit from in-person learning and interactions with others; and

WHEREAS, under state law, children between the ages of 7 and 18 are required to attend school; and

WHEREAS, safely returning to in-person classes and keeping public and private K-12 schools open in Johnson County is of the highest priority for students, parents, schools, and the entire community; and

WHEREAS, Centers for Disease Control and Prevention (“CDC”) now recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools regardless of vaccination status; and

WHEREAS, wearing face masks while indoors at school will protect the health of Johnson County elementary level students while they are awaiting vaccinations; and

WHEREAS, wearing a mask or other face covering in school gets and keeps children in school and is an effective means to protect students and mitigate the spread of COVID-19 while in school; and

WHEREAS, the intent of this Order is not to deprive any person or entity of any rights protected by the United States Constitution, the Kansas Constitution, or any other law, but merely to set forth restrictions which would best protect Johnson County schools, students, faculty, and staff against the community spread of COVID-19; and

WHEREAS, the Board of County Commissioners of Johnson County, as the County Board of Health, and the Local Health Officer are authorized and required, pursuant to K.S.A. 65-119, to immediately exercise and maintain supervision over known or suspected cases of any infectious or contagious disease during its continuance and to see that all such cases are properly handled, and the Local Health Officer is to use all known measures to prevent the spread of any infectious, contagious, or communicable disease;

WHEREAS, the Local Health Officer is appointed by the Board of County Commissioners of Johnson County pursuant to K.S.A. 65-201, and the Local Health Officer proposes and recommends that masks or other face coverings be worn by students through and including 6th grade while inside school buildings to slow the spread of COVID-19 in Johnson County schools; and

WHEREAS, Johnson County Department of Health and Environment (JCDHE) works in partnership with Johnson County public and private schools to keep our schools open so that our children can learn and benefit from interactions with others. JCDHE will collaborate with and provide guidance to schools on the wearing of masks while in school; and

WHEREAS, for the aforementioned and other reasons, and in recognition and furtherance of the County’s responsibility to provide for and ensure the health, safety, security, and welfare of the people of Johnson County, requiring that masks or other face coverings be worn by students through and including 6th grade while inside school buildings is a highly effective measure that can be taken to slow and reduce the spread of COVID-19 in our schools and community; and

NOW, THEREFORE, BE IT ORDERED by the Board of County Commissioners of Johnson County, Kansas, sitting and acting as the County Board of Health, that:

Section I. Maintaining Healthy School Environments for Elementary Level Students

1. To ensure that schools may operate as safely as possible, public and private schools for students up to and including 6th grade shall require the following:
 - a. Masks or other face coverings are required for all children while inside a school building where any students through and including 6th grade attend class, unless actively eating or drinking. This requirement includes children in higher grades who attend school in buildings where children in 6th or lower grades also attend school unless 6th graders are physically separated from higher grades throughout the school day.
 - b. Masks or other face coverings are required for all faculty, staff, and visitors while inside a school building where any students through and including 6th grade attend class, unless actively eating or drinking.
 - c. Unless otherwise required by the school, children, faculty, staff, and visitors do not need to wear masks when outdoors on school property. This includes students, faculty and staff participating in elementary level recess.
 - d. All bus riders must wear a mask when riding on a school bus unless documentation has been submitted to the school for a medical mask exemption.
2. The following individuals are exempt from wearing masks or other face coverings while inside school buildings:
 - a. Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
 - i. For students, faculty and staff, documentation of the above condition should be provided to the appropriate school officials pursuant to school guidelines.
 - b. Persons communicating with a person who is deaf or hard of hearing, where the ability to see the mouth is essential for communication.
 - c. Persons engaged in religious services, ceremonies or activities.
 - d. Persons engaged in activities and athletics inside school buildings, who should follow KSHSAA and/or school guidelines.

3. "Mask or other face covering" means a covering of the nose and mouth that is secured to the head with ties, straps, or loops over the ears or is simply wrapped around the lower face. A mask or other face covering can be made of a variety of synthetic and natural fabrics, including cotton, silk, or linen. A mask or other face covering may be factory-made, sewn by hand, or can be improvised from household items such as scarfs, bandanas, t-shirts, sweatshirts, or towels.

Section II. Lawful Order. This Order is a lawfully issued order pursuant to K.S.A. 65-202 and K.S.A. 65-119(a) and is also a "public health directive" as identified in KSA 60-5502. This Order shall apply to all public and private K-12 schools within Johnson County. The Board of Education for each unified school district within Johnson County and the respective governing

body of each K-12 private school within Johnson County shall be responsible for enforcement of this Order.

Section III. Review by Board of County Commissioners. The Board of County Commissioners may review, amend, or revoke this Order at any time.

Section IV. Severability. If any portion of this Order is found or determined to be invalid, such finding, or determination shall only affect the portion of the Order that is at issue and shall not affect the validity of the remainder of the Order.

Section V. Effective Date; Conclusion. This Order is effective at 12:01 A.M. on Monday, the 9th day of August 2021, and shall remain in effect through 11:59 P.M. on May 31, 2022, unless it is amended, revoked, or replaced.

IT IS SO ORDERED THIS 5th day of August, 2021.



BOARD OF COUNTY COMMISSIONERS
OF JOHNSON COUNTY, KANSAS

Ed Eilert, Chairman

ATTEST:

Lynda Sader
Deputy County Clerk

APPROVED AS TO FORM:

Peggy A. Trent
Chief Counsel

Approved 5-2 (CO) (MA)

FILED

AUG 05 2021

DEPUTY COUNTY CLERK
JOHNSON COUNTY KANSAS

Appendix C: Version History

Date	Important Changes
08/27/2020	N/A
10/20/2020	<ul style="list-style-type: none"> – Updated CDC recommendations on type of mask – Updated Guide for Testing, Return to School and Contact Tracing – Added descriptions of types of tests available – Added considerations made to determine exclusions
11/18/2020	<ul style="list-style-type: none"> – Updated definitions for: close contact/exposure, infectious period – Updated considerations to determine high-risk exposures
12/4/2020	<ul style="list-style-type: none"> – Updated quarantine guidelines to include shortened quarantine options released by the CDC – Updated Guide for Testing, Return to School and Contact Tracing to reflect shortened quarantine options – Negative antigen tests are not sufficient for return – Added “Acceptable documentation for return to school/activities” section – Added “Testing out of quarantine” section – Expanded considerations to determine high-risk exposures – More clearly explained exposures outside the school setting – Added “Presumed Positive” section
03/22/2021	<ul style="list-style-type: none"> – Added table of contents – Clarified “COVID-19 Quarantine” definition – Added a section on masking and definition of “poor-masking” – Updated Guide for Testing, Return to School and Contact Tracing tables – Added section on post-exposure management of vaccinated individuals – Added section describing the use of “airplane model” in a classroom setting – Expanded “Presumed Positive” definition – Updated travel guidance – Added “Notification Following a COVID-19 Positive Exposure” section – Added activities guidance – Executive summary of the CDC’s Operational Strategy for K-12 Schools
07/19/2021	<ul style="list-style-type: none"> – Simplified the document to reflect a multi-layered approach to prevention in schools <ul style="list-style-type: none"> ○ Focuses on promoting vaccination, masking, exclusion of sick persons, and exclusion of close contact as primary mitigation measures – Updated definitions – Updated CDC recommendations for masking and fully vaccinated persons
08/2/2021	<ul style="list-style-type: none"> – Updated CDC recommendations to include universal masking for K-12 schools
08/11/2021	<ul style="list-style-type: none"> – Added Johnson County Board of Health Order No. 001-21 mandating universal masking in K-6
08/22/2021	<ul style="list-style-type: none"> – Updated language on when individuals testing negative can return to activities

Appendix D: References and Additional Resources

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