

Lawrence-Douglas County Public Health

Guidance on Isolation and Quarantine in Early Childhood and K-12 School Settings for the 2021-2022 School Year

The following guidance is provided by Lawrence-Douglas County Public Health to provide assistance to early childhood and K-12 schools on the isolation of COVID-19 positive cases, the identification of close contacts to a positive COVID-19 case, and the quarantine of identified close contacts.

School nurses, administrative staff, and/or directors of public and/or parochial schools and licensed childcare facilities have the authority and responsibility as outlined by K.S.A. 65-122, to identify cases of COVID-19, close contacts and risk level of close contacts, and enact exclusion measures. Under K.S.A. 65-118, school officials are allowed to report cases of isolation and quarantine to LDCPH. LDCPH staff are available for consultation on difficult or complex cases.

Isolation of Positive Cases:

- Positive Case: Anyone who has tested positive for COVID-19 by diagnostic test (PCR or antigen).
 - If a negative PCR occurs following a positive antigen, but within 48 hours of specimen collection for the antigen, the case is considered not a case.
 - Over the Counter (OTC) tests completed at home: (Example: Ellume, Abbott BinaxNOW)
 - A positive OTC test completed outside of a school setting is considered a *suspect* case. It is strongly encouraged to obtain a follow-up PCR test to confirm results. The individual should isolate until follow-up confirmatory testing has been completed.
 - Should the individual decline further follow-up testing, the isolation and quarantine measures can be implemented at that point.
 - A close contact who exhibits symptoms consistent with COVID-19¹ and does not test is considered a probable case and will require isolation or quarantine measures until a test result is obtained.
- Isolation is 10 days from symptom onset or 10 days from lab collection date if the case is fully asymptomatic. Symptom onset date or test date are considered Day 0.
- A positive case is considered infectious 48 hours prior to onset of symptoms or lab collection date, if fully asymptomatic.

Identification of Close Contacts to Positive Cases in the K-12 Setting:

- The current definition of a close contact from KDHE is someone within 6 feet for longer than 10 minutes, direct contact with respiratory secretions, or lived with or stayed overnight with the positive case. **In an early childhood and/or K-12 setting, there are high-risk activities and low-risk activities that may influence whether a person is considered a susceptible close contact.**
 - Examples of high-risk activities include:

¹ Symptoms consistent with COVID-19: Any one of the following: cough, shortness of breath/difficulty breathing, new olfactory disorder, or new taste disorder or pneumonia/acute respiratory distress syndrome OR Any two of the following with none of the previous symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea/vomiting, diarrhea, fatigue, congestion, or runny nose.

- Eating/drinking less than 6 feet apart.
 - Indoor or outdoor activities with physical exertion in which the individuals are less than 6 feet apart for 10 minutes or longer.
 - Some high exertion activities can be considered for 10 cumulative minutes over a 24-hour period. This is left at the discretion of the contact tracer and public health is available for consult.
 - Athletic activity that involves close, sustained contact between participants, lack of significant barriers, and high probability that respiratory droplets will be transmitted between participants. See appendix for examples.
 - Playing woodwind and brass instruments without another precaution in place, specifically masking and social distancing.
 - Singing without another precaution in place, specifically masking and social distancing.
- Examples of low-risk activities include:
 - Being in the same classroom with proper and consistent mask wearing (by both the positive case and the potential contact) and 3'-6' of distance.
 - On the same bus with proper and consistent mask wearing (by both the positive case and the potential contact) and other precautions, such as ventilation and 3'-6' distance.
 - Being on the playground, even unmasked, provided the activity does not move into a high-risk exposure, specifically sustained contact with the positive case for 10 minutes or longer with physical exertion.
- Proper and consistent mask wearing is at the discretion of the school contact tracing process. LDCPH staff is available for consult on difficult or complex cases.
- Individuals who are identified as a low-risk, and therefore not a susceptible contact, do not need to quarantine following an exposure, as long as they remain asymptomatic.
 - Should they become symptomatic, they should self-isolate and test.
 - **Recommendation:** Individuals identified as low-risk and not a susceptible contact should wear their mask in all settings for 14 days following exposure and are encouraged to test 3-5 days post-exposure and then re-test 7-10 days post-exposure. This is a public health best practice and not a requirement.
- Individuals with a confirmed history of COVID-19 in the previous 6 months are not considered susceptible contacts and do not need to quarantine following an exposure, as long as they remain asymptomatic.
 - Previous history of COVID-19 is based upon a documented positive antigen or PCR test within the 6 months previous to the exposure. A positive serology or antibody test is not considered a substitute for an antigen or PCR test.
 - **Recommendation:** Individuals with presumed immunity who are exposed should wear their mask in all settings for 14 days following exposure and are encouraged to test 3-5 days post-exposure and then re-test 7-10 days post-exposure. This is a public health best practice and not a requirement.
- Fully vaccinated individuals are not considered susceptible contacts and do not have to quarantine following an exposure, as long as they remain asymptomatic.

- **Recommendation:** Fully vaccinated individuals who are exposed should wear their mask in all settings for 14 days following exposure and are encouraged to test 3-5 days post-exposure and then re-test 7-10 days post-exposure. This is a public health best practice and not a requirement.
- Following any exposure to a positive COVID-19 case and regardless of quarantine status, individuals should always self-monitor for development of symptoms. If symptoms should develop, the individual should self-isolate, if not already in quarantine, and test.

Quarantine Guidance for Exposures:

- Should an individual be identified as a high-risk or susceptible contact requiring quarantine (example: an unvaccinated individual engaged in a high-risk activity), the following are approved options for quarantine in Douglas County in an early childhood or K-12 setting:
 - A classroom-based cohort quarantine, assuming all requirements outlined in the attached appendix can be met.
 - LDCPH Health Officers have endorsed the [KDHE K-12 COVID-19 Testing Strategies](#), specifically the following two for meeting quarantine:
 - **Test to Stay and Learn:** Testing identified contacts daily during quarantine (10 days from last exposure date) with the goal of keeping contacts who test negative on-site and learning in-person.
 - **Test to Stay, Play, and Participate:** Testing identified contacts daily during quarantine (10 days from last exposure date) with the goal of keeping contacts who test negative on-site, learning in-person, and participating in school-based extracurricular activities and events.
 - The school district or school must opt-in to one of the testing strategies for contacts to be eligible to participate. For example, just because the testing strategies have been endorsed by LDCPH, does not mean that a student can do their own testing if the school district has not approved participation in one of the testing strategies.
 - The requirements to meet the above strategies are outlined in more detail in the KDHE guidance document. **To participate in the KDHE Testing Strategies, a testing plan must be submitted to and approved by KDHE.**
 - A 10-day quarantine from date of last exposure. This may be required if an individual refuses other mitigation measures, such as wearing a mask or testing, or if the school determines it is needed based on factors such as risk level or available resources.
 - On or after day 6 post-last date of exposure, an identified contact may obtain a PCR test and, if negative AND asymptomatic, may be released from quarantine on or after day 8 post-exposure. A rapid or over the counter antigen test or serology test will not be accepted in this instance. Individuals must provide verification of negative PCR results with the appropriate documentation for verification.
 - **Note:** This option is also outlined as an approved option in the KDHE Test to Stay and Learn guidance. If the school setting has submitted and receive approval for a plan with KDHE, it is recommended to continue with the KDHE approved plan.

- **Recommendation:** A follow-up test on day 10 is a public health best practice for consideration in this instance.
- Proper and consistent mask wearing is required in applicable settings, including in classrooms and on busses, while the individual is in the school setting for the duration of the quarantine time (10 days post-exposure) for any of the above in-school quarantine options to be approved.
- The above are approved in-school setting quarantine options for early childhood, schools, and school districts in Douglas County. Ultimately, it is at the discretion of the school and/or school district to approve which option will work best for their schools and/or school district dependent on other issues, such as staffing, resources, or spacing availability. Not all schools, districts and early childcare settings will be able to utilize and operationalize every option listed here.
- There may be situations in which a school and/or school district decides it is in the best interest of students and staff to close a classroom. The quarantine options do not preclude this as a choice the school and/or school district can make, if deemed necessary.

The above guidance is offered with the recognition of the importance of maintaining both in-person learning for children and the safety and well-being of all students, staff, and educators in Douglas County. Lawrence-Douglas County Public Health supports a layered mitigation strategy to allow for in-person education and prevention of COVID-19 transmission, with an emphasis on proper and consistent mask wearing across all school settings, consistent social distancing of at least 3', and receipt of an approved COVID-19 vaccination as appropriate and recommended by the ACIP.²

² A systematic review of the successful COVID-19 school-based strategies from across the nation for the 2020-2021 school year is available here: https://abcsciencecollaborative.org/wp-content/uploads/2021/06/ABC_year-in-review_29jun2021-final.pdf

APPENDIX 1

Identification of Close Contacts & Quarantine Options in K-12 Setting

Status	Notes	Quarantine?	Approved Quarantine Options in Douglas County
Fully Vaccinated	2 full weeks from completion of vaccination series (2 Pfizer/Moderna or 1 Johnson & Johnson)	No Quarantine	n/a
Previous Infection	Within 6 months of a documented PCR or antigen test	No Quarantine	n/a
Identified as Low-Risk Contact	See body of guidance for specifics	No Quarantine	n/a
Identified as High-Risk Contact	Does not meet fully vaccinated status, previous infection requirement, or identification as a low-risk contact.	Quarantine for in-school setting	Cohort Quarantine <i>(Requirements outlined in Appendix)</i> An approved KDHE Testing Strategy <i>(must be approved by both the school district & KDHE)</i> 6/8 Test Out: Contacts test via PCR on or after day 6 post-exposure and can be released to return to school on or after day 8 post-exposure
		Quarantine at home (<i>in-school quarantine options are not applicable</i>)	10-day quarantine from date of last exposure
<ul style="list-style-type: none"> • In all instances, individuals should self-monitor for the development of symptoms post-exposure. • Should symptoms develop, the individual should isolate at home, obtain a test, and remain at home until receipt of test results. • General recommendation for anyone post-exposure: proper and consistent mask wearing for 14 days in all settings following last exposure, a test 3-5 days post-exposure, and a follow-up test 7-10 days post-exposure. 			

APPENDIX 2

RISK CATEGORY	EXAMPLES INCLUDE	MODIFIABLE EXAMPLES*
High Risk: Involves close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants.	Football, rugby, lacrosse, ice hockey, field hockey Other High Risk activities include band (with exception of percussion, strings), choir, sideline cheer or any other activity that primarily involves singing or shouting	Basketball, soccer, futsal, wrestling, martial arts, water polo, competitive cheer, group competitive dance
Moderate Risk: Involves transient close contact, low probability that respiratory particles will be transmitted between participants OR group sports OR sports that use equipment that can't be cleaned between participants.	Swimming relays, track relays, 7-on-7 football, crew with two or more persons in shell	Volleyball, baseball, softball, gymnastics, tennis, pole vault, high jump, long jump, cross country, weightlifting
Low Risk: Can be done with social distancing or individually with no sharing of equipment or the ability to clean the equipment between uses by competitors.	Individual swimming events, water fitness, individual running events, throwing events (javelin, shot put, discus), golf, alpine skiing, single sculling, bowling	

*Sports that can potentially drop one risk category (eg, from High to Moderate Risk) if specific mitigation measures, directed at the risk-qualifying situation, are implemented. (Example: High jump can drop from Moderate to Low Risk if competitors maintain 6ft or greater spacing and masks are worn properly at all times.)

APPENDIX 3

Guidance for Cohort Quarantine:

Approved by Douglas County Local Health Officers

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

- **Transportation:** Students and staff on modified quarantine should not commute to school with anyone that is not also on modified quarantine.
 - **Arrival and dismissal times:** Students and staff on modified quarantine must arrive and leave school on a staggered schedule without interacting with the general school population.
 - **Pre-screen:** School administrators should measure the quarantined student and staff temperatures and assess symptoms prior to the start of the school day. Ideally, temperature checks should happen before the individual enters the school building. If an infrared device is used to check temperature, accuracy may be an issue so anyone measuring 99.0° F or higher should receive a more accurate temperature check and in-depth symptom screening.
 - **Medical check-in:** Quarantined students and staff should check in with medical staff at specified time periods. If the quarantined student or staff becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Anyone who develops illness compatible with COVID-19 during the quarantine period should notify the school nurse or school administration who will work with the local health department to arrange for testing.
 - **Wear a mask:** The quarantined students and staff should wear a face mask/face covering at all times while in the school. KDHE recommends wearing a mask that fits snugly around the nose, mouth, and chin and has multiple layers of fabric. Alternatively, a thinner disposable mask may be worn underneath a cloth face mask to improve the fit. For more information on the mask guidance visit: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/441/KDHE-MaskGuidance-PDF---3-1-21>.
 - **Physical separation:** The quarantined students and staff should be physically separated from the general school population. All activities, including mealtimes and classes like art and music, should take place within the classroom. 5 | P a g e
 - **Bathrooms:** The quarantined students and staff must have their own designated bathroom or, if feasible, common bathrooms must be cleaned after a quarantined student or staff have used them.
 - **School activities:** Quarantined students and staff should not participate in any activities that involve interaction with non-quarantined students and staff. This includes before and after school care and all school-related activities.
 - **Outside of school:** Quarantined students and staff should understand that they are still in quarantine outside of the normal school day. Meaning, they should remain at home when not physical in school.
- Required Cleaning/Disinfection/Sanitation

- While the risk of COVID-19 infection from touching surfaces is low, KDHE recommends regular handwashing or use of an alcohol-based hand sanitizer, and cleaning and disinfecting surfaces to reduce risk. To see the latest KDHE cleaning guidance, visit:

[https://www.coronavirus.kdheks.gov/DocumentCenter/View/1966/COVID-19-](https://www.coronavirus.kdheks.gov/DocumentCenter/View/1966/COVID-19-Cleaning-and-Disinfection-Guidance-Non-Healthcare-Settings-PDF---5-11-2021)

Cleaning-and-Disinfection-Guidance-Non-Healthcare-Settings-PDF---5-11-2021.

- Disinfect high-touch surfaces in the classroom with products meeting Environmental Protection Agency (EPA) criteria for use against SARS-CoV-2 and used according to the manufacturer's instructions.
- If materials are used by multiple people – disinfect between shared use.
- Conduct targeted and more frequent cleaning of high-touch surfaces of shared spaces (e.g., tables and chairs, railings, door handles)