



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

Updated January 26, 2022

Introduction

The Johnson County Department of Health and Environment is providing updated guidance for mitigation of COVID-19 in K-12 school settings and activities. This guidance incorporates revised guidance from the Centers for Disease Control and Prevention and the Kansas Department of Health and Environment regarding mask use considering the emerging data on the highly infectious variants 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.

Since COVID-19 was first detected in Johnson County in March 2020, more than 14,900 cases among children 5-17 years old have been identified. These cases account for approximately 16% of total cases in Johnson County to date. The highly transmissible Omicron variant is now the dominant strain in Johnson County. Currently authorized vaccines are highly effective at preventing COVID-19 transmission and severe illness, including against the Omicron variant. Approximately 27% of children age 5 to 11 years and 64% of children age 12 to 17 years in Johnson County have received at least two doses of the Pfizer-BioNTech COVID-19 vaccine. For current information on COVID-19 in Johnson County, visit <https://www.jocogov.org/department/health/covid-19>.

The updated guidance includes a multi-layered approach with three primary evidence-based mitigation strategies: (1) promote vaccination and continued masking wherever possible; (2) exclude persons with suspected or confirmed COVID-19 infection for at least five days from symptom onset or positive test; and (3) require mask wearing among those with COVID-19 for the remainder of their 10-day isolation period.

Additional measures, such as post-exposure testing of close contacts (including enrollment of identified close contacts in a test to stay program where available), collecting and maintaining COVID-19 vaccination status among students and staff, assigned seating, cohorting, increased ventilation, hand hygiene, cough and sneeze etiquette, and cleaning and disinfection, should also be considered to further prevent transmission. The guidance in this document may change as additional scientific evidence becomes available and the findings dictating best practice expand.

For questions and assistance, please contact your school's JCDHE liaison or email dhe-schools@jocogov.org.

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](#)).

Everyone 5 years and older should receive all recommended doses of a COVID-19 vaccine. The Centers for Disease Control and Prevention (CDC) released in January 2022 updated guidance for individuals who are **up to date for COVID-19 vaccination**. Individuals will be considered up to date for vaccination as follows:

- Individuals age 12 years or older who have received all recommended doses, including boosters and additional primary doses for some immunocompromised individuals.
- Individuals age 5 – 11 years who have completed the primary series (two doses) of the Pfizer-BioNTech COVID-19 vaccine, and at least two weeks have passed since their second dose.

Therefore, anyone who has completed the first two doses of an mRNA vaccine within the last five months and anyone who received a single dose of the Johnson & Johnson/Janssen vaccine within the last two months would be considered up to date.

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

Masking

In their most updated guidance from January 2022, the CDC continues to recommend 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. 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. Fully vaccinated people might choose to wear a mask in crowded outdoor settings, especially if they or someone in their household is immunocompromised.

The CDC recommends the use of the most protective mask that fits well and can be worn consistently and correctly. To ensure proper fit, CDC recommends individuals:

- Check for gaps by cupping your hands around the outside edges of the mask.
- Make sure no air is flowing from the area near your eyes or from the sides of the mask.
- If the mask has a good fit, you will feel warm air come through the front of the mask and may be able to see the mask material move in and out with each breath.

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 (see Appendix B). 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.

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.

Individuals who exhibit one primary symptom OR two or more secondary symptoms should be tested for COVID-19. Symptomatic individuals who are either not tested or test positive for COVID-19 should remain out of school and all school-related activities for five 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 AND continue to wear a mask around others for an additional five days. Individuals who are unable to wear a mask (e.g., due to medical exemption) should remain out of school for 10 days after their symptoms began. Refer to Table 1 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 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 AND are fever-free without the use of a fever-reducing medication. 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.

Asymptomatic individuals who test positive for COVID-19 should be excluded for five days after the date their specimen was collected, followed by five additional days of wearing a mask around others.

Both asymptomatic and symptomatic individuals with COVID-19 must mask upon their return to school and should refrain from activities that make consistent and proper mask wearing impossible, activities that involve frequent or sustained close contact (e.g., certain sports), and activities that increase the risk of transmission of aerosolized respiratory particles (e.g., wind instruments, singing, shouting, etc.). Given the highly infectious nature of COVID-19, these individuals should not be in close proximity to other people when unmasked, such as during meals, etc. A minimum distance of six feet between individuals is recommended, and additional spacing should be implemented whenever feasible. Additional measures such as increased ventilation and air filtration should also be implemented. Refer to Activities Guidance for more information.

Recommendations for Persons Exposed to COVID-19

Recognizing that intensive contact tracing within schools is no longer feasible given the current situation, priority should be given to exclusion of infected individuals.

When contact tracing is conducted, factors such as location (e.g., indoors or outdoors; physical characteristics of space; etc.), duration of contact, amount of physical distance, mitigation measures in place, etc., 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 in close proximity (less than six feet apart) to others.
- Athletic or other activities that involve “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 wind (e.g., brass or woodwind) instruments.
- Singing/shouting.

Exposures in Vaccinated Individuals

Per guidance from the Centers for Disease Control and Prevention ([CDC, 2022](#)), the following individuals do not need to quarantine following an exposure to COVID-19 so long as they remain **asymptomatic** following their exposure:

- Individuals aged 12 years or older who have received all recommended doses, including boosters and additional primary doses for some immunocompromised individuals.
- Individuals aged 5 – 11 years who have completed the primary series of COVID-19 vaccines and at least two weeks have passed since their second dose.

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 is not feasible for JCDHE staff to access vaccination records on patient’s behalf.** To allow time for students to catch up with the latest recommendations and to minimize disruption to in-person learning, schools may consider forgoing exclusion for students ages 12-17 years who completed their primary vaccine series but have not yet received all eligible boosters.

The CDC recommends that vaccinated individuals get tested at least five days after exposure, wear a well-fitting mask around others for 10 days after exposure, and monitor themselves for symptoms. Any person who develops symptoms following exposure should self-isolate, get tested and be excluded from school pending test results. Refer to Tables 1-2 for further guidance.

Exposures in Unvaccinated, Under-vaccinated or otherwise Susceptible Individuals

The CDC recommends that susceptible close contacts of infected individuals, regardless of where the exposure occurred (i.e., within or outside the school setting), be excluded for five days, followed by an additional five days of wearing a mask. Susceptible unmasked individuals who were within six 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.

Although intensive contact tracing is no longer feasible, JCDHE recommends that individuals known to be a close contact of a COVID-19 case wear a well-fitting mask for ten days after their exposure if they remain in school and are around others. Testing on day five following exposure is strongly encouraged. Where available, close contacts are also encouraged to participate in their district’s test-to-stay program.

Table 1. Guidelines for Exclusions in Symptomatic Individuals

| Screening Result: Symptomatic REGARDLESS of exposure All close contacts should self-monitor for symptoms for 10 days from last exposure. If symptoms develop, the person should self-isolate and get a PCR or antigen test | | | | | |
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| Is testing recommended? | | YES If individual is symptomatic and has an exposure, they are presumed positive and should be treated as such until they receive a negative test result. | | | |
| Age | Vaccination Status or Disease History | Test Type | Test Result | When can the Individual return to school and school-related activities? | Recommendation |
| ≥ 12 years old | Received <u>ALL</u> recommended doses (including scheduled boosters) | Lab collected PCR/Antigen If the individual has had COVID-19 within the past 90 days, then a PCR test is <u>NOT</u> recommended. | Positive | At least 5 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. | Antigen test towards the end of the 5-day isolation period if fever-free for 24 hours without the use of fever-reducing medications AND improvement in symptoms. Must mask through day 10. |
| 5 – 11 years old | Received the primary series of recommended vaccine and at least two weeks have passed since their second dose. | | Negative | At least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms. | If exposed, individual should wear a well-fitting mask around others for 10 days after exposure. |
| Any Age | Documented history of COVID-19 within the past 90 days. | Antigen If the individual has had COVID-19 within the past 90 days, then an antigen test is recommended over PCR testing. | Positive | At least 5 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. | Antigen test towards the end of the 5-day isolation period if fever-free for 24 hours without the use of fever-reducing medications AND improvement in symptoms. Must mask through day 10. |
| | | | Negative | At least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms. | If exposed, individual should wear a well-fitting mask around others for 10 days after exposure. |
| Guidance below pertains to individuals who are not vaccinated per the most recent CDC K-12 school guidelines and do not have a documented COVID-19 positive test in the past 90 days. | | | | | |
| ≥ 12 years old | Unvaccinated or received the primary series of recommended vaccine and have not received booster shot per recommended schedule (5 months after second mRNA vaccine or 2 months after single dose of Johnson & Johnson/Janssen vaccine) | Lab collected PCR/Antigen | Positive/ <u>NO TEST</u> | At least 5 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. | Antigen test towards the end of the 5-day isolation period if fever-free for 24 hours without the use of fever-reducing medications AND improvement in symptoms. Must mask through day 10. |
| 5 – 17 years old | Unvaccinated, have not completed a primary vaccine series, or received their second dose less than two weeks prior. | | Negative | At least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms. | If exposed, individual should wear a well-fitting mask around others for 10 days after exposure. |

Table 2. Guidelines for Exclusion of Exposed Asymptomatic Individuals

| Screening Result: Exposure to a person with COVID-19 in the last 10 days (NO symptoms) All close contacts should self-monitor for symptoms for 10 days from last exposure. If symptoms develop during, the person should self-isolate and get a PCR/antigen test | | | | | |
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| Is a COVID-19 test recommended? | | YES <i>Recommended at least 5 days after last exposure</i> | | | |
| Age | Vaccination Status or Disease History | Test Type | Test Result | When can the individual return to school? | Recommendation |
| ≥ 18 years old | Received <u>ALL</u> recommended doses OR Documented history of COVID-19 within the past 90 days. | <p style="text-align: center;">Exclusion/quarantine not required. CDC recommends testing at least 5 days after exposure. Individual should wear a well-fitting mask around others for 10 days after exposure.</p> | | | |
| 5 – 17 years old* | Received the primary series of recommended vaccine OR Documented history of COVID-19 within the past 90 days. | | | | |
| Guidance below pertains to individuals who are not up to date for COVID-19 vaccination per the most recent CDC guidelines and do not have documented COVID-19 positive test in the past 90 days. | | | | | |
| ≥ 18 years old | Unvaccinated or received the primary series of recommended vaccine and have not received booster shot per recommended schedule (5 months after second mRNA vaccine or 2 months after single dose of Johnson & Johnson/Janssen vaccine) | PCR/Antigen | Positive | At least 5 days from date the specimen was collected; If symptoms develop, see above. | Antigen test towards the end of the 5-day isolation period. Must mask through day 10. |
| | | | Negative | At least 5 days from last exposure. Wear a well-fitting mask when around others. | Individual should wear a well-fitting mask around others for 10 days after exposure. Testing recommended at least 5 days after exposure. |
| 5 – 17 years old | Unvaccinated or have not completed a primary vaccine series. | NO TEST | | At least 5 days from last exposure. Wear a well-fitting mask when around others. | Individual should wear a well-fitting mask around others for 10 days after exposure. Testing recommended at least 5 days after exposure. |

* To allow time for students to catch up with the latest recommendations and to minimize disruption to in-person learning, schools may consider forgoing exclusion for students ages 12-17 years who completed their primary vaccine series but have not yet received all eligible boosters.

Preventing COVID-19 Transmission in School-Related Activities

Activities Guidance

People who are up to date for the recommended series of vaccines 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.

INDIVIDUALS WHO HAVE BEEN RECENTLY ISOLATED AND ARE STILL IN THEIR INFECTIOUS PERIOD SHOULD NOT PARTICIPATE IN ANY ACTIVITIES THAT MAKE CONSISTENT AND PROPER MASKING IMPOSSIBLE. ADDITIONALLY, INDIVIDUALS IN THEIR INFECTIOUS PERIOD SHOULD NOT PARTICIPATE IN ANY ACTIVITY WHERE THERE IS SUSTAINED PHYSICAL CONTACT WITH OTHERS OR ACTIVITIES THAT INCREASE THE RISK OF TRANSMISSION OF AEROSOLIZED RESPIRATORY PARTICLES (E.G., SINGING, SHOUTING, WIND INSTRUMENTS, ETC.)

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 up to date on COVID-19 vaccination and who 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 reduce transmission during participation— and avoid jeopardizing in-person education due to outbreaks. Refer to the [CDC K-12 guidance](#) for more information.

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

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| <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, 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>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, 2022)</p> |

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| <u>Mask:</u> | <p>The CDC recommends the use of the most protective mask that fits well and can be worn consistently and correctly. To ensure proper fit, CDC recommends individuals: Check for gaps by cupping your hands around the outside edges of the mask.</p> <ul style="list-style-type: none"> • Make sure no air is flowing from the area near your eyes or from the sides of the mask. • If the mask has a good fit, you will feel warm air come through the front of the mask and may be able to see the mask material move in and out with each breath. • 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. |
| <u>New olfactory or taste disorder:</u> | New change/loss of taste or smell. |
| <u>PCR/molecular test:</u> | <p>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.</p> |
| <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 during quarantine period should trigger a move from quarantine to isolation and contact tracing activities should begin at school/JCDHE immediately.</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> | <p>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, 2022)</p> |
| <u>Serology:</u> | <p>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.</p> |
| <u>Susceptible:</u> | <p>Individuals who are not up to date for COVID-19 vaccination per the most recent CDC guidelines for the vaccine received or have no previous history of infection in the past six months.</p> |

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| <p><u>Symptomatic:</u></p> | <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 |
| <p><u>Up-to-Date for COVID-19 Vaccination</u></p> | <p>Individuals are vaccinated per the current CDC recommendations. Examples of individuals who meet this definition are as follows (CDC, 2022):</p> <ul style="list-style-type: none"> • Individuals age 12 years or older who have received all recommended doses, including boosters and additional primary doses for some immunocompromised individuals. • Individuals age 5 – 11 years who have completed the primary series (two doses) of the Pfizer-BioNTech COVID-19 vaccine and at least 2 weeks have passed since their second dose. |
| <p><u>Vaccine (COVID-19) Breakthrough Case:</u></p> | <p>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.</p> |

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.



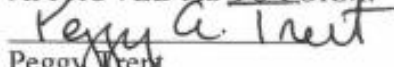
BOARD OF COUNTY COMMISSIONERS
OF JOHNSON COUNTY, KANSAS


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 |
| 10/25/2021 | <ul style="list-style-type: none"> – Updated guidance for symptomatic contacts who test negative – Updated guidance on testing recommendations for vaccinated individuals |
| 01/25/2022 | <ul style="list-style-type: none"> – Updated criteria for vaccination status – Updated guidance isolation guidance for infected persons – Updated return-to-school tables |

Appendix D: References and Additional Resources

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