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

Updated March 21, 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 25,500 cases among children 5-17 years old have been identified. These cases account for approximately 18% 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 35% of children aged 5 to 11 years and 66% of children aged 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 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 (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 February 2022, the CDC no longer recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools. However, when community burden is high, they recommend everyone, including schools, return to masking to reduce COVID-19 transmission. In general, people do not need to wear masks when outdoors.

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.

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 symptoms consistent with COVID-19 should be tested. 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 near 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 identification within schools is no longer feasible, priority should be given to exclusion of infected individuals.

When contact identification 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 identification may no longer be feasible, JCDHE recommends that individuals known to be close contacts 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

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 ALL 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 NOT 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/Jannsen vaccine)	**Lab collected PCR/Antigen**	Positive/NO TEST	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

<table>
<tr><th colspan="2">Is a COVID-19 test recommended?</th><td colspan="4">YES
Recommended at least 5 days after last exposure</td></tr>
<tr><th>Age</th><th>Vaccination Status or Disease History</th><th>Test Type</th><th>Test Result</th><th>When can the individual return to school?</th><th>Recommendation</th></tr>
<tr><td>≥ 18 years old</td><td>Received ALL recommended doses

OR

Documented history of COVID-19 within the past 90 days.</td><td colspan="4" rowspan="2">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.</td></tr>
<tr><td>5 – 17 years old*</td><td>Received the primary series of recommended vaccine

OR

Documented history of COVID-19 within the past 90 days.</td></tr>
<tr><td colspan="6">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.</td></tr>
<tr><td rowspan="2">≥ 18 years old</td><td rowspan="2">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/Jannsen vaccine)</td><td rowspan="2">PCR/Antigen</td><td>Positive</td><td>At least 5 days from date the specimen was collected; If symptoms develop, see above.</td><td>Antigen test towards the end of the 5-day isolation period. Must mask through day 10.</td></tr>
<tr><td>Negative</td><td>At least 5 days from last exposure. Wear a well-fitting mask when around others.</td><td>Individual should wear a well-fitting mask around others for 10 days after exposure. Testing recommended at least 5 days after exposure.</td></tr>
<tr><td rowspan="2">5 – 17 years old</td><td rowspan="2">Unvaccinated or have not completed a primary vaccine series.</td><td colspan="2" rowspan="2">NO TEST</td><td rowspan="2">At least 5 days from last exposure. Wear a well-fitting mask when around others.</td><td rowspan="2">Individual should wear a well-fitting mask around others for 10 days after exposure. Testing recommended at least 5 days after exposure.</td></tr>
</table>

***** 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

Antigen OR Rapid Diagnostic Test (RDT):	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.
Contact tracing:	The Centers for Disease Control and Prevention (CDC) defines contact tracing as, "an evidence-based way to slow the spread of infectious disease. It is the process of interviewing individuals who have been infected with a disease, identifying close contacts that they may have unknowingly exposed, and providing those contacts with the information needed to monitor their own health and prevent the continued spread of the illness." (CDC, 2021)
Close contact/exposure:	A close contact is defined as: a. being directly exposed to infectious secretions (e.g., being coughed on); or b. being within 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) Either (a) or (b) is defined as close contact if it occurred during the case's infectious period, which is defined as two days *before* their symptoms began until ten days *after* symptom onset *and* 24 hours after their fever (if present) has resolved without the aid of medication *and* initial symptoms have improved. For an **asymptomatic** individual who tests positive for COVID-19, their infectious period is two days before through 10 days after their specimen was collected.
Infectious period:	An individual is considered **infectious** (capable of spreading the virus) for two days *before* their symptoms began until ten days *after* symptom onset *and* 24 hours after their fever (if present) has resolved without the aid of medication *and* initial symptoms have improved. For an **asymptomatic** individual who tests positive for COVID-19, their infectious period is two days before through 10 days after their specimen was collected.
Isolation:	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)

Mask:	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. • 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.
New olfactory or taste disorder:	New change/loss of taste or smell.
PCR/molecular test:	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.
Presumed Positive:	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. 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.
Quarantine:	Keeps someone who has been exposed to the virus away from others. Individuals in quarantine should stay home. 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)
Serology:	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.
Susceptible:	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 90 days.

Symptomatic:	Individuals meeting clinical criteria for COVID-19, defined as:
	• Any **one** of the following primary symptoms:
	  ○ New cough
	  ○ Difficulty breathing
	  ○ New olfactory or taste disorder
	OR
	• At least **two** of the following secondary symptoms:
	  ○ Chills
	  ○ Congestion/runny nose
	  ○ Extreme fatigue
	  ○ Fever (≥ 100˚F)
	  ○ Headache
	  ○ Muscle or body aches
	  ○ Nausea/vomiting/diarrhea
	  ○ Sore throat

Up-to-Date for COVID-19 Vaccination	Individuals are vaccinated per the current CDC recommendations. Examples of individuals who meet this definition are as follows (CDC, 2022): • 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.
Vaccine (COVID-19) Breakthrough Case:	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.

Appendix C: Version History

Date	Important Changes
08/27/2020	N/A
10/20/2020	– 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	– Updated definitions for: close contact/exposure, infectious period – Updated considerations to determine high-risk exposures
12/4/2020	– 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	– 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	– Simplified the document to reflect a multi-layered approach to prevention in schools ○ 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	– Updated CDC recommendations to include universal masking for K-12 schools
08/11/2021	– Added Johnson County Board of Health Order No. 001-21 mandating universal masking in K-6
08/22/2021	– Updated language on when individuals testing negative can return to activities
10/25/2021	– Updated guidance for symptomatic contacts who test negative – Updated guidance on testing recommendations for vaccinated individuals
01/25/2022	– Updated criteria for vaccination status – Updated guidance isolation guidance for infected persons – Updated return-to-school tables
3/21/2022	– Removal of references to the County mask mandate for K-6 schools, which was rescinded on February 17, 2022

Appendix D: References and Additional Resources

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