



COVID-19 Testing Guidance for K through 12: 2023-2024 School Year

8/29/2023

- The only changes from 22-23 guidance are that the reporting of positive SARS-CoV-2 test results are no longer required.
- Quarantine is not recommended for persons who are exposed to COVID-19 except in high-risk settings. Most schools are not considered high-risk.
- Test to know and test to stay/play are no longer recommended strategies, although diagnostic and screening testing can be considered in certain circumstances.

This guidance has been revised to reflect CDC's updated "Guidance for Schools and Child Care Programs" issued 5/11/2023 [CDC Guidelines](#), after the expiration of the Public Health Emergency Declaration.

Although this guidance is written for COVID-19 prevention, many of the layered prevention strategies are also applicable to other communicable infectious diseases such as influenza (flu), RSV, Norovirus, and Strep. Regular school-based testing, in addition to COVID-19/influenza vaccination, physical distancing, good ventilation, and proper mask wearing when community transmission levels are high, is an effective way to help prevent the spread of infectious diseases and help keep schools open. In addition to testing, Public Health continues to recommend prevention and isolation measures to decrease transmission of SARS-CoV-2. Schools should continue to implement layered prevention strategies which may include diagnostic testing, screening testing, post-exposure testing, and indoor masking when community levels are high based on the [COVID-19 Hospital Admission Levels](#), which replaced the previous CDC COVID-19 Community Levels.

K.S.A 65-122 provides the legal requirement for schools and parents to keep anyone known to be infected with an infectious disease, including COVID-19, in isolation for the prescribed period.

65-122. Schools and childcare facilities; non-admissions and exclusions; readmissions, when. No person afflicted with an infectious or contagious disease dangerous to the public health shall be admitted into any public, parochial or private school or licensed childcare facility. It shall be the duty of the parent or guardian, and the principal or other person in charge of any public, parochial, private school or licensed childcare facility to exclude therefrom any child or other person affected with a disease suspected of being infectious or contagious until the expiration of the prescribed period of isolation or quarantine for the particular infectious or contagious disease. If the attending person licensed to practice medicine and surgery or local health officer finds upon examination that the person affected with a disease, suspected of being infectious or contagious is not suffering from an infectious or contagious disease, he or she may submit a certificate to this effect to the person in charge of the public, parochial, private school or licensed childcare facility and such person shall be readmitted to school or to the childcare facility.

TEST TYPES

All available test types can be used for any testing strategy. However, PCR tests should not be used to determine infectiousness/return to school after a period of isolation.

PCR tests can be used to diagnose COVID-19 as a primary test, or as a secondary test when an antigen test is negative and COVID-19 is strongly suspected. PCR tests should not be used to confirm a positive antigen test result. If PCR tests are not available and COVID-19 is strongly suspected with a negative antigen test result, the antigen tests can be repeated in 24-48 hours.

Point of Care (POC) Tests: Schools can provide tests via POC tests within schools or other test sites within the school district for students, staff, and household members. These tests can be rapid antigen or PCR tests.

Over the Counter (OTC) Tests: While schools are encouraged to continue offering onsite testing, OTC take-home are also available for distribution. OTC tests expands testing access and options and can decrease onsite workload and needed personnel. OTC testing should make it easier to keep up with potential surges and increased testing demands. Schools utilizing OTC tests should create plans for students/staff to pick up tests from their school or school district. OTC can for instance be given out at parent-teacher nights, be freely available and visible at the schools' front offices, etc. Alternative community locations where tests can be picked up from may also be considered, such as public libraries, fire stations, or other community partners that have different hours/locations, to increase access. Easy access and the free distribution of OTC tests are encouraged.

SCHOOL BASED TESTING PROGRAMS

School-based testing helps prevent transmission of communicable diseases. It also helps schools meet increased testing demands during surges and will help limit school outbreaks.

KDHE will continue to provide rapid testing options that are free, quick, and easy to use and will help identify cases amongst students and staff, whether they have symptoms or not.

Test Strategies can be Diagnostic or Screening

Diagnostic testing can be Symptomatic Testing or Exposure Testing

- **Symptomatic Diagnostic Testing:** Testing anyone with [COVID-19 Symptoms](#) that became symptomatic at school during the school day or develop symptoms while at home.
- **Exposure Testing:** Testing anyone with exposure to someone with COVID-9/SARS-CoV-2 on day 6 after exposure.

What to do if someone tests positive?

[Isolation for People with COVID-19](#)

- Individuals who test positive should isolate at home for 5 days, regardless of vaccination status
- Day 0 is the day of symptom onset or day of positive test result if asymptomatic. If symptoms develop within 10 days of when an individual was tested, the clock restarts at day 0 on the day of symptom onset
- If an individual had symptoms, they may end isolation after day 5 IF symptoms are improving AND they are fever free without using fever reducing medication.
- If symptoms are not improving continue to isolate until symptoms do improve AND they are fever free without using fever reducing medication.

- Schools can consider requiring a negative antigen test (not a molecular test) to return to school on the morning of day 6. If they test positive, they should remain in isolation until day 10.
- **A positive antigen test signifies possible ongoing infectiousness.**
- Testing is not required to determine the end of isolation, but post-isolation testing can potentially shorten the duration of post-isolation mask use:
 - Following 5 days of home isolation, individuals should wear a high-quality, well-fitting mask when indoors around others for 5 additional days (through day 10) **OR**
 - Mask until they obtain two negative consecutive antigen tests taken 48 hours apart
- Those unable to wear a mask should isolate through day 10.

What to do in case of potential exposure:

Exposure to COVID-19

- Monitor for symptoms and test on day 6 (Ag/PCR) or immediately when symptoms develop. Day of last exposure = Day 0.
- Consider wearing a high-quality mask when around others at home or indoors in public until 10 days after exposure.

What to do in case of potential exposure – household contacts?

Note: This Test cadence is a recommendation, not a requirement.

Someone is considered a household contact if they share any living spaces such as bedrooms, bathrooms, living rooms, kitchens, etc. with a case. If the contact can separate from the case within the home, then they are no longer considered exposed and can follow the guidance for a non-household contact. To separate, the case 1) should never be in the same room as household members 2) should not share plates, cups, dishes, or phones with household members 3) should have their own bathroom and bedroom.

- If a contact can separate from the case, the date of separation is considered the last exposure day (day 0 for contact)
- If separation is not possible day 5 of the case's isolation period counts as the contact's last exposure day (day 0 for contact)
- Individual chooses to mask: Monitor for symptoms and mask indoors and around others while household exposure is ongoing through Day 10 and test on day 5 (Ag/PCR) or immediately when symptoms develop. Day of last exposure = Day 0.
- Individual chooses not to mask: Test on notification of exposure AND every other day through day 7 with a minimum of 3 antigen OR 2 PCR tests, with at least 1 test on day 5 or later.

Screening testing

- Screening testing is intended to identify individuals who are infected with SARS-CoV-2 who are asymptomatic and do not have known, suspected, or reported exposure to someone with COVID-19/tested positive for SARS-CoV-2.
- Screening helps to identify infected persons more quickly so that measures can be taken to prevent further transmission.
- While CDC no longer recommends routine screening testing in K-12 schools, schools can consider implementing screening testing for students/staff after high-risk activities, especially at high COVID-19 hospital admission levels, and for safer return to school after breaks.

Schools can consider screening testing to facilitate safer participation in any school-associated activities with elevated risk or exposure during high COVID-19 hospitalization admission levels or during school- or programs-associated outbreaks.

What to do if someone tests negative?

Repeat testing is recommended when a test result is negative, the person is symptomatic, and there was a documented exposure to someone with COVID-19/SARS-CoV-2 to reduce the risk of an infection being missed. Repeat an antigen test 24-48 hours later.

TESTING REPORTING REQUIREMENTS

Reporting to KDHE and/or LHDs of negative and/or positive test (POC or OTC) results are not required. However, per the Health Insurance Portability and Accountability Act of 1996 (HIPAA), individuals have the right to receive a written notification of their test result. Schools may choose to continue reporting results via LabXchange, which can notify patients of their results, or may plan an alternative strategy for communicating results.

Clusters and outbreaks remain reportable to the Epidemiology hotline 24/7 at 877-427-7317, option 5.

Expectations, Requirements and Considerations for K-12 School Districts:

- Schools should always follow public health guidelines and, if necessary, reach out to their LHD for support.
- Communicate that it is the responsibility of families to monitor their children for signs of COVID-19 and to keep them home when sick.
- Individual responsibility is expected for testing and, when testing positive, to notify the school and/or close contacts about potential exposure. Students/staff who test positive should inform the school promptly.
- Schools should follow applicable legal requirements related to consent for testing; staff should not be tested without consent and students should not be tested without the consent of both the student and their guardian.
- Schools should keep test results confidential and only share results with those who by law, including local and state Public Health, may have access.
- It is important to note that more frequent testing enables students/staff who become infected with SARS-CoV-2 to be identified sooner, thus, more effectively prevents transmission in the school setting.
- Schools may consider posting a list of classrooms and extracurriculars and the date(s) of exposure or push notifications to parents. Notifications should not identify the COVID-19(+) individual. Alternatively, schools may consider messaging to parents about the possibility of widespread transmission in public spaces. Messaging should:
 - Clearly state that anyone in that classroom/extracurricular activity is potentially exposed but that **specific** close contacts may not be identified and notified by the school.
 - Include steps that need to be taken at home and what strategies, testing or masking policies, the school utilizes to keep students/teachers/staff and others safe.
 - Remind parents to watch for signs and symptoms of COVID-19 for 10 days after exposure.

- Schools should consider requiring anyone potentially exposed to wear a high-quality, well-fitting mask indoors around others at home and in public for 10 days after exposure (15 days for household contacts).
- Encourage students/staff to stay home when they feel ill and get tested, preferably more than once.
- Schools can consider requiring student/staff who tested positive and have completed at least 5 days of home isolation to obtain a negative result on a rapid antigen test before returning to school. Review CDC's [Isolation for People with COVID-19](#) for more details.
- Schools should continuously re-evaluate and adapt their multi-layered approach to mitigate spread of COVID-19. Strategies include physical separation, hygiene and disinfection, vaccination messaging, testing, improved ventilation, and masking.

Expectations, Requirements and Considerations for Parents/Guardians:

- Individual responsibility is expected for testing and to notify the school and/or close contacts about potential exposure.
- [Understand your child's risk](#) of getting very sick. Risk factors for becoming severely ill from COVID-19 include having a weakened immune system, certain underlying health conditions, and being older aged. Protective factors that can help reduce the risk of getting very sick with COVID-19 include vaccination, timely testing and treatment, and previous infection.
- Regularly monitor your children for [symptoms of COVID-19](#).
- If your child is symptomatic, have them tested. If they test negative with an antigen test, consider retesting in 24-48 hours to be sure.
- Do not send your child to school if they are sick or if they test positive.
- Notify your school if your child tests positive.
- Understand that there are different factors that lower or increase [Exposure Risk](#). For example, being in contact with an infected person for longer periods of time, during activities that involve heavy breathing, while the person was symptomatic, without the use of masks, being in poorly ventilated areas, and being in close proximity are all considered scenarios at higher risk for passing the disease from one person to another.
- If your child is exposed to COVID-19 outside of school, notify the school and consider testing. If your school does not have a testing program, consider testing on Day 5 after exposure, or immediately if your child becomes symptomatic, and have your child wear a high quality, well-fitting mask when indoors around others at home and in public through Day 10. If your child cannot mask, consider testing your child more frequently. Free COVID-19 tests may be available at your school or local health department.

MONITORING TRANSMISSION TRENDS

K-12 school testing program staff should regularly monitor for SARS-CoV-2 infection among students/staff and changing trends in the school and surrounding community. Strategies that can help reduce transmission during an outbreak include wearing well-fitting masks, improving ventilation (for example moving school activities outdoors, opening windows and doors, using air filters), screening testing, and case investigation and contact tracing. Early identification of cases to ensure that they stay home and isolate is a critical component of outbreak response. Schools may also consider suspending high-risk activities to control a school- or program-associated outbreak.

- Multiple cases among students/staff in a classroom within 14 days of each other (AND NO likely known epidemiologic link to a case outside of the school setting) could indicate transmission within the classroom. If multiple cases in the same classroom are identified, schools can consider implementing universal masking for at least 2 weeks for the entire classroom to prevent further transmission among the classroom or group.
- Multiple cases among students/staff in several classrooms within 14 days of each other (AND NO likely known epidemiologic link to a case outside of the school setting) might indicate wider transmission within the school. In this circumstance, schools can consider implementing school-wide universal masking for at least 14 days to prevent further transmission within the school.
- Consider monitoring increases in absenteeism above their baseline. If schools identify increases, especially due to respiratory illness, or an increase in reported cases of COVID-19, they should contact their LHD. LHDs should work closely with schools to determine if an outbreak is suspected and if activation of outbreak response strategies is needed to control transmission.

Additional Resources

- [CDC Schools and Childcare Programs](#)
- [CDC Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#)
- [CDC Isolation and Precautions for People with COVID-19](#)
- [CDC Overview of COVID-19 Isolation for K-12 Schools](#)
- [Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems — United States, August 2022 | MMWR \(cdc.gov\)](#)
- [CDC Understanding Exposure Risks](#)
- [CDC's Communication Toolkit for Schools](#): Letters, FAQs, social media posts, posters, and flyers to reach parents and educators
- [CDC Science Brief: Indicators for Monitoring COVID-19 Community Levels and Making Public Health Recommendations](#)
- [CDC Indicators for Monitoring COVID-19 Community Levels and Implementing Prevention Strategies: Overview and Rationale](#)
- [CDC COVID-19 by County](#)
- [CDC How to Protect Yourself & Others](#)
- At-Home COVID-19 Antigen Tests-Take Steps to Reduce Your Risk of False Negative Results: [FDA Safety Communication](#)