

UNIFIED SCHOOL DISTRICT NO. 504
LABETTE COUNTY, KANSAS

BOARD OF EDUCATION SPECIAL MEETING AGENDA

Friday, January 14, 2022

Central Office

10:00 A.M.

1. Call to Order
2. Adopt Agenda as printed
3. Discussion and possible action regarding the updated definition of close contact and testing for K-12 settings from the Kansas Department of Health
4. Adjournment

K -12 SCHOOL TESTING PROGRAM GUIDANCE

EXECUTIVE SUMMARY OF CHANGES

Updated January 12, 2022

DEFINITION OF A CLOSE CONTACT IN K-12 SETTINGS

- The definition of a close contact, applicable to everyone, has been updated to “being within 6 feet of the person for a cumulative total of **15 minutes** or more over a 24-hour period”
- In K-12 classroom setting or a structured outdoor setting where mask use can be observed (i.e. holding class outdoors with educator supervision):
 - o The close contact definition **EXCLUDES** students who were between 3-6 feet of a person with COVID-19 if **BOTH** the person with COVID-19 and the close contact correctly and consistently wore well-fitting masks the entire time.
 - o The exception does not apply to teachers, staff or other adults in the indoor classroom setting.

QUARANTINE

- A shortened quarantine period of 5 days after exposure followed by continued masking with a well-fitted mask while around others for 5 additional days is now recommended for persons considered **SUSCEPTIBLE** to COVID-19 disease (considered **NOT IMMUNE**).
- Persons considered **SUSCEPTIBLE** (NOT immune) to COVID-19 disease is updated to also include persons over age 18 not up to date on recommended COVID-19 vaccines (have not received their boosters) **AND** unvaccinated or not fully vaccinated persons who do not have evidence of recent COVID-19 infection in the last 90 days.
- Children 5 years through 17 years of age are considered **NOT SUSCEPTIBLE** to COVID-19 disease if they have received a primary series of a COVID-19 vaccine even if they have not received a booster.

PARTICIPATION IN TEST TO STAY

- KDHE has modified one of the Test to Stay plans to testing susceptible close contacts every other day with a rapid antigen through day 7 (changed from daily testing).
- Modification if overwhelmed with testing or facing critical shortages in supplies: Test upon notification that someone is a susceptible close contact and test one additional time between Days 5 and 7 after exposure.

ISOLATION

- Shortened home isolation period of 5 days if person is asymptomatic or their symptoms are resolving (without fever for 24 hours without the use of fever-reducing medication), followed by 5 days of masking with a well-fitted mask while around others. Schools can consider requiring a negative antigen test to return to school.
- Because students/staff returning from isolation on day 6 could still be infectious, it is now recommended that the school ensure that those returning from isolation are masked at all times when around others. During times when they cannot mask, for example during lunch, they should be separated away from others. If they cannot participate in an activity while safely masking, they should not participate in the activity for the remaining time they are considered infectious.

K-12 COVID-19 TESTING OPTIONS

Updated January 12, 2022

GENERAL INSTRUCTIONS

The Kansas Department of Health and Environment (KDHE) was awarded a federal cooperative agreement on April 9, 2021, in the amount of \$87 million. Approximately \$85 million of these funds will go directly to school districts to increase COVID-19 testing in pre-K through 12th grade schools and school-affiliated summer programs and camps. KDHE is providing project specialists to provide hands-on support for each school district in the development of their budgets and implementation plans.

PURPOSE

The purpose of this funding is to support safe, in-person instruction in schools. A robust COVID-19 testing and vaccine strategy can provide another layer of prevention to protect students, teachers, and staff and slow the spread of COVID-19.

WHAT SHOULD DISTRICTS DO NOW?

As of the beginning of January, 233 public school districts and private schools (or groups of private schools) have drafted, submitted, or already have an approved budget. Funding is still available for districts that have not applied! The recent increase in cases among school-aged children during the delta and omicron variant surges highlights the importance of testing to keep schools safe and in-person. Testing plans can help ensure that your students, teachers, staff and community have as normal of a school year as possible.

HOW TO USE THIS PLAN

KDHE, in collaboration with an advisory group of superintendents, teachers, staff, school nurses, coaches and others, designed 3 testing plans for school districts to consider. School districts, or individual schools, can adopt **any or all of the plans and can adopt any or all of the strategies within a plan**. The plans are flexible and can be shaped to meet your needs! School districts should work with their local health departments to ensure that plans are approved by the county Local Health Officer.

In the next few pages you will see individual plans and lists of resources that you can request directly from KDHE or request funding to support. It also includes a simple budget template to help with your planning. Once you submit your proposed plan(s) to KDHE, we will work with you to finalize your budgets.

Contact Sarah Allin with any questions: Sarah.Allin@ks.gov or (816) 400-7167.



DEFINITIONS

NOT SUSCEPTIBLE VS. SUSCEPTIBLE

Disease susceptibility means a person is at risk of getting a disease. Persons are considered NOT susceptible to COVID-19 disease if they are considered immune. Persons 18 years and older are considered **NOT SUSCEPTIBLE** to COVID-19 disease if they have received a primary series of a COVID-19 vaccine (a 2-dose series of a mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna), or a single-dose COVID-19 vaccine (Johnson & Johnson's Janssen vaccine) and are up-to-date with recommended booster shots.

Currently, children 5 years through 17 years of age are considered **NOT SUSCEPTIBLE** to COVID-19 disease if they have received a primary series of a COVID-19 vaccine (2 doses of Pfizer-BioNTech vaccine) even if they have not received a booster. A person is considered fully vaccinated \geq 2 weeks following receipt of the second dose in a 2-dose series, or \geq 2 weeks following receipt of one dose of a single-dose vaccine. A person is considered boosted immediately upon receiving their booster dose.

Persons who have immunity because of recent COVID-19 infection are also considered **NOT SUSCEPTIBLE** to COVID-19 disease. A person is considered to have evidence of previous infection if they had a positive PCR or antigen test within the last 90 days; results from an over-the-counter test or a serology or antibody test may not be substituted for a laboratory report of a viral diagnostic test.

Persons are considered **SUSCEPTIBLE** to COVID-19 disease because they are currently considered NOT immune. Persons are considered SUSCEPTIBLE to COVID-19 disease if they are not fully vaccinated or if they do not have evidence of recent COVID-19 infection. The following persons are considered **SUSCEPTIBLE**:

- Persons ages 18 or older who completed the primary series of recommended vaccine, but have not received a recommended booster shot when eligible.
- Persons who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a recommended booster shot.
- Persons who are not vaccinated or have not completed a primary vaccine series AND do not have evidence of recent COVID-19 infection in the last 90 days.

CLOSE CONTACT

A person is considered a "close contact" if they spent time with a person with COVID-19, even if the person didn't have symptoms. Close contact includes any of the following:

- Being within 6 feet of the person for a cumulative total of 15 minutes or more over a 24-hour period with the **EXCEPTION for students in the K-12 classroom setting or a structured outdoor setting where mask use can be observed** (i.e. holding class outdoors with educator supervision), **the close contact definition EXCLUDES students who were between 3-6 feet of a person with COVID-19 if BOTH the person with COVID-19 and the close contact correctly and consistently wore well-fitting masks the entire time**

(NOTE: the exception does not apply to teachers, staff or other adults in the indoor classroom setting).

- Having contact with the person's respiratory secretions (for example, coughed or sneezed on; kissed; contact with a dirty tissue; sharing a drinking glass, food, towels, or other personal items)
- Living with the person or staying overnight for at least one night in a house with the person.

The chance of spreading the virus is greater the longer someone is close to an infected person(s). If an infected person is coughing, sneezing, singing, shouting, or doing anything else that produces more respiratory droplets that contain virus or if there are exposures to more than one infected person, the risk of spreading the virus is even greater. The final decision on what constitutes close contact is made at the discretion of public health.

QUARANTINE

Quarantine is a public health tool used to prevent transmission of COVID-19 by keeping people who have been in close contact with someone with COVID-19 disease apart from others. The recommended quarantine period for COVID-19 disease is 14 days after exposure; this is based on what we know about the incubation period for COVID-19. **However, CDC and KDHE have provided guidance for a shortened quarantine period of 5 days to focus on the period when a person is most likely to develop disease, followed by continued masking with a well-fitted mask indoors and outdoors while around others for 5 days. For people who cannot or will not mask, a 10 day quarantine period is recommended** (for the complete updated guidance, visit [COVID-19 Quarantine and Isolation | CDC](#)). The shortened quarantine period aims to increase compliance with quarantine measures; the incubation period during which someone might develop COVID-19 disease after exposure is still considered 14 days.

While quarantine normally occurs at home, school-based testing programs allow a "modified quarantine" called "Test to Stay" (TTS) where students and staff who have been exposed can remain in-person at school during quarantine using a testing strategy. The length of quarantine is determined by the Local Health Officer. For information in your county, please contact your local health department.

WHO SHOULD QUARANTINE:

SUSCEPTIBLE CLOSE CONTACTS (Non-Household)

Students, teachers, and staff considered SUSCEPTIBLE who come into close contact with someone with COVID-19 should quarantine for at least 5 days (Day 0 is considered the day of exposure so home quarantine is from Day 1 through Day 5) after their last close contact with

a person who has COVID-19 if they are in one of the following groups:

- Those ages 18 or older and completed the primary series of recommended vaccine but have not received a recommended booster shot when eligible.
- Those who have received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a recommended booster shot.
- Those who are not vaccinated or have not completed a primary vaccine series AND do not have evidence of recent infection in the last 90 days.

Susceptible close contacts will begin Day 1 of their 5-day home quarantine the day after their exposure. For schools participating in a TTS program, the non-household contacts may attend school during their 5 days of home quarantine but should adhere to quarantine guidelines otherwise (staying at home for full 5-day quarantine period).

SUSCEPTIBLE CLOSE HOUSEHOLD CONTACTS

Students, teachers, and staff considered SUSCEPTIBLE to COVID-19 disease who are a close household contact (someone in their household has COVID-19) should stay at home for the first 5 days of the case's infectious period. If the case separated from others in the household, or wore a well-fitting mask when they needed to be around others, the local health department may consider the close household contact to begin their Day 1 of home quarantine on Day 6 of the case's infectious period. However, if the local health department is not confident that separation and masking were maintained, the close household contact would begin their own 5-day home quarantine period after the case is released from isolation, in most cases 10 days.

Susceptible close household contacts need to stay home during the entirety of the case's at home isolation period which is a minimum of 5 days. After that period, the household contact begins their quarantine period which is 5 days in home quarantine followed by 5 days of masking with a well-fitting mask when indoors and outdoors when around others.

For schools participating in a TTS program, household close contacts may attend school during their quarantine but should adhere to quarantine guidelines otherwise.

ROUTINE SCREENING TESTING

Routine screening testing is when you test SUSCEPTIBLE asymptomatic and unexposed persons on a regular basis to screen for disease. Those who are considered NOT SUSCEPTIBLE do NOT need to undergo routine screening testing.

TESTING FOLLOWING EXPOSURE

Anyone who may have been exposed to someone with COVID should test five days after their exposure, or as soon as symptoms occur.

TEST TO STAY

Test-to-Stay is another valuable tool in a layered prevention strategy that includes promoting vaccination of eligible students and staff, requiring everyone age 2 and older wear a mask inside schools and facilities, keeping at least 3 feet of distance between students, screening testing, ventilation, handwashing, and staying home when sick. Schools may consider Test to stay (TTS) as an option for keeping asymptomatic close contacts in the classroom as an alternative to traditional quarantine at home. Test to stay (TTS) combines contact tracing and serial testing (testing that is repeated at least twice during a 7-day period after last close contact with a person with COVID-19) to allow some students, teachers and staff who are in quarantine to continue in-person learning. This includes people who are a school-associated close contact, household close contacts if allowed by the local health department/school testing program, persons who are not fully vaccinated, do not test positive for COVID-19, and have no symptoms. Those who test positive or develop COVID-19 symptoms should follow recommendations for isolation.

Students who participate in TTS should wear well-fitting masks while in school and should stay home and isolate if symptoms develop or they test positive. In studies done in Illinois and California, to qualify for TTS, both the person with COVID-19 and the contact had to be properly masked at the time of exposure. Schools considering TTS should have robust contact tracing in place, testing resources, among other layered prevention strategies. Testing frequency can vary (for example, from twice in a seven-day period to every other day), but more frequent testing can more quickly identify students who become infected and need to isolate to prevent spread of COVID-19.

Modification if overwhelmed with testing or facing critical shortages in supplies: Test upon notification that someone is a susceptible close contact and test one additional time between Days 5 and 7 after exposure. For household contacts, the second test should be between Days 5 and 7 after last exposure while the case was infectious. More frequent testing of household contacts may be needed because they will be continually exposed (10 days of household members infectious period plus 7 days of close contacts quarantine). If TTS school has PCR use PCR, if not use rapid antigen.

Test to Stay <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/what-you-should-know.html>

Masking and Testing

All close contacts (SUSCEPTIBLE and NOT SUSCEPTIBLE) should wear a well-fitting mask around others for 10 days from the date of their last exposure to someone with COVID-19 (the date of last close contact is considered day 0). They should also get tested at least 5 days after having close contact with someone with COVID-19, unless they had confirmed COVID-19 in the last 90 days and subsequently recovered. For 10 days after their last exposure to someone with COVID-19, they should watch for fever (100.4°F or greater), cough, shortness of breath, or other COVID-19 symptoms. If symptoms develop, they should isolate and get tested immediately. It is also recommended that they wear a mask in indoor public settings for 14 days after their last exposure.

ISOLATION

Isolation is separating people who have COVID-19 or symptoms of COVID-19 from those who are not infected in order to prevent the spread of COVID-19. People isolate when they show symptoms of COVID-19 or test positive for COVID-19, even if they don't have symptoms.

WHO NEEDS TO ISOLATE:

People who have confirmed or suspected COVID-19 or are showing symptoms of COVID-19 without an alternate diagnosis from a health care provider need to isolate regardless of vaccination status. More specifically,

- Persons who have a positive viral test for COVID-19, regardless of whether or not they have symptoms.
- Persons with symptoms of COVID-19, including people who are awaiting test results or have not been tested. People with symptoms should isolate even if they do not know if they have been in close contact with someone with COVID-19.

HOW LONG TO ISOLATE:

All people with COVID-19 should undergo isolation for at least 5 full days. Day 0 is the day symptoms began or the day of the positive viral test (for people with no COVID-19 symptoms).

SYMPTOMATIC PERSONS: Persons who test positive for COVID-19 and have symptoms, regardless of vaccination status, should undergo isolation at home for at least 5 full days. Day 0 is the day symptoms began and day 1 is the first full day after symptoms began. They can end isolation after 5 full days if they are fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation).

If they continue to have fever or other symptoms have not improved after 5 days of isolation, they should wait to end isolation after day 10 and they should be fever-free for 24 hours without the use of fever-reducing medication and their other symptoms have improved.

Persons who are severely ill with COVID-19 or are immunocompromised should isolate for at least 10 days up to 20 days. They should consult with their physician before ending isolation.

ASYMPTOMATIC PERSONS: Persons who test positive for COVID-19 and do not develop symptoms should isolate for at least 5 days. Day 0 is the day of the positive viral test (based on the date of testing) and day 1 is the first full day after the specimen was collected for the positive test. If they continue to have no symptoms, they can end isolation after at least 5 days.

For persons who develop symptoms after testing positive, the 5-day isolation period should start over. Day 0 is the first day of symptoms. Follow the recommendations above for ending isolation for people who had COVID-19 and had symptoms.

All persons, whether symptomatic or asymptomatic, in isolation should avoid people who are immunocompromised or at high-risk for severe disease, and nursing homes and other high-risk settings, and should continue to wear a well-fitting mask around others at home and in public until day 10 following exposure (day 6 through day 10).

RETURN FROM ISOLATION:

It is very important that a student or staff member not attend in-person school while in isolation. Schools should offer remote learning options for students who cannot attend in-person school or provide packets of learning materials for offline instruction. Consult with school officials about the best way for students to receive instruction and continue learning while they are in isolation.

After a person with COVID-19 has completed their 5-day at home isolation period, consider requiring a negative antigen test the morning of returning to school and again the following morning. Do not use a PCR for this testing requirement as PCR tests are expected to be positive beyond when a person is considered infectious to others. If the person tests positive, they should continue isolating at home for the remainder of their 10-day infectious period.

The school should ensure there is a plan for people ending isolation and undergoing their 5 additional days after the end of isolation to stay masked at all times indoors. During times in the school day when students or staff members may typically remove masks indoors (such as during lunches, snacks, etc.), have a plan for them to adequately distance from others and ensure they wear their masks when not actively participating in these activities (such as when they are not actively eating). **If masking and proper separation during unmasking cannot be maintained, the student/teacher/staff should remain at home and complete a full 10-day at home isolation.** For students who participate in activities where they cannot mask at all times, they should not participate in the activity for the last 5 days of their infectious period.

For persons who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.), Federal and state disability laws may require an individualized approach for working with children and youth with disabilities consistent with the child's Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), or Section 504 plan. Administrators should consider adaptations and alternatives to prevention strategies when serving people with disabilities, while maintaining efforts to protect all children and staff from COVID-19.

Note that these recommendations do not apply to people with severe COVID-19 or with weakened immune systems (immunocompromised). See CDC's [COVID-19 Quarantine and Isolation page](#) recommendations for when to end isolation for these groups.

ABBOTT BinaxNOW RAPID ANTIGEN TEST

A point-of-care rapid test that detects a specific antigen or protein on the SARS-CoV-2 virus. Samples are collected via a swab inserted less than an inch inside each nostril; samples can be collected by either a trained healthcare worker or self-collected. One test card is used per student/teacher/staff and several people can be tested at once. Results are typically available in about 15 minutes.

CONFIRMING THE RESULT OF A RAPID ANTIGEN TEST

If you get a positive result in someone who does not have symptoms and was not exposed, you should take a new sample within 48 hours and confirm using a PCR test. If you get a negative result in someone who is symptomatic, you should take a new sample within 48 hours and confirm using a PCR test.

ABBOTT ID NOW RAPID PCR TEST

A point-of-care rapid test that detects genetic material specific to the SARS-CoV-2 virus. Samples are collected via a swab inserted less than an inch inside each nostril; samples can be collected by either a trained healthcare worker or self-collected. Only one sample can be run on the instrument at a time. Results are typically available in about 20 minutes.

ACCULA RAPID PCR TEST

A point-of-care rapid test that detects genetic material specific to the SARS-CoV-2 virus. Samples are collected via a swab inserted less than an inch inside each nostril; samples must be collected by a trained healthcare worker for patients less than 18 years old. Only one sample can be run on the instrument at a time. Results are typically available in about 30 minutes.

TEST TO KNOW

GOAL: Provide diagnostic testing for students, teachers and staff

STRATEGY A

Preferably at each school building, or at least at a central location within the district, have platforms available to provide rapid COVID-19 and rapid flu testing to students, teachers and staff who become symptomatic during the day.

STRATEGY B

Preferably at each school building, or at least at a central location within the district, have platforms available to provide rapid COVID-19 testing for students, teachers and staff who are potentially exposed to COVID-19 or would like testing for any reason.

STRATEGY C

Provide one-time PCR or antigen testing within three days of the start of school and before returning from each break. Schools can choose a strategy that tests all students, teachers and staff, or can focus testing on high-risk populations. High risk populations include unvaccinated people, people who travelled out-of-state or attended a mass gathering, people who spent time with out-of-state guests, and people who spent time with symptomatic people or are exhibiting symptoms of COVID-19 disease themselves.



TEST TO STAY AND LEARN

GOAL: To keep students healthy and in school learning

STRATEGY A

Test susceptible close contacts upon notification of their exposure and then every other day with a rapid antigen test through day 7 and allow them to continue in-person learning if negative. Face masks must be worn daily for at least 10 days following exposure and are recommended for the full 14-day incubation period. Each person in TTS should be tested a minimum of 3 times with at least one test occurring on day 5 or later.

Testing is preferably done before the start of the school day. If operationally not feasible, the close contact should be tested at the same time each day. Daily testing does not include weekends.

STRATEGY B

For school districts or local health departments that do not allow in-person learning during quarantine, test susceptible close contacts upon return to school from 5-day quarantine on day 6 after exposure with a PCR test. Student/staff can return in-person if the result is negative. The close contact should remain symptom free and face masks must be worn daily for at least 10 days following exposure and are recommended for the full 14-day incubation period.

STRATEGY C

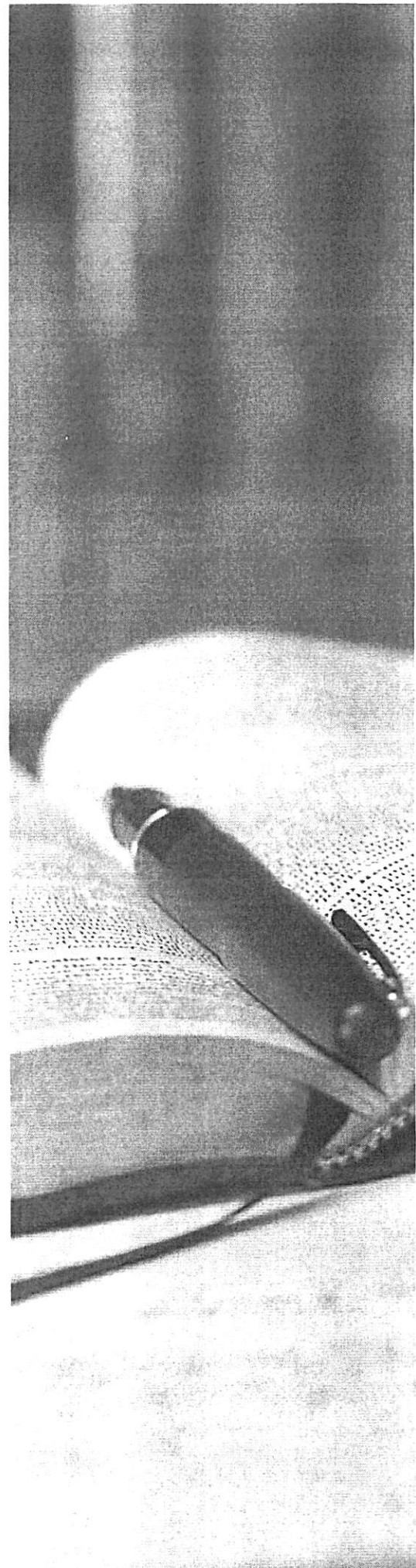
Offer testing for students and staff during outbreaks with ongoing transmission (for example, whole classrooms).

STRATEGY D

Test susceptible close contacts upon notification of exposure and then every other day with a rapid PCR test through at least day 7 and allow them to continue in-person learning if negative. Face masks must be worn daily for at least 10 days following exposure and are recommended for the full 14-day incubation period. Each person in TTS should be tested a minimum of 2 times with at least one test occurring on day 5 or later.

Testing is preferably done before the start of the school day. If operationally not feasible, the close contact should be tested at the same time each day. Daily testing does not include weekends.

School districts interested in adopting testing strategies can choose to collaborate with outside partners to provide testing rather than providing testing on-site.



TESTING PLAN #3

TEST TO STAY, PLAY AND PARTICIPATE

GOAL: To ensure that schools can provide the most normal school experience outside of the classroom including participation in extracurricular activities and school-based events with the least amount of disruptions.

STRATEGY A

For weekly activities that primarily take place indoors, test participants twice a week.

- For an upcoming event (game, meet, performance, etc.), test within one day of the event.
- For an upcoming practice, test within one day of the practice.
- If there are no events to base weekly testing around, choose two convenient days of the week and test regularly on those days.
- Participants who are being tested regularly as part of another activity may be waived.

STRATEGY B

For weekly activities that primarily take place outdoors, test participants once a week.

- For an upcoming event (game, meet, performance, etc.), test within one day of the event.
- If there are no events to base weekly testing around, choose a convenient day of the week and test regularly on that day.
- Participants who are being tested regularly as part of another activity may be waived.



TEST TO STAY, PLAY AND PARTICIPATE

STRATEGY C

If a susceptible close contact is identified, the close contact may continue to participate in activities in-person if they are tested upon notification of exposure and then every other day with a rapid antigen test through day 7 after exposure and allow them to continue to participate in activities in-person if negative.

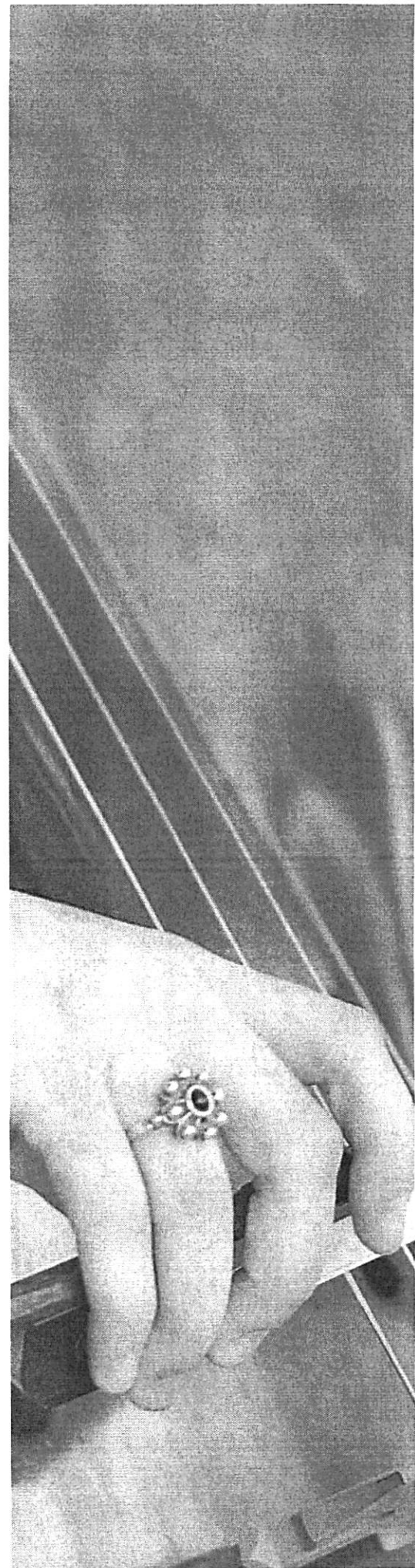
- If the close contact is positive, they will isolate at home.
- If the close contact is negative, they may continue in-person participation. The local health department will determine if symptomatic close contacts may continue in-person learning if negative.
- Face masks must be worn daily for 10 days following exposure and are recommended for the full 14-day incubation period. This includes during travel, practices and events as long as the mask wearing does not pose a risk to the participant's health. An exemption to mask wearing should be provided by the participant's regular primary care provider who provided sign off on the physical exam to participate in the activity.

STRATEGY D

Test susceptible close contacts upon notification of exposure and then every other day with a rapid PCR test through day 7 after exposure and allow them to continue to participate in activities in-person if negative. Facemasks must be worn daily for 10 days following exposure and are recommended for the full 14-day incubation period. The local health department will determine if symptomatic close contacts may continue in-person participation if negative.

Testing is preferably done before the start of the school day or prior to any extracurricular activities. If operationally not feasible, the close contact should be tested at the same time each day.

School districts interested in adopting testing strategies can choose to collaborate with outside partners to provide testing rather than providing testing on-site.

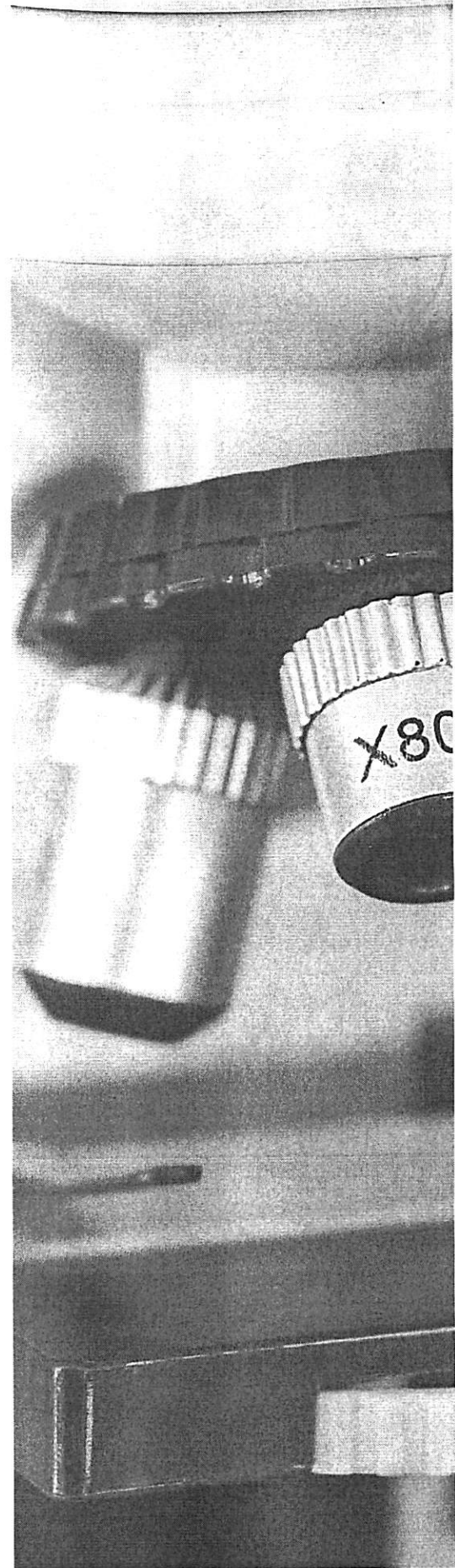


RESOURCES FOR TESTING

You can either request the resource to be provided by KDHE directly or request funding to purchase the resource yourself.

TESTING SUPPLIES & SUPPORT

- Platforms for rapid COVID-19 testing, rapid strep and rapid flu testing (such as Abbott BinaxNOW or ID Now)
- Telehealth providers that can provide support and a prescription for antibiotics or antivirals as needed
- Training on platforms for testing observers/administrators and reporting through LabXchange
- CLIA certificates of waiver for each school district (if the school district does not already have one) or technical support to add additional platforms to an existing CLIA certificate
- Access to free supplies and laboratory analysis for PCR or antigen testing for testing before school starts and returning from breaks
- Access to courier services that pick up at the school building or an administrative building
- Clinical staff to observe/perform testing, including any staff needed to test after school hours
- Personal Protective Equipment (PPE), including masks, gowns, gloves, eye protection, etc.
- Medical waste disposal
- Overtime (extra duty) pay to school nurses and support staff to address testing before school starts and returning from breaks, or to support one-time events
- Administrative staff to help with reporting to KDHE, notification to local health departments, providing parent letters, etc.
- Vehicles for mobile testing and associated maintenance and fuel (limited)
- Mobile units to bring students to central testing sites (limited)
- Testing totes with PPE and testing supplies that can be taken to event sites



RESOURCES FOR TESTING

You can either request the resource to be provided by KDHE directly or request funding to purchase the resource yourself.

SCHOOL ORGANIZATIONAL CHANGES

- General education materials and teaching plans for health-related topics that can be adapted by teachers with accompanying teacher development
- Infrastructure changes or the addition of modular units to accommodate additional testing space, storage for testing materials, isolation area for sick patients, areas with barriers and with proper ventilation/air filtration (limited)
- Upgrading systems to collect parental consent for testing/vaccination and to allow results to be shared with school administration
- Legal support to develop consent forms for testing
- Transportation for sick children
- Office equipment - printers, label refills, computers, monitors, Microsoft Office software, other software, iPads, faxes
- Incentives for testing (for example, gift cards or school equipment as an incentive for not opting out of a testing plan)

COMMUNICATION & OUTREACH MATERIALS

- Education materials for students and families on what positive flu, strep or COVID-19 results mean
- Communications staff
- Purchase local advertising time and other outreach materials aimed at local school boards and parents
- Toolkit of communication tools that can be adapted by individual school districts
- Translation services

