Guidelines for Quarantine After Exposure in K-12 Classroom Settings

This chart can help guide quarantine decisions after a student or adult contact is exposed to someone with COVID-19 **in the classroom setting**.

Does the school have ALL of the following in the place?*

1. **Masking** for students and staff (regardless of vaccination status).**
2. Strategies to **maximize physical distancing** (at least 3 feet between desks).
3. Documented **COVID-19 prevention policies** and procedures (identification of individuals experiencing symptoms, strategies to increase ventilation, protocols for cleaning, etc.).

No

Yes

Is the **contact** vaccinated?

No

Yes

Did **contact** consistently wear a **mask**?

No

Yes

Contact should:

Follow normal **quarantine** procedures, as outlined below.

They should **not attend in-person school.** They should **not participate in sports** or **extracurricular** activities.

They can **return to normal** classroom and extracurricular **activities** after **7 days** if they have received a **negative viral** (PCR or antigen) test that was performed at least **5 days after exposure.**

If they **test positive**, they should isolate for at least 10 days from the date of the positive test.

Contact should:

Wear a mask indoors, as much as possible, **either** for 14 days or until they receive **a negative viral** (PCR or antigen) **test** performed 3-5 days after exposure.

Vaccinated individuals can remain in the normal **in-person** classroom setting and **participate in extracurricular** and sport activities as long as they have no symptoms.

If they **test positive,** they should isolate for at least 10 days from the date of the positive test.

Contact should:

Wear a mask indoors, as much as possible, either for 14 days or until 7 days if they receive a **negative viral** (PCR or antigen) **test** performed at least **5 days** after **exposure**.

They can **remain** in the normal **in-classroom** setting and **participate in extracurricular** and **sport activities** as long as they have no symptoms.

If they **test positive,** they should isolate for at least 10 days from the date of the positive test.

Individuals can safely **remain** in the normal **in-person** classroom setting and **participate in extracurricular** and **sport** activities as long as they have no symptoms.

Ohio | Department of Health

*This flowchart applies only to COVID-19 exposures that occurred within a K-12 classroom setting. It is not applicable to exposure in the community, extracurricular, or sports environment.

**The person who tested positive for COVID-19 should follow standard isolation procedures.

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Chairman Lipps, Vice Chair Holmes, Ranking member Russo, and members of the House Health
Committee,

Your ears are the only that have been lent me. No health entity at the county, state, or national level has given me this dialogue opportunity though I have diligently sought it. I am a board-certified family medicine physician and a parent of ~~two~~ middle + high - schoolers who attend public school. Beginning in May of 2020 I sent emails and made phone calls to many*. I received either no response, or a response thanking me for my interest. I share this not to criticize, but to inform you that organization recommendations do not necessarily cite studies or reflect the opinions of the majority of their members **. For example, my pediatrician friend was never surveyed before the AAP recommended that youth wear masks during vigorous physical activity. **B** Yet many of these and CDC recommendations became immediately adopted into webs of policies that trickled down to state, county, and school public health orders.

So, this spring, when COVID-19 shots were recommended for ages that are barely affected by the disease and entities began to mandate mask-wearing based on vaccination status, I decided to no longer try contacting health officials or medical associations. I finally understood who to contact, and it was you, our state legislators.

I thank you, health committee, for tackling this complex tension between individual freedom and public health protection. I am sure that all of you deeply care about the health, safety, and freedom of fellow Ohioans be these Ohioans individuals, schools, or businesses like health care systems. I am not a fan of big government or added laws, but it is apparent that this recent pandemic has led to a quickly rolling snowball of orders that must be stopped by you, our legislators, before it consumes everything and everyone in its path. Health committee, please support this bill and stop this snowball.

I have provided anecdotes and references that agree with prior witnesses regarding the health risks we encounter with our overconfidence in and overemphasis of vaccines' benefits **D.** So, after over a year of SARS-CoV-2 mitigation debates and

decades of vaccination debates, we are not going to agree on the risk-benefit ratio regarding any historical or new vaccination process. Really, even the definitions of high blood pressure and ages of adolescence are in flux in the world of allopathic medicine! **C.** So, let us move forward with a win-win bill that protects businesses and schools as they respect individual health privacy.

I've heard the valid concern of opponents in the public health sphere: What is a business like a hospital to do? What about protecting the immune-compromised? What about outbreaks among youth regarding meningitis?

Let's first remember that those who go into public health are doing so because they want to control individuals to behave a certain way that they believe will result in improved health outcomes in the community and thus the focus is not to educate an individual on how to ensure that individual doesn't GET an infection but more to stop people from GIVING others infections. The psychological difference is huge in that it helps us understand that public health experts at large are aiming to help large populations to stop people from giving infections to other people.

HB 248 is a win for a health system or other business by decreasing that entity's legal risk regarding negligence and increasing its confidence in its ability to control infectious spread through measures besides vaccination pressure efforts. If a business cannot incentivize or penalize a person based on vaccination status, which is what HB 248 proposes, that business cannot be held responsible for its staff's vaccination or lack thereof. It can divert that prior energy of money and time from vaccine-based bonuses and differentiated name badges and systems of recording and tracking vaccine status to other areas of care and measures. If a business is given more information regarding the truths of infectious spread and treatments, it can be more empowered to control what it CAN control- environmental ventilation and air purification, health checks so that sick workers are not exposing themselves to others and referrals to see health care professionals NOT just if they need oxygen support but for other possible treatment options if sick or exposed, and focus on other NPIs like reducing exposures to the T-zone through measures like shields and hand-washing.

HB 248 is a win for schools and daycares, as they can have decreased legal risk regarding negligence. If the child or

student's vaccination status is as diligently protected as in the past by FERPA, etc., that child or student cannot be managed differently than others regarding measures like masking or physical separations that discriminate based on vaccine status, and so that school or daycare cannot be held accountable should any infectious spread happen there. Informing that entity of other effective measures that can reduce spread such as those listed above for businesses and reminding them of benefits of early treatments for sick or exposed individuals. Reminding entities like colleges that cases of meningitis outbreaks are rare and that one case does not mean death to an entire floor of residents, as treatments such antibiotics and repeat immunization regardless of vaccination status are available and helpful.
This bill does NOT prohibit immunocompromised individuals from using immune boosting strategies and infection avoiding measures. It does encourage health systems to emphasize the factors they can control when these patients are in their care.
Our state is past the point of preventing harm regarding vaccination status. This bill is needed to stop the marginalization and discrimination that has persisted despite our state's rarely disclosed vaccination exemption laws and has escalated in depth and breadth as the COVID-19 shot has become increasingly available. Currently some health workers must wear badges that put on display their private health choices. Others are coerced by colleagues as bonuses are offered to departments as they compete against one another for percent of flu-shot uptake participation* Many teen to young adult age groups have received- or are receiving- COVID-19 shots NOT because they perceive it to be needed for their health benefits, but for the ~~fear of~~ discriminatory treatments they're ~~already being told they'll face~~ experiencing. These treatments include mandated mask-wearing or ongoing lengthy quarantines that are based on vaccination status alone. What high school or college athlete wants to compete on a different playing field than their opponent all because they declined a shot? And isn't middle school tough enough without making students publicly display their vaccination status through differential mandates that have never existed for their population's more harmful virus, influenza?
I would also like to point out to the committee, that in May 2021, supporting HB 248 especially supports those who are in health care, day care, and schools of various levels, as these are the environments were vaccinations have traditionally been most heavily

* And, of course, now people are unemployed/unemployable.

emphasized. Who are the people in these environments, but those who are frequently left underrepresented: women and young people. Women make up over 75% of the health care workforce and youth from newborns through college ages make up at least 30% of Ohioans. E Please remember these Ohioans and their businesses like health care systems and their schools. I am sure these business and schools would appreciate the freedom to direct more energy and resources toward controlling their facilities and student and patient care rather than trying to control what their staff put into their own bodies.

*the governor's office, the lieutenant governor's office, the news reporters who attend the governor's COVID-19 updates, ODH, ODE, various medical organizations, and physician friends who know leaders in their academies

** I was not surveyed by the AAFP about the emergency use authorized COVID-19 vaccination being recommended for ages 12 and up regardless of risk factors. **A**

AAFP-American Academy of Family Practice
OAFP-Ohio Academy of Family Practice
EUA-Emergency use authorization
AAP-American Academy of Pediatrics
ODH-Ohio Department of Health
ODE-Ohio Department of Education
WHO- World Health Organization
NPI- non pharmaceutical measures

A AAFP https://www.aafp.org/family-physician/patient-care/current-hot-topics/recent-outbreaks/covid-19/covid-19-vaccine.html

B AAP mask wearing during all physical activity- including vigorous (exceptions for cheer, gymnastics, wrestling)
https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/

C High blood pressure (hypertension) definition: 130/80
https://www.ahajournals.org/doi/10.1161/JAHA.118.009971
vs. 140/90
https://www.ahajournals.org/doi/pdf/10.1161/HYPERTENSIONAHA.120.15026

Adolescence definitions: AAP's Bright Futures 2021 billing (page 3) states through end of 17

(R) In just 3 months, these mandates that once most affected f+ children (& there in healthcare & schools) are now affecting Ohioans across all ages & places of employment!

https://downloads.aap.org/AAP/PDF/Coding%20Preventive%20Care.pdf **while their journal states through end of 21** https://pediatrics.aappublications.org/content/144/6/e20193150vs **vs. CDC states age through end of 17 years** https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/adolescence2.html **vs. WHO ages 10-19** https://www.publichealth.com.ng/who-and-united-nations-definition-of-adolescent/

D 1)We don't always know what the long term effects of vaccination will be. For example, natural immunity has proven itself more beneficial to us than vaccination regarding varicella (natural infection before being a scheduled vaccination, occurred most frequently in childhood when symptoms were mild and high percentages recovered with resultant lifelong immunity and at worst pox scars. NOW vaccination has led to waning immunity, with a 2nd shot introduced at kindergarten age and women entering child-bearing age showing antibody titers that are insufficient for protection and putting them at risk for more severe disease at that age like pneumonia and meningitis and her unborn child at risk of death or permanent illness https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/expert-answers/chickenpox-and-pregnancy/faq-20057886 **and** https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm
And https://www.med.umich.edu/1info/FHP/practiceguides/newpnc/PNC.pdf
And https://www.nejm.org/doi/full/10.1056/NEJMoa064040

3)Imminent death if unvaccinated for meningitis? how many schools recall the rarity of outbreaks and that treatments including prophylactic exposure treatments, are very helpful? https://www.ncbi.nlm.nih.gov/books/NBK537338/
4)Polio outbreaks in middle east and traced back to immunizations as the index cases. https://www.cdc.gov/mmwr/volumes/69/wr/mm6916a1.htm\
5)risks of immunizations ARE underreported to VAERS; patients don't know (I was an injured patient and I told the medical director of my injury and the need to report and she

denied it was vaccination related and I didn't know I could report.) Few of those ordering immunizations don't know about this. I taught at multiple residencies and was never educated on and never educated doctors in training regarding VAERS reporting. The one time I was 100% sure of a vaccine-related measles case, I was completely prohibited from getting testing analyzed to prove it. The lab stated the process could only occur with partnership of the county PHD. The nurse at that PHD completely declined me access to submitting the sample. When I contacted the I.D. doctor of the nearest C.H., they discovered that they, too, could only submit a specimen order with PHD approval, which was denied.

6)What stopped this past year's flu? Was it greatly improved flu shot efficacy? Or other NPI mitigation factors that people observed like never before? Why has vaccine, which 2019-2020 season was between 30-50% effective depending on age, been the only public health message?

E. Women in health care:

https://www.census.gov/library/stories/2019/08/your-health-care-in-womens-hands.html