Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together — Fall 2021

Updated Guidance for the Use of Mitigation Strategies in Connecticut's PreK–12 Schools

Connecticut State Department of Education
August 19, 2021

Goals for the 2021–22 School Year in Connecticut

Getting more students and staff vaccinated in order to keep students learning in-person:

- **Vaccination is available to everyone 12 years of age and older** and is the most effective strategy available to school communities to protect continuous in-person learning and other school-based activities.
- The Connecticut Departments of Public Health (DPH) and Education (CSDE) will **facilitate on-site school vaccination clinics** for all middle and high schools during the Summer and early Fall.

Getting students and staff back into schools and onto the field... and keeping them there:

- All students and staff **return to full-time in-person learning**. Although cohorting is no longer necessary, it can still be used as an additional mitigation strategy, if desired.
- **Students spaced at least 3 feet apart no longer need to quarantine** if exposed to a COVID-19 case inside their classroom and students are consistently and correctly wearing masks. Three foot spacing between seated students with masks is sufficient for reducing classroom risk and should continue to the extent feasible.
- **Fully vaccinated students and staff no longer need to quarantine** from school or other activities following contact with a COVID-19 case if they remain symptom-free.
- **All interscholastic athletic programs can plan to begin on time this Fall**. Athletic teams with larger numbers of **fully vaccinated athletes and coaches are much more likely to have uninterrupted and complete seasons**, as those individuals will not be subject to quarantine after exposure from a teammate, coach, official, or opponent.
- **Weekly screening testing programs are available to schools**. These programs can support continuous in-person learning in the context of higher person-densities inside buildings, especially where students are not yet eligible for vaccination (PreK-6).

Loosening some of the mask restrictions and other mitigation strategies in schools:

- A DPH Commissioner's Order will require masks to be used inside school buildings at least through September 30, 2021. However, **students and staff do not need to wear masks outdoors**, regardless of vaccination status.
- **School districts can allow fully vaccinated teachers to remove their masks during active instruction** at the front of the classroom (masks must still be worn at all other times indoors).
- **Cleaning and disinfection procedures can be reduced** to regular daily cleaning, with disinfection limited to certain settings (e.g., bathrooms, cafeterias, nurses' offices, etc.).

Background

On July 9, 2021, the Centers for Disease Control and Prevention (CDC) released the latest update to their Guidance for COVID-19 Prevention in K-12 Schools, which is intended to provide operational guidance for the start of the Fall 2021 semester. On July 19, 2021, following receipt of legislative approval, **Governor Ned Lamont issued Executive Order No. 13, which renewed his preexisting declarations of public health and civil preparedness emergencies through September 30, 2021.** An updated Executive Order (13A) issued on August 5, 2021 includes provisions for the Commissioner of Public Health to prescribe mask requirements, and for the Commissioners of Education and Early Childhood to issue operational and safety rules for school and childcare settings. The Connecticut Department of Public Health (DPH) is providing this interim guidance document in order to assist PreK-12 school administrators in our state, as well as operators of childcare settings that include school-aged children, with the planning and implementation of COVID-19 mitigation strategies in these settings. More specific information on each of the strategies is presented below. Additional appropriate content from external organizations and other partners, can be found within the CDC document.

It is clear that the social and emotional well-being of students of all ages, educational staff, and families were negatively impacted to some extent over the prior school year, and a significant contributor to that impact has been the fact that so many students were not able to be consistently present inside their schools. DPH recognizes the importance of balancing physical health with mental health and well-being, especially in young people, and we fully support the plan for school districts to provide in-person learning 5-days per week for all PreK-12 students in our state beginning with the 2021-2022 school year. In planning for the upcoming school year, paramount in districts' decision-making should be getting students back to in-person learning at full capacity in as safe a manner as possible.

The recommended mitigation strategies in PreK-12 schools that have been promulgated by CDC and DPH are designed to address the risks of COVID-19 spread in school settings in the context of the current COVID-19 conditions within communities and statewide, the emergence of new and more transmissible virus variants and other variables affecting transmission, and the experience gained during the prior school year. As students and staff return to their buildings full-time, schools may find certain mitigation strategies particularly challenging to implement as effectively and completely in the coming school year in comparison with their experience with those strategies during the previous year. Decisions regarding how fully to implement any particular strategy in a school, and to what extent compliance will be mandated and enforced, are complicated and multi-factorial. **School administrators should work with their local health departments on a continuous basis to discuss the mitigation strategies that work best in light of local conditions.** Decisions should be informed by a balanced assessment of the overall risk tolerance, costs, and benefits that affect school districts' ability to provide a healthy and meaningful educational experience for students and staff.

Vaccination

Vaccination is currently the most important and effective strategy for preventing COVID-19 infections and transmission in schools and other settings. CDC indicates that vaccination can benefit students and staff in the coming school year, including indicating that fully vaccinated students and staff:

- no longer need to quarantine after exposure to a known COVID-19 case if they remain asymptomatic
- do not need to be included in regular screening testing programs for COVID-19
- do not need to wear a mask outdoors, even in crowded outdoor settings (unless instructed to do so while awaiting a negative test after close contact with a known case)

Schools should strongly encourage all eligible students and staff to get fully vaccinated (i.e., 2 weeks after the 2nd dose of Pfizer or Moderna mRNA vaccines or the single dose of the Johnson & Johnson vaccine) against COVID-19 to protect themselves, their families, and their communities. DPH and CSDE have developed a useful vaccine toolkit (#Vax2SchoolCT) to assist school districts with the planning and execution of vaccine clinics for students, staff, and their families in their schools.

Mask Wearing

As of July 27, 2021, CDC advises universal indoor masking for all teachers, staff, students, and visitors to PreK-12 schools, regardless of vaccination status. Likewise, given the potential that many Connecticut students and school staff will remain unvaccinated through the upcoming Fall semester, the emergence of more transmissible virus variants and vaccine "breakthrough cases," the increased person-density inside school buildings for the coming school year, and the medical and/or developmental need for some students to participate in-person without a mask in many schools, DPH is firm in its opinion that universal masking should continue in PreK-12 school settings as we begin the 2021-2022 school year. As such, the current DPH Commissioner's Order, which was incorporated by reference into Executive Order 13A, will remain in effect at least through September 30, 2021. This Order **requires universal mask wearing by all individuals, regardless of vaccination status "(i)nside PreK-12 public or non-public… school buildings… when students are present" as well as "inside licensed childcare facilities, including youth camps."** In an effort to balance the risks of SARS-CoV-2 transmission in a classroom instructional needs, **schools may choose to allow fully vaccinated teachers to remove their masks when they are engaged in active instruction** at the front of the classroom in which students are seated and masked. This should not occur in cases where a fully vaccinated teacher is a close contact of a known case and, in lieu of quarantine, is instructed to wear a mask until they receive a negative test.

Individual school districts should develop and continuously review, in consultation with their legal counsel and district medical advisors, specific policies regarding what limited exemptions to the wearing of face coverings by students or staff will be considered allowable while inside the school building. The need for a medical exemption for the wearing of face coverings of the styles recommended for use in schools for source control is rare. Medical contraindications to the wearing of cloth or other similar loose-fitting masks are generally limited to individuals suffering from severe chronic obstructive pulmonary disease (COPD) such as might be seen with cystic fibrosis, severe emphysema, heart failure, or significant facial burns that would cause extreme pain or interfere with the healing of a skin graft. These severe medical conditions will be rare in students or staff capable of presenting to the school for work or instruction (in most cases these individuals would not be able to move about freely without significant assistance). Mild or intermittent respiratory or other common conditions such as asthma, cardiovascular diseases, kidney disease, or other similar conditions are generally not considered contraindications to the wearing of loose-fitting face coverings.

Aside from medical contraindications, there may be individuals or situations where exemptions to mask wearing should be considered. For example, students with disabilities may not tolerate or be able to wear a mask in schools consistently and/or correctly, but this alone should not be a basis for their exclusion from in-person learning. Schools must consider, on an individualized basis, appropriate accommodations for students with disabilities who are unable to wear a mask. In addition, students and staff involved with certain special education activities like speech therapy, or where visibility of the mouth is required, may need to be exempted from wearing a face covering mask intermittently. In cases where an exception to the masking requirement may be necessary based upon a student's disability, a planning and placement team (PPT) or Section 504 meeting should be convened, as appropriate, to make appropriate programming decisions. In those cases where face covering masks will not be in use, the effective use of other key mitigation strategies such as maximizing distancing, moving activities outdoors or to a well-ventilated space, and/or the use of face shields or other physical barriers will be extremely important to the protection of the students and staff involved.

Physical Distancing

As mentioned previously, with students returning to full-time in-person learning, schools may find certain mitigation strategies particularly difficult to fully implement in the coming school year versus their experience with those strategies during the previous year. In particular, classroom spacing beyond what would be considered normal in schools before the pandemic may not be feasible given the goal in our state to move to full in-person learning for all students.

DPH recommends that schools continue their efforts to **maximize distance between students to the extent feasible**, however assuming that the amount of space available for instruction and other activities in schools is a fixed and limited variable, the ability to maintain distance inside the available space given a higher person-density may also be limited. Schools that do not have the capacity to provide at least 3 feet of distance between students when seated should consider leaning heavily on other risk mitigation strategies (i.e., continuous and correct mask use, cohorting, screening testing, increased ventilation) in order to avoid extensive quarantines and to keep the risk of COVID-19 spread inside their schools as low as possible.

Cohorting

Although schools may no longer be required to cohort students, cohorting can still be a useful additional strategy in school settings where it is challenging to maintain physical distancing of 3 feet or more, such as among young children and where the person-density inside a school or classroom is particularly high. Keeping students together in small groups, having cohorts stay together throughout an entire day, and limiting the movements of cohorts throughout the building can be used to limit the number of students, teachers, and staff who come in contact with each other.

The use of cohorting can limit the spread of COVID-19 within a school community and can facilitate easier contact tracing and pooled screening testing, but it should not replace other prevention measures within each group. If a cohorting strategy is to be used, schools should not cohort students into groups based on vaccination status, past infection status, or any characteristics that could perpetuate academic, racial, special education status, health issues or other tracking.

Screening Testing

In contrast to **"diagnostic testing,"** which is used to determine whether or not someone with COVID-19 symptoms or someone who has been exposed to a known case is infected with SARS-CoV-2, **"screening testing"** refers to periodic testing of individuals without either COVID-19 symptoms or known exposures to others infected with SARS-CoV-2. **Screening testing is beneficial for early identification and isolation of asymptomatic infected individuals to prevent additional virus transmission and outbreaks.**

Because of the increased person-density in schools projected for the coming school year, the circulation of more transmissible viral variants, and the expectation that COVID-19 case rates could increase as students return to full-time in-person learning, DPH recommends that schools work with state-provided or other testing partners on a voluntary basis to add a component of screening testing for students to their operational plans for the Fall semester, especially in schools where students are not yet eligible for vaccination (i.e., PreK-6). Based on the experience in our state and nationwide during the previous school year, when in-school transmission and outbreaks of COVID-19 did occur, those events were much more likely to begin with introduction of SARS-CoV-2 from infected and asymptomatic adults rather than students. With that being the case, DPH strongly recommends that schools work with state-provided or other testing partners to **provide weekly SARS-CoV-2 molecular screening testing of all unvaccinated teachers, staff, and other adult employees or volunteers who regularly engage with PreK-6 students in their districts.**

Weekly pooled testing of school populations can help to quickly and consistently identify and isolate students and staff who are circulating among the school population while infected with SARS-CoV-2 and capable of transmitting the virus to others, but lack any symptoms of COVID-19 that would otherwise indicate their infection status. The fewer days these individuals are in contact with others inside the school building, the fewer the number of subsequent infections in other students and staff. Earlier identification of COVID-19 cases can also help affected students, staff, and families get appropriate early medical care, resulting in better short-term and long-term health outcomes.

Schools generally are not considered "covered entities" subject to the privacy rules set forth in the Health Insurance Portability and Accountability Act (HIPAA). School districts must, however, comply with all applicable provision of the Family Educational Rights and Privacy Act (FERPA) when maintaining and potentially disclosing personally identifiable information collected as part of screening testing programs.

As mentioned earlier, CDC guidance provides that students and staff who are fully vaccinated do not need to participate in screening testing programs. CDC currently recommends that fully vaccinated individuals who are exposed to a known case should be tested 3-5 days after exposure to a known COVID-19 case, however they do not need to quarantine after exposure if they do not have any symptoms consistent with COVID-19.

In Connecticut, screening testing may be most valuable in communities with low vaccination coverage, in schools where students are not eligible for vaccination (i.e., PreK-6), and in schools where other prevention strategies cannot be fully and consistently implemented. In addition, screening testing can be used to help evaluate and adjust prevention strategies and provide added protection for schools that are not able to consistently maintain physical distance between students. To be effective, the screening program should test at least once per week, and rapidly (within 24-36 hours) report results. To the extent it is feasible, screening testing more than once a week may be more effective at interrupting transmission.

Resources may be available to assist Connecticut schools with the implementation and ongoing operationalization of screening testing. For more information, school administrators are invited to contact SchoolCovidTesting@ct.gov.

Ventilation

Although direct exchange of larger respiratory droplets between individuals in close contact has been implicated as the main route of transmission for SARS-CoV-2, it is possible that smaller aerosol-sized particles can also transmit this virus, particularly in situations where the person-density inside a room is high, an individual with a high viral load is actively shedding virus, and ventilation is poor.

In anticipation of the beginning of the school year, administrators and facilities staff should work with a qualified, trusted, and locally-available Heating, Ventilation, and Air Conditioning (HVAC) contractor to inspect and ensure that central mechanical HVAC system components are operating in such a way as to maximize the introduction of fresh outdoor dilution air into occupied spaces, to provide adequate filtration of recirculated air, to operate continuously while the school is occupied, and to ensure thermal comfort to the extent possible. **Schools are encouraged to work with their HVAC contractor to explore any necessary and appropriate upgrades to their existing HVAC systems** with the goal of striving for/achieving ventilation standards consistent with those outlined in the *American Society of Heating, Refrigerating, and Air-Conditioning Engineers* (ASHRAE) standard 62.1. School districts should be aware that resources provided through the *Elementary and Secondary School Emergency Relief Fund* (ESSER) are eligible to be used for this purpose.

For schools without central mechanical HVAC systems, or where non-central components are also used (e.g., window units, open windows, air exhaust systems), these components should be used in such a way as to **maximize the intake of fresh dilution air while minimizing significant air currents that blow air across the breathing zone of one individual toward another.** The use of stand-alone HEPA filtration units may be considered in spaces where no ventilation with outside fresh air is possible, or in areas where there is a high likelihood that individuals with SARS-CoV-2 infection may be present (e.g., in isolation rooms or nurse's offices). Consistent with recent CDC guidance, DPH discourages schools from investing in ultraviolet (UV-C) or other "exotic" technologies, as there is not currently sufficient evidence to indicate that these technologies have any significant impact on SARS-CoV-2 transmission, or COVID-19 case rates, in schools or other settings.

Hand Hygiene

CDC continues to recommend **frequent hand washing as an additional strategy in schools to help prevent the spread of COVID-19 and other infectious diseases.** DPH recommends that schools: 1) teach and reinforce good hand hygiene, including handwashing with soap and running water for at least 20 seconds; 2) remind students and staff to wash hands frequently, including after toileting, eating, or visiting common areas; and, 3) assist young children with handwashing to ensure that it is done effectively. When handwashing facilities or supplies are not available, the use of hand sanitizer containing at least 60% alcohol is an acceptable substitute for teachers, staff, and older students who can

safely use hand sanitizer. Hand sanitizer should be available in common areas of the school, should be stored up, away, and out of sight of young children, and should be used only with adult supervision for children under 6 years of age.

Staying Home When Sick

Staying home when feeling sick with symptoms consistent with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. **Students, teachers, and staff who have symptoms of a potentially infectious illness, such as influenza (flu) or COVID-19, should stay home** and be referred to their healthcare provider for diagnostic testing and care. Schools should clearly communicate their illness policies regarding when individuals should stay away from the school (e.g., when child has a fever, persistent cough, etc.) and when they can return to school (e.g., fever resolved for 24 hours and negative COVID-19 test, etc.), and should be prepared to immediately isolate and send home any students or staff who report to the school with obvious symptoms.

Contact Tracing, Isolation, and Quarantine

Testing and reporting of COVID-19 cases identified in PreK-12 students and staff, and subsequent contact tracing, isolation of infected individuals, and quarantine of close contacts, will continue to be a necessary part of PreK-12 school operations in the coming year. However, some aspects of these processes have been updated by CDC, the details of which can be reviewed here. Of particular note:

- **CDC has included an exception in their definition of a close contact for students in a classroom setting.** Students (not teachers or other individuals) within a classroom setting (not on buses or in other non-classroom settings) do not need to be considered close contacts if they are not within 3 feet of a known COVID-19 case for 15 minutes or more (cumulative over a 24-hour period), provided:
  - contact between students happened exclusively inside a PreK-12 school **classroom** (e.g., no additional contact in a cafeteria, on a bus, during sports, outside of school, etc.)
  - both parties were wearing a well-fitting mask consistently and correctly during the entire duration of their contact
  - the student who is considered to be a close contact remains asymptomatic
- Fully vaccinated students and staff who have had close contact with a known COVID-19 case but have no symptoms
  - do not have to quarantine away from school or extracurricular activities (such as sports)
  - should be tested 3-5 days after exposure but can continue with activities until such time as they receive a positive test
  - should wear a mask when in public or otherwise engaged in activities with individuals outside of their household until they receive a negative test (or for 14 days with no test)
- Students and staff who are either unvaccinated, not fully vaccinated, or for whom vaccination status is unknown should follow current guidance for quarantine and testing prior to returning to school or other activities after close contact with a known case

DPH strongly recommends that schools **clearly communicate with families and the school community and reemphasize the importance of vaccination of all eligible students and staff** to maximize their continued access to in-person learning and teaching during the upcoming year and avoid repeated extended quarantine away from school, work, athletics, and other activities.

Cleaning and Disinfection

Contaminated surfaces are not thought to be a significant contributor to the spread of COVID-19 and, during this past Spring semester, CDC began to move away from the idea of "over-disinfection" in most settings, including PreK-12 schools. This messaging aligned with similar messaging DPH had provided to PreK-12 schools in Connecticut beginning in January 2021. For the upcoming school year, and consistent

with CDC guidance, DPH advises that routine daily cleaning of schools (consistent with standard school cleaning practices), and regular daily (or more frequent if that represents past standard practice in schools) cleaning and disinfection of bathrooms, locker rooms, cafeterias, and health offices, is sufficient to prevent transmission of SARS-CoV-2 from surfaces in PreK-12 schools. In extreme cases where an individual with known COVID-19 and active respiratory symptoms (e.g., persistent coughing, frequent sneezing) was present for an extended period of time in an area, particularly if it is suspected that a mask was not worn consistently or correctly by that individual, facilities staff may consider cleaning and disinfection of the area as an added precaution if the area is to be reoccupied within 24 hours.

Other Considerations

School Buses

Currently, a Federal CDC Order is in place that requires mask wearing by individuals on all public transportation conveyances including school buses, regardless of individuals' vaccination status. Passengers and drivers must wear a mask on school buses at all times, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order. Schools should provide masks to those students who need them (including on buses), such as students who forgot to bring their mask or whose families are unable to afford them. Schools must consider, on an individualized basis, appropriate accommodations for students with disabilities who are unable to wear a mask on a school bus or other mode of transportation provided by the school.

DPH recommends improving ventilation on buses when they are occupied by allowing windows to be opened. Even a **small opening in bus windows can have a significant impact on the amount of available fresh outdoor dilution air** entering the occupied space. In alignment with CDC's new guidance for cleaning and disinfection, buses need only routine cleaning on a daily basis to adequately control transmission risk from surfaces.

Visitor Policies

Schools should review and clearly communicate their rules for visitors and family engagement activities with families and the entire school community. N**onessential visitors, volunteers, and external groups or organizations who wish to access school facilities during the school day must comply with masking and other policies at all times, regardless of vaccination status.** DPH recommends that visits to the school (e.g., parents requesting meetings, staff interviewing for open positions, etc.) should strive to schedule such meetings virtually or if it is necessary to hold such meetings inside the school building, strive for times when students are not present. **Schools should not limit access for essential direct service providers** (e.g., auxiliary student support services staff, student teachers and supervisors, information technology or facility repair staff, etc.) regardless of vaccination status, but should ensure that those individuals comply with school visitor and mitigation strategy polices while onsite.

Cafeterias

At full capacity, schools may find it difficult to provide adequate space to separate students appropriately while they are seated in a cafeteria. While fully vaccinated students and staff are at lower risk during eating and drinking activities even when spacing is not available, to the extent unvaccinated students may be unmasked and interacting while they are actively eating and drinking, there is an increased risk of transmission during these times in cases where students are seated together in school cafeterias and school vaccination rates are low. DPH recommends that schools maximize physical distance as much as possible between individuals moving through the food service lines and while eating (especially indoors). Using additional spaces outside of the cafeteria for meals such as classrooms, gymnasiums or outdoor seating can help facilitate distancing, as can operationalizing additional lunch waves if feasible. Schools can take advantage of current federal waivers under the National School Lunch Program and Seamless Summer Option to expand meal service times, for the purposes of adding lunch waves to reduce person-density inside cafeterias and other spaces. School administrators should contact their Connecticut State Department of Education (CSDE) Child Nutrition Unit consultant with questions and how to access waivers.

Given the very low risk of transmission from surfaces and shared objects, food services need not be limited to single use items and packaged meals. At a minimum, frequently touched surfaces and surfaces that come in contact with food should be cleaned in between lunch waves and then cleaned and disinfected after lunch waves are completed for the day. Signage should be present in and around cafeterias to promote hand washing before, after, and during meal services, before and after eating, after using the bathroom, and after handling garbage, dirty dishes, or removing/changing gloves.

Recess and Physical Education

In general, students and staff do not need to wear masks when they are engaged in activities outdoors (e.g., participating in outdoor classrooms, play, recess, and physical education activities). When recess or physical education activities are held indoors, it is particularly important for people who are not fully vaccinated to wear masks at all times and maximize distance to the extent possible.

Arts Instruction and Performance

The generation and spread of respiratory droplets of various sizes during performing arts activities has been specifically and significantly studied over the past year. In light of findings from those scientific studies, specific recommendations for mitigation strategies have been developed for performing arts education and performance in schools and other settings. As such, DPH recommendations for the use of mitigation strategies for performing arts instruction and performance are largely unchanged from those recommendations that were in place during the prior school year for the start of the 2021 school year.

Connecticut-specific guidance for school arts education will be updated to the extent needed prior to the start of the school year, but some general recommended strategies to consider include:

- moving activities outdoors when/where practical
- maintaining extended distancing (6 feet or more) between participants where increased respiration is likely (e.g., wind instruments, singing, high-exertion dance, etc.)
- implementing droplet control measures during activities with increased respiration (e.g., bell covers for wind instruments, masking during singing, etc.)

Athletics and Other Extracurricular Activities

DPH recognizes that there are real and significant benefits of athletic and other extracurricular activities for physical and mental health and well-being for both children and adults. However, not all sports and activities have the same potential to spread infectious respiratory droplets, and therefore certain sports and activities have more potential to negatively impact communities. While the spread of COVID-19 within and among athletic teams and other extracurricular activity participants presents a risk, there are additional potential down-stream effects as well, most notably the ability of school districts to maintain full-time in-person learning opportunities can be compromised by the need to quarantine and isolate participants and other contacts in the school community.

COVID-19 vaccination will be an extremely important tool to ensure that athletic programs and other extracurricular activities can continue to perform during the upcoming school year. Individuals who are fully vaccinated no longer need to wear a mask or physically distance in any outdoor setting, including while participating in sports and extracurricular activities. However, DPH recommends that **unvaccinated individuals engaged in sports or other extracurricular activities continue to consistently and correctly wear a face-covering mask** even in outdoor settings where close contact with other individuals is likely, where activities are likely to increase respiration and respiratory droplet generation, and/or in crowded settings (e.g., bench and sideline areas, during team meetings, during practices and conditioning when engaging with other athletes and coaches, etc.).

Athletic directors, coaches, faculty advisors, families, and school administrators should consider specific sport and other activity-related risks for people who are not fully vaccinated and may wish to consider limiting participation in certain activities to those who are fully vaccinated based on particular risk factors associated with the activity, including:

- *Setting of the sporting event or activity*. In general, the risk of COVID-19 transmission is lower when outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings when engaging in the event or activity (i.e., fields, performance and practice spaces, benches/team areas, locker rooms, spectator viewing areas, spectator facilities/restrooms, etc.).
- *Physical closeness*. Spread of COVID-19 is more likely to occur during activities that require sustained close contact (e.g., wrestling, hockey, football).
- *Number of people*. The risk of COVID-19 spread increases with increasing numbers of athletes, performers, participants, spectators, teachers, and staff.
- *Level of intensity of activity*. The risk of COVID-19 spread increases with the intensity and increased exhalation involved with the sport or other extracurricular activity.
- *Duration of time*. The risk of COVID-19 spread increases the more time athletes, coaches, performers, teachers, staff and spectators spend in close proximity or in indoor group settings. This includes time spent traveling to/from events, meetings, meals, and other settings related to the events.

Players, coaches, and other activity participants who are fully vaccinated do not need to quarantine or get tested following a known exposure to a COVID-19 case if they remain asymptomatic, regardless of whether the contact occurred indoors or outdoors, or during practice, competitions, or some other team event (e.g., pre-game meals, fundraising events, etc.). To facilitate safe participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve aerobic activity, direct person-to-person contact with multiple individuals, forced exhalation with exertion, etc.), **schools should consider implementing screening testing for participants** (including athletes/students and coaches/staff) who are not fully vaccinated. If feasible, schools can implement screening testing of participants who are not fully vaccinated up to 24 hours before sporting, competition, or extracurricular events, or on a routine basis (e.g., weekly) as part of a dedicated testing program or a larger screening testing program within the school community.

All of these COVID-19 mitigation strategies remain critical to protect everyone involved with our schools, including students, families, teachers, staff, and administrators, especially those who are not yet vaccinated either by choice, because of a medical or other contraindication to COVID-19 vaccination, or because they are not yet eligible for vaccination. The need for layering specific prevention strategies will vary, and schools may feel comfortable implementing fewer of these strategies, in consultation with their local health departments, based on community transmission levels, vaccination coverage, and other discussions regarding risk-tolerance, costs, and benefits. As mentioned previously, pursuant to existing Executive Orders and Commissioners' Orders, **the universal use of masks inside school buildings and childcare settings is required, regardless of vaccination status.** However, if school administrators and their local health partners are considering whether to eliminate any of the other prevention strategies listed above, it is recommended that they be removed one at a time, with close monitoring of students, teachers, and other staff (with adequate testing through the school or community) for any outbreaks or increases in COVID-19 cases in their schools or communities in the time following the removal of any mitigation strategy. As we have done throughout the COVID-19 pandemic, DPH will continue to rely on guidance from CDC, other partner agencies, and our experience gained from the past year to help inform our recommendations regarding the best practices for mitigation strategies for Connecticut schools throughout the coming academic year. To the extent conditions and metrics within communities and inside schools get worse or continue to improve, adjustments to these recommended strategies will be made if and when appropriate.