



# Options for Temporary Relief from Student and Staff Quarantines due to COVID-19 Exposures in K-12 Schools

## Fall 2021



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*This guidance has been developed to provide temporary immediate relief for families and school districts impacted by the frequent quarantine of unvaccinated or partially vaccinated students and staff due to COVID-19 exposures experienced in the school setting. This guidance applies to in-person learning activities and is not intended to apply to other settings (e.g., athletics, social gatherings, or other activities outside the normal school day).*

*For the remainder of the Fall 2021 semester, students or staff who are exposed to a COVID-19 case in the school setting and remain asymptomatic have the option to continue with in-person learning or work, provided the exposure involved individuals who were wearing masks indoors, or in a supervised setting outdoors regardless of masking, during the entire exposure period.*

*The Department of Public Health (DPH) and Connecticut State Department of Education (CSDE) will continue to monitor pandemic metrics and may update this guidance if/when local, statewide, or regional conditions change that make revisions necessary and appropriate.*

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## Background

The guidance for mitigation strategies in K-12 schools that are currently in place in our state are informed by guidance from the Centers for Disease Control and Prevention (CDC), as well as our experience with the COVID-19 pandemic, and the shared experiences of our partner states throughout the country. These strategies and protocols are designed to reduce the risks of COVID-19 spread in school settings in the context of in-person learning. However, being exposed to SARS-CoV-2 and subsequently developing COVID-19 is only one of the many considerations for student health and well-being, and it is clear that student academic progress as well as the social and emotional well-being of students of all ages, educational staff, and families can be negatively impacted due to quarantine restrictions that prevent students from being consistently present inside their schools to engage in learning.

Decisions regarding what types of close contact constitute a significant risk of COVID-19 transmission are complicated, multi-factorial, and continue to evolve as we learn more about the transmission dynamics of this new infectious disease. According to CDC's publication [\*Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs – Updated \(July 9, 2021\)\*](#), findings from several studies suggest that SARS-CoV-2 transmission among students in school settings is relatively infrequent, and that infections among contacts of cases in school settings are very low, particularly when strong and consistent prevention strategies are in place, in comparison to other exposure settings (e.g., athletics and other highly aerobic activities, social gatherings, etc.).

As COVID-19 vaccines for younger school-aged children are distributed over the coming weeks, we anticipate that COVID-19 transmission dynamics in school settings and in communities across our state will continue to improve, assuming uptake of vaccination in this age group is significant. However, the DPH and CSDE are sensitive to the needs of school districts and families having to navigate the repeated quarantine of large numbers of students due to close contact with a COVID-19 case in the school setting and have been in constant communication over the past weeks to develop a plan to offer relief.

Several states have begun planning and piloting plans for various forms of a “Test and Stay” model that would allow students exposed to a COVID-19 case in the school setting to continue in-person learning with serial SARS-CoV-2 testing in cadences ranging from twice per week to daily during what would normally be their quarantine period. Although CDC has indicated that several of the “Test and Stay” protocols currently underway in states have the potential to reduce risk while allowing continued in-person learning, at this point there is not enough data to support the wide adoption of any of the various “Test and Stay” models. It is clear in most states piloting “Test and Stay” initiatives that these programs are very labor intensive and can represent a significant resource drain on school districts. In addition, to the extent these protocols include on-site testing of students, the need for Clinical Laboratory Improvement Amendment (CLIA) waivers, the scaling of the protocols to meet the needs of each school in a district, and the current strain on the testing supply chain means that implementation of a process like this on a broad scale in our state would not provide immediate relief to school districts and families, and is not likely to outpace the availability and distribution of vaccines to the remainder of the school-age population in the coming weeks and months.

Based on the experiences in Connecticut’s K-12 schools with the strict implementation of, and compliance with, effective mitigation strategies, and in combination with our state’s current trends in COVID-19 community transmission metrics, the great benefit of continuous in-person learning, and the immediate need for relief from repeated quarantine of students and school staff, DPH and CSDE are providing schools with the option to implement **Screen and Stay** procedures for their K-12 students and staff. Because of the challenges with consistent and correct mask wearing in preschool aged children and the lack of an anticipated vaccine for children less than 5 years old in the near future, DPH, CSDE, and the Connecticut Office of Early Childhood (OEC) agree that **Screen and Stay is not appropriate for PreK students or staff**, even if the PreK classroom is located in a school that has opted to implement *Screen and Stay* for other students and staff.

**Screen and Stay** procedures will permit students or staff who would otherwise have to quarantine due to an exposure experienced while in school to choose to continue reporting to school for in-person learning or work provided:

- the exposure occurred inside the school building between masked individuals; or
- the exposure occurred between either masked or unmasked individuals in certain supervised outdoor activities; and
- the student or staff person identified as a close contact remains asymptomatic; and

- both the school and family can implement selected procedures to further reduce in-school transmission risk.

School districts may choose to implement these procedures in some or all of their schools through the remainder of the Fall 2021 semester unless conditions with in-school or community transmission indicate the need to return to traditional quarantine procedures. As always, school districts should consult with their local health officials and school medical advisors when considering any change in their current operational strategy to discuss the current conditions in their local area related to COVID-19 community transmission, case rates, and COVID-19 vaccine coverage, as well as the experience in their district to date with in-school transmission and quarantines of students and staff. School districts should also be aware that [Project COVID DeteCT](#) is ongoing and available as a great supplement to **Screen and Stay** that can provide an additional layer of risk prevention and help identify students who have COVID-19 but are not experiencing symptoms. In addition, the current [Executive Order No. 13G](#) mandating vaccination or weekly testing for all individuals working in K-12 schools adds a layer of protection in identifying staff who may have asymptomatic COVID-19.

While DPH and CSDE have agreed that providing this temporary relief from quarantine for certain exposures will be beneficial in the short-term, schools and families should be informed that **vaccination of all eligible students and staff** will continue to be the most important COVID-19 mitigation strategy for schools, families, and their surrounding communities going forward. The higher the vaccination rate in a school population and in the surrounding community, the more likely it is that schools will be able to discontinue the use of some or all mitigation strategies and still maintain a significantly reduced risk of COVID-19 transmission in their school populations. As COVID-19 vaccines roll-out for 5–11-year-old children in the coming days and weeks, DPH and CSDE strongly encourage schools to promote and provide on-site vaccination opportunities for students, staff, and their families, in partnership with DPH, local health departments and other vaccine providers, with the goal of significantly reducing or eliminating COVID-19 cases presenting to schools, and any resulting student or staff quarantines based on vaccination status, as the Spring 2022 semester progresses. DPH and CSDE are coordinating with school leaders to facilitate vaccine clinics for students ages 5-11 at this time.

### **Screen and Stay Option for Schools**

CDC continues to define a “close contact” that would necessitate quarantine as spending at least 15 minutes of time (cumulatively during a 24-hour period) within 6 feet of a COVID-19 case during their infectious period. School administrators should be reminded that **maintaining appropriate distance between individuals during any unmasked periods of time (e.g., snack times, cafeterias, mask breaks, etc.), continues to be the most effective strategy to eliminate the need to quarantine students as close contacts.**

**Fully vaccinated students or staff** (i.e., individuals who are 2 weeks beyond their final dose of COVID-19 vaccine) **do not need to quarantine from in-person learning, athletics, or other activities** after contact with a COVID-19 case, regardless of the duration or distance of that contact, as long as they do not have any symptoms of COVID-19 in the 14 days after their last exposure to a COVID-19 case. CDC recommends that these individuals get tested for COVID-19 between 5-7 days after exposure and wear

a mask while around others indoors until they receive a negative test result or for 14 days without a test.

If an individual experiences any symptoms associated with COVID-19 within 14 days after close contact with a known COVID-19 case, it is more likely that the symptoms are in fact associated with COVID-19. Regardless of vaccination status, students or staff identified as close contacts should be reminded to **continue to monitor themselves for any COVID-19 symptoms for a full 14 days** after their last exposure and not to report for work or in-person learning, or any other in-person school events, if they experience any related symptoms at any time during the full 14-day period following their last exposure. Schools should direct all students and staff who are experiencing symptoms that could be associated with COVID-19 to follow the procedures outlined in [Addendum 5](#) of the *Adapt, Advance, Achieve* publication.

Currently, CDC indicates the following symptoms as being potentially associated with COVID-19 infection:

- Fever (100.4 or higher) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Although allowed to continue in-person learning activities, **unvaccinated or partially vaccinated students and staff** in the *Screen and Stay* protocol should **follow normal quarantine procedures related to interscholastic or other athletic activities, other extracurricular activities, and any other activities** that involve the potential for close contact with individuals outside of the household and that occur outside of the normal school day. Students participating in the *Screen and Stay* protocol should also refrain from (and be provided with alternatives to) in-school activities with other students that may actively generate increased amounts of aerosol-sized respiratory droplets, including but not limited to singing, wind instrument playing, giving speeches, or highly aerobic Physical Education activities for the 14 calendar days that they are in the *Screen and Stay* protocol.

#### Close contact considerations for unvaccinated or partially vaccinated students and staff

School districts choosing to operationalize a *Screen and Stay* strategy in their schools can allow **students or staff who are unvaccinated or partially vaccinated** (i.e., individuals who have begun their COVID-19 vaccination series but are not yet 2 weeks beyond their final dose) and would otherwise have to quarantine due to a close contact with a known COVID-19 case (see [Addendum 5](#)) to continue reporting to school for in-person learning or work provided the **only contact** with any COVID-19 case was either:

- **inside the school building** during the regular school day (provided both the case and contact were **consistently and correctly masked** during the entirety of the exposure) regardless of duration or distancing, or
- **on a school bus** or other school provided transportation (provided the case and contact were **consistently and correctly masked** during the entirety of the exposure) regardless of duration or distancing, or
- **outdoors** during a regular mask break, staff-monitored recess, meal period, or Physical Education or other instructional period (with or without masks) regardless of duration or distancing.

#### Situations that do not support *Screen and Stay*

Examples of scenarios where students or staff who are unvaccinated or partially vaccinated **should not** participate in *Screen and Stay*, and instead should refrain from in-person learning and follow the routine quarantine and isolation procedures outlined in [Addendum 5](#), include:

- having a close contact **outside of school** (e.g., at a party or sleepover, a household contact, etc.)
- in a situation indoors where **masks were removed and 6 feet of spacing was not maintained** (e.g., in the cafeteria, in the classroom during a snack period, mask break, etc.)
- during **extracurricular or other activities** outside the regular school day (e.g., sports, before or after school care, etc.)

#### *Screen and Stay* requirements for continuing in-person learning or work

Districts opting for *Screen and Stay* to continue allowing in-person learning or work for unvaccinated or partially vaccinated students or staff in lieu of quarantine should require staff or parents/guardians of students covered under the protocol to perform a **daily symptom assessment** of the individual in the *Screen and Stay* protocol for **14 calendar days** after their last exposure to a case, regardless of any existing district policy allowing students or staff to return to in-person learning or work from normal quarantine at home after a shorter duration of time (e.g., 10 days, 7 days with a test on day 5 or later, etc.). In all cases, CDC directs quarantined individuals to continue to **monitor for symptoms for a full 14 calendar days after their last known contact with a COVID-19 case**, even if early release from quarantine (e.g., 10 days, 7 days) is allowed in certain situations.

School districts choosing to implement *Screen and Stay* protocols in some or all of their schools should provide information about the policy and procedures, as well as the requirements necessary to allow reporting for in-person learning or work, to unvaccinated or partially vaccinated staff members or the parents/guardians of unvaccinated or partially vaccinated students at the time they are identified as a close contact. School districts should have individuals participating in *Screen and Stay* **provide a documented affirmation to their school** health office, administration, or other designee (either using the form provided in *Appendix 1* or in another electronic or paper format determined appropriate by the school district) of the following items, at a minimum:

- 1) that they intend to continue with in-person learning or work despite being identified as a close contact,
- 2) that they have read this guidance document and understand the *Screen and Stay* protocol requirements,
- 3) that they understand *Screen and Stay* protocols apply only to in-person learning and that the individual should continue to follow normal quarantine procedures for all other activities (e.g., sports, extracurricular activities, gatherings with individuals outside of their household, etc.),
- 4) that they will perform a daily symptom self-assessment or assessment of the participating student (see *Appendix 2*) each morning prior to leaving home for a full 14 calendar days, regardless of the school's current procedures for returning students quarantined at home to in-person learning (e.g., 10 days, 7 days with a test on day 5 or later, etc.), and
- 5) that they will remain home from work or keep the student home, contact the school, and revert to normal school quarantine procedures if they experience any of the COVID-19 symptoms listed above.

School district administrators operationalizing *Screen and Stay* in their schools should discuss with their legal counsel the appropriate form and manner of affirmative documentation from staff or families participating in *Screen and Stay*. Superintendents should have daily reminders sent to families and staff engaged in *Screen and Stay* of the requirement to monitor for COVID-19 symptoms before leaving home for each school day during the 14-day symptom screening period. In addition, school leaders should work with their local health directors, school medical advisors, and school nurses/school nurse supervisors, to identify other conditions under which a student or staff person in the *Screen and Stay* protocol might not be able to consistently and correctly wear a mask (e.g., due to developmental issues, where a medical provider has indicated that an underlying condition requires frequent removal of a mask, etc.) upon their return to school, and what procedures can be implemented to reduce risk in those situations while maintaining in-person learning or work, to the extent possible.

**APPENDIX 1: AFFIRMATION OF INTENT TO COMPLY WITH SCREEN AND STAY REQUIREMENTS**

**Student/Staff Name:** \_\_\_\_\_ **Contact Date:** \_\_\_\_\_

You are receiving this form because the person listed above has been identified as a close contact of a COVID-19 case that occurred during the school day, they have not had any other contact with a known COVID-19 case outside of school, they are unvaccinated or only partially vaccinated, and they are being given the option to continue with in-person learning or work instead of observing normal school quarantine procedures at home. If the person has had other contact with a case outside of school or is fully vaccinated, please contact the school for further instructions.

By initialing/signing this form and providing it to the school, you are indicating that you wish to have the person listed above continue participating with in-person learning or work despite being identified as a close contact of a COVID-19 case and that you agree with the following statements (please initial each statement):

- \_\_\_ I have read the *Screen and Stay* guidance document and I **understand the requirements** for the person listed above to continue with in-person learning or work instead of quarantining at home.
- \_\_\_ I understand that *Screen and Stay* applies **only to in-person learning or work** and that the person listed above must continue to quarantine away from public/team athletic/social activities and follow normal quarantine procedures for other activities (e.g., team sports, extracurricular activities, gatherings with individuals outside of their household, etc.).
- \_\_\_ I (or another adult) will perform a daily symptom assessment of the person listed above each morning at home **prior to the person boarding a school bus or otherwise reporting to school** for a full **14 calendar days** from the Contact Date listed above.
- \_\_\_ The person listed above will **quarantine at home and not report to the school**, and I will contact the school if they experience any of the COVID-19 symptoms listed below at any time during the 14-day monitoring period.

- Fever (100.4 or higher) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

\_\_\_\_\_  
*Staff/Parent/Guardian Signature*

\_\_\_\_\_  
*Contact Number*

\_\_\_\_\_  
*Date*

**APPENDIX 2: DAILY SYMPTOM SCREENING CHECKLIST FOR FAMILIES**

Individuals or families participating in *Screen and Stay* should keep this checklist handy to guide your at-home daily symptom check. If the individual participating in *Screen and Stay* experiences **any of these symptoms or answers ‘YES’ to the questions** at any time during their monitoring period, they should not report for in-person learning or other in-person school activity, and the staff person, or the student’s parent or guardian, should contact the school for further instructions.

What date has the school told you to perform daily screening until? \_\_\_\_\_

**Has the person experienced any of the following symptoms in the past 24-hours?**

<i>SYMPTOM</i>	<i>YES</i>	<i>NO</i>
Elevated temperature ( $\geq 100.4^{\circ}\text{F}$ )	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>
Frequent coughing	<input type="checkbox"/>	<input type="checkbox"/>
Trouble breathing	<input type="checkbox"/>	<input type="checkbox"/>
Unusually tired	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Trouble tasting or smelling	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Stuffy or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>Has the person been in close contact with any <u>other</u> individual outside of the school known to have COVID-19 in the past 24-hours?</b></p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
<p><b>Has the person been instructed by local health officials to quarantine or isolate within the past 24-hours?</b></p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
<p><b><i>If the answers to any of these symptoms or questions is “YES”, stay at home and notify the school.</i></b></p>



**APPENDIX 3:**

**SCREEN AND STAY DECISION WORKSHEET**

Once a person is identified as a close contact of a COVID-19 case, schools can use this worksheet to determine if that student or staff person (i.e., the *Contact*) should be given the option to participate in the *Screen and Stay* protocol or if they should follow [normal quarantine procedures](#).

1. Did the *Contact* have any exposure to any COVID-19 case outside of the normal school day?

NO

↓  
Move to Q2

YES →

**STOP!**  
Follow procedures in [Addendum 5](#).

2. Did the entire period of exposure between the *Contact* and the COVID-19 case involve exposure inside the school or on school transportation where both were consistently and correctly wearing masks and/or outdoor exposure (with or without masks) during a regular school period that was monitored by a staff person?

YES

↓  
Move to Q3

NO →

**STOP!**  
Follow procedures in [Addendum 5](#).

3. Is the *Contact* able to continue to consistently wear a mask at all times (or can they be afforded alternative mitigation strategies) while inside the school building and have a parent/guardian screen them (or screen themselves if they are an adult) for COVID-19 symptoms prior to leaving their home every day for 14 calendar days?

YES

↓  
Move to Q4

NO →

**STOP!**  
Follow procedures in [Addendum 5](#).

4. Is the school able to restrict participation in, and provide appropriate alternatives to, higher-risk (droplet generating) activities, such as those involving singing, wind instrument playing, and aerobic Physical Education activities, for the *Contact* for 14 calendar days?

YES

↓

NO →

**STOP!**  
Follow procedures in [Addendum 5](#).

**Screen and Stay is appropriate.**