



Updated Considerations for Quarantine, Isolation, Testing, and Contact Tracing Policies and Procedures in PreK-12 Schools

Frequently Asked Questions

- 1. Why is there no mention of COVID-19 vaccine booster doses in the DPH PreK-12 guidance as there is in the Centers for Disease Control and Prevention's (CDC's) updated guidance for quarantine and isolation?**

In their most recent [guidance for quarantine and isolation](#) (dated January 9, 2022), CDC advised that for adults 18 years and older, only those who have received a booster dose of COVID-19 vaccine should be included in the group of individuals not required to quarantine at home after a close contact with a known COVID-19 case, whereas individuals younger than 18 years need only be fully vaccinated. The rationale considered by the Connecticut State Department of Education (CSDE) and Department of Public Health (DPH) regarding the decision to continue to allow fully vaccinated students and staff to continue with in-person learning after a close contact, provided they remain asymptomatic, is that unlike many environments and activities that are applicable to the general public, the environments inside PreK-12 schools in Connecticut are likely lower risk than most other publicly-accessible environments in that there are generally a higher percentage of vaccinated individuals inside schools, and compliance with strict mitigation strategies inside our schools, including consistent and correct masking at all times, is strong and almost universally implemented. However, regardless of whether it is required as a prerequisite for avoiding quarantine, **now that all children ages 12 and older are eligible for booster COVID-19 vaccine doses, we urge school districts to encourage all students and staff to get a COVID-19 booster vaccine dose as soon as they are eligible** to further reduce the risks of transmission and negative impacts on our schools and communities.

- 2. If schools are no longer doing contact tracing for in-school exposures, can they also stop keeping track of appropriate quarantine/isolation durations and dates of return to activities for students and staff who have been identified as having COVID-19 or been directed to quarantine as a close contact?**

No. Schools that have been notified by health officials or individuals/parents/guardians of a student or staff person who has tested positive, is in quarantine, or is not participating with in-person learning due to symptoms that may be associated with COVID-19 should continue to monitor those individuals, enforce restrictions from in-person learning and other school activities according to the appropriate time schedule, and communicate when and to what activities individuals can return. However, if notified of a COVID-19 case who may have had contact with others *in school* during their infectious

period, schools no longer need to retroactively contact trace any possible close contacts that may have occurred during the school day. Schools that choose to discontinue contract tracing are strongly encouraged to put in place and utilize a system for notification of staff and families of positive cases, as indicated in the guidance document.

3. Do schools need to continue reporting cases among students and staff to the DPH School Submissions portal, even if we aren't contact tracing anymore?

Yes. Schools should continue to report all cases (no matter which type of test returns the positive result) among students and staff they are aware of to the DPH School Submissions portal. [DPH Submissions - Login Page \(ct.gov\)](#)

4. Does the PreK-12 guidance for duration of quarantine and isolation apply to extracurricular activities like athletics?

Updated interscholastic, club, and recreational youth sports guidance will be released soon. The general principles of this updated guidance can be applied to other extracurricular activities as well.

5. The guidance indicates that individuals can return from quarantine/isolation after 5 days but should continue to wear a mask around others for an additional 5 days. If a student cannot consistently and correctly wear a mask either for developmental reasons or due to a mask exemption, should they be allowed to return after 5 days or should they remain quarantined/isolated for 10 days?

The inability to consistently and correctly wear a mask due to developmental issues or medical contraindications alone should not be a basis for not allowing return to school activities. CSDE has indicated that schools must assess, on an individualized basis, the 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 lip reading is required may need to be exempted from wearing a face covering mask intermittently. In cases where an exception is requested based upon a disability, a planning and placement team (PPT) or Section 504 meeting as appropriate should be held to consider possible programming revisions or appropriate accommodations. 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.

6. Should schools isolate returning students during meal periods when masks will be removed during days 6-10?

Schools do not need to implement any individual restrictions around school day activities once individuals return to in-person learning, as managing various return dates, schedules, activities, etc. would not be operationally viable in most districts and would likely lead to more restrictive guidance than is necessary in most cases. The general advisory from DPH has always been to ensure that during meal periods students are always kept as spaced as possible and that masking be strictly enforced during meal periods when individuals are not actively eating or drinking. If not already doing so,

schools should increase their efforts to reinforce those mitigation strategies in places like cafeterias by ensuring that masks are only pulled down or removed for the amount of time it takes someone to actively eat or drink and then immediately be replaced and worn correctly. Also, ensuring that spacing is maintained throughout the meal period and students do not move closer together for the purposes of social interaction during lunch can help to reduce risk. If mitigation strategies can be followed consistently and enforced, the brief amount of time any student might be unmasked during a meal period is unlikely to significantly impact the risk from any student who would return after a 5-day isolation period.

7. In the past, negative self-test (i.e., “home test”) results have not been accepted as valid for early release from quarantine. Are those tests now acceptable in all situations? Are two tests required as indicated in the instructions for some self-tests or is one test acceptable?

Yes. The updated PreK-12 guidance allows for individuals who have COVID-19 symptoms to return to in-person learning once they are fever-free for 24 hours and any other symptoms are improving if they have a negative test result, which can be either PCR or antigen testing. “At-home” self-testing is allowable in these situations because the predictive value of these tests is significantly higher when used to test symptomatic individuals than those without any COVID-19 symptoms. At this time, DPH advises that schools can rely on a symptomatic individual’s positive or negative at-home test result as indicative of their current COVID-19 status.

Some antigen self-test kits indicate that two tests over 2-3 days are required to verify that a negative test is not a “false negative.” These instructions generally apply to individuals who are testing without having any symptoms. A particular concern could be in the case of a person who is not fully vaccinated and has no symptoms but is identified as a close contact of a known COVID-19 case. In those situations, the guidance indicates that the individual should observe a full 5-day quarantine in all cases prior to returning to in-person learning. Although those individuals are also directed to test, the only action that would be necessary would be to isolate with a positive test and notify household members and other contacts of the positive result. A single negative result (even a false negative) would not change the ultimate duration of quarantine for individuals who are not fully vaccinated who never develop symptoms related to COVID-19.

8. Should schools be increasing their cleaning and disinfection frequency due to the Omicron variant?

There is no indication that contaminated surfaces are any more of a risk for transmission of COVID-19 with the Omicron variant than with any of the prior virus variants. DPH continues to recommend that schools engage in good universal cleaning practices, as outlined in the current [Adapt, Advance, Achieve](#) guidance for schools.

9. If an unvaccinated student or staff member has had COVID-19 in the previous 90 days, do they need to quarantine if they are exposed again?

This guidance is unchanged from previous versions with regard to the need for individuals who have recovered from COVID-19 in the prior 90 days. If a person has a documented COVID-19 infection in the last 90 days and is determined to be a close contact during those 90 days, they do not need to

quarantine as long as they remain asymptomatic. If symptoms develop, the person should isolate until they can be evaluated, which might include being tested for COVID-19 again.

10. If an unvaccinated person is a close contact to a positive household member, how is the quarantine period calculated? How long should the quarantine period be?

A person with COVID-19 should be advised to isolate themselves as much as possible from other household members and wear a mask when around other individuals inside or outside of their household. If a person who tests positive for COVID-19 cannot isolate from others in the household, the quarantine of any unvaccinated, asymptomatic contacts in the household would start when the isolation period of the positive person ends. For example, if the positive household member meets the criteria to end isolation at 5 days (e.g., fever-free for 24 hours, symptoms significantly improved), then the quarantine period for any household close contacts would start on day 6. If the close contact can consistently and correctly wear a mask, their quarantine period should last until day 10 (i.e., an additional 5 days). If the household contact is unable to wear a mask (e.g., a child under 2 years of age), then the quarantine period should last an additional 10 days (i.e., through day 15). If the positive person does not meet the criteria to end isolation on day 5 (e.g., if fever or other symptoms do not improve), then the household contact’s quarantine period should not start until the isolation period of the positive person ends.

11. Does the updated PreK-12 guidance also apply to before/after school care and daycare programs?

To the extent that PreK instructional programs exist inside a school building, they are intended to be included in this guidance. Private PreK programs and child daycare programs should refer to specific guidance from the Connecticut Office of Early Childhood (OEC) to determine appropriate practices. DPH has indicated that school administrators should make a determination, in consultation with their local health departments, whether any before and after school programs are designated for the provision of direct educational activities (extended learning, tutoring, etc.) or based on the need to provide a meal (e.g., breakfast programs), or whether they are just open activity situations where children are allowed continuous free movement and recreation (more like a typical daycare setting). If the programs are controlled settings that are intended to provide extended learning and/or social services, then they should be included in the provisions of the PreK-12 guidance. If they are more like typical daycare settings, then OEC guidance should be followed.

12. Should schools require certain masks with higher filtration levels (such as N95 or KN95 masks) to be used by students and staff in school buildings given the increased circulation of more transmissible variants?

DPH continues to advise that the best mask is one that includes tightly woven material, that contains layered and/or sufficiently dense materials, and that a person can wear comfortably for an extended period of time. The benefit of masks that provide higher level filtration of aerosol-sized particles (e.g., N95 respirators) can be rendered ineffective if they are not worn consistently and correctly over the nose and mouth. Similarly, typical surgical-style masks and multilayer cloth masks can be made more

effective for source control and filtering if they are sized appropriately, fit well on the face, are manufactured well, and are maintained in good condition. As indicated in [Addendum 11](#) of the Advance, Adapt, Achieve school guidance, DPH and CSDE recommend cloth masks with 3 or more layers, surgical-style masks, KN95 masks or similar masks that fit closely on the face and are worn in a way that completely covers the nose and mouth. The stockpiled N95 and KN95 masks being distributed by the State of Connecticut are not intended to be used as fit-tested personal protective equipment (PPE) for healthcare workers. Instead, DPH is advising that these masks should be thought of as highly effective source control masks and should be utilized by the general public as such. These masks should be used in situations where any other type of source control mask (e.g., multilayer cloth masks, surgical/procedure-style masks, etc.) would be appropriate, as advised by CDC and DPH.

Although schools can allow students or staff to wear N95 respirators on a voluntary basis for the purposes of source control, school administrators should be aware that many people find these high-filtering masks to be difficult to wear consistently and correctly for long periods of time. Schools that wish to require that staff wear N95 respirators while at work should discuss with their Human Resources and/or Legal departments to determine what, if any regulatory requirements would be in effect (i.e., federal and state OSHA requirements).

Most masks, including N95 respirator masks, can be reused if stored properly when not in use. Storing a mask individually in a dry, breathable bag (like a paper or mesh fabric bag) can keep it clean between uses and prevent it from becoming damaged. If you are taking off your mask to eat or drink outside of your home, you can place it somewhere safe to keep it clean, such as your pocket, purse, or paper bag rather than on the tabletop where spilled food or liquids could soil the mask. Make sure to wash or sanitize your hands after removing your mask. After eating, put the mask back on with the same side facing out. Be sure to wash or sanitize your hands again after putting your mask back on. For more information, please visit the CDC website at: [Your Guide to Masks | CDC](#)