



LAUNCHING INTO HEALTHY LEARNING – Fall 2022

Respiratory Disease Prevention Strategies for School, Child Care, and Camps: *Continuing forward to support in-person learning and child care.*



Minimize impacts from respiratory disease outbreaks and maximize successful in-person learning and child care during the coming school year by thoughtfully employing familiar mitigation strategies.

As we continue last school year's transition away from executive orders to local decision-making regarding COVID-19 response, it is important for schools, child care programs, and youth camps to keep in mind the tools and resources for respiratory disease prevention that remain available to them. As part of this local decision-making process, schools, child care programs and camps are reminded to continue to work collaboratively with their local health departments and members of their communities, including staff and families, to determine which of the various prevention strategies are most appropriate to implement within their facilities. The Connecticut Department of Public Health (DPH) offers the following guidance to assist in local decision-making, in the context of local conditions, to balance respiratory disease prevention measures with maximizing in-person participation opportunities for children.

START HEALTHY with vaccination.

Vaccinations are the **first and most important** line of defense in preventing respiratory diseases like COVID-19 and influenza from disrupting the continuous operation of schools, child care programs, and youth camps. The effectiveness of any other respiratory disease prevention strategy at a school, child care program or youth camp is likely to be dependent on the underlying level of COVID-19 and influenza vaccination in staff and children. **Everyone 6 months of age or older can receive both COVID-19 vaccine and a seasonal vaccine for influenza.** Many school aged children are eligible for a **COVID-19 vaccine booster dose** right now, and it is likely that the Centers for Disease Control and Prevention (CDC) will recommend that **all eligible school aged children should receive a COVID-19 booster dose before winter.** Schools, child care programs, and youth camps should encourage all children and staff to get [up-to-date](#) with their COVID-19 vaccinations prior to the start of the school year and should encourage the same for seasonal influenza vaccines when they become available this fall. Hosting on-site vaccination clinics is a great way to encourage vaccination and show your support to the children and families you serve. [DPH can assist](#) facility administrators with organizing these events and [local health departments](#) can be a great resource as well.

MAXIMIZE IN-PERSON LEARNING with symptom awareness and at-home testing.

It is clear that in-person attendance provides the greatest benefit to children for both social/emotional/physical wellbeing and academic achievement. CDC recommends that people with symptoms of infectious diseases, including COVID-19, influenza, and gastrointestinal infections should stay home and get tested for COVID-19, and DPH supports this recommendation. However, DPH also recognizes the severe impact this prevention strategy can have on in-person learning opportunities, student achievement, attendance, and engagement for some children and communities. This is especially true during fall and spring allergy seasons and the winter months when mild respiratory symptoms seem to be almost constant. CDC continues to advise that children and staff should not report in-person to school, child care, or camp if they are experiencing any COVID-19 symptoms, regardless of a negative test result. While DPH supports CDC's guidance, we also support an alternative approach for those administrators who feel that it may benefit their students and staff by providing more in-person learning opportunities.

DPH advises that children and staff with **mild respiratory disease symptoms** (infrequent cough, congestion, runny nose, sore throat, etc.), **no fever, and no known COVID-19 case in their household** should self-test at home for COVID-19 prior to leaving for school, child care, or camp every day they have symptoms and can be allowed to attend in-person if their test result is negative and they feel well enough to participate. **Anyone with a fever ($\geq 100^{\circ}\text{F}$) or who feels feverish should not report in-person** until their fever has resolved for at least 24 hours without the use of medication and should test for COVID-19. COVID-19 self-tests kits will be made available to all school districts, child care providers, and operating youth camps (see [DPH/CSDE/OEC's Launching into Healthy Learning: Operational Strategies – Fall 2022 information](#)). Families can also order self-test kits by visiting [COVID.gov/tests](https://www.cdc.gov/tests). Children and staff choosing to report in-person with mild symptoms should be **strongly encouraged** to wear a well-fitting mask indoors. Anyone testing positive for COVID-19 should complete isolation according to the [CDC Q/I Calculator](#).

USE AVAILABLE PREVENTION TOOLS based on conditions in your area.

School districts, child care programs, and youth camps are **still required to report COVID-19 cases** using systems put in place by DPH and OEC, and DPH encourages continued sharing of general information about COVID-19 cases in your facilities with families. However, DPH recommends that school, child care, and camp administrators rely on the CDC [COVID-19 Community Levels](#) to determine when to consider applying enhanced measures for the prevention of respiratory viral diseases (e.g., COVID-19, influenza). Facilities located in counties with **Low** community levels can focus on maximizing in-person learning days and rely on routine everyday strategies to provide healthy learning environments. If their county moves to the **Medium** level, administrators can consider whether implementing some additional prevention strategies could be beneficial in mitigating any impact that increased COVID-19 cases in their community may have on in-person learning. Facilities located in counties with a **High** COVID-19 Community Level can consider whether implementing even more advanced mitigation strategies could be beneficial, including such things as universal masking and contact tracing, to prevent further surges or outbreaks at their facilities. Administrators who may be experiencing case clusters or outbreaks at a facility should [contact DPH](#) and [their local health department](#).

Facilities located in counties with **LOW** community levels should maintain everyday prevention strategies:

- Encourage and facilitate [COVID-19 vaccination](#) for all children 6 months of age and older and all staff, including [booster vaccine doses](#) when recommended.
- Support children and staff who choose to continue [wearing a mask](#) even when not required.
- Follow [isolation guidelines](#) for individuals who have tested positive for COVID-19 or who have symptoms and live in a household with someone with COVID-19.
- Recommend [self-testing and masking](#) for children and staff with respiratory disease symptoms (with or without fever) or known exposures to COVID-19 cases with or without symptoms.
- Ensure that ventilation systems are well-maintained and operating appropriately.
- Maintain routine cleaning and disinfection protocols for all classroom surfaces and common areas.
- Continue advising parents to report cases of COVID-19 to the school and maintain accurate absentee data.

Additional prevention strategies to consider for facilities located in counties with **MEDIUM** community levels:

- Increase spacing between seated individuals in classrooms and during other activities, if possible.
- Be prepared to respond quickly to rapid increases in absenteeism, cases, or outbreaks in schools.
- Increase ventilation to ensure maximum delivery of fresh outdoor air to occupied spaces, appropriate filtration of any recirculated air, and use of outdoor spaces to the extent possible.
- Reinforce frequent hand cleaning and proper respiratory (cough/sneeze) etiquette.
- Communicate early and often with students, staff, and families regarding any changes in policies and procedures in order to ensure a heightened awareness of any respiratory disease symptoms.

Advanced prevention strategies to consider for facilities located in counties with **HIGH** community levels or those experiencing outbreaks:

- Implement a universal mask use policy for indoor spaces.
- Limiting outside visitors to the school to those who are necessary for instruction or student support.
- Cohort classrooms and during meals, recess, and other gathering times.
- Implement strategies to monitor and prevent in-school transmission of COVID-19, such as contact tracing, quarantine or daily screening testing (i.e., *Test-Mask-Go*) of close contacts of a COVID-19 case in any setting (with or without symptoms), and classroom-level exposure notifications.
- Discuss whether extracurricular activities that involve high-intensity close contact (e.g., indoor athletics, performing arts) should be temporarily suspended.

Head Start programs operating in public schools and in the community must also meet national performance standards and follow [COVID-19 requirements set forth by the U.S. Department of Health and Human Services](#). These requirements may differ from state guidance, and schools are urged to work closely with Head Start programs to ensure that policies and procedures take into account any differences that may impact a child or family's experience with in-person learning.



LAUNCHING INTO HEALTHY LEARNING Operational Strategies - Fall 2022

The Connecticut Department of Public Health (DPH), State Department of Education (CSDE), and Office of Early Childhood (OEC) are excited to announce the **Launching into Healthy Learning** initiative for the start of the 2022-2023 school year! This initiative is designed to get Connecticut's kids back to school, child care, and camp at the scheduled start of the school year, to keep them there in-person as much as possible throughout the year, and to keep them healthy and learning all year long. In addition to updated DPH guidance for K-12 school administrators, child care, and youth camp program operators (*Respiratory Disease Prevention Strategies for Schools, Child Care, and Camps: Fall 2022*), DPH, CSDE, and OEC will work closely with school districts, child care, and youth camp facilities in the coming weeks to provide the following resources to Connecticut's children and their families.

COVID-19 VACCINATION CLINICS will be organized for all 36 of Connecticut's Alliance School Districts that are open to school, child care, and youth camp staff, students, and families in those communities. DPH, CSDE, and OEC will coordinate with Alliance District administrators, child care operators, and youth camps to deliver on-site state-sponsored mobile vaccination clinics ("yellow vans") to offer COVID-19 primary or booster vaccine doses to anyone 6 months of age or older. Administrators, child care operators, and youth camps in non-Alliance Districts can also request free mobile vaccination clinics for their communities by contacting SDE.COVID19@ct.gov at CSDE (for school district administrators) or HealthEquityTeam@ct.gov.

SELF-TEST KITS will be available free of charge to all Connecticut schools, child care programs, and youth camps to distribute to their students, staff, and service providers (e.g., bus drivers, specialized instruction providers, etc.). The State of Connecticut has ordered approximately 2.5 million self-test kits (5 million individual tests) for distribution to school districts and early childhood education programs. The State plans to order additional self-test kits for distribution to licensed child care programs and operating youth camps throughout Connecticut as well. For more information on test kit distribution, school administrators should work within their Districts to coordinate COVID-19 supply requests or contact SDE.COVID19@ct.gov for more information. School districts, licensed child care centers, and operating youth camps will receive additional information in the coming days directly from CSDE and OEC.

TEST-MASK-GO is an optional strategy designed to increase the number of days of in-person learning and care available to children, both to improve the social/emotional/physical wellbeing of students, staff, and their families and to enhance learning recovery. The fall and spring allergy seasons combined with New England winters present a challenge for schools, child care, and youth camp facilities that were advised in previous years to exclude individuals from in-person attendance if they had any of a long list of symptoms associated with COVID-19. Schools, child care programs, and camp operators choosing to utilize a *Test-Mask-Go* strategy can give children and staff with mild respiratory disease symptoms (e.g., infrequent cough, congestion, runny nose, sore throat, etc.) the option to continue participating in-person provided:

- they are fever-free (< 100°F) and feel well enough to participate,
- they do not live with anyone who has had COVID-19 in the past 2 weeks,
- they can wear a mask consistently and correctly (if facility operators require them to do so), and
- they test negative for COVID-19 prior to reporting in-person on every day they have symptoms, as well as one final test on the morning their symptoms have completely resolved.

Individuals who have any respiratory disease symptoms **should not** use the *Test-Mask-Go* strategy if:

- they have a fever ($\geq 100^\circ\text{F}$) or feel feverish (they should not report in-person until their fever has resolved for at least 24 hours without the use of medication)
- they live with a person who recently tested positive for COVID-19 (within the past 2 weeks)

Instead, these individuals should stay home until their symptoms resolve and test for COVID-19. Anyone testing positive for COVID-19 should complete isolation according to the [CDC Q/I Calculator](#). School, child care, or youth camp administrators or health staff who have questions regarding *Test-Mask-Go* should contact DPH.EPI@ct.gov.