COVID-19 Public Health Recommendations for Local Health Departments for K-12 Schools

Updated February 22, 2022

This guidance is based on what is currently known about the transmission and severity of COVID-19 and is subject to change as additional information becomes available. The following recommendations should be used by local health departments (LHDs) to aid schools in developing a layered prevention strategy to help prevent the spread of COVID-19. Schools should implement as many layers as feasible, although the absence of one or more of the strategies outlined in this document does not preclude the opening or reopening of a school facility for full-day in-person operation with all enrolled students and staff present.

This guidance document outlines NJDOH COVID-19 public health recommendations for school settings and is intended for use by LHDs. This guidance is based on what is currently known about the transmission and severity of COVID-19 and is subject to change as additional information is known. Please check the NJDOH, NJDOE and CDC websites frequently for updates.

Communication

School officials and LHDs should maintain close communication with each other to provide information and share resources on COVID-19 transmission, prevention, and control measures and to establish procedures for LHD notification and response to COVID-19 illness in school settings.

In accordance with Executive Directive No. 21-011, schools must report weekly student and staff case counts as well as information on student/staff censuses, and the total numbers of students/staff fully vaccinated to NJDOH through the Surveillance for Influenza and COVID-19 (SIC) Module in CDRSS.

In order to enroll for reporting in the SIC module, schools should follow one of the below two options:

1. For existing school users who report ILI/COVID-19 surveillance data into the Communicable Disease Reporting and Surveillance System (CDRSS), nothing additional needs to be done. (same login at https://cdrs.doh.state.nj.us/cdrss/login/loginPage)

2. For schools who aren't current CDRSS users, go to https://cdrs.doh.state.nj.us/cdrss/login/loginPage and under "System Announcements" go to "K-12 Module and Enrollment Training" and follow the instructions to enroll to report your school's data. Email CDS.COV.RPT@doh.nj.gov your completed user agreement.

Understanding that COVID-19 may impact certain areas of the state differently, NJDOH provides information on COVID-19 transmission at the regional level, characterizing community transmission as low (green), moderate (yellow), high (orange), and very high (red). The COVID-19 Activity Level Index (CALI) report is posted on Thursdays and sent out via New Jersey Local Information Network and Communications System (NJLINCS) to public health and healthcare partners.

Vaccinations

Although COVID-19 vaccines are safe, effective, and accessible, most K-12 schools will have a mixed population of individuals who are vaccinated and individuals who are not vaccinated, thereby requiring preventative measures to protect all individuals.

For children 5 through 17 years of age, a primary series consists of 2 doses of the Pfizer-BioNTech COVID-19 vaccine. For persons 18 and older, a primary series consists of:

- A 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna), or
- A single-dose COVID-19 vaccine (Johnson & Johnson's Janssen vaccine)

CDC recommends that people remain up to date with their vaccines, which includes additional doses for individuals who are immunocompromised and booster doses at regular time points.

For the purpose of this document, "up to date" with vaccination means being fully vaccinated against SARS-CoV-2 AND having received all recommended additional doses, including booster doses when eligible. "Fully vaccinated" means being at least two weeks past completion of a primary vaccination series.

If schools are unable to determine the vaccination status of individual students or staff, those individuals should be considered not up to date.

Masks

While masking continues to be an important part of the layered prevention strategies central to the prevention of SARS-CoV-2 transmission; and CDC continues to recommend universal indoor masking by all students (ages 2 years and older), staff, teachers, and visitors to K-12 schools; circumstances in New Jersey have improved to the point where relaxation of universal masking rules in K-12 schools can generally occur. School administrators should be prepared for the emergence of new variants or substantial waning immunity that could once again lead to greater morbidity, mortality, and disruption, and require returning to additional mitigation measures.

As of March 7, 2022, the state mandate requiring in school universal masking will be expired, and individual school districts and school boards will be able to make the determination as to whether universal masking is appropriate for their schools. In making this decision, consultation with the LHD and school district medical personnel is recommended. Many factors may go into this decision, including, but not limited to schools' ability to maintain physical distancing, ability to regularly screen students (including screening testing), vaccination rates of students and staff, ability to perform effective contact tracing of cases, ability to ensure appropriate exclusion of students and staff with COVID-19 or who have been exposed, and ability to maintain adequate ventilation.

In addition to school district policies, individuals (including parents/guardians) need to make masking decisions based on their specific situation (e.g., if they or their family members are immunocompromised or at high risk of severe illness from COVID-19).

For schools that choose not to institute a universal masking policy, NJDOH recommends that schools should require mask wearing in the following circumstances:

- **During periods of elevated community transmission** – when COVID-19 Activity Level Index (CALI) is elevated, NJDOH recommends universal masking in regions with:
    - CALI score of high (orange) – schools should strongly consider universal masking for all students and staff, especially if there is difficulty incorporating other layered prevention strategies (e.g., adequate ventilation, adequate spacing of students)
    - CALI score of very high (Red) – schools should require universal masking for all students and staff.
- **During an active outbreak** – during an outbreak or a general increase in cases, schools should consult with their LHD as to whether short-term universal masking or masking in affected classrooms should be required to control the outbreak/increase in cases.
- **After returning from isolation or quarantine** – students and staff who return to school during days 6-10 of isolation or quarantine should be required to mask. See COVID-Contact Exclusion19 exclusion criteria for close contacts (quarantine) guidance below.
- **When illness occurs in school** – students or staff who become ill with symptoms consistent with COVID-19 while in school should wear a mask until they leave the premises.
- **During Test to Stay** - students participating in Test to Stay should be required to mask.

Masks must be worn by all passengers on buses, including school buses, regardless of vaccination status per CDC's Federal Order and the associated FAQ. Until lifted, the only exception is for children under the age of two, and those who cannot safely wear a mask.

Additional circumstances where mask wearing may be considered:

- **Students or staff who are immunocompromised or live with persons at high risk for severe COVID-19 illness** – these individuals should consider masking.
- **Individuals who are concerned about disease transmission** – students or staff who, for whatever reason, are concerned about disease transmission should be encouraged to mask.
- **Activities or settings with an increased risk of transmission** – during moderate (yellow) or higher CALI levels schools may consider implementing masking policies for activities or settings where there is increased risk of transmission. See Sports and Other Activities.

In general, students or staff do not need to wear masks outdoors, including during outdoor physical education classes or school sports **except** during days 6-10 after completing a 5-day isolation or quarantine when mask wearing is imperative. However, schools may consider the use of masks during outdoor activities that involve sustained close contact with other individuals or during periods of high and very high community transmission particularly if:

- An individual or someone they live with has a weakened immune system or is at increased risk for severe disease.
- An individual is not up to date on COVID-19 vaccines or lives with someone who is not up to date on COVID-19 vaccines.

Detailed information from CDC on mask use can be found at here.

Clear masks:

Clear masks that cover the nose and wrap securely around the face may be considered in certain circumstances if they do not cause breathing difficulties or overheating for the wearer. Clear masks are not face shields. CDC does **not** recommend use of face shields for normal everyday activities or as a substitute for masks because of a lack of evidence of their effectiveness for source control.

Teachers and staff who may consider using clear masks include:

- Those who interact with students or staff who are deaf or hard of hearing.
- Teachers of young students learning to read.
- Teachers of students in English as a Second Language classes.
- Teachers of students with disabilities.

Physical Distancing and Cohorting

Schools should establish policies and implement structural interventions to promote physical distance and small group cohorting. Schools should implement physical distancing recommendations to the maximum degree that allows them to offer full in-person learning. When it is not possible to maintain a physical distance of at least 3 feet in the classroom, it is especially important to layer multiple other prevention strategies (i.e., indoor masking, screening testing, cohorting, etc.).

- **Within classrooms**, maintain 3 feet of physical distancing to the greatest extent practicable. Combine this with masking for all individuals in high and very high COVID-19 transmission (CALI).
- **Outside of classrooms** including in hallways, locker rooms, indoor and outdoor physical education settings, and school-sponsored transportation, maintain physical distancing to the greatest extent practicable.
- The CDC recommends a distance of at least 6 feet between students and teachers/staff and between teachers/staff who are not up to date with vaccinations in all settings.
- As feasible, maintain cohorts or groups of students with dedicated staff who remain together throughout the day, including at recess, lunch times, and while participating in extracurricular activities.
    - Cohorting people who are not up to date with vaccinations and people who are up to date with vaccinations into separate cohorts is not recommended. Schools should ensure that cohorting is done in an equitable manner.

For meals offered in cafeterias or other group dining areas, where masks may not be worn, schools should utilize as many layered prevention strategies as feasible to help mitigate the spread of COVID-19. These include:

- Maximizing physical distance as much as possible when moving through the food service line and while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as the gymnasium or outdoor seating can help facilitate distancing.
- Stagger eating times to allow for physical distancing.
- Maintain students in cohorts and limit mixing between groups if possible.
- Discouraging students from sharing meals.

- Encouraging routine cleaning between groups.
- Cleaning frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals. Given the data regarding COVID-19 transmission, the use of single-use items, such as disposable utensils, is not necessary during meals.

Identifying opportunities to maximize physical distancing should be prioritized for the following higher-risk scenarios, especially during periods of high community transmission (CALI):

- In common areas, such as school lobbies and auditoriums.
- When eating, especially when indoors. During indoor activities when increased exhalation occurs, such as singing, shouting, band practice, sports, or exercise.

Sports and Other Activities

Due to increased exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others who are not up to date with vaccinations at increased risk for getting and spreading COVID-19. Close contact sports and indoor sports are particularly risky. Similar risks might exist for other extracurricular activities, such as band, choir, theater, and school clubs that meet indoors.

Students should refrain from these activities when they have symptoms consistent with COVID-19 and awaiting testing. Schools are strongly encouraged to use screening testing for student athletes and adults (e.g., coaches, teachers, advisors) who are not up to date with vaccinations and participate in and support these activities to facilitate safe participation and reduce risk of transmission. If resources are limited, prioritize screening testing for those not fully vaccinated.

In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Coaches and school sports administrators should also consider specific sport-related risks when developing prevention strategies.

When the COVID-19 risk level of community transmission is moderate (yellow) schools may consider implementing masking policies for activities or settings where there is increased risk of transmission such as activities in which increased exhalation occurs.

When the COVID-19 risk level of community transmission is high (orange) schools should carefully consider which activities they determine can continue, based on the individual activity's risks, strategies to reduce those risks, and the ability to ensure compliance with COVID-19 prevention recommendations.

When the COVID-19 risk level of community transmission is very high (red), it is recommended that schools:

- Limit participation in extracurricular activities to those students and staff who are up to date with COVID-19 vaccination.
- Conduct COVID-19 screening testing of students and staff, regardless of vaccination status, twice weekly for participation in all extracurricular activities.

When a school is pursuing fully remote learning due to a current outbreak, NJDOH recommends postponing extracurricular activities involving mixing of cohorts (e.g., school sport practices and competitions, clubs, assemblies). If a school has an active outbreak of COVID-19 but remains open for in-person instruction, in consultation with the LHD and based on the public health investigation, some or all school extracurricular activities may need to be postponed until the outbreak is concluded.

Transportation:

School buses should be considered school property for the purpose of determining the need for mitigation strategies.

- Masks must be worn by all passengers on buses, regardless of vaccination status per CDC's Federal Order.
- If occupancy allows, maximize physical distance between students. To maximize space when distancing, schools may consider seating students from the same household together.
- Open windows in buses and other transportation to improve air circulation, if doing so does not pose a safety risk.

Regularly clean high touch surfaces on school buses at least daily or between uses as much as possible. For more information about cleaning and disinfecting school buses or other transport vehicles, read CDC's guidance for bus transit operators (May 7, 2021).

Hand Hygiene and Respiratory Etiquette

- Schools should teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring of students and staff.
    - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- Encourage students and staff to cover coughs and sneezes with a tissue if not wearing a mask.
    - Used tissues should be thrown in the trash and hand hygiene as outlined above should be performed immediately.
- Have adequate supplies including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.
  Assist/observe young children to ensure proper handwashing.

Cleaning, Disinfection and Airflow

Limit use of shared supplies and equipment:

- Ensure adequate supplies (i.e., classroom supplies, equipment) to minimize sharing of high-touch materials or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
- Encourage hand hygiene practices between use of shared items.
- Discourage use of shared items that cannot be cleaned and disinfected.

Schools should follow standard procedures for routine cleaning and disinfecting with an EPA-registered product for use against SARS-CoV-2. This means **at least daily** disinfecting surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones and toys.

- If there has been a person with COVID-19 compatible symptoms or someone who tested positive for COVID-19 in the facility within the last 24 hours, spaces they occupied should be cleaned and disinfected.
- Close off areas used by the person who is sick or positive and do not use those areas until after cleaning and disinfecting.
- Wait as long as possible (at least several hours) before cleaning and disinfection.
- Open doors and windows and use fans or HVAC settings to increase air circulation in the area.
- Use products from EPA List according to the instructions on the product label.
- Staff cleaning the space should wear a mask and gloves while cleaning and disinfecting.
- Once area has been appropriately disinfected, it can be opened for use.

The effectiveness of alternative surface disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against the virus that causes COVID-19 has not been fully established. The use of such methods to clean and disinfect is discouraged at this time.

CDC does not recommend the use of sanitizing tunnels. Currently, there is no evidence that sanitizing tunnels are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or injury.

In most cases, fogging, fumigation, and wide-area or electrostatic spraying is not recommended as a primary method of surface disinfection and has several safety risks to consider.

Airflow:

Improve airflow to the extent possible to increase circulation of outdoor air, increase the delivery of clean air, and dilute potential contaminants. This can be achieved through several actions:

- Bring in as much outdoor air as possible.
- If safe to do so, open windows and doors. Even just cracking open a window or door helps increase outdoor airflow, which helps reduce the potential concentration of virus particles in the air. If it gets too cold or hot, adjust the thermostat.
- Do not open windows or doors if doing so poses a safety or health risk (such as falling, exposure to extreme temperatures, or triggering asthma symptoms), or if doing so would otherwise pose a security risk.
- Use child-safe fans to increase the effectiveness of open windows.
    - Safely secure fans in a window to blow potentially contaminated air out and pull new air in through other open windows and doors.
    - Use fans to increase the effectiveness of open windows. Position fans securely and carefully in/near windows so as not to induce potentially contaminated airflow directly from one person over another (strategic window fan placement in exhaust mode can help draw fresh air into the room via other open windows and doors without generating strong room air currents).
- Use exhaust fans in restrooms and kitchens.

- Consider having activities, classes, or lunches outdoors when circumstances allow.
- Open windows in buses and other transportation, if doing so does not pose a safety risk. Even just cracking windows open a few inches improves air circulation.

School districts are encouraged to review NJDOH's Guidance on Air Cleaning Devices for New Jersey Schools. See the NJDOH Environmental Health webpage for Tips to Improve Indoor Ventilation and Maintaining Healthy Indoor Air Quality in Public School Buildings.

Stay Home When Sick or if Exposed to COVID-19

Educate staff, students, and their families about when they should stay home and when they should return to school. Students and staff should stay home if they:

- Have tested positive (viral test) for COVID-19.
- Are sick.
- While there is no statewide travel advisory or mandate in place at this time, schools are encouraged to have a policy for exclusion for students and staff that travel that is consistent with CDC COVID-19 travel recommendations. For those traveling to/from New Jersey, domestic travel is defined as lasting 24 hours or longer to states or US territories other than those connected to New Jersey, such as Pennsylvania, New York, and Delaware.
    - NJ travel recommendations
    - CDC international travel recommendations
    - CDC domestic travel recommendations

Siblings (who are not up to date with vaccinations) of a student who meets COVID-19 Exclusion criteria should be excluded from school until the symptomatic individual receives a negative test result. If the symptomatic individual tests positive, the sibling will need to quarantine.

Parental Symptom Screening

Parents/caregivers should be strongly encouraged to monitor their children for signs of illness every day as they are the front line for assessing illness in their children. Students who are sick should **not** attend school in-person. Schools should strictly enforce exclusion criteria for both students and staff.

Schools should consider providing parent education about the importance of monitoring symptoms and staying home while ill through school or district messaging. Using existing outreach systems to provide reminders to staff and families to check for symptoms before leaving for school.

Schools should provide clear and accessible directions to parents/caregivers and students for reporting symptoms and reasons for absences.

Response to Symptomatic Students and Staff

Schools should ensure that procedures are in place to identify and respond to a student or staff member who becomes ill with COVID-19 symptoms.

- Closely monitor daily reports of staff and student attendance/absence and identify when persons are out with COVID-19 symptoms.
- Designate an area or room away from others to isolate individuals who become ill with COVID-19 symptoms while at school.
    - Consider an area separate from the nurse's office so the nurse's office can be used for routine visits such as medication administration, injuries, and non-COVID-19 related visits.
    - Ensure there is enough space for multiple people placed at least 6 feet apart.
    - Ensure that hygiene supplies are available, including additional masks, facial tissues, and alcohol-based hand sanitizer.
    - School nurses should use Standard and Transmission-Based Precautions based on the care and tasks required.
    - Staff assigned to supervise students waiting to be picked up do not need to be healthcare personnel but should follow physical distancing guidelines.
    - Follow guidance in Cleaning, Disinfection and Airflow section.

When illness occurs in the school setting

Children and staff with COVID-19 symptoms regardless of vaccination status should be separated away from others until they can be sent home.

- If a mask cannot be worn by the ill individual, other staff should be sure to wear a mask and follow maximum physical distancing guidelines (6 feet away).
- Ask ill student (or parent) and staff whether they have had potential exposure to COVID-19 meeting the definition of a close contact.
- Individuals should be sent home and referred to a healthcare provider. Persons with COVID-19-compatible symptoms should undergo COVID-19 testing regardless of vaccination status.
    - If community transmission is low ill individuals **without potential exposure to COVID-19** should use the NJDOH School Exclusion List to determine when they may return to school. No public health notification is needed UNLESS there is an unusual increase in the number of persons who are ill (over normal levels), which might indicate an outbreak.
    - If ill students have potential COVID-19 exposure OR if community transmission is moderate or high, they should continue to be excluded according to the COVID-19 Exclusion Criteria.
- Schools should notify LHDs:
    - When there is an increase in the number of students or staff with COVID-19 compatible symptoms and when there is a suspected or confirmed outbreak.
    - When students or staff test positive for COVID-19 (when in-school testing is performed).
- Schools should be prepared to provide the following information when consulting with the LHD:
    - Contact information for the ill persons.
    - The date the ill person(s) developed symptoms, tested positive for COVID-19 (if known), and was last in the building.

- Types of interactions (close contacts, length of contact) the person(s) may have had with other persons in the building or in other locations.
- Vaccination status of the ill persons and the close contacts.
- Names, addresses, and telephone numbers for ill person's close contacts in the school;
- Any other information to assist with the determination of next steps.

Regardless of vaccination status, if a student or staff experiences COVID-compatible symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, and tested for SARS-CoV-2.

Exclusion

Parents should not send students to school when sick. For school settings, NJDOH recommends that students with the following symptoms be promptly isolated from others and excluded from school:

- At least **two** of the following symptoms: fever (measure or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose; **OR**
- At least **one** of the following symptoms: new or worsening cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder.

For students with chronic illness, only new symptoms, or symptoms worse than baseline should be used to fulfill symptom-based exclusion criteria.

On January 4, 2022, CDC updated COVID-19 isolation and quarantine recommendations with shorter isolation (for asymptomatic infected and mildly ill people) and quarantine periods of 5 days to focus on the period when a person is most infectious (followed by continued masking for an additional 5 days). Individuals who are unable to wear a mask should be excluded until after at least 10 days and continue to isolate/quarantine.

CDC has released isolation and quarantine guidance for K-12 schools. Additional updated information for K-12 schools can be found at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

COVID-19 exclusion (isolation) criteria for persons who have COVID-19 compatible symptoms or who test positive for COVID-19:

Individuals regardless of vaccination status, who test positive or individuals with COVID-19 symptoms or who have not been tested and do not have an alternative diagnosis from their healthcare provider should:

- Stay home for at least 5 full days after the onset of symptoms or if asymptomatic after the positive test (day of symptoms is day 0; if asymptomatic, day the test was performed is day 0).
- If they have no symptoms or symptoms are resolving after 5 days and are fever-free (without the use of fever-reducing medication) for 24 hours, they can leave their home and should;

- Wear a mask when around others at home and in public (indoors and outdoors) for an additional 5 days. For these additional 5 days, schools should have a plan to ensure adequate distance during those activities (i.e., eating) when mask wearing is not possible. Time without mask being worn should be kept to minimum possible.
- On days 6-10, limit participation in extracurricular activities to only those activities where masks can be worn consistently and correctly.

Masks should be worn in school on days 6-10. Those students who are unable or unwilling to mask should stay home for the full 10 days and not return to school until day 11.

Exception: During periods of low community transmission (green), ill individuals with COVID-19 compatible symptoms who are not tested **and do not have a known COVID-19 exposure** may follow NJDOH School Exclusion List to determine when they may return to school.

CDC recommends an isolation period of at least 10 and up to 20 days for people who were severely ill with COVID-19 and for people with weakened immune systems. See Overview of COVID-19 Isolation for K-12 Schools for additional details.

Individuals with an alternative diagnosis:

Evaluation by a health care provider may be necessary to differentiate between COVID-19 and alternative diagnoses. Clinical evaluation and/or testing for COVID-19 may be considered for ANY of the symptoms listed above, depending on suspicion of illness from a health care provider. Testing is strongly recommended, especially when there are multiple unlinked cases in the school and during periods of moderate and high levels of community transmission.

Individuals with COVID-19 compatible symptoms **and no known exposure** to a COVID-19 case in the last 5 days, regardless of vaccination status, may follow the NJDOH School Exclusion List to determine when they may return to school **only if they have an alternative diagnosis (e.g., strep throat, influenza, worsening of chronic illness) supported by clinical evaluation.**

Exception: During periods of low community transmission (green), ill individuals with COVID-19 compatible symptoms who are not tested **and do not have a known COVID-19 exposure** may follow NJDOH School Exclusion List to determine when they may return to school.

The COVID-19 Exclusion Table below can be used to determine the need for and duration of school exclusion. In order to facilitate rapid diagnosis and limit unnecessary school exclusion, schools may consider implementing school-based diagnostic testing for students and staff.

COVID-19 exclusion criteria for close contacts (quarantine) guidance:

Exposed close contacts who have no COVID-19 compatible symptoms and who are not up to date with vaccinations should be excluded from school and;

- Stay home and away from other people for at least 5 days (day 0 through day 5) after the last close contact with a person who has COVID-19. The date of the exposure is considered day 0.

- If COVID-19 symptoms develop, get tested and follow isolation recommendations.
- If asymptomatic, get tested at least 5 days after the last close contact
    - If the test is positive, follow isolation recommendations.
    - If the test is negative, you can end quarantine after day 5.
    - If testing is not available, you can end quarantine after day 5 (as long as there were no COVID-19 symptoms throughout the 5-day period).

See Contact Tracing and Notification below for close contact definition and guidance.

Exception – schools who are using a "Test to Stay" protocol may allow asymptomatic close contacts to return to in-person academic activities immediately so long as the contacts follow the protocol.

During quarantine, students and staff should follow recommendations and additional precautions outlined in DOH Recommended Isolation and Quarantine Timeframes for Non-Healthcare Settings regarding staying home, travel, and testing.

Exposed close contacts who have no COVID-19 symptoms in the following groups do not need to be excluded from school:

- Up to date with vaccination.
- COVID-19 positive within the last 90 days (viral test).

Regardless of whether they meet criteria for school exclusion, all exposed close contacts should:

- Wear a well-fitting mask around others for 10 days from the date of their last close contact with someone with COVID-19 (the date of last close contact is considered day 0).
- Get tested at least 5 days after having close contact with someone with COVID-19 unless they had COVID-19 (positive viral test) in the last 90 days and subsequently recovered.
- Monitor for fever (100.4◦F or greater), cough, shortness of breath, or other COVID-19 symptoms for 10 days after their last exposure.
- Through day 10, limit participation in extracurricular activities to only those activities where they can wear a mask consistently and correctly.

Note: If an exposed close contact is unable to wear a mask during days 6-10 following exposure, they:

- Should quarantine at home for the full 10 days OR
- May return to school on day 8 with a negative test result collected at day 5-7 if they remain asymptomatic.

Note: The inability to consistently and correctly wear a mask due to intellectual, developmental, or physical disability or medical contraindications alone should not be a basis for disallowing a return to school activities. Schools should assess, on an individualized basis, the appropriate accommodations for students with disabilities who are unable to wear a mask.

If any close contact experiences symptoms (regardless of vaccination status), they should isolate themselves from others, be clinically evaluated if indicated, and get tested for COVID-19.

Exceptions for household contacts:

In all risk levels, students and staff who meet the criteria for quarantine and who are household members of a student/staff member with COVID-19 compatible symptoms that meets COVID-19 Exclusion Criteria should be excluded from school until the symptomatic individual receives a negative test result. If the ill person is not tested but an alternative diagnosis is established after clinical evaluation, household contacts can return to school.

Household contacts who can't isolate away from a household member with COVID-19 should start their quarantine period on the day after the household member would have completed their 10-day isolation period, UNLESS the household member is able to consistently wear a well-fitted mask in the household through day 10, in which case the quarantine period would start on the day after the household member completes their 5-day isolation period.

In response to symptomatic students who have not undergone testing AND who have no known exposure to COVID-19, schools should not identify and exclude their close contacts from school. COVID-19 testing is strongly encouraged so this determination can be made.

Schools serving medically complex or other high-risk individuals should use a 10-day exclusion period for the exclusion of these individuals or those who work closely with them when identified as close contacts.

Exclusion criteria for persons with COVID-19, COVID-19 compatible symptoms and close contacts who meet criteria for quarantine[1]

	Low Risk	Moderate Risk	High Risk	Very High Risk
COVID-19 positive (viral test), symptomatic or asymptomatic	Exclude according to COVID-19 exclusion criteria Identify and exclude unvaccinated school based close contacts			
COVID-19 - compatible symptoms but not tested for COVID-19	If no potential exposure to a COVID-19 case in the last 5 days, individual can follow NJDOH School Exclusion List If person has potential exposure to COVID-19 in the last 5 days, exclude according to COVID-19 exclusion criteria	If no potential exposure to a COVID-19 case in the last 5 days AND has an alternative diagnosis from a healthcare provider, follow NJDOH School Exclusion List If no potential exposure to a COVID-19 case in the last 5 days but without an alternative diagnosis from a healthcare provider, exclude according to COVID-19 exclusion criteria If person has potential exposure to COVID-19 in the last 5 days, exclude according to COVID-19 exclusion criteria		
COVID-19 - compatible symptoms and negative COVID-19 test (viral test)	Follow NJDOH School Exclusion List Symptomatic individuals with high likelihood of COVID-19 (i.e., who are close contacts of a confirmed case or who have had suspected exposure to a person with COVID-19 AND who meet the criteria for quarantine AND have not had COVID-19 in the past 3 months) who test negative by rapid antigen test should undergo confirmatory testing with molecular test (i.e. RT-PCR).			
Close contact of staff or student with COVID-19[2,3]	Close contacts who meet the criteria for quarantine should be excluded for 5 days[4] from date of last contact.			

1. In all risk levels, students and staff who meet the criteria for quarantine and who are household members of a student/staff member with COVID-19 compatible symptoms that meets COVID-19 Exclusion Criteria should be excluded from school until the symptomatic individual receives a negative test result. If the symptomatic individual tests positive, the household member will need to quarantine.

2. Persons who do not meet the criteria for quarantine who have close contact with someone with COVID-19 do NOT need to be excluded from school if they are asymptomatic but should be referred for testing 5 days after last close contact.

3. Individuals who have tested positive for COVID-19 in the past 90 days who have close contact with someone with COVID-19 and are asymptomatic do NOT need to be excluded from school and do not need to be tested.

4. Continue to wear a well-fitting mask when around others at home and in public (indoors and outdoors) for the full 10 days after the last close contact, remain at home for 10 days, or return on day 8 if they receive a negative test 5-7 days after exposure.

Outbreaks

Schools must report outbreaks or suspected outbreaks to their LHD. The LHD will work with schools to determine if there is an outbreak and provide guidance as to a response. An outbreak in a school setting is defined as three or more individuals with COVID-19 (positive by RT-PCR or antigen) COVID-19 cases among students or staff with onsets within a 14-day period, who are epidemiologically linked[1], do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

If an outbreak has been identified, schools and LHDs should promptly intervene to control spread while working to determine whether the outbreak originated in the school setting.

During an outbreak;

- Schools without a universal masking policy should consider a temporary transition to universal masking or masking in affected classrooms.
- Schools should consider implementing a testing program for students and staff at the classroom, grade, or school level depending on the extent of transmission and structure of the school.
    - Testing should be implemented as soon as possible, ideally within one week of detection of the suspected outbreak.
    - In consultation with the LHD, additional testing may be recommended for outbreak control.
    - Based on resources and local circumstances schools may choose to implement testing for all staff and students regardless of vaccination status.
- Schools may also consider a temporary transition of affected cohorts to remote learning if a high number of cases is preventing timely contact tracing and exclusion and a short-term transition to remote learning is needed to allow for such actions to occur.

Decisions to implement testing programs and/or transition cohorts to remote learning should be made by schools based on their individual circumstances in conjunction with LHDs.

Contact Tracing and Notification

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts to a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus.

[1] Health departments should verify to the best extent possible that cases were present in the same setting during the same time period (e.g., same classroom, school event, school-based extracurricular activity, school transportation) within 14 days prior to onset date (if symptomatic) or specimen collection date for the first specimen that tested positive (if asymptomatic or onset date is unknown) and that there is no other more likely source of exposure (e.g., household or close contact to a confirmed case outside of educational setting).

Close contact is defined as being within 6 feet of someone with suspected or known COVID-19 for 15 or more minutes during a 24-hour period. In certain situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group may need to be considered exposed.

For determining a school-based close contact to a COVID-19 case:

- Individuals would be considered exposed during the period between 2 days prior to symptom onset (or positive test date if asymptomatic) and 5 days after.
- Individuals would NOT be considered exposed during the case's additional precaution period at day 6-10.

Exception: In the **K–12 indoor classroom** setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the close contact definition ***excludes*** **students** who were within **3 to 6 feet of an infected student** (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. However, without universal masking, the school must be able to readily identify whether both students were masked prior to applying the close contact exception. **This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.**

School staff should identify school-based close contacts of positive COVID-19 cases in the school.

- As with any other communicable disease outbreak, schools will assist in identifying the close contacts within the school and communicating this information back to the LHD.
- With guidance from the LHD, schools will be responsible for notifying parents and staff of the close contact exposure and exclusion requirements while maintaining confidentiality.
- The LHD contact tracing team will notify and interview the close contacts identified by the school and reinforce the exclusion requirements.

Customizable contact tracing notification letters can be found at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-contact-tracing/letters.html

The NJDOH isolation and quarantine calculator can be found at https://covid19.nj.gov/pages/quarantine-calculator.

Testing

When schools implement testing combined with key mitigation strategies, they can detect new cases to prevent outbreaks, reduce the risk of further transmission, and protect students, teachers, and staff from COVID-19. This guidance can assist districts as they craft policies for compliance with staff testing as required by EO 253.

In some schools, school-based healthcare professionals (e.g., school nurses) may perform SARS-CoV-2 antigen testing in school-based health centers if they are trained in specimen collection, conducting the

test per manufacturer's instructions, and obtain a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver. Some school-based healthcare professionals may also be able to perform specimen collection to send to a lab for testing, if trained in specimen collection, without a CLIA certificate. It is important that school-based healthcare professionals have access to, and training on the proper use of personal protective equipment (PPE).

Any healthcare provider or laboratory performing COVID-19 testing, including K-12 schools, are required to report all COVID-19 laboratory test results, both positive and negative, electronically to NJDOH. Laboratories are required to report test results into the NJDOH Communicable Disease Reporting and Surveillance System (CDRSS). Access to CDRSS requires the completion of training available on the CDRSS home page. Healthcare providers, including schools, can report into CDRSS or through SimpleReport. Refer to Guidance for Schools on COVID-19 Reporting Requirements, Reporting Point of Care (POC) COVID-19 Test Results, and Screening Testing Program.

Diagnostic Testing:

At all levels of community transmission, NJDOH recommends that schools work with their LHDs to identify rapid viral testing options in their community for the testing of symptomatic individuals and asymptomatic individuals who were exposed to someone with COVID-19. Having access to rapid COVID-19 testing for ill students and staff can reduce unnecessary exclusion of ill persons and their contacts and minimize unnecessary disruptions of the educational process. Results of all testing, including point of care, must be reported to public health authorities by the entity conducting the testing.

Screening testing:

Schools should use screening testing as a strategy to identify cases and prevent secondary transmission. Screening testing involves using SARS-CoV-2 viral tests (diagnostic tests used for screening purposes) intended to identify occurrence at the individual level even if there is no reason to suspect infection—i.e., there is no known exposure. This includes, but is not limited to, screening testing of asymptomatic individuals without known exposure with the intent of making decisions based on the test results. Further information on screening testing is available in NJDOH screening testing guidelines.

The US Department of Health and Human Services (HHS) and CDC have made available a grant program to assist schools with implementing screening testing. Participation in this program is voluntary but strongly encouraged. Schools interested in participating in this program can obtain additional information by emailing COVID.schooltesting@doh.nj.gov.

Developing and implementing a screening testing strategy is particularly important during periods of high community transmission when physical space limitations prevent the implementation of maximal social distancing practices. Testing strategies in K-12 schools should be developed in consultation with LHDs. Results of all testing – including point of care – must be reported to public health authorities by the entity conducting the testing. In addition to reporting individual test results to public health authorities, schools are encouraged to report aggregate screening testing results, including the number of tests performed, directly to NJDOH through the Surveillance for Influenza and COVID-19 (SIC) Module in CDRSS. Note: Schools participating in the NJDOH grant funded screening testing program and those included as "covered settings" in NJDOH Executive Directive 21-011 are required to report this information. Registration and training for reporting screening testing data can be found at https://cdrs.doh.state.nj.us/cdrss/common/cdrssTrainingNotes.

Home-based testing:

A variety of home-based COVID-19 tests are becoming more widely available. While all involve self-collection of specimens, some test kits require a prescription and others are over-the-counter (OTC). Some collections/testing are observed by a telehealth provider, some involve self-collection but are sent to a laboratory for processing, and others use self-collection and self-testing without any involvement of a healthcare provider. Some home-based tests have been authorized by FDA for screening purposes, others for diagnostic testing.

Information on home-based testing is available at https://www.state.nj.us/health/cd/documents/topics/NCOV/COVID_home_tests.pdf.

Resources

CDC

Guidance for COVID-19 Prevention in K-12 Schools Updated January 13, 2022

What You Should Know About COVID-19 Testing in Schools January 24, 2022

Responding to COVID-19 Cases in K-12 Schools: Resources for School Administrators January 14, 2022

Overview of COVID-19 Quarantine for K-12 Schools January 13, 2022

Overview of COVID-19 Isolation for K-12 Schools January 6, 2022

Stay Up to Date with Your Vaccines January 16, 2022

School and Childcare Programs

Testing for COVID-19 in Schools Toolkit

Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs

Parents and Caregivers – What Is Your School Doing to Protect Your Child from COVID-19?

CDC Cleaning and Disinfecting Your Facility

CDC Information on Cleaning School Buses (archived updated May 7, 2021)

Multisystem Inflammatory Syndrome (MIS-C)

School Decision-Making Tool for Parents, Caregivers, and Guardians

NJDOH

NJDOH COVID Information for Schools

Maintaining Healthy Indoor Air Quality in Public School Buildings

NJDOH Disinfectant Use in Schools Fact Sheet

NJDOH Isolation and Quarantine Calculator

NJDOH General Guidelines for the Prevention and Control of Outbreaks in School Settings

New Jersey COVID-19 Information Hub

OTHER RESOURCES

COVID-19 Planning Considerations: Guidance for School Re-entry AAP

Healthy Children.Org COVID-19

ArtsEd NJ Scholastic Indoor Performance Guidance (October 14, 2021)

National Association for Music Education

Return to Music: Phase II Guidance and Resources