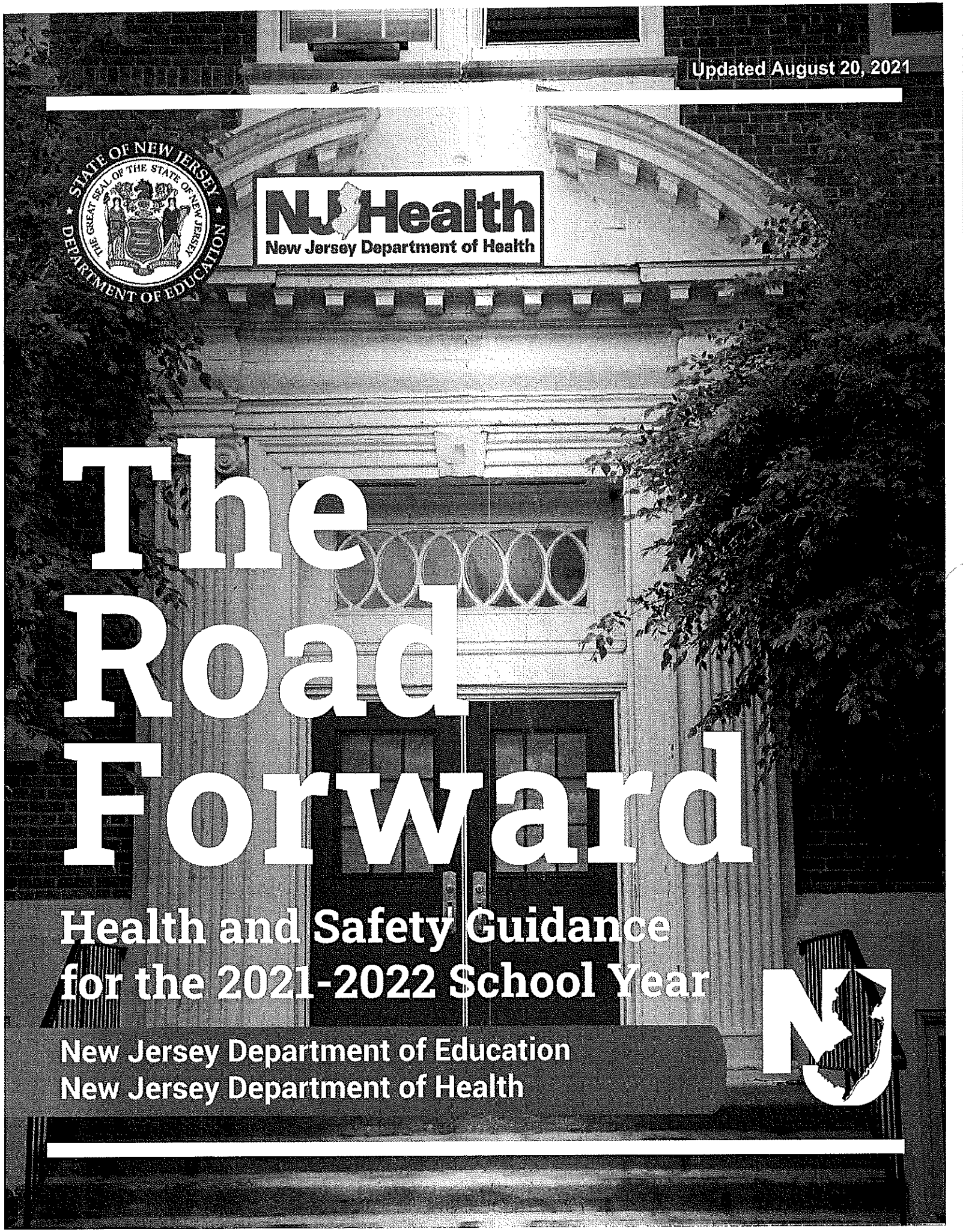


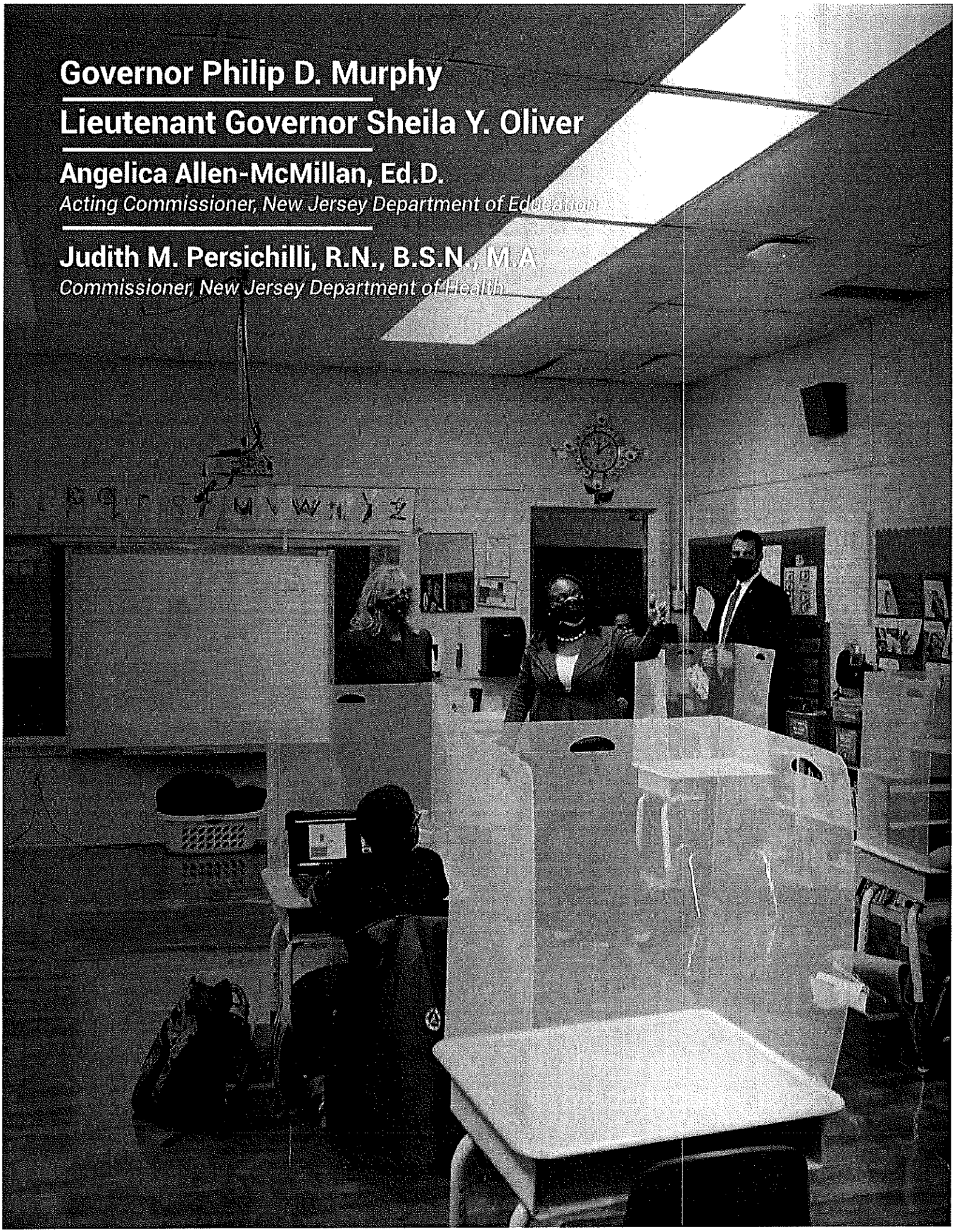
Updated August 20, 2021

NJ Health
New Jersey Department of Health

The Road Forward

Health and Safety Guidance for the 2021-2022 School Year

New Jersey Department of Education
New Jersey Department of Health

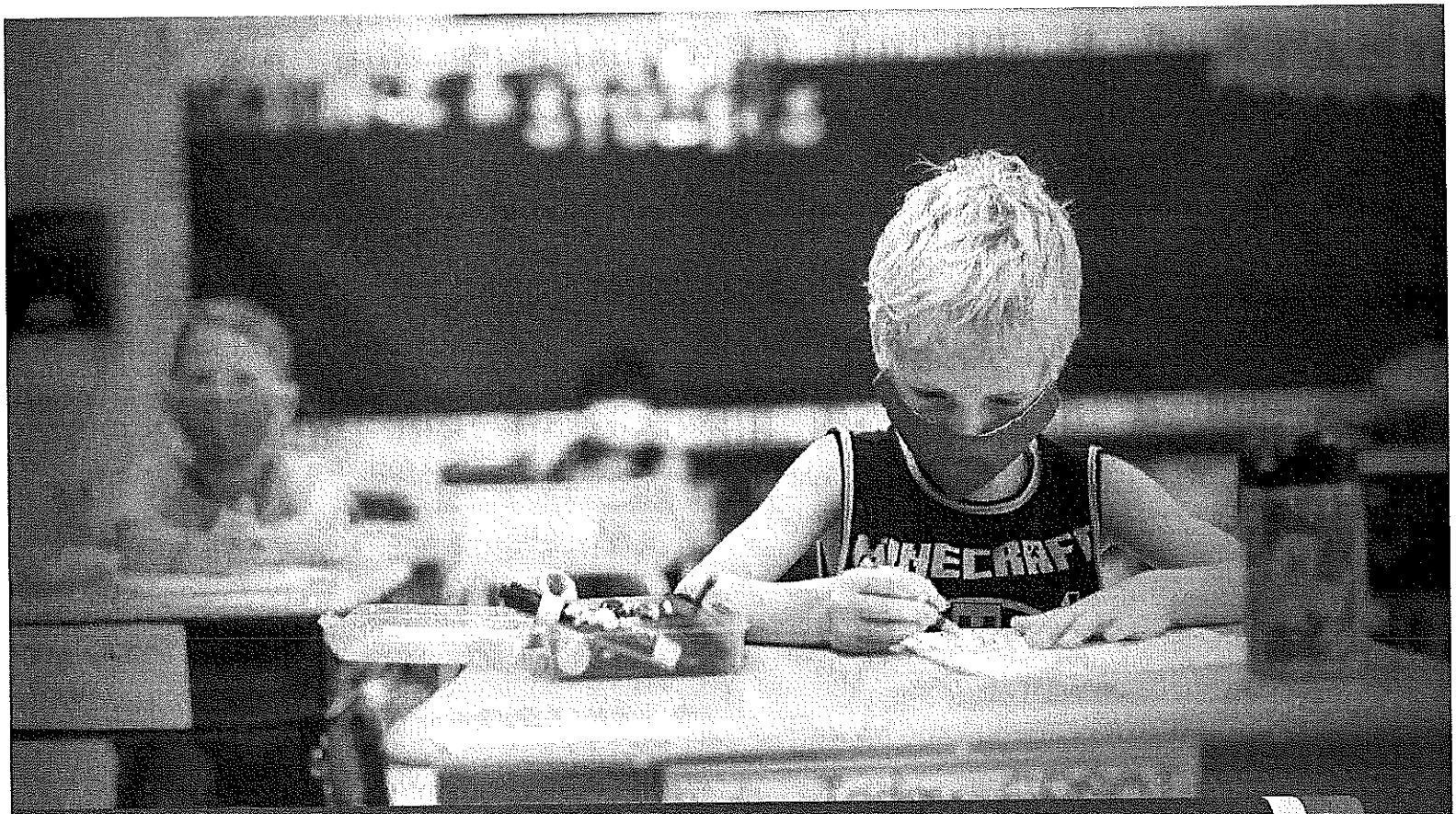


Governor Philip D. Murphy

Lieutenant Governor Sheila Y. Oliver

Angelica Allen-McMillan, Ed.D.
Acting Commissioner, New Jersey Department of Education

Judith M. Persichilli, R.N., B.S.N., M.A.
Commissioner, New Jersey Department of Health



Introduction

Local Education Agencies (LEA) must plan to provide full-day, full-time, in-person instruction and operations for the 2021-2022 school year. The New Jersey Department of Education (NJDOE) and New Jersey Department of Health (NJDOH) worked collaboratively to develop the following guidance to operationalize that goal. This guidance includes a range of strategies that LEAs should consider implementing to reduce risks to students and staff from COVID-19 while still allowing for fulltime in-person learning. **The absence of one or more of the strategies outlined in this document does not preclude the reopening of a school facility for full-day in-person operation with all enrolled students and staff present.** While the State is committed to a resumption of normalcy for next school year, we will continue to monitor the data and our decisions will be guided by science to ensure that we maintain safe and healthy school communities.

This document also contains expectations for the fall learning environment.

This guidance document is intended to supplant health and safety protocols outlined in Executive Order No. 175 and the Road Back. The document contains recommendations for public schools rather than mandatory standards, with the exception of the mandatory masking requirement for all individuals in public, private, and parochial preschool programs and elementary and secondary schools, including charter and renaissance schools, per Executive Order 251. Non-Public schools may also utilize this document as they plan for full school reopening in the fall.

Schools should anticipate potential updates to this guidance prior to the start of the new school year, as additional federal recommendations from the Centers for Disease Control and Prevention (CDC) become available.

To sign up to receive health alert messages, contact your local health department or request a new account at **www.njlincs.net/default.aspx**

1 General Health and Safety Guidelines

Where possible, the following recommendations should be used to develop a layered approach to help prevent the spread of COVID-19. Schools should implement as many layers as feasible.

LEAs should consider, in close consultation with their local and/or county public health officials, as many factors as feasible as they prepare for the 2021-2022 school year, including the level of COVID-19 transmission in the community at large and in their school community, as well as vaccination coverage rates in both the community at large and their school community.

1.1 Vaccination

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports. (updated August 2021)

Although COVID-19 vaccines are safe, effective, and accessible, not all school-aged children are currently eligible to be vaccinated. Most K-12 schools will have a mixed population of fully vaccinated, partially vaccinated, and unvaccinated individuals at any given time, thereby requiring the layering of preventive measures to protect all individuals. LEAs are encouraged to have a system in place to determine the vaccination status of students and staff, however, if an LEA is unable to determine the vaccination status of individual students or staff, those individuals should be considered not fully vaccinated.

Public confidence in immunization is critical to sustaining and increasing vaccination coverage rates and preventing outbreaks of vaccine-preventable diseases. LEAs should actively promote vaccination for all eligible students and staff. As vaccine eligibility expands, LEAs should consider school-wide vaccine coverage among students and staff as an additional metric to inform the need for preventive measures such as physical distancing and masking (NJDOH COVID-19 Recommendations for K-12 Schools).

Many school-aged children missed recommended vaccines over the last year due to disruptions associated with COVID-19. LEAs should review and consider the CDC resources that may be helpful in addressing low coverage in children and preparing for a safe return to school. LEAs are encouraged to send reminders to families about school immunization requirements and follow up with families of children who are not in compliance with requirements and encourage compliance. (updated August 2021)

1.2 Communication

School officials and local health departments 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 Local Health Department (LHD) notification and response to COVID-19 illness in school settings. LEAs should work closely with LHDs as they make decisions regarding which mitigation strategies to implement and when based on data. (updated August 2021)

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). This information is posted online every week on the NJDOH CDS COVID-19 website and sent out via New Jersey Local Information Network and Communications System (NJLINCS) to public health and healthcare partners. Municipal level vaccination coverage data is posted online at www.nj.gov/health/cd/topics/covid2019_dashboard.shtml.

1.3 Masks

Wearing masks is an important prevention strategy to help slow the spread of COVID-19, especially when combined with everyday preventive actions and social distancing in public settings. On August 5, 2021, the CDC issued new indoor masking recommendations for individuals in K-12 school settings. That guidance is available here: www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html.

Indoors: In alignment with recommendations from the CDC and the American Academy of Pediatrics, on August 6, 2021, Governor Murphy signed Executive Order 251 which requires that all staff, students, and visitors wear a mask, regardless of vaccination status, in the indoor premises of school buildings. This requirement applies to all public, private, and parochial preschool programs and elementary and secondary schools, including charter and renaissance schools. As outlined in the Executive Order, there are limited exceptions to this requirement (see full list below).

Outdoors: In general, people do not need to wear masks when outdoors. The CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised. (updated August 2021)

The following principles apply to the use of masks in schools:

- Information should be provided to staff and students on proper use, removal, and washing of masks.
  - The most effective fabrics for cloth masks are tightly woven such as cotton and cotton blends, breathable, and in two or three fabric layers. Masks with exhalation valves or vents, those that use loosely woven fabrics, and ones that do not fit properly are **not recommended**.
  - Masks should be washed after every day of use and/or before being used again, or if visibly soiled or damp/wet.
  - Disposable face masks should be changed daily or when visibly soiled, damp or damaged.
  - Students, teachers, and staff should have access to additional disposable or cloth masks in case a back-up mask is needed (e.g. mask is soiled or lost during the day).
  - Clear masks that cover the nose and wrap securely around the face may be considered in certain circumstances including for the teaching of students with disabilities, young students learning to read, or English language learners.

- Appropriate and consistent use of masks may be challenging for some individuals, however mask use is **required** for **all** individuals in **indoor school settings** with the following exceptions:
  - When doing so would inhibit the individual's health, such as when the individual is exposed to extreme heat indoors;
  - When the individual has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance;
  - When a student's documented medical condition or disability, as reflected in an Individualized Education Program (IEP) or Educational Plan pursuant to Section 504 of the Rehabilitation Act of 1973, precludes use of a face covering;
  - When the individual is under two (2) years of age;
  - When the individual is engaged in activity that cannot physically be performed while wearing a mask, such as eating or drinking, or playing a musical instrument that would be obstructed by a face covering;
  - When the individual is engaged in high-intensity aerobic or anaerobic activity;
  - When a student is participating in high-intensity physical activities during a physical education class in a well-ventilated location and able to maintain a physical distance of six feet from all other individuals; or
  - When wearing a face covering creates an unsafe condition in which to operate equipment or execute a task.

(updated August 2021)

Further information on mask-wearing in schools can be found here: Guidance for COVID-19 Prevention in K-12 Schools

Transportation: Per Order of the CDC, passengers and drivers must wear masks on school buses, including buses operated by public and private school systems, subject to the exclusions and exemptions in the Order.[1]

1.4 Maintain Physical Distancing and Cohorting

Though physical distancing recommendations must not prevent a school from offering full-day, full-time, in person learning to all students for the 2021-2022 school year, LEAs should implement physical distancing measures as an effective COVID-19 prevention strategy to the extent they are equipped to do so while still providing regular school operations to all students and staff in-person. During periods of high community transmission or if vaccine coverage is low, if the maximal social distancing recommendations below cannot be maintained, LEAs should prioritize other prevention measures including screening testing and cohorting.

(updated August 2021)

Where possible, LEAs should establish policies and implement structural interventions to promote physical distancing and small group cohorting. During periods of low or moderate community transmission, LEAs should implement physical distancing recommendations to the maximum degree that allows them to offer full in-person learning. During periods of high community transmission, if maximal social distancing recommendations cannot be maintained, LEAs should prioritize other prevention measures including screening testing and cohorting.

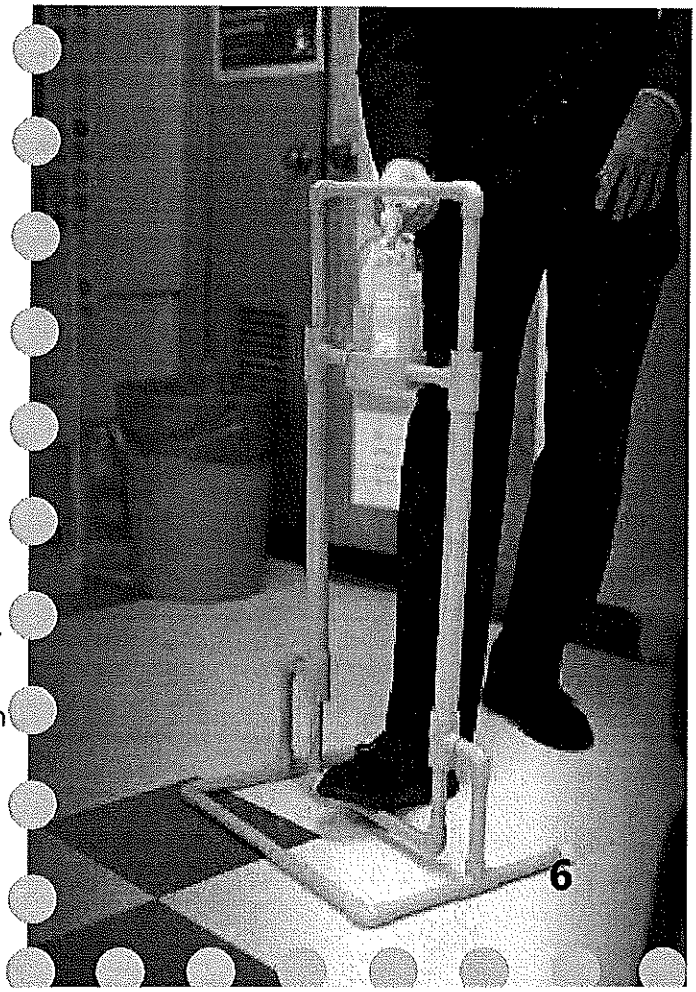
- **Within classrooms**, maintain 3 feet of physical distancing to the greatest extent practicable, while offering full-time, in-person learning to all students.
- **Outside of classrooms** including in hallways, locker rooms, indoor and outdoor physical education settings, and school-sponsored transportation, 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 fully vaccinated 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.

In addition to the distancing recommendations outlined above, the LEA may consider implementing one or more of the following strategies to maximize opportunities to increase distance between students:

- Consider structural interventions within classrooms to aid with social distancing including:
  - Facing desks in the same direction.
  - Avoiding grouped seating arrangements.
  - Arrange participants of early childhood programs head-to-toe during scheduled naptimes (refer to CDC Guidance for Operating Childcare Programs).

(updated August 2021)

- **Identifying opportunities to maximize physical distancing should be prioritized for the following higher-risk scenarios, especially during periods of high community transmission:**
  - In common areas, in spaces where students may gather such as hallways and auditoriums.
  - When masks cannot be worn, including cafeterias.
  - When masks may be removed, such as during outdoor activities.
  - During indoor activities when increased exhalation occurs, such as singing, shouting, band practice, sports, or exercise.



1 See also https://www.cdc.gov/coronavirus/2019-ncov/travelers/face-masks-public-transportation.html#faq

1.5 Hand Hygiene and Respiratory Etiquette

- LEAs should teach and reinforce handwashing with soap and water for at least 20 seconds 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 during those limited instances when the individual may be unmasked. (updated August 2021)
  - Used tissues should be thrown in the trash and hand hygiene as outlined above should be performed immediately.

- Maintain 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 hand washing.

1.6 Meals

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

- Maximize physical distance as much as possible when moving through the food service line and while eating (especially indoors).
  - Considering alternatives to use of group dining areas such as eating in classrooms or outdoors.
  - Staggering eating times to allow for greater physical distancing.

- Maintaining student cohorts and limiting mixing between groups, if possible.
- Avoiding offering self-serve food options.
- Discouraging students from sharing meals.
- Encouraging routine cleaning between groups.
- Frequently touched surfaces should be cleaned. 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. (updated August 2021)

1.7 Transportation

School buses should be considered school property for the purpose of determining the need for prevention 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.
- Open windows to increase airflow in buses and other transportation, if possible.
- Regularly clean high touch surfaces on school buses at least daily.

For more information about cleaning and disinfecting school buses or other transport vehicles, read CDC's guidance for bus transit operators.

2 Cleaning, Disinfection, and Airflow

2.1 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 routinely and preferably between use.
- Encourage hand hygiene practices between use of shared items.
- Discourage use of shared items that cannot be cleaned and disinfected.

2.2 Cleaning and Disinfection

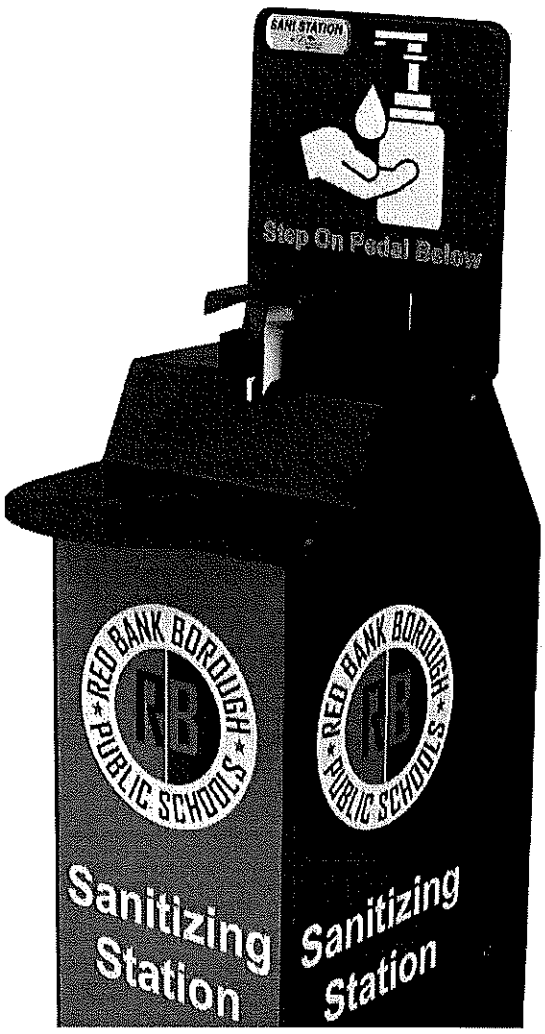
Schools should follow standard procedures for routine cleaning and disinfecting with an EPA-registered product for use against SARS-CoV-2. This means **at least daily** cleaning and disinfecting surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on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

- If a person exhibits COVID-19 compatible symptoms or tests positive for COVID-19 within 24 hours of being in the school building, school staff should clean and disinfect the spaces occupied by the person. Once the area has been appropriately disinfected, it can be re-opened for use.
  - 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) after the person has exited a space before cleaning and disinfecting.
  - 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.
  - Wear a mask and gloves while cleaning and disinfecting.

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 (tunnel that sprays disinfectant when a person walks through it). 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.



2.3 Improving 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 strategies:

- 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 interested in purchasing air purifiers for their schools 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.

3 Screening, Exclusion, and Response to Symptomatic Students and Staff

3.1 Parental 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. Schools should strictly enforce exclusion criteria for both students and staff (section 3.3 Exclusion).

Schools should educate parents about the importance of monitoring symptoms and keeping children home while ill. Schools can use 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.

3.2 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.

- 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 to 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 cloth 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 section 2.0: Cleaning, Disinfection and Airflow.

3.3 Exclusion

3.3.1 Definition of COVID-19 Compatible Symptoms

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: cough, shortness of breath, difficulty breathing, new olfactory disorder, or new taste disorder.

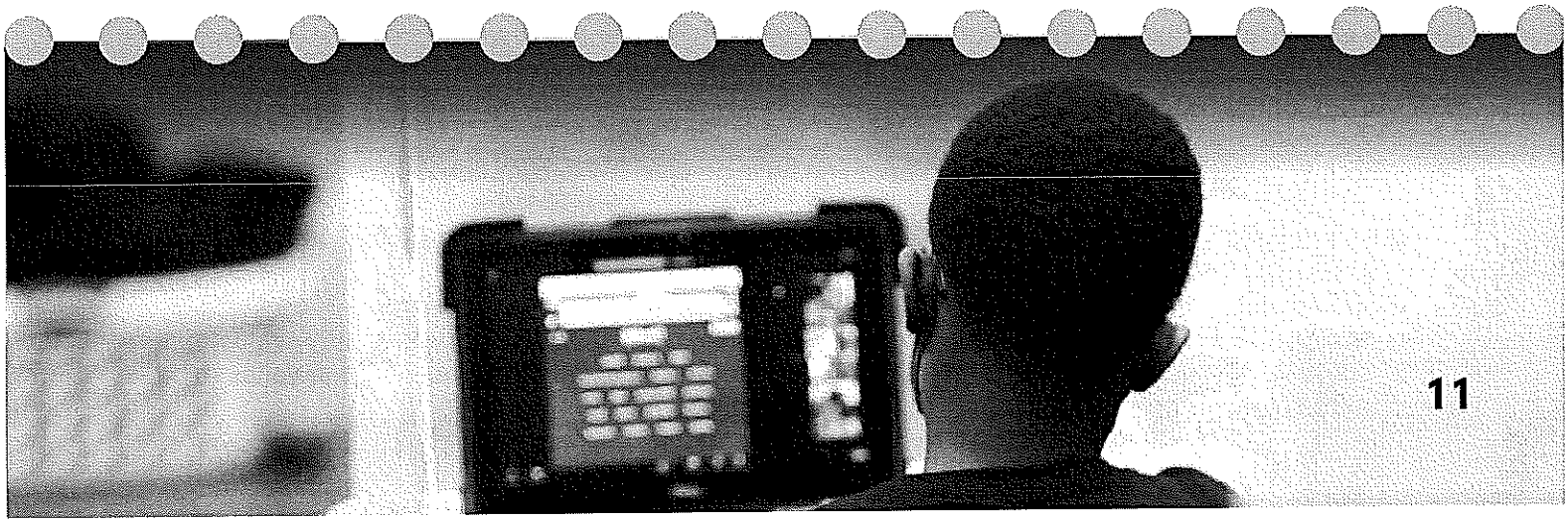
For students with chronic illness, only new symptoms or symptoms worse than baseline should be used to fulfill symptom-based exclusion criteria.

3.3.2 When Illness Occurs in the School Setting

Children and staff with COVID-19 symptoms should be separated away from others until they can be sent home. Ask ill student (or parent/guardian) and staff whether they have had potential exposure to COVID-19 in the past 14 days 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.
  - If community transmission is low, ill individuals without potential exposure to COVID-19 should follow 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 with testing capacity should test ill students and staff, consistent with any federal and state requirements, including requirements regarding parental consent.
  - Ill individuals who test positive should be reported to the LHD and contact tracing should begin.
  - Ill individuals that test negative should be referred to a healthcare provider, who may consider additional COVID-19 testing.
- LEAs should notify LHDs when students or staff:
  - Are ill and have potential COVID-19 exposure;
  - When they see an increase in the number of persons with COVID-19 compatible symptoms.
  - Test positive for COVID-19 (when in-school testing is performed).
- LEAs should be prepared to provide the following information when consulting with the LHD:
  - Contact information for the ill persons;
  - The date the ill person 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 may have had with other persons in the building or in other locations;
  - Names, addresses, and telephone numbers for ill person's close contacts in the school;
  - Vaccination status if known
  - Any other information to assist with the determination of next steps.
- LEAs are encouraged to report weekly student and staff case counts to NJDOH through the Surveillance for Influenza and COVID-19 (SIC) Module in CDRSS. (updated August 2021)
  - Registration and training on the data elements to report, timelines, and instructions on using the surveillance module can be found at https://cdrs.doh.state.nj.us/cdrss/common/cdrssTrainingNotes

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.



3.3.3 Exclusion

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

- Ill individuals with COVID-19 compatible symptoms who have not been tested or individuals who tested positive for COVID-19 should stay home until at least 10 days have passed since symptom onset and at least 24 hours have passed after resolution of fever without fever reducing medications and improvement in symptoms.
- Persons who test positive for COVID-19 but who are asymptomatic should stay home for 10 days from the positive test result.
- An alternate diagnosis (including a positive strep test or influenza swab) without a negative COVID-19 test is not acceptable for individuals who meet COVID-19 exclusion criteria to return to school earlier than the timeframes above.

Exception: During periods of low community transmission, ill individuals excluded for 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. (updated August 2021)

The COVID-19 Exclusion List described in NJDOH guidance for Local health departments can be used to determine the need for and duration of school exclusion based on the level of COVID-19 community transmission in their region. 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

CDC released guidance with options to shorten the quarantine time period following exposure to a confirmed positive case. While CDC and NJDOH continue to endorse 14 days as the preferred quarantine period– and thus the preferred school exclusion period – regardless of the community transmission level, it is recognized that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus. Additional information is described in NJDOH quarantine guidance.

To that end, excluded individuals who are close contacts of staff or students who tested positive for COVID-19 may be considered for a reduced exclusion period based on community transmission levels as follows:

High (orange) exposed close contacts should be excluded from school for 14 days.

Moderate or Low (yellow or green) exposed close contacts should be excluded from school for 10 days (or 7 days with negative test results collected at 5-7 days)

Schools serving medically complex or other high-risk individuals should use a 14-day exclusion period for the exclusion of these individuals or those who work closely with them when identified as close contacts in all levels of community transmission.

Exposed close contacts who are fully vaccinated and have no COVID-like symptoms:

- Do not need to quarantine, be excluded from school, or be tested following an exposure to someone with suspected or confirmed COVID-19.
- Should still monitor for symptoms of COVID-19 for 14 days following an exposure.
- If they experience symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, including SARS-CoV-2 testing and inform their health care provider of their vaccination status at the time of presentation to care.

Remote Instruction/180-Day Requirement

Pursuant to N.J.S.A. 18A:7F-9, schools must be in session for 180 days to receive state aid. The statute requires that school facilities be provided for at least 180 days during the school year. Section (b) notes that where a district is required to close the schools of the district for more than three consecutive school days due to a declared state of emergency, declared public health emergency, or a directive and/or recommendation by the appropriate health agency or officer to institute a public health-related closure, days of virtual or remote instruction commensurate with in-person instruction will count towards the district's 180-day requirement.

LEAs may be confronted with the incidence of COVID-19 positive cases amongst staff and/or students. If an LEA is required to exclude a student, group of students, a class, or multiple classes as a result of the scenarios listed above, while the school itself remains open for in-person instruction, the LEA should be prepared to offer virtual or remote instruction to those students in a manner commensurate with in-person instruction to the extent possible. In circumstances when the school facilities remain open and in-person instruction continues in those classrooms that are not required to quarantine, those days in session will also count towards the district's 180-day requirement in accordance with N.J.S.A. 18A:7F-9.[2]

2 Students with underlying health conditions that may make them more susceptible to or exacerbate the symptoms of COVID-19 may be eligible for home instruction per the process outlined at N.J.A.C. 6A:16-10.1 or as required by the student's Individualized Education Plan (IEP) or 504 plan.

4 Contact Tracing

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts of 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.

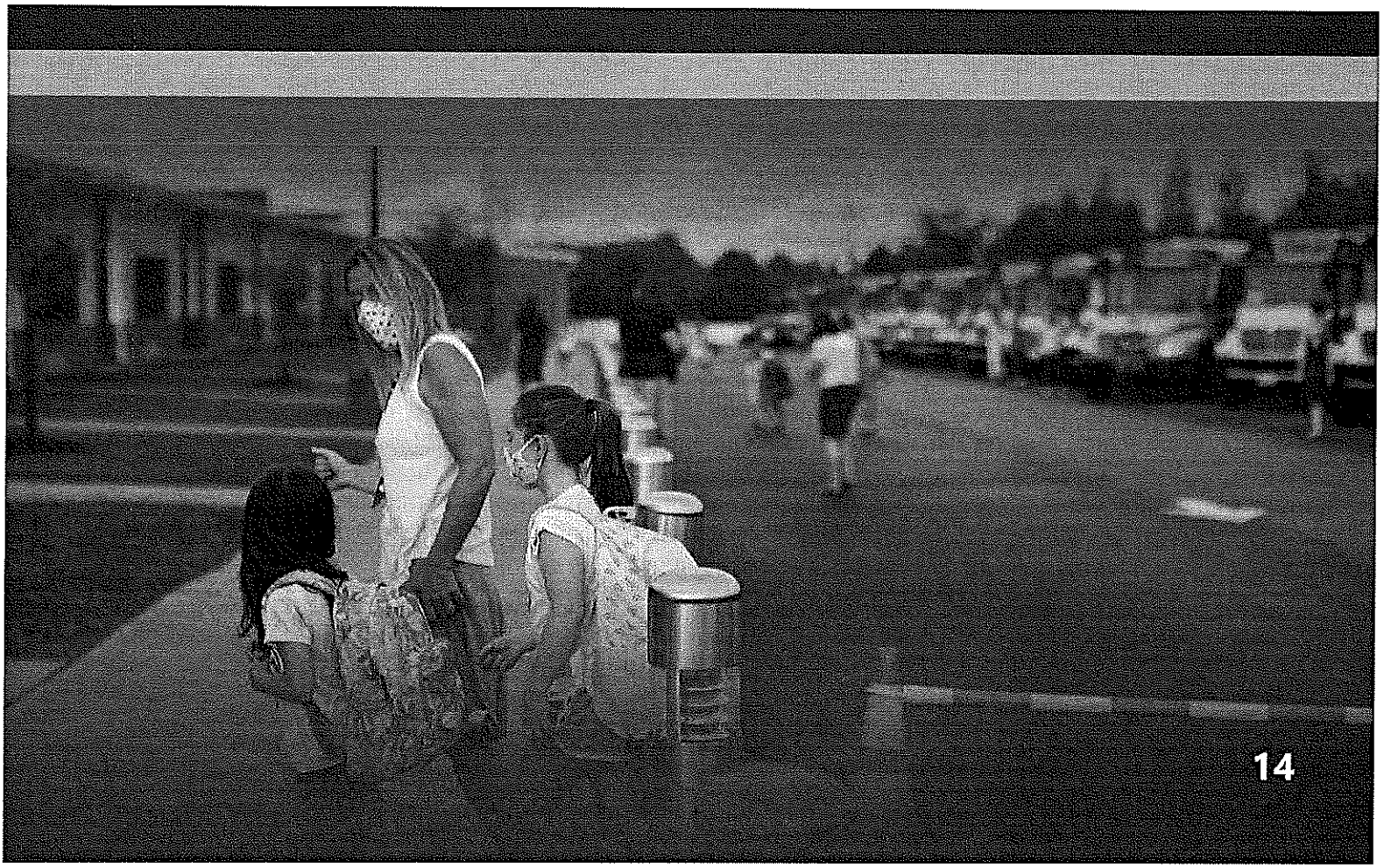
Per the CDC, close contact is defined as being within 6 feet of someone with suspected or known COVID-19 for 15 or more minutes during a 24-hour period. In certain situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group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

Exception: In the **K–12 indoor classroom** setting, the close contact definition ***excludes* students** who were within **3 to 6 feet of an infected student** (laboratory-confirmed or a clinically compatible illness) where both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting. (updated 8/21)

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.



5 Testing

When schools implement testing combined with key prevention strategies, they can detect new cases to prevent outbreaks, reduce the risk of further transmission, and protect students, teachers, and staff from COVID-19.

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 after obtaining 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 laboratory for testing, if trained in specimen collection, but without having a CLIA certificate of waiver. It is important that school-based healthcare professionals have access to, and training on the proper use of personal protective equipment (PPE).

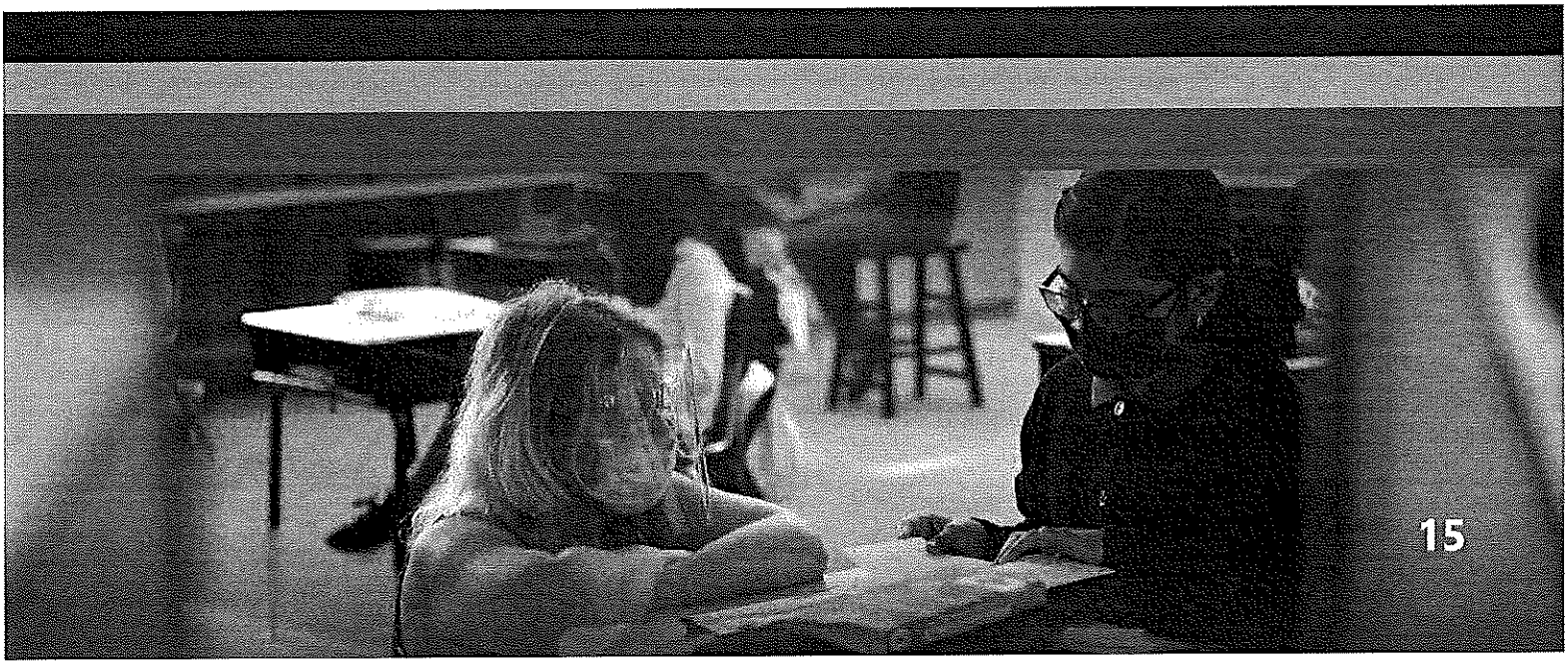
5.1 Diagnostic Testing

At all levels of community transmission, NJDOH recommends that schools work with their local health departments 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.

5.2 Screening Testing

Some schools may also elect to 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.

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 local health departments.



Public Health Recommendations for Implementing COVID-19 Screening Testing in K-12 Schools

June 22, 2021

Overview:

Viral testing strategies in schools are part of a comprehensive prevention approach. Testing should not be used alone, but in combination with other prevention strategies to reduce the risk of SARS-CoV-2 transmission in schools. When schools implement testing combined with prevention strategies, they can detect new cases to prevent outbreaks, reduce the risk of further transmission, and protect students, teachers, and staff from COVID-19.

Testing strategies can be broadly divided into diagnostic testing, which evaluates symptomatic individuals or individuals who have been exposed to COVID-19, and screening testing, in which entire groups or cohorts of asymptomatic cases are tested to prevent secondary transmission before such cases would typically be identified. All K-12 schools should have a plan to provide or refer for diagnostic testing, and, if resources allow, schools should develop a screening testing strategy to identify asymptomatic cases. The below recommendations are intended to provide guidelines for K-12 schools who implement screening testing for students and staff. All testing strategies in K-12 schools should be developed in consultation with local health departments.

Types of Screening Tests

Molecular and/or antigen tests are viral tests that may be used for screening testing in K-12 schools. When considering which test or tests to use for screening testing, schools or their testing partners should choose those that can be reliably supplied and that provide results within 24-48 hours.

Molecular Tests

Molecular tests, which include nucleic acid amplification tests (NAAT) such as RT-PCR, are highly accurate viral tests for the virus that causes COVID-19. Most molecular tests need to be processed in a laboratory where results may take up to 1-3 days, but some molecular tests can be performed at or near the point-of-care with results available in about 15 minutes.

Antigen Tests

Antigen tests are less sensitive than molecular tests, but most carry the advantage of rapid processing at the point-of-care with results available in about 15 minutes. Antigen test results might need confirmation with a molecular test in certain circumstances, such as a negative test in persons with symptoms or a positive test in persons without symptoms. Schools should work with public health agencies to develop a confirmation and referral plan before implementing antigen testing.

Antigen tests can be used for screening testing in schools. The immediacy of results (test results in 15–30 minutes), modest costs, and feasibility of implementation of antigen testing make them a reasonable option for school-based screening testing.

Collection Methods

Different platforms of molecular and antigen tests may rely on different collection methods (e.g. nasal swabs, nasopharyngeal swabs, saliva samples). The feasibility and acceptability of tests that use nasal (anterior nares) swabs make these types of tests more readily implemented in school settings, although tests that use saliva specimens might also be acceptable alternatives for younger children.

Pooled Testing

Schools may consider using pooled testing as a screening testing strategy for students. Pooled testing involves mixing several samples from different individuals together in a "batch" or pooled sample, then testing the pooled sample with a diagnostic test. This approach increases the number of individuals that can be tested and reduces the need for testing resources. This approach may be particularly helpful in schools using cohorts. Because of the complexities of acting on a positive result, pooled testing is best used in situations where the number of positives is expected to be very low. NJDOH strongly recommends that schools considering pooled testing ensure that the performing laboratory can test to the individual level should the pool be positive BEFORE contracting with that laboratory for screening testing services.

Pooled testing may reduce costs and may be considered for at least weekly screening testing in areas of low (green) and moderate (yellow) community transmission and may be particularly helpful in schools using cohorts.

Schools considering pooled testing must ensure that the performing laboratory can test to the individual level within 24-48 hours should the pool be positive.

Requirements for Screening Testing:

Screening testing strategies should be developed in conjunction with public health agencies and should be part of a comprehensive prevention approach.

Before implementing testing in their schools, K-12 administrators should coordinate with public health officials to ensure there is support for this approach from students, parents, teachers, and staff, and to develop a testing plan that has key elements in place:

- Mechanism to obtain parental consent for minor students and assent/consent from the students themselves.
    - Testing should be offered on a voluntary basis.
    - School-based testing should NEVER be conducted without consent from a parent or legal guardian (for minor students) or from the individual him or herself (for adults).
    - It is **not** recommended to retest individuals who have tested positive and do not have symptoms for COVID-19 for up to 3 months from their last positive test.
- All screening tests should be authorized by FDA for the specific intended use (i.e., screening, pooling), and a mechanism in place for test orders by a licensed health care provider.
- Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver requirements to perform school-based testing with EUA authorized tests.
- Mechanism to report all testing results as required by the NJDOH.
- Physical space to conduct testing safely and privately (i.e., gymnasium, auditorium).

- Ability to maintain confidentiality of results and protect student privacy.
- Plans for ensuring access to confirmatory testing when needed (symptomatic persons who receive a negative test result and asymptomatic persons who receive a positive test result). See NJDOH recommendations below.

School nurses may perform COVID-19 point-of-care testing if they receive a CLIA certificate of waiver or are functioning under a CLIA certificate of waiver of another organization. It is important that school nurses have access to and training on the proper use of personal protective equipment (PPE).

Not every school will have the staff, resources, or training to conduct testing. If these elements are not in place, schools may consider a referral-based or contractual testing strategy in collaboration with public health agencies.

Interpreting/Reporting Screening Test Results:

All test results should be reported to public health agencies. In addition, individuals who test positive by any testing modality should follow NJDOH exclusion guidance. In all circumstances, after receiving the results of a positive test:

- The individual should be immediately excluded from school.
- School-based close contacts should be identified and excluded from school for 10 days (regional risk green/yellow) or 14 days (regional risk orange).

Individuals who test positive by **rapid antigen test** and who are asymptomatic should be additionally referred for confirmatory testing by a **molecular test** (for example, RT-PCR). Individuals who do not have confirmatory testing must follow COVID-19 Exclusion Criteria.

Pooled testing

Schools that elect to use pooled testing for screening should follow CDC recommendations for implementation and interpretation. In general, the results of entire pools should not be reported to public health agencies. Instead:

- If a pool tests negative, each individual within the pool should be reported to public health agencies as negative.
- If a pool tests positive, the diagnostic laboratory must perform **diagnostic testing of every individual in the pool** and report individual test results to public health agencies.

Reporting

All SARS-CoV-2 test results must be reported to public health agencies. While other reporting mechanisms may become available, currently any facility that conducts school based testing will need to have access to the NJDOH Communicable Disease Reporting and Surveillance System (CDRSS) to report test results. The Quick Start Option for COVID-19 Training can be found on the CDRSS home page (available at: https://cdrs.doh.state.nj.us/cdrss/login/loginPage/).

While schools are waiting for access to CDRSS, results can be reported to the local health department.

In addition to reporting individual test results, schools who are conducting screening testing should report aggregate weekly data to NJDOH through the CDRSS School Surveillance Module. For schools who are not currently reporting weekly surveillance data into CDRSS, go to the CDRSS home page under "System Announcements" scroll down to the K-12 SIC Module Enrollment and Training. Watch the SIC module training video and complete the User Agreement and return to CDS.COV.RPT@doh.nj.gov.

School nurses/staff who are conducting school-based testing do not need to manually enter negative results into CDRSS as long as weekly aggregate counts are reported; however, if testing is performed in a laboratory or if the school contracts for testing services, positive and negative results must be electronically reported by the laboratory/contractor to NJDOH.

Screening Testing Strategies

The following matrix provides one example of a testing strategy that can be used based on the regional risk of the school conducting screening testing.

As a baseline, schools offering screening should consider testing teachers and staff and students participating in sports on a weekly basis. When there is moderate level of COVID-19 activity (yellow on regional CALI score), schools should also consider screening all students or a sample of students on a weekly basis. At high levels of COVID-19 (orange on regional CALI score), schools should test students and staff participating in higher risk sports twice weekly.

<table>
<tr><th>Low</th><th>Moderate</th><th>High</th><th>Very High</th></tr>
<tr><td colspan="4">Screening testing for teachers and staff: Screening testing of teachers and staff offered at least once per week</td></tr>
<tr><td>Screening testing for students may not be necessary[1]</td><td colspan="3">Screening testing for students: Screening testing of all students or random samples of students [2] offered at least once per week</td></tr>
<tr><td colspan="2">Testing for all sports[3]: Schools that have access to testing should conduct testing on students and staff participating in sports at least once per week</td><td colspan="2">Testing for higher risk sports[3]: Schools that have access to testing should conduct testing of students and staff participating in these activities twice per week

Testing for lower risk sports: Schools that have access to testing should conduct testing of students and staff participating in these activities at least once per week</td></tr>
</table>

[1] Unless participating in sports.

[2] Schools may consider testing a random sample of at least 10% of students for screening testing in areas of moderate or higher community transmission. Students participating in sports should only follow those testing guidelines. If testing resources are limited, schools should prioritize teachers and staff over students, due to higher risk of disease amongst these individuals, and high school students and middle school students over elementary school students, given higher infection rates amongst this population.

[3] Higher-risk sports typically include those that cannot be done outdoors or with masks, or that involve close face to face contact. For more information on assessing the risk of spread in sports see https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html

Resources

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

CDC Operational Strategy for K-12 Schools through Phased Prevention

Rockefeller Foundation - COVID-19 Testing in K-12 Settings: A Playbook for Educators and Leaders

Shah Family Foundation COVID-19 Educational Testing Toolkit

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

Updated March 23, 2021

NJDOH will continue to implement a statewide approach for school reopening with a regional/local focus. The reopening of schools requires a broad community commitment to reduce the risk of exposure to the virus that causes COVID-19. Such commitment involves social distancing, wearing masks, cleaning and disinfection and meticulous hygiene practices such as frequent handwashing. Some amount of community mitigation will also be necessary until a vaccine or therapeutic drug becomes widely available.

Based on available data, in-person learning in schools has not been associated with substantial community transmission. Though outbreaks do occur in school settings, multiple studies have shown that transmission within school settings is typically lower than or at least similar to levels of community transmission when mitigation strategies are in place in schools.

K–12 schools should be among the last settings to close after all other mitigation measures in the community have been employed, and among the first to reopen when they can do so safely. Many K-12 schools that have implemented mitigation strategies have been able to safely open for in-person instruction and remain open. CDC's Operational Strategy for K-12 Schools through Phased Prevention outlines information for schools to reopen and help them remain open through consistent use of mitigation strategies, especially universal and correct use of masks and physical distancing.

As schools transition to in-person instruction, they should consider how best to structure educational services to minimize risk to staff and students in line with the New Jersey Department of Education (NJDOE)'s "The Road Back: Restart and Recovery Plan for Education" guidelines and Executive Order 175. The CDC's School and Child Care Programs page provides various resources and recommendations for school operations and is meant to supplement, **not replace,** any state or local health and safety laws, rules, and regulations with which schools must comply.

This guidance document outlines NJDOH COVID-19 public health recommendations for school settings and is intended for use by local health departments (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

Local health departments should maintain close communication with school officials in their community 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. LHDs should identify a designated point of

contact within each school that will be responsible for coordinating COVID-19 response with local public health authorities.

Regional COVID-19 Risk Levels

Understanding that COVID-19 may impact certain areas of the state differently, NJDOH provides information on COVID-19 transmission at the regional level, characterizing risk as low (green), moderate (yellow), high (orange), and very high (red). This information will be posted online every week on the NJDOH CDS COVID-19 website and sent out via New Jersey Local Information Network and Communications System (NJLINCS) to public health and healthcare partners.

To sign up to receive health alert messages, contact your local health department or request a new account at **https://www.njlincs.net/default.aspx**

The COVID-19 Regional Risk Matrix provides data and public health recommendations for local health departments and schools to consider based on the level of COVID-19 transmission in their region. The matrix is for the LHDs in collaboration with the local school districts and the Communicable Disease Service. Regional risk levels are just one tool that local health departments and schools can use when assessing COVID-19 risk. Local health departments have additional knowledge of COVID-19 in their jurisdictions that can inform local planning and response actions. **Implementation of these public health recommendations should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community.**

The COVID-19 Regional Risk Matrix provides public health recommendations regarding the type of instruction (in-person, hybrid, remote), response to ill staff or students, exclusion criteria, and activities that involve interaction with multiple cohorts.

Regions:

- Northwest: Morris, Passaic, Sussex, Warren
- Northeast: Bergen, Essex, Hudson
- Central West: Hunterdon, Mercer, Somerset
- Central East: Middlesex, Monmouth, Ocean, Union
- Southwest: Burlington, Camden, Gloucester, Salem
- Southeast: Atlantic, Cape May, Cumberland

LHDs should use the COVID-19 Regional Risk Matrix when providing guidance for schools on actions they should take based on the level of COVID-19 risk in their region.

Younger children may benefit more from in-person instruction, are less independent, and may be less likely to be infected than older students. NJDOH guidance is intended to offer recommendations and strategies for K-12 schools. However, schools that have implemented mitigation strategies that have allowed them to successfully open to full in-person instruction may continue to follow these strategies.

There is diverse guidance regarding the optimal physical distance for the prevention of COVID-19 disease transmission. The distancing recommendations in this current guidance aim to balance risk of disease transmission with the benefits of offering in-person instruction to as many children as possible. Increased distancing may be more important for middle/ high school students and adults and during times of higher community transmission. Additionally, **CDC continues to recommend six feet of physical distancing when masks cannot be worn, such as while eating and drinking.**

NJDOH continues to use proximity of six feet or less for more than 15 minutes to determine the need for quarantining persons in contact with a COVID-19 case.

COVID-19 Regional Risk Matrix

For use by LHDs when providing guidance to school districts

Low Risk	Moderate Risk	High Risk	Very High Risk
Recommend full in-person instruction[1]. A minimum of 3 feet of physical distancing between students should be maintained in classrooms with strict adherence to mask-wearing. In response to ill students and staff, follow NJDOH School Exclusion List * If ill person had potential exposure in past 14 days, follow COVID-19 exclusion criteria; wait at least 24 hours and clean/disinfect areas where ill person spent time. Permit limited activities involving interaction with multiple cohorts, ensuring adherence to precautions.	Recommend full in-person instruction[1]. A minimum of 3 feet of physical distancing between students should be maintained in classrooms with strict adherence to mask-wearing. In response to ill students and staff with COVID-19 compatible symptoms, follow COVID-19 exclusion criteria; wait at least 24 hours and clean/disinfect areas where ill person spent time. Recommend minimizing activities that involve interaction with multiple cohorts (i.e. clubs, assemblies, sports).	**Elementary schools:** Recommend full in person instruction. A minimum of 3 feet of physical distancing between students should be maintained in classrooms with strict adherence to mask-wearing. **Middle/High Schools:** Consider in-person instruction if able to maximize physical distancing of 6 feet or more. Recommend 6 feet of physical distancing between students to the maximum extent practicable with strict adherence to mask-wearing. In response to ill students and staff with COVID-19 compatible symptoms, follow COVID-19 exclusion criteria; wait at least 24 hours and clean/disinfect areas where ill person spent time. Recommend restricting activities that involve interaction with multiple cohorts (i.e. clubs, assemblies, sports).	Recommend fully remote learning

RISK LEVELS GREEN, YELLOW, AND ORANGE (*IF OPEN FOR IN-PERSON OR HYBRID LEARNING*):

- **Enforce mask-wearing at all times.**
- **Implement physical distancing measures to the extent described in the regional risk matrix.**
- In response to a COVID-19 case among staff or students, follow COVID-19 exclusion criteria; work with local health department to identify and exclude close contacts following NJDOH guidance; refer to guidance on cleaning and disinfection.
- Offer students, teachers, and staff who are at high risk of severe illness or who live with people at high risk the option of virtual instruction.
- Require staff and students to stay home when sick.
- Require students and staff, unless fully vaccinated and asymptomatic, to stay home if they have been in close contact with someone with COVID-19 within the past 14 days. If someone in their household is being tested for COVID-19 due to illness, students and staff, unless fully vaccinated and asymptomatic, should stay home until the test result is received.
- Have a policy for daily symptom screening for students and staff; have plans for students and staff to report symptoms that develop during the day.
- In conjunction with local health department, identify COVID-19 rapid testing resources (viral testing) for when staff and students develop COVID-19 compatible symptoms.
- Clean and disinfect frequently touched surfaces at least daily.
- Ensure adequate hand hygiene supplies are readily available.
- Improve airflow to the greatest extent possible.
- Consider physical barriers/partitions as an acceptable additional mitigation strategy where feasible.

[1]Full in-person instruction means to open to as many students as possible with mitigation strategies in place, including minimum social distancing (as referenced in the risk chart above), universal masking, cleaning, hand hygiene and other strategies in place as recommended. Hybrid learning may be necessary to accommodate distancing, with an emphasis on elementary and priority learners of all ages.

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
- COVID-19 compatible symptoms
- Potential exposure to COVID-19 from:
    - Close contact with a person with COVID-19 in the past 14 days.
- Engaged in domestic and/or international travel in the past 10 days, unless they are exempt from the quarantine recommendation:
    - NJ travel advisory
    - CDC After You Travel

Siblings of a student who has symptoms and 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 self-quarantine.

Students and staff can consult with local public health authorities and refer to CDC guidance if they have been sick with COVID-19 and when it is appropriate to return to work or school if they have recently had a close contact with a person with COVID-19.

Maintain Social & Physical Distancing and Small-Group Cohorting

Schools should establish policies and implement structural interventions to promote physical distance in classrooms to the extent described in the regional risk matrix. Outside of classrooms, 6 feet of physical distancing should be maintained to the maximal extent practicable for all grade levels.

6 feet of physical distancing is particularly important in the following scenarios:

- For middle and high schoolers when regional risk is high (orange).
- Between staff members in the school building and between staff members and students.
- In common areas, such as school lobbies and auditoriums.
- When masks can't be worn, such as when eating.
- During activities when increased exhalation occurs, such as singing, shouting, band practice, sports, or exercise (even if masks are worn).
- In community settings outside of the classroom.

The more people a person interacts with, the closer the physical interaction, the more sharing of supplies or equipment there is by multiple people, and the longer the duration of

that interaction, the higher the risk of COVID-19 spread. Therefore, the risk of COVID-19 spread varies by the type of activity and may vary by how those activities are conducted in an individual school.

The risk of COVID-19 transmission is lower when:

- There are small, in-person classes, activities, and events.
- Students are physically distanced and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).
- Groups of students stay together and are with the same teacher throughout the school day and groups do not intermingle.

The risk of COVID-19 transmission is higher when:

- There are full sized, in-person classes, activities, and events.
- Students are not spaced apart, share classroom materials or supplies, and intermingle between classes and activities.

When assessing the risk of the spread of COVID-19 in extracurricular activities (i.e. sports, clubs, choir), schools should consider:

- Physical proximity of students/staff and length of time students/staff are close to each other.
- Amount of necessary touching of shared equipment.
- Ability to engage in physical distancing during activity.
- Age of the students and ability to consistently follow prevention recommendations.
- Participants (students/staff) who are at high risk of severe complications from COVID-19.
- Ability to enforce and ensure compliance with prevention strategies.

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.

Maintaining cohorts or groups of students with dedicated staff who remain together throughout the day, including at recess and lunch times, limits the amount of contact between individuals. Reducing the mixing of students, teachers and staff through groups:

- Decreases the opportunities for exposure or transmission of COVID-19 at school.
- Makes contact tracing easier in the event of a positive case.
- Simplifies recommendations for testing, quarantine, and isolation to a single cohort.

Examples of activities that might be minimized or restricted (depending on the current risk of community transmission) include:

- Field trips, extracurricular activities, assemblies, and other gatherings.
    - Limit activities to those that can maintain physical distancing, the use of masks, and support proper hand hygiene.
    - Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, if possible.
- School Sports (additional notes below)
- Choir and music (additional notes below)

When a school is pursuing fully remote learning due to elevated community transmission of COVID-19 or due to a current outbreak, NJDOH recommends postponing extracurricular activities. If a school has an active outbreak of COVID-19 but remains open, in consultation with the local health department and based on the public health investigation, some or all extracurricular activities may need to be postponed until the outbreak is concluded.

Refer to New Jersey Department of Education (NJDOE)'s "The Road Back: Restart and Recovery Plan for Education" for additional guidance and requirements on social and physical distancing and on small-group cohorting.

School Sports:

Under Executive Order 149, high school sports under the jurisdiction of the NJSIAA may resume only in accordance with reopening protocols issued by NJSIAA. However, in-person instruction should be prioritized over extracurricular activities including sports and school events to protect in-person learning.

Schools should develop individualized plans for the implementation of school sports which adhere to NJDOH recommendations on minimizing cohort mixing based on the current risk of community spread. Additionally, schools should use current community transmission risk and a determination of the school's ability to conform to NJDOH guidance on sports activities to help determine whether sports that carry a higher frequency of close interaction based on risk levels described in NJDOH Guidance on Sports Activities should continue.

Indoor sports bear a greater risk of transmission of SARS-CoV-2, and certain close contact sports (e.g. ice hockey) carry higher relative risk. The risks and benefits of indoor sports, in addition to the current community prevalence of COVID-19, should be carefully considered when making decisions about continuing or resuming indoor sports. If indoor sports take place, proper use of a face mask for all indoor sports training and competition (except in the examples noted above) is strongly recommended.

Restrictions regarding indoor youth sports practices and competitions including interstate games and tournaments are delineated in Executive Orders Nos. 194 and 204 and Administrative Order 2020-25.

When a school is pursuing fully remote learning due to elevated community transmission of COVID-19 or due to a current outbreak, NJDOH recommends postponing school sport practices and competitions. If a school has an active outbreak of COVID-19 but remains open, in consultation with the local health department and based on the public health investigation, some or all school sport practices and competitions may need to be postponed until the outbreak is concluded.

Additional guidance for youth sports can be found at:

- NJDOH Guidance on Sports Activities
- CDC Considerations for Youth Sports

Choir and Music:

Due to potential increased risk of droplet transmission, physical distancing should be prioritized for wind instruments and singing. If it's safe and weather permits, consider moving class outdoors where air circulation is better than indoors and maintain at least 6 feet distance between students (all grade levels).

When students are not singing or playing an instrument that requires the use of their mouths, they should wear a mask in music class (unless class is outdoors, and distance can be maintained).

ArtsEdNJ has released September Ready Fall 2020 Guidance for Arts Education. The National Association for Music Education has developed Fall 2020 Guidance for Music Education for PreK-12 schools for music instruction for students of all ages and grade levels during the COVID-19 pandemic.

Limit Use of Shared Supplies and Equipment

- Ensure adequate supplies (i.e. art 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.
- Avoid sharing electronic devices, toys, books, games or other learning aids. If items must be shared, clean and disinfect between uses.
- Discontinue use of shared items that cannot be cleaned and disinfected.

Hand Hygiene and Respiratory Etiquette

- 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.
- Hand hygiene should take place:
    - Upon arrival at school.
    - Before and after meals and snacks.
    - After going to the bathroom.
    - Before leaving for the day.
    - After blowing nose, sneezing, or coughing into tissue.
    - When hands are visibly soiled.
- Assist/observe young children to ensure proper handwashing.

Masks

Wearing masks is an important step to help slow the spread of COVID-19 when combined with everyday preventive actions and social distancing in public settings. CDC suggests that all school reopening plans address adherence to behaviors that prevent the spread of COVID-19. Information on the use of masks in schools is outlined in Guidance for K-12 School Administrators on the Use of Masks in Schools and Additional Considerations for the Use of Masks Among K12 Students. Masks must be worn by staff, students, and visitors in all situations except as delineated in Executive Order 175. This includes prior to boarding the school bus, while on the bus and until they are completely off the bus.

The following principles apply to the use of masks in schools:

- Schools should teach students how to correctly wear a mask and reinforce their use.
- Masks are not a substitute for physical distancing. Masks and/or barriers do not preclude an individual from being identified as a close contact to a COVID-19 case.
- Information should be provided to staff and students on proper use, removal, and washing of masks.
    - The most effective fabrics for cloth masks are tightly woven such as cotton and cotton blends, breathable, and in two or three fabric layers. Masks with

exhalation valves or vents, those that use loosely woven fabrics, and ones that do not fit properly are **not recommended.**

- Masks should be washed after every day of use and/or before being used again, or if visibly soiled or damp/wet.
- Disposable face masks should be changed daily or when visibly soiled, damp or damaged.
- Students and schools should have additional disposable or cloth masks available for students, teachers, and staff in case a back-up mask is needed (e.g. mask is soiled or lost during the day).

- Appropriate and consistent use of masks may be challenging for some students, teachers, and staff, including:
  - Students, teachers, and staff with severe asthma or other breathing difficulties.
  - Students, teachers, and staff with special educational or healthcare needs, including intellectual and developmental disabilities, mental health conditions, and sensory concerns or tactile sensitivity.
- For staff who are unable to wear a mask for health reasons such as those outlined above, schools may consider assigning other duties or locations to limit interaction or allow teleworking.

For more information on masks in schools, please see NJDOE's School Reopening Frequently Asked Questions under the Face Coverings section as well as updated NJDOE Road Back guidance.

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.

Cleaning, Disinfection and Airflow

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. Information on cleaning and disinfecting your facility can be found at https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html. Increasing the frequency of cleaning when there is an increase in respiratory or other seasonal illnesses is always a recommended prevention and control measure.

Cleaning and disinfecting after:

- **Notification of a case of COVID-19:**
  - As long as routine cleaning and disinfecting have been done regularly (at least daily), additional cleaning measures are not necessary unless the COVID-19 case is in school on the day school officials are notified of the positive test. Depending on when the person with COVID-19 was last on site, it may be difficult to know what areas they were in and what objects or surfaces they may have touched after they became sick.
  - If routine cleaning and disinfection have not been performed at least daily, or if the COVID-19 case is in school the day school officials are notified, close off areas used by the COVID-19 case (e.g. offices, bathrooms, classrooms, and common areas), open outside doors and windows to increase air circulation in the area and wait 24 hours after the COVID-19 case was last in school before cleaning and disinfection. If it has been more than 7 days since the COVID-19 case was at school, additional cleaning and disinfection is not necessary.
    - Cleaning staff should clean and disinfect all areas used by the ill person such as offices, classrooms, bathrooms, common areas, and shared electronic equipment (like tablets, touch screens, keyboards, remote controls), focusing especially on frequently touched surfaces.
    - Once area has been appropriately disinfected, it can be opened for use.
- **An individual becomes ill with COVID symptoms and meets COVID-19 exclusion criteria while in school (refer to COVID-19 Regional Risk Matrix):**
  - Immediately close off areas used by the person who is sick with COVID-19 symptoms (e.g. offices, bathrooms, classrooms, and common areas), open outside doors and windows to increase air circulation in the area and wait 24 hours before cleaning and disinfection.
  - Cleaning staff should clean and disinfect all areas used by the ill person such as offices, classrooms, bathrooms, common areas, and shared electronic equipment (like tablets, touch screens, keyboards, remote controls), focusing especially on frequently touched surfaces.
    - Once area has been appropriately disinfected, it can be opened for use.

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.

Further information on strategies to improve air flow and ventilation for public school buildings is available on nj.gov.

Symptom Screening

NJDOH recommends that schools have a policy for daily symptom screening for students and staff. CDC has outlined considerations for schools who plan to implement on site screenings. On site screening upon arrival should include symptoms listed below. Schools should follow DOE recommendations on children who are found symptomatic upon screening. See Appendix 1 for a sample parental screening tool.

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 are encouraged to 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.

- Having a plan to screen students if not screened by parents prior to arrival.
- 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.

Schools should implement a plan to screen teachers and staff before or upon arrival at school. Schools should follow CDC's Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 for information on symptom screening for teachers and staff.

Preparing for Illness

Schools should ensure that procedures are in place to identify and respond to when a student or staff member 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.
- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If a school calls an ambulance or transports someone to a hospital, alert them beforehand that the person may have COVID-19.
- 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 cloth 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.

COVID-19 Symptoms

While some children and infants have been sick with COVID-19, adults make up most of the known cases to date. Early research suggests that fewer children than adults with COVID-19 get a fever, cough, or shortness of breath. Few children with COVID-19 have had to be hospitalized. However, severe illness has been reported in children, most often in infants less than one year of age.

Some children have developed multisystem inflammatory syndrome (**MIS-C**). Currently, information about this syndrome is limited.

According to the CDC, children do not seem to be at higher risk for getting COVID-19. However, some people, including children with special health care needs, may be at higher risk. Those at increased risk include:

- Older adults
- People who have serious chronic medical conditions like:
    - Cancer
    - Chronic kidney disease
    - COPD
    - Immunocompromised state from solid organ transplant
    - Obesity (body mass index of 30 or higher)
    - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
    - Sickle cell disease
    - Type 2 diabetes

Signs and symptoms of COVID-19 in children may be similar to those of common viral respiratory infections or other childhood illnesses. The overlap between COVID-19 symptoms and other common illnesses means that many people with symptoms of COVID-19 may actually be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. Individuals with COVID-19 have had a wide range of symptoms reported – ranging from mild to severe illness. There is not a single symptom that is uniquely predictive of a COVID-19 diagnosis so if suspected, a viral test is the only way to confirm that someone has a current COVID-19 infection. Symptoms may appear 2-14 days after exposure to the virus and include the following:

- Fever 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.

Symptom Based Exclusion for Individuals with COVID-19 Compatible Symptoms:
Parents should not send students to school when sick. School staff should have plans to isolate students with overt symptoms of any infectious disease that develop during the school day. 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: 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.

When Illness Occurs Within the School Setting

Children and staff with COVID-19 symptoms should be placed away from others and asked to wear a mask until they can be sent home. Per state policy, all students' (age 2 and older) noses and mouths should be covered with a mask. If a mask is not tolerated by the ill student or staff member, other staff should be sure to adhere to the universal mask policy 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 in the past 14 days:
  - Close contact with a person with COVID-19.
  - Travel to an area with a high level of COVID-19 transmission
    - NJ travel advisory
    - CDC After You Travel
- Individuals should be sent home and referred to a healthcare provider. Persons with COVID-19-compatible symptoms should undergo COVID-19 testing.
  - If COVID-19 risk is low (or COVID-19 Regional Risk Matrix, green), ill individuals without potential exposure to COVID-19 should follow the NJDOH School Exclusion List. 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 COVID-19 risk is moderate or high (COVID-19 Regional Risk Matrix, yellow or orange), they should be excluded according to the COVID-19 Exclusion Criteria.
- Schools should notify LHDs when students or staff:
  - Are ill and have potential COVID-19 exposure;
  - Are ill when COVID-19 risk level is high (orange); OR
  - When they see an increase in the number of persons with compatible symptoms.
- 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 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 may have had with other persons in the building or in other locations;
  - 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.
- Immediately close off areas (e.g. offices, bathrooms, classrooms, and common areas), used by the person who is sick with COVID-19 compatible symptoms, open outside doors and windows to increase air circulation in the area and wait 24 hours before you clean or disinfect. Clean and disinfect all areas used by the person who is sick as outlined in cleaning and disinfection section, including isolation area. Once area has been appropriately disinfected, it can be opened for use.
  - If the number of ill students exceeds the number of isolation areas and the areas cannot be closed for 24 hours, clean and disinfect between ill persons.
- Notify the school community as per school protocol.

When Someone Tests Positive for COVID-19

Schools should ensure that parents and staff notify school authorities if students or staff test positive for COVID-19. Schools should notify the LHD and provide the following information, where available:

- Contact information for the person(s) who tested positive for COVID-19;
- The date the COVID-19 positive person developed symptoms (if applicable), tested positive for COVID-19 (if known), and was last in the building;
- Types of interactions (close contacts, length of contact) the person may have had with other persons in the building or in other locations;
- Names, addresses, and telephone numbers for positive person's close contacts in the school;
- Any other information to assist with the determination of next steps.

As long as routine cleaning and disinfecting have been done regularly (at least daily), additional cleaning measures are not necessary unless the COVID-19 case is in school on the day school officials are notified of the positive test. Notify the school community as per school protocol.

COVID-19 Illness, Exposure, and Test Result Scenarios

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

- Ill individuals with COVID-19 compatible symptoms who have not been tested or individuals who tested positive for COVID-19 should stay home until at least 10 days have passed since symptom onset and at least 24 hours have passed after resolution of fever without fever reducing medications and improvement in symptoms.

- **An alternate diagnosis (including a positive strep test or influenza swab) without a negative COVID-19 test is not acceptable for individuals who meet COVID-19 exclusion criteria to return to school.**

Persons who test positive for COVID-19, but who are asymptomatic should stay home for 10 days from the positive test result.

LHDs should use the COVID-19 Exclusion Table when providing guidance for school exclusion based on the level of COVID-19 risk in their region.

COVID-19 exclusion criteria for close contacts:

CDC released guidance with options to shorten the quarantine time period following exposure to a confirmed positive case. While CDC and NJDOH continue to endorse 14 days as the preferred quarantine period – and thus the preferred school exclusion period – it is recognized that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus. Additional information is described in NJDOH quarantine guidance.

In the school setting, excluded individuals who are close contacts of staff or students who tested positive for COVID-19 may be considered for a reduced exclusion period based on Regional Risk Levels:

High (orange) [1] exposed close contacts should be excluded from school for 14 days.

Moderate or Low (yellow or green) exposed close contacts should be excluded from school for 10 days. (or 7 days with negative test results collected at 5-7 days)

Schools serving medically complex or other high-risk individuals should use a 14-day exclusion period for the exclusion of these individuals or those who work closely with them when identified as close contacts throughout all risk levels.

Vaccinated Individuals:

Teachers and staff who have been fully vaccinated should follow the NJDOH Guidance for Fully Vaccinated Persons. Vaccinated persons should continue to follow current guidance to protect themselves and others, including wearing a mask, staying at least 6 feet away from others while in the community, avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, washing hands often, following CDC travel guidance, and following any applicable workplace or school guidance, including guidance related to personal protective equipment use and SARS-CoV-2 testing. However, fully vaccinated persons who have close contact with someone with COVID-19 do NOT need to quarantine **if they meet all of the following criteria:**

[1] Schools that offer in-person learning despite very high community transmission (red Regional Risk Level should follow recommendations for high transmission (orange regional risk)

- Are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine), **AND**
- Have remained asymptomatic since the current COVID-19 exposure.

Fully vaccinated staff should continue to follow the recommendations for self-quarantine after travel as outlined in the NJ travel advisory.

Exclusion criteria for persons with COVID-19 or who have COVID-19 symptoms and persons identified as a close contact of someone with COVID-19 [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 school-based contacts for 10 days (in absence of testing) from last exposure and report to local health department.	Exclude according to COVID-19 exclusion criteria Identify and exclude school-based contacts for 10 days (in absence of testing) from last exposure and report to local health department.	Exclude according to COVID-19 exclusion criteria Identify and exclude school-based contacts for 14 days from last exposure and report to local health department.	Recommend fully remote learning
COVID-19 - compatible symptoms but not tested for COVID-19	If no potential exposure to COVID-19 in the last 14 days, individual can follow NJDOH School Exclusion List If person has potential exposure to COVID-19 in the last 14 days, exclude according to COVID-19 exclusion criteria	Exclude according to COVID-19 exclusion criteria	Exclude according to COVID-19 exclusion criteria	
COVID-19 - compatible symptoms and negative COVID-19 test (viral test)[2]	Exclude individual through 24 hours after their fever has ended without the use of fever reducing medications and other symptoms improve	Exclude individual through 24 hours after their fever has ended without the use of fever reducing medications and other symptoms improve	Exclude individual through 24 hours after their fever has ended without the use of fever reducing medications and other symptoms improve	
Close contact of staff or student with COVID-19[3]	Close contacts of a COVID-19 case should be excluded for 10 days (in absence of testing) from date of last contact	Close contacts of a COVID-19 case should be excluded for 10 days (in absence of testing) from date of last contact	Close contacts of a COVID-19 case should be excluded for 14 days from date of last contact	

1. In all risk levels, students and staff who are not fully vaccinated and who are household members of a student/staff member with COVID-19 compatible symptoms that meet 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, unless that household member meets all of the criteria for vaccinated individuals outlined on page 18.

2. Symptomatic individuals with high likelihood of COVID-19 (for example, who are close contacts of confirmed COVID-19 cases) who test negative by rapid antigen test should undergo confirmatory testing with a molecular test (for example RT-PCR)

3, Fully vaccinated persons who have close contact with someone with COVID-19 do NOT need to quarantine if they meet all of the criteria outlined on page 18.

Outbreaks

While schools must report single cases to their local health department, LHDs should work with schools to determine if there is an outbreak. An outbreak in school settings is defined as two or more laboratory-confirmed (by RT-PCR or antigen) COVID-19 cases among students or staff with onsets within a 14-day period, who are epidemiologically linked[2], 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 local health departments should promptly intervene to control spread (including consideration for a temporary transition of a classrooms or cohort to remote learning) while working to determine whether the outbreak originated in the school setting.

Schools and LHDs should assess for and address potential contributors to the outbreak, including:

- Determining whether inconsistent or incorrect use of masks occurred and intervening to improve consistent and correct use
- Assessing implementation of physical distancing practices and intervening to improve compliance with physical distancing guidelines
- Evaluating and eliminating non-essential in-person interactions between teachers and staff during meetings, lunches and other adult to adult situations.

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.

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. These situations should occur rarely if schools are adhering to social distancing recommendations.

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[2] 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).

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. For sample notification letters see Appendix 2.
- The LHD contact tracing team will notify and interview the close contacts identified by the school and reinforce the exclusion requirements.

A contact tracing team from the local health department or the NJDOH calls anyone who has tested positive for COVID-19 or is identified as a close contact of a case. They ask the person who tested positive for COVID-19 questions about their activities within a certain timeframe to help identify where they may have been exposed, and anyone else they may have had close contact with while infectious. Those contacts might include family members, caregivers, co-workers or healthcare providers. Close contacts of a known COVID-19 case are asked about symptoms, referred to resources for testing, and given recommendations to isolate at home (if symptomatic) or if asymptomatic, to stay home and monitor their health for the duration of their quarantine period from the last exposure/close contact.

Temporary remote learning or closure:

The COVID-19 Regional Risk Matrix is one tool that can inform the decision-making process for school districts when considering when remote learning might be indicated. Local circumstances should be considered when making decisions impacting specific school districts and schools. Many factors would need to be considered when deciding to transition entire schools, cohorts, or in-individual classrooms to remote learning, such as whether all close contacts of cases can be identified and excluded from school, and the distribution of cases within the school. **Closure is a local decision that should be made by school administrators in consultation with the local public health department. While it is not possible to account for every scenario that schools may encounter over the course of the school year, the following scenarios may help inform the decision for when schools should temporarily close.**

SCENARIO	ACTION
One (1) case in the school	School remains open*
Two (2) or more cases within 14 days, but are linked to an exposure outside the school setting (e.g. in same household, exposed at the same event outside of school)	School remains open*
Two (2) or more cases in the same classroom or cohort (outbreak limited to one cohort)	School remains open*; Recommendations for whether the entire classroom or cohort would be considered exposed will be based on public health investigation.
Two (2) or more cases within 14 days, linked together by some activity in school, but who are in different classrooms (outbreak involving multiple cohorts)	School remains open* unless public health investigation indicates closure is warranted. Restrict activity associated with transmission until public health investigation can be completed
A significant outbreak involving a local event, or a large local employer is occurring or has recently occurred and is impacting multiple staff, students, and families served by the school community	Consider short term transition to remote learning based on investigation by local health department.
Two (2) or more cases are identified within 14 days that occur across multiple classrooms, are not linked to exposures outside the school setting, and a clear connection between cases cannot be easily identified but in-school transmission is suspected	Recommendations for whether entire school, cohort, or individual classrooms should transition to remote learning will be based on investigation by local health department.
Very high risk of community transmission (refer to COVID-19 Regional Risk Level Matrix)	Recommend fully remote learning until COVID-19 transmission decreases.

**** A temporary transition to remote learning may also be considered for a period of 2-5 days if a student or staff member attended school while potentially infectious but before being confirmed as having COVID-19. This short-term dismissal allows time for local health officials to gain a better understanding of the COVID-19 situation impacting the school and perform contact tracing.***

Period of closure: After switching to remote learning due to an outbreak in the school or local geographic community, districts or schools should wait a minimum of 14 days before bringing any students back for in-person learning. This timeframe is sufficient so that most individuals in the school community who will develop symptoms as a result of a school exposure could be identified and self-isolate, as appropriate.

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.

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).

Diagnostic Testing:

At all levels of community transmission, NJDOH recommends that schools work with their local health departments 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.

Screening testing:

Some schools may also elect to 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.

Testing strategies in K-12 schools should be developed in consultation with local health departments.

COVID-19 Resources

CDC

School and Childcare Programs
Operational Strategy for K-12 Schools through Phased Prevention
CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again
Preparing K-12 School Administrators for a Safe Return to School in Fall 2020
Interim Considerations for K-12 School Administrators for SARS-CoV-2 Testing
Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations
Guidance for K-12 School Administrators on the Use of Cloth Face Coverings in Schools
Considerations for Youth Sports
CDC Cleaning and Disinfecting Your Facility
CDC Information on Cleaning School Buses
Multisystem Inflammatory Syndrome (MIS-C)
School Decision-Making Tool for Parents, Caregivers, and Guardians
Information for School Nurses and Other Healthcare Personnel (HCP) Working in Schools and Child Care Settings

NJDOH

NJDOH COVID Information for Schools
Maintaining Healthy Indoor Air Quality in Public School Buildings
NJDOH Disinfectant Use in Schools Fact Sheet
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

Appendix 1: Sample COVID-19 School Screening Tool

<School Letterhead in Header>

COVID-19 Daily Screening for Students

Name _____ Date _____

Parents/Guardians: Please complete this short check each morning and report your child's information per your school's reporting instructions.

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection in children and may put your child at risk for spreading illness to others. Please note that this list does not include all possible symptoms and children with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms:

Column A

☐	Fever (measured or subjective)
☐	Chills
☐	Rigors (shivers)
☐	Myalgia (muscle aches)
☐	Headache
☐	Sore Throat
☐	Nausea or Vomiting
☐	Diarrhea
☐	Fatigue
☐	Congestion or runny nose

Column B

☐	Cough
☐	Shortness of Breath
☐	Difficulty Breathing
☐	New loss of smell
☐	New loss of taste

Students who are sick (e.g. fever, vomiting, diarrhea) should **not** attend school in-person. If **TWO OR MORE of the fields in Column A are checked off** OR AT LEAST ONE field in column B **is checked off**, please keep your child home and notify the school for further instructions.

Section 2: Close Contact/Potential Exposure

Please verify if in the last 14days:

☐	Your child has had close contact (within 6 feet of an infected person for 15 or more minutes during a 24-hour period) with a person with COVID-19
☐	Someone in your household is diagnosed with or being tested for COVID-19
☐	Your child has traveled from any U.S. state or territory outside of New York, Connecticut, Pennsylvania, and Delaware and is not otherwise exempt from quarantine under the [link DOH travel restrictions]

If **ANY of the fields in Section 2 are checked off**, contact your school for exclusion recommendations. Contact your child's healthcare provider or your local health department for further guidance.

Appendix 2: Sample COVID-19 School Notification Template, Positive Case in School

<School/Facility Letterhead in Header>

[Date]

Dear Parents/Guardians:

This letter is to inform you that an individual at [school/childcare center] has been identified as a Coronavirus Disease 2019 (COVID-19) case. The District is coordinating closely with public health officials and following CDC, state, and local health department guidance in order to assure the health and safety of our community.

Cleaning and disinfecting of all exposed areas has been completed. The school is also taking precautions to prevent the introduction and spread of viruses and other germs and is cleaning frequently touched surfaces daily. [Insert any details on scheduling changes, if applicable.] The status of this situation is fluid, and we are monitoring it closely.

We understand the level of concern regarding COVID-19. We encourage parents and students to continue following the Centers for Disease Control & Prevention promoted safeguards, such as:

- Staying home when you are sick;
- Washing hands often with soap for at least 20 seconds;
- Covering coughs and sneezes and properly disposing of tissues;
- Limiting close contact with people who are sick and not sharing food, drinks and utensils;
- Practicing physical distancing
- Wearing a mask while in school; and
- Continuing to monitor your health for symptoms.

As always, we appreciate our community's support and cooperation. You can assist us by remaining vigilant but sensible in your approach to dealing with this health concern. Should you have any questions about this situation, please feel free to contact [contact person] at [phone number]. Below are some resources that might be helpful.

RESOURCES

a. NJDOH COVID-19 Information for Communities and the General Public: https://www.nj.gov/health/cd/topics/covid2019_community.shtml
b. Get the Facts about Coronavirus: https://www.cdc.gov/coronavirus/2019-ncov/index.html
c. Symptoms of COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
d. Testing: https://www.cdc.gov/coronavirus/2019-ncov/testing/index.html; https://covid19.nj.gov/pages/testing
e. How to Protect Yourself: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html
f. What to Do if You Are Sick: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

Sincerely,

Administrator's name

Appendix 2: Sample COVID-19 School Notification Template, Close Contact of Case in School

<School/Facility Letterhead in Header>

[Date]

Dear Parents/Guardians:

This letter is to inform you that your child has been identified as a **close contact** of a case of Coronavirus Disease 2019 (COVID-19) that occurred at [school/childcare center]. A close contact is someone who was within 6 feet of a COVID-19 case for 15 or more minutes during a 24-hour period.

Due to this exposure, your child will need to be kept home from school through [insert date]. We ask that you be on the lookout for the signs and symptoms of COVID-19 in your child through that date. Symptoms can include but are not limited to fever, cough, shortness of breath, sore throat, headache, diarrhea, vomiting and abdominal pain. Not everyone will get all these symptoms. Your local health department will also be in touch with additional information. When the local health department calls, please answer the call and provide any requested information to help slow the spread of COVID-19 in our community.

If you believe your child may have COVID-19, contact his or her primary care doctor for directions. Most people who are mildly or moderately ill with COVID-19 will be able to safely recover at home.

Cleaning and disinfecting of all exposed areas has been completed. The school is also taking precautions to prevent the introduction and spread of viruses and other germs and is cleaning frequently touched surfaces daily. [Insert any details on scheduling changes, if applicable.] The status of this situation is fluid, and we are monitoring it closely.

As always, we appreciate our community's support and cooperation. You can assist us by remaining vigilant but sensible in your approach to dealing with this health concern. Should you have any questions about this situation, please feel free to contact [contact person] at [phone number]. Below are some resources that might be helpful.

RESOURCES

a. NJDOH COVID-19 Information for Communities and the General Public: https://www.nj.gov/health/cd/topics/covid2019_community.shtml
b. Get the Facts about Coronavirus: https://www.cdc.gov/coronavirus/2019-ncov/index.html
c. Symptoms of COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
d. Testing: https://www.cdc.gov/coronavirus/2019-ncov/testing/index.html; https://covid19.nj.gov/pages/testing
e. How to Protect Yourself: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html
f. What to Do if You Are Sick: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

Sincerely,

Administrator's name