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

Updated October 8, 2021

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 learned. The following recommendations should be used by local health departments to aid schools in developing a layered prevention strategy to help prevent the spread of COVID-19. Schools should implement as many layers as feasible, although the absence of one or more of the strategies outlined in this document does not preclude the reopening of a school facility for full-day in-person operation with all enrolled students and staff present.

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 and not fully vaccinated individuals, thereby requiring preventative measures to protect all individuals. For the purposes of this guidance, individuals are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as the Johnson & Johnson/Janssen vaccine

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

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

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 LHD notification and response to COVID-19 illness in school settings.

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

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

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

2. For schools who aren't current CDRSS users, go to https://cdrs.doh.state.nj.us/cdrss/login/loginPage and under "System Announcements" go to "K-12 Module and Enrollment Training" and follow the

instructions to enroll to report your school's data. Email CDS.COV.RPT@doh.nj.gov your completed user agreement.

Understanding that COVID-19 may impact certain areas of the state differently, NJDOH provides information on COVID-19 transmission at the regional level, characterizing community transmission as low (green), moderate (yellow), high (orange), and very high (red). 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.

Masks

Wearing masks is an important prevention strategy to help slow the spread of COVID-19 when combined with everyday preventive actions and social distancing in public settings.

Masks must be worn indoors by staff, students, and visitors in all situations except as delineated in EO 251. This includes physical education classes, prior to boarding the school bus, while on the bus and until students are completely off the bus.

In general, students or staff do not need to wear masks outdoors, including during outdoor physical education classes or school sports. However, schools may encourage the use of masks during outdoor activities that involve sustained close contact with other individuals or during periods of high community transmission.

The following principles apply to the use of masks in while indoors or on school buses:

- Masks and/or barriers generally do not preclude an individual from being identified as a close contact to a COVID-19 case. (see exception below)
- 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).
    - 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 students in English as a second language classes.
- 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.

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

Clear masks:

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

Teachers and staff who may consider using clear masks include:

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

Physical Distancing and Cohorting

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

- **Within classrooms**, maintain 3 feet of physical distancing to the greatest extent practicable, combined with masking for all individuals per EO 251.

- **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.
    - Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended. Schools should ensure that cohorting is done in an equitable manner.

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

- Maximizing physical distance as much as possible when moving through the food service line and while eating (especially indoors).
    - Consider alternatives to use of group dining areas such as eating in classrooms or outdoors.
    - Stagger eating times to allow for physical distancing.
    - Maintain students in cohorts and limit mixing between groups if possible.
- Avoiding offering self-serve food options.
- Discouraging students from sharing meals.
- Encouraging routine cleaning between groups.
- Cleaning frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals. Given the data regarding COVID-19 transmission, the use of single-use items, such as disposable utensils, is not necessary during meals.

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

- In common areas, such as school lobbies and auditoriums.
- When masks can't be worn, such as when eating, especially when indoors.
- 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.

Sports and Other Activities

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

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

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

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

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

Transportation:

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

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

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

Hand Hygiene and Respiratory Etiquette

- Schools should teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring of students and staff.
    - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- Encourage students and staff to cover coughs and sneezes with a tissue if not wearing a mask.
    - Used tissues should be thrown in the trash and hand hygiene as outlined above should be performed immediately.

- Have adequate supplies including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.
- Assist/observe young children to ensure proper handwashing.

Cleaning, Disinfection and Airflow

Limit use of shared supplies and equipment:

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

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

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

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

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

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

Airflow:

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

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

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

Stay Home When Sick or if Exposed to COVID-19

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

- Have tested positive (viral test) for COVID-19.
- Are sick.
- Are not fully vaccinated and have had close contact with a person with COVID-19 in the past 14 days.

While there is no statewide travel advisory or mandate in place at this time, schools are encouraged to have a policy for exclusion for students and staff that travel that is consistent with CDC COVID-19 travel recommendations.

- The CDC recommends that travel be delayed for those who are not fully vaccinated. If travel cannot be delayed, domestic and international travelers who **are not fully vaccinated** should get tested with a viral test 3-5 days after travel **AND** stay home and self-quarantine for a full 7 days after travel, even if they test negative.
    - If testing is not completed post-travel, individuals should self-quarantine for 10 days.
- International travelers who are fully vaccinated, should also get tested with a viral test 3-5 days after travel, self-monitor for symptoms and isolate and get tested if symptoms develop.

- For those traveling to/from New Jersey, domestic travel is defined as lasting 24 hours or longer to states or US territories other than those connected to New Jersey, such as Pennsylvania, New York, and Delaware.
    - NJ travel recommendations
    - CDC international travel recommendations
    - CDC domestic travel recommendations

Unvaccinated 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 quarantine.

Unvaccinated individuals who have been diagnosed with COVID-19 in the past 90 days do NOT need to be excluded from school if: 1) they have engaged in domestic and/or international travel; or 2) if they have had close contact with someone with COVID-19 and are asymptomatic.

Parental Symptom Screening

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

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

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

Response to Symptomatic Students and Staff

Schools should ensure that procedures are in place to identify and respond to 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.
- 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.
- Follow guidance in Cleaning, Disinfection and Airflow section.

When illness occurs in the school setting

Children and staff with COVID-19 symptoms regardless of vaccination status should be separated away from others until they can be sent home. If a mask is not worn by the ill student due to an exemption or exception described in EO 251, 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 meeting the definition of a close contact.
- Individuals should be sent home and referred to a healthcare provider. Persons with COVID-19-compatible symptoms should undergo COVID-19 testing regardless of vaccination status.
  - If community transmission is low ill individuals **without potential exposure to COVID-19** should use the NJDOH School Exclusion List to determine when they may return to school. No public health notification is needed UNLESS there is an unusual increase in the number of persons who are ill (over normal levels), which might indicate an outbreak.
  - If ill students have potential COVID-19 exposure OR if community transmission is moderate or high, they should continue to be excluded according to the COVID-19 Exclusion Criteria.
- Schools should notify LHDs when students or staff:
  - Are ill and have potential COVID-19 exposure;
  - When there is an increase in the number of persons with COVID-19 compatible symptoms;
  - Test positive for COVID-19 (when in-school testing is performed).
- Schools should be prepared to provide the following information when consulting with the LHD:
  - Contact information for the ill persons;
  - The date the ill person 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;
  - Vaccination status of the ill person and the close contacts.
  - Names, addresses, and telephone numbers for ill person's close contacts in the school;
  - Any other information to assist with the determination of next steps.

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

Exclusion

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

- At least **two** of the following symptoms: fever (measure or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose; **OR**
- At least **one** of the following symptoms: 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.

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 during periods of moderate, high, or very high community transmission.**

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

The COVID-19 Exclusion Table below can be used to determine the need for and duration of school exclusion 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:

Exposed close contacts who are not fully vaccinated should be referred for COVID-19 testing. Individuals who have been diagnosed with COVID-19 in the past 90 days should not be referred for COVID-19 testing.

- If negative they should quarantine at home according the COVID-19 Exclusion Table after exposure.
- If positive they should isolate for 10 days.

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

- Do not need to quarantine, be excluded from school.
- Should be tested 3-5 days 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.
- Should wear a mask in other indoor public settings for 14 days or until they receive a negative test result.

Exposed close contacts who have no COVID-like symptoms and have been diagnosed with COVID-19 in the past 90 days do not need to quarantine, be excluded from school, should not be tested for COVID-19 but should still monitor for symptoms for 14 days following 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.

Symptomatic students who have not undergone testing but have no known exposure, schools should not require their close contacts to be identified and excluded from school. Testing should be strongly encouraged so this determination can be made.

Exception for household contacts: 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.

School exclusion duration 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 community transmission Levels:

High (orange) exposed close contacts who are not fully vaccinated should be excluded for 14 days.

Moderate or Low (yellow or green) exposed close contacts who are not fully vaccinated 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.

During outbreaks, regardless of community transmission levels, close contacts of individuals with COVID-19 who are not fully vaccinated should be excluded for 14 days from the date of last contact.

Exclusion criteria for persons with COVID-19, COVID-19 compatible symptoms and close contacts [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.	Further recommendations will be based on additional circumstances and available resources at that time
COVID-19 - compatible symptoms but not tested for COVID-19	If no potential exposure to a COVID-19 case 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[3,4]	Close contacts of a COVID-19 case who are not fully vaccinated should be excluded for 10 days (in absence of testing) from date of last contact[5]	Close contacts of a COVID-19 case who are not fully vaccinated should be excluded for 10 days (in absence of testing) from date of last contact[5]	Close contacts of a COVID-19 case who are not fully vaccinated should be excluded for 14 days from date of last contact[5]	

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.

2. Symptomatic individuals with high likelihood of COVID-19 (for example, who are close contacts of confirmed COVID-19 cases or who have had suspected exposure to a person with COVID-19 AND who are not fully vaccinated AND have not had COVID-19 in the past 3 months) 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 be excluded from school if they are asymptomatic but should be referred for testing 3-5 days after exposure.

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

5. In outbreak settings, close contacts of COVID-19 cases who are not fully vaccinated should be excluded for 14 days from date of last contact.

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 a school setting is defined as three 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[1], do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

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

During outbreaks, regardless of community transmission levels, close contacts of individuals with COVID-19 who are not fully vaccinated should be excluded for 14 days from the date of last contact.

During an outbreak, schools may consider a temporary transition of affected cohorts to remote learning if a high number of cases is preventing timely contact tracing and exclusion and a short-term transition to remote learning is needed to allow for such actions to occur.

Decisions to transition cohorts to remote learning should be made by schools based on their individual circumstances in conjunction with LHDs.

Contact Tracing and Notification

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

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 or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the close contact definition ***excludes*** **students** who were within **3 to 6 feet of an infected student** (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

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

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

- 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.

CDC's Decision Tree for Identifying COVID-19 Close Contacts in K-12 School in the indoor classroom and non-classroom settings can be found at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/docs/close-contact-decision-tree.pdf

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

Testing

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

In some schools, school-based healthcare professionals (e.g., school nurses) may perform SARS-CoV-2 antigen testing in school-based health centers if they are trained in specimen collection, conducting the test per manufacturer's instructions, and obtain a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver. Some school-based healthcare professionals may also be able to perform specimen collection to send to a lab for testing, if trained in specimen collection, without a CLIA certificate. It is important that school-based healthcare professionals have access to, and training on the proper use of personal protective equipment (PPE).

Any healthcare provider or laboratory performing COVID-19 testing, including K-12 schools, are required to report all COVID-19 laboratory test results, both positive and negative, electronically into the NJDOH Communicable Disease Reporting and Surveillance System (CDRSS). Access to CDRSS requires the completion of training available on the CDRSS home page.

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. Results of all testing – including point of care – must be reported to public health authorities by the entity conducting the testing.

Screening testing:

Schools should use screening testing as a strategy to identify cases and prevent secondary transmission. Screening testing involves using SARS-CoV-2 viral tests (diagnostic tests used for screening purposes) intended to identify occurrence at the individual level even if there is no reason to suspect infection—

i.e., there is no known exposure. This includes, but is not limited to, screening testing of asymptomatic individuals without known exposure with the intent of making decisions based on the test results. Further information on screening testing is available in NJDOH screening testing guidelines.

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

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

Home-based testing:

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

In K-12 schools, home-based tests:

- May be used for screening asymptomatic staff/students with no known exposure.
- May be used to shorten quarantine from 10 to 7 days after travel.
- **Should not** be used to determine whether symptomatic individuals may return to school (unless performed with direct healthcare oversight or performed in a testing laboratory).
- **Should not** be used to shorten quarantine from 10 to 7 days after exposure to a COVID-19 case (unless performed with direct healthcare oversight or performed in a testing laboratory).

More information on home-based testing is available at https://www.cdc.gov/coronavirus/2019-ncov/testing/self-testing.html.

Resources

CDC

School and Childcare Programs

Testing for COVID-19 in Schools Toolkit

Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs (updated July 9, 2021)

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

CDC Cleaning and Disinfecting Your Facility

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

Multisystem Inflammatory Syndrome (MIS-C)

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

NJDOH

NJDOH COVID Information for Schools

Maintaining Healthy Indoor Air Quality in Public School Buildings

NJDOH Disinfectant Use in Schools Fact Sheet

NJDOH 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