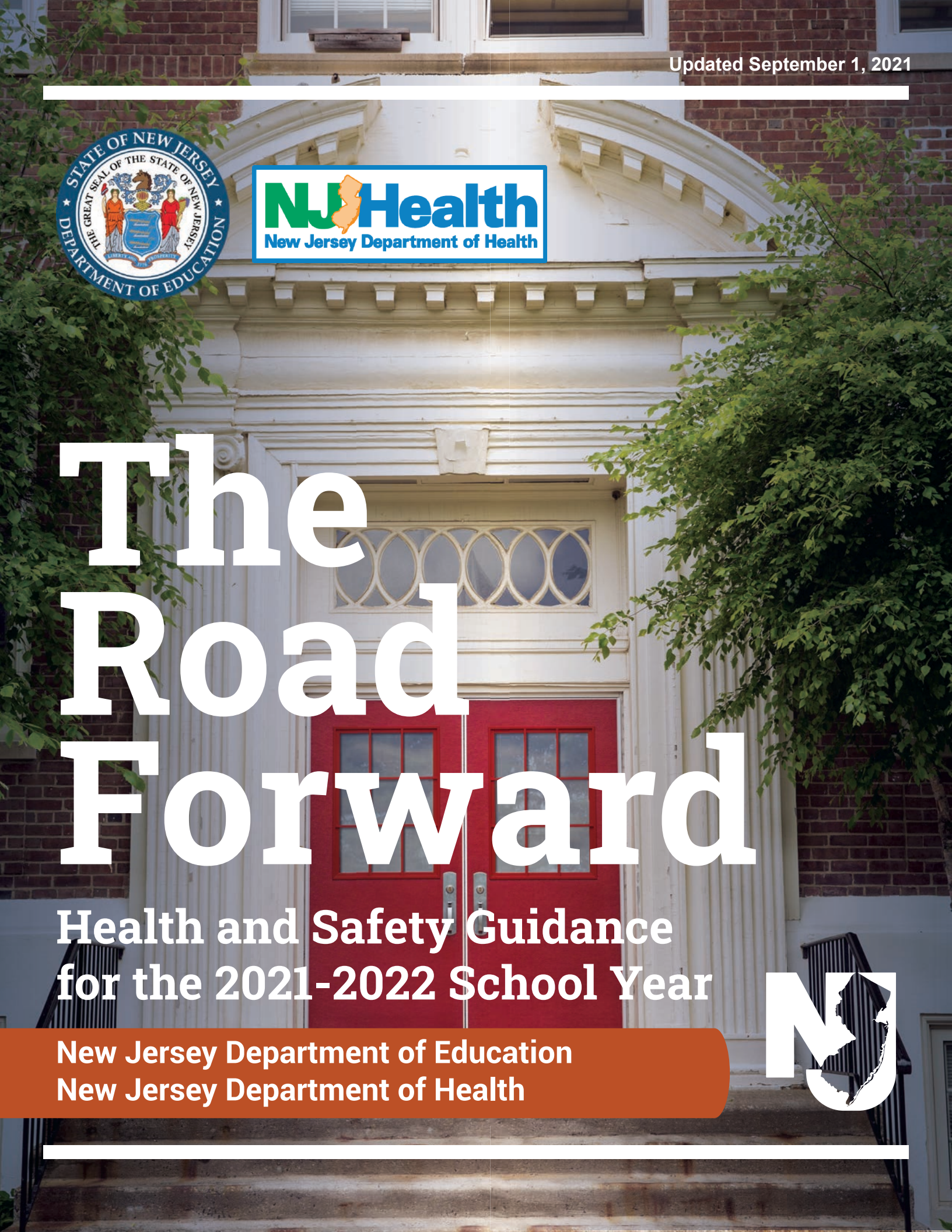
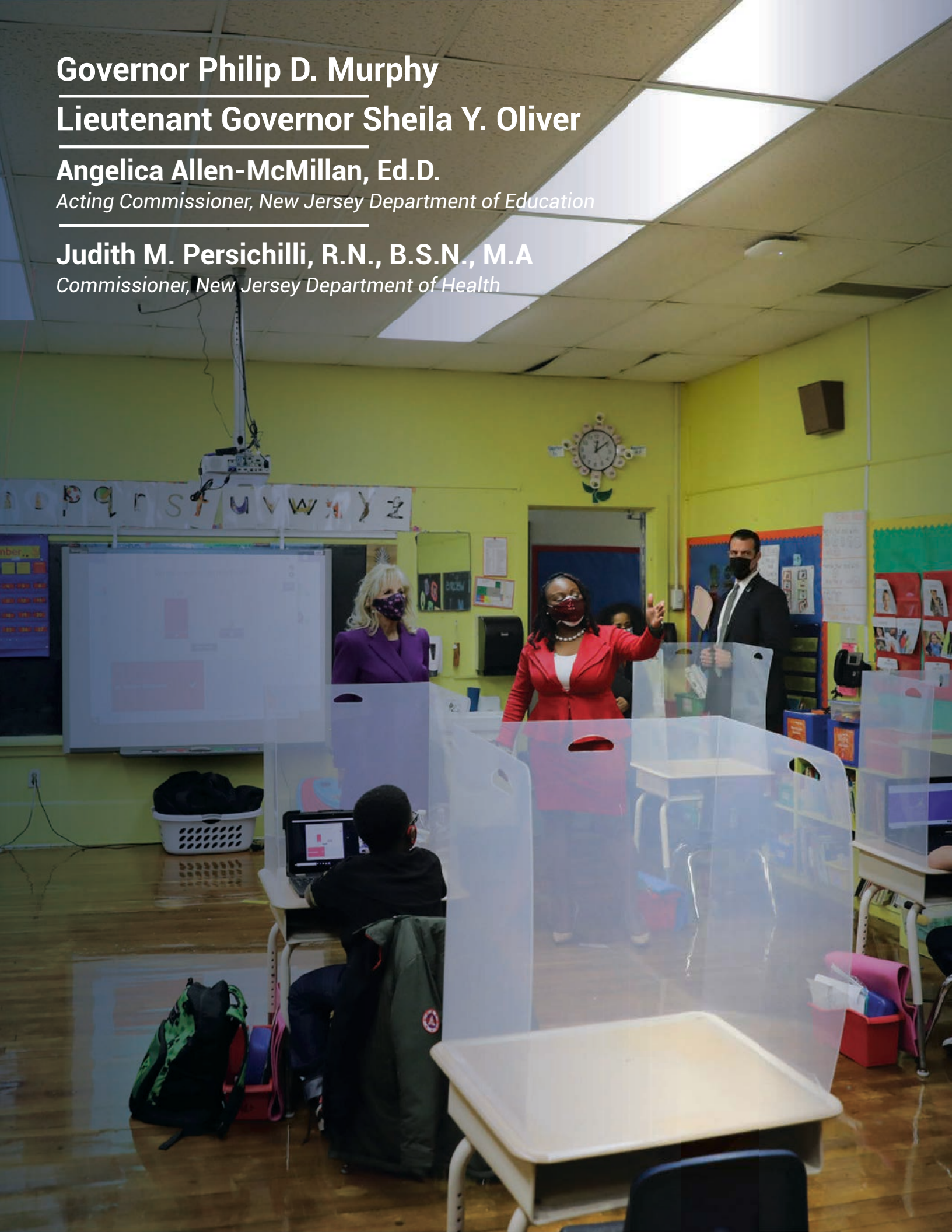


Updated September 1, 2021

The Road Forward

Health and Safety Guidance for the 2021-2022 School Year

New Jersey Department of Education
New Jersey Department of Health



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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.

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 and vaccination or testing requirements pursuant to Executive Order 253. 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 8/2021)

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, however, if an LEA is unable to determine the vaccination status of individual students, those students should be considered not fully vaccinated. LEAs should be collecting vaccination information from staff in accordance with the terms of Executive Order No. 253. (updated 9/1/2021)

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 8/2021)

Pursuant to Executive Order No. 253, all LEAs, nonpublic schools, and parochial schools must maintain a policy that requires all covered workers to either provide adequate proof that they have been fully vaccinated or submit to COVID-19 testing at minimum one to two times weekly. 'Covered workers' includes individuals employed by the LEA or school, both full and part-time, including, but not limited to, administrators, teachers, educational support professionals, individuals providing food, custodial, and administrative support services, substitute teachers, whether employed directly by the LEA or school or otherwise contracted, contractors, providers, and any other individuals performing work in the LEA or school whose job duties require them to make regular visits to such covered settings, including volunteers. 'Covered workers' does not include individuals who visit the covered setting only to provide one-time or limited duration repairs, services, or construction. Additional information regarding collection of staff vaccination information, timing for compliance, and the manner of testing is outlined in Executive Order No. 253. (updated 9/1/2021)

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 8/2021)

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 8/2021)

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;

(updated 8/2021)

- 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.

- Where an individual is seeking a medical exemption from the masking requirement pursuant to the first or third bullet above, documentation from a medical professional supporting this exception is required pursuant to Executive Order No. 253. (updated 9/1/2021)

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 8/2021)

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. Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended. (updated 9/1/2021)

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

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 8/2021)

- **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.

1.5 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 8/2021)
  - 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 8/2021)

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. To maximize space when distancing, schools may consider seating students from the same household together. (updated 9/1/2021)
- 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.

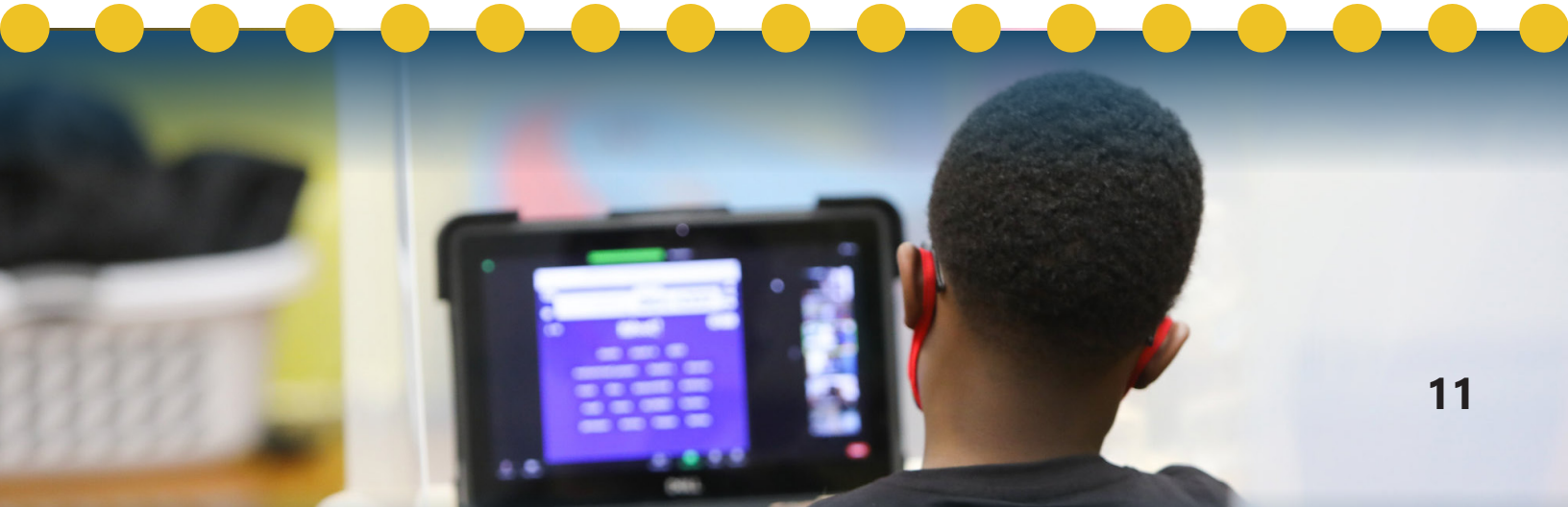
For students with chronic illness, only new symptoms or symptoms worse than baseline should be used to fulfill symptom-based exclusion criteria.

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, as well as information on student/staff censuses and vaccination rates for students/staff, to NJDOH through the Surveillance for Influenza and COVID-19 (SIC) Module in CDRSS. (updated 9/1/2021)
  - 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 8/2021)

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.

(updated 9/1/2021)

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 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 U.S. 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

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.

Unvaccinated students or staff who have household members experiencing COVID-19 symptoms and meet COVID-19 Exclusion Criteria should also be excluded from school. If the symptomatic household member tests positive for COVID-19, the student/staff member will need to quarantine. (updated 9/1/2021)

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 or be excluded from school, but should 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.

(updated 8/2021)

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.

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). For more detailed and updated guidance on conducting screening testing, schools should refer to the NJDOH "Public Health Recommendations for Implementing COVID-19 Screening Testing in K-12 Schools" document. (updated 9/1/2021)

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. Results of all testing must be reported to public health authorities by the entity conducting the testing. (updated 9/1/2021)

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.

Results of all testing – including point of care – must be reported to public health authorities by the entity conducting the testing. Schools are also 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. Registration and training for reporting screening testing data can be found at https://cdrs.doh.state.nj.us/cdrss/common/cdrssTrainingNotes. (updated 9/1/2021)