NEW YORK STATE | Department of Health

INTERIM GUIDANCE FOR IN-PERSON INSTRUCTION AT PRE-K TO GRADE 12 SCHOOLS DURING THE COVID-19 PUBLIC HEALTH EMERGENCY

When you have read this document, you can affirm at the bottom.

As of June 7, 2021

Purpose

This Interim Guidance for In-Person Instruction at Pre-K to Grade 12 Schools during the COVID-19 Public Health Emergency ("Interim COVID-19 Guidance for Schools") was originally created in August 2020 to provide all elementary (including pre-kindergarten), middle, and high schools, as well as their employees, contractors, students, and parents/legal guardians of students with precautions to help protect against the spread of COVID-19 for schools that are authorized to provide in-person instruction in the 2020-2021 school year. This June 2021 update is intended to align this guidance with the most recent recommendations from the Centers from Disease Control and Prevention (CDC) on how to prioritize safe in-person learning in schools while adhering to layered mitigation strategies.

This guidance is intended to address all types of public and private (both secular and non-secular) elementary (including pre-kindergarten), middle, and high schools. Each school/district must meet the minimum standards set forth in this guidance and reflect engagement with school stakeholders and community members, including but not limited to administrators, faculty, staff, students, parents/legal guardians of students, local health departments, local health care providers, and, where appropriate, affiliated organizations (e.g., union, alumni, and/or community-based groups). Specifically, each school district, BOCES, charter school, and private school must develop, in conjunction with opportunities for local community feedback from parents, community members, teachers, staff, and local health departments, and post online a plan that, at minimum, covers:

(1) Reopening of school facilities for in-person instruction,

(2) Monitoring of health conditions,

(3) Containment of potential transmission of the 2019 novel coronavirus (COVID-19), and

(4) Closure of school facilities and in-person instruction, if necessitated by widespread virus transmission.

Responsible Parties must work with these same stakeholders to make decisions regarding the updating of plans. **The NYS Department of Health does not review or approve revisions to school reopening plans, which have been previously approved. Modified plans must be posted online, shared with Local Health Departments and the State Education Department. Local Health Departments are the entity charged with ensuring the enforcement of these minimum standards.**

Core Health and Safety Principles and Definitions

- **Responsible Parties**: Responsible Parties shall be responsible for developing the plan, and meeting the standards set forth herein. For school districts and BOCES, the district superintendent, or another party as may be designated by the district superintendent, and for private and charter schools, the head of school, or another party may be designated by the head of school, is the Responsible Parties.

The designated party can be an individual or group of individuals responsible for the operations of the school or schools.

- **Face Masks:** Responsible Parties must maintain protocols and procedures for students, faculty, staff, and other individuals to ensure appropriate personal protective equipment (PPE) is used to protect against the transmission of the COVID-19 virus when in indoor school facilities. Specifically, appropriate PPE means, at least, an acceptable mask, which is required to be worn by all individuals in all classroom and non-classroom settings, including but not limited to hallways, school offices, restrooms, gyms, auditoriums, etc. All visitors must wear masks. Masks should have at least two layers of material (e.g. 2-ply). However, Responsible Parties should allow students to remove their mask during meals. Acceptable masks include but are not limited to cloth-based masks (e.g., homemade sewn, quick cut,), and surgical masks that cover both the mouth and nose. Effective June 7, 2021, face masks are not required to be worn outdoors on school grounds, including during outdoor school sports. However, Responsible Parties may choose to require face masks outdoors on school grounds, subject to the parameters of this guidance. No student, teacher, staff member, or visitor may be prevented from wearing an acceptable face mask voluntarily on school grounds.
- **Physical Distancing**: Responsible Parties must maintain protocols and procedures for students, faculty, and staff to ensure appropriate physical distancing to protect against the transmission of the COVID-19 virus when on school grounds and in school facilities.
- **Spaces**: To reduce density, Responsible Parties should consider and assess additional and/or alternate indoor space(s) that may be repurposed for instruction or other required purposes in support of in-person instruction within the school facility, school grounds, municipal facilities, municipal grounds, or community (e.g., community centers), as well as outdoor space(s) where health and safety conditions (e.g., allergies, asthma) allow for such potential usage.
- **In-Person Instruction**: To ensure equity in education, Responsible Parties should prioritize efforts to return **all** students to in-person instruction. However, based on the dynamic nature of local community transmission of the COVID-19 virus, a phased-in approach or hybrid model combining in-person instruction and remote/distance learning in cohorts may be necessary at various times through the 2020-2021 school year. In planning for these approaches and models, school plans should indicate if certain students will be prioritized to return to in-person instruction first or more frequently based on educational or other needs (e.g., early grades, students with disabilities, English language learners), given requirements for equity, capacity, physical distancing, PPE, feasibility, and learning considerations. Responsible Parties should consider prioritizing in-person instruction for students with disabilities who require special education and related services directly provided in school environments, as well as student populations that are at greater risk for learning loss.
- **Cohorts**: Responsible Parties should "cohort" students, to the extent practicable, to limit potential exposure to the COVID-19 virus. Cohorts, particularly for younger students, are self-contained, pre-assigned groups of students with reasonable group size limits set forth by the Responsible Parties in their plans. Responsible Parties should enact measures to prevent intermingling between cohorts, to the extent possible (e.g., separation by appropriate physical distancing, particularly if there are multiple cohorts in one area). Responsible Parties should make reasonable efforts to ensure that cohorts are fixed – meaning contain the same students – for the duration of the COVID-19 public health emergency. Faculty may instruct more than one cohort so long as appropriate physical distancing is maintained. At some levels of community transmission, cohorting is recommended if a school is using less than six feet of physical distance in classrooms. Please refer to Table 2 in the CDC guidance for more detail.
- **Screening**: Responsible Parties must implement mandatory health screenings, including temperature checks, of students, faculty, staff, and, where applicable, contractors, vendors, and visitors to identify any individuals who may have COVID-19 or who may have been exposed to the COVID-19 virus. Specifically, all individuals must have their temperature checked each day. If an individual presents a temperature of greater than 100.0°F, the individual must be denied entry into the facility or sent

directly to a dedicated area prior to being picked up or otherwise sent home. Responsible Parties must also use a daily screening questionnaire for faculty and staff reporting to school; and periodically use a questionnaire for students, particularly younger students, who may require the assistance of their parent/legal guardian to answer. Remote health screening (e.g., by electronic survey, digital application, or telephone, which may involve the parent/legal guardian) before any individual reports to school, is strongly advised.

- **Transportation**: Consistent with State-issued public transit guidance, Responsible Parties must develop protocols and procedures, which include that individuals must wear acceptable masks at all times on school buses (e.g., entering, exiting, and seated), and that individuals should maintain appropriate physical distancing, unless they are members of the same household. Responsible Parties should encourage parents/legal guardians to drop off or walk students to school to reduce density on buses.
- **Food Services**: Responsible Parties must continue to provide school breakfast and/or lunch to students who were previously receiving school meals, both on site and remote. For students on site, Responsible Parties must provide meals while maintaining appropriate physical distancing between students. Students do not need to wear masks when seated and eating so long as they are appropriately physically distanced. Responsible Parties may serve meals in alternate areas (e.g., classrooms) or staggered meal periods to ensure physical distancing and proper cleaning and disinfection between students.
- **Ventilation and Filtration**: Indoor air quality should be improved by increasing outdoor air delivery to the building (ventilation) and removing particulates/viral particles from the air (air filtration) to the greatest extent possible. Ventilation and filtration together can reduce the risk of COVID-19 transmission.
- **Hygiene, Cleaning, and Disinfection**: Responsible Parties must adhere to and promote hygiene, cleaning, and disinfection guidance set forth by DOH and the CDC. Responsible Parties must train all students, faculty, and staff on proper hand and respiratory hygiene. Responsible Parties must maintain logs that include the date, time, and scope of cleaning and disinfection, as well as identify cleaning and disinfection frequency for each facility and area type and assign responsibility to staff.
- **Contact Tracing**: Responsible Parties must notify the state and local health department immediately upon being informed of any positive COVID-19 diagnostic test result by an individual within school facilities or on school grounds, including students, faculty, staff, and visitors. In the case of an individual testing positive, Responsible Parties must develop and maintain plans to support local health departments in tracing all contacts of the individual, in accordance with the protocols, training, and tools provided through the New York State Contact Tracing Program. Confidentiality must be maintained as required by federal and state law and regulations. Responsible Parties must cooperate with all state and local health department contact tracing, isolation, and quarantine efforts. Consistent with Executive Order 202.61, Responsible Parties must continue to make reports to the New York State Department of Health COVID-19 School Report Card Dashboard every day that school is in session, regardless of whether any new tests have been reported or whether the school was completely remote on that day.
- **Return to School:** Responsible Parties must establish protocols and procedures, in consultation with the local health department(s), about the requirements for determining when individuals, particularly students, who screened positive for COVID-19 symptoms can return to the in-person learning environment at school.

Plan Requirements

Reopening of in-person instruction includes protocols and procedures for restarting school operations including students, faculty, and staff returning to in-person instruction. At a minimum, plans must incorporate the following:

- **Capacity:** Phasing and quantity of students, faculty, and staff allowed to return in-person, considering factors such as ability to maintain appropriate physical distance, personal protective equipment (PPE) availability, local medical capacity, and availability of safe transportation;
- **Physical Distancing**: Protocols and procedures for students, faculty, and staff to ensure appropriate physical distancing when on school grounds and in school facilities;
- **PPE and Masks**: Protocols and procedures for students, faculty, staff, and other individuals to ensure appropriate PPE is used to protect against the transmission of the COVID-19 virus when in indoor school facilities. Plans for all students, faculty, and staff to have the required PPE (i.e., acceptable masks) before entering indoor school facilities or other indoor spaces owned or administered by the school or school district (e.g., school buses);
- **Operational Activity:** Determinations on how classes, shared spaces, and activities may be adapted in various phases of learning and operations (e.g., identify which, if any, students will be offered alternate approaches, such as alternative schedules or hybrids of in-person and remote learning; how additional and alternative – school and non-school – spaces can be used for, or in support of, in-person instruction; how such schedules could be administered to create overlap for students from the same household; how shared spaces, such as cafeterias, libraries, and gymnasiums, will be modified and used, if and how cohorts will be implemented). Policies regarding field trips, and visitors considering risks for COVID-19 transmission, as well as protocols and procedures for physical distancing, PPE usage, and cleaning and disinfection, which may include conducting virtual events, should be developed;
- **Restart Operations:** Plans to safely reopen facilities and grounds, such as cleaning and disinfection, and restarting building ventilation, water systems, and other key facility components, as applicable;
- **Hygiene, Cleaning, and Disinfection:** Protocols and procedures for school-wide cleaning and disinfection of classrooms, restrooms, cafeterias, libraries, school buses, and all other school facilities, as well as training and promotion of hand and respiratory hygiene among all individuals in school facilities and on school grounds;
- **Extracurriculars:** Policies regarding extracurricular programs and which activities will be allowed, considering physical distancing, PPE usage, and cleaning and disinfection, as well as risk of COVID-19 transmission. Policies should consider how to maintain cohorts, if applicable, or members of the same household. Responsible Parties must refer to DOH's "Interim Guidance for Sports and Recreation During the COVID-19 Public Health Emergency" (March 25, 2021) to assist in development of these policies and the conduct of school-sponsored sports. Effective June 7, 2021, face masks are not required to be worn outdoors on school grounds, including during outdoor school sports. If school is closed for in-person education during the school year due to an increase in confirmed COVID-19 cases, school-sponsored sports must be suspended until in-person education is resumed;
- **Before and Aftercare:** Policies regarding before and aftercare programs, considering physical distancing, PPE usage, and cleaning and disinfection requirements, as well as risk of COVID-19 transmission. Policies should consider how to maintain cohorts, if applicable, or group members of the same household;
- **Vulnerable Populations:** Policies regarding vulnerable populations, including students, faculty and staff who are at increased risk for severe COVID-19 illness, and individuals who may not feel comfortable returning to an in-person educational environment, to allow them to safely participate in educational activities and, where appropriate, accommodate their specific circumstances. These accommodations may include but are not limited to remote learning or telework, modified educational or work settings, or providing additional PPE to individuals with underlying health conditions. Responsible Parties must also identify and describe any modifications to physical distancing or PPE that may be necessary for certain student or staff populations, including individuals who have hearing impairment or loss, students receiving language services, and young students in

early education programs, ensuring that any modifications minimize COVID-19 exposure risk for students, faculty, and staff, to the greatest extent possible;

- **Transportation:** Consistent with State-issued public transit guidance, protocols and procedures, which include that individuals must wear acceptable masks at all times on school buses (e.g., entering, exiting, and seated), and that individuals should maintain appropriate physical distancing, unless they are members of the same household. Responsible parties should maximize the distance between students on school buses (for example, seat children one child per row and skip rows), when possible. When safe, ventilation can be improved by opening windows. Responsible Parties should encourage parents/legal guardians to drop off or walk students to school to reduce density on buses. School districts should also consider engaging more buses to keep density low while supporting families who cannot bring students to school themselves. Protocols and procedures should include how school buses will be adapted to keep students and staff safe (e.g., how masks will be provided to students in need, how members of the same household will be seated together, how physical distancing will be conducted on buses, whether bus schedules will be adapted to accommodate reduced capacity, whether any health screening will be conducted at home before students board buses, how parents/legal guardians will be encouraged to drop off or walk students to reduce density on buses);
- **Food Services:** Protocols and procedures for onsite and remote food services for students, considering appropriate physical distancing and any modifications to service that may be necessary (e.g., providing meals in a combination of classrooms and cafeterias, staggering meal periods). Measures to protect students with food allergies if providing meals in spaces outside the cafeteria. Protocols and procedures must also include how students will perform hand hygiene before and after eating, how appropriate hand hygiene will be promoted, and how sharing of food and beverages will be discouraged. Additionally, protocols and procedures must account for cleaning and disinfection prior to the next group of students arriving for meals, if served in the same common area (e.g., cafeteria);
- **Mental Health, Behavioral, and Emotional Support Services and Programs:** Available resources and referrals to address mental health, behavioral, and emotional needs of students, faculty, and staff when school reopens for in-person instruction (e.g., how they will identify and support students having difficulty with transitioning back into the school setting, especially given the changed school environment). Any training for faculty and staff on how to talk with, and support, students during and after the ongoing COVID-19 public health emergency, as well as information on developing coping and resilience skills for students, faculty, and staff; and
- **Communication:** Communications plans for students, parents/legal guardians of students, faculty, staff and visitors that includes applicable instructions, training, signage, and a consistent means to provide individuals with information. Plans should describe how schools will communicate with students and families about preparing for the upcoming year, which should include adapting to physical distancing requirements, properly wearing masks, and proper hand and respiratory hygiene. Consider developing webpages, text and email groups, and social media to disseminate information. Schools should develop communication plans in multiple languages, as necessary.

Monitoring includes protocols and procedures to track health conditions at schools. At a minimum, plans must incorporate the following:

- **Screening:** Protocols and procedures for mandatory health screenings, including temperature checks, of students, faculty, staff, and, where applicable, contractors, vendors, and visitors to identify any individuals who may have COVID-19 or who may have been exposed to the COVID-19 virus. Responsible Parties should consider limiting the number of visitors permitted on school grounds or in school facilities, and, if visitors are allowed, screening of such visitors;
- **Testing Protocols:** Process for the provision or referral of diagnostic testing for students, faculty, and staff for COVID-19, in consultation with local health department officials, when needed, which should

include plans for testing of unvaccinated symptomatic individuals, close contacts of COVID-19 suspected or confirmed individuals, and individuals with recent international travel as designated through the New York State Travel Advisory, before allowing such individuals to return to in-person to the school;

- **Testing Responsibility:** Identification of who in the community is responsible for referring, sourcing, and administering testing (e.g., local health department testing site, physician offices, hospital system);

Containment includes protocols and procedures for how to respond to positive or presumed-positive cases, as well as preventative practices. At a minimum, plans must incorporate the following:

- **School Health Offices:** Protocols for safely caring for a student, faculty, or staff member if they develop symptoms of COVID-19 during the school day in accordance with the Interim Guidance for School-Based Health Centers Regarding COVID-19 and the New York State Department of Health School-Based Health Center Dental Program Reopening Addendum;
- **Isolation:** Procedures to isolate individuals who screen positive upon arrival, or symptomatic individuals should they become symptomatic while at school, providing appropriate PPE for school health office staff caring for the symptomatic individual. Protocols for safe transportation, including pick-up arrangements, if applicable, for symptomatic students, faculty, and staff;
- **Collection**: Protocols for how parents or legal guardians should pick up their student with instructions that the student must be seen by a health care provider;
- **Infected Individuals:** Requirements that persons who have tested positive complete isolation and have recovered and will not transmit COVID-19 when returning to in-person learning. Discharge from isolation and return to school will be conducted in coordination with the local health department.
- **Exposed Individuals**: Requirements that individuals who were exposed to the COVID-19 virus complete quarantine and have not developed symptoms before returning to in-person learning (exceptions for vaccinated individuals and those with prior COVID-19 infection detailed below). Discharge from quarantine and return to school will be conducted in coordination with the local health department.
- **Vaccination:** In New York State, P-12 Teachers and staff have been eligible to receive the COVID-19 vaccine since January 11, 2021. Asymptomatic fully vaccinated individuals do not need to quarantine if exposed to COVID-19.
- **Previous COVID-19 infection:** Asymptomatic individuals who have recovered from laboratory confirmed COVID-19 infection during the previous 3 months do not need to quarantine if exposed to COVID-19.
- **Hygiene, Cleaning, and Disinfection:** Adherence to, and promotion of, hygiene, cleaning, and disinfection guidance set forth by DOH and CDC, including strategies for cleaning and disinfection of exposed areas and appropriate notification to occupants of such areas;
- **Contact Tracing:** Plans to support local health departments in contact tracing efforts using the protocols, training, and tools provided through the New York State Contact Tracing Program
- **Communication:** Plans to share protocols and safety measures taken by the school with all relevant parties including parents/legal guardians, faculty, staff, students, and the local community.
- **Closure** includes contingency plans, protocols, and procedures for decreasing the scale or scope of in-person education, and/or closing the school. At a minimum, plans must incorporate the following:
- **Operational Activity:** Determination of which operations will be decreased, or ceased and which operations will be conducted remotely; include process to conduct orderly closures which may include phasing, milestones, and involvement of key personnel; and

- **Communication:** Plan to communicate internally and externally throughout the closure process.

State-Issued Guidance and Minimum Standards

Pre-K through Grade 12 schools involve a variety of activities depending on their specific educational and extracurricular programs and services, and, as such, should reference relevant "industry-specific" guidelines provided by DOH – and available on the New York Forward website – for operations of food services, office workspaces, transportation, and other activities, as applicable. Specifically, operations of cafeterias and other food services must operate in accordance with "Interim Guidance for Food Services During the COVID-19 Public Health Emergency (March 19, 2021)" with additional precautions for students that are contained herein, such as physical distancing between students or cohorts of students. Administrative functions must operate in accordance with, "Interim Guidance for Office-Based Work during the COVID-19 Public Health Emergency." Transportation services administered by the school must operate in accordance with "Interim Guidance for Public Transportation Activities during the COVID-19 Public Health Emergency" with additional precautions that are contained herein. Interscholastic athletics must follow DOH's "Interim Guidance for Sports and Recreation During the COVID-19 Public Health Emergency" (March 25, 2021) " for the conduct of school-sponsored sports. If school is closed for in-person education during the school year due to an increase in confirmed COVID-19 cases, school-sponsored sports must be suspended until in-person education is resumed. Further, Responsible Parties hosting competitive play must follow the Department's guidance for such activity and, where required, implementing and enforcing rules for appropriate physical distancing, masks, and cleaning and disinfection, as such guidance is updated from time to time.

Standards for Responsible School Activities in New York State

No school activities can operate without meeting the following minimum State guidance, as well as applicable federal requirements, including but not limited to such minimum standards of the Americans with Disabilities Act (ADA), CDC, Environmental Protection Agency (EPA), and OSHA. The State standards apply to all school activities in operation during the COVID-19 public health emergency until rescinded or amended by the State.

The following guidance is provided to help schools develop their reopening plans and is organized around three distinct categories: people, places, and processes.

I. PEOPLE

A. Physical Distancing and Masks

Physical Distancing

- Responsible Parties must ensure that appropriate physical distancing is maintained between individuals while in school facilities and on school grounds, inclusive of students, faculty, and staff, unless safety or the core activity (e.g., instruction, moving equipment, using an elevator, traveling in common areas) requires a shorter distance or individuals are of the same household.
- Responsible Parties may reduce physical distancing requirements to a minimum of three feet between students in classroom settings, subject to adherence to certain mitigation measures herein.

Due to evidence that transmission risk ranges by the age of the student, the CDC recommends that physical distancing requirements differ by grade level and community transmission risk. Evidence indicates that there is lower susceptibility and incidence of COVID-19 among younger children than compared to teenagers; therefore, in-person instruction represents less risk of on-site transmission in elementary schools compared to middle and high schools. At some levels of community transmission, cohorting is recommended if a school is using less than six feet of physical distance in classrooms. The Department recognizes that certain scenarios may prevent physical distancing from occurring, such as

providing essential classroom instruction, medical care, or student comfort/support. Responsible Parties must minimize this contact to the greatest extent possible and continue to ensure appropriate prevention measures—such as cleaning/disinfection, masking, hand hygiene, and respiratory etiquette—are maintained during these temporary episodes. Please refer to the Interim Guidance for School-Based Health Centers Regarding COVID-19 for further information.

- CDC has developed four levels of indicators and threshold for community transmission of COVID-19. Please refer to Table 1 in the CDC guidance to see the measures. CDC also provides recommendations for physical distancing and cohorting for elementary, middle, and high schools at each level of transmission. These recommendations are summarized below and are required to be adhered to by any responsible parties when implementing physical distancing of less than six feet in classrooms. Please refer to Table 2 in the CDC guidance for more detail.
- In counties with low and moderate risk of transmission, elementary, middle, and high schools can maintain physical distancing of at least three feet between students in classrooms.
- In counties with substantial risk of transmission, elementary, middle, and high schools can maintain physical distancing of at least three feet between students in classrooms and cohorting is recommended when possible.
- In counties with high risk of transmission, elementary schools can maintain physical distancing of at least three feet between students in classrooms and cohorting is recommended when possible. However, in middle and high schools three feet between students in classrooms is recommended only when schools can use cohorting. **When schools cannot maintain cohorting, middle and high schools must maintain physical distancing of at least six feet between students in classrooms.**
- The CDC no longer recommends physical barriers for mitigation where physical distancing cannot be maintained. A preferred approach is enhanced ventilation and air filtration to dilute and remove any SARS-Cov-2 particles from the air as described below and in the CDC school guidance.
- Exceptions Where A Minimum of Six Feet of Distance Must be Maintained
  - Six feet is always the required distancing between adults (teachers, staff, visitors) and between students and adults.
  - Six feet of distance is required when eating meals or snacks, or drinking, or other times masks must be removed when indoors. This may mean that meals cannot be eaten in classrooms that have been converted to three feet of physical distance during instruction time.
  - Individuals participating in activities that require projecting the voice (e.g., singing) or playing a wind instrument must be six feet apart and there must be six feet of distance between the performers and the audience during performances and concerts.
  - Six feet of physical distance must be maintained in common areas and outside of classrooms (e.g. lobbies, auditoriums, gymnasiums, cafeterias, and hallways), where possible.
  - For guidance on sports, please refer to the Interim Guidance for Sports and Recreation During the COVID-19 Public Health Emergency (March 25, 2021)

Responsible Parties should ensure that a distance of six feet in all directions is maintained between individuals while participating in activities requires projecting the voice (e.g., singing), playing a wind instrument, or aerobic activity resulting in heavy breathing (e.g., participating in gym classes).

        - When directed by the Local or State Health Department.
    - Prior to making any change to reduce physical distancing to less than six feet between students during academic instruction, decisions must be made with community input. **Responsible Parties must include opportunities for feedback from parents, community members, teachers, staff, and local departments of health. This meeting must be held before any change to the physical distancing in schools can be made.**
    - Responsible parties must post the new plan online and must be sent to Local Health Departments and the State Education Department.
    - Responsible Parties are required to work with the school community (parents, teachers, staff, LHDs, etc.) to propose and adopt changes. **Ultimately, the school/district's decision to move to shorter physical distances will come down to a local community's risk tolerance based on its unique circumstances.**

Masks

- Face masks are required at all times in indoor school facilities, except for meals.
    - Responsible Parties will need to consider and address developmental appropriateness, feasibility, and ability to implement such policy in a safe, consistent manner.
- Students who are unable to medically tolerate a mask, including students where such mask would impair their physical health or mental health are not subject to the required use of a mask.
- Responsible Parties should offer assistance to students who may have difficulty in adapting to wearing a mask.
- Responsible Parties must train all students, faculty, and staff on how to adequately put on, take off, clean (as applicable), and discard PPE, including but not limited to, appropriate masks. This training should be extended to contractors and vendors, if the Responsible Parties will be supplying the contractors and vendors with PPE.
- Effective June 7, 2021, face masks are not required to be worn outdoors on school grounds, including during outdoor school sports. However, Responsible Parties may choose to require face masks outdoors on school grounds, subject to the parameters of this guidance. No student, teacher, staff member, or visitor may be prevented from wearing an acceptable face mask voluntarily on school grounds.

Space Configurations

- Responsible Parties are strongly encouraged to (1) modify or reconfigure spaces and areas, and/or (2) restrict the use of classrooms and other places where students, faculty, and staff gather (e.g., lockers, cubbies, entryways, hallways), so that individuals can be physically distanced, and are not sharing workstations, desks, tables, or other shared surfaces without cleaning and disinfection between use.
    - If Responsible Parties are using a cohort model, cleaning and disinfection may be performed in between each cohort's use instead of individual's use.
- Responsible parties should make best use of the space in the classroom by removing unnecessary furniture and objects to help maximize the distance between students and for better air flow. All desks should face the same direction and/or students should be seated on the same side of tables.
- Where feasible, Responsible Parties should put in place measures to reduce bi-directional foot traffic using tape or signs with arrows in hallways, or spaces throughout the school, and post signage and distance markers denoting spaces of six feet in all commonly used areas and any areas in which lines

are commonly formed or people may congregate (e.g., outdoor spaces, libraries, cafeterias, health screening stations).

- Responsible Parties should determine which facilities, grounds, or portions thereof (e.g., libraries, recreational facilities) will be closed to the public (i.e., not students, faculty, or staff) or offer limited, specific hours to members of the general public. Any use of a school facility or grounds by the general public must be subject to the same guidelines required during all other school operations.
- Responsible parties should work to find additional or alternate space with community-based organizations and other operators of alternative spaces (e.g., local governments) to maximize capacity for in-person learning.

Schedules

- Responsible Parties should consider staggered arrival and pick-up times to facilitate proper physical distancing and assign lockers or other student storage areas by cohort or eliminate their use. However, students should not carry an unreasonable number of books or materials throughout the day.

Signage

- Responsible Parties must post signs throughout the school and should regularly share similar messages with the school community, consistent with DOH COVID-19 signage regarding public health protections against COVID-19. Responsible Parties can develop their own customized and age-appropriate signage specific to their school or educational setting, provided that such signage is consistent with the Department's signage. Signage should be used to remind individuals to:
    - Stay home if they feel sick.
    - Cover their nose and mouth with an acceptable mask.
    - Properly store and, when necessary, discard PPE.
    - Adhere to physical distancing instructions.
    - Report symptoms of, or exposure to, COVID-19, and how they should do so.
    - Follow hand hygiene, and cleaning and disinfection guidelines.
    - Follow respiratory hygiene and cough etiquette.

Vaccination

- Responsible parties should discuss opportunities to maximize opportunities for vaccination of all eligible school personnel and students, as eligible, with their Local Health Department.

B. Gatherings

Meals

- Responsible Parties must ensure physical distancing between individuals while eating in school cafeteria. If not feasible, meals may be served in alternate areas (e.g., classrooms) or in staggered meal periods to ensure physical distancing and proper cleaning and disinfection between students.
    - Responsible Parties must prohibit sharing of food and beverages (e.g., buffet style meals, snacks), unless individuals are members of the same household. Adequate space should be reserved for students, faculty, and staff to observe physical distancing while eating meals.

Faculty and Staff Meetings

- Pursuant to their school reopening plan, Responsible Parties may consider choosing to use video or teleconferencing for faculty and staff meetings and conferences to reduce the density of

congregations, per CDC guidance "Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)". When videoconferencing or teleconferencing is not preferable or possible, Responsible Parties may choose to hold meetings in open, well-ventilated spaces and ensure that individuals maintain appropriate physical distance (e.g., leave space between chairs, have individuals sit in alternating chairs).

Ventilation and Filtration

- Indoor air quality can be improved by increasing outdoor air delivery to the building (ventilation) and removing particulates/viral particles from the air (air filtration) to the greatest extent possible. Ventilation and filtration together can reduce the risk of COVID-19 transmission.
- Portable air cleaners may supplement other preventive measures to decrease the risk of COVID-19 spread. These are designed to remove particles. However, they are limited in the amount of air they filter per hour and so they may reduce, but may not eliminate, particles, viruses, and/or microbes in the air. The selection, installation, and maintenance of portable filtration devices should be made in consultation with an indoor air quality professional. The use of portable filtration devices does not decrease the need for mask wearing, physical distancing, sanitation practices, or adequate ventilation.
- Portable air cleaners are particularly relevant for rooms without natural ventilation (openable windows) and for higher risk environments (e.g., nurses' station, isolation rooms) but can be considered for any other areas where there is heightened concern.
- *Recommendations for School Classrooms That Have Mechanical Ventilation*
    - Evaluate systems to ensure the mechanical ventilation system is working properly, code compliant, and optimized according to these guidelines:
    - Be sure diffusers, exhausts, and unit vents are not blocked or obstructed by cabinets, books, or other materials.
    - Communicate to staff the importance of not obstructing diffusers and vents or attempting to modify the ventilation controls. For example, not adjusting the thermostat or fans in their respective rooms.
    - Have a routine maintenance and inspection schedule and strictly adhere to it.
    - Increase ventilation by increasing outdoor air and decreasing recirculated air as much as possible.
    - Run the HVAC system a minimum of one week prior to reopening.
    - Suspend the use of demand control ventilation, systems that shut down the percentage of fresh air under certain conditions automatically, unless doing so will degrade indoor air quality.
    - Keep systems running longer on school days, 24/7 if possible.
    - Keep bathroom exhaust systems running 24/7.
    - Flush building air at least two hours prior to and one hour after occupancy.
    - Where increased mechanical ventilation is not possible, consider opening windows and doors while also maintaining health and safety protocols (e.g., risk of falling, security risk, increase asthma triggers).
    - With increased cleaning activities, ensure that there is adequate ventilation when cleaners and disinfectants are used to prevent students or staff from inhaling irritating fumes.
    - Filtration of centralized HVAC systems:

- Check and replace existing unit air filters as per manufacturers' instructions.
- Optimize filtration by upgrading to a filter with a minimal efficiency rating value (MERV) of MERV 13, or the highest rating compatible with existing equipment.

- *Recommendations for Classrooms That Do Not Have Mechanical Ventilation*
  - Open windows and doors to maximize fresh air flow through the classroom.
  - Consider the use of window and box fans to cross ventilate rooms to exhaust stale room air. Keep in mind any health, safety, and security concerns with open windows and doors.
  - If a room has a window air conditioner, the outdoor air setting, rather than the recirculate setting, should be used (if the unit offers that option).
  - For air filtration in areas lacking central HVAC, use a portable air cleaner
  - Portable air cleaners are a supplement and cannot replace outdoor air ventilation and filtration.
  - Only use one air cleaner per room.
  - Only use these devices for single rooms with closed door and windows, as the devices are not designed to filter larger volumes of air.
  - These devices are best considered where outdoor air ventilation is not adequate (e.g., open windows not possible, or in nurses/isolation areas).
  - Be sure the device is sized appropriately with the correct clean air delivery rate (CADR).
  - Use the CADR rating of the device for tobacco smoke when comparing air cleaners, as this rating corresponds most closely with airborne viral particle sizes of concern.
  - Air cleaners should contain a high-efficiency particulate air filter or MERV 13 or greater filter efficiencies.
  - Units that feature ionizers, precipitators, or ozone generators do not provide additional benefit and can generate harmful byproducts.
  - MERV13 or HEPA filters should be replaced on the timetable according to manufacturer recommendations.
  - Request documentation of particle/viral removal efficacy for any device being considered.
  - Confirm the unit can deliver at least two air turnovers per hour for typical school classroom sizes (approx. 400 sq. ft).
  - Refer to the Association of Home Appliance Manufacturers (AHAM): https://www.ahamdir.com/room-air-cleaners/) and California Air Resources Board (CARB): https://ww2.arb.ca.gov/our-work/programs/air-cleaners-ozone-products/california-certified-air-cleaning-devices) websites to compare room air cleaners.
  - To maximize energy efficiency, consider choosing a unit with an Energy Star certificate.
  - Choose a unit with CARB and Underwriter's Laboratories (UL) certificates.
- *Specialized Ventilation Considerations for Nurses Stations and Isolation Rooms*
  - Designate one room for short-term isolation of suspected infected persons.
  - Nurses stations and isolation rooms pose higher potential for COVID-19 exposure and so should not mix the air with the remainder of the building.
  - Examine options for maximizing outdoor air ventilation of these areas, including 100% fresh air, and increasing ventilation to 10 air changes per hour.

- These rooms should be under direct exhaust to the outside to minimize air mixing with other parts of the school.
- Portable air filtration units should be considered for these areas (see below).
- For more detailed information please refer to ASHRAE 170 and ASHRAE 2019 handbook (https://www.ashrae.org/technical-resources/ashrae-handbook-content).
- Responsible Parties should increase ventilation with outdoor air to the greatest extent possible (e.g., opening windows and doors) while maintaining health and safety protocols.

Common Areas

- Responsible Parties may choose to encourage physical distancing by modifying amenities or areas that do not allow for adequate physical distancing protocols to be followed. If open, Responsible Parties should make hand sanitizer or disinfecting wipes available near such amenities or areas (e.g., vending machines, communal coffee stations).
  - However, Responsible Parties should not provide cleaning and disinfecting supplies to students, particularly younger students, nor should students be present when disinfectants are in use.
- Responsible Parties should put in place practices for adequate physical distancing in small areas, such as restrooms and breakrooms, and should develop signage and systems (e.g., flagging when occupied) to restrict occupancy when physical distancing cannot be maintained in such areas.
- To the extent practical, Responsible Parties may consider staggering schedules for faculty and staff to reduce density and promote physical distancing in enclosed areas (e.g., coffee breaks, meals, and shift starts/stops).

C. Operational Activities

Cohorts

- Responsible Parties are recommended to cohort students to the extent practicable to limit potential exposure. Refer to Section IA for cohorting recommendations if three feet of physical distance is permitted consistent with this guidance. "Cohorts," particularly for younger students, are self-contained, pre-assigned groups of students with reasonable group size limits set forth by the school in their plan. Responsible Parties should enact measures to prevent intermingling across cohorts, to the greatest extent possible (e.g., separation by appropriate physical distancing, particular if there are multiple cohorts in one area). Responsible Parties should make reasonable efforts to ensure that cohorts are fixed – meaning contain the same students – for the duration of the school year. Faculty may instruct more than one cohort so long as appropriate physical distancing is maintained.

In-Person Instruction

- While the goal is to return all students to in-person instruction, due to the dynamic nature and risk of community transmission of COVID-19, Responsible Parties should prepare for a combination of in-person instruction and remote learning to facilitate a phased-in approach or hybrid model, which may be necessary at various times throughout the 2020-2021 school year. In such approaches and models, Responsible Parties may use video or teleconferencing in lieu of in-person gatherings (e.g., classes, office hours), per CDC guidance.
  - In cases where in-person instruction is not feasible even with cohorting, phased-in and hybrid models of education will need to consider if certain students will be prioritized for in-person instruction first or more frequently based on educational or other needs (e.g., early grades, students with disabilities, English language learners), and must balance this with equity, capacity, physical distancing, PPE, feasibility, and learning considerations.

- If COVID-19 cases develop, Responsible Parties may consider restricting access within school facilities and across school grounds, particularly in affected areas to avoid full school closures. In such instances, Responsible Parties may choose to temporarily move classes where an individual has tested positive for COVID-19 to remote/virtual format until all contacts can be identified, notified, tested, and cleared.

- To maximize in-person instruction, Responsible Parties should consider measures that can be implemented to decrease density and congregation in school facilities and on school grounds, when possible, such as:
  - Finding alternative spaces in the community to allow for more in-person instruction;
  - adjusting class or work hours, where appropriate and possible;
  - limiting in-person presence to only those staff who are necessary to be at the school during normal school hours;
  - maintaining or increasing remote workforce (e.g., administrative staff) to accommodate physical distancing guidelines;
  - staggering schedules and allowing more time between classes to reduce congestion in hallways, walkways, and buildings; and/or
  - shifting design of class schedules to accommodate physical distancing guidelines, including cohorts (e.g., alternative classroom schedules, full-time in-person learning for younger students, and part-time distance learning for older students).

D. Movement and Commerce

Student Drop-Off and Pick-Up

- Responsible Parties should establish designated areas for student drop-off and pick-up, limiting contact and entry of parents/legal guardians into the building, to the greatest extent possible.

Deliveries

- Responsible Parties should establish designated areas for pickups and deliveries, limiting contact to the extent possible.

Faculty/Staff Entrances and Exits

- To the extent feasible, Responsible Parties should limit on-site interactions (e.g., designating separate ingress or egress for faculty and staff, eliminating bidirectional flow of individuals to the extent practicable).

Shared Objects

- Responsible Parties should put in place plans or measures to limit the sharing of objects, such as lockers, cubbies, laptops, notebooks, touchscreens, writing utensils, chalk and dry erase boards, musical instruments, tools, and toys, as well as the touching of shared surfaces, such as conference tables and desks; or require students, faculty, and staff to perform hand hygiene before and after contact.

II. PLACES

A. Personal Protective Equipment

- Masks should have at least two layers of material (e.g. 2-ply). Acceptable masks for COVID-19 include but are not limited to cloth-based masks (e.g., homemade sewn, quick cut, and surgical

masks that cover both the mouth and nose. Face shields worn without other masks are not considered adequate protection or source control against COVID-19 and should not be used.

  - Responsible Parties and faculty may use alternate PPE (i.e., masks that are transparent at or around the mouth) for instruction or interventions that require visualization of the movement of the lips and/or mouths (e.g., speech therapy). These alternate masks may also be used for certain students (e.g., hearing impaired) who benefit from being able to see more of the face of the faculty or staff member.

- However, cloth-based masks or disposable masks shall not be considered acceptable masks for workplace activities that require a higher degree of protection for PPE due to the nature of the work. For those types of activities, N-95 respirators or other PPE used under existing industry standards should continue to be used, in accordance with OSHA guidelines.
- In addition to the necessary PPE as required for certain workplace activities, Responsible Parties must procure, fashion, or otherwise obtain acceptable masks and provide such masks to their faculty and staff who directly interact with students or members of the public while at work at no cost to the faculty or staff member, pursuant to Executive Order 202.16, as amended and extended.
- Responsible Parties should have an adequate supply of masks and other required PPE on hand should faculty or staff need a replacement, or a student be in need.
- Responsible Parties must advise students, faculty, staff, and visitors that they are required to wear masks at all times in indoor school facilities, except when eating.
- Responsible Parties must allow students, faculty, and staff to use their own acceptable masks, but cannot require faculty and staff to supply their own masks. Further, this guidance shall not prevent employees from wearing their personally owned protective masks (e.g., surgical masks, N-95 respirators,), as long as they adhere to the minimum standards of protection for the specific activity. Responsible Parties may otherwise require employees to wear more protective PPE due to the nature of their work. If applicable, employers should comply with all applicable OSHA standards.
- Responsible Parties may request that students bring their own mask, but may not require it and must procure, fashion, or otherwise obtain acceptable masks and provide such masks to any student who does not have their own, at no cost to the student.
- Masks should be cleaned or replaced after use and must not be shared. Students and parents/legal guardians should take responsibility for maintaining their masks. Please consult CDC guidance for additional information on cloth masks and other types of PPE, as well as instructions on use and cleaning.

B. Hygiene, Cleaning and Disinfection

Hygiene

- Responsible Parties must ensure adherence to hygiene and cleaning and disinfection requirements as advised by the CDC and DOH. Responsible Parties must maintain logs that include the date, time, and scope of cleaning and disinfection. Responsible Parties must identify cleaning and disinfection frequency for each facility type and assign responsibility. Responsible Parties must oversee the regular cleaning of frequently touched surfaces (e.g., toys, door handles, sink handles, toilets, drinking fountains) within the school and on school buses at least daily or between use as much as possible.
- Responsible Parties must train all students, faculty, and staff on proper hand and respiratory hygiene, and should provide information to parents and/or legal guardians on ways to reinforce this at home.
  - Responsible parties must teach and reinforce handwashing with soap and water for at least 20 seconds.

- Responsible parties must encourage teachers, staff, and students to cover coughs and sneezes with a tissue, dispose of used tissues immediately, and wash their hands with soap and water for at least 20 seconds.

- Responsible Parties must provide and maintain hand hygiene stations around the school, as follows:
  - For handwashing: soap, running warm water, and disposable paper towels.
  - For hand sanitizing: an alcohol-based hand sanitizer containing at least 60% alcohol for areas where handwashing facilities may not be available or practical.
    - School medical or health directors should approve and permit the use of alcohol-based hand sanitizers in school facilities without individual's physician orders as alcohol-based hand sanitizers are considered over-the-counter drugs. Student use of alcohol-based hand sanitizers should always be supervised by adults to minimize accidental ingestion and promote safe usage; supervision is required for elementary school students. Parents/guardians can inform the school that they do not want their child to use alcohol-based hand sanitizers by sending a written notice to the school. Schools must provide accommodations for students who cannot use hand sanitizer, to allow for their use of handwashing stations.
  - Make hand sanitizer available throughout common areas. It should be placed in convenient locations, such as at building, classroom, and cafeteria entrances and exits. Touch-free hand sanitizer dispensers should be installed where possible.
    - Responsible Parties should place signage near hand sanitizer stations indicating that visibly soiled hands should be washed with soap and water; hand sanitizer is not effective on visibly soiled hands.
    - Responsible Parties should remind individuals that alcohol-based hand sanitizers can be flammable and may not be suitable for certain areas in school facilities and on school grounds.
- Responsible Parties should place receptacles around the school for disposal of soiled items, including paper towels and PPE.
- Responsible Parties should make hand sanitizer and disinfecting wipes available near shared amenities. Sanitizer should be an alcohol-based hand sanitizer containing at least 60% alcohol for areas where handwashing facilities may not be available or practical.
- Hand sanitizer should be placed in convenient locations, such as at building, classroom, and cafeteria entrances and exits. Touch-free hand sanitizer dispensers should be installed where possible.

Cleaning and Disinfection

- Responsible Parties should ensure that cleaning and disinfection are the primary responsibility of the school's custodial staff. However, Responsible Parties may also choose to provide appropriate cleaning and disinfection supplies to faculty and staff for shared and frequently touched surfaces:
  - Consider providing disposable wipes to faculty and staff so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down before and/or after use, followed by hand hygiene.
  - To reduce high-touch surfaces, Responsible Parties should install touch-free amenities, such as water-bottle refilling stations, trash receptacles and paper towel dispensers, where feasible.
  - If installing touch-free amenities is not feasible, Responsible Parties should, at a minimum, make hand sanitizer available near high-touch surfaces (e.g., trash receptacles, paper towel dispensers).

- Responsible Parties should consider closing water drinking fountains (unless they are configured as a bottle refilling station) and encourage students, faculty, and staff to bring their own water bottles or use disposable cups.

- Responsible Parties must adhere to and promote hygiene, cleaning, and disinfection guidance set forth by the Department and CDC.
- There are two scenarios that require cleaning and disinfecting multiple times per day:
  - High risk areas including health offices, classrooms, lunchrooms/dining rooms, athletic rooms, bathrooms, and high traffic areas. Responsible parties must establish procedures for surfaces that must be sanitized after use, such as gym mats, health office cots, and lunch/dining tables.
  - High touch surfaces including lunch tables, desks and chairs, light switches, handrails, door handles/push plates, faucets, equipment handles and buttons, shared equipment and electronics, bus seats, and handrails.
- Responsible Parties must conduct regular cleaning and disinfection of the facilities and more frequent cleaning and disinfection for high-risk areas used by many individuals and for frequently touched surfaces, including desks and cafeteria tables which should be cleaned and disinfected between each individual's use, if shared. If cohorts are used, cleaning and disinfection may take place between each cohort's use rather than each individual. Cleaning and disinfection must be rigorous and ongoing and should occur at least daily, or more frequently as needed. Please refer to CDC's "Cleaning and Disinfecting Your Facility" and "Cleaning, Disinfecting, and Hand Hygiene: A Toolkit for School Administrators " for detailed instructions on how to clean and disinfect facilities.
  - Responsible Parties must ensure regular cleaning and disinfection of restrooms. Restrooms should be cleaned and disinfected more often depending on frequency of use.
  - Responsible Parties should ensure that materials and tools used by employees are regularly cleaned and disinfected using registered disinfectants. Refer to the Department of Environmental Conservation (DEC) list of products registered in New York State and identified by the EPA as effective against COVID-19.
    - If cleaning or disinfection products or the act of cleaning and disinfection causes safety hazards or degrades the material or machinery, Responsible Parties must put in place hand hygiene stations between use and/or supply disposable gloves and/or limitations on the number of employees using such machinery.

Implement best practices to implement in residential, shared (i.e., communal) bathrooms include (e.g. use of touch-free paper towel dispensers in lieu of air dryers).

  - Responsible Parties must ensure physical distancing rules are adhered to by using signage, occupied markers, or other methods to reduce restroom occupancy at any given time, where feasible.

Cleaning and Disinfection Following Suspected or Confirmed COVID-19 Case

- Responsible Parties must provide for the cleaning and disinfection of exposed areas in the event an individual is confirmed to have COVID-19, with such cleaning and disinfection to include, at a minimum, all heavy transit areas and high-touch surfaces.
- Responsible Parties are expected to follow CDC guidelines on "Cleaning and Disinfecting Your Facility," if someone is suspected or confirmed to have COVID-19:
  - Close off areas used by the person who is suspected or confirmed to have COVID-19.
    - Responsible Parties do not necessarily need to close operations, if they can close off the affected areas (e.g., classroom, restroom, hallway), but they should consult with local health departments in development of their protocols.

- Open outside doors and windows to increase air circulation in the area.
- Wait 24 hours before you clean and disinfect, unless waiting 24 hours is not feasible, in which case, wait as long as possible.
- Clean and disinfect all areas used by the person suspected or confirmed to have COVID-19, such as offices, classrooms, bathrooms, lockers, and common areas.
- Restrict access to any area where someone with confirmed or suspected COVID-19 was present until the area is cleaned and disinfected.
- Once the area has been appropriately cleaned and disinfected, it can be reopened for use.
  - Individuals without close or proximate contact with the person suspected or confirmed to have COVID-19 can return to the area and resume school activities immediately after cleaning and disinfection.
- If more than seven days have passed since the person who is suspected or confirmed to have COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary, but routine cleaning and disinfection should continue.

C. Coordination and Phased Reopening

- Responsible Parties must designate a COVID-19 safety coordinator whose responsibilities include continuous compliance with all aspects of the school's reopening plan, as well as any phased-in reopening activities necessary to allow for operational issues to be resolved before activities return to normal or "new normal" levels.

D. Communications Plan

- Responsible Parties must engage with school stakeholders and community members (e.g., administrators, faculty, staff, students, parents/legal guardians of students, local health departments, local health care providers, and affiliated organizations, such as unions, alumni, and/or community-based groups) when developing or updating reopening plans. Plans for reopening should identify the groups of people involved and keep them engaged throughout the planning process.
- Responsible Parties must develop a communications plan for students, parents or legal guardians of students, staff, and visitors that includes applicable instructions, training, signage, and a consistent means to provide individuals with information. Responsible Parties may consider developing webpages, text, and email groups, and/or social media groups or posts.
- Responsible Parties must ensure all students are taught or trained how to follow COVID-19 protocols safely and correctly, including but not limited to hand hygiene, proper mask wearing, physical distancing, and respiratory hygiene.
- Responsible Parties must encourage all students, faculty, staff, and visitors through verbal and written communication (e.g., signage) to adhere to CDC and DOH guidance regarding the use of PPE as appropriate, specifically acceptable masks.
- Responsible Parties should designate a coordinator or other point(s)-of-contact to be the main contact upon the identification of positive COVID-19 cases and to be responsible for subsequent communication. Coordinators should be responsible for answering questions from students, faculty, staff, and parents or legal guardians of students regarding the COVID-19 public health emergency and plans implemented by the school.
  - Coordinators should also work closely with local health departments and other schools to monitor public health conditions and jointly develop monitoring strategies.

E. Residential Living Considerations

- For K-12 schools with students who reside on campus, Responsible Parties must consider the following as they develop their plans:
  - Residence halls: Plans should include protocols for capacity limits, enhanced cleaning and disinfection, appropriate physical distancing as defined in this document, use of acceptable masks in indoor common areas, restrictions on non-essential gatherings and activities, limited access by students to other residential facilities (e.g., dormitories), restrictions of visitors, special housing considerations for students who are immunocompromised or who have an underlying health condition, separate living spaces for persons undergoing isolation or quarantine, and a modified set of rules for students to follow;
  - Residential testing: Plan for screening all students and faculty upon return, and to ensure diagnostic testing for any students or faculty members who screen positive for potential COVID-19 infection upon return, especially including any individuals with recent international travel, as identified in the New York State Travel Advisory;
  - Residential isolation and quarantine: Isolation or quarantine of individuals residing on school grounds may become necessary and schools should develop plans, in consultation with the local health department, that specify where individuals will be residing (e.g., dedicated residence hall, hotel, home) and the support system that will be implemented to meet daily needs (e.g., food, medication, psychosocial, academic and/or other support) throughout the duration of their isolation or quarantine. Plans should include measures to monitor and provide medical care and other health services to students who test positive and are in isolation, need more advanced medical care, or who are awaiting test results; and
  - Residence move-out: Plans need to be put in place for how students should safely depart residence halls in the event of a closure. Schools should consider policies for students who may not be able to depart campus quickly (e.g. international students).

III. PROCESSES

A. Screening and Testing

Health Screening and Temperature Checks

- Responsible Parties must implement mandatory health screenings, including temperature checks, of students, faculty, staff, and, where applicable, contractors, vendors, and visitors to identify any individuals who may have COVID-19 or who may have been exposed to the COVID-19 virus.
  - Temperature checks should be conducted per U.S. Equal Employment Opportunity Commission or DOH guidelines. Specifically, all individuals must have their temperature checked each day – ideally, at home, prior to departing to school – before entering any school facility. If an individual presents a temperature of greater than 100.0°F, the individual must be denied entry into the facility, or sent directly to a dedicated area prior to being picked up or otherwise sent home.
  - Responsible Parties must also use a daily screening questionnaire for faculty and staff reporting to school; and periodically use a questionnaire for students, particularly younger students, who may require the assistance of their parent/legal guardian to answer.
    - Responsible Parties are prohibited from keeping records of student, faculty, staff, and visitor health data (e.g., the specific temperature data of an individual), but are permitted to maintain records that confirm individuals were screened and the result of such screening (e.g., pass/fail, cleared/not cleared).

- Screening is strongly recommended to be conducted remotely (e.g. by electronic survey, digital application, or telephone, which may involve the parent/legal guardian), before the individual reports to school, to the extent possible; or may be performed on site at the school.
    - Remote screening should be coordinated to identify individuals who should not go to school and should be referred to their health care provider for further evaluation and COVID-19 testing.
    - On-site screening should be coordinated in a manner that prevents individuals from intermingling in close or proximate contact with each other prior to completion of the screening.
- Screening for all students, faculty, staff, and, where practicable, visitors, contractors, and vendors, must be completed using a questionnaire that determines whether the individual has:
    (a) knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19;
    (b) tested positive through a diagnostic test for COVID-19 in the past 10 days;
    (c) has experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 10 days; and/or
    (d) has traveled internationally per the New York State Travel Advisory in the past 10 days.

- As able, Responsible Parties should consider implementing health screening practices for unscheduled visitors (e.g., members of the public allowed to use school grounds).
- Refer to CDC guidance on "Symptoms of Coronavirus" for the most up to date information on symptoms associated with COVID-19.
    - Please note that the manifestation of COVID-19 in children, although similar, is not always the same as that for adults. Children may be less likely to present with fever as an initial symptom, and may only have gastrointestinal tract symptoms, which should be taken into consideration during the screening process. Schools should also consider reminding parents/guardians that students may not attend school if they have had a temperature of greater than 100.0°F at any time in the past 10 days, even if a fever-reducing medication was administered and the student no longer has a fever.
- Responsible Parties should remain aware that quarantine of students, faculty, or staff may be necessary based on current guidance and/or executive orders.

Diagnostic and Screening Testing

- Any member of the school community who is experiencing COVID-19 symptoms, is a direct contact of a person identified as having COVID-19 or has been otherwise exposed to COVID-19 should immediately seek diagnostic testing. Schools should make sure families without regular access to healthcare know where in the community to find testing if needed. All schools are reminded that the requirement to submit daily to the NYS COVID-19 Report Card remains.
- CDC recommends screening testing based on feasibility and community transmission levels. Schools should follow CDC guidelines when implementing testing plans. Please refer to Table 4 in the CDC guidance for more detail. **Responsible Parties moving to physical distancing of less than six feet should strongly consider implementing screening testing protocols to ensure monitoring.** Additional guidance regarding testing supply support will be forthcoming.

Positive Screen Protocols

- Any individual who screens positive for COVID-19 exposure or symptoms, if screened at the school, must be immediately sent home with instructions to contact their health care provider for assessment and testing.
    - Students who are being sent home because of a positive screen (e.g., onset of COVID-19 symptoms) must be immediately separated from other students and supervised until their parent/legal guardian or emergency contact can retrieve them from school.
    - Responsible Parties should provide such individuals with information on health care and testing resources, if applicable.
    - Responsible Parties must immediately notify the state and local health department about the case if diagnostic test results are positive for COVID-19.
    - Asymptomatic individuals who are fully vaccinated or have recovered from laboratory confirmed COVID-19 in the previous 3 months who screen positive for COVID-19 exposure may remain at school.
    - Anyone with symptoms must be immediately sent home with instructions to contact their health care provider for assessment and testing irrespective of vaccination status or previous COVID-19 infection.
- Responsible Parties must require individuals to immediately disclose if and when their responses to any of the aforementioned questions changes, such as if they begin to experience symptoms, including during or outside of school hours.
- Responsible Parties must establish policies, in consultation with the local health department(s), about the requirements for determining when individuals, particularly students, who screened positive for COVID-19 symptoms can return to the in-person learning environment. This returning to learning protocol must include at minimum documentation from a health care provider evaluation, negative COVID-19 testing, and symptom resolution, or if COVID-19 positive, release from isolation.
- Responsible Parties must designate a central point of contact(s), which may vary by activity, location, shift or day, responsible for receiving and attesting to having reviewed all screening activities, with such contact(s) also identified as the party for individuals to inform if they later experience COVID-19-related symptoms or COVID-19 exposure, as noted on the questionnaire.

In-Person Screening

- Responsible Parties must ensure that any personnel performing in-person screening activities, including temperature checks, are appropriately protected from exposure to potentially infectious individuals entering the facilities. Personnel performing screening activities should be trained by employer-identified individuals who are familiar with CDC, DOH, and OSHA protocols.
- Screeners should be provided and use PPE, which includes at a minimum, an acceptable mask, and may also include gloves, a gown, and/or a face shield.

B. School Health Offices

- Responsible Parties may consider developing testing systems in school facilities or self-testing systems in collaboration with local health departments or local health care providers, as able.
- Responsible Parties must develop protocols for caring for a student, faculty, or staff member who develops COVID-19 symptoms during the school day. These protocols must include:
    - Identification of a dedicated area to separate students, faculty, or staff with symptoms of COVID-19 from others until they can go home or to a health care facility, depending on severity of illness;

- Plans to ensure that symptomatic students who are waiting to be picked up remain under the visual supervision of a staff member who is physically distanced;
- PPE requirements for school health office staff caring for sick individuals, which must include both standard and transmission-based precautions. In areas with moderate to substantial community transmission, eye protection (i.e., goggles or face shield) should be added. When caring for a suspect or confirmed individual with COVID-19, gloves, a gown, and a fit-tested N-95 respirator should be used, if available (or surgical face mask and face shield, if not available), as well as eye protection. Please consult CDC guidance for additional information; and
- Required guidelines for cleaning and disinfection.

- Responsible Parties must develop protocols for asthma-related acute respiratory treatment care using up to date standard of care:
  - Nebulizer treatments and suctioning are identified by the CDC as aerosol-generating procedures requiring a N-95 mask fitted to the healthcare worker;
  - Consult with students' healthcare providers for alternate asthma medication delivery systems; and
  - Consult with school maintenance and facilities department for environmental controls.

C. Tracing and Tracking

Metrics

- Responsible Parties may identify clearly defined measures that will serve as warning signs that the level of COVID-19 transmission may be increasing in the school setting beyond an acceptable level, as defined by state and local health departments.
  - Responsible Parties must include a process in their plan if/when COVID-19 cases are discovered at school, including closing areas or classes where individuals were infected or more broadly the entire school in consultation with the local health department.
  - Responsible Parties may choose to modify operations prior to instituting school-wide closures to help mitigate a rise in cases.

Indicators of Community Transmission

- CDC recommends that public health officials and school administrators consider the total new cases per 100,000 persons in the community within the preceding 7 days and the percentage of molecular tests that are positive within the preceding 7 days when making decisions about physical distancing. Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate, 10-49; substantial, 50-99; high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%).
- Localities can refer to the CDC's COVID-19 Integrated County View for county indicators. In addition, NYS publishes near real-time COVID-19 data on the NYSDOH COVID-19 Tracker.

Notification

- Responsible Parties must notify the state and local health department immediately upon being informed of any positive COVID-19 diagnostic test result by an individual in school facilities or on school grounds, including students, faculty, staff, and visitors.

Tracing Support

- In the case of an individual testing positive, Responsible Parties must develop plans to support local health departments in tracing all contacts of the individual, in accordance with the protocols, training,

and tools provided through the New York State Contact Tracing Program. Confidentiality must be maintained as required by federal and state law and regulations. Responsible Parties must cooperate with state and local health department contact tracing, isolation, and quarantine efforts.

- If feasible, Responsible Parties may offer optional tracing and tracking technology (e.g., mobile applications) to streamline contact tracing and communication process among their students, faculty, staff, parents/legal guardians of students, and community.
- Responsible Parties should partner with local health departments to train faculty and staff to undertake contact tracing efforts for populations in school facilities and on school grounds, where feasible.

Quarantine, Isolation, and Return to School

- State and local health departments will implement monitoring and movement restrictions of COVID-19 infected or exposed persons, including isolation or quarantine.
- Responsible Parties must ensure that reporting plans are in place for individuals who are alerted that they have come into close or proximate contact with a person with COVID-19, and have been alerted to such exposure via tracing, tracking or other mechanism.
- Responsible Parties are subject to DOH guidance regarding protocols and policies for faculty and staff seeking to return to work after a suspected or confirmed case of COVID-19 or after the faculty or staff member had close or proximate contact with a person with COVID-19.

IV. SCHOOL COVID-19 Report Card

All public and private (both secular and non-secular) elementary (including pre-kindergarten), middle, and high schools as well as boards of cooperative educational services (BOCES), charter schools, and private schools are required to report to the COVID-19 Report Card each operational day. COVID-19 positive data reported on this site includes students, teachers and staff enrolled in the school district on-site and off-site. This information is either shared by the parent/guardian of the student, notified by teachers and other staff, or communicated by the local health department.

V. SCHOOL PLANS

All plans should continue to reflect engagement with school stakeholders and community members (e.g., administrators, faculty, staff, students, parents/legal guardians of students, local health care providers, and affiliated organizations, such as unions, alumni, and/or community-based groups), particularly local health department(s), and, in accordance with the minimum requirements referenced herein, cover: (1) reopening of school facilities for in-person instruction, (2) monitoring of health conditions, (3) containment of potential transmission of the 2019 novel coronavirus, and (4) closure of school facilities and in-person instruction, if necessitated by widespread virus transmission.

Responsible Parties must conspicuously post completed reopening plans at the school and on their website for faculty, staff, students, and parents and legal guardians of students to access. **The NYS Department of Health does not review or approve revisions to school reopening plans, however plans must at all times be consistent with NYS DOH guidance. Modified plans must be posted online as well as submitted to the New York State Education Department and the Local Health Department. Local Health Departments are the entity charged with enforcement of these minimum guidelines.**

Additional safety information, guidelines, and resources are available at:

New York State Department of Health Novel Coronavirus (COVID-19) Website
https://coronavirus.health.ny.gov/

New York State Education Department Coronavirus (COVID-19) Website
http://www.nysed.gov/coronavirus

Centers for Disease Control and Prevention Coronavirus (COVID-19) Website
https://www.cdc.gov/coronavirus/2019-ncov/index.html

Occupational Safety and Health Administration COVID-19 Website
https://www.osha.gov/SLTC/covid-19/