Exposure

1. How is exposure defined? How do you tell when an individual is exposed to COVID-19 and should therefore wear a mask and undergo testing? What does “potentially exposed” mean?

Exposed students are those who meet the definition of a “close contact” to an individual with COVID-19. A close contact is a person, regardless of vaccination status, who was less than 6 feet away from an infected person for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes).

A simpler operational definition of exposure for unmasked individuals is to consider the entire classroom in which the infected individual was present to be exposed or potentially exposed. This group definition considers all individuals in the classroom as exposed or potentially exposed. All should mask and test.

Exposure is not a reason to remove from the classroom setting or school.

2. When conducting classic contact tracing in a school, why do we have to use 6 feet as the measure of exposure rather than 3 feet?

Using 3 feet of distance to determine close contact was permissible when everyone wore a mask. The new guidance has been developed based on the assumption that most people will no longer be wearing masks in schools. In the school setting, when masks are not worn, the distance to determine whether an individual is “exposed” or a “close contact” in schools is 6 feet of distance.

If the school is conducting classic contact tracing and both the infected student and the student(s) for whom exposure status is being determined were wearing well-fitting masks, then the distance to determine “close contact” may be 3 feet. There is nothing in the new guidance that would require a school to reconfigure its physical spaces to accommodate 6 feet of distance between students.

3. What is classic (or individual) contact tracing and what is group contact tracing? When should schools use the classroom-based definition of exposure or potential exposure vs. the standard CDC definition of exposure?

Individual or classic contact tracing assesses the risk of exposure of each individual based on the individual’s contact with the infected person. Group contact tracing makes the assumption that everybody in an area, e.g., a classroom, with an infected person, is exposed or potentially exposed.

Individual or classic contact tracing potentially allows fewer individuals to be identified as exposed or potentially exposed but requires more information and more effort. Group contact tracing requires less information and less effort, but potentially identifies a large number of people as exposed or potentially exposed. This may be a special concern in the middle and high school settings, where student change classrooms and classmates throughout the day.
Masking

4. *If an exposed person is allowed to attend school, should they wear a mask?*

Exposed individuals should mask in school and while in indoor public spaces for 10 days after exposure.

5. *If a student or teacher at high risk for severe COVID disease attends school, should the entire classroom mask routinely?*

There is no NYSDOH requirement for students or staff to disclose any medical conditions that may increase their risk of severe COVID-19. There is no requirement that other individuals in the classroom wear masks routinely because of the presence of a person at risk of severe COVID-19.

6. *Should a student or teacher at higher risk of severe COVID-19 mask routinely?*

Individuals should consult with their healthcare provider to determine whether and when they should mask routinely, such as in school or as part of certain activities.

Immunocompromised individuals are welcome to wear N95 masks.

7. *Can local health departments require masking for students?*

Yes, local health departments may institute stricter guidance than the state, such as requiring masking in school or by incorporating mask rules into codes of conduct. Local health departments are strongly encouraged to implement universal masking when the county COVID-19 community burden is high.

8. *Does the new mask guidance apply to extracurricular activities and school-administered before and after childcare?*

Yes.

9. *Can wearing masks in a school setting be optional and left up to the parent of the student, the student, or to the employee?*

Individuals returning to school after completing 5 days of isolation are required to mask in school and in indoor public spaces on Days 6-10. Individuals who are exposed or potentially exposed should wear a mask for 10 days in school and in indoor public spaces. See additional guidance in the “School exclusion” section and FAQs below.

10. *May individuals who are not required or recommended to do so wear a mask?*

Yes, individuals may choose to wear a mask for any reason, such as due to increased risk, because they want increased protection, in order to protect family and friends, or for any other reason.

11. *If a school is using classroom or group contact tracing and a student was absent during the days when the infected student was in the classroom, should that student still wear a mask?*
Yes. In case there has been undetected secondary spread within the classroom, such a student should wear a mask along with the rest of the class.

Testing

12. Is unmonitored home testing acceptable to meet the testing recommendations for exposed or potentially exposed individuals?

Yes. Both positive and negative home tests may be considered for tracking and attendance purposes when schools are tracking testing. Schools should work with local health departments to develop policies for unmonitored home testing, such as requesting a picture of the testing result.

13. Will schools still be required to test students, staff and teachers weekly?

Testing of unvaccinated school staff is separate from and not addressed in the school mask guidance. Under a separate requirement, staff and teachers are tested weekly. Teachers and staff may be permitted to opt-out of mandatory weekly screening testing if they provide documentation of being fully vaccinated against COVID-19.

Students

P-12 schools are required to offer screening testing to unvaccinated students on a weekly basis in geographic areas identified by the CDC as having moderate, substantial, or high transmission rates. Parent/guardian consent is required for testing a student at school.

14. Why does NYSDOH school guidance no longer mention “Test to Stay (TTS)?” Does NYS still allow TTS?

“Test to Stay” is an approach to allowing people to remain in school after being exposed to someone with COVID-19, rather than quarantine at home. NYS school guidance no longer requires people who were exposed to someone with COVID-19 to be automatically excluded from school. The core principles of TTS have been integrated into the new guidance, such that persons who were exposed to someone with COVID-19 should mask and test after exposure. If schools and LHDs have developed “test to stay” programmatic protocols that are helpful for implementing the latest guidance, they may continue to use them.

15. How can we be sure that the results from over-the-counter tests are being reported to us accurately?

If schools are concerned with the accuracy of the test result being reported, they may require additional levels of verification such as having a picture taken of the test result, implementing an attestation process, or having the testing conducted on-site at the school.
School Exclusion

16. If a person with COVID-19 has exposed others while at school, should the exposed or potentially exposed individuals be excluded from school?

No. Exposed or potentially exposed individuals do not need to be excluded from school and should wear a mask and test as recommended.

If schools become aware that individuals who should be masking and testing are not doing so, efforts should be made to educate those individuals and their parents/guardians.

Special Situations

17. How does this guidance for exposed or potentially exposed individuals apply to children under the age of 5 years, e.g., those attending pre-K classes in a school with older grades?

The guidance is the same for exposed or potentially exposed pre-K students attending school who are under the age of 5 years except that particular care should be taken to assess their ability to properly and consistently wear a well-fitting mask. If they are unable to wear a well-fitting mask in situations when they should be masked in school, then the school should consider mitigation options on a case-by-case basis using factors similar to those used for individuals who are unable to wear a mask for medical reasons.

18. How does this guidance apply to before and after-school activities and extracurricular activities, such as sports, as well as school busses?

This guidance applies to school-administered after-school and extracurricular activities (including sports) in the same way it applies to instructional periods. Programs for school-age children that are licensed or permitted by the Office of Children and Family Services (OCFS) should follow guidance issued by OCFS.

19. How does the new guidance apply to school buses?

This guidance also applies to school buses. Effective February 25, 2022, CDC does not require masks wearing on buses or vans operated by public or private school systems, including early care and education/after-school programs. To the extent that public transportation systems are used for purposes of conveyance to and from school, the rules in place of that public transportation system would apply.

Miscellaneous

20. The absence of universal masking in schools creates a situation when many students will be unmasked and some students are still recommended to wear masks or may choose to wear masks. How can schools prevent stigma or bullying based on mask wear?

Schools should communicate to the school community that there are many reasons a student or staff member may or may not wear a mask, including medical reasons, protecting family members, a desire for increased protection or because mask wearing is not required
or recommended. Schools should follow all laws and their applicable policies governing student safety.

21. Are symptomatic students required to show a negative test result in order to return to school after day 5 of isolation?

For now, NYSDOH continues to require testing of symptomatic individuals, in addition to meeting other school/district criteria. See NYSDOH Isolation and Quarantine tables.

The NYSDOH flow chart addresses school attendance and requirements for children who have symptoms consistent with vaccine side effects shortly after receipt of the COVID vaccine.

22. Will there be any changes to isolation and quarantine? Will isolation be required for 5 days after a positive test or onset of symptoms or until fever-free for 24 hours without the use of fever reducing medications and symptoms are resolving?

We do not anticipate any major changes to isolation and quarantine at this time. Infected individuals and exposed individuals should continue to follow the Isolation and Quarantine guidance.

23. Now that the numbers of COVID-19 cases have decreased substantially, will the local health department resume quarantine/isolation orders?

Local health departments may choose to resume issuing isolation and quarantine orders. However, with the increasing use of home testing, which might not be reported, and the absence of contact tracing in most community situations, many individuals will not receive isolation or quarantine orders and may access isolation and quarantine attestation forms at the NYSDOH webpage.

24. If a student is ill and does not get tested, will the requirement of 5 days out of school continue or will it be shortened at some point?

At this time, symptomatic students who are not tested must be excluded from school for at least 5 days following onset of symptoms and until they are fever-free for at least 24 hours without use of fever-reducing medication and other symptoms are improving. After returning to school, they must wear a mask for days 6-10.

25. Why do schools have to identify and notify individuals who are exposed or potentially exposed and recommend or require masks and testing instead of treating COVID-19 more like influenza or other respiratory illnesses where none of this is required?

At this stage of the pandemic, while there are still many individuals who remain susceptible to severe COVID-19, hospitalizations and deaths, and the future course of the pandemic is uncertain, it remains important to alert exposed individuals or their parents/guardians so they can make good decisions about protecting family and others with whom they might come into contact. Masking and testing remain important tools to prevent spread.

26. In the absence of universal masking, what else can schools do to reduce the risk of COVID-19 transmission?
Schools may wish to review and optimize other mitigation measures, as feasible, including improved ventilation, encouraging vaccination, staying home when ill, hand hygiene and cough/sneeze etiquette, physical distancing, as outlined in the CDC and NYSDOH guidance.

27. **What should schools be doing in terms of deep cleaning and disinfection?**


28. **Are partitions between individuals a recommended measure to prevent the spread of COVID in schools?**

   No.