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2022-2023 Frequently Asked Questions related to COVID-19

Based on the August 11, 2022, Centers for Disease Control and Prevention's (CDC) [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning | CDC](#)

These questions were received by the New York State Education Department (NYSED) and New York State Department of Health (NYSDOH) from schools and districts across New York State. This document is meant to be used in conjunction with guidance provided by the CDC, the New York State Department of Health (NYSDOH), and your school or district's local Department of Health. Additional resources can be found at:

- NYSED COVID-19 Resource Page: <http://www.nysed.gov/coronavirus>
- Student Support Services: [NYSED:SSS:School Health Services](#) NYSDOH Schools and Youth Website: <https://coronavirus.health.ny.gov/schools-youth>
- NYSDOH Vax to School website: <ny.gov/vaxtoschool>

Further questions may be directed to NYSDOH by email at SchoolQuestionsCOVID@health.ny.gov.

Quarantine

1. Do students and staff have to quarantine following exposure to someone with COVID-19?

No. Quarantine is no longer recommended for people who are exposed to COVID-19. In schools, people who were exposed to COVID-19 should follow [recommendations](#) to wear a well-fitting mask and get tested. School administrators should confer with local health departments as applicable to determine how to manage exposures based on the local context and benefits of preserving access to in-person learning. Accommodations may be necessary for exposed people who cannot wear a mask or have difficulty wearing a well-fitting mask. Schools can also consider recommending masking and/or testing for a classroom in which a student was recently exposed who is unable to consistently and correctly wear a mask. School administrators should confer with local health departments as appropriate to discuss whether more stringent measures should be considered.

The CDC recommends that those exposed to COVID-19, regardless of vaccination status or history of prior COVID-19 infection wear a well-fitting mask for 10 days in public indoor settings (including school settings) and test on or after day 5 or sooner if [symptoms](#) develop.

Isolation

2. When should a student or staff member be sent home or stay home?

Students and staff with symptoms of respiratory or gastrointestinal infections, such as cough, fever, sore throat, vomiting or diarrhea should be sent home or directed to stay home. If at schools, the individual should wear a well-fitted mask while arrangements are made to go home even if they have not yet had a test. Testing is recommended for people with symptoms of COVID-19 as soon as possible after symptoms begin.

3. What are the current isolation requirements for students and staff who test positive for COVID-19?

Schools should ensure that people with COVID-19 [isolate](#) from others until able to leave school and not attend school until they have completed isolation. If a student or staff member is suspected of or has tested positive for COVID-19 and are waiting to go home, they should wear a well-fitting mask and distance from others and students should be supervised by an adult. Once isolation has ended, people should wear a well-fitting mask or respirator around others through day 10. While testing is not generally required to determine the end of isolation or mask use following COVID-19 infection, schools have the discretion to impose screening requirements to prevent the possibility of asymptomatic people re-entering the school environment.

CDC guidance indicates that people can use the test-based strategy outlined in the [isolation guidance](#) to potentially shorten the duration of post-isolation mask use. If using the test-based strategy, people should continue to wear a well-fitting mask or respirator in school and community settings until testing criteria have been met.

Students and staff who test positive for COVID-19 should isolate for **5 days at home**. For those with symptoms Day 1 is the first full day after symptom onset (Day 0 is the day of symptom onset). For those that had no symptoms Day 0 is the day they were tested (not the day you received your positive test result) and Day 1 is the first full day following the day they were tested—if someone develops symptoms within the 10 days of testing the clock restarts at day 0 on the day of symptom onset.

Those with symptoms may resume attending school after the 5 days if:

- They are fever free without fever reducing medicine for 24 hours and their symptoms are improving¹; and
- They wear a mask through day 10 (day 1 is the first full day following the day they received positive test result regardless of symptom onset).

Note: After having ended isolation, if COVID-19 symptoms recur or worsen, restart isolation at day 0. Day 0 of isolation is the day of symptom onset. Staff and student's parents/guardians should be advised to talk to a healthcare provider about their symptoms or when to end isolation.

4. Can a school require a student or staff member sent home for symptoms of COVID-19 to test negative or complete a 5-day isolation protocol before they can return to school?

Yes. School officials have the discretion to impose screening requirements meant to rule out the possibility of asymptomatic individuals re-entering the school environment. However, please note that, if a person who has received an isolation order from a local health official were to appear at school prior to the expiration of that order, school officials would be legally obligated to report the individual's presence to the local health official.

¹ If they had [moderate illness](#) (experienced shortness of breath or had difficulty breathing), or [severe illness](#) (were hospitalized) due to COVID-19, or have a weakened immune system, they will need to isolate through day 10.

If they had [severe illness](#) or have a weakened immune system, consult a healthcare provider before ending isolation. Ending isolation without a viral test may not be an option.

5. What should a school do if a student or staff member with symptoms of COVID-19 does not get tested?

School officials have the discretion to require that a recently symptomatic school community member not enter the school facility for a period of 5 days from the onset of symptoms if they cannot present evidence of a negative test.

Masking

6. Is universal masking required?

No, universal masking in school is not required at this time.

Individuals returning to school after completing 5 days of isolation should wear a mask in school and in indoor public spaces on Days 6-10, in accord with CDC recommendations.

7. When are masks recommended?

Masks are recommended in school health offices regardless of recent COVID-19 transmission levels.

The CDC recommends that individuals consistently and correctly wear a well-fitting mask or respirator under the following circumstances:

- After exposure to COVID-19 for 10 full days in public indoor settings regardless of vaccination status or history of prior COVID-19 infection
- When [COVID-19 Community levels](#) are High.
- When students or staff who come to school with [symptoms](#) or develop symptoms while at school, they should be asked to wear a well-fitting mask while in the building, and be sent home and encouraged to get tested if testing is unavailable at school. See Q.2 for details.
- Schools may consider layering prevention strategies, such as masking of staff and students, when close contact occurs, such as during assistance with feeding, toileting and diapering.
- If a school is experiencing a COVID-19 outbreak masks can be added as a prevention strategy, regardless of the COVID-19 Community Level, to help reduce the transmission of COVID-19 during an outbreak.

8. What should a school do if a student or staff member is unable to wear a mask following an exposure to COVID-19?

Exposed or potentially exposed individuals do not need to be excluded from school and are strongly encouraged to wear a well-fitting mask and test as recommended. The CDC notes that accommodations may be necessary for exposed people who cannot or have difficulty wearing a mask. Schools can also consider recommending masking and/or testing for a classroom in which a student was recently exposed who is unable to consistently and correctly wear a mask or respirator. Schools may need to consider other prevention strategies—such as improving ventilation and avoiding crowding—when the COVID-19 Community Level is medium or high or in response to an outbreak.

9. Can a school require masks to be worn?

Please consult with your local health department (LHD) and legal counsel. LHDs and school districts and private schools may consult and collaborate on masking decisions. LHDs are encouraged to assess conditions and tailor guidance to their jurisdiction. A LHD may implement masking requirements that are more restrictive than the state. LHDs are strongly encouraged to implement universal masking when the county [COVID-19 community level](#) is high.

School Bus

10. Do students need to wear masks while on a school bus?

No. The requirements set forth in the [Commissioner's Determination on Masking in Certain Indoor Settings Pursuant to 10 NYCRR 2.60](#) do not extend to buses or vans operated by public or private school systems, including early care and education/childcare programs. CDC recommendations will be continuously monitored by the Department and updated determinations issued as appropriate, based on the incidence and prevalence of COVID-19 transmission across the state.

11. Do students and staff have to wear a mask when riding on public transportation to get to school?

Yes, according to the [Commissioner's Determination on Masking in Certain Indoor Settings Pursuant to 10 NYCRR 2.60](#) masking is required for public transportation conveyances and transportation hubs for all persons two years of age and older who are able to medically tolerate a face covering/mask, regardless of vaccination status.

Physical Distancing

12. Is physical distancing required?

No, physical distancing is no longer required. However, maintaining increased space and distance from others is part of layered prevention strategies that are recommended for medium or high [COVID-19 Community Levels](#).²

It is also a recommended strategy for high-risk activities (e.g., athletics, band, chorus, etc.). Due to increased and forceful exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others at increased risk for getting and spreading the virus that causes COVID-19. Close contact sports and indoor sports are particularly risky for participants and spectators, especially in crowded, indoor venues. Similar risks may exist for other extracurricular activities, such as band, choir, theater, and other school clubs that meet indoors and involve increased exhalation.

Cleaning & Disinfection

13. What are recommendations for cleaning & disinfection of school buildings?

The CDC recommends that schools clean surfaces at least once a day to reduce the risk of germs spreading by touching surfaces. If a person with COVID-19 has been inside a school within the last 24 hours, the space should be cleaned and disinfected. For additional information please see the [CDC's Cleaning and Disinfecting Your Facility](#) page.

² [How to Protect Yourself and Others | CDC](#)

COVID-19 Testing

14. Do schools have to offer COVID-19 diagnostic testing?

Schools are not required to offer diagnostic testing. However, schools may provide or connect individuals to [diagnostic testing](#) when students or staff:

- Exhibit [symptoms of COVID-19](#); and/or
- When they were exposed to someone with COVID-19

Schools may also refer symptomatic students and staff to a community testing site, healthcare provider, or to use an at-home test.

Note: Some COVID-19 tests with an [emergency use authorization \(EUA\)](#), in particular the [at home tests](#), are intended to be used on individuals of a specific age range. Schools should only use COVID-19 tests that are appropriate for the person being tested. Information on the acceptable age of individuals being tested can be found in the intended use section of the test package insert. Testing should be done in a way that ensures the ability to maintain confidentiality of results and protect privacy. Consistent with state legal requirements and [Family Educational Rights and Privacy Act \(FERPA\)](#), schools should obtain parental consent for minor students and assent/consent from students themselves, and staff prior to conducting a test.

An active LSL registration would be required for OTC/at-home test use if **someone other than the patient person (e.g., a school staff person, or employee health personnel) performs the test for the patient person and/or interprets and reports the test results.**

15. Do schools have to offer COVID-19 screening testing?

No, [screening testing](#) is no longer required to be offered or provided. Please note that while universal screening testing is no longer recommended in the school setting, the CDC recommends it be conducted during:

- certain high-risk settings/activities (ex: close contact sports, band, choir, theater);
- at key times of the year (ex: prom, tournaments, group travel); and
- when returning from breaks (ex: holidays, spring break, winter break, etc.).
- At a high COVID-19 Community Level, schools can consider implementing screening testing for high-risk activities such as indoor sports and extracurricular activities. Schools may consider temporarily stopping these activities to control a school- or program-associated outbreak, or during periods of high COVID-19 Community Levels.

Screening testing programs should include both vaccinated and unvaccinated individuals. Schools serving students who are at greater risk for getting very sick with COVID-19, such as those who are moderately or severely immunocompromised or those with complex medical conditions, can consider implementing screening testing at a medium or high COVID-19 Community Level. Resources continue to be made available to support testing for the school population; additional information regarding testing resources can be found at <https://coronavirus.health.ny.gov/schools-youth>.

Note: Some COVID-19 tests with an [emergency use authorization \(EUA\)](#), in particular the [at home tests](#), are intended to be used on individuals of a specific age range. Schools should only use COVID-19 tests that are appropriate for the person being tested. Information on the acceptable age of individuals being tested can be found in the intended use section of the test package insert. Testing should be done in a way that ensures the ability to maintain

confidentiality of results and protect privacy. Consistent with state legal requirements and [Family Educational Rights and Privacy Act \(FERPA\)](#), schools should obtain parental consent for minor students and assent/consent from students themselves, and staff prior to conducting a test.

An active LSL registration would be required for OTC/at-home test use if **someone other than the patient person (e.g., a school staff person, or employee health personnel) performs the test for the patient person and/or interprets and reports the test results.**

16. Is a Limited Service Laboratory (LSL) Certificate still required in order for schools to conduct COVID-19 testing at school?

Yes, schools must have an LSL to conduct testing at school. More information on this is available from the New York State Department of Health <https://www.wadsworth.org/regulatory/clep/limited-service-lab-certs>.

Note: An active LSL registration would be required for OTC/at-home test use if **someone other than the person (e.g., a school staff person, or employee health personnel) performs the test for the person and/or interprets and reports the test results.**

17. Do I have to test unvaccinated staff?

No, the State Department of Health regulation (10 NYCRR 2.62) which mandated weekly COVID-19 testing of unvaccinated school staff expired June 30, 2022.

18. Do I have to report positive test results to the NYS Department of Health COVID-19 Report Card for the 2022-23 school year?

No, the NYS Department of Health (NYSDOH) is no longer requiring schools to report positive test results to the School Report Card via the Daily Survey.

Please note that while schools are no longer required to report COVID-19 and case positive data to the NYSDOH through the School Report Card, any school operating under an LSL would still be required to report COVID-19 positive data. On March 8, 2022, the U.S. Department of Health & Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) announced revisions to HHS SARS-CoV-2 laboratory data reporting requirements that became effective on April 4, 2022. In some instances, HHS will no longer require reporting of SARS-CoV-2 test results. Additional detail can be found at <https://www.wadsworth.org/sites/default/files/WebDoc/Revised%20SARS-CoV-2%20Reporting%20Requirements%20POLEP.pdf>. Please contact CLIA@health.ny.gov with any questions regarding this advisory. For technical questions on how to report results, please contact (866) 325-7743 or eclrs@health.state.ny.us.

COVID-19 Vaccines

19. Is COVID-19 vaccination required in order for students or staff to attend school?

No, the COVID-19 vaccine is not mandated in New York State for school attendance. However, COVID-19 vaccination helps protect eligible people from getting severely ill with COVID-19. All individuals 6 months of age and older are eligible and encouraged to receive the COVID-19 vaccine. Additional information regarding the COVID-19 vaccine can be found at <https://covid19vaccine.health.ny.gov/>.

Contact Tracing

20. Do schools still need to conduct contact tracing of positive cases?

No, routine contact tracing is no longer recommended. However, If a school is experiencing a COVID-19 [outbreak](#) they should consider adding prevention strategies regardless of the COVID-19 Community Level. Strategies that can help reduce transmission during an outbreak include wearing well-fitting masks or respirators, improving ventilation (for example moving school activities outdoors, opening windows and doors, using air filters), screening testing, **and case investigation and contact tracing**. Early identification of cases to ensure that they stay home, and isolate is a critical component of outbreak response. Schools that are experiencing outbreaks should work with their [local health department](#) in accordance with state and local regulations.

Schools should continue to prioritize the safety and well-being of students, teachers and staff. When known close contact with someone who tested positive for or has symptoms of COVID-19 occurs on the school campus, for example, in a classroom, schools should at least notify parents and guardians of affected students. Exposed individuals should be referred to information provided by the state or local health department.

Remote Instruction

21. Are schools required or able to provide remote instruction for the 2022-2023 academic year?

The Department's policy on remote instruction, as set forth in the July 29, 2021 memo,³ is as follows:

- Schools should be open for in-person teaching and learning, and students should be educated in the school building.
- In case of school closures due to emergencies, or in the case of students who may not be able to attend school in-person due to a variety of health-related issues, schools will want to be prepared to provide remote instruction. During the 2023-2024 academic year, all schools are required to have a plan in place regarding the provision of remote instruction under emergency conditions.⁴
- While the Department will not require schools that are open for full-time, in-person instruction to provide on-line or remote instruction, schools and districts will want to work with students and families to offer remote options if it is deemed to be in the best educational interest of students.
- Schools and districts should consider the value of ensuring on-line capacity to expand programmatic offerings and to offer remote learning opportunities that are responsive to student needs. This can be done directly, through cooperative agreements with other school districts, or through Boards of Cooperative Educational Services. This can help where documented medical conditions prohibit the safe return for students to in-person instruction, and where students who have otherwise struggled have excelled with remote learning, where remote instruction is otherwise deemed necessary for the benefit of students and the school community.

³ <http://www.nysed.gov/common/nysed/files/programs/coronavirus/cdc-aap-guidance-school-opening-2021-22.pdf>

⁴ <https://www.regents.nysed.gov/common/regents/files/722brca17.pdf>