



GERMANTOWN CENTRAL SCHOOL

123 MAIN STREET
GERMANTOWN, NY 12526

September 3, 2021

Dear Germantown Community Members,

Yesterday, the New York State Department of Health finally issued interim guidance for classroom instruction this school year and a Commissioner's Determination on COVID testing in schools.

The 12-page guidance document addresses the *minimum* expectations for instruction and operations. Many of our health and safety protocols will remain the same from last year – and the new DOH regulations are consistent with the most recent CDC guidance. In fact, the guidance document recommended that schools review their prior year's plans, eliminate outdated measures, and adopt current CDC recommendations (which we had already done).

At this time, we are working together with local school districts and our county department of health to facilitate the staffing, supplies and information that will be required to implement the Commissioner's Determination on the testing of students, staff, and contractors as soon as practicable to ensure a safe environment for our students and staff. Funding for this has not been released by the state to allow schools to fulfill this new requirement.

We will notify you of the process for providing documentation for full vaccination (to opt-out of testing) or information on testing as soon as possible. We need to remain flexible, adaptive, and patient.

Please see the attached guidance

Sincerely,

Benjamin Bragg
Superintendent of Schools
Germantown Central School District



Commissioner's Determination on COVID-19 Testing Pursuant to 10 NYCRR 2.62

September 2, 2021

Pursuant to 10 NYCRR 2.62, I hereby issue the following determination, which includes findings of necessity, to support the testing requirements set forth below:

Findings of necessity:

The Centers for Disease Control and Prevention (CDC) has identified a concerning national trend of increasing circulation of the Delta COVID-19 variant, which is approximately twice as transmissible as the early SARS-CoV-2 strain. Since early July, cases have risen 10-fold, and 95 percent of sequenced recent positives in New York State were the Delta variant.

Certain settings and areas (i.e., healthcare, schools, and public places located in CDC-identified areas of substantial or high community transmission) pose increased challenges and urgency for controlling the spread of this disease because of the vulnerable populations served, the disproportionate percentage of individuals (i.e., children) who are not yet eligible for the COVID-19 vaccination, and/or the substantial to high levels of community transmission. Regular COVID-19 testing enables the immediate identification of COVID-19-positive individuals, even if they are not symptomatic, so that they can isolate and prevent further transmission. Additionally, the reporting of positive COVID-19 test results to public health authorities facilitates the rapid initiation of contact tracing to ensure close contacts are quarantined, tested, and isolated as needed.

The CDC's recommendation for testing, including its associated scientific justification, is available at: https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html#in-person.

Based on the foregoing findings of necessity, I hereby issue the following testing requirements:

Testing Requirement:

After careful review and consideration of the above referenced CDC recommendations for COVID-19 testing, effective immediately and for as long as this determination remains in effect, all P-12 schools are hereby required to implement testing consistent with the following:

1. Definitions and Application:

- a. **Teachers and Staff.** This determination applies to all P-12 (public or non-public) school district faculty or staff, including all teachers, substitute teachers, student teachers, school administrators, paraprofessional staff, and support staff, including bus drivers. This determination also applies to contractors working in a P-12 school (public or non-public) or school district setting, including contracted bus drivers.
- b. **P-12 schools.** This determination applies to P-12 elementary and secondary, public, charter,

private, and state-operated schools, including residential schools and programs serving students with disabilities, as regulated by the NYS Education Department. It does not apply to institutions of higher education. It does not apply to “standalone” pre-kindergarten schools (that is, schools that only serve pre-kindergarten students and are not located in a building that also serves older students).

2. Screening

- a. **Testing Requirement for teachers and staff:** P-12 schools are required to ensure teachers and staff, as outlined above, have testing performed for COVID-19 at least once per week when a school is in a geographic area identified by the CDC as having low, moderate, substantial, or high transmission rates. 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, as set forth in 10 NYCRR 2.62. Teachers and staff who work at multiple schools do not need to receive multiple tests; they may use one weekly test result to demonstrate to any number of schools where they work that they have fulfilled this requirement.
- b. **Offer screening testing for students (obtain parent or guardian consent for minors, and where otherwise required pursuant to school policy):** 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.

3. Diagnostic testing

- a. Schools must have the capacity (either directly on-site or via referral) to provide diagnostic testing, for any students, teachers or staff, who regardless of vaccination status and community level of transmission per the CDC, are:
 - i. Symptomatic; or
 - ii. Asymptomatic following exposure to someone with COVID-19.

4. Special Requirements for Return to School Testing

- a. All school students, teachers, and staff with new or worsening symptoms of COVID-19 **must** be excluded from school, regardless of vaccination status, and either (a) provide a negative COVID test result, or (b) remain excluded from school for a minimum of 10 calendar days from symptom onset, prior to returning to school. If student, teacher, or staff symptoms are improving **AND** they are fever-free for at least 24 hours without the use of fever reducing medicines, they **may return to school** with either a note from the healthcare provider indicating the test was negative **OR** a copy of the negative test result. Given the growing prevalence of breakthrough infections among vaccinated populations nationwide, there is no recommended exemption for symptomatic vaccinated people.
- b. *Nucleic acid amplification tests* (known as NAATs, such as polymerase chain reaction, or PCR tests) are the most sensitive type of test available and the best option for ensuring that symptomatic people with COVID-19 are excluded from school. **The Department expectation is that all schools require a negative NAAT result for people with new or worsening symptoms of COVID-19 to return to school.**
However, the Department recognizes that [antigen tests](#) are widely available and may produce results faster than NAATs; however, these tests are generally less sensitive than NAATs and can fail to detect cases of COVID-19 in symptomatic individuals. The Department further recognizes that in some circumstances the public health benefits of requiring a negative NAAT might be outweighed by the negative effects of lost educational opportunity while people are excluded from school pending the NAAT result. Therefore, when the following criteria apply, schools may require a negative antigen test result rather than a negative NAAT test result for

people with new or worsening symptoms to return to school (in all other cases, a NAAT, such as PCR, may be required to return to school, along with meeting other requirements based on school policies and the specific situation, such as quarantine):

- i. The rates of COVID-19 in the county are [low](#).
 - ii. The school is not experiencing an active, ongoing outbreak.
 - iii. The individual in question does not have known exposure to COVID-19, has not had a fever during the illness, and does not have symptoms that increase the likelihood that the illness is COVID-19 (i.e., loss of taste or smell).
 - iv. Symptomatic individuals allowed to return to school with a negative antigen test must:
 - Meet other school or district requirements to attend school after illness,
 - Not have rhinorrhea (runny nose) or cough severe enough to make mask wear difficult or unhygienic, and
 - v. The school or district has sought input from and discussed the risks and benefits of this option with parents, teachers, and the school community at large.
 - vi. The school/district has educated families about:
 - The possibility of missing a case of COVID-19 using antigen tests and the possible preference for NAAT testing for reasons other than school attendance.
 - The advantages of keeping children with non-COVID-19 illnesses at home to prevent transmission of these illnesses to other children, who then would need COVID-19 testing, and
 - The practice of accepting a negative antigen test result in a symptomatic person as a conclusive indication of the absence of COVID-19 infection **is inconsistent with [NYSDOH](#) and [CDC](#) guidance**.
- c. Exceptions to the testing requirement set forth above include:
- i. Individuals with symptoms that are attributable to pre-existing medical conditions (e.g., migraines, allergies) and are not new or worsening do not require school exclusion; or
 - ii. If the HCP provides a diagnosis of a known chronic condition with unchanged symptoms, or a confirmed acute illness (examples: laboratory-confirmed influenza, strep-throat) **AND** COVID-19 is not suspected, then a note signed by their **HCP explaining the alternate diagnosis is required** before a student, teacher or staff member may be allowed to return to school. Such individuals may return to school according to the usual guidelines for that diagnosis.
5. **Authorized tests:** Any testing—screening, diagnostic, and/or pooled testing—must be [FDA](#) or [DOH authorized](#) and be performed by a NYS approved laboratory to ensure all NYS regulatory and reporting requirements are met. Schools using a laboratory to perform screening or diagnostic testing need to ensure that the laboratory holds the appropriate NYS approvals to perform testing. Laboratories that perform high complexity NAAT are required to hold a clinical laboratory permit; to determine if a laboratory has a clinical laboratory permit, a search can be performed [here](#). Laboratories that perform waived, point of care testing are required to be registered as an LSL; to determine if a laboratory has an LSL, a search can be performed [here](#). Some laboratories that held temporary approval to perform COVID-19 testing will be allowed to continue testing; to determine if a temporarily approved laboratory can perform COVID-19 testing, contact Covid19rapidtest@health.ny.gov. If you cannot determine if the laboratory is approved, contact Covid19rapidtest@health.ny.gov.



Department of Health

KATHY HOCHUL
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA PINO, M.A., J.D.
Executive Deputy Commissioner

INTERIM NYSDOH GUIDANCE FOR CLASSROOM INSTRUCTION IN P-12 SCHOOLS DURING THE 2021-2022 ACADEMIC YEAR

September 2, 2021

Background

New York State recognizes that opening pre-kindergarten through grade 12 schools for in-person instruction is critical to student health, well-being, academic success, and social functioning. In alignment with international and national experts, the State is committed to prioritizing in-person learning while adhering to multiple mitigation strategies that include vaccination, the appropriate use of face masks, physical distancing and screening testing to monitor transmission and inform local public health actions. Combining these mitigation strategies increases community confidence in in-person instruction and prevents transmission of COVID-19. This reduces exposures and quarantines and increases schools' ability to remain open despite fluctuating background COVID-19 rates in the community.

Please note that the following guidance applies to P-12 elementary and secondary, public, charter, private, and state-operated schools, including residential schools and programs serving students with disabilities, as regulated by the NYS Education Department. It does not apply to institutions of higher education. It does not apply to "standalone" pre-kindergarten schools (that is, schools that only serve pre-kindergarten students and are not located in a building that also serves older students). Further, this document provides an operational framework for schools to fulfill their primary purpose of educating children during the COVID-19 pandemic (including sports, transporting children, field trips, extracurricular activities, and other ancillary educational activities conducted by schools). The Department recognizes that school buildings may be used for community-based activities where students are not present; the guidance herein does not apply in such situations.

Lastly, references are provided to regulatory requirements and associated Commissioner's determinations for masking and COVID-19 testing and reporting in school settings. Appendix A of this guidance contains a summary of these regulations and associated determinations.

Purpose

The New York State Department of Health hereby establishes the following for P-12 schools for the 2021-2022 school year. The following guidance addresses the minimum expectations for classroom instruction in P-12 schools. In accordance with applicable state and federal laws, schools may apply additional or more restrictive requirements in support of the health and wellness of students, faculty, and staff.

1. All schools should review and adopt all aspects of the Schools Guidance developed by the Centers for Disease Control & Prevention (CDC), available [here](#). Consistent with the CDC guidance, schools/districts have the authority to decide how to implement the CDC guidance based on local conditions, needs, and input from their Local Health Department (LHD). **Ultimately, the decision to adopt certain mitigation measures will reside with the local community based on local circumstances, unless otherwise required in this document or other relevant guidance, regulations, or orders.**
2. Schools/districts should review their prior year School Reopening plans, eliminate outdated measures that are no longer applicable, and adopt current CDC recommendations as referenced in this guidance. The New York State Department of Health does not review or approve school reopening plans.
3. **Vaccines: All public school districts and non-public schools should support opportunities for students and staff to access COVID-19 vaccination clinics** in collaboration with local health partners as needed (e.g., the LHD, local hospitals, private providers, pharmacies, etc.). Schools may find it helpful to read the [CDC Considerations for Planning School-Located Vaccination clinics](#). The COVID-19 vaccines are safe and effective. They offer the benefit of helping to reduce the number of COVID-19 infections, including the Delta variant, which is a critical component to protecting public health.
4. **Masks:**
 - a) In accordance with the Commissioner’s determination issued pursuant to 10 NYCRR 2.60, all students, personnel, teachers, administrators, contractors, and visitors must wear masks at all times indoors, regardless of vaccination status.
 - b) People with medical or developmental conditions that prevent them from wearing a mask may be exempted from mask requirements, as documented by a medical provider.
 - c) People do not need to wear masks when eating, drinking, singing, or playing a wind instrument; when masks are removed for these purposes, individuals must be spaced six feet apart. This may mean that meals cannot be eaten in classrooms that have been arranged to accommodate shorter distances between students during instruction time. Students should not be excluded from in-person learning in order to meet a minimum distance requirement.
 - d) All mask requirements must be applied consistently with any state and federal law (e.g., Americans with Disabilities Act).
 - e) Information on how to properly wear a mask can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>
5. Consistent with the “Staying Home When Sick and Getting Tested” section of the [CDC guidance](#) and in accordance the Commissioner’s determination, issued pursuant to 10 NYCRR 2.62, all schools must have policies in place that clearly explain what students, teachers, and personnel with new or worsening symptoms must do. See section on

Return to School for Individuals Displaying Symptoms of COVID-19 in this guidance for more information. Such policies should be applied irrespective of vaccination status for those individuals with new or worsening symptoms.

6. In accordance the Commissioner’s determination, issued pursuant to 10 NYCRR 2.62, all schools must have the capacity to offer COVID-19 testing to teachers, students, and staff, as defined in the determination. See the section on **Testing** in this guidance for more information.
7. **Physical Distancing:** Because of the importance of in-person learning, schools should implement physical distancing to the extent possible within their structures, consistent with the following, but should not exclude students from in-person learning in order to meet a minimum distance requirement.
 - (a) A distance of at least 3 feet is strongly recommended between all students.
 - (b) A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.
 - (c) Universal masking is required according to the Commissioner’s masking determination issued pursuant to 10 NYCRR 2.60 for indoor settings. Should there be a time when the determination for universal masking in schools is lifted, masking must occur when physical distance cannot be maintained.
 - (d) Maximize physical distance as much as possible when moving through the food service line and while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as the gymnasium or outdoor seating can help facilitate distancing.
8. **Transportation:** In accordance the Commissioner’s determination, issued pursuant to 10 NYCRR 2.60, masking is required on public transportation in accordance with the CDC recommendations available [here](#) and as also referenced in the CDC’s school guidance. To that end, passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, regardless of vaccination status, subject to applicable exclusions and exemptions.
9. **Sports and extracurricular activities** – Schools must consider the range of mitigation measures available to them and described in the “[Sports and Other Extracurricular Activities](#)” section of the CDC guidance to maximize the safety of all people (players, coaches, spectators), including vaccination, screening testing, and, if necessary, canceling all sports and extracurricular activities in counties with high transmission. The Commissioner’s determination for masking in schools issued pursuant to 10 NYCRR 2.60 applies to indoor settings, including for sports and extracurricular activities. For indoor sports and extracurricular activities in which masking is not possible (e.g., swimming), a minimum distance of 6 feet must be maintained to deviate from the above referenced Commissioner’s determination.

To facilitate safe participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), schools should consider

implementing and requiring screening testing for participants who are not fully vaccinated. Schools can routinely test student athletes, participants, coaches, conductors/directors, trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Schools should consider implementing screening testing of participants who are not fully vaccinated up to 24 hours before sporting, competition, or extracurricular events. Schools can use different screening testing strategies for lower-risk sports. High-risk sports and extracurricular activities should be virtual or canceled in areas of high community transmission unless all participants are fully vaccinated. Please see Table 1 in the [CDC Guidance](#) additional information about screening testing in these situations.

10. **Physical Education and Recess** – In general, people do not need to wear masks when they are outdoors (e.g., participating in outdoor play, recess, and physical education activities). CDC recommends those who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with others. The Commissioner’s determination for masking in schools issued pursuant to 10 NYCRR 2.60 applies to indoor settings, including physical education that takes place in a gymnasium or indoor recess (such as takes place during inclement weather). For indoor physical education activities in which masking is not possible (e.g., swimming), a minimum distance of 6 feet must be maintained to deviate from the above referenced Commissioner’s determination. Schools should consider the range of mitigation measures available to them and described in the “Recess and Physical Education” section of the CDC guidance to maximize the safety of all people.
11. **Quarantine and close contact** – Consistent with CDC guidance, all “close contacts” with someone with COVID must quarantine unless they are fully vaccinated. People who are fully vaccinated do not need to quarantine after contact with someone who is suspected or confirmed to have COVID-19 unless they also present possible symptoms of infection; however, they should be tested 3-5 days after exposure and must wear a mask indoors for 14 days or until they receive a negative diagnostic test result.

In general, a “close contact” is anyone who was within 6 feet of an infected person (laboratory-confirmed or a [clinically compatible illness](#)) for a cumulative total of 15 minutes¹ or more over a 24-hour period (for example, **three individual 5-minute exposures for a total of 15 minutes**). However, in the **P-12 indoor classroom setting, the CDC specifies that students who were within 3 to 6 feet of**

¹ As noted above this guidance addresses the minimum expectations for classroom instruction in P-12 schools. In accordance with applicable state and federal laws, schools may impose more restrictive requirements in support of the health and wellness of students, faculty, and staff. Therefore, after review of the aforementioned considerations (which includes but is not limited to student spacing in this instance), schools may choose to select a shorter period of time than provided for in this guidance (i.e., less than 15 minutes).

an infected student (laboratory-confirmed or a [clinically compatible illness](#)) where both students were engaged in **consistent and correct use of well-fitting masks are **not considered close contacts**.** This exception to the close contact definition does not apply to teachers, staff, or other adults in the indoor classroom setting.

For further information about quarantine requirements for vaccinated and unvaccinated individuals, please refer to NYS's [Guidance on Quarantine](#) for Community Persons Exposed to COVID-19. This guidance will be updated as appropriate to align with CDC recommendations and developments in our knowledge about COVID-19 transmission.

As may be required and enforced by the New York State Education Department, schools/districts must have a plan to continue instructional services for students in quarantine or students who have displayed symptoms and have been excluded from school.

Lastly, in accord with 10 NYCRR 2.13, Local Health Departments (LHD) **may establish and enforce isolation or quarantine orders** within local communities, including schools/districts, based on local conditions. Additionally, Local Health Departments may order that certain non-essential school activities (e.g., extracurricular activities) cease operations when transmission levels are high and risk of potential transmission is present. Reports of non-compliance with all such public health measures in schools should be reported to the LHD.

12. Working with local health officials —In accord with the regulatory requirements of Part 2 of the State Sanitary Code, all school administrators and/or medical officials must engage in ongoing communications with the LHD to determine **appropriate responses to evidence that any highly contagious infectious disease may be circulating with the school community**. Per the CDC, “Schools should work with [local public health officials](#), consistent with applicable laws and regulations, including those related to privacy, to determine the prevention strategies needed in their area by monitoring [levels of community transmission](#) (i.e., low, moderate, substantial, or high) and local [vaccine coverage](#), and use of screening testing to detect cases in K-12 schools.” School Districts, working with their Local Health Department, should use [CDC metrics](#) to determine transmission levels in their local community at a point in time. Further, pursuant to the Department’s emergency regulations, schools and school districts must report to the Department of Health, on a daily basis, in a form and manner to be determined by the Department, all COVID-19 testing and positive test results among students, teaching staff, and any other employees or volunteers. Such daily report shall include any other data elements as the Commissioner determines to be appropriate to track outbreaks and prevent spread of COVID-19 within such schools and school districts, which carries forward the reporting requirements schools had to adhere to last year.
13. **Daily health screenings and temperature checks** of all students, faculty, staff, visitors, and contractors are an additional option schools may use to increase protections against transmission of COVID-19.

Return to School for Individuals Displaying Symptoms of COVID-19

1. According to the Commissioner's testing determination issued pursuant to 10 NYCRR 2.62, all school students, teachers, and staff with new or worsening symptoms of COVID-19 **must** be excluded from school, regardless of vaccination status, and either (a) provide a negative COVID test result, or (b) remain excluded from school for a minimum of 10 calendar days from symptom onset, prior to returning to school. If student, teacher, or staff symptoms are improving **AND** they are fever-free for at least 24 hours without the use of fever reducing medicines, they **may return to school** with either a note from the healthcare provider indicating the test was negative **OR** a copy of the negative test result. Given the growing prevalence of breakthrough infections among vaccinated populations nationwide, there is no recommended exemption for symptomatic vaccinated people. Please refer to such determination for details on this testing requirement

COVID-19 Testing

1. *After Exposure to COVID-19: Diagnostic testing* refers to the testing of symptomatic individuals or asymptomatic individuals exposed to a person with COVID-19 within the last 14 days. According to the Commissioner's testing determination issued pursuant to 10 NYCRR 2.62, schools must have the capacity (either directly on-site or via referral) to provide *diagnostic testing* for any students, teachers, and staff who, regardless of vaccination status and community level of transmission per the CDC, are:
 - a) Symptomatic; or
 - b) Asymptomatic following exposure to someone with COVID-19.
2. *No Exposure/No Symptoms: Screening testing* refers to the testing of asymptomatic individuals even if there is no reason to suspect infection. Schools must establish the capability to conduct or offer screening testing according to the Commissioner's testing determination issued pursuant to 10 NYCRR 2.62. Schools have flexibility in how they operationalize screening testing:
 - a) **On-site Testing at Schools:** Schools needs to be registered as a limited service laboratory (LSL) to perform waived rapid point-of-care testing using molecular or antigen tests. Meeting all requirements for testing, including procurement of PPE, providing staff for testing, and the reporting of test results to the NYSDOH is the responsibility of the entity who holds the LSL which can be either the school or the LHD. For this scenario, NYSDOH may be able to assist in providing schools outside of NYC with Abbott BinaxNOW COVID-19 antigen cards at no cost. Additional information on obtaining an LSL can be found [here](#). Schools within NYC should contact NYCDOHMH directly for assistance with testing.

Schools who received Abbott BinaxNOW COVID-19 antigen cards from the state last year should check their expiration date and attempt to identify uses for the tests in collaboration with the LHD. Test kits should not be used beyond the expiration date unless the manufacturer has indicated otherwise. Expired test kits

should be discarded the same way as the used test kits meaning that the expired kits should be discarded as Biohazard waste (into red bags).

- b) **Off-Site Testing:** Schools can have testing performed off-site by a laboratory, Local Health Department, pharmacy or other local health care provider partner. In this scenario, people are sent to a partner for testing, or schools can arrange for a partner to conduct sample collection on-site. Schools may be eligible for free testing through Operation Expanded Testing, a program established by the United States Department of Health and Human Services to expand testing availability. Additional information can be found at affinitytesting.com/hhs/.
- c) Pooled testing is one approach some laboratories offer that may provide schools with a practical option to implement testing. Pooled testing involves mixing several samples together into a “pool;” the pooled sample is then tested using a NAAT. This approach increases the number of individuals that can be tested using the same amount of resources. Pooled testing is widely used for the purpose of *surveillance* testing. *Surveillance testing* is primarily used to gain information at a population level, rather than an individual level, and the test result is not reported to the individual who was tested. *Surveillance testing* like this is different from diagnostic and screening testing; offering surveillance testing does not meet the requirement that schools maintain capacity to conduct screening testing, unless results are reported to the individual tested.
 - However, there are laboratories that are approved to perform pooled testing where test results are reported to the individual who was tested. If a school is using a laboratory that is performing pooled testing, the school will need to ensure that the test is being used for *screening* or *diagnostic* purposes and that the laboratory is reporting tests results for each individual to the NYSDOH.
- d) Please see the “Resources to Support School Testing Programs” section of the CDC guidance for additional information, including on available funding.
- e) Schools must adhere to the Commissioner’s testing determination, issued pursuant to 10 NYCRR 2.62, which sets forth required parameters for COVID-19 screening.

Ventilation and Filtration in Schools

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 are a type of filtration device and 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. In addition to reducing risk of COVID-19, improved ventilation can make classrooms more comfortable for students wearing masks. Schools may wish to access the most recent webinar regarding COVID-19 and School Indoor Air Quality {insert webinar link here} hosted by NYSDOH and the New York State Association of County Health Officials.

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.
- 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 as much as possible.
- 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 portable air cleaners for single rooms with closed doors 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>).
- Increase ventilation with outdoor air to the greatest extent possible (e.g., opening windows and doors) while maintaining health and safety protocols.

APPENDIX A: Summary of Masking and Testing Requirements as Applicable to School Settings

I. FACE COVERING/MASK REQUIREMENTS

A. REGULATION—Face Coverings for COVID-19 Prevention (10 NYCRR 2.60) *(As applicable to schools)*

- Permits the Commissioner to issue a determination to require masking for individuals who are able to medically tolerate a face mask over the age of two in certain settings based upon incidence and prevalence of COVID-19, as well as any other public health and/or clinical risk factors related to COVID-19 spread.
- Describes face coverings as including cloth masks, surgical masks, N-95 respirators worn to completely cover a person's nose and mouth.

B. COMMISSIONER'S DETERMINATION: Indoor Masking *(As applicable to schools)*

- Issued pursuant to 10 NYCRR 2.60.
- Adopts [CDC recommendations](#) for face coverings/masks in school settings, imposing them as requirements, where applicable.
 - Subject to exceptions identified by the CDC, universal masking is required for teachers, students, staff, and visitors to P-12 schools, where individuals are over the age of two and medically able to tolerate a mask, regardless of vaccination status.

II. COVID-19 SCHOOL REPORTING REQUIREMENTS

A. REGULATION—COVID-19 Reporting in Schools (10 NYCRR 2.9)

- At a minimum, schools and school districts must submit daily reports to the Department of all COVID-19 testing and positive test results. This applies to public and private kindergarten, elementary, intermediate, and secondary schools, as well as any pre-kindergarten programs identified by the Department.

III. COVID-19 TESTING REQUIREMENTS

A. REGULATION—COVID-19 Testing Requirements (10 NYCRR 2.62) *(As applicable to schools)*

- Permits the Commissioner to issue a determination to require testing in certain settings based upon incidence and prevalence of COVID-19, as well as any other public health and/or clinical risk factors related to COVID-19.

- In this determination, the Commissioner is permitted to make testing requirements contingent upon whether individuals are fully vaccinated, This regulation also sets forth what acceptable documentation is to demonstrate full vaccination and permits the Commissioner to include in such determination alternatives to testing as well as prevention protocols while waiting for results.

B. COMMISSIONER'S DETERMINATION: COVID-19 Testing in Schools

- Issued pursuant to 10 NYCRR 2.62.
- *Screening testing:*
 - Requires **unvaccinated** teachers and staff working in a P-12 school setting, as defined in the determination, to get tested once per week when a school is operating in a geographic area identified by the Centers for Disease Control and Prevention (CDC) as having low, moderate, substantial or high transmission rates.
 - P-12 schools are required to offer screening testing to students once per week, with appropriate parent and guardian consent for minors, when such schools are operating in geographic areas identified by the CDC as have moderate, substantial, or high transmission rates.
- *Diagnostic testing:*
 - Requires that schools have the capacity (either directly or via referral) to provide diagnostic testing for students, teachers, and staff, regardless of vaccination status and community level of transmission when such individuals are either (1) symptomatic; or (2) asymptomatic with an exposure to someone with COVID-19.
 - Describes testing and disease control requirements for students, teachers, and staff who have new or worsening COVID-19 symptoms that must be addressed before such individuals can be return to school (i.e., (1) excluded for 10 calendar days from symptom onset; or (2) excluded until they are fever free for at least 24 hours without the use of fever reducing medications, with proof of a negative COVID-19 test).
 - Describes the type of diagnostic tests that are appropriate, as well as exceptions to diagnostic testing requirements. These exceptions include (1) pre-existing medical conditions, where there are no new or worsening symptoms; or (2) a note signed by a health care provider, giving an alternative medical diagnosis, in which the school permits the return of student, teacher, or staff member per the usual guidelines for that particular disease.