



COVID-19 Frequently Asked Questions for K-12 Schools, Youth Camps, and Early Care and Education Programs

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The New Jersey Department of Health (NJDOH) recommends that schools, early care and education (ECE) programs, and youth camps implement a core set of infectious disease prevention strategies as part of their normal operations and layer additional prevention strategies specific to COVID-19 to the extent possible in response to changing local situations. This information can also help prevent the spread of other infectious diseases and support healthy learning environments for all.

This document is meant to be used in conjunction with other guidance provided by NJDOH as well as by the Centers for Disease Control and Prevention (CDC).

Health Recommendations for Schools/ECE Programs: Schools/ECE programs should utilize CDC's [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#) as a resource for COVID-19 mitigation strategies in the school setting. Based on [COVID-19 Activity Levels](#), CDC guidance provides flexibility so schools/ECE programs can adapt to changing local situations, including periods of increased community health impacts from COVID-19.

Public Health Information: Understanding that COVID-19 may impact certain areas of the state differently, NJDOH shares the COVID-19 Weekly Activity Report. This report provides information on CDC's [COVID-19 hospital admission levels](#) at the county level, characterizing hospital admission levels as low (green), medium (yellow), and high (orange). The report is posted [online](#) on Fridays and sent out via the New Jersey Local Information Network and Communications System ([NJLINCS](#)) to schools and other public health partners.

Schools/ECE programs should consult their [Local Health Department](#) (LHD) to consider additional local factors (e.g., absenteeism, presence of students/staff who are at risk of getting [severely ill](#) with COVID-19 or other local information when deciding to implement prevention strategies.

Vaccinations: Schools/ECE programs and LHDs should promote equitable access to vaccinations. Strategies from the CDC include providing information about COVID-19 vaccines and other recommended vaccines, including in accessible formats for individuals with disabilities and for individuals with limited English proficiency; encouraging trust and confidence in COVID-19 vaccines; making getting vaccinated easy and convenient; and making vaccinations available by hosting school-located vaccination clinics or directing to off-site vaccination locations.

Staying up to date on routine vaccinations is essential to prevent illness from many different infections. COVID-19 vaccination helps protect eligible people from getting severely ill with COVID-19. For COVID-19, [staying up to date with COVID-19 vaccinations](#) is the leading public health strategy to prevent severe disease. Information on how to get vaccinated in New Jersey can be found at <https://covid19.nj.gov/pages/vaccine>.

Cleaning and Disinfection: Schools/ECE programs should clean surfaces at least once a day to reduce the risk of germs spreading by touching surfaces. For more information, see [Cleaning and Disinfecting Your Facility](#).



ECE Programs: For recommended procedures for cleaning, sanitizing, and disinfection in their setting such as after diapering, feeding, and exposure to bodily fluids, see [Caring for Our Children](#).

Hand Hygiene/Respiratory Etiquette

Schools/ECE programs should teach and reinforce proper [handwashing](#) to lower the risk of spreading viruses, including the virus that causes COVID-19. Schools/ECE programs should monitor and reinforce these behaviors, especially during [key times](#) in the day (for example, before and after eating, after using the restroom, and after recess) and should also provide adequate handwashing supplies, including soap and water.

Schools/ECE programs should teach and reinforce covering [coughs and sneezes](#) to help keep individuals from getting and spreading infectious diseases, including COVID-19.

Ventilation

Optimizing ventilation and improving [airflow](#) can reduce the risk of germs and contaminants. When COVID-19 Activity Levels increase or in response to an outbreak, schools/ECE can take additional steps to increase outdoor air intake and improve indoor air filtration. Schools/districts are encouraged to review NJDOH's [Guidance on Air Cleaning Devices for New Jersey Schools](#). See the [NJDOH Environmental Health](#) webpage for [Tips to Improve Indoor Ventilation](#) and [Maintaining Healthy Indoor Air Quality in Public School Buildings](#).

Frequently Asked Questions

The following questions were received from schools and LHDs during the 2022-2023 school year.

Exclusion

What are exclusion recommendations for students/staff who test positive or have symptoms of COVID-19 and have not been tested?

For information on staying home when sick with COVID-19, including recommendations for isolation and mask use for people who test positive or who are experiencing symptoms consistent with COVID-19, see [Isolation and Precautions for People with COVID-19](#).

[Testing](#) is recommended for people with symptoms of COVID-19 as soon as possible after symptoms begin. A person with COVID-19 symptoms should also consider getting tested for other respiratory illnesses that could be spread to others, such as flu.

Schools/ECE programs should enforce NJDOH exclusion criteria for both students and staff. Parents/caregivers should be strongly encouraged to monitor their children for signs and symptoms of illness every day and keep them home if they:

- Have tested positive for COVID-19.
- Have symptoms of respiratory or gastrointestinal infections (e.g., cough, fever, sore throat, vomiting, diarrhea).



ECE Programs: [Prevention and Control of Infectious Diseases](#)

Should children/students who are unable to mask (e.g., under 2 years old, children with disabilities who cannot safely wear a mask) from days 6-10 following a positive test be excluded for a full 10 days?

If a mask cannot be worn, it is safest to continue isolation through day 10. However, when determining exclusion policies for returning to school on days 6-10, schools/ECEs should consider multiple factors as outlined in CDC's [COVID-19: Isolation and Precautions in Early Care and Education \(ECE\) Programs | Early Care and Education Portal | CDC](#).

Schools with students at risk for severe illness due to COVID-19 should make reasonable modifications, when necessary, to ensure that all students, including those with disabilities, are able to access in-person learning. Modifications may include implementing additional layers of prevention strategies, such as enforcing mask use for individuals 2 years of age or older (staff and students) who care for or come in contact with the child/student, increased airflow, testing, and symptom monitoring.

Individuals who are at increased risk for severe illness should contact their HCP about additional precautions that may be necessary.



ECE programs: [CDC's Isolation Quick Guide](#)

Masking

When does NJDOH recommend masking in educational settings?

There are several situations when NJDOH recommends wearing a mask, such as during periods of high COVID-19 Activity Levels, during an outbreak, after returning from isolation, after a COVID-19 exposure, and when illness occurs in schools. For more complete information please refer to [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning | CDC](#).

Schools might need to implement masking in settings such as classrooms or during activities to protect students with immunocompromising conditions or other conditions that increase their risk for getting very sick with COVID-19. For more information and support, visit the [U.S. Department of Education's Disability Rights](#) webpage. Students with immunocompromising conditions or other conditions or disabilities that increase risk for getting very sick with COVID-19 should not be placed into separate classrooms or otherwise segregated from other students.

Are masks recommended in the nurse's office?

Nurse's offices are healthcare settings, and policies for use of masks in school nurse offices should follow recommendations outlined in the [Infection Control: Severe acute respiratory syndrome](#)

[coronavirus 2 \(SARS-CoV-2\)](#). Recommendations for masking in nurses' offices may depend on factors such as COVID-19 Activity Levels, outbreak status, and patient access.

Can individuals who are returning to school after at least 5 days of isolation test out of wearing a mask?

When returning to school or ECE after isolation, students and staff should be required to mask during days 6-10, or until they test negative using two antigen tests collected at least 48 hours apart starting on day 6. For more information see CDC's [Removing Your Mask](#)

What if a person develops symptoms of COVID-19 while in school and is unable to wear a mask?

Symptomatic people who cannot wear a mask should be separated from others as much as possible; children should be supervised by a designated caregiver who is wearing a well-fitting mask or respirator until they leave school grounds.

Why is masking only recommended for COVID-19 and not for other respiratory diseases?

Regardless of COVID-19 Activity Levels, anyone can wear a mask as an additional precaution to protect themselves and their families from respiratory infections.

Testing

When is testing for COVID-19 recommended?

[Testing](#) is recommended for people with [symptoms of COVID-19](#) as soon as possible after symptoms begin, as well as after being exposed to COVID-19. If tested using a COVID-19 antigen test, negative tests should be repeated following [FDA recommendations](#).

Persons with COVID-19 symptoms should consider getting tested for other respiratory illnesses that could be spread to others, such as flu.

Are students/staff with COVID-19 symptoms required to have a negative COVID-19 test or an alternate diagnosis before returning to school?

Regardless of vaccination or previous infection status, COVID-19 testing is recommended for anyone with symptoms of COVID-19.

Schools may elect to have a policy that no longer requires a negative COVID-19 test or an alternate diagnosis for individuals with COVID-19 symptoms. Schools should follow exclusion recommendations for symptomatic individuals as outlined in the [NJDOH School Exclusion List](#); however, there may be situations where public health would recommend negative testing prior to returning to school (e.g., symptomatic student with household exposures). Schools should consult their local health department for guidance.

When creating school exclusion policies, schools should consider factors such as availability of resources, equity, age/risk of population served, students with disabilities, and people/families who are at risk of getting very sick.

Is screening testing still recommended?

At high [COVID-19 Activity Levels](#), K-12 schools and ECE programs may consider implementing screening testing for students and staff in high-risk activities (e.g., close contact sports, band, choir, theater, etc.) or at key times in the year (e.g., before/after large events, such as prom, tournaments, group travel; or when returning from breaks, such as holidays, spring break, and/or at the beginning of the school year). Screening testing can also be implemented by schools serving students with moderate or severe immunocompromise or complex medical conditions. Further information on how schools can implement a screening testing program is available in [NJDOH screening testing guidelines](#).

Reporting/Surveillance

Is SIC module reporting still a requirement?

In accordance with [Executive Order 302](#) and [Executive Directive No. 21-011](#), **K-12 schools** must report weekly data to NJDOH through the Surveillance for Infectious Conditions (SIC) Module in [New Jersey's Communicable Disease Reporting and Surveillance System \(CDRSS\)](#) as outlined in the K-12 SIC Module User Guide for Schools, under the Training Tab.

Are schools required to report positive COVID-19 test results to the NJDOH?

Weekly aggregate reporting into the SIC module does NOT replace the need for schools to notify their local health department when they become aware of COVID-19 clusters or possible outbreaks, and for schools that are performing diagnostic or screening testing to electronically report individual positive COVID-19 test results to public health authorities. Tests that are performed in a commercial laboratory must be reported into CDRSS. Positive tests performed at the “point of care,” e.g., at school, in a doctor’s office, must also be reported. These can be reported either via SimpleReport (<https://simplereport.gov/>) or [CDRSS](#).

Notifications

Should schools have a policy for notification of COVID-19 cases and exposures?

Notifications allow individuals and families to take additional precautions according to their individual needs. Prompt notification to students and families regarding exposure to infectious diseases, including COVID-19, can allow for rapid testing, early treatment, and prevention of further spread.

Schools may also consider providing a general notification to the entire school community during times of elevated COVID-19 Activity Levels.

Outbreaks

What is considered an outbreak of COVID-19?

An outbreak of COVID-19 in a school/ECE setting is defined as **five** or more individuals (positive by RT-PCR or antigen) among students and/or staff with illness onsets within a 7-day period, who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting.

Schools may need to consider other prevention strategies—such as improving ventilation and avoiding crowding—when the COVID-19 activity levels are high or in response to an outbreak. K-12 schools/ECE programs may choose to implement universal indoor mask use to meet the needs of the families they serve, which could include people at risk for getting very sick with COVID-19.

Miscellaneous

Nebulizers

What is the guidance on using nebulizers in schools?

Nebulizer treatments may be given in a school setting (nurse's office) if medically necessary and administered in a manner that is consistent with good infection control practice. The role of nebulizers in the spread of potentially infectious aerosols is not clear; although these devices do produce aerosols, the extent to which the aerosols contain SARS-CoV-2 or other respiratory viruses has not been clearly defined.

Nebulizers should generally be administered away from others, in a separate room and not in the individual's classroom around other students. If the person has confirmed or suspected SARS-CoV-2 infection and nebulizer administration cannot be avoided, then any personnel present should use a gown, gloves, N95 respirator and eye protection, and the room should ideally be cleaned and disinfected after the procedure is completed. Anyone entering the room should use this level of PPE until a sufficient number of air exchanges has occurred to reduce the risk of transmission (further information is available in the [Interim Infection Control section of the CDC's Healthcare IPC Guidance](#)).