



March 1, 2022

New Masking Guidance Update
Supplemental Information
to the “Interim NYSDOH Guidance for Classroom Instruction in P-12 Schools During the 2021-2022 Academic Year”

Summary of changes from February 4, 2022, Interim NYSDOH Guidance for Classroom Instruction:

- This document removes the statewide requirement for universal masking in schools, and 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 New York State Education Department.
- Local health departments (LHD) 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 and school districts and private schools may consult and collaborate on masking and testing decisions.
 - Some school districts cross county boundaries. Schools should follow the guidance of the LHD for the county in which the school building is located.
- In all settings, masking continues to be required upon return from isolation during days 6 through 10 after COVID-19 infection.
- Masking, regardless of vaccination status, is strongly recommended for 10 days after a known exposure.
- Testing on Day 5 after exposure is strongly recommended to detect infection among individuals identified as exposed or potentially exposed; identification of exposed individuals may be simplified by using group (e.g., classroom, school bus) rather than individual assessments. Contact tracing (“individual assessments of exposure”) also may be helpful to identify exposed individuals.
- Schools should notify affected families, staff, and teachers of exposure to an individual who reports a new COVID-19 infection.
- All schools are strongly encouraged to use other mitigation measures including improved ventilation, access to and encouragement of vaccination, surveillance testing, and access to free over the counter at-home test kits.
- This document contains a new section entitled “Implementation of the Removal of Mandated Masking in the School Setting,” which contains updated guidance on school masking, exposures, and what actions should be taken after cases/exposures occur in school.
- Two previous sections, “Close Contact Exception Update” and “Mask Breaks in Schools” were removed, because the key points were incorporated elsewhere.
- The previous “Test to Stay” section has been replaced with a section providing links to additional information about testing and testing resources.

I. Implementation of the Removal of Mandated Masking in the School Setting

The state requirement for universal masking in P-12 school settings ended on March 2, 2022. Decisions on masking that are more protective than state requirements may be made by local health departments, guided by local conditions. Attention should be given to equity in the adoption of more protective measures, particularly testing.

Schools in NYS have been operating safely during the COVID-19 pandemic through adoption of recommended public health measures, including but not limited to masking. Additional mitigation measures should remain in use, including improved ventilation, widespread vaccination, testing and use of home test kits, maintaining physical distance as feasible, hand hygiene and cough/sneeze etiquette, encouraging students and staff to stay at home when ill or symptomatic, and voluntary mask wearing for those who prefer the extra protection.

This updated guidance aligns with the new [CDC Community Burden Framework](#) which guides state and local jurisdictions on COVID-19 mitigation measures based on level of community burden. Counties are designated “Low” COVID-19 burden when there are fewer than 200 new cases per 100,000 residents over the previous 7 days, there are fewer than 10 new admissions per 100,000 persons total over the previous 7 days, and less than 10% of all occupied inpatient hospital beds are occupied by someone with COVID-19. CDC guidance recommends masking for all individuals, including in schools, when a jurisdiction is at “High” community burden. Local health departments are strongly encouraged to implement universal masking when the county COVID-19 community burden is high.

MASKING:

Students, staff and teachers must wear masks on return to school during Days 6 – 10 of their isolation period.

NYSDOH recommends students, staff and teachers wear masks when:

- They feel more comfortable wearing a mask for personal reasons.
- They were in the same room within the school as someone diagnosed with COVID-19 for 15 minutes or longer and were thus exposed or potentially exposed, when group contact tracing is used (see below).
- They are known to have been exposed to COVID-19 in any setting within the previous 10 days.
- They are moderately-to-severely immunocompromised and have discussed the need to mask with their healthcare provider(s).

Masks should be well-fitted and appropriately worn (to cover nose and mouth) and should conform to [CDC guidelines for masks and respirators](#).

Masking is no longer required on school buses or vans. Individuals who are required to wear masks in school should wear masks on school transport.

School monitoring of masking compliance should focus on ensuring anyone returning from a new COVID-19 infection is appropriately wearing a well-fitting mask on days 6-10

Masked and unmasked people will be working and learning alongside each other in schools. It is essential that schools establish “mask positive” environments so those who wear masks, whether by choice, expectation, or requirement, are not stigmatized, bullied, or made to feel uncomfortable, and

likewise, those for whom masks have not been required or recommended are not stigmatized, bullied, or made to feel uncomfortable. Pursuant to the Dignity For All Students Act, students have the right to a school environment free from harassment and bullying. School officials should communicate mask policy changes to the local community to manage expectations. School officials also should communicate about and plan for a possible return to universal mask wearing should community burden increase.

Whenever persons are expected or required to wear masks, masks may be removed when eating, drinking, singing, going outside, or playing a wind instrument. When masks are removed for these purposes, physical distancing of 6 or more feet should be maintained to the extent possible.

NYS aligns with the [CDC definition of close contact](#) in schools. In the school setting, with universal masking, a close contact was generally defined as less than 3 feet from an infected student if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. **The exception allowing 3-feet of distance to determine exposure in schools does not apply to unmasked individuals**, nor does it apply to teachers, staff, or other adults regardless of masking. *This means that in settings where masks are not worn, anyone within a 6-foot radius of an infected person should be considered exposed. This “zone of exposure” does not mean schools should rearrange the physical footprint or space students six feet apart.*

NOTIFICATIONS:

To protect themselves and others and stop the spread of COVID-19 in the household and community, schools should notify through either group or individual level contact tracing affected school staff, students, and their parents/guardians whenever an individual either:

1. Was in the same room as an infected individual and so was exposed or potentially exposed (i.e., in the same classroom as an infected individual for longer than 15 minutes), if schools are employing “group level contact tracing,” or
2. Was identified as being exposed because they were a close contact of an infected individual if schools are employing “individual level contact tracing.”

Note: Group contract tracing, (e.g., classroom, school bus), in #1 above, is expected to alleviate the need for most classic (“individual”) contact tracing in schools. Criterion #2 above should be used if the school is conducting individual-level contact tracing to reduce the number of students affected by masking/testing and in some situations where there might have been exposures outside the classroom setting, such as non-classroom-based extracurricular activities.

NYSDOH recommends exposed or potentially exposed individuals follow [NYSDOH Isolation and Quarantine Guidance](#) for testing and masking.

II. Testing in a school setting with reduced mask usage

In the absence of a statewide masking requirement, COVID-19 testing remains a recommended public health strategy for surveillance and to identify infected individuals quickly so that they can isolate and avoid spreading COVID-19 further. New York State has provided schools with over 20 million tests to support this strategy. Whenever someone in school – student, staff or teacher – is determined to have been exposed or potentially exposed, the individual should be tested for COVID-19 as follows:

- Consider testing immediately upon learning of the exposure or potential exposure,

- At least 5 days after the last date of exposure or potential exposure, regardless of vaccination status,
- If the individual is not fully vaccinated and attending or working at school after an exposure or potential exposure, frequent testing (e.g., daily, every other day, at least twice within 5 days) from the date of the exposure or potential exposure (Day 0) through at least day 5 should be strongly considered and encouraged,
- Exclude from school if a test is positive and/or exclude from school and test as soon as possible if symptoms develop,
- Exception: Individuals with lab-confirmed COVID-19 within the past 3 months do not need to get tested unless they develop symptoms.

Symptomatic individuals, regardless of vaccination status or recent infection, should stay home until tested and if positive or not tested, should isolate for 5 days, or until other criteria are met for school attendance (e.g., resolution of fever), whichever is longer. 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-19 vaccine.

Exposed school staff and students and/or their parents/guardians are primarily responsible for ensuring that recommended testing occurs. Schools may supply testing kits to affected families for testing at home and/or provide access to existing testing programs at the school. To ensure that all families can comply with recommended testing, schools should conduct (if able and with consent) or facilitate or make available the recommended testing when families express concerns about their ability to do the testing.

Schools should track testing, including at-home testing and may choose to prioritize or limit tracking to cases in which testing compliance is of the greatest importance (e.g., higher risk exposures such as presence of someone with COVID-19 in the household, unvaccinated individuals, large clusters of cases). In the setting of COVID-19 outbreaks with ongoing transmission, schools should take a more active role to ensure that the recommended testing occurs. State-provided school specialists can assist in efforts to track cases and testing as needed.

Schools must remain current on their reporting of all COVID-19 test results that they conduct or that they become aware of, including results of home testing, to the New York State COVID-19 Report Card, in addition to their other reporting obligations under Public Health Law.

Exposed individuals, regardless of vaccination status, may remain in school by appropriately wearing a well-fitting mask and undergoing recommended testing and may participate in school-based extracurricular activities. These individuals also may continue to ride the school bus and attend school-administered childcare programs and programs licensed or permitted by OCFS to care for school age children (whether on-site at the school or off-site at a different location and whether they include students from a single or multiple schools).

OCFS-licensed or permitted programs may have additional recommendations or requirements on masking or testing. Those childcare programs should contact their regional office or regulator if they have questions. A list of OCFS Regional Offices can be found [here](#).

TESTING RESOURCES AVAILABLE TO SCHOOLS

There are many resources available to support testing for the school population. Please visit the [CDC Guidance for COVID-19 Prevention in K-12 Schools](#) which provides a list of resources for screening testing programs in schools and the New York State Department of Health Isolation and Quarantine [webpage](#) for additional information.

III. Exemption to weekly unvaccinated staff/teacher testing for recently recovered persons

School staff/teachers who were diagnosed with and recovered from COVID-19 within the past 3 months are not subject to the weekly testing requirement established in 10 NYCRR 2.62, which remains in effect. Asymptomatic individuals exposed to COVID-19 who have been previously diagnosed with laboratory confirmed COVID-19, and have since recovered, are not required to retest and quarantine within 3 months after the date of symptom onset from the initial COVID-19 infection or date of first positive diagnostic test if asymptomatic during illness. Schools will have to keep track of when the 3 months is over, at which time the staff person should resume testing.

Under these regulations, local health officials are given the duty and accompanying discretion as to how the requirements will be enforced.

IV. Use of Over-the-Counter Tests

There are numerous [COVID-19 antigen tests that have received United States Food and Drug Administration \(FDA\) Emergency Use Authorization \(EUA\)](#), including over-the-counter (OTC) tests authorized for home or self-testing. The Department allows the use of such OTC tests for school purposes; however, schools or LHDs are empowered to impose prohibitions, restrictions, or conditions on their use based on a consideration of the benefits and drawbacks. Schools must follow [guidance issued by the Centers for Medicare & Medicaid Services](#) and guidance from LHDs with regard to use of OTC tests, including the possible imposition of stricter criteria for their use if required by the LHD.

If OTC tests are used, schools/districts/LHDs must follow the instructions found on the package inserts for serial testing (if applicable). Many brands of OTC tests include two tests, both of which should be used as instructed by the manufacturer for asymptomatic individuals.

V. School exclusion

Schools should monitor mask wearing and track the use of recommended testing and may focus these activities on those at higher risk.

When schools become aware of failure to comply with recommended testing, then individuals who are not up to date on COVID-19 vaccination should stay home for 5 days after exposure. Individuals who are up to date on COVID-19 vaccination should be encouraged to complete the recommended testing but are not required to be excluded from school unless by policy of the school or local health department, as long as they wear a mask as recommended.

Some individuals may be medically unable to wear a mask. Schools or local health departments may decide on a case-by-case basis whether these individuals should be excluded from school or allowed to remain in school if exposed or potentially exposed. Examples of factors to consider include:

- The level of risk of the exposure (e.g., ongoing household exposure imposes a higher risk than exposure within six feet of distance or classroom exposure),

- The feasibility of conducting frequent testing (e.g., at least every other day) during the 5 days after exposure,
- Whether there are individuals in the classroom who are known to be at high risk for severe disease,
- The individual's vaccination status,
- Other mitigation measures in place (e.g., ventilation, distancing) and whether they can be strengthened or are already optimized,
- Circumstances of the child's learning and school attendance needs (e.g., cannot participate in remote instruction).

School Masking and Testing Guidance: FAQs for Schools

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?

Please see [CDC guidance for current cleaning and disinfection](#) recommendations in the school setting.

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

No.