



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).