



February 4, 2022

**New Isolation and Quarantine Guidance Update**  
**Revised Updated Testing and Quarantine Supplemental Information**  
**to the “Interim NYSDOH Guidance for Classroom Instruction in P-12 Schools During the 2021-2022 Academic Year”**

The purpose of this document is to provide Local Health Departments (LHDs) and schools with clarification on the [updated quarantine and isolation guidance](#) and its effect on Test to Stay (TTS) policies. In addition, we have removed the sections on “testing out of quarantine” and “quarantine for vaccinated people” which were in previous versions of this document but are superseded by the new quarantine guidance.

NYSDOH will continue to provide updated information to LHDs and schools throughout the school year as applicable.

**I. “Test to Stay” (TTS)**

NYSDOH supports TTS as a strategy that allows **asymptomatic eligible close contacts who are subject to quarantine according to the [Updated NYSDOH Isolation and Quarantine guidance for School \(K-12\) settings](#) (e.g. students, teachers, school staff) to attend school and applicable school-based extracurricular activities and childcare for school age children by testing negative through serial testing using rapid NAAT or antigen tests during a five day period following exposure.**

Please note:

- LHDs are the entity responsible for deciding whether to adopt TTS and they are under no obligation to do so.
- LHDs that choose to adopt TTS **must**:
  - Ensure that schools remain current on their reporting of all COVID-19 test results—including all results of home testing (if permitted by the LHD, see Section VI for more information)—to the New York State COVID-19 Report Card, in addition to their other reporting obligations under public health law;
  - Assess available local resources, especially related to testing availability and accessibility, prior to allowing TTS and encourage schools to assess resources that can be used to support TTS. Resources provided by NYSDOH may be used to support TTS. **Please note that testing related to TTS is considered an allowable expense under the ELC School Reopening Funding counties previously received.**
  - Ensure the opportunity to participate is available to every school in the county. Adoption must be a county-level, not school/district-level, decision; in order to guarantee consistency in local administration of quarantine and isolation, review responsibilities under Public Health Law Article 21 and its related regulations. For example, LHDs may not permit a school that has access to independent funding for test kits to adopt “Test to Stay” while prohibiting another school with inadequate resources from doing so. Schools in a county in which the LHD has

approved TTS can decide if they want to implement it in their school. However, it is the responsibility of both the LHD and the school district to ensure that this is not a resource-driven decision. All schools must have equal access to the resources needed to implement this.

**Entities eligible to participate** in TTS include all Pre-K through grade 12 schools (when the Pre-K is located in a school building that also serves older students, **not** Pre-Ks that only serve pre-kindergarten students). At this time CDC has not endorsed TTS for use in early childhood education (ECE) settings.

**LHDs and/or schools may choose to limit eligibility to students. NYSDOH does not impose such restrictions but understands operational considerations may necessitate them.**

If LHDs choose to allow TTS, they must ensure schools/districts have a written policy that operationalizes the following:

- a) The exposed person must remain asymptomatic; if the exposed person who is allowed to remain in school/school age child care through TTS develops symptoms, they must be immediately excluded from school/child care per current isolation and quarantine guidance.
- b) The exposed person must consistently and properly wear a mask while participating in TTS and during the entire quarantine period as outlined in the NYSDOH Updated Isolation and Quarantine Guidance.
- c) The exposed person is tested a minimum of two times during the five-day period following exposure, **unless recognition of the exposure is delayed or weekends or school breaks intervene**. See possible minimum testing regimens below.
- d) The five-day period is measured in calendar days where the last date of exposure is considered day 0. The first test should be done as soon as possible after exposure is identified (i.e., the first day the student is in school after identified exposure). Therefore, possible testing regimens may include:

<b>Minimum Testing Cadences</b>		
<b>Day of First Test</b>	<b>Day of Second Test</b>	<b>Day of Third Test</b>
0	2 or 3	5
1	3	5
2	4 or 5	5 (if 2 <sup>nd</sup> test was on day 4)
3	5	NA
4	5	NA
5	NA	NA

This table is intended to be a guide. Adjustments should be made to account for weekends and other non-school days, in which case a test should be conducted on the first school day back and continue thereafter according to the above. The last test should be done on day 5 whenever day 5 is a school day. Schools/districts/LHDs also have the option of conducting additional testing at their discretion (e.g., testing on day 6-7 if day 5 is not a school day).

- e) Considers equity (i.e., families should not have to pay for testing, or if they do, then the inability to pay should not prevent a student from being eligible for TTS). NYS is making

millions of tests available to counties and schools at no charge; these tests may be used to support TTS in schools.

- f) Includes actions to identify close contacts and follow-up on transmission (e.g., contact tracing) in the event that an individual tests positive.
- g) The test must be conducted—and the results received—before the individual begins their participation in school/child care for the day, and positive individuals must be excluded/isolated per existing procedures.
- h) If the test is done in an unmonitored setting (e.g., at home using an over-the-counter, or OTC, rapid test), a mechanism must be in place to ensure the test is done correctly, on the correct person, and in accordance with the package insert (which may have an effect on the testing cadence). See Section VI for more information on using OTC rapid tests.
- i) The exposed person who is allowed to remain in school through TTS may participate in school-based extracurriculars at the school they attend if these activities do not involve students from other schools (e.g., not competitive sports events with other schools) and appropriate COVID mitigation measures are in place and are monitored by an adult.  
**Please note that people participating in TTS in order to participate in school are allowed to continue to ride the school bus and attend school-administered and their school-age child care program (whether on-site at the school or off-site at a different location and whether they include students from a single or multiple schools) in which all appropriate mitigation strategies are followed (e.g. masking, distance, ventilation, hand hygiene).** Such child care programs should contact their regional office or regulator if they have questions. A list of OCFS Regional Offices can be found here: <https://ocfs.ny.gov/programs/childcare/regional-offices.php>. For additional details on participation in extracurricular and childcare programs while participating in TTS please see [NYSDOH Isolation and Quarantine Guidance](#).
- j) LHDs can determine the appropriate mode/process for notification of results to schools.

## II. COVID-19 Testing of Vaccinated and Unvaccinated Persons to Permit School Participation After COVID-like Symptoms

Updates to NYSDOH Isolation and Quarantine were made on February 4, 2022; please review the Isolation and Quarantine guidance found [here](#) for additional details about school participation after COVID-like symptoms.

LHDs are referred to the [NYSDOH algorithm](#) that addresses school attendance and requirements for children who have symptoms consistent with vaccine side effects shortly after receipt of the COVID vaccine. In many cases, those children may remain in school or return to school without testing. Please review the algorithm for details.

## 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 last 3 months are not subject to the weekly testing requirement established in 10 NYCRR 2.62. 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 three months is over, at which time the staff person should resume testing.

#### **IV. Mask Breaks in School**

The [emergency regulations under 10 NYCRR 2.60](#) and the [Commissioner's Determination on Indoor Face Masking Pursuant to 10 NYCRR 2.60](#) do not include the implementation of “mask breaks” in most indoor instructional settings. This is in accordance with CDC guidance recommending universal masking in schools to keep children in school and let them be closer together without risking close contact exposure and quarantines. We remind administrators that Section 4.c of the [INTERIM NYSDOH GUIDANCE FOR CLASSROOM INSTRUCTION IN P-12 SCHOOLS DURING THE 2021-2022 SCHOOL YEAR](#) contains straightforward situational exceptions to the general masking policy; members of the school community 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, however students should not be excluded from in-person learning in order to meet a minimum distance requirement. Further, as guidance issued by the Department stated in September, “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. Please note that individuals participating in TTS programs as outlined above are subject to the same mask rules as individuals not participating in TTS programs.

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

#### **V. Close Contact Exception Update**

Since the beginning of the school year, the Department has applied the “close contact exception” to indoor school settings as defined by CDC. Please note that, after the Department released the [INTERIM NYSDOH GUIDANCE FOR CLASSROOM INSTRUCTION IN P-12 SCHOOLS DURING THE 2021-2022 SCHOOLY YEAR](#), the CDC updated this exception to include both indoor classroom settings and certain outdoor settings. The Department continues to align with CDC’s updated exception. Specifically: in the P-12 indoor classroom setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the CDC specifies that students who were within 3 to 6 feet of 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 or structured outdoor setting.

#### **VI. 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 allowed by the LHD.

The benefits of using OTC tests may include improved convenience, rapid turnaround times, and reduced barriers. Drawbacks may include lack of reporting to public health, inability to confirm the negative result was on a specimen collected from the symptomatic individual, and lack of an official test result (e.g., no printed result that can be provided as proof of eligibility to participate in school, no medical supervision, and no doctor's note). If localities accept results from these OTC antigen tests for school purposes, they are responsible for determining what constitutes sufficient evidence of the result and advising the school community accordingly.

If OTC tests are used, schools/districts/LHDs must ensure that they are following instructions found on the package inserts for required 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. This information is important and may have an effect on the testing cadence selected by localities for TTS.