# EAST RUTHERFORD PUBLIC SCHOOLS

03-1230 East Rutherford Public School District 8-2-2021



"The Road Forward: Health and Safety Guidance for the 2021-2022 School Year"

> Reopening Plan 2021-2022 <u>UPDATED: 3/7/2022</u>



"The Road Forward- Why Inclusivity and Teamwork Matters"

Introduction	3
East Rutherford School District Return to School Planning Team	4
McKenzie School Pandemic Response Team	5
Faust School Pandemic Response Team	5
Areas of Focus	6
Part 1: Maintaining Health and Safety	7
East Rutherford School District Guidance for Wearing a Mask	7
NJDOH Guidance for Wearing a Mask	7
CDC Guidance for Wearing a Mask	8-9
East Rutherford School District Guidance: Physical Distancing	9-10
CDC Guidance: Physical Distancing	10-11
ERSD Guidelines for Handwashing and Respiratory Etiquette	12
ERSD Cleaning and maintaining healthy facilities, including improving ventilation CDC Guidance for Ventilation	12-14 14
East Rutherford School District Guidance For Contact Tracing, Isolation and Quarantine	15-17
East Rutherford School District Guidance For Diagnostic and Screening Testing	17-24
CDC Guidance For Screening Testing	24-26
East Rutherford School District Guidance For Efforts To Provide Vaccinations	27
East Rutherford School District Guidance For Providing Appropriate Accommodations For C	hildren
With Disabilities	27-28
East Rutherford School District Guidance For Ensuring Continuity Of Services	29-32

#### **INTRODUCTION**

In March 2021 President Biden signed the Federal American Rescue Plan (ARP) Act, Public Law 117-2, into law. The ARP Act provides an additional \$122 billion in Elementary and Secondary School Emergency Relief (ARP ESSER) to States and school districts to help safely reopen, sustain the safe operation of schools, and address the impacts of the COVID-19 pandemic on the nation's students. As with the previous ESSER funds available under the Coronavirus Aid, Relief and Economic Security (CARES) Act, and the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA), the purpose of the additional funding is to support local educational agencies (LEAs) in preparing for and responding to the impacts of COVID-19 on educators, students, and families.

Section 2001(i)(1) of the ARP Act requires each LEA that receives ARP ESSER funds to develop and make publicly available on the LEA's website, no later than 30 days after receiving ARP ESSER funds, a plan for the safe return to in-person instruction and continuity of services for all schools (Safe Return Plan) A Safe Return Plan is required of all fund recipients, including those that have already returned to in-person instruction. Section 2001(i)(2) of the ARP Act further requires that the LEA seek public comment on the Safe Return Plan and take those comments into account in finalization of the Safe Return Plan. Under the interim final requirements published in Volume 86, No. 76 of the Federal Register by the U.S. Department of Education (USDE), an LEA must periodically, but no less frequently than every six months through September 30, 2023, review and, as appropriate, revise its Safe Return Plan.

Pursuant to those requirements, LEAs must submit to the NJDOE and post on their website their Safe Return Plans by June 24, 2021. The NJDOE intends to make LEA ARP ESSER Fund applications available in EWEG on May 24, 2021 and LEAs will submit their Safe Return Plans to the NJDOE via EWEG. To assist LEAs with the development of their Safe Return Plans, the NJDOE is providing the following template.

In June 2021, The Road Forward was released in aiding local districts to plan and prepare for reopening of schools in September 2021.. According to the Road Forward:

"Local Education Agencies (LEA) must plan to provide full-day, full-time, in-person instruction and operations for the 2021-2022 school year. The New Jersey Department of Education (NJDOE) and New Jersey Department of Health (NJDOH) worked collaboratively to develop the following guidance to operationalize that goal. This guidance includes a range of strategies that LEAs should consider implementing to reduce risks to students and staff from COVID-19 while still allowing for fulltime in-person learning. The absence of one or more of the strategies outlined in this document does not preclude the reopening of a school facility for full-day in-person operation with all enrolled students and staff present. While the State is committed to a resumption of normalcy for next school year, we will continue to monitor the data and our decisions will be guided by science to ensure that we maintain safe and healthy school communities. This document also contains expectations for the fall learning environment. This guidance document is intended to supplant health and safety protocols outlined in Executive Order No. 175 and the Road Back. The document contains recommendations rather than mandatory standards. Non-Public schools may also utilize this document as they plan for full school reopening in the fall. Schools should anticipate potential updates to this guidance prior to the start of the new school year, as additional federal recommendations from the Centers for Disease Control and Prevention (CDC) become available.

The East Rutherford School District seeks to develop a comprehensive plan adhering to all key components as outlined in both the "Safety Return Plan" and "The Road Forward Health and Safety Guidance for the 2021-2022 School Year."

East Rutherford School District Return to School Planning Team (Required by the Safe Return Plan)			
Mr. Giovanni Giancaspro	Superintendent of Schools		
Mrs. Debbie Zoller	Board of Education President		
Ms. Gina Lorusso	Board Member & SEPAC President/Board of Education Member		
Mr. Orville Drummond	Board Member & President, East Rutherford Education Foundation		
Mr. Cameron E. Cox	Business Administrator & Board Secretary		
Mrs. Regina Barrale	Middle School Principal		
Mr. Brian Barrow	Elementary School Principal		
Ms. Sharon King-Dobson	Director of Student Services and Curriculum		
Mr. Peter Vilardi	Supervisor of Instruction and Technology		
Detective Kevin Felten	East Rutherford Police Department		
Mrs. Christine Green	PTA President		
Dr. Martha Sliwowski	District Physician		
Mrs. Joanne Saab	School Nurse		
Mrs. Kristin Pacelli	School Nurse		
Mrs. Sharon Dunn	School Nurse		
Mr. Bryan Consulmagno	Head of Maintenance		
Mr. Cory Scelsa	EREA President		
Mrs. Lauren Cevetillo	Faust School Teacher		
Mr. Philip Cocozzo	Faust School Teacher		
Dr. Jamie Lee	School Psychologist		

McKenzie School Pandemic Response Team			
Brian Barrow	McKenzie Elementary School Principal (Liaison between building and superintendent)		
Cory Scelsa	East Rutherford Teachers' Association President		
Joanne Saab	School Nurse & School Safety Team		
Dave Higgins	District Webmaster & ScIP Member		
James Wagner	School Psychologist (Liaison between staff and building principal)		
Jamie Lee	School Psychologist (Mental Health)		
Carol Mosquera	School Secretary		
Beth Narkiewicz	McKenzie School Teacher (K-4 representative)		
John Rizi	Special Education Teacher (K-4 representative)		
Bryan Consulmagno	East Rutherford School District Maintenance Department		
Christine Green	Parent Teacher Association President		

Faust School Pandemic Response Team			
Regina Barrale	Alfred S. Faust Intermediate School Principal (Liaison between building and superintendent)		
Lukasz Majowicz	Technology Department		
Robert Dervishi	Custodial Team		
Bryan Consulmagno	East Rutherford School District Maintenance Department		
Lauren Cevetillo	Faust School Teacher (Liaison between staff and principal 5-8)		
Phil Coccozzo	Faust School Teacher (Liaison between staff and principal 5-8)		
Renee Romaglia	School Social Worker & (Mental Health)		
Shanelle Muse	School Counselor & Safety Team		
Kristin Pacelli	School Nurse		
Pat Monks	School Secretary		

Jenine McGuire Parent	
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#### **AREAS OF FOCUS**

- 1. MAINTAINING HEALTH AND SAFETY
  - 1A UNIVERSAL AND CORRECT WEARING OF MASK
  - 1B PHYSICAL DISTANCING
  - 1C HAND WASHING AND RESPIRATORY ETIQUETTE
  - 1D CLEANING AND MAINTAINING HEALTHY FACILITIES, INCLUDING IMPROVING VENTILATION
  - 1E CONTACT TRACING IN COMBINATION WITH ISOLATION AND QUARANTINE, IN COLLABORATION WITH THE STATE, LOCAL, TERRITORIAL, OR TRIBAL HEALTH DEPARTMENTS
  - 1F DIAGNOSTIC AND SCREENING TESTING
  - 1G EFFORTS TO PROVIDE VACCINATIONS TO EDUCATORS, OTHER STAFF, AND STUDENTS IF ELIGIBLE
  - 1H APPROPRIATE ACCOMMODATIONS FOR CHILDREN WITH DISABILITIES WITH RESPECT TO THE HEALTH AND SAFETY POLICY

#### 2. ENSURING CONTINUITY OF SERVICES

- 2A MENTAL HEALTH & SOCIAL EMOTIONAL INITIATIVES
- 2B TRANSPORTATION
- 2C FOOD SERVICES
- 2D SPORTS AND EXTRACURRICULAR ACTIVITIES
- 2E QUALITY CHILDCARE
- 2F PUBLIC COMMENT
  - Parental Survey
  - Road Forward Committee
  - Road Forward Superintendent Communication
  - District Website Posting
  - Board Meeting Work Session Meeting Discussion
  - Board of Education Public Meeting Discussion
  - Communication With East Rutherford Mayor & Council
  - Communication With East Rutherford Parent/Teacher Association

PART I: MAINTAINING HEALTH AND SAFETY			
1/	A. Universal and correct wearing of masks (including school buses)		
	EAST RUTHERFORD SCHOOL DISTRICT GUIDANCE FOR WEARING A MASK		
٦	The wearing of masks will be required for the start of the 2021-2022 school year for all staff and students.		
	When wearing a face mask, masks must cover the nose and mouth and must remain in place at all times unless eating or drinking.		
	The district will continue to follow updated CDC and New Jersey Department of Health guidelines regarding the wearing of masks as they are released throughout the duration of the 2021-2022 school year.		
	When possible, windows in classrooms and school buses should remain open for improved ventilation.		
	All visitors are required to schedule an appointment to enter the building. No walk-in meetings will be accommodated.		
	All visitors with an appointment entering any school building must wear a face mask regardless of vaccination status.		
	Face masks will be provided in cases where staff, students and or visitors forget their mask.		
	As per CDC Guidelines, clear masks or cloth masks with a clear plastic panel are an alternative type of		
	mask for people who interact with:		
	People who are deaf or hard of hearing		
	<ul> <li>Young children or students learning to read</li> </ul>		
	<ul> <li>Students learning a new language</li> </ul>		
	<ul> <li>People with disabilities</li> </ul>		
	<ul> <li>People who need to see the proper shape of the mouth for making appropriate vowel</li> </ul>		
	sounds (for example, during Speech Therapy sessions)		
	CDC does not recommend using masks with exhalation valves or vents. The hole in the material may		
	allow your respiratory droplets to escape and reach others. Research on the effectiveness of these types		
	of masks is ongoing.		
	or masks is ongoing.		
	NJDOH GUIDANCE FOR WEARING A MASK		
of SARS years a point w	nasking continues to be an important part of the layered prevention strategies central to the prevention G-CoV-2 transmission; and CDC continues to recommend universal indoor masking by all students (ages 2 nd older), staff, teachers, and visitors to K-12 schools; circumstances in New Jersey have improved to the where relaxation of universal masking rules in K-12 schools can generally occur. School administrators be prepared for the emergence of new variants or substantial waning immunity that could once again		
	greater morbidity, mortality, and disruption, and require returning to additional mitigation measures.		

As of March 7, 2022, the state mandate requiring in school universal masking will be expired, and individual school districts and school boards will be able to make the determination as to whether universal masking is appropriate for their schools. In making this decision, consultation with the LHD and school district medical personnel is recommended. Many factors may go into this decision, including, but not limited to schools' ability to maintain physical distancing, ability to regularly screen students (including screening testing), vaccination rates of students and staff, ability to perform effective contact tracing of cases, ability to ensure appropriate exclusion of students and staff with COVID-19 or who have been exposed, and ability to maintain adequate ventilation.

In addition to school district policies, individuals (including parents/guardians) need to make masking decisions based on their specific situation (e.g., if they or their family members are immunocompromised or at high risk of severe illness from COVID-19).

For schools that choose not to institute a universal masking policy, NJDOH recommends that schools should require mask wearing in the following circumstances:

- **During periods of elevated community transmission** when COVID-19 Activity Level Index (CALI) is elevated, NJDOH recommends universal masking in regions with:
  - CALI score of high (orange) schools should strongly consider universal masking for all students and staff, especially if there is difficulty incorporating other layered prevention strategies (e.g., adequate ventilation, adequate spacing of students)
  - CALI score of very high (Red) schools should require universal masking for all students and staff.
- **During an active outbreak** during an outbreak or a general increase in cases, schools should consult with their LHD as to whether short-term universal masking or masking in affected classrooms should be required to control the outbreak/increase in cases.
- After returning from isolation or quarantine students and staff who return to school during days 6-10 of isolation or quarantine should be required to mask. See COVID-Contact Exclusion19 exclusion criteria for close contacts (quarantine) guidance below.
- When illness occurs in school students or staff who become ill with symptoms consistent with COVID-19 while in school should wear a mask until they leave the premises.

Additional circumstances where mask wearing may be considered:

- Students or staff who are immunocompromised or live with persons at high risk for severe COVID-19 illness these individuals should consider masking.
- Individuals who are concerned about disease transmission students or staff who, for whatever reason, are concerned about disease transmission should be encouraged to mask.
- Activities or settings with an increased risk of transmission during moderate (yellow) or higher CALI levels schools may consider implementing masking policies for activities or settings where there is increased risk of transmission. See Sports and Other Activities.

In general, students or staff do not need to wear masks outdoors, including during outdoor physical education classes or school sports **except** during days 6-10 after completing a 5-day isolation or quarantine when mask wearing is imperative. However, schools may consider the use of masks during outdoor activities that involve sustained close contact with other individuals or during periods of high and very high community transmission particularly if:

- An individual or someone they live with has a weakened immune system or is at increased risk for severe disease.
- An individual is not up to date on COVID-19 vaccines or lives with someone who is not up to date on COVID-19 vaccines.

Detailed information from CDC on mask use can be found here.

#### **Clear masks:**

Clear masks that cover the nose and wrap securely around the face may be considered in certain circumstances if they do not cause breathing difficulties or overheating for the wearer. Clear masks are not face shields. CDC does **not** recommend use of face shields for normal everyday activities or as a substitute for masks because of a lack of evidence of their effectiveness for source control.

Teachers and staff who may consider using clear masks include:

- Those who interact with students or staff who are deaf or hard of hearing.
- Teachers of young students learning to read.
- Teachers of students in English as a Second Language classes.
- Teachers of students with disabilities.

# CDC GUIDANCE FOR WEARING A MASK

Consistent and Correct Mask Use

When teachers, staff, and students who are not fully vaccinated consistently and correctly wear a mask, they <u>protect others as well as themselves</u>. Consistent and <u>correct mask use</u> by people who are not fully vaccinated is especially important indoors and in crowded settings, when physical distancing cannot be maintained.

- Indoors: Mask use is recommended for people who are not fully vaccinated including students, teachers, and staff. <u>Children under 2 years of age</u> should not wear a mask.
- Outdoors: In general, students or staff do not need to wear masks outdoors, including during outdoor physical education classes or school sports except during days 6-10 after completing a 5-day isolation or quarantine. However, schools may encourage the use of masks during outdoor activities that involve sustained close contact with other individuals or during periods of high community transmission.

Based on the needs of the community, school administrators may opt to make mask use universally required (i.e., required regardless of vaccination status) in the school. Reasons for this can include:

- Having a student population that is not yet eligible for vaccination (e.g., schools serving pre kindergarten students).
- Increasing or substantial or high COVID-19 transmission within the school or their surrounding community.
- Increasing community transmission of a variant that is spread more easily among children and adolescents or is resulting in more severe illness from COVID-19 among children and adolescents.
- Lacking a system to monitor the vaccine status of students and/or teachers and staff.
- Difficulty monitoring or enforcing mask policies that are not universal.
- Awareness of low vaccination uptake within the student, family, or teacher/staff population or within the community.
- Responding to community input that many teachers, staff, parents, or students would not participate in in-person learning if mask use was not universal.

Schools that continue to require people older than 2 years of age to wear a mask should make exceptions for the following categories of people:

- A person who <u>cannot wear a mask</u>, or <u>cannot safely wear a mask</u>, because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.). Discuss the possibility of <u>reasonable</u> accommodation with workers who are not fully vaccinated who are unable to wear or have difficulty wearing certain types of masks because of a disability.
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

When masks are worn by teachers and school staff in the workplace, the masks should meet one of the following criteria:

- <u>CDC mask recommendations</u>
- <u>ASTM International Standard Specification for Barrier Face Coverings</u>
- <u>NIOSH Workplace Performance and Workplace Performance Plus masks</u>

Schools should be supportive of people who are fully vaccinated, but choose to continue to wear a mask, as a personal choice or because they have a medical condition that may weaken their immune system. School administrators will also need to ensure their selected mask use policy does not conflict with local, state, and territorial laws, policies, and regulations.

# **During school transportation:**

<u>CDC's Order</u> applies to all public transportation conveyances including school buses. Regardless of the mask policy at school, passengers and drivers must wear a mask on school buses, including on buses operated by

public and private school systems, subject to the exclusions and exemptions in CDC's Order. Learn more <u>here</u>. For example, if a student attends a school where mask use is not required due to vaccination status (e.g., a high school with a high rate of vaccination), the student is still required to wear a mask on the school bus.

Schools should provide masks to those students who need them (including on buses), such as students who forgot to bring their mask or whose families are unable to afford them. No disciplinary action should be taken against a student who does not have a mask as described in the U.S. Department of Education <u>COVID-19</u> <u>Handbook, Volume 1</u>

# 1B. Physical distancing (e.g., including use of cohorts/podding)

# EAST RUTHERFORD SCHOOL DISTRICT GUIDANCE FOR PHYSICAL DISTANCING

Schools should establish policies and implement structural interventions to promote physical distance and small group cohorting. Schools should implement physical distancing recommendations to the maximum degree that allows them to offer full in-person learning. When it is not possible to maintain a physical distance of at least 3 feet in the classroom, it is especially important to layer multiple other prevention strategies (i.e., indoor masking, screening testing, cohorting, etc.).

- Within classrooms, maintain 3 feet of physical distancing to the greatest extent practicable. Combine this with masking for all individuals in high and very high COVID-19 transmission (CALI).
- **Outside of classrooms** including in hallways, locker rooms, indoor and outdoor physical education settings, and school-sponsored transportation, maintain physical distancing to the greatest extent practicable.
- The CDC recommends a distance of at least 6 feet between students and teachers/staff and between teachers/staff who are not up to date with vaccinations in all settings.
- As feasible, maintain cohorts or groups of students with dedicated staff who remain together throughout the day, including at recess, lunch times, and while participating in extracurricular activities.
  - Cohorting people who are not up to date with vaccinations and people who are up to date with vaccinations into separate cohorts is not recommended. Schools should ensure that cohorting is done in an equitable manner.

For meals offered in cafeterias or other group dining areas, where masks may not be worn, schools should utilize as many layered prevention strategies as feasible to help mitigate the spread of COVID-19. These include:

- Maximizing 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.
- Stagger eating times to allow for physical distancing.
- Maintain students in cohorts and limit mixing between groups if possible.
- Discouraging students from sharing meals.
- Encouraging routine cleaning between groups.

• Cleaning frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals. Given the data regarding COVID-19 transmission, the use of single-use items, such as disposable utensils, is not necessary during meals.

Identifying opportunities to maximize physical distancing should be prioritized for the following higher-risk scenarios, especially during periods of high community transmission (CALI):

- In common areas, such as school lobbies and auditoriums.
- When eating, especially when indoors. During indoor activities when increased exhalation occurs, such as singing, shouting, band practice, sports, or exercise.
- Physical distancing will be implemented based on current CDC guidelines as is correlated to community rate of transmission.
- □ At least 3 feet between students whenever possible in Elementary and Middle School Classrooms with a mask.
- □ Stagger outdoor time during recess and lunch (cohorts).
- □ Recess and playground areas may be mask free zones if social distancing and cohort groupings are reinforced.
- □ Safe mask storage must be provided as students exit the building into the playground. Masks must be put back on before re-entering the building.
- The same group of students (cohorts) will exit and enter through assigned areas daily.
- Pre-designated entry and exit paths will be utilized by all staff and students.
- □ All pre-designated entry and exit pathways will be marked with the appropriate signage and markers indicating the required social distancing requirements.
- □ A separate exit and entry plan for all grade levels will be developed for inclement weather.
- □ A separate exit and entry plan will be developed for conducting drills such as fire drills.
- One way routes will be created and marked in each building wherever possible.
- □ Eliminate or decrease nonessential in-person interactions among teachers and staff during meetings, lunches, and other situations that could lead to adult-to-adult transmission.
- Limit non-essential visitors.

# CDC GUIDANCE FOR PHYSICAL DISTANCING

Because of the importance of in-person learning, schools where not everyone is fully vaccinated should implement physical distancing to the extent possible within their structures, but should not exclude students from in-person learning to keep a minimum distance requirement. In general, CDC recommends people who are not fully vaccinated maintain <u>physical distance</u> of at least 6 feet from other people who are not in their household. However, several <u>studies</u> from the 2020-2021 school year show low COVID-19 transmission levels among students in schools that had less than 6 feet of physical distance when the school implemented and layered other prevention strategies, such as the use of masks.

Based on studies from the 2020-2021 school year, CDC recommends schools maintain <u>at least 3 feet of physical</u> <u>distance between students within classrooms, combined with indoor mask wearing by people who are not</u>

<u>fully vaccinated, to reduce transmission risk.</u> When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as indoor masking, screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk. Mask use by people who are not fully vaccinated is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.

Cohorting: Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, and particularly in areas of moderate-to-high transmission levels. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended. It is a school's responsibility to ensure that cohorting is done in an equitable manner that does not perpetuate academic, racial, or other tracking, as described in the U.S. Department of Education <u>COVID-19</u> Handbook, Volume 1

Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Elementary Schools Physical distancing: at least 3 feet between students in classrooms		Elementary Schools Physical distancing: at least 3 feet of distance between students in classrooms Cohorting recommended when possible	

# Prevention Strategies by Level of Community Transmission (Click HERE for Full Access to CDC)

Middle and High Schools Physical distancing: at least 3 students in classrooms	3 feet between	Middle and High Schools Physical distancing: at least 3 feet of distance between students in classrooms Cohorting recommended when possible	Middle and High Schools Schools that can use cohorting: at least 3 feet of distance Schools that cannot use cohorting: at least 6 feet distance between students in
Sports and Si	ports and	Sports and extracurricula	r activities occur only if

Sports and	Sports and	Sports and extracurricular activities occur only if
extracurricular activities	extracurricular activities	they can be held outdoors, with more than 6 feet
occur with at least 6	occur with at least 6 feet	of physical distancing
feet of physical distance	of physical distance	
to the greatest extent	required	
possible		

# 1C. Handwashing and respiratory etiquette

# EAST RUTHERFORD SCHOOL DISTRICT GUIDANCE FOR HANDWASHING AND RESPIRATORY ETIQUETTE

- □ Hand Sanitizing stations with alcohol-based hand sanitizers (at least 60% alcohol) will be placed in the following areas:
  - In each classroom
  - At entrances and exits of buildings
  - Near lunchrooms and toilets
  - For preschool classrooms that have existing handwashing stations, the district will prepare stations with soap, water and alcohol based hand sanitizers
  - All students under 5 years of age will be closely monitored by staff when using hand sanitizers
- **G** Students will continue to clean hands in the following situations outlined below:
  - Upon or before entering the school building
  - Before snack and lunch
  - After snacks and lunch particularly if hands are sticky and greasy
  - After using toilet or an adult after assisting a child to use the toilet
  - When re-entering the building after outside recess
  - After sneezing, wiping and blowing of nose
- **u** Students will be encouraged to bring their own water bottles to school.

□ Use of water fountains will continue to be prohibited at this time (CDC Current guidance: Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains)

## 1D. Cleaning and maintaining healthy facilities, including improving ventilation

# EAST RUTHERFORD SCHOOL DISTRICT GUIDANCE FOR CLEANING AND MAINTAINING HEALTHY FACILITIES, INCLUDING IMPROVING VENTILATION

- Frequently touched areas such as desks, chairs, door handles, handrails, kitchens, bathrooms, light switches, shared telephones, shared desktops, shared computer keyboards and mice, drinking fountains, school bus seats and windows will be cleaned daily.
- The district will continue using no-touch foot pedal trash cans when there is a lid on the trash can or as necessary.
- U With safety in mind, when possible, doors should be propped open to avoid frequent touching of handles.
- □ The district will continue to use a sanitizing checklist which will be completed daily by the pertinent staff.
- Disposable wipes will be provided in ALL classrooms and offices so that commonly used areas such as keyboards etc can be wiped down before use.
- General Windows will be kept opened whenever possible to improve ventilation throughout the buildings
- The district has increased the number of custodians at each building to provide increased cleaning and disinfection. Custodial Cleaning schedules have been updated to include daily cleaning and disinfection of the following:
  - Classroom desks and chairs
  - Lunchroom tables and chairs
  - Door handles and push plates
  - Handrails
  - Kitchens and bathrooms
  - Light switches
  - Handles on equipment (e.g. athletic equipment)
  - Buttons on vending machines and elevators
  - Drinking fountain, handles, switches, spouts (run water following cleaning)
  - Bathrooms daily, or between use as much as possible
  - Floors will be damp mopped or HEPA vacuum.
- □ In addition to daily cleaning described above, custodians will conduct disinfection of high touch surfaces periodically throughout the school day and when cohorts move or classes change. This high touch enhanced custodial disinfection schedule will be focused on the following high touch surfaces (check all that apply):
  - Lunchroom tables and chairs
  - Door handles and push plates
  - Handrails
  - Light switches
  - Drinking fountains
  - Bathrooms daily, or between use as much as possible

- Personal Protective Equipment Custodians conducting routine cleaning and disinfection will wear cloth face coverings, disposable gloves, work uniform and safety glasses or goggles to prevent eye irritation.
- Long sleeved shirts are preferred.
- Routine Cleaning by Staff and Students

Special Cleaning and Disinfection following Confirmed COVID-19 Diagnosed Case

- □ If a student or staff member has been diagnosed with COVID-19 infection, the classroom or office will be vacated by personnel. Windows will be opened to allow dilution of any airborne virus and doors to the area will be closed to prevent access by others. The East Rutherford Schools custodial staff will be notified of the location and that a COVID case has been confirmed.
- Wherever possible, a period of 24 hours will occur to allow for airborne settling and natural virus attenuation. After a 24 hour period, custodians will return to the area and conduct enhanced cleaning and disinfection.
- Electrostatic sprayers supplied with the GK Chlorinated Disinfecting Tablets EPA List N disinfectant will be used to spray impacted areas in accordance with manufacturer recommendations and training provided. Please note that whenever the state is in heightened alert (Orange or Red), electrostatic sprays will be applied daily.
- Following electrostatic spray use, custodians will conduct cleaning and disinfection of high touch surfaces, walls, windows and flooring in impacted areas in accordance with training received.
- □ Floors will be damp mopped or HEPA vacuum. No dry sweeping will be conducted.

# CDC GUIDANCE FOR VENTILATION

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with <u>other preventive strategies</u>, including wearing a well-fitting, multi-layered mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windowU.S. Department of Education Uses of Fundspdf iconexternal icons, and making changes to the HVAC or air filtration systems.

During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.

For more specific information about maintenance, use of ventilation equipment, actions to improve ventilation, and other ventilation considerations, refer to:

- <u>CDC's Ventilation in Schools and Child care Programs</u>
- <u>CDC's Ventilation in Buildings webpage</u>
- <u>CDC's Ventilation FAQs</u> and

• <u>CDC's Improving Ventilation in Your Home</u>

Additional ventilation recommendations for different types of school buildings can be found in the <u>American</u> <u>Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) schools and universities guidance</u> <u>documentpdf iconexternal icon</u>

Funds provided through the Elementary and Secondary Schools Emergency Relief Programs and the Governor's Emergency Education Relief Programs can support improvements to ventilation. Please see question B-7 of the <u>U.S.</u> <u>Department of Education Uses of Funds</u> guidance for these programs.

1E. Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments.

# EAST RUTHERFORD SCHOOL DISTRICT GUIDANCE FOR CONTACT TRACING, ISOLATION AND QUARANTINE

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts to a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus.

Close contact is defined as being within 6 feet of someone with suspected or known COVID-19 for 15 or more minutes during a 24-hour period. In certain situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group may need to be considered exposed.

For determining a school-based close contact to a COVID-19 case:

- Individuals would be considered exposed during the period between 2 days prior to symptom onset (or positive test date if asymptomatic) and 5 days after.
- Individuals would NOT be considered exposed during the case's additional precaution period at day 6-10.

**Exception**: In the **K–12 indoor classroom** setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the close contact definition *excludes students* who were within **3 to 6 feet of an infected student** (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. However, without universal masking, the school must be able to readily identify whether both students were masked prior to applying the close contact exception. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

School staff should identify school-based close contacts of positive COVID-19 cases in the school.

• As with any other communicable disease outbreak, schools will assist in identifying the close contacts within the school and communicating this information back to the LHD.

• With guidance from the LHD, schools will be responsible for notifying parents and staff of the close contact exposure and exclusion requirements while maintaining confidentiality.

• The LHD contact tracing team will notify and interview the close contacts identified by the school and reinforce the exclusion requirements.

- □ While the District no longer requires daily health screenings to be completed through the Genesis Parent Portal, we are encouraging parents to reference the symptoms checklist provided on pages 19-20 of this document to monitor symptoms as well as to report to the school if their child(ren) meet the criterion given on the checklist.
- □ East Rutherford will continue to work with parents and local health authorities to ensure that every student tested positive is identified.
- Once parents/guardians provide confirmation from the MD of a positive result, contact is made to the local health department for guidance within 24 hours.
- □ If a staff member who has been working in a district building, or a student participating in an extracurricular activity, receives a positive COVID test result it will also be reported to the DOE.
- □ The district will continue to utilize the Incident Report form provided to report said case.
- □ The district will follow recommendations of the local health department in regards to appropriate measures to take.
- □ The district will notify anyone in close contact with the student once a form of confirmation is received.
- □ The school nurse will provide contact support and education to families affected.
- □ A student and anyone involved in a contact tracing case will be permitted back to school/work after the recommended number of days of self-quarantine has been observed and adhered to.

<u>COVID-19 exclusion (isolation) criteria for persons who have COVID-19 compatible symptoms or who</u> test positive for COVID-19:

Individuals regardless of vaccination status, who test positive or individuals with COVID-19 symptoms or who have not been tested and do not have an alternative diagnosis from their healthcare provider should:

- Stay home for at least 5 full days after the onset of symptoms or if asymptomatic after the positive test (day
  of symptoms is day 0; if asymptomatic, day the test was performed is day 0).
- If they have no symptoms or symptoms are resolving after 5 days and are fever-free (without the use of fever-reducing medication) for 24 hours, they can leave their home and should;
  - Wear a mask when around others at home and in public (indoors and outdoors) for an additional 5 days. For these additional 5 days, schools should have a plan to ensure adequate distance during those activities (i.e., eating) when mask wearing is not possible. Time without mask being worn should be kept to minimum possible.
  - On days 6-10, limit participation in extracurricular activities to only those activities where masks can be worn consistently and correctly.

Masks should be worn in school on days 6-10. Those students who are unable or unwilling to mask should stay home for the full 10 days and not return to school until day 11.

**Exception**: During periods of low community transmission (green), ill individuals with COVID-19 compatible symptoms who are not tested **and do not have a known COVID-19 exposure** may follow NJDOH School Exclusion List to determine when they may return to school.

CDC recommends an isolation period of at least 10 and up to 20 days for people who were severely ill with COVID-19 and for people with weakened immune systems. See Overview of COVID-19 Isolation for K-12 Schools for additional details.

Individuals with an alternative diagnosis:

Evaluation by a health care provider may be necessary to differentiate between COVID-19 and alternative diagnoses. Clinical evaluation and/or testing for COVID-19 may be considered for ANY of the symptoms listed above, depending on suspicion of illness from a health care provider. Testing is strongly recommended, especially when there are multiple unlinked cases in the school and during periods of moderate and high levels of community transmission.

Individuals with COVID-19 compatible symptoms **and no known exposure** to a COVID-19 case in the last 5 days, regardless of vaccination status, may follow the NJDOH School Exclusion List to determine when they may return to school **only if they have an alternative diagnosis (e.g., strep throat, influenza, worsening of chronic illness) supported by clinical evaluation**.

**Exception**: During periods of low community transmission (green), ill individuals with COVID-19 compatible symptoms who are not tested **and do not have a known COVID-19 exposure** may follow NJDOH School Exclusion List to determine when they may return to school.

The COVID-19 Exclusion Table below can be used to determine the need for and duration of school exclusion. In order to facilitate rapid diagnosis and limit unnecessary school exclusion, schools may consider implementing school-based diagnostic testing for students and staff.

# COVID-19 exclusion criteria for close contacts (quarantine) guidance:

Exposed close contacts who have no COVID-19 compatible symptoms and who are not up to date with vaccinations should be excluded from school and;

- Stay home and away from other people for at least 5 days (day 0 through day 5) after the last close contact with a person who has COVID-19. The date of the exposure is considered day 0.
- If COVID-19 symptoms develop, get tested and follow isolation recommendations.
- If asymptomatic, get tested at least 5 days after the last close contact
  - If the test is positive, follow isolation recommendations.
  - If the test is negative, you can end quarantine after day 5.
  - If testing is not available, you can end quarantine after day 5 (as long as there were no COVID-19 symptoms throughout the 5-day period).

See Contact Tracing and Notification below for close contact definition and guidance.

During quarantine, students and staff should follow recommendations and additional precautions outlined in DOH Recommended Isolation and Quarantine Timeframes for Non-Healthcare Settings regarding staying home, travel, and testing.

Exposed close contacts who have no COVID-19 symptoms in the following groups do not need to be excluded from school:

- Up to date with vaccination.
- COVID-19 positive within the last 90 days (viral test).

Regardless of whether they meet criteria for school exclusion, all exposed close contacts should:

- Wear a well-fitting mask around others for 10 days from the date of their last close contact with someone with COVID-19 (the date of last close contact is considered day 0).
- Get tested at least 5 days after having close contact with someone with COVID-19 unless they had COVID-19 (positive viral test) in the last 90 days and subsequently recovered.
- Monitor for fever (100.4°F or greater), cough, shortness of breath, or other COVID-19 symptoms for 10 days after their last exposure.
- Through day 10, limit participation in extracurricular activities to only those activities where they can wear a mask consistently and correctly.

Note: If an exposed close contact is unable to wear a mask during days 6-10 following exposure, they:

- Should quarantine at home for the full 10 days OR
- May return to school on day 8 with a negative test result collected at day 5-7 if they remain asymptomatic.

Note: The inability to consistently and correctly wear a mask due to intellectual, developmental, or physical disability or medical contraindications alone should not be a basis for disallowing a return to school activities. Schools should assess, on an individualized basis, the appropriate accommodations for students with disabilities who are unable to wear a mask.

If any close contact experiences symptoms (regardless of vaccination status), they should isolate themselves from others, be clinically evaluated if indicated, and get tested for COVID-19.

# **Exceptions for household contacts:**

In all risk levels, students and staff who meet the criteria for quarantine and who are household members of a student/staff member with COVID-19 compatible symptoms that meets COVID-19 Exclusion Criteria should be excluded from school until the symptomatic individual receives a negative test result. If the ill person is not tested but an alternative diagnosis is established after clinical evaluation, household contacts can return to school.

Household contacts who can't isolate away from a household member with COVID-19 should start their quarantine period on the day after the household member would have completed their 10-day isolation period, UNLESS the household member is able to consistently wear a well-fitted mask in the household through day 10, in which case the quarantine period would start on the day after the household member completes their 5-day isolation period.

In response to symptomatic students who have not undergone testing AND who have no known exposure to COVID-19, schools should not identify and exclude their close contacts from school. COVID-19 testing is strongly encouraged so this determination can be made.

Schools serving medically complex or other high-risk individuals should use a 10-day exclusion period for the exclusion of these individuals or those who work closely with them when identified as close contacts.

## **Vaccination Status**

Although COVID-19 vaccines are safe, effective, and accessible, most K-12 schools will have a mixed population of individuals who are vaccinated and individuals not vaccinated, thereby requiring preventative measures to protect all individuals.

According to Centers for Disease Control and Prevention (CDC), everyone 5 years and older who receives their primary series of a COVID-19 vaccine is considered fully vaccinated.

For children 5 through 12 years of age, a primary series consists of 2 doses of the Pfizer-BioNTech COVID-19 vaccine. For persons 18 and older, a primary series consists of:

- A 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna), or
- A single-dose COVID-19 vaccine (Johnson & Johnson's Janssen vaccine)

CDC recommends that people remain up to date with their vaccines, which includes additional doses for individuals who are immunocompromised or booster doses at regular time points. Individuals who are moderately or severely immunocompromised should get an additional primary shot and a booster shot.

If schools are unable to determine the vaccination status of individual students or staff, those individuals should be considered not fully vaccinated.

# 1F. Diagnostic and screening testing

# EAST RUTHERFORD SCHOOL DISTRICT GUIDANCE FOR DIAGNOSTIC AND SCREENING TESTING

# Screening of Staff

As of September 28, 2021, staff members will no longer need to complete the daily health survey in advance of reporting to their assigned building. Instead, staff members are reminded to monitor their health and wellbeing and to report any symptoms as referenced in the *Parental Guidance* section below immediately to the school nurse and/or main office staff.

- Travel circumstances, related testing and quarantine recommendations should be reviewed on the District's holiday letter found <u>HERE</u>.
- An isolation room/area will be assigned to contain any identified staff who is a potential carrier or has been exposed to COVID19 on school premises.
- Staff will be asked to leave or not enter the buildings if demonstrating the following below:

At least <u>two</u> of the following symptoms: fever (measure or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose; OR
At least <b>one</b> of the following symptoms: cough, shortness of breath, difficulty breathing, new
olfactory disorder, or new taste disorder.
Staff who are removed/excluded from work due to displaying COVID-19 compatible symptoms consistent with Exclusion Guidelines (one or two symptoms, depending on symptoms) will be required to receive a negative PCR test to return to work.
<ul> <li>Determination of exclusion will be made according to the District Plan.</li> <li><a href="https://www.nj.gov/health/cd/documents/topics/NCOV/RecommendationsForLocalHealthDepts_K12Schools.pdf">https://www.nj.gov/health/cd/documents/topics/NCOV/RecommendationsForLocalHealthDepts_K12Schools.pdf</a></li> <li>Staff who do not meet the COVID exclusion criteria but exhibit any signs of illness, including individual symptoms from the list of COVID-compatible symptoms, will be evaluated by a School Nurse. Based on these findings, the School Nurse may require further action and refer you to your primary care physician for further evaluation, medical clearance and possible testing. Additionally, these symptoms may require specific action based on our existing school illness management policy. The School Nurse will articulate any and all requirements/expectations on a case-by-case basis.</li> </ul>
The East Rutherford School District has partnered with Meadowlands Diagnostics located at: 466 Midland Ave, Garfield, NJ, 07026; 201.347.6778 for all staff members needing a PCR, Antibody or blood work panel assessments. This location may change based upon availability.
The East Rutherford School District has continued to partner with Dr. Martha Sliwowski at: 42 Locust Avenue, Wallington, NJ for any students, parents, staff members who are interested in vaccinations. The Pfizer vaccine will be administered at this location.
Weekly/Bi-Weekly Required Staff Testing As of October 18th, 2021, all workers in preschool through Grade 12 schools are required to be fully vaccinated or subject to testing. According to Centers for Disease Control and Prevention (CDC), everyone 5 years and older who receives their primary series of a COVID-19 vaccine is considered fully vaccinated. For persons 18 and older, a primary series consists of:
<ul> <li>A 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna), or</li> <li>A single-dose COVID-19 vaccine (Johnson &amp; Johnson's Janssen vaccine)</li> <li>Therefore, a booster is <b>NOT</b> required to defer weekly testing.</li> </ul>
Screening of Students
Parents/caregivers should be strongly encouraged to monitor their children for signs of illness every day as they are the front line for assessing illness in their children. Students who are sick should <b>not</b> attend school in-person. Schools should strictly enforce exclusion criteria for both students and staff.
Schools should consider providing parent education about the importance of monitoring symptoms and staying home while ill through school or district messaging. Using existing outreach systems to provide reminders to staff and families to check for symptoms before leaving for school.
Schools should provide clear and accessible directions to parents/caregivers and students for reporting symptoms and reasons for absences.

- As of September 28, 2021, families will no longer need to complete the daily health survey in advance of sending their child to school. Instead, families are reminded to monitor the health of their child and report any symptoms as referenced in the *Parental Guidance* section below immediately to the school nurse and/or main office staff.
- □ Following CDC Guidelines, parents will be asked to monitor their child(ren) and self-assess their child(ren)'s health in two facets: Symptoms and Close Contact/Potential Exposure (see below).
- □ Travel circumstances, related testing and quarantine recommendations should be reviewed on the District's holiday letter found <u>HERE</u>.
- □ Students who are removed/excluded from school due to displaying COVID-19 compatible symptoms consistent with Exclusion Guidelines (one or two symptoms, depending on symptoms) will be required to receive a negative PCR test to return to school.
- Students who do not meet the COVID exclusion criteria but exhibit any signs of illness, including individual symptoms from the list of COVID-compatible symptoms, will be evaluated by a School Nurse. Based on these findings, the School Nurse may require further action and refer you to your primary care physician for further evaluation, medical clearance and possible testing. Additionally, these symptoms may require specific action based on our existing school illness management policy. The School Nurse will articulate any and all requirements/expectations on a case-by-case basis.

https://www.state.nj.us/health/cd/documents/topics/NCOV/RecommendationsForLocalHealthDepts\_K12Schools.pdf

The East Rutherford School District has partnered with Meadowlands Diagnostics located at: 466 Midland Ave, Garfield, NJ, 07026; 201.347.6778 for all students needing a PCR, Antibody or blood work panel assessments. This location may change based upon availability.

The East Rutherford School District has continued to partner with Dr. Martha Sliwowski at: 42 Locust Avenue, Wallington, NJ for any students, parents, staff members who are interested in vaccinations. The Pfizer vaccine will be administered at this location.

Parental Guidance - NJDOH Recommendations

Educate staff, students, and their families about when they should stay home and when they should return to school. Students and staff should stay home if they:

- Have tested positive (viral test) for COVID-19.
- Are sick.
- While there is no statewide travel advisory or mandate in place at this time, schools are encouraged to have a
  policy for exclusion for students and staff that travel that is consistent with CDC COVID-19 travel
  recommendations. For those traveling to/from New Jersey, domestic travel is defined as lasting 24 hours or
  longer to states or US territories other than those connected to New Jersey, such as Pennsylvania, New York,
  and Delaware.
  - NJ travel recommendations
  - CDC international travel recommendations
  - CDC domestic travel recommendations

Siblings (who are not up to date with vaccinations) of a student who meets COVID-19 Exclusion criteria should be excluded from school until the symptomatic individual receives a negative test result. If the symptomatic individual tests positive, the sibling will need to quarantine.

Students who are removed/excluded from school due to displaying COVID-19 compatible symptoms consistent with Exclusion Guidelines (one or two symptoms, depending on symptoms) will be required to receive a negative PCR or rapid test to return to school. **No at-home test results will be accepted to return to school.** 

Students who do not meet the COVID exclusion criteria but exhibit any signs of illness, including individual symptoms from the list of COVID-compatible symptoms, will be evaluated by a School Nurse. Based on these findings, the School Nurse may require further action and refer you to your primary care physician for further evaluation, medical clearance and possible COVID testing. Additionally, these symptoms may require specific action based on our existing school illness management policy. The School Nurse will articulate any and all requirements/expectations on a case-by-case basis.

# Exclusion

Parents should not send students to school when sick. For school settings, NJDOH recommends that students with the following symptoms be promptly isolated from others and excluded from school:

- At least <u>two</u> of the following symptoms: fever (measure or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose; **OR**
- At least <u>one</u> of the following symptoms: new or worsening cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder.

# For students with chronic illness, only new symptoms, or symptoms worse than baseline should be used to fulfill symptom-based exclusion criteria.

On January 4, 2022, CDC updated COVID-19 isolation and quarantine recommendations with shorter isolation (for asymptomatic infected and mildly ill people) and quarantine periods of 5 days to focus on the period when a person is most infectious (followed by continued masking for an additional 5 days). Individuals who are unable to wear a mask should be excluded until after at least 10 days and continue to isolate/quarantine.

CDC has released isolation and quarantine guidance for K-12 schools. Additional updated information for K-12 schools can be found at <u>https://www.cdc.gov/coronavirus/2019-ncov/community/schoolschildcare/index.html</u>

# <u>COVID-19 exclusion (isolation) criteria for persons who have COVID-19 compatible symptoms or who</u> <u>test positive for COVID-19</u>:

Individuals regardless of vaccination status, who test positive or individuals with COVID-19 symptoms or who have not been tested and do not have an alternative diagnosis from their healthcare provider should:

- Stay home for at least 5 full days after the onset of symptoms or if asymptomatic after the positive test (day of symptoms is day 0; if asymptomatic, day the test was performed is day 0).
- If they have no symptoms or symptoms are resolving after 5 days and are fever-free (without the use of fever-reducing medication) for 24 hours, they can leave their home and should;

- Wear a mask when around others at home and in public (indoors and outdoors) for an additional 5 days. For these additional 5 days, schools should have a plan to ensure adequate distance during those activities (i.e., eating) when mask wearing is not possible. Time without mask being worn should be kept to minimum possible.
- On days 6-10, limit participation in extracurricular activities to only those activities where masks can be worn consistently and correctly.

Masks should be worn in school on days 6-10. Those students who are unable or unwilling to mask should stay home for the full 10 days and not return to school until day 11.

**Exception**: During periods of low community transmission (green), ill individuals with COVID-19 compatible symptoms who are not tested **and do not have a known COVID-19 exposure** may follow NJDOH School Exclusion List to determine when they may return to school.

CDC recommends an isolation period of at least 10 and up to 20 days for people who were severely ill with COVID-19 and for people with weakened immune systems. See Overview of COVID-19 Isolation for K-12 Schools for additional details.

# Individuals with an alternative diagnosis:

Evaluation by a health care provider may be necessary to differentiate between COVID-19 and alternative diagnoses. Clinical evaluation and/or testing for COVID-19 may be considered for ANY of the symptoms listed above, depending on suspicion of illness from a health care provider. Testing is strongly recommended, especially when there are multiple unlinked cases in the school and during periods of moderate and high levels of community transmission.

Individuals with COVID-19 compatible symptoms **and no known exposure** to a COVID-19 case in the last 5 days, regardless of vaccination status, may follow the NJDOH School Exclusion List to determine when they may return to school <u>only if they have an alternative diagnosis (e.g., strep throat, influenza, worsening of chronic illness)</u> <u>supported by clinical evaluation</u>.

**Exception**: During periods of low community transmission (green), ill individuals with COVID-19 compatible symptoms who are not tested **and do not have a known COVID-19 exposure** may follow NJDOH School Exclusion List to determine when they may return to school.

The COVID-19 Exclusion Table below can be used to determine the need for and duration of school exclusion. In order to facilitate rapid diagnosis and limit unnecessary school exclusion, schools may consider implementing school-based diagnostic testing for students and staff.

#### COVID-19 exclusion criteria for close contacts (quarantine) guidance:

Exposed close contacts who have no COVID-19 compatible symptoms and who are not up to date with vaccinations should be excluded from school and;

- Stay home and away from other people for at least 5 days (day 0 through day 5) after the last close contact with a person who has COVID-19. The date of the exposure is considered day 0.
- If COVID-19 symptoms develop, get tested and follow isolation recommendations.
- If asymptomatic, get tested at least 5 days after the last close contact
  - If the test is positive, follow isolation recommendations.

- If the test is negative, you can end quarantine after day 5.
- If testing is not available, you can end quarantine after day 5 (as long as there were no COVID-19 symptoms throughout the 5-day period).

See Contact Tracing and Notification below for close contact definition and guidance.

During quarantine, students and staff should follow recommendations and additional precautions outlined in DOH Recommended Isolation and Quarantine Timeframes for Non-Healthcare Settings regarding staying home, travel, and testing.

Exposed close contacts who have no COVID-19 symptoms in the following groups do not need to be excluded from school:

- Up to date with vaccination.
- COVID-19 positive within the last 90 days (viral test).

Regardless of whether they meet criteria for school exclusion, all exposed close contacts should:

- Wear a well-fitting mask around others for 10 days from the date of their last close contact with someone with COVID-19 (the date of last close contact is considered day 0).
- Get tested at least 5 days after having close contact with someone with COVID-19 unless they had COVID-19 (positive viral test) in the last 90 days and subsequently recovered.
- Monitor for fever (100.4°F or greater), cough, shortness of breath, or other COVID-19 symptoms for 10 days after their last exposure.
- Through day 10, limit participation in extracurricular activities to only those activities where they can wear a mask consistently and correctly.

Note: If an exposed close contact is unable to wear a mask during days 6-10 following exposure, they:

- Should quarantine at home for the full 10 days OR
- May return to school on day 8 with a negative test result collected at day 5-7 if they remain asymptomatic.

Note: The inability to consistently and correctly wear a mask due to intellectual, developmental, or physical disability or medical contraindications alone should not be a basis for disallowing a return to school activities. Schools should assess, on an individualized basis, the appropriate accommodations for students with disabilities who are unable to wear a mask.

If any close contact experiences symptoms (regardless of vaccination status), they should isolate themselves from others, be clinically evaluated if indicated, and get tested for COVID-19.

# **Exceptions for household contacts:**

In all risk levels, students and staff who meet the criteria for quarantine and who are household members of a student/staff member with COVID-19 compatible symptoms that meets COVID-19 Exclusion Criteria should be excluded from school until the symptomatic individual receives a negative test result. If the ill person is not tested but an alternative diagnosis is established after clinical evaluation, household contacts can return to school.

Household contacts who can't isolate away from a household member with COVID-19 should start their quarantine period on the day after the household member would have completed their 10-day isolation period, UNLESS the household member is able to consistently wear a well-fitted mask in the household through day 10, in which case the quarantine period would start on the day after the household member completes their 5-day isolation period.

In response to symptomatic students who have not undergone testing AND who have no known exposure to COVID-19, schools should not identify and exclude their close contacts from school. COVID-19 testing is strongly encouraged so this determination can be made.

Schools serving medically complex or other high-risk individuals should use a 10-day exclusion period for the exclusion of these individuals or those who work closely with them when identified as close contacts.

#### Outbreaks

Schools must report outbreaks or suspected outbreaks to their LHD. The LHD will work with schools to determine if there is an outbreak and provide guidance as to a response. An outbreak in a school setting is defined as three or more individuals with COVID-19 (positive by RT-PCR or antigen) COVID-19 cases among students or staff with onsets within a 14-day period, who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

If an outbreak has been identified, schools and LHDs should promptly intervene to control spread while working to determine whether the outbreak originated in the school setting.

During an outbreak;

- Schools without a universal masking policy should consider a temporary transition to universal masking or masking in affected classrooms.
- Schools should consider implementing a testing program for students and staff at the classroom, grade, or school level depending on the extent of transmission and structure of the school.
  - Testing should be implemented as soon as possible, ideally within one week of detection of the suspected outbreak.
  - In consultation with the LHD, additional testing may be recommended for outbreak control.
  - Based on resources and local circumstances schools may choose to implement testing for all staff and students regardless of vaccination status.
- Schools may also consider a temporary transition of affected cohorts to remote learning if a high number of cases is preventing timely contact tracing and exclusion and a short-term transition to remote learning is needed to allow for such actions to occur.

Decisions to implement testing programs and/or transition cohorts to remote learning should be made by schools based on their individual circumstances in conjunction with LHDs.

## When Illness Occurs in the School Setting - NJDOH Recommendations

**Response to Symptomatic Students and Staff** 

Schools should ensure that procedures are in place to identify and respond to a student or staff member who becomes ill with COVID-19 symptoms.

- Closely monitor daily reports of staff and student attendance/absence and identify when persons are out with COVID-19 symptoms.
- Designate an area or room away from others to isolate individuals who become ill with COVID19 symptoms while at school.
  - Consider an area separate from the nurse's office so the nurse's office can be used for routine visits such as medication administration, injuries, and non-COVID-19 related visits.
  - Ensure there is enough space for multiple people placed at least 6 feet apart.
  - Ensure that hygiene supplies are available, including additional masks, facial tissues, and alcohol-based hand sanitizer.
  - School nurses should use Standard and Transmission-Based Precautions based on the care and tasks required.
  - Staff assigned to supervise students waiting to be picked up do not need to be healthcare personnel but should follow physical distancing guidelines.
  - Follow guidance in Cleaning, Disinfection and Airflow section.

# When illness occurs in the school setting

Children and staff with COVID-19 symptoms regardless of vaccination status should be separated away from others until they can be sent home.

- If a mask cannot be worn by the ill individual, other staff should be sure to wear a mask and follow maximum physical distancing guidelines (6 feet away).
- Ask ill student (or parent) and staff whether they have had potential exposure to COVID-19 meeting the definition of a close contact.
- Individuals should be sent home and referred to a healthcare provider. Persons with COVID-19- compatible symptoms should undergo COVID-19 testing regardless of vaccination status.

- If community transmission is low ill individuals without potential exposure to COVID-19 should use the NJDOH School Exclusion List to determine when they may return to school. No public health notification is needed UNLESS there is an unusual increase in the number of persons who are ill (over normal levels), which might indicate an outbreak.
- If ill students have potential COVID-19 exposure OR if community transmission is moderate or high, they should continue to be excluded according to the COVID-19 Exclusion Criteria.
- Schools should notify LHDs:
  - When there is an increase in the number of persons with COVID-19 compatible symptoms and when there is a suspected or confirmed outbreak.
  - When students or staff test positive for COVID-19 (when in-school testing is performed).
- Schools should be prepared to provide the following information when consulting with the LHD:
  - Contact information for the ill persons;
  - The date the ill person(s) developed symptoms, tested positive for COVID-19 (if known), and was last in the building;
  - Types of interactions (close contacts, length of contact) the person(s) may have had with other persons in the building or in other locations;
  - $\circ$   $\;$  Vaccination status of the ill person and the close contacts.
  - Names, addresses, and telephone numbers for ill person's close contacts in the school;
  - $\circ$  Any other information to assist with the determination of next steps.

**Regardless of vaccination status**, if a student or staff experiences COVID-compatible symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, and tested for SARS-CoV-2.

# CDC GUIDANCE FOR SCREENING TESTING

Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and <u>isolate</u> cases, <u>quarantine</u> those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing and do not need to quarantine if they do not have any symptoms; though decisions regarding screening testing may be made at the state or local level.

<u>Screening testing</u> may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented. More frequent testing can increase effectiveness, but feasibility of increased testing in schools needs to be considered. Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect student, teacher, and staff privacy. Consistent with state legal requirements and <u>Family Educational Rights and</u> <u>Privacy Act (FERPA) external icon</u>, K-12 schools should obtain parental consent for minor students and assent/consent for students themselves.

Screening testing can be used to help evaluate and adjust prevention strategies and provide added protection for schools that are not able to provide optimal physical distance between students.

Screening testing should be offered to students who have not been fully vaccinated when community transmission is at moderate, substantial, or high levels (Table 1); at any level of community transmission, screening testing should be offered to all teachers and staff who have not been fully vaccinated. To be effective, the screening program should test at least once per week, and rapidly (within 24 hours) report results.

Screening testing more than once a week might be more effective at interrupting transmission. Schools may consider multiple screening testing strategies, for example, testing a random sample of at least 10% of students who are not fully vaccinated, or conducting <u>pooled testing</u> of cohorts. Testing in low-prevalence settings might produce false positive results, but testing can provide an important prevention strategy and safety net to support in-person education.

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 may consider implementing screening testing for participants who are not fully vaccinated. Schools can routinely test student athletes, participants, coaches, and 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 can implement 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.

# CDC Table 1. Screening Testing Recommendations for K-12 Schools by Level of Community Transmission (Click HERE for Full Access to CDC)

	Low Transmission <sup>1</sup> Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to Offer screening testin screen students. vaccinated at least of		testing for students who are not fully east once per week.	
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports <sup>2</sup> and extracurricular activities <sup>3</sup> at least once per week for participants who are not fully vaccinated.		Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants who are not fully vaccinated.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports.	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants		

1 Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high,  $\geq$ 100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high,  $\geq$ 10%.)

2 The NCAA has developed a risk stratification for sports. See

https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI\_ResocializationDevelopingStandardsSecondEdition.p dfpdf iconexternal icon

Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are football and wrestling.

3 High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.

1G. Efforts to provide vaccinations to educators, other staff, and students, if eligible (Verify medical office webpage)

# EAST RUTHERFORD SCHOOL DISTRICT GUIDANCE FOR EFFORTS TO PROVIDE VACCINATIONS

#### **Vaccinations**

Although COVID-19 vaccines are safe, effective, and accessible, most K-12 schools will have a mixed population of individuals who are vaccinated and individuals who are not vaccinated, thereby requiring preventative measures to protect all individuals.

For children 5 through 17 years of age, a primary series consists of 2 doses of the Pfizer-BioNTech COVID-19 vaccine. For persons 18 and older, a primary series consists of:

- A 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna), or
- A single-dose COVID-19 vaccine (Johnson & Johnson's Janssen vaccine)

CDC recommends that people remain up to date with their vaccines, which includes additional doses for individuals who are immunocompromised and booster doses at regular time points.

For the purpose of this document, "up to date" with vaccination means being fully vaccinated against SARS-CoV-2 AND having received all recommended additional doses, including booster doses when eligible. "Fully vaccinated" means being at least two weeks past completion of a primary vaccination series.

If schools are unable to determine the vaccination status of individual students or staff, those individuals should be considered not up to date.

- Everyone 5 years of age and older is now eligible to get a COVID-19 vaccination
- □ The district will provide staff and parents/guardians with information regarding where vaccines may be obtained. This information will be posted on district nurse's webpage as well as district website
- □ The district will work closely with local hospitals, pharmacies and healthcare providers to disseminate vaccine information to staff and parents/guardians as is appropriate.
- The East Rutherford School District has continued to partner with Dr. Martha Sliwowski at: 42 Locust Avenue, Wallington, NJ for any students, parents, staff members who are interested in vaccinations. The Pfizer vaccine will be administered at this location.

# 1H. Appropriate accommodations for children with disabilities with respect to the health and safety policies

# EAST RUTHERFORD SCHOOL DISTRICT GUIDANCE FOR PROVIDING APPROPRIATE ACCOMMODATIONS FOR CHILDREN WITH DISABILITIES

### Special Education

The East Rutherford School District will continue to provide a free and appropriate public education (FAPE) in the least restrictive environment (LRE) consistent with all health and safety guidelines. If students with disabilities are unable to access the district reopening plan as designed, school teams will facilitate individualized and alternative plans based on student need, present levels of functioning, developmental levels, and student/parent input.

Parents are partners in the planning for students with disabilities and will be included in decisions made about program modifications in both general and special education. Federal disability law allows for flexibility in determining how to meet the individualized needs of students receiving special education services.

- **General Students will be provided with transportation consistent with their current IEPs.**
- Students will follow the school routines with accommodations and modifications required per the IEP or impact of the student's disability.
- Related services will be provided primarily through individual and small group sessions in a separate setting with staff wearing appropriate PPE.
- □ The room and materials will be cleaned between each session.
- □ All staff will be required to wear gloves and protective clothing covers.
- Special Education services will be provided as described in the student's current IEP to the maximum extent possible in order to maintain safety of the student and staff.
- Any changes that need to be made to accommodate the implementation of the safety guidelines will be communicated to parents. IEPs will be amended to reflect changes agreed upon.

# PreSchool and PreSchool Disabled

- □ All preschool children will follow the same mask guidance for elementary students as set forth above in the **"EAST RUTHERFORD SCHOOL DISTRICT GUIDANCE FOR WEARING A MASK"** section.
- Hours of instruction will revert to normal hours with pre designated drop off and pick up areas for each class.
- **Q** Related services (pull out) will be provided individually or in a small group of twos according to IEPs.
- **Q** Related services (push in) will resume with the appropriate 3ft social distancing adhered to.
- Recess will resume with predesignated times for each class allowing for cohorting. All safety guidelines must be adhered to during recess.
- □ Cleaning of classroom toys and manipulatives will follow the CDC guidelines.
- □ Bins will be placed in classrooms to identify soiled toys needing cleaning/laundering.
- □ Sensory "table" will remain closed.
- □ Individual sensory bins can be utilized during this time and disinfected between students' use.

- Playdough or sensory materials will be utilized by individual students and disposed of daily.
- □ Students and staff will require multiple sets of change of clothing on site.
- Both clean and soiled clothing will be stored in sealed containers.
- □ Art materials will be stored in separate bags or bins for each child.
- □ In the preschool setting, students will continue to be assigned weekly centers instead of daily.
- □ Weekly assignment of centers will ensure that students are in "cohorts" weekly as opposed to "daily."
- □ Weekly cohorts will better lend itself to contact tracing if necessary.
- □ Nap time will be reinstated only if the appropriate physical distance (3ft.) can be adhered to.
- □ Lunch will resume with the appropriate social distancing guidelines as well as cleaning protocols being reinforced (e.g. students sitting 3ft apart, cleaning of table tops, after lunch, washing hands after lunch etc.)
- □ Preschool staff will continue to wear protective gear as practiced in the past.

# PART 2: ENSURING CONTINUITY OF SERVICES

# EAST RUTHERFORD SCHOOL DISTRICT GUIDANCE FOR ENSURING CONTINUITY OF SERVICES

- □ The School Counselors, Social Worker and School Psychologists who constitute our mobilized crisis recovery team will provide emotional and psychological support as needed.
- □ School Based Counseling support services for students and families will be available July 6- July 30 during our Summer Academic Camp Program as well as during the 2021-2022 school year.
- □ CST support will be available throughout the 2021-2022 school year for families of students who are in need of behavioral and mental health support.
- □ School counselors, Social Worker and School Psychologists in conjunction with pertinent outside providers will co-facilitate staff training related to re-entry concerns, e.g. trauma, grief, school avoidance etc.

# Mental Health & Social Emotional Initiatives

- □ School counselors and district behaviorists will consult with classroom teachers about student needs and develop classroom strategies to provide support as appropriate to the age and grade level.
- □ Identify and refer students to outside counseling as needed.
- □ Provide safe social distancing for group counseling sessions.
- □ Co-teach lessons with the health teachers on depression symptoms and warning signs and offer referral services to students and staff as needed.
- Develop behavioral plans for students and families to ensure a smooth transition back to school full time.
- Parent workshops will be held to share coping strategies as well as strategies for handling difficult behaviors within the home environment.

# Academic & School Success

- □ Assists with the development and implementation of adjusted schedules.
- □ Continue to track student academic growth.
- Continue to submit monthly attendance data according to subgroups
- □ Collaborate with parents, teachers and related service providers as needed to develop comprehensive learning plans for students as needed.
- **D** Provide Summer intervention through our Summer Academic Enrichment Camp.
- Provide year round after school tutoring in our After School Academic Intervention Program

# Social Emotional Supports and Programming

- □ The district counselors will be launching our 2021-2022 Social Emotional initiative in Fall 2021
- □ This plan is relevant for all students in East Rutherford and affirms diverse cultures and backgrounds.
- □ This plan will allow for the implementation of strategies and action steps for systemic improvement, not just an intervention for at-risk students.

## Transportation

School buses should be considered school property for the purpose of determining the need for mitigation strategies.

- <u>Effective February 25, 2022</u>, CDC does not require wearing of masks on buses or vans operated by public or private school systems, including early care and education/child care programs.
- If occupancy allows, maximize physical distance between students. To maximize space when distancing, schools may consider seating students from the same household together.
- Open windows in buses and other transportation to improve air circulation, if doing so does not pose a safety risk.

Regularly clean high touch surfaces on school buses at least daily or between uses as much as possible. For more information about cleaning and disinfecting school buses or other transport vehicles, read CDC's guidance for bus transit operators (May 7, 2021).

# \* Up to a full bus load masks are required per CDC requirement and Federal Order for all risk levels.

# Low Transmission Risk

- □ Masks must cover the nose and mouth during transit.
- □ The mask must be in place prior to boarding the bus, and remain in place during transit .

# Moderate Transmission Risk

- □ May reduce passenger density. (Depending on CDC Guidelines)
- □ Masks must cover the nose and mouth during transit.
- □ The mask must be in place prior to boarding the bus, and remain in place during transit.
- Critical Transmission Risk
  - □ May be suspended completely, with an exception of IEP driven Special Education students as well as students living outside of the 2 mile radius. (Depending on CDC Guidelines)

\* Please keep in mind that as the level of transmission risk intensifies, the East Rutherford School District may suspend busing for students. Parents/Guardians will be notified of this busing change.

Protocols

- □ Hand sanitizing will be conducted prior to entering the school bus
- □ Provide face masks on all buses for those students who forget to bring one.
- □ Students board the bus with the first students on the bus sitting in the back, and filling seats from back-to-front so that the last students loaded are sitting in the front.
- □ Students must exit the bus with students sitting in the front exiting first.
- □ Students should sit with their siblings or household members.
- □ Masks must be worn at all times including boarding and exiting the bus.
- □ Students who are unaccompanied at the bus stop should not be left alone.
- If a student is refusing to wear a mask, the driver should remind the student, and if the student refuses to comply, the bus driver will continue the route. After arriving safely at the final destination, the driver will follow the reporting procedure to explain the incident to the principal so that administration may follow up and remind families that lack of compliance is a disciplinary issue in order to maintain health and safety. Bus access may be temporarily discontinued for the student if the principal deems it necessary.
- □ If a child should become ill while riding the bus and vomit, the driver should call the school so that the nurse meets the bus upon arrival and children may be temporarily sequestered so that the sick child may be taken to the designated isolation room.
- □ Parents are encouraged whenever possible to use personal transportation to transport their children.
- □ All students and parents and bus personnel should be wearing masks or protective face coverings (one will be provided for them if they do not).
- □ Students should not have the need to remove their face masks while on the bus, and be encouraged to use minimal vocalization (no yelling).
- □ Students must wear their masks during the entire bus ride.
- Upon arriving at school students should leave from the front to back to avoid walking through the full bus.
- □ Students should practice social distancing to the best of their ability until they reach their classroom or destination.
- □ When possible, windows should remain open for improved ventilation.
- Illness on the bus any student who becomes ill while on the bus to school shall be separated by at least two seats one in front and one to the side and the bus driver should be instructed to call ahead to notify the nurse that a sick child is arriving. Should the illness occur on the return ride, the driver should notify dispatch and the parent will need to be notified by school.
- Refusal to wear a mask by a student will require the student to be seated as if ill, (two seat isolation) a parent will be notified, school will discipline and the student will be asked to use alternate transportation.

# Food Services

## Elementary Building:

- In September and October, students will be eating lunches in shifts within their classrooms.
- Lunch is delivered via a box or cart, and the delivery is placed outside the classroom door for the teacher to retrieve. There is no entry into the classroom by the person who is delivering.
- Brown bag or box lunches delivered to the classrooms to mitigate contact.
- All students will receive a recess break during lunch.
- From November (anticipated) through June, students may eat in the cafeteria and classrooms
- as needed within the social distancing guidelinesNo lines will be utilized for lunch service.
- Parents are strongly encouraged to apply for Free and Reduced Lunch via Genesis. Individual school communication will be sent out with enrollment dates. This process will occur at the beginning of each school year.

# Middle School Building:

- Students will eat lunch in the cafeteria/multipurpose room, as well as classrooms.
- For students eating in the classrooms, lunch will be delivered via a box or cart, and the delivery is placed outside the classroom door for the teacher to retrieve. There is no entry into the classroom by the person who is delivering.
- All students will receive a recess break during the lunch period.
- No lines will be utilized for lunch service.
- Parents are strongly encouraged to apply for Free and Reduced Lunch via Genesis. Individual school communication will be sent out with enrollment dates. This process will occur at the beginning of each school year.

# Sports & Extracurricular Activities

Due to increased exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others who are not up to date with vaccinations at increased risk for getting and spreading COVID-19. Close contact sports and indoor sports are particularly risky. Similar risks might exist for other extracurricular activities, such as band, choir, theater, and school clubs that meet indoors.

Students should refrain from these activities when they have symptoms consistent with COVID-19 and awaiting testing. Schools are strongly encouraged to use screening testing for student athletes and adults (e.g., coaches, teachers, advisors) who are not up to date with vaccinations and participate in and support these activities to facilitate safe participation and reduce risk of transmission. If resources are limited, prioritize screening testing for those not fully vaccinated.

In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Coaches and school sports administrators should also consider specific sport-related risks when developing prevention strategies.

When the COVID-19 risk level of community transmission is moderate (yellow) schools may consider

implementing masking policies for activities or settings where there is increased risk of transmission such as activities in which increased exhalation occurs.

When the COVID-19 risk level of community transmission is high (orange) schools should carefully consider which activities they determine can continue, based on the individual activity's risks, strategies to reduce those risks, and the ability to ensure compliance with COVID-19 prevention recommendations.

When the COVID-19 risk level of community transmission is very high (red), it is recommended that Schools:

- Limit participation in extracurricular activities to those students and staff who are up to date with COVID-19 vaccination.
- Conduct COVID-19 screening testing of students and staff, regardless of vaccination status, twice weekly for participation in all extracurricular activities.

When a school is pursuing fully remote learning due to a current outbreak, NJDOH recommends postponing extracurricular activities involving mixing of cohorts (e.g., school sport practices and competitions, clubs, assemblies). If a school has an active outbreak of COVID-19 but remains open for in person instruction, in consultation with the LHD and based on the public health investigation, some or all school extracurricular activities may need to be postponed until the outbreak is concluded.

- According to the most updated CDC Guidelines, sports and extracurricular activities occur with at least
   6 feet of physical distance to the extent possible when the transmission risk is low.
- □ According to the most updated CDC Guidelines, sports and extracurricular activities must occur within 6 feet of physical distance when the transmission risk is moderate.
- □ When transmission risk is high or critical, Sports and extracurricular activities occur only if they can be held outdoors, with more than 6 feet of physical distance.
- □ The District is currently exploring different options for hosting the East Rutherford Basketball and Cheering Team. The building principal will actively seek coaches at the beginning of the school year.
- □ When the COVID-19 risk level of community transmission is Very High (Red), it is recommended that schools:
  - □ Limit participation in extracurricular activities to those students and staff who are up to date with COVID-19 vaccination per Advisory Committee on Immunization Practices (ACIP) recommendations.
  - □ Conduct COVID-19 screening testing of students and staff, regardless of vaccination status, twice weekly for participation in all extracurricular activities.

# Quality Child Care (YMCA)

□ The YMCA will be providing childcare before and aftercare based on the number of days that students will be physically present in school. <u>Please see the YMCA Flyer HERE</u>.

- Bussing will be provided for district students from the McKenzie School campus to the YMCA East Rutherford Campus until November 1st, pending the completion of the McKenzie School gym floor renovations.
- **□** Families who qualify may apply for financial assistance to offset the cost of before and after care.
- □ All registration will be conducted online.
- **I** YMCA Before & Aftercare Programs will be held at the YMCA until further notice.
- □ The YMCA and the East Rutherford School District will collaborate to offer assistance to our most struggling learners who are enrolled in their before and aftercare programs. (At-Risk Students)
- □ The YMCA will provide social emotional activities to be completed at home. This will complement the district's Sanford Harmony Program, which is embedded within our instructional K-5th Grade framework.