Health and Safety Guide for the 2021-2022 School Year

New York State Education Department

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Commissioner's Message

Dear Fellow Educators,

We look forward to welcoming students across the state to the 2021-22 school year.

The challenges of the past year and a half have been daunting to our state's educational community as we responded to the health and safety concerns associated with the COVID-19 pandemic.

Most impressive has been the response of our public and nonpublic schools, teachers, educational leaders, school board members, families, and students in meeting those challenges to sustain the educational process for our students. I extend my most sincere gratitude to all for the intelligence, wisdom, tenacity, care, and concern that characterized your response to the disruptions we faced. We will continue to work together to keep our students, teachers, and school-based staff safe.

Now, as we prepare for the 2021-22 school year, our objective is to provide schools with the support needed to start the school year and sustain the educational process in a manner that serves all students and supports their return to in-person learning. To achieve these objectives, the Department has developed this guide to aid districts and schools as they advance and refine their plans for our September opening. The information and resources provided in this guide are based on the Centers for Disease Control and Prevention (CDC) guidelines and guidance from the American Academy of Pediatrics.

This guide describes a range of strategies that schools and districts should consider to be best situated to manage the risks for students and staff from COVID-19 while supporting robust and engaging learning experiences for students. It provides recommendations based on the best health and safety information currently available and is a living document that will be updated as public health conditions change.

Finally, know that the State Education Department will continue its efforts to work closely with federal, state, and local agencies so that schools have the information and resources necessary to make fully informed decisions about health and safety measures, and to welcome our students, teachers, and staff back to supportive and engaging teaching and learning experiences.

Betty A. Rosa
Commissioner

Overview

The overall goals for the 2021-2022 school year are to keep students and staff healthy and safe, be responsive to student needs, and maximize in-person teaching and learning. To assist schools and districts across New York State in achieving these goals, NYSED has compiled this guide[1] based on the CDC's Guidance for COVID-19 Prevention in K-12 Schools and American Academy of Pediatrics' COVID-19 Guidance for Safe Schools. The guide is intended to be used by local educational agencies (i.e., district and charter schools), nonpublic schools, Boards of Cooperative Educational Services, and other applicable educational organizations in New York State. The term "school" used throughout the guide is generally inclusive of these organizations unless otherwise stated. Individual district schools should coordinate with their district leadership regarding decision making.

The CDC recommends a layered approach to mitigation strategies in schools, based on levels of community transmission, such as wearing masks, COVID-19 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. As transmission levels rise, schools should be prepared to take steps such as increasing physical distancing to minimize transmission. Schools should plan for all contingencies and be prepared to pivot to remote instruction as necessary. These plans should be clearly communicated to students, families, staff, and community stakeholders.

The guide is designed to be used in conjunction with the myriad of other local, state, and national resources available to schools. Schools are strongly encouraged to partner with their local department(s) of health, director of school health services, and other health professionals, in general and as needed, in developing their policies and responding to health and safety concerns that may arise during the school year.

Some pertinent sections of the CDC guidance are summarized below. However, it is imperative that schools read the guidance in its entirety including all of the links which contain more detailed information. Schools are strongly recommended to continue to monitor the CDC guidance for updates.

For questions related to school health services please contact the New York State Education Department (NYSED) Office of Student Support Services at studentsupportservices@nysed.gov or 518-486-6090, or the New York State Center for School Health at nyscsh@monroe2boces.org or 585-617-2380. For questions on COVID-19, please contact your local department of health.

This document, and other back to school resources will be posted on the NYSED Back to School website.

[1] The use of schools for community meetings or non-student school events is beyond the scope of this guide.

COVID-19 Vaccination

The CDC states that "vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports." Furthermore, many schools serve children under age 12 who are not eligible for vaccination at the time this guide was published. Therefore, reflecting CDC guidance, this document emphasizes implementing layered prevention strategies (i.e., using multiple prevention strategies together consistently) to protect students, teachers, staff, visitors, and other members of their households.

The guidance from the CDC in many instances varies based on the vaccine status of individuals. This includes, but is not limited to, physical distancing, outdoor mask recommendations, and isolation/quarantine requirements.

Schools and districts may choose to work with local partners and Departments of Health to offer COVID-19 vaccination for eligible students.

Verifying Vaccinations

CDC guidance states:

- Administrators who maintain documentation of students' and workers' COVID-19 vaccination status can use this information, consistent with applicable laws and regulations, including those related to privacy, to inform prevention strategies, school-based testing, contact tracing efforts, and quarantine and isolation practices.
- Schools that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information from students.
- The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA) statutory and regulatory requirements.
- Policies or practices related to providing or receiving proof of COVID-19 vaccination should comply with all relevant state, tribal, local, or territorial laws and regulations.

Monitoring Community Transmission

The CDC recommends schools should consider many factors as they prepare for the 2021-2022 school year, including the level of COVID-19 transmission in the community at large and in their school community, as well as vaccination coverage rates in both the community at large and their school community. Schools should consult with local health officials and monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies. The CDC guidance identifies multiple prevention strategies in a layered approach to promote safer in-person learning and care. This is particularly significant due to the fact that students under age 12 cannot receive the vaccine at this time. These strategies include but are not limited to:

- Promoting vaccination;
- Consistent and correct use of masks;
- Physical distancing;
- Screening testing to quickly identify cases;
- Improved ventilation;
- Proper handwashing and respiratory etiquette;
- Staying home when sick and getting tested;
- Contact tracing in combination with isolation and quarantine; and
- Routine cleaning with disinfection.

Schools can monitor levels of community transmission by contacting their local health departments (LHD) or by using the CDC COVID Data Tracker.

Wearing Masks

The CDC has recently updated its guidance on masks due to emerging evidence that demonstrates that the Delta variant of COVID-19, currently the predominant strain in the United States, is more infectious and has led to increased transmissibility when compared to other variants, even in vaccinated individuals.

The CDC states that **unvaccinated people remain the greatest concern.** Although breakthrough infections in vaccinated people happen much less often than infections in unvaccinated people, individuals infected with the Delta variant, including fully vaccinated people with symptomatic breakthrough infections, can transmit it to others. Thus, **the CDC and the American Academy of Pediatrics recommend universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status and community transmission levels.**

Consistent and correct mask use is particularly important indoors and when physical distancing cannot be maintained and in areas of high transmission of COVID-19. When teachers, staff, and students (ages 2 years and older) consistently and correctly wear a mask, they protect others as well as themselves.

- The CDC's Order regarding masks, issued in January 2021, requires that "[a]ll passengers on public conveyances ... traveling into, within, or out of the United States ... regardless of their vaccination status, are required to wear a mask over their nose and mouth." It applies to all forms of public transportation, including school buses. Passengers and

drivers **must** wear a mask on school buses, including on buses operated by public and private school systems, regardless of vaccination status, subject to the exclusions and exemptions in CDC's Order. Learn more about the requirement for face masks on buses here.

- Masks are recommended for school events and athletics while indoors, per the CDC.
- The CDC recommends that people who are not fully vaccinated should wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised.
- The CDC recommends that schools should have a sufficient supply of masks for students and staff who forget their own or need a replacement, including on buses.
- The Occupational Health and Safety Administration has established masking requirements that apply to school districts.

Per the CDC guidance, schools that require people to wear a mask should consider:

- The possibility of reasonable accommodation for individuals who are not fully vaccinated **and/or** who are unable to wear or have difficulty wearing certain types of masks because of a disability.
- Relevant workplace safety guidelines or federal regulations.

Physical Distancing and Cohorting

- The CDC recommends that schools maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing, to reduce the transmission of COVID-19. 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 important to layer multiple other prevention strategies, such as cohorting.
- A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.
- The CDC states that 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.
- Pursuant to the CDC's Order, physical distancing is not required on school buses.

  The CDC states that, permitting large groups of students to eat in the cafeteria should be based on community transmission rates. Schools should maximize physical distance as much as possible when students are moving through the food service line and while eating (especially indoors). Using additional spaces and outdoor seating can facilitate distancing. Schools should consider limiting meals to classrooms in areas with substantial or high transmission rates.

Sports and Other Extracurricular Activities

Both the CDC and NYSED recognize that school-sponsored sports and extracurricular activities provide students with enrichment opportunities that can help them learn and achieve and support their social, emotional, and mental health. To ensure the health and safety of students during these activities, the CDC recommends the following:

- Due to increased exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others 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.
- Prevention strategies during these activities remain important. At a minimum, students and adults should follow the same school-day policies and procedures during athletic and extracurricular activities.
- Students should refrain from these activities when they have symptoms consistent with COVID-19 and should be tested.
- Schools are strongly encouraged to use COVID-19 screening testing for student athletes, students participating in extracurricular activities or other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation) , and adults (e.g., coaches, teachers, advisors) who are not fully vaccinated and participate in or support these activities to facilitate safe participation and reduce risk of transmission – and avoid jeopardizing in-person education due to outbreaks. See Table 1: Screening Testing Recommendations for K-12 Schools by Level of Community Transmission in the CDC Guidance for COVID-19 Prevention in K-12 Schools.
- High-risk sports and extracurricular activities should be virtual or canceled in areas of high community transmission unless all participants are fully vaccinated.
- People who are fully vaccinated can refrain from quarantine following a known exposure if they are asymptomatic, facilitating continued participation in in-person learning, sports, and extracurricular activities.
- Coaches and school sports administrators should also consider specific sport-related risk factors. Based on the CDC, the following factors affect COVID-19 transmission risk:
    - **Setting of the sporting event or activity.** In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the sporting event

(i.e., fields, benches/team areas, locker rooms, spectator viewing areas, spectator facilities/restrooms, etc.).

- **Physical closeness.** Spread of COVID-19 is more likely to occur in sports that require sustained close contact (such as wrestling, hockey, football).
- **Number of people**. Risk of spread of COVID-19 increases with increasing numbers of athletes, spectators, teachers, and staff.
- **Level of intensity of activity**. The risk of COVID-19 spread increases with the intensity of the sport.
- **Duration of time**. The risk of COVID-19 spread increases the more time athletes, coaches, teachers, staff, and spectators spend in close proximity or in indoor group settings. This includes time spent traveling to/from sporting events, meetings, meals, and other settings related to the event.

COVID-19 Screening Testing to Promptly Identify Cases, Clusters, and Outbreaks

As stated in the CDC guidance, COVID-19 screening testing identifies people infected with COVID-19, including those with or without symptoms, who may be contagious. In K-12 schools, COVID-19 screening testing can promptly identify and isolate cases, help quarantine those who may have been exposed to COVID-19 who are not fully vaccinated, and identify clusters where the virus exists. Further information on quarantine can be found on the CDC website.

For COVID-19 Testing in schools the CDC recommends screening testing:

- In areas with substantial or high community transmission levels;
- In areas with low vaccination coverage;
- For certain higher risk activities;
- In schools where other prevention strategies are not implemented; and
- For participants who are not fully vaccinated and seek to participate in sports, extracurricular activities, or other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation).

NYSED reminds schools:

- To obtain written parent/guardian consent prior to conducting any COVID-19 tests (for diagnostic or screening purposes) of students.
- In order to conduct in-school COVID-19 testing, schools must have a Limited Service Laboratory Certificate (LSL). See Limited Service Laboratories - New York State Department of Health, Wadsworth Center for more information.
- Schools that previously performed COVID-19 testing under a local health department's (LHD) LSL should verify that they can continue COVID-19 testing under their local LHD's LSL.
- Some Boards of Cooperative Educational Services (BOCES) have assisted with COVID-19 testing; please check with your BOCES to see if this service is available.

See the New York State Center for School Health COVID-19 Resources / Testing, Tracking and Monitoring (schoolhealthny.com) for more information on COVID-19 testing.

The American Rescue Plan provided funding for COVID-19 screening testing in schools. Contact your local health department (or for Fulton, Madison, Montgomery, and Rockland Counties, contact the Madison-Oneida BOCES, Hamilton-Fulton-Montgomery BOCES, and Rockland BOCES respectively) for more information about access to screening testing at no charge to schools.

Temperature and Questionnaire Screenings

The CDC no longer recommends temperature screenings or screening questionnaires at school. However, schools should be proactive that children experiencing COVID-19 symptoms should be tested for COVID-19 and stay home (see the *Staying Home When Sick and Getting Tested* section below). Families should be reminded and encouraged to be mindful of indications their children may exhibit symptoms of COVID-19 and to seek testing when such symptoms are present. The CDC maintains a list of COVID-19 symptoms on its website.

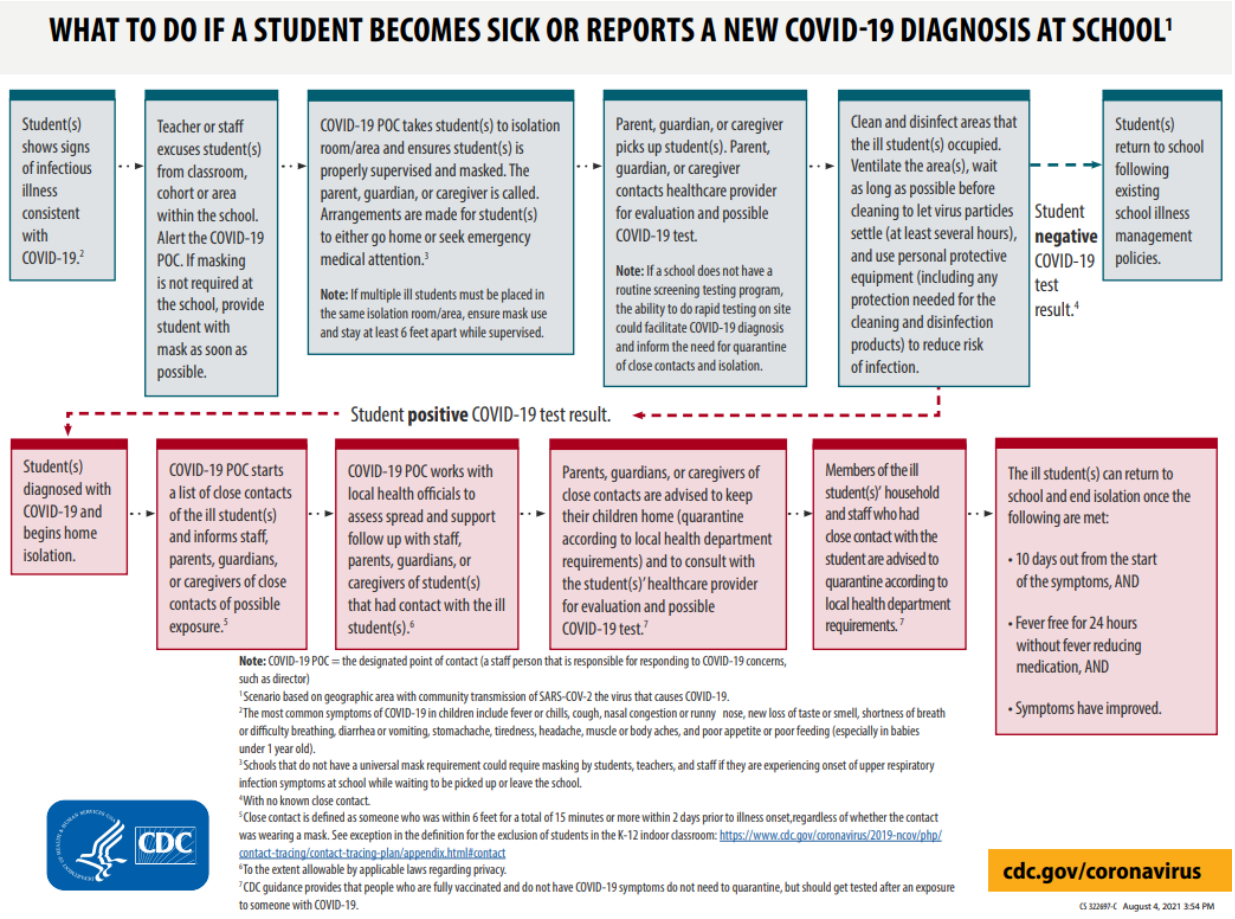
Good Handwashing and Respiratory Etiquette

- The CDC recommends that covering coughs and sneezes can help keep educators, staff, and students from getting and spreading COVID-19 and other infectious illnesses.
- The CDC recommends that educators and school leaders reinforce good etiquette in school by:
    - Encouraging adults and students to wash their hands with soap and water for at least 20 seconds;
    - Reminding everyone in school to wash their hands frequently and to assist young children with handwashing; and,
    - When handwashing isn't possible, providing hand sanitizer containing at least 60 percent alcohol for all adults and students who can safely use it.

Staying Home When Sick and Getting Tested

- School leaders play an important role in educating teachers, staff, families, and students about when they should stay home and when they can return to school. Amid the recovery from the pandemic, the CDC recommends that:
    - Students and school personnel should stay home if they are showing signs and symptoms of infectious illness, including COVID-19, and get tested;
    - Parents/guardians are encouraged to screen for COVID-19 symptoms prior to their child attending school each day;
    - Schools should encourage everyone in their school community to get tested when symptoms are compatible with COVID-19, as this will help with rapid contact tracing and prevent the spread of COVID-19 at school.

- Schools are reminded to follow Education Law § 906, which provides that "[w]henever…a student in the public schools shows symptoms of any communicable or infectious disease reportable under the public health law that imposes a significant risk of infection of others in the school, he or she shall be excluded from the school and sent home immediately, in a safe and proper conveyance. The director of school health services shall immediately notify a local public health agency of any disease reportable under the public health law. … The director of school health services, or other health professionals acting upon direction or referral of such director, may make such evaluations of teachers and any other school employees, school buildings and premises as, in their discretion, they may deem necessary to protect the health of the students and staff."
- The CDC created a flowchart to assist schools in decision making if a student becomes sick or reports a new COVID-19 diagnosis at school.



Contact Tracing, in Combination with Isolation and Quarantine

- The CDC recommends school leaders continue to collaborate with local health departments, to the extent allowable by privacy laws such as the Family Educational Rights and Privacy Act (FERPA), to confidentially provide information about people diagnosed with or exposed to COVID-19 in their school communities. Doing so makes it possible to identify which students, teachers, and staff with positive COVID-19 test results should isolate, and which close contacts should quarantine.
- School leaders should, to the extent allowable by applicable privacy laws, report new diagnoses of COVID-19 to their local health department as soon as they are informed. School leaders also should, to the extent allowable, notify the teachers, staff, and families of students who were close contacts as soon as possible after they are notified that someone in the school has tested positive (within the same day if possible).
- The CDC guidance document defines a close contact as someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example*, three individual 5-minute exposures for a total of 15 minutes).*
  Exception: In the **K–12 indoor classroom** setting, 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. Additional guidance for wearing masks is available from the CDC.
  This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.
- According to the CDC, people who are fully vaccinated do **NOT** need to quarantine after contact with someone who had COVID-19 unless they have symptoms. However, fully vaccinated people should get tested 3-5 days after their exposure, even if they do not have symptoms, and wear a mask indoors in public for 14 days following exposure or until their test result is negative.

Facilities

Project Permitting

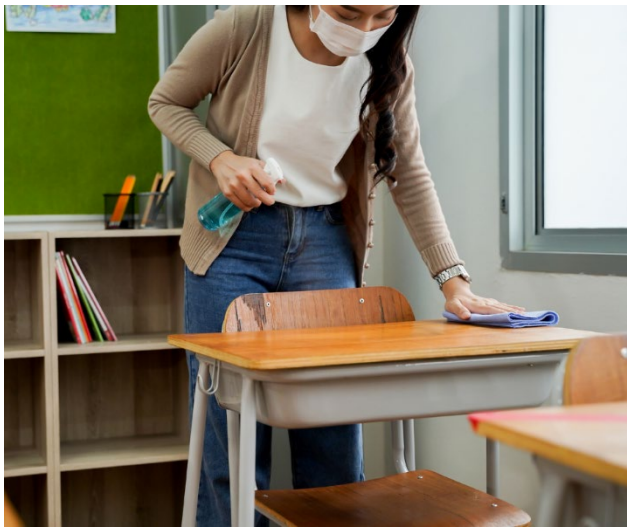
- NYSED Office of Facilities Planning will continue to expedite the review and permitting of COVID-19 related projects. The Office of Facilities Planning website will continue to be updated should procedural changes be made. With questions regarding permitting, please call the office's main line 518-474-3906.

Improving Ventilation

- Improved ventilation inside school buildings can reduce the number of virus particles in the air. Some ventilation strategies that you can consider for your school include:
    - Bringing fresh outdoor air into the building by opening multiple doors and windows (when this doesn't present a safety hazard);
    - Using child-safe fans to increase the effectiveness of open windows; and
    - Retrofitting HVAC systems to improve air filtration.
- 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 even a few inches improves air circulation.
- See the U.S. Department of Education's fact sheet on ventilation, along with additional resources from the CDC:
    - Ventilation in Buildings
    - Ventilation in Schools and Childcare Programs

Cleaning and Disinfection

- The CDC encourages cleaning school buildings and school buses at least once a day to sufficiently remove any germs that may be on surfaces. Check out approved disinfectants on the U.S. Environmental Protection Agency COVID-19 list.
- Per the CDC, if your school building has someone who tested positive for COVID-19 within the last 24 hours, it is important to clean and disinfect the space as soon as possible. Check out additional details on cleaning and disinfecting your school building.



Remote Instruction

The Department's position on remote instruction, pursuant to the memo to the field from Commissioner Rosa on July 29, 2021, is as follows:

- So long as allowed by public health officials, schools should be open for in-person teaching and learning, and students should be in school.
- In case of school closures due to a declared public health emergency, schools must be prepared to provide remote instruction.
- While the Department will not require schools that are open for full-time, in-person instruction to provide on-line or remote instruction, districts may work with students and families to offer remote options if it is deemed to be in the best educational interest of the student.
- Districts should consider the value of on-line capacity developed in response to the pandemic to expand programmatic offerings and to offer remote learning opportunities that are responsive to student needs. This can be done directly, through cooperative agreements with other school districts, or through Boards of Cooperative Educational Services. This can help where documented medical conditions prohibit the safe return for students to in-person instruction and where students who have otherwise struggled have excelled with remote learning.

Remote instruction consistent with both the July 29, 2021 memo and existing regulations count for state aid purposes towards the minimum instructional hours and days.

Federal Education Stimulus Funding

To ease the burden on schools, NYSED encourages schools and districts to leverage existing and pending federal funding to support the safe return to school. Resources that may be available to schools and districts include the over $14 billion in federal education stimulus funding awarded to New York State since March of 2020 through the:

- Coronavirus Aid, Relief, and Economic Security (CARES) Act;
- Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSA Act); and
- American Rescue Plan (ARP) Act.

These funds support the ability of local educational agencies (LEAs) and nonpublic schools to address the impact that COVID-19 has had, and continues to have, on elementary and secondary schools in New York State.

The focus of the third and largest tranche of federal stimulus funds, the American Rescue Plan (ARP) Act, is to safely return students to in-person instruction, and to address the impact of lost instructional time through the implementation of evidence-based interventions, such as summer learning or summer enrichment, extended day, comprehensive afterschool programs, or extended school year programs. ARP funds are also devoted to ensuring that such interventions respond to students' academic, social, and emotional needs and address the disproportionate impact of the coronavirus on economically disadvantaged students, children with disabilities, English learners, racial and ethnic minorities, migrant students, students experiencing homelessness, and children and youth in foster care.

Coronavirus Aid, Relief, and Economic Security (CARES) Act

- New York State was allocated $1.037 billion in CARES Act Elementary and Secondary School Emergency Relief (ESSER) funds. ESSER funding was allocated to all Local Educational Agencies (LEAs) that received 2019-20 Title I, Part A subgrants.

- The CARES Act enumerates 12 allowable uses for these funds (see pages 12-13 of the NYSED CARES Act FAQ for a list of allowable uses of ESSER funds by LEAs). In addition to expenditures that are authorized under various federal laws (e.g., the Elementary and Secondary Education Act and the Individuals with Disabilities Education Act), the law authorizes expenditures that are more directly related to the current health emergency, including purchasing supplies for cleaning and sanitizing buildings, and supplemental instructional programs.

Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSA Act)

New York State was allocated $4 billion in Elementary and Secondary School Emergency Relief (ESSER) funds under the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSA Act).

- The 2021-22 enacted State budget allocated $3.6 billion (90 percent) to LEAs, including charter schools (considered LEAs under the statute). Pursuant to the terms of the CRRSA Act, LEA allocations were calculated using the relative shares of grants awarded under Title I, Part A of the ESEA for the most recent federal fiscal year (2020).

- New York State was allocated $322.9 million under CRRSA's Governor's Emergency Education Relief (GEER) Fund. Of the $322.9 million, $250.1 million is for a new Emergency Assistance to Non-Public Schools (EANS) grant program.

American Rescue Plan (ARP) Act

New York State was allocated nearly $9 billion in Elementary and Secondary School Emergency Relief (ESSER) funds under the American Rescue Plan (ARP) Act. The 2021-22 enacted State budget allocated:

- $8.09 billion (90%) to LEAs. LEAs are required to reserve at least 20% of their allocation to address learning loss through the implementation of evidence-based interventions, such as summer learning or summer enrichment, extended day, comprehensive afterschool programs, or extended school year programs. LEAs are also required to ensure that such interventions respond to students' academic, social, and emotional needs and address the disproportionate impact of the coronavirus on economically disadvantaged students, children with disabilities, English learners, racial and ethnic minorities, migrant students, students experiencing homelessness, and children and youth in foster care; and

- $629.2 million for the three required state set-asides (implementing evidence-based summer enrichment programs and comprehensive afterschool programs, and interventions to address the impact of lost instructional time) allocated as grants to specified school districts.

- The ARP provided funding for COVID-19 screening testing in schools. Contact your local health department (or for Fulton and Montgomery Counties, contact the Hamilton-Fulton-Montgomery BOCES) for more information about access to screening testing at no charge to schools.

Glossary of Terms

- **Clinically-Compatible Illness:** A cluster of clinical symptoms generally compatible with the suspected disease, in this instance, COVID-19.
- **Cohorting:** Keeping people together in a small group and having each group stay together throughout an entire day.
- **Isolation:** The separation of a person or group of people known or reasonably believed to be infected with a communicable disease and who are potentially infectious to those who are not infected, in order to prevent spread of the communicable disease.
- **Limited Service Laboratory:** Laboratory tests that involve testing samples of blood, urine, or other tissues or substances from the body may be waived tests if they are easy to perform and have little to no risk to the person being tested if performed correctly. Waived laboratory tests may be conducted under the federal Clinical Laboratory Improvement Amendments (CLIA). In New York State such tests may be conducted by schools with a limited service laboratory certification. See Limited Service Laboratories | New York State Department of Health, Wadsworth Center for more information.
- **Quarantine:** The separation of a person or group of people reasonably believed to have been exposed to a communicable disease but who are not yet symptomatic from others who are not known to be exposed, in order to prevent the possible spread of the communicable disease.
- **COVID-19 Screening Testing:** Conducting a COVID-19 test to identify infected people, including those with or without symptoms, who may be contagious, so that measures can be taken to prevent further transmission.