

# New Jersey Yeshiva Day School Joint Medical Committee Reopening Guidelines

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# Table of Contents

<b>Table of Contents</b>	<b>2</b>
<b>Introduction</b>	<b>4</b>
<b>General Principles</b>	<b>5</b>
<b>Masking Policy</b>	<b>6</b>
<b>Hand Hygiene</b>	<b>7</b>
<b>School Attendance</b>	<b>8</b>
<b>Health Screening</b>	<b>9</b>
<b>Mandatory Quarantine After Travel</b>	<b>9</b>
<b>Protocol for Students or Staff with Symptoms</b>	<b>10</b>
What to do if Someone Develops Symptoms at School?	10
Protocol for Returning to School Campus after Symptoms	11
<b>Protocol for Students or Staff with Covid Exposure</b>	<b>14</b>
<b>Contact Tracing</b>	<b>17</b>
<b>The Nurse's Office</b>	<b>17</b>
<b>Day-to-day Operations</b>	<b>18</b>
Assemblies	18
Visitors	18
Equipment	18
Hallways	18
Lockers	19
Bathrooms	19
Playgrounds	19
HVAC system	19
Cleaning	19
Gym/Recess	20
Lunch & Snacks	20
Arrival & Dismissal	20
Busing	20
Carpools	21

Extracurriculars	21
<b>Special Considerations for Early Childhood</b>	<b>22</b>
<b>Special Considerations for Middle School &amp; High School</b>	<b>22</b>
<b>Special Considerations for Faculty</b>	<b>23</b>
<b>Remote Learning</b>	<b>24</b>
<b>When to Shut Down the Whole School?</b>	<b>24</b>
<b>New Jersey Yeshiva Day School Joint Medical Committee Members</b>	<b>25</b>
<b>Helpful links</b>	<b>28</b>

# Introduction

- **The situation surrounding Covid-19 changes rapidly. Therefore, these guidelines will and must remain fluid.** The medical advisory committee will meet regularly to address issues as they come up and to revisit and revise these guidelines as needed. In particular, mask and distancing requirements will likely need to be tightened if the prevalence of Covid-19 within the community increases. Similarly, quarantine and isolation guidelines for suspected (but not yet confirmed) Covid exposure will also need to be modulated based on disease prevalence.
- This document is informed by our collective clinical experiences and careful review of the current medical literature and the guidelines published by the CDC, American Academy of Pediatrics, NJ Department of Health, and the State of NJ. **These recommendations are the best consensus we can come to at this time in order to mitigate the risk of opening schools in the midst of an ongoing pandemic.**
- **We do NOT expect to eliminate Covid-19 transmission in schools. We hope that we can REDUCE transmission to an acceptable level and keep schools open safely.** We are making the recommendation to open school because we feel that this can be done safely based on the current low prevalence of Covid-19 in our community and based on our member schools' abilities to implement appropriate safety protocols - and to rapidly adapt those protocols should the need arise. We will continue to constantly monitor the situation in our schools and in our greater community, and will make changes to these recommendations and this guideline document as indicated. Please look to member schools for updated versions of these guidelines as they become available.
- It is not possible to predict or account for every specific scenario that may arise during the year. **Therefore, it will be important for school communities to be flexible and exercise social responsibility, and for school reopening committees and the Joint Medical Committee to remain active as the year progresses.**
- **These recommendations are meant as general guidelines for our member schools so as to provide some level of consistency within our broader communities.** We expect that each individual school will - in collaboration with their own medical advisors, administrations, school staff, and parent bodies - modify them in order to meet its particular needs, priorities, and capabilities.
- **There is growing evidence that young children may not be major vectors for Covid-19 infection like they are for other respiratory illnesses. However, children do not attend school in a vacuum.** There are hundreds of adults in school buildings

every day, some of whom are older or have other risk factors for serious Covid illness, and keeping them safe must be one of our top priorities. Also, students live with parents and grandparents, and visit adult relatives. We need to protect them too. We also need to protect our immunocompromised students as well as our middle and high school students, who are not spared by this virus to the same extent that younger healthy children are. **To that end, we are trying to establish guidelines that we hope will be both practical and effective. We want school to stay open, safely.**

## General Principles

- **We firmly believe that the emotional and academic needs of children are best served by having school *in person*.** We are planning to open school 5 days/ week, operating at regular hours. Our efforts have been geared at both reducing the transmission of COVID19 at school, and keeping in-school learning going as long as possible.
- **Schools should cohort students (i.e. create “pods”) as much as possible, with as few kids in a cohort as possible.** If pods/cohorts have to be broken, institute a double barrier (i.e. combination of mask + distancing or plexiglass or face shield) between them.
- **Avoid large indoor gatherings within the school.**
- **Strongly encourage universal masking, as well as distance (aiming for 6 feet but minimally 4 feet) or a second barrier at all times.** Schools should create a culture wherein masks are viewed in a positive light and as “the norm.” Mask breaks are necessary, but limited to situations where distancing or cohorting are strictly maintained.
- **Students and staff must stay home when sick or when exposed to someone who is sick.**
- **At all times, there should be a remote learning option for students who must stay home while school is in session.** The process to toggle between remote and in-person learning should be streamlined and simple.

# Masking Policy

There will be variability amongst schools but we advise this as the minimum:

- **Students:** Masks must be worn at all times with the following exceptions
  - For 1st through 8th grade masks may come off when seated at desks within their pods which are appropriately social distanced (6 ft and/or barriers)
    - When a student gets up from his/her desk and walks around the classroom, they are encouraged to put on a mask
    - In person Chavruta or small group learning should be discouraged. If it is done, a double barrier should be utilized - either mask and face shield (preferred) or mask and plexiglass barrier - and as much distance as possible.
      - Consider using Zoom or other technology to facilitate chavruta and small group learning instead
      - Consider limiting length of session to less than 10 minutes
    - When singing or davening out loud, or otherwise projecting voices, mask should be worn, even if at one's desk and appropriately distanced
  - For Kindergarten and younger grades, masking and social distancing should be encouraged to the extent possible (with understanding that this could be extremely difficult in practice to fully implement).
  - High school students should wear a mask **all of the time** except when eating or when 6 ft apart from others.
  - If Gov Murphy's recent policy on masking outdoors changes we may be able to allow masks to be off during outdoor recess
    - As of now, NJ state regulations require masks outdoors if social distancing cannot be maintained. If students can be distanced during recess (i.e. organized activities with adult supervision), then masks can be removed. But if the children are not distanced, they will need to be masked.
      - If the NJ state regulation allows, we may be able to loosen outdoor masking rules for elementary and middle school children. This will require further consideration as more information is available.
- **Teachers and other staff (ALL ADULTS in the building):** A face covering must be worn **at all times** (per NJ state guidelines)
  - **We advise masks at all times.** This is our strong recommendation to protect the health and safety of our teachers and staff.
    - Schools should provide masks for all faculty and staff
    - They may add a face shield for added protection
      - Schools should provide face shields in addition to masks for teachers who will not be able to maintain distancing and/or

plexiglass barriers between the teacher and the student (i.e. Early Childhood)

- **Teachers and staff should be given the option of wearing N95s if they choose to do so.**
  - The school should cover the cost of the N95 masks and replacements as appropriate
  - They should be strongly recommended for teachers >60 years of age or with comorbidities at high risk for severe Covid illness
  - Note: It is likely that if a teacher was wearing an N95 and a face shield, they would NOT have to quarantine if one of their students was Covid+.
- **There will be no medical exemptions to the masking policy**
- **Masks with exhalation valves will not be allowed**
- **Face shields alone are not protective, and do not replace masks when masks are indicated.**
- **Masks must be worn at all times when in common areas (hallways, bathroom, etc.)**
- **Students must wear masks on the bus and keep them on during arrival and dismissal, while walking between the bus/carpool and the classrooms**
- **Teachers, staff, and students should have training on the proper wearing of masks (i.e. covering both mouth and nose)**
  - Nurses and administrators should model proper mask wearing
  - Include training on mask and face shield cleaning and storage
- **No sharing masks.**
- **Cloth or other reusable masks should be cleaned daily.**
- **Students and staff should bring spare masks to school in case their mask gets lost, wet, or otherwise damaged or soiled.**
  - The school should keep a supply of spare masks for both students and staff in case of emergencies

## Hand Hygiene

- Schools should place hand sanitizer at the entrances to all classrooms and common areas. Students and staff should “scrub in and out” whenever they enter or leave their classrooms .
- Students and staff should use hand sanitizer as they exit the bus or car and enter the school building each morning.
- Students and staff should wash their hands with soap and water or use hand sanitizer before and after gym, recess, and lunch.
- Good hand hygiene practices should be emphasized and refreshed throughout the school year.

# School Attendance

- There needs to be an understanding among parents and staff that **NO ONE** comes to school sick, ever. The act of sending your children to school or coming to work at school indicates that they are healthy.
- We recommend that parents and staff sign an affirmation before school starts and again every 6 weeks to affirm that if they are sending their children to school or coming to school to work they are well. The affirmation should have the following statements: *(exact wording with appropriate versions for students vs staff to be determined and distributed by the schools as soon as possible)*
  - The act of sending your child to school or coming to work at school indicates that the following statements are true.
    - Our family is adhering to state and local government mandates regarding social distancing and face coverings outside of school
    - No one living in the house has had any of the following symptoms in the past 72 hours, unless cleared by a healthcare professional:
      - New cough
      - Shortness of breath or difficulty breathing
      - A fever of 100.0°F or higher or chills
        - Families must check the temperature of any household member who does not feel well
      - Sore throat
      - Chills
      - New loss of taste or smell
      - Muscle or body aches without obvious explanation
      - Nausea, vomiting, or diarrhea
      - Severe abdominal pain without constipation
      - Congestion/runny nose – not related to seasonal allergies
      - Unusual fatigue
    - Neither I (if staff member) nor my child (student) have been in close contact with anyone with suspected or confirmed COVID-19
    - Neither I (if staff member) nor my child (student) have taken any medication to reduce a fever or any symptoms in the past 72 hours
    - Neither I (if staff member) nor my child (student) have returned from a COVID-19 “hot spot” within the past 14 days. If a member of our household has returned from a hot spot within the past 14 days, he/she is appropriately isolating from the rest of the family.
  - I agree that if I fail to abide by this agreement, I/my children may, at the school’s discretion, not be allowed to return to the school campus this year.



# Health Screening

- **All students, except if medically exempt, MUST get the flu shot prior to November 1**
- School supply list should have thermometer to be kept at home
- Nebulized medications will not be administered at school
  - If your child has asthma, please send an inhaler and spacer instead
- **All students must have up to date health forms, including emergency contacts and contact information for their pediatrician, at all times**
  - If possible, these should include health insurance information as well
- **Check for signs of illness for all staff and students at entry each day.**
  - Temperature checks at the school's discretion

# Mandatory Quarantine After Travel

We will adhere strictly to government guidelines; you may not send your child to the school campus until at least 14 days have passed since travel from “hot spots.”

<https://covid19.nj.gov/faqs/nj-information/travel-information/which-states-are-on-the-travel-advisory-list-are-there-travel-restrictions-to-or-from-new-jersey>

We will not accept “testing out” of the 14 day quarantine after returning from a “hot spot;” negative Covid test results are **not** a substitute for the 14 day quarantine after returning from a “hot spot.” Additionally, quarantining while in the “hot spot” itself does not negate the requirement to quarantine for 14 days upon returning home.

Additionally we recommend 14 day quarantine after ANY air travel as airports are very high risk for Covid exposure.

Also, please do not host or mingle with family/friends visiting from “hot spots” in the 14 days before school starts.

# Protocol for Students or Staff with Symptoms

- The following symptoms **require physician clearance** in order to determine the timeline for return to school campus. **These symptoms MUST be reported to the school nurse, whether they occur at school or at home.**
  - Fever, chills
  - New cough or change in chronic cough
    - Children with chronic cough need documentation from their physician
  - Shortness of breath (not exercise or mask induced, persistent)
  - Vomiting
  - Diarrhea (2 or more episodes of loose stools in a 24 hour period)
  - Loss of taste or smell
  - Sore throat
  - Severe or persistent abdominal pain
  - Persistent chest pain
  - Persistent body aches without known trauma/injury
  - Headache
    - Children with chronic headaches require documentation from their physician and can be allowed to stay in school if their headache is relieved with Tylenol or Motrin.
    - Extra vigilance should be taken for a student with a first complaint of headache.
  - Congestion/URI (runny nose, etc)
    - Chronic rhinitis requires a physician's note to return to school campus
- **IF THE PREVALENCE OF COVID IN THE COMMUNITY INCREASES, ALL OF THESE SYMPTOMS WILL REQUIRE COVID TESTING PRIOR TO RETURN TO SCHOOL.**
- We are working with local hospitals, urgent care, and doctors' offices to create resources for expedited Covid testing for symptomatic school students and staff. We will update our school communities once these partnerships and testing pathways are finalized.

## What to do if Someone Develops Symptoms at School?

- Students or staff with these symptoms, with or without fever, will have to leave the school campus.
  - Close household contacts (i.e. siblings, children, or other people living in the same household) of symptomatic students/staff will need to go home as well. They may return to school as per the guidelines for household contacts below.

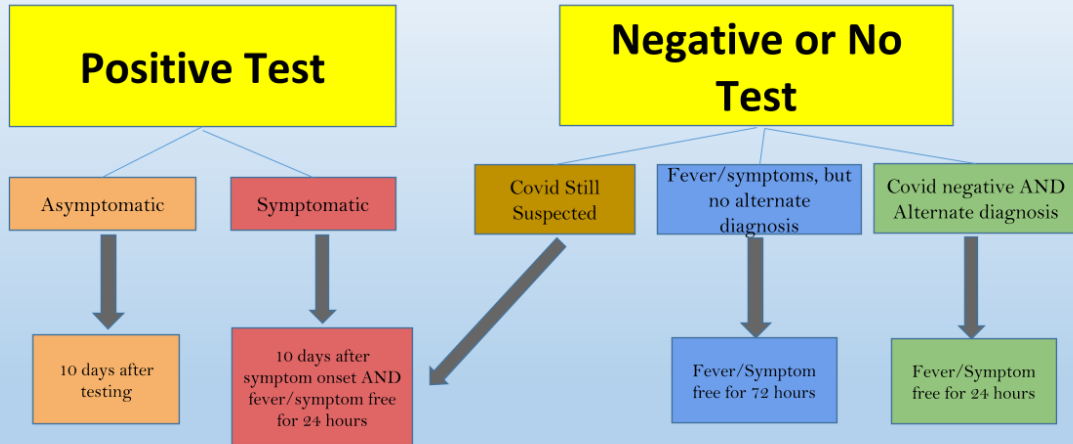
- The student's teacher should inform the school nurse that the sick child is being taken to the office designated for sick students, as the office should ideally have only one child at a time. Escort the child from classroom to the nurse's isolation room (see Nurses's Office section below) and from the nurse's isolation room to a parent/guardian. The student and the escorting adults should all wear masks (N95 + face shield if available) while walking to/from the nurse's office. Consider outdoor space or some other room that avoids interaction with anyone else. Whenever possible, each sick student should be in a room by themselves with a monitor who is wearing a mask and shield. If sick children must share a room, they must be at least 6 ft apart.
- Parents must have a plan to come get their kids within 1-2 hours. As part of the pre-school paperwork, schools should have parents fill out a form with emergency contacts who can come within 1-2 hours of notice that their child is sick and are authorized to pick their children up from school. They CANNOT be allowed back on the bus or carpool.
- Parent or designee should wait outside and call on arrival. Student should be escorted out to parent by school staff member. Parents should NOT come into the building.
- Separate the symptomatic person away from others, with supervision at a distance of six feet, until the sick person can leave. While waiting to leave school, the individual with symptoms should wear a cloth face covering or mask if tolerated. Waiting outside is best. Air out and then clean and disinfect the areas where the person was after they leave.
- Remind the parent or employee to notify the school nurse if they are found to be COVID positive
  - If Covid testing is done through an expedited school testing partnership, have parents or employees sign a waiver allowing the testing site to notify the school and PCP directly.

## Protocol for Returning to School Campus after Symptoms

- **After having positive COVID test:**
  - **Symptomatic:** 10 days after symptom onset **AND** asymptomatic for 24 hours
    - (Note: must be a **FULL** 24 hours asymptomatic, so if the person had symptoms the morning or afternoon prior, may not return to school campus that day. i.e. If last symptoms were Monday morning or afternoon, earliest return to school campus would be Wednesday morning)
  - **Asymptomatic:** 10 days after specimen collection (i.e. after date of positive test), assuming no symptoms develop

- **After having negative COVID test or COVID test not sent or resulted yet:**
  - **If Covid still suspected because of constellation of symptoms (as determined by a healthcare professional) and no clear alternative diagnosis**
    - At least **24 hours** have passed since resolution of symptoms **AND** at least **10 days** have passed since symptoms first showed up.
  - **If Covid is not strongly suspected....Return to school campus after non-Covid illness:**
    - Once Covid has been ruled out by a healthcare professional, return to school guidelines for other illnesses are as described in the link below
      - If you have a fever and/or symptoms, but no definite alternate diagnosis, you can only return **once you are fever/symptom free for 72 hours**
      - May return 24 hours **after symptom and fever free** if a student is Covid negative **and** has a definite alternate diagnosis by a healthcare professional (i.e. positive strep, positive flu, otitis media, coxsackie, etc)
      - **In general, no one will be allowed to return to school with ongoing symptoms.**
        - In rare cases where the symptoms are from a chronic condition this will require documentation from a physician and have to be cleared by school nurse before return to school.
      - [https://www.nj.gov/health/cd/documents/School%20Exclusion%20List%20\\_revised%207.10.2017.pdf](https://www.nj.gov/health/cd/documents/School%20Exclusion%20List%20_revised%207.10.2017.pdf)

# Return to Campus for Student/Staff with Symptoms



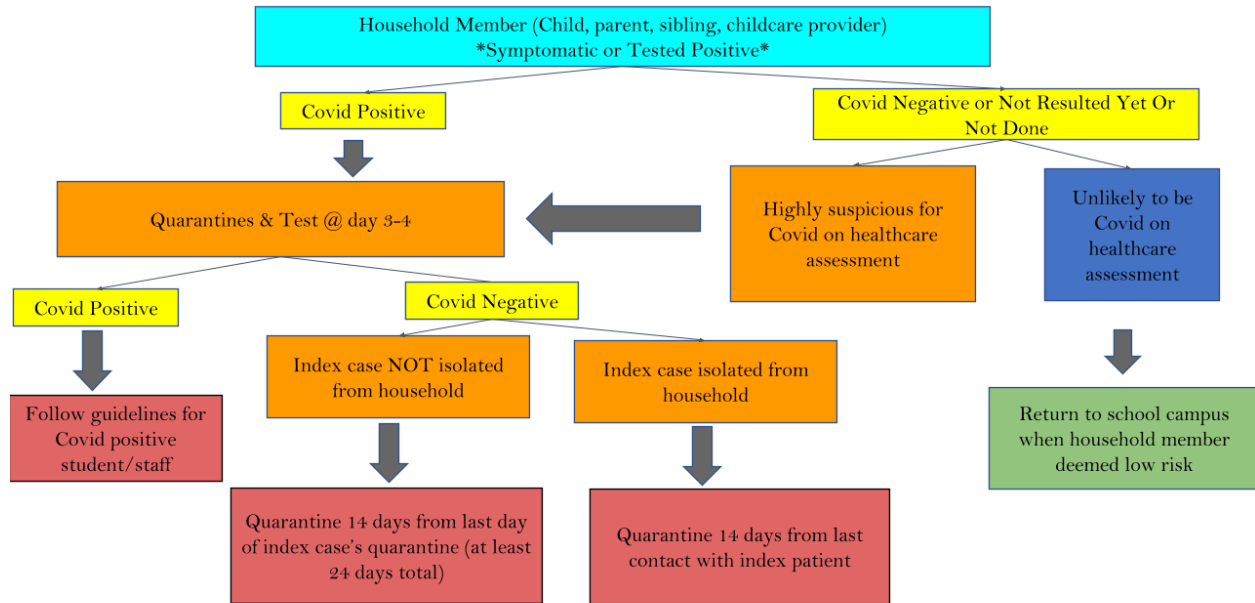
# Protocol for Students or Staff with Covid Exposure

***Please Note: The guidelines below are in line with the most recent NJ and CDC guidelines; they are subject to change based on state and local guidance.***

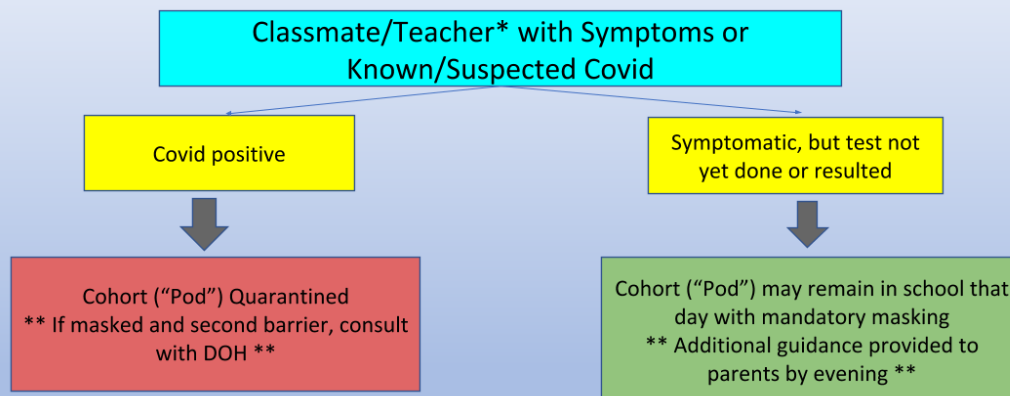
- **Household members (siblings, parents, child, childcare provider, etc.) of Covid positive patients:**
  - Recommended to get tested between 3-4 days after the index case developed symptoms (or 3-4 days after index case tested positive if index case is asymptomatic). If positive, return to school campus in 10 days as above.
    - If negative and asymptomatic, return 24 days after the index case's positive test (i.e. 2 weeks after the index case would be cleared); UNLESS the household positive case can be isolated which would mean only 14 days for the household contact.
    - To avoid a 24 day quarantine, encourage family members to get tested OR to have the positive contact be isolated from the rest of the household (see flow chart below).
  
- **Household members (siblings, parents, children, childcare provider, etc.) of patients highly suspicious for Covid by assessment of healthcare professional, but negative test or test not done or resulted yet**
  - Return to school campus guidelines are the same as if patient was Covid positive (i.e. 14- 24 days as above)
  
- **Household members (siblings, parents, childcare provider, etc.) of patients with symptoms deemed unlikely to be Covid by a healthcare professional**
  - May return to school campus only after household member is deemed low risk by healthcare professional
  
- **For classmates of Covid positive student/staff: (*\*\*Please note: This is the working policy for the start of school, to be continually readdressed.\*\**)**
  - Students in the same pod will be considered close contacts and have to be treated as household members of Covid positive patients (above) as there will be likely be mingling among students in the classroom despite the use of spacing or barriers between desks
    - **Note:** If both the Covid positive person and the rest of the pod were all wearing masks AND maintained a second barrier (adequate distance and/or plexiglass barrier and/or face shield) at all times, it is possible that the pod will NOT need to be quarantined. However, this will require review by the local departments of health.

- First degree neighbors in classes are at highest risk; for classes where students do not leave their desks, we will discuss with DOH the possibility of only excluding from the school campus those classmates whose distance was less than six feet from the index case.
  - Teachers who wore a mask + face shield and maintained 6 ft distance from the students at all times will likely NOT need to quarantine, nor will we require their students to quarantine if the teacher is Covid positive.
  - If the school is notified in the middle of the school day about a need to quarantine a pod, that pod needs to be picked up by their parents as soon as possible (within 1-2hrs) and may NOT ride the bus or carpool if it contains students from other pods.
- **For teachers/classmates of student/staff with symptoms but Covid test not yet done or resulted:**
  - Those who are close contacts will likely be able to stay in school that day and ride the bus/carpool home as long as asymptomatic, but will be strongly encouraged to keep mask on at all times, even while at desks
  - Guidance will be given that evening on whether they need to quarantine and when they may return to school campus
- **If multiple members of a pod have Covid-like symptoms, the entire pod should be quarantined, pending test results. (i.e. sent home even prior to test results of symptomatic members)**

## Student/Staff with Household Exposure



## School Exposure



\* Teacher masked + face shield + 6 ft distance

- If student positive, teacher does not quarantine
- If teacher positive, cohort does not quarantine



# Contact Tracing

- **Every school should designate contact tracers, in addition to the school nurse**
  - Contact tracers need to be formally trained
- Parents and staff must sign privacy waivers allowing contact tracing and sharing of *Covid-related information only* amongst all schools
  - Include this in the affirmation above and/or in the start of school packets
- School nurses' group should have an organized system to collate data from all schools and share with the Joint Medical Committee, in a HIPAA-compliant manner
- **Notify the medical committee immediately if a school has >5 cases**
- When pods cannot be created, as in High Schools that have ability-based classes (tracking), assigned seating is required, and maintaining a desk map for each classroom for each period for each day of the week to support rapid contact tracing is strongly recommended. This map should be updated whenever assigned seats are changed, but reviewed at least monthly. A designated administrator should check to make sure that this map is in place and up to date. The map should have geospatial orientation so we can know who is on the right, left, in front, behind any individual student and can identify orientation re the teacher (student is looking to his right if the teacher is in the middle of the room - hence exposing the person on his right more frequently).
  - Creating such a contact tracing map from assigned seats is recommended for all schools and grades, but especially so when pods are not maintained.

# The Nurse's Office

- **The nurse's office should be supplied with N95 masks, extra face shields, disposable gowns, and gloves**
  - If the nurse is caring for a child with a cough, s/he should wear full PPE
  - The nurse and other staff who will be involved in caring for ill children in school should be trained on safe donning and doffing of PPE
  - Reusable N95s are recommended as a way to avoid reliance on risky/expensive supply chains
  - We recommend that schools collaborate to obtain bulk pricing for PPE
  - Nurse should be fit tested for N95 if at all possible
  - A nurse will **not** be required to quarantine after caring for a Covid+ student/staff member **if** the nurse wore appropriate PPE (minimum of N95, face shield, and gloves) during the encounter.
- **Make two rooms for the school nurse - one for sick kids ("isolation room") and one for trauma/ daily medication administration.**

# Day-to-day Operations

- **ALL adults in the building should be masked.**
  - Schools should provide appropriate PPE for their staff.
  
- **When practical, outside is ALWAYS better than inside, for all activities.**
  
- **Assemblies**
  - **Gathering for davening or other assemblies, indoors, is NOT recommended.**
    - If a school chooses to have them, they must keep everyone 6 feet from one another, and have them wear masks, as singing and talking loudly lead to aerosolization of virus particles.
  
- **Visitors**
  - Schools should institute a “No Visitors” policy.
  - Parents should only come to school to pick up a sick child and his/her close contacts. In which case, the children should be escorted to the door. Parents need to be masked at all times.
  - Consider postponing events like the Siddur Play, Chumash Party, etc. to the spring semester so that we can monitor the pandemic before deciding if/how they can take place.
  
- **Equipment**
  - Minimize shared equipment.
  - If unavoidable, students should wash hands or use sanitizer before and after using shared equipment (i.e. math manipulatives, lab equipment, etc.).
  - Shared equipment should be cleaned in between classes.
  
- **Hallways**
  - Institute a traffic plan to avoid crowding
  - Stagger use of the hallway and create one-way lanes

- Consider hallway monitors if practical
  
- Lockers
  - Stagger trips to lockers by pod if possible.
  - Consider assigning lockers so that students are only going to every other locker at any given time (ie. Pod A has odd numbered lockers and Pod B has even. This way, when each individual pod goes to their lockers, there's an empty locker in between students.)
  
- Bathrooms
  - Institute a plan for students/staff to maintain a safe distance (ideally 6 ft, at minimum 4 ft) while using or waiting to use the bathroom.
  - Avoid socializing in the bathroom.
  - Minimize touching shared door handles.
    - Consider leaving main door open if this would not inhibit privacy
  - Plan for frequent cleaning of bathrooms.
  - Stress the importance of hand hygiene before and after using the bathroom.
    - Consider contactless faucets and soap dispensers and/or having paper towels available to turn the knobs
  
- Playgrounds
  - Students should wash their hands or use sanitizer before and after playing.
  - No snacks in the playground
  
- HVAC system
  - HVAC systems should be updated to promote maximal air exchange
  - Ensure that HVAC filters are clean and replaced at appropriate intervals
  - Open windows whenever possible
  
- Cleaning
  - Every night, each classroom should be thoroughly cleaned

- Rooms where a Covid positive child or staff member was located should be allowed to air out as long as is practical, and then thoroughly cleaned and disinfected
  - High-touch surfaces should be cleaned regularly
  - Shared equipment should be cleaned in between uses
  - Cleaning staff should be supplied with appropriate PPE
- Gym/Recess
    - Stagger and/or social distance
    - Hold outdoors whenever possible
    - Whether masks are required for outdoor recess is still to be determined based on NJ mandate
- Lunch & Snacks
    - It is strongly recommended that lunch only be eaten while seated at desks in classrooms or in designated outdoor spaces.
    - No buffet style meals.
    - Snacks should only be eaten while seated at desks in classrooms.
    - Avoid food sharing between children
    - Epipens should be easily accessible to classrooms or other non-traditional spaces that are now being used for lunch or snack
- Arrival & Dismissal
    - Institute procedures that avoid crowding in the hallways or in front of the school
    - Consider having an adult escort younger children to/from the bus or carpool to ensure that social distancing is maintained
    - Masks should be worn by all students when traveling between classrooms and buses/carpools
- Busing
    - **Masks required on buses ALL the time**
    - No eating or drinking on buses
    - Assign seats and seat families together whenever possible
    - If possible, there should be an adult monitor on the bus (other than the bus driver)

- Keep windows open
  - If there is no other workable/ affordable option, the bus may be filled to capacity.
    - Keep in mind that the entire bus may need to be quarantined if someone on the bus is suspected or confirmed to have Covid
- **Carpools**
    - If possible, try to limit the number of families and/or pods involved in the same carpool.
    - In the event of a covid positive person in a carpool, the school must be notified immediately and provided with a list of everyone who was in the car with that person.
    - When a carpool contains more than 1 family, everyone in the car older than 2 years old should wear a mask for the duration of the ride.
    - Keep the car windows open and/or set the AC/heater to bring in outside air instead of recirculating the air within the car.
    - Please do not allow non-carpool members (except for siblings of students) to ride in the car with the carpool.
    - Everyone in the car (including drivers or siblings) must agree to the health screening and social distancing affirmation above.
- **Extracurriculars**
    - No contact sports.
      - Consider postponing all organized sports leagues to the spring semester.
    - Choir or other activities involving singing or shouting are strongly discouraged, as singing/shouting increases aerosolization and distance that viral particles can spread.
    - **Avoid mixing pods.** If pods must be mixed for an activity, consider cancelling it, holding it remotely over Zoom, having it outside, or instituting a double barrier.
    - **No inter-school in-person activities** (i.e. Torah Bowl, etc. should be over Zoom)

## Special Considerations for Early Childhood

- Students are encouraged but not strictly required to wear masks or social distance within the classroom
  - They must still wear masks in common areas, hallways, etc.
- Early childhood teachers are strongly encouraged to use double barriers: mask + face shield
- Pods should be as small as possible and should never mix
- Avoid shared toys/materials that cannot be wiped down
- Provide gloves, paper towels, and hand sanitizer in abundance
- Incorporate hygiene and social distancing into the curriculum
  - Build in hand washing time
- No baking/cooking activities
- Lunch and snacks to be had in the classroom
  - Students should not share snacks
- Due to the practical limitations in instituting social distancing for our youngest children, teachers >60 years old or those with significant health conditions should consider discussion with their health care provider prior to teaching in the early childhood classes.

## Special Considerations for Middle School & High School

- It will be more difficult to maintain pods due to academic needs for tracking
  - Institute double barriers for larger groups or mixing pods
- **Strongly encourage universal masking at all times**
  - **High School students should be required to wear masks unless eating or maintaining a distance of 6 feet from others.**
  - **Middle School students should be very strongly encouraged to do so as well.**
- **Wearing masks AND maintaining a 6 ft distance will be the safest way to reduce Covid transmission among these older children and prevent widespread quarantining in these age groups**
- When pods cannot be created due to ability-based classes (tracking), assigned seating is required, and maintaining a desk map for each classroom for each period for each day of the week to support rapid contact tracing is strongly recommended as discussed above.
- Minyan:

- **Grade or division-wide gatherings for indoor minyan is NOT recommended.** If a school chooses to have them, they must keep everyone 6 feet from one another, and have them wear masks as singing and talking loudly lead to aerosolization of virus particles.
- A large minyan may be conducted if it is **outdoors**, adequately distanced, and all participants are wearing masks.
- If any pod does not have a minyan, they should not join another pod to create one, unless the minyan is outdoors with adequate distancing and universal masking
- In the event that *layning* does take place, then *aliyot* should be from a student's desk OR the *layner* should get all the *aliyot*. Avoid having multiple people at the *bimah* at one time.
- No sharing *tefillin* or *siddurim* or *chumashim*
- **Labs:** Minimize shared equipment. Students should wash hands or use sanitizer before and after using shared lab equipment. Equipment should be cleaned in between classes.
- Teachers who teach multiple classes, need to be extra vigilant about social distancing
  - Strongly encouraged to institute double barrier: **mask PLUS** 6ft distance or plexiglass barrier or face shield

## Special Considerations for Faculty

- **This will be an especially hard year for faculty. Schools should make every effort to ensure both the physical and emotional well-being of their teachers and staff.**
- **Faculty Lounge**
  - A large space must be prioritized for faculty to unmask and self-care
    - consider outdoor facility if available
    - A sign indicating the maximum occupancy of the room based on social distancing requirements should be placed outside the room.
  - Provide barriers or sufficient distancing to allow staff a safe space to remove their masks and unwind
- Build in breaks for teachers throughout the day
- School should provide masks and face shields for faculty

## Remote Learning

- At all times there should be a remote learning option for students who must stay home while school is in session. The process to toggle between remote and in-person learning should be streamlined and simple.
- Students and faculty at high risk for serious Covid illness, or those living with people at high risk (elderly, cardiovascular disease, hypertension, diabetes, immunosuppressed) should strongly consider alternatives to in-person learning/teaching. They should see their physician for clearance to attend in-person-school.

## When to Shut Down the Whole School?

- This is an ongoing discussion.
- We will have to close if/when we are mandated by the government.
- The following factors will be monitored by the Joint Medical Committee and the school administrations to determine if we need to close our yeshivot:
  - A large number of cases in one school, or across all schools
  - If our area hospitals see a surge in cases
  - If we see exponential growth in the community

**The Joint Medical Committee will meet regularly throughout the year to revise these guidelines and address issues that come up.**



# New Jersey Yeshiva Day School Joint Medical Committee Members

*Listed alphabetically by school*

## **Ben Porat Yosef:**

Jennifer Chester, MD

*Internal Medicine/Hospital Medicine, New York Presbyterian Hospital  
Assistant Professor of Clinical Medicine, Weill Cornell Medical College*

Maureen Nemetski, MD, PhD

*Pediatric Emergency Medicine, Joseph M. Sanzari Children's Hospital - Hackensack University Medical Center*

## **The Idea School:**

Amy Leifer, MD

*Valley Pediatrics*

## **Joseph Kushner Hebrew Academy/Rae Kushner Yeshiva High School:**

Mark Hausdorff, MD

*Pediatric Anesthesia, Saint Barnabas Medical Center,  
Newark Beth Israel CHNJ*

## **Lubavitch on the Palisades School and Tenafly Chabad Academy**

Rhonda Forest, MD

*Department of Emergency Medicine, Jacobi Medical Center/ North Central Bronx Hospital  
Assistant Professor of EM, Albert Einstein College of Medicine*

Alex Mauskop, MD

*Cardiology, Cardiovascular Prevention and Therapeutics of NY  
Cardiology, NYPH-Weill Cornell Medical College*

## **Ma'ayanot Yeshiva High School for Girls:**

Burton E. Appel, MD

*Pediatric Hematology & Oncology, Joseph M. Sanzari Children's Hospital - Hackensack University Medical Center*

**The Moriah School:**

Sandra Hoenig Yahalom, MD  
*Family Medicine, Holy Name Medical Center*

**Naaleh High School for Girls:**

Aron Schwarcz, MD  
*Cardiology, Englewood Hospital*

**Rosenbaum Yeshiva of North Jersey:**

Ariella Glaser, MD  
*Emergency Medicine, Englewood Hospital*

Aylon Glaser, MD  
*Otolaryngology, ENT and Allergy Associates / Hackensack University Medical Center*

J. Noam Salamon, MD  
*Cardiology, Morristown Medical Center*

**Torah Academy of Bergen County:**

Pnina Marciano Kanarek, MD  
*Washington Avenue Pediatrics*

**Yavneh Academy:**

Steven Horwitz, MD  
*Pediatric Critical Care, Robert Wood Johnson University Hospital*

Nava Bak Krohn, MD  
*Emergency Medicine, Hackensack University Medical Center*

**Yeshivat Frisch:**

Eran Bellin, MD  
*Infectious Diseases & Internal Medicine, Montefiore Medical Center*  
*Epidemiology & Population Health, Albert Einstein College of Medicine*

Avigayil Elkin, MD  
*Tenafly Pediatrics*

Maureen Nemetski, MD, PhD

*Pediatric Emergency Medicine, Joseph M. Sanzari Children's Hospital - Hackensack University Medical Center*

Laurence Stiefel, ND  
*Tenafly Pediatrics*

**Yeshivat He'Atid:**

Irwin Benzel, DO  
*NJ Pediatrics, Riverside Medical Group*

**Yeshivat Heichal HaTorah:**

Aron Schwarcz, MD  
*Cardiology, Englewood Hospital*

**Yeshivat Noam:**

Avigayil Elkin, MD  
*Tenafly Pediatrics*

Howard Mazin, MD  
*Pediatrics & Newborn Medicine, Englewood Health*

# Helpful links

NJ State guidelines

<https://www.nj.gov/education/reopening/NJDOETheRoadBack.pdf>

AAP guidelines

[https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjT84iB08bqAhUSmHIEHU\\_eDaIQFjAAegQIARAB&url=https%3A%2F%2Fservices.aap.org%2Fen%2Fpages%2F2019-novel-coronavirus-Covid-19-infections%2Fclinical-guidance%2FCovid-19-planning-considerations-return-to-in-person-education-in-schools%2F&usg=AOvVaw3GDvmjahCNM-uMwIG2CLx0](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjT84iB08bqAhUSmHIEHU_eDaIQFjAAegQIARAB&url=https%3A%2F%2Fservices.aap.org%2Fen%2Fpages%2F2019-novel-coronavirus-Covid-19-infections%2Fclinical-guidance%2FCovid-19-planning-considerations-return-to-in-person-education-in-schools%2F&usg=AOvVaw3GDvmjahCNM-uMwIG2CLx0)

CDC Guidelines

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

Covid transmission in children

<https://pediatrics.aappublications.org/content/early/2020/07/08/peds.2020-004879>

An Evidence Summary of Pediatric Covid-19 Literature

<https://dontforgetthebubbles.com/evidence-summary-paediatric-Covid-19-literature/>

Harvard School of Public Health Guidelines

<https://schools.forhealth.org/wp-content/uploads/sites/19/2020/06/Harvard-Healthy-Buildings-Program-Schools-For-Health-Reopening-Covid19-June2020.pdf>

Mass General compilation of available literature

[https://www.massgeneral.org/assets/MGH/pdf/medicine/infectious-diseases/COVID-19%20School%20and%20Community%20Resource%20Library\\_July%206%202020.pdf](https://www.massgeneral.org/assets/MGH/pdf/medicine/infectious-diseases/COVID-19%20School%20and%20Community%20Resource%20Library_July%206%202020.pdf)

CHOP Policy Lab guidelines

<https://policylab.chop.edu/sites/default/files/pdf/publications/Policy-Review-School-Reopenings-PolicyLab-2020.pdf>