

COVID -19 PLAN FOR IN- PERSON INSTRUCTION



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TABLE OF CONTENTS

Guiding Principles.....	2
Authority	2
General Measures	2
Promoting Healthy Hygiene Practices.....	3
Facemasks	4
Best Practices on Cleaning, Disinfection and Ventilation	5
Optional Procedures for Physical Distancing Inside and Outside the Classroom	7
Classroom Space	7
Arrival and Departure	7
Limit Sharing.....	7
Non-Classroom Settings	8
Food Services	8
School Events	9
Train All Staff and Educate Families.....	9
Check for Signs and Symptoms	10
Plan for When a Staff Member, Student or Visitor Becomes Sick	12
COVID-19 Testing and Reporting	13
Maintain Healthy Operations.....	14
Considerations for Partial or Total Closures	14
Initial Report of Case.....	15
Reporting - Data Collection and Internal Contact Tracing Process.....	15
Employee Communication	16
Student Communication –	16
Employee COVID-19 Flowchart.....	201
Student COVID-19 Flowchart	224
K-12 Testing.....	25
Transportation	27
References:	0

GUIDING PRINCIPLES

The health and safety of students and staff is our top priority when making the decision to resume in-person instruction in our learning centers. We are working in collaboration with our county health officials in making the decision when to safely resume in-person instruction. This document is rooted in the [scientific evidence](#) available to date and supports twin goals: safe and successful in-person instruction. School sites will follow guidelines provided by the Centers for Disease Control (CDC), California Department of Public Health (CDPH) and California Department of Education (CDE) which can be found at the links below:

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html>

CDPH: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2023-24-School-Year.aspx#>

CDE: <https://www.cde.ca.gov/ls/he/hn/strongertogether.asp>

California Department of Industrial Relations, *Cal/OSHA and Statewide Industry Guidance on COVID-19; Guidance on Requirements to Protect Workers from Coronavirus*, July 2020. See: <https://www.dir.ca.gov/DOSH/Coronavirus/Covid-19-NE-Reg-FAQs.html#outbreaks>

Authority

California affirms the authority of local health departments and local educational agencies to maintain or establish additional guidance, including required actions, for K-12 school settings in their respective jurisdictions. When making a determination of whether additional measures are warranted to mitigate in-school transmission of COVID-19, CDPH recommends local health and education officials confer and review this guidance, [relevant local considerations](#), and [CDC guidance](#).

Governmental and non-governmental entities at all levels have issued guidance and directives relating to the safe reopening of schools for in-person instruction. Schools may comply with guidance from other federal, state, local, and nongovernmental sources, to the extent those guidelines are not weaker than or inconsistent with state and local public health directives.

State Technical Assistance resources available for schools and for LHDs to support safe and successful in-person instruction, available on the Safe Schools for All Hub.

Regularly review updated guidance from state agencies, including CDPH and California Department of Education. The California Department of Public Health (CDPH) issued [Consolidated Schools Guidance](#) (“CDPH Guidance”) effective October 2, 2023, for in-person instruction for schools. This guide is meant to augment the CDPH Guidance, not replace it. Given the evolving nature of the COVID-19 epidemic, we expect that this document will need to be updated in the future.

GENERAL MEASURES

Our plan adheres to the [CDPH Guidance](#), [CAL-OSHA Non-Emergency Regulations](#) and includes the following components:

- Posted this Covid-19 Safety Plans on school’s website
- Promoting healthy hygiene practices

- Best Practices for cleaning, disinfecting and ventilation
- Optional plans for physical distancing inside and outside the classroom
- Employee and staff education, including training on how to wear PPE/face coverings, checking for signs and symptoms, and cleaning and disinfecting procedures.
- Family education, including a family communication plan
- Optional Screening procedures for staff, students and visitors
- Surveillance for monitoring for attendance, verifying absences and notifying county health officials.
- CDC [community level indicators](#) of COVID-19 and their trajectory;
- [COVID-19 vaccination coverage](#) in the community and among students, teachers, and staff;
- local COVID-19 outbreaks or transmission patterns;
- indoor air quality at relevant facilities;
- availability and accessibility of resources, including masks and tests;

We continue to communicate with local and state authorities to determine current disease levels and control measures in each community. We regularly review and refer to relevant county variance documentation. We consult with a county health officer and/or a designated staff member, who is best positioned to monitor and provide advice on local conditions. A directory can be found [here: Local Health Department Communicable Disease Contact Information](#).

PROMOTING HEALTHY HYGIENE PRACTICES

Following are best practices the school shall follow, compiled from various experts and in alignment with the CDPH Guidance in [COVID-19 Industry Guidance: Schools and School-Based Programs](#).

Hygiene

- Teach and reinforce [handwashing](#), avoid contact with one's eyes, nose, and mouth, and covering coughs and sneezes.
- Develop schedules for routine handwashing before and after eating, after being outside, and before and after using the restroom. Students and staff should wash their hands frequently throughout the day, including before and after eating; after coughing or sneezing; after classes where they handle shared items, such as outside recreation, art, or shop; and before and after using the restroom.
- Students and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application. Soap products marketed as "antimicrobial" are not necessary or recommended.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, face coverings and hand sanitizers (with at least 60 percent ethyl alcohol) for staff and students who can safely use hand sanitizer.
- Minimize the sharing of supplies and equipment among staff and students to the extent feasible. When items must be shared, clean and disinfect items between uses.
- Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children.
- Isopropyl hand sanitizers are more toxic when ingested or absorbed in skin.
- Do not use hand sanitizers that may contain methanol, which can be hazardous when ingested or absorbed.

- Children under age 9 should only use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.

Optional Procedures of Physical Distancing

- CDPH recommends focusing on the other mitigation strategies provided in this guidance instead of implementing minimum physical distancing requirements for routine classroom instruction.
- If practicable, ensure staff maintain physical distancing from each other, which is critical to reducing transmission between adults.
- If determined necessary by Principal to accommodate more students who need in-person instruction in a classroom, recent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g. masking strong recommendations, vaccination or public health policies based on [CDC community levels of COVID-19 infection](#)) are implemented. This is consistent with [CDC K-12 School Guidance](#)
- Post signage in high-visibility areas to remind students and staff these and other prevention measures.

FACEMASKS:

Masks, particularly [high-quality and well-fitting masks](#) (PDF), remain highly effective, inexpensive, and dynamic tools to protect oneself and mitigate transmission of COVID-19 and other respiratory pathogens.

- When the COVID-19 Community Level is medium or high, facilities must maintain or reinstate universal masking requirements for all staff and residents, regardless if there are no outbreaks within the facility.
- This allows us to continue protecting our most vulnerable populations and the workforce that delivers critical services in these settings.
- Businesses and venue operators, including K-12 school and childcare settings, must allow any individual to wear a mask if they desire to.
- School may continue to require or reinstate required masking at schools and during school activities, along with other appropriate COVID-19 safety protections for their school community based on local, and regional COVID-19 cases, outbreaks and situations needing immediate infection control procedures.
- Persons, who has medical condition, as confirmed by school district health team and therapists, must be allowed to wear a mask or a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits and requires it.
- Mask policies apply on school buses and any vehicle affiliated with the LEA used to transport students, staff, or teachers to and/or from a school site.
- No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a school, unless wearing a mask would pose a safety hazard (e.g., watersports).
- Schools must develop and implement local protocols to provide a mask to students who inadvertently fail to bring a face covering to school and desire to use one.

CDC COVID-19 Community Level	CDPH recommended actions
<p>Low There is lower community spread and impact on healthcare system of COVID-19</p>	<p>Everyone: People can wear a mask based on personal preference, informed by their own personal level of risk.</p> <p>Vulnerable people*: Consider wearing a mask in crowded indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95s, KN95s and KN94s are best).</p> <p>If you are a vulnerable person* or live with a vulnerable person*, consider taking additional precautions.</p>
<p>Medium There is medium community spread and impact on healthcare system of COVID-19</p>	<p>Everyone:</p> <ul style="list-style-type: none"> Consider wearing a mask in indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95, KN95 and KN94 are best). <p>Vulnerable people*:</p> <ul style="list-style-type: none"> Wearing a mask is recommended in crowded indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95s, KN95s and KN94s are best). <p>If you have household or social contact with a vulnerable person*, wearing a mask is recommended when indoors with them</p>
<p>High There is high community spread and impact on healthcare system of COVID-19</p>	<p>Everyone:</p> <ul style="list-style-type: none"> Wearing a mask is recommended in indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95, KN95 and KN94 are best). <p>Vulnerable people*:</p> <ul style="list-style-type: none"> Wearing a mask is strongly recommended in indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95s, KN95s and KN94s are best). <p>If you have household or social contact with a vulnerable person*, wearing a mask is recommended when indoors with them.</p>

BEST PRACTICES ON CLEANING, DISINFECTION AND VENTILATION

Follow CDC and CDPH guidelines found below:
[Cleaning and Disinfecting Your Facility](#)

“Cleaning” involves water and soap or a detergent, does not use disinfecting agents, and significantly decreases germs on surfaces and decreases infectious risks. “Disinfection” kills germs on surfaces using specific agents (see below for those approved for use). If a case has been identified, the spaces where the case spent a large proportion of their time (e.g., classroom, or administrator’s office if an administrator) should be disinfected. Frequent disinfection can pose a health risk to children and students due to the strong chemicals often used and so is not recommended in the school setting unless a case has been identified.

- The use of drinking fountains may resume following a maintenance service checking for hazards before returning units in service after a period of inactivity. Hazards include Legionella (the cause of Legionnaires’ disease), mold, and lead and copper contamination.

CDC:<https://www.cdc.gov/nceh/ehs/water/legionella/building-water-system.html>

EPA: Lead and copper rule :https://www.epa.gov/sites/default/files/2019-10/documents/lcr101_factsheet_10.9.19.final_.2.pdf

- Janitorial and other school staff shall clean and or disinfect according to CDPH guidance frequently touched surfaces before and after use within school at least daily and, as practicable, frequently throughout the day.
- Frequently touched surfaces in the school include, but are not limited to:
 - Light switches
 - Door handles
 - Sink handles
 - Bathroom surfaces
 - Tables
 - Student desks
 - Chairs
 - Shared pens, pencils, finger scanner, bar code reader or stylus at front desk
 - Phones
 - Keyboards and Mouse
 - Shared Copy Machines
- When choosing disinfection products after an in-school COVID-19 case has been identified (see “What to do if there is a case of COVID-19 in a School”), use those approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)- approved list “N”](#) and follow product instructions.
- Establish a cleaning and disinfecting schedule to avoid both under- and over-use of cleaning products.
- Ensure safe and correct application of disinfectant and keep products away from students.
- Ensure proper ventilation during cleaning and disinfecting. During the school day, introduce fresh outdoor air as much as possible.
- In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency COVID-19](#) list) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.
- For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility](#).

- If a facility has had a sick person with COVID-19 within the last 24 hours, clean AND disinfect the spaces occupied by that person during that time.
- Drinking fountains may be open and used by students and staff. Routine cleaning is recommended.

OPTIONAL PROCEDURES FOR PHYSICAL DISTANCING INSIDE AND OUTSIDE THE CLASSROOM

CLASSROOM SPACE

- Each school may determine the number of students and staff in a classroom based on the classroom size (square footage) while maximizing space between all individuals.
- If determined necessary by Principal to accommodate more students who need in-person instruction in a classroom, recent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g. masking strong recommendations, vaccination or public health policies based on [CDC community levels of COVID-19 infection](#)) are implemented. This is consistent with [CDC K-12 School Guidance](#)
- To the extent possible, keep students in the same space and in cohorts and stable groups as small and consistent as practicable, keeping the same students and teacher or staff with each group to the greatest extent practicable and minimize the mixing of student groups throughout the day.
- Implement procedures for turning in assignments to minimize contact.
- Limit nonessential visitors, volunteers and activities involving other groups at the same time.
- Limit communal activities where practicable. Alternatively, stagger use, properly space occupants and disinfect in between uses.
- Consider use of non-classroom space for instruction, including regular use of outdoor space, weather permitting.

ARRIVAL AND DEPARTURE

- Minimize close contact between students, staff, families and the broader community at arrival and departure through the following methods:
- Designate routes for entry and exit, using as many entrances and exits as can be supervised appropriately to decrease crowding at entry and exit points.
- It is recommended for some situations(COVID-19 exposures) to Instruct drivers to remain in their vehicles, to the extent possible, when dropping off or picking up students. When in-person drop-off or pick-up is needed, only a single parent or caregiver may enter the facility to pick up or drop off the child and must wear a face mask.
- It is recommended to place markings on the ground to facilitate physical distancing of six feet or more at all school entry and exit points.

LIMIT SHARING

- Keep each student's belongings separated, and ensure they are taken home each day to be cleaned.
- Provide adequate supplies to minimize sharing of high-touch materials (pens, art supplies, equipment, etc.) when possible or clean and disinfect between uses.

- Avoid sharing electronic devices, clothing, toys, books and other games or learning aids as much as practicable.

NON-CLASSROOM SETTINGS

- Limit nonessential visitors, volunteers and activities involving other groups at the same time. School tours are considered a non-essential activity and increase the risk of in-school transmission.
- Restrooms: Stagger use by students one at a time for single occupancy bathrooms.
- Physical Education: Participants in youth and adult sports should wear face coverings when participating in the activity, even with heavy exertion as tolerated, both indoors and outdoors.
- School athletic activities and sports should follow the [CDPH Outdoor and Indoor Youth and Adult Recreational Guidance](#). Note that risk of infection transmission increases for indoor activities; indoor sports are higher risk than outdoor sports due to reduced ventilation. And transmission risk increases with greater exertion levels; greater exertion increases the rate of breathing and the quantity of air that is inhaled and exhaled with every breath. For example, consider part-day instruction outside, maintaining physical distancing.
- Hallways: Minimize congregating through hallways. For example, establish one-way walking/passage areas.
- Consider use of non-classroom space for instruction, including regular use of outdoor space, weather permitting.
- Limit communal activities. Alternatively, stagger use, properly space occupants and clean in between uses.
- Minimize congregate movement through hallways as much as practicable. For example, establish more ways to enter and exit a campus, create staggered passing times when necessary or when students cannot stay in one room and use visual reminders on the floor that students can follow to enable physical distancing while passing and waiting in line. In addition, schools can consider eliminating the use of lockers, which can become congregating areas.

FOOD SERVICES

- Follow all requirements issued by the County Department of Environmental Health to prevent transmission of COVID-19 in food facilities.
- Avoid sharing of foods and utensils and buffet or family-style meals.
- Maximize physical distance as much as possible while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as classrooms or the gymnasium can help facilitate distancing. Arrange for eating outdoors as much as feasible.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- Maximize physical distance as much as possible while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as classrooms or the gymnasium can help facilitate distancing. Arrange for eating outdoors as much as feasible.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.

SCHOOL EVENTS

The best practices recommendations in this guidance apply to all extracurricular activities that are operated or supervised by schools, and all activities that occur on a school site, whether or not they occur during school hours, including, but not limited to, sports, band, chorus, and clubs.

- Field trips, and other gatherings will be permitted only to the extent allowed by local and state public health authorities.
- Attendance at school events shall be limited to students and staff and volunteers or those participating in the event only (no non-essential visitors).
- Masks are optional indoors at all times for teachers, referees, officials, coaches, and other support staff
- Masks are optional for all spectators and observers.
- Maximize the number of school events that can be held virtually or outside.
- Outdoor singing and band practice are permitted, provided that precautions such as physical distancing and mask wearing are implemented to the maximum extent possible. School officials, staff, parents, and students should be aware of the increased likelihood for transmission from exhaled aerosols during singing and band practice, and physical distancing beyond 6 feet is strongly recommended for any of these activities.
- Individuals using instruments indoors that cannot be played with a mask (e.g., wind instruments) may perform if bell coverings are used when playing wind instruments AND a minimum of 3 feet of physical distancing is maintained between participants. Modified masking may be considered in addition to, but not in place of, bell covers. If bell covers are not used, it is strongly recommended that individuals undergo screening testing at least once weekly. An FDA-approved antigen test, PCR test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status.
- Activities may be performed outdoors without masks. (Check your local county for stricter standards). Indoor mask use remains a critical layer in protecting against COVID-19 infection and transmission, including during sports, music, and related activities. Accordingly:
 - Masks are strongly recommended indoors at all times when participants are not actively practicing, conditioning, competing, or performing. Masks are also required indoors while on the sidelines, in team meetings, and within locker rooms and weight rooms.
 - When actively practicing, conditioning, or competing in indoor sports, masks are strongly recommended by participants even during heavy exertion, as practicable. If masks are not worn due to heavy exertion, it is strongly recommended that individuals undergo screening testing at least once weekly. An FDA-approved antigen test, PCR test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status.

TRAIN ALL STAFF AND EDUCATE FAMILIES

Training for all staff via internal Learn 4 Life network is provided on the following topics:

- How Covid-19 is spread and the importance of not coming to work if a staff member or if someone in the member's household has been diagnosed with COVID-19 or displays symptoms.
- COVID-19-specific symptom identification and when to seek medical attention
- [Proper use, removal and washing of face coverings](#)
- [Cleaning and disinfecting](#) procedures
- Resuming in-person instruction guidelines
- COVID-19 plan and procedures to follow when a child or adult becomes sick at school
- Printed educational materials will be provided on-site or mailed out to families on the following safety topics:
 - [Proper use, removal and washing of face coverings](#)

- Physical distancing guidelines and their importance
- Screening practices and the importance of not coming to the facility if any member of the family has been diagnosed with COVID-19 or displays symptoms.
- COVID-19-specific symptom identification and when to seek medical attention

Ventilation Recommendations

- Ensure sufficient ventilation in all school classrooms and shared workspaces per American Society of Heating, Refrigerating, and Air- Conditioning Engineers (ASHRAE) [guidance](#) on ventilation.
- Contact a mechanical engineer, heating, ventilation, and air conditioning (HVAC) design professional, or mechanical contractor in order to evaluate your ventilation system in regards to the ASHRAE guidance.
- If opening windows poses a safety or health risk (e.g., by allowing pollen in or exacerbating asthma symptoms) to persons in the facility, consider alternatives. For example, maximize central air filtration for HVAC systems by using filters with a minimum efficiency reporting value (MERV) of at least 13.
- MERV 13 or greater filtration is efficient at capturing airborne viruses and should be the target minimum level of filtration. If the air handling system cannot function with such a high level of filtration, increase the filtration in the equipment to the maximum allowable for the system.
- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in classrooms, offices and other spaces.
- If not able to properly ventilate indoor instructional spaces, outdoor instruction is preferred (use caution in poor air quality conditions).
- Ventilation considerations are also important on school buses; use open windows as much as possible to improve airflow.
- Specific practices to avoid:
 - Classrooms or buses with no ventilation.
 - Classrooms or buses with increased airflow across occupants (e.g., air conditioners or fans blowing into the classroom or overhead fans creating air currents across occupants).

CHECK FOR SIGNS AND SYMPTOMS

Health screenings refer to optional symptom screening, temperature screening or both. The CDC acknowledges that "fever and symptom screening have proven to be relatively ineffective in identifying all infected individuals." This is because people with COVID-19 can infect others before they become ill (pre-symptomatic transmission), never become ill but can still infect others (asymptomatic transmission), or fever may not appear. L4L may require the following:

- Post signs at all entrances instructing students, staff and visitors not to enter campus if they have any COVID-19 symptoms.
- Require staff and students who are sick or who have recently had close contact with a person with COVID-19 to stay home.
- Follow recommended symptoms screening and other procedures (e.g. Titan Screening App) for all staff and students entering the facility.
- Conduct visual wellness checks of all students and take students' temperature with a no-touch thermometer. (Per recommendation by each site administrator based on current COVID-19 cases in school and community.)

- Ask all individuals about COVID-19 symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test. See chart for all screening questions. A person who answers “Yes” to any one of these questions must not be allowed to enter the school facility unless the individual has been determined qualified to shorten isolation and quarantine procedures.

COVID-19 Screening Questionnaire (Titan HST App)

Q1. Are you going into the school or workplace today?

Q2. Have you been diagnosed with Covid-19 or had a test confirming you have the virus in the last five (5) days?

Q3. Do you live in the same household with, or, had “close contact”, someone who in the past 10 days has been in isolation for COVID-19 or had test confirming they have the virus?

Q4. If yes to question 3, have you passed all the CDC and CDPH requirements needed to shorten your isolation and quarantine period after the 5th day from exposure? (Negative Test, No Fever (last 24 hours), Symptoms Receded)

Q5. Have you had any or more of these symptoms today or within the past 24 hours?

- Fever
 - Cough
 - Shortness of breath/trouble breathing
 - Chills
 - Night Sweats
 - Sore throat
 - Muscle/body aches
 - Loss of taste or smell
 - Headache
 - Confusion
 - Vomiting
 - Diarrhea
-
- Document/track incidents of possible exposure and follow the procedures noted in the Response to Suspected or Confirmed Cases and Close Contacts section, below.
 - Notification of local health officials, staff and families shall ensure confidentiality, as required under HIPPA, FERPA and state law related to privacy of educational records. (Information concerning confidentiality can be found [here.](#))
 - If a student is exhibiting symptoms of COVID-19, staff shall communicate with the parent/guardian and refer to the student’s health history form and/or emergency card to identify if the student has any underlying medical conditions.
 - Monitor staff and students throughout the day for signs of illness; send home students and staff with a fever of 100.4 degrees or higher, cough or other COVID-19 symptoms.
 - A digital notification system via email or text maybe used to ask staff and students COVID-19 symptoms screening question as a reminder of the importance of not coming to the learning center when feeling sick.
 - Policies should not penalize students for missing class.

PLAN FOR WHEN A STAFF MEMBER, STUDENT OR VISITOR BECOMES SICK

- Staff and students should self-monitor throughout the day for signs of illness; staff should observe students for signs or symptoms of illness to support students who are less able to self-monitor or less likely to self-report.
- Any students or staff exhibiting symptoms shall immediately be isolated in a temporary room or area until they can be transported home or to a healthcare facility. The attending staff member should wear the proper PPE such as a surgical mask, protective gown and gloves when close interaction with a sick student or staff is necessary.
- Any students or staff exhibiting 1 or more symptoms should be required to wait in the previously identified isolation area until they can be transported home or to a healthcare facility, as soon as practicable.
- If a student is exhibiting 1 or more symptoms of COVID-19, staff should communicate with the parent/caregiver and refer to the student's health history form and/or emergency card.
- The room or area shall be disinfected after the student or staff has been transported home or to a healthcare facility.
- Establish procedures to arrange for safe transport home or to a healthcare facility, as appropriate, when an individual is exhibiting COVID-19 symptoms:
 - Fever
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell
 - For serious injury or illness, call 911 without delay. Seek medical attention if COVID-19 symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face.
- Close off areas used by any sick person and do not allow anyone to enter that area before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before you clean and disinfect. If waiting 24 hours is not feasible, wait as long as possible.
- Require sick staff members and students not to return until they have met CDC criteria to discontinue home isolation, including two days with no fever, symptoms have improved and 5 days have passed since symptoms first appeared.

Return to School After Exclusion for Symptoms at Home or in School

- Ensure that students, including students with disabilities, have access to instruction when out of class, as required by federal and state law.
- Testing of symptomatic students and staff can be conducted through local health care delivery systems or other testing resources, as fits the context of the local health jurisdiction. Advise staff members and students with symptoms of COVID-19 infection not to return for in-person instruction until they have met [CDPH criteria](#) to discontinue home isolation for those with symptoms:

- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
- Other symptoms have improved; and
- They have a negative test for SARS-CoV-2, OR a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition (e.g., allergies or asthma) OR a healthcare provider has confirmed an alternative named diagnosis (e.g., Streptococcal pharyngitis, Coxsackie virus), OR at least 5 days have passed since symptom onset.

COVID-19 TESTING AND REPORTING

- Instruct students and staff to contact their medical provider and follow CDC guidelines on quarantine and isolation procedures. Instruct them to get tested as soon as possible after they develop one or more COVID-19 symptoms, or if one of their household members or non-household close contacts has tested positive for COVID-19.
- Test results will be collected in a secured digital database system (MYLO) for evaluation, tracking and notifications. Internal contact tracing procedures included in this plan will be followed.
- Rapid Antigen tests are allowed and available free (while supply last) in school for students and staff.

Positive test results:

- Student or employee that tests positive have to isolate and stay home for at least five (5) days. Isolation can end after day 5 if symptoms are not present or fever have resolved for the last 24 hours without fever reducing medicine. If fever is present, isolation should continue until fever resolves. If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until day 10. Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. After ending isolation, persons may remove their mask sooner than Day 10 with two sequential negative tests one day apart.
- Require that parents/guardians and staff notify school administration immediately if the student or staff tested positive for COVID-19, or if one of their household members or non-household close contacts tested positive for COVID-19.
- Upon receiving notification, that staff or a student has tested positive for COVID-19 or has been in close contact, with a COVID-19 case, follow steps in the Reporting Data Collection and Internal Contact Tracing Process below.

Negative test results:

- Symptomatic students or staff who test negative for COVID-19 shall remain home at least 5 days from symptoms onset and at least 24 hours after resolution of fever without fever reducing medicine and improvement in other symptoms.
- Employees on LOA (Leave of Absence) will be required to submit medical release from their doctor or from a public health officer to LLAC's HR/LOA and Safety department. A negative COVID-19 test results may be accepted in lieu of a medical note.

MAINTAIN HEALTHY OPERATIONS

- Monitor staff absenteeism and have a roster of trained back-up staff where available.
- The Area Superintendent will designate a staff liaison, develop, and distribute contact information to all staff to ensure staff know who they are and how to contact them.
- Instruct staff and families of students to self-report symptoms and possible exposure to COVID-19 to their direct supervisor and teacher, respectively, while maintaining confidentiality as required by FERPA and state law related to privacy of educational records. Additional guidance can be found [here](#).
- Local health departments will be consulted if routine testing of staff and students are required according to current public health and OSHA guidance.
- Consult with CDPH K-12 School Testing Guidance if LEA is considering routine testing.

CONSIDERATIONS FOR PARTIAL OR TOTAL CLOSURES DUE TO OUTBREAKS

- When a student, teacher, or staff member tests positive for COVID-19 and had exposure, with close contact, others at the school, implement the following steps:
 - In consultation with the local public health department, the Area Superintendent (or designee) may decide whether school closure is warranted, including the length of time necessary, based on the risk level within the specific community as determined by the local public health officer and CDPH.
 - When either a school or LHD is aware that an outbreak may be underway, the LHD should investigate, in collaboration with the school, to determine whether these cases had a common exposure at school (e.g., a common class or staff member, bus ride, or other common exposures outside of school).
 - CDPH defines a school outbreak as 3 or more confirmed or probable cases of staff or students occurring within 7 day period who are epidemiologically- linked in the school, are from different households and are not contacts of each other in any other investigation cases (e.g., transmission likely occurred in the school setting).
 - The classroom or office where the patient was placed may need to close temporarily as students or staff isolate. Arrange for cleaning and disinfection of classrooms or other areas where cases or symptomatic students or staff members spend significant time.
 - Communication plans for school closure shall include a phone call and one written form of communication to students, parents, teachers, staff and the community.
 - Provide information for staff regarding labor laws, disability insurance, paid family leave and unemployment insurance.
 - Maintain regular communications with the local public health department.
 - Check State and local orders and health department notices daily for transmissions in the area or closures and adjust operations accordingly.
 - Include decisions from results of established internal contact tracing procedures. (see Reporting Data Collection and Contact Tracing Process section, below)
 - Notify the school community if the school is to be closed for 14 days due to widespread and/or ongoing transmission of SARS-CoV2 at the school or in the general community, and repeat recommendations for prevention and control measures (see sample notification #3 in Appendix 2).
 - Implement online/distance teaching and learning during school closure.

- Arrange for cleaning and disinfection of entire school before reopening in the case of closure.
Schools may typically reopen or keep open after LHD advice and if the following have occurred:
- Cleaning and disinfection
- Public health investigation
- Consultation with the LHD

Response to Suspected or Confirmed Cases and Close Contacts

INITIAL REPORT OF CASE

1. Infection case is reported to LLAC's HR and Safety department via case tracking form on safety and security page on MYLO ([here](#)) or email to HRSafety@llac.org.
2. Staff members are instructed not to disclose the identity of the infection case to other staff members. This information, however, may be shared with LLAC's HR and Safety department and the public health officials as it is considered a health or safety emergency.
3. The staff member who receives the initial report is to report to the Area Superintendent, and the Area Superintendent (or designee) shall initiate the Data Collection and Internal Contact Tracing Process below.

REPORTING - DATA COLLECTION AND INTERNAL CONTACT TRACING PROCESS

The following steps shall be followed to identify the scope of risk by tracing when the infected student/staff member was last in the center/building:

1. When did the potential exposure occur (date and time)?
 - a. Were they in prolonged, unprotected and close contact with others? The CDC defines "close contact" as "Someone sharing indoor air spaces of 400,000 or fewer cubic feet per floor (such as homes, clinic waiting rooms, airplanes, etc.), 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) during a confirmed case's infectious period."
 - i. Yes (higher level of risk) proceed to step b.
 - ii. No (lower level of risk) proceed to step 2 for possible removal of individual from notification list.
 - b. Identify all individuals with close/prolonged contact and create a list. Confirm with video footage review if available. Then proceed to step 2.
2. LLAC's HR and Safety department will collaborate and review all information to determine who should be on the possibly exposed notification list.
3. Other information that will be needed are: Date of onset of symptoms, Date of Covid-19 test of the confirmed source and the close contact, date of onset of symptoms of the source of COVID-19 and the close contact.
4. Once LLAC's HR and Safety department has a list of possibly exposed employees/students, the Area Superintendent (or designee) or the direct supervisor of the employee must send out the appropriate notification letters to all staff members and to those who had "close contact with the suspected or confirmed case within 24 hours of receipt of information. Area superintendent or

designee will also contact the local county public health department with the assistance of LLAC's HR and Safety department to report the confirmed case.

EMPLOYEE COMMUNICATION

The Area Superintendent (or designee) shall send out the appropriate email notification to all staff members within 24 hours of receiving information of a confirmed case or "[qualifying individual](#)" in their centers. A separate email tailored for the individuals on the close contact list will be sent. The standard COVID-19 notification letters are located on [MYLO](#) and in the appendix in both English and Spanish language.

STUDENT COMMUNICATION –

The Area Superintendent (or designee) will contact the students and parents by phone and email or mail within 24 hours of confirmation of the COVID-19 case to inform them of potential exposure and follow the steps below:

1. Stay home only if symptomatic and wear a well-fitting mask when with other for at least [5 days](#), except to get medical care. [[See options to shorten quarantine below](#)]
2. Contact your medical provider if symptoms start. Get tested.
3. If symptomatic . Separate yourself from other people and pets in your home.
4. Monitor your symptoms and follow instructions from your medical provider and local health authorities.
5. If Rapid Test result on the 3rd or 5th day is negative and symptoms has improved (no fever) then student and staff may return to school or work. Students and staff do not need to provide medical clearances or negative COVID-19 test results from their healthcare provider if the 5-day quarantine or isolation period has been completed and is symptoms-free for 24 hours without the assistance of any medications.
6. Provide the [10 things you can do to manage your COVID-19 symptoms at home](#) document from CDC.

Definition of a confirmed case or "[qualifying individual](#)"

"Qualifying individual" means any person who has any of the following:

1. A laboratory-confirmed case of covid-19, as defined by the state department of public health.
2. A positive covid-19 diagnosis from a licensed health care provider.
3. A covid-19-related order to isolate provided by a public health official.
4. An individual who died due to covid-19, in the determination of a county public health department or per inclusion in the covid-19 statistics of a county.
5. A positive COVID-19 test result from a rapid test kit.

Duration of isolation and quarantine

- [Isolation](#) separates sick people with a contagious disease from people who are not sick. 5 Days Isolation can end after day 5 if symptoms are not present or are resolving. If fever is present, isolation should continue until fever resolves. If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after day 10.
- [Quarantine](#) separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. Individuals regardless of their vaccination status can refrain from quarantine following a known exposure if asymptomatic. Test within 3-5 days after last exposure. wear a well-fitting mask around others for a total of 10 day

Recommendations for Students exposed to COVID-19:

Schools may consider permitting asymptomatic exposed students, regardless of their COVID-19 vaccination status or location of exposure, to continue to take part in all aspects of K-12 schooling, including sports and extracurricular activities, unless they develop symptoms or test positive for COVID-19. It is recommended that exposed students wear a well-fitting mask indoors around others for at least 10 days following the date of last exposure, if not already doing so.

- Exposed students, regardless of COVID-19 vaccination status, should get tested for COVID-19 with at least one diagnostic test (e.g., an FDA-authorized antigen diagnostic test, PCR diagnostic test, or pooled PCR test) obtained within 3-5 days after last exposure, unless they had COVID-19 within the last 30 days.
- Exposed students who had COVID-19 within the last 30 days do not need to be tested after exposure but should monitor for symptoms. If symptoms develop, they should isolate and get tested with an antigen test.
- If the exposed student has [symptoms consistent with COVID-19](#), they should stay home, get tested and follow the guidance in Section #4 above.
- If the exposed student tests positive for COVID-19, follow the guidance for isolation.

For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 5 days *after symptom onset*¹ and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. Notify all close contacts at the school and instruct them to follow [CDPH COVID-19 Quarantine Guidance](#) . (or follow LHO orders, if relevant and/or more stringent).

A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.

Table 1: Persons Who Should Isolate

<u>Persons Who Test Positive for COVID-19</u>	<u>Recommended Actions</u>
<u>Everyone, regardless of vaccination status, previous infection or lack of symptoms.</u>	<ul style="list-style-type: none"> • <u>Stay home (PDF) for at least 5 days after start of symptoms (or after date of first positive test if no symptoms).</u> • <u>Isolation can end after day 5 if fever free for the last 24 hours are symptoms are resolving .</u> • <u>If unable to test, choosing not to test, or testing positive on Day 5 (or later), isolation can end after Day 5 if fever-free for 24 hours</u>

	<p><u>without the use of fever-reducing medications.</u></p> <ul style="list-style-type: none"> • <u>If fever is present, isolation should be continued until 24 hours after fever resolves.</u> • <u>If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving or until after Day 10.</u> • <u>Per CDPH masking guidance, infected persons should wear a well-fitting mask around others for a total of 10 days, persons may remove their mask sooner than Day 10 with two sequential negative tests one day apart</u> <p><u>*Antigen test preferred.</u></p>
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Table 2: Close Contacts - General Public (No Quarantine)

<u>Asymptomatic Persons Who are Exposed to Someone with COVID-19 (No Quarantine)</u>	<u>Recommended Actions</u>
<p><u>Everyone, regardless of vaccination status.</u></p> <p><u>Persons infected within the prior 30 days do not need to be tested, quarantined, or excluded from work unless symptoms develop.</u></p>	<ul style="list-style-type: none"> • <u>Test within 3-5 days after last exposure.</u> • <u>Close contacts should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings and when near those at higher risk for severe COVID-19 disease (see masking section below for additional information).</u> • <u>Strongly encouraged to get vaccinated or boosted.</u> • <u>If symptoms develop, test and stay home (see earlier section on symptomatic persons), AND</u>

- | | |
|--|---|
| | <ul style="list-style-type: none">• <u>If test result is positive, follow isolation recommendations above (Table 1).</u> |
|--|---|

In some workplaces, employers are subject to the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard and should consult those regulations for additional applicable requirements

Any FDA-approved antigen diagnostic test, PCR diagnostic test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status. For individuals who have been recently infected (within the past 90 days), antigen testing is strongly recommended as PCR results may remain persistently positive and not be indicative of a new active infection. Repeat antigen testing and/or confirmatory molecular testing should be considered in individuals who receive a negative result with an antigen test but have symptoms specific for COVID-19 (such as loss of taste and smell).

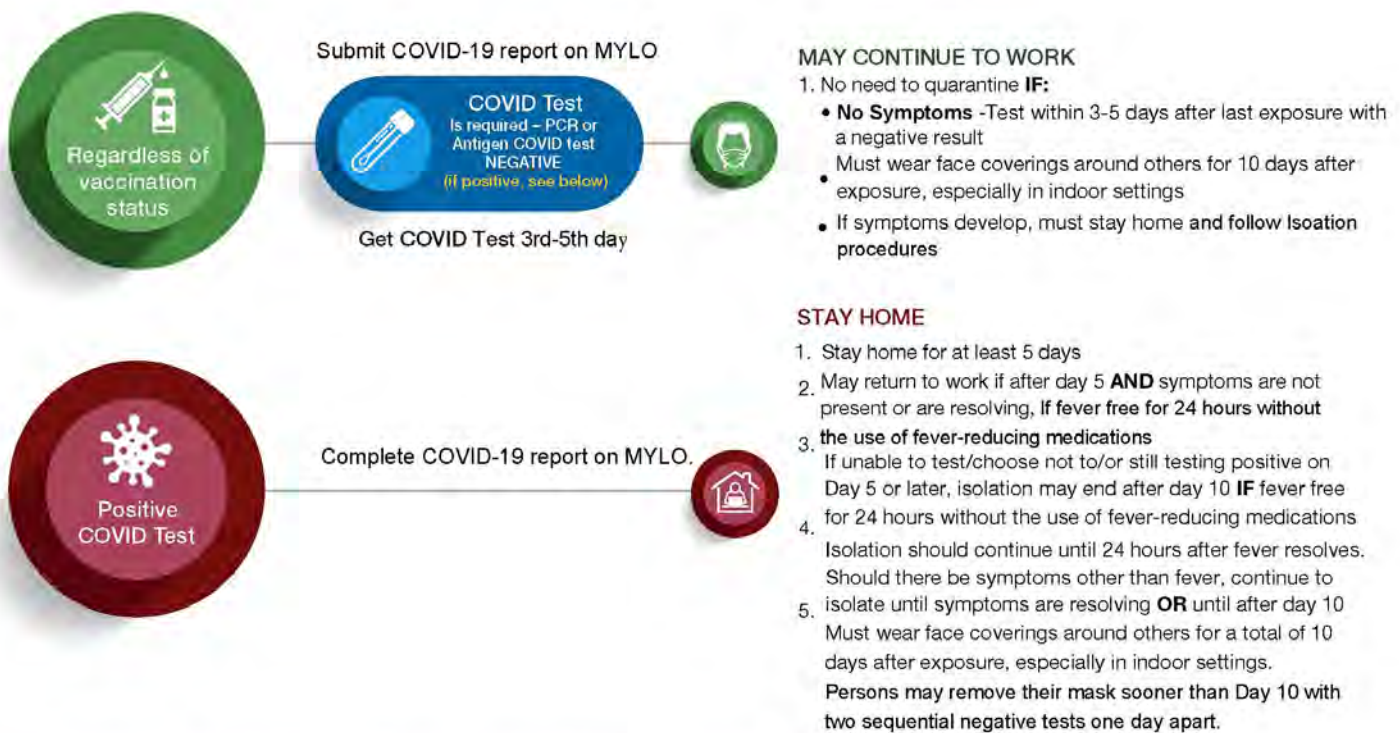
- Exposed students who participate in testing may continue to take part in all aspects of K-12 schooling, including sports and extracurricular activities, unless they develop symptoms or test positive for COVID-19. They should test as recommended, report positive test results to the school, and follow other components of this guidance, including wearing mask as directed. Exposed students who develop symptoms should see Section 4 of the CDPH K-12 Guidance. Exposed students who receive a positive test result should isolate in accordance with of the K-12 Guidance.
- CDC continues to endorse quarantine for 5 days and recognizes that any quarantine shorter than 10 days balances reduced burden against a small possibility of spreading the virus. CDC will continue to evaluate new information and update recommendations as needed. See [Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#) for guidance on options to reduce quarantine.

The following recommendations apply to non-healthcare settings. For related information for healthcare settings, visit [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#).

EMPLOYEE COVID-19 FLOWCHART

L4L (CA only) Employee Return to Work Following Exposure to COVID

Updated March 2023



***If you have COVID-19 symptoms, regardless of vaccination status or previous infection:**

1. Self-isolate and test as soon as possible. For symptomatic persons who have tested positive in the previous 90 days, using an antigen test is preferred
2. Remain in isolation while waiting for results. If unable or unwilling to test, must continue isolation for 10 days after symptom onset
3. Consider continuing self-isolation and retesting in 1-2 days if testing negative with an antigen test, particularly if tested during the first 1-2 days of symptoms

Return to Work



COVID Symptoms
Fever > 100.4 F
Loss of taste or smell
Difficulty Breathing
New Onset Cough
Congestion/Runny Nose
Nausea/Vomiting/Diarrhea
Sore Throat
Headache
Fatigue/Muscle or Body Aches



Someone with COVID-19 is defined as anyone with laboratory-confirmed or a clinically compatible illness.

COVID exposure includes within 6 feet regardless of proper mask use (on either person) for greater than 15 cumulative minutes in a 24-hour period.
"Close Contact": The CDPH defines "Close Contact" as "Someone sharing the same indoor airspace, in indoor spaces of 400,000 or fewer cubic feet per floor e.g., home, clinic waiting room, airplane etc., 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) during an infected person's (laboratory-confirmed or a clinical diagnosis) infectious period

If you test **POSITIVE** for COVID:

As a reminder, you are not eligible to get the COVID-19 vaccine while you are infected with COVID.

You will need to notify your supervisor and complete the COVID exposure workplace documentation where applicable.

You will be off work:

- At least 24 hours from improved symptoms and no fever without fever-reducing medication AND at least 5 days have passed since symptoms first appeared
- Routine surveillance testing is not required for staff who have had a lab-confirmed case of COVID-19 in the last 30 days.

If you develop worsening symptoms, do not delay and consult your primary care physician (PCP) or emergency department for care.

Contact supervisor or LeaveofAbsence@llac.org for time off options if needed.

If you test **NEGATIVE** for COVID:

If you are exposed and develop symptoms, we consider you a probable case and we expect to follow 5 days of isolation procedures above regardless of results.

For continuing illness, you should consult your PCP. You will need to coordinate with your PCP and your supervisor to address your continuing symptoms and when you will be able to return to work.

When you return to work, you will need to meet the following:

- At least 1 day (24 hours) has passed since recovery, defined as resolution of fever without the use of fever-reducing medications.
- Improvement of symptoms (e.g., cough, shortness of breath); secretions can be properly maintained, and you feel capable of returning to work.
- Continue wearing a properly fitting mask for 10 days.

TIP: If you have symptoms get tested right away. If you were exposed and don't have symptoms, it is best to wait 5 days after last exposure to be tested.

This care pathway was designed to assist school personnel and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified healthcare provider, including school nurses. This guidance is based on current evidence and the best data at the time of publication. Updates are provided to reflect changes in knowledge about the impact of the disease on children and adolescents (01-10-2022).

Contents are based on current CDC guidance. Template Source Design: adapted from Orange County Public Health January 10, 2022

SCHOOL ISOLATION FLOW CHART

Updated March 2023

Have you tested positive for COVID-19?

no

You do not need to isolate

yes

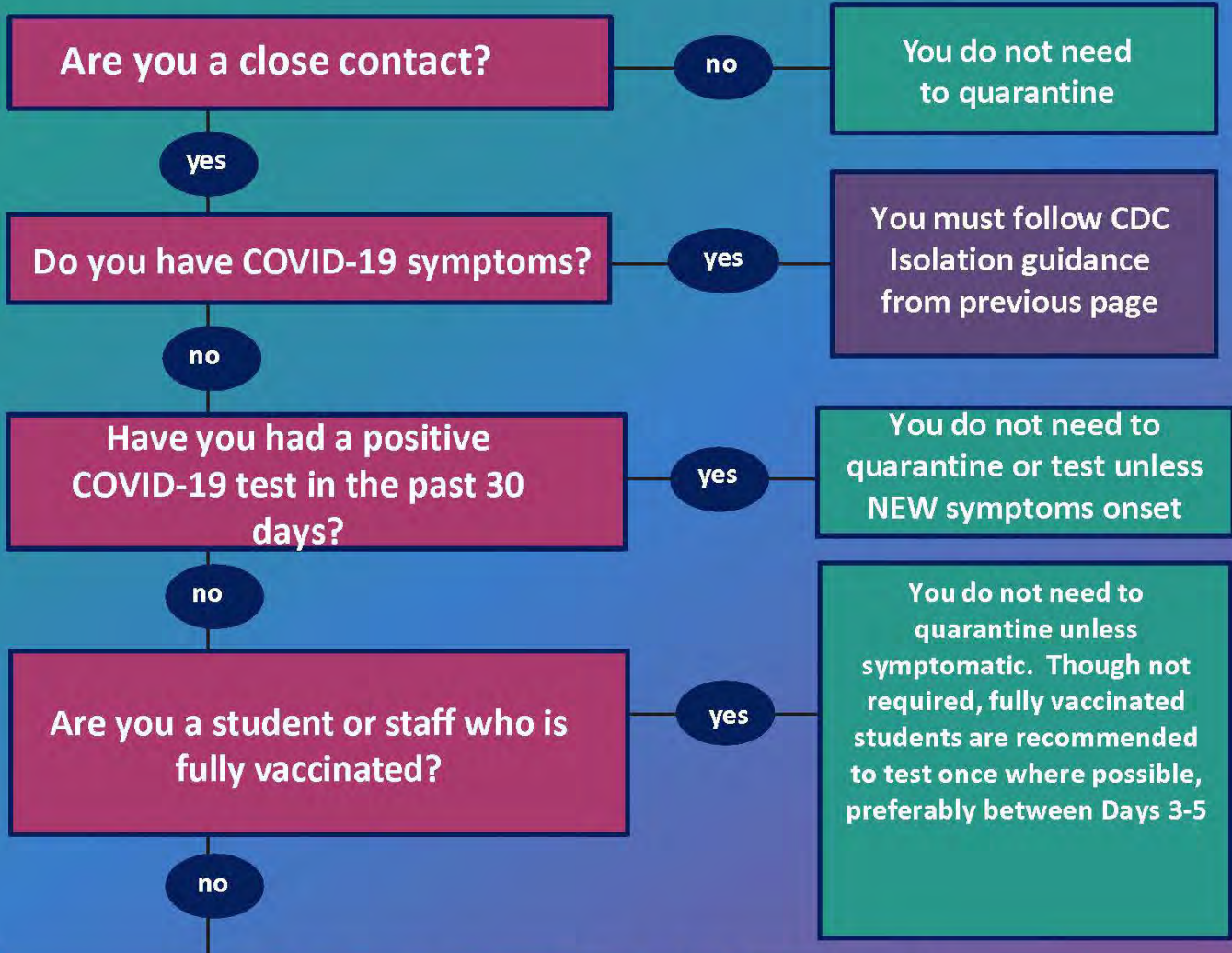
- Stay home for at least 5 days, regardless of vaccination status, previous infection, or lack of symptoms.
- Isolation can end after Day 5 if symptoms are not present or are resolving and fever free for 24 hours
- If unable to test or choosing not to test, or test positive after Day 5, and symptoms are not present or are resolving, isolation can end after Day 10.
- If fever is present, isolation should be continued until fever resolves.
- If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after Day 10.
- Wear a well-fitting medical grade mask around others for a total of 10 days, especially in indoor settings; children should wear a well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire. See CDC guidance on masks for more information.
- Tell your close contacts that they have been exposed and need to follow instructions for close contacts at CDC website.
- See CDC guidance for full isolation instructions for people with COVID-19.

Note: If you have symptoms, Day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed. If you do not have symptoms, Day 0 is the day your positive test was taken. Day 1 is the first full day after your positive test was taken.

***Antigen test preferred.**

Contents based on CDC guidance. Template Design from LA County Department of Public Health

INDIVIDUAL CONTACT TRACING SCHOOL QUARANTINE FLOW CHART



You must quarantine Only if Symptomatic

You may end your quarantine after either:

- Ten (10) full days from your last known contact. Activities resume on Day 11.

OR

- Five (5) full days from your last known contact if you have a negative viral test collected on or close to Day 5. Activities may resume as early as Day 6.

Some unvaccinated students with an exposure may remain in school and participate in school activities if they meet the criteria below:

- They do not have symptoms.
- Wear a mask in school for 10 days and test negative on or around Days 3-5. If testing resources are available, testing twice is recommended, preferably immediately after exposure notification and again on or around Day 5.
- They wear a well-fitting mask at all times at school, indoors and outdoors, except when eating or drinking.
- They monitor for symptoms for 10 days. If they have symptoms, they must follow isolation guidance and test immediately.

DISTANCE/REMOTE LEARNING FOR MEDICALLY FRAGILE STUDENTS

Regardless of on-site school conditions, distance/remote learning shall be made available for the following students:

- Students who are medically fragile or would be put at risk by in-person instruction, or who are isolating or quarantining because of exposure to COVID-19.
- Students who live in a household with anybody who is medically fragile.

Families requesting distance learning due to medical fragility must contact the Principal to discuss options regarding request.

COHORTING GUIDANCE

Learning centers will continue to provide critical educational service for students with disabilities and English learners, access to internet and devices for distance learning, and in-person support for at-risk and high-need students. Current Cohorting guidance clarifies the conditions that must be met to offer in-person services for small groups of students if a school is otherwise unable to reopen under state public health directives.

In-person targeted, specialized support and services in stable cohorts is permissible when the school is able to satisfy all of the conditions detailed in the Cohorting Guidance, including:

- Limiting cohort size
- Restricting cohort mixing
- Maintaining proper physical distancing, masking, cleaning and other safety measures

The determination is made at the LEA- and school-level based on the needs of students. The LEA and school for receiving targeted supports and services should prioritize students with disabilities. In addition, English learners, students at higher risk of further learning loss or not participating in distance learning, students at risk of abuse or neglect, foster youth and students experiencing homelessness may also be prioritized.

Specialized services are determined by LEAs and include but are not limited to occupational therapy services, speech and language services, and other medical services, behavioral services, educational support services as part of a targeted intervention strategy or assessments, such as those related to English learner status, individualized educational programs and other required assessments.

K-12 TESTING

Getting Tested for COVID-19:

Testing remains a key mitigation layer to detect and curb transmission of COVID-19. Schools are encouraged to ensure access to COVID-19 testing for students and staff, particularly for vulnerable communities. Schools should review support and resources offered by the [California COVID-19 Testing Task Force](#), as well as those available through healthcare insurers, local, and federal sources.

1. Recommended Actions:

- a. CDPH recommends that antigen tests be considered the primary option for detecting COVID-19 in schools, compared to PCR tests. For more information, see the [Preliminary Testing Framework for K-12 Schools](#) (PDF).
- b. Due to the increased travel and social interactions that often occurs during school- breaks, it is recommended that students and staff get tested for COVID-19 prior to returning to school following major breaks (e.g., summer, winter, spring).
- c. Additional testing recommendations are referenced in relevant sections below.

[CDC’s Know Your COVID-19 Community Level](#)

COVID-19 Community Levels are a new tool to help communities decide what prevention steps to take based on the latest data. Levels can be low, medium, or high and are determined by looking at hospital beds being used, hospital admissions, and the total number of new COVID-19 cases in an area. Take precautions to protect yourself and others from COVID-19 based on the COVID-19 Community Level in your area.

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days

What Prevention Steps Should You Take Based on Your COVID-19 Community Level?

Low	Medium	High
<ul style="list-style-type: none"> Stay up to date with COVID-19 vaccines Get tested if you have symptoms 	<ul style="list-style-type: none"> If you are at high risk for severe illness, talk to your healthcare provider about whether you need to wear a mask and take other precautions Stay up to date with COVID-19 vaccines Get tested if you have symptoms 	<ul style="list-style-type: none"> Wear a mask indoors in public Stay up to date with COVID-19 vaccines Get tested if you have symptoms Additional precautions may be needed for people at high risk for severe illness
<p>People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask. Masks are required on public transportation and may be required in other places by local or state authorities.</p>		

Vaccines for K-12 Schools

Staying Up to Date on Vaccinations:

Vaccinations prevent illness by working with the body's natural defenses to help safely develop immunity to disease. Not only do vaccinations provide individual-level protection, but high vaccination coverage reduces the burden of disease in schools and communities and may help protect individuals who are not vaccinated or those who may not develop a strong immune response from vaccination.

1. Recommended Actions:

- a. California strongly recommends that all eligible individuals [get vaccinated against COVID-19](#) and [remain up-to-date](#) to protect oneself and reduce transmission of the virus.
- b. Additionally, children have fallen behind on receiving other vaccines over the course of pandemic, placing them and their communities at increased risk of falling ill from other vaccine-preventable illnesses. Schools should review statutory requirements for vaccination requirements for entry into K-12 schools. Visit [Shots for School](#) for information.

TRANSPORTATION

Physically distancing students can be a particular challenge on transportation vans and buses and other vehicles that transport groups of students to school. However, there are several options to consider to promote safety and increase the distance among students and between students and the driver on school buses:

- Consider Implementing COVID-19 testing 24 hours prior to the trip using Rapid Antigen test kits. Proof or a picture of negative test required with attestation of the name, date and time of the test performed allows the student and staff to join the trip.
- Opening windows, weather permitting, to increase circulation of outdoor air, as long as doing so does not pose a safety or health risk (e.g., risk of falling).
- Maintaining consistent, correct use of masks by adults and children while on a school bus and at arrival/departure points (e.g., bus stops), according to current community transmission levels guidance.
Individuals who cannot safely wear a mask (consult Principal or site administrator for these exemptions).
- Bus or Van drivers should be provided with extra masks to make available in case a student who would like to wear a mask and does not have one.
- Optional seating arrangement- one student per row, alternating window and aisle seating, skipping rows when possible. (Alternating seating maybe waived if community transmission levels is in low or green level or have a negative COVID-19 [viral test](#) within 1-3 days of travel date).
- Seating members of the same household next to each other. (Optional)
- Assigning each rider to a designated seat that is the same every day, to promote clear expectations and assist contact tracing, when needed.
- Using seat assignments that load the vehicle from the rear forward (and unload from the front backward) to help reduce student contact.
- If a school system provides transportation for students with disabilities as part of their IEP or 504 plan, including medically fragile children, considering the reservation of specific seats that would not be used for other students during the day and would be subject to special precautions for cleaning. Alternatively, the student's IEP or 504 team could discuss arranging for separate transportation for those students who require this type of transportation.
- Installing signage with visual cues on the school bus to encourage optional physical distancing protocols and to communicate this information to students with vision or reading disabilities.
- Developing a communication plan to encourage students and parents to maintain Optional physical distance at bus stops and avoid congregating in groups while waiting for the bus.
- Encouraging families to drive their children to school, or field trip's location if possible, to reduce the number of students on the vehicle.

Families and Staff are required to Check for Symptoms at Home before transportation.

School staff should check educators, staff, and students should stay home when they are experiencing any COVID-10 like symptoms and seek medical attention. Educators, staff, and students who have symptoms or who live with someone who has developed symptoms should stay home and consult with a healthcare provider for testing and care as directed and should not be allowed to travel unless seeking medical care.

- Fever or chills
- Cough (for students with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Shortness of breath or difficulty breathing (for students with asthma or other respiratory conditions, a change from their baseline breathing)
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
-

This list does not include all possible symptoms. Travel organizers should include posting signs on the entrances to buildings or vehicles and providing periodic mobile or other communications to families with reminders to check. Students and staff will need to quarantine or isolate if exposed to COVID-19, if they have a confirmed case of COVID-19, or if they live with someone who has COVID-19. Schools should plan for what to do if a student becomes sick at school or reports a new COVID-19 diagnosis.

REFERENCES:

California Department of Public Health. *COVID-19 Industry Guidance: Schools and School Based Programs*, July 17, 2020. See: <https://files.covid19.ca.gov/pdf/guidance-schools.pdf>.

California Department of Public Health, California Conference of Local Health Officers (CCLHO), *LHD Communicable Disease Contact Information*. See: <https://www.cdph.ca.gov/Programs/CCLHO/Pages/LHD-Communicable-Disease-Contact-List.aspx>.

[California Department of Public Health. *Consolidated Schools Guidance, January 14, 2021*. See: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Consolidated_Schools_Guidance.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Consolidated_Schools_Guidance.pdf)

California State Government Website (covid19.ca.gov), *County Variance Info*, Last Updated July 22, 2020. See: <https://covid19.ca.gov/roadmap-counties/>.

California Department of Industrial Relations, *Cal/OSHA and Statewide Industry Guidance on COVID-19; Guidance on Requirements to Protect Workers from Coronavirus*, July 2020. See: <https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html>.

California Department of Education, *Stronger Together: A Guidebook for the Safe Reopening of California's Public Schools*, June 8, 2020. See: <https://www.cde.ca.gov/ls/he/hn/documents/strongertogether.pdf>.

California Department of Education, *ED COVID-19 Handbook, Strategies for Safely Opening Elementary and Secondary Schools*, April 2021.

Centers for Disease Control and Prevention, *10 Things You Can Do to Manage Your COVID-19 Symptoms at Home*, May 11, 2020. See: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf>.

Centers for Disease Control and Prevention, *Considerations for Schools, Coronavirus Disease 2019 (COVID-19)*, Updated May 19, 2020. See: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>.

Centers for Disease Control and Prevention, *Considerations for K-12 Schools: Readiness and Planning Tool*, July 1, 2020. See: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/School-Admin-K12-readiness-and-planning-tool.pdf>.

Centers for Disease Control and Prevention, *Handwashing: Clean Hands Save Lives*, July 7, 2020. See: <https://www.cdc.gov/handwashing/index.html>.

Centers for Disease Control and Prevention, *how to Protect Yourself and Others*, April 24, 2020. See: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf>.

Centers for Disease Control and Prevention, *Use of Cloth Face Coverings to Help Slow the Spread of COVID-19*, June 28, 2020. See: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.

Centers for Disease Control and Prevention, *Cleaning and Disinfecting Your Facility, Coronavirus Disease 2019 (COVID-19)*, April 28, 2020. See: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

Centers for Disease Control and Prevention, *Resuming In-person Instruction; Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes, Coronavirus Disease 2019 (COVID-19)*, May 7, 2020. See: <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>.

Centers for Disease Control and Prevention, *Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings*, July 20, 2020. See: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

Centers for Disease Control and Prevention, *Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations*, July 23, 2020. See: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>.

Lifelong Learning Administration Corporation, *Case Tracking, Submit a New Case*, Safety and Security page on MYLO, July 2020. See: <https://learn4.life/CaseTracking>.

Lifelong Learning Administration Corporation, *Covid-19 Resource Tools*, Manager Resources page on MYLO, July 2020.

Lifelong Learning Administration Corporation, Safety/People Services, *COVID-19 Exposure Reporting Process*, June 23, 2020.

Lifelong Learning Administration Corporation, Safety/People Services, *Learn4Life Learning Center Preparation Guide*, May 1, 2020.

Santa Clara County Public Health, *Screening Questions Diagram, COVID-19 PREPARED: Resuming in-person instruction of Santa Clara County Schools*. See: <https://www.sccgov.org/sites/covid19/Pages/school-guidance.aspx> (pg.17).

State Of California Department of industrial Relations, *COVID-19 Emergency Temporary Standards January 8, 2021*. See: <https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html>

United States Department of Education, Student Privacy Policy Office, *FERPA and Coronavirus Disease 2019 (COVID-19) Frequently Asked Questions*, March 2020. See: https://studentprivacy.ed.gov/sites/default/files/resource_document/file/ferpa%20and%20coronavirus%20frequently%20asked%20questions.pdf.

Appendix 1: Resources

SCHOOL RESOURCE LINKS

- [Safe Schools for All Hub](#)
- [Testing Guidance](#)

Appendix 2: Sample Notifications

SCHOOL EXPOSURE TO A CASE OF COVID-19 NOTIFICATION

Sample Notification Letter to Parents/Guardians of Students Exposed to COVID-19 in School

[Date]

Dear Parent/Guardian:

[INSERT School Name] considers the health and well-being of our students and staff a priority. We have been alerted that your child may have been exposed to an individual diagnosed with COVID-19. We are following public health recommendations to ensure that the person with COVID-19 follows instructions for isolation and remains away from others until they can safely return to school. The individual with COVID-19 was in school while infectious on **[Date]**.

What does this mean for you and your child?

- **Your child may remain in school unless they develop symptoms or test positive for COVID-19.** Being exposed to somebody with COVID-19 does not necessarily mean that your child will become infected. In fact, scientific research, and experience from around the country – including from California during this school year – demonstrate that schools remain among the safest places for children to be.
- **Your child should get tested for COVID-19:** **[INSERT DATES, within 3-5 days after the last date that the individual with COVID-19 was in school], UNLESS your child had COVID-19 within the past 30 days (3 months).** If your child starts to feel sick or show [symptoms](#), they should get tested right away, even if they had COVID-19 before.
You may get tested at **[INSERT local school or community testing resources]** or by [clicking here to find a testing site near you](#). Over-the-counter (at-home) tests may also be used.
- **If your child develops [symptoms of COVID-19](#) or tests positive for COVID-19, please ensure they [isolate](#) at home immediately and notify us right away at **[INSERT school****

contact information]. When you notify us, we can take additional steps to keep our school community safe.

- **Your child must continue to wear a mask** indoors in the school and community per school, local, and state requirements. Follow school policies to protect against COVID-19. [High-quality masks](#) with the best fit and filtration will provide the best protection for your child and the school community.
- **If you haven't done so yet, your child should get vaccinated against COVID-19.** If your child is 12 years of age or older, a booster dose is recommended five months after the second dose. Vaccinations against COVID-19 remain the best way to protect against the spread of this virus and against severe disease. [Make an appointment to get vaccinated](#) or contact your child's doctor or healthcare provider to learn more.

We will continue to provide you with regular updates as needed. Note that infections diagnosed in students and school staff are not necessarily the result of exposure at school when safety protocols are followed at school, and COVID-19 transmission remains much more likely to occur outside of school settings.

We encourage you to contact us with questions and concerns. Please call us at **[INSERT Number]**, email us at **[INSERT Email]**, or visit our website **[INSERT School Website]** for updates.

Please be assured that we are committed to facilitating an optimal learning experience ensuring the safety of our students and staff.

Sincerely,
[INSERT Name, Title, and Contact information]

SPANISH VERSION

[Date]

Estimado padre/tutor:

[INSERT School Name] considera como una prioridad la salud y el bienestar de nuestros estudiantes y personal. Hemos sido alertados que su hijo(a) puede haber estado expuesto a un individuo diagnosticado con COVID-19. Estamos siguiendo las recomendaciones de salud pública para asegurarnos de que la persona con COVID-19 siga las instrucciones de aislamiento y se mantenga alejada de los demás hasta que pueda regresar sin riesgo a la escuela. El individuo con COVID-19 estuvo en la escuela mientras estaba contagioso en [Date].

¿Qué significa esto para usted y para su hijo(a)?

- **Su hijo(a) puede permanecer en la escuela a menos que desarrolle síntomas o tenga una prueba positiva de COVID-19.** El estar expuesto a una persona con COVID-19 no quiere decir necesariamente que su hijo(a) estará infectado(a). De hecho, las investigaciones científicas y las experiencias a lo largo del país – incluyendo a California durante este año escolar – demuestran que las escuelas continúan siendo uno de los lugares más seguros para los niños.
- **Su hijo/a debe realizarse la prueba de COVID-19** [INSERT DATES, within 3-5 days after the last date that the individual with COVID-19 was in school], **A MENOS que su hijo/a haya tenido COVID-19 en los últimos 90 días (tres meses).** Si su hijo/a comienza a sentirse enfermo o a presentar [síntomas](#), debe realizarse la prueba de inmediato, aunque ya haya tenido COVID-19. Puede realizarse una prueba en [INSERT local school or community testing resources] o [haga clic aquí para encontrar el centro de prueba más cercano](#). También puede utilizar pruebas de venta libre (en el hogar).
- **Si su hijo(a) desarrolla [síntomas de COVID-19](#) o tiene una prueba positiva de COVID-19, por favor asegúrese de que se [aísle](#) en casa de inmediato y avísenos enseguida al [INSERT school contact information].** Cuando nos avise, podremos tomar pasos adicionales para mantener segura nuestra comunidad.
- **Su hijo(a) debe continuar usando una mascarilla** adentro de la escuela y en la comunidad, según los requisitos de la escuela, locales y estatales. Seguir las normas de la escuela para protegernos contra el COVID-19. [Las mascarillas de alta calidad](#) con mejor ajuste y filtración proporcionarán la mejor protección para su hijo(a) y la comunidad escolar.
- **Si todavía no lo ha hecho, su hijo(a) debe vacunarse contra el COVID-19.** Si su hijo(a) tiene 12 años o más de edad, se recomienda una vacuna de refuerzo cinco meses después de la segunda dosis. Las vacunas contra el COVID-19 continúan siendo la mejor manera de

protegerse contra la propagación de este virus y contra la enfermedad grave. [Haga una cita para vacunarse](#) o contacte al doctor de su hijo(a) o a su proveedor de salud para aprender más.

Continuaremos proporcionándoles con actualizaciones según sea necesario. Sepa que las infecciones diagnosticadas en estudiantes y personal escolar no son necesariamente el resultado de haber estado expuesto en la escuela cuando se siguen los protocolos de seguridad en la escuela, y la transmisión del COVID-19 sigue sucediendo más probablemente fuera de la escuela.

Le exhortamos a contactarnos si tiene preguntas o preocupaciones. Por favor llámenos al **[INSERT Number]**, escríbanos un correo electrónico al **[INSERT Email]**, o visítenos en nuestra página web **[INSERT School Website]** para actualizaciones.

Por favor siéntase seguro de que estamos comprometidos a facilitar una experiencia de aprendizaje óptima al proteger la seguridad de nuestros estudiantes y personal.

Sinceramente,

[INSERT Name, Title, and Contact information]

SCHOOL CLOSURE NOTIFICATION DUE TO COVID-19 OUTBREAK

TK-12 SCHOOL NAME/LETTERHEAD

From School Principal (or Designee) Date

Dear Parents/Guardians, Teachers, and Staff Members,

We are informing you that we are closing our school, starting on [DATE] due to the ongoing COVID-19 outbreak and likely continuing transmission at our school. In consultation with the [LOCAL HEALTH OFFICER], we have been advised that the school should be closed for 14 days to prevent further transmission of COVID-19 and to clean and disinfect the school before reopening on [DATE].

During school closure, the school will switch to online teaching to continue our classes; please see attached information sheet on how students can sign in to continue their schoolwork online. The [LOCAL HEALTH DEPARTMENT] will also continue to follow-up with cases and contacts during school closure to ensure isolation and quarantine and testing. If upon school reopening, your child is feeling ill or having a fever or symptoms of COVID-19, even if symptoms are very minor, please do not send your child to school and consider getting your ill child tested for COVID-19. If your child is well without any symptoms, please remind your child before going back to school to use their face covering, stay at least 6 feet from other people, and wash their hands often with soap and water for 20 seconds. School staff should call in sick and stay home if having symptoms of COVID-19 and consider getting tested.

Symptoms of COVID-19 may appear 2-14 days after exposure to the virus and include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Ensuring the health and safety of our students, teachers, and staff members is of the utmost importance to us. If you have any questions or concerns, please contact [CONTACT NAME] at XXX-XXX-XXXX.

Sincerely,

Appendix 3: Public Health Directive

REPORTING DETAILS OF POSITIVE CASES

Reporting COVID-19 disease to local health authorities:

Notifying local health authorities of the disease burden in schools can expedite deployment of additional strategies and resources to manage illness and contain transmission and outbreaks.

1. Required Actions:

- a. K-12 schools should refer to California Code of Regulations (CCR) Title 17, [§2500](#) and [§2508](#) for reporting requirements. Note that 17 CCR §2500 has been temporarily modified by the [State Public Health Officer Order of February 10th, 2022](#).
- b. As workplaces, schools are subject to COVID-19 workplace outbreak reporting requirements stipulated in [AB 685](#) and [Cal/OSHA Emergency Temporary Standards](#).

Managing Students Diagnosed with COVID-19:

Prompt management of students with COVID-19 can prevent further spread and, in some cases, allow for early treatment.

1. Recommended Action:

- a. Students diagnosed with COVID-19 should follow recommendations listed in [Table 1 \(Persons with COVID-19\)](#) of CDPH's guidance for the general public, including staying home for at least 5 days and wearing a well-fitting mask around others for a total of 10 days, especially in indoor settings.

Managing Students Exposed to COVID-19:

Prompt notification to students and families regarding exposure to infectious diseases, including COVID-19, can allow for rapid testing, early treatment, and prevention of further spread.

1. Recommended Actions:

- a. It is recommended that families notify schools if their child has COVID-19 and was on school grounds during their [infectious period](#), and that schools in turn notify students who spent more than a cumulative total of 15 minutes (within a 24-hour time period) in a shared indoor airspace (e.g., classroom) with someone with COVID-19 during their infectious period.
- b. In lieu of individual exposure notifications, schools should consider providing a general notification to the entire school community during times of elevated [community transmission](#) of COVID-19. This communication can alert all to the increased potential of being exposed to COVID-19 due to a rise in cases among school and community members, and remind all to monitor for symptoms and get tested.
- c. All students with known exposure to persons with COVID-19 should follow recommendations listed in [Table 2 \(Asymptomatic Persons Who are Exposed to Someone with COVID-19\)](#) of CDPH's guidance

for the general public. If they remain without symptoms, students may continue to take part in all aspects of

K-12 schooling including sports and extracurricular activities. As recommended in [Table 2](#), they should wear a well-fitting mask around others for a total of 10 days and get tested 3-5 days after last exposure.

Managing COVID-19 Outbreaks:

CDPH will continue to support local health and education officials in managing [suspected or confirmed outbreaks](#) of COVID-19.

1. Recommended Actions:

- a. Broad disruptions to in-person learning, such as temporary school or classroom closures, due to COVID-19 should remain a last resort and considered only after all available resources have been exhausted, and only after conferring with local health officials.
- b. Local public health officials are encouraged to [contact CDPH](#) to learn more about consultation, testing and vaccination resources to support management of COVID-19 outbreaks.

Schools are authorized under the Family Educational Rights and Privacy Act (FERPA) to disclose personally identifiable information without parental consent to local health departments regarding COVID-19 testing and cases. (20 USC § 1232g(b)(1)(I).) In response to the COVID-19 pandemic, California has been under a State of Emergency since March 4, 2020. California continues to see the dire effects of this pandemic through limited ICU capacities and new cases and deaths each day. The COVID-19 pandemic poses an extreme threat to the health and safety of all Californians. Even with protocols in place to mitigate the transmission of COVID-19, the presence of an individual who has tested positive of COVID-19 on a K-12 public or private school campus is an emergency that poses a risk to health or safety of students and employees present on the campus. Reporting to the local health officer the presence of a positive case of COVID-19 in an individual who is or has been present on a K-12 public or private school campus is necessary to protect the health and safety of students and employees present on the campus. California law (17 C.C.R. section 2508) also requires anyone in charge of a K-12 public or private school kindergarten to report at once to the local health officer the presence or suspected presence of any of the communicable disease, which includes COVID-19.

Accordingly:

Effective immediately, every local educational agency (school district, county office of education, and charter school) and private school in California shall notify its local health officer of any known case of COVID-19 among any student or employee who was present on a K-12 public or private school campus within the 10 days preceding a positive test for COVID-19. Specifically, the local educational agency or private school shall report the following information:

- o The full name, address, telephone number, and date of birth of the individual who tested positive;
- o The date the individual tested positive, the school(s) at which the individual was present on-site within the 10 days preceding the positive test, and the date the individual was last on-site at any relevant school(s); and

- The full name, address, and telephone number of the person making the report.

This information shall be reported to the local health officer by telephone within twenty-four hours from the time an individual within the local educational agency or private school is first made aware of a new case.

This reporting shall continue until this directive is modified or rescinded.

Information reported to the local health officer pursuant to this directive shall not be disclosed except to (1) the California Department of Public Health; (2) to the extent deemed necessary by the local health officer for an investigation to determine the source of infection and to prevent the spread of COVID-19, including with health officers in other jurisdictions as necessary to monitor, investigate, prevent, and/or control the spread of COVID-19; (3) if required by state or federal law; or (4) with the written consent of the individual to whom the information pertains or the legal representative of the individual.

This reporting does not replace or supersede any other statutory or regulatory requirements that require reporting of COVID-19 cases and/or outbreaks to other entities