



COVID-19 PREPARED:

Reopening of Santa Clara County K-12 Schools

for the 2020-2021 School Year

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Table of Key Updates

Page	Description of Updates
X	<u>Non-Classroom Settings</u> : Update to remove density limitation in staff break rooms, offices, and workspaces; clarification of prohibition on staff gathering and eating in any indoor spaces
X	<u>Recommended Health Screening</u> : Update to question 2 to reflect change in quarantine period
X	<u>Response to Suspected or Confirmed Cases and Close Contacts and Tables 1 and 2</u> : Updates to reflect change in quarantine period
X	<u>Appendix A</u> : Update to reflect change in quarantine period

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Introduction and Overview

This document is designed to assist in planning for the safer reopening of public and private K-12 schools in Santa Clara County for the 2020-2021 school year. We recognize the importance of returning students to school campuses for in-person instruction, as well as the overarching need to protect the health and safety of our students, school staff, and broader community. The goal of this document is to help schools plan for and implement measures to reduce COVID-19 transmission in the school setting, while meeting the educational needs of all students. We expect that COVID-19 will be present, to some degree, in our community throughout the upcoming school year. Schools should expect that they will experience a COVID-19 exposure after they reopen and must be prepared to respond. However, the requirements and recommendations in this document are intended to significantly reduce the risk that other students and staff will be exposed to COVID-19.

Education, just like healthcare and food provision, is essential to our community, and as such, the reopening of school campuses for in-person instruction with strict safety protocols should be prioritized. School closures magnify socioeconomic, racial, and other inequities among students. The students most impacted by school closures are those whose parents comprise a disproportionate share of our community's essential workforce and may be less available to provide instructional support, those without access to technologies that facilitate distance learning, and those with special needs. The health-related risks for children who are not provided in-person instruction are significant, including lower rates of immunization, higher rates of undetected child abuse and neglect, and risk to social/emotional wellbeing.

The safety of teachers and other staff is also a critical priority in school reopening guidance and decisions. We have highlighted key staff safety measures in a standalone section that summarizes safety measures set forth throughout this document to protect staff and students, and also includes many additional safety measures specific to staff that have been effective in reducing transmission risk in other workplace settings.

The reopening and closing of schools are subject to certain criteria and guidance issued by the California Department of Public Health (CDPH). Currently, the State has directed schools to conduct only distance learning if they are located in a local health jurisdiction that has been on Tier 1 (i.e., Purple Tier) in the prior 14 days. While in Tier 1, elementary schools may apply to their local health officer for a waiver to fully or partially reopen for in-person instruction, and schools may provide "in-person child supervision and limited instruction, targeted support services, and facilitation of distance learning in small group environments for a specified subset of children and youth" under the State's [small cohort guidance](#). If the county is in Tier 2, all schools may re-open without a waiver. If the county returns to Tier 1, schools are not required to close but should consult with the Public Health Department and plan to increase testing.

Because the prevalence of COVID-19 in our community can change quickly in a short period of time, schools will need to maintain flexibility in their delivery of educational instruction. Schools should be prepared to switch between distance learning and in-person instruction, and vice

versa, with little notice. Schools reopening for in-person instruction should also be ready and able to provide distance learning for students who may need to isolate or quarantine, as well as students who are medically fragile or who have a household member who is medically fragile.

This document contains a series of public health requirements, recommendations, and considerations for schools reopening their campuses for in-person instruction. These should be read in conjunction with all relevant local, State, and federal laws, as well as school reopening requirements and/or guidance from the State and federal government, including but not limited to the California Department of Education's "[Stronger Together: A Guidebook for the Safe Reopening of California's Public Schools](#)" (June 2020), CDPH's "[COVID-19 Industry Guidance: Schools and School-Based Programs](#)" (July 17, 2020), CDPH's "[COVID-19 and Reopening In-Person Learning Framework for K-12 Schools in California, 2020-2021 School Year](#)" (July 17, 2020), CDPH's "[COVID-19 and Reopening In-Person Learning: Elementary Education waiver Process](#)" (August 3, 2020), and CDPH's [Schools Guidance FAQs](#) (August 3, 2020), CDPH's [Youth Sports Questions and Answers](#) (August 3, 2020).

The **requirements** in this document are actions that the County of Santa Clara Public Health Department is *requiring* schools to follow as they resume in-person instruction. Only those items labeled "requirements" in this document must be in place for schools to proceed with in-person instruction.

The **recommendations** in this document are additional measures that the County of Santa Clara Public Health Department recommends schools take to protect the health and safety of students, staff, and the broader community. Recommendations from federal, state, or local public health officials are distinct from the legal orders or requirements that schools *must* follow. The recommendations in this document reflect the best judgment of the County of Santa Clara Public Health Department as to practices that schools should follow, and they take into account local conditions and considerations. Many portions of the California Department of Education's "[Stronger Together: A Guidebook for the Safe Reopening of California's Public Schools](#)," CDPH's "[COVID-19 Industry Guidance: Schools and School-Based Programs](#)," and CDPH's "[COVID-19 and Reopening In-Person Learning Framework for K-12 Schools in California, 2020-2021 School Year](#)," for example, offer general guidance for the entire state, where conditions vary significantly from region to region.

Finally, the **considerations** in this document provide concrete examples of how the requirements or recommendations can be implemented and factors that school administrators may want to keep in mind when implementing them. These considerations are not requirements that schools must follow or even recommendations that the County urges schools to adopt.

Guiding Principles

Several key principles informed the creation of this document:

1. **Evidence- and Practice-Based:** This document is based on a review of the scientific research and available epidemiologic data on COVID-19. Although there continues to be limited information available on COVID-19 transmission dynamics, effectiveness of various public health interventions, and the clinical impact of COVID-19 on children and youth, we have utilized the best evidence available to create our recommendations. This included evaluation of published scientific literature, the experiences of other jurisdictions, and recommendations of experts in the United States and elsewhere.

Early decisions on school closure by public health experts around the country were based heavily on knowledge and experience with influenza, a disease for which school-based transmission is a significant factor in community-wide spread of disease. While scientific data for COVID-19 is still limited, published studies suggest that the epidemiology of COVID-19 is distinct from that of influenza. Specifically, studies suggest:

- COVID-19 disease prevalence among children is lower than in adults, and children who contract COVID-19 are more likely than adults to be asymptomatic or to have very mild symptoms.
- Multisystem inflammatory syndrome in children (MIS-C), a severe condition associated with COVID-19, remains rare.
- In several studies, children were less likely to be the first case within a household, suggesting that child-to-adult transmission may be less common than adult-to-child transmission.
- In other countries, where schools remained open or have recently reopened, cases in schoolchildren have been associated with few secondary cases in the school, suggesting that child-to-child transmission may also not be as significant as with influenza.
- Emerging data from summer camps in the United States suggest that spread in camp settings may be more widespread and may differ from school settings.
- Analysis of data broken down further by age show that these trends are seen more in younger children compared to teenagers, whose disease patterns more closely parallel those of adults.

These key findings have important implications for how we think about infection risk and play an important role in guiding our recommendations for preventing transmission in schools. Specifically, these findings suggest that COVID-19 transmission in schools is likely to be less widespread than influenza transmission, that adult-to-child transmission is greater than child-to-child transmission, and that transmission risks among younger children appear to be lower than older children.

2. **Collaborative:** In developing this document, we are grateful for the collaboration of the Santa Clara County Office of Education; the questions and concerns we have heard from school superintendents, parents, and others; and our partnership with other health officers and school

officials in the San Francisco Bay Area and throughout the State of California. The input that we received has been invaluable in helping us to consider the educational needs of students and the practical constraints facing schools and families while also protecting the health and safety of students, staff, and our entire community.

3. **Iterative:** Given the evolving nature of the COVID-19 epidemic and the scientific information that we anticipate will develop in the coming months, we expect that this document may need to be updated in the future.

4. **Practical and Adaptable:** During this unprecedented pandemic, we realize that schools face significant operational constraints, parents and teachers have a range of perspectives on the reopening of school campuses, and students themselves have a variety of educational and developmental needs. These heterogenous perspectives are particularly evident when considering the spectrum of differences across elementary, middle, junior high, and high school settings and the possibility of intermittent partial or full school closures (short-term or long-term) in the upcoming academic year. This document, therefore, was designed to provide clear direction while allowing schools appropriate flexibility based on their own constraints and resources.

Section 1: Prevention

Common public health strategies to reduce the risk of disease transmission in schools and other community settings include: (1) minimizing the number of people who come into contact with each other, (2) maximizing the physical distance between people, (3) reducing the time that people spend in close proximity to others, (4) measures to minimize dispersion of droplets and aerosols (e.g., using face coverings and covering coughs and sneezes), (5) conducting activities outdoors, whenever possible, and (6) maximizing ventilation while indoors. Because the relative contribution of each of these measures in reducing the spread of COVID-19 is not yet clear, public health experts have generally recommended that they be used collectively where possible.

These strategies may be easier or harder to implement in different age groups or settings. For example, a school may be able to ensure that younger elementary school students have fewer contacts by having students stay in one classroom, but young students may be less able to wear face coverings consistently or maintain physical distancing during age-appropriate social and educational activities. In contrast, high school students encounter more individuals in a typical school day but are likely to have greater ability to maintain physical distancing and to more consistently use face coverings. (See Figure 1.) For these reasons, the requirements, recommendations, and considerations for minimizing disease transmission on school campuses necessarily vary by age group.

Figure 1. Organizing Principles for Preventing COVID-19 Transmission by Age Group

**Organizing Principle:
Stable Cohorts**

**Organizing Principle:
Physical Distancing and
Face Coverings**



Less feasible to limit close contact and wear face coverings

More feasible to maintain stable cohorts

Greater need for in-person and group-based instruction with close contact to support social-emotional and academic development

More feasible to limit close contact and wear face coverings

Less feasible to maintain stable cohorts

Lesser need for in-person or group-based instruction with close contact to support social-emotional and academic development

A. Physical Distancing

1. General

Requirements

- Communicate with all staff and families regarding physical distancing requirements and recommendations.
- Train staff and students on protocols for physical distancing for both indoor and outdoor spaces.
- Post signage reminding students and staff about physical distancing in prominent locations throughout each school campus and along well-traveled walk or bike routes to school.
- Allow only necessary visitors and volunteers on the campus and limit the number of students and staff who come into contact with them.
- For outside organizations utilizing school facilities outside of school hours, ensure that they follow all required health and safety measures.
- Ensure staff maintain six feet or more of distance from one another and any visitors and volunteers on the school campus.

Recommendations

- Place markings on the ground to facilitate physical distancing of six feet or more at all school entry and exit points, bike racks/cages, crosswalks near the school, in classrooms, and elsewhere on campus where students or staff are expected to cluster or form lines.
- Review emergency plans and drills to facilitate physical distancing, to the extent feasible, during such events.

2. Arrival and Departure

Requirements

- Minimize close contact between students, staff, families, and the broader community at arrival and departure through the following methods:
 - Utilize as many entrances and exits as can be supervised appropriately to decrease crowding at entry and exit points.
 - Designate routes for entry and exit.¹
 - 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 should enter the facility to pick up or drop off the child.
 - Mark spaces six feet apart for adults waiting outside to drop off or pick up students on foot, by bicycle, or other means of active transportation.
 - Require adults entering campus for in-person pick-up or drop-off to wear a face covering.
 - Provide supervision to disperse student gatherings during school arrival and departure.

Recommendations

- Block off every other parking space (or otherwise limiting close contact) at designated areas for bikes, scooters, and skateboards.
- Train safety patrol and crossing guards to encourage students and any accompanying adults to engage in safe behaviors, such as wearing a cloth face covering and staying six feet apart from others while traveling to school.

Considerations

- If crowding of students is occurring during arrival or departure, consider staggering arrival or departure times and designating multiple pick-up and drop-off locations to maximize physical distancing while minimizing scheduling challenges for students and families.
- Add bicycle racks to support bicyclists in maintaining distance from each other.

¹ Schools should designate routes for entry and exit of individuals arriving or departing by walking, biking, scootering, skateboarding, wheelchair, or vehicle.

3. Classroom Settings

Requirements

- Elementary schools
 - Ensure students and staff remain in stable classroom cohorts by keeping the same students and teacher or staff together for the entire school day.² Students should not mix with other stable classroom cohorts.
 - Maximize spacing between student desks, ideally six feet or more, to the extent practicable.
- Middle schools/junior high schools and high schools
 - Space student desks at least six feet apart.
- All schools
 - Class sizes should be as small as practicable.
 - Distance teacher and staff desks at least six feet away from students' desks to minimize the risk of adult-to-child disease transmission.
 - Assign stable seating arrangements for students to ensure that close contacts within classrooms are minimized and easily identifiable.

Recommendations

- Elementary schools
 - Prioritize stability of stable classroom cohorts over physical distancing or face covering use in 2nd grade and below. Given the social and educational needs of this age group, physical distancing and face coverings may be difficult to enforce for this age group. Therefore, strict maintenance of a stable classroom cohort, which minimizes the total number of contacts, is the primary mechanism of risk reduction.
- Middle schools/junior high schools and high schools
 - Establish stable classroom cohorts for the entire school day, if feasible.
- In all settings

² However, (1) students with disabilities and staff providing special education and related services can rotate into general education classrooms for a portion of the day as long as such staff maintain at least 6 feet of distance from everyone in the cohort, other than the student receiving the services, (2) students with disabilities may spend a portion of the day in a separate classroom cohort for the provision of special education services, (3) specialty teachers may rotate into classrooms for specialized instruction (e.g., art or music) as long as they maintain at least 6 feet of distance from everyone in the cohort, and (4) substitute teachers can provide coverage for teachers who are absent as long as the substitute teachers maintain at least 6 feet of distance from everyone in the cohort. Schools should minimize the number of close contacts for students with disabilities and staff working with such students, whether they are rotating into a general education classroom or joining another cohort for special education services. If possible, schools should limit the number of stable cohorts that substitute teachers interact with by assigning certain substitutes to specific schools.

- Move as much instruction and as many activities as possible to outdoor spaces and other larger spaces to allow for greater distancing between students and greater dispersion of viral particles.
- Train staff and students to maintain at least six feet of distance from each other as much as possible .
- Increase ventilation by increasing outdoor air circulation (e.g., by opening any operable windows and/or doors) or using high-efficiency air filters and increasing ventilation rates.³
- Reduce the amount of furniture and equipment in the classroom to facilitate distancing and reduce high-touch surfaces.
- Student desks should be faced in the same direction (and not facing each other) to minimize risk of disease transmission, if feasible.
- Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, electronic devices, etc.) to the extent practicable, or limit use of supplies and equipment to one group of students at a time and clean and disinfect between uses.
- Keep students' belongings separate so that students do not come in contact with other students' belongings.
- For schools organizing students into stable cohorts, assign students to stable cohorts based on known associations outside of school, to the extent feasible. For example, if certain students attend the same afterschool program, assign them to the same stable cohort at school.

Considerations

- Place markings on classroom floors to facilitate physical distancing.
- For middle schools/junior high schools and high schools, facilitate stable classroom cohorts by having different teachers rotate into the classroom to teach different subjects.
- Limit the number of teachers physically present with each student cohort, such as by having specialty or subject-specific teachers provide instruction remotely.

³ Increase circulation of outdoor air as much as possible by opening any operable windows and doors, unless doing so would pose a health or safety risk to individuals using the facility (e.g., allowing in pollen or smoke or exacerbating asthma symptoms). If opening windows poses a safety or health risk, maximize central air filtration for HVAC systems (ideally with a targeted filter rating of at least MERV 13).

4. Non-Classroom Settings

Requirements

- Staff Break Rooms, Offices, and Workspaces: Do not allow staff to gather and eat in any indoor spaces, such as break rooms and offices.

Recommendations

- Restrooms: Stagger restroom use by groups of students to the extent practicable, and/or assign certain groups of students to use certain restrooms.
- Libraries: Stagger group use of libraries.
- Cafeterias: Serve meals in classrooms or outdoors, instead of cafeterias or group dining rooms, wherever practicable.
- Physical Education, Playgrounds, and Recess:
 - Conduct activities outdoors whenever possible, with appropriate physical distancing within cohorts to the extent practicable.
 - Consider holding outdoor activities in separated areas designated by class and/or staggered throughout the day. Place markings on the playground to facilitate physical distance between stable cohorts. Instruct playground supervisors to keep stable cohorts apart to the extent practicable.
 - Limit use of shared playground equipment in favor of physical activities that require less contact with surfaces and allow for greater physical distancing.
 - Cloth face coverings must be worn during indoor physical conditioning and training or physical education classes. Activities that require heavy exertion should be conducted outside in a physically distanced manner without face coverings. Activities conducted inside should be those that do not require heavy exertion and can be done with a face covering. Students should take a break from exercise if any difficulty in breathing is noted and should change their face covering if it becomes wet and sticks to the student's face and obstructs breathing.
 - Have playground recess supervisors carry first aid kits that include handsanitizer, face coverings, and gloves.
- Lockers: Minimize use of lockers to avoid unnecessary mixing and congregation of students in hallways.
- Hallways: Minimize congregate movement through hallways as much as practicable. For example, establish more ways to enter and exit a campus, stagger passing times when necessary or when students cannot stay in one room, and establish designated one-way walking/passage areas.
- Staff Break Rooms:
 - Consider closing break rooms and prohibit staff from drinking or eating together indoors.

- Encourage or require staff to eat meals outdoors or in large, well ventilated spaces.
- School Offices:
 - Space staff's workstations at least six feet apart.
 - Consider reorganizing workspaces to prevent risk of transmission.
 - Place markings on the ground to remind students/staff to maintain physical distancing.
 - Increase ventilation by increasing outdoor air circulation (e.g., by opening any operable windows) or using high-efficiency air filters and increasing ventilation rates.⁴

5. Transportation to and from School

Requirements

- Require families to screen students for COVID-19 symptoms before they board the school bus/van.
- Ensure at least six feet of distance between the bus/van driver and students when seated. These may include use of physical partitions or visual cues (e.g., floor decals, colored tape, or signs to indicate to students where they should not sit or stand near the bus operator).
- Ensure bus/van drivers and students wear face coverings at all times while awaiting and riding on buses/vans.
- Maximize physical distancing between students on the bus/van by limiting available seats to the extent practicable (e.g., every other row available for seating).
- Students from the same family and/or the same classroom should be instructed to sit together whenever possible to minimize exposure to new contacts.
- Buses/vans should be thoroughly cleaned and disinfected daily and after transporting an individual who is exhibiting COVID-19 symptoms.
- For individuals walking or biking to the school campus, at least six feet of physical distancing should be maintained.

Recommendations

- Increase ventilation on buses/vans by opening any operable windows, to the greatest extent possible.

⁴ Increase circulation of outdoor air as much as possible by opening windows and doors, unless doing so would pose a health or safety risk to individuals using the facility (e.g., allowing in pollen or smoke or exacerbating asthma symptoms). If opening windows poses a safety or health risk, maximize central air filtration for HVAC systems (ideally with a targeted filter rating of at least MERV 13).

- Provide bus/van drivers with extra face coverings for students who lose or forget to bring their face coverings.
- Provide bus/van drivers with disinfectant wipes and disposable gloves to support disinfection of frequently touched surfaces during the day.
- Advise families and staff to carpool only with members of their stable cohort, to wear a face covering while carpooling, and to open windows during carpooling to maximize outdoor air circulation when feasible.

Considerations

- Maximize physical distancing between students at bus stops by placing ground markings at bus stops.

B. Hygiene Measures

1. Face Coverings⁵

Requirements

- Teachers and staff
 - All adults must wear a face covering at all times while on campus, except while eating or drinking.
 - Staff excluded from this requirement are those that require respiratory protection according to Cal/OSHA standards.
 - Staff who are unable to wear a face covering for medical reasons shall not be assigned duties that require close contact with students or other staff.
- Students
 - All students (transitional kindergarten through 12th grade) are required to wear face coverings:
 - while arriving and departing from school campus;
 - in any area outside of the classroom (except when eating, drinking, or engaging in a physical activity requiring heaving exertion);⁶
 - while waiting for or riding on a school bus.
 - Students in 2nd grade and below must be encouraged to wear a face covering within their stable classroom cohort as much as possible.
 - Students in 3rd grade and above must use face coverings when in the classroom even if they are in a stable classroom cohort.
 - Students excluded from face covering requirements include: (1) anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the covering without assistance and (2) students with special needs who are unable to tolerate a face covering.
- Post signage in high visibility areas to remind students and staff of (1) when and where face coverings are required and (2) appropriate use of face coverings.
- Communicate with all staff and families regarding expectations for use of face coverings at school and how to wash face coverings.
- Educate students, particularly younger elementary school students, on the rationale and proper use of face coverings.

⁵ For information on appropriate face coverings, please see the CDC's guidance, "How to Select, Wear, and Clean Your Mask" (updated August 27, 2020), available at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>.

⁶ If elementary students are outside the classroom where they are only with members of their stable cohort, cloth face coverings are not required.

Recommendations

- Do not exclude students from the classroom if they occasionally fail to wear a face covering, or if a few students in the classroom are consistently unable to wear a face covering, when required. The small increase in risk of disease transmission does not justify classroom exclusion, but students without face coverings should maintain six feet of physical distance to the extent feasible.
- If a student or staff experiences difficulty wearing his/her face covering, allow the individual to remove his/her face covering for a short period of time. For younger children in 2nd grade and below, consider scheduling times throughout the day when face coverings are not required, as long as students are outside and will only interact with members of their stable classroom cohort.
- Provide face coverings for students and staff who lose their face coverings or forget to bring them to school.
- Face shields are not recommended as a replacement for face coverings given concerns over their ability to minimize droplet spread to others. However, teachers and other staff may consider using face shields in combination with face coverings when in the classroom to further reduce the risk of transmission.
- Teachers may consider using face coverings with clear windows during phonological instruction, or a face shield with an appropriate seal (cloth covering extending from the bottom edge of the shield and tucked into the shirt collar), to enable students to see the teacher's mouth and in settings where a face covering poses a barrier to communicating with a student who is hearing impaired or a student with a disability.
- Except as specifically provided in this document, students and staff should use cloth face coverings whenever face coverings are required. Medical masks, such as N95 and surgical masks, are strongly discouraged for general use due to the global shortage of medical masks needed for healthcare professionals. However, schools may use existing inventories of disposable masks, including N95 and surgical masks, for students and staff if reusable cloth face coverings are not available.

2. Handwashing and Other Hygiene Measures

Requirements

- Teach and reinforce proper handwashing technique, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes.
- Post signage in high visibility areas to remind students and staff of proper techniques for handwashing and covering of coughs and sneezes and other prevention measures.
- 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.
- Minimize staff's and students' contact with high-touch surfaces (e.g., propping open building or room doors, particularly at arrival and departure times).

Recommendations

- Model, practice, and monitor handwashing, particularly for lower grade levels.
- Develop routines to ensure students wash their hands or use hand sanitizer upon arrival to campus; after using the restroom; after playing outside and returning to the classroom; before and after eating; and after coughing or sneezing.
- Have students and staff wash hands at staggered intervals to minimize congregation around handwashing and hand sanitizer stations.
- Proper handwashing is more effective at preventing transmission, but hand sanitizer is an acceptable alternative if handwashing is not practicable.
- Provide hand sanitizer in each classroom, in any other indoor space used by students or staff, at building entrances/exits, and at locations designated for students or staff to eat.
 - Students under the age of 9 should use hand sanitizer only under adult supervision.
- Suspend or modify use of site resources that necessitate sharing or touching items. For example, consider suspending use of drinking fountains and installing hydration stations; encourage the use of reusable water bottles.

Considerations

- Consider installing additional temporary handwashing stations at all school entrances and near classrooms to minimize movement and congregation in bathrooms.

C. Cleaning and Maintenance

Requirements

- At least daily, and more frequently if feasible, clean and disinfect frequently touched hard surfaces (e.g., tables, desks, chairs, door handles, light switches, phones, copy/fax machines, bathroom surfaces (toilets, countertops, faucets), drinking fountains, and playground equipment) and shared objects (toys, games, art supplies, books) pursuant to CDC guidance. See:
 - [Cleaning and Disinfecting Your Facility](#)
 - [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)

Recommendations

- When choosing cleaning products, use those approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list “N” and follow product instructions. Choose asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) whenever possible and avoid products that mix these ingredients with peroxyacetic (paracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can exacerbate asthma.
- Provide employees training on manufacturer’s directions, on Cal/OSHA requirements for safe use and as required by the Healthy Schools Act, as applicable.
- Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible, for example, by opening any operable windows where practicable. When cleaning, air out the space before students arrive; plan to do thorough cleaning when students are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.
- Ensure that all water systems are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires’ disease and other waterborne diseases.
- After an illness, limit access to areas used by the sick person (e.g., a student’s desk or a staff member’s office) until cleaned and disinfected.

Considerations

- Limit use of items that are difficult to clean and sanitize.
- Establish a cleaning and disinfecting schedule to avoid both under- and over-use of cleaning products.

D. Food Services

Requirements

- Refer to Distancing Section above for requirements regarding physical distancing in cafeterias and food service areas.
- Follow any and all applicable requirements issued by the County's Department of Environmental Health and the State of California to prevent transmission of COVID-19 in food facilities.

Recommendations

- Serve meals in classrooms or outdoors instead of in cafeterias or group dining rooms wherever practicable. Serve individually plated or bagged meals. Avoid sharing of foods and utensils and buffet or family-style meals.

E. Electives, Extracurricular Activities, Athletics, and School Events

1. *Electives and Extracurricular Activities*

Requirements

- Do not allow electives and extracurricular activities in which physical distancing (at least six feet) and face covering use cannot be maintained at all times.
- Do not allow aerosol generating activities, including in-person choir, band, and vocal cheerleading activities (cheers and chants) due to increased risk of disease transmission.

Considerations

- Consider whether extracurricular activities can be conducted outdoors or virtually (e.g., remote broadcasting of musical and theatrical practice and performances) or while maintaining stable classroom cohorts.
- In-person choir, band, and vocal cheerleading activities may be conducted if they do not include aerosol-generating activities such as singing, playing of wind and brass instruments, cheering, or chanting. In-person class time can be used for non-aerosol generating activities, such as rhythm study, music theory, music history, composition, and analysis.

2. *Athletics*

School athletics may only occur in compliance with CDPH's [youth sports guidance and industry-specific guidance for schools](#).

3. School Events

Requirements

- For elementary schools:
 - Field trips, assemblies, and other gatherings are permitted if (1) students of different classroom cohorts do not mix and (2) classroom cohorts remain at least 25 feet apart from each other.
- For middle schools/junior high schools and high schools:
 - Field trips, assemblies, and other gatherings will be permitted to the extent allowed under any applicable requirements for gatherings occurring in the community.
- In all schools:
 - Attendance at school events should be limited to students and staff or those participating in a presentation only (no visitors).

Recommendations

- Maximize the number of school events that can be held virtually or outside.
- Events involving on-campus visitors interacting with staff or students should be minimized.

F. Additional Safety Measures for Teachers and Other Staff

This section summarizes many of the key requirements, recommendations, and considerations that protect both staff and students, as well as specific additional requirements and recommendations to reduce transmission risks for teachers and other staff.

Requirements

- Limit visitors to campus, maximize physical distancing among staff and between staff and students, do not allow staff to eat together in break rooms, as described in further detail elsewhere in Section 1 of this document.
- All students and staff must be screened for symptoms daily, as described in Section 2 of this document.
- Conduct all staff meetings, professional development training and education, and other activities involving staff via video or phone conference. If in-person attendance is necessary, conduct such activities outdoors, if feasible, and with appropriate physical distancing.
- Ensure staff maintain six feet or more of distance between one another while on the school campus as described in Section 1.A.1 of this document.
- Adopt procedures to ensure staff can maintain six feet or more of distance from any necessary visitors and volunteers as described in Section 1.A.1 of this document.
- Provide adequate training and personal protective equipment to protect custodial staff who will be cleaning and disinfecting areas used by any sick person. To reduce risk of exposure, wait 24 hours before you [clean and disinfect](#). If it is not possible to wait 24 hours, wait as long as practicable.
- Require students and staff to get tested after they develop one or more COVID-19 symptoms or if one of their household members or non-household close contacts tested positive for COVID-19.

Recommendations

- *Staff break rooms/meals:*
 - Consider closing break rooms or limiting the number of staff who can be in the break room at a given time (particularly rooms that are small) to allow for physical distancing.
 - Encourage or require staff to eat meals outdoors or in large, well ventilated spaces.
- *School offices:*
 - Arrange staff workspaces so that staff are at least six feet apart.
 - Consider reorganizing workspaces to prevent risk of transmission (e.g., orienting staff away from each other in shared workspaces).
 - Place markings on the ground to remind students/staff to maintain physical distancing.

- Increase ventilation by increasing outdoor air circulation (e.g., by opening any operable windows) or using high-efficiency air filters and increasing ventilation rates.⁷
- Equipment for bus drivers:
 - Provide bus drivers with extra face coverings for students who lose or forget to bring their face coverings.
 - Provide bus drivers with disinfectant wipes and disposable gloves to support disinfection of frequently touched surfaces during the day.
- Equipment for front office staff:
 - Install physical barriers, such as a glass window or clear plastic barrier, in the school's front office to separate staff from visitors and volunteers.
 - Teachers and other staff with close contact with students may consider wearing face shields in addition to wearing face coverings, as described in Section 1.
- Personal protective equipment (PPE) for special education instructors and aides and healthcare personnel:
 - A surgical mask and face shield is recommended when providing services to students which requires repeated close contact interactions (e.g., assistance with activities of daily living) or conducting health assessments (including vision and hearing screening).
 - Gloves and any additional PPE should be worn as recommended for procedures which require universal precautions (e.g., toileting assistance, catheterization, and insulin administration).
 - PPE for potential aerosol generating procedures (e.g., suctioning of tracheostomy sites and nebulizer treatments) should follow [CDC guidance](#).

Considerations

- Hold regular all-staff meetings or send regular communications regarding implementation of the school's COVID-19 prevention plan and strategies.
- Arrange classroom furniture and equipment to maximize physical distance between teachers and students when a teacher is providing whole group instruction to the class and close contact is not necessary to deliver instruction.
- Develop policies that encourage staff and students to stay home when they are sick.
- Minimize the number of teachers physically present with each cohort, for example by having specialty or subject-specific teachers provide remote instruction.

⁷ Increase circulation of outdoor air as much as possible by opening windows and doors, unless doing so would pose a health or safety risk to individuals using the facility (e.g., allowing in pollen or smoke or exacerbating asthma symptoms). If opening windows poses a safety or health risk, maximize central air filtration for HVAC systems (ideally with a targeted filter rating of at least MERV 13).

Section 2: Monitoring

A. Health Screenings

Health screenings refer to symptom screening, temperature screening, or a combination of both. Although temperature screening for COVID-19 has become a widespread practice in a variety of business and community settings, its limited effectiveness may be outweighed by potential harms. With respect to COVID-19, 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), some people with COVID-19 never become ill but can still infect others (asymptomatic transmission), and fever may not be the first symptom to appear.

There are also several drawbacks and limitations to temperature screening including inaccurate results, potential risks to the personnel who are measuring temperatures, potential risks to screened populations, and significant logistical challenges and costs. Temperature screening may additionally lead to delays in the start of the school day and may also inadvertently increase risk of disease transmission if students congregate in long lines while waiting to be screened. For these reasons, temperature screening is not a requirement for schools.

Requirements

- Post signs at all entrances instructing students, staff, and visitors not to enter campus if they have any COVID-19 symptoms. COVID-19 symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, loss of taste or smell, nausea/vomiting or diarrhea.
- All students and staff must be screened for symptoms each day. Staff and students' parents or guardians can conduct symptom screening at-home, prior to arrival. Alternatively, symptom screening can occur on-site via self-reporting, visual inspection, or a symptom screening questionnaire. Symptom screenings do not need to be performed by a nurse or other health professional.
- Temperature screening of students and staff is not required. If temperature screening is performed, contact-less thermometers should be used.
- Contact thermometers should only be used when a fever is suspected and if appropriate PPE can be used (facemask, eye protection, and disposable gloves). Contact thermometers must be properly cleaned and disinfected after each use.
- Students or staff with any identified COVID-19 symptoms and/or a temperature of 100.0 or higher must be sent home immediately until testing and/or medical evaluation has been conducted.
- Communicate screening requirements to all staff and families. Provide periodic reminders throughout the school year.

Recommendations

- Any on-campus temperature screening (for students or staff) should be conducted using a contact-less thermometer with a physical barrier in place to separate the screener from individuals screened. Specifically,
 - Screening stations should be set up at least six feet apart from each other.
 - A physical barrier, such as a glass window or clear plastic barrier on a table, for the person taking the temperature to stand behind, should be put in place.
 - If a barrier cannot be put in place, the person measuring temperatures should be trained and wear appropriate PPE (facemask, eye protection, and disposable gloves).
 - When using a non-touch (infra-red) or temporal thermometer, gloves do not need to be changed before the next check if the individual screened was not touched.

Figure 2. Recommended Health Screening for Students and Staff

Ask these questions. A person who answers "Yes" to any one of these questions must not be allowed to enter the school facility.

1. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?

Yes – STAY HOME and seek medical care.

2. Within the past 10 days, have you had close contact with someone who has been in isolation for COVID-19 or had a test confirming they have the virus? Close contact is less than 6 feet for 15 minutes or more.

Yes – STAY HOME and seek medical care and testing.

3. a. Have you had any one or more of these symptoms today or within the past 3 days?

- Fever or chills
- Cough
- Loss of taste or smell
- Shortness of breath or difficulty breathing

Yes – STAY HOME and seek medical care and testing.

b. Have you had any one or more of these symptoms today or within the past 3 days and that are new or not explained by another reason?

- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Nausea, vomiting, or diarrhea

Yes – STAY HOME and seek medical care and testing.

B. COVID-19 Testing and Reporting

Requirements

- Indications for testing:
 - Require students and staff to get tested after they develop one or more COVID-19 symptoms or if one of their household members or non-household close contacts tested positive for COVID-19.⁸
- Positive test results:
 - 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 been in close contact with a COVID-19 case, take actions as required in Section 3 below.
 - Students/staff who test positive and have completed isolation requirements as outlined in Section 3, do not require a medical note or a negative test prior to returning to school/work.
- Negative test results:
 - Symptomatic individuals who are not close contacts and who test negative for COVID-19 can return to in-person school/work after at least 24 hours from fever resolution (if any) and improvement in other symptoms. Documentation of negative test results must be provided to school administration. In lieu of a negative test result, allow students and staff to return to work with a medical note by a physician that provides alternative explanation for symptoms and reason for not ordering COVID-19 testing.
 - Close contacts who test negative can return to in-person school/work upon completion of quarantine as described in Section 3. Students/staff who test negative and have completed quarantine requirements as outlined in Section 3, do not require a medical note or a negative test prior to returning to school/work.

Recommendations

- In lieu of a negative test result, allow symptomatic individuals who are not close contacts to return to work/school with a medical note by a physician that provides alternative explanation for symptoms and reason for not ordering COVID-19 testing.
- If a symptomatic individual who is not a close contact is not tested (and no alternative explanation is provided by a physician) then he/she should follow isolation requirements for confirmed COVID-19 cases, as detailed in Section 3, before returning to school/work.
- Encourage routine monthly testing of all staff. Testing is now widely available at testing sites and through healthcare providers throughout the community.

⁸ A close contact is someone who has been within six feet of the case for a prolonged period of time (at least 15 minutes) regardless of face covering use.

Considerations

- Provide parents and staff with information regarding nearby testing sites, which is available through www.sccfreetest.org.

Section 3: Response to Suspected or Confirmed Cases and Close Contacts

Requirements

Suspected COVID-19 Case(s) Response:

- Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-19 symptoms.
- Any students or staff exhibiting symptoms should immediately be required to wear a face covering and wait in an isolation area until they can be transported home or to a healthcare facility, as soon as practicable. For serious illness, call 9-1-1 without delay.

Confirmed COVID-19 Case(s) Response:

- School administrators must notify the County of Santa Clara Public Health Department within four hours of learning of any positive COVID-19 case (whether student or staff) via the Education Reporting Portal at www.sccgov.org/schools.
- Notify all staff and families in the school community of any positive COVID-19 case while maintaining confidentiality as required by state and federal laws. (Information concerning confidentiality can be found [here](#).)
- Close off areas used by any sick person and do not use before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before you [clean and disinfect](#). If it is not possible to wait 24 hours, wait as long as practicable. Ensure a [safe and correct application](#) of disinfectants using personal protective equipment and ventilation as recommended in Section 1.C.
- For settings in which stable classroom cohorts have been maintained: All students and staff within the same classroom cohort as the confirmed COVID-19 case should be sent home immediately and instructed to quarantine at home for 10 days from the last exposure and be tested in accordance with Public Health Department recommendations (see Appendix A).
- For settings in which stable classroom cohorts have NOT been maintained: Utilize class seating rosters and consultation with teachers/staff to identify close contacts to the confirmed COVID-19 case in all classrooms and on-campus activities. A close contact is someone who has been within six feet of the case for a prolonged period of time (at least 15 minutes) regardless of face covering use. Close contacts should be sent home immediately and instructed to quarantine at home for 10 days from the last exposure and be tested in accordance with Public Health Department recommendations (see Appendix A)
- Urge parents/guardians to notify any individuals or organizations with which their child has close contacts outside the school setting.
- No actions need to be taken for persons who have not had close contact with a confirmed COVID-19 case, and instead have had close contact with persons who were in direct contact with the case.

Close Contact(s) to a Confirmed COVID-19 Case Response

- Close contacts should be sent home immediately and instructed to quarantine at home for 10 days from the last exposure and be tested in accordance with Public Health Department recommendations (see Appendix A).

Return to Campus after Testing:

Positive test results

- Symptomatic individuals who test positive for COVID-19 can return at least 10 days since symptoms first appeared AND at least 24 hours with no fever AND improvement in other symptoms.
- Asymptomatic individuals who test positive for COVID-19 can return 10 days after their positive test result was collected

Negative test results

- Symptomatic individuals, who are not close contacts and who test negative for COVID-19 can return 24 hours after resolution of fever (if any) and improvement in symptoms.
 - Documentation of a negative test result should be provided to school administrators.
 - In lieu of a negative test result, allow students and staff to return to work with a medical note by a physician that provides alternative explanation for symptoms and reason for not ordering COVID-19 testing.
- Asymptomatic close contacts may end quarantine after Day 10 from last exposure but must continue monitoring for symptoms for a full 14 days. Close contacts who develop symptoms between Days 11-14 should get retested.
- Symptomatic close contacts who test negative may end quarantine after Day 10 from last exposure. However, anyone experiencing COVID-19 symptoms, including those who test negative for COVID-19, must stay home until 24 hours after fever resolution and improvement in other symptoms.
- Household close contacts to confirmed COVID-19 cases who cannot isolate from their household members must quarantine until at least 10 days after the case completes their isolation period. This may be 20 days or more. For purposes of applying the quarantine guidance above to household close contacts, Day 10 shall refer to the 10th day after the case completes their isolation.

Table 1. Steps to Take in Response to Confirmed or Suspected COVID-19 Cases and Close Contacts

Scenario	Immediate Actions	Communication
<p><u>Scenario 1:</u> A student or staff member either exhibits COVID-19 symptoms or has a temperature of 100.00 or above.</p>	<ul style="list-style-type: none"> • Student/staff sent home • School administration notified • Student/staff instructed to get tested • Classroom remains open 	<p>No action is needed</p>
<p><u>Scenario 2:</u> A family member or someone in close contact with a student or staff member (outside the school community) tests positive for COVID-19</p>	<ul style="list-style-type: none"> • Student/staff sent home • School administration notified • Student/staff instructed to get tested around day 6 or later after exposure to case • Student/staff instructed to quarantine, even if they test negative, for 10 days after date of last exposure to COVID-19 case • Classroom remains open • If student/staff tests positive during quarantine, see Scenario 3 below 	<p><i>Template Letters:</i></p> <p>Letter to Student/Staff Member who is a Close Contact of a COVID-19 Case</p> <p>AND</p> <p>Letter to Cohort Members (in Cohort Settings)</p>
<p><u>Scenario 3:</u> A student or staff member tests positive for COVID-19.</p>	<ul style="list-style-type: none"> • Student/staff sent home if not already quarantined • School administration notified • Public Health Department notified • Student/staff instructed to isolate for at least 10 days after symptom onset AND at least 24 hours after resolution of fever AND improvement in symptoms (If never symptomatic, isolate for 10 days after date of positive test.) • School-based close contacts identified and instructed to test & quarantine for 10 days <ul style="list-style-type: none"> ○ In stable classroom cohorts: entire cohort. ○ In other settings: use seating chart, consult with teacher/staff • In cohort settings, classroom closes. 	<p><i>Template Letters:</i></p> <p><u>For Cohort Settings</u> Letter to the Student/Staff Member Who is a COVID-19 Case</p> <p>AND</p> <p>Letter to Cohort Members</p> <p><u>For Non-Cohort Settings</u> Letter to the Student/Staff Member Who is a COVID-19 Case</p> <p>And</p> <p>Letter to Close Contacts</p> <p>And</p> <p>Letter to All Other Community Members</p>

Table 2. Steps to Take in Response to NEGATIVE Test Result and Return to In-Person School/Work

Scenario	Immediate Actions	Communication
A student or staff member tests negative for COVID-19 after Scenario 1 (symptomatic)	<ul style="list-style-type: none"> Student/staff may return to school 24 hours after resolution of fever and improvement in other symptoms 	Student family/staff to bring evidence of negative COVID-19 test or medical note if testing not performed
A student or staff member tests negative after Scenario 2 (close contact)	<ul style="list-style-type: none"> Student/staff must remain in quarantine for 10 days) after date of last exposure to COVID-19 case If a close contact continues to be exposed to a case during their isolation (e.g. household member), quarantine ends 10 days after the case’s isolation period ends. 	No action is needed
A student or staff member tests negative after routine screening	<ul style="list-style-type: none"> Can return to school/work immediately 	No action is needed

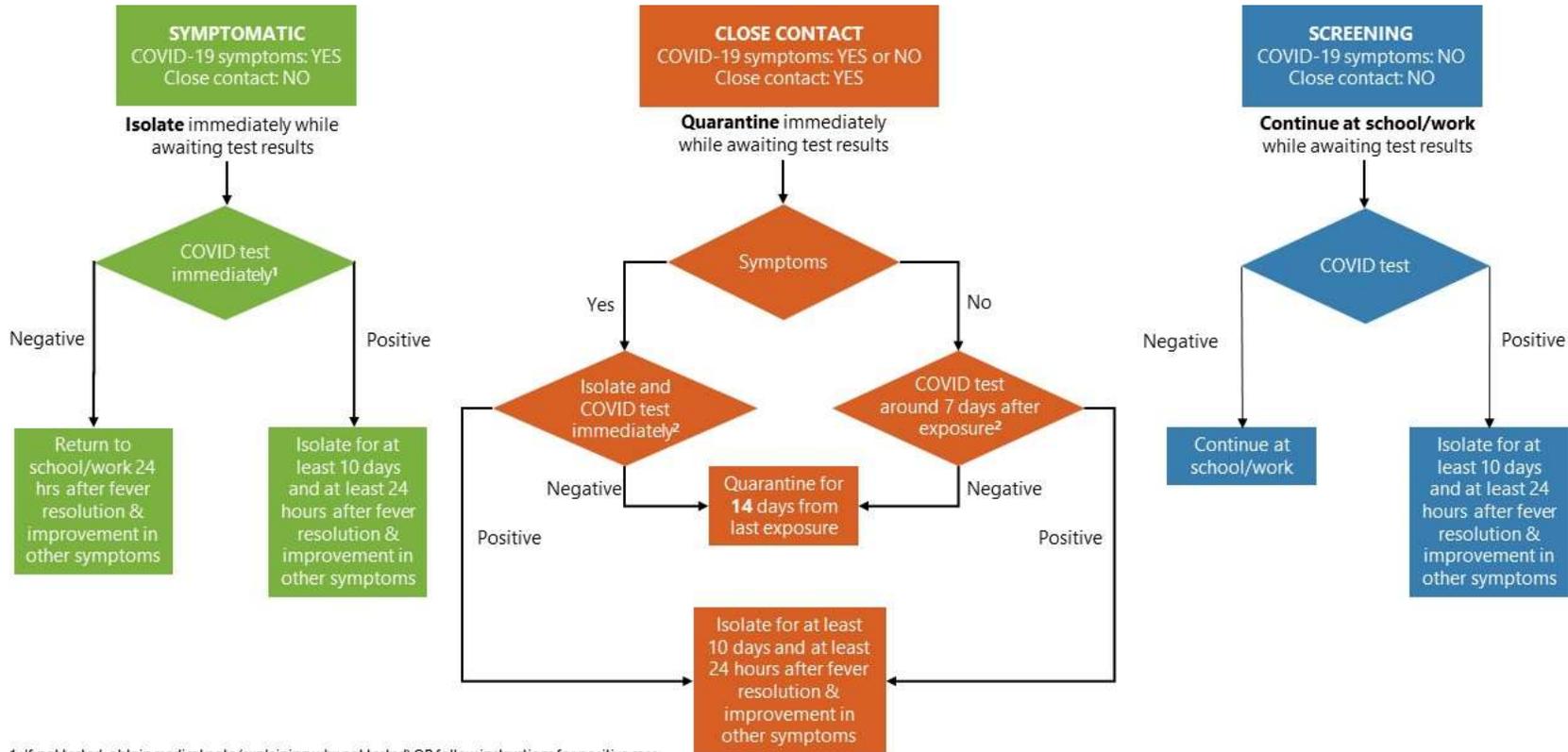
Section 4: Distance/Remote Learning for Particular Students

Education Code section 43503 states, “Distance learning may be offered under either of the following circumstances: (A) On a local educational agency or schoolwide level as a result of an order or guidance from a state public health officer or a local public health officer. (B) For pupils who are medically fragile or would be put at risk by in-person instruction, or who are self-quarantining because of exposure to COVID-19.”

Considerations

- Regardless of on-site school conditions, distance/remote learning should 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

Appendix A: Isolation and Quarantine Guidelines While Awaiting and After Receiving COVID-19 Test Results



1. If not tested, obtain medical note (explaining why not tested) OR follow instructions for positive case.
 2. If test done earlier than 7 days after last exposure to case, repeat testing towards the end of the quarantine period. If not tested, quarantine for 14 days.

Decision Tree for TK-12 Schools 9.18.20