

GOLDEN FEATHER UNION ELEMENTARY
SCHOOL DISTRICT

PLAN FOR REOPENING
CONCOW SCHOOL @ SPRING VALLEY
FOR THE 2020-2021 SCHOOL YEAR

Created by the Committee on Reopening
Concow School @ Spring Valley

Updated: 01/22/20

Board Approved: 07/07/20, 01/27/21

OCTOBER 19, 2020 THROUGH JANUARY 22, 2021

The Golden Feather Union Elementary School District reopened full-time on October 19, 2020 while the county was in a red tier. During that time, our procedures and protocols outlined in this plan have prevented ALL COVID-19 spread on campus to date. The very few positive COVID-19 cases brought to district attention were a result of activity outside of the school.

Golden Feather families choose between two options – full-time in-person instruction or distance learning.

As of January 22, 2021:

Total Enrollment: 67 students

In-person: 53 students - 79%

Distance learning: 14 students – 21%

REOPENING GUIDANCE

On January 14, 2021, the California Department of Public Health released COVID-19 and Reopening In-Person Instruction Framework & Public Health Guidance for K-12 Schools in California. The guidance released “is a public health directive that applies to all public and private schools operating in California. Under operative executive orders and provisions of the California Health and Safety Code, schools must comply with orders and guidance issued by the California Department of Public Health and relevant local health departments to limit the spread of COVID-19 and protect public health.” Golden Feather UESD adheres to all guidelines provided by these entities.

FACE COVERINGS AND PERSONAL PROTECTIVE EQUIPMENT

Face coverings must be used in accordance with CDPH guidelines unless a person is exempt as explained in the guidelines.

Information contained in the CDPH Guidance for the Use of Face Coverings is provided to staff and families of students. The face covering guidance applies to all school settings.

Teach and reinforce use of face coverings, or in limited instances, face shields with drapes. A whole school reminder occurs during the daily morning zoom announcements.

Students and staff are frequently reminded not to touch the face covering and to wash their hands frequently.

Information is provided to all staff and families in the school community on proper use, removal, and washing of cloth face coverings.

Training includes policies on how people who are exempted from wearing a face covering will be addressed.

Students in all grade levels K-12 are required to wear face coverings at all times, while at school, unless exempted. A cloth face covering or face shield should be removed for meals, snacks, naptime, or when it needs to be replaced. When a cloth face covering is temporarily removed, it should be placed in a clean, safe area, clearly marked with the student's name and date, until it needs to be put on again.

Participants in youth sports and physical education are required to wear face coverings when participating in the activity, even with heavy exertion as tolerated, both indoors and outdoors.

The face covering guidance recognizes that there are some people who cannot wear a face covering for a number of different reasons. People are exempted from the requirement if they are under age 2, have a medical or mental health condition or disability that would impede them from properly wearing or handling a face covering, those with a communication disability, or when it would inhibit communication with a person who is hearing impaired. Those with communication disabilities or caregivers of those with communication disabilities can consider wearing a clear mask or cloth mask with a clear panel when appropriate.

Persons exempted from wearing a face covering due to a medical condition, as confirmed by school district health team and therapists, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

GFUESD will provide a face covering to students who inadvertently fail to bring a face covering to school to prevent unnecessary exclusions.

The district offers alternative educational opportunities for students who are excluded from campus because they will not wear a face covering.

GFUESD is required to exclude students from campus if they are not exempt from wearing a face covering under CDPH guidelines and refuse to wear one provided by the school.

Face covering policies apply on school buses, vans, and any vehicle affiliated with the LEA used to transport students, staff, or teachers to and/or from a school site.

All staff must use face coverings in accordance with CDPH guidelines unless Cal/OSHA standards require respiratory protection. GFUESD will provide and ensure staff use face coverings and all other required personal protective equipment in accordance with these guidelines.

For staff who come into routine contact with others, CDPH recommends the use of disposable 3-ply surgical masks, which are more effective than cloth face coverings.

In limited situations where a face covering cannot be used for pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special needs) a face shield with a drape(per CDPH guidelines) can be used instead of a face covering while in the classroom as long as the wearer maintains physical distance from others. Staff must return to wearing a face covering outside of the classroom.

Workers or other persons handling or serving food must use gloves in addition to face coverings.

GFUESD encourages use of disposable gloves to supplement frequent hand washing or use of hand sanitizer; examples are for workers who are screening others for symptoms or handling commonly touched items.

STABLE GROUP GUIDANCE CONSIDERATIONS BY GRADE LEVEL

Stable groups provide a key mitigation layer in schools. A stable group is a group with fixed membership that stays together without mixing with any other groups for any activities.

Guidance from other agencies, including the federal Centers for Disease Control and Prevention(CDC), sometimes refers to them as “cohorts”¹ or “pods.”

Implementing stable groups of students and staff reduces the numbers of exposed individuals if COVID-19 is introduced into the group, decreases opportunities for exposure to or transmission of the virus; facilitates more efficient contact tracing in the event of a positive case; and allows for targeted testing and quarantine of a small group instead of potential schoolwide closures in the event of a positive case or cluster of cases.

Students are placed into stable groups that stay together all day with their core teacher (and any aide or student teacher who is present). If there are counselors or teachers of electives, they should ideally be assigned to only one group or conduct their classes / counseling virtually.

ENTERANCE, EGRESS, AND MOVEMENT WITHIN THE SCHOOL

GFUESD reconfigured the bell schedule to streamline foot traffic and maintain practicable physical distancing during passing times and at the beginning and end of the school day. Staggered recess times minimize congregated movement through the school as much as is practicable.

Arrival and Departure:

Maximize space between students and between students and the driver on school buses/vans and open windows to the greatest extent practicable. Two windows on a vehicle should be opened fully at a minimum.

Minimize contact at school between students, staff, families and the community at the beginning and end of the school day. Prioritize minimizing contact between adults at all times.

Routes for entry and exit are designated using as many entrances as feasible.

Each school bus/van is equipped with extra unused face coverings for students who may have inadvertently failed to bring one.

CHECK FOR SIGNS, SYMPTOMS AND EXPOSURES

Staff and students who are sick or who have recently had close contact with a person with COVID-19 are required to stay home. The district will encourage sick staff and students to stay at home without fear of reprisal, and ensure staff, students and students' families are aware of these policies.

Symptom and exposure screening for all staff and students will be encouraged at home each day before leaving for school.

Students or staff exhibiting symptoms of COVID-19 at school (fever of 100.4 degrees or higher, cough, difficulty breathing, or other COVID-19 symptoms) must be immediately isolated in a private area until they can leave school or be picked up by a parent or guardian. The district will recommend COVID-19 testing to all ill students and staff.

GFUESD will not penalize students for missing class.

Symptom and Exposure Screening

Daily screening for COVID-19 symptoms and for exposure to someone with COVID-19 prior to leaving for school can prevent some people with COVID-19 from coming to school while infectious, thus preventing in-school transmission. Screening does not prevent asymptomatic cases from being at school and spreading SARS-CoV2, the virus that causes COVID-19.

CDPH recommends and GFUESD will ensure that:

Parents be provided with the list of COVID-19 symptoms and instructed to keep their child at home if the child is feeling ill or has symptoms of COVID-19, even if symptoms are very mild, and to get their ill child tested for SARS-CoV2.

Staff members be provided with the list of COVID-19 symptoms and be instructed to call in sick and stay home if having symptoms of COVID-19 and to get tested for SARS-CoV2.

Symptoms at School

The isolation room is designated as the small technology office near the front office of Spring Valley School to separate anyone who exhibits 1 or more symptoms of COVID-19 while at school.

Staff and students will self-monitor throughout the day for signs of illness; staff observes 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 1 or more symptoms will 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 communicates with the parent/caregiver and refer to the student's health history form and/or emergency card.

Unless the Butte County Health Department recommends otherwise, there is no need to exclude asymptomatic contacts (students or staff) of the symptomatic individual from school until test results for the symptomatic individual are known.

Return to school after exclusion for symptoms at home or in school:

The district will 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. Staff members and students with symptoms of COVID-19 infection will be advised 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, Cocksackie virus), OR at least 10 days have passed since symptom onset.

STAFF-TO-STAFF INTERACTIONS

Ensuring staff maintain physical distancing of six feet from each other is critical to reducing transmission between adults.

Ensure that all staff use face coverings in accordance with CDPH guidelines and Cal/OSHA standards.

Support staff who are at higher risk for severe illness or who cannot safely distance from household contacts at higher risk, by providing options such as telework, where appropriate, or teaching in a distance learning context.

Conduct all staff meetings, professional development training and education, and other activities involving staff with physical distancing measures in place, outside, or virtually, where physical distancing is a challenge.

Minimize the use of and congregation of adults in staff rooms, break rooms, and other settings. Try to provide space outside whenever possible.

LIMIT SHARING

Consider suspend use of site resources that necessitate sharing or touching items. Limit use and sharing of objects and equipment, items such as electronic devices, clothing, toys, games, and art supplies to the extent practicable, or limit use of supplies and equipment to one group of children at a time and clean between uses.

Cleaning shared objects between uses (for example with microfiber cloths or baby wipes) can help to physically remove germs on surfaces.

Ensure adequate supplies to minimize sharing of high-touch materials.

Keep each student's individual belongings separated and in individually labeled storage containers, cubbies or areas.

TRAIN ALL STAFF AND EDUCATE FAMILIES

Train all staff and provide educational materials to families in the following safety actions:

- Proper use, removal, and washing of face coverings.

- Physical distancing guidelines and their importance.

- Symptoms screening practices.

- COVID-19 specific symptom identification.

- How COVID-19 is spread.

- Enhanced sanitation practices.

- The importance of staff and students not coming to work they have symptoms, or if they or someone they live with or they have had close contact with has been diagnosed with COVID- 19.

- For staff, COVID-19 specific symptom identification and when to seek medical attention.

- The employer's plan and procedures to follow when staff or students become sick at school.

- The employer's plan and procedures to protect staff from COVID- 19 illness.

MAINTAIN HEALTHY OPERATIONS

Monitor staff absenteeism and have a roster of trained back-up staff where available.

Monitor symptoms among your students and staff on school site to help isolate people with symptoms as soon as possible.

The staff liaison is the superintendent and executive assistant – who will be responsible for responding to COVID-19 concerns. Maintain communication systems that allow staff and families to self-report symptoms and receive prompt notifications of exposures, exclusions, and closures, while maintaining confidentiality, as required by FERPA and state law related to privacy of educational records.

CLASSROOM SPACE

Maximize space between seating and desks. Distance teacher and other staff desks at least 6 feet away from student and other staff desks.

Distance student chairs at least 6 feet away from one another, except where 6 feet of distance is not possible after a good-faith effort has been made. Upon request by the local health department and/or State Safe Schools Team, the superintendent should be prepared to demonstrate that good-faith effort, including an effort to consider all outdoor/indoor space options and hybrid learning models. Under no circumstances should distance between student chairs be less than 4 feet. If 6 feet of distance is not possible, it is recommended to optimize ventilation and consider using other separation techniques such as partitions between students or desks, or arranging desks in a way that minimizes face-to-face contact.

Short-term exposures of less than 6 feet between students and staff are permitted (e.g., a teacher assisting a student one-on-one), but the duration should be minimized and masks must be worn.

Redesigning activities for smaller groups and rearranging furniture and play spaces to maintain separation.

Staff should develop instructions for maximizing spacing and ways to minimize movement in both indoor and outdoor spaces that are easy for students to understand and are developmentally appropriate.

Prioritize the use and maximization of outdoor space for activities where possible.

Activities where there is increased likelihood for transmission from contaminated exhaled aerosols such as band and choir practice and performances are permitted outdoors only, provided that precautions such as physical distancing and use of face coverings are implemented to the maximum extent (see below in Non-classroom spaces).

Use cleanable privacy boards or clear screens to increase and enforce separation between staff and students. Install partitions between students or desks, or arranging desks in a way that minimizes face-to-face contact.

Serve meals outdoors or in classrooms instead of cafeterias or group dining rooms where practicable. Where cafeterias or group dining rooms must be used, keep students together in their stable groups, ensure physical distancing, hand hygiene before and after eating, and consider assigned seating. If indoor meal times are paired with recess or outdoor time, consider having half of a stable group of students eat while the other half is outdoors and then switch. Serve individually plated or bagged meals. Avoid sharing of foods and utensils and buffet or family-style meals.

Consider holding recess activities in separated areas designated by group.

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. 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.

Outdoor singing and band practice are permitted, provided that precautions such as physical distancing and mask wearing are implemented to the maximum extent possible. Playing of wind instruments (any instrument played by the mouth, such as a trumpet or clarinet) is strongly discouraged. 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.

VENTILATION

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.

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 / vans; use open windows as much as possible to improve airflow.

Specific practices to avoid:

Classrooms or buses with no ventilation.

Classrooms, buses, or vans with increased airflow across occupants (e.g., air conditioners or fans blowing into the classroom or overhead fans creating air currents across occupants).

PROMOTE HEALTHY HAND HYGIENE PRACTICES

Teach and reinforce washing hands, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes among students and staff. o Teach students and remind staff to use tissue to wipe their nose and to cough/sneeze into a tissue or their elbow.

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. Staff should model and practice handwashing. For example, use bathroom time in lower grade levels as an opportunity to reinforce healthy habits and monitor proper handwashing.

Students and staff should use fragrance-free hand sanitizer when handwashing is not practicable. Sanitizer must be rubbed into hands until completely dry. Note: frequent handwashing is more effective than the use of hand sanitizers. Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children.

Isopropyl alcohol-based hand sanitizers are more toxic when ingested or absorbed into 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.

Consider portable handwashing stations throughout the school site and near classrooms to minimize movement and congregating in bathrooms to the extent practicable.

Develop routines enabling students and staff to regularly wash their hands at staggered intervals.

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 children who can safely use hand sanitizer.

During school announcements, reminders regarding healthy hygiene practices will be reinforced school-wide.

CLEANING AND DISINFECTION

The section below provides recommendations for cleaning and disinfection. “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.

Staff should clean frequently-touched surfaces at school and on school buses daily.

Buses / vans should be thoroughly cleaned daily and after transporting any individual who is exhibiting symptoms of COVID-19. Drivers should be provided cleaning materials, including but not limited to wipes and disposable gloves, to support cleaning of frequently touched surfaces during the day.

Frequently touched surfaces in the school include, but are not limited to:

Sink handles.

Shared tables, desks, or chairs.

If a school has morning and afternoon stable groups, the desks and tables are considered shared and should be cleaned before the next group arrives.

Desks or chairs do not need daily cleaning if only used by one individual during the day.

Door handles.

Shared technology and supplies.

If used, outdoor playgrounds/natural play areas only need routine maintenance. Make sure that children wash or sanitize their hands before and after using these spaces. When hand hygiene is emphasized, cleaning of outdoor structures play is not required between cohorts.

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.

To reduce the risk of asthma and other health effects related to disinfection, programs should select disinfectant products on list N with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) as recommended by the US EPA Design for Environment program. Avoid products that contain peroxyacetic (peracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthmatic attacks.

Follow label directions for appropriate dilution rates and contact times. Provide workers training on the chemical hazards, manufacturer's directions, Cal/OSHA requirements for safe use, and as applicable and as required by the Healthy Schools Act.

Custodial staff and any other workers who clean and disinfect the school site must be equipped with proper personal protective equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment as required by the product instructions. All products must be kept out of the reach of children and stored in a space with restricted access.

Establish a cleaning schedule in order 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. Introduce fresh outdoor air as much as possible for example by opening windows where practicable. When disinfecting, air out the space before students arrive; disinfection should be done when students are not present.

Take steps to ensure that all water systems and features (for example, drinking fountains and decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

COVID-19 TESTING FOR STAFF & STUDENTS

COVID-19 testing is an important issue for students, staff, parents, and other community members. Golden Feather UESD works closely with the Butte County Health Department (BCPH), Butte Schools Self-Funded Programs (BSSP), and other local health providers to provide students and staff with opportunities to test for COVID-19.

If staff or students exhibit any COVID-19 symptoms while at school or have been exposed to someone with COVID-19, testing will be provided in Chico or Oroville. Periodic asymptomatic testing is offered every two months to any staff member at no charge.

What to do if there is a Confirmed or Suspected Case of COVID-19 in a School

What measures should be taken when a student, teacher or staff member has symptoms, is a contact of someone infected, or is diagnosed with COVID-19?

Table 2. Actions to take if there is a confirmed or suspected case of COVID-19 in a school			
	Student or Staff with:	Action	Communication with school community
1.	COVID-19 symptoms (e.g., fever, cough, loss of taste or smell, difficulty breathing) Symptom screening: per CDC Symptom of COVID-19 .	<ul style="list-style-type: none"> • Send home if at school. • Recommend testing (If positive, see #3, if negative, see #4). • School/classroom remain open. 	<ul style="list-style-type: none"> • No action needed.
2.	Close contact (†) with a confirmed COVID-19 case.	<ul style="list-style-type: none"> • Send home if at school. • Exclude from school for 10 days from last exposure, per CDPH quarantine recommendations. • Recommend testing 5-7 days from last exposure (but will not shorten 10-day exclusion if negative). • School/classroom remain open. 	<ul style="list-style-type: none"> • Consider school community notification of a known exposure. No action needed if exposure did not happen in school setting.
3.	Confirmed COVID-19 case infection.	<ul style="list-style-type: none"> • Notify the LHD. • Exclude from school for 10 days from symptom onset date or, if asymptomatic, for 10 days from specimen collection date. • Identify school contacts (†), inform the LHD of identified contacts, and exclude 	<ul style="list-style-type: none"> • School community notification of a known case. • Notification of persons with

		<p>contacts (possibly the entire stable group (††) from school for 10 days after the last date the case was present at school while infectious.</p> <ul style="list-style-type: none"> • Recommend testing asymptomatic contacts 5-7 days from last exposure and immediate testing of symptomatic contacts (negative test results will not shorten 10-day exclusion). • Disinfection and cleaning of classroom and primary spaces where case spent significant time. • School remains open. 	<p>potential exposure if case was present in school while infectious</p>
4.	<p>Symptomatic person tests negative or a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition.</p>	<ul style="list-style-type: none"> • May return to school after 24 hours have passed without fever and symptoms have started improving. • School/classroom remain open. 	<ul style="list-style-type: none"> • Consider school community notification if prior awareness of testing.

(†) A contact is defined as a person who is within 6 feet from a case for more than 15 minutes cumulative within a 24-hour period, regardless of face coverings. In some school situations, it may be difficult to determine whether individuals have met this criterion and an entire stable group, classroom, or other group may need to be considered exposed, particularly if people have spent time together indoors.

(††) See Stable Group Guidance for definition of a stable group. In some situations, (e.g., when seating charts are used, face covering is well adhered to, and teachers or staff have observed students adequately throughout the day), contact tracing and investigation may be able to determine more precisely whether each stable group member has been exposed. In this situation, those who were not close contacts could continue with in-person instruction.

CONFIRMED COVID-19 CASE

Although the LHD may know of a confirmed or probable case of COVID-19 in a student or staff member before the school does, it is possible that the school may be made aware of a case before the LHD via a parent or staff member report.

The following are the interim COVID-19 case definitions from the Council of State and Territorial Epidemiologists'.

Confirmed case: Meets confirmatory laboratory evidence (detection of SARS-CoV-2 RNA in a clinical or autopsy specimen using a molecular amplification test).

Probable case: Meets clinical criteria AND epidemiologic linkage(‡) with no confirmatory lab testing performed for SARS-CoV-2; OR meets presumptive laboratory evidence (detection of SARS-CoV-2 by antigen test in a respiratory specimen); OR meets vital records criteria with no confirmatory laboratory evidence for SARS-CoV-2.

(‡) Epidemiologically-linked cases include persons with close contact with a confirmed or probable case of COVID-19 disease; OR a member of a risk stable group as defined by public health authorities during an outbreak. This includes persons with identifiable connections to each other such as sharing a defined physical space e.g., in an office, facility section or gathering, indicating a higher likelihood of linked spread of disease than sporadic community incidence.

Local Health Department Actions

1. Interview the case to identify the infectious period and whether case was infections while at school; identify household and community close contacts, particularly any close contacts at school.
2. It may be necessary to consider the entire class or members of the case's stable group exposed, as it can be challenging to determine who may have had contact with the case within 6 feet for at least 15 cumulative minutes in a 24-hour period. In some situations, case investigations may be able to determine individual members of a stable group are close contacts, and allow those who are not identified as close contacts to continue in-person instruction.
3. Notify the school COVID-19 coordinator or point person at the school that a case of COVID-19 in a student or staff member has been reported and provide guidance to identify and generate a line list of close contacts at the school.
4. 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).
5. Recommend that all close contacts be tested; symptomatic contacts should be prioritized for immediate testing, and asymptomatic contacts should be recommended to be tested 5-7 days from last exposure.
6. Contacts who test negative must still complete the required quarantine as defined in the [CDPH guidance](#).
7. Contacts who test positive are required to isolate until at least 10 days

have passed since symptom onset; and at least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and other symptoms have improved. If asymptomatic, cases should be isolated for 10 days after the specimen collection date of their positive test.

8. Investigate COVID-19 cases in school students and staff to determine if in-school transmission likely occurred and whether any school-related factors could have contributed to risk of infection. Assist schools to update protocols as needed to prevent additional cases.

School Actions

1. Schools must adhere to required reporting requirements and notify, as indicated, the LHD of any newly reported case of COVID-19 in a student or staff member if the LHD has not yet contacted them about the case.
2. If the case is present at school at the time the school is notified, the case must go home and be excluded from school for at least 10 days from symptom onset date or, if asymptomatic, 10 days from the date the specimen was collected for the positive test.
3. Send a notice, developed in collaboration with the LHD, to parents and staff to inform them that a case of COVID-19 in a student or staff member has been reported and that the school will work with the LHD to notify exposed people. (see sample notification #1 in Appendix 2).
4. Arrange for cleaning and disinfection of the classroom and primary spaces where case spent significant time (see Cleaning and Disinfection above for recommendations). This does not need to be done until students and staff in the area have left for the day.
5. Implement online/distance learning for student cases if they are well enough to participate.

School closure determinations should be made in consultation with the LHO according to the section "School Closure Determinations." A school with confirmed cases and even a small cluster of COVID-19 cases can remain open for in-person education as long as contact tracing identifies all school contacts for exclusion and testing in a timely manner, any small cluster is investigated and controlled rapidly, and the LHO agrees that the school can remain open.

MEASURES FOR WHEN A CLUSTER OR OUTBREAK IS BEING INVESTIGATED AT A SCHOOL

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 a 14-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 objectives of a school outbreak investigation are to identify and isolate all cases and to identify, quarantine, and test contacts to prevent further transmission of COVID-19 at the school. In addition, the investigation will attempt to ascertain whether the cases had a common exposure at school (e.g., a common class or teacher, bus ride, or other common exposures in the school setting). The investigation may also reveal common exposures outside of the school setting.

As noted above, an outbreak investigation is also an opportunity to understand the circumstances that may have allowed for transmission in the school setting. It is recommended that investigations determine whether there is adherence to key mitigation strategies to prevent school transmission. If gaps are identified, schools should take steps to strengthen strategies to prevent future outbreaks.

Local Health Department Actions

1. Review interviews (or re-interview as needed) of clustered cases to identify common exposures and determine whether the cluster suggests an outbreak with transmission at the school. If data suggest an outbreak, then notify the school about starting an investigation.
2. Provide the school with guidance on identifying and creating a line list of all school cases and contacts, including illness onset date, symptoms, date tested, test results, etc. (see sample data collection notification in Appendix 2).
3. Consult with CDPH as needed for technical assistance, testing, and other resources.
4. Form an outbreak investigation team with a lead investigator and including one or more school staff members to assist with the investigation.
5. Identify all potential exposures and close contacts and implement testing of contacts, prioritizing symptomatic contacts for testing.
6. Testing may be recommended for those who were not identified as close contacts but could potentially have been exposed; the fastest pathway to get test results rapidly should be used.
7. All symptomatic contacts should be considered probable cases and be

interviewed to identify prioritized close contacts and exposures while awaiting their test results.

8. Implement isolation of all cases and symptomatic contacts and quarantine of all asymptomatic contacts of confirmed and probable cases.
9. Investigate to determine if in-school transmission likely occurred and whether any school-related factors could have contributed to risk of transmission. Assist schools to update and strengthen protocols as needed to prevent additional cases.
10. Determine, in collaboration with the school, whether the school meets closure criteria. See School Closure Determinations (page 36).
11. Determine, in collaboration with the school, when the school should be closed for 14 days even if the conditions outlined in School Closure Determinations below have not been reached. This may be when: 1) the investigation shows that cases or symptomatic students or staff members continue to be identified and school-based transmission of SARS-CoV2 is likely ongoing despite implementation of prevention and control measures; or 2) other local epidemiologic data support school closure.

School Actions

1. Notify parents/guardians and school staff of a cluster/outbreak investigation related to the school and encourage them to follow public health recommendations (see sample notification #2 in Appendix 3).
2. Identify, as part of the CSP, one or more school staff member who can liaise with the LHD regarding the cluster/outbreak investigation by confirming which classes and stable groups included confirmed cases or symptomatic students and staff members, and if recent events or gatherings involved any cases or symptomatic persons.
3. Identify absenteeism among those in affected classes or stable groups, and coordinate with the LHD to contact these absentees to screen for symptoms of COVID-19 if they were exposed to a case during the cases infectious period.
4. Coordinate with the LHD to share a line list of cases and contacts with dates present at or absent from school.
5. Arrange for cleaning and disinfection of classrooms or other areas where cases or symptomatic students or staff members spend significant time.
6. Coordinate with the LHD on notifications to the school community, including specific notifications of stable groups or classrooms regarding their exclusion status and instructions.
7. Coordinate with the LHD on whether and when the school should be

closed and reopened.

8. 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).
9. Implement online/distance teaching and learning during school closure.
10. Arrange for cleaning and disinfection of entire school before reopening in the case of closure.

School Closure Determinations

What are the criteria for closing a school to in-person learning?

Individual school closure, in which all students and staff are not on campus, is recommended based on the number of cases and stable groups impacted, which suggest that active in-school transmission is occurring. Closure should be done in consultation with the LHO. Situations that may indicate the need for school closure:

- Within a 14-day period, an [outbreak](#) has occurred in 25% or more stable groups in the school.
- Within a 14-day period, at least three [outbreaks](#) have occurred in the school AND more than 5% of the school population is infected.
- The LHO may also determine school closure is warranted for other reasons, including results from public health investigation or other local epidemiological data.

Length of closure: 14 days, or according to a decision made in consultation with the LHO.

The State Safe Schools for All Technical Assistance teams (TA teams), comprised of experts across multiple state agencies, will be available to assist schools with disease investigation for those with outbreaks that cannot find resources to investigate the outbreaks. The TA teams will also be available to help schools that close in order to identify and address any remediable safety issues.

If a school is closed, when may it reopen?

Schools may typically reopen after 14 days and if the following have occurred:

- Cleaning and disinfection
- Public health investigation
- Consultation with the LHO