

**San Mateo County Coalition
for Safe Schools and Communities**

Safe Schools Framework

COVID-19 and Other Communicable Diseases

September 19, 2023

**The Framework Will Continue to Be Updated as
New Information Becomes Available**



**Coalition for
Safe Schools &
Communities**



**SAN MATEO
COUNTY
OFFICE OF
EDUCATION**



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Table of Contents

Table of Contents	2
About this Document	3
Considerations	3
Vaccination	4
Air Quality	5
Outdoor Learning	6
Masks	6
Good Hygiene	8
Case Reporting	8
Cleaning	9
Testing for COVID-19	9
When Students or Staff Have COVID-19 Symptoms	13
When Students and Staff Are Diagnosed with COVID-19	15
When Students and Staff Are Exposed to COVID-19	16
Training	21
Outbreaks	21
Additional Considerations	22
Appendix	23

About this Document

The [Safe Schools Framework: COVID-19 and Other Communicable Diseases](#) replaces the COVID-19 Safe Schools Framework and reflects the California Department of Public Health's updated focus on addressing communicable diseases, not only COVID-19. This document was developed in consultation with San Mateo County Health (SMCH) and reflects [California Department of Public Health](#) (CDPH), CalOSHA, and other relevant guidance. It will be updated as needed to reflect changes in guidance.

Consistent with the most recent CDPH guidance, the Safe Schools Framework addresses K-12 schools, early education sites, child care settings, before and after school programs, and summer and intersession programs. This guidance is very similar to the previous year's guidance and does not include any new requirements or recommendations.

Considerations

CDPH and CDSS (California Department of Social Services) affirm the authority of local health departments, local educational agencies, and child care providers to maintain or establish additional guidance, including required actions, for facilities in their respective jurisdictions. In workplaces, employers are subject to the [Cal/OSHA COVID-19 Prevention Non-Emergency Regulations](#).

San Mateo County Health or state agencies may implement additional requirements that go beyond this statewide guidance based on local circumstances. If there are differing requirements between the most current CDPH, Community Care Licensing (CCL), Cal/OSHA, and local health department guidance or health orders, providers should follow the strictest requirements.

According to CDPH, schools should confer with local health officials and consider the factors listed below when applying the agency's guidance. An assessment of the complete situation, rather than any one single factor, is recommended.

- Vaccination coverage in the community and among children, teachers, and staff;
- Local disease outbreaks or transmission patterns;
- Facility-specific indoor air quality;
- Availability and accessibility of resources, including masks and tests;
- Availability and capacity of school and child care;
- Population served, with attention to individuals at high risk for severe disease and immunocompromised populations;
- Community input, including from children, families, and staff; and
- Socioeconomic, cultural and linguistic barriers that may disproportionately impact populations and that increase the risk of infection, limit access to health care services and reduce the adoption of recommendations.

CDPH's guidance builds upon a multi-layer strategy used to manage COVID-19 and serves as a general prevention framework to reduce the spread of multiple types of infections, including COVID-19, influenza, respiratory syncytial virus (RSV), and norovirus. Strategies are guided by the principle that safe, in-person learning, and care are critical to the well-being and development of children.

CDPH and SMCH recommend that school administrators and child care providers communicate their health and safety strategies to children, parents, and staff, utilizing multiple strategies including parent communications and on-site reminders. Communication should be appropriate to the languages and literacy levels of community members.

Please direct any questions about this document and the guidance reflected within to the San Mateo County Office of Education (SMCOE) at info@smcoe.org or 650-802-5515.

Additional resources can be found on the [CDPH Safe Schools for All Hub](#).

Vaccination

Vaccinations (also referred to as “immunizations”) can help protect against certain diseases by working with the body's natural defenses to safely build immunity to disease. Vaccinations protect the person who receives the vaccination. In addition, if many people are vaccinated, this may reduce the burden of disease in communities and protect individuals who are not vaccinated and individuals who may not develop a strong immune response from vaccination.

CDPH recommended actions:

1. Encourage children, families, and staff to stay **up-to-date** on all vaccinations recommended by their health care provider.
2. Review vaccination requirements for entry into **K-12 schools** and **pre-K/child care settings**. Visit the CDPH [Shots for School site](#) or San Mateo County Health's [Immunization Programs and Vaccines site](#) for resources related to school or child care immunization requirements.
3. Of note, COVID-19 and influenza vaccines are not currently included in the list of required immunizations for **school** or **child care** (see Title 17, Cal. Code of Regulations, section 6000 et seq.). However, both COVID-19 and influenza vaccination can greatly reduce the risk of serious illness, outbreaks, absences and school disruptions, and is strongly recommended for all eligible people in California, including children, providers, teachers, staff and individuals sharing homes with child care community members. More information may be found at [CDPH Get the Facts on COVID-19 Vaccines](#).

Air Quality

The risk of getting and spreading respiratory infections is greater in indoor settings with poor air quality. Effective ventilation and filtration can reduce the spread of these infections and may also protect students, children, and staff from exposure to wildfire smoke, airborne allergens, and other pollutants.

When Outdoor Air Quality is Good

Bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems.

For indoor spaces, ventilation should be optimized. Recommendations include:

- Open windows and doors as safety and weather permit. Per CalOSHA, maximize outside air provided except when EPA Air Quality Index is greater than 100 for any pollutant.
- Consider the use of sensors or other assessment tools to monitor ventilation systems and CO₂ levels.
- Ventilation system should provide at least the code-required minimum ventilation rate.
- Ventilation system filters should be MERV-rated at MERV 13 or better. They should also be properly installed (i.e., no gaps that would allow air to bypass the filter) and properly maintained (i.e., replaced as often as recommended).
- In-room (portable) air cleaners used to reduce the risk of long-range airborne transmission should provide high-efficiency filtration and a sufficient “clean air delivery rate” (CADR) (i.e., at least 2/3 of the floor area). Multiple devices per classroom may be necessary for sufficient total air cleaning.
- Optimize ventilation in transport vehicles, such as buses or vans. Open windows to increase airflow from outside when feasible and safe to do so.
- Use exhaust fans in restrooms and kitchens.
- Explore the use of state and federal funding for ventilation upgrades.

The [CDPH Safe Schools for All Hub](#) includes several excellent resources that address indoor air quality in schools.

When Outdoor Air Quality is Poor

- If outside air quality is poor, doors and windows should be shut.
- Schools holding classes outside should be relocated inside.

- If the HVAC filter was upgraded (HEPA or MERV-13 or higher is recommended), set the central system’s circulating fan to operate continuously (set to “ON” rather than “AUTO”). HVAC, air conditioning wall units, and fans without upgraded filters should be turned off. See this [Ventilation FAQ](#) for more details.
- Use a portable air cleaner in one or more rooms. Portable air cleaners work best when run continuously with doors and windows closed.
- According to the [California Air Resource Board](#), a well-fitted NIOSH-certified N95 masks can provide protection from wildfire smoke. Cloth masks will not provide protection from wildfire smoke.
- When air quality improves, even temporarily, “air out” buildings to reduce indoor air pollution.
- Damp mop, dust, and clean with a high efficiency particulate air (HEPA) filter-equipped vacuum.
- Schools may consider dismissing students until air quality improves and proper ventilation on indoor classrooms/common areas can resume.
- Confer with San Mateo County Health as needed to determine the best approach forward given local circumstances.

For resources and guidance on air quality, visit SMCOE’s [Air Quality Resources webpage](#).

Outdoor Learning

Holding classes and programs outdoors adds an additional layer of protection for the school community. Outdoor spaces for classes and programs provide schools with more options for meeting student needs, including reducing stress, improving mental and physical health, and helping to heal trauma. Resources to support outdoor learning can be found on [SMCOE’s website](#) and the [Green School Yards website](#).

Masks

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

CDPH recommendations include:

- Develop and implement local protocols to provide appropriately sized, high-quality masks to children who do not have one and desire to use one.
- Wear a mask around others if you have respiratory symptoms (e.g., cough, runny nose, and/or sore throat).

- If you've had a significant exposure to someone who has tested positive for COVID-19, wear a mask for 10 days.
- Those who test positive for COVID, should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. After ending isolation (no fever without the use of fever-reducing medications and symptoms are improving), those with COVID may remove their mask sooner than Day 10 if they have two sequential negative tests at least one day apart.
- Wearing a mask is always important for those who are **at higher risk for getting very sick from COVID-19**.

The following individuals should not wear face masks:

- Infants and children younger than 2 years old because of the risk of suffocation;
- All persons when they are eating or sleeping;
- Persons with a medical condition, mental health condition, or disability that precludes wearing a mask safely and effectively. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance; and
- Persons for whom wearing a mask would create a safety hazard to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.

Read more in the CDPH's [Get the Most Out of Masking](#) resource.

Requirements for Masks

- CDPH requires that no person can be prevented from wearing a mask as a condition of participation in an activity or entry into a school, unless wearing a mask would pose a safety hazard.
- Cal/OSHA requires schools to provide masks during outbreaks and when required by CDPH after a workplace exposure.

Types of Masks

CDPH provides the following recommendations on the types of masks and how to wear them:

- An effective mask has both good fit and good filtration.
- Gaps between the face and mask, such as above the nose or at the sides, allow air carrying virus particles to easily leak in or out without being filtered.
- Generally, masks that have head loops (rather than ear loops) have better fit, forcing the air that you breathe in and out to go through the mask and be filtered.

The CDPH provides [more information about masks](#), including masks for students.

Good Hygiene

Hand hygiene can prevent the spread of infectious diseases, including COVID-19. The following are recommended actions:

- Teach and reinforce among students and staff:
 - **Washing hands** with soap and water for at least 20 seconds
 - Avoiding contact with one's eyes, nose, and mouth
 - **Covering coughs and sneezes** among students and staff
- Promote hand washing throughout the day, especially before and after eating, after using the toilet, and after handling garbage, or removing gloves.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trash cans, masks, and hand sanitizers with at least 60 percent ethyl alcohol for staff and children who can safely use hand sanitizer.
- Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under six years of age.

Required Actions

Cal/OSHA states that employers must provide for, encourage, and allow time for frequent hand washing, and provide hand sanitizer.

Case Reporting

Schools are required to report cases of communicable diseases, including COVID-19, to the local health agency per California Code of Regulations (CCR) Title 17, [§2500](#) and [§2508](#). Note that CCR Title 17 §2500 has been temporarily modified by the [State Public Health Officer Order of October 4, 2022](#).

Child care centers ([CCR Title 22 section 101212\(d\)](#)) and family child care homes ([CCR Title 22 section 102416.2\(c\)\(3\)](#)) should also review Child Care Licensing requirements for outbreak reporting and consult their [local regional office](#) (PDF) for assistance.

Workplaces, schools and certain child care providers are subject to COVID-19 workplace outbreak reporting requirements set forth in [Cal/OSHA COVID-19 Non-Emergency Regulations FAQ](#).

San Mateo County Health has updated its reporting requirements, which reflect these legal requirements and streamline the process for schools and districts. The reporting requirements are as follows:

- As employers, schools and districts shall promptly notify SMCH when **3 or more cases** of epidemiologically linked COVID-19 are identified among school, district, or other employed staff within a 7-day period, regardless of epidemiological linkage.
- Report the above cases to SMCH via **SPOT** within 48 hours.
- Provide a written notice within 24 hours of exposure to all employees, and the employers of subcontracted employees, who were at the same worksite as a reported case within the case's infectious period.
- Maintain accurate records and track all COVID-19 cases while ensuring medical information remains confidential. These records must be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.
- Report a COVID-19-related serious illness or death immediately to the nearest Cal/OSHA enforcement district office.
- If cases appear to be increasing rapidly, school liaisons should report in SPOT and email HLT_Covid19_SchoolTeam@smcgov.org for guidance.

Information on recent updates to SPOT can also be found on the [SMCH website](#).

If you have any questions on setting up your SPOT account, please contact the SPOT help desk at (916)520-1619.

Schools or districts with questions or concerns about cases may contact SMCH at COVID19_SchoolTeam@smcgov.org or (650)573-2346.

Cleaning

Clean and well-maintained facilities reduce the spread of communicable diseases that are transmitted by contact with contaminated or high touch surfaces.

CDPH recommends the following:

- Routine daily cleaning with water and mild detergent is generally sufficient to remove most bacteria and viruses from surfaces, although additional sanitization might be necessary during certain disease outbreaks.
 - School administrators and child care providers should consult with local health departments when there is an outbreak.
- If disinfectants are used, use [asthma-safer products](#).
- Drinking fountains should be open for use by students and staff. Routine cleaning is recommended.

- Train and monitor staff to follow the infection control practices for cleaning and disinfection, housekeeping and sanitation principles, and universal health precautions. The Healthy Schools Act requires anyone who uses disinfectants at a school or child care center to complete the [annual California Department of Pesticide Regulation–approved training](#). Note: This requirement does not apply to family child care homes.

Testing for COVID-19

At-home antigen-based testing, currently widely available for COVID-19, provides individuals with convenient, rapid, and accurate test results.

The ability for symptomatic individuals to test and identify the presence of COVID-19 quickly is critical. Having testing options available both in school and at-home for symptomatic students and staff can help them return to school faster, as well as limit any on-site transmission.

CDPH provides free at-home tests to California K-12 schools. At-home tests are self-tests that may be administered by the individual (or their parent/guardian) and cannot be administered by school staff due to federal (CLIA) regulations. [Order tests for your school](#).

The State of California and the California Department of Public Health (CDPH) offer a testing using Abbott BinaxNow antigen tests. To use point-of-care tests on students in a school setting, regulations require the use of a CLIA waiver with a lab director and a physician's order. The state CLIA-waiver is provided by the State after training and signing of a memorandum of understanding (MOU). It also requires the use of an online platform Primary.Health that allows staff and students to provide consent and provide test results in a HIPAA-compliant way. Learn more about the [Community Rapid Testing Program](#) or email communityrapidtesting@cdph.ca.gov.

CDPH testing recommendations for COVID-19:

- Although schools are not required to maintain a testing program, CDPH strongly recommends that schools facilitate access to testing, particularly for vulnerable populations within their communities.
- Follow the [CDPH COVID-19 Isolation and Quarantine Guidance](#) for guidance on what to do when exposed or when testing positive for COVID-19 and see additional information on where to obtain COVID-19 tests in the CDPH [COVID-19 Testing site](#).
- Additional testing can be considered in situations where there are COVID-19 surges or outbreaks and for individuals with [increased risk of getting severe COVID-19](#). Consult with your local health department for further guidance.
- LEAs are encouraged to keep rapidly accessible at-home antigen tests available to assist K-12 schools with campus outbreaks. Local health departments can also provide specific advice if guidance is needed.

- Share information with parents, staff, and students over 14 on how to administer at-home tests.
- Monitor your test inventory and regularly check expiration dates. The printed expiration date may not reflect the actual expiration date as the FDA has formally extended multiple OTC test brands. Check with the FDA for [at-home \(OTC\) FDA expiration date extensions](#).
- CDPH recommends replacing tests that are older than the extended expiration dates (found on the FDA website), but if newer tests are not easily available, you may use an expired test as long as the internal control remains valid.

Resources are available to help educate your school community on how to use and administer at-home tests in multiple languages, including the following:

- [Video of Children Self-Swabbing](#)
- [Safely Opening Schools](#)
- [Resources for OTC Education in Multiple Languages](#)

Review [CDPH school specific resources](#) and the [CDPH Testing site](#).

Follow [Cal/OSHA COVID-19 Non-Emergency Regulations](#) for guidance on when employee testing is required. (See summary below.)

Over-the-Counter (OTC) vs. Professional Antigen Tests

- OTC/at-home tests are meant to be used at home by individuals or parents/guardians.
- **Professional antigen tests** can be used at school on students.
- Schools that were actively testing with the CLIA-waived program in Spring of 2023 needed to request to extend a CDPH School Clinical Laboratory Improvement Act (CLIA) waiver. No new waivers are being issued.
- School staff can provide a student or staff with a kit to self-administer if, in the case of the student, they meet the test's age requirements, which is typically 14 years and older but depends on the brand.
- OTC/at-home test kits can be used beyond their [expiration date](#) as long as the internal control line after test development is both easily visible and the color specified by the specific test instructions.
- OTC/at-home tests can be disposed of in the regular trash.
- See [CDPH's testing FAQ](#) for more information.

When to Test

OTC/at-home tests can be used for:

- Testing of symptomatic individuals
- Outbreak response testing
- Testing of individuals exposed to someone diagnosed with COVID-19
- Testing as recommended by [CDPH Guidance on Isolation and Quarantine](#)

Cal/OSHA Testing Requirements for Staff

Cal/OSHA requires employers, including schools and districts, to do the following:

- Inform all employees on how they can obtain testing. This could be through the employer, local health department, the federal government, or a health plan or at a community testing site.
- Offer testing, which may include OTC/at-home test kits, at no cost and during paid time:
 - To all employees with COVID-19 symptoms.
 - To employees who had a close contact at work, with an exception for symptom-free employees who recently recovered from COVID-19.
 - During an outbreak, to all employees within an exposed group, at least once a week, except for employees who were not at work during the relevant period and symptom-free employees who recently recovered from COVID-19.
 - During a major outbreak, twice per week, except for employees who were not at work during the relevant period and symptom-free employees who recently recovered from COVID-19. Employees in the exposed group who are not tested must be excluded from the workplace until the return-to-work requirements for COVID-19 cases are met.
 - Provide testing in a manner that ensures employee confidentiality.
- Cal/OSHA states that employers may require employees to undergo COVID-19 testing.

Required COVID-19 Testing Plans

SB 1479 requires an LEAs to create and post on their public website a COVID-19 testing plan. The testing plan must be consistent with CDPH guidance for K-12 schools. San Mateo County LEAs have a variety of options for meeting this requirement, including any of the following:

- Adopt CHPH's [Guidance for K-12 Schools and Child Care Settings to Mitigate the Spread of Communicable Disease, 2023 -2024 School Year](#) and post a link to the guidance on its website.

- Use [this template](#) testing plan, adjusting as needed, and post the completed plan on its website.
- Develop its own plan and post it on its website.

According to [SB 1479](#), LEAs are not required to maintain an on-site program or have a designated staff member to oversee testing.

CDPH Testing Recommendations for Other Communicable Diseases

At this time, there are no widely available at-home tests for the vast majority of communicable diseases. When testing is available (e.g., influenza and RSV), it should be considered by a healthcare provider based on related symptoms.

Testing is generally not recommended to receive clearance to return to school or child care.

When Students or Staff Have COVID-19 Symptoms

The CDPH recommends that those with symptoms of COVID-19 take the following steps, regardless of their vaccination status:

- Self-isolate and **test** as soon as possible to determine infection status.
- Consider **repeat testing** every 1–2 days for several days **if symptoms continue**.
- Consider continuing self-isolation and retesting with an antigen test in 1-2 days if testing negative, particularly if tested during the first 1-2 days of symptoms. Testing between days 3-5 is advised.
- Continue to self-isolate if test result is positive, follow recommended actions for isolation and contact healthcare provider about available treatments if symptoms are severe or they are at high risk for serious disease or if they have any questions concerning their care.

COMMON SYMPTOMS OF COVID-19 (CDPH)

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

When Students and Staff Are Diagnosed with COVID-19

Everyone who is infected with COVID-19, regardless of vaccination status, previous infection, or lack of symptoms, should follow the recommendations listed the [CDPH Guidance Isolation and Quarantine for the general public](#).

Isolation Table

Vaccination Status	Requirements for Staff/ Recommendations for Students
<p>Everyone, regardless of vaccination status, previous infection, or lack of symptoms.</p>	<ul style="list-style-type: none"> • Stay home for at least 5 days after start of symptoms or after date of first positive test if no symptoms (Day 0) • Isolation can end after day 5 if symptoms are not present or are mild and improving and individual is fever-free for 24 hours (without the use of fever-reducing medication) • If fever is present, continue to isolate until 24 hours after fever resolves. • If symptoms, other than fever, are not improving, continue to isolate until symptoms are improving or until after Day 10. • If symptoms are severe, or if the infected person is at high risk of serious disease, or if they have questions concerning care, they should contact their healthcare provider for available treatments. • Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings.* • After ending isolation, if symptoms recur or worsen, get tested again and if positive, restart isolation at Day 0. <p>*After ending isolation (no fever without the use of fever-reducing medications and symptoms are improving), confirmed cases may remove their mask sooner than Day 10 if they have two sequential negative tests at least one day apart. If antigen test results are positive, the person may still be infectious and should continue wearing a mask and wait at least one day before taking another test.</p>

How to Count Five Days for Isolation

<p>If you develop symptoms after testing positive</p>	<p>If an asymptomatic person who has tested positive subsequently develops symptoms, the five-day clock is restarted on the day of symptom onset, with the date of symptom onset being Day 0. The isolation clock continues to Day 10 if the infected person tests positive on Day 5 or later or does not meet the other criteria for discontinuing isolation earlier.</p>
<p>If you had COVID-19 and had symptoms</p>	<p>The five-day clock for the isolation period starts on the date of symptom onset (Day 0) for people who test positive after symptoms develop, with Day 1 being the first full day of isolation after <i>symptom onset</i>.</p>
<p>If you test positive for COVID-19 and never develop symptoms</p>	<p>The five-day clock for people who are and remain asymptomatic begins the day of the first positive specimen collection (Day 0).</p>

Source: [CDC](#)

When Students and Staff Are Exposed to COVID-19

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

CDPH recommends the following when there is a case of COVID-19 on campus:

- Families notify school if their child has COVID-19 and was on school grounds during their infectious period.
- In lieu of individual exposure notifications, schools should consider providing a general notification to the entire school community during times of **elevated community transmission** of COVID-19. This communication can alert all to the increased potential of being exposed to COVID-19 due to a rise in cases among school and community members and remind all to monitor for symptoms and get tested.
- All students and staff with known exposure to persons with COVID-19 should follow [CDPH recommendations](#) listed in the table below.
- Remind parents and guardians to keep children home if they are showing signs and symptoms of COVID-19 and get them tested. If negative, retest between days 3-5.
- Employers should ensure that workers are aware of and understand these policies.

- Staff who have been exposed can continue to stay at school; they do not have to quarantine but they do have to comply with testing requirements.
- Per [CalOSHA](#), notify employees of COVID-19 cases in the workplace.

Infectious Period

- For symptomatic confirmed cases, 2 days before the confirmed case had any symptoms (symptom onset date is Day 0) through Days 5-10 after symptoms first appeared AND 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved,

OR

- For asymptomatic confirmed cases, 2 days before the positive specimen collection date (collection date is Day 0) through Day 5 after positive specimen collection date for their first positive COVID-19 test.

For the purposes of identifying close contacts and exposures, symptomatic and asymptomatic infected persons who end isolation in accordance with this guidance and are no longer considered to be within their infectious period. Such persons should continue to follow CDPH isolation recommendations, including wearing a well-fitting face mask through Day 10.

DEFINITIONS

High-Risk Contact: A high-risk contact is someone who:

- may experience severe illness if they become infected with COVID-19 (for example, due to being elderly, unvaccinated or immunocompromised);
- may be more likely to transmit the virus to those who are at higher risk for severe COVID-19; and/or
- has higher transmission potential (more likely to spread virus to others due to high intensity/duration of indoor exposure to others).

Close Contact:

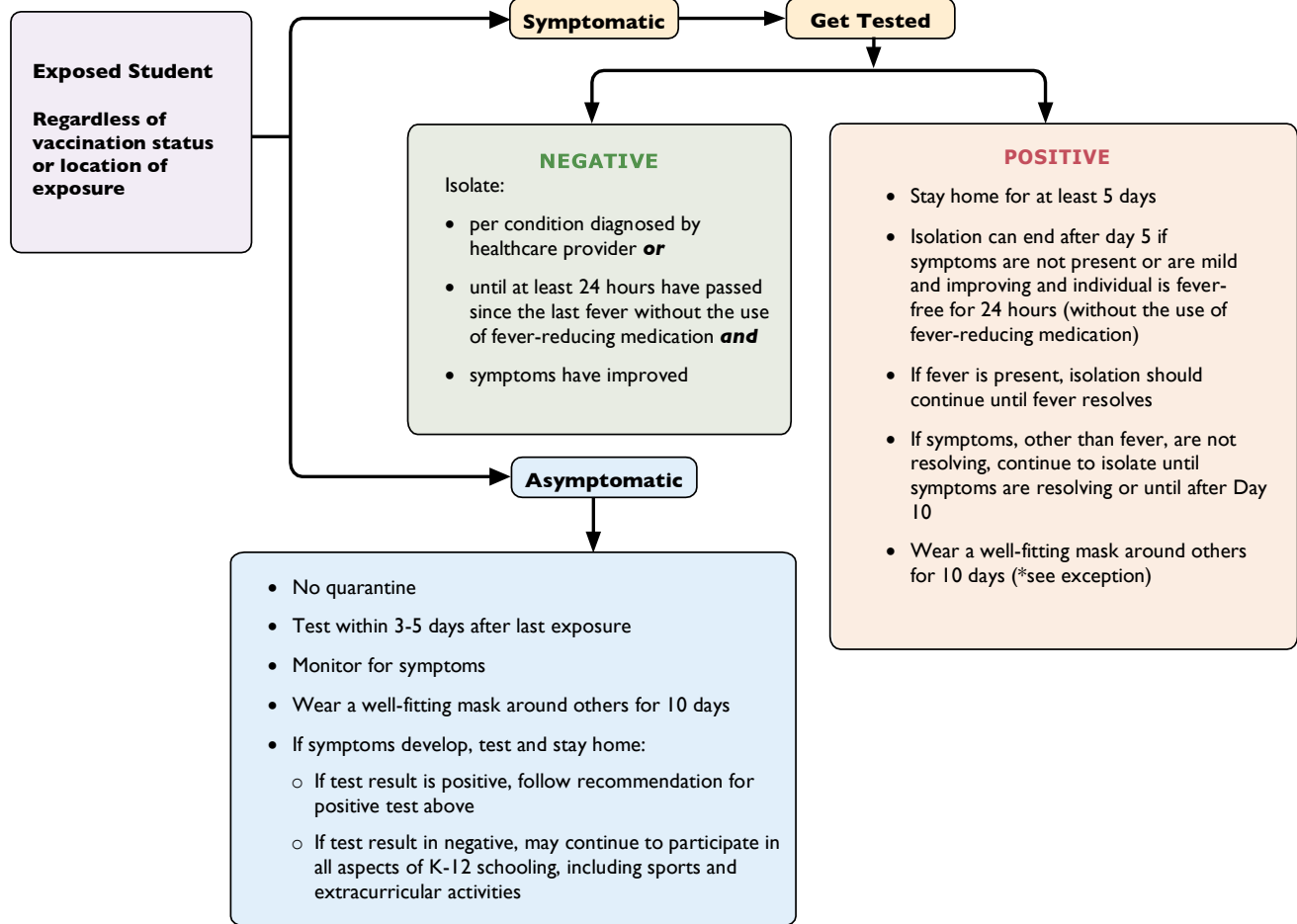
- In indoor spaces of 400,000 or fewer cubic feet per floor, a close contact is defined as sharing the same indoor airspace as an infected person for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) during a confirmed case's infectious period.
- In large indoor spaces greater than 400,000 cubic feet per floor, a close contact is defined as being within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period during the confirmed case's infectious period.

Spaces that are separated by floor-to-ceiling walls (e.g., offices, suites, rooms, waiting areas, bathrooms, or break or eating areas that are separated by floor-to-ceiling walls) must be considered distinct indoor airspaces.

Asymptomatic Employees and Students Who Are Exposed to Someone with COVID-19 (No Quarantine)

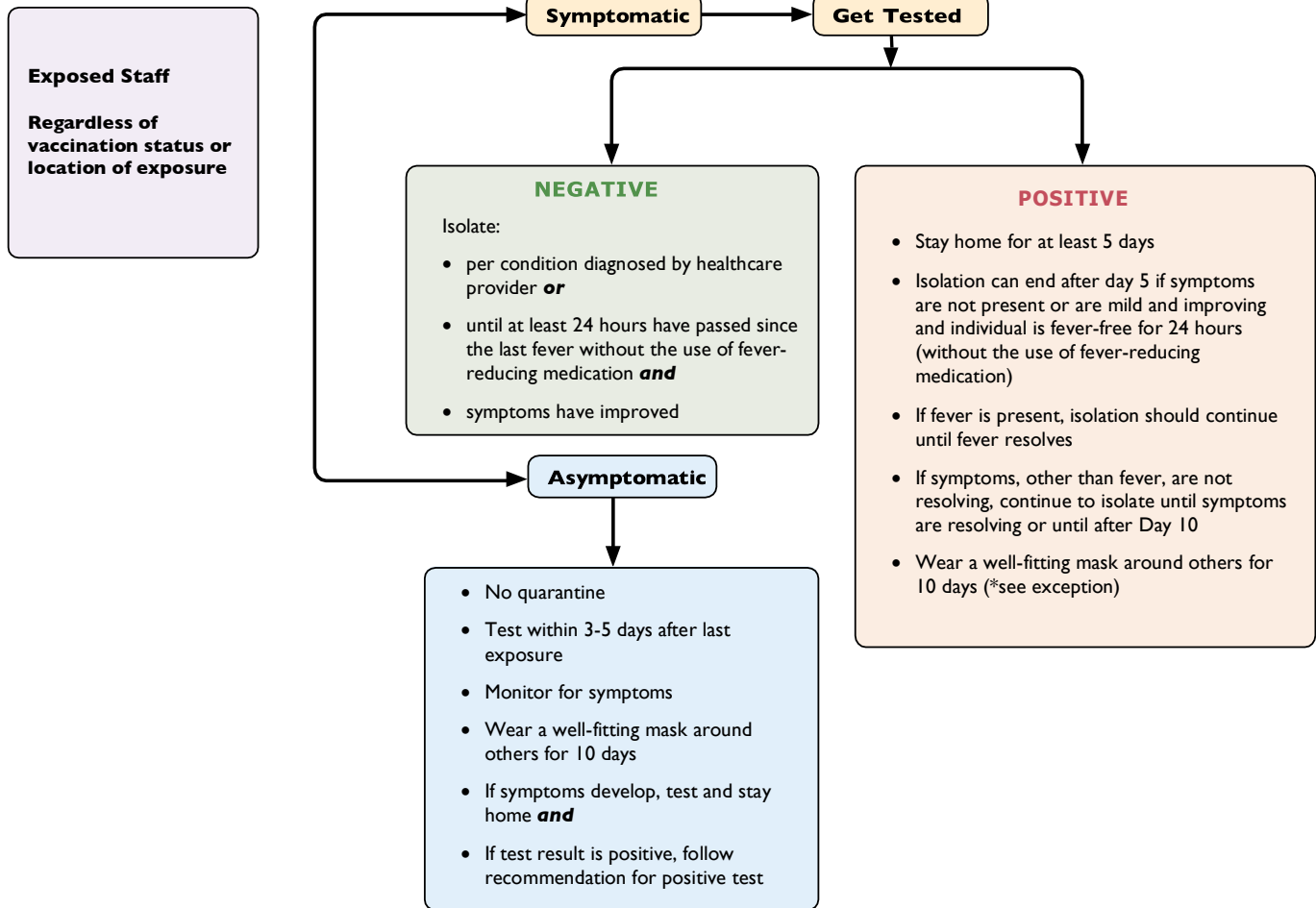
Asymptomatic Persons Who Are Exposed to Someone with COVID-19 (No Quarantine)	Recommended Actions
<p>Everyone, regardless of vaccination status.</p> <p>Persons infected within the prior 30 days do not need to be tested, quarantined, or excluded from work unless symptoms develop.</p>	<ul style="list-style-type: none"> • Test within 3-5 days after last exposure. • Close contacts should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings and when near those at higher risk for severe COVID-19 disease. • Strongly encouraged to be up to date with COVID-19 vaccines. • If symptoms develop, test and stay home, and • If test result is positive, follow isolation recommendations in the Isolation table.

COVID-19 Student Exposure (CDPH)



***Masking Exception**
 After ending isolation (no fever without the use of fever-reducing medications and symptoms are improving), confirmed cases may remove their mask sooner than Day 10 if they have two sequential negative tests at least one day apart. If antigen test results are positive, the person may still be infectious and should continue wearing a mask and wait at least one day before taking another test.

COVID-19 Staff Exposure (CDPH)



*Masking Exception

After ending isolation (no fever without the use of fever-reducing medications and symptoms are improving), confirmed cases may remove their mask sooner than Day 10 if they have two sequential negative tests at least one day apart. If antigen test results are positive, the person may still be infectious and should continue wearing a mask and wait at least one day before taking another test.

Training

According to Cal/OSHA, employers must provide effective training and instruction to employees on how COVID-19 is spread, infection prevention techniques, and information regarding COVID-19-related benefits that affected employees may be entitled to under applicable federal, state, or local laws.

Outbreaks

Broad disruptions to in-person learning, such as temporary closures of schools, classrooms, or child care settings due to a communicable disease outbreak should remain a last resort and be considered only after all available resources have been exhausted and after conferring with local health department officials.

Outbreak Definitions

At least three COVID-19 cases within a 7-day period among people who are epidemiologically linked in the setting, and are not known to be close contacts of each other in any other case investigation,

Cal/OSHA provides the following guidance for employers in the case of an outbreak:

- Provide written notice of workplace outbreaks (three or more cases in an exposed workgroup in a 14-day period) and major outbreaks (20 or more cases within a 30-day period).
- During any outbreak, masks are required regardless of employee vaccination status both indoors and outdoors when employees are less than six feet from another person.
- During major outbreaks, test employees in the exposed group or exclude them from the workplace until the return-to-work requirements for COVID-19 cases are met.
- Testing is required twice a week for all employees in the exposed group.
- Employers must now report major outbreaks to Cal/OSHA.

Additional Considerations

- 1. Considerations for children with disabilities or other health care needs:** When implementing this guidance, schools should carefully consider how to address legal requirements related to the provision of free appropriate public education. School administrators and certain child care providers must also ensure compliance with the Americans with Disabilities Act (ADA) and afford reasonable accommodation to children with disabilities. For additional recommendations for children with disabilities or special health care needs, refer to guidance provided by the [American Academy of Pediatrics](#) (AAP). Note that although the AAP guidance was developed to manage COVID-19, many considerations are broadly applicable in schools and child care.
- 2. Considerations for higher risk activities:** Certain activities that involve close physical contact and/or increased and forceful exhalation can pose increased risk for getting and spreading communicable diseases, particularly if conducted indoors, in poorly ventilated settings, and/or without the use of masks. Accordingly, school administrators and child care providers may consider implementing additional measures to mitigate transmission in these settings, particularly during disease outbreaks or increased rates of community transmission of certain diseases. Consultation with local health departments is recommended.
- 3. Considerations for direct service providers at K-12 schools or child care settings:** It is important to allow access for these providers (including persons providing vision, hearing, or dental screening) when developing disease mitigation procedures.

Appendix

- [Vaccination Consent Form](#)
- [Testing Guidance and Resources from the California Department of Public Health](#)

Communication Templates

- [Exposure Notices – Student and During Surges](#)
- [Cal/OSHA Sample Notice of Potential COVID-19 Exposure to Employees](#)
- [Cal/OSHA Sample Notice of Potential COVID-19 Exposure to Union Representatives](#)
- [Cal/OSHA Sample Notice of Potential COVID-19 Exposure to Contractors](#)