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

COVID-19 Safe Schools Framework

July 27, 2022

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



**Coalition for
Safe Schools &
Communities**



**SAN MATEO
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OFFICE OF
EDUCATION**



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About this Document

The **COVID-19 Safe Schools Framework** replaces the Pandemic Recovery Framework, which guided the safe reopening and operation of public and private schools during the COVID-19 pandemic. This document was developed in consultation with San Mateo County Health (SMCH) and reflects **California Department of Public Health** (CDPH) and other relevant guidance for schools. It will be updated as needed to reflect changes in guidance.

CDPH affirms the authority of SMCH, districts, and schools to determine that additional measures are warranted to mitigate in-school transmission of COVID-19. The following should be considered when implementing CDPH guidance:

- Centers for Disease Control and Prevention (CDC) community level **COVID-19 indicators**
- Vaccination coverage among students and school staff and the **community**
- COVID-19 outbreaks in the school and larger community
- Air quality in school facilities
- Availability of resources, including tests and masks
- Community input from students, families, and staff

According to CDPH, COVID-19 is here to stay, and California's schools can manage the disease in sustainable and adaptive manners. The goal for the 2022-23 school year is to keep schools open and safe for in-person learning.

CDPH also points out that many of the strategies used to address COVID-19 can protect school communities from other diseases and support healthy learning environments. For example, they can safeguard students and staff from other airborne pathogens, allergens, and pollutants (e.g., wildfire smoke).

CDPH and SMCH recommend that schools and districts develop a COVID-19 safety plan for the 2022-23 school year, and share this plan with the school community.

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 provide individual-level protection and reduce the burden of disease in schools and communities.

CDPH **recommends** that all eligible individuals **get vaccinated against COVID-19** and **remain up-to-date** with recommended boosters.

California-specific vaccine access information is available on the **Safe Schools Hub** and **Vaccinate All 58 – Let’s Get to Immunity**.

SMCH provides **vaccination information** on its website.

CDPH reports that many children are not current on their vaccinations, placing them and their communities at increased risk of falling ill from other vaccine-preventable illnesses. Schools should review statutory vaccination requirements for entry into K-12 schools and visit **Shots for School** for information. San Mateo County Health is available to help school districts organize vaccination and health events on their campuses.

Vaccination Verification

Verification of vaccination status can inform important school practices around testing, contact tracing, quarantine, and isolation. The **State Public Health order** requiring vaccine verification of school staff is still in effect for the 2022-23 school year.

All schools and districts must verify the vaccination status of all workers. “Workers” refers to all paid and unpaid adults serving in schools. They include, but are not limited to, certificated and classified staff, analogous staff working in private school settings, and volunteers who are on-site at a school campus supporting school functions.

According to CDPH, only the following modes may be used as **proof of vaccination**:

- COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services Centers for Disease Control and Prevention or WHO Yellow Card), which includes name of person vaccinated, type of vaccine provided, and date last dose administered; or
- a photo of a **Vaccination Record Card** as a separate document; or
- a photo of the client’s Vaccination Record Card stored on a phone or electronic device; or
- documentation of COVID-19 vaccination from a health care provider; or
- digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates, and vaccine type; or
- documentation of vaccination from other contracted employers who follow these vaccination records guidelines and standards.

Schools must have a plan in place for tracking verified worker vaccination status. Records of vaccination verification must be made available, upon request, to the local health jurisdiction for purposes of case investigation.

Workers who are not fully vaccinated, or for whom vaccination status is unknown or documentation is not provided, must be considered unvaccinated.

Schools should use the same standard protocols that are used to collect and secure other immunization or health status information from students.

The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA) statutory and regulatory requirements.

A worker who cannot get vaccinated due to a disability (covered by the Americans with Disabilities Act), has a disability that affects their ability to have a full immune response to vaccination, or has a sincerely held religious belief or practice (covered by Title VII of the Civil Rights Act of 1964) may be entitled to a reasonable accommodation that does not pose an undue hardship on the operation of the employer's business.

Asymptomatic unvaccinated or incompletely vaccinated workers are required to undergo diagnostic screening testing. See [Testing](#) section for more information.

Air Quality

The risk of getting COVID-19 is much greater in indoor settings with poor ventilation and air filtration. Effective ventilation and filtration can reduce the amount of COVID-19 virus in the air by 90 percent. It may also protect students and staff from exposure to wildfire smoke and other airborne allergens and 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 permits.
- 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.
- Wearing a well-fitting mask (e.g., N95, KN95, or KF94 respirator) reduces airborne transmission risk by more than half, independent of the rate of ventilation or air filtration in the classroom.
- Open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk.
- 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.

The UC Berkeley Center for Cities and Schools has also compiled a [useful list of resources](#) concerning ventilation in school facilities.

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 [CDC](#), N95 and KN95 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](#). See also, [Ventilation FAQs: Smoke Days and COVID-19](#), which provides information on how to address poor air quality while still observing COVID-19 safety standards.

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](#), remain highly effective, inexpensive, and dynamic tools to protect oneself and mitigate transmission of COVID-19 and other respiratory pathogens.

Unless otherwise directed by local health departments or local educational agencies, students and staff should follow [CDPH masking guidance](#) for the general public, including the following:

- CDPH strongly recommends that individuals continue to mask indoors. Exemptions include children under two years of age and those with other [medical considerations](#) as defined by CDPH.
- CDPH currently strongly recommends that individuals continue to mask while on public transit.

[SMCH](#) continues to strongly recommend that individuals wear a high-quality mask indoors.

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 (e.g., watersports).
- CDPH requires schools to develop and implement local protocols to provide masks to students who inadvertently fail to bring a face covering to school and desire to use one.
- Cal/OSHA requires schools to provide masks during outbreaks and major 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.
- Double masking is an effective way to improve fit and filtration. A close-fitting cloth mask can be worn on top of a surgical/disposable mask to improve the seal of the mask to the face.
- Layering more than two masks is not recommended as this could be difficult to breathe through.
- It is not recommended to wear two medical masks, or to wear a medical mask on top of a KN95, KF94, or N95.

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

Most Effective	More Effective	Effective	Least Effective
<ul style="list-style-type: none"> • N95 (also best for wildfire smoke) 	<ul style="list-style-type: none"> • KF94 • KN95 • Double Mask • Fitted Surgical Mask 	<ul style="list-style-type: none"> • Surgical Mask 	<ul style="list-style-type: none"> • Cloth mask with three or more cloth layers. A cloth mask is better than no mask

Physical Distancing

Although CDPH did not include any mention of physical distancing in its June 30th guidance, Cal/OSHA requires employers to arrange for physical distancing where feasible and when respirators cannot be worn during **major outbreaks** (20 or more COVID-19 cases in an "exposed group" within a 30-day period).

Eating at School

SMCH recommends that during periods of high transmission, school leaders arrange for eating outdoors and/or maximize physical distance between those eating. Schools should also consider conducting meals in a larger space, purchasing larger tables, and providing greater supervision.

Testing

Testing remains a key mitigation layer to detect and curb transmission of COVID-19. CDPH strongly recommends that schools facilitate access to COVID-19 testing for students and staff, particularly for vulnerable communities. CDPH has made some important shifts in its guidance around testing since the last school year, which are captured in more detail in the [Preliminary Testing Framework for K-12 Schools](#) and shared in this Framework.

Due to the increased travel and social interactions that often occur during school breaks, CDPH recommends that students and staff get tested for COVID-19 prior to returning to school following major breaks (e.g., summer, winter, spring). CDPH also recommends that schools provide staff and students with over-the-counter (OTC)/at-home test kits for use in back-to-school testing.

Move to Antigen Testing

According to CDPH, antigen tests should be considered the primary option for detecting COVID-19 in schools, instead of PCR tests. Antigen tests that provide rapid results are much better to guide immediate isolation to prevent transmission. A PCR test, on the other hand, picks up very low levels of virus, both before and after an infection (sometimes for months), leading to students and staff unnecessarily missing school despite feeling well and not being a risk to others.

- Both the professional, on-site antigen tests as well as the over-the-counter (OTC) at-home antigen tests have been effective in identifying persons who have infectious levels of all known COVID variants.
- CDPH will offer more distributions of OTC COVID-19 tests to schools. Schools may use OTC tests to supplant on-site testing in many situations. Schools can [sign up](#) for CDPH's antigen testing program or receive more information by emailing schooltesting@cdph.ca.gov.
- Due to the move to greater availability of OTC tests, CDPH expects the volume of on-site testing to decrease. However, CDPH will continue to support professional on-site antigen testing programs in the 2022-2023 school year.
- CDPH's pooled PCR program will **not** be available in 2022-23. Schools that were in that program are encouraged to transition to the CDPH professional antigen program.
- Lab-based molecular tests (PCR/LAMP) are reserved for confirmatory testing with more guidance forthcoming.
- CDPH's [Professional At-School Antigen Program playbook](#) answers many commonly asked questions about the antigen program and onboarding.

Professional vs. Over-the-Counter (OTC) 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 planning to conduct testing on others must participate in a professional antigen testing program.
- If a K-12 school plans to have staff perform tests on others, it needs **to apply** for CDPH's School Clinical Laboratory Improvement Act (CLIA) waiver. CDPH's School CLIA only covers Abbot BinaxNow professional antigen tests and not other brands of antigen tests. Renewal is required every year.
- CDPH highly recommends that schools complete their Professional/At-School Antigen Testing onboarding process to have the option of administering BinaxNOW professional tests on site if needed. This is an important back-up in case of OTC/at-home test kit shortages due to international supply chain problems.
- CDPH recommends staff should not administer OTC/at-home tests, but rather allow children (if old enough) or parents to conduct the test and read results themselves.
- 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.
- Students, staff, and school community members can use Primary.Health to report OTC/at-home tests results. The school is able to see the test results.
- See **CDPH's testing FAQ** for more information.

When to Test

More specific guidance on the uses of OTC/at-home tests is forthcoming. OTC/at-home tests can be used in any of the same scenarios that professional/at-school antigen tests are used. Some examples of use of antigen tests include:

- Outbreak response testing
- Testing of school members for end-of-year events such as graduations
- Testing of close contacts and symptomatic school members
- Pre-entry testing before returning after breaks
- Asymptomatic screening testing of high-risk groups or during periods of high transmission

- Return to school with a negative test after a minimum of 5 days of isolation

Testing Unvaccinated School Workers

According to the August 11, 2021, [public health order](#), asymptomatic workers (paid or volunteer) in schools who are not fully vaccinated are required to undergo diagnostic screening testing.

- Workers may be tested with either antigen or molecular tests to satisfy this requirement.
- Workers who are not fully vaccinated must be tested at least once weekly.
- Workers who are not fully vaccinated must also observe all other infection control requirements and are not exempt from the testing requirement even if they have a medical contraindication to vaccination, since they are still potentially able to spread the illness.
- Previous history of COVID-19 from which the individual recovered more than 90 days earlier, or a previous positive antibody test for COVID-19, does not waive this requirement for testing.
- According to CDPH, OTC/at-home tests may be used for testing unvaccinated staff.

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. Employees who are not tested within 3-5 days after a close contact must be excluded from the workplace until the return-to-work requirements for COVID-19 cases are met.
 - 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.

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

Cleaning

- In general, cleaning once a day is usually enough to sufficiently remove potential viruses that may be on surfaces. If disinfectants are used, use **asthma-safer products**.
- Drinking fountains may be open and used by students and staff. Routine cleaning is recommended.

Stay Home When Sick and Test

Staying home when sick can lower the risk of spreading infectious diseases, including COVID-19, to other people. CDPH recommends that schools take the following actions to help keep students and staff who are sick at home:

- Develop standard criteria for managing students who develop symptoms of infectious diseases, including COVID-19. In most situations, anyone who develops new, unexplained symptoms should not return to campus until it is clear that symptoms are mild and improving or are due to a non-infectious cause (e.g., allergies). This includes

waiting until 24 hours have passed since resolution of fever without the use of fever-reducing medications.

- If **symptoms** are concerning for COVID-19, it is strongly recommended that students and staff wear a mask and get tested immediately.
- Students and staff should also follow **CDPH recommendations** for retesting and/or isolating if results are positive.
- Schools should avoid policies that incentivize coming to school while sick.

California requires employers to provide **COVID-19 supplemental paid sick leave** for most workers through September 30, 2022. This includes circumstances in which workers are experiencing symptoms of COVID-19 and seeking a medical diagnosis, attending a vaccine appointment for themselves or for a family member, and/or if a worker's child is isolating due to COVID-19 infection.

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 take or be administered an antigen test as soon as possible to determine infection status.
- Remain in isolation while waiting for testing results. If not tested, they should continue isolating for 10 days after the day of symptom onset, and if they cannot isolate, should wear a well-fitting mask for 10 days.
- 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). • Isolation can end after day 5 if symptoms are not present or are resolving and a diagnostic specimen* collected on Day 5 or later tests negative. • If unable to test, choosing not to test, or testing positive on Day 5 (or later), isolation can end after Day 10 if fever-free for 24 hours without the use of fever-reducing medications. • If fever is present, isolation should be continued until 24 hours after fever resolves. • If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving 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, infected persons should contact their healthcare provider for available treatments. • Per CDPH masking guidance, infected persons should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. <p>*Antigen test preferred.</p>

How to Count Five Days for Isolation

If you develop symptoms after testing positive	Your 5-day isolation period should start over. Day 0 is your first day of symptoms. Follow the recommendations above for ending isolation.
If you had COVID-19 and had symptoms	Isolate for at least 5 days. To calculate your 5-day isolation period, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed. You can leave isolation after 5 full days.
If you test positive for COVID-19 and never develop symptoms	Isolate for at least 5 days. Day 0 is the day of your positive viral test (based on the date you were tested) and day 1 is the first full day after the specimen was collected for your positive test. You can leave isolation after 5 full days.

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.
- Schools should notify students who spent more than a cumulative total of 15 minutes (within a 24-hour time period) in a shared indoor airspace (e.g., classroom) with someone with COVID-19 during their infectious period.
- 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.

- Exposed students may continue to take part in all aspects of K-12 schooling, including sports and extracurricular activities, unless they develop symptoms or test positive for COVID-19. They should test, report positive test results to the school, and follow other components of this guidance.
- 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.

Infectious Period

- For symptomatic infected persons, the infectious period is 2 days before the infected person had any symptoms through Day 10 after symptoms first appeared (or through Days 5-10 if test is negative on Day 5 or later), and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved, OR
- For asymptomatic infected persons, the infectious period is 2 days before the positive specimen collection date through Day 10 after positive specimen collection date (or through Days 5-10 if testing negative on Day 5 or later) after specimen collection date for their first positive COVID-19 test.
- For the purposes of identifying close contacts and exposures, infected persons who test negative on or after Day 5 can end isolation and in accordance with the guidance, 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. There is no need to test after day 10 if symptoms have resolved.

DEFINITIONS

Fully vaccinated: two weeks after completion of a two-dose mRNA vaccine or one dose of Janssen vaccine.

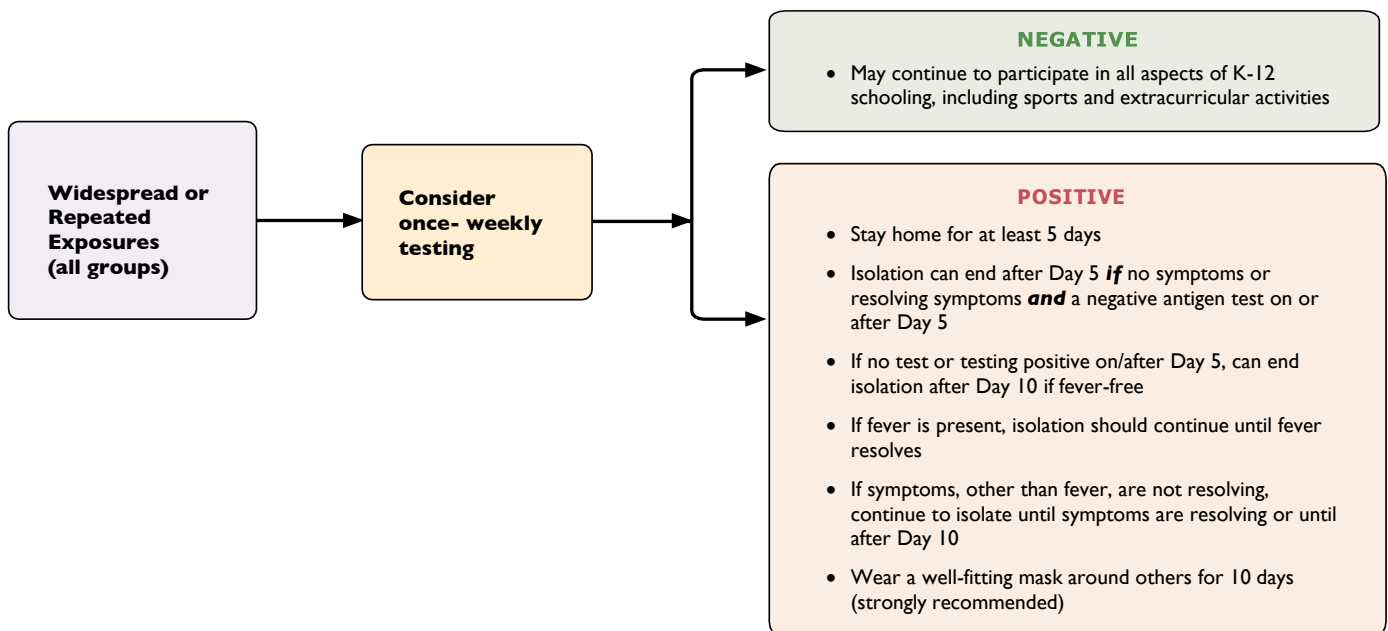
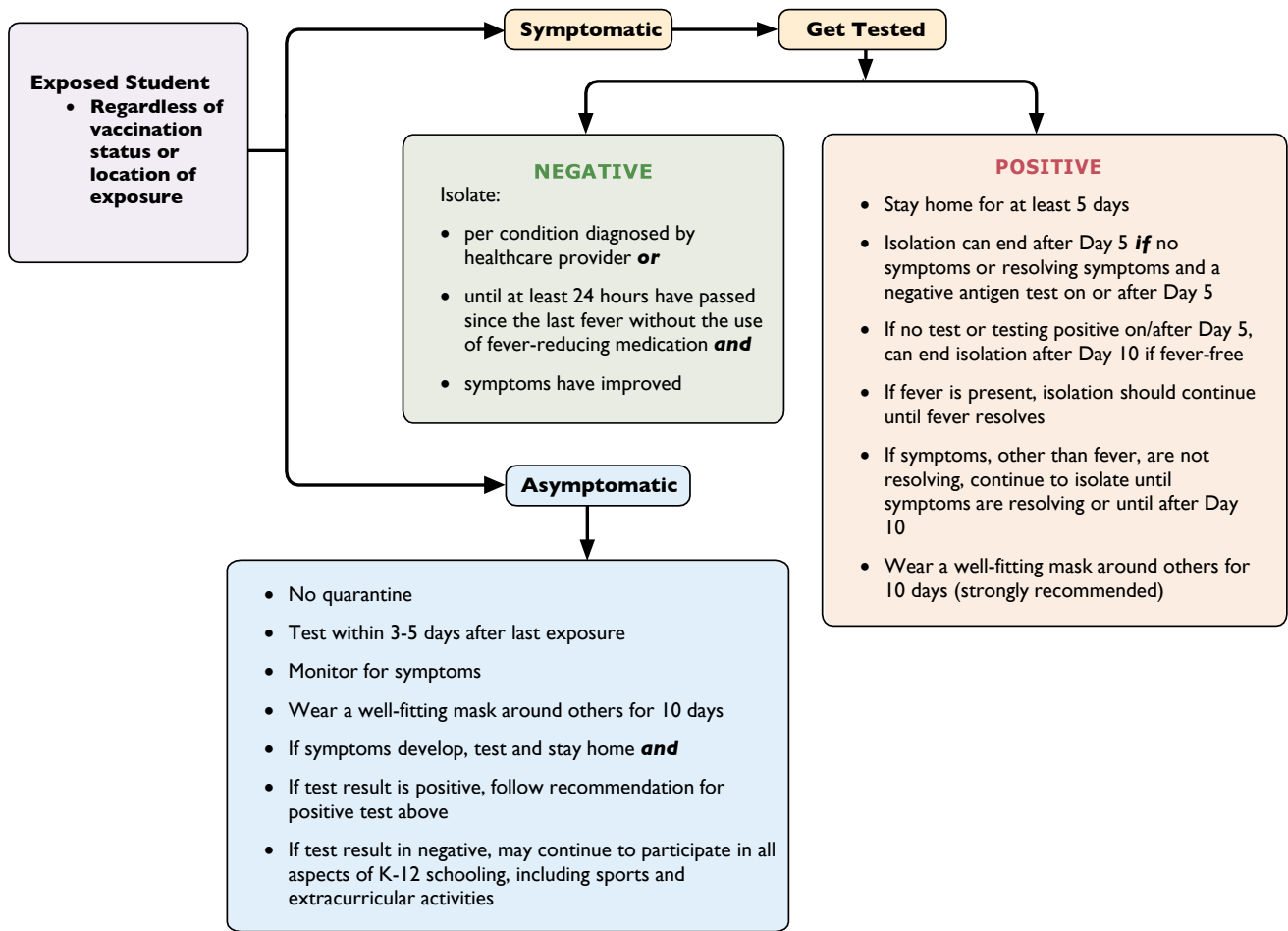
Close Contact: Someone sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period during an infected person's infectious period.

High- Risk Contact: Someone who may experience severe illness if they become infected with COVID-19 or for whom the transmission potential is high.

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

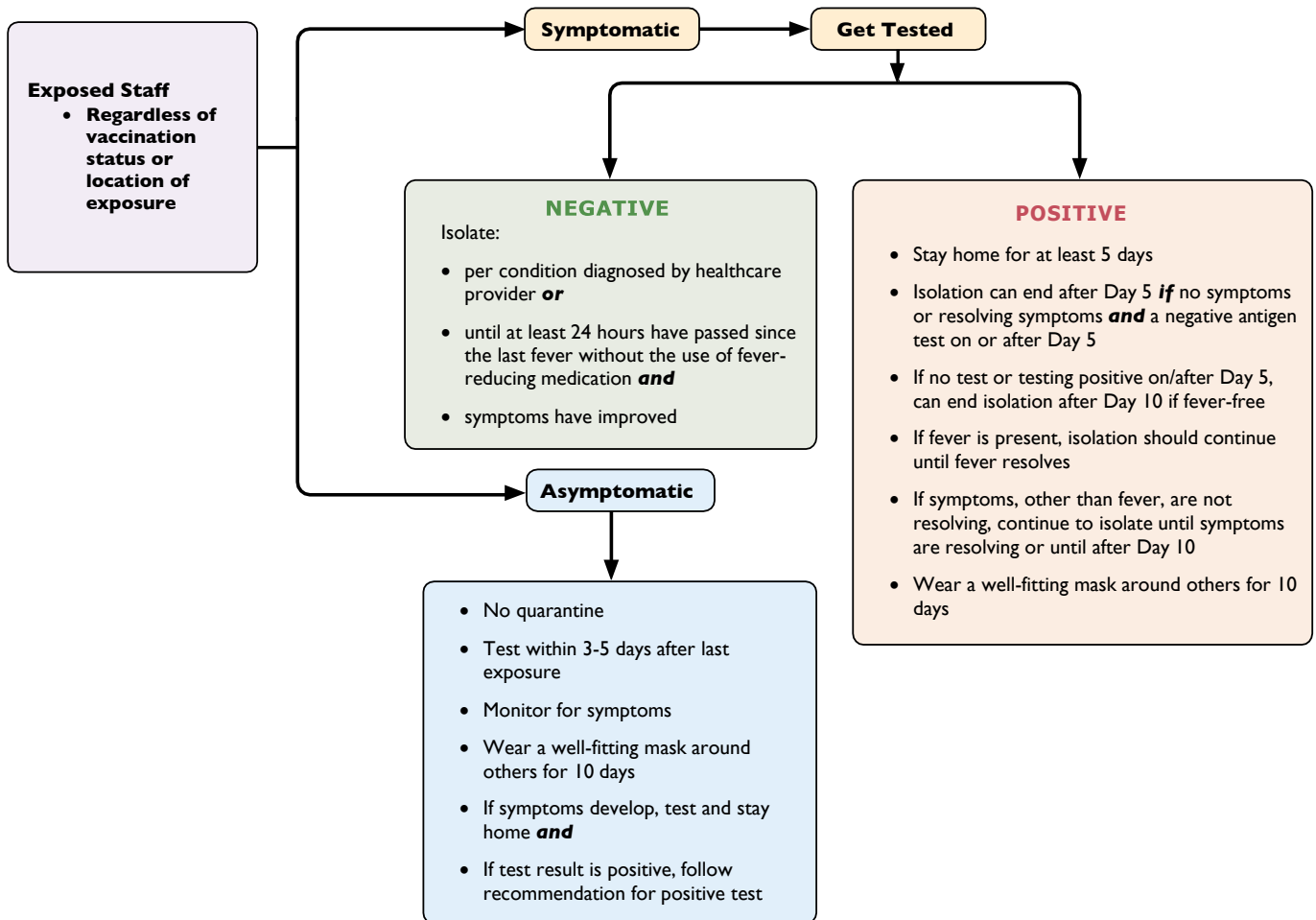
Asymptomatic Persons Who Are Exposed to Someone with COVID-19 (No Quarantine)	Recommended Actions
<p>Everyone, regardless of vaccination status.</p> <p>With the new variants, SMCH is finding people are being reinfected within a few weeks of having COVID-19 and now recommends that schools test exposed individuals even if they had COVID-19 during the last 90 days.</p>	<ul style="list-style-type: none"> • Test within 3-5 days after last exposure. • Per CDPH masking guidance, close contacts should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings and when near those at higher risk for severe COVID-19 disease (see masking section below for additional information). • Strongly encouraged to get vaccinated or boosted. • If symptoms develop, test and stay home (see earlier section on symptomatic persons), and • If test result is positive, follow isolation recommendations in the Isolation table.

COVID-19 Student Exposure (CDPH)



COVID-19 Staff Exposure (CDPH)

Note: With the new variants, SMCH is finding people are being reinfected within a few weeks of having COVID-19 and now recommends that schools test exposed individuals even if they had COVID-19 during the last 90 days.



Gatherings

Particularly during surges of COVID-19, school dances, large assemblies, and other school-based crowded events, especially those held indoors, all have the potential to cause substantial spread of COVID-19 within and beyond the school community. Prior to hosting large events, schools are encouraged to review the [Safe and SMART Events Playbook](#) for mitigation strategies that should be considered.

All event operators and attendees should use the information about the [conditions in their local community](#) or the [CDC's community level indicator](#) as guides for event planning.

Schools are encouraged to:

- Host such events outdoors whenever possible.
- Separate the event into smaller cohorts (by grade, for example) whenever possible.
- Promote vaccines for all eligible attendees.
- Consider pre-entry testing for all attendees at or just prior to the event.
- Plan in advance how to identify close contacts if it is later discovered that someone with COVID-19 attended the event. Encourage pre-registration with CA Notify and maintain a log of all attendees (even those arriving pre-event) at the door/entrance to the event.
- Consider requiring the use of masks at outdoor, school-based, large, crowded events.
- If food or drinks are to be served, serve them outdoors whenever possible and/or place them away from other areas to clearly designate spaces where masks must be worn.

Training

- Schools should provide training for staff, parents, and students on the school's safety plan.
- 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.

Plans

Schools and districts should develop and share their COVID-19 safety plan with their school communities.

- The plan should communicate the safety measures in place for 2022-23.

- Plans should include a section on how the school or district would adjust its safety layers if conditions worsen or a new health order or guidance is released that impacts school operations.
- Plans should also be disseminated to families in advance of the start of the school year.
- Plans should include or align with the written **COVID-19 Prevention Program (CPP)** required by Cal/OSHA.

Visitors

Vaccination Verification and Testing Requirements for Volunteers

According to **CDPH**, volunteers who are onsite at a school campus supporting school functions are considered workers and, therefore, schools must verify their vaccination status. Those who are not fully vaccinated must participate in the school’s testing program. Please see the **vaccination verification** section in this framework.

CDPH also states that schools should not limit access for essential direct service providers who comply with school visitor policies due to a concern about mitigating spread of COVID-19.

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, **§2508**.

Schools are also required to notify employees who may have been exposed to COVID-19 and to report workplace outbreaks to the local health department per **AB 685**.

The School/District COVID-19 Point Person must report all COVID-19 cases and clusters of undiagnosed respiratory illness to SMCH as soon as practicable (within 24 hours) using SPOT, California’s case reporting system. Use the **SPOT intake form** to begin the process for using SPOT. Directions follow:

- Go to the **SPOT website**, submit a SPOT intake form, and make sure you choose San Mateo County.
- Exposure Event and will register you as the liaison for this school.
- SPOT will send you an automated email with instructions on how to finish setting up your SPOT account.
- Your SPOT account will allow you to sign in on the SPOT Portal and you will be able to see all open investigations/cases for the schools you report.

- Watch a [SPOT demo video](#) and a video highlighting [recent changes to SPOT](#).

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 1-916-520-1619.

Schools or districts with questions or concerns about cases may contact SMCH at COVID19_SchoolTeam@smcgov.org.

Schools should notify – to the extent allowable by applicable privacy laws – teachers, staff, and families of students who were close contacts as soon as possible (within the same day if possible) after they are notified that someone in the school has tested positive.

Additionally, per Cal/OSHA guidance, employers must:

- Contact the local health department immediately but no longer than 48 hours after learning of three or more COVID-19 cases to obtain guidance on preventing the further spread of COVID-19 within their workplace.
- 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.

Per Cal/OSHA and the district or school's COVID-19 Prevention Plan, provide written notice within one day of learning of a case to people at the worksite who may have been exposed to COVID-19. This notice must be provided to all employees (and their authorized representative), independent contractors, and other employers at the worksite during the high-risk exposure period. Sample templates are in [the Appendix](#).

Outbreaks

Broad disruptions to in-person learning, such as temporary school or classroom closures, due to COVID-19 should remain a last resort and considered only after all available resources have been exhausted, and only after conferring with local health officials.

Outbreak Definitions:

- At least three suspected, probable, or confirmed COVID-19 cases within a 14-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, OR
- For large settings (a facility or workplace with >100 persons present in the setting), particularly during high levels of community transmission, local health departments

may determine that a higher proportion (at least 5 percent) of cases within a 14-day period may be appropriate for defining an outbreak, even in the absence of identifiable epidemiological linkages.

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, six-foot physical distancing is required where feasible, both indoors and outdoors.

Childcare

Childcare settings and providers remain subject to [separate CDPH guidance](#).

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**
- **Additional Communication Resources for Schools**