



Ocean View School District

## 2021-2022 COVID-19 Prevention Plan



August 26, 2021

This Document Will be Updated as COVID-19 Conditions & Guidance Change

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# HEALTH & SAFETY AT-A-GLANCE

The Ocean View School District (OVSD) follows the guidance established by the California Department of Public Health (CDPH) with a shared goal of allowing students the opportunity to attend safe in-person instruction full time. Below is health and safety at-a-glance in OVSD.

	2021-2022 GUIDANCE
Masks	All students, staff, and visitors are required to wear masks indoors, in all schools, buses, and departments, regardless of vaccination status. Masking outdoors is optional unless specifically stated (e.g. large seated events).
Physical Distancing	Because all individuals will wear masks indoors and outdoors as needed, there will be no physical distancing requirements.
Stay Home When Sick & Get Tested	Students and staff will self-screen at home and must stay home and get tested if experiencing COVID-19 symptoms, including cough, difficulty breathing, and loss of taste/smell. Parents/guardians or staff members must notify the school/department as soon as possible regarding the absence and be prepared to answer questions regarding the symptoms.
Cleaning	Cleaning will be completed daily with extra attention to high touch surfaces. Hand sanitizer and sanitizing wipes will be available in all classrooms.
Hand Washing & Respiratory Etiquette	Hand washing and/or hand sanitizing will occur at regular intervals throughout the day. Training and reinforcement for hand washing and respiratory etiquette will occur.
Ventilation	Fresh air will be maximized through the use of the HEPA air purification system.
Food Service	Students will eat outdoors, as much as possible and will maximize physical distancing when indoors. Frequently touched surfaces will be cleaned. All meals will be provided to all students free of charge and no longer will be limited to single use prepacked items.
COVID-19 Response & Reporting	Positive cases will be reported to the Orange County Healthcare Agency (OCHCA) and their quarantine guidance followed. Individual/group notifications and the OVSD COVID-19 Dashboard on the District website will continue until further notice.
Student Modified Quarantine	Exposed unvaccinated students, who are asymptomatic, may attend school in-person through modified quarantine with COVID-19 testing.
Visitors & Volunteers	Parents and visitors are welcome in outdoor locations for school events during the school day. Vaccinated volunteers in the classroom will be used in a limited capacity.
Employees Vaccinate or Test	In accordance with CDPH, OVSD will verify and track employee vaccination status and implement weekly testing for employees that are not vaccinated.



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# MASK & VACCINE PROTOCOLS

The California Department of Public Health (CDPH) established the foundational principle that all students should have access to safe and full in-person instruction. CDPH asserts that the surest path to this, as well as to minimize missed school days, is a strong emphasis on vaccination for all eligible individuals, universal masking in schools with more targeted quarantine practices, and a robust COVID-19 testing program. The Ocean View School District (OVSD) will follow the guidance provided by the CDPH.

## FACE COVERINGS/MASKS

In accordance with the CDPH Guidance, all students 2 years of age and older, staff, and visitors are required to wear face coverings while indoors or riding District transportation, with the exception of those who are exempt. Individuals are exempt if: (1) they have a medical condition, mental health condition, or disability that prevents them from wearing a face covering; this includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance; (2) they are hearing impaired, or communicating with an individual who is hearing impaired, where the ability to see the mouth is essential for communication; (3) they are under the age of 2; and (4) wearing a face covering would create a risk to the individual as it relates to their work, as determined by local, state, or federal regulators or workplace safety guidelines. Persons exempted due to a medical condition must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits.

Masks are optional outdoors for students, staff, and visitors unless specifically stated. Masks will be provided for individuals who inadvertently fail to bring one to prevent unnecessary exclusions.

Mask enforcement for students will be addressed through education and consequences related to compliance with the CDPH mandate. Should a student refuse to wear a mask indoors,

- An administrator will counsel the student
- Continued refusal, the administrator will contact the parent/guardian
- Continued refusal, enrollment in an independent study program will be offered
- Continued refusal, student will be excluded from attending school and documented as an unexcused absence leading to a referral to the School Attendance Review Board (SARB)
- Continued refusal by a student eligible for special education services will be addressed through the Individualized Education Program (IEP) team meeting process

At any time during the process, a student may choose to comply and resume regular in-person attendance without restriction.

## STAFF & COVID-19 VACCINATION STATUS

CDPH requires all school employees to be fully vaccinated against COVID-19 or undergo weekly COVID-19 testing. CDPH strongly recommends COVID-19 vaccination "for all eligible people in California, including teachers, staff, students, and adults sharing homes with these members of our K-12 communities." People are considered fully vaccinated two weeks after their second dose in a two-dose series or two weeks after a single-dose vaccine.



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# COVID-19 RESPONSE & REPORTING

OVSD works to maintain privacy and prevent discrimination for those who may have COVID-19, while ensuring the health and wellness of other students and staff.

- Students and staff must be symptom free and meet the health screening requirements prior to coming on campus.
- Students or staff who are symptomatic for COVID-19 must stay home and notify their supervisor or school office.
- Students or staff exhibiting symptoms while at school:
  - Will be required to wait in the identified isolation area until transported home or to a healthcare facility. Staff will communicate with student's parent/guardian about the symptoms.

**Note: Parents should be prepared to pick up their student(s) immediately in the event COVID-19 symptoms develop at school. Please be sure to have updated emergency contact information in Aeries.**

- Areas occupied by the student or staff presenting symptoms will be cleaned and sanitized.

OVSD administration consults with the Orange County Health Care Agency (OCHCA) regarding suspected, probable, and confirmed cases. OCHCA assists District staff in determining a course of action should an individual test positive for COVID-19 on a case by case basis. This may include quarantining students and staff for a designated period of at least 10 days.

- Students and staff who are isolated or quarantined due to a positive or probable case of COVID-19 and those who are determined to be a close contact of a positive case are contacted and provided isolation and quarantine guidance and options for testing. Absence/leave options for staff are also provided.
- Schools adhere to required reporting requirements and notify the OCHCA of any newly reported case of COVID-19 in a student or staff member, if not already contacted about the case.
- District or school staff will notify parents and staff to inform them that a case of COVID-19 in a student or staff member has been reported and additionally any close contacts will be notified.
- OVSD is committed to providing accurate and timely information regarding COVID-19 cases on its campuses, while also maintaining privacy and confidentiality for students and staff. In October 2020, the District launched the OVSD COVID-19 Dashboard, an online database reporting the number of confirmed, probable, and recovered COVID-19 cases among District students and staff on campus. The OVSD Dashboard may be accessed at [www.ovsd.org/coronavirus/dashboard](http://www.ovsd.org/coronavirus/dashboard).

Any school closures due to COVID-19 are made in consultation with OCHCA. Schools with confirmed cases and even a small cluster of COVID-19 cases may remain open for in-person education as long as contact tracing identifies all school contacts for exclusion, all cases are investigated, and the OCHCA agrees that the school may remain open.



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# QUARANTINE INFORMATION: STUDENTS

Quarantine Guidelines for Close Contacts: Close contacts are individuals, within 0-6 feet of an infected person indoors or on school busses for more than 15 minutes in a 24-hour period. **If a member of the household is experiencing COVID-19 symptoms or is waiting for the results of a COVID-19 test, the student should remain home until a negative COVID-19 test is received.**

## **COVID-19 Symptoms**

Low Risk Symptoms: Fever, congestion/runny nose, nausea/vomiting/diarrhea, sore throat, headache, fatigue/muscle or body aches

High Risk Symptoms: Cough, difficulty breathing, loss of taste/smell

If a student develops symptoms at school, the student will be sent home with the following return to school guidelines

1 low risk symptom: Return to school 24 hours after symptom resolution (without fever reducing medication)

2 or more low risk symptoms or 1 high risk symptom: Evaluation by health care provider

## **Exposure to a COVID-19 Positive Person**

For 14 days following last known exposure, asymptomatic close contacts must: (1) Continue daily self-monitoring for symptoms AND (2) Follow all recommended non-pharmaceutical interventions (e.g., wearing a mask when around others, hand washing, avoiding crowds). If any symptoms develop during the 14-day period, the exposed person must immediately isolate, get tested and contact their healthcare provider with any questions.

## **Fully Vaccinated Asymptomatic Students**

No quarantine, monitor for symptoms for 14 days, wear a mask around others, regularly wash hands, and avoid crowds.

## **Unvaccinated Asymptomatic Students with Masks**

When both students are wearing a mask in any school setting in which students are supervised by school staff, unvaccinated students who are close contacts and remain asymptomatic may undergo a modified quarantine and continue to attend school for in-person instruction if they (1) Mask indoors and outdoors, (2) Undergo at least twice weekly testing during the 10-day quarantine; and (3) Quarantine for all extracurricular activities at school, including sports, and activities within the community setting.

## **Unvaccinated Asymptomatic Students without Masks**

Unvaccinated close contacts not wearing masks or for whom the infected individual was not wearing a mask who remain asymptomatic (1) Quarantine through Day 10 from the date of last exposure without testing; OR (2) Quarantine through Day 7 if a diagnostic specimen is collected after Day 5 from the date of last exposure and tests negative.



# QUARANTINE INFORMATION: STAFF

Quarantine Guidelines for Close Contacts: Close contacts are individuals, within 0-6 feet of an infected person for more than 15 minutes in a 24-hour period. **If a member of the household is experiencing COVID-19 symptoms or is waiting for the results of a COVID-19 test, the staff member should remain home until a negative COVID-19 test is received.**

CDPH strongly recommends COVID-19 vaccination “for all eligible people in California, including teachers, staff, students, and adults sharing homes with these members of our K-12 communities.” People are considered fully vaccinated two weeks after their second dose in a two-dose series or two weeks after a single-dose vaccine. Vaccines are readily available and details on the nearest vaccine location can be found at [www.ocgov.com](http://www.ocgov.com)

## **Exposure to a COVID-19 Positive Person**

Fully Vaccinated and Asymptomatic: No quarantine, monitor for symptoms for 14 days, wear a mask around others, regularly wash hands, and avoid crowds.

Unvaccinated and Asymptomatic: For those who are exposed and remain asymptomatic, home self-quarantine until after 10 days from last exposure.



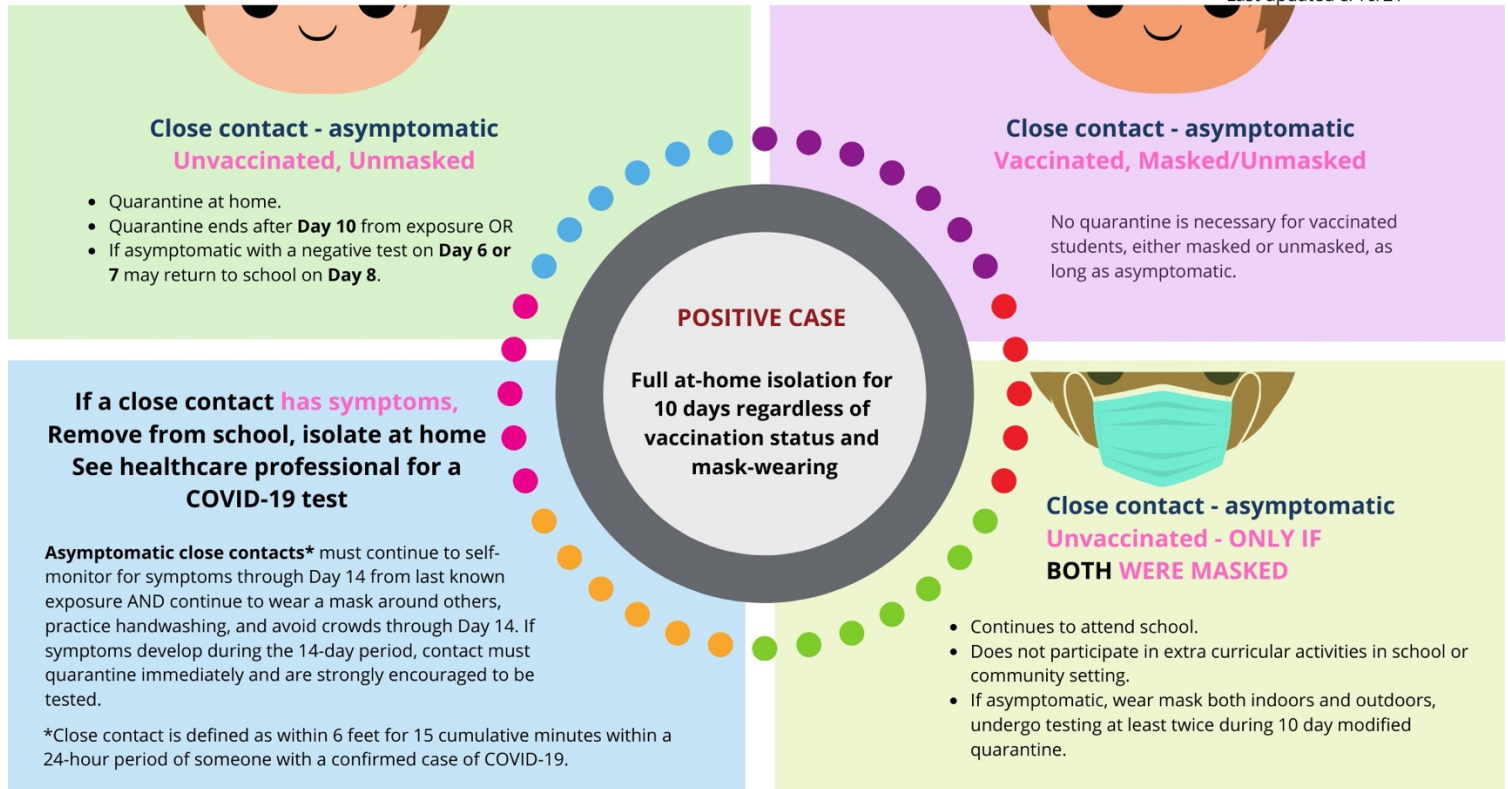
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# APPENDIX 1

## STUDENT CLOSE CONTACTS SCHOOL SETTINGS ONLY STAFF CLOSE CONTACTS

### STUDENT CLOSE CONTACTS SCHOOL SETTINGS ONLY

Last updated 8/16/21



### STAFF CLOSE CONTACTS

Last updated 8/16/21



If a close contact has symptoms, the individual should see their healthcare provider. If symptoms improve and they get a negative test OR they stay home at least 10 days from symptoms onset, they can resume activities.

\*Close contact is defined as within 6 feet for 15 cumulative minutes within a 24-hour period of someone with a confirmed case of COVID-19.



## APPENDIX 2

# COVID-19 Public Health Guidance for K-12 Schools in California, 2021-22 School Year



State of California—Health and Human  
Services Agency  
**California Department of  
Public Health**



August 2, 2021

**TO:** All Californians

**SUBJECT:** COVID-19 Public Health Guidance for K-12 Schools in California, 2021-22 School Year

**Related Materials:** 2021-2022 K-12 Schools Guidance Q&A | CDPH Guidance for the Use of Face Coverings | K-12 Schools Testing Framework 2021-2022 | Safe Schools for All Hub | American Academy of Pediatrics COVID-19 Guidance for Safe Schools

**Updates as of August 2, 2021:**

- Reflect updated universal indoor masking recommendations from the American Academy of Pediatrics and the CDC
- Clarify modified quarantine recommendations
- Refer to CDPH vaccine verification recommendations

On July 9, 2021, the Centers for Disease Control and Prevention (CDC) published its updated recommendations for K-12 schools. The following guidance applies CDC's recommendations to the California context, in order to help K-12 schools formulate and implement plans for safe, successful, and full in-person instruction in the 2021-22 school year. This guidance is effective immediately and will be reviewed regularly by the California Department of Public Health (CDPH).

**The foundational principle of this guidance is that all students must have access to safe and full in-person instruction and to as much instructional time as possible.** In California, the surest path to safe and full in-person instruction at the outset of the school year, as well as minimizing missed school days in an ongoing basis, is a strong emphasis on the following: vaccination for all eligible individuals to get COVID-19 rates down throughout the community; universal masking in schools, which enables no minimum physical distancing, allowing all students access to full in-person learning, and more targeted quarantine practices, keeping students in school; and access to a robust COVID-19 testing program as an available additional safety layer. Recent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g., masking) are fully implemented. This is consistent with CDC K-12 School Guidance

Masks are one of the most effective and simplest safety mitigation layers to prevent in-school transmission of COVID-19 infections and to support full time in-person instruction in K-12 schools. SARS-CoV-2, the virus that causes COVID-19, is transmitted primarily by aerosols (airborne transmission), and less frequently by droplets. Physical distancing is generally used to reduce only droplet transmission, whereas masks are one of the most effective measures for source control of **both** aerosols and droplets. Therefore, masks best promote both safety and in-person learning by reducing the need for physical distancing. Additionally, under the new guidance from the CDC, universal masking also permits modified quarantine practices under certain conditions in K-12 settings, further promoting more instructional time for students. Universal masking indoors in K-12 schools is recommended by the American Academy of Pediatrics and by the CDC in their Guidance for COVID-19 Prevention in K-12 schools (updated July 27, 2021).

Finally, this approach takes into account a number of key considerations: current unknowns associated with variants and in particular the Delta Variant, which is more transmissible; operational barriers of tracking vaccination status in order to monitor and enforce mask wearing; and potential detrimental effects on students of differential mask policies. Detrimental effects of differential mask policies include: potential stigma, bullying, isolation of vaccinated OR unvaccinated students, depending on the culture and attitudes in the school or surrounding community.

**CDPH will continue to assess conditions on an ongoing basis, and will determine no later than November 1, 2021, whether to update mask requirements or recommendations.** Indicators, conditions, and science review will include vaccination coverage status, in consideration of whether vaccines are available for children under 12, community case and hospitalization rates, outbreaks, and ongoing vaccine effectiveness against circulating variants of SARS-CoV-2, the virus that causes COVID-19 in alignment with the CDC-recommended indicators to guide K-12 school operations.

This guidance is designed to enable all schools to offer and provide full in-person instruction to all students safely, consistent with the current scientific evidence about COVID-19, even if pandemic dynamics shift throughout the school year, affected by vaccination rates and the potential emergence of viral variants.

This guidance includes mandatory requirements, in addition to recommendations and resources to inform decision-making. Implementation requires training and support for staff and adequate consideration of student and family needs. Stricter guidance may be issued by local public health officials or other authorities.

**COVID-19 vaccination is strongly recommended for all eligible people in California, including teachers, staff, students, and adults sharing homes with these members of our K-12 communities.** See CDC recommendations about how to promote vaccine access and uptake for schools. Additional California-specific vaccine access information is available on the Safe Schools Hub and Vaccinate All 58 – Let’s Get to Immunity.

In workplaces, employers are subject to the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) or in some workplaces the CalOSHA Aerosol Transmissible Diseases Standard, and should consult those regulations for additional applicable requirements.

### **General Considerations:**

Consideration should be given to both the direct school population as well as the surrounding community. The primary factors to consider include: 1) level of community transmission of COVID-19; 2) COVID-19 vaccination coverage in the community and among students, faculty, and staff; and 3) any local COVID-19 outbreaks or increasing trends. Discussion of these factors should occur in collaboration with local or state public health partners.

As the CDC explained in its July 9, 2021 Guidance:

“Schools will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated. . . These variations require K-12 administrators to make decisions about the use of COVID-19 prevention strategies in their schools to protect people who are not fully vaccinated. . . Together with local public health officials, school administrators should consider multiple factors when they make decisions about implementing layered prevention strategies against COVID-19.”

In an effort to streamline and tailor this decision-making process for the California context, guidance regarding each of the measures that can be used in a layered prevention strategy is provided below.

## **Safety Measures for K-12 Schools**

### **1. Masks**

- a. Masks are optional outdoors for all in K-12 school settings.
- b. K-12 students are required to mask indoors, with exemptions per CDPH face mask guidance. Adults in K-12 school settings are required to mask when sharing indoor spaces with students.
- c. Persons exempted from wearing a face covering due to a medical condition, 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.
- d. Schools must develop and implement local protocols to provide a face covering to students who inadvertently fail to bring a face covering to school to prevent unnecessary exclusions.
- e. Consistent with guidance from the 2020-21 school year, schools must develop and implement local protocols to enforce the mask requirements. Additionally, schools should offer alternative educational opportunities for students who are excluded from campus because they will not wear a face covering. Note: Public schools should be aware of the requirements in AB 130 to offer independent study programs for the 2021-22 school year.
- f. 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.

### **2. Physical distancing**

- a. Recent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g., masking) are implemented. This is consistent with CDC K-12 School Guidance.

### **3. Ventilation recommendations:**

- a. For indoor spaces, ventilation should be optimized, which can be done by following CDPH Guidance on Ventilation of Indoor Environments and Ventilation and Filtration to Reduce Long-Range Airborne Transmission of COVID-19 and Other Respiratory Infections: Considerations for Reopened Schools.

### **4. Recommendations for staying home when sick and getting tested:**

- a. Follow the strategy for Staying Home when Sick and Getting Tested from the CDC.

b. Getting tested for COVID-19 when symptoms are consistent with COVID-19 will help with rapid contact tracing and prevent possible spread at schools.

c. Advise staff members and students with symptoms of COVID-19 infection not to return for in-person instruction until they have met CDPH criteria to return to school for those with symptoms:

- i. At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
- ii. Other symptoms have improved; and
- iii. They have a negative test for SARS-CoV-2, OR a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition (e.g., allergies or asthma) OR a healthcare provider has confirmed an alternative named diagnosis (e.g., Streptococcal pharyngitis, Coxsackie virus), OR at least 10 days have passed since symptom onset.

5. Screening testing recommendations:

a. CDPH has a robust State- and Federally-funded school testing program and subject matter experts available to support school decision making, including free testing resources to support screening testing programs (software, test kits, shipping, testing, etc.).

- i. Resources for schools interested in testing include: California's Testing Task Force K-12 Schools Testing Program, K-12 school-based COVID-19 testing strategies and Updated Testing Guidance; The Safe Schools for All state technical assistance (TA) portal; and the CDC K-12 School Guidance screening testing considerations (in Section 1.4 and Appendix 2) that are specific to the school setting.

6. Case reporting, contact tracing and investigation

a. Per AB 86 (2021) and California Code Title 17, section 2500, schools are required to report COVID-19 cases to the local public health department.

b. Schools or LEAs should have a COVID-19 liaison to assist the local health department with contact tracing and investigation.

7. Quarantine recommendations for vaccinated close contacts

a. For those who are vaccinated, follow the CDPH Fully Vaccinated People Guidance regarding quarantine.

8. Quarantine recommendations for unvaccinated students for exposures when both parties were wearing a mask, as required in K-12 indoor settings. These are adapted from the CDC K-12 guidance and CDC definition of a close contact.

a. When both parties were wearing a mask in any school setting in which students are supervised by school staff (including indoor or outdoor school settings and school buses, including on buses operated by public and private school systems), unvaccinated students who are close contacts (more than 15 minutes over a 24-hour period within 0-6 feet indoors) may undergo a modified quarantine as follows. They may continue to attend school for in-person instruction if they:



- i. Are asymptomatic;
- ii. Continue to appropriately mask, as required;
- iii. Undergo at least twice weekly testing during the 10-day quarantine; and
- iv. Continue to quarantine for all extracurricular activities at school, including sports, and activities within the community setting.

9. Quarantine recommendations for: unvaccinated close contacts who were not wearing masks or for whom the infected individual was not wearing a mask during the indoor exposure; or unvaccinated students as described in #8 above.

a. For these contacts, those who remain asymptomatic, meaning they have NOT had any symptoms, may discontinue self-quarantine under the following conditions:

- i. Quarantine can end after Day 10 from the date of last exposure without testing; OR
- ii. Quarantine can end after Day 7 if a diagnostic specimen is collected after Day 5 from the date of last exposure and tests negative.

b. To discontinue quarantine before 14 days following last known exposure, asymptomatic close contacts must:

- i. Continue daily self-monitoring for symptoms through Day 14 from last known exposure; AND
- ii. Follow all recommended non-pharmaceutical interventions (e.g., wearing a mask when around others, hand washing, avoiding crowds) through Day 14 from last known exposure.

c. If any symptoms develop during this 14-day period, the exposed person must immediately isolate, get tested and contact their healthcare provider with any questions regarding their care.

#### 10. Isolation recommendations

a. For both vaccinated and unvaccinated persons, follow the CDPH Isolation Guidance for those diagnosed with COVID-19.

#### 11. Hand hygiene recommendations

a. Teach and reinforce washing hands, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes among students and staff.

b. Promote hand washing throughout the day, especially before and after eating, after using the toilet, and after handling garbage, or removing gloves.

c. 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.

#### 12. Cleaning recommendations

a. In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the U.S. Environmental Protection Agency COVID-19 list) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

- b. For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see *Cleaning and Disinfecting Your Facility*.
- c. If a facility has had a sick person with COVID-19 within the last 24 hours, clean AND disinfect the spaces occupied by that person during that time.

### 13. Food service recommendations

- a. Maximize physical distance as much as possible while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as classrooms or the gymnasium can help facilitate distancing. Arrange for eating outdoors as much as feasible.
- b. Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- c. Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.

### 14. Vaccination verification considerations

- a. To inform implementation of prevention strategies that vary by vaccination status (testing, contact tracing efforts, and quarantine and isolation practices), refer to the CDPH vaccine verification recommendations.

### 15. COVID-19 Safety Planning Transparency Recommendations

- a. In order to build trust in the school community and support successful return to school, it is a best practice to provide transparency to the school community regarding the school's safety plans. It is recommended that at a minimum all local educational agencies (LEAs) post a safety plan, communicating the safety measures in place for 2021-22, on the LEA's website and at schools, and disseminate to families in advance of the start of the school year.

Note: With the approval of the federal American Rescue Plan, each local educational agency receiving Elementary and Secondary School Emergency Relief (ARP ESSER) funds is required to adopt a Safe Return to In-Person Instruction and Continuity of Services Plan and review it at least every six months for possible revisions. The plan must describe how the local educational agency will maintain the health and safety of students, educators and other staff. Reference the Elementary and Secondary School Relief Fund (ESSER III) Safe Return to In-Person Instruction Local Educational Agency Plan Template.

## **Additional considerations or other populations**

### 1. Disabilities or other health care needs recommendations

- a. When implementing this guidance, schools should carefully consider how to address the legal requirements related to provision of a free appropriate public education and requirements to reasonably accommodate disabilities, which continue to apply.
- b. Refer to the CDC K-12 guidance section on "Disabilities or other health care needs" for additional recommendations.

### 2. Visitor recommendations

- a. Schools should review their rules for visitors and family engagement activities.

- b. Schools should limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not fully vaccinated, particularly in areas where there is moderate-to-high COVID-19 community transmission.
  - c. Schools should not limit access for direct service providers, but can ensure compliance with school visitor policies.
  - d. Schools should continue to emphasize the importance of staying home when sick. Anyone, including visitors, who have symptoms of infectious illness, such as flu or COVID-19, should stay home and seek testing and care.
3. Boarding schools may operate residential components under the following guidance:
- a. COVID-19 vaccination is strongly recommended for all eligible people in California, including teachers, staff, students, and adults sharing homes with these members of our K-12 communities.** See CDC recommendations about how to promote vaccine access and uptake for schools. Additional California-specific vaccine access information is available on the Safe Schools Hub.
  - b. Strongly recommend policies and practices to ensure that all eligible students, faculty and staff have ample opportunity to become fully vaccinated.
  - c. Strongly recommend that unvaccinated students and staff be offered regular COVID-19 screening testing.
  - d. Consider students living in multi-student rooms as a “household cohort.” Household cohort members, regardless of vaccination status, do not need to wear masks or physically distance when they are together without non-household cohort members nearby. If different “household cohorts” are using shared indoor when together during the day or night, continue to monitor and enforce mask use, and healthy hygiene behaviors for everyone.
- The non-residential components of boarding schools (e.g., in-person instruction for day students) are governed by the guidelines as other K-12 schools, as noted in this document.
4. Additional information about how this guidance applies to other supervised settings for K-12 school-aged children and youth (including activities such as band, drama) is forthcoming. Childcare settings and providers remain subject to separate guidance.

California Department of Public Health  
PO Box, 997377, MS 0500, Sacramento, CA 95899-7377  
Department Website ([cdph.ca.gov](https://cdph.ca.gov))



## K-12 Schools Guidance 2021-2022 Questions & Answers

# K-12 Schools Guidance 2021-2022 Questions & Answers

8/6/2021

### Related Materials

2021-2022 K-12 Schools Reopening Framework and Guidance

CDPH Guidance for the Use of Face Coverings | Safe Schools for All Hub

Updated on August 6, 2021:

- To add a question on parental or self-attestation for mask exemptions.

### VACCINATION

## 1. What are the benefits to being fully vaccinated for students in school?

COVID 19-vaccines are effective. They decrease the chances of getting and spreading the virus that causes COVID-19. COVID-19 vaccines help keep you from getting seriously ill even if you do get COVID-19. Getting vaccinated yourself may also protect people around you, particularly people at increased risk for severe illness from COVID-19.

Fully vaccinated students may remain in school and avoid interruptions to in-person education, even if they are exposed to someone with COVID-19, so long as they remain without symptoms. Also, fully vaccinated students are not recommended to participate in screening testing at school.

### MASKING

## 2. Why does the K-12 guidance require masks to be worn indoors?

Masks are one of the most effective and simplest safety mitigation layers to prevent in-school transmission of COVID-19. SARS-CoV-2, the virus that causes COVID-19, is primarily transmitted via airborne particles. Masks limit the spread of the virus in the air from infected persons and protect others exposed to these particles.

Universal masking indoors in K-12 schools is recommended by the American Academy of Pediatrics and by the CDC in its Guidance for COVID-19 Prevention in K-12 Schools (updated July 27, 2021). As the CDC noted: "CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place."



Universal masking prevents outbreaks and permits modified quarantine under certain conditions in K-12 settings, supporting more instructional time and minimizing missed school days for students. Additionally, universal masking indoors is critical to enabling all schools to offer and provide full in-person instruction to all students without minimum physical distancing requirements at the outset of the school year.

As noted by the CDC, COVID-19 prevention strategies in K-12 schools are designed to protect people who are not fully vaccinated. Almost all K-6th graders are unvaccinated and will not be eligible for vaccines at the outset of the 2021-22 school year. Additionally, although some 7-12th grade students will be fully vaccinated by the start of the school year, many will not. As of July 22, 2021, less than 40% of Californians 12 to 17 years old were fully vaccinated.

Requiring universal masking indoors in K-12 schools also takes into account a number of other key considerations: operational barriers of tracking vaccination status in order to monitor and enforce mask wearing; the potential for increased transmission due to circulating variants; and potential detrimental effects on students of differential mask policies, which include: potential stigma, bullying, and isolation of vaccinated OR unvaccinated students, depending on the culture and attitudes in the school or surrounding community.

CDPH will continue to assess conditions on an ongoing basis, and will determine no later than November 1, 2021, whether to update mask requirements or recommendations. Indicators, conditions, and science review will include vaccination coverage status, in consideration of whether vaccines are available for children under 12, community case and hospitalization rates, outbreaks, and ongoing vaccine effectiveness against circulating variants of SARS-CoV-2, the virus that causes COVID-19, in alignment with the CDC-recommended indicators to guide K-12 school operations.

### **3. Is a doctor's note required to obtain a mask exemption? Is parental or self-attestation permitted to obtain a mask exemption?**

As per CDPH Guidance on Face Coverings, "persons with a medical condition, mental health condition, or disability that prevents wearing a mask" as well as "persons who are hearing impaired" are exempt from mask requirements.

Assessing for exemption due to a medical condition, mental health condition, disability that prevents wearing a mask, or hearing impairment is a medical determination and therefore must be made by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician. Self-attestation and parental attestation for mask exemptions due to the aforementioned conditions do not constitute medical determinations.

Additionally, per CDPH K-12 Guidance, "persons exempted from wearing a face covering due to a medical condition, 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."

### **4. Do masks need to be worn on school buses?**

Yes. CDPH Face Coverings Guidance requires that everyone (regardless of vaccination status) use masks on school buses, including on buses operated by public and private school systems. In addition, CDC's Order requiring the wearing of masks by all people on public transportation conveyances also includes school buses. Passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions. More information regarding the CDC Requirement for Face Masks on Public Transportation is available on the CDC's website.

## **5. If students take a school trip off-campus to an indoor location, do vaccinated students need to wear a mask indoors if the location they are visiting does not require fully vaccinated people to wear masks?**

If students are participating in a school event or being supervised by school staff, face mask guidance for K-12 settings must be followed regardless of location.

## **6. Why do vaccinated teachers need to wear a mask?**

As noted by the CDC, COVID-19 prevention strategies in K-12 schools are designed to protect people who are not fully vaccinated. Many students will not be fully vaccinated by the start of the school year. Due to the potential for increased spread from highly transmissible circulating variants and that face masks remain one of the most effective and simplest safety mitigation layers, adults – including those who are fully vaccinated – in K-12 school settings are required to mask when sharing indoor spaces with students. Universal indoor masking of teachers, regardless of vaccination status, is also recommended by the CDC.

CDPH will continue to assess conditions on an ongoing basis, and will determine no later than November 1, 2021, whether to update mask requirements or recommendations. Indicators, conditions, and science review will include vaccination coverage status, in consideration of whether vaccines are available for children under 12, community case and hospitalization rates, outbreaks, and ongoing vaccine effectiveness against circulating variants of SARS-CoV-2, the virus that causes COVID-19, in alignment with the CDC-recommended indicators to guide K-12 school operations.

## **QUARANTINE**

## **7. Why does the guidance permit students with known exposures to COVID-19 to remain in-school?**

Scientific research and experience from around the country demonstrate that when both parties are wearing facemasks appropriately at the time of a school-based exposure to COVID-19, in-school transmission is unlikely and students can safely continue in-person learning. When students remain in school after exposure because the student and the individual with COVID-19 were wearing masks appropriately, this is called modified quarantine. Modified quarantine involves a period of time during which students may continue in-person instruction but should refrain from all extracurricular activities at school, including sports, and activities within the community setting. Testing during modified quarantine provides an additional layer of safety and monitoring. Modified quarantine allows for less missed days of school and supports in-person education.

## **8. Who qualifies for modified quarantine?**

Asymptomatic unvaccinated students exposed to COVID-19 may qualify for a modified quarantine, provided they meet criteria listed in the K-12 Guidance.

The infected person to whom the asymptomatic unvaccinated student was exposed may be any individual in the school setting, including fellow students, teachers, or other school-based contacts. The exposure may have occurred in any school setting in which students are supervised by school staff. This includes indoor or outdoor

school settings and school buses, including on buses operated by public and private school systems.

Note: Fully vaccinated students exposed to COVID-19 may refrain from quarantine following a known exposure if asymptomatic, per CDPH Fully vaccinated People Recommendations.

## **9. What are students permitted to do during modified quarantine?**

When students are attending school during modified quarantine, they continue to be required to wear masks indoors and are strongly encouraged to wear masks outdoors. They may use school buses, including buses operated by public and private school systems. They may participate in all required instructional components of the school day, except activities where a mask cannot be worn, such as while playing certain musical instruments. However, students on modified quarantine may eat meals on campus using food service recommendations provided in the K-12 Guidance. As noted above, they should refrain from all extracurricular activities, including sports.

## **10. What should be the timing for twice weekly testing of students undergoing a modified quarantine? When can students on modified quarantine resume all activities?**

In general, it is recommended to test immediately after being exposed to someone with COVID-19. Subsequent testing should occur at least 3 days apart. As per Item 9 in the K-12 Guidance, quarantine can end after Day 7 if a diagnostic specimen is collected after Day 5 from the date of last exposure and tests negative.

## **11. What type of test may be used to assess a person's status during quarantine or to exit quarantine?**

If a person is asymptomatic during quarantine, any FDA-approved diagnostic test is acceptable for evaluation of an individual's COVID-19 status, as noted in the CDPH testing guidance. This includes antigen diagnostic tests and PCR diagnostic tests. PCR tests are preferred, but not required. For more information about test types, see the CDPH school testing resources.

Collection of diagnostic specimens for asymptomatic persons during quarantine may occur in schools, healthcare settings, or other locations supervised by school or healthcare personnel. Specimens may be processed at the point-of-care (POC) or in a laboratory.

At this time, at-home testing is not recommended for evaluation of an individual's status during quarantine. CDPH is currently conducting pilot studies to further understand the utility of at-home testing.

For persons in quarantine who experience symptoms, a negative result from an antigen test or POC molecular test results should be confirmed with a laboratory-based PCR test.

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# APPENDIX 4

## VACCINE VERIFICATION FOR WORKERS IN SCHOOLS



**TOMÁS J. ARAGÓN, M.D., Dr.P.H.**  
*State Public Health Officer & Director*

State of California—Health and Human  
Services Agency  
**California Department of  
Public Health**



**GAVIN NEWSOM**  
*Governor*

August 11, 2021

**TO:** All Californians

**SUBJECT:** Vaccine Verification for Workers in Schools

**Related Materials:** Vaccine Verification for Workers in Schools - Q&A

### State Public Health Officer Order of August 11, 2021

The COVID-19 pandemic remains a significant challenge in California. COVID-19 vaccines are effective in reducing infection, serious disease, hospitalization, and death. At present, 63% of Californians 12 years of age and older are fully vaccinated with an additional 10% partially vaccinated. Children under the age of 12 are not currently eligible for any authorized vaccines.

California is currently experiencing the fastest increase in COVID-19 cases during the entire pandemic with 22.7 new cases per 100,000 people per day, with case rates increasing tenfold since early June. The Delta variant, which is two times more contagious than the original virus, is currently the most common variant causing new infections in California.

Unvaccinated persons are more likely to get infected and spread the virus, which is transmitted through the air. Most current hospitalizations and deaths are among unvaccinated adults. Almost all K-6th graders are unvaccinated and will not be eligible for vaccines at the outset of the 2021-22 school year. Additionally, although some 7-12th grade students will be fully vaccinated by the start of the school year, many will not. As of August 10, 2021, less than 41% of Californians 12 to 17 years old were fully vaccinated.

California is committed to safe, full, in-person learning for all in K-12 schools, following strong public health science. For example, California has implemented a universal masking requirement in all K-12 schools, as well as recommendations around testing strategies for K-12 schools, to support the successful return to full in-person instruction at the outset of the school year, as well as minimizing missed school days.

Vaccination against COVID-19 is the most effective means of preventing infection with the COVID-19 virus, and subsequent transmission and outbreaks. Current CDPH K-12 guidance strongly recommends vaccination for all eligible individuals, thereby reducing COVID-19 rates throughout the community, including in schools, and creating a wrap-around safety layer for unvaccinated students. This Order, consistent with this recommendation



requires verification of vaccination status among eligible K-12 school workers, and establishes diagnostic screening testing of unvaccinated workers to minimize the risk that they will transmit while on K-12 school campuses, where a majority of students are not vaccinated and younger students are not yet eligible for vaccines.

Schools may use funds received from multiple sources to address costs associated with employee vaccination verification and COVID-19 diagnostic screening testing, including Elementary and Secondary School Emergency Relief Fund (ESSER) I, II, and III; Governor's Emergency Education Relief Fund (GEER) I and II; and In-Person Instruction Grants (AB 86). Additionally, the California Department of Public Health provides access to subsidized COVID-19 testing for schools through specified partners.

For these reasons, in order to prevent the further spread of COVID19 in K-12 schools, the following temporary and limited public health measures are necessary at this time.

**I, as State Public Health Officer of the State of California, order:**

I. This Order applies to the following facilities: public and private schools serving students in transitional kindergarten through grade 12, inclusive, except that it does not apply to home schools. Further, it does not apply to child care or to higher education.

II. All schools identified in this Order must verify vaccine status of all workers.

A. Pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards, only the following modes may be used as proof of vaccination:

1. COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services Centers for Disease Control & Prevention or WHO Yellow Card) which includes name of person vaccinated, type of vaccine provided and date last dose administered);  
OR
2. a photo of a Vaccination Record Card as a separate document; OR
3. a photo of the client's Vaccination Record Card stored on a phone or electronic device; OR
4. documentation of COVID-19 vaccination from a health care provider; OR
5. 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
6. documentation of vaccination from other contracted employers who follow these vaccination records guidelines and standards.

In the absence of knowledge to the contrary, a school may accept the documentation presented as valid.

B. 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.

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

### III. Testing requirements:

- A. Asymptomatic **unvaccinated** or incompletely vaccinated workers are **required to undergo** diagnostic screening testing.
- B. Workers may be tested with either antigen or molecular tests to satisfy this requirement, but unvaccinated or incompletely vaccinated workers must be tested **at least once weekly** with either PCR testing or antigen testing. Any PCR (molecular) or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.
- C. Unvaccinated or incompletely vaccinated workers must also observe all other infection control requirements, and are not exempted 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, **do not** waive this requirement for testing.
- D. Schools with workers required to undergo workplace diagnostic screening testing should have a plan in place for tracking test results and conducting workplace contact tracing, and must report results to local public health departments. There are IT platforms available that can facilitate these processes for schools.

### IV. Definitions: For purposes of this Order, the following definitions apply:

A. "Fully Vaccinated" means individuals who are considered fully vaccinated for COVID-19: two weeks or more after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna or vaccine authorized by the World Health Organization), or two weeks or more after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen). COVID-19 vaccines that are currently authorized for emergency use:

1. By the US Food and Drug Administration (FDA) , are listed at the FDA COVID-19 Vaccines webpage
2. By the World Health Organization (WHO), are listed at WHO COVID-19 Vaccines webpage

B. "Incompletely vaccinated" means persons who have received at least one dose of COVID-19 vaccine but do not meet the definition of **fully vaccinated**.

C. "Transitional Kindergarten" means the first year of a two-year kindergarten program that uses a modified kindergarten curriculum that is age and developmentally appropriate.

D. "Unvaccinated" means persons who have not received any doses of COVID-19 vaccine or whose status is unknown.

E. "WHO Yellow Card" refers to the original World Health Organization International Certificate of Vaccination or Prophylaxis issued to the individual following administration of the COVID-19 vaccine in a foreign country.

F. "Worker" refers to all paid and unpaid adults serving in the school settings described in Section I. Workers 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.

V. The Terms of this Order supersede any conflicting terms in any other CDPH orders, directives, or guidance.

VI. Except to the extent this Order provides otherwise, all other terms in my Order of June 11, 2021 remain in effect and shall continue to apply statewide.

VII. This Order shall take effect on August 12, 2021, at 12:01 am. Facilities must be in full compliance with the Order by October 15, 2021.

VIII. This Order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080 and other applicable law.



Tomás J. Aragón, MD, DrPH

Director and State Public Health Officer

# APPENDIX 5

## REQUIREMENT FOR UNIVERSAL MASKING INDOORS AT K-12 SCHOOLS



TOMÁS J. ARAGÓN, M.D., Dr.P.H.  
State Public Health Officer & Director

### State of California—Health and Human Services Agency **California Department of Public Health**



GAVIN NEWSOM  
Governor

August 23, 2021

**TO:** School Leaders

**SUBJECT:** Requirement for Universal Masking Indoors at K-12 Schools

On July 12, 2021, the California Department of Public Health (CDPH) updated its guidance for K-12 schools, which continued the universal mask requirement first instituted in January 2021. Schools throughout the state have implemented the requirement, which was subsequently adopted and endorsed by leading health authorities, including the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP). The scientific consensus is unequivocal. Unfortunately, some elected officials and school leaders have expressed their intent to violate the law—and risk their students' safety—by failing to enforce the universal mask requirement for indoor school settings.

To be clear: failure to enforce the mask requirement breaches not only a legal duty, but also the first and foremost duty of every school leader—to protect students.

Violation of mandatory public health guidance puts the health and safety of students, staff, and their families needlessly at risk, and also carries significant legal, financial, and other risks. This letter is intended to ensure all school leaders are fully aware of their legal obligations and the risks of not adhering to them as students return to campus. This letter is a restatement of long-standing policy and law, and should not be construed as setting new requirements. For the vast majority of school officials who are implementing the universal mask requirement, this letter serves only to confirm they have taken some of the appropriate measures to mitigate health, legal, and financial risks.

**Legal Requirements for Schools to Implement Universal Masking.** CDPH Guidance for K-12 Schools (Guidance) requires mandatory universal masking indoors in K-12 settings—both public schools and private schools—with limited exemptions as specified in the general Guidance for the Use of Face Coverings. Relevant here, the Guidance also requires schools to "develop and implement local protocols to enforce the mask requirements," as they had for the latter half of the prior school year. Under this provision, schools retain flexibility to tailor the protocols for enforcing the mask requirement to their local circumstances. They do not have discretion or authority to opt out from enforcing the requirement.

State law authorizes the California Department of Public Health to "take measures as are necessary to . . . prevent [the] spread" of communicable diseases such as COVID-19 (Health & Safety Code § 120140). The Guidance was issued pursuant to a June 11, 2021 State Health Officer Order, expressly based on that statutory authority. In sum



the Legislature has expressly authorized CDPH to issue mandatory public health directives carrying the force of law to prevent the spread of communicable disease, including COVID-19, and the Guidance was issued pursuant to that authority.

**Scientific Evidence Strongly Supports Universal Masking in K-12 Schools as Necessary to Protect the Health and Safety of Students, Staff, and Families, Particularly in the Face of the Delta Variant.** There is strong consensus among public health and medical experts that universal masking in K-12 schools is an important and scientifically based strategy to protect the health and safety of students, staff, and their families. Both the federal CDC and the AAP have issued guidance that recommends precisely the approach that California has taken. For more background on the science of COVID-19 transmission and schools—and the demonstrated efficacy of universal masking—please review the CDC's Science Brief: Transmission of SARS-Cov-2 in K-12 Schools and Early Care and Education Programs.

Implementation of universal masking is also a strategy for maximizing in-person instructional days. Universal masking reduces the risk of outbreaks, thereby avoiding disruptions to school operations, including closure. Furthermore, masks empower schools to implement more targeted quarantine procedures, often eliminating the need for students to miss any instructional time.

The risks to students and staff of not implementing universal masking is not hypothetical: there are well-documented instances where unmasked students spread COVID-19 within classrooms, resulting in outbreaks and high case rates on staff.

As stated in the CDPH K-12 Schools Guidance 2021-2022 Questions & Answers:

Masks are one of the most effective and simplest safety mitigation layers to prevent in-school transmission of COVID-19. SARS-CoV-2, the virus that causes COVID-19, is primarily transmitted via airborne particles. Masks limit the spread of the virus in the air from infected persons and protect others exposed to these particles.

Universal masking indoors in K-12 schools is recommended by the American Academy of Pediatrics and by the CDC in its Guidance for COVID-19 Prevention in K-12 Schools (updated July 27, 2021). As the CDC noted: "CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place."

Universal masking prevents outbreaks and permits modified quarantine under certain conditions in K-12 settings, supporting more instructional time and minimizing missed school days for students. Additionally, universal masking indoors is critical to enabling all schools to offer and provide full in-person instruction to all students without minimum physical distancing requirements at the outset of the school year.

As noted by the CDC, COVID-19 prevention strategies in K-12 schools are designed to protect people who are not fully vaccinated. Almost all K-6th graders are unvaccinated and will not be eligible for vaccines at the outset of the 2021-22 school year. Additionally, although some 7-12th grade students will be fully vaccinated by the start of the school year, many will not. As of July 22, 2021, less than 40% of Californians 12 to 17 years old were fully vaccinated.

The above was true before the Delta variant emerged as the dominant strain in California. The increased transmissibility of the Delta variant, coupled with a concerning increase in the number of children hospitalized with COVID-19, makes this common-sense public health mitigation strategy in K-12 schools all the more important.

California is currently experiencing a significant increase in COVID-19 cases with 28.4 new cases per 100,000 people per day, and case rates that increased fourteen-fold in less than three months. Hospitalizations have increased over 700% in the past two months and are projected to continue to increase. Nationally, we are for the first time seeing substantial pediatric hospitalizations for COVID-19 in areas with low vaccination rates, and public servants throughout the state must act decisively and in concert to protect California's children.

**Schools Face Substantial Legal, Financial, and Other Risks if They Do Not Follow Mandatory Universal Masking Directive.** COVID-19, particularly the Delta variant, poses significant health risks to students, and adults responsible for their safety should do everything possible to minimize those risks. There is a clear public health justification for requiring universal masking in K-12 schools to minimize those risks and avoid the needless tragedy of a student dying from COVID-19 due to exposure that could have been prevented through universal masking.

In addition to the moral imperative to take this common-sense step to protect the California's students, school leaders have legal duties to protect the health and safety of students attending school. (See Cal. Const. art. I, § 28 [public school students and staff "have the inalienable right to attend campuses which are safe, secure and peaceful"].) Failure to follow the mandatory public health directive will expose schools and school leaders personally to substantial legal and financial risks, some of which are highlighted below.

First, courts have long recognized that school leaders have a heightened duty of care to protect the health and safety of students under their supervision. (*C.A. v. William S. Hart Union High Sch. Dist.* (2012) 53 Cal. 4th 861, 869 [noting heightened duty of care because "a school district and its employees have a special relationship with the district's pupils, a relationship arising from the mandatory character of school attendance and the comprehensive control over students exercised by school personnel"].) In light of the overwhelming evidence detailed above about the risks to students of not implementing the universal masking requirement, schools and school leaders involved in that decision could face significant financial liability if a student or staff member contracts COVID-19 in the absence of universal masking being enforced. Similar liability would exist if the refusal to implement the mask requirement causes a staff member to contract COVID-19. The financial exposure would be substantial if a student or staff member were to die from COVID-19.

Second, schools and school officials involved in the decision not to follow the mandatory public health guidance may face civil lawsuits by concerned families and staff compelling them to comply with the guidance. As noted, the public health directive has the force of law, and a mandatory duty therefore exists for schools to implement the guidance.

Third, certificated individuals—including school administrators—may be subject to referral to the Commission on Teacher Credentialing for disciplinary action for violating a mandatory legal duty to implement the masking requirement and knowingly exposing students to preventable harm. (See Educ. Code § 44421 [authorizing discipline for "refusal to obey . . . laws regulating the duties of persons serving in the public school system"].)

Finally, schools and school officials may be subject to fines or civil enforcement actions by local health officers for refusal to adhere to the mandatory masking directive, pursuant to Health and Safety Code section 120175. In fact, Education Code section 49403 states clearly: "the governing board of a school district shall cooperate with the local health officer in measures necessary for the prevention and control of communicable diseases in school-age children."

**Opposition to Mask Requirements Is Based on Misinformation.** First, masking does not pose health risks for children. Misinformation circulating to the contrary points to pseudo-science around CO2 levels or potential mental health impacts of masking. The lone scientific study indicating an unhealthy link between masking and CO2 levels was retracted due to "numerous scientific issues" with the study's methodology. This persistent myth also has no basis in data: in the year and a half since children began wearing masks, pediatric hospital admissions tied to CO2 poisoning have not increased. Furthermore, there is no scientific evidence that masks have an adverse mental health impact, in contrast to the ample evidence that masks prevent illness, school absences, and even death.

Second, some argue that mandatory masking violates personal freedom of students and parents to decide whether to follow this precaution. Courts, however, have long recognized limits to personal freedom when actions imperil the health and safety of others, particularly in school settings where the health and safety of children is at stake. (*Vernonia School District 47J v. Acton* (1995) 515 U.S. 646; *Abeel v. Clark* (1890) 84 Cal. 226; *Love v. State Dept. of Education* (2018) 29 Cal.App.5th 980, 993, 994.) Schools routinely enforce requirements on students designed to protect the broader school community, such as bans on carrying weapons on campus, prohibitions on bullying, and even dress codes.

Overwhelming scientific evidence and empirical experience in California and elsewhere underscore how universal masking safeguards the health and safety of students, school staff, and their families. Indeed, it would irresponsible and unreasonable to allow personal preference against a common-sense public health measure to put at risk the health, and potentially cause the death, of a child or school employee.

The universal mask requirement is a public health directive that all schools are required to follow, similar to other public health orders, including orders that have been implemented both before and throughout this pandemic. The State is committed to working with schools, local governments, and other state officials to ensure schools implement this requirement to keep children and staff safe.

We are sharing a version of this letter with various law firms and legal offices that represent schools, as well as with various insurance and risk-pool entities that work with K-12 schools in California. If you are considering an approach that does not adhere to the universal mask requirement, we encourage you to consult with those experts to help assess and verify the risks identified above. If, like the vast majority of school leaders across California, you are implementing the universal mask requirement, we are grateful to you for taking the necessary measures to protect the children in your care.

Sincerely,



Tomás J. Aragón, M.D., Dr.P.H.

Director & State Public Health Officer

California Department of Public Health

California Department of Public Health  
PO Box, 997377, MS 0500, Sacramento, CA 95899-7377  
Department Website ([cdph.ca.gov](http://cdph.ca.gov))

