COVID-19 Prevention Plan Template for Schools

COVID-19 PREPAREDNESS IN THE 2020/2021 SCHOOL YEAR GUIDANCE DOCUMENT FROM THE KINGS COUNTY HEALTH DEPARTMENT

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Section 1: Introduction and Overview

On July 17th, 2020 a statewide mandate went into effect that established the following re-opening criteria for California public, private and charter schools: **Schools and school districts** may reopen for in-person instruction at any time if they are located in a local health jurisdiction (LHJ) that has not been on the county monitoring list within the prior 14 days. As of the release of this document, Kings County has remained on the monitoring list for over 14 days, prompting local measures to restrict in-person learning at the start of the 20/21 school year.

The COVID-19 Prevention Plan Template issues guidance directly from Kings County Health Department on the safe reopening of schools while taking measures to help to slow the spread of COVID-19 among students, staff, and the community. Reopening at any level presents a series of health and safety challenges that must be examined closely by each district; consider the level of risk to your community, the feasibility of prevention measures, and district capacity to develop and carry out a plan that allows all children to return to school safely, in whatever form is deemed most appropriate.

The guidance herein is based on best practices from the California Department of Public Health, the Centers for Disease Control and Prevention, and the California Department of Education. It is designed for districts and individual schools to easily identify mandatory measures and choose which additional safety recommendations are most appropriate for their student body, with the understanding that plans should not be any less restrictive than as outlined within this template. Adherence to this guidance will help prevent spread of the virus both within and outside the school setting, and can make the difference between having to close one or two classrooms and closing an entire campus.

Kings County Department of Public Health (KCDPH) and the Kings County Office of Education have the shared goal of ensuring a safe and effective learning environment for our community's youth during the COVID-19 pandemic. Please ensure a copy of your school's most current plan is on file with KCDPH. The department remains available throughout the 20/21 school year as a resource for district and school administrators as guidance on COVID-19 continues to evolve. This document will also be updated as new information and guidance become available.

District & School Name(s):
Grades Served:
Relevant Contact Information (Superintendent, Principal and/or Health Staff):
☐ By checking this box, the school/district listed above agrees to regularly re-evaluate the school setting(s) for compliance with the enclosed plan and document and correct any deficiencies identified. Such evaluation will be communicated to the Kings County Department of Public Health and any updated plans will be submitted within 30 days.

Section 2: Scheduling & Cohorting

Students should remain in the same space and in groups as small and consistent as practicable. Keep the same students and teacher or staff with each group to the extent possible.

Planned Instructional Scheduling Model(s): ☐ In-Person Instruction 5 days per week ☐ Phased Entry: Prioritization of in-person learning for high-need populations, building to in-person learning for the entire student body ☐ Hybrid Model: Combination of distance and classroom based learning ☐ Distance/Virtual Model
District Description: Include plans for keeping students in cohorts (defined as a stable group, inclusive of the teacher, with fixed membership that stays together for all courses and activities and avoids contact with other cohorts), reduced class size, staggered schedules, and blended or rotational models per CDE recommendations.

Section 3: Training and Education

Training and education should be ongoing throughout the school year as long as there is active community spread of COVID-19. Consider provision of material in both English and Spanish and include plans to reach vulnerable populations within the school community.

Name of Primary Person(s) Responsible for COVID-19 Trainin	g and Education:
Staff Training: ☐ Proper use, removal and washing of PPE/face coverings ☐ Knowing when to stay home ☐ Identifying and reporting symptoms in self and others ☐ Cleaning and Disinfection (classroom/non-classroom spa	☐ Hand hygiene ☐ Testing (when & where) ces)
Specific Staff Training Measures: Identify when/where training of material and/or material needed	will take place, with whom, frequency, source
 Student Training: □ Proper use, removal and washing of PPE/face coverings □ Hand hygiene □ Daily reminders on use of face covering, hand hygiene, and 	$\ \square$ Knowing when to stay home
Specific Student Training/Education Measures: Identify when source of material and/or material needed	n/where training will take place, frequency,

Parent Education: May include physical handouts, emails, te ☐ Proper use, removal and washing of PPE/face coverings ☐ Hand hygiene/cough etiquette ☐ Cleaning and Disinfection at Home ☐ Identifying and reporting symptoms in self and others	☐ Testing (when & where) ☐ Knowing when to stay home
Specific Parent Education Measures: Identify when/where training source of material and/or material needed	ng will take place, with whom, frequency,

Additional Resources for Use in COVID-19 Communications, Training, and Education:

- Cloth Face Covering Guidance from CDPH
- How to Wear and Safely Remove Face Coverings
- How to Wash Face Coverings
- CDC COVID-19 Social Media Toolkit
- Handwashing Posters for Order (Free)
- Printable Posters on Handwashing
- Hand Washing and Hand Sanitizer Use (factsheets)
- Posters, Stickers, Buttons and Fact Sheets on Handwashing
- Helping Children Cope with Changes Resulting From COVID-19
- Talking With Children About COVID-19

Section 4: Changes to Physical Environment

In general, changes to the environment that minimize movement and maximize distance between students, staff and classroom cohorts will help decrease risk of transmission. Physical markings, barriers, access to handwashing stations, staggered use of non-classroom areas, and movement of teachers rather than students will help protect the health of students and staff, particularly those over 65 and with chronic medical conditions who may be at increased risk for severe disease.

The checklist below is intended to be used as part of a campus walk-through to identify high-risk areas and determine appropriate environmental changes.

۹.	Campus Access Points ☐ Entrance points will be clearly labeled by classroom, schedule and/or type (e.g. visitors, staff). ☐ Number of student entry/exit points will increase.
В.	Barriers & Markers to Promote Distancing
	 Throughout Campus: □ Pick-up/drop-off and other communal/waiting areas marked with 6-foot spacing. □ Plexiglas or other physical barrier(s) at front desk/reception. □ Plexiglas or other physical barrier(s) between office staff not separated by 6-feet. □ Furniture in staff rooms and other communal areas rearranged to promote distancing. □ Signage and/or policy limiting the number of staff allowed in communal areas at once (e.g. breakroom).
	Classrooms: ☐ Teacher/staff desk(s) spaced (6) feet from students. ☐ Barrier(s) placed between staff & students where 6 feet of distance cannot be achieved. ☐ Student desks spaced (6) feet apart, or as much as practicable. ☐ Barriers between students not spaced 6 feet apart. ☐ Desks arranged to minimize face-to-face contact. ☐ Classroom furniture re-arranged to maximize distance between students. ☐ Classroom floors marked to promote distancing. ☐ Designated and labeled space for each student to store individual belongings/supplies. ☐ Increased supplies as needed to minimize sharing of high-touch materials. ☐ Doors and windows remain open, weather and air quality permitting.
	Non-Classroom Spaces (Auditorium, Cafeteria, Outdoor Space): Effective use of non-classroom spaces that allow for greater distancing should be considered to the greatest extent possible. Re-designation of these areas can help schools fully align with prevention measures and provide greater protections for students, staff and teachers.
	 □ Large communal areas re-designated for use by small, distanced student groups. □ Specific outdoor areas designated for instruction (weather permitting). □ Discontinue use of cafeteria for communal meals. □ Discontinue use of self-service food buffets. □ Increased meal-service access points.

C.	Signage & Health Promotion Measures
	 □ Signage on hand hygiene, cough etiquette, use of face coverings and COVID symptoms. □ Portable handwashing stations installed throughout campus (preferred over hand sanitizer). □ Hand sanitizing stations installed throughout campus. □ Discontinued use of water fountains; will encourage use of reusable water bottles. □ Ensure all water systems are safe to use after a prolonged shut-down to minimize the risk of Legionnaires' disease.
CI.	Ventilation
	Please note that the use of indoor fans to move air around an indoor space may increase the
	spread of the virus and should be avoided until more evidence is available.
	 □ Introduce fresh outdoor air as much as possible in classrooms and other indoor spaces. □ If using air conditioning, use the setting that brings in fresh air. □ Create a schedule for checking and replacing air filters to ensure optimal air quality. □ Ensure HVAC systems use a filter rating of at least MERV 13.
	Additional changes to the physical campus environment: Note any changes to the prevention measures listed above, and consider a school walk-through with KCDPH once changes have been implemented.

Section 5: Communal Prevention Measures

Measures listed reflect best practices at the time of template publication, and may be adapted based on new evidence and/or decreased community transmission. Please note the importance of staff modeling of prevention behavior in all grade levels.

Α.	Arrival and Departure ☐ Arrival/departure times are staggered to limit socialization between large groups. ☐ Classroom or grade-level designated entrance/exit points are indicated by signage as needed. ☐ Students are required to stand (6) feet apart while waiting in line and mark the space accordingly.
	Specific Plans to Distance During Arrival/Departure: Include any relevant details on how physical distancing measures will be implemented during arrival and departure times; staggered schedules, distance requirements, etc.
В.	Non-Classroom Settings Class/cohort movement through hallways will be staggered to maximize physical distancing.
	 ☐ Whenever possible, lessons will be held outside or in large non-classroom spaces. ☐ Staff meetings and professional development will take place virtually or where 6 feet of physical distance between staff can be maintained.
	 □ Supervision increased to promote physical distancing wherever students gather (for example, during staggered use of school yard, auditorium, etc.). □ Recess/break will be held in areas separated by class or grade level.
	 □ Frequent reminders provided to staff and students about the importance of physical distancing. □ PE activities limited to those that do not involve close contact or sharing of equipment.
	☐ Group library use staggered or capacity limits decreased to provide for (6) feet distancing.
	Specific Prevention Plans for Non-Classroom Spaces: Include plans for minimizing movement of students and their teacher(s) through campus, planned use of outdoor or large communal spaces for instruction, changes to use of the library/book check-out process, plans for use of PE/outdoor equipment and yard/playground areas.

C.	Using student cohorts [a stable group with fixed membership that stays together for all courses and activities (e.g., lunch, recess, etc.) and avoids contact with other persons or cohorts] is one of the best ways to decrease risk of wide-spread transmission and therefore limit the scope of quarantine measures should a positive case be identified. Students should remain in the same space and in cohorts as small and consistent as practicable, including for recess and lunch. □ The same students and teacher/staff will be kept together as much as possible, rather than moving students between teachers; describe the school's planned cohort model below. □ In situations where students have individualized schedules, there is a plan to reduce mixing among cohorts and to minimize contact; describe below.
	 □ To the greatest extent possible, objects will not be shared between students; if objects must be shared, they will be sanitized between uses. □ Individual belongings will be taken home each day. □ Procedures for turning in assignments minimize physical contact. □ Activities are redesigned to accommodate individual or small group work spaces.
	Specific Changes to Classroom Structure and Procedure to Maximize Physical Distancing: Include plans for minimizing movement of students and their teacher(s) between classrooms and procedural changes for instruction and turning in assignments that minimize contact.
D.	Visitors ☐ Visitors will be limited to those essential for school operations. ☐ A symptom review and/or temperature check is required for all visitors entering school grounds. ☐ All visitors are required to wear a face covering, and will be provided one if necessary. ☐ A protocol has been established for safe deliveries, such as designating an outdoor area for drop off and/or one designated staff member to safely accept deliveries.

if and/or one designated staff member to safety accept deliveries.
Detailed Plans for Campus Visitation: Include (at minimum) what type of visitors are deemed essential, plans for visitor symptom review and the person responsible for carrying out these safety measures.

Ε.	Bus Transportation
	 □ Weather permitting, windows will remain open to introduce fresh outdoor air. □ Parents are required to wait with student(s) at the bus stop until completely boarded. □ Students are required to wear face coverings on the bus.
	☐ Drivers are required to wear face coverings while transporting students.
	☐ There is a barrier between the bus driver(s) and students.
	☐ Students are seated one to a bench, as much as is practicable
	(skipping every other row or alternating rows on each side, if possible).
	Students will be loaded onto the bus from the rear forward.
	Returning home, students will board in drop-off order from last drop-off (back) to first (front).
	☐ Bus driver will have access to surplus masks.☐ Parents are encouraged to walk or drive children to school whenever possible.
	Changes to District Transportation: Include route changes, seating plans, and any changes in availability or priority of bus services for certain populations.
F.	Food Services
	Food service is a critical area of need for families and one that requires great care in the effort to prevent transmission of COVID -19. Additional guidance on food safety and COVID-19 is provided by KCDPH Environmental Health.
	☐ Meals will be served in classrooms and/or outdoor settings.
	☐ Meals will be individually plated or bagged.
	☐ There will be no sharing of condiments and utensils.
	\Box If students must wait in line for food, there will be (6) feet of distance between students.
	\square Food handlers are required to wear appropriate PPE including a mask and disposable gloves.
	\square There are plans in place for cleaning and trash removal after meals served in classrooms.
	Specific Changes to Food Service Plans: Include plans for outdoor/classroom meal consumption, delivery and/or pickup that include distancing measures, staggered timing, etc. Include plans for distancing measures for off-campus student meal pick-up as applicable (i.e. for students in distance learning).

G.	Extracurricular Activities, Athletics, School Events & Field Trips
	☐ Virtual activities will be used in place of field trips and group events.
	☐ Indoor and outdoor band/choir practice is suspended until additional guidance is released.
	☐ Activities that involve singing will only take place outdoors.
	☐ Extracurricular activities that involve close contact or groups will be suspended.
	☐ All youth sports activities have been discontinued.
	Athletics were suspended under the original statewide California stay-at-home order and
	those restrictions have not yet been lifted (at the time of document publication in July 20th,
	2020). No youth sports/conditioning/ practice should take place until further notice.
	2020). No youth sports/conditioning/ practice should take place until further notice.
	Clashing & Disinfection
П.	Cleaning & Disinfection
	☐ Cleaning and disinfection protocols will be updated in accordance with <u>CDC Guidance for</u>
	Cleaning and Disinfecting in Schools. ☐ Frequency of cleaning and disinfection will increase. At least daily, more frequently if possible,
	clean and disinfect high-touch hard surfaces, such as:
	Door handles, handrails, sink handles
	Chairs, tables, desks
	Light switches
	Restroom surfaces
	 Toys, games, art supplies, instructional materials
	Playground equipment
	After known or suspected illness, areas used by effected person will be closed off for 24 hours
	(or as long as is practical) before cleaning and disinfecting.
	☐ Any staff person involved in cleaning will be trained in updated cleaning and disinfecting protocols, manufacturer's use directions and Cal/OSHA requirements for safe use.
	Staff responsible for cleaning and disinfection will be supplied with appropriate PPE including
	gloves, respiratory protection and eye protection as required by products used.
	☐ Only cleaning/disinfecting agents EPA-approved to be effective against COVID-19 will be used.
	☐ EPA-listed asthma-safer cleaning supplies with ingredients such as hydrogen peroxide, citric or
	lactic acid, which do not exacerbate asthma, will be used as much as possible.
	\square A cleaning/disinfection schedule will be used to avoid over/under-use of cleaning products.
	☐ There will be adequate ventilation during cleaning/disinfection; open doors and windows.
	Cleaning and Disinfection: Attach or describe any changes to cleaning/disinfection protocols, including the
	potential use of cleaning products brought from home (by staff).

Section 6: Personal Prevention Measures

A. Face Coverings & PPE

The state of California requires all staff and children in grades 3 and above to wear a mask or cloth face covering while on school grounds unless medically exempt (as described below) or participating in an activity during which mask/face covering use is inadvisable, such as rigorous physical exercise. Mounting evidence suggests that proper use of a face covering, when combined with social distancing and other prevention measures, can significantly reduce transmission of COVID-19.

\Box It is strongly encouraged that all students in K – 2 nd grade wear cloth face coverings while on the bus and while on school grounds. Face shields are an acceptable replacement for K – 2 nd grade students who cannot wear a face covering properly.
\boxtimes It is required that all students in 3 rd grade and above wear a cloth face covering while on the bus and while on school grounds.
☑ It is required that all staff - including teachers, paraprofessionals, food-service workers, janitors, bus drivers and any school employee that may have contact with students or other staff - wear a cloth face covering while on school grounds, unless additional respiratory protection is required per Cal/OSHA standards.
\boxtimes A face shield will be permitted in situations where face coverings cannot be used for pedagogica or developmental reasons during instruction, though staff must return to wearing a face covering outside the classroom.
 □ Reasonable accommodations, such as a face shield, will be made for the following individuals, who are exempt from the face covering requirement: • Persons with a medical condition, mental health condition, or disability that
•

- prevents wearing a face covering
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication
- Anyone who is having trouble breathing, is unconscious or otherwise incapacitated, or unable to remove the covering without assistance
- Anyone under the age of 2

☑ Students who are not exempt from wearing a face covering and refuse to wear their own or one provided by the school must be excluded from campus and offered an alternative educational model (e.g. distance learning).

☐ Students and staff will be frequently reminded not to touch eyes, nose, mouth, or face coverings.

Additional CDPH Face Covering guidance, can be found here.

Face Covering and PPE Expectations: Include plans for communicating mask guidelines to students and families, frequency and mode of reminders, any protocols to provide masks to those without one, and planned reinforcement measures.

B. Handwashing and Cough Etiquette

should use fragrance free 60% (minimum) ethyl-alcohol hand sanitizer when soap and water are not available. If hands are visibly dirty, soap and water must be used. ☐ There is increased access to hand sanitizer and handwashing stations throughout campus. ☐ At minimum, students/staff will have the opportunity to perform handwashing before and after eating, after coughing or sneezing, after being outside and before and after using the restroom. ☐ Routines will be developed enabling students/staff to regularly wash and/or sanitize their hands at staggered intervals. ☐ Students and staff will be required to sanitize hands upon entering campus. ☐ Students and staff will be trained in effective handwashing, including washing hands for 20 seconds with soap and warm water, rubbing thoroughly after application, and using paper towels to dry hands thoroughly. ☐ Students under 9 will only use hand sanitizer under adult supervision. ☐ Students and staff will be regularly reminded to cover their cough/sneeze with a tissue or cough/sneeze into their upper sleeve/elbow. Plans to Support Increased Effective Hand Hygiene: Include number and locations of handwashing or hand sanitizer stations and changes in routine to support hand hygiene.

Hands should be washed for at least 20 seconds with soap and water when available, and students/staff

Section 7: Monitoring & Reporting

Identify a person or person(s) responsible for health screening, testing, and reporting within your school or district. As community capacity for testing and community transmission rates change, screening, testing, and factors determining a safe return to work/school may change as well. Stay in contact with KCDPH throughout the school year to evaluate the need for changes to the current plan.

Name and contact information of primary person(s) responsible for oversight of screening, testing (if applicable) and reporting: (If there are two different people acting as the COVID-19 liaisons for staff and students, list both.)
 □ A staff liaison(s) has been designated as responsible for responding to COVID-19 concerns (above). Employees know who they are and how to contact them. The liaison will be trained to coordinate the documentation and tracking of possible exposure, in order to notify local health officials, staff and families in a prompt and responsible manner. □ A communication system is in place that allows staff and families to self-report symptoms and receive prompt notifications of exposures and closures, while maintaining confidentiality.
A. Health Screening Ongoing health monitoring of students and staff is critical to decreasing the rate of transmission in schools and the community. Common symptoms of COVID-19 include a newly developed cough (i.e. not related to asthma or allergies), fever over 100.4, chills, muscle pain, shortness of breath or difficulty breathing, sore throat, headache, and new loss of taste or smell. Seek immediate medical attention if someone displays emergency warning signs of COVID-19: Trouble breathing, persistent chest pain or pressure, new confusion, inability to wake or stay awake, bluish lips or face.
 Staff Screening Staff will be instructed to self-monitor for common symptoms of COVID-19. Staff will be screened as they enter school grounds and asked whether they have been in close contact with a COVID-19 positive individual. Staff will be instructed to stay home if they feel sick, have experienced any of the symptoms listed above within the past 24 hours, or if they have had close contact with anyone suspected or known to have COVID-19. Staff who are sick will be actively encouraged to stay home and those who have had close contact with COVID-19 positive patients will be instructed to quarantine for 14 days.
Additional Details for Staff Screening/Monitoring: Include changes made to staff attendance requirements, communication plans for reporting illness and specific plans for on-site symptom monitoring, as applicable.

	Screening
but not limit	will be asked to conduct daily monitoring of students for symptoms of illness, including
	ed to those listed above, with a daily temperature check if feasible.
	dent will get a visual wellness check as they enter school grounds, including:
	A visual and/or verbal symptom review and temperature check with a no-touch hermometer
	Questioning whether anyone in their home has had COVID-19 symptoms or a positive est (as appropriate based on age)
☐ Students	exhibiting symptoms will use a face covering (if medically permitted and not already in
	separated to wait in an isolation area until able to be evaluated by a school nurse sported home.
	ce policies will not to penalize students and families for missing school due to illness, nce awards for the 20/21 school year will be suspended.
	who are sick will be actively encouraged to stay home and those who have had close
contact with	someone with COVID-19 will be instructed to quarantine for 14 days.
	arents in monitoring. Consider plans for addressing non-COVID related health needs in an area om the isolation room.

B. Handling Suspected or Confirmed Cases

symptoms.

undergo thorough cleaning and disinfection.

disclosure of the patient's identity.

District nurses must use professional discretion in deciding whether a suspected case warrants the attention of local health officials, however, confirmed cases and clusters of suspected cases should be immediately reported to KCDPH. Seek immediate medical attention if someone displays emergency warning signs of COVID-19: Trouble breathing, persistent chest pain or pressure, new confusion, inability to wake or stay awake, bluish lips or face.

1) Suspected Cases (Student/Staff is exhibiting common symptoms of COVID-19) 1. Any students or staff exhibiting common COVID-19 symptoms will be required to wear a face covering and wait in an isolation area until they receive further assessment and/or can be transported home or to a healthcare facility. 2. The California School Nurses Organization (CSNO) COVID-19 screening flowchart will be used as a guide for determining appropriate steps when a student presents with symptoms of illness. 3. \square If the student/staff person is sent home, they will be provided with options for local testing sites, including their primary care provider. The number and location of testing sites changes rapidly. For the most up-to-date information, visit: Finding a Testing Site on COVID19.ca.gov. 4. \square If the student/staff is sent home, designated staff will **document the close contacts** of that patient within the school for later reference, should they test positive. 5. \square Based on the severity of symptoms and staff discretion, areas used by the patient will be closed off for 24 hours (or as long as is practical) before cleaning and disinfecting. 6. The school will determine (based on ongoing documentation and tracking) whether the case is part of a cluster of suspected cases in the school, and contact KCDPH if a cluster is identified. 2) Confirmed Cases 1. Upon notification from a student/family of a positive case, **KCDPH** and all close contacts within the school will be notified immediately, while maintaining confidentiality as required by state and federal laws. 2. Close contacts (as defined above) will be asked to quarantine for at least 14 days. If symptoms develop during that time, the student/staff must stay home until they meet the parameters listed under "Returning to Work/School." 3. \square Testing will be recommended for close contacts, particularly those who develop

5. \square All school families will then be notified of the presence of a positive case, without

4.

The classroom and all communal spaces where the patient spent significant time will

^{*} If KCDPH receives test results before the school, the school will be contacted and asked to follow the procedure outlined above.

3) C	lose	Cor	itac	ts
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Close contact is defined as being within 6 feet or more for longer than 15 minutes. In some school situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group may need to be considered exposed, particularly if people have spent time together indoors.

eople have spent time together indoors.
 Close contacts of confirmed cases (on or off campus) will be sent home and instructed to quarantine for at least 14 days. Testing will be recommended (but will not impact length of quarantine). School/Classroom will remain open, dependent on early identification of the close contact case and relevant exposure to others. An alternative learning format will be offered to close contacts instructed to quarantine. The school will consider whether the presence of a known contact warrants further school/family notification.
Specific Plans for Handling Suspected and Confirmed Cases: Include plans for documenting and tracking suspected cases, close contacts, and confirmed cases, and the measures taken in each case. Also determine how and by whom notification to parents/families and the broader school community will take place in the event of a positive case OR cluster of suspected cases.

C.	Return	ing 1	to W	ork/	'Sch	nool

☐ COVID confirmed or suspected cases will not be allowed to return to work/school until they have met all three of the following criteria:

- √ 3 days with no fever without the use of fever-reducing medications and
- ✓ Respiratory symptoms have improved (e.g. cough, shortness of breath) and
- ✓ It has been:
 - at least 10 days since symptoms first appeared (no test) OR
 - if the patient has tested positive for COVID but remained asymptomatic, it has been at least 10 days since their positive test **OR**
 - if the patient tested negative for COVID but has symptoms, 3 days after symptoms resolved.

District/School Details: Include how the school/district will notify parents/students/staff of these requirements and how tracking of the above details will be conducted. Once state and community testing capacity increases, KCDPH may issue new guidance requiring a negative test before returning to work, per CDC recommendations.

D. COVID-19 Testing & Reporting

→ For districts not conducting testing, follow all measures outlined in "Handling Confirmed and Suspected Cases" and "Returning to Work/School." Once schools re-open for in-person learning and as testing capacity allows, schools will need to plan for increased surveillance testing of staff as one measure to monitor transmission and identify the point at which closure will be necessary.

Districts conducting testing for students and staff are strongly encouraged to work closely with KCDPH to develop a site-specific plan for testing, including necessary training and assistance acquiring appropriate supplies. The criteria below outline basic needs and considerations for conducting testing, but should not be considered comprehensive for each school site.

1) Supplies

A list of testing supplies is included in Section 8, part E "Testing Supply List." Specific requirements may change based on school site, type and scale of testing. At minimum, all supplies listed must be acquired before beginning testing.

2) When to Test

Sites conducting testing should develop a protocol for when students and staff will warrant testing. The California School Nurses Organization (CSNO) has developed a COVID-19 screening flowchart that can act as a guide for determining when to test. Beyond the scope of the CSNO guide and district protocol developed, district/school nurses will need to use professional judgement in determining whether a test is warranted based on severity and/or frequency of symptoms, patient's personal health history, and level of local testing/processing capacity.

3) Contact Tracing

The school may be notified of a positive case before KCDPH receives the test results. Should that be the case, notify KCDPH and be ready to provide close contacts within the school of the student or staff person involved. In the event that KCDPH receives results first, the department will notify the school nurse and district superintendent of a positive case and handle comprehensive contact tracing. In either case, close contacts within the school – those within 6 feet of the positive patient for 15 minutes or more in the two days prior to the student developing symptoms or testing positive (whichever came first) – should be immediately contacted by the school and asked to quarantine for 14 days. If symptoms develop during that time, they must stay home until they meet the parameters listed under "Returning to Work/School."

➤ District nurses should also plan to enroll in California's COVID-19 Virtual Training Academy. Enrollment is ongoing. Register by Wednesday (5PM) the week prior to course start date (https://www.uclaextension.edu/ca-vta).

4) Additional Testing Considerations

When considering whether to conduct on-site testing, additional considerations include identifying hours of testing availability, liability considerations, capacity for insurance billing (if planned) and staff capacity to implement ongoing testing.

Sites Conducting Testing, enter your plan here or attach to document: *Include planned level of testing, description of testing site, name and contact information of those conducting testing, any relevant protocols relating to testing and reporting.*

Section 7: Distance Learning & Vulnerable Populations

Specific education plans for distance learning and education accommodations for vulnerable populations are largely outside the scope of guidance provided by KCDPH. However, the following considerations should be included in reopening plans:

or developing severe forms of the disease, with reasonable accommodations as necessary:

\square Ensure distance learning and/or independent study will be available to all students isolated du
to COVID-19, whether as a close contact or patient.
\Box Identification of vulnerable student and staff populations at high-risk for contracting COVID-19

- > Immune-compromised individuals.
- > Children who are medically complex, have neurologic, genetic, metabolic conditions or have congenital heart disease are at higher risk for severe illness from COVID-19.
- Persons over age 65 generally AND of any age with the following medical conditions are considered to have increased risk: chronic kidney disease, COPD, obesity, serious heart conditions, sickle cell disease, and type 2 diabetes mellitus.
- > Students with physical or developmental disabilities that make prevention precautions difficult or infeasible may be at increased risk of contracting the disease or experience difficulty communicating symptoms.
- * Please note that as new information on COVID-19 becomes available, the list of vulnerable populations may change. For the most recently updated list, visit the <u>Centers for Disease Control website</u>.

School/District Details: Include plans to identify and accommodate for vulnerable populations and describe availability of distance learning for students isolated due to COVID-19.

Section 8: Contingency Plans – School and Community Surge

Individual school closure is recommended based on the number of cases, the percentage of the teacher/students/staff that are positive for COVID-19, and following consultation with KCDPH.

Individual school closure may be appropriate when there are multiple cases in multiple cohorts at a school or when at least 5 percent of the total number of teachers/student/staff are positive cases within a 14-day period, depending on the size and physical layout of the school. A superintendent should close a school district if 25% or more of schools in a district have closed due to COVID-19 within 14 days, and in consultation with KCDPH.

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☐ Check state and local health orders daily to determine level of community transmission and
prepare for mandated or upcoming closures.
☐ Develop a plan for continuity of education, including the needs of students with disabilities,
those of low socio-economic status, and those with outstanding physical or mental health needs.
☐ Establish alternative mechanisms for providing nutrition and other support services.
\square Implement a communication plan to notify students, parents, teachers, staff, and the
community of the closure.
☐ In the communication plan, include:
- Information for students and parents on how to access the necessary supplies for distance

- learning (laptops, internet connection, etc.).
 Information for students, parents, and staff on the importance of physical distancing
- measures while the school is closed.
- Information on any available support services and how they can be accessed during closure.
- Information for staff regarding labor laws, disability insurance, paid family leave and unemployment insurance, as applicable.

Measures to Monitor & Communicate Closure Status: communication plan.	Include measures outlined in suggested

B. Preparing for Reopening

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

- ✓ Cleaning and disinfection
- ✓ Public health investigation
- ✓ Consultation with the local public health department

Section 8: Additional Resources

A. Testing Locations

The number, locations, and schedules of testing sites can change rapidly. For the most up-to-date information enter your location on the California for All website here.

B. Symptom Checklist

People with COVID-19 have reported a wide range of symptoms, ranging from mild to severe. Symptoms may appear 2-14 days after exposure to the virus; common symptoms include:

- ✓ Fever or chills
- ✓ Cough
- ✓ Shortness of breath or difficulty breathing
- ✓ Fatigue
- ✓ Muscle or body aches
- ✓ Headache
- ✓ New loss of taste or smell
- ✓ Congestion or runny nose
- √ Nausea or vomiting
- ✓ Diarrhea
- A CDC Symptom Self-Checker can be found <u>here</u>.

C. Attainment & Proper Use of PPE

Attainment

The state of California Governor's Office of Emergency Services and the Department of General Services will be assisting schools with procurement of PPE, supplies, and equipment to support reopening. KCDPH is available to assist with additional procurement as the need arises.

To help ensure districts are adequately supplied, districts are encouraged to determine the amount of PPE they expect to need and share any gaps with KCDPH. To assist with this, the CDC provides a PPE Burn Rate Calculator and mobile app here.

Proper Use

Teaching proper use of facemasks, PPE, and supplies such as hand hygiene is critical to their effectiveness. The links below connect to a series of PDF documents that can be used to help support that effort. District nurses are also an excellent resource for education on safe use of face coverings, PPE, and other prevention supplies.

For health workers conducting testing or seeing students/staff with suspected COVID-19:

- PPE When caring for Patients with Confirmed or Suspected COVID
- N95 Respirator On/Off

For the general student/staff population:

- Cloth Face Covering Guidance from CDPH
- How to Wear and Safely Remove Face Coverings
- How to Wash Face Coverings

D. Testing Supply list

<u>Basic supplies required for COVID-19 testing:</u> Below is a basic list of what each site conducting testing will need. This list is intended to help prepare districts just getting underway with testing; additional training and considerations must be made for testing sites, as outlined in the Section 6, part D, COVID-19 Testing and Reporting.

- 1. Refrigerator or cooler(s) with thermometer; at least one cooler each for clean and dirty kits, and ice packs for coolers.
- 2. Hand sanitizer
- 3. Small & large trash cans/bags
- 4. Tissues
- 5. Gloves (in multiple sizes)
- 6. N-95 Masks, fit tested for each person conducting testing
- 7. PPE Kit that includes gowns, goggles/eye protection, a mask, gloves, and shoe covers
- 8. Surgical masks for staff/students who do not have one
- 9. Sanitizing wipes
- 10. Disinfectant spray
- 11. Chucks or a sterile surface for testing supplies
- 12. Ball point pens
- 13. Clip boards
- 14. Folding table & chairs (that can be easily sanitized)
- 15. Testing Kits these include a collection tube, swab, and bag for collection tube.
- 16. Extra swabs and tubes

Appendix A

Health Promotion Material